

Presents Our Fifth Annual HIE Users' Conference

Synchronizing Health Care Now!

September 23-24, 2021

8:00 am - 12:30 pm

Sponsored by



A **PointClickCare** Company







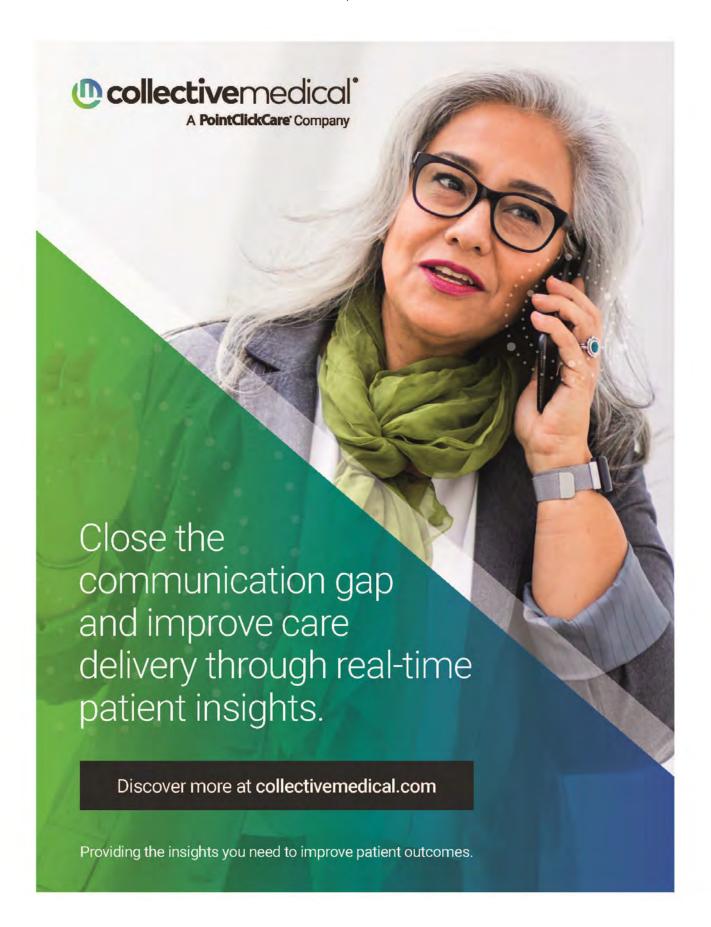








Indian Pueblo Cultural Center 2401 12th St. NW | Albuquerque, NM 87104



Synchronizing Health Care Now!

DAY ONE - September 23, 2021, 8:00 am - 12:40 pm

7:30 am – In person check-in, breakfast, exhibits, and online connection testing is recommended no later than 7:45 am

8:00 am – Welcome, acknowledgements, and announcements – Ms. April L. Salisbury, Director of Onboarding and Training, SYNCRONYS

8:10 am - Opening Remarks - Ms. Kari Armijo, Deputy Secretary, New Mexico HSD

8:25 am – The Patient Story – Ms. Regina Holliday, Art teacher, artist, muralist, patient rights arts advocate, and founder of the Walking Gallery and the Medical Advocacy Mural Project

9:10 am – The State of Our Union – Thomas East, PhD, Chief Executive Officer/Chief Informatics Officer, SYNCRONYS

9:40 am – Break – Please visit with our exhibitors and make new connections with colleagues in the healthcare community

10:10 am - The Value of Collaboration at the State Level: Update on the Medicaid Management Information Systems Replacement Project and the All Payer Claims Database - James Lilly, Deputy CIO, HHS 2020 Chief Technology Officer, NM HSD and Shandiin Wood, MPH, Health Systems Epidemiologist, NM DOH

11:10 am – Health Information Exchange Advances – Moderator: Nick Blake, VP of Client Services, Briljent. Panelists: Shila Blend, MSN, RN-BC, Health Information Technology Director, North Dakota Information Technology Department (ITD); Nicole Yeo-Fisher, MSW, LCSW, Clinical Education Manager, and Chad MacLeod, Director of Product & Communication, HealthInfoNet, Maine; Kelly Richards, CCSA, Program Support Specialist, VHI; Catelyn Nguyen, Director, Client Services, Health Current

12:10 am – Advance Care Planning / M.O.S.T. – Felisha Anderson Martinez, Education Specialist, Presbyterian Healthcare Services

12:40 am – Adjourn Day 1

Join us for a networking luncheon following these sessions on day one. (Verification of vaccination is required.)

Use this link or QR Code to reach the program booklet. ==>







Our vision at Orion Health is to revolutionize global healthcare so that every individual receives the perfect care for them.



Right patient



Right care



Right place



Find out more at orionhealth.com

Our Faculty

(In order of appearance)

April L. Salisbury, MBA-HCMDirector, Onboarding and Training
SYNCRONYS – Event Coordinator

"Welcome & Announcements"

Working as a non-clinician in the healthcare industry for most of her career, Ms. Salisbury is responsible for assisting SYNCRONYS customers to adopt various solutions for accessing and securely exchanging patient health information. She serves as the primary customer relationship manager for behavioral health, state government, diagnostic service providers and UNM Health Sciences Center. Since the late 1990s, Mrs. Salisbury has provided project management for in-house and external educational events. She joined the IT team in 2012 to help launch a new platform for the HIE and works closely with our vendors, the IT department, and our Customer Engagement Team, providing training, user acceptance testing, and troubleshooting for the HIE Clinical Portal, Direct Secure Messaging, and our newly developed solutions. She earned a BA in Organizational Psychology from the College of Santa Fe in Albuquerque and an MBA in Healthcare Management from the University of Phoenix, Albuquerque, New Mexico.

Terri Stewart, MS HCA, MT (ASCP)
Chief Administrative Officer
SYNCRONYS

"Welcome from SYNCRONYS"

Terri Stewart has over 30 years working in diverse health care settings. 25 of these years have been working with complex statewide not for profit healthcare related organizations in the State of New Mexico. Ms. Stewart has held executive leadership positions with clinical laboratory organizations, oncology cancer research networks and in the physician practice setting. As the CAO for SYNCRONYS, Ms. Stewart is responsible for Finance, Human Resources, Administration, Marketing, Business Development and Outreach.

Kari ArmijoDeputy Secretary
New Mexico Human Services Department

" Opening Remarks"

Ms. Armijo has been the Deputy Secretary for HSD since January 2020, overseeing the Child Support Enforcement Division (CSED), Information Technology Division (ITD), multiple IT projects including the Medicaid Management Information System Replacement (MMISR) project, and several initiatives and priorities related to Medicaid



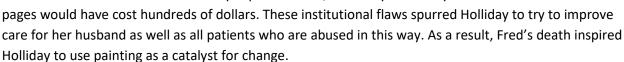
reimbursement policy. Before assuming the role of Deputy Secretary, Ms. Armijo worked for nearly 20 years with the New Mexico Medicaid program, most recently in the role of Deputy Director charged with directing and coordinating Medicaid policy and program operations, including eligibility and enrollment, benefit package design, and provider rate-setting.

Before assuming the role of Deputy Director, Ms. Armijo was the Affordable Care Act Implementation Director — a role she enjoyed since passage of the federal law in 2010. Ms. Armijo served for three years as the Special Projects Director for the New Mexico Medicaid program, managing cost-containment and Medicaid reform initiatives; and she previously held positions directing Medicaid child/adolescent health and school-based health center programs. She has worked with the Human Services Department for 21 years.

Keynote: "The Patient Story"

Regina HollidayPatient Advocate, Artist, Chaplain, Lutheran Vicar

Regina Holliday is a Maryland-based patient advocate and artist known for painting a series of murals depicting the need for clarity and transparency in medical records. This advocacy mission was inspired by her husband Frederick Allen Holliday II and his struggle to get appropriate care. Afflicted with kidney cancer, Fred suffered poor care coordination, a lack of access to data and a series of medical errors and, as a result, lost his battle. During Fred's 11 weeks of continuous hospitalization in five facilities, Holliday learned that she would have to wait 21 days and would be charged 73 cents per page for Fred's medical records. In addition to already expensive care, the many necessary



With her passion for advocating for patients to receive timely access to their health care data, her artwork became part of the national healthcare debate. Reported on in the mainstream press, as well as reviewed by such journals as BMJ and APA, Holliday has earned a platform to push for legislation that would provide better care for patients. Continuing her advocacy through art, she also started The Walking Gallery movement, where more than 400 volunteer members don business suits or blazers painted with either their story, their loved one's story, or their mission within healthcare. The jackets, which are painted by Holliday or one of the 45 other artist members in The Walking Gallery, help change public health policy. The members of Walking Gallery attend medical conferences with a powerful visual story painted on their backs. The paintings help to convey the fact that the people wearing them are living, breathing examples of patients impacted by health care decisions, as opposed to just a statistical number. Holliday's jacket paintings depicting the patient story have been covered in The Wall Street Journal, Marketplace and USA Today. She also began live painting the content of medical conferences

and events in 2010. To date she has painted over 270 canvases depicting the stories of providers working in HIT, pharma, medical organizations, and hospitals.

In addition, Holliday is published author. The Walking Wall: 73 Cents to the Walking Gallery, her first work, is devoted to the stories that comprise her Walking Gallery campaign and was published in Australia. Her latest book The Writing on the Wall (2015), a memoir, takes readers on an odyssey of abuse and empowerment. Holiday was honored at the Health 2.0 Annual Conference in 2016 with a Patient Activist Award. In both 2016 and 2017 she served as a judge for Women in Health IT Awards at HIMSS.

Backed by her own patient and caregiving experiences, Regina Holliday travels the globe heralding her message of patient empowerment and inclusion in healthcare decision making. She fearlessly stands before officials and practitioners demanding a thoughtful dialog on the role patients play in their own healthcare. Holliday is passionate about the benefits of health information technology and timely data access for patients, which is why she was one of HealthTech's Must-Read Health IT Blogger's in 2017.

Blog: http://reginaholliday.blogspot.com/ http://www.facebook.com/regina.holliday http://twitter.com/ReginaHolliday

Thomas East, PhD, CHCIO
Chief Executive Officer/Chief Information Officer
SYNCRONYS

"The State of Our Union"

Thomas D. East, Ph.D. is the CEO and CIO for SYNCRONYS. Dr. East has over 30 years of experience in health information technology, with 17 of these in executive information technology leadership. His career has spanned four healthcare systems in Utah, Alaska, Illinois, and New York, combining a strong background in pulmonary medicine and critical care, strategic planning, program/project management, resource management, adoption of best practices, and innovative technology to support rural healthcare. SYNCRONYS operates the NM state designated health information exchange.

James Lilly

Deputy CIO, HHS 2020 Chief Technology Officer, Medicaid Management Information Systems, Replacement project NM Human Service Department

Mr. Lilly serves as the Chief Technology Officer for the State of New Mexico's largest IT project, HHS2020, a replacement of their Medicaid Management Information System with modular components. In this capacity he orchestrates the technology efforts of both state staff and module vendors centered around a robust data and

"Collaboration at the State Level"

Update on MMISR Project



process integration platform that allows for the Centers for Medicare and Medicaid Services (CMS) vision of a modular MMIS system. In addition to a modular Medicaid system this shared functionality platform is also being leveraged as the cornerstone to numerous State partners such as the Children Youth and Families Department, Aging and Long-Term Services Department, Child Support Division, and the Department of Health among others. In this role he leads an internal technical Project Management Office, an Architecture Group, a Business and Technical Analyst group, and a Database Bureau as well as serving as an advisor and Technical Architecture designer for numerous state agencies.

Shandiin Wood, MPHHealth Systems Epidemiologist
NM Department of Health

"Collaboration at the State Level"
Update on the All Payer Claims Database

Shandiin Wood is a Health Systems Epidemiologist and has been working with the All Payer Claims Database since September of 2020. Prior to his current role, Shandiin Wood has worked in COVID-19 contact tracing, evaluation, and project coordination with the New Mexico Department of Health in various programs in addition to the Centers for Disease Control Prevention.

Shila Blend, MSN, RN-BC

Health Information Technology Director North Dakota Information Technology Department (ITD)

Shila Blend is responsible for overseeing the Health Information Network (NDHIN), the health information exchange for North Dakota. The system enables sharing of health information by connecting electronic health record systems, delivering a seamless, secure way for doctors and patients to make more informed health care decisions at any time, from anywhere.





Shila is a board-certified registered nurse and has earned a Bachelor of Science in Nursing from Medcenter One College of Nursing, a Master of Science in nursing from the University of Mary and recently defended her dissertation for a Ph.D. with a focus on health systems from the University of Colorado Anschutz Medical Campus in Aurora. She brings more than a decade of experience leading people and projects in the health information technology space, including patient care and implementation of software and statewide programs. Her leadership experience includes significant stakeholder engagement with state, local and tribal partners as well as health care associations, emergency management and legislative members. Shila is a systems thinker passionate about improving our rural health care systems.



Comprehensive and personalized serious illness management



Digital advance care planning with SSO



Virtual palliative care services for your patients

vyncahealth.com

Chad MacLeod

HealthInfoNet

Director of Produce and Communication

Chad MacLeod is the Director of Product and Communication at HealthInfoNet, Maine's statewide Health Information Exchange (HIE). In his role, Chad collaborates with a crossfunctional team of project managers, clinical educators, analysts, and technical developers to deliver high-quality services and materials to the HIE's customers,



"Panel: HIE Advances"

partners, and end-user communities. His primary interests include ACO- and payer-focused analytics and reporting, organization/provider directory management, and applications of social health information. Prior to joining HealthInfoNet, Chad worked at Onpoint Health Data, a Maine-based data management and analytics company operating All-Payer Claims Database (APCD) programs across the country. He also currently serves as Chair of Age Friendly South Portland, an AARP-certified age-friendly community in Maine, in which he oversees programs designed to help older adults thrive in their community. Chad received his Bachelor of Arts from Gettysburg College.

Nicole Yeo-Fisher Manager of Client Engagement HealthInfoNet

"Panel: HIE Advances"

Nicole Yeo-Fisher, MSW, LCSW, is the Manager of Client Engagement at HealthInfoNet, Maine's statewide Health Information Exchange (HIE). In her role, Nicole serves as the primary point of contact for the HIE's participants and leads all education activities focused on the clinical implementation of the HIE's services as well as patient/staff consent and communication. Nicole regularly works with providers, clinicians, and clinical staff across the state on workflow processes to help meet their quality of care goals. Prior to joining HealthInfoNet, Nicole worked in a psychiatric hospital setting with adults, children, and families as well as part of a multi-disciplinary team providing patient-centered care. She has held clinical leadership roles supervising master's level clinicians and bachelor's level clinical associates and is an adjunct faculty at the University of Maine Orono (UMO) School of Social Work. She earned her BSW and MSW in Social Work at UMO.

Catelyn Nguyen, PMP

Director, Client Services Health Current

Catelyn Nguyen is a Director of Client Services at Health Current, Arizona's health information exchange (HIE). She oversees Account Management, Project Management and Client Support team and responsible for core HIE services as well as Federal and State program initiatives.

"Panel: HIE Advances"



Catelyn has over 20 years of experience in healthcare information technology sector and spent over 10 years in the Health Information Technology sector. Her passion is working with Arizona communities to transform care information to the HIE where providers have access to usable data for care coordination and to improve patient care. Catelyn is a certified Project Management Professional and holds a Bachelor of Science in Management Information Systems.

Kelly Richards, CCSAProgram Support Specialist
VHI

"Panel: HIE Advances"

Kelly Richards started working at VHI in July 2019 to support the programs of VHI and ConnectVirginia. As VHI's Program Support Specialist, Kelly, is the lead contact for all Health Information Exchange Services at VHI. Kelly provides behind the scenes process enhancement and development tools that support programs that benefit patients in Virginia's healthcare system, as well as onboards new organizations to VHI's HIE



Programs. Due to Kelly's background in software administration, quality assurance and experience in medical laboratories, Kelly provides structure for the programs and leadership at VHI. Kelly is a Certified Cyber Security Architect and is VHI's lead IT liaison to identify enhancements to improve VHI's technical productivity. She enjoys spending her free time trying new restaurants, exploring Richmond with her dog, and enjoying live music with friends.

Felisha Anderson-Martinez Education Specialist Presbyterian Healthcare Services "Advance Care Planning and SYNCRONYS"

Felisha is a native to New Mexico, born and raised in Santa Fe moving to Albuquerque in 1990 to attend college where she has remained to work and raise her family. Felisha has over 20 years' experience as a medical social worker both at UNMH and Presbyterian, as well as 3 years as a behavioral health care coordinator for BCBS. Felisha has been involved with the NM-NASW chapter in assisting with organizing the annual conference, as well as the past term, elected Secretary. Felisha's social work experience includes administration work, working with individuals with mental illness and substance abuse issues, children, adults, and geriatric populations, within the health care settings, as well as community. Ms. Felisha Anderson-Martinez, is an Adjunct College Associate Professor for the Albuquerque campus and Online MSW programs at New Mexico State University for 11 years. In her is free time, she enjoys spending time with family, friends and dogs. She enjoys cooking and entertaining.

Our Sponsors



Our goal is performance. Our passion is people. Our team is Briljent.

Proud sponsor and supporter of



meetbriljent

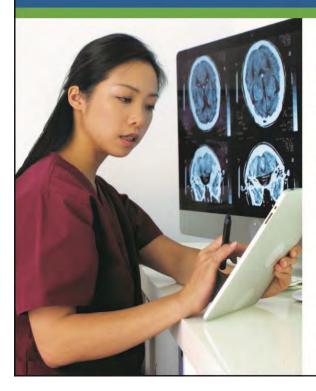


briljent.com



The Power to Predict, the Power to Act







Discover how eHealth Technologies has partnered with SYNCRONYS to help patients and providers across New Mexico

- Access all patient images through the SYNCRONYS Clinical Portal
- Download external images into your PACS with a single click
- View and compare studies from multiple locations
- · Treat patients faster and more effectively



To request a demo, call 877.344.8999 or visit eHealthTechnologies.com







Caraway Solutions, founded in 2020 and New Mexico based, is a woman-owned company with a passionate vision of improving health care quality and outcomes to achieve health equity for all New Mexicans. Caraway Solutions has the depth and breadth of knowledgeable health care industry expertise to provide the necessary resources to find opportunities to improve quality and efficiencies across the healthcare ecosystem and to build a productive relationship with our clients. Our services include training on HEDIS quality programs and value-based care programs; development of quantified value propositions; proposal writing; program development; and project management.

Vickie Tyas
President, Caraway Solutions
vtyas@carawaysolutions.org
505-259-7386

Supporters:

Molina Healthcare

New Mexico Primary

Care Association





WELCOME

Ms. Kari Armijo **Deputy Secretary** New Mexico Human Services Department

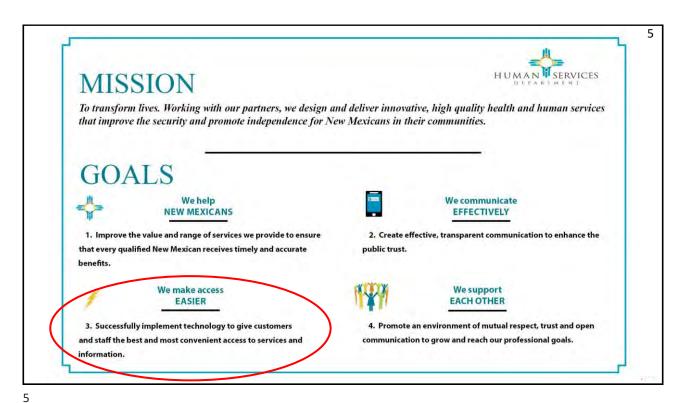




Synchronizing Health Care Nowl 5th Annual SYNCRONYS HIE Users' Conference September 23-24, 2021



SYNCRONYS FIFTH ANNUAL HIE USER'S CONFERENCE **SEPTEMBER 23, 2021**



State of New Mexico

State of New Mexico

Synchrolis Lagor Guidane:

Character O. State, Ph.D.

Date De East:

Double C. East

Double C. East

Double C. East

Double C. State Company of the State of the Stat

BENEFITS OF THE HEALTH INFORMATION EXCHANGE (HIE)

HIEs track and securely share patients' complete medical histories – new uses for clinical data

CMS and the Office of the National Coordinator for Health IT (ONC) have been strong proponents of HIE. Requirements for meaningful use, implementation of the HITECH program, and conditions of participation underscore this commitment.

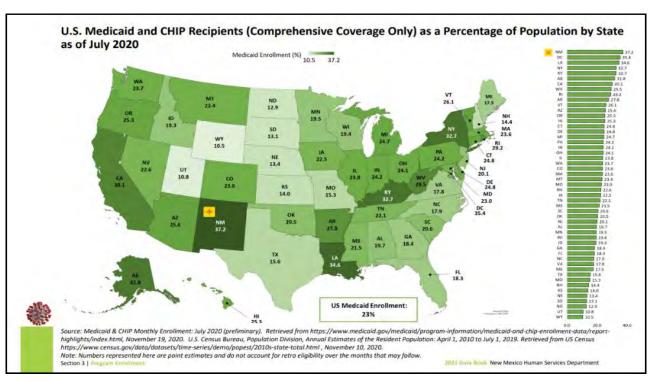
The COVID-19 pandemic further highlights the need for seamless communication and access to patient information.

Known benefits of HIEs include*:

- Improvements in patient safety by reducing medication and medical errors;
- Stimulates consumer education and patients' involvement in their own health care;
- Increased efficiency by eliminating unnecessary paperwork;
- Improved clinical decision support tools for providers for more effective care management and treatment;
- Elimination of unnecessary testing;
- Improvement in public health reporting and monitoring;
- Improvement in healthcare quality and outcomes; and
- Reduced health-related costs

HUMAN SIRVICES

7



^{*}www.healthit.gov/topic/health-it-basics/hie-benefits

WHY IS THE HIE IMPORTANT TO NEW MEXICO AND HSD?

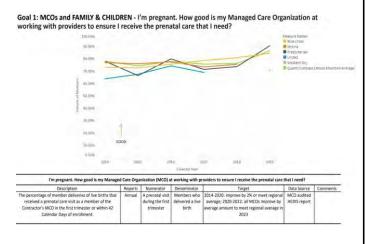
Prenatal Care & Births - 73% of NM Births are funded by Medicaid. The HIE tells us that:

- 30% received inadequate prenatal care
- 20% received PNC in the second trimester
- 8.5% received no prenatal care

Substance Use Disorder (SUD) – the HIE shows 16,972 SUD-related visits to date in CY 2021.

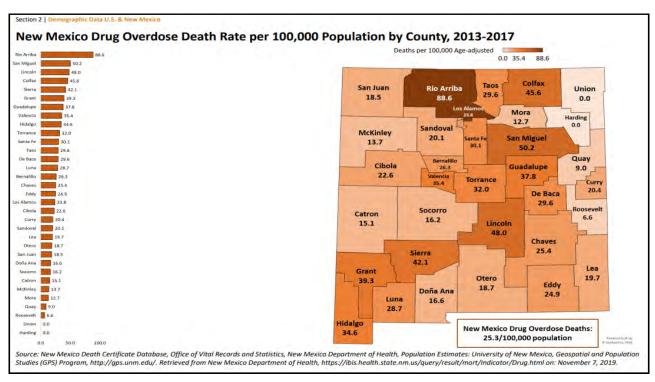
 64% of these visits were for the Medicaid population; accounting for 73% of all SUD-related notifications triggered to hospitals.

Behavioral Health – the HIE shows the number of times that the Behavioral Health Use Case criteria (ED visits for suicide ideation or BH; or history in past 12 months) were flagged in February 2021



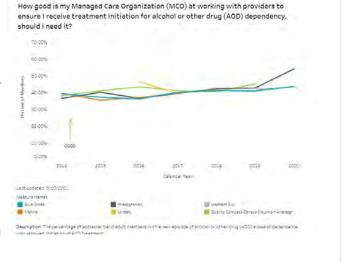
HUMAN SIRVICES

9



NM PROVIDER USE OF THE HIE

- 100% of New Mexico non federal and non IHS/Tribal hospitals
- New Mexico VA Health Care System and Department of Defense
- Laboratory & Diagnostic Imaging Facilities
 - TriCore, Quest, LabCorp, State Lab, Curative and Interpartner
 - Xray Associates of NM and Radiology Associates of Albuquerque
- Provider Clinics
 - Optum multi-specialty physician practice with 9 clinics
 - FQHCs: 17 organizations with over 160 clinics will be connected by September 30, 2021 and will result in an additional 390 healthcare providers connected to the HIE
 - Ambulatory Clinics: 22 independent primary care and specialty clinics located throughout New Mexico
- Skilled Nursing, long-term care, hospice and home care
 - 25 SNFs, InnovAge, and 7 home health/hospice agencies



HUMAN SIRVICES

12

11

PROVIDER ONBOARDING

- Per the contract with HSD, Syncronys is actively working to continuously connect:
 - 80% of NM
 - Non-federal hospitals
 - Tribal/IHS hospitals & clinics
 - FQHCs
 - Prisons and detention centers
 - Skilled nursing, long term care and home health agencies, and
 - 40% of NM
 - Independent physicians
 - Behavioral health clinicians

HUMAN SIRVICES

MEDICAID INVESTMENTS IN HIE

■ Federal HITECH funds — expire 9/30/21

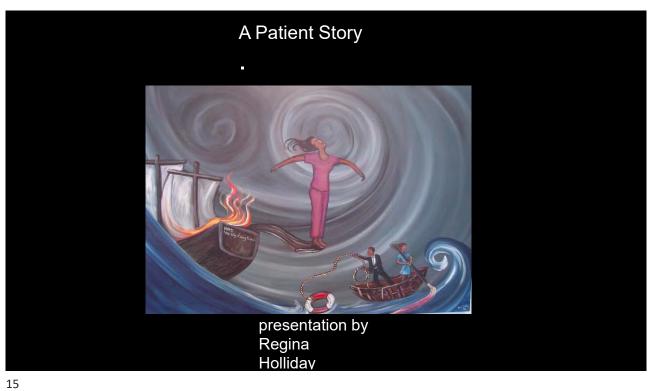
- New investments in FY23:
 - Total \$4.9M planned (\$1.2M state funds requested)
 - Community insights for population health – geospatial analysis; ability to merge with existing public health for more robust public health reporting (DOH)
 - Point-of-care solution for prenatal care management

Visualizing Neighborhoods with Telehealth Usage for BH vs. PH

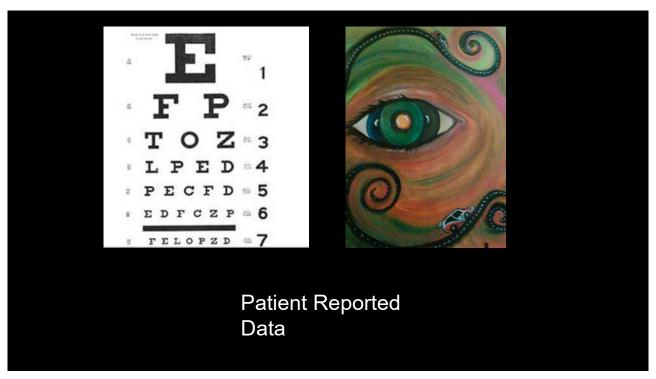
| SANCTONICE | SANCT

13











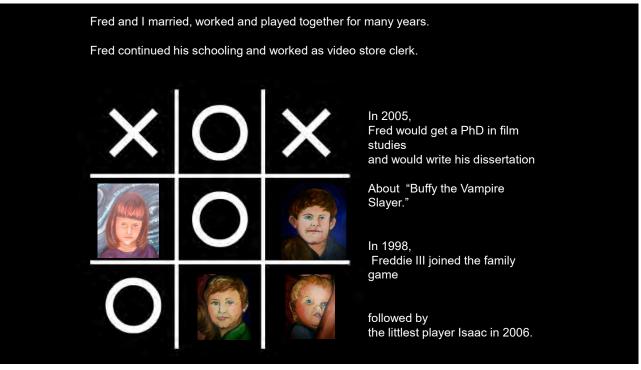


We met in a scenic painting class at Oklahoma State University.

We would talk of Stephen King's Dark Tower.

We would fall in love.

19



The Holliday Family Christmas 2007



21

Everything we ever wanted... Resolutions January 2008:

- 1. Get Medical Insurance for the whole family
- 2. Get little Freddie into a special needs school
- 3. Fred gets a job in his field
- 4. Spend more time together as a family
 - 5. Get a two bedroom apartment

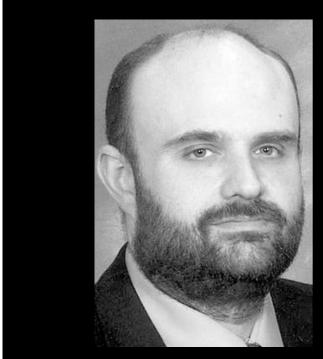












Fred was happy with his new job.



But he was very tired,

He went to the doctor and was diagnosed with hypertension.

23



During the months of January, February and March of 2009,

Status Lines...





Frederick Holliday is simply giving up and just counting the days until this awful awful month is over.

February 12, 2009 at 5:57pm - Comment - Like



Frederick Holliday thinks grading while suffering severe back pain is no fun!

March 21, 2009 at 9:42am - Comment - Like



On Friday March 13^{th} , We went to the ER because Fred was in so much pain .

We waited three hours before being sent home.

25

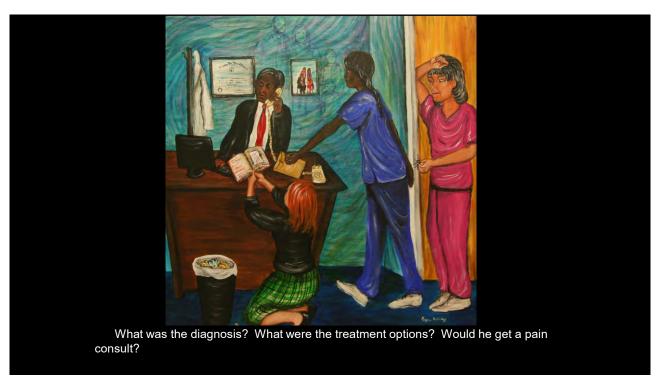
Fred was hospitalized on March 25th 2009 for the administration of tests.

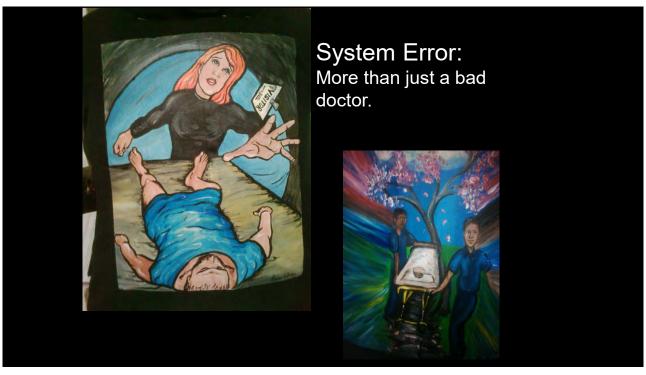


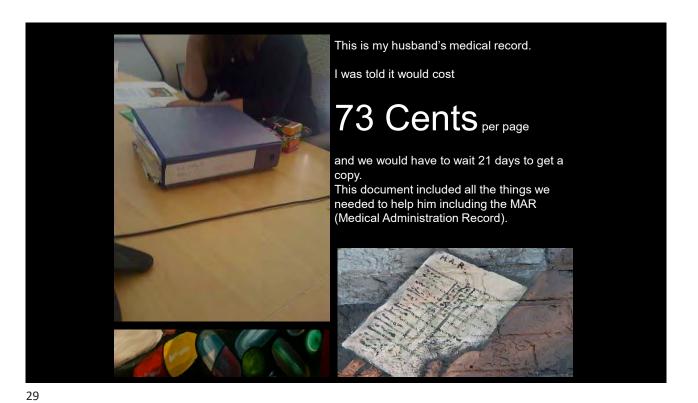
On March 27th, he was told while alone that he had "tumors and growths."

He was scared and confused and did not understand.

His oncologist left town for the next four days to a medical conference and was not reachable by phone or email.







"She must not have tried very hard to get the record...."

Comparing access to an unpublished book by Stephen King to accessing the Medical Record while hospitalized.



"Go After Them, Regina." April 18, 2009

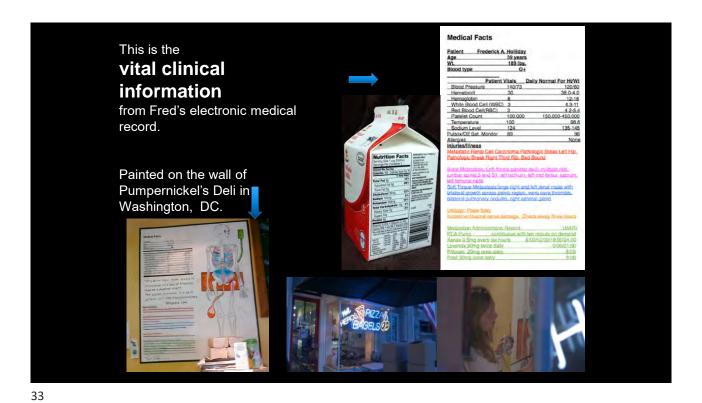
31



Hospital 2.

After waiting for 5 days for a transfer, we were sent with an out of date and incomplete medical record and transfer summary.

The new staff spent **6** hours trying to cobble together a record using a phone and a fax machine.



Facebook as a Caring Bridge Regina Holliday is home from the hospital ...Fred is getting lots of tests.

March 25, 2009 at 10:57pm A - Comment - Like

Regina Holliday Thanks to everyone for your prayers, kind thoughts, and offers of help. We will let you know what is going on as soon as we know.

Regina Holliday I am back from the hospital. No news today. It seems like there are no test results available on Saturdays....

March 28, 2009 at 7:31pm @ - Comment - Like



Regina Holliday So people are asking questions of how this happened... If you are Facebook friends with Fred you can see posts going back into January about pain. All his post are funny and light-hearted and there is a lot of banter between friends about how to deal wit

April 1, 2009 at 12:38am 🗎 - Comment - Like

Regina Holliday Fred is now on Antibiotics. The pain meds seem to be leaving his system and half the things he says now make sense. Tomorrow we go for the second set of MRI's. Pray for calm thoughts in small spaces.

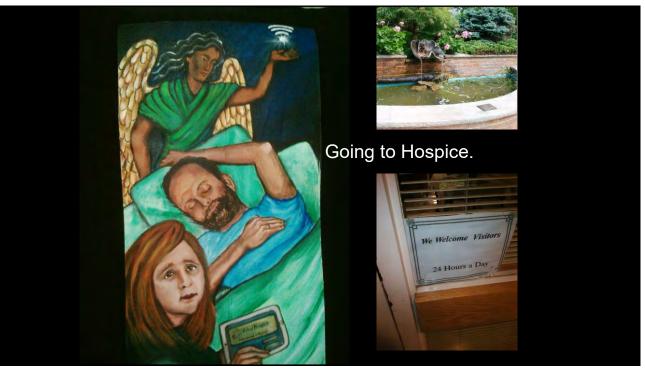
April 8, 2009 at 10:57pm 🖨 - Comment - Like



Regina Holliday Fred is not doing well. I stayed all night at rehab center. We are looking at Hospice care. Issac is sick with 103 temp and a chest cough. I need to take him to the doctor today. I will post more info when I have it.

May 19, 2009 at 11:17am A - Comment - Like





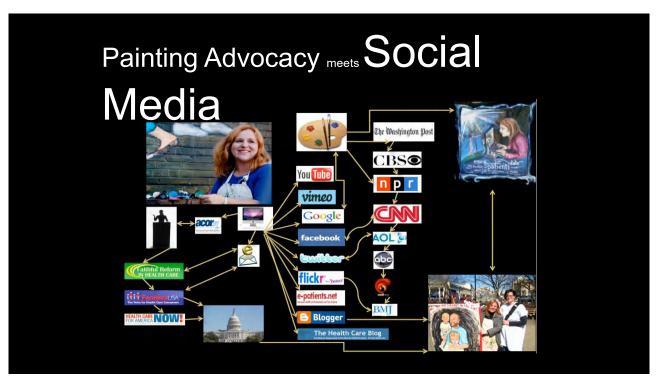
We fulfilled our final 2008 resolution on June 11, 2009.

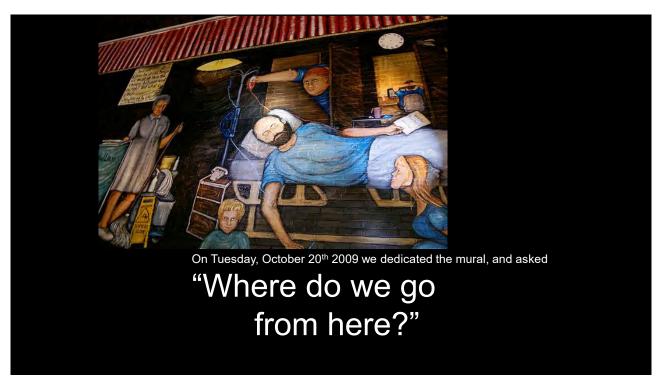
We moved into a two-bedroom apartment, so I could care for Fred in home hospice.



He died six days later, on June 17th, 2009

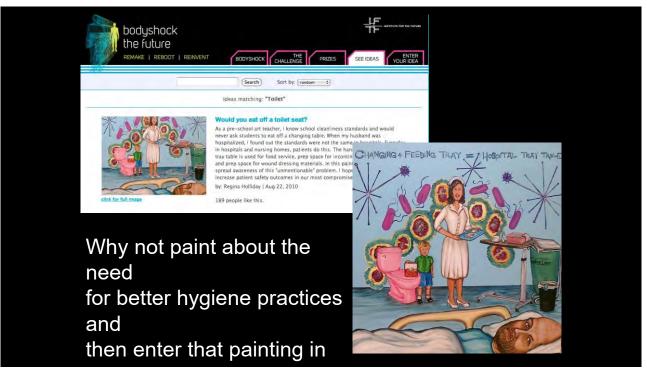
37













2 year study at primary care settings of Beth Israel Deaconess Medical Center, Geisinger and Harborview

(Jpen/Note)

90% patients responded they understood what they had read & were not bothered by it.

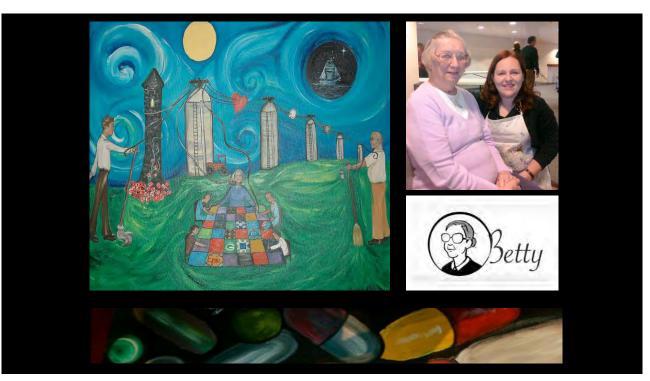
1-2% were concerned/offended by the contents of the notes

87% of those patients enrolled in this study did check the notes.

Doctors said the study either only added a modest increase in work or that it was negligible.

80% Patients claimed greater adherence to medication protocols due to access to the notes.

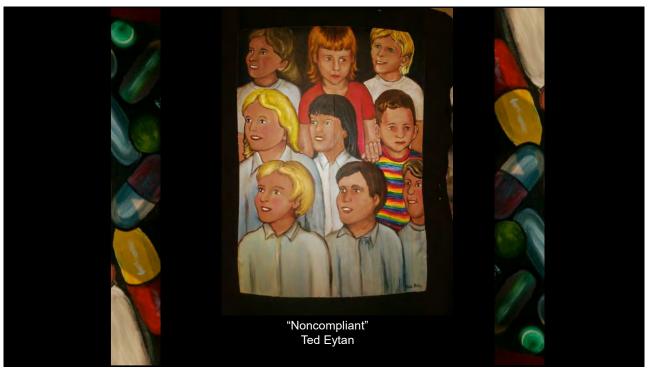
43

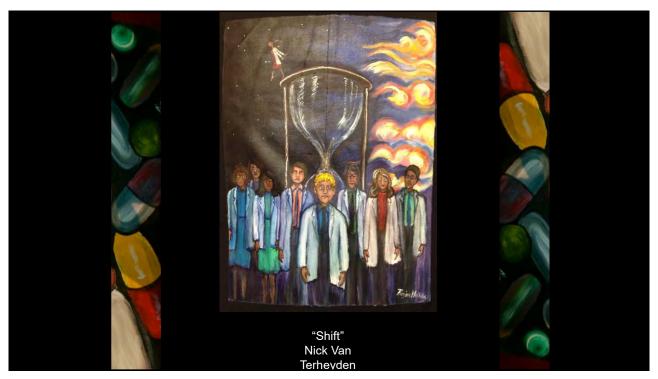


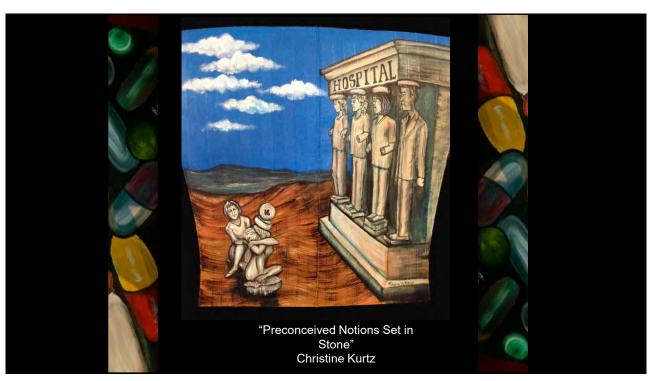








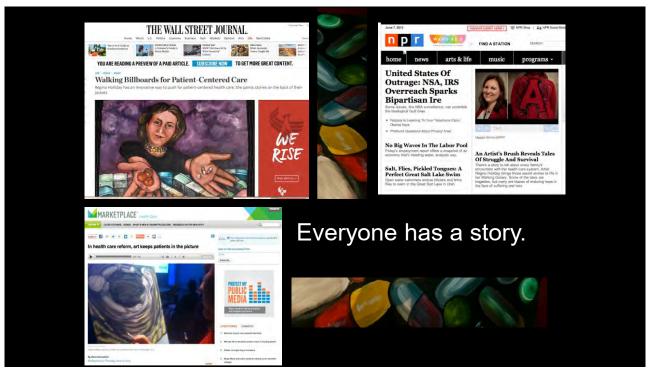






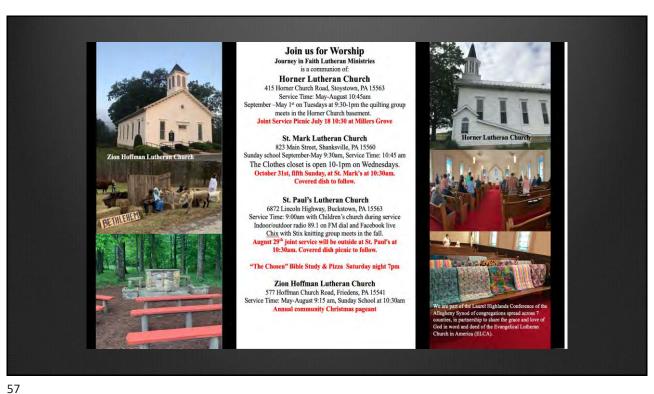


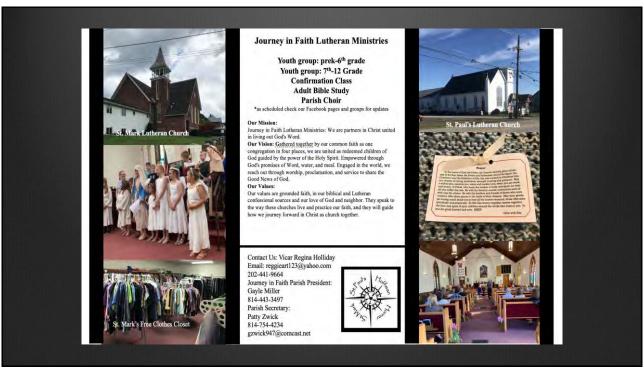


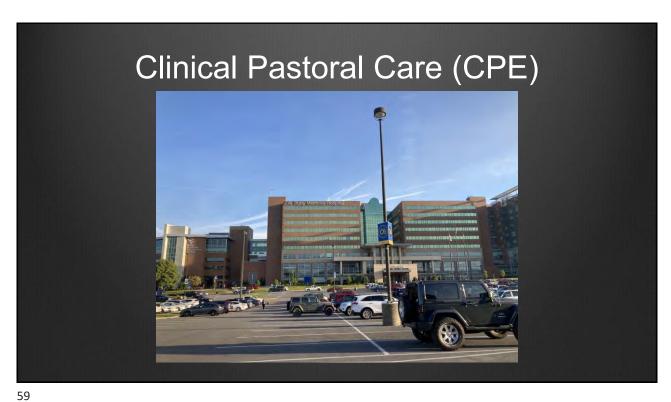


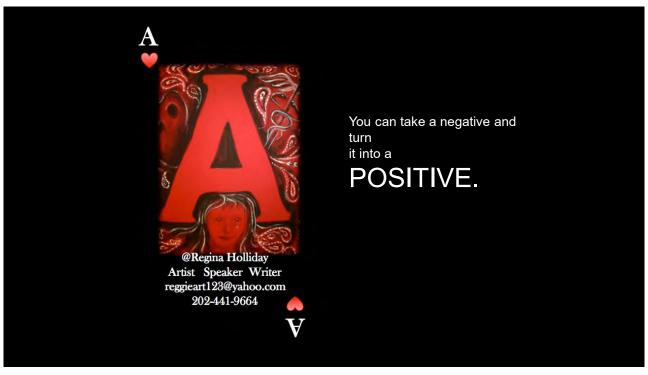


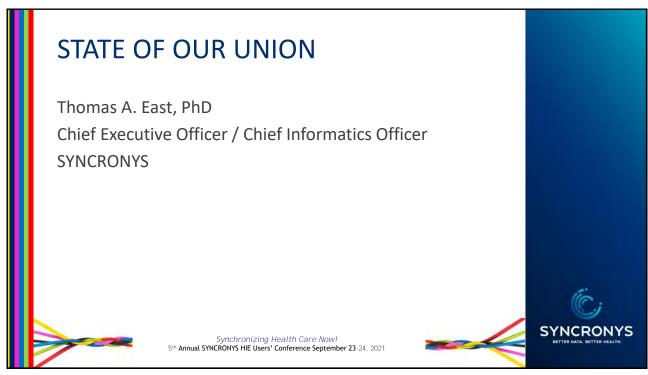


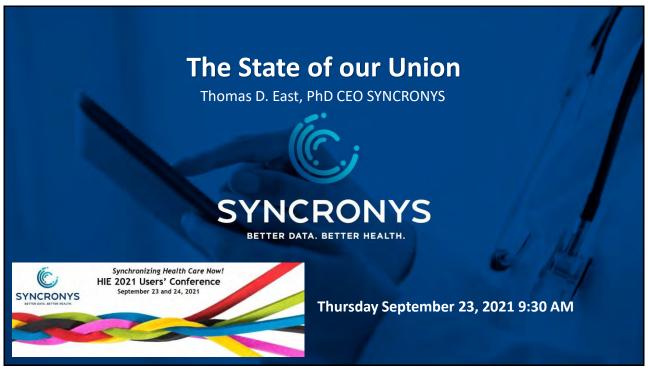












WE HAVE UNDERGONE A MAJOR TRANSFORMATION SINCE OUR LAST USER CONFERENCE IN 2019



Alignment with partner and customer priorities

- We have heard you: surveys were done of providers, payers, health systems, NM Human Services, NM DOH interoperability needs and goals and a gap analysis was created.
- We have taken action: The gap analysis informed the HSD application to CMS for HITECH funds. These funds were used for a major New Mexico Interoperability Program 9/14/20-9/30/21.
- We increased your opportunity for input: We expanded our board and advisory committee to include a wide variety of stakeholders.

63



HEALTH INFORMATION EXCHANGE TRANSFORMATION (C



- Our organization name was changed to SYNCRONYS and all new branding was created
- The board was reorganized and expanded to include key stakeholders
- The bylaws were reviewed and modified
- Operational oversight for the integrated suite of interoperability solutions was established.
- Many new hires including our CAO Terri Stewart and customer relationship management team.

65

COLORADO Artec Tierra Amorille TAOS COLFAX UNION CISALAMOS UNION COSALAMOS MORA HARDING COSALAMOS TEXAS NEW MEXICA Corrigator Carricator Carricat

INTEROPERABILITY OBJECTIVE

Exchange a standard data set (US Core Data for interoperability – USCDI) between over 80% of New Mexico's non-federal hospitals, tribal/IHS hospitals/clinics, federally qualified health centers, prisons and detention centers, skilled nursing facilities, long term care, and home health agencies, and 40% of the independent physicians and behavioral health clinicians. Information must be effectively integrated into workflow.





The platform for population health and precision medicine.

We upgraded our SYNCRONYS platform to Orion Health Amadeus hosted in Amazon Web Services

- Higher security- HITRUST and FEDRAMP certified
- Improved performance
- Ability to rapidly/easily expand to meet our needs
- Superior disaster recovery and business continuity
- Provides all of the latest interoperability standards
- Expanded value added services such as care coordination



67

SPONSORED NEW LEGISLATION TO ALIGN NEW MEXICO PRIVACY RULES WITH HIPAA



New Legislation:

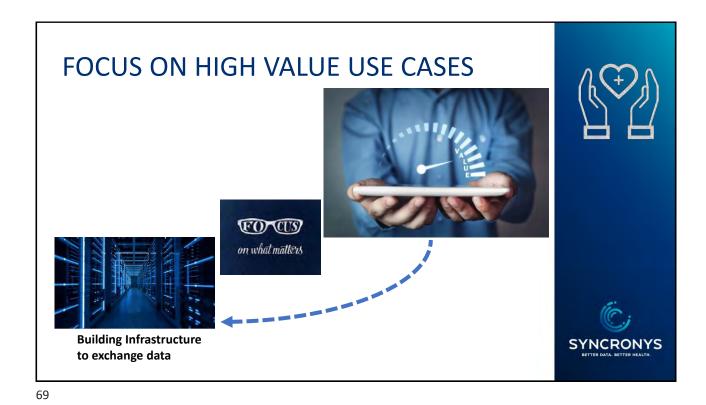
House Bill 269 that aligns New Mexico consent laws with federal HIPAA rules passed both houses of the legislature and was signed by the Governor. There was almost unanimous bipartisan support for the bill. It became law on July 1, 2021.

Consent is no longer required to access the patient record in SYNCRONYS if it is used for TPO. In general, we follow HIPAA and limit disclosure to minimum necessary.

- Treatment
- Payment
- Operations
- Minimum Necessary Access



Reducing barriers to participation

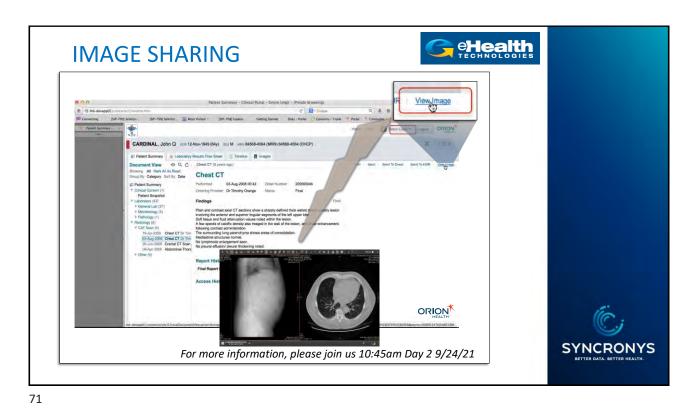


HIGH VALUE USE CASES IN PHASE 1

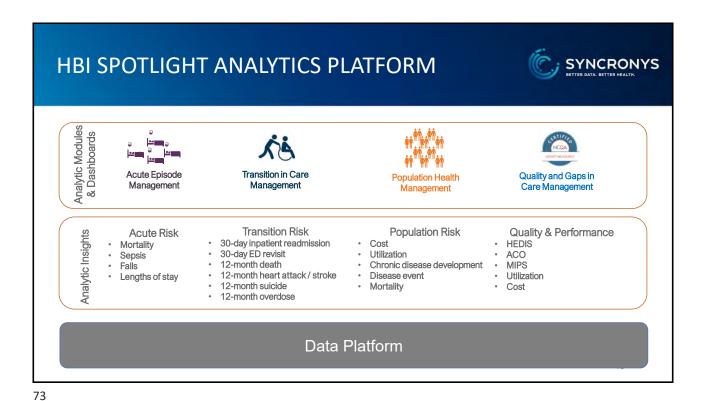
- Diagnostic image exchange
- Analytics including certified quality measures
- Advanced directives/ POLST form creation and registry
- Substance use disorder management
- Mental Health management
- Transitional Care management
- Expanded ED optimization and decision support
- Hepatitis C diagnoses, treatment and tracking
- Medication management

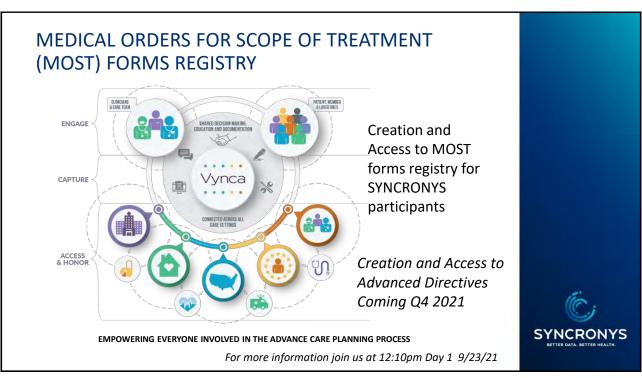
Chosen in response to surveys of providers, payers, health systems, NM Human Services needs and goals, NM DOH needs and goals... alignment with partner and customer priorities





DIAGNOSTIC IMAGE SHARING • Artesia General (Completed) CHRISTUS St. Vincent RMC (In Testing) Holy Cross Medical Center (In Testing) Lovelace Health System (Security Assessment in Process) Rehoboth McKinley Christian HCS (Pending) UNMH/SRMC (Security Assessment in Process) NM Cancer Center (In process) NM Orthopaedics (In process) • Presbyterian Hospitals (Security Assessment completed) Presbyterian Medical Group Radiology Associates of Albuquerque (In Process) • San Juan RMC (Reports Pending) (Considering) • XRAY Associates of New Mexico – includes 8 facilities (Completed)







HIGH VALUE USE CASES





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.



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).

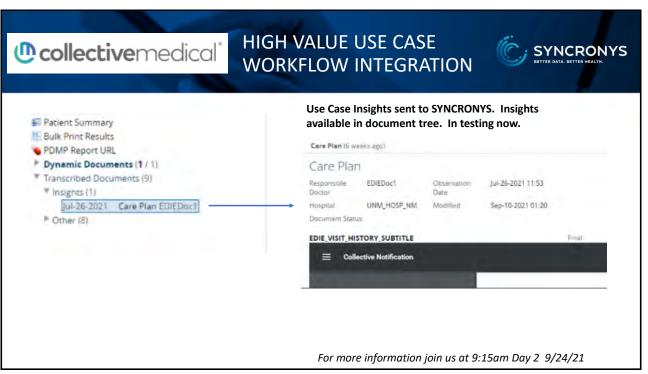


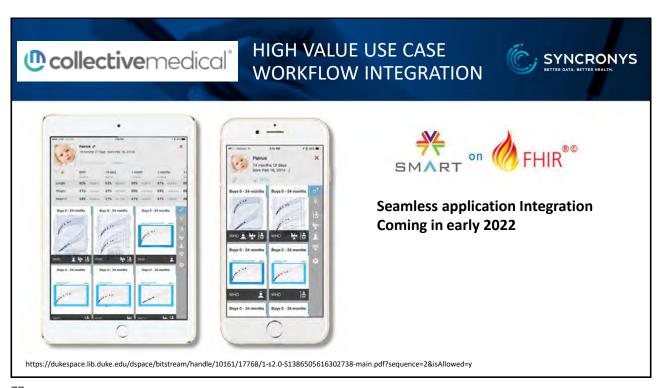
Transitions of Care Management

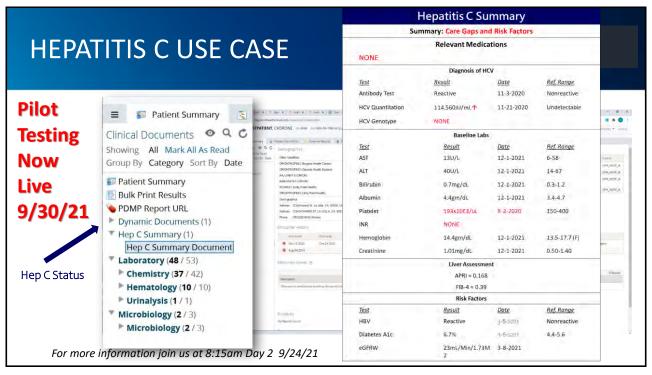
 Objective – support a smoother care transition for patients and providers by providing alerts and information related to transition events such as patient discharges and potential readmissions.

For more information join us at 9:15am Day 2 9/24/21

75







MEDICATION MANAGEMENT



- Medicaid pharmacy claims are now being loaded to populate medication fill history
- Fill history accessible now via FHIR API
- Fill history will be viewable in clinical portal Q4 2021

Medicines



An integrated medicines platform for a complete, patient centic view of medicines that is trusted across the wider health and social care ecosystem

79





SOLVENCY AND SUSTAINABILITY



- SYNCRONYS now has a sound financial base
- SYNCRONYS is expanding participation and adoption of high value services which brings in new revenue
- SYNCRONYS is working with customers and key stakeholders to increase our value proposition.
- SYNCRONYS is working with HSD to secure future operational and new implementation support

SUCCESSES



- Completed all 42 of the HSD contract deliverables for the interoperability program On time and On budget!
- Quality Metrics:
 - 100% of Non-Federal /Non IHS or Tribal hospitals onboard V Goal Met
 - 78% of Behavioral Health providers on board with our partner Collective Medical
 - √ Goal Met
 - 9,800 Direct Secure Messages Exchanged/ Quarter
- **√** Goal Met
- 69% of Organizations logged on in the last 90 days

√ Goal Met

83

SUCCESSES



Onboarding New Providers

Hospitals

13 new ADT feeds

Laboratory Facilities

State Lab, Curative and Inter-partner

Provider Clinics

FQHCs: 17 organizations with over 160 clinics will be connected by September 30, 2021 and will result in an additional 390 healthcare providers connected to the HIE

Ambulatory Clinics: 22 independent primary care and specialty clinics located throughout New Mexico

Skilled Nursing, long-term care, hospice and home care

25 SNFs, InnovAge, and 7 home health/hospice agencies

SYNCRONYS SATISFACTION SURVEY



Randomly selected group of users are surveyed each month

- Overall Satisfaction: 89% Satisfied (58% Satisfied, 31% very satisfied)
- Patient Search is Easy: 93% Agree (49% Agree, 44% Strongly Agree)
- Found desired information: 87% Agree (57% Agree, 30% Strongly Agree)
- Quickly found info from outside my practice: 88% Agree (44% Agree, 44% Strongly Agree)
- Would recommend SYNCRONYS: 65% Agree(29% Strongly Agree, 36% Agree)

85

NEW MEXICO IS NOW A LEADER IN THE FUTURE OF INTEROPERABILITY



In the last two years have moved from the back of the pack to being on the leading edge with:

- A focus on value added services
- Strong partnerships with other interoperability solutions that are seamlessly integrated.
- Adoption of new technologies supported by the future direction of ONC and CMS such as FHIR APIs and USCDI.
- Participating in a shared platform with other HIEs for economies of scale.
- Playing a key role in public health

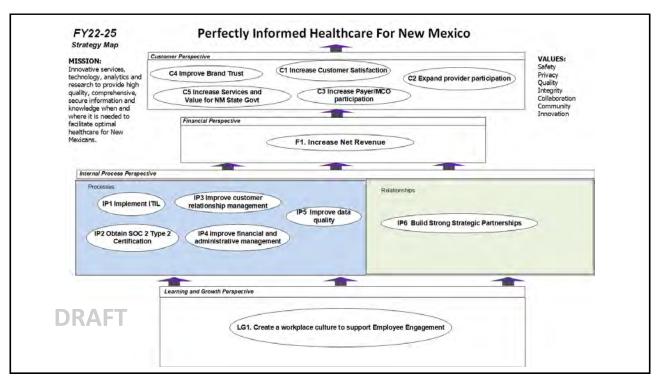


What does the future hold for SYNCRONYS?



https://fow media.com/good-great-engage-effective-vision/

87



ACTIVITIES OVER NEXT 120 DAYS



- Continue to onboard new participants (clinics, payers, prisons, detention centers)
- Increase the data quality and expand data sets for existing participants
- Improve seamless integration of use cases
- Roll out of Hepatitis C use case
- Roll out of HBI Analytics Spotlight Dashboard
- Medication fill history will be available in the portal for Medicaid clients.
- Expanded number of imaging services sharing images

89

THANK YOU FOR ATTENDING OUR CONFERENCE Stay tuned for more information on all these topics





BREAK, EXHIBITS, NETWORKING

In person? Please visit our exhibitors and enjoy some refreshments.

Online? Please take a break, and then note the information scrolling on the screen to learn more about our partners, sponsors, and supporters.



Synchronizing Health Care Now! 5th Annual SYNCRONYS HIE Users' Conference September 23-24, 2021

91

COLLABORATION AT THE STATE LEVEL

The New Mexico HSD MMISR Project

James Lilly - Deputy CIO, HHS 2020 Chief Technology Officer, NM HSD, Medicaid Management Information Systems Replacement Project, New Mexico Human Services Department





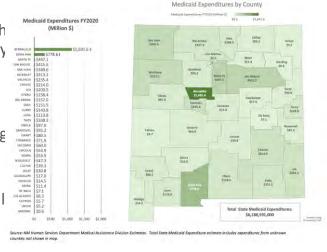






GUIDING MEDICAID PRINCIPLES

- NM has the highest population percentage covered by Medicaid, which creates a greater NM HSD responsibility to our healthcare market and to fair payments.
- The overwhelming majority of federal CMS dollars must be spent on providing direct services to Medicaid beneficiaries.
- HSD aims to maximally leverage federal funds to improve the health of New Mexicans, while maintaining <u>strict</u> compliance with the law.



HUMAN SIRVICES
Investing for tomorrow, delivering today

95

HHS 2020

The vision of the **HHS 2020** initiative is to create a highly responsive and effective health and human services system to improve the health and well-being of all New Mexicans.

Multiple projects across state HHS departments will remove barriers to sharing information, transform business processes, and enable a person-centered, outcomes-focused approach with a datadriven and policy-first system for providing support and services.





MMISR

The Medicaid Management Information System Replacement project includes multiple departments and stakeholders and provides the technical foundation for the HHS 2020 initiative. It is designed to comply with requirements established by the Centers for Medicare and Medicaid Services and is funded by a combination of federal and state funds.



97

Modular Approach

The HHS 2020 approach is built around **modules**, each defined by a set of business and technical processes and managed by a single contractor. This offers the flexibility to make modules available to departments and offices on a rolling schedule as they are completed.



System Integrator

The **System Integrator (SI)** is a contractor that integrates the discrete modules and enables them to function as a single cohesive system by developing and implementing the Enterprise Service Bus and enabling Shared Services to other departments.

Status: contractor Spruce/KPMG) is currently conducting Review, Assess and Plan activities. This is a foundational work activity of their DDI phase.



Investing for tomorrow, delivering today

99

Data Services

The **Data Services (DS)** module is a reporting platform that will provide access to a single, authoritative resource about participants in Medicaid and other public assistance programs, enabling a transformation to a data-driven organization. It will offer HHS departments the ability to access, evaluate, and share data with reporting capabilities utilizing business intelligence and analytics.

Status: contractor IBM is conducting requirements sessions to support development of the Federal and State reporting.



Quality Assurance

The Quality Assurance (QA) module comprises business services that provide program integrity and quality reporting to improve efficiency, accountability, and insight in the management and delivery of care.

Status: contractor HMS is currently providing services to ensure payments are accurate. Once the SI and DS are integrated, the QA module will integrate the implemented functionality.

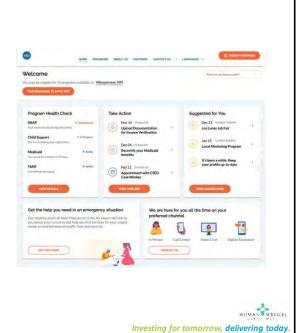


101

Unified Portal

The **Unified Portal (UP)** module is a publicfacing mobile and web interface offering a user-friendly, person-centered resource to improve ease of access and enhance the State's ability to readily and effectively reach clients, providers, and other stakeholders.

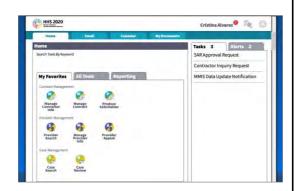
Status: NM released an RFQ for the UP and this module is in active procurement pending final approval from the Federal Partners and the NM signature process.



Internal Portal

The Internal Portal module is web-based software replacing a multitude of siloed applications, files, and databases to provide Health and Human Services workers a single resource to access data and services across programs and departments.

Status: NM released an RFQ for the UP, which includes the IP, and this module is in active procurement pending final approval from the Federal Partners and the NM signature process.



Investing for tomorrow, delivering today.

4

103

Consolidated Customer Service Center

The Consolidated Customer Service Center (CCSC) module is a single entry point for clients and providers seeking information or assistance across HHS program areas using phone, chat and email, enabling customers to interact through their preferred channel.

Status: the initial CCSC implementation is complete and the state is working with CMS to complete the MECT Certification of the module. The CCSC is now supporting the ECECD and all six HSD divisions and offices



Financial Services

The Financial Services (FS) module provides processing tracking, logging, and reporting of financial transactions for Medicaid and other claims and consolidates the management and oversight of all claims processing for Medicaid under a single service provider.

Status: The State issued an RFP for FS and is in active procurement with the contract negotiations preparation underway and initial meetings with the vendor being beginning in September 2021.



105

Benefit Management Services

The Benefit Management Services (BMS) module provides solutions that improve ease of access to information about care and services in the areas of Member Management, Utilization Management/Utilization Review, Provider Management, and Benefit Plan Management.

Status: NM issued an RFP for BMS services, and this module is in active procurement. The BMS module will initially focus on the integration and provision of services for Provider Management.



Care and Case Management Services

The Care and Case Management Services (CCMS) module provides tools and systems for managing the care of clients and members across the HHS enterprise, more effectively matching clients to appropriate resources, coordinating benefits, and monitoring results for better health outcomes.

Status: NM issued an RFP for CCMS services, and this is in active procurement.



107

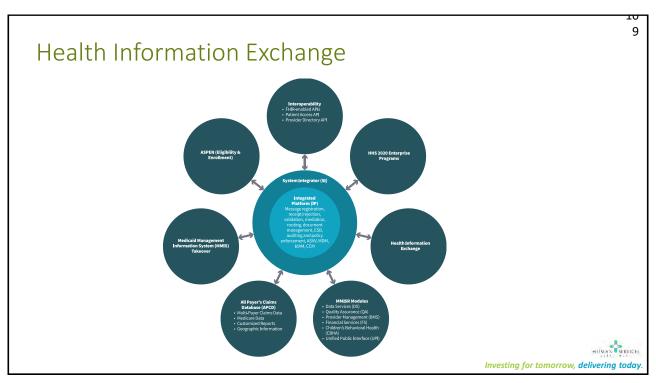
Children's Behavioral Health/Child Welfare

Children's Behavioral Health/Child Welfare (CBH/CW) module will focus on supporting behavioral health functions for Medicaid clients that are delegated to CYFD by the Human Services Department.

Status: NM will develop and issue a competitive bid procurement vehicle for CBH/CW leveraging the business requirements developed by the Business Alignment and Modernization (BAM) team.



Investing for tomorrow, delivering today







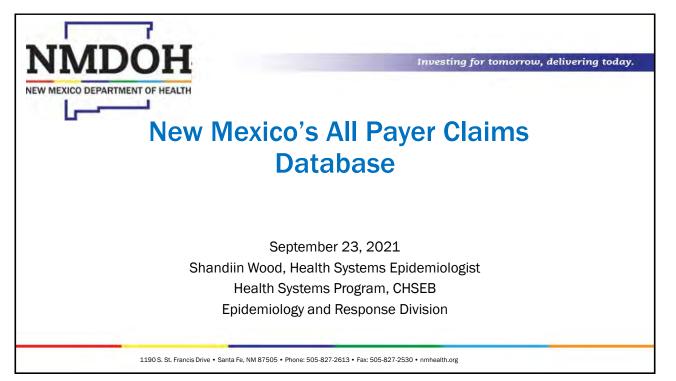
All Payer Claims Database

Shandiin Wood, MPH, Health Systems Epidemiologist, NM Department of Health



Synchronizing Health Care Nowl 5th Annual SYNCRONYS HIE Users' Conference September 23-24, 2021

111



Today's Discussion

- All Payers Claims Database (APCD) Overview
- Current APCD Efforts in New Mexico
- Roadmap & Timeline for New Mexico APCD



nvesting for tomorrow, delivering today.

90 S. St. Francis Drive • Santa Fe. NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.or



113

APCD: Overview

- Healthcare system in US is becoming more costly, complex and fragmented among disparate organizations with competing interests.
- Healthcare cost is increasing without knowledge of value or systems in place to analyze problem or recommend solutions and ensure sustainability.
 - 2020 RAND paper cites private insurance pays 247% more for same services at same facilities that Medicare paid for in 2018 in US. Other select states as high as 325%
 - 230% in 2017
 - 224% in 2016



Investing for tomorrow, delivering today

.190 S. St. Francis Drive • Santa Fe. NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org



APCD: Overview

- APCDs systemically collect medical, pharmacy, and dental claims, eligibility files, and provider files (physician and facility).
- A claim is created when an insured patient receives care or fills a prescription, and includes a record of what was provided, who provided it, how much was charged, and how much was paid.
- Data are submitted directly to a central repository.



Investing for tomorrow, delivering today.

90 S. St. Francis Drive • Santa Fe. NM 87505 • Phone; 505-827-2613 • Fax: 505-827-2530 • nmhealth.or



115

APCD: Overview

A fully implemented APCD can:

- ...fill critical information gaps about healthcare cost and usage and identify trends
- ...promote healthcare transparency initiatives for healthcare policy and government leadership
- · ...provide relevant and useful information for diverse stakeholders' interest
- ...start to impact public health by using claims data to reduce morbidity in Cost-effective ways (Example: compare diabetes outcomes to claims data for diabetes treatment)



Investing for tomorrow, delivering today.

.190 S. St. Francis Drive • Santa Fe. NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org



APCD: Overview

- · Providers
 - Quality and utilization of provider and peer group care
 - Identify and monitor quality improvement projects
- Payers
 - Comparative performance of provider networks to statewide benchmarks
 - Identify variation in utilization and cost efficiency
- · Employers
 - Increased transparency in the cost and utilization of health care to stabilize the cost of health coverage for employers
 - Larger population/sample size and benchmarks

Consumers

• Price "shopping" websites to find lowest cost for procedures, etc.

· Policy Makers

- Inform/support public policy with information on how the health care system is operating and support data-driven improvements in access, quality and cost of healthcare
- · Public Health Practitioners
 - Variation in utilization of health care services to target "hot spot" opportunities to improve population health
 - Cost burden of chronic diseases such as diabetes, cardiovascular disease and asthma
 - · Evaluate public health programs

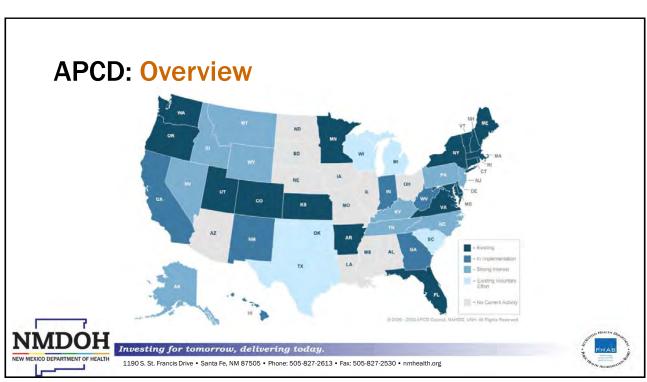




Investing for tomorrow, delivering today.

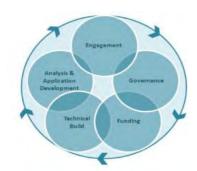
1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

117



APCD: Overview

- Policy makers
- Payers
- Health care providers
- · Employers and employer coalitions
- State agencies
- Consumers
- Researchers
- Health Information Exchange (HIE) and Health Insurance Exchange (HIX) systems.





nvesting for tomorrow, delivering today.

.90 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.o



119

APCD: New Mexico

Population-level data resources from New Mexico Department of Health:

- · Births and Deaths
- Notifiable Conditions (Infectious Diseases)
- Youth, Adult and Pregnancy Surveys
- Hospitalization and Emergency Department
- Prescription Monitoring Program
- Tumor Registry



Investing for tomorrow, delivering today

1190 S. St. Francis Drive • Santa Fe. NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.or



APCD: New Mexico

- Just over 70 individuals representing various stakeholder groups engaged in Fall/Winter of 2019. (Report)
- Input and Guidance still being sought from stakeholders regarding implementation of APCD in New Mexico.
 - Internal to state agencies-Steering committee
 - External efforts with HIS Act AC
- Summer re-engagement efforts that will lead up to Fall APCD Summit







investing for tomorrow, delivering today.

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

121

APCD: New Mexico

- HIS Act and APCD Rule articulate general expectations
- APCD Data Policy, procedures and applicable subcommittee in development and abide to Statute and Rule
- Input and guidance provided from nationally recognized organization for development of APCD data policy and procedures





nvesting for tomorrow, delivering today

1190 S. St. Francis Drive • Santa Fe. NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

PHAB PHAB

APCD: New Mexico

- Startup Funding: C2 funding in 2019 and 2021
- Startup & Ongoing Funding: CMS 90/10 Funding, CAA (APCD Grant) FFY22
- Ongoing Funding: Hourly based rates for various data products.





nvesting for tomorrow, delivering today.

.90 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.o



123

APCD: New Mexico

• Open procurement (NDA)



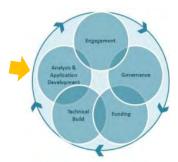


Investing for tomorrow, delivering today



APCD: New Mexico

- Next steps:
 - APCD can be set-up entirely through contractor, entirely inhouse, or a hybrid method
 - APCD Common Data Layout (CDL): used to "harmonize the claims collection effort across states and reduce the burden of data submission." – APCD Council





nvesting for tomorrow, delivering today.

190 S. St. Francis Drive • Santa Fe. NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.or



125

APCD: New Mexico

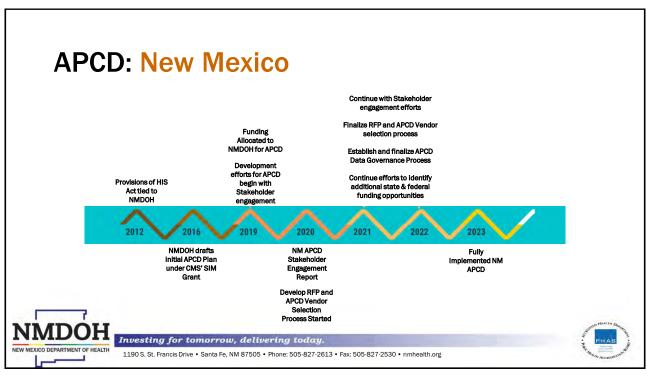
- Resources New Mexico has leveraged so far:
 - Engaging external partnerships/expertise include:
 - National Association of Health Data Organizations (NAHDO)
 - James Harnar-APCD Communications expert
 - All Payer Claims Database Council (APCD Council)
 - · Freedman Healthcare
 - Other states have shared experiences and resources for development of their APCD
 - Washington
 - · California
 - Texas



Investing for tomorrow, delivering today

.190 S. St. Francis Drive • Santa Fe. NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org





APCD: Next Steps

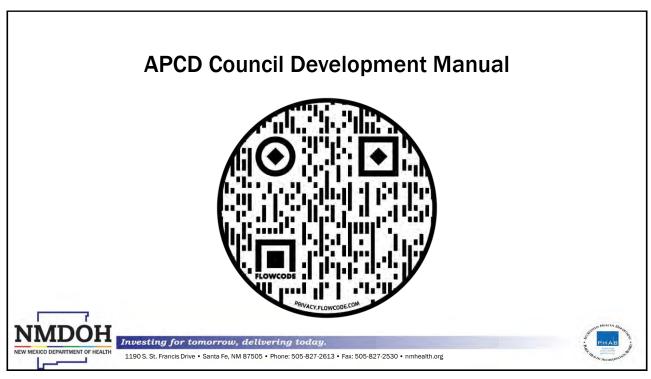
- Re-engage stakeholders & host Virtual Summit
- · Identify and apply for available funding
- Discuss and determine baseline and measures
- Finalize composition process and charge for applicable APCD Data policy subcommittees
- · Implement analytics plan for APCD

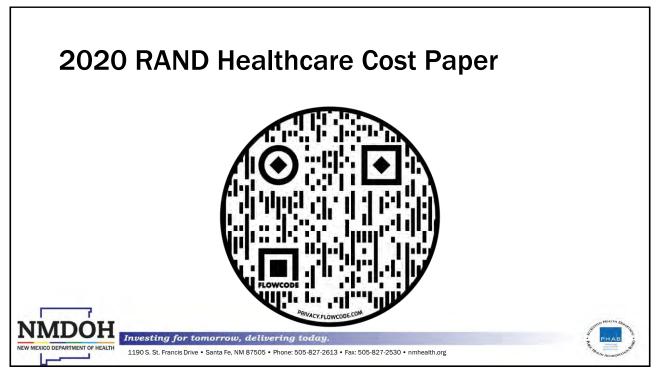


Investing for tomorrow, delivering today.

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org







Thank you

For follow up questions, please reach out to

Ken Geter

Kenneth.Geter@state.nm.us

Samuel Swift

SamuelL.Swift@state.nm.us

Shandiin Wood

Shandiin.Wood@state.nm.us



nvesting for tomorrow, delivering today.

.90 S. St. Francis Drive • Santa Fe. NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org



131

ADVANCES OF HIES ACROSS THE NATION

Moderator: Nick Blake, VP of Client Services, Briljent Panelists:

- Shila Blend, MSN, RN-BC, Health Information Technology Director, North Dakota Information Technology
- Catelyn Nguyen, PMP, Director, Client Services, Health Current
- Kelly Richards, CCSA, Program Support Specialist, VHI
- Nicole Yeo-Fisher, MSW, LCSW, Clinical Education Manager, and Chad MacLeod, Director of Product & Communication, HealthInfoNet, Maine

Synchronizing Health Care Nowl 5th Annual SYNCRONYS HIE Users' Conference September 23-24, 2021







NORTH DAKOTA HEALTH INFORMATION NETWORK SHILA BLEND, MSN, RN-BC, DIRECTOR

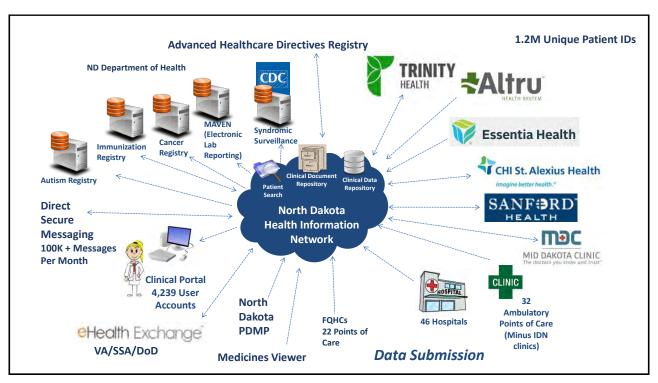


133

What is NDHIN

NDHIN is a public /private partnership of healthcare stakeholders charged with expanding the secure exchange of health information in the state of ND.

NDHIN resides in a **ND** state agency (ND IT) and collaborates closely with other key state agencies such as ND Department of Human Services, including Medicaid, and the ND Department of Health.





NDHIN Functionality & Services

- Patient record search for the following patient information:
- Allergies
- Medications
- Encounters
- · Laboratory Results
- · Radiology Reports
- Transcribed Documents
- Images
- Prescription Drug Monitoring Program (PDMP)
- Access to National Networks (eHealth Exchange, Patient Centered Data Home, Carequality)

- NDHIN Services:
- EHR interoperability with Single Sign On access capability
- Clinical Portal Access
- Direct Secure Messaging/Communicate Portal
- Encounter alerts and notifications
- Electronic Public Health Reporting
 - · Immunization Data
 - Syndromic Surveillance Data
 - Electronic Lab Reporting/Reportable Conditions
 - · Autism Registry
 - Advanced Health Directive Registry
- Send/receive sensitive messages securely

Dakota | Health Information Network

137





Chinle's Organizational Summary

Chinle Comprehensive Health Care Facility (CCHCF) is an IHS facility based in Chinle, Arizona. A 60-bed hospital which serves as the health care hub for the region. Medical staff includes Family Physicians, Internists, Pediatricians, General Surgeons, OB/GYN's, Anesthesiologists, and Psychiatry.

In addition, routine outpatient and inpatient primary care, services available to over 37,000 patients; Adult Intensive Care, General Surgery (including laparoscopic), routine and operative Obstetrics, and 24-Hour Emergency Room Services.

Number of Locations: 6

- Many Farms Clinic
- Rock Point Clinic
- Kayenta Health Center, Kayenta, AZ
- Inscription House Health, Shonto, AZ
- Pinon Health Center, Pinon, AZ
- Tsaile Health Center, Tsaile, AZ

139



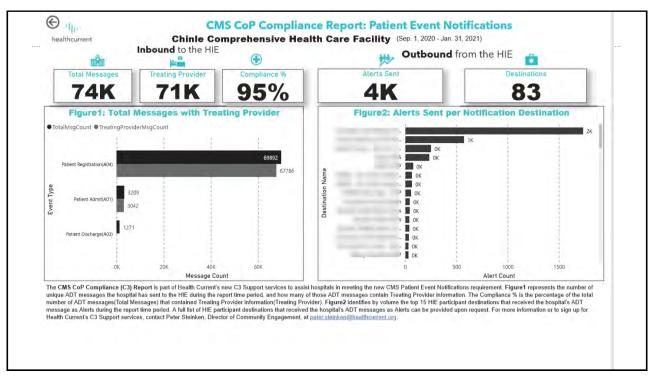
healthcurrent

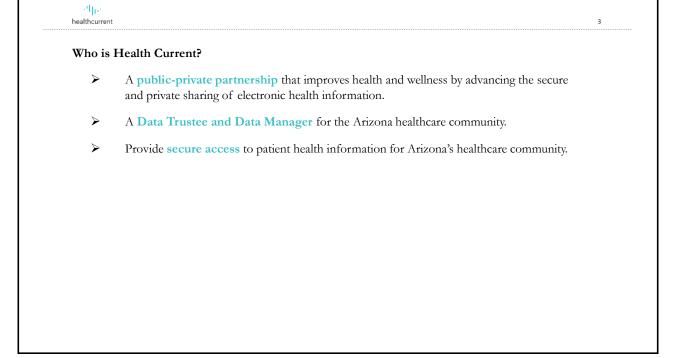
HIE Services:

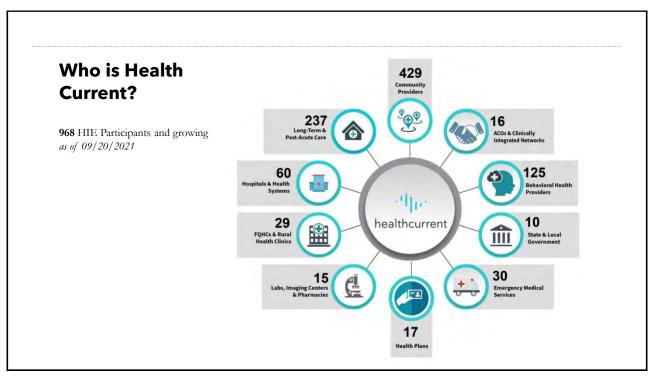
- HL7v2: ADT- Patient Registration & Update
- CCDA via HL7v2 MDM(base64)
 - LAB
 - RAD
 - TRN
 - MEDICATIONS
 - IMMUNIZATIONS
- Portal Access
- Alerts & Notifications (Realtime & Batch report)

Program Participation:

- AHCCCS Differential Adjusted Payment(DAP)
- AHCCCS HIE Onboarding
- Reporting Intelligence System for Emergencies (RISE) 1 of 4 pilot hospitals for the RISE project
- CMS CoP Compliance C3 Patient Event Notifications



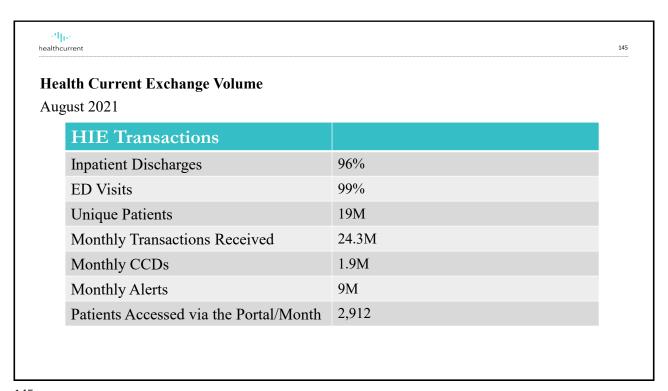






Core Services

- HIE Portal longitudinal patient record
- Alerts & Notifications
 - Admission, Discharge, Transfer (ADT)
 - ED Alerts
 - Clinical Results (laboratory, radiology report)
 - Ambulatory Visits
 - Patient-Centered Data Home (national)
 - Psychiatric Hospital ADT Alerts
- Reports & Data Extracts





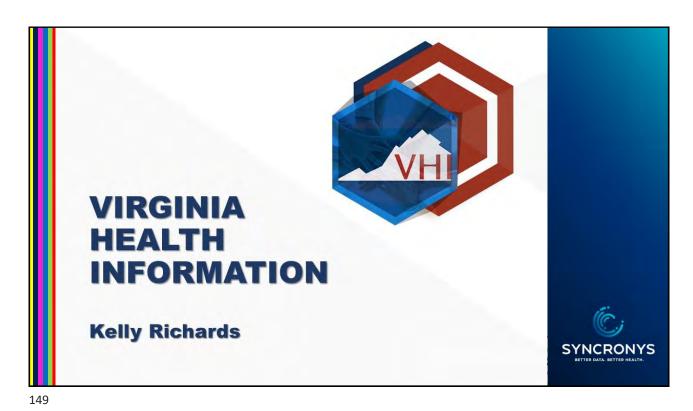


Transfer of Arizona Secretary of State Registry to Health Current & Go Live of ADR Registry System— Sept 2021

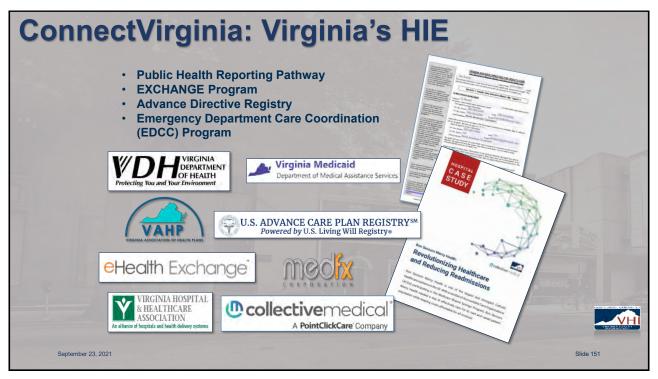


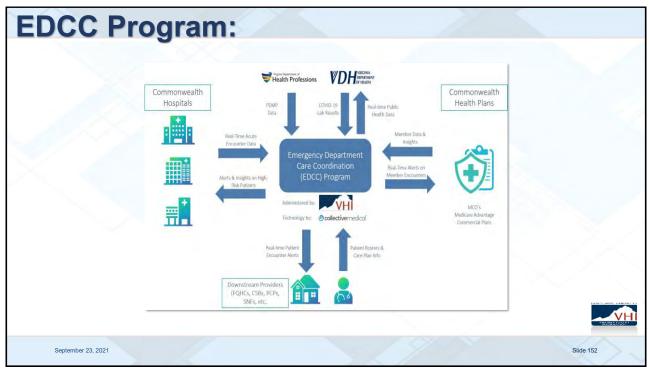
147

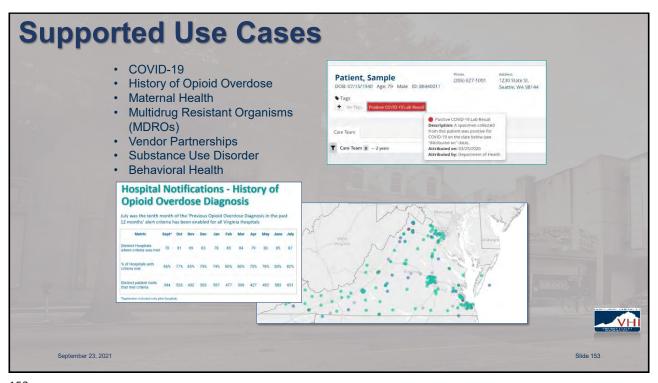
healthcomers











EDCC Program: Success Stories

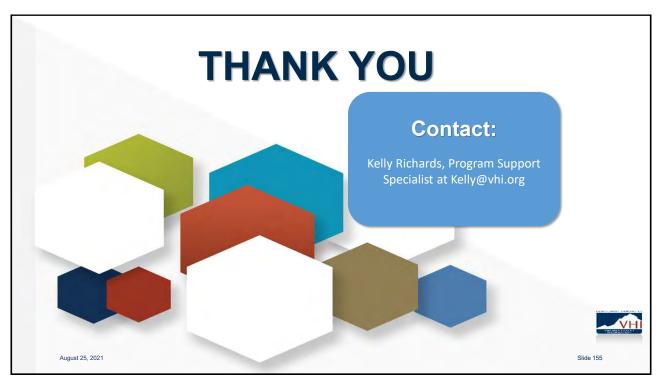
2021 EDCC Program Survey: Please describe a time with the EDCC Program aided you in providing care for a patient:

- "We were able to drill down with treatment team and provider on specific needs related to an individual who went to the ED over 80 times last year. By providing additional, targeted support that number continues to decrease and the patient has only been a handful of times since January, all for valid health concerns." – Community Services Board
- "It helps us every day to engage our patients much more quickly than before. It is
 a form of communication from the hospitals to let us know how to assists our
 members by calling them when they go to the ER or get admitted. This platform
 has made all the difference in patient engagement." Health Plan
- "There has been occasions where we need to know what care a patient has received at another hospital. I have been able to log on and see records that has helped guide care to the next step as getting records can sometimes take multiple days." Hospital



September 23, 2021

Slide 154





Our Company

About HealthInfoNet and the State of Maine's Health Information Exchange.

WHAT WE DO

- Designated in law as operator of Maine's statewide Health Information Exchange (HIE)
- Maine law governs patient informed consent requirements for HIE participation (i.e., opt-out for general medical information and opt-in for mental health and HIV information)

WHO WE ARE

- Independent nonprofit governed by a voluntary, community-based board of directors and advisory committees
- Board members represent medical providers, public health organizations, patients, government agencies, and businesses throughout the state

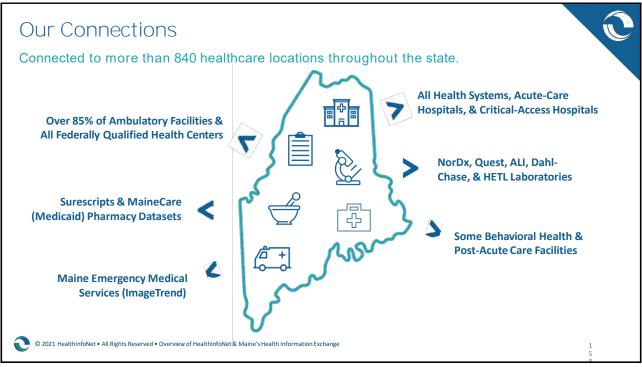
HOW WE DO IT

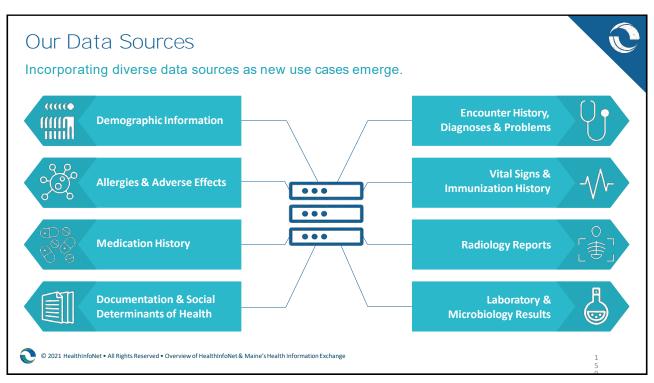
- Provide a number of services to our participating provider organizations
- Examples: comprehensive electronic medical record systems, real-time event notifications, public health reporting, predictive analytics and measures, and much more

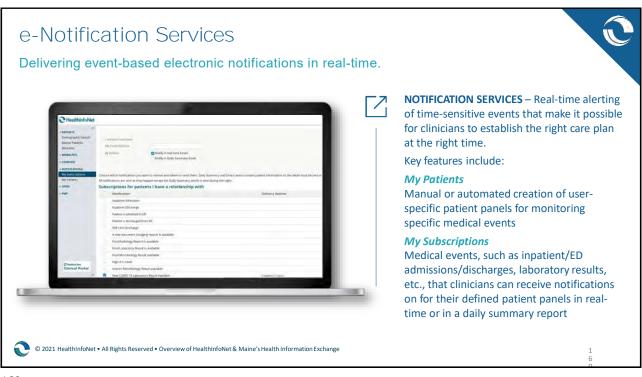


© 2021 HealthInfoNet • All Rights Reserved • Overview of HealthInfoNet & Maine's Health Information Exchange

157

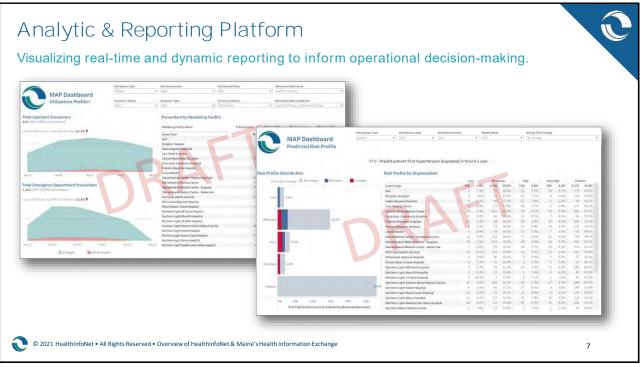






Analytic & Reporting Platform Visualizing real-time and dynamic reporting to inform operational decision-making. 000 **ANALTIC & REPORTING PLATFORM -**Leveraging real-time clinical data across the care continuum to help clinicians drive quality improvements and manage risk and population health. Key features include: **Organizational Performance** Compare actual-to-target performance for key performance indicators (KPIs) using casemix and severity-adjusted targets **Population Risk** Identify populations and individuals most at risk for future high costs, inpatient admissions, and emergency room visits **30-Day Readmission Risk** Identify inpatient encounters most at risk for 30-day readmissions © 2021 HealthInfoNet • All Rights Reserved • Overview of HealthInfoNet & Maine's Health Information Exchange

161







Advance Care Planning & SYNCRONYS

Felisha Anderson Martinez, MSW, LMSW

Social Worker for Advance Care Planning Department
Advance Care Planning Specialist
Advance Care Planning Department Educator
fanderson@phs.org

505.559.7226 department phone 505-923-2856 office phone

165



Ensuring that patients are at the center of their healthcare

The Hallmarks of Effective Advance Care Planning

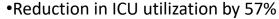
- Supports patients in creating an effective plan
 - A well prepared agent
 - Specific instructions
- Plans are available to treating physician / provider
- Plans are incorporated into patient care

What The Research Says





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



(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%

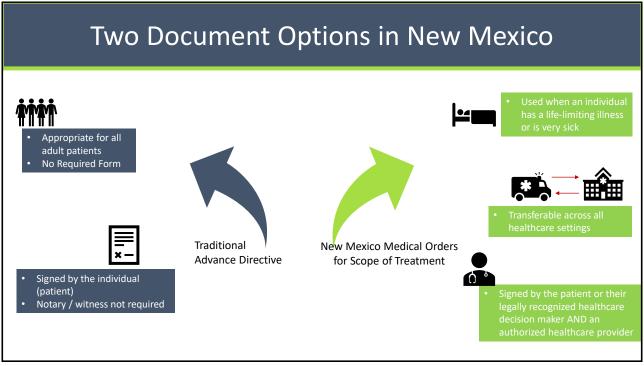
(JAGS 2007; 55:189-194)



- 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)

167



Signature Information

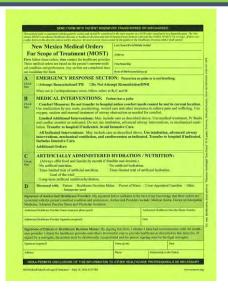
- Advance healthcare directive means an individual instruction or a power
 of attorney for health care made, in either case, while the individual has capacity
 - Can only be signed by the principal (individual)
- If an individual without capacity has not created an advance directive or named a healthcare 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.

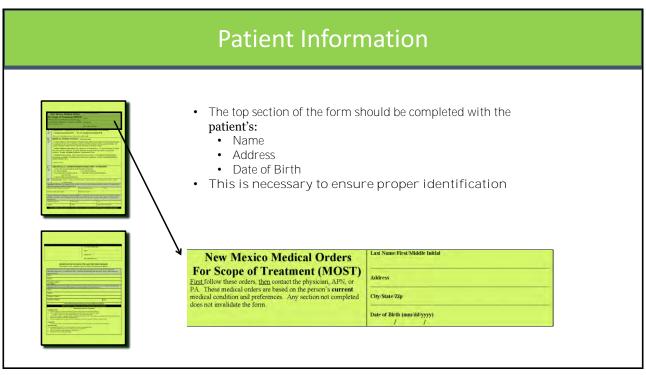
A MOST can be signed by a legally recognized Healthcare Decision Maker (assigned by the patient) or the appropriate surrogate.

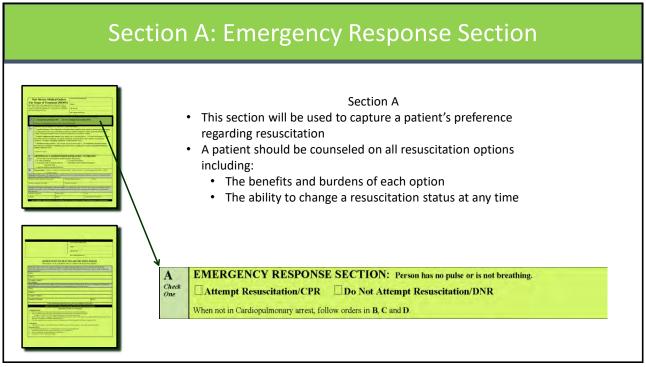
169

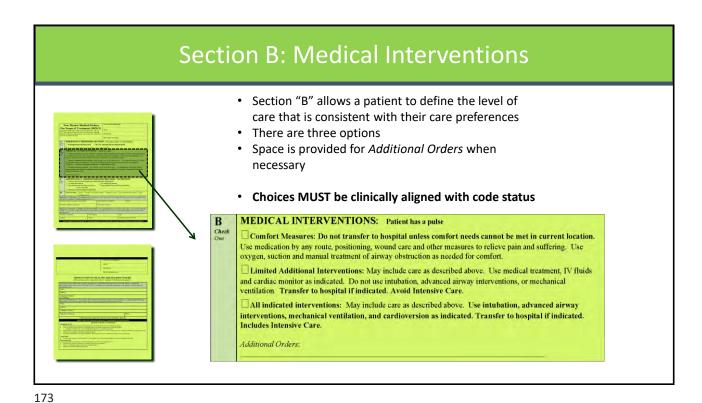
New Mexico Medical Orders for Scope of Treatment "MOST"

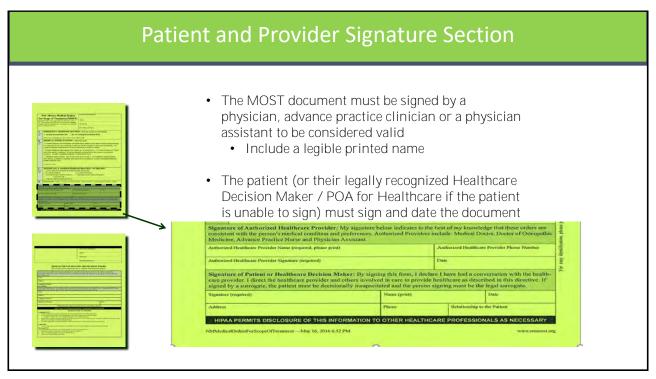
- The right care at the right time.
- · Portable medical order
- Easy to read in an emergency situation.
- Must be signed by the patient (or their legally recognized healthcare decision maker, and an authorized medical provider.

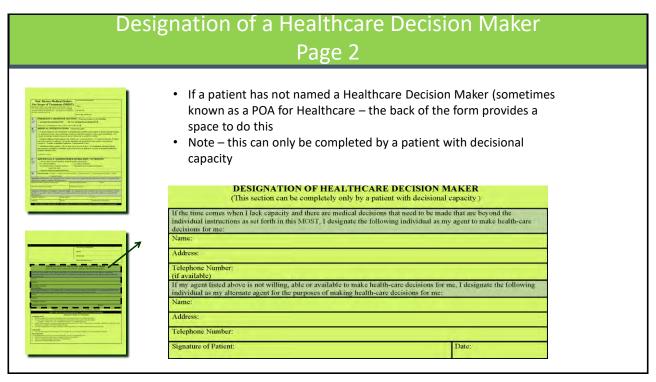












Printing the NM MOST

- The form should be printed on:
 - Wausuau 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

177

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	 Review the document with the patient to see if it still represents their wishes. If the document on file represents the patient's wishes and is valid DO NOT create a new document. 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.



YOUR CUSTOMER ENGAGEMENT TEAM



Behavioral Health | Diagnostic Facilities | UNMH/SRMC | DoH – April Salisbury, Director Onboarding & Training asalisbury@syncronys.org; 505-938-9905

Payers | Integrated Health Systems –
Terri Stewart, Chief Administrative Officer
tstewart@syncronys.org; 505-938-9909



Independent Clinics | Federally Qualified Health Centers – Renee Sussman, Customer Relationship Manager rsussman@syncronys.org; 505-938-9914



YOUR CUSTOMER ENGAGEMENT TEAM



Hospitals | Indian Health Service | Tribal Health Systems/Clinics – Mona Benally, Customer Relationship Manager rbenally@syncronys.org; 505-938-9915



Skilled Nursing Facilities | Long Term Care | Corrections Rehabilitation | Home Care | Hospice – Jerry Martinez, Customer Relationship Manager jmartinez@syncronys.org; 505-938-9916



181

YOUR FEEDBACK IS IMPORTANT TO US!

You will receive a survey in your e-mail. Please give us your feedback about the conference.



 $\begin{tabular}{ll} Synchronizing Health Care Now! \\ 5^{th} \mbox{ Annual SYNCRONYS HIE Users' Conference September 23-24, 2021 \\ \end{tabular}$





Main ideas I want to remember



	Decelet and this extend
	People I met while on break
	What I can do next week to apply what I learned today
	[in my position in my organization across organizations in my state]
1	





