PreManage Implementation Toolkit:

A Guide for Washington State Behavioral Health Agencies

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Washington State: Overview, Health Information Exchange, and Behavioral Health

Washington State seeks to transform Medicaid physical and behavioral healthcare service delivery and payment through a series of regional health system transformation projects led by Accountable Communities of Health (ACHs). The ability to exchange, access, and use data in a timely, efficient, and effective manner is essential for supporting care coordination and continuity, and enabling needed transformation. Electronic health information can be collected and exchanged in a variety of ways, including using electronic health records (EHRs) and other health information technology (health IT) tools.

The Health Care Authority (HCA) designated OneHealthPort (OHP) as the statewide health information exchange organization in Washington. OHP can assist providers with health information sharing tools and capabilities. To support providers with sharing and accessing health information, HCA has partnered with OHP to develop a Clinical Data Repository (CDR). Providers who register (i.e., sign on) for services with OHP and use certain types of EHRs are able to send certain health information to the CDR. The CDR also has access to Medicaid claims, prescription drug monitoring, and other health data. As a result, the CDR can compile clinical and claims information submitted from multiple sources to create a rich, person-level longitudinal health record. As described below, work is underway to open a portal into the CDR that will permit registered providers, as permitted under healthcare privacy laws, to view and download (as applicable) information from the CDR. To learn more about OHP and the services they provide, visit OHP's website at www.onehealthport.com.

Additional health IT tools available in Washington include tools offered by Collective Medical Technologies (CMT)—including Emergency Department Information Exchange (EDIE) and PreManage. The EDIE system provides alerts to emergency department providers regarding patients who visit the emergency department more than five times or have an inpatient admission in a 12-month period. For specified members or patient populations, PreManage can provide real-time information on emergency department and inpatient admissions and discharges to health plans, managed care organizations, care managers, and provider groups (including behavioral health providers). This toolkit describes steps that behavioral health providers may follow to access emergency department and inpatient hospital information on behalf of their clients using PreManage.

It is important to note that the privacy provisions for substance use disorder treatment information in 42 CFR Part 2 apply to any individual or entity (program) that is federally assisted and holds itself out as providing substance use disorder diagnosis, treatment, or referral for treatment. On January 3, 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated the rules published in January 2017 for 42 CFR Part 2[1,2]. In addition to requirements related to permissible use and disclosure/re-disclosure of information that would identify a patient as having or having had a substance use disorder, the rule requires specific elements for valid consent. In the case of entities without a provider treatment relationship with the patient, the rule provides a specific example that written consent for disclosure to an "entity that facilitates the exchange of health information" (§2.31[a][4][iii][B]) must include certain content, including the names of individual participants or a "general designation of an individual or entity participant(s) or class of participants that must be limited to a participant(s) who has a treating provider relationship with the patient…" (§2.31[a][4][iii] [1] and [2]). Further,

[1] www.federalregister.gov/documents/2018/01/03/2017-28400/confidentiality-of-substance-use-disorder-patient-records

[2] www.gpo.gov/fdsys/pkg/CFR-2017-title42-vol1/xml/CFR-2017-title42-vol1-part2.xml

the rule provides that "[w]hen using a general designation, a statement must be included on the consent form that the patient … upon their request … must be provided a list of entities to which their information has been disclosed…"

HCA will pursue a coordinated and collaborative approach with OHP and CMT to develop a common approach for the consent, use, and disclosure/re-disclosure of information protected under 42 CFR Part 2.

Finally, the HCA developed a Health IT Operational Plan that identifies several activities and tasks to support service delivery and payment transformation (www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources —click "general"). For example, the Health IT Operational Plan includes a task to identify future services and provider types to be added to the CDR. We anticipate that one type of service that OHP will offer is opening a portal to the CDR through which authorized providers, who are signed on for OHP services, will be able to access (view) clinical and claims information on behalf of their clients. In addition, the Health IT Operational Plan includes several tasks through which HCA, ACHs, and physical health, behavioral health, and social service providers will work to better understand and support health information exchange needs. Other tasks in the Health IT Operational Plan pertain to the exchange of substance use disorder information.

Beginning in February 2018, HCA will host monthly webinars to discuss and report out on topics related to the Health IT Operational Plan. The link above will include information regarding the Health IT Operational Plan webinars.

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Introduction

PreManage is a care management tool that combines information from participating healthcare partners, including hospitals and emergency departments (EDs), primary care practices, and behavioral health agencies (BHA), and synthesizes the information into brief, actionable information about individual clients. It is designed to increase the effectiveness of existing care management resources, reduce avoidable hospital encounters and readmissions, and improve quality of care. It is a valuable tool for identifying and tracking high-risk, high-utilizing clients and assisting providers with developing strategies to stabilize clients and reduce unnecessary hospital and emergency department (ED) utilization by facilitating real-time alerts and care coordination. The PreManage tool is owned and managed by the vendor Collective Medical Technologies (CMT).

This toolkit is designed to walk an agency through the process of preparing for and implementing PreManage. It is designed to be used by behavioral health agencies (BHAs). Implementation for a BHA varies from a physical health clinic, and in each setting, it is important for providers to identify strategies for implementation. Two examples of key differences are:

- Privacy protections are stronger for behavioral health clients, especially substance use disorder (SUD) treatment providers, when sharing data with other healthcare providers and organizations.

- Some BHAs may have limited information technology (IT) support and capacity.

This guide presents a step-by-step implementation process and provides guidance and helpful tips learned from other BHA PreManage implementations. CMT has provided tools and options for submitting an agency's data that are simple and flexible. As with all new technology and processes, an agency will be most successful when all parties are well-informed and develop thoughtful plans for implementation.

In addition to BHAs, other groups will find this toolkit useful, as healthcare reform in Washington mandates a transparent system that focuses on continuity of care, population health metrics, and tracking of shared outcomes between regional partners. The participation of community-based organizations and tribal clinics in PreManage, as well as ongoing learning collaboratives, will strengthen client outcomes.

PREPARE | PLAN | EXECUTE | SUSTAIN

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Step 1: Discover and Define

Learn about PreManage

- Review the PreManage overview and factsheet (See Appendix A)

- Discuss with peer agencies that have implemented PreManage or utilize PreManage in some capacity (See Appendix B for suggested questions)

- Discuss with local Home Health programs that may utilize PreManage

- Contact practice transformation resources, such as the Accountable Community of Health and Practice Transformation Support Hub

- Review Collective Medical Technologies' website and materials

Examine benefits to consumers, communities, and the agency

Discuss ways to apply the information gleaned from peers and CMT to agency programs. Examples of pilot programs using PreManage include:

- A small residential program, whose clients move in and out frequently, which found that PreManage helped staff track client ER services and visits to other providers

- A Program of Assertive Community Treatment (PACT) program whose participants are likely to be high utilizers of ER services

Identify potential internal programs that may benefit from PreManage reports

Explore which programs or groups PreManage may benefit most. While the agency-specific criteria and rationale for program selection may vary based on client characteristics or agency service priorities, it is *most important to start implementation with a small, manageable group of clients and providers*. Review the agency's programs and discuss their individual goals with utilizing PreManage so that a final determination can be made after further steps are completed. The list of potential programs and populations may inform later PreManage expansion planning.

Identify ways that PreManage can improve care coordination

Review care coordination goals, as well as current and potential future metrics.

- Discuss ways that current care management programs can be enhanced by receiving data from local EDs and hospitals. Can notifications of ER visits assist providers in improving outcomes for clients? What about notifications of inpatient stays or discharges?

- Examine existing workflows and determine ways of improving internal care management processes with notifications of dynamic client movement in other treatment settings.

- Apply a gap analysis related to health information needs in a care management program and identify any unmet needs that could be mitigated through PreManage.

- Pinpoint ways that transitions in care can be improved for the client through more immediate knowledge

of client admissions and discharges from emergent care (e.g., rapid response teams).

- Identify information that can be shared with other physical health and behavioral health providers through PreManage.

- Consider ways that comprehensive, real-time health data can benefit program design and client outcomes.

Step 2: Obtain Agency Buy-In

View a demonstration of PreManage by CMT

Request a demonstration of PreManage with key leaders of the agency. A demonstration typically requires 30 minutes and should be followed by a question-and-answer session with the leadership team and CMT.

During the demonstration, leaders will:

- Learn the impacts of using PreManage in behavioral health settings

- Discuss what information will be accessible to users at the agency (e.g., depending on agency type or services provided)

- Discuss what information users at other healthcare sites can access

- Discuss privacy and how other BHAs handle those concerns

- Discuss how the tool can be integrated into staff workloads and processes

Identify an internal, cross-functional team to develop a pilot for implementation of PreManage

Establish a team to define the scope of a pilot implementation of PreManage. Engage team members who share the leadership vision of PreManage use in the agency. Agency leadership should choose members for this team from clinical, technical, and front-line staff to ensure the project has cross-agency support and expertise. Having an administrator on the team as a consultant is important to hold team members accountable and liaise with areas of the agency as needed. Team members should commit to a meeting schedule, and their time should be protected from other day-to-day duties or special projects.

Define staff roles and time required for successful use. Some key roles are defined below.

- Communication lead with CMT will develop a relationship with CMT and ensure that information

PRO TIP
Request the Behavioral Health Success Specialist from CMT to participate. This position was created by CMT to ensure BHA success with implementation and ongoing operations.

"Our team's goal is to use PreManage to address care management, which includes uploading care plans for some active clients who are currently high utilizers of the ED."

– Peggy Entrop, LICSW, Sound Program Manager, Crisis Services and TSP

important to implementation is shared with the project team, agency leadership, and CMT.

- Project manager will help the team determine implementation steps, timelines, and staff accountabilities to keep the project on track.

- Technical lead will have access to client files to build the eligibility files for secure upload and perform tasks related to the agency processes for implementing web-based reports and notifications.

- Clinical leadership will be responsible for setting the vision for high-level care coordination goals and supporting the implementation process.

Identify an agency champion to sponsor, communicate, and drive the use of PreManage within the agency

The core qualities of an agency champion include:

- Active and positive support of the project

- The ability to make connections with team members in the agency to mobilize resources

- Continuity with the project through implementation to problem solve any agency barriers or resistance common with new implementations

- Active and continual promotion of the project with agency leadership

> *PRO TIP*
> Share the vision and work with the entire agency team by generating all-staff communications.

Determine pilot program candidates and define the benefits of using PreManage in each of these programs

An important goal of utilizing this tool is to improve client care and outcomes for clients who are typically at higher risk, especially when they are no longer engaging in treatment and the agency cannot locate the client, or when the agency is unaware of ER visits or hospitalizations. Continuity of care increases as providers, case managers, and other team members are able to initiate proactive client interventions. PreManage has a 12-month look-back option, meaning that once an eligibility file is uploaded, the client's ER and hospitalization use for the previous 12 months can be viewed, as well as by any other providers using PreManage. This can be vital information for improving client care, identifying safety issues, and informing team members of client behaviors and/or patterns that emerge from a 12-month view.

As with any new notification or information exchange system, there is a learning curve to using this tool. For example, BHAs that implemented PreManage for a large population of clients without defining workflows have stated that their provider teams are not able to manage the high numbers of notifications, which may reduce the tool's effectiveness. BHAs that implemented PreManage without first defining a pilot group have reported that they had to temporarily stop notifications and reports, define a smaller pilot project, and then build their processes. Implementation experiences that were perceived by staff as wasted time, caused frustration among the providers, and generated a negative impression of PreManage were often due to PreManage pilot populations being too large. Many BHAs that have implemented PreManage strongly recommend starting small before spreading use of this tool, in order to ensure success.

Consider which programs would benefit from more information about:

- Clients that move through multiple public treatment systems

- High utilizers

- High-risk individuals

- Clients who move in and out of treatment programs

- Clients who change addresses and contact information frequently and are hard to track

- Clients with co-existing conditions

- Clients with serious physical health problems

Select a pilot project to implement

Determine a pilot site or program best suited to implement PreManage in an initial implementation phase. Leadership considerations regarding readiness and usefulness to the program should be taken into account.

Develop a project charter

Document the pilot program and the rationale for selecting it for the initial use of PreManage. The project charter is a simple document that briefly describes the project. It can be distributed to executive management and other stakeholders. Important charter elements include:

- Goals and benefits

- Team members and their roles

- Timeframe for implementation, including pilot evaluation and spread

- Assessment guidelines, which might include:
    - Staff surveys
    - Defined metrics and collected data
    - Qualitative and anecdotal evidence collected from staff and clients

- Costs, if any

Obtain pilot program leadership buy-in to proceed with pilot project

Review the pilot project charter with agency leadership and ask for their approval to proceed. Share the vision with staff in meetings and written communication. Give regular updates to leadership regarding successes barriers needs and recommendations.

PRO TIP

BHAs will be best served to drive the process with a defined timeline for implementation. Develop a timeline for implementation, assessing the agency's capacity considering other projects. Assign a project manager to proactively contact internal staff and CMT as needed.

Step 3: Design and Customize

Define requirements for pilot program implementation

Select one of the programs identified in <u>Step 2</u>

- Estimate the number of clients involved in the identified program to be tracked in PreManage.

- Determine how to identify those clients in the medical record (this information is needed to create an eligibility file for CMT).

- Review the goals and benefits expected in the pilot, based on the charter outlined in <u>Step 2</u>.

> Southwest Washington Accountable Community of Health (SWACH) took a leadership role in securing administrative buy-in, scheduling preliminary Q&A and logistical conference calls, and holding resulting team meetings for pilot implementation.

- Involve or include regional systems as appropriate. Technical support may be available for the pilot project in one of the following ways:

- Accountable Communities of Health (ACHs) bring together leaders from multiple health sectors around the state with a common interest in improving health and health equity. As ACHs better align resources and activities, they support wellness and a system that delivers care for the whole person. The MedicaidTransformation Projects implemented by ACHs include metrics related to ER and inpatient admissions.

- In some regions of Washington State, Behavioral Health Organizations (BHOs) contract with local community mental health agencies and substance use providers to provide the full range of services identified in the Medicaid state plan.

- Managed Care Organizations (MCOs) utilize PreManage for care coordination and can sponsor BHA's for PreManage implementation.
  - <u>Amerigroup</u>
  - <u>Community Health Plan of Washington</u>
  - <u>Coordinated Care</u>
  - <u>Molina Healthcare</u>
  - <u>UnitedHealthCare Community Plan</u>

Select a project team to implement the pilot project

Build an implementation team. The implementation team may include some of the same staff that initiated learning about PreManage and exploring pilot program possibilities. The project team's role is to operationalize the implementation. Discuss the following questions when establishing the team:

> **PRO TIP**
>
> In the beginning of implementation, start roll-out slowly. Most BHAs have identified client groups of 30-70 members to upload with PreManage for a pilot.

- Who needs to support this to make it a success?
- Who are the important staff to include across the agency?
  - IT
  - EHR super user
  - Finance
  - Program Manager(s) (involved in initial implementation)
  - End user, front-end staff
  - Leadership (should follow the process to help support spread following pilot implementation)
  - Who else needs to be at the table?
- Who will lead implementation?

> *"It's been really helpful to identify the targeted client groups to use in this pilot, and identify who will be completing the various tasks leading up to go-live. It was much more efficient to use a small team to identify the best processes that worked for us."*
>
> – David D. Ochoa, Chief Clinical Officer, Columbia River Mental Health

Keep the team small but include all of the necessary skill sets for an efficient implementation.

The implementation team will need to be given protected time to plan implementation. It is more efficient and effective to take the time upfront to pre-plan and create a start-up plan than implement without thoughtful allocation of staff time and resources.

Consult with legal counsel, compliance officer, privacy officer, and/or quality assurance officer

BHAs using PreManage carefully examined the privacy rules defined in 42 CFR Part 2 and HIPAA regulations, which restrict the sharing of protected health information. It is important that an agency consult privacy policies and procedures that the agency's legal counsel and compliance officer support. Determine the need for a signed release of information (ROI) from clients included in the pilot project.

Additional considerations are needed for client information that falls under 42 CFR Part 2 (SUD treatment-related information). Agencies should notify CMT if they provide any SUD treatment services and should have a conversation with CMT about compliance with Part 2.

BHAs have the ability to enter care plan information to be viewed by medical providers with access to EDIE or PreManage. Access by all providers is governed by HIPAA-compliant relationships, so a client ROI is not required but is encouraged for those agencies that feel it is important for client empowerment or awareness. These care plans can inform the medical provider in order to improve care, especially in the case of prescribing practices, safety issues, and clinical considerations related to mental health diagnoses or frequent ED utilization.

Note: In 2018, Collective Medical Technologies will be exploring a standardized client consent process for addressing 42 CFR Part 2 for SUD treatment providers. This will first be piloted with a few agencies with existing subscriptions to PreManage before being offered to the broader community.

Develop workflow incorporating PreManage use into the selected pilot program

Assemble a small group of staff involved in the program and map out the program workflow step by step.

Workflow mapping is the process of documenting steps or actions taken to complete a defined task. It is the easiest way to identify strengths and challenges in a current system. For example, project goals may include using PreManage to track high ED users. The team should map the current administrative and clinical steps related to care coordination of high ED users, in preparation for how PreManage processes may benefit these clients in a future state.

Discuss how PreManage reports, notifications, and/or alerts can augment the usual processes and determine where access to PreManage best fits in the workflow. Include steps for adding clients to PreManage and removing clients when they leave the program. Record the workflow and publish it for staff involved in the pilot. Obtain external assistance from practice transformation resources, such as a Practice Transformation Support Hub coach, to develop a workflow.

Define PreManage reports, notifications, and/or alerts to be used in the project

CMT staff will ask the team to define report specifications based on a template with options provided, and identify staff who will receive alerts, notifications, and reports. Analyzing the workflow for new processes will assist with anticipating staff time and delegation of new tasks. Many BHAs utilizing PreManage identified an administrative or clinical staff person to initially receive reports and notifications. This person is then responsible for appropriately disseminating the reports and alerting the team.

Define the client population (referred to by CMT as cohorts) and their characteristics for report selection and monitoring. This may include all clients in the selected pilot program; if the program is large, a subset of clients may be defined based on high risk need, program goals, specific providers, or other considerations. *The key is to define a small and manageable population for the pilot, knowing that it can be expanded in the future.*

Identify staff who will access and use PreManage during the pilot

Include staff who manage care for the selected pilot program and other providers peripherally involved in the care for that group. Include at least one administrative person to assist with organizing and managing reports.

Develop metrics that will measure program success

Base metrics on goals for the program and develop basic counts to measure activity in the system. Examples may include:

- Process metrics
  - Notifications received (Is data flowing?)
  - Staff utilizing the system (Who is accessing it?)
  - Staff feedback on usability (How is this impacting their work?)

- Outcome metrics
  - ED utilization
  - Program attrition

"Several BHAs have asked us for a sample ROI. We are hard at work on establishing our own ROI sample that our customers can use which addresses the newly revised 42 CFR Part 2 for SUD [clients], which allows for systems like PreManage to openly share SUD information once a patient consents. This is forthcoming."

–Justin Keller, General Manager, Pacific NW, Collective Medical Technologies, Inc.

Step 4: Establish Formal Vendor Relations

Contact CMT to discuss the pilot project specifications and review the contract

Determine how the agency will gain access to PreManage data. There may be options for purchasing directly with CMT or participating in PreManage through a "sponsorship" or group arrangement with an existing business partner. Sponsorship in some areas can be through a BHO or MCO.
Contact each of them for more information about the contracting terms and process.

Contact a CMT representative and review the pilot project details.

Discuss roles and responsibilities with CMT. Define what CMT will do and what the agency is responsible for, ensuring all parties understand timelines and turnarounds for each step of the process.

PRO TIP
BHAs may have an existing contract under their Health Homes program.

Sign contract with CMT to proceed with pilot project

Contracts are required to access services even if joining through a sponsorship. If a BHA has an existing contract under its Health Homes program, the contracting process may be streamlined. This is important to flag for CMT in the contracting process. Once the PreManage agreement is signed by the BHA, CMT will assign the agency an implementation specialist, who will be the agency's primary contact until it goes live.

Obtain Onboarding Packet from CMT

CMT provides an onboarding packet and form that each BHA will complete; this contains information about the eligibility file process and access information for staff (see Step 5).

Step 5: Prepare Eligibility File

Obtain file specifications from CMT

The eligibility file is a requirement for all organizations that implement PreManage. The file contains the clients that an agency will track in PreManage. The file can be extracted from an existing IT system like an EHR or database, or it can be manually created in Excel. The file will be updated as clients move in and out of the program(s). CMT will provide templates and examples of the file format and contents. It will also provide technical support to answer questions about the file. The eligibility file may include data elements such as:

- Medicaid identification

- Group identification

- Address

- Social Security Number

- Date of birth

- Case manager name

Determine upload methodology for the file

CMT offers multiple methods for uploading the eligibility file. The two most common methods are submitting the file to a secure file transfer protocol (SFTP) site and posting the file to a secure area via the CMT portal. Work with a CMT representative to choose the option that will work best for the agency.

Identify staff responsible for creating and submitting the file

Most agencies rely on their IT staff to create and submit the file to CMT. However, for agencies with limited IT staff, it may be necessary to designate a super user or reporting specialist to create the file. Someone within the program may be best suited to identify the participants and ensure that any required permissions, such as ROIs, for inclusion in data submission are completed.

> **PRO TIP**
> Double check the formatting of each data element before submitting. Some elements have specific formatting requirements (e.g., dates) that will make processing the file go more smoothly.

As use of PreManage is expanded to other programs and the number of clients in the file grows, automating the eligibility file and submission to CMT is essential. Work with a CMT representative to develop processes that fit the agency.

Generate the eligibility file

Create the eligibility file. Double check the file once it is created to ensure that the clients included are the only ones on the submission file and that all of the required fields are completed for each of the clients listed.

Complete the onboarding packet and send to CMT

The packet includes the following forms that need to be completed prior to going live with PreManage:

- Checklist of items that need to be completed prior to implementation

- PreManage User Account Form listing the staff allowed to use PreManage

- Member Cohorts Form describing the groups and conditions to view in PreManage

- Notifications Destinations Form listing conditions for real-time PreManage notifications

- PreManage Primary Contacts Form listing contacts for CMT. It provides contact information for various roles and functions at the agency, so CMT knows who to contact with questions and issues.

Once the complete packet is received, CMT can begin the process of establishing access for the agency and staff. It also begins developing initial cohorts, reports, and notifications for clients.

Step 6: Test with CMT

Submit eligibility file to CMT

A CMT representative will work with the agency contact to test the file submission and ensure a complete (i.e., "clean") file. Expect this process to last from two to four weeks for the first submission.

CMT examines the file and prepares to process it

CMT will do some preliminary checking on the file to ensure that all required fields are present. Required fields are data elements that must be present in the eligibility file to ensure that PreManage can appropriately match the right patient to clients. Some of the fields CMT uses to match patients include first name, last name, date of birth, Social Security Number, phone number, and address.

Correct any problems identified by CMT and resubmit the corrected file

Once the file is accepted as complete or "clean," CMT will upload it to its patient database and begin the matching process, pulling data on clients identified.

Arrange date for staff training

Staff designated to use PreManage will attend a one-hour training session with CMT. This session will be completed via teleconference. In addition to scheduling with CMT and staff, ensure a conference room with a speaker phone is available that is capable of displaying the PreManage system.

Care providers receive many communications daily, so thoughtful workflow mapping for PreManage notifications is key to highlight important client information and reduce potential provider notification fatigue.

Step 7: Train Staff

Train staff via teleconference between CMT and the agency

During the staff training, CMT uses live agency data, which provides a realistic experience of working with pilot program cohorts. Designate one or two users as subject matter experts, who will become knowledgeable in navigating within PreManage and using the associated dashboard, reports, and notifications. These staff should have the ability to answer questions from other users and train additional staff as the use of PreManage spreads within the agency.

Review PreManage screens, reports, and notifications

The training session also provides the opportunity to examine the PreManage dashboard and all accompanying data the agency will receive. This includes dashboard views, cohorts, extracts, notifications, and reports. This is also an opportunity to request customization of the products, including the dashboard view and any additional last-minute changes before going live in the program.

Establish go-live date

Once all changes have been made, set a date with CMT for going live with PreManage.

Begin pilot project.

Start receiving data and work through the established workflow.

"Within 48 hours of having our clients loaded into the system, notifications began to come in. This was helpful in understanding the state of the client's behavioral health. The notifications are prompt and provide needed information. We have already noticed the benefit of having this service as a tool and continue to add more clients daily."

– Dona Allison, PACT Administrative Assistant, Community Services Northwest

Step 8: Update Eligibility File

Automate the update process

CMT highly recommends that an agency automate the file generation and update process to ensure the accuracy and currency of data and regular submission of updated eligibility files. As use of PreManage is extended to other programs or cohorts, the file size will grow and become difficult to manage. Automating the extract of client data will make the process more efficient and accurate.

Establish conditions for updating eligibility file

Establish a process that identifies when updates to the eligibility file are needed. BHAs may update the eligibility file when clients enter and leave the program; others set regular updates (monthly, weekly, etc.). Update the workflows to incorporate changes as the team gains experience with PreManage and finds other efficiencies.

> The system is only as good as the team's ability to maintain and update eligibility files.

Generate updated eligibility file to CMT as changes are triggered

CMT requires that submitted files be cumulative; update the previously sent file with new clients, removed clients, and changes to client data, and resend the file. CMT will provide instructions on how to update and resend eligibility files. The frequency of file updates will depend on client change patterns within the agency and the specific program using PreManage. It is best to determine historical patterns and standardize an update process, e.g., weekly or monthly, to imbed this process to maximize the accuracy of the reports and notifications.

Step 9: Expand Use of PreManage

Review the pilot project performance

Perform regular Plan, Do, Study, Act (PDSA) cycles to improve pilot processes, including an in-depth review of the metrics established in the planning preparation phase.

Generate metrics and obtain staff feedback

Ongoing evaluation allows for quality improvement in real time. An updated registry of clients in the pilot based on an agency's defined metrics can serve to track effectiveness of PreManage. These metrics might include social determinants of health, chronic care issues addressed, attendance, and engagement records. Look for potential updates to reports, cohorts, and notifications that will improve efficiencies and care coordination. Document lessons learned and gather user impressions from staff utilizing PreManage. Communicate findings to staff and agency leadership.

> *"We have seen such a clear benefit of using PreManage to improve clinical care, we have rolled it out to all agency supervisors across 20 programs, serving over 3,000 clients."*
>
> *– Matt Weltner, Director of Health IT, Navos*

Adjust workflows, reports, alerts, cohorts, and notifications as needed based on feedback and evaluation

Many clinics identify desired changes after a few weeks of use. Cohorts, reports, and alerts defined in the initial implementation may need to be updated to provide the most useful information to the team. Additional cohorts, reports, and alerts may also need to be added to gain the most from PreManage.

Share results with agency leadership

Share the successes and challenges of the pilot with agency leadership. Utilizing metrics, as well as user stories and client experiences, can provide a more complete picture to leadership about the program's usefulness to the agency.

Join a learning collaborative

Consider joining or creating a learning collaborative with other BHAs in the region. A learning collaborative is a systemic approach to process improvement in which healthcare providers with the same goals share learnings in a safe environment. A learning collaborative can support regional groups to build new relationships to benefit a clinical team's ability to deliver care. Because CMT contracts with agencies and clinics separately, a learning collaborative may support different providers sharing the same client with both sites accessing information in PreManage. Those working in mental health and SUD treatment clinics are acutely aware that clients may frequent emergency rooms and/or jails. Inviting these groups to participate in a learning collaborative may increase transparency and begin to increase collaboration for better client care. Partners in a learning collaborative could also include Tribes, community-based organizations, or other stakeholders that serve Medicaid clients.

Identify the next group or program that would benefit from using PreManage

Share the success and challenges of the pilot within the agency. Leadership and program managers should discuss the benefits of spreading PreManage utilization to other programs or agency areas.

Identify additional staff who can benefit from accessing PreManage data

Staff from other programs may learn of PreManage and be good partners in implementation in additional areas of the agency. Welcome discussion of PreManage piloting during staff meetings, where champions, program managers, and super users can tell their user stories. Staff from other areas who provide other services to the clients in the selected program may find it helpful to have look-up access to PreManage even if they aren't directly associated with the program. Look for ways to expand PreManage within the agency; CMT may be able to assist in these discussions. Consider additional ways that PreManage can assist with care coordination. For example, one agency observed that it was better able to track and locate client activities with other organizations providing information to PreManage.

"We were looking for a tool which would offer behavioral health providers better data on their patients to support clinical integration. We not only found a valuable tool in PreManage, but this pilot will allow us to create a collaborative space for our region's providers to share learnings on the use and benefits of PreManage. It is rewarding to see the pilot organizations live and using PreManage, and we are excited about spreading this functionality to every provider in our region."

–Daniel Smith, MSW,
Vice President of Clinical Integration, SWACH

The first staff users of PreManage can assist in training peers and spreading the tool to other teams within the agency. Setting a realistic schedule for additional teams to utilize PreManage will optimize its use. New teams can request additional demonstrations from CMT, shadow staff, and see the benefit of the reporting and notification first hand and/or join new learning collaboratives in the region.

Conclusion

The implementation of PreManage tools in BHAs is a new and exciting expansion of traditional PreManage users. These early adopters are paving the way to improved management of high-risk /high- utilizing client populations. They are also creating foundational processes to use data that support integration of behavioral and physical healthcare systems. As use of PreManage tools in BHAs is in the early stages, there is a unique opportunity to learn from peers and make vendor recommendations about refinements specific to behavioral health agencies and client populations. This implementation guide is a starting point in that journey, and as agencies become expert users of PreManage, their guidance may be captured and refined in regional sharing opportunities and future guidance updates.

"Collective Medical Technologies is interested in exploring the expansion of PreManage to providers and other care team members from a whole-person care perspective. Collective Medical Technologies has identified at least one jail to pilot PreManage through a contractor who provides healthcare services for their inmates. CMT is happy to explore additional pilots with jails or prisons assuming that there are individuals with treatment, payment, or operations relationships to patients at those facilities."

–Justin Keller, General Manager, Pacific NW, Collective Medical Technologies, Inc.

Description of PreManage Pilot Sites and Acknowledgements

This pilot project was supported by carryover funding from the Washington State Health Care Authority Analytics, Interoperability, and Measurement (AIM) and Integrated Managed Care (IMC) divisions in the fall of 2017. The Practice Transformation Support Hub provided project management and technical assistance coaching to 1) assist three behavioral health agencies in Southwest Washington with implementing PreManage and 2) create an implementation guide based on the pilot learnings to assist other BHAs statewide with implementing PreManage. The pilot goals and activities are aligned with Healthier Washington population health and integration goals.

The initial concept for the pilot project began with SWACH. SWACH has been instrumental in the success of the pilot program, taking a leadership role in securing BHA participation agreements, scheduling preliminary meetings for pilot implementation, problem-solving barriers, and creating a vision and ongoing forum to support continued learnings and spread of best practices related to PreManage tools in the SWACH community. Molina Healthcare sponsored access to PreManage for the three pilot BHAs under their agreement with Collective Medical Technologies. Community Health Plan of Washington (CHPW) also partnered in sharing learnings from its use of PreManage.

Southwest Washington Accountable Community of Health (SWACH)

SWACH is the Accountable Community of Health for the Southwest Washington counties of Clark, Skamania, and Klickitat. Daniel Smith, MSW, VP, Clinical Integration, was the identified champion of the SW PreManage Pilot.
Contact: Daniel Smith, MSW, VP, Clinical Integration, SWACH
daniel.smith@southwestach.org
503-459-6495
www.southwestach.org

Molina Healthcare

Molina Healthcare is the largest Apple Health (Medicaid) health plan in Washington State. Their mission is to provide quality care and services to individuals and families receiving government assistance.
Contact: Victoria Evans, Director, HCS, Behavioral Health Integration
Victoria.Evans@molinahealthcare.com
www.molinahealthcare.com/members/wa/en-US/Pages/home.aspx

Community Health Plan of Washington

Founded in 1992 by a network of community and migrant health centers in Washington State, Community Health Plan of Washington is a not-for-profit health plan. The mission of CHPW is to deliver accessible managed care services.
Contact: Kat Latet, Manager, Health System Innovation
kat.latet@chpw.org
Erin Hafer, Director,New Programs Integration and Network Development
Erin.Hafer@chpw.org

Pilot Sites

We are grateful to the three SW pilot sites for prioritizing PreManage implementation and successfully completing the initial processes to achieve go-live functionality within the pilot timeframe. The pilot project involved a short

timeframe and included agencies that have experienced considerable clinical, billing, and electronic medical record changes over the past year or two, making their achievement all the more significant.

Lifeline Connections is a Pacific Northwest substance use and mental health treatment center with five office locations across Washington. Lifeline chose its PACT program because of the importance of tracking this patient population and the importance of access to timely reliable hospital information, specifically because its participants are generally high utilizers of ED services.
Contact: Arianna Kee, LMHC, CDP, Program Director, Crisis Services
AKee@lifelineconnections
Jared Sanford, MPA, Chief Executive Officer
Jsanford@lifelineconnections.org
www.lifelineconnections.org

Community Services Northwest, located in Vancouver, WA, treats individuals and families struggling with addiction, mental illness, and homelessness in Southwest Washington. The agency chose the PACT team as the first PreManage pilot. This program includes 12 staff members and approximately 90 clients to be tracked in PreManage.
Contact: Dona Alison, PACT Administrative Assistant
Bunk Moren, MS, RN, Executive Director

Columbia River Mental Health in Vancouver, WA, provides adult outpatient and intensive outpatient mental health services, child and family services, drug and alcohol services, adult residential treatment, school-based services, and community outreach. As part of the pilot, the clinical team focused on the residential rehabilitation program due to the importance of the screening and intake process, ED usage, and tracking of clients after they are admitted to the hospital.
Contact: David D. Ochoa, Chief Clinical Officer
dochoa@crmhs.org
Craig Pridemore, Chief Executive Officer
craigp@crmhs.org
www.crmhs.org

Peer Agencies
Several Puget Sound-area BHAs with prior experience using PreManage graciously took time for interviews with project staff to share their implementation tips and learnings, which have been incorporated into the implementation guide. We appreciate the significant contributions of these PreManage early adopters.

Navos in Seattle is one of the largest providers of community mental health services in Washington State, with three locations in King County. Navos offers a continuum of services, including infant and early childhood mental health services, residential treatment for youth, outpatient services for all ages, PACT, SUD programs for youth and adults, housing programs for older adults, and psychiatric inpatient services. Navos implemented

PreManage in February 2017. Navos chose to pilot with supervisors first; currently, a nurse care manager is using PreManage to its fullest extent and notifying agency staff for client management follow-up for clients in the adult outpatient program.
Contact: Matt Weltner, Director, Health IT
matt.weltner@navos.org
www.navos.org

Sound, in King County, WA, is the largest and one of the county's most comprehensive providers of mental health and addiction treatment services, ranging from short-term support to complex, substance use disorders, family and mental health programs. Sound was the first behavioral health agency in Washington State to utilize PreManage, and recently decided to expand its pilot program to include its entire caseload of 20,000 clients.
Contact: Peggy Entrop, MSW, LICSW, MHP, Program Manager
Peggy.Entrop@Sound.Health
www.sound.health

Community Psychiatric Clinic (CPC) provides a comprehensive array of residential, community mental health, and substance use disorder services at multiple sites throughout Seattle and King County, WA. CPC began planning its initial roll-out of PreManage in August 2017. A notification workflow was created for supervisors and providers based on program and location, with the intent of fully utilizing PreManage's real-time email notification system. CPC started implementation with one adult outpatient program using Plan, Do, Study, Act cycles and slowly spread implementation to its other adult outpatient teams.
Contact: Stacey Lopez, MSW, Director, Quality and Analytics
slopez@cpcwa.org
www.cpcwa.org

Support Partners

Collective Medical Technologies
 www.collectivemedicaltech.com

ACH contacts
www.hca.wa.gov/about-hca/healthier-washington/accountable-communities-health-ach

Practice Transformation Support Hub
Resource Portal: www.waportal.org
Coaching support: www.qualishealth.org/healthcare-professionals/washington-practice-transformation-support-hub

PreManage Glossary

What is the eligibility file?

The PreManage eligibility file is a requirement for all organizations that implement PreManage. The eligibility file serves the primary function of defining the population within PreManage that the agency has access to. Since the PreManage network is an open network and includes millions of lives across multiple states, the eligibility file-defined active population ensures that the system and provider use of it complies with federal and State privacy laws, including HIPAA.

The file can be extracted from an existing IT system like an EHR or database, or it can be manually created in Excel—although CMT strongly encourages agencies to find some method of automating file creation. The file must be received on a regularly updated basis to ensure that an active population in PreManage stays accurate as patients move, change providers, etc.

What is a flat file?

Most organizations send an eligibility file in the form of a flat file—a static file that contains the list of clients, generally a comma-separated values (CSV), or comma-delimited, format. A CSV file can be generated from a Microsoft Excel file.

What is a PreManage cohort?

A PreManage member cohort allows a user to define populations at risk by creating custom filters for a client population using criteria that the organization defines. The purpose of member cohorts is to stratify an agency's population into smaller subpopulations to take necessary action to reduce risk and connect these individuals to appropriate services. Most agencies are not staffed to provide intensive care management for their entire population. Instead, most agencies start small by addressing their highest-need patients. Member cohorts can be used to help identify which patients have the highest need. Some agencies have significantly increased their efficiency by defining specific workflows around cohorts they established in PreManage.

What is a PreManage group?

A PreManage group is an identifier that is associated with a patient to better organize and focus care management activities on patients who have been identified as at risk. There are a great number of ways to use groups: they can be used to identify patients as part of existing care management services; they can be used to trigger focused notifications; they can be used to delineate unique actions or care management workflows. Groups can also be established as part of a clinic's eligibility file so that this information is automatically updated.

What is the difference between a cohort and a group?

CMT staff or other colleagues may refer to a "group" in PreManage. Groups and cohorts are distinct in the following ways: groups are meant to flag patients already identified as at risk—for example, patients who are already being actively case managed could be organized into a group and tracked using PreManage. Cohorts on the other hand, are intended for "case finding"—identifying patients a user was not aware were at risk. For example, a cohort that identifies all patients who have visited the ED five or more times in the past six months could be created. Using groups and cohorts together is an excellent way to ensure tracking of patients at risk for avoidable ED utilization, or patients at risk for missing follow-up care or important transitions in and out of

the hospital. Furthermore, groups can be used as criteria for creating a cohort (e.g., utilization activity for just a specific group as identified by an agency).

What is a PreMa nage notification?

A PreManage member cohort allows populations to be defined as at risk by creating custom criteria for a patient population. These cohorts can be found on the "Member Cohorts" page in PreManage. However, if information is needed in real time when a patient has met member cohort criteria, a user can set up a PreManage notification. The PreManage notification will alert the user within seconds of the triggering event/hospital visit for timely interventions.

PreManage notifications can be formatted as text message, email, printed fax, or network printer printout. Some organizations have chosen to integrate with their electronic medical record, which allows them to receive PreManage notifications directly into their EHR.

What is an IT onboarding call with CMT?

As an agency reviews and signs the agreement with CMT to allow for data sharing, the IT team can begin working on building the eligibility file. A CMT contact will provide access to the technical PreManage Onboarding Site, where an agency team can review file specifications to guide the buildout of the clinical file. During this time, IT contacts will schedule one or more calls with CMT IT staff to ask questions, load and review test eligibility files, and discuss an ongoing process and schedule for updating eligibility files. Note: Before clinic eligibility data can be shared with CMT, the agency-CMT agreement must be signed and fully executed between both parties.

Meet PreManage ED®

aka EDIE

ELIMINATE AVOIDABLE RISK WITH BETTER ED CARE COORDINATION.

The workflow of an Emergency Department (ED) is unique. Time and space are scarce resources to be spent on treating emergencies and saving lives.

Too often, patients seek care at the ED as a venue for treating chronic, non-emergent conditions. Clinicians and case managers waste valuable time trying to find information about these patients' histories and are often not able to get an accurate view of what has really brought the patient to the ED. If care coordination information exists for a patient outside of a hospital's own EHR, it is difficult, if not impossible to track that information down in an effort to deliver consistent care to a patient.

PreManage ED®, also known as "Edie," solves these problems by connecting EDs, and by presenting a consolidated and standardized patient record across them, with the explicit purpose of identifying risk to deliver the right information to the right place the instant it is needed to impact better patient outcomes.

PreManage ED® equips ED providers with the information they need, when they need it, without ever having to ask for it.

WHAT DOES PREMANAGE ED® DO?

PreManage ED® is an ED-based collaborative care management tool designed to increase the effectiveness of existing care management resources, reduce medically-unnecssary readmissions, and improve quality of care. By facilitating acceess to a common living plan of care, PreManage ED® enables a community of physicians, nurses, social workers, and case managers to coordinate their efforts around a common pool of high-cost, high-needs complex patients who may frequent multiple health systems but whose needs remain unmet absent clinical intervention from multiple points of care across the healthcare continuum. Through community collaboration, these patients can re-direct to more appropriate primary- and home-based care settings as providers work from the same care playbook.

PreManage ED® links disparate hospital Electronic Health Record (EHR) systems to create an interconnected and broadly-integrated care coordination environment. When a patient registers at your ED, PreManage ED® quickly determines whether the patient meets your facility's specific risk criteria, and if so, curates and distills information from all prior hospitals the patient may have visited into actionable insights. These insights are then delivered instantly, putting historical encounter and patient-specific care coordination information right at the fingertips of the treating provider.

PreManage ED® enables providers to make more informed care decisions, in real-time, without deviating from their existing clinical workflows.

SMART NOTIFICATIONS

These aren't your typical notifications. PreManage ED's® notifications distill care coordination information, care history information, security event information, known care providers, and ED visit history information from all EDs visited by a patient, and packages it all up into an alert that can be read in 60-seconds or less. Then it's all delivered to your ED within moments of a patient registering.

CURATED CONTENT

The "comprehensive patient record" isn't practical in an ED setting because too much time is required to search and sift through too much information that may or may not be helpful. PreManage ED® takes all of that information and condenses it down to what will help in an ED environment, and then delivers it the instant it's needed.

CONNECTED, COLLABORATIVE CARE

EDs on PreManage ED® join a growing network of providers instantly collaborating on a shared patient record contributed to by all EDs visited by a patient. This creates a dynamic care coordination environment that ensures that wherever a patient goes, treating providers are operating from the same playbook every time.

INTEGRATED WORKFLOW

PreManage ED® pushes notifications by whatever method works best for an organization—fax, network printer, email, text message, or directly into a facility's EHR— ensuring that wherever a patient goes, their care coordination message is delivered with them to the exact location, and in the exact form it is needed, every time. Think of it as automating what can be automated in the care coordination process.

Endorsed by

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

For more information visit
www.collectivemedicaltech.com

CollectiveMedical
TECHNOLOGIES ™

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PreManage ED® is developed by Collective Medical Technologies® (CMT), a Salt Lake City, Utah-based company.

Based on the notion that gaps in communication lead to gaps in patient care, and that health IT need not be expensive or complicated in order to be effective, CMT develops tools to close these communication gaps on behalf of providers so that they can help patients avoid adverse outcomes. These improve clinical decision making, enhance patient care, reduce avoidable risk, and eliminate unnecessary expense.

The result is a real-time, highly-accurate, and broadly-integrated care coordination environment which literally changes how emergency medicine is delivered.

PreManage Frequently Asked Questions

PreManage is a Care Coordination solution that allows Insurers, Primary Care Providers, Case Managers, Health Homes, managed care organizations, accountable care organizations and other providers to identify patients who require additional attention, case management, and who may be better served in care settings other than the ones they are frequenting. PreManage facilitates increased communication between participating hospitals, clinical care venues, and insurers, as well as delivers crucial medical and visit history information to Care Providers in real-time. This FAQ will answer common questions asked by those who are new to the product.

What is PreManage?

PreManage provides real-time information on hospital events (emergency department or "ED" admissions, transfers, and discharges, inpatient information, etc.) to Care Providers that are responsible for managing and coordinating patient care. PreManage is a focused, targeted tool that can be used to improve the effectiveness of care management and reduce the risk of avoidable hospital events. PreManage relies upon a network of participating hospitals that includes all 60 hospitals in Oregon (ED and inpatient information) and all hospitals in Washington (ED information), with a growing number of hospitals in California and other states. Through this unprecedented participation in data sharing, PreManage can be used to connect community partners who for the first time are able to view the same information on their patients, and the timeliness of the information allows providers to impact patients in new ways.

What information is available in PreManage?

A majority of the data in PreManage is delivered to the system primarily through standardized HL7 Admit Discharge Transfer (ADT) feeds from hospital electronic health records (EHRs). These feeds send data to PreManage automatically whenever electronic patient records are created or updated. When data is received, it is analyzed and augmented for display. Additional information comes from PreManage eligibility files that are sent by our customers to attribute patients to PreManage users. Collective Medical Technologies is also receiving a growing number of outpatient feeds, claims data feeds, and other data sources relevant to our network.

Frequently, care recommendations as well as essential historical care information is provided for a patient by one or more of the care providers or care managers. PreManage is a tool that allows you to communicate important care information no matter the health system or the electronic health record.

How does PreManage Work?

When a patient registers in the hospital, that registration message is securely sent to PreManage. PreManage then automatically identifies the patient and updates the PreManage patient record, providing visibility into a patient's full hospitalization and care history. Providers may access this data in three ways:

- **PreManage Notifications:** Notifications are immediately pushed to providers via the facility's preferred delivery method (e.g. fax, network printer, automated phone calls, SMS text messaging, email, direct EHR integration, etc.) when patients meet certain criteria. Notifications identify known care providers for the patient, care recommendation information, high-level visit history information, and other actionable pieces of data when available, all within minutes of patient registration.

  Example: a patient registers at an ED and the registration message is sent to PreManage. The system analyzes the data and determines if the patient has care guidelines in our system, has made 5+ ED visits in 12 months, or if the patient has visited multiple EDs in a short amount of time. If the patient meets any one of these criteria, a PreManage Notification is immediately dispatched to the ED with concise and actionable information for the treating provider.

- **Via the PreManage Web Application:** Providers may access data beyond what is presented in a Notification using the PreManage web application. The website is hosted by Collective Medical Technologies and houses extended patient data submitted by all providers the patient has visited including 12- or 18-month detailed historical visit information, care recommendations from other providers treating the patient, historical diagnoses information, patient interaction notes, and follow-up history. Providers may also contribute to this shared, collaborative patient record.

- Customized Reports and other Data Options: Providers can access PreManage data through curated data sets or reports delivered through the PreManage web application or other health IT systems that already exist in your facility's workflows. CMT's mission is to ensure that you have access to real-time information in a method that leads to efficiencies.

Who uses PreManage?

PreManage is used by physicians and clinics, health plans, accountable care organizations, and care management entities. PreManage builds off of the Emergency Department Information Exchange, or "EDIE," which is used by hospitals, primarily by ED providers (who rely on notifications at the point of care) and ED care managers and social workers (who rely on the web application to review more detailed information).

How many facilities are using PreManage?

PreManage is in use in facilities across Oregon, Washington, and California, including in 160+ hospitals, several hundred primary and specialty care clinics, and various insurance carriers, managed care organizations, and accountable care organizations. Collective Medical is expanding PreManage's footprint, and will soon be implementing PreManage in sites across the country.

What is the difference between EDIE and PreManage?

EDIE and PreManage are both products created by Collective Medical Technologies. EDIE is used by Hospitals and Emergency Departments to identify and provide more informed care to individuals who frequently visit the ED. PreManage enables more informed care management and coordination within provider clinics, health plans, and other community providers (e.g. behavioral health providers, long-term care facilities, etc.). While the two products are adapted for different care settings, both have access to the same information and help you better collaborate with your mutual patient populations.

How does PreManage protect patient health information?

Collective Medical Technologies works tirelessly to ensure that HIPAA and all other relevant privacy and security laws regarding patient health information are complied with. Access to patient information in PreManage is based on treatment, payment, or operations relationships with the patient in compliance with HIPAA. In addition to security and privacy being emphasized in our data use agreements, technical controls, training materials and policies, Collective Medical Technologies also recommends that PreManage users work internally to ensure that organizational privacy and security policies are being followed.

What impact is PreManage having on patients?

Having access to real-time information on hospital utilization allows care managers to intervene with patients at the moment they reach the emergency department. Many of these patients are not part of health homes and this is the first opportunity to engage them and address their needs. The statewide reach of PreManage is also leading to more collaboration across organizations, which leads to a more coordinated experience for the patient who is contacted by one care manager instead of multiple providers at different facilities. Real-time interventions have led to significant improvements in the lives of some high-risk patients.

What do I need to do to get started?

Collective Medical Technologies establishes PreManage access after executing the necessary agreements and determining a method of patient attribution. This can be established through securely sending us an eligibility file or establishing the necessary HL7 feed. Collective Medical Technologies will provide access to our On-Boarding website which has resources to assist customers with determining the best method of patient attribution. After agreements are signed and the patient population is available, your assigned Client Relations Manager will help you get started with training and setup. Please review our PreManage On-Boarding packet for more details about the on-boarding process.

Who will I work with at CMT to implement PreManage at my facility?

Collective Medical assigns a dedicated Client Relations Manager to each client. Your client's CRM will be able to answer this question, and will help facilitate communication between the clinical side and technical side of your institution. We encourage collaboration between the clinical and IT stakeholders for the PreManage project, and find the implementation of PreManage is generally smoother when there is good communication between both sides. Your CRM will work with the clinical side to determine the breadth of information that your institution should send to PreManage—ED, Inpatient, Outpatient, etc.—as well as the delivery method for Notifications.

Are all necessary contracts, including a Business Associate Agreement, in place?

Collective Medical Technologies staff will work with you to ensure the proper agreements are put in place before patient information is sent. CMT now has an easy click wrap solution available for sending and receiving these agreements.

Are there costs or fees for this service?

For health plans, the cost for PreManage is based on a per member per month calculation, with a sliding rate depending on the size of the population. Most plans choose our PreManage Complete license that allows them to extend their license to a list of their principal provider groups. In result, most clinics have their license fees covered by a sponsoring payer and do. If you have any questions or concerns about payment, please reach out to your Client Relations Manager.

This concludes the PreManage FAQ. Should you have any additional questions, please feel free to contact Collective Medical Technologies by emailing us at support@collectivemedicaltech.com.

Thank you

Appendix B : Questions to consider when interviewing a BHA that has implemented PreManage

Contacting other BHAs that are using PreManage can provide valuable information for an agency considering implementation. Below are some sample questions an agency can use to obtain helpful information from a BHA that has already implemented PreManage.

- Why did your agency decide to implement PreManage, and how did you get started?

- How did you roll out PreManage? For example, did you start with one program or all at once or some other way? Is your current use of PreManage different than your initial roll-out?

- How does a case manager in your agency use PreManage? How does a program manager use the system?

- Do you use PreManage for data collection, process improvement, or reporting purposes? If yes, how are you using the data?

- What data elements do you find most useful in the dashboards and notifications?

- Does your agency utilize the email notifications? Why or why not?

- Are you using the shared care plan feature? If no, why not? If yes, what is most valuable?

- How do you handle the creation and updating of the flat file(s)? How frequently are you sending updates to CMT?

- If you have substance use disorder programs, how are you managing access to the notifications and the 42 CFR Part 2 regulations?

- Did you use any quality improvement or project planning processes during implementation? If yes, was it helpful? If no, do you think it would have been helpful?

- Are there things you would have done differently during the implementation if you were doing it over?

- Do you have any other lessons learned to share?