

SYNCRONYS

Webinar Series

March 16, 2021



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BETTER DATA. BETTER HEALTH.

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WELCOME



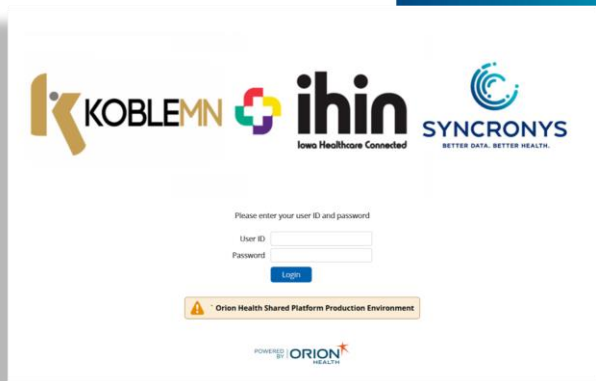
SYNCRONYS
BETTER DATA. BETTER HEALTH.

- Announcements – April L. Salisbury, Director of Onboarding
- News – Thomas East, PhD, CEO/CIO and Terri Stewart, CAO
- Our featured guest Presenter: Kate Dowd, Collective Medical
- We are recording today's webinar
- 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

- New Orion Health Amadeus platform migration of users will be shared with participating organizations soon.
- Diagnostic quality images.
- Population Health Analytic dashboards.
- New hospital ADT interfaces from Collective Medical.
- New tools for CMS conditions of participation, mental health management, substance use disorders, transitions of care, hepatitis-c, and ED optimization with decision support.



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JOINING OUR TEAM



Ashten Harris, MS, PMP, SSM
Project Manager



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JOINING OUR TEAM



Roy Serna
IT Support Specialist



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FUNDING SUPPORT IS AVAILABLE



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ACT FAST!

- 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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New website coming soon
www.synchronys.org



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COLLABORATION & COORDINATION OF MENTAL HEALTH

Kate Dowd, BSW, MA
Senior Clinical Solutions Lead



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Collaboration & Coordination of Mental Health Clinics and Hospitals

March 16 , 2021

Kate Dowd BSW, MA
Senior Clinical Solutions Lead
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Agenda

- Introduction to SYNCRONYS with Collective Medical
- Collaboration & Coordination Mental Health Use Case
- Overview of Criteria and Notifications
- Overview of Consent



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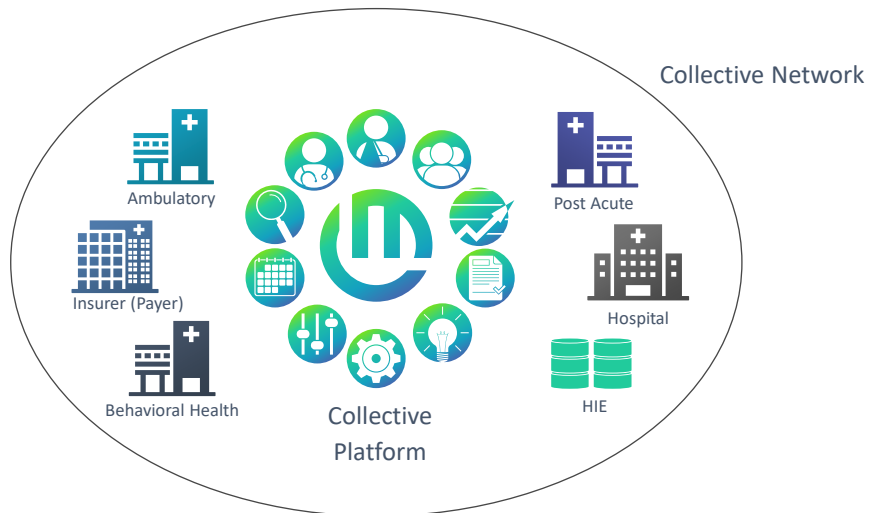
The New Brand of the New Mexico Health Information Collaborative



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Collective Medical Overview

The Collective Network and Platform



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Use Cases Available through SYNCRONYS

Substance Use Disorder (SUD) Management



- Objective – surface awareness and support workflows dedicated to patients suffering from SUD including ED notifications, patient transitions to MAT facilities, and enhanced care for infants w/ Neonatal Abstinence Syndrome (NAS)/ Substance Exposed Infants (SEI).

Emergency Department Optimization



- Objective – drive workplace safety and improved decision-making in the emergency department (ED), delivering relevant patient-specific alerts and information to hospitals.

Collaboration and Coordination of Mental Health



- Objective – surface awareness and enable collaboration for patients with mental health needs across both acute and ambulatory settings via care insights and notifications to respective entities.

Transitions of Care Management



- Objective – support a smoother care transition for patients and providers by providing alerts and information related to transition events such as patient discharges and potential readmissions.

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Introduction to the Coordinating & Collaborating Mental Health Use Case

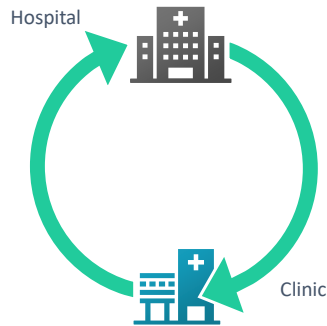
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Better Coordination through Real-Time Network Collaboration

The Collective platform works in real-time, which means whether patients are receiving care in a hospital ED, MH/ BH/ SUD clinics, or other healthcare facility, you can receive up-to-date Insights into the status of your patients.

Hospital ED

- Receive **real-time notifications** on your most complex patients; delivered within existing workflow
- Ability to coordinate, collaborate, and share insights with care team members on the Collective Network
- Patient specific information related to previous encounters, diagnosis, or other care insights help to inform providers and improve patient care; improved patient and provider safety



MH/BH Clinics

- Gain **real-time visibility into patient hospital encounters**—without having to call around or rely on patients to report the hospital visit
- Surfaces events of interest with optional real-time push notifications
- Contribute care insights and crisis plans to collaborate with other care team members, including ED staff, on the Collective Network.

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Accessing Shared Information

Information from each of these sources can be accessed by care team members in one of two ways:



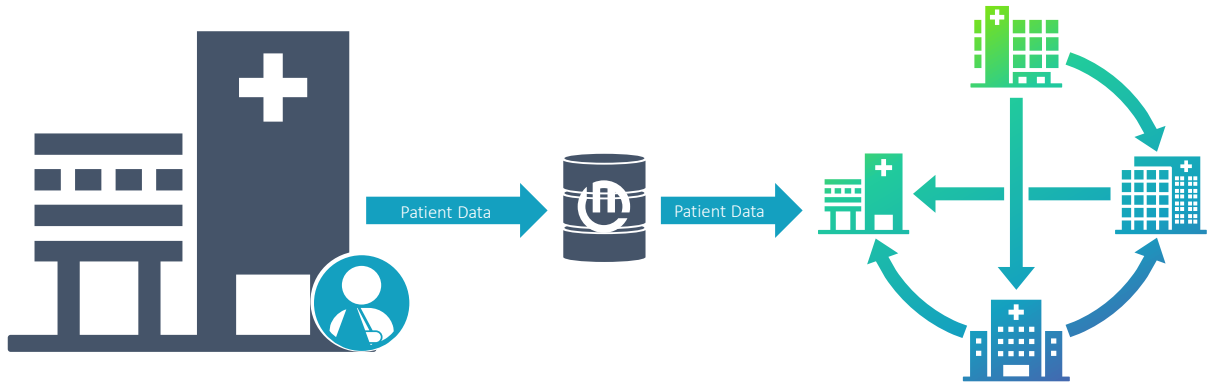
Real-time Collective notifications, delivered directly to providers at the point of care



Logging into the Collective platform to view patient information

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Data Managed Under HIPAA



All other information is managed in accordance with HIPAA and housed within a portal that is default visible to other subscribers in the Collective Network that have a treatment, payment, or health care operations relationship with the patient who is the subject of that information.

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Collective notifications – Workflow and Process



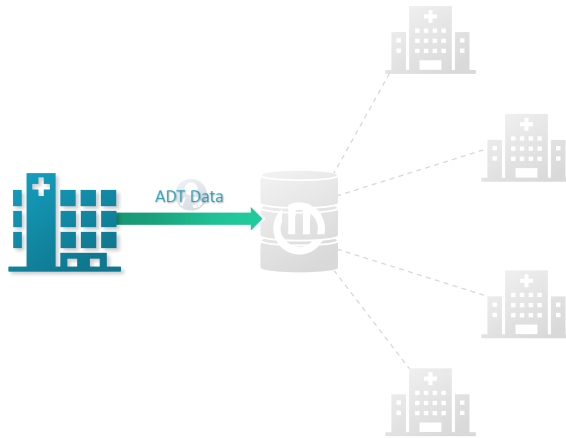
Step 1 – Patient Encounter

The patient presents in the emergency department of a hospital with a connection to the Collective network.

Basic demographic and triage information about the patient is entered into the hospital's EHR.

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Collective notifications – Workflow and Process

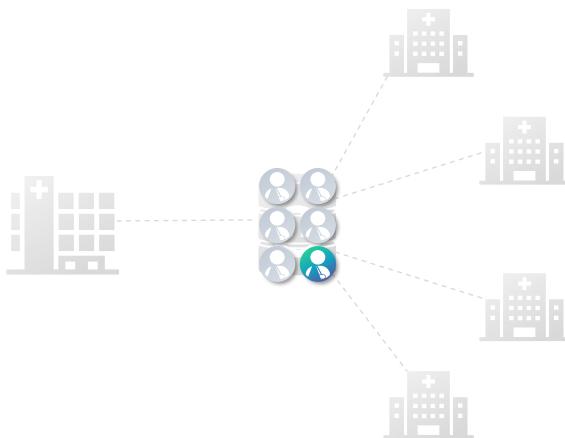


Step 2 – ADT Transmission

Within moments, the hospital's EHR sends the important information about the encounter to Collective in the form of an ADT message.

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Collective notifications – Workflow and Process

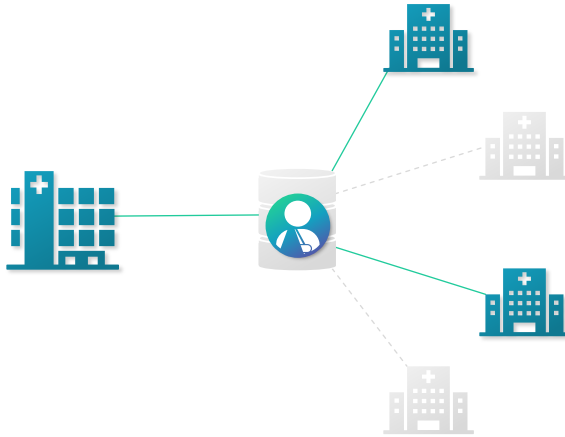


Step 3 – Patient Identification

The Collective platform normalizes the new encounter information, identifies the patient's aggregate *profile on the network* as well as identifies patient's aggregate profile existing through *Carequality* or *CommonWell*, and merges the new data in.

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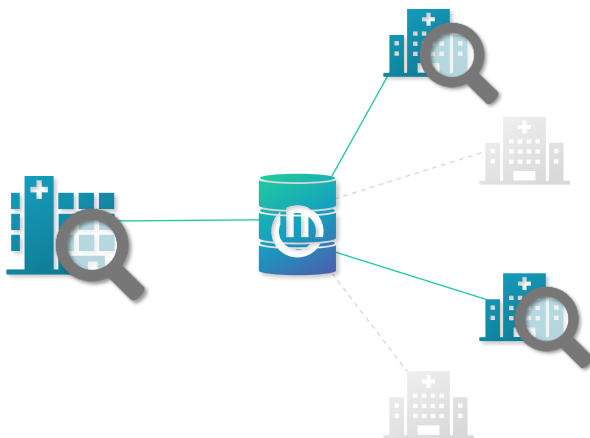
Collective notifications – Workflow and Process



Step 4 – HIPAA Verification

Collective analyzes its network, and all entities showing a verified HIPAA relationship with the patient are identified, including the facility at which the patient is currently experiencing the triggering encounter.

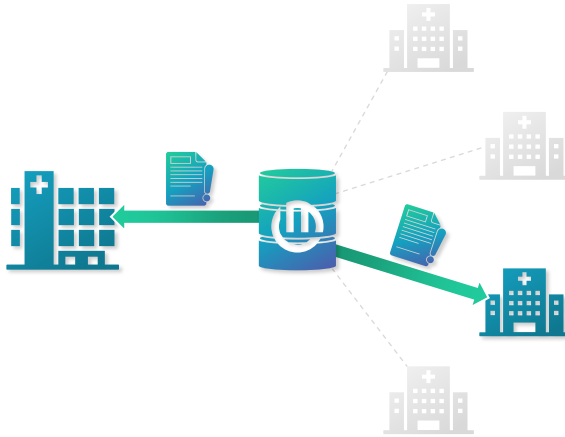
Collective notifications – Workflow and Process



Step 5 – Criteria Analysis

Each of these entities' Collective profiles are analyzed to identify which—if any—of the members of the patient's care team should receive notification of the encounter, and curated specifics about the patient's needs.

Collective notifications – Workflow and Process

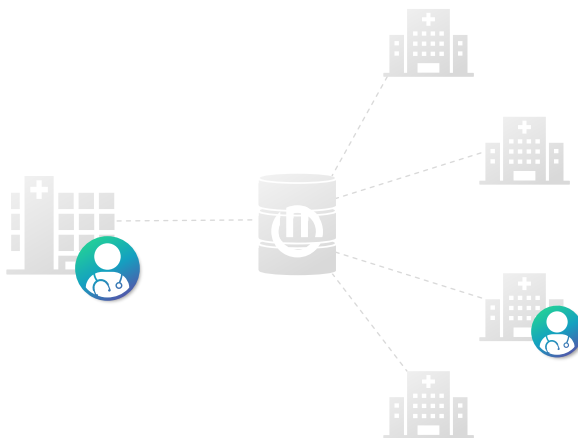


Step 6 – Care Team Notification

Within seconds of the patient's initial presentation at the triggering facility, real-time notifications are delivered to the members of the patient's care team identified as being best placed to intervene and impact outcomes.

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Collective notifications – Workflow and Process



Step 7 – Provider Action

All members of the patient's care team are now empowered to take action to influence better outcomes for the patient.

- ED providers are empowered to act quickly from a position of knowledge
- primary care and specialists can proactively involve themselves when necessary

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Collective EHR Integration – Cerner Example

ED Tracking Board in Cerner

The screenshot displays the Cerner EHR interface. At the top, there is a grid for tracking ED visits. Below it, the patient's information is shown: ZCCIS, AUDREY, DOB 01/06/1986, Age 35 years, MNRN79271, Sex Female, LocEO PCP-Gilbert, Thom Ins-Private Pay 0000. The main window shows a list of ED alerts and a detailed view of an ED ALERT. The alert details include: Result Type: EDIE Alert, Result Date: 09 April 2015 08:01 PDT, Result Status: Auth (Verified), Result Title: EDIE ALERT, Encounter info: 315000462, Tuality Community Hospital, Emergency, 04/09/2015 - Contributor system: EDIE. Below this, there is a table for VISIT TRACKING (3 MO.) with columns for Visit Date, Location, Type, and Diagnosis. The table shows three visits: 02/24/2014 14:41 at Providence Centralia Hospital (Emergency) with diagnosis kidney pain/abcess; 01/24/2014 22:49 at Providence Centralia Hospital (Emergency) with diagnosis Cellulitis and abscess of foot; and 12/04/2013 10:44 at Providence Centralia Hospital (Emergency) with diagnosis Leukocytosis, unspecified; Left foot abscess; Doublet; Rash; Neck Pain; Sprain of thoracic; middle back pain; Personal history of tobacco use;.

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Notifications– When Does the ED Receive Notifications?

Standard Notification Criteria:

The screenshot shows a 'COLLECTIVE NOTIFICATION 04/10/2019 14:12 TYLER, BILL MHN: 20258939'. The document is a detailed notification for a patient, including sections for Security and Safety, ED Care Available from New Medicine RX Clinic, Case Description, Care History, Medication, Recent Encounters, and Care Team. The notification text includes instructions for ED care and lists various clinical criteria for notification.

1. High-Utilization Patterns: 5 ED visits within 12 months
2. Rising Risk/Traveling Patients: 3 Different EDs within 90 days
3. Patients with ED Care Guidelines entered on the network
4. History of Security Events entered on the network
5. History of Sepsis (12 month look back)
6. PDMP Integration
7. History of Mental/ Behavioral Health DX (12 month look back)
8. History of Suicidal Ideation/ Attempt and or Self Harm (12 month look back)
9. Mental Health Insight entered on the network
10. Crisis Plan uploaded on the network

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Criteria & Notifications Example for Hospital Teams

Collective Notification

1. History of ED Visits for Mental/Behavioral Health Concerns (12 month look back from current encounter)
2. History of ED Visit for Self-Harm In previous 12 months (12 month look back from current encounter)
3. History of ED Visit for Current Suicidal Ideation or Attempt (12 month look back from current encounter)
4. Mental Health Insight or Current Crisis Plan Uploaded

collectivemedical[®]

Information regarding a patient meeting Notification Criteria is available on the Collective portal.

To view the patient's encounter information, please visit:

medical.com/notify/7cf57304-bf41-425e-9d06-7553a7a5f215

7:41

1 (410) 200-5...

Text Message Today 6:27

1 of 5
FRM:notify@collectivemedical.com
SUBJ:Collective/EDie Notif
MSG:ALL ED Visits. Login details.

COLLECTIVE NOTIFICATION 09/09/2020 16:31 Patient, Sample MRN: 1122334455

Criteria Met

- History of Suicide or Self-Harm (12 Mo.)
- 5+ ED Visits in 12 Months

Date	Location	Event	Specifics	Security Events (18 Mo.)	Count
6/13/20 6:47 AM	Albuquerque Hospital	Verbal	• Patient was verbally abusive towards care providers, staff or patient.	Self-Harm Verbal	1
11/13/19 9:37 AM	Cottonwood Clinic	Self-Harm	• Details: I threatened self-harm if I did not receive narcotics.	Self-Harm Verbal	1
				Total	2

ED Care Guidelines from New Mexico Hospital
Last Updated: 9/21/20 10:11 AM

Care Recommendation:

- Present often with disorientation and early signs of dementia and is not consistent when providing historical information
- Triage and treat emergent medical needs and instruct patient to seek services at PCP (extended hours available)

Pain Management:

- Order to PCP for pain management - avoid opioid pain medications in ED unless medically necessary
- Review PCOP for up to date information
- No. of med seeking and opioid abuse

These are guidelines and the provider should exercise clinical judgment when providing care.

E.D. Visit Count (12 mo.)

Facility	Visits
New Mexico Hospital	4
Albuquerque Hospital	2
Southwest Medical Center	2
Total	8

Note: Visits indicate total known visits.

Recent Emergency Department Visit Summary

Date	Facility	City	State	Type	Diagnosis or Chief Complaint
Jul 22, 2020	Albuquerque H.	Albuc.	NM	Emergency	Unspecified fall, subsequent encounter
Jun 21, 2020	New Mexico H.	Albuc.	NM	Emergency	Pain in left hip
Jun 11, 2020	Albuquerque H.	Albuc.	NM	Emergency	Generalized abdominal pain
Jun 2, 2020	New Mexico H.	Albuc.	NM	Emergency	Disorientation, unspecified
May 27, 2020	Southwest M.C.	Santa.	NM	Emergency	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
Apr 22, 2020	New Mexico H.	Albuc.	NM	Emergency	Chest pain, unspecified
Jan 6, 2020	New Mexico H.	Albuc.	NM	Emergency	Unspecified fall, initial encounter
Nov 12, 2019	Southwest M.C.	Santa.	NM	Emergency	Unspecified injury of right shoulder and upper arm, initial encounter
					Pain in right shoulder
					Chest pain, unspecified

Collaboration & Coordination of Mental Health Reports

ED Census + Utilization Report

- Mental and Behavioral Health information has been added to ED Census + Utilization Report.
- Additional Columns such as Chief Complaint and Dx (codes + description) help to surface MH/BH related encounters
- Criteria related columns can surface patients who had MH/BH information related to their encounter

Mental Health Cohort Report

- The MH/BH Cohort report provides the ability to focus on specific MB/BH criteria met, essentially starting with a filtered report.
- The details of this report include information related to patients who met a specific criteria and can also contain visit information.

Schedule Timeframe

- Once a foundation of a report is identified we need the ability to focus the report on a specific timeframe.
- Reports that complement a consistent use case / work-flow should be available on a frequent interval (weekly or monthly).
- Collective has developed various options for both the period (lookback) and the scheduled frequency (interval) for a report.

Specific Criteria (Cohort)

- Using a Cohort report foundation, this work incorporated the ability to include more than one criteria per report, as they often complement or relate to another.
- Cohort report columns also have the ability to include either all criteria met for a specific visit or only criteria included in the report

Mental Health Readmission Risk Score

Collective Machine Learning Readmission Risk Scores



Unprecedented Training Data

Collective's model is trained on 18.3 million patient encounters



Proprietary Input Variables

Collective's model includes many variables enabled by its MPI that are highly predictive and not available to researchers or vendors relying on de-identified data



Accuracy

Collective's model accurately predicts readmissions with a sensitivity of 81% and specificity of 60%



Instantly Available

Unlike typical scores, Collective is able to combine historic data with real-time information to immediately create and continually update a patient's score throughout their stay



Enabling Workflow

User Interface displays proprietary risk score alongside descriptive patient information, allowing for identification of appropriate follow-up and the ability to document actions taken

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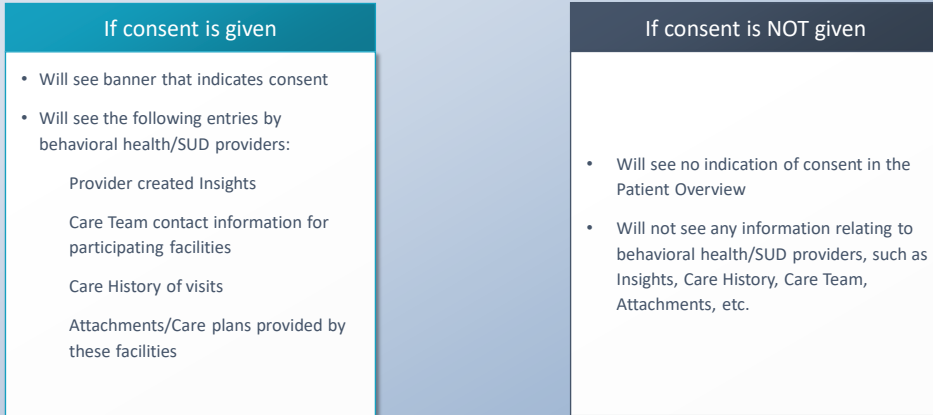
Consent

For sensitive information and CFR 42 Part 2

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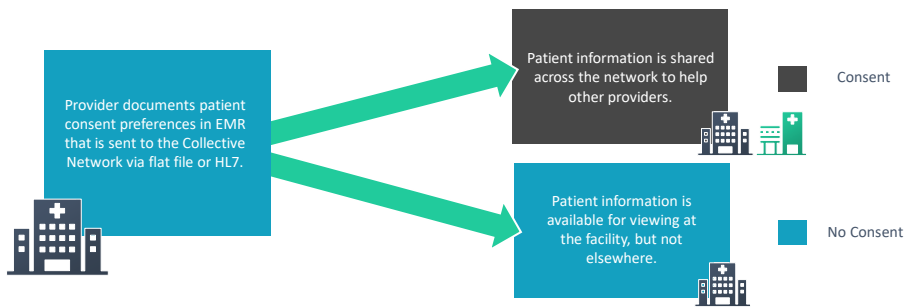
Consent: What's the Difference?

In the matter of consent, some features will and will not be shown depending on the patient's designation. The following features fall under those categories:



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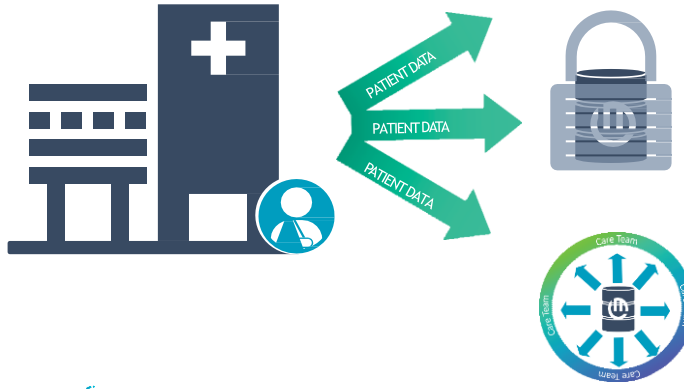
Collective's Consent: How it Works



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Consent Process

For a facility that utilizes Collective's consent model, the sensitive information of that facility may be disclosed via the Collective Network only where the facility has indicated, via a consent message, that it has obtained the patient's consent to do so



DEFAULT SETTING FOR CONSENT ENABLED PORTAL (NO CONSENT)
All sensitive information from a facility using Collective's consent model is housed within a separate consent-enabled portal, making the facility's relationship to the patient invisible by default to the rest of the Collective Network.

FULL CONSENT
The facility's relationship to the patient, the patient's encounter history at this facility, and any other content generated by this facility on the Collective Platform are shared via the Collective Network to the patient's other treating providers.

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BH/SUD: Consent Form

Special Consent for Release of Sensitive Information
(Patient Name / English)

Client Name: _____ Other Names: _____
DOB: _____ Address: _____ Phone Number: _____

Purposes for Release
The purpose of this form is to request and authorize [PROVIDER NAME] to electronically transmit and disclose the sensitive information described below to you, yourself or other members of my Care Team through EHR/PHI/Protected and the Collective Medical Network for purposes of enabling members of my Care Team to provide treatment to me, (see reverse side for answers to some frequently asked questions).

Consent to Release Sensitive Information
I hereby request and authorize [PROVIDER NAME] to electronically transmit and disclose the sensitive information described below to you, yourself or other members of my Care Team through EHR/PHI/Protected and the Collective Medical Network for purposes of enabling members of my Care Team to provide treatment to me, (see reverse side for answers to some frequently asked questions).

Amount and Kind of Sensitive Information to be Disclosed (check one or more of the following boxes):
 Default All Care Documentation: Any of the following types of sensitive information or records which are available in [PROVIDER NAME]'s electronic records (e.g., clinical notes, discharge summaries, care plans, lab results, medications, etc.) for my Care Team for purposes of providing me treatment, including:
 • Substance use (alcohol or drug) diagnosis and treatment information and any information related to my treatment and/or any records from, any substance use disorder program (including medications, treatment plans, clinical assessments or tests, symptoms, diagnosis, program notes)
 • HIV/AIDS or sexually transmitted disease (STD) diagnosis or treatment information and records
 • Mental, behavioral health and developmental disability diagnosis and treatment information and records, whether as an inpatient or outpatient, or voluntary or involuntary basis
 Default All Care Team & Care Encounter Information: Only my sensitive information limited to identifying (1) the type of providers who are members of my Care Team, such as providers that specialize in substance use (alcohol or drug) treatment or related services, mental health treatment or outpatient, HIV or sexually transmitted diseases, developmental disability services, adult day programs and Social Services Providers; AND (2) the dates, locations and types of encounters with such providers (e.g., associated diagnosis, symptoms, service or treatment notes or information).

To Whom My Sensitive Information May be Disclosed
The sensitive information and records described above may be disclosed to all of the past, present, and future members of my Care Team (including Health Care Providers, Behavioral Health Providers, and Social Service Providers) may access my sensitive information in order to be able to provide treatment to me as part of my overall care plan.

I understand that:
 • I am authorizing [PROVIDER NAME] to disclose the sensitive information I have designated above, for the purposes and to the parties described in this Consent form.
 • My decision to sign this form is voluntary, and I understand that I may refuse to sign this Consent form. My refusal to sign will not affect my ability to obtain treatment or payment or eligibility for benefits.
 • As required under Federal law (42 CFR Part 2, § 2.316(a)), upon my request [PROVIDER NAME] will provide me with a list of entities to which my sensitive information has been disclosed or may be disclosed.
 • I understand that I have a right to receive a copy of this consent.
 • I understand that I may revoke (i.e., take back) this Consent or amend it at any time. My revocation will take effect upon receipt by [PROVIDER NAME], except to the extent that others have already acted in reliance upon this Consent.
 • My consent will expire either upon my death, or if and when I decide to revoke it.

Client Signature: _____ Date: _____
 Legat Representative (if any): _____ Signature: _____ Name: _____
 Reason: Client unable to sign (if applicable) _____
 Relationship to Client: Patient Guardian/Conservator Health Care Power of Attorney
 Other Legally Authorized Representative under applicable state law (specify) _____

Page | 1

Collective Medical Consent Form

- Allows for the sharing of information across the Collective network
- Managed by each provider organization
- Prevents information from being shared with to health plans
- Allows for the sharing of full, partial, or no clinical information based on type of consent granted

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What is Needed?

HL7

- To eliminate the need for an additional file, it is recommended that the customer include a consent status field/segment within the HL7 which Collective can use to update the patient consent status.

Eligibility File

- It is recommended that organizations review the cadence in which they are submitting their eligibility file. We recommend that customers discuss internally if the cadence of their file submissions reflects the appropriate turn-over of consent within their patient population.
- For example, we recommend that organizations who are submitting files monthly, consider moving to a bi-weekly or daily cadence.

Workflow

- We are aware that adding an additional consent document can be burdensome to an organization's workflow. Organizations will need to consider the implications of this addition and determine what works best should they want to participate.
- To reduce this burden, we recommend passing along the patient consent status via HL7.

Consent

- MH/BH is considered "sensitive information" by the state of New Mexico, which requires full consent to be granted to anyone who will view or edit this information.

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Consent as the Foundation for Information Sharing

Protecting your clients privacy under state law while collaborating in care

When a patient grants consent, we share sensitive patient information with other facilities the patient has a relationship with. If the patient revokes consent or has not granted consent, we do not share patient information outside the consenting facility.

"Banner" indicates the patient has provided Consent with there MH/ BH/ SUD provider to share information

Mental Health Insight- Recommendations for care that allow outpatient providers to advocate on behalf of their clients at the Emergency Department

Crisis Plan Upload- The plans created in the outpatient environment can be consumed at the Emergency Department when a client presents for care.

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Consented Facility

Recent Security Event This patient had a security event on May 01,2019 03:18 at Ruby Valley Medical Center

Consent Given ⓘ

Phone
(075) 555-8657

Address
1559 Broad Horse Common
Claquato, VA 98710

Tyler, Bill
DOB: 10/13/1999 Age: 19 Male ID: 21858455

Tags

+
ED Behavioral Health Visits Group
Has Guidelines
High Utilization Group
Homeless
Mental Health Group

Every patient's consent status displays at the very top of the Patient Overview page for 42 Part 2 facilities, if a facility has been given consent.

Note: If a facility has NOT been given consent, then nothing will show in the banner and the sensitive information will NOT be shown

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Consented Facility

Full Consent Banner

Clicking on 'Consent Given' provides a description of Full Care consent.

Additionally, a provider can revoke a patient consent for data exchanges with long sync times.

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Mental Health Insights & Crisis Plans: Actionable Information for the ED

1

Patient's baseline status or status when decompensated

2

Briefly described effective intervention / education when patient is in crisis

3

Diagnosis / Social Determinants / Barriers

Who to contact at the time of crisis when in the ED (family and / or provider)


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For existing customers: How does this impact you?

- **SYNCRONYS customers:** Existing SYNCRONYS customers will have access to this unified solution that has been designed around community-wide feedback. The unified solution will include the services that SYNCRONYS already offers as well as new use case functionality. We believe that this unprecedented program in New Mexico will serve as a model for the rest of the country.
- **Collective customers:** Existing Collective customers will have access to the services/functionality they already have through Collective, as well as the new use case functionality that is under development in collaboration with SYNCRONYS. Collective customers will be able to take full advantage of these unique capabilities of the New Mexico HIE model by becoming a Core HIE user of SYNCRONYS.
- **Existing and new customers can sign up to have access to all the Collective Medical use cases described in this presentation by subscribing to SYNCRONYS.**

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THANK YOU



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NEXT MONTH:

**THE VALUE OF USING
SYNCRONYS TO ADDRESS
HEPATITIS C IN NEW MEXICO**

Rick VanNess Director, Product Development



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IF YOU ARE INTERESTED IN JOINING SYNCRONYS AND/OR USING THE NEW VALUE-ADDED FEATURES

- NOW is the time to act!
- Contact your customer relationship manager today.



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YOUR CUSTOMER ENGAGEMENT TEAM



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

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Payers | Integrated Health Systems –

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Independent Clinics | Federally Qualified Health Centers –

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YOUR CUSTOMER ENGAGEMENT TEAM



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Skilled Nursing Facilities | Long Term Care |
Rehabilitation | Home Care | Hospice –
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QUESTIONS?

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