

# Collective Medical Helps Rural Hospital Support High-Risk Patients, Address Avoidable Opioid Use



“Our door is always open, but the ED is not an optimal place to receive primary care. We needed a level of transparency in the system to ensure patients receive the most appropriate care for their needs.”

- Steve Hardin,  
RN, BSN, ED Manager  
at St. Anthony

## CHI St. Anthony Hospital

CHI St. Anthony Hospital (St. Anthony) is a rural hospital serving Pendleton, Oregon. The 25-bed critical access hospital is part of the Catholic Health Initiatives (CHI) family and currently houses a level four trauma center, four operating rooms, emergency services and an intensive care unit.

### Challenge

Like many rural hospitals, St. Anthony must balance patient care initiatives with limited clinical and operational resources. In 2015, utilization rates by super users of hospital emergency services—which included many suspected opioid seekers—had reached a tipping point.

An analysis by Emergency Department (ED) Manager Steve Hardin, RN, BSN suggested that up to 50 percent of the department’s average daily patient load was more appropriate for a lower acuity setting. To reduce staff strain and clear the system for more acute needs, the ED needed to efficiently identify and better support patients better suited for primary care and those at-risk for opioid addiction.

## Solution

A foundation of real-time risk analytics and intelligent alerts proved a critical enabler of process improvement that would change the ED utilization dynamic. Despite its own IT constraints, St. Anthony identified a low-cost, easy-entry system to better coordinate patient care through Collective Medical—the nation’s largest care collaboration network—which is the technical backbone of Washington state’s “ER is for Emergencies” program.

The organization deployed Collective EDie, a lightweight, risk-adjusted event notification and care collaboration platform that helps staff identify and manage complex patients with a history of high utilization, known social determinants and other risk factors. As patients present to the ED, the system automatically generates a real-time report for at-risk patients, detailing frequency of their ED visits, medication histories, care guidelines—sourced by a broader, collaborative care team—as well as security risks and other details.

Hardin noted that the system allows St. Anthony to not only identify the root causes of high ED utilization, but also increase collaboration with other hospitals, clinics and primary care providers across the communities served.

## Outcomes

Hardin and the ED team took a practical approach to addressing ED utilization by first targeting patients who had visited the ED more than 10 times in 12 months and then those with more than five visits in 12 months. St. Anthony’s measurable outcomes include:

St. Anthony was able to reduce its ED Left Without Being Seen (LWBS) rates from six percent to two percent.

Within one year, the hospital reduced narcotic prepack prescriptions coming out of the ED by 60 percent and realized hospital cost savings of \$200,000.

As of April 2018, after 18 months of using Collective’s platform, the hospital has reduced unnecessary ED visits by identified frequent ED users from 17 percent of overall visits to just 4.25 percent.

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“Our team now has the insights needed to identify and educate some of the most vulnerable patient populations on their best care options, ultimately improving the quality of patient care and lowering costs.”

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## About Collective Medical

Collective empowers care teams to improve patient outcomes by closing the communication gaps that undermine care.

[www.collectivemedical.com](http://www.collectivemedical.com)

