

SYNCRONYS

Webinar Series

June 22, 2021



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WELCOME



- News and Announcements – April L. Salisbury, Director of Onboarding & Training
- Our featured presentation – ***“Advance Care Planning and the SYNCRONYS health information exchange”*** – Lorrie Griego, PHS and Peter Shields, Vynca
- Your questions and feedback

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ANNOUNCEMENTS



- We are recording today's webinar.
- The recording will be made available with a PDF of the slides.
- Video cameras will be turned off.
- All lines are muted, but you can unmute your line during Q&A.
- You may also send questions and comments through the chat window.

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NEWS

- HB 269 Passed with bipartisan support!
- As of July 1, 2021, New Mexico's patient information privacy laws are aligned with HIPAA.



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ENHANCING THE HIE HAS BROUGHT TOGETHER INNOVATORS . . .



. . . TO TRANSFORM LIVES & DELIVER HIGH QUALITY SOLUTIONS FOR HEALTHCARE IN NEW MEXICO



FEATURE PRESENTATION

***“Advance Care Planning
and the SYNCRONYS health
information exchange”***



Peter Shields
Implementation Services Director
Vynca



Lorrie Griego,
Dir., Advance Care Planning
Presbyterian Healthcare Services





Ensuring that patients are at the center of their healthcare

The Hallmarks of Effective Advance Care Planning

- Supports patients in creating an effective plan
 - A well-prepared agent
 - Specific instructions
- Plans are available to treating physician / provider
- Plans are incorporated into patient care

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What The Research Says



•Reduction of Hospital Admissions by 37%

(Arch Int Med. 2009, 169(5) 480-488)



•Reduction in ICU utilization by 57%

(Crit Care Med. 2015 May; 43(5): 1102-1111)



•Reduction in hospital death by 30%

(JAGS 2007; 55:189-194)



•Increase in use of Hospice by 83%

(JAGS 2007; 55:189-194)



•Increase in Patient Satisfaction

– percent of 5 star satisfaction increases from 34% to 51% with advance care planning discussions

(J Gen Intern Med. 2001 Jan;16(1):32-40)

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Two Document Options in New Mexico



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Signature Information

- Advance healthcare directive means an individual instruction or a power of attorney for health care made, in either case, while the individual has capacity
 - **Can only be signed by the principal (individual)**
- If an individual without capacity has not created an advance directive or named a healthcare decision maker (POA) refer to the NM Uniform Healthcare Decisions Act Surrogacy Chain (Section 24-7A-11)
 - (1) the spouse, unless legally separated or unless there is a pending petition for annulment, divorce, dissolution of marriage or legal separation;
 - (2) an individual in a long-term relationship of indefinite duration with the patient in which the individual has demonstrated an actual commitment to the patient similar to the commitment of a spouse and in which the individual and the patient consider themselves to be responsible for each other's well-being;
 - (3) an adult child;
 - (4) a parent;
 - (5) an adult brother or sister; or
 - (6) a grandparent.

C. If none of the individuals eligible to act as surrogate under Subsection B of this section is reasonably available, an adult who has exhibited special care and concern for the patient, who is familiar with the patient's personal values and who is reasonably available may act as surrogate.

✓ A MOST can be signed by a legally recognized Healthcare Decision Maker (assigned by the patient) or the appropriate surrogate.

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New Mexico Medical Orders for Scope of Treatment “MOST”

- The right care at the right time.
- Portable medical order
- Easy to read in an emergency situation.
- Must be signed by the **patient** (or their legally recognized healthcare decision maker, **and** an **authorized medical provider**.

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Patient Information

- The top section of the form should be completed with the patient's:
 - Name
 - Address
 - Date of Birth
- **This is necessary to ensure proper identification**

New Mexico Medical Orders For Scope of Treatment (MOST)	
First follow these orders, then contact the physician, APN, or PA. These medical orders are based on the person's current medical condition and preferences. Any section not completed does not invalidate the form.	
Last Name First Middle Initial	
Address	
City/State/Zip	
Date of Birth (mm-dd-yyyy)	
/ /	

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Section A: Emergency Response Section

Section A

- This section will be used to capture a patient's preference regarding resuscitation
- A patient should be counseled on all resuscitation options including:
 - The benefits and burdens of each option
 - The ability to change a resuscitation status at any time

A Clerk One	EMERGENCY RESPONSE SECTION: Person has no pulse or is not breathing.
	<input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR
When not in Cardiopulmonary arrest, follow orders in B, C and D.	

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Section B: Medical Interventions

- Section "B" allows a patient to define the level of care that is consistent with their care preferences
- There are three options
- Space is provided for *Additional Orders* when necessary
- **Choices MUST be clinically aligned with code status**

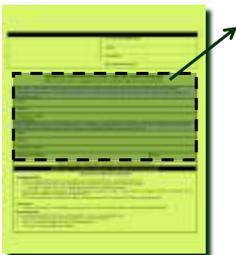
B Clerk One	MEDICAL INTERVENTIONS: Patient has a pulse
	<input type="checkbox"/> Comfort Measures: Do not transfer to hospital unless comfort needs cannot be met in current location. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort.
<input type="checkbox"/> Limited Additional Interventions: May include care as described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid Intensive Care.	
<input type="checkbox"/> All indicated interventions: May include care as described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes Intensive Care.	
<i>Additional Orders:</i>	

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Designation of a Healthcare Decision Maker Page 2



- If a patient has not named a Healthcare Decision Maker (sometimes known as a POA for Healthcare – the back of the form provides a space to do this
- Note – this can only be completed by a patient with decisional capacity



DESIGNATION OF HEALTHCARE DECISION MAKER (This section can be completed only by a patient with decisional capacity.)	
If the time comes when I lack capacity and there are medical decisions that need to be made that are beyond the individual instructions as set forth in this MOST, I designate the following individual as my agent to make health-care decisions for me:	
Name:	
Address:	
Telephone Number: (if available)	
If my agent listed above is not willing, able or available to make health-care decisions for me, I designate the following individual as my alternate agent for the purposes of making health-care decisions for me:	
Name:	
Address:	
Telephone Number:	
Signature of Patient:	Date:

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Printing the NM MOST

- The form should be printed on:
 - Wausau Astrobright Terra Green 65 lb. paper
 - However, plain white copies and faxes of the document are valid and should be honored
- The bright green paper allows the document to be easily identified in an emergency situation

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Success in an Electronic Environment



Always check to see if your patient has advance care planning documents on file.

Patient MOST Status	Actions Necessary
Yes - patient has a current MOST in the system	<ul style="list-style-type: none"> Review the document with the patient to see if it still represents their wishes. <ul style="list-style-type: none"> If the document on file represents the patient's wishes and is valid DO NOT create a new document. <ul style="list-style-type: none"> It's okay to copy the document on file so that the facility has a copy
No – Patient does not have a MOST in the system	Create a new eMOST document that clearly identifies the patient's wishes and make sure that the patient / family has a copy.

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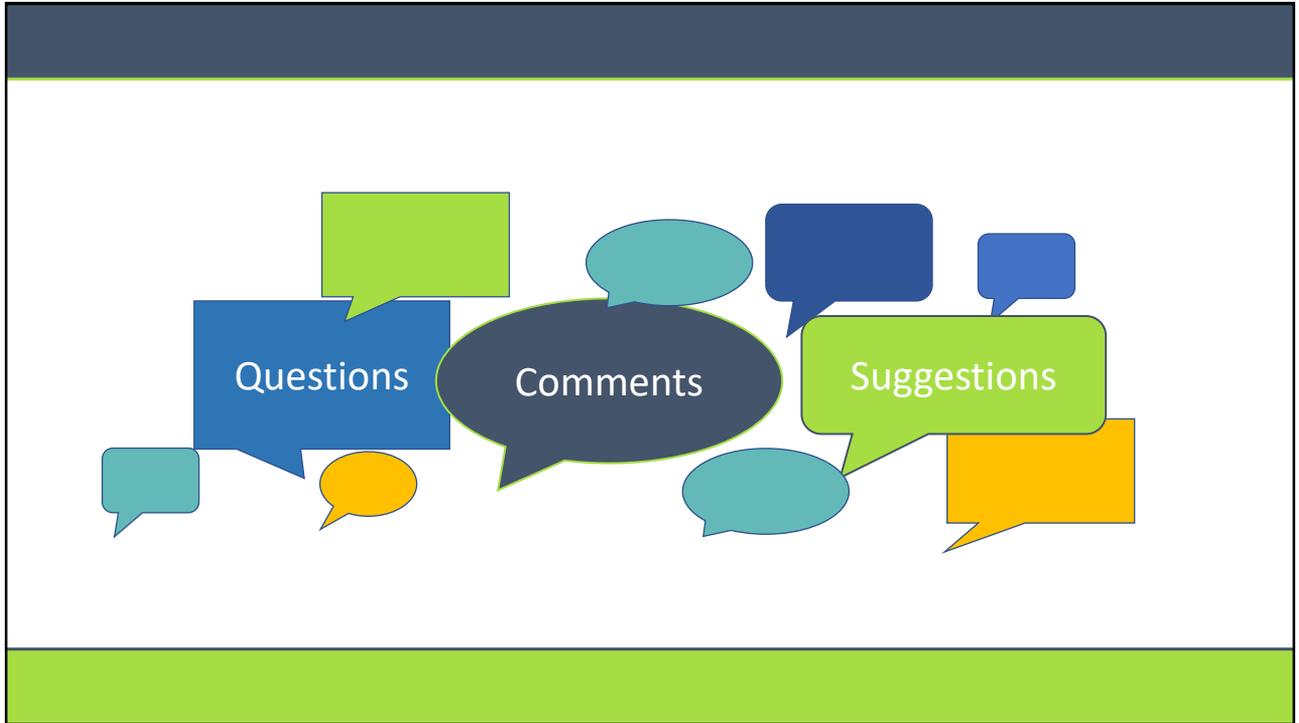
Demonstration

“Advance Care Planning tools in the SYNCRONYS health information exchange”



Peter Shields
Implementation Services Director
Vynca

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QUESTIONS?

Call: (505) 938-9900
Email: info@synchronys.org
Visit: www.synchronys.org



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FUNDING SUPPORT IS AVAILABLE



Don't miss out!

– Just 3 months remain on funding

- Interface costs to assist in sharing data with the HIE.
- Tools and consultation to better integrate HIE into clinical workflow.
- Help New Mexico achieve national patient data interoperability goals.



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YOUR CUSTOMER ENGAGEMENT TEAM



Behavioral Health | Diagnostic Facilities | UNMH/SRMC | DoH –

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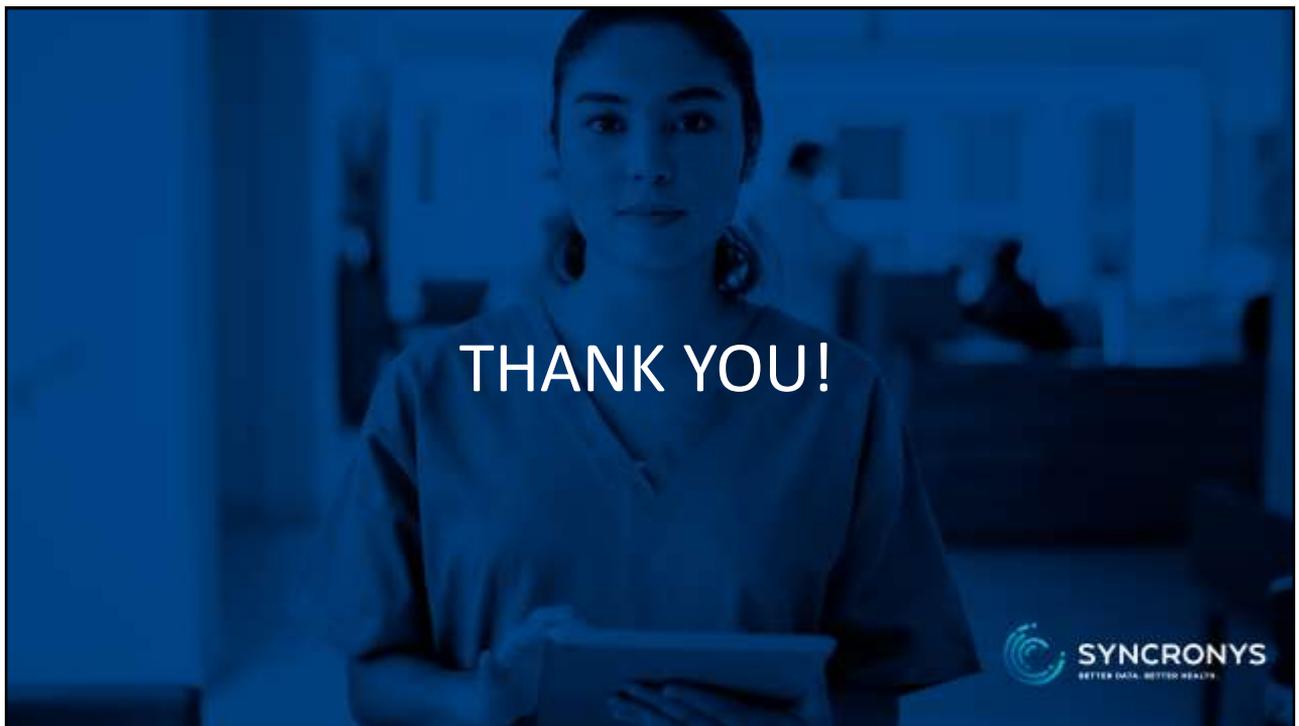
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