



EDIE and Care Coordination

EDIE AND TRANSITIONS

EDIE alerts staff of real time admissions to the Emergency Department and In-patient

- Used predominantly for ED follow up
- Beginning to be used in transition work
- Notifications go directly to staff's email inbox

ED HIGH UTILIZATION INTERVENTION

- 3 or more visits in a 90 day period
- Frequent presentations as reported by Emergency Department's include:
 - Cellulitis/Abscess
 - Behavioral Health
 - Chemical Dependence
 - Abdominal Pain
 - Shortness of Breath
 - Chest Pain
 - Injury accompanied with request for narcotics

PROCESS: NOTIFICATION

- EDIE: web-based system hosted by PreManage
 - Provides real time, immediate email alerts to FamilyCare staff
 - Relays diagnosis codes, time of ED admit
 - Provides capability of shared Care Plans authored by ED providers

- Notification from community partners
 - Social workers
 - Providence patient guides
 - RN case managers
 - Outreach workers

PROCESS: ASSESSMENT AND ENGAGEMENT

- Review of internal and external records
 - EPIC, claims, pharmacy utilization, authorization and EDIE
- Coordination and consultation with ED staff
- Face to Face engagement or telephonic outreach
- Face to Face engagement
 - Motivational interviewing, build relationship

PROCESS: INTERVENTION

- Review medical and social history
 - Chronic medical conditions
 - Housing status
 - Social and community supports
 - Behavioral health and chemical dependency history
- Review Barriers
 - Housing
 - Transportation
 - Cognitive ability
 - Phone
- Provide education- Urgent care and purpose of ED
- Arrange next steps
 - Scheduling PCP/specialty appointments
 - Transportation
 - Discharge coordination

PROCESS: CARE COORDINATION

- Assist with PCP establishment and engagement
 - Attend appointments with member
- Coordinate care with all providers
 - Behavioral Health, Chemical Dependency, Specialty Care, Dental, Vision
- Continued engagement and advocacy
- EDIE care plan and ICT case conferences

PROCESS: COMMUNITY RELATIONSHIPS

- Community outreach and networking meetings
 - Portland Rescue Mission
 - Transition Projects
 - HADIN, Women's recovery network
- Clinic outreach to discuss care coordination
- Tri-County 911/EMS collaboration
- Recuperative Care Program

SUCCESS STORY

- 50 year old white male
- 80+ ED visits a year at 7 different facilities
- ED presentations for injury
- Receives narcotics
- Unengaged by other community provider's or social workers

ED UTILIZATION POST INTERVENTION

