SYNCRONYS

Webinar Series

November 17, 2020

SYNCRONYS
BETTER DATA. BETTER HEALTH.

1

WELCOME

SYNCRONYS
BETTER DATA. BETTER HEALTH.

APRIL L. SALISBURY, DIRECTOR OF ONBOARDING AND TRAINING

2

ANNOUNCEMENTS

SYNCRONYS
BETTER DATA. BETTER HEALTH.

- Our featured guest Presenter:
  - Kate Dowd, BSW, MA, Senior Clinical Solutions Lead
- 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

3

SYNCRONYS
BETTER DATA. BETTER HEALTH.

New website is under construction.

SYNCRONYS
BETTER DATA. BETTER HEALTH.

4

New Customer Engagement Department

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

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

Behavioral Health | Diagnostic Facilities | Corrections | DoH –
April Salisbury, asalisbury@syncronys.org; 505-938-9905

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

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

SYNCRONYS
BETTER DATA. BETTER HEALTH.

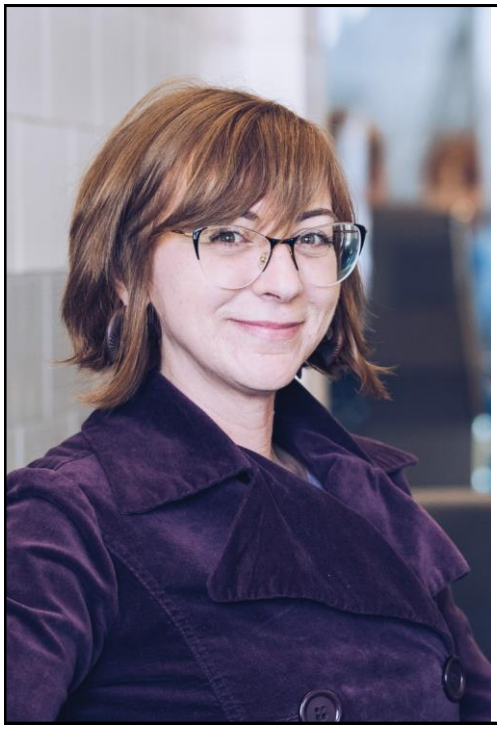
5

FUNDING SUPPORT IS AVAILABLE

- Interface costs to assist in sharing data with the HIE
- Tools and consultation to better integrate HIE into clinical workflow

SYNCRONYS
BETTER DATA. BETTER HEALTH.

6



SUBSTANCE USE DISORDER MANAGEMENT FOR HOSPITALS AND CLINICS

Kate Dowd, BSW, MA

Senior Clinical Solutions Lead

collectivemedical

SYNCRONYS

BETTER DATA. BETTER HEALTH.

7

SYNCRONYS

Substance Use Disorder Management

For Hospitals and Clinics

November 17, 2020

collectivemedical

8

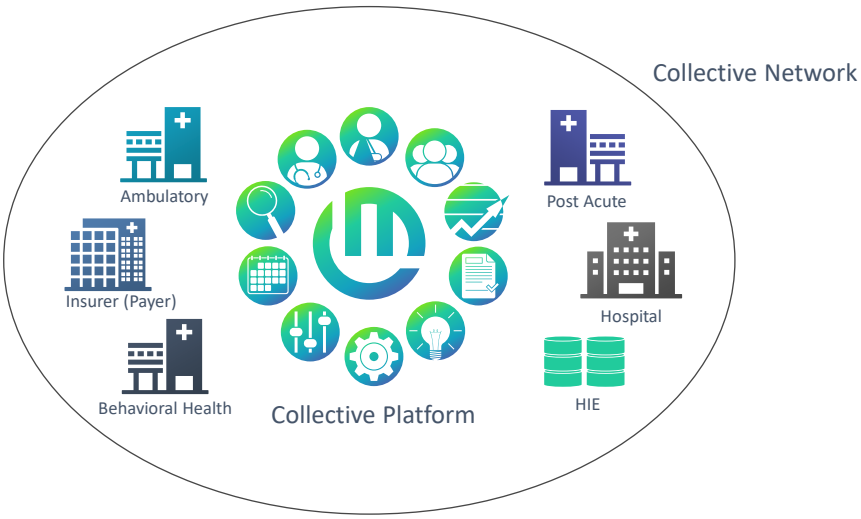
SYNCRONYS

The New Brand of the New Mexico Health Information Collaborative

9

Collective Medical Overview

The Collective Network and Platform



10

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.

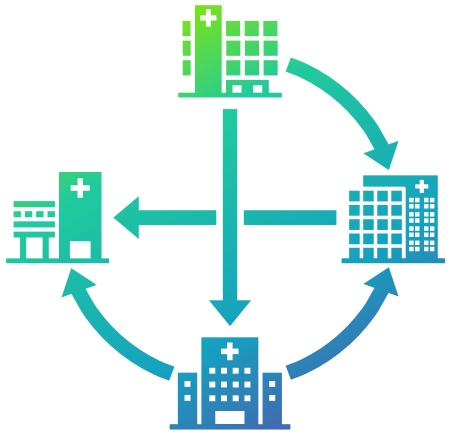
SUBSTANCE USE DISORDER MANAGEMENT

Hospitals and Clinics

What is the Substance Use Disorder (SUD) Management Use Case?

Objective

To surface awareness and support workflows dedicated to patients suffering from SUD including ED notifications, patient transitions to Medication Assisted Treatment (MAT) facilities, and enhanced care for Substance Exposed Infants / infants with Neonatal Abstinence Syndrome (NAS).

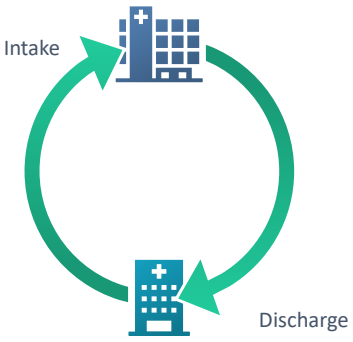


Better BH/SUD Coordination through Real-Time Network Collaboration

The Collective platform works in real-time, which means whether you're in a hospital , BH/SUD clinic, or other healthcare facility, you can receive up-to-date Insights into the status of your patients.

Hospital

- Receive real-time notifications on some of your most complex patients—right in your existing workflows
- Insights help providers identify existing diagnoses and care guidelines and contact the best behavioral health provider for needed follow-up



Behavioral Health Clinics

- Know when patients are in the hospital—without having to call around or rely on patients to report the incident
- Receive real-time notifications for faster follow-up
- Add care guidelines and crisis plans to guide emergency physicians and mitigate crisis situations—whether a case manager is on-site or not.

SUD Criteria for Hospitals – Emergency Medicine

Current Criteria

- Organizations on the Collective Network may already have **existing criteria** related to ED Utilization (5+ ED Visits in 12 Months), Security & Safety Events, Care Insights and more. Those criteria will remain active with some new additions.

New 'SUD' Specific Criteria

- **History of Opioid Overdose (12 mo.)** - patients who present to an ED and have received a prior diagnosis related to an opioid overdose from any facility on the Collective Network w/in the last 12 mo. Available only to hospitals; notifications optional.
- **History of Alcohol Abuse (12 mo.)** - patients who present to an ED and have received a prior diagnosis related to toxic effects of alcohol (ethanol) or F10 ICD-10 codes from any facility on the Collective Network w/in the last 12 mo. Available only to hospitals; notifications optional.
- **ED Visit with Opioid Overdose** – patients who receive an opioid overdose related diagnosis on their current ED visit. Available to hospitals for their own ED encounters and clinics for all ED encounters; notifications optional.
- **ED Visit with SUD Diagnosis (Dx)** – patients who receive an SUD related diagnosis (F10-19 ICD-10 codes) on their current ED visit. Available to hospitals for their own ED encounters and clinics for all ED encounters; notifications optional.

Optional Criteria

- **ED Visits for 'Tagged' Patients** - organizations have an option to 'tag' specific subsets of patients, either manually within the Collective Platform OR via a frequently updated supplemental file.
  - If applicable an organization can then request specific criteria related to ED visits for only that subset of patients.

15

SUD Notifications for Hospitals

Collective Notifications are configured to complement and support workflows of existing care team members. Configurations related to notifications allow information to be surfaced in real-time to the appropriate team members and delivered via multiple mechanisms. This feature helps to support awareness, coordination, and collaborations within various care team members at the same organization and across the Collective Network.

Electronic Notifications to ED Staff

- HL7 messages sent from Collective when a patient meets criteria, including new SUD criteria, can be incorporated into ED trackboard icons
- Note: SUD criteria can also complement existing notifications and do not have to trigger a notification themselves

Other Notifications to ED Staff

- In addition to the ED trackboard, Collective can deliver notifications to ED Staff members via other mechanisms such as Fax, Print, Secure Messaging, etc. to better incorporate this information into existing workflows.

Notifications to Case Management

- For organizations with additional supportive services (e.g. case managers or LCSW's) additional Notifications can be configured in relation to specific criteria
- Additional mechanisms such as Email or Text (SMS) can be configured is applicable to the organization

17

Collective Features & Functionality – Reports & Scheduled Reports

Reports

This functionality can provide a more focused yet robust set of patient data.

- Type: Report focus (ex: Census vs. Cohort)
- Details: Period (lookback) & Frequency
- Data Included: ID, Name, DOB, Admit date/time, Visit Type, Facility Name, Dx Info, Utilization Info

Scheduled Reports

Reports can be set to be sent with a chosen frequency to help you monitor your patients.

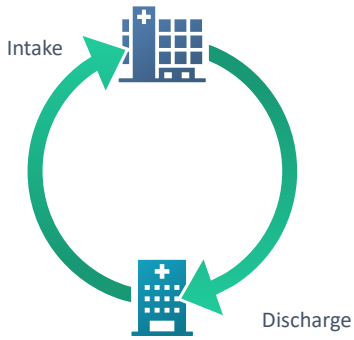
- Frequency: daily, weekly, or monthly.
- Population: entire member population or a smaller segment, typically by using one of your organization's Cohorts as a core criterion.
- Details: Columns shown on your reports can show up to 30 different data points including patient demographics, diagnoses, and encounter details.

Better BH/SUD Coordination through Real-Time Network Collaboration

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

Hospital ED

- Receive real-time notifications on some of your most complex patients—right in your existing workflows
- Insights help providers identify existing diagnoses and care guidelines and contact the best behavioral health provider for needed follow-up



BH/SUD Clinics

- Know when patients are in the hospital—without having to call around or rely on patients to report the incident
- Receive real-time notifications for faster follow-up
- Add care guidelines and crisis plans to guide emergency physicians and mitigate crisis situations—whether a case manager is on-site or not.

SUD Criteria for Clinics with SUD programs

Current Criteria

- Organizations on the Collective Network may already have **existing criteria** related to ED Utilization (5+ ED Visits in 12 Months), Security & Safety Events, Care Insights and more. Those criteria will remain active with some new additions.

New 'SUD' Specific Criteria

- **ED visits with Alcohol Abuse** -patients who receive an opioid overdose related diagnosis on their current ED visit ; notifications optional
- **ED Visit with Opioid Overdose** – patients who receive an opioid overdose related diagnosis on their current ED visit; notifications optional
- **ED Visit with SUD Diagnosis (Dx)** – patients who receive an SUD related diagnosis (F10-19 ICD-10 codes) on their current ED visit; notifications optional

Optional Criteria

- **ED Visits for 'Tagged' Patients** - organizations have an option to 'tag' specific subsets of patients, either manually within the Collective Platform OR via a frequently updated supplemental file.
  - IF applicable an organization can then request specific criteria related to ED visits for only that subset of patients.

New Scheduled Reports

The following are scheduled reports and features that may be set up through your platform

ED Census & ED Utilization + SUD

- Provides data related to patient ED encounters at your facility
- Surfaces info from new Chief Complaint and Dx report columns or via Criteria columns

SUD Criteria (Cohort) report

- Focused on specific SUD criteria met for identified timeframe (may be one or multiple criteria)

Report Frequency

- Ability to schedule SUD reports delivered on a frequent interval
- Weekly and Daily are supported if there is a meaningful workflow they complement

Substance Exposed Infant Support for Hospitals and Clinics

Enhanced Criteria and Notifications

22

Unified intelligence that allows you to

Identify

Identify High Risk Cohorts

- Potentially at-risk mothers
- Prenatal substance exposure
- Complex neonatal births, including NAS
- Infant care gaps

Engage

Engage Care Continuum

- Coordinate providers with targeted, real time patient information
- Share care plans with HIPPA related providers
- Drive follow-up appointments such as wellness Hep C screening and transition of care visits

Measure

Measure Results for Continuous Improvement

- Process
- Outcomes

23

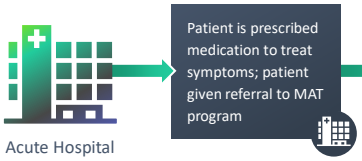
Medication Assisted Treatment / Substance Use Disorder Referral and Handoff

Hospitals and MAT clinics

Hospitals can facilitate transitions and measure outcomes

Access, Process Reporting, and Outcome Metrics for OUD Patients

Emergency departments seek to utilize the period of lucidity during buprenorphine treatment as an opportunity to refer patients to medication-assisted treatment (MAT) providers in dedicated treatment settings or federally qualified health centers.



Acute Hospital
patient arrives at hospital with withdrawal symptoms

Patient is prescribed medication to treat symptoms; patient given referral to MAT program

OUTCOME?

- Successful discharge and treatment initiation?
- Timely outreach from MAT clinic to patient?
- Patient still attending treatment at MAT clinic?
- No outreach from MAT clinic to the patient?
- Decreased readmission of patients with referral? Decreased ED utilization?
- Opioid related mortality?

Standardized, Aggregated Tracking for Enhanced SUD Management

Hospital Tracking

- SUD/OUD – Number of encounters with SUD or OUD diagnosis
- Buprenorphine administration – Number of encounters with buprenorphine administered
- Buprenorphine prescriptions – Number of encounters with buprenorphine prescribed
- Initiated Handoffs – Number of ED and IP encounters where referrals are made to MAT clinics

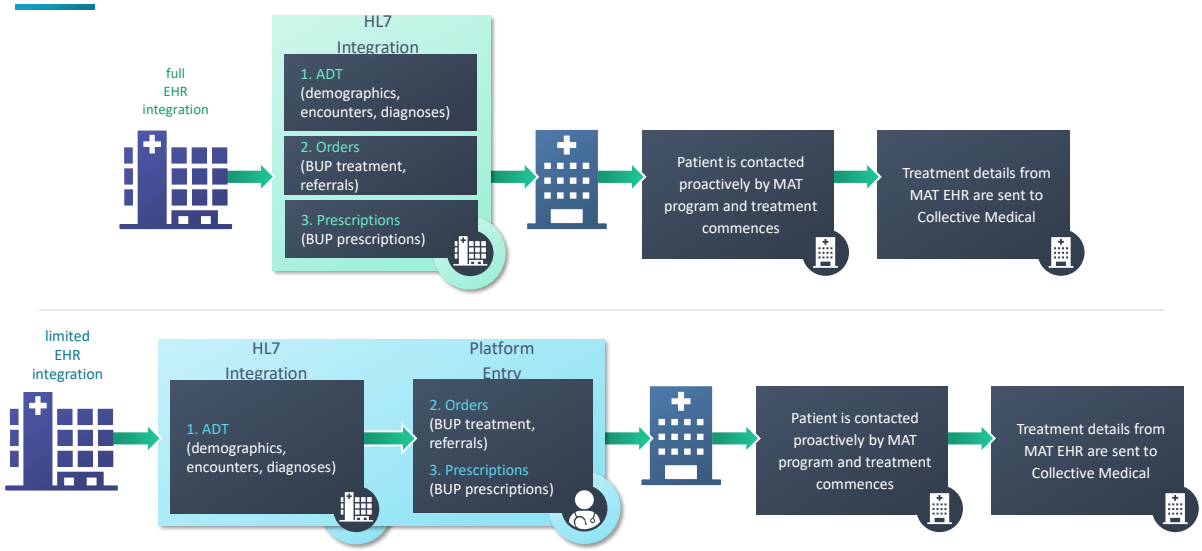
MAT Tracking

- Handoffs Received – Number of warm handoffs sent to MAT
- Treatment Initiation – Rate of referred patients that initiate treatment
- Continuity of pharmacotherapy – Percentage of patients with pharmacotherapy for OUD who have at least 180 days of continuous treatment
- Network Consent – Percent of referral patients that opt to share treatment information

- 7-day follow-up – Percent of patients who initiate treatment within 7 days at next level of care
- Recidivism Rate – Post treatment recidivism rate across the Collective Network by relevant ED/IP encounter
- ED/IP Utilization – Post utilization rates across the Collective Network
- Readmission – All cause 30-day IP readmission and 3-day ED readmission rates
- Stratified Reporting – Reporting breakdown by ASAM level of care, SBIRT, and other risk factors
- Mortality – Reduction in opioid-related mortality by hospital and program

26

Hospital Connectivity



27

Care History: Essential Brief Historical Information

Patient's History of SUD Treatment Episodes

- History of inpatient and/or residential SUD episodes
- What setting and level of care has patient responded best to historically
- Any behavioral issues of note while in treatment

Mental Health History

- Current or recent mental health diagnoses
- Prior psychiatric admissions
- History of self harm or suicide attempt; severity, what type
- History of psychosis

Additional Information

- Housing information
- Other social determinants of health
- Family and social support systems that could facilitate a safe discharge

28

How to sign up

29

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.**

30

How to get started

Contact SYNCRONYS, the New Mexico health information exchange:

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

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

Behavioral Health | Diagnostic Facilities | Corrections | DoH
April Salisbury, asalisbury@syncronys.org; 505-938-9905

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

31

THANK YOU

collectivemedical®

32

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

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

SYNCRONYS

BETTER DATA. BETTER HEALTH.

33

Your Customer Relationship Managers

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

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

Behavioral Health | Diagnostic Facilities | Corrections | DoH –
April Salisbury, asalisbury@syncronys.org; 505-938-9905

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

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

SYNCRONYS
BETTER DATA. BETTER HEALTH.

34

QUESTIONS?

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

SYNCRONYS
BETTER DATA. BETTER HEALTH.

35