

SYNCRONYS

Webinar Series

April 20, 2021



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WELCOME



- Announcements – April L. Salisbury, Director of Onboarding
- News – Thomas East, PhD, CEO/CIO
- Our featured guest Presenter: Rick VanNess, Director, Product Development

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ANNOUNCEMENTS



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

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NEWS

- Orion Health Amadeus platform migration of remaining users will be shared with participating organizations soon.

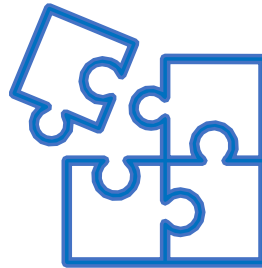
- Diagnostic quality images.
- Population Health Analytic dashboards.
- MOST forms and Advance Directives.
- New hospital ADT feeds and electronic lab reporting (including COVID19 results).



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NEWS

- Integrating tools for:
 - Population Health Data Analytics.
 - CMS conditions of participation.
 - Coordination & Collaboration of Mental Health management.
 - Substance use disorder.
 - Transitions of care.
 - ED Optimization with decision support.
 - New Hepatitis-C tools (as will be introduced today).



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NEWS

- HB 269 Passed with bipartisan support!
 - What this means to SYNCRONYS HIE participating organizations...



6

SPORTS NEWS

- Our very own Chief Administrative Officer, Terri Stewart and her tennis partner earned 11th place overall in a tournament of 52 teams from all over the country in a USTA national competition!



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FUNDING SUPPORT IS AVAILABLE



ACT FAST! – 5 months remain on funding

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



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SYNCRONYS

BETTER DATA. BETTER HEALTH.

New website coming soon

www.synchronys.org



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BETTER DATA. BETTER HEALTH.

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ENHANCING THE HIE HAS BROUGHT
PROBLEM SOLVERS TO THE TABLE . . .



HUMAN SERVICES
DEPARTMENT

CMS.gov

Centers for Medicare & Medicaid Services

. . . WITH SOLUTIONS TO MEET HEALTH CARE
ORGANIZATIONS WHERE THEY ARE



SYNCRONYS
BETTER DATA. BETTER HEALTH.

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

Rick VanNess, MS Director, Product Development



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

Rick VanNess, MS
Rhodes Group, Inc.
rvanness@rhodesgroup.com



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NEW MEXICO IS COMMITTED TO ELIMINATING HEPATITIS C!

- ▶ Hepatitis C Coalition and Elimination Collaborative
 - ▶ Many experts aligned with a strong strategy and EVBM
 - ▶ Education, treatment strategy and political support
 - ▶ Received national recognition with immense results
- ▶ Identification and integration remains a focal point
- ▶ New Synchronys technology will augment providers and NM's commitment

NMHSD Commitment: DSIM #4	Managed Care Organization	Potential Penalty
Treat at least 90% of its target number of patients receiving Hepatitis C drug treatments during contract period	MCO #1 has 403,575 members	\$4,532,954
	MCO #2 has 271,158 members	\$3,045,647
	MCO #3 has 79,337 members	\$891,113
TOTAL		\$8,478,714



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AGENDA

- ▶ Rhodes Group Overview
- ▶ Focus: Population Health
 - ▶ Current State
 - ▶ Rhodes Alternative Approach
- ▶ Hepatitis C
 - ▶ United States and New Mexico
 - ▶ Rhodes Expertise in Identification, Management, etc.
- ▶ Synchronys (Health Information Exchange) Collaboration



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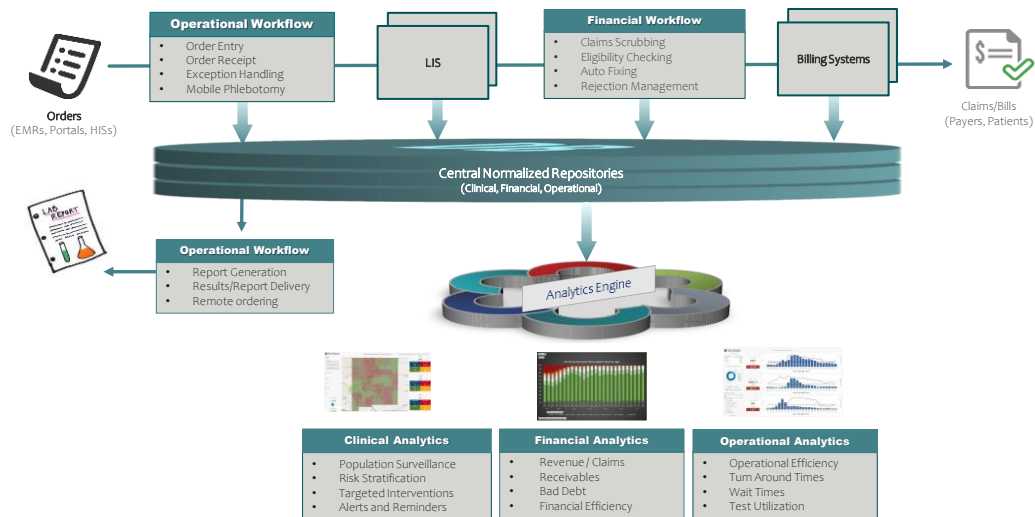
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- ▶ Software services company, supporting laboratories and health systems founded in 2000
- ▶ Acquired by TriCore Reference Laboratories in 2015
 - ▶ Enabled the integration of clinical expertise within our product stack
- ▶ Implemented solutions in some of the largest laboratories in the United States

PARTNERS AND COLLABORATORS



RHODES GROUP SOLUTION OVERVIEW



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MEDICAL DATA IN POPULATION HEALTH

► ICD-10

- + Incredible depth (e.g. W61.12)
- Known for inaccuracies^{1,2}

► CPT

- + Indicates what procedure(s) a patient received
- Lacks results and DG1/2 (FT1/2) segments are for med necessity

► DRG

- + Reliable source for patient's IP admittance and outcome
- Lacks specific detail needed for HCCs³

► Rx

- + Very specific for patient condition
- Some medications are used to treat multiple conditions^{4,5}



Source: WebPT

1. Horsky J, Drucker EA, and Ramelson HZ. Accuracy and Completeness of Clinical Coding Using ICD-10 for Ambulatory Visits. (2018) AMIA Annu Symp Proc. (April 16): 912-920
 2. Jalal K, Anan EJ, Venuto R, Eberle J, and Arora P. Can Billing Codes Accurately Identify Rapidly Progressing Stage 3 and Stage 4. Chronic Kidney Disease Patients: A Diagnostic Test Study. (2019) BMC Nephrol. 20(1): 260 Arefian H, et al. Hospital-related cost of sepsis: A systematic review. (2017) J Infect. 4(2): 107-117
 3. Harding W. CMS Hierarchical Condition Categories Through a Different Lens. (2019) MedPartners. <https://www.medpartners.com/cms-hierarchical-condition-categories-through-a-different-lens/> (Accessed: February 26, 2020)
 4. Pop-Busui R, Boulton JM, Feldman EL, et al. Diabetes neuropathy: A position statement by the American Diabetes Association. Diabetes Care. 2017; 40(1):136-154
 5. Neurontin (gabapentin) package insert. New York, NY: Pfizer Inc.; 2017 Dec.



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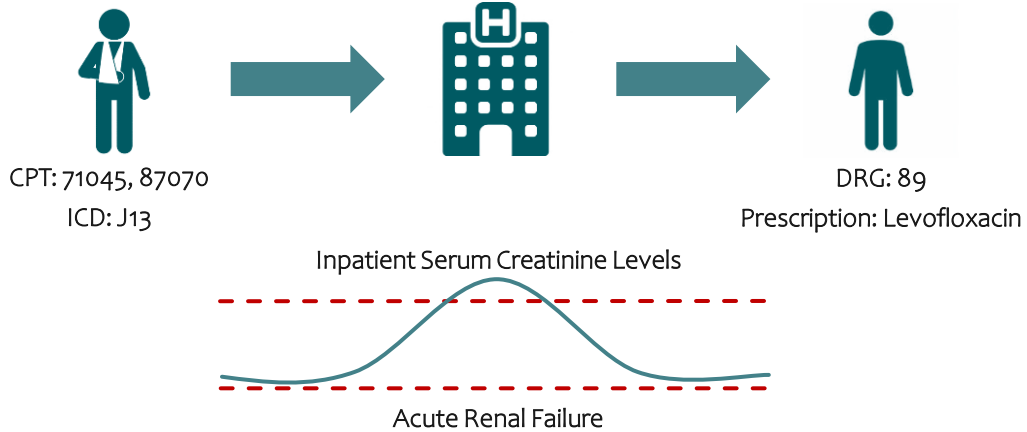
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EXAMPLE OF UNDERSTANDING MEDICAL CODES

Aspiration and Specified Bacterial Pneumonias



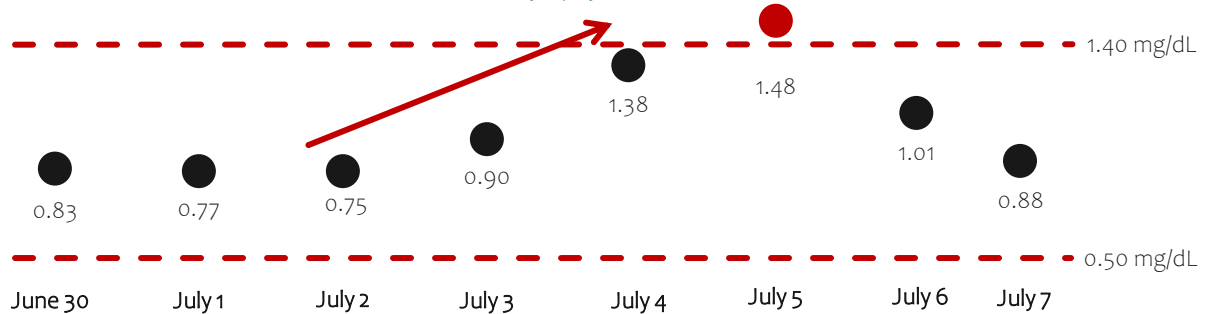
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ACUTE KIDNEY INJURY

Increase in SCr by ≥ 0.3 mg/dL
baseline to 48 hours

7/14/2018 16:37
Lab analysis observed
Acute Kidney Injury

7/5/2018 04:05
Hospital reacts to kidney injury



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VALUE OF IDENTIFYING ACUTE KIDNEY INJURY

- ▶ 30-40% increase in length of stay
 - ▶ \$7,933 increase in hospitalization costs¹
- ▶ 40% of patients can develop sepsis²
 - ▶ \$32,421 increase in costs³
- ▶ 40% of patients require dialysis⁴
 - ▶ ~\$42,077 increase in costs¹
- ▶ 50% increase in mortality rate⁴
- ▶ \$1,650/year to \$9,549/year in risk adjustment

1. Silver SA, Long J, Zheng Y, Chertow GM. Cost of Acute Kidney Injury in Hospitalized Patients. (2017) *J Hosp Med*. 12(2): 7-76
 2. Mehta RL, Boucard J, Soroko SB, et al. Sepsis as a cause and a consequence of AKI. (2011) *Intensive Care Med*. 37(2): 241-248
 3. Arefian H, et al. Hospital-related cost of sepsis: A systematic review. (2017) *J Infect*. 4(2): 107-117
 4. Lafrance JP, Djurdjev O, Levin A. Incidence and outcomes of acute kidney injury in a referred chronic kidney disease context. (2010) *Neph Dial Transpl*. 25(7): 2203-2209



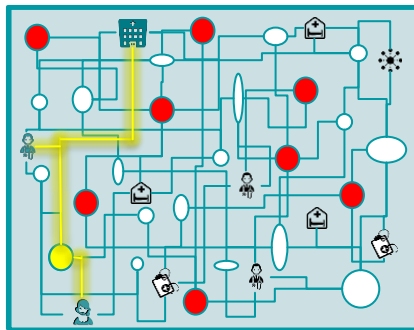
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STRATEGY: USE LAB INFORMATION IMPROVE OUTCOMES



- Clinical lab guides majority of medical decisions and provides significant value in patient evaluation^{1,2}
- Patients may have multiple providers enabling clinical laboratories to provide a longitudinal history
- Identifying risk with clinical laboratories can occur near real-time³
- Effective care coordination relies on real-time standardization of health data⁴

1. Forsman, R. W. Why is the Laboratory an Afterthought for Managed Care Organizations? (1996) *Clin Chem*. 42: 813-816
 2. Laposata ME et al. Physician Survey of Laboratory Medicine Interpretive Service and Evaluation of Interpretations on Laboratory Test Ordering. (2004) *Arch Pathol Lab Med*. 128: 1424-1427
 3. Ho Ahn C et al. Evaluation of Non-Laboratory and Laboratory Prediction Models for Current and Future Diabetes Mellitus: A Cross-Sectional and Retrospective Cohort Study. (2016) *PLoS One*. 11(5): e0156155
 4. Burton LC, et al. Using Electronic Health Records to Help Coordinate Care. (2004) *Milbank Q*. 82(3): 457-481



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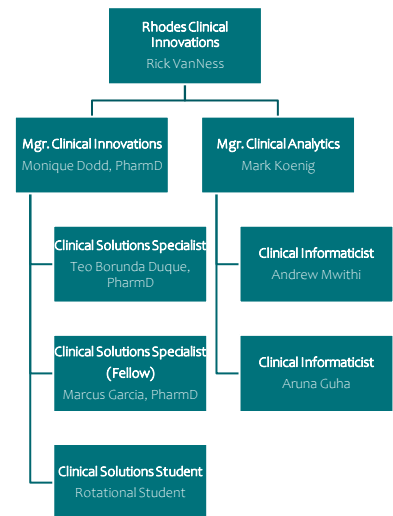
RHODES RESULTS WITH LAB RESULTS

- ▶ Patent Pending Algorithms
- ▶ Published Work (diabetes and prenatal)
 - ▶ Improving the Delivery of Healthcare through Clinical Diagnostic Insights. (2018) *JALM* 3(2): 1-11;
 - ▶ JALM Special Collection: The Value of Laboratory Medicine (September 2020; Volume 5, Issue 5)
 - ▶ Value of Lab Information Augmenting MCO's Diabetes Care
 - ▶ Opportunity for Longitudinal Lab Data to Enhance Diabetes Surveillance
 - ▶ Leveraging Clinical Laboratory Results to Improve Prenatal Care. *American Journal of Managed Care AJMC* (2):60-65



Leveraging Longitudinal Clinical Laboratory Results to Improve Prenatal Care

Richard VanNess, MS; Kathleen M. Swanson, MS; David G. Grenache, PhD; Mark Koenig, BS; Lauretta Dozier, RN; Amy Freeman, LPN; Eugene Sun, MD, MBA; Craig Nelson, MA; and Michael J. Crossley, MD, PhD

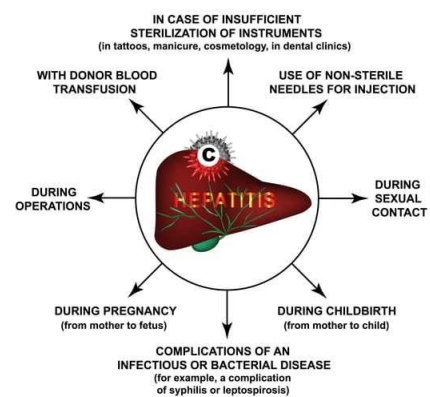


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HEPATITIS C VIRUS

- ▶ A blood borne pathogen discovered in 1989 that causes¹:
 - ▶ Increased risk of liver cancer
 - ▶ Liver related death
- ▶ Transmitted by:
 - ▶ 55% via healthcare exposure
 - ▶ 40% via intravenous drug use
 - ▶ 5% via sexual transmission
- ▶ Known as a silent disease due to few noticeable symptoms, specifically in the early stage²

CAUSES OF HEPATITIS C



Source: GI Associates and Endoscopy Center

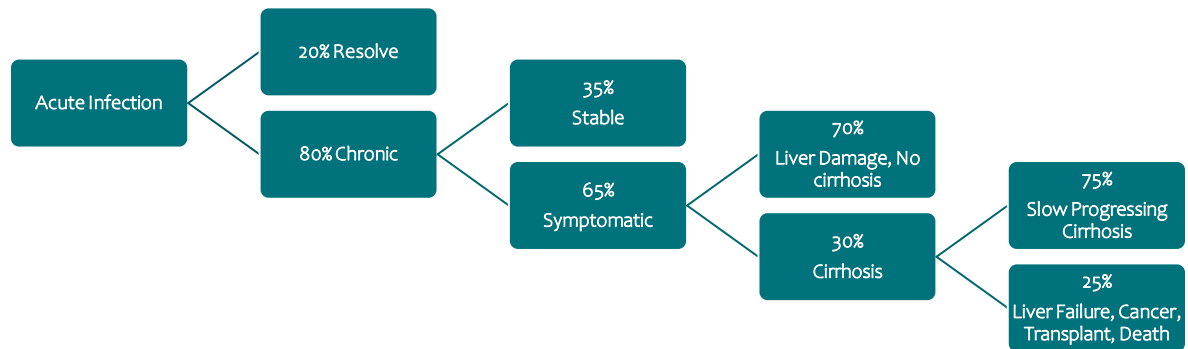
1. Stanaway JD, Flaxman AD, Naghavi M, et al., The global burden of viral hepatitis from 1990 to 2013: findings from the Global Burden of Disease Study 2013. *Lancet* 2016; 388:1081-1088

2. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Viral Hepatitis. <https://www.cdc.gov/hepatitis/hcv/index.htm> (Accessed: April 16, 2021)



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HEPATITIS C PROGRESSION (OVER 10+ YEARS)¹



- ▶ Direct acting antivirals can achieve sustained virological response in >95% of Hepatitis C cases²

1. Hepatitis C in the New Mexico Population Centennial Care Population: 2016 and Beyond. Centennial Care Medicaid Advisory Council. November 14, 2016. David Scarsce, MD. <https://www.hsd.state.nm.us/wp-content/uploads/HCV-in-NM-2016-and-Beyond-MAD.pdf> (Accessed: April 16, 2021)

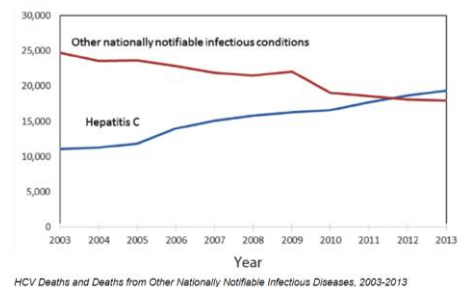
2. Public Health Impact of a population-based approach to HCV treatment in New Mexico. <https://cdafound.org/content/Downloads/Public%20Health%20Impact%20of%20a%20population-based%20approach%20to%20HCV%20treatment%20in%20New%20Mexico.pdf> (Accessed: April 16, 2021)



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PREVALENCE OF HEPATITIS C: UNITED STATES

- ▶ The number of US residents infected with Hepatitis C is at least 3.5 million (2.5 – 4.7 million)²:
- ▶ Hepatitis C has more deaths than all 60 of the other reportable infectious diseases combined (since 2012)
- ▶ Acute Hepatitis C infections increased 250% from 2010-2014
- ▶ Age distribution (as of 2018)
 - ▶ Baby Boomers (mid-50s to early 70s): 36.3%
 - ▶ Millennials (20s and 30s): 36.5%
 - ▶ Generation X (late 30s to 50s): 23.1%



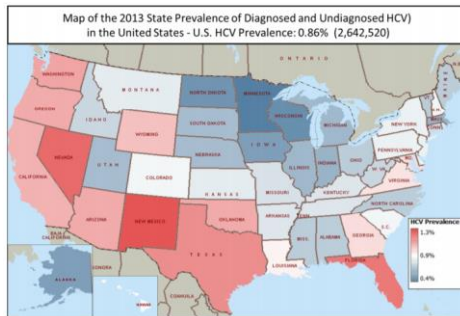
1. Viral Hepatitis in the United States: Data and Trends. US Health and Human Services. Office of Infectious Disease and HIV/AIDS Policy (OIDP). (2016) <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html#1> (Accessed: April 19, 2021)

2. Edlin B, et al. Toward a More Accurate Estimate of the Prevalence of Hepatitis C in the United States. (2015) Hepatology. 62(5): 1353-1363

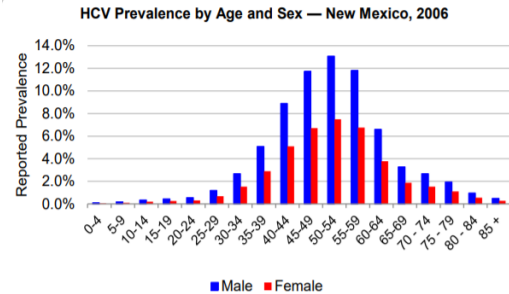


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PREVALENCE OF HEPATITIS C: NEW MEXICO



Source: Engel et al. Healthcare Reform and Hepatitis C



Source: CDA Foundation

- The number of NM residents infected with Hepatitis C is at least 53,000 (36,700 – 69,500)²:

1. Engel T, et al. Healthcare Reform and Hepatitis C: A Convergence of Risk and Opportunity. (2013) <https://us.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/2013/convergence-of-risk-and-opportunity.ashx>. (Accessed: April 19, 2021)

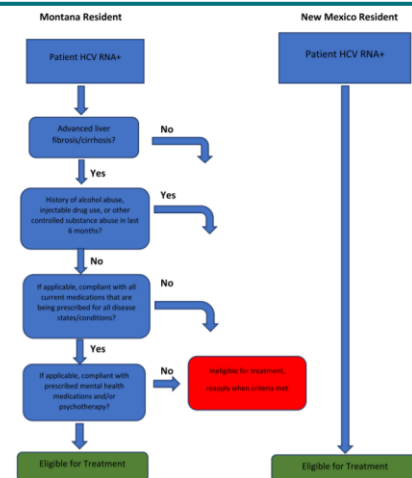
2. CDA Foundation et al. Public Health Impact of a Population-Based Approach to HCV Treatment in New Mexico. <https://cdafound.org/content/Downloads/PublicHealthImpact20of20toof20of20population-basedapproach20to20HCV20treatment20in20New20Mexico.pdf>. (Accessed: April 19, 2021)



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BRAVO STATE OF NEW MEXICO!

- NM Hepatitis C Coalition formed in 2013² and aligned with NM Hepatitis C Alliance
- Increased Testing & Services, Education, Substance Treatment
- Since 2017:
 - Removed liver damage requirements
 - Require only a diagnosis
 - Remove sobriety review
 - Mandate MCO expedition of requests



Source: NEJM Commentary

1. Harvard Law School, Center for Health Law and Policy Innovation. Hepatitis C: State of Medicaid Access Report Card, New Mexico. https://stateofhepc.org/wp-content/themes/infinite-child/reports/HCV_Report_NewMexico.pdf. (Accessed: April 19, 2021)

2. Mera J, et al. In a Critical State: Ongoing Barriers to Treatment for Hepatitis C Virus. (2018) NEJM. 132(5): 547-549

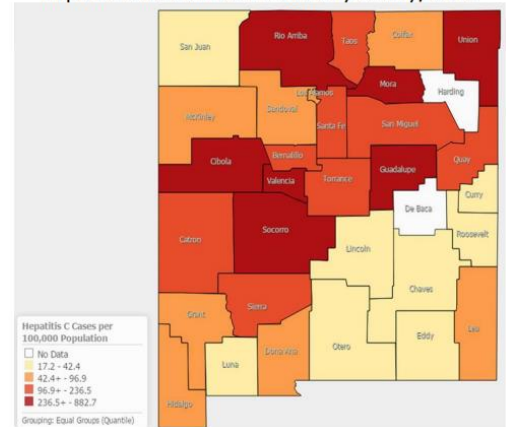


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NMHSD COMMITMENT TO TREATING HEPATITIS C

- ▶ Centennial Care (NM Medicaid) is committed to removing barriers to treatment¹
- ▶ Delivery System Improvement Target #4: MCO must achieve Delivery System Improvement Target or be imposed 1.5% of total capitation²

Hepatitis C Rates in New Mexico by County, 2015



1. New Mexico Hepatitis C Coalition. Hepatitis C Virus in New Mexico: Statewide Comprehensive Plan and Profile of the Epidemic. (June 2016) <https://www.nmhealth.org/publication/view/plan/2219/>

2. NMHSD Amendment #1 to the Medicaid Managed Care Agreement Among NMHSD and HCSC <http://www.hsd.state.nm.us/uploads/files/Looking%20for%20Information/General%20Information/Contracts/Medicaid%20Assistance%20Division/MCO's%20Centennial%20Care%202.0/BC85%20Contract%20PSC%2018-630-8000-003%20A1.pdf>



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NMHSD COMMITMENT IS BEYOND A MANDATE

- ▶ NMHSD Medicaid is Capitated at ~\$312PMPM¹
 - ▶ Example: MCO #1 has 403,575² Medicaid recipients
 - ▶ $403,575 \times \$312 \times 12 \text{ months} = \$1,510,984,800$
- ▶ Delivery System Improvement Measures have a total of 1.5% penalty on capitation
 - ▶ $1.5\% \times \$1,510,984,800 = \$22,664,772$
- ▶ Each DSIM is worth 20% of the total penalty (excluding risk corridors)
 - ▶ $20\% \times \$22,664,772 = \$4,532,954$ for MCO #1
 - ▶ MCO #2: \$3,045,647
 - ▶ MCO #3: \$891,113
- ▶ MCOs must treat 90% of all Hepatitis C scripts or a clawback

1. Assumes PHP's revenue for Centennial Care 2.0 is approx. \$1,179,360,000. Health Notes. Program Evaluation Unit. Legislative Finance Committee. January 13, 2017 https://www.nmlegis.gov/Entity/LFC/Documents/Health_Notes/Health%20Notes%20-%20Medicaid%20Managed%20Care%202.0.pdf

2. NMHSD. Medicaid Enrollment Report By MCO. <https://www.hsd.state.nm.us/wp-content/uploads/January-By-Managed-Care-Organization-Fee-for-Service.pdf>. (Accessed: April 19, 2021)

3. NMHSD Medicaid Services Managed Care Agreement. <https://www.hsd.state.nm.us/wp-content/uploads/CC-2.0-BLUE-CROSS-BLUE-SHIELD-NM-SIGNED-CONTRACT.pdf>. (Accessed: April 19, 2021)



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UNIFORM NEW MEXICO HCV CHECKLIST

- ▶ All Practitioners participating in Centennial Care must complete:

- ▶ Drug Prior Authorization Form (MAD 635)
- ▶ Uniform New Mexico HCV Checklist (MAD 635)

- ▶ <https://www.hsd.state.nm.us/providers/>

Uniform New Mexico HCV Checklist

PATIENT NAME: _____ DOB: _____

1. **DIAGNOSIS:** ☐ Chronic Hepatitis C Infection, Genotype _____ Subtype (if applicable) _____ (attach results), HCV RNA Level within the past 6 months: Level _____ Date: ____/____/____ (attach results)

2. **ADDITIONAL REQUIRED LABS (within 3 months of request- please attach results)**
☐ AST, ☐ ALT, ☐ Bilirubin, ☐ Albumin, ☐ INR, ☐ Platelet count, ☐ Hemoglobin, ☐ Creatinine.
 Also document ☐ HbA1c, ☐ anti-HBc, ☐ anti-HBe.

3. **LIVER ASSESSMENT:** There are seven stages of liver changes in chronic HCV infection -- no liver fibrosis (F0), increasing levels of fibrotic change (F1, F2 and F3), cirrhosis (F4), decompensated cirrhosis and hepatocellular carcinoma.

a. **FIBROSIS/CIRRHOSIS ASSESSMENT:** (provide information using at least one of the following methods)

Indirect markers:

APRI: _____

FIB-4: _____

Imaging Study: Method Used: _____ Attach results

b. Does the patient have history, physical exam, laboratory, or radiographic imaging consistent with **decompensated cirrhosis** (i.e. ascites, encephalopathy, bleeding varices, etc.)?
 No ☐ Yes ☐ (attach relevant results and notes)

Child-Pugh Score (circle one): Class A (CTP 5-6) B (CTP 7-8) C (CTP 9-15) See table on page 2 for calculation method.
 If patient has decompensated liver disease (Child-Pugh B or C), it is recommended that treatment be co-managed with a gastroenterologist, infectious disease specialist or hepatologist, and that referral for transplant be strongly considered.

4. **LIVER TRANSPLANT** No ☐ Yes ☐ (if yes, check one): ☐ Transplant date: _____ ☐ Being considered for transplant

5. Is patient **TREATMENT EXPERIENCED?** No ☐ If no, go to 6. Yes ☐ If yes, complete a - c below. If treatment experienced with Direct Acting Antivirals (DAA), also complete question d.

a. List regimen(s) patient has received in past including year and duration of therapy: _____

b. Did patient complete treatment regimen(s)? ☐ Unknown ☐ Yes ☐ No ☐ If "No," reason for discontinuation: _____

1. NMHSD: Uniform New Mexico HCV Checklist: <https://nmmedicaidportal.conduent.com/static/PDFs/MAD634.pdf>. (Accessed: April 19, 2021)



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CLINICAL LABORATORY'S ROLE IN HEPATITIS C

- ▶ Ascertaining the presence of Hepatitis C by interpreting laboratory results

SCREEN	DIAGNOSE	MONITOR/MANAGE/TREAT
Hepatitis C Antibody	Hepatitis C Quantitation	Hepatitis C Quantitation
	Hepatitis C Genotype	

- ▶ Identifying level of cirrhosis

Platelets	ALT	AST
-----------	-----	-----

- ▶ Determining additional risks for complications

HIV	HBV	Diabetes (HA1c, Glucose)
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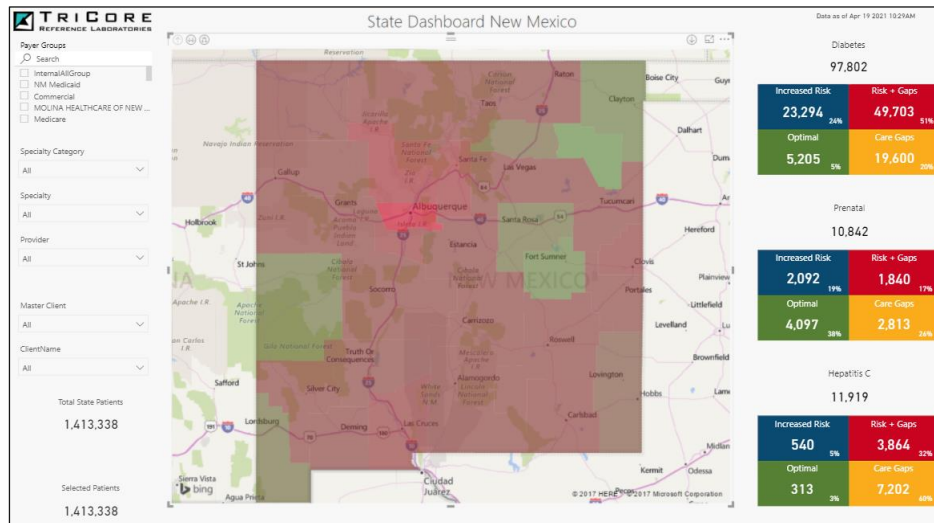
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TriCORE INFORMATION



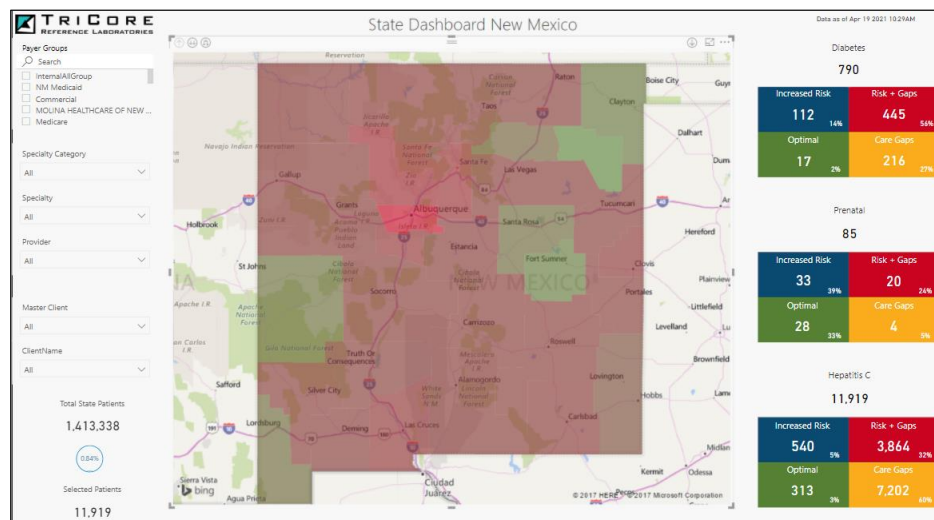
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TriCORE INFORMATION: HEPATITIS C



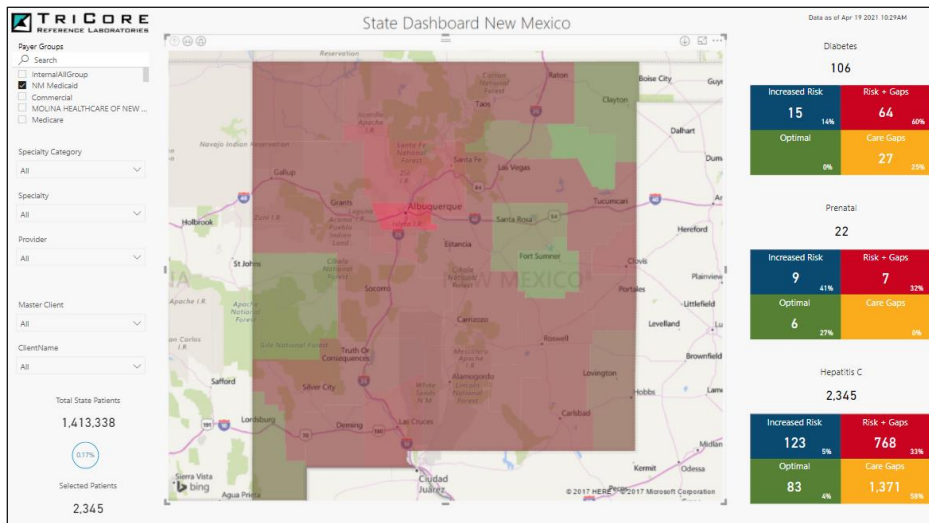
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TRICORE INFORMATION: HEPATITIS C & MEDICAID

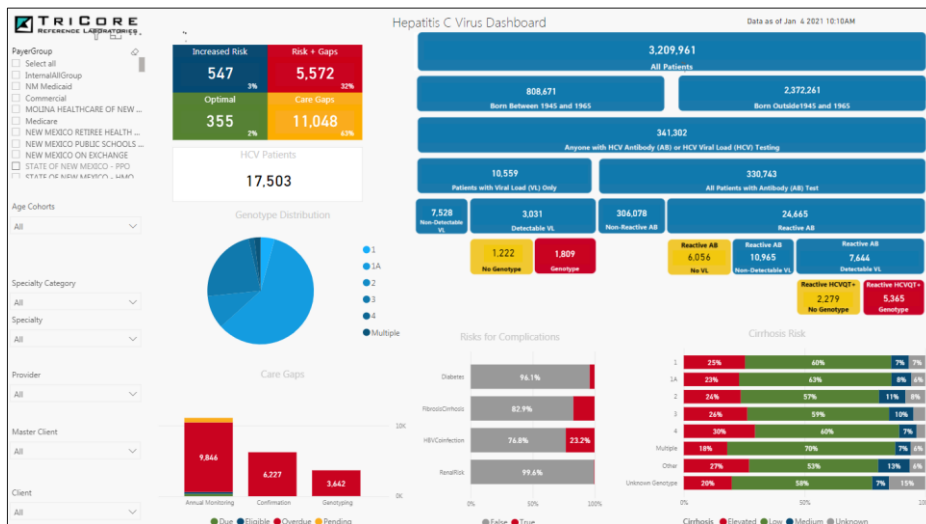


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HEPATITIS C



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HEPATITIS C

Genotype Completion

HCV Viral Load Completion

Recently Diagnosed with HCV

Event Date Range

Last

20

Days

12/16/2020 - 1/4/2021

Unique Patients

22

Clear All Filters

Recent Events

Plan ID	description	Event Found	Last Name	First Name	DOB	Phone	Address	Zip	County	Most Recent Event Date
YF905107159	Recently Diagnosed with HCV	01/01/2021								1/1/2021 12:00:00 AM
YF905301475	Recently Diagnosed with HCV	12/16/2020								12/16/2020 12:00:00 AM
YF905177893	Recently Diagnosed with HCV	12/22/2020								12/23/2020 12:00:00 AM
YF905302121	Recently Diagnosed with HCV	12/16/2020								12/16/2020 12:00:00 AM
YF905110273	Recently Diagnosed with HCV	12/24/2020								12/24/2020 12:00:00 AM
YF905236299	Recently Diagnosed with HCV	12/16/2020								12/30/2020 12:00:00 AM
YF905064324	Recently Diagnosed with HCV	12/18/2020								12/18/2020 12:00:00 AM
YF905169239	Recently Diagnosed with HCV	12/22/2020								12/24/2020 12:00:00 AM
YF915044657	Recently Diagnosed with HCV	12/16/2020								12/19/2020 12:00:00 AM
YF905173578	Recently Diagnosed with HCV	12/18/2020								12/18/2020 12:00:00 AM
YF905113743	Recently Diagnosed with HCV	01/01/2021								1/1/2021 12:00:00 AM
YF915012347	Recently Diagnosed with HCV	12/18/2020								12/30/2020 12:00:00 AM
YF905318190	Recently Diagnosed with HCV	12/31/2020								12/31/2020 12:00:00 AM
YF915013006	Recently Diagnosed with HCV	12/16/2020								12/16/2020 12:00:00 AM
YF915005230	Recently Diagnosed with HCV	12/25/2020								12/25/2020 12:00:00 AM
YF905326819	Recently Diagnosed with HCV	12/16/2020								12/16/2020 12:00:00 AM
YF905116626	Recently Diagnosed with HCV	12/31/2020								12/31/2020 12:00:00 AM
YF915014340	Recently Diagnosed with HCV	12/17/2020								12/17/2020 12:00:00 AM
YF905124963	Recently Diagnosed with HCV	12/18/2020								12/18/2020 12:00:00 AM
YF915049791	Recently Diagnosed with HCV	12/30/2020								12/30/2020 12:00:00 AM
YF905178484	Recently Diagnosed with HCV	12/16/2020								12/30/2020 12:00:00 AM
YF905345740	Recently Diagnosed with HCV	12/18/2020								12/18/2020 12:00:00 AM



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HEPATITIS C

Last Name	First Name	DOB	Gender	Address	Phone	Physician	Payer Group
							NM Medicaid

Event Found	TIM	description	Notes
05/21/2020	General	Patient Address change	
12/16/2020	General	Patient Phone change	
12/30/2020	HCV	Closed HCV Genotyping care gap	
12/16/2020	HCV	Recently Diagnosed with HCV	

Category	ConditionType	InterventionCondition	Intervention
Diabetes	Current Status	Diabetic Classification	normal (<= 5.6)
HCV	Care Guideline	Chronic HCV requires annual lab monitoring	Patient needs annual lab tests by 12/17/2021::: Last BMP more than 12 months ago on 10/22/2015::: No PTINR testing on file::: Last CBC within the last 12 months on 12/16/2020::: Last HFP more than 12 months ago on 10/22/2015::: Last DIFF within the last 12 months on 12/16/2020
HCV	Current Status	Date of most recent quantitative testing	12/17/2020, with a result of 739.000
HCV	Current Status	First HCV Testing	First Reactive Antibody Screen on 12/16/2020; First Viral Load Quantification of 739.000 on 12/17/2020
HCV	Current Status	Genotype of HCV+ patient	12/29/2020 with a genotype 1A
HCV	Current Status	Reactive HCV Antibody Screen	12/16/2020 with a reactive result



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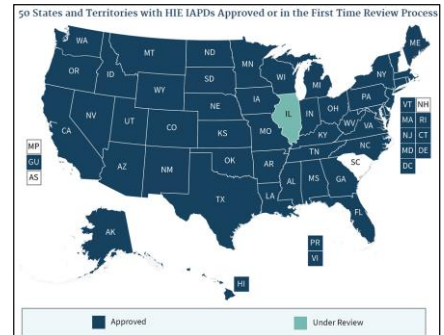
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HIEs AND SECTION 1115 OF THE SOCIAL SECURITY ACT

- ▶ CMS is committed to interoperability through a variety of HIT projects, such as Health Information Exchanges (HIE)
- ▶ The ACA and the PPACA allocated funds to the creation of HIEs, Section 1115 (IAPD) is another commitment
- ▶ States obtain IAPD funds if the Secretary of HHS approves the project and demonstrates its benefit for Medicaid enrollees¹
 - ▶ Medicaid Eligibility and Enrollment systems (NM: MMIS)
 - ▶ 1115 Demonstration Project



1. CMS Department of Health and Human Services. (2019) <https://www.medicicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/faq061319.pdf>



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NEW MEXICO HSD's IAPD

- ▶ Focused on improved capabilities and interoperability
 - ▶ Upgrade infrastructure to Orion's Amadeus
 - ▶ Improve interfaces and increase connections (in-state and out-of-state)
 - ▶ Enhanced core services (single sign-on, telehealth, PACS, data analytics)
- ▶ Seven Use Cases:
 - ▶ Substance Use Disorder Management (Collective Medical Technologies)
 - ▶ Transitions of Care Management (CMT)
 - ▶ Emergency Department Optimization
 - ▶ SDOHs
 - ▶ Collaboration and Coordination of Mental Health (CMT)
 - ▶ Community Wide Gaps in Care Fulfillment
 - ▶ Optimizing Diagnostics Analytics for Population Health (Rhodes)



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RHODES' EXPERTISE IN HEPATITIS C

- ▶ Ascertaining the presence of Hepatitis C by interpreting laboratory results

SCREEN	DIAGNOSE	MONITOR/MANAGE/TREAT
Hepatitis C Antibody	Hepatitis C Quantitation	Hepatitis C Quantitation
	Hepatitis C Genotype	

- ▶ Identifying level of cirrhosis

Platelets	ALT	AST
-----------	-----	-----

- ▶ Determining additional risks for complications

HIV	HBV	Diabetes (HA1c, Glucose)
-----	-----	--------------------------

- ▶ Treatment

Medication



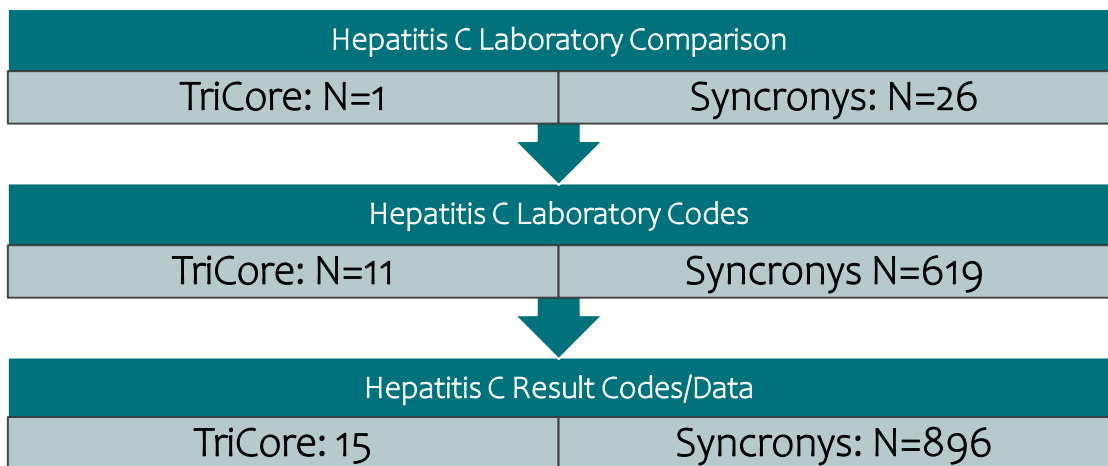
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RHODES ELEVATION OF SYNCRONYS THROUGH HEP C



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SYNCRONYS PORTAL (TKG.ORIONHEALTHCLOUD.COM)

Please enter your user ID and password

User ID

Password

[Forgot your password?](#)

Koble Production Environment

POWERED BY ORION HEALTH



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PATIENT SUMMARY PAGE

CHORZZZTESTPATIENT, CHORONE (M Male) (DOB: 03-19-1960 (81y))

Demographics

Other Identifiers

Identifier	Emergency Contact
ORION7N0P943 (Argus Health Center)	Name: CONTACT EMERGENCY
ORION7N0P943 (Sawada Health System)	Phone: (760)222-5555 (Home)
AAU-28891-8 (ORION)	
AAU-28879-8 (ORION)	
80148071 (Only Print Results)	
ORION7N0P943 (Only Print Results)	

Allergies

Details	Reactions	Overall Severity	Onset Time	Type	Source
SULFONATED SULFUR DRY ACCLERATOR	Anaphylaxis	Severe	On Date: 06-Nov-2017	Adverse	UPH_KOSIP_JA
KOINATED ENDOGENIC AGENTS	Skin	Severe	On Date: 19-Jul-2013	Adverse	UPH_KOSIP_JA
ETHANOL	Food	Severe	On Date: 19-Jul-2013	Adverse	UPH_KOSIP_JA
ETHANOL	Anaphylaxis	Severe	On Date: 09-Jan-2012	Adverse	UPH_KOSIP_JA

Encounter History

Admission	Discharge	Admit Reason	Discharge Diagnosis	Visit Type	Severity	Facility	Location	Attending
Dec-15-2020	Dec-23-2020		(1 of 18 diagnosed)	Outpatient	General Medicine	BRIDGES-HEALTHCARE/CHIT		GORDON, Robert
Aug-04-2019				Outpatient	General Medicine	UPH-Quail Creek-Maine		BRITT, JESSIE

Medicines Viewer

Medication	Instructions	Route	Action Date	Administered By	Event Type	Source
There are no medications existing for search criteria.						

Problems

No Results Found

Hep C Status



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PATIENT SUMMARY PAGE

Hep C Status Examples:
 "HCV Testing"
 "No HCV Testing"

Orion Systems International Lim... x NPPES NPI Registry x Patient Summary - Koble Stage E x

tkgstage.orionhealthcloud.com/concerto/Concerto.htm

CHDRZZZTESTPATIENT, CHDRONE sex Male DOB Mar-03-1960 (61y)

Patient Summary External Record Payer Sourced Data

Clinical Documents Showing All Mark All As Read Group By Category Sort By Date

Patient Summary Bulk Print Results PDMP Report URL Dynamic Documents (1) Incoming CCD (2 / 2) Laboratory (2 / 2) Nov-06-2020 * UA, DIP & MIC Mar-21-2020 * Glucose [Mass/volume] in Blood Radiology (1 / 1)

Demographics

Other Identifiers

ORIONTKGP043 (Broadlawn Medical Center)
 ORIONTKGP043 (Burgess Health Center)
 AAG-14063-6 (ORION)
 ORIONTKGP043 (Spencer Hospital)
 ORIONTKGP043 (Unity Point Health)

Demographics

* Glucose [Mass/volume] in Blood

Source date Mar-21-2020
 Category Laboratory
 Service Lab - Glucose [Mass/volume] in Blood
 Mark All as Read Latest as Unread

Oct-29-2020	Nov-01-2020	nst
Oct-13-2020	Oct-23-2020	
Aug-04-2019	-	
Jun-10-2019	Jun-11-2019	T6 Compression Fracture/Myeloma



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HEPATITIS C WORKLIST

Last Name	First Name	DOB	Gender	Address	Phone	Physician	Payer Group
							NM Medicaid

Event Found	TIM	description	Notes
05/21/2020	General	Patient Address change	
12/16/2020	General	Patient Phone change	
12/30/2020	HCV	Closed HCV Genotyping care gap	
12/16/2020	HCV	Recently Diagnosed with HCV	

Category	ConditionType	InterventionCondition	Intervention
Diabetes	Current Status	Diabetic Classification	normal (<= 5.6)
HCV	Care Guideline	Chronic HCV requires annual lab monitoring	Patient needs annual lab tests by 12/17/2021::: Last BMP more than 12 months ago on 10/22/2015::: No PTINR testing on file::: Last CBC within the last 12 months on 12/16/2020::: Last HEP more than 12 months ago on 10/22/2015::: Last DIFF within the last 12 months on 12/16/2020
HCV	Current Status	Date of most recent quantitative testing	12/17/2020, with a result of 739,000
HCV	Current Status	First HCV Testing	First Reactive Antibody Screen on 12/16/2020, First Viral Load Quantification of 739,000 on 12/17/2020
HCV	Current Status	Genotype of HCV+ patient	12/29/2020 with a genotype 1A
HCV	Current Status	Reactive HCV Antibody Screen	12/16/2020 with a reactive result

Uniform New Mexico HCV Checklist



PATIENT NAME: _____ DOB: _____

1. **DIAGNOSIS:** ☐ Chronic Hepatitis C Infection, Genotype _____ Subtype (if applicable) _____ (attach results), HCV RNA Level within the past 6 months: Level: _____ Date: ____/____/____ (attach results)

2. **ADDITIONAL REQUIRED LABS (within 3 months of request- please attach results)**
☐ AST, ☐ ALT, ☐ Bilirubin, ☐ Albumin, ☐ INR, ☐ Platelet count, ☐ Hemoglobin, ☐ Creatinine.
 Also document ☐ HbA1c, ☐ anti-HBc, ☐ anti-HBc

3. **LIVER ASSESSMENT:** There are seven stages of liver changes in chronic HCV infection -- no liver fibrosis (F0), increasing levels of fibrotic change (F1, F2 and F3), cirrhosis (F4), decompensated cirrhosis and hepatocellular carcinoma.

a. **FIBROSIS/CIRRHOSIS ASSESSMENT:** (provide information using at least one of the following methods)

Indirect markers:

APRI _____

FIB-4 _____

Imaging Study: Method Used: _____ Attach results

b. Does the patient have history, physical exam, laboratory, or radiographic imaging consistent with decompensated cirrhosis (i.e. ascites, encephalopathy, bleeding varices, etc)?
 No ☐ Yes ☐ (attach relevant results and notes)

Child-Pugh Score (circle one): Class A (CTP 5-6) B (CTP 7-9) C (CTP 10-15) See table on page 2 for calculation method
 If patient has decompensated liver disease (Child-Pugh B or C), it is recommended that treatment be co-managed with a gastroenterologist, infectious disease specialist or hepatologist, and that referral for transplant be strongly considered.

4. **LIVER TRANSPLANT** No ☐ Yes ☐ (if yes, check one): ☐ Transplant date: _____ ☐ Being considered for transplant

5. Is patient **TREATMENT EXPERIENCED?** No ☐ If no, go to 6. Yes ☐ If yes, complete a - c below. If treatment experienced with Direct Acting Antivirals (DAA), also complete question d.

a. List regimen(s) patient has received in past including year and duration of therapy: _____

b. Did patient complete treatment regimen? ☐ Yes ☐ No ☐ If "No," reason for discontinuation: _____



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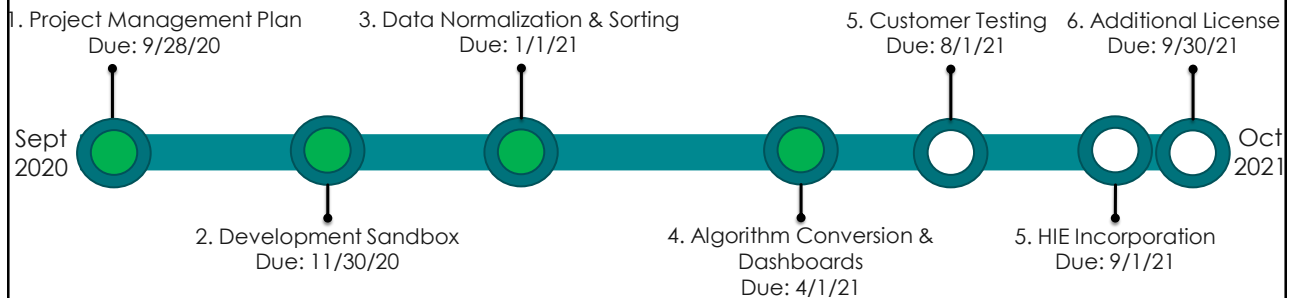
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RHODES' HIE PROJECT AND DELIVERABLES

- Cloud based solution for analyzing clinical laboratory results
- Enhance the Hepatitis C Targeted Intervention with medication data
- Deliver insights through Orion platform for enhanced HIE value



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SUMMARY

- ▶ Rhodes is attempting to identify and improve outcomes via lab results
- ▶ Synchrony and Rhodes are arming users with a new tool to assist in the statewide effort to eliminate Hepatitis C
- ▶ We intend to pilot this new technology by:
 - ▶ Enrolling a few clinics/providers
 - ▶ Improving it with feedback from the users
 - ▶ Measure the impact



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THANKS! PLEASE REACH OUT:

Rick VanNess, MS
Rhodes Group, Inc.
rvanness@rhodesgroup.com



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

April Salisbury, Director Onboarding & Training

asalisbury@synchronys.org; 505-938-9905

Payers | Integrated Health Systems –

Terri Stewart, Chief Administrative Officer

tstewart@synchronys.org; 505-938-9909



Independent Clinics | Federally Qualified Health Centers –

Renee Sussman, Customer Relationship Manager

rsussman@synchronys.org; 505-938-9914



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YOUR CUSTOMER ENGAGEMENT TEAM



Hospitals | Indian Health Service | Tribal Health Systems/Clinics –

Mona Benally, Customer Relationship Manager

rbenally@synchronys.org; 505-938-9915

Federal, State, and County Corrections –

Gene Lincoln, Customer Relationship Manager

glincoln@synchronys.org; 505-938-9900



**Skilled Nursing Facilities | Long Term Care |
Rehabilitation | Home Care | Hospice –**

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jmartinez@synchronys.org; 505-938-9916



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THANK YOU!



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