



# SYNCRONYS

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Presents Our Fifth Annual HIE Users' Conference

## *Synchronizing Health Care Now!*

**September 23-24, 2021**

8:00 am – 12:30 pm

Sponsored by



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Health Care Industry Consulting

**Indian Pueblo Cultural Center**

2401 12th St. NW | Albuquerque, NM 87104

## *Synchronizing Health Care Now!*

### **DAY TWO – September 24, 2021, 8:00 am – 12:30 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

**8:15 am – A Collaboration Use Case – The Hepatitis-C Elimination Project, SYNCRONYS, and Rhodes Group's HCV Summary** – Wanicha Burapa, MD, MPH, NM HSD; and Andrew Knox, Adult Viral Hepatitis Coordinator, Hepatitis and Harm Reduction Program, Infectious Disease Bureau, NM DOH; Monique Dodd, PharmD, PhC, MLS(ASCP)CM, Manager Enterprise Solutions, Rhodes Group; Colleen M. Chavez, MCRP, UNM Truman Health Services

**9:15 am – High-Value Use Cases from Collective Medical**– Bill Devane, Customer Success Executive and Kate Dowd, BSW, MA, Senior Clinical Solutions Lead, Collective Medical

**10:15 am – Break**

**10:45 am – Sharing and Exchange of Medical Imaging Across the SYNCRONYS Community** – Gary Larson, Executive Vice President & General Manager, HIE Solutions, eHealth Technologies

**11:30 am – Analytics for Population Health, Quality, and Gaps in Care** – Eric Widen, Chief Executive Officer, HBI Solutions; Eugene Hill, Data Manager/Reporting Analyst, SYNCRONYS; and Stefany Goradia, Vice President of Analytics, RS21 Health Lab

**12:30 am – Adjourn Day 2**

***This agenda is being finalized and times are subject to change.***

*Use this link or QR Code to reach the [program booklet](#). ==>*



**Wanicha Burapa, MD, MPH**

New Mexico Medicaid Medical Director  
NM HSD

*"The Hepatitis-C Elimination Project, SYNCRONYS,  
and Rhodes Group's HCV Summary"*

Dr. Wanicha Burapa is a pediatrician and a trained pediatric infectious disease specialist who is a longtime state of New Mexico public health physician. She has served as the New Mexico Medicaid Medical Director since 2017 where she has been a part of the Medicaid team led by NM Secretary David Scrase, working on a collaborative model to expand Medicaid treatment coverage for chronic hepatitis C virus that resulted in New Mexico receiving grade A on hepatitis C state of Medicaid access by the National Viral Hepatitis Roundtable and Center for Health Law and Policy Innovation, Harvard Law School in 2018. Dr. Burapa continues to collaborate with other important partners on the "ENDhepC" project that is being led by the NM Department of Health aiming to eliminate hepatitis C virus by the year 2030.



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**Andrew Knox**

Adult Viral Hepatitis Coordinator, Hepatitis and  
Harm Reduction Program, Infectious Disease Bureau  
NM DOH

*"The Hepatitis-C Elimination Project, SYNCRONYS,  
and Rhodes Group's HCV Summary"*

Mr. Knox has over two decades of highly successful and progressive responsibility for leadership in unified communications, educational technology, and more recently public health outreach and prevention. His interests include medical and adult use cannabis, harm reduction as health care, drug policy, and the transformation of health systems.



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**Colleen M. Chávez, MCRP**

Program Coordinator, UNM Hepatitis-C  
UNM Truman Health Services

*"The Hepatitis-C Elimination Project, SYNCRONYS,  
and Rhodes Group's HCV Summary"*

Colleen Chávez is the Project Coordinator for the UNM Hepatitis C Elimination Project. In this role, she assists in the development, monitoring, and implementation of the project's immediate and long-term goals. She holds a Master of Community and Regional Planning from UNM's School of Architecture and Planning. Colleen is passionate about working with New Mexico's communities and advocates for solutions that strengthen community health and emphasize justice, equity, and dignity.



**Monique Dodd, PharmD, PhC, MLS(ASCP)CM**

Manager, Enterprise Clinical Solutions  
Rhodes Group

***"Collaboration Use Case – Hepatitis-C"***

Monique Dodd is the Manager of Enterprise Clinical Solutions for the Clinical Innovations team with the Rhodes Group and Tricore Reference Laboratories, where she has worked since 2016. Her role is to design laboratory-driven targeted interventions to optimize screening, diagnosis, monitoring and treatment of high cost, high risk and high frequency health conditions throughout the population. She has a unique education background which brings laboratory diagnostics and pharmacy together. In 2007, she earned her Bachelor's of Science in Medical Laboratory Sciences from the University of New Mexico Health Sciences Center. She was hired at Tricore as a Medical Technologist working for the Infectious Disease Research and Development team where she worked for three years. She was then accepted to the University of New Mexico College of Pharmacy in 2010 where she interned in the infectious disease lab. Upon graduation in 2014, she entered into a collaborative Post-Graduate Year-One Residency with Tricore and the University of New Mexico College of Pharmacy, with a focus in clinical pharmacy and laboratory diagnostics. Through this existing partnership, she continued her training and earned her Pharmacist Clinician license while completing a Pharmacy Fellowship in 2016 with Tricore. As a Pharmacist Clinician, Dr. Dodd focuses on designing actionable and real-time targeted intervention for payers, health systems and providers with the aim to improve how healthcare is delivered.



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**Bill Devane, MPH**

Customer Success Executive  
Collective Medical: A PointClickCare Company

***"High-Value Use Cases from Collective Medical"***

Bill Devane is a Customer Success Executive at Collective Medical, supporting state-wide health information exchange strategy around care collaboration solutions. Prior to joining Collective Medical, Bill led Customer Success operations at Manifest MedEx, California's largest HIE. He holds a Master's in Public Health from New York Medical College and has a passion for healthcare interoperability technology.



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**Kate Dowd, BSW, MA**

Senior Clinical Solutions Lead  
Collective Medical: A PointClickCare Company

***"High-Value Use Cases from Collective Medical"***

Kate Dowd holds a Bachelor of Social Work from Northern Arizona University with an emphasis on indigenous cultures of the Southwest and a master's degree from Naropa University in Gerontology & Long Term Care Administration. Kate served as Director of Social Services in Skilled Nursing Facilities in the Portland Metro area from 2003 till 2014 when she became the Care Coordination Team Lead at Northwest Primary Care. Through the Comprehensive Primary Care Initiative (CMS Innovation grant) Kate helped to build a social services-



based team to support whole person care, enhance the medical/ health home model and facilitate behavior health integration into the Primary Care setting.

In Dec 2014, Kate became the second Collective Ambulatory user in Oregon and developed the workflows around cohort development, utilization reduction plans and care recommendation implementation. In October 2017, Kate joined Collective Medical to support new customers as they join the Collective Network.

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**Gary Larson**

Executive Vice President & General Manager, HIE Solutions  
eHealth Technologies

*" Images come to the HIE clinical portal"*

Gary Larson is the Executive Vice President & General Manager for HIE solutions at eHealth Technologies and is one of the original founders of their image exchange business which was launched in 2009. He has been a leader in the healthcare industry for over 30 years, holding a number of executive leadership positions involved with medical imaging, electronic medical records and health information exchange. Gary has worked for industry leaders such as 3M and Kodak, was President and CEO of a PACS company that was eventually acquired by Kodak and became part of Carestream Health, and he spent two years in the UK in the early 2000s helping to launch one of the first county-wide HIEs, the National Programme for IT's Care Records Service.



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**Eric Widen**

CEO  
HBI Solutions, Inc.

*"Analytics for Pop Health, Quality Measures,  
and addressing Gaps in Care"*

Eric Widen co-founded and lead a software analytics company focused on providing predictive risk technology to health care organizations to help them achieve success in value-based care. Oversaw product, marketing, partnerships and sales from company conception through two investment rounds and a merger. With a background in a variety of healthcare experiences spanning start-up growth, hospital operations, performance improvement and electronic health record adoption and optimization, he co-authored 16 publications on HBI's data science methods. He successfully grew the company to a multi-million annual recurring revenue stream with HBI's products now live on over 50 million patients worldwide.



**Eugene “Gene” Hill, BBA, MA**  
Data Manager/Reporting Analyst  
SYNCRONYS

*"Analytics for Pop Health, Quality Measures,  
and addressing Gaps in Care"*

Gene Hill is an IT professional with extensive experience in and around data warehouse/reporting systems development, support, and training. Gene holds a BBA degree in General Management and a Master's in Economics from the University of New Mexico and has acquired nearly 25 years of experience as database developer and reporting/business intelligence analyst, including having served in New Mexico's HIE since 2009. In addition to his efforts for the Health Information Exchange, Gene's activities at SYNCRONYS include development of reporting systems for public health reporting as contracted with the New Mexico Department of Health. Prior to SYNCRONYS, Gene's background included positions at Antena3 Televisión in Madrid, Spain, the Fire Department of the City of New York (FDNY), Credit Suisse and AllianceBernstein (also in New York) and Thornburg Mortgage in Santa Fe.



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**Stefany Goradia**  
Vice President of Analytics  
RS21 Health Lab

*"Analytics for Pop Health, Quality Measures,  
and addressing Gaps in Care"*

Stefany Goradia is VP of Health Analytics at RS21. Stefany is co-founder of woman-owned Versatile Med Analytics, which was acquired by RS21 in 2021. Stefany brings over a decade of compiling, analyzing and visualizing disparate data to help providers, payers, and agencies improve healthcare through data. Most recently she has been working with data spanning across Social Determinants of Health, telehealth, billing and coding, and performance analytics to improve costs and operational efficiencies, and to advance health equity.



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## Special thanks:

- **Planning Committee:**  
Thomas East, SYNCRONYS; Eileen Goode, NM Primary Care Association; Ann Houston Nevarez, SYNCRONYS; Meggin Lorino, New Mexico Association for Home & Hospice Care; Galiina Prilouts kaya, Molina Health; April Salisbury, SYNCRONYS; and Rick VanNess, Rhodes Group
- **Gold Sponsors** – Collective Medical, Orion Health, Vynca
- **Silver Sponsors** – Briljent, eHealth Technologies, HBI Solutions, Rhodes Group
- **Bronze Sponsor** – Caraway Solutions
- **Supporters** – Caraway Solutions, Molina
- SYNCRONYS Advisory Committee
- SYNCRONYS Board of Directors
- Meeting Coordinator – April Salisbury
- SYNCRONYS Staff
- Mr. Frank Roybal and Mr. Steven Lovato






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# WELCOME AND ANNOUNCEMENTS

April Salisbury  
Director of Onboarding and Training



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5<sup>th</sup> Annual SYNCRONYS HIE Users' Conference September 23-24, 2021

SYNCRONYS  
BETTER DATA. BETTER HEALTH.

The slide features a white background with a blue header and footer. On the left, there is a vertical bar with multiple colored lines (red, orange, yellow, green, blue, purple) that converge into a single point. On the right, there is a blue vertical bar. The SYNCRONYS logo is located in the bottom right corner.

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# THE HEPATITIS-C ELIMINATION PROJECT, SYNCRONYS, AND RHODES GROUP'S HCV SUMMARY

- Wanicha Burapa, MD, MPH, NM HSD
- Colleen M. Chavez, MCRP, Program Coordinator, UNM Hepatitis C Elimination Project, UNM Truman Health Services
- Monique Dodd, PharmD, PhC, MLS(ASCP)CM, Manager Enterprise Solutions, Rhodes Group
- Andrew Knox, Adult Viral Hepatitis Coordinator, Hepatitis and Harm Reduction Program, Infectious Disease Bureau, NM DOH

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



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**HUMAN SERVICES DEPARTMENT**

**HEPATITIS C ELIMINATION PROJECT AND TREATMENT FOR CENTENNIAL CARE MEMBERS**

SEPTEMBER 24, 2021

ANDREW KNOX AND WANICHA BURAPA, MD, MPH

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

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## MISSION



*To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.*

## GOALS



### We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



### We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



### We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



### We support EACH OTHER

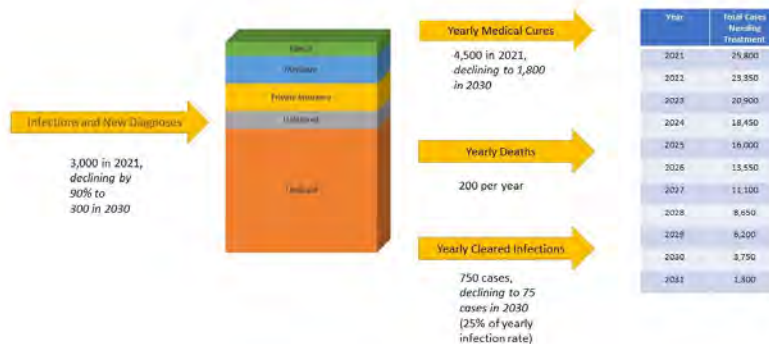
4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

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Total HCV Infections – Inputs and Outputs per Year



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## CENTENNIAL CARE MEMBERS WHO RECEIVED HEP C TREATMENT

January 2014 – December 2020

- 6,578 unique members
  - 6,371 treatment-naive
  - 261 (4%) received more than one course of treatments

### Centennial Care Hepatitis C Drug Treatment Summary

Centennial Care Members Receiving Hepatitis C Treatment	
Year	Members
2014	158
2015	413
2016	945
2017	1,311
2018	1,431
2019	1,388
2020	932
<b>Total</b>	<b>6,578</b>

Summary of Members Treated by Number of Treatments January 2014 - December 2020	
Number of Treatments	Members
1	6,371
2	200
3	6
4	1
<b>Total</b>	<b>6,578</b>

#### Notes:

1. Based on Centennial Care encounter data as of March 30, 2021.
2. If a treatment spans multiple years, the member is only counted in the year the treatment starts (e.g., treatment starts in December 2019 and continues into 2020, the member is only included in the count for 2019).
3. Multiple treatments are counted when a prescription is filled after three or more months without receiving HCV treatment.



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## SUPPLEMENT 20-13

### Revised Uniform NM HCV Checklist

<https://www.hsd.state.nm.us/w-p-content/uploads/2020/12/20-13-uniform-new-mexico-hepatitis-c-virus-checklist-repeal-and-replace-634.pdf>



State of New Mexico  
Medical Assistance Program Manual

### Supplement



DATE: DECEMBER 22, 2020 NUMBER: 20-13  
TO: ALL PRACTITIONERS PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM  
FROM: NICOLE COMEAUX, J.D., M.P.H., DIRECTOR  
THROUGH: DEVI GAJAPATHI, BUREAU CHIEF, BENEFITS & REIMBURSEMENT  
SUBJECT: UNIFORM NEW MEXICO HEPATITIS C VIRUS CHECKLIST- REPEAL AND REPLACE MAD 634 FORM

ATTACHMENTS: Revised MAD 634 - "Uniform New Mexico HCV Checklist" and MAD 635 - "Drug Prior Authorization Form" for Centennial Care

The New Mexico Human Services Department (HSD) Medical Assistance Division (MAD) has revised the MAD 634 form - "Uniform New Mexico HCV Checklist" for Centennial Care.

Effective immediately, requested medication treatments for both Fee-For-Service (FFS) and Managed Care Organization (MCO) members with HCV will require approval based on the following guidelines:

1. Prescribers will be required to submit all treatment requests using the MAD 635 "Drug Prior Authorization Form" and the revised MAD 634 - "Uniform New Mexico HCV Checklist" for Centennial Care (attached).
2. Properly requested treatment will include:
  - a. The checklist form is completed fully as directed and submitted;
  - b. Necessary lab data and copies of medical records are attached; and
  - c. The requested drug(s), dose(s), and length of treatment are consistent with AASLD/IDSA guidance as written (the level of evidence in the guidance should not be considered relevant to length of treatment decisions).
3. Requests regarding off-label, experimental, and other forms of treatment that are not specified in the guidelines:
  - a. FFS requesting physicians will present the case to Project ECHO before submitting the request;
  - b. MCOs will require a peer to peer consultation with the requesting physician to further understand the request and its rationale; and
  - c. If MCOs disagree with the requesting physician, MCOs will present the case to Project ECHO before issuing a denial.

The forms can be located on the HSD website in the "Providers" section, under the "Managed Care" vertical tab: <https://www.hsd.state.nm.us/providers/Default.aspx>

If you have questions regarding the above information, you may contact Conduent's Henderson Pharmacy Helpdesk at 1.800.365.4944 option 3.



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## REVISED UNIFORM NEW MEXICO HCV CHECKLIST

- Conforms with the **Hep C Guidance 2019 Update**: American Association for the Study of Liver Diseases (AASLD) – Infectious Diseases Society of America (ISDA) for Testing, Managing, and Treating Hep C Virus Infection

- The fillable pdf form is accessible online at:  
<https://www.hsd.state.nm.us/wp-content/uploads/HEPATITIS-C-VIRUS-CHECKLIST-FORM-634-08.30.2021.pdf>

**Uniform New Mexico HCV Checklist**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

1. **DIAGNOSIS:** ☐ Chronic Hepatitis C Infection, Genotype \_\_\_\_\_ (attach results) or ☐ pending HCV RNA Level (any time prior to starting antiviral therapy); Level: \_\_\_\_\_ Date: \_\_\_\_\_ (attach results)

2. **ADDITIONAL REQUIRED LABS (within 6 months of request; please attach results):**  
☐ AST, ☐ ALT, ☐ Bilirubin, ☐ Albumin, ☐ Platelet count, ☐ Hemoglobin, ☐ Creatinine

3. **Documentation of (no time frame specified):**  
☐ HSAg, ☐ anti-HBc, ☐ anti-HBc (IgG or total), ☐ anti-HAV (IgG or total), ☐ HIV screen

4. **LIVER ASSESSMENT:**  
 a. **FIBROSIS/CIRRHOSIS ASSESSMENT:**  
☐ Non-cirrhotic ☐ Cirrhotic (if cirrhotic, complete sections b and c below) ☐ HCC (hepatocellular carcinoma)  
 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)  
 c. **For patients with cirrhosis:**  
☐ Child-Pugh Score (circle one): Class A (CTP 5-6) ☐ Class B (CTP 7-9) ☐ Class C (CTP 10-15) See table on page 2 for calculation method  
 NOTE: If patient has decompensated liver disease (Child-Pugh B or C) or HCC, it is recommended that treatment be co-managed with a specialist and that referral for transplant be strongly considered.

5. **HCC (hepatocellular carcinoma)?** ☐ No ☐ Yes if yes, patient should be managed with a specialist

6. **LIVER TRANSPLANT?** ☐ No ☐ Yes (if yes, check one): ☐ transplant date: \_\_\_\_\_ ☐ being considered for transplant

7. **is patient TREATMENT EXPERIENCED?** ☐ No if no, go to 8. ☐ 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:  
 c. What was patient's response to therapy? ☐ Unknown ☐ Non-response (HCV RNA remained detectable after complete treatment course) ☐ Reinfection (SVR followed by detectable HCV RNA or GT different than previously documented)  
 d. Have you reviewed the case with Project ECHO? ☐ Yes ☐ No if no, health plan may require Project ECHO consultation.

8. **REQUESTED MEDICATIONS:**  
 Drug: \_\_\_\_\_ Dose: \_\_\_\_\_ Duration: \_\_\_\_\_ weeks  
 Drug: \_\_\_\_\_ Dose: \_\_\_\_\_ Duration: \_\_\_\_\_ weeks  
☐ I am agreeable to approval and use of alternative drug(s), dose(s) and/or duration(s) based on current AASLD/ISDA guidance. Please have health plan contact me with recommendations.  
 NOTE: If you are submitting a request for treatment that is not recommended in the AASLD/ISDA guidance, please submit supporting medical literature.

9. **ADHERENCE POTENTIAL** ☐ I attest my belief that this patient is capable of full adherence to the above treatment.

10. **Important Additional Recommendations:**  
 (1) If patient has a current substance use disorder, consider referral to addiction specialist for counseling and treatment.  
 (2) Hepatitis A and Hepatitis B vaccination series should be initiated if not already completed (and patient non-immune).

HSD NM Revised 08/30/2021

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## REPORT #67: HEP C PRIOR AUTHORIZATION & TREATMENT

- Quarterly with YTD table
- Also, another summary table to report:
  - % of Hep C funding utilized
  - Unique members receiving treatment: treatment-naïve & treatment-experienced

Liver Assessment	Unduplicated Number of Patients Requested for HCV Treatment	Unduplicated Number of Patients Approved for HCV Treatment	Approval Rate	Unduplicated Number of Patients Filling at Least One DAA Rx	Treatment Rate (of Patients Approved for Treatment)
Non-cirrhotic	0	0	0.00%	0	0.00%
Cirrhotic	0	0	0.00%	0	0.00%
DC (decompensated cirrhosis)	0	0	0.00%	0	0.00%
HCC (hepatocellular carcinoma)	0	0	0.00%	0	0.00%
Unknown	0	0	0.00%	0	0.00%
Total	0	0	0.00%	0	0.00%

HCV Genotype	Unduplicated Number of Patients Requested for HCV Treatment	Unduplicated Number of Patients Approved for HCV Treatment	Approval Rate	Unduplicated Number of Patients Filling at Least One DAA Rx	Treatment Rate (of Patients Approved for Treatment)
1	0	0	0.00%	0	0.00%
2	0	0	0.00%	0	0.00%
3	0	0	0.00%	0	0.00%
4	0	0	0.00%	0	0.00%
5	0	0	0.00%	0	0.00%
6	0	0	0.00%	0	0.00%
More than 1 genotype	0	0	0.00%	0	0.00%
Pending	0	0	0.00%	0	0.00%
Unknown	0	0	0.00%	0	0.00%
Total	0	0	0.00%	0	0.00%

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D E P A R T M E N T

## QUESTIONS AND COMMENTS?

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# Breaking Data Silos through Strategic Healthcare Partnerships

## Streamlining Hepatitis C Treatment and Monitoring

Monique Dodd, PharmD, PhC, MLS(ASCP)CM  
Manager, Enterprise Clinical Solutions  
[MDodd@rhodesgroup.com](mailto:MDodd@rhodesgroup.com)



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## HCV Checklist

- ▶ All practitioners participating in Centennial Care must complete:
  - ▶ Uniform New Mexico HCV Checklist
  - ▶ Drug Prior Authorization

**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 ☐ HBsAg, ☐ anti-HBs, ☐ 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** \_\_\_\_\_ APRI =  $\frac{\text{AST Level}}{\text{Platelet Count (10}^9\text{/L)}} \times 100$

**FIB-4** \_\_\_\_\_ FIB-4 =  $\frac{\text{Age (years)} \times \text{AST (U/L)}}{\text{Platelet Count (10}^9\text{/L)} \times \sqrt{\text{ALT (U/L)}}}$

**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(s)? ☐ Unknown ☐ Yes ☐ No ☐ If "No," reason for discontinuation: \_\_\_\_\_

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

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## Rhodes' HCV Targeted Intervention

- 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	

- Additional Required Labs

Platelets	ALT	AST
Bilirubin	Albumin	Hemoglobin
Creatinine		

- Risk Factors

Diabetes (HA1c)	HBV	Renal Insufficiency (eGFR)
	INR	

- Treatment

Medication
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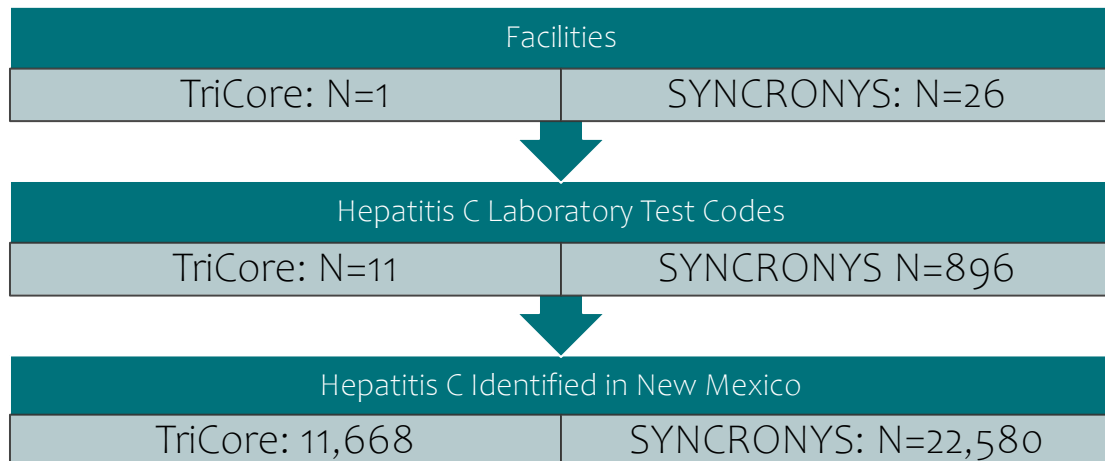


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## Rhodes' Translation



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# Hepatitis C Summary in the SYNCRONYS Portal

**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 ☐ HBeAg, ☐ anti-HBe, ☐ 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(s)? ☐ Unknown ☐ Yes ☐ No ☐ If "No," reason for discontinuation: \_\_\_\_\_

Demo

Relevant Medications			
Medication	Dosage	Fill Date	Refill Number
Mavyret	40/100 mg	02-15-2021	1

Diagnosis of HCV			
Test	Result	Date	Ref. Range
Antibody Screen	Reactive	08-27-2018	Nonreactive
Most Recent HCV Quantitation	2,750,000 IU/mL	09-25-2020	Undetectable
HCV Genotype	1b	09-25-2020	

Additional Required Labs			
Test	Result	Date	Ref. Range
AST	16 U/L	06-03-2021	6-58
ALT	14 U/L	06-03-2021	14-87
Bilirubin(Total)	0.2 mg/dL	06-03-2021	0.3-1.2
Bilirubin(Direct)	0.1 mg/dL	06-03-2021	0.1-0.4
Albumin	3 gm/dL	06-03-2021	3.4-4.7
Platelet	239	06-03-2021	150-400
INR	0.98 ratio	09-25-2020	0.80-1.30
Hemoglobin	12.7 gm/dL	08-03-2021	12.0-16.0
Creatinine	1.45 mg/dL	06-03-2021	0.50-1.40
eGFR	38 mL/min/1.73m2	06-03-2021	>60

Liver Assessment	
Test	Result
APRI Score	00.17
FIB-4 Score	01.14

Risk Factors				
Risk	Test	Result	Result Date	Reference Range
Renal Risk	eGFR	43 mL/min/1.73m2	07-23-2021	>60



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# Thank you!



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## UNM HEPATITIS C ELIMINATION PROJECT

COLLEEN CHÁVEZ

**Hepatitis C**  
Elimination Project



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## Project Team & Network

Founded in July  
2020  
UNM-HSC Wide

Project Housed at  
UNM Truman  
Health Services

Aaron Skiles, DNP, CFNP

UNM HCV Elimination Project / Project ECHO / UNM  
Sandoval Regional Medical Center

Clinical Lead (.25 FTE)

Colleen Chávez, MCRP

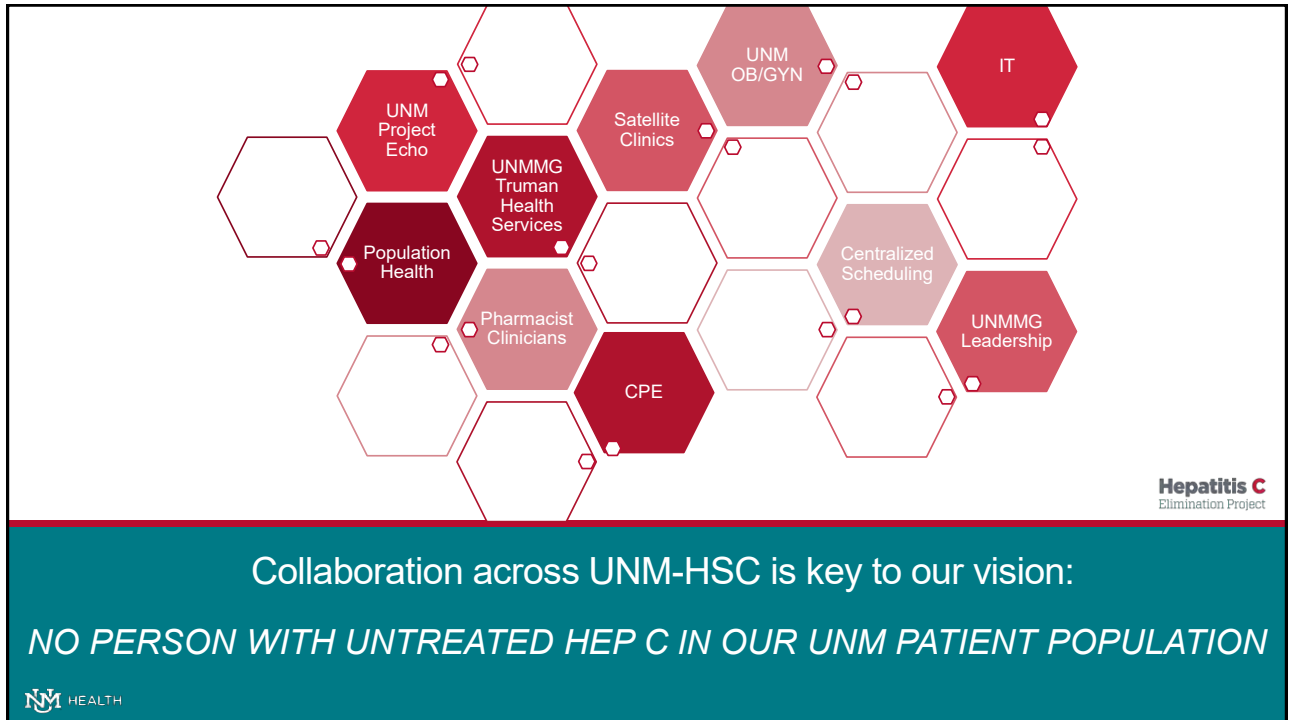
UNM HCV Elimination Project / UNM Truman Health  
Services

Project Coordinator (1 FTE)

**Hepatitis C**  
Elimination Project



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## UNM HCV Elimination Project Goals

- GOAL 1: PREVENT NEW HEPATITIS C INFECTIONS
- GOAL 2: IMPROVE HEALTH OUTCOMES OF PEOPLE WITH HEPATITIS C
- GOAL 3: REDUCE HEALTH DISPARITIES & INEQUITIES OF PEOPLE AT-RISK FOR HCV
- GOAL 4: IMPROVE HEPATITIS C SURVEILLANCE & DATA USAGE
- GOAL 5: ACHIEVE INTEGRATED, COORDINATED EFFORTS AMONG ALL PARTNERS & STAKEHOLDERS
- GOAL 6: PROGRAM GROWTH AND SUSTAINABILITY

Adapted from the National Viral Hepatitis Strategic Plan

NM HEALTH

**Cured**  
Hep C Elimination Project

Hepatitis C Elimination Project

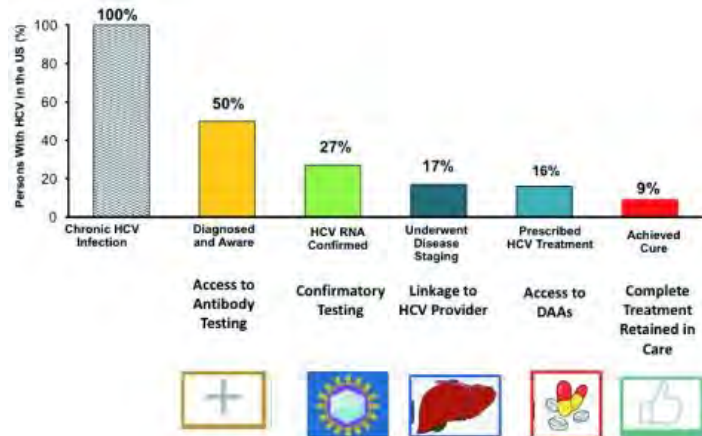
NM HEALTH

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# Hepatitis C Summary Use

Coordinate & facilitate care for patients

- Access to previous labs in one place
- Understand treatment history
- Align with Prior Auth requirements



Terrault N. A. (2019).

**Hepatitis C**  
Elimination Project

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# Thank you

COMCHAVEZ@UNMMG.ORG



**Hepatitis C**  
Elimination Project

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# HIGH-VALUE USE CASES FROM COLLECTIVE MEDICAL

- Bill Devane, Customer Success Executive
- Kate Dowd, Senior Clinical Solutions Lead

*Synchronizing Health Care Now!*  
5<sup>th</sup> Annual SYNCRONYS HIE Users' Conference September 23-24, 2021



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## High-Value Use Cases with Collective Medical

September 24, 2021

 **collectivemedical**

 **SYNCRONYS**

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## Overview of Collective Medical & PointClickCare

### SYNCRONYS Use Cases

- EDO
- MH/ BH/ SUD
- TCM

### Ongoing Support & Next Steps

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A PointClickCare Company

 **SYNCRONYS**

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## Overview of Collective Medical & PointClickCare

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## SYNCRONYS Overview

The New Brand of the New Mexico Health Information Collaborative



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## What is Collective Medical?

Collective is a care coordination solution that gets the right information to the right person at the point of care.



### A PLATFORM

Collective is a platform that intelligently connects each member of a patient's care team for seamless collaboration at the right time and through the best medium

### A COMMUNITY

Collective is a community of providers in the care of patients—especially those with complex medical needs—in your communities and across the country.

### A NETWORK

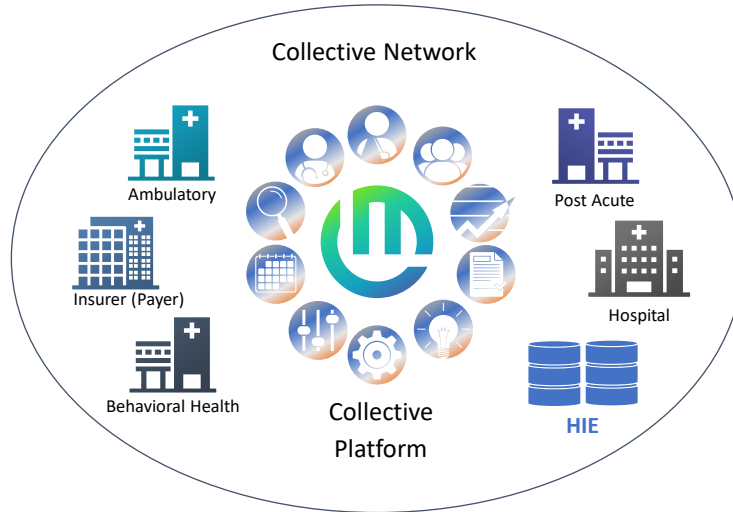
Collective is a network of hospitals, emergency departments, primary care, specialists, behavioral health providers, post-acute care providers, and health plans across the United States, sharing important patient information at the time of care

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## Collective Medical Overview

### The Collective Network and Platform



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22,000+

Post-Acute & Senior Living  
Provider Facilities

1,300+

Hospitals



1,000s

Ambulatory Practices  
and ACOs

100%

National  
Health Plans

97%

US hospitals discharge  
to PointClickCare users

99%+

Customer  
retention rate

SaaS

Software as  
a Service

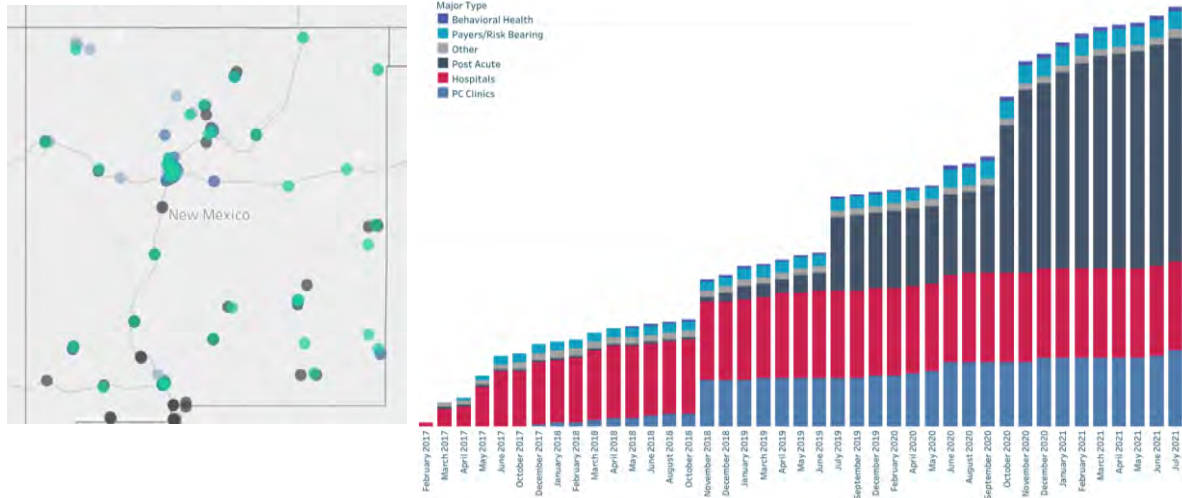
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Largest Combined Acute  
and Post-Acute Care  
Network in North America

**PointClickCare®**  
**collectivemedical®**

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## Collective Medical Network in New Mexico



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## SYNCRONYS Use Cases

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## Recent Imaging

- ~20% of ED encounters receive imaging. By surfacing recent CT's and MRI's, Collective helps reduce crowding and improve appropriate utilization of resources

- Reduction in unnecessary imaging
- Improvements in ED throughput (LOS) / Imaging Bottlenecks
- Quality of radiology read / patient care

COLLECTIVE NOTIFICATION 1/31/2019 12:53 Walters, Noel MRN: 34340371

### Criteria Met

- 5+ ED Visits in 12 Months
- Recent Imaging Study

### Recent Emergency Department Visits

Showing 10 most recent visits out of 17 in the past 12 months

Date	Facility	City	State	Type	Diagnosis or Chief Complaint
Dec 17, 2018	Ruby Valley M.C.	Galax	VA	Emergency	Otitis media, unspecified, unspecified ear
Dec 14, 2018	County Community H.	Wythe	VA	Emergency	Other sickle-cell disorders with crisis, unspecified
Nov 24, 2018	County Community H.	Wythe	VA	Emergency	Acute suppurative otitis media without spontaneous rupture of ear drum, left ear
Oct 27, 2018	Covington ED	Covin	VA	Emergency	Nicotine dependence, unspecified, uncomplicated

### Recent Inpatient Visits

Admit Date	Facility	City	State	Type	Diagnosis or Chief Complaint
Dec 15, 2018	County Community H.	Wythe	VA	Inpatient	Accidents occurring in other specified places
Jun 15, 2018	County Community H.	Wythe	VA	Inpatient	Sickle-cell disease without crisis
Jun 1, 2018	County Community H.	Wythe	VA	Inpatient	Sickle-cell thalassemia

### Recent Imaging

Study Date	Modality/Body Part	Facility	City	State
Jan 23, 2019	MRI - Brain	Imova Imaging	Wythe	VA
Jan 15, 2019	CT - Brain	Community Hospital	Wythe	VA
Jan 01, 2019	Ultrasound - Abdomen	St. Mary's Health	Wythe	VA

### Care Providers

Provider	PRC Type	Phone	Fax	Service Dates
Jane Hendrick, MD	Unknown	(266) 555-2342		Feb 5, 2017 - Current



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## MDRO Exposure

### Multi-drug resistant organisms (MDRO)

MRSA - Methicillin/oxacillin-resistant Staphylococcus aureus	1102 Identified
VRE – Vancomycin-resistant enterococci-	86 Identified
ESBL's – Extended-spectrum beta-lactamases (resistant to cephalosporins and monobactams)	166 Identified

MDRO Exposure Risk alerts to prevent and control MDRO transmission

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## MDRO Exposure

### Patient Overview Page

<b>Case, Justin</b> DOB: 12/20/1988 Age: 32 Male ID: 7777777		Phone (505) 222-3333	Address 1234 GALAXY WAY ALBUQUERQUE, NM 87114-3548
Tags <div> <div>+</div> <div>No Tags</div> <div>MDRO - MRSA Exposure - New Mexico</div> </div>			

### Collective Notification

COLLECTIVE NOTIFICATION 02/24/2021 11:51 CASE, JUSTIN MRN: 7777777													
<b>Criteria Met</b> <b>Flags</b> <ul style="list-style-type: none"> <li>MDRO - MRSA Exposure - New Mexico - This patient has been identified in the state of New Mexico as having had exposure to Methicillin resistant <i>Staphylococcus aureus</i> by a reported healthcare entry.   Attributed By: Collective Medical   Attributed On: 02/24/2021</li> <li>History of Sepsis - Patient has received a diagnosis of Sepsis from an acute or post-acute setting. Apply appropriate clinical pathway practices; to learn more visit <a href="http://cas.gov/npml/cases/conditions">cas.gov/npml/cases/conditions</a>   Attributed By: Collective Medical   Attributed On: 02/24/2021</li> </ul>													
<b>E.O. Visit Count (12 mo.)</b> <table border="1"> <thead> <tr> <th>Facility</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Lovelace Wellness Hospital</td> <td>2</td> </tr> <tr> <td>Providence Regional Hospital</td> <td>1</td> </tr> <tr> <td>UAB Hospital - Adult &amp; Post ED</td> <td>1</td> </tr> <tr> <td>Intervention Hospital</td> <td>1</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>5</b></td> </tr> </tbody> </table>		Facility	Visits	Lovelace Wellness Hospital	2	Providence Regional Hospital	1	UAB Hospital - Adult & Post ED	1	Intervention Hospital	1	<b>TOTAL</b>	<b>5</b>
Facility	Visits												
Lovelace Wellness Hospital	2												
Providence Regional Hospital	1												
UAB Hospital - Adult & Post ED	1												
Intervention Hospital	1												
<b>TOTAL</b>	<b>5</b>												
Note: Visits indicate total known visits.													

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## Substance Exposed Infant (SEI)/ Neonatal Abstinence Syndrome (NAS) Identification

- Specialized labs data from SYNCRONYS partnership surfaces Substance Exposed Infants in the state of New Mexico
- November 2020- August 2021- 505 Infants have been identified
  - 86 Infants were identified in August 2021 alone
- Early identification expedites care services for mother and child WHILE ensuring the Care Team remains connected

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## Substance Exposed Infants Global Flags

### Patient Overview Flag Sample

### Collective Notification - Sample

**COLLECTIVE NOTIFICATION 09/02/2020 15:37 Croxton, Neville V DOB: 08/25/2020**

**Flags**

- Substance Exposed Infant (inc. NAS) - This patient was exposed to Regulated Substances before birth. | Attributed By: NMHC | Attributed On: 09/02/2020
- Care Plan Attached - A medical or behavioral care plan for this patient has been attached in the insight section. Care Plans should include open goals for the last 12 months, closed goals for the last 3 months, and the name and contact number for a care coordinator. | Attributed By: HealthShare | Attributed On: 01/19/2020

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## Housing Insecurity

- Identifies patients with a recent history of housing insecurity and/or are suspected homeless **5332 Individuals currently identified in NM**
- Displays in portal for all Collective clients

Patient Name	Date	Housing Status	Home	Count
Karina Jordan Moltson Jr. 75888225 02/28/1979 (41) Male	Sep 14, 2018 2:10 AM	Home	Home	17 / 17
Kimberlie Cecilia Lenhardt Jr. 72161836 05/20/1987 (32) Female	Sep 14, 2018 12:10 AM	Home	Home	16 / 24
Melissa Danielle Nagel Jr. 20425843 05/20/1987 (32) Female	Sep 13, 2018 11:12 PM	Home	Home	19 / 19

**Patient Overview Page View**

**Overview**

**Gatsby, Jay S**

DOB: 05/04/1962 (57) Male ID: 73825638

Phone: (555) 264-8965

Address: 1925 Fitzgerald Ln. West Egg, NY 99999

Tags: + Test Tag

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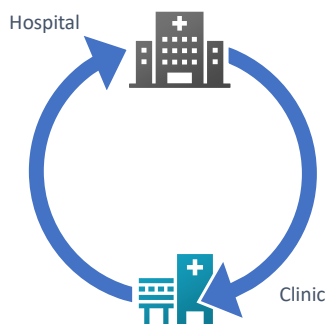
42

## Better Coordination through Real-Time Network Collaboration

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

### Hospital ED

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



### MH/BH Clinics

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

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## Mental Health/ Substance Use Disorder Collaboration Support

### • Surfacing Risk in Real Time to Serve Patients Experiencing Mental Health Emergencies

#### • Acute Providers

1. History of Mental/ Behavioral Health DX (12 month look back)
2. History of Suicidal Ideation/ Attempt and or Self Harm (12 month look back)
3. Mental Health Insight entered on the network
4. Crisis Plan uploaded on the network
5. History of Opioid Overdose (12 month look back)
6. History of Alcohol Abuse (12 month look back)

#### • Clinic Providers

1. ED Visit- Mental/ Behavioral Health DX
2. ED Visit- Suicidal Ideation, Suicide Attempt and/ or Self Harm
3. Mental Health Insights
4. Mental Health Crisis Plan on the Network
5. ED Visit- Opioid Overdose
6. ED Visits – Alcohol Abuse

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## Mental Health Crisis Plans

- Crisis Plan electronical travels with patient to ED
- HIPAA related Care Team has access to Crisis Plan



### Agency: Mental Health Counseling Center

Author: Jake Jackson, LCSW, 555-222-3333

Crisis Plan for John Doe (as of mm/dd/yyyy)

- **Patient's baseline status or status when decompensated:** Patient has historically struggled with maintaining his medication regimen (see barriers below). While unmedicated patients symptoms include persistent thoughts of suicide (patient reports average of 4-5 days/week), depressed mood, heightened anxiety, agitation and irritability.
- **Briefly Describe effective intervention / education when patient is in crisis:** When patient is agitated, staff safety should be ensured due to patient's history of assault and threats to providers. He is most at risk for violence when he feels cornered in a situation. He often yells but can frequently be redirected "John, can you please stop yelling? It's hard to understand what you're trying to say when you're yelling." Patient responds well to staff using non-confrontational approaches that focus on patient's strengths and encourages use of coping skills. For example, talking about patient's love of swimming and goal to be able to swim more each week can help de-escalate.
- **Diagnosis / Social Determinants / Barriers:** Diagnosis of Major Depressive Disorder and Generalized Anxiety Disorder. John is street homeless and has difficulty managing his medication regimen due to lack of financial resources and memory difficulties (due to TB), which interferes with routine medication maintenance. John is difficult to house due to history of arrest, behavior, and symptoms.
- **Who to contact at the time of crisis when is the ED (family and / or provider):** Please call Intensive Case Management team at the Hope Clinic for additional clinical collateral and care coordination during a hospital encounter: 999-444-2222 (available M-F, 8am-6pm). Patient's sister (Jane Doe) has historically been a safe relative who has helped in supporting patient during crisis and post-discharge.

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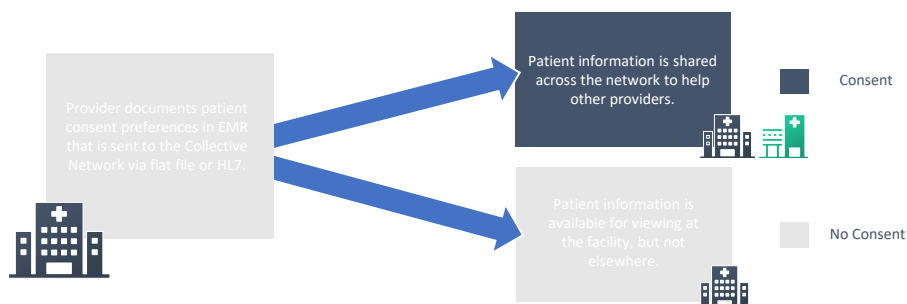
## Substance Use Disorder Use Case & Consent

For sensitive information and CFR 42 Part 2

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## Collective's Consent: How it Works

### Protecting Patient's relationships to Part 2 Covered Programs



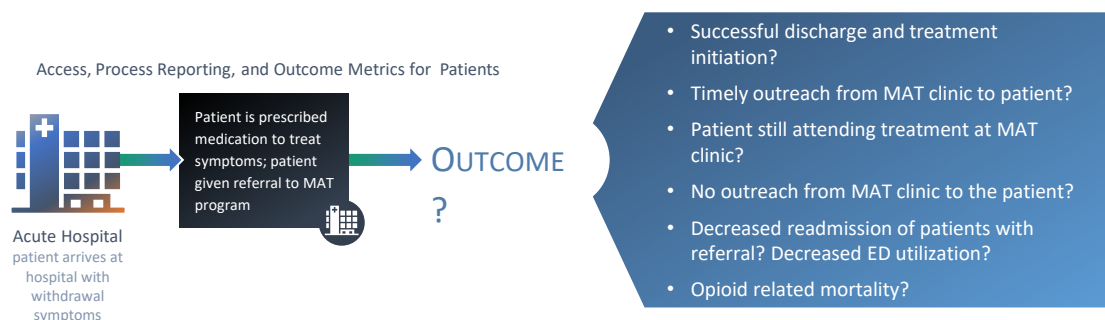
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## MAT Initiations in ED can handoff care to clinic-based SUD providers

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.



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## Standardized, Aggregated Tracking

Provider process and longitudinal outcome reports to drive innovation and continuous improvement

### Hospital Tracking

- **SUD/OD** – 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

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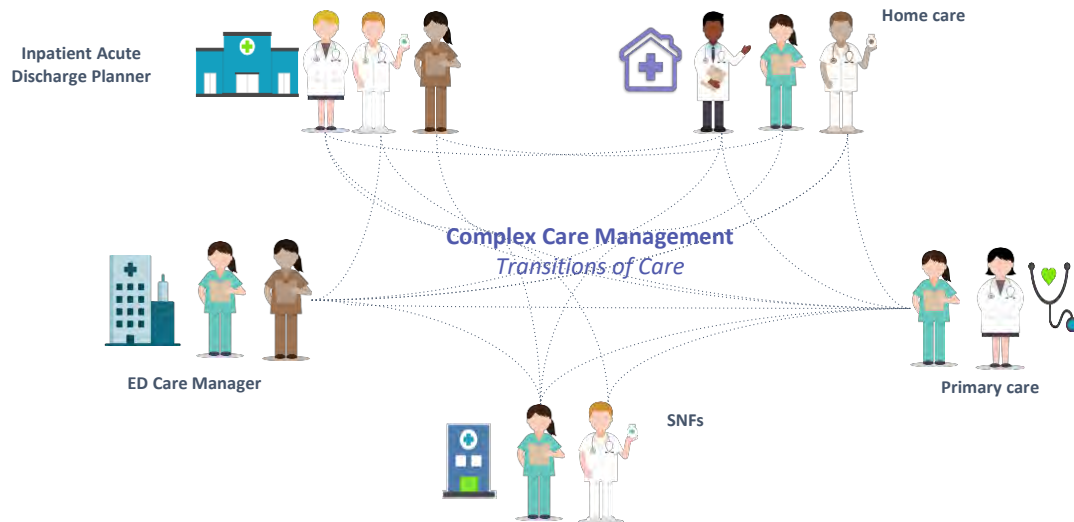
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## Transitions of Care Management

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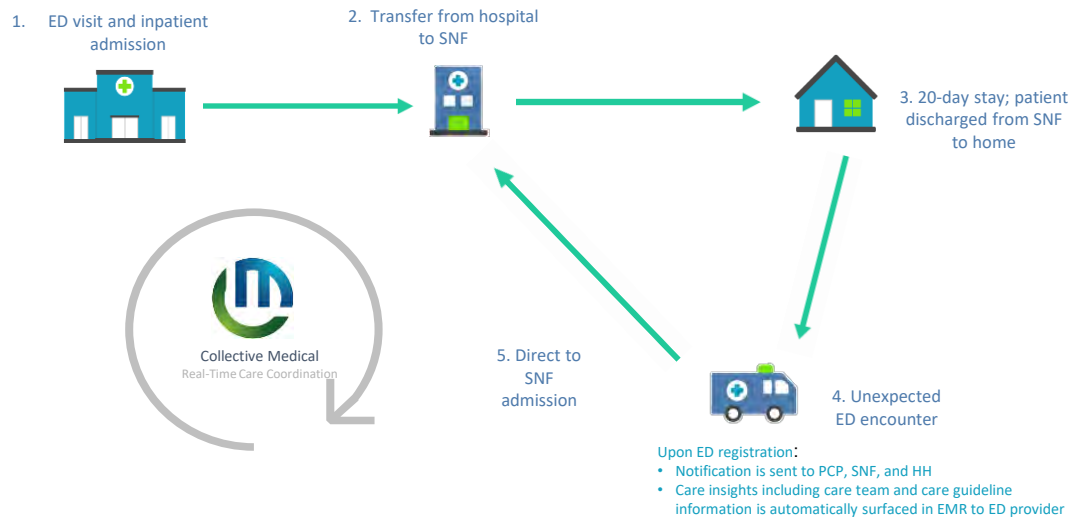
## Transition of Care Management Improves with Real Time Notifications



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## Transitions of Care Management CAN avoid Acute Readmissions



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## Collective Machine Learning Readmission Risk Score



### Unprecedented Training Data

Collective's model is trained on **18.3 million patient encounters**



### Proprietary Input Variables

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



### Accuracy

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



### Instantly Available

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



### Enabling Workflow

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

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## Q & A

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# Onboarding Resources

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## How to get started

Contact SYNCRONYS, the New Mexico health information exchange:

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

Mona Benally, [rbenally@synchronys.org](mailto:rbenally@synchronys.org); 505-938-9915

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

Jerry Martinez, [jmartinez@synchronys.org](mailto:jmartinez@synchronys.org); 505-938-9916

**Behavioral Health | Diagnostic Facilities | Corrections | DoH**

April Salisbury, [asalisbury@synchronys.org](mailto:asalisbury@synchronys.org); 505-938-9905

**Independent Clinics | Federally Qualified Health Centers**

Renee Sussman, [rsussman@synchronys.org](mailto:rsussman@synchronys.org); 505-938-9914

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# THANK YOU

 collectivemedical



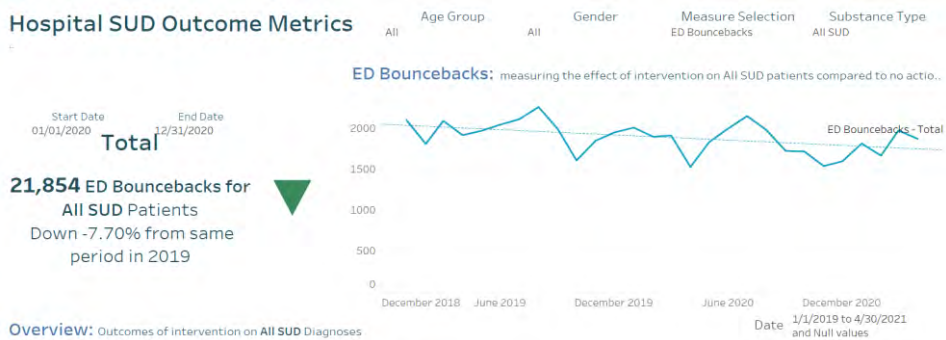
SYNCRONYS

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## Substance Use Disorder

### Hospital SUD Outcome Metrics



### Overview: Outcomes of intervention on All SUD Diagnoses

Month of Date	ED Bouncebacks - Total	Readmissions - Total	Fatal Overdoses	Non-Fatal Overdoses	Inpatient Admits
April 2021	1,860	493	1	479	2,685
March 2021	1,971	511	0	489	2,662
February 2021	1,664	433	0	339	2,285
January 2021	1,812	447	1	379	2,441
December 2020	1,594	397	0	290	2,231
November 2020	1,536	366	0	313	2,196
October 2020	1,714	430	0	353	2,388

Additional metrics available in future iteration when intervention data is available.

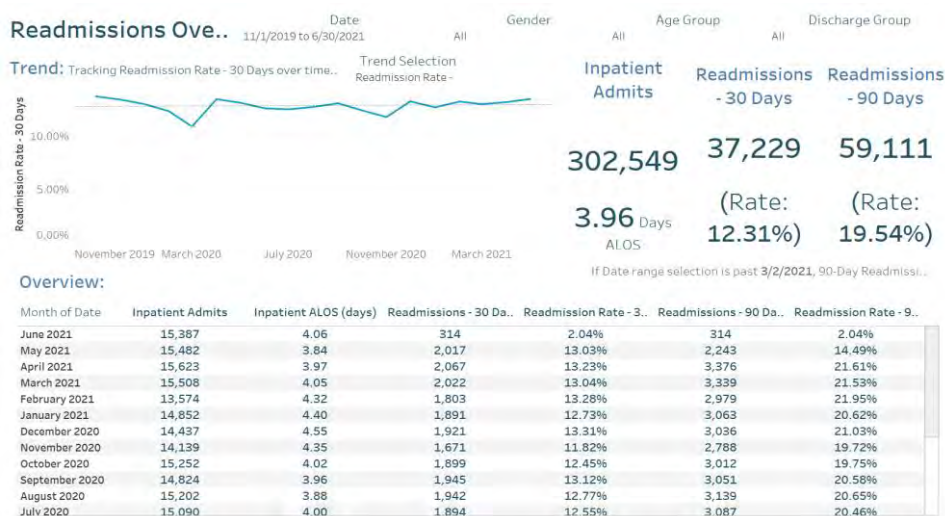
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## Transitions of Care Management



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## 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!  
5<sup>th</sup> Annual SYNCRONYS HIE Users' Conference September 23-24, 2021



# SHARING AND EXCHANGE OF MEDICAL IMAGING ACROSS THE SYNCRONYS COMMUNITY

Gary Larson, Executive Vice President and General  
Manager, HIE Solutions, eHealth Technologies

*Synchronizing Health Care Now!*  
5<sup>th</sup> Annual SYNCRONYS HIE Users' Conference September 23-24, 2021



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## MEDICAL IMAGING AND THE US HEALTHCARE SYSTEM



US Annual Healthcare Spend rising to 19.9% of GDP by 2025<sup>1</sup>

✓ **\$3.65 Trillion in 2018**

>10% is consumed by Medical Imaging<sup>2</sup>

✓ **~\$365 Billion annually or 2% of GDP**

✓ **~\$1,000/yr for every person in the US**

80 million CT Exams are performed each year<sup>3</sup>

✓ **Radiation doses up to 16 mSv, comparable atomic bomb survivors<sup>4</sup>**

✓ **Anticipated to cause approximately 2% of future cancers<sup>4</sup>**

Up to 1 in 3 Medical Imaging exams is unnecessary<sup>3</sup>

✓ **Exacerbated by the lack of access to existing Medical Images**

<sup>1</sup> CMS.gov 2016-2025 Projections of National Health Expenditures  
<sup>2</sup> Harvey L. Neuman Health Policy Institute brief #1: "Medical Imaging: Is the Growth Boom Over?"  
<sup>3</sup> Consumer Reports.org "The surprising dangers of CT scans and X-rays"  
<sup>4</sup> US Food & Drug Administration: "What are the Radiation Risks from CT?"



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## MEDICAL IMAGING IN NEW MEXICO

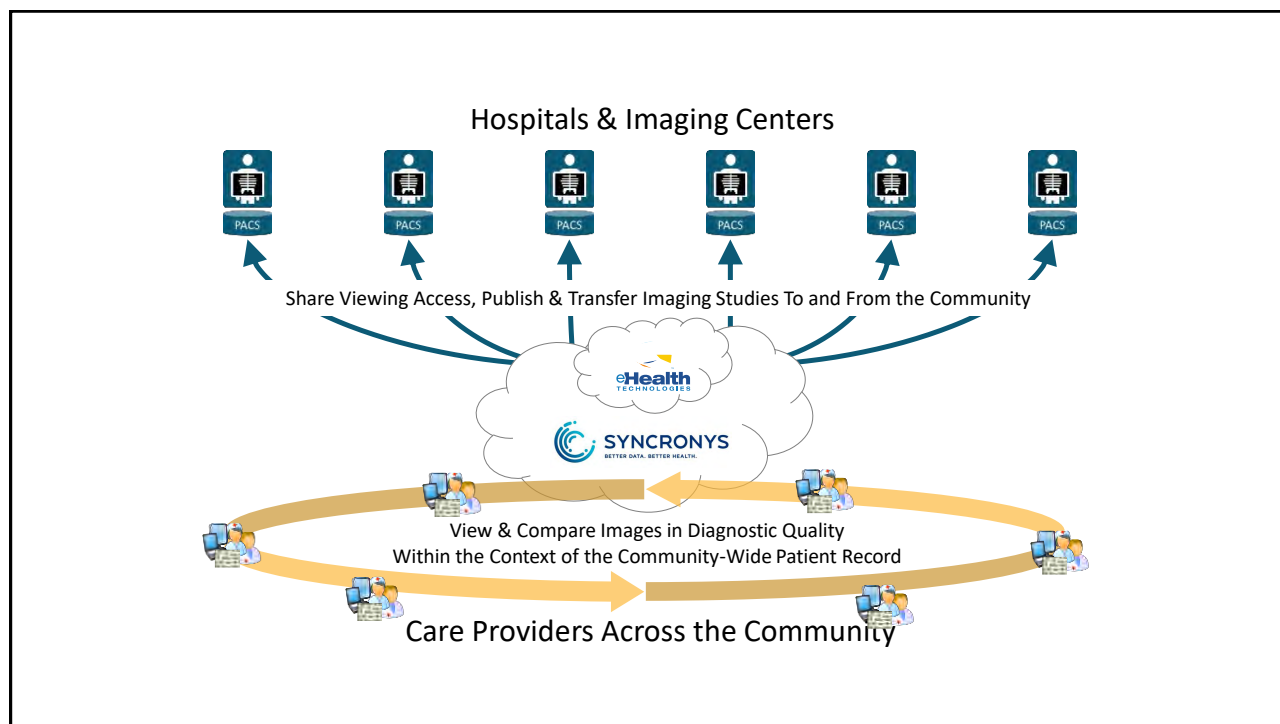


### ***Diagnosis & Treatment of the Leading Causes of Death in New Mexico***

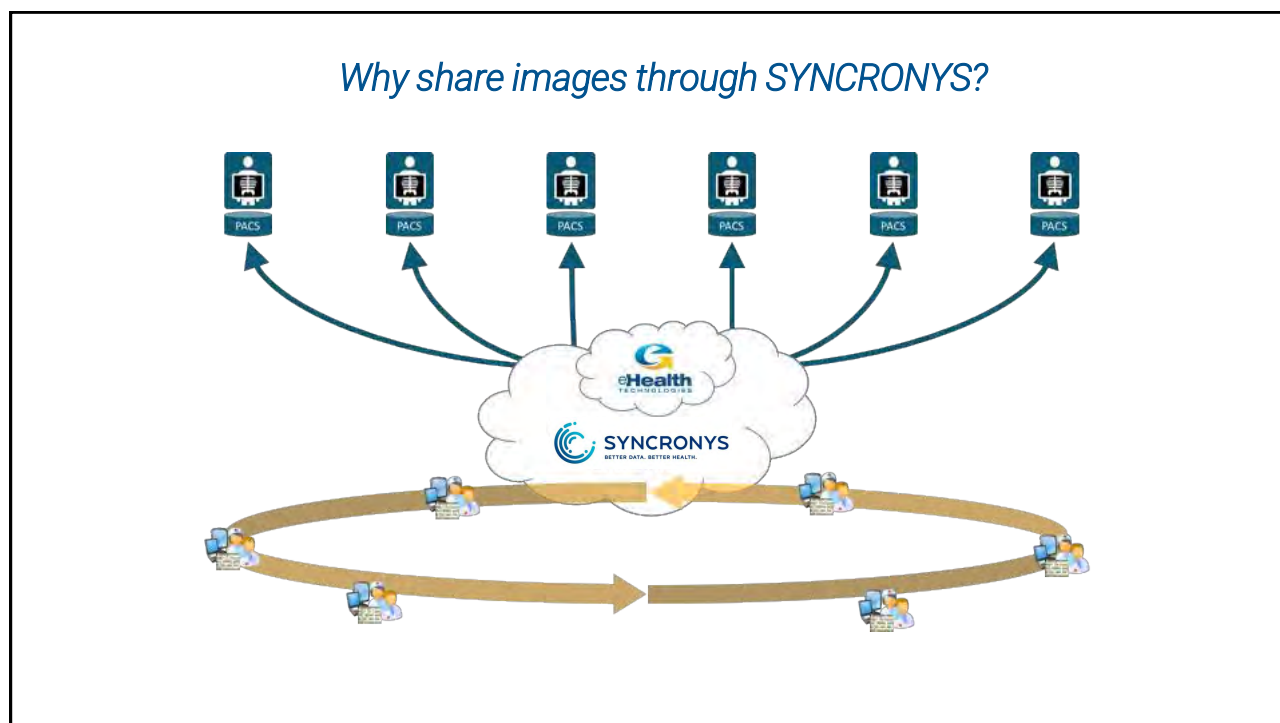
Cause of Death	# Deaths (2017)*	Medical Imaging Applications
Heart Disease	3896	EKG/ECG, Echocardiography, Coronary Angiography & Cardiac Catheterization, Chest X-Rays, Cardiac MRI <i>Imaging is critical for both diagnosis &amp; ongoing treatment</i>
Cancer	3620	X-ray, CT, Mammography, Ultrasound, MRI, PET Nuclear Medicine <i>Extensive need for historical prior imaging</i>
Accidents	1460	X-Rays, CT Ultrasound, MRI <i>Rapid access to emergent images by clinical experts is critical</i>
Chronic Lower Respiratory Disease	1143	Chest X-ray, CT <i>Imaging is critical for both diagnosis &amp; ongoing treatment</i>
Stroke	878	CT Angiography, Ct perfusion, Catheter angiography, MRA, Transcranial Doppler, Carotid Ultrasound <i>Rapid access to emergent images by clinical specialties is critical</i>

\*<https://www.cdc.gov/nchs/pressroom/states/newmexico/newmexico.htm>

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## Why share images through SYNCRONYS?

✓ Faster, More Informed  
Clinical Decision Making

Images accessible within patient's community-wide health record on SYNCRONYS eHealthViewer® universal, diagnostic quality web-based viewing platform  
"Image Aware" – ALL images from ALL participating locations are accessible  
View, compare, collaborate and transfer medical images in full diagnostic quality

✓ Reduced Operating Costs

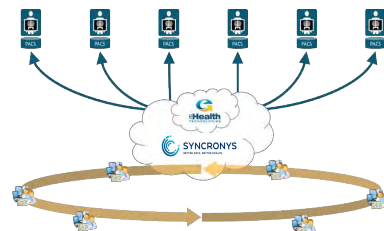
Eliminates manual "low value" tasks including:

- ✓ Obtaining patient consent to access images
- ✓ Manual matching of imaging studies between locations
- ✓ Locating, uploading & downloading images
- ✓ Burning & transporting CDs
- ✓ Reconciling DICOM data

✓ Unmatched Security and  
Efficiency

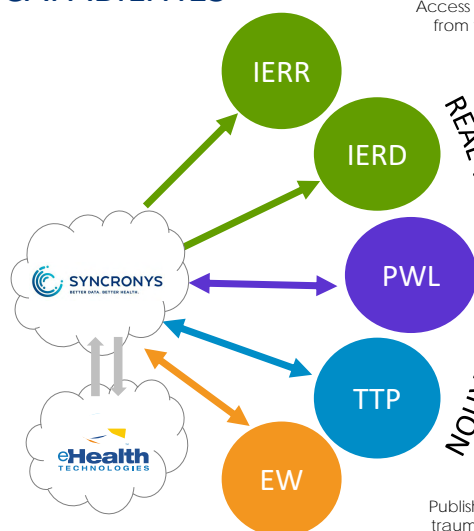
Leverages inherent strengths of SYNCRONYS and eHealth Technologies

- ✓ Master Patient Identification (MPI)
- ✓ Patient consent, user authentication & privileges
- ✓ Seamlessly embedded imaging workflow



67

## SYNCRONYS IMAGE EXCHANGE CAPABILITIES



### Image-Enabled Results Reporting

Access images with reports  
from the clinical portal

### Image-Enabled Results Delivery

Access images with reports  
directly from the EMR

### HIE-Wide Imaging Worklist

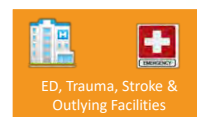
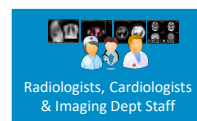
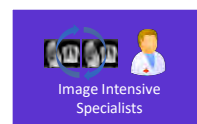
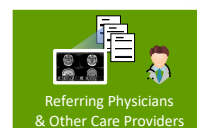
Compare images across  
multiple locations

### Transfer-to-PACS / Automated Imaging Workflow

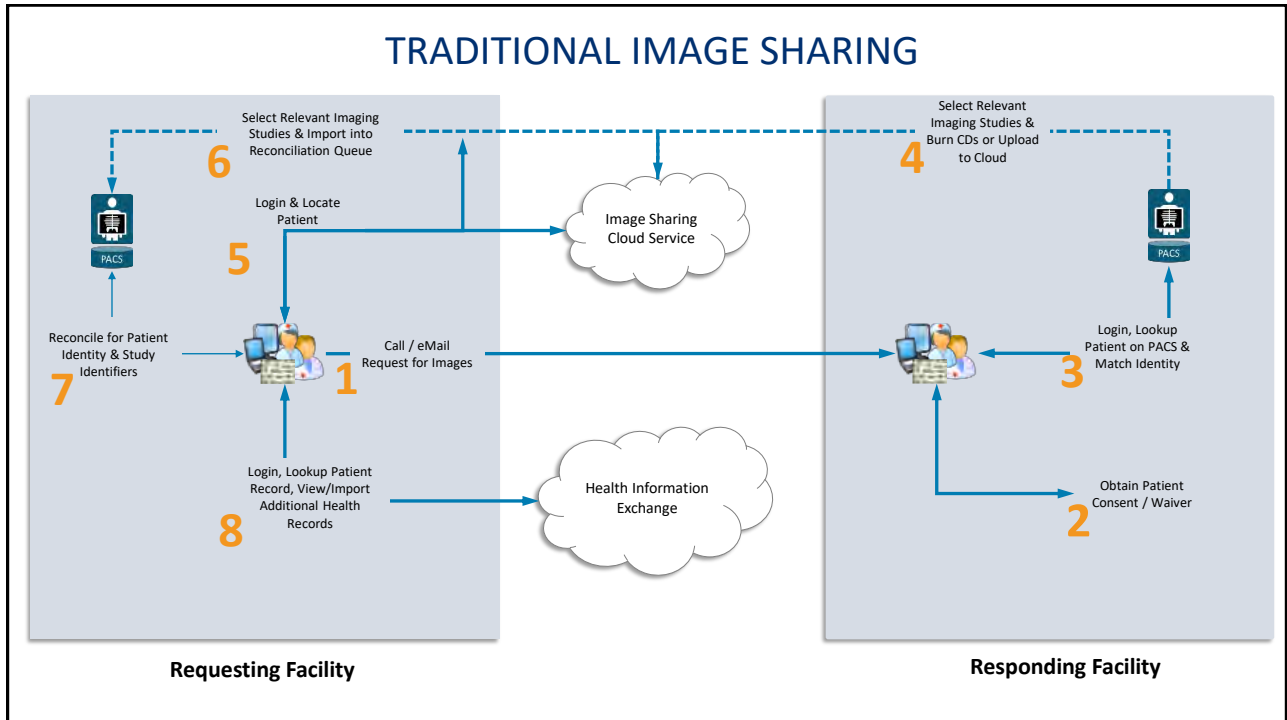
Import external priors  
into a local PACS

### Emergent Workflow

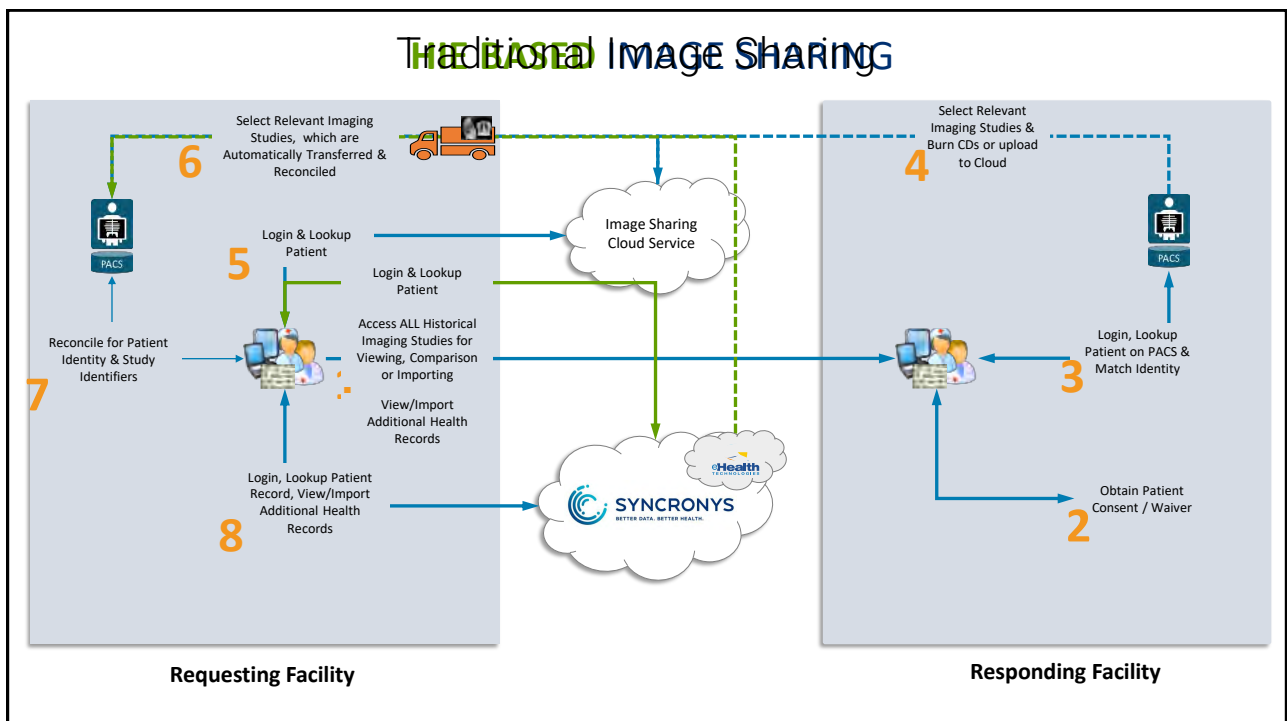
Publish emergent images for stroke,  
trauma consults & patient transfers



68

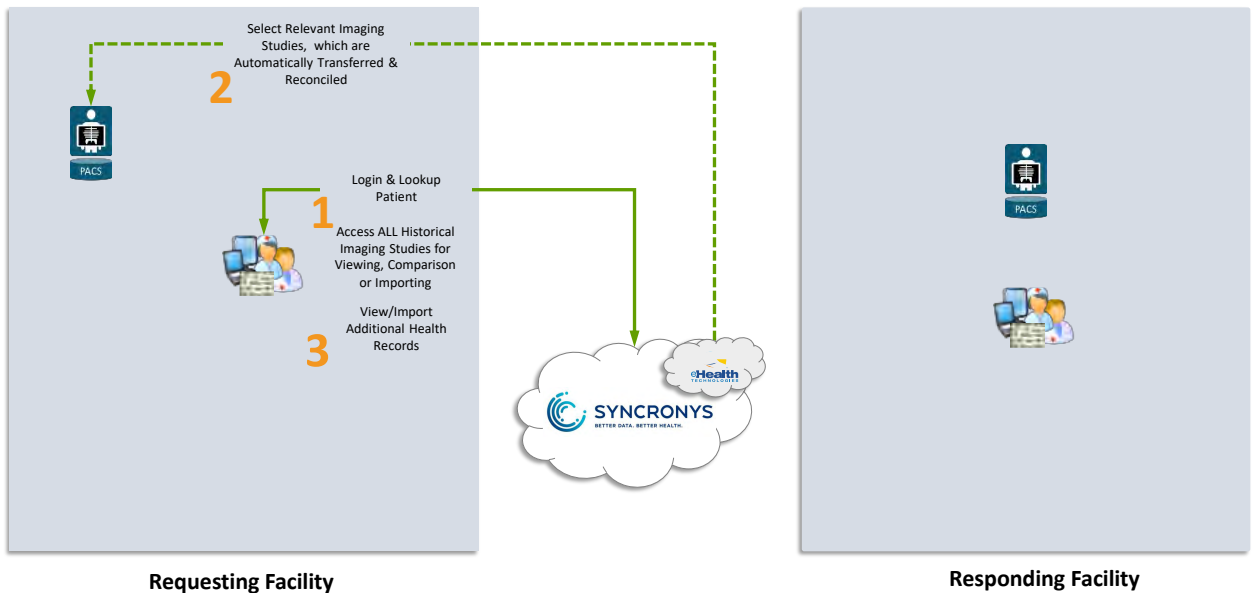


69



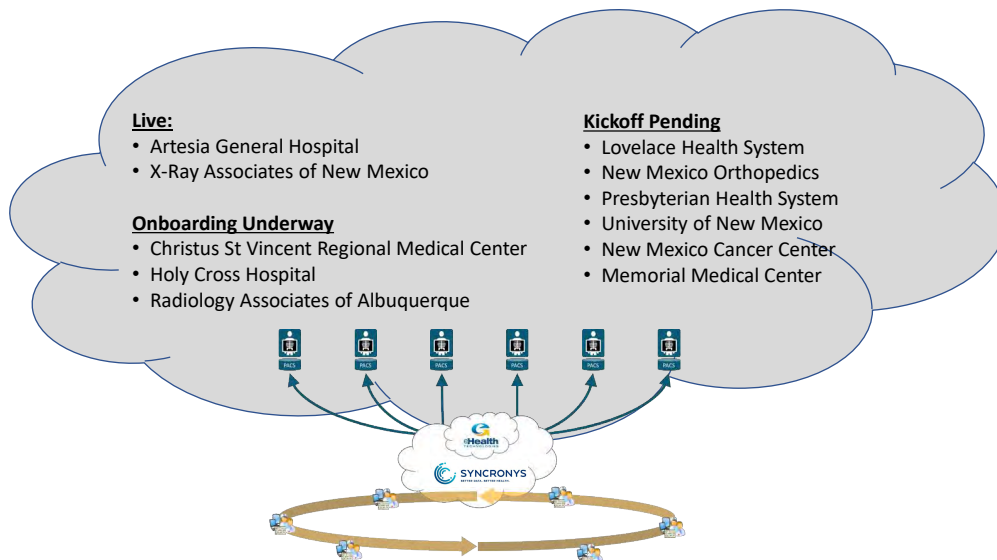
70

## HIE BASED IMAGE SHARING



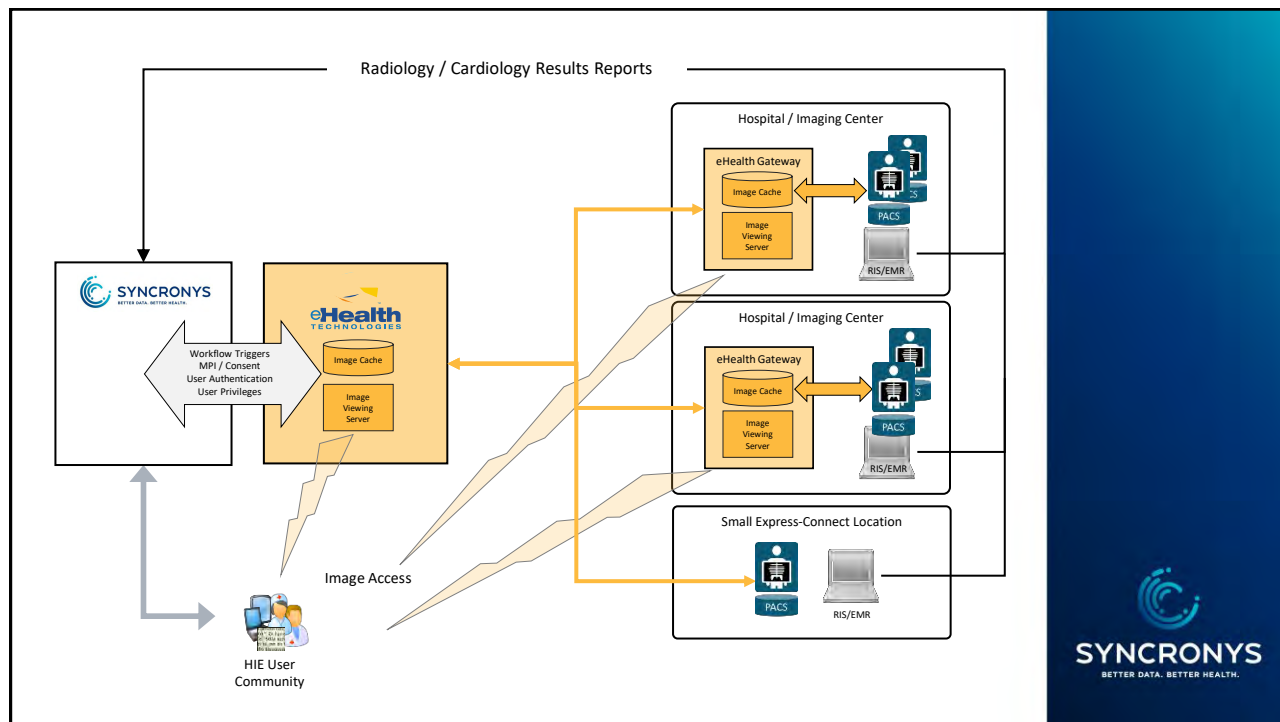
71

## SYNCRONYS Image Exchange Participants



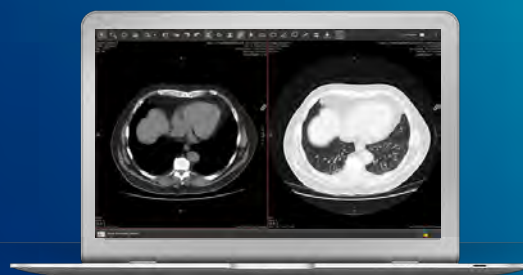
72





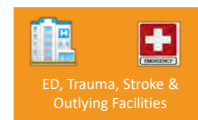
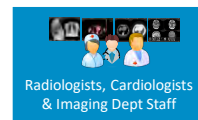
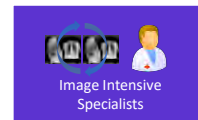
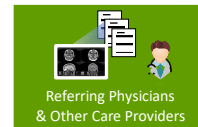
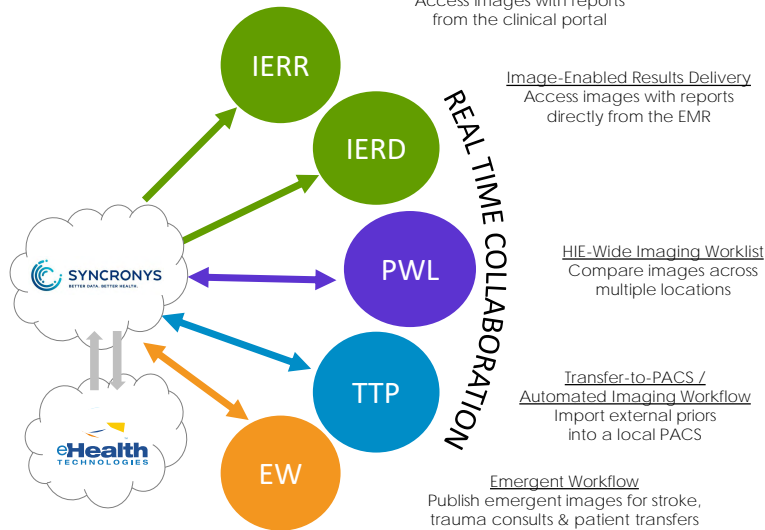
73

## SYNCRONYS IMAGE EXCHANGE USER EXPERIENCE



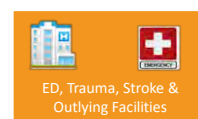
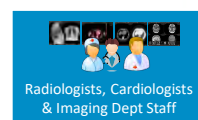
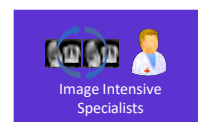
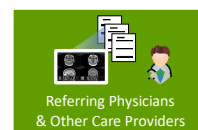
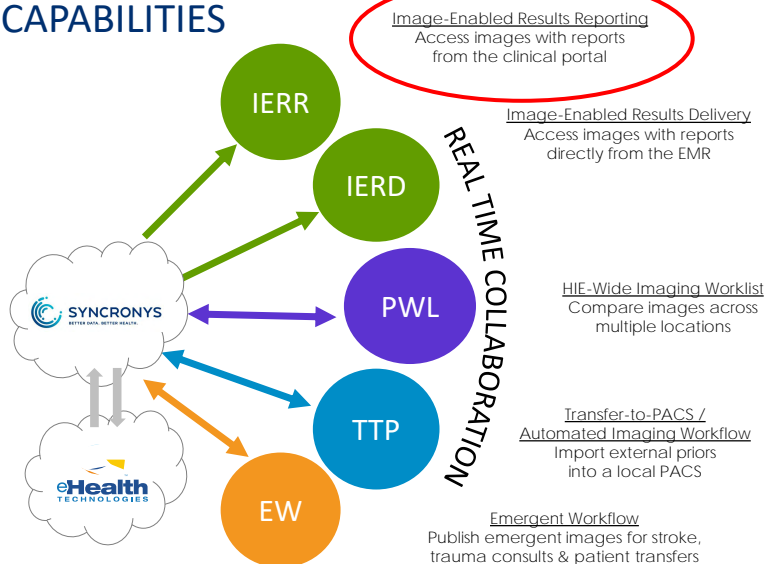
74

## SYNCRONYS IMAGE EXCHANGE CAPABILITIES



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## SYNCRONYS IMAGE EXCHANGE CAPABILITIES



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# eHealthViewer®

Unified Viewing for the Entire Community

**Full Diagnostic Quality:** FDA 510(k) Class II Medical Device

**Secure:** No PHI is stored on the local client

**High Performance:** Even over slow connections

**Scalable:** Support for unlimited users and concurrency

**Built-in Collaboration:** For consultations, 2nd opinions & grand rounds



**Designed specifically for community-wide image sharing**

**It just works**

- On any browser, in any environment
- No local application to install
- Supports all common Radiology and Cardiology imaging modalities



X-Ray



CT



MRI



Ultrasound



PET-CT



Cardiac Angio



EKG



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## IMAGE ACCESS FROM THE SYNCRONYS CLINICAL PORTAL

The screenshot shows the SYNCRONYS Clinical Portal interface. At the top, patient information for FLAUBERT, Gustave (DOB: Dec-11-1959, 61y) is displayed. Below this, a navigation bar includes links for Patient Summary, Timeline, External Record, Images, and Adv Directives/MOST. The 'Images' tab is selected, showing a list of studies. The first study is 'CT BRAIN HEAD WO CONTRAST (2.5 years ago)'. A callout box with a yellow lightning bolt points to the 'View Image' button in the top right corner of the study list. Below the study list, a large image viewer displays a CT scan of the brain. The viewer includes a toolbar with various tools and a sidebar with patient information and study details.

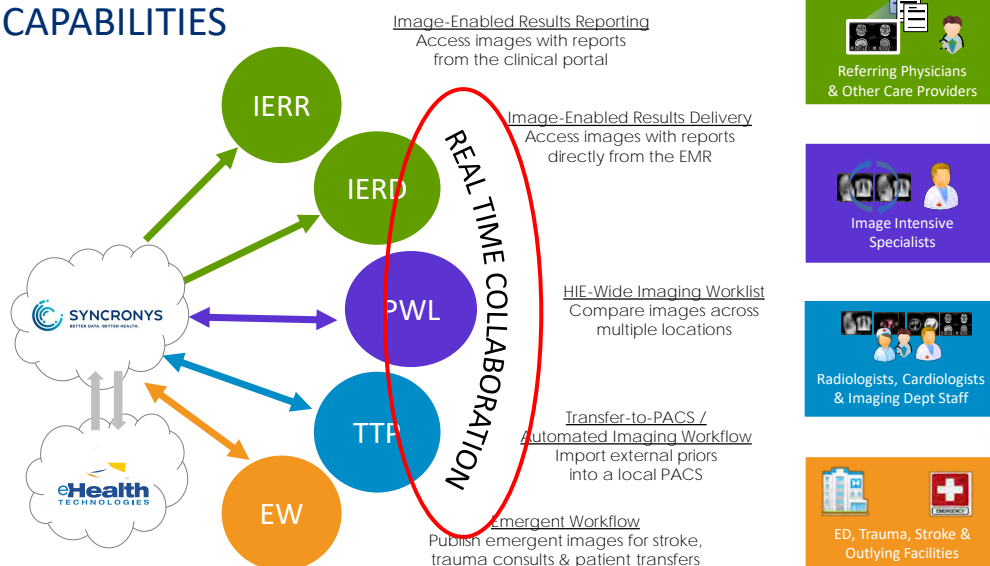
Demo



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## SYNCRONYS IMAGE EXCHANGE CAPABILITIES

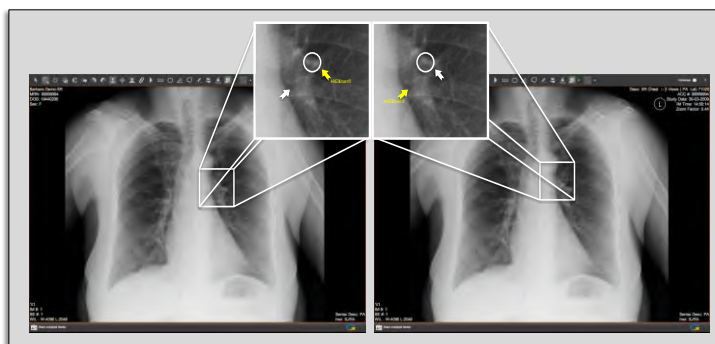


79

## REAL-TIME IMAGE COLLABORATION

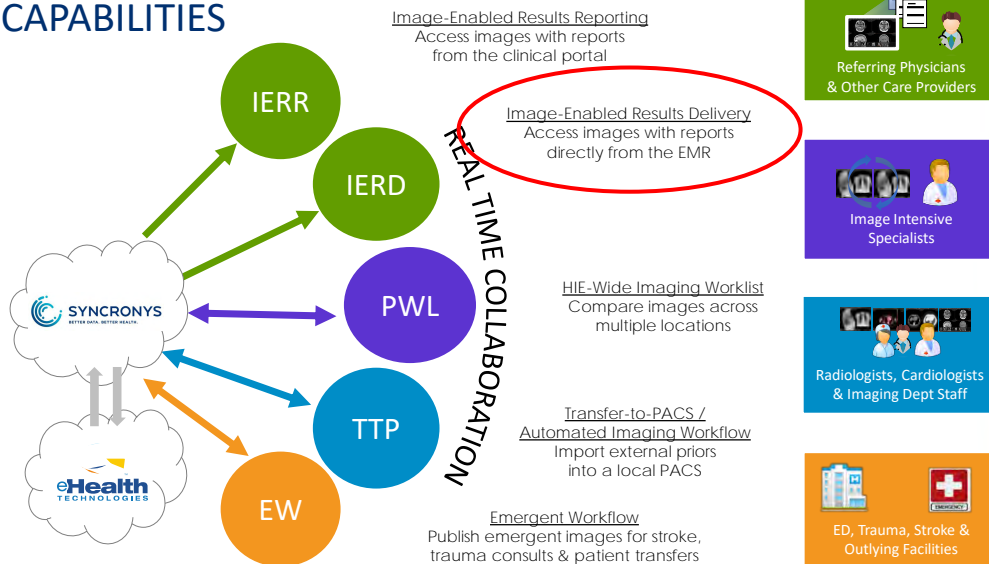


- Immediate consultations with any caregiver in the HIE community
- One-click to initiate a collaboration session
- Full access to real-time image manipulation for all collaborators
- Standard feature is accessible for all eHealthViewer® users



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## SYNCRONYS IMAGE EXCHANGE CAPABILITIES



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## IMAGE-ENABLED RESULTS DELIVERY

Midtown Radiology Associates  
123 Main Street  
Springfield, MA 12345

Name: BRADY, Cynthia  
Patient ID: 111118  
Date of Birth: 01-Jan-1990  
Study: FLOURO  
Facility: Midtown Radiology Associates  
Physician: Dan Baker, MD  
Date of Service: 06/01/2014 10:04:19

PROCEDURE: XA right elbow

REASON FOR EXAM: Female, 14 years old. Follow up.

TECHNIQUE:

IMAGES:

Click [here](#) to view the study  
You will need to enter this PIN:

6Fb9Zz

COMPARISON: None.

FINDINGS: There is a non-displaced fracture of the posterior malleolus of the tibia involving approximately 25% of

the tibial plafond without depression or separation (sagittal series 4 image 26). There is a small avulsion fracture of the

fibular insertion of the anterior distal tibia fibular syndesmotomic ligament (axial series 2 image 24). Normal talar dome.

Normal talus, calcaneus, navicular and cuboid tarsal bones.

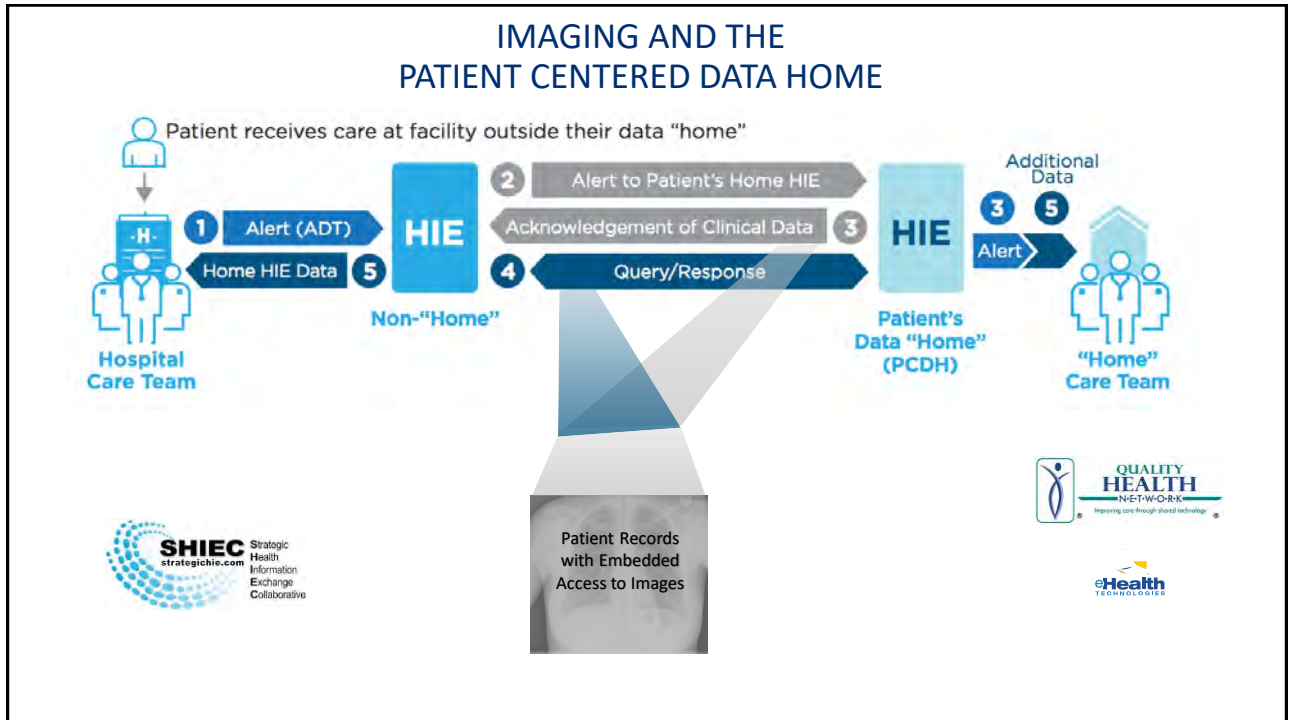
Normal subtalar, talonavicular and calcaneocuboid articulations.

Normal navicular, cuneiform and interosseous articulations. Normal cuneiform tarsal bones.

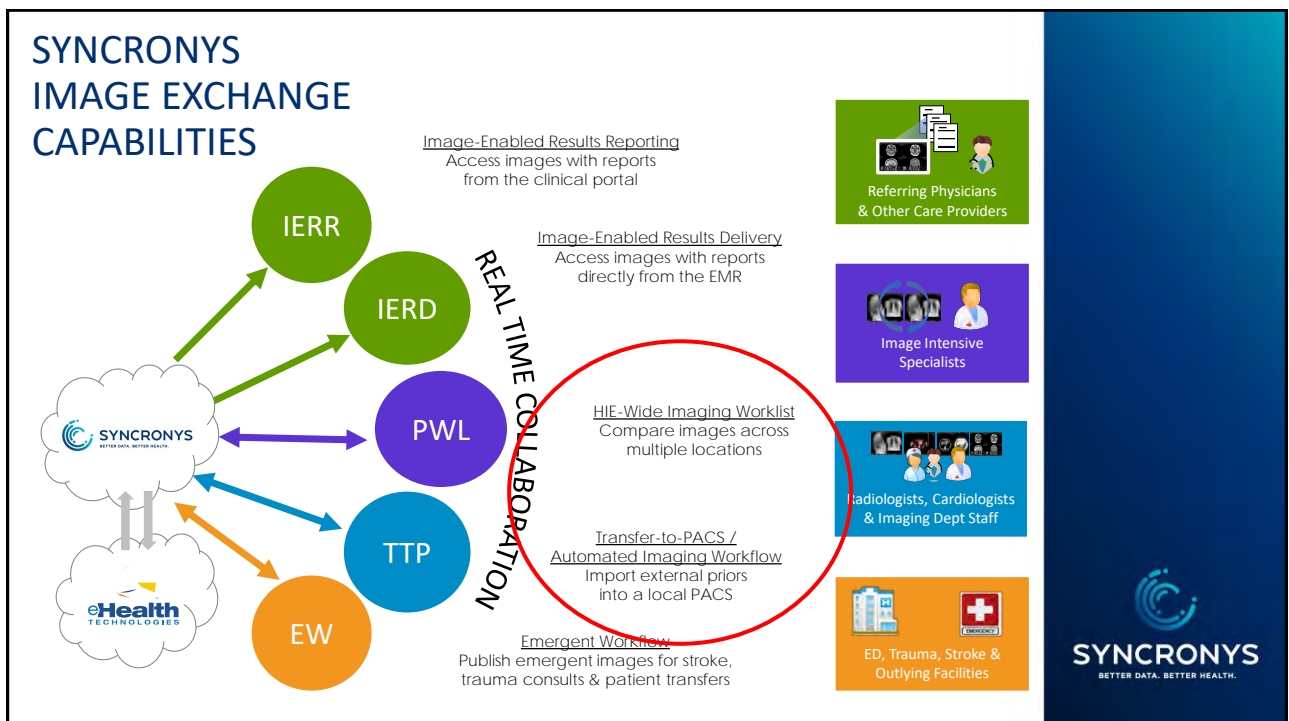
Image Link embedded in results report  
Delivered directly to 3<sup>rd</sup> party EMR with PIN

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## HIE-WIDE PATIENT WORKLIST & TRANSFER-TO-PACS



Worklist of all imaging studies for any patient in the community:

### ***“Virtual Community-Wide PACS”***

- 1) **View & Compare** multiple imaging studies from the same or different locations side-by-side
- 2) **Transfer** DICOM studies between locations with a single click
  - ✓ No manual patient matching
  - ✓ No need to obtain consent
  - ✓ Little or no manual reconciliation



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## ACCESSING THE HIE-WIDE WORKLIST WITH TRANSFER-TO-PACS



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## HIE-WIDE PATIENT WORKLIST WITH TRANSFER-TO-PACS



**Available Studies for This Patient**

Status	MRN	Location	Study Date	Study Description	Modality	Accession #
<input type="checkbox"/>	456	Holy Cross Hospital	06/01/2016	BRAIN ROUTINE	MR	58503021
<input type="checkbox"/>	M34234	Maryland Open MRI	09/23/2014	MR CRANIAL	MR	420302
<input type="checkbox"/>	456	Holy Cross Hospital	07/12/2013	MR LUMBAR	MR	3242
<input type="checkbox"/>	83452	Johns Hopkins Hospital	06/11/2013	MR BRAIN	MR	JH123342
<input type="checkbox"/>	456	Holy Cross Hospital	08/12/2016	SHOULDER LT	DX	58503022
<input type="checkbox"/>	456	Holy Cross Hospital	04/21/2013	CT Head	CT	161050022
<input type="checkbox"/>	83452	Johns Hopkins Hospital	09/14/2013	MR BRAIN	MR	JH58483
<input type="checkbox"/>	456	Holy Cross Hospital	01/03/2011	MR LUMBAR	MR	50430203
<input type="checkbox"/>	456	Holy Cross Hospital	08/16/2016	XR CHEST PA LATERAL 2 V	CR	58503023
<input type="checkbox"/>	456	Holy Cross Hospital	08/16/2016	XR FEMUR-RIGHT	CR	58503025

Page size: 10 21 items in 3 pages

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## OPERATIONAL COST SAVINGS



Diagnosing and treating complex conditions such as cancer require that prior imaging studies are readily accessible for comparison – on the local PACS

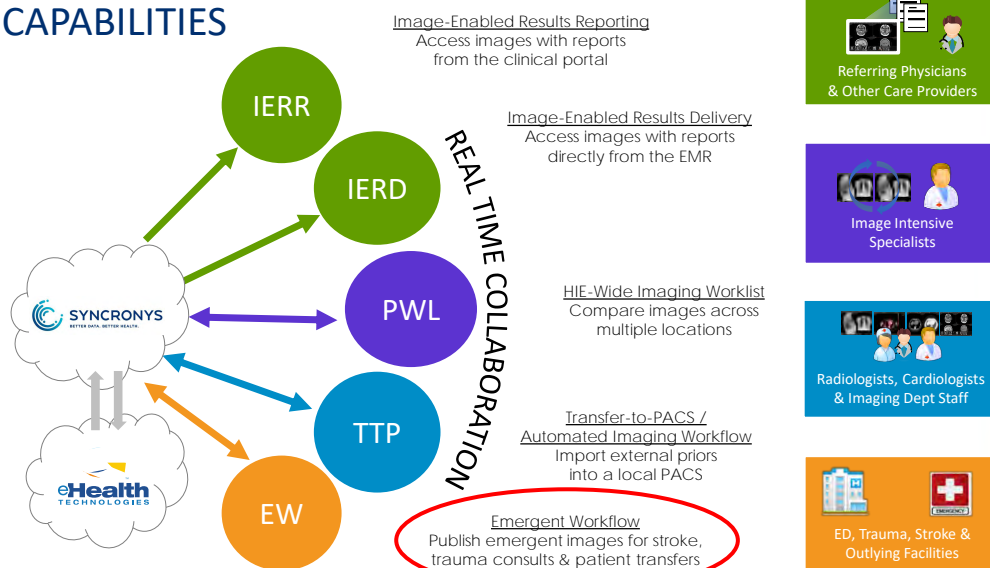
Transferring by way of physical media remains the most common means of accomplishing this task

### “Traditional” Image Transfer Costs Avoided

Element	Qty	Unit Cost	Cost/Study
Request, locate, & burn study on physical media at the source	10 min for 1.5 studies	\$45/hr	\$5.00
Shipping & logistics	1 CD (1.5 studies)	\$10/CD	\$6.66
Upload & reconcile study at the destination	10 min for 1.5 studies	\$45/hr	\$5.00
<b>Total costs avoided / study</b>			<b>\$16.66</b>

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## SYNCRONYS IMAGE EXCHANGE CAPABILITIES



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## EMERGENT WORKFLOW



Imaging exam is performed in an ER, remote facility or after hours

Local expertise lacking

Images may be pushed from the local PACS to a local Emergent Destination

Images are immediately accessible on the Clinical Portal:

- ✓ On an Emergent Imaging Tab (multi-patient)
- ✓ On the Patient Summary / Results Worklist
- ✓ On the HIE-Wide Imaging Worklist

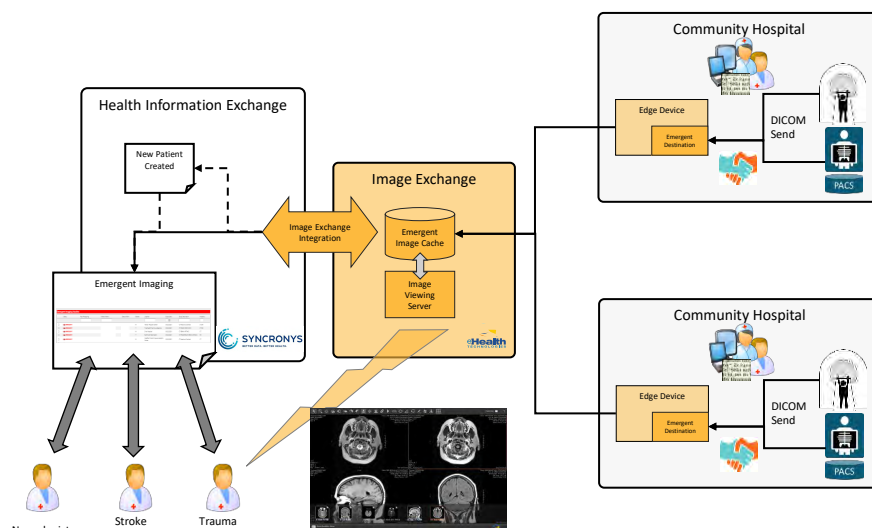
This provides HIE users the following capabilities:

- ✓ Wet reads
- ✓ Immediate triage & care planning
- ✓ Clinical Consultation
- ✓ 2<sup>nd</sup> opinions
- ✓ Real-Time Image Collaboration on eHealthViewer®
- ✓ Faster, more effective patient transfers
- ✓ Early care planning



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# EMERGENT WORKFLOW FOR STROKE AND TRAUMA



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## ACCESSING EMERGENT IMAGING STUDIES ON THE HIE-WIDE IMAGING WORKLIST

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FLAUBERT, Gustave | SEX: Male | DOB: Dec-11-1959 (61y)

EMERGENT

HIE Imaging Worklist | Transfer to PACS | Transfer History

Available Studies for This Patient

Status	MRN	Location	Study Date	Study Description	Modality	Accession #
EMERGENT	64568-4564	Rural Hospital	12/28/2015	Emergent CT	CT	EMER14563
	456	Holy Cross Hospital	12/17/2014	XR WRIST COMPL 3+ V LT	CR	9329392
Load	456	Holy Cross Hospital	12/01/2014	LUMBO-SACRAL_MIN FOUR ROUTINE	CR	6803030
	456	Holy Cross Hospital	12/01/2014	SHOULDER-COMP ROUTINE	CR	9936393
	64568-4564	Rural Hospital	11/13/2014	XR ABDOMEN	CR	001581817
	M34234	Maryland Open MRI	09/23/2014	MR OP SPINE-LUMBAR	MR	69420302
	456	Holy Cross Hospital	07/12/2013	MR LUMBAR SPINE WWO CONTRAST	MR	223242
	63452	Johns Hopkins Hospital	06/11/2013	MR BRAIN	MR	JH123342
	83452	Johns Hopkins Hospital	09/14/2012	CT HEAD	CT	JH58483
	456	Holy Cross Hospital	12/28/2011	XRAY Test	CR	3939666

Page size: 10 | 14 items in 2 pages

View Studies

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# EMERGENT IMAGING WORKLIST



## Emergent Imaging Studies

Status	Patient Name	Date of Birth	Gender	Location	Study Date	Study Description	Modality
EMERGENT	AACOOPER^SHELDON^A^A^A	08/16/1946	F	Facility1	03/01/2018	WRIST 2V RT	CR
EMERGENT	AACOOPER^SHELDON^A^A^A	08/16/1946	F	Facility1	02/01/2018	X-RAY CHEST FRONTAL VIEW	CR/SR
REPORTED	265893^THELMA^J^A^A	09/30/1932	F	Facility1	01/10/2013	RT SHOULDER 3 VIEW	CR
REPORTED	12893946p0dcafp^A^A^A^A	05/24/2011	O	Facility1	07/27/2010	SPINE	CT
EMERGENT	273c1935p0b63ep^A^A^A^A	02/12/1956	O	Facility1	05/19/2009	GASTRIC EMPTYING STUDY	NM
EMERGENT	AJULINT_TOP^A^A^A^A^A	07/24/1922	F	Facility1	04/28/1997	X-RAY SPINE	RF

[View Studies](#) [View Current Emergent Imaging Locations](#)

- ✓ Immediate access to all Emergent Imaging Studies in the HIE
- ✓ No need to search for your patient's identity
- ✓ All studies are cached and ready for viewing

Not currently available on SYNCRONYS platform

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## STROKE IS THE #5 CAUSE OF DEATH IN THE US AND NEW MEXICO AND THE LEADING PREVENTABLE CAUSE OF SERIOUS LONG-TERM DISABILITY

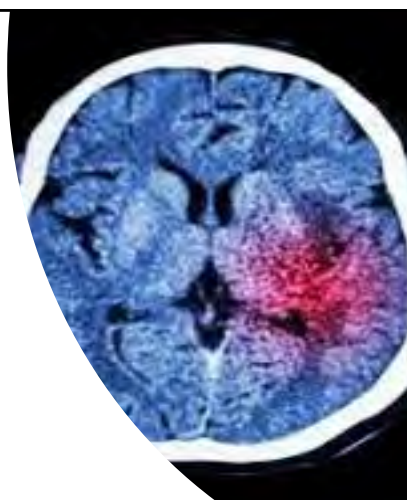
Hemorrhagic Stroke: 13% } *Distinctly different treatment protocols*  
 Ischemic Stroke: 87%

### Hemorrhagic stroke treatment:

1. Stop the bleeding with mechanical or other treatment

### Ischemic stroke treatment:

1. IV thrombolysis with tPA (local)
2. Endovascular clot removal for large vessel occlusions (requires patient to be transferred)



- The **only** way to determine the type of stroke as well as the appropriate course of treatment is **emergency brain imaging**, interpreted by a **neurologist**.
- Most community hospitals do not have a neurologist on staff.
- **Time is Brain:** Treatment must occur within **six hours** of symptoms.
- Certain treatments, such as endovascular clot retrieval, are **only available at comprehensive stroke centers**.

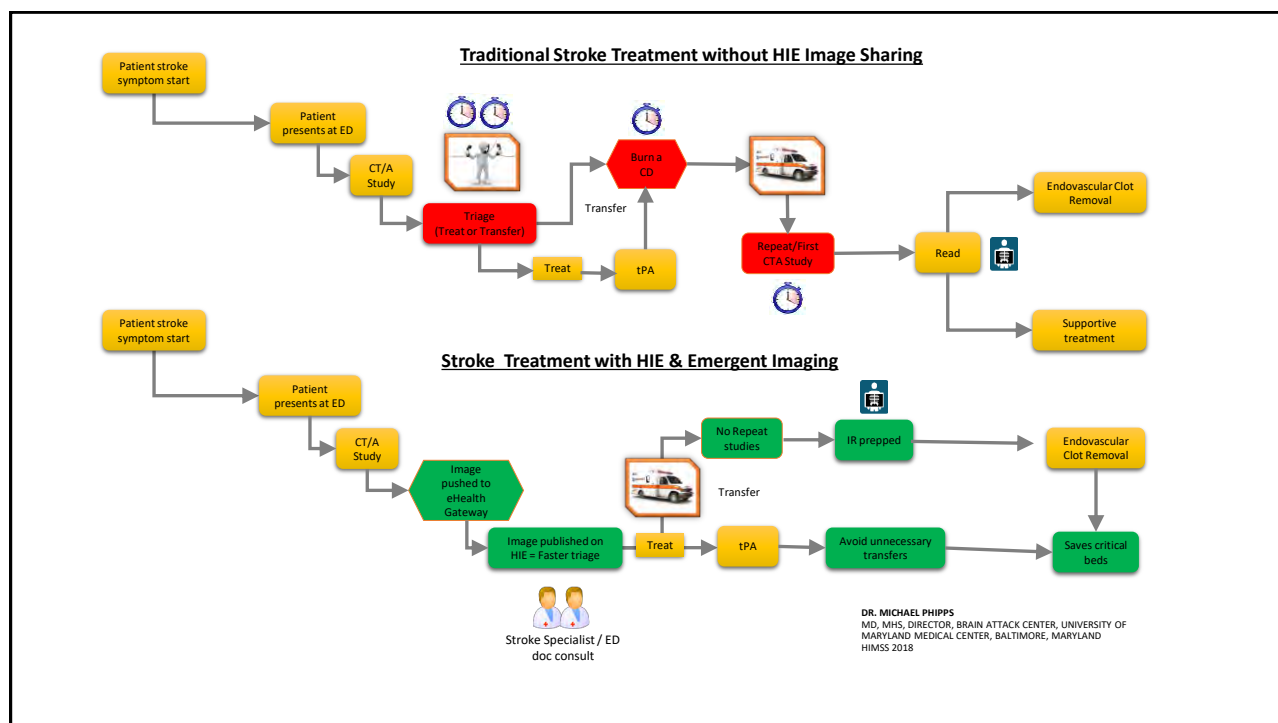
94

# BENEFITS FOR STROKE TREATMENT



- ✓ **Faster triage:** CTA can be performed at the outside hospital, Neurologist can access images from his/her home through the HIE, & triage decision made immediately.
- ✓ **Unnecessary patient transfers are eliminated:** saving money, scarce bed space at Comprehensive Stroke Centers –also enabling faster treatment.
- ✓ **No need for a repeated imaging study** after a patient has been transferred – saves time, \$\$ and radiation exposure.
- ✓ **Critical ancillary information** such as patient history, INR lab values, known contraindications is readily available from the same location on the HIE – faster, more complete care planning.
- ✓ **Greater efficiencies for care providers:** neuro specialists, ED staff, etc.
- ✓ **“Door to puncture” times can be reduced by an hour or more.**

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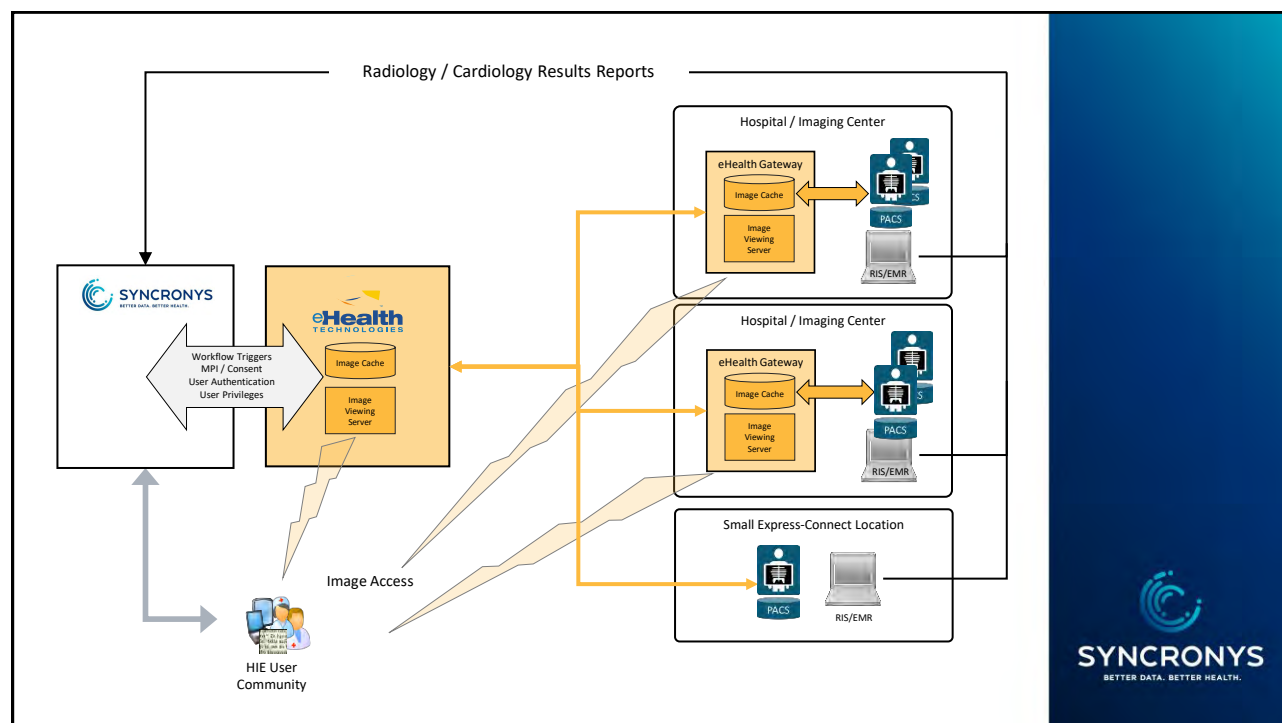
96



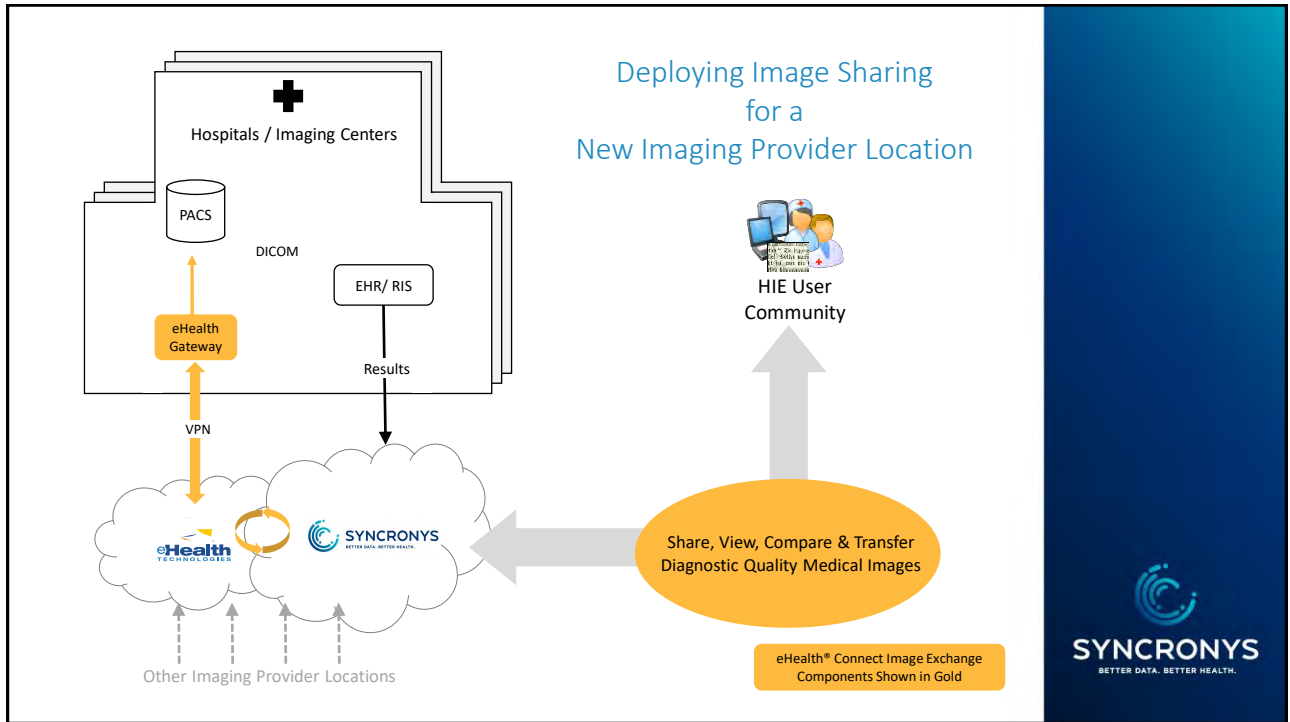
# SOLUTION ARCHITECTURE DEPLOYMENT & SUPPORT



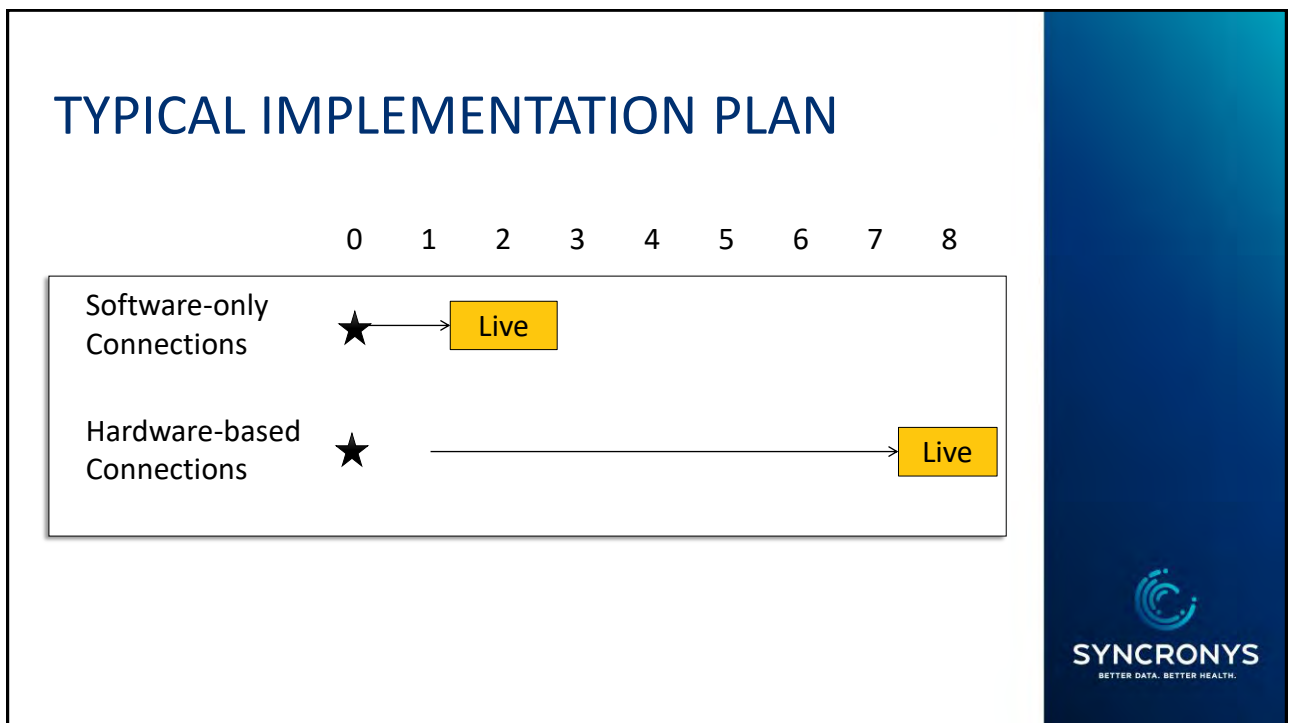
97



98



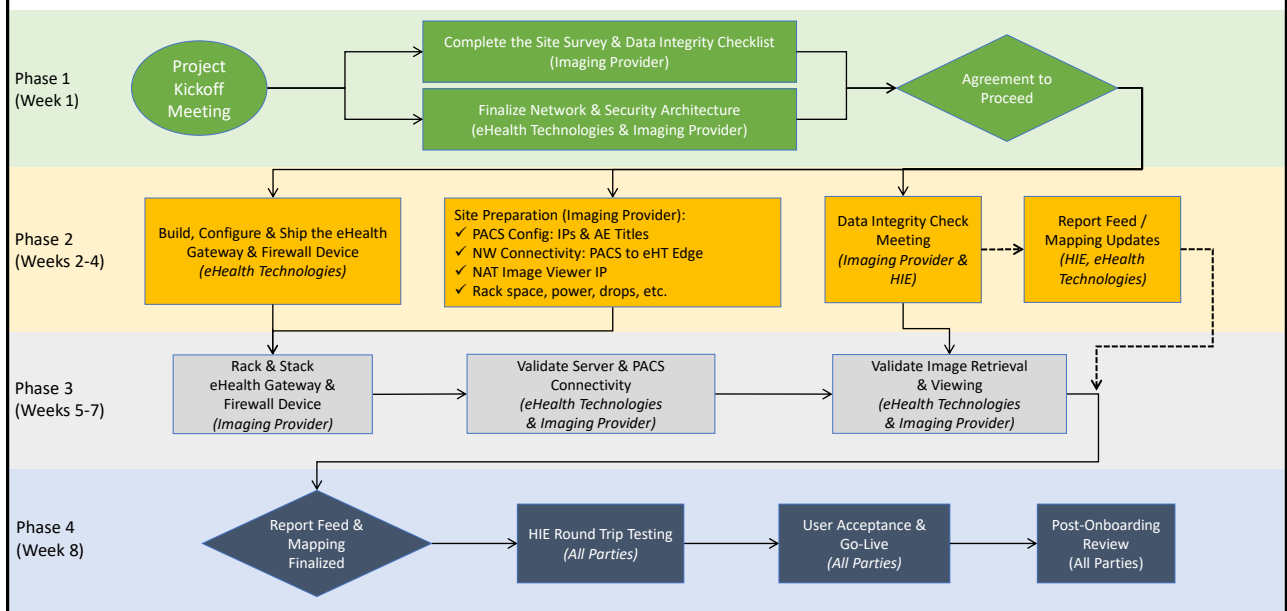
99



100

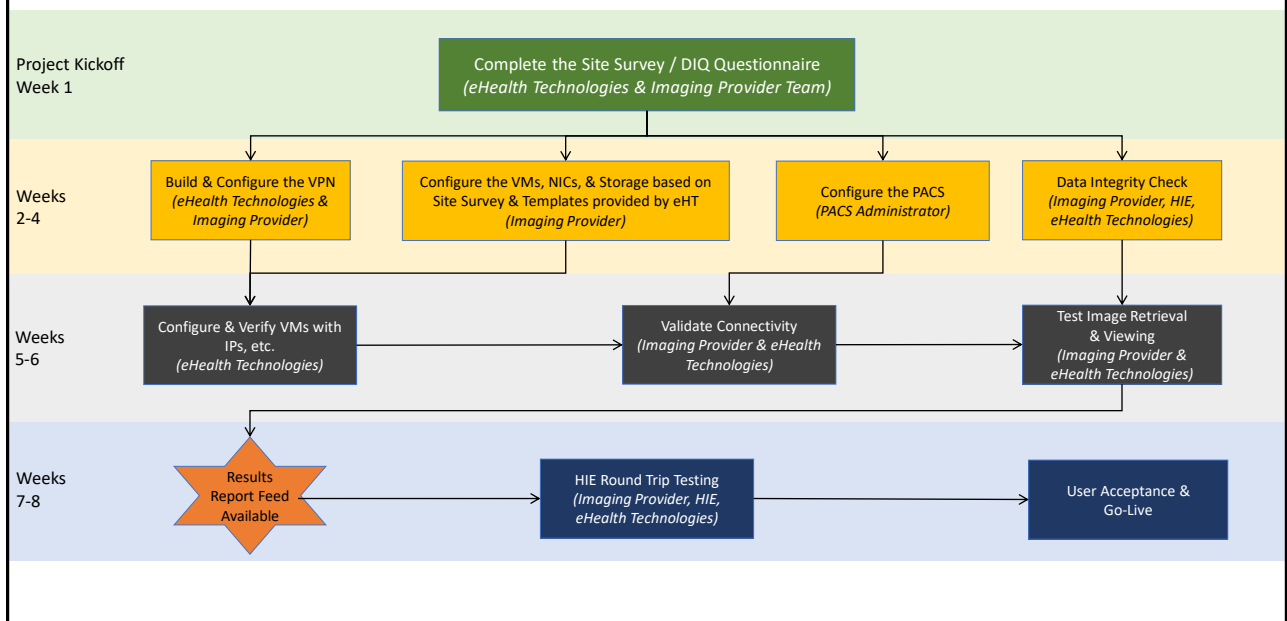


## NEW IMAGING PROVIDER CONNECTION TIMETABLE

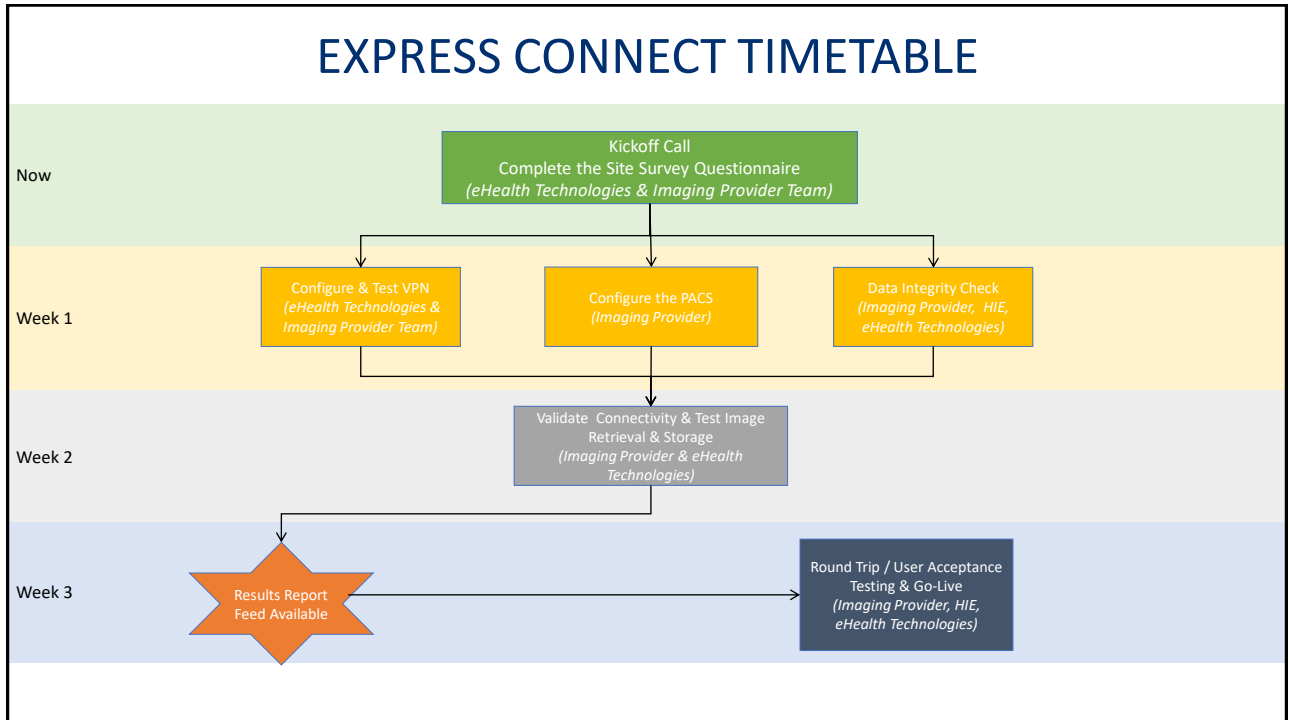


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## NEW IMAGING CONNECTION TIMETABLE (HOSTED)



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**IMAGE EXCHANGE**

email: [info@synchronys.org](mailto:info@synchronys.org)

[www.SYNCRONYS.org](http://www.SYNCRONYS.org)

(505) 938-9900

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# EHEALTH TECHNOLOGIES



Gary Larson

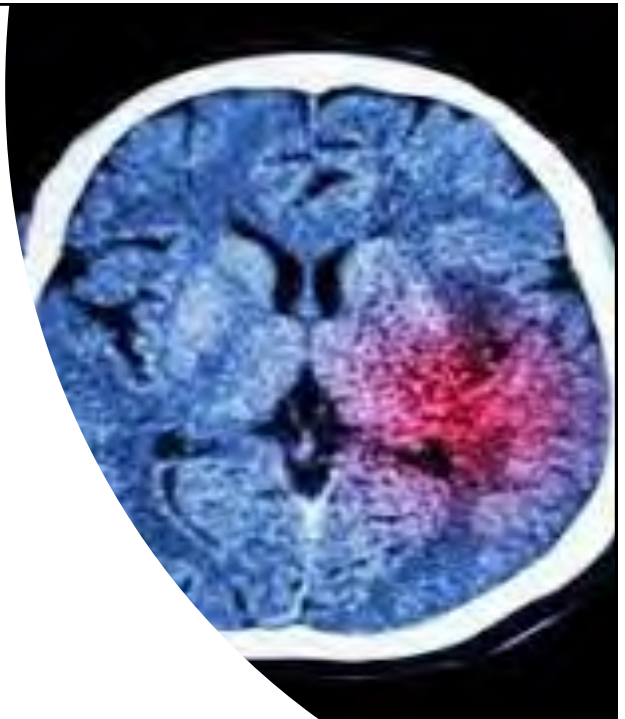
Executive Vice President & General Manager, HIE Solutions

- (office) 925 365-1561
- (mobile) 925 858-6976
- (email) [Gary.Larson@eHealthTechnologies.com](mailto:Gary.Larson@eHealthTechnologies.com)



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## EMERGENT IMAGING FOR STROKE CARE



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## Deploying Emergent Imaging for Stroke

### 1. Connect Imaging Sources

Health Systems  
Hospitals  
Imaging Centers

### 2. Enable Core Capabilities

Image-Enabled Results Reports  
State-Wide Worklists  
Collaboration  
Transfer-to-PACS

### 3. Configure Stroke Network

Emergent Image Sharing

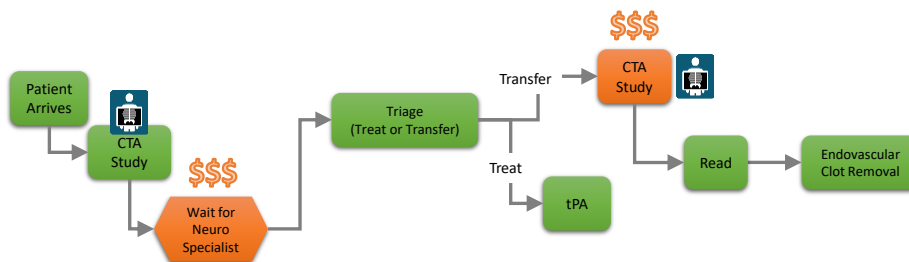
### 4. Clinical Enhancements

AI - Stroke Detection & Scoring

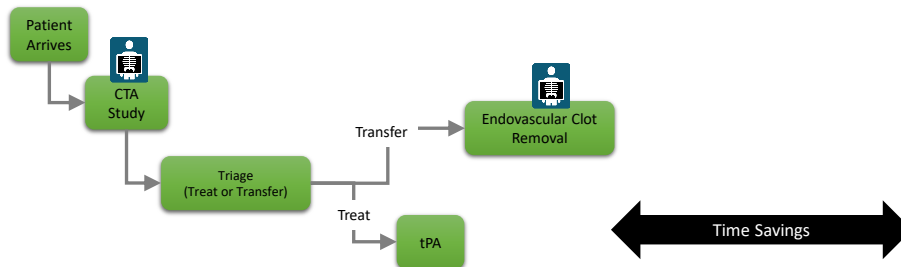


108

### Stroke Treatment without Emergent Imaging:



### Stroke Treatment with Emergent Imaging:



109

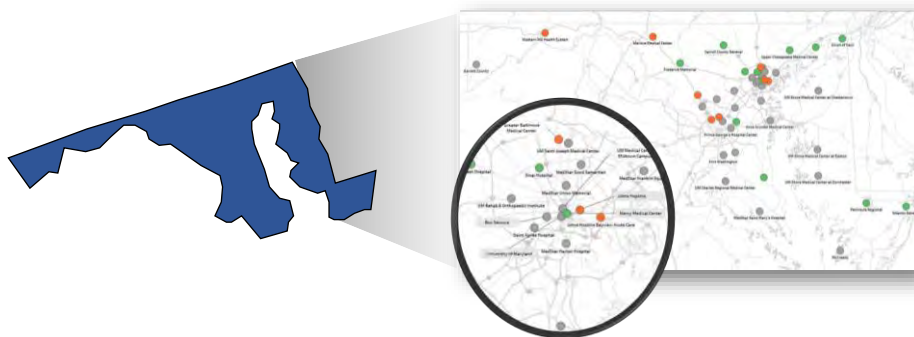
## USE CASE: MARYLAND STATEWIDE STROKE NETWORK



The Maryland Institute for Emergency Medical Services (MIEMSS) has endorsed CRISP to provide Emergent image sharing for

- ✓ 48 community hospitals across the state
- ✓ Supported by three (3) 24/7 Comprehensive Stroke Centers

Patients presenting with stroke symptoms at any connected facility can have their images read by a Neurologist within minutes.



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## EMERGENT IMAGE ACCESS



456 (ALT) HIE TEST ( F 30 years )

Patient Summary Timeline External Record Front Desk Patient Summary Labs

Document View Showing All Mark All As Read Group By: Category Sort By: Date

MR Brain **Emergent Study**

MR Brain

Performance: 03-Feb-2015 Order Number: 25646484c

Covering Provider: Status: **Emergent**

03-Feb-2015 MR Brain

View Image

View Image

03-Feb-2015

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# AUTOMATED IMAGING WORKFLOW

## LEVERAGE TRANSFER-TO-PACS WITHOUT REQUIRING USE OF THE HIE PORTAL

### ✓“Scheduled Studies”

- Triggered by a notification or listing of upcoming studies that have been scheduled (ADT)
- Prior Images and reports (opt) are located, curated and routed to requesting facility PACS/EMR
- Based on eHealth Technologies – managed prefetch rules
- “Scheduled Studies” can also be a patient admission (NYU)

### ✓Direct Radiology Integration leveraging AIW APIs

- PACS/RIS leverages our new APIs to obtain a listing of external studies and then request specific studies to be transferred
- Requested Images and reports (opt) are located, curated and routed to requesting facility PACS/EMR
- Based on imaging department user prefetch requests

### ✓HIE Integration leveraging AIW APIs

- HIE leverages our new APIs to obtain a listing of external studies
- Specific studies are requested to be transferred based on HIE's routing rules
- Images and reports (opt) are located, curated and routed to requesting facility PACS/EMR
- Based on HIE-managed prefetch rules



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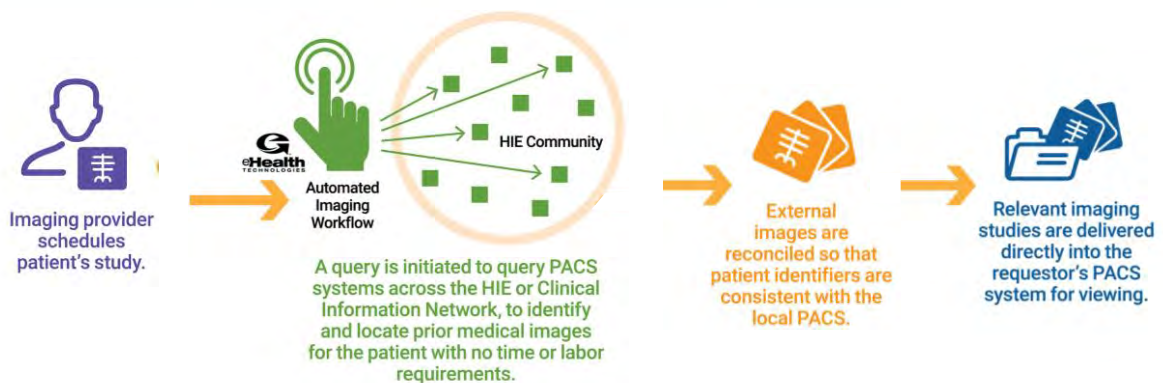
112

# AUTOMATED IMAGING WORKFLOW

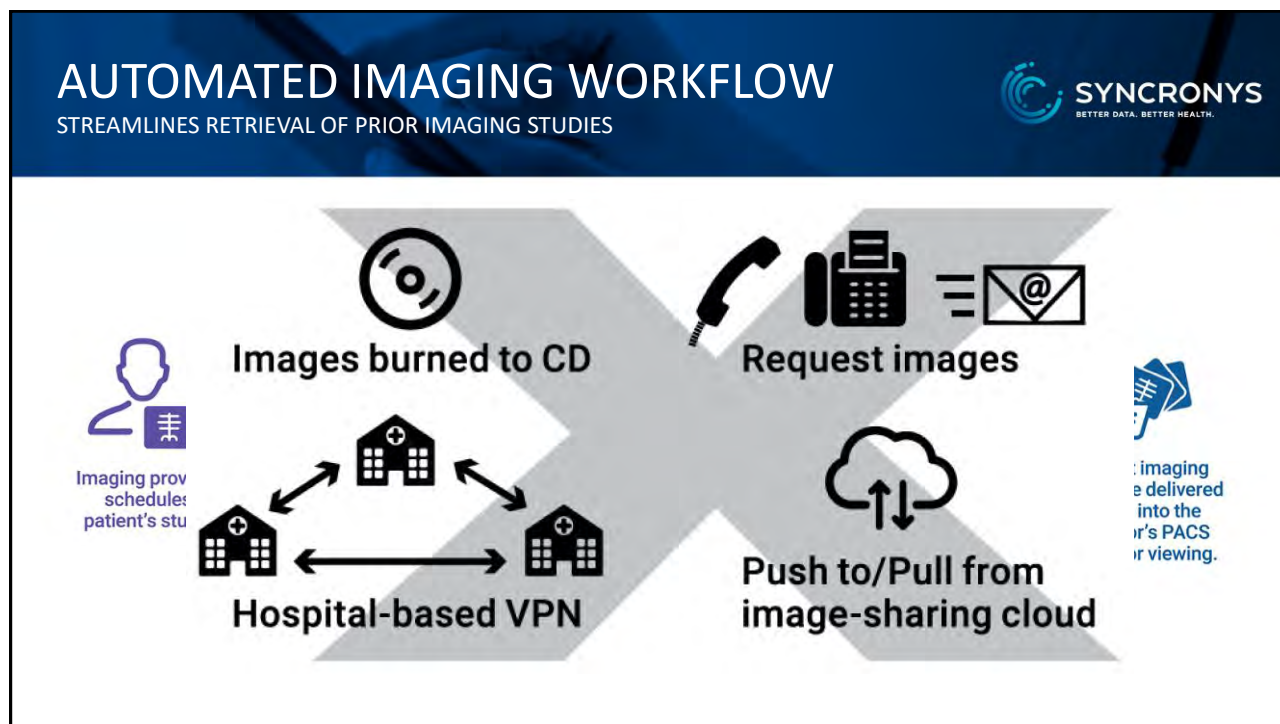
## STREAMLINES RETRIEVAL OF PRIOR IMAGING STUDIES



**SYNCRONYS**  
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## ANALYTICS FOR POPULATION HEALTH, QUALITY MEASURES, AND ADDRESSING GAPS IN CARE

- Eric Widen, Chief Executive Officer, HBI Solutions
- Gene Hill, Data Manager/Reporting Analyst, SYNCRONYS
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**SYNCRONYS**  
BETTER DATA. BETTER HEALTH.

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## Using HIE Data to Drive Analytics & Actionable Insights

**SYNCRONYS HIE Users Conference**  
September 23 & 24, 2021

 **HBI solutions**  
The Power to Predict, the Power to Act

Confidential

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## HBI at-a-glance



- Healthcare Analytics Company
  - Solutions in Population Health, Predictive Risk, and Quality Measurement
  - Based in Palo Alto, CA
- Mature, proven product – Spotlight Analytics Platform
  - Real time
  - Live on 60M+ patients
  - NCQA HEDIS certified
  - High KLAS rating
  - 16 peer reviewed publications – AI and machine learning methods
  - High customer satisfaction / retention
- Value Delivered
  - Quality measure compliance
  - Cost and utilization improvements

Confidential

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# HBI Solutions HIE Customers



- **Synchronys**, 3.2M patient population in New Mexico



- **Healthix**, 20M+ patient population health information exchange (HIE) in New York, NY



- **Manifest Medex**, 20M+ patient population patient HIE in California



- **Malaffi**, 5.5M patient population HIE in Abu Dhabi, United Arab Emirates



- **HealthInfoNet**, 1.5M patient population HIE in Maine



- **Mass Health Data Consortium**, 6.5M patient population Data Service Provider in Massachusetts

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## HBI's market observations and evolution

HBI has focused and developed very practical applications to address the fee-for-service to fee-for-value transition.

**What's needed today**

**What's needed tomorrow**



Transactional healthcare is failing!



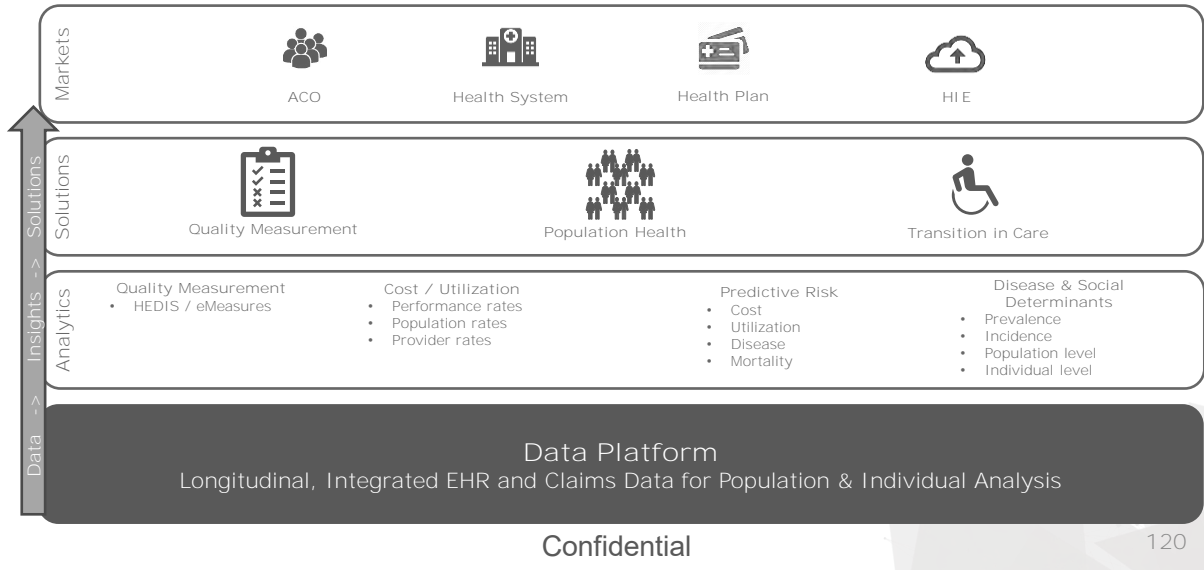
Provider, payor, and consumer aligned care and payment

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# HBI's Spotlight Analytics Platform

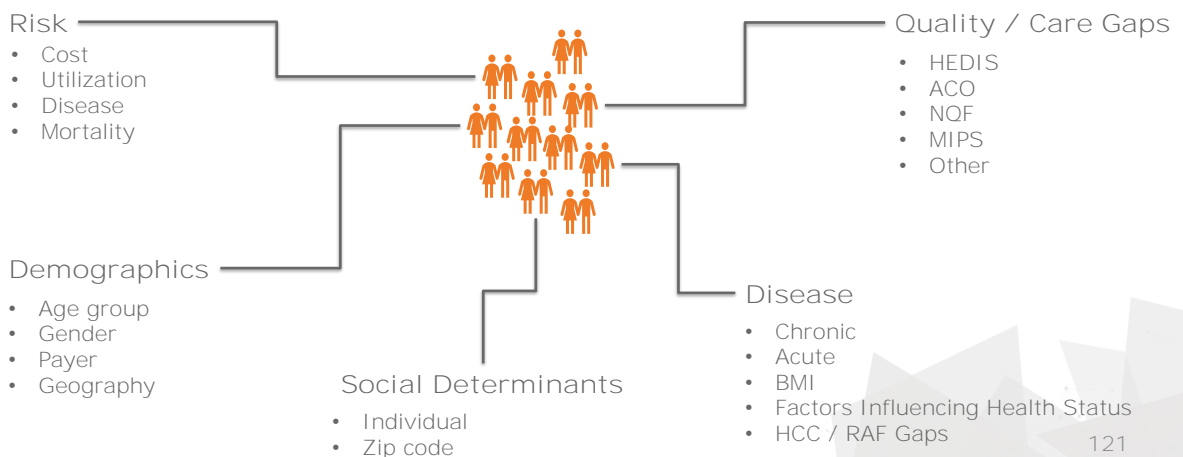


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## Population Health

### Identify and Stratify on Multiple Health Dimensions

Example: find homeless, Medicaid members that are high risk for an ED visit



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# Population Health

## Risk & Quality Gap Driven Care



Targeted outreach  
based on risk and  
quality care gaps

Value



- Cost
- Utilization
- Disease
- Mortality



- Quality measure compliance
  - HEDIS
  - eQOM
  - MIPS
  - ACO

Available Risk Models

### Cost & Utilization

- Cost
- Inpatient Admission
- Emergency Room Visit

### Mortality

- Mortality
- COVID Related Mortality
- Cancer
  - Cancer, Lung
  - Endocrine and Metabolic
  - Type 2 Diabetes
- Heart
  - Congestive Heart Failure
  - Essential Hypertension
  - Acute Myocardial Infarction
  - Stroke

### Kidney

- Chronic Kidney Disease

### Mental Health / Substance Abuse

- Opioid Abuse
- Opioid Overdose
- Suicide Attempt

### Musculoskeletal

- Fracture

### Respiratory

- Asthma Exacerbation
- COPD

HEDIS Certified

## HBI Solutions Among Vendors Certified for 2020 HEDIS® Measures

NEWS PROVIDED BY  
HBI Solutions  
Apr 22, 2020, 09:31 ET

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MOUNTAIN VIEW, Calif., April 22, 2020 (PRNewswire) - HBI Solutions, a leader in predictive analytics for healthcare announces it has recently passed certification on a partial list of 2020 HEDIS® measures.

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# Episode Health: Acute and Transition in Care

## Risk & Quality Gap Driven Care



Value



- Readmissions
- Revisits
- Deaths



- Quality measure compliance
  - HEDIS
  - eQOM
  - MIPS
  - ACO

HEDIS Certified

### Acute Episode Risk

- Mortality risk
- Sepsis risk
- Fall risk
- LOS risk

### Transition in Care Risk

- 30 day unplanned inpatient readmission risk
- 30 day emergency revisit risk
- 12 month mortality risk
- 12 month AMI risk
- 12 month stroke risk
- 12 month suicide risk
- 12 month overdose risk

## HBI Solutions Among Vendors Certified for 2020 HEDIS® Measures

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The Power to Predict, the Power to Act

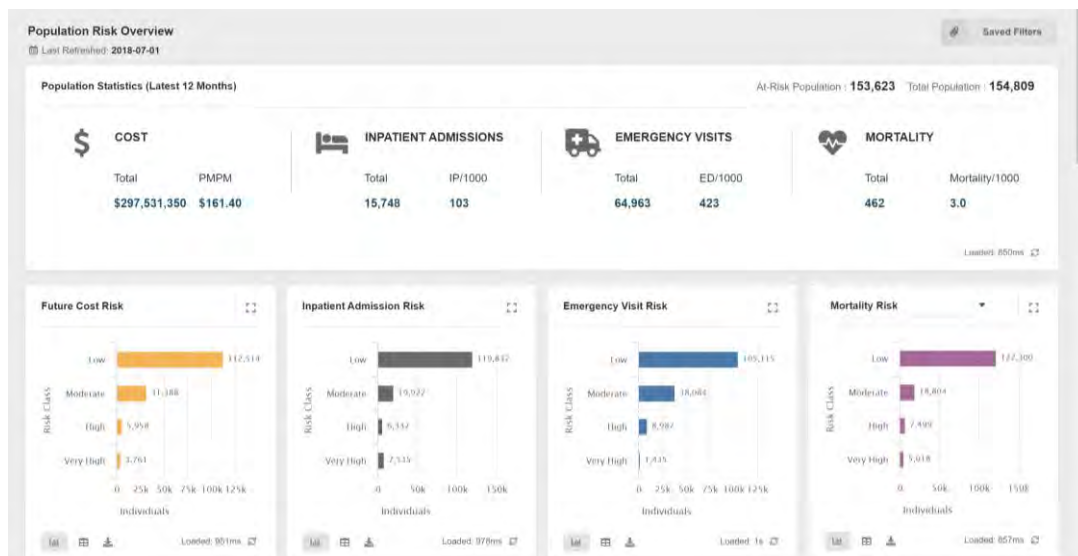
[www.hbisolutions.com](http://www.hbisolutions.com)

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## Population Health Example: Population Level

tions



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## Population Health Example: Population Level

**I**solutions

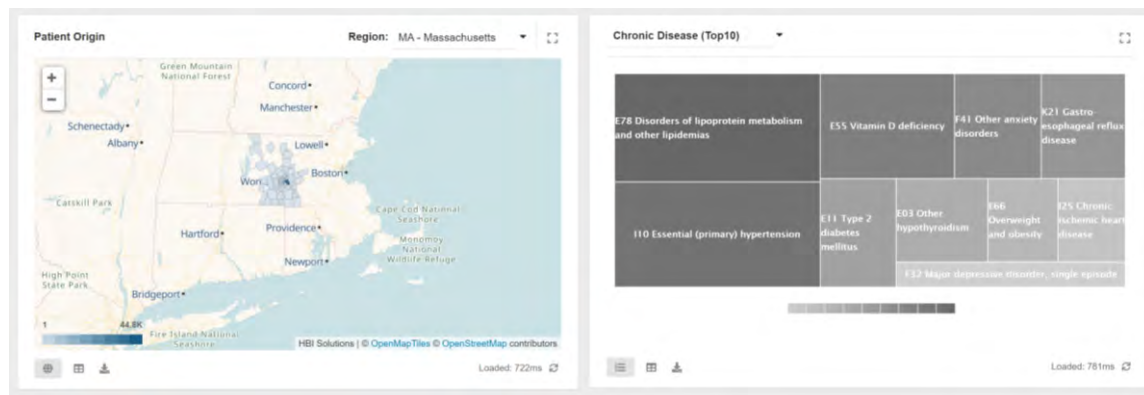


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## Population Health Example: Population Level

**HBI**solutions

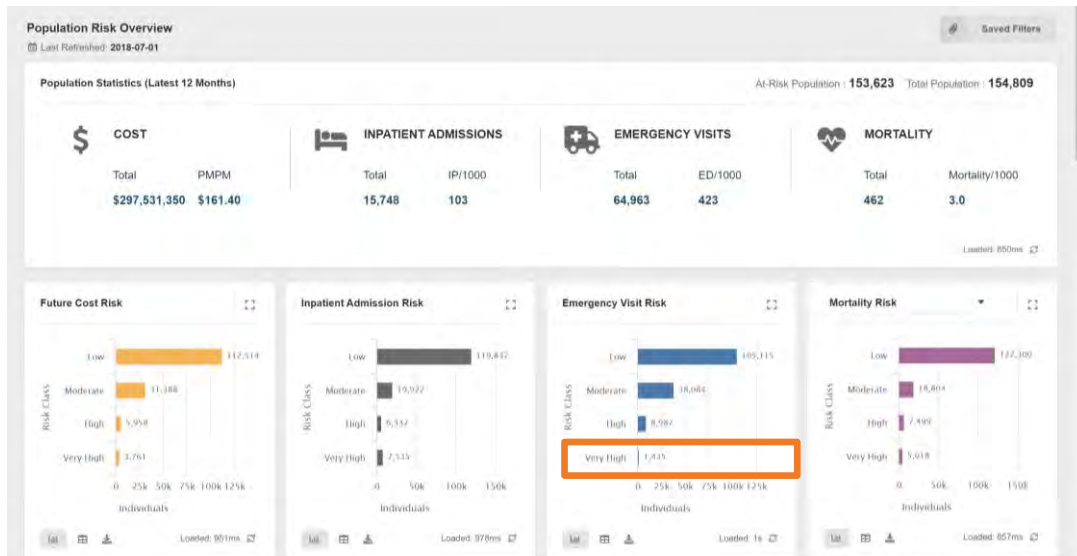


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## Population Health Example: High Risk Emergency Visit Patients: Population Level

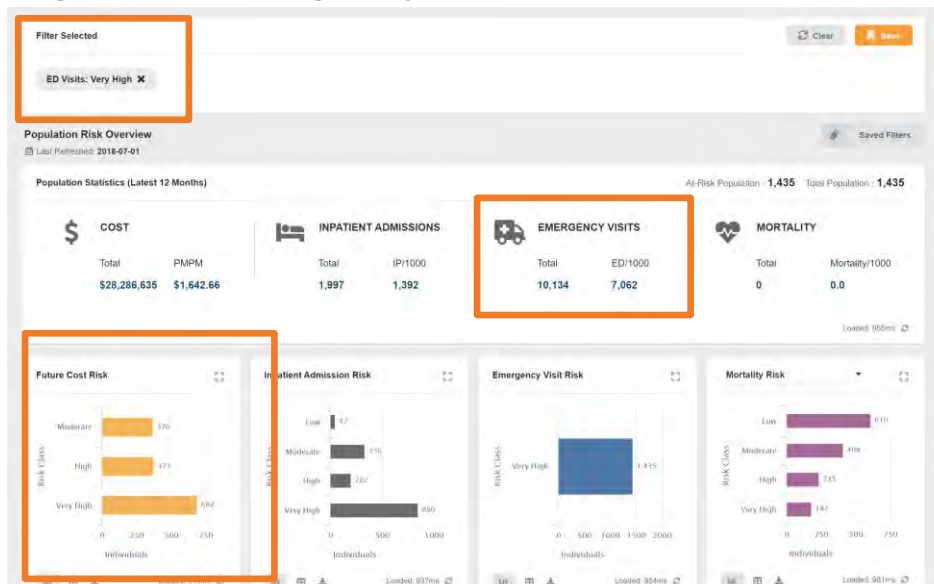
tions



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## Population Health Example: High Risk Emergency Visit Patients: Population Level



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## Population Health Example: High Risk Emergency Visit Patients: Patient List



### Patient List

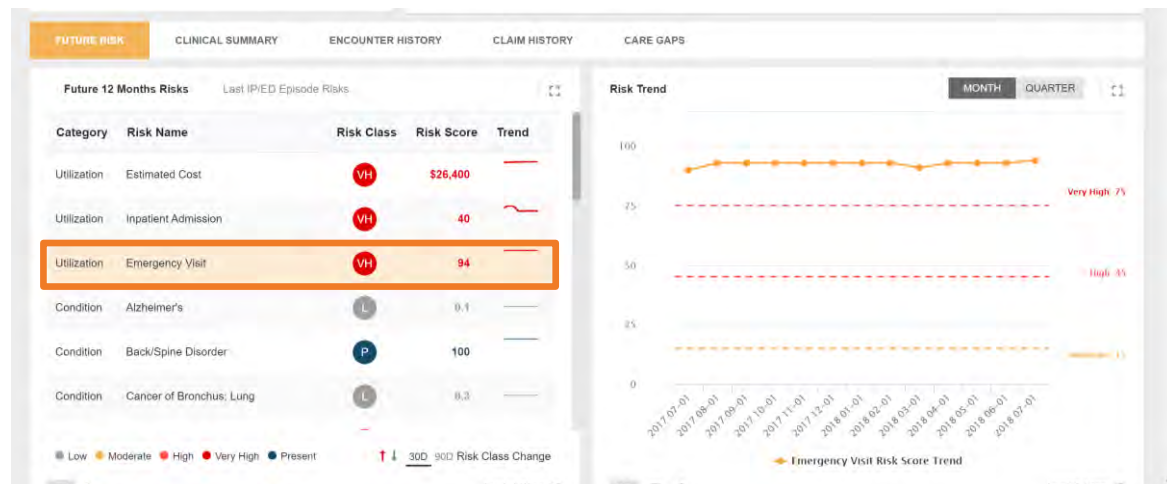
Showing 1 to 15 of 1,435 patients, ordered by ED1Y descending.

Patient MPI	ActEncounter	Last Name	First Name	DoB	Age	Gender	Cost1Y	ED1Y	IP1Y	ALZ	AMI	Asthma	BackDis	CALung
100335	NO	Peterson	Aviel	1960-11-01	57	Male	VH	VH	VH	L	L	L	P	L
293408	NO	Clay	Lisa	1986-10-10	29	Female	H	VH	VH	L	L	L	L	L
284212	NO	Nichols	Susan	1970-02-21	48	Female	VH	VH	VH	L	L	L	VH	L
283132	NO	Djakovic	Frances	1994-04-08	24	Female	H	VH	VH	L	L	H	L	L
282626	NO	Mastrolito	Lola	1984-02-09	34	Female	VH	VH	VH	L	L	M	L	L
280308	YES	Ingersol	Alexandra	1992-06-22	26	Female	VH	VH	M	L	L	VH	L	L
278651	NO	Salm	Roberta	1955-11-19	62	Female	VH	VH	VH	L	M	L	P	L
278020	NO	Martinez	Agnes	1983-05-28	35	Female	VH	VH	H	L	L	VH	M	L
277251	NO	Walker	Rob	1968-06-22	50	Male	H	VH	VH	L	M	M	VH	L
276808	NO	Van De Griek	Edward	2017-10-16	0	Male	H	VH	VH	L	L	L	L	L
275328	NO	Kovalev	Uma	1974-04-30	44	Female	VH	VH	VH	L	L	VH	VH	L

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## Population Health Example: High Risk Emergency Visit Patients: Individual Level



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## Population Health Example: High Risk Emergency Visit Patients: Individual Level

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### Risk Feature

Emergency Visit Risk, ordered by Odds Ratio descending.

Risk Category	Risk Description	Odds Ratio
Utilization	Patient had 6+ (18) Outpatient visit(s) in the last 12 months	10.31
Utilization	Patient had 3+ (12) Emergency Room visit(s) in the last 12 months	8.44
Disease Events	Patient had 1 Emergency Room visit(s) with [R109 Unspecified abdominal pain] in the last 12 months	3.93
Utilization	Patient had \$16,560 Medical Cost(s) in the last 12 months	3.34
Factors Influencing Health Status	Patient diagnosed with [Z53 Persons encounter with serv for spec proc & trmt, not ord out] in the last 12 months	3.21
Acute Diseases	Patient diagnosed with acute disease [R11 Nausea and vomiting] in the last 12 months	3.18
Disease Events	Patient had 2 Emergency Room visit(s) with [R079 Chest pain, unspecified] in the last 12 months	2.98
Chronic Diseases	Patient diagnosed with chronic disease [F17 Nicotine dependence] in the last 24 months	2.60
Chronic Diseases	Patient diagnosed with chronic disease [F41 Other anxiety disorders] in the last 24 months	2.54
Chronic Diseases	Patient diagnosed with chronic disease [G69 Pain, not elsewhere classified] in the last 24 months	2.52

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## ANALYTICS FOR POPULATION HEALTH, QUALITY MEASURES, AND ADDRESSING GAPS IN CARE

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# RS21 NM COMMUNITY INSIGHTS TOOL

**SYNCRONYS**  
**Annual User Conference**  
09/2021

RS21 HEALTH LAB



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## WE ARE RS21.

**2021: RS21 acquired VMA to create the Health Lab.**

Our mission is to advance health equity  
+ improve healthcare through data.

We work to improve health equity, healthcare costs, and health of communities by integrating and analyzing multiple, disparate, and complex data.

**Data Scientists + AI practitioners, Data Engineers, Developers +  
User Experience Designers  
in Albuquerque, NM**



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## WE WORK ACROSS THE HEALTH ECOSYSTEM



Health  
Plans &  
Employers



Health  
Systems



HHS  
Programs



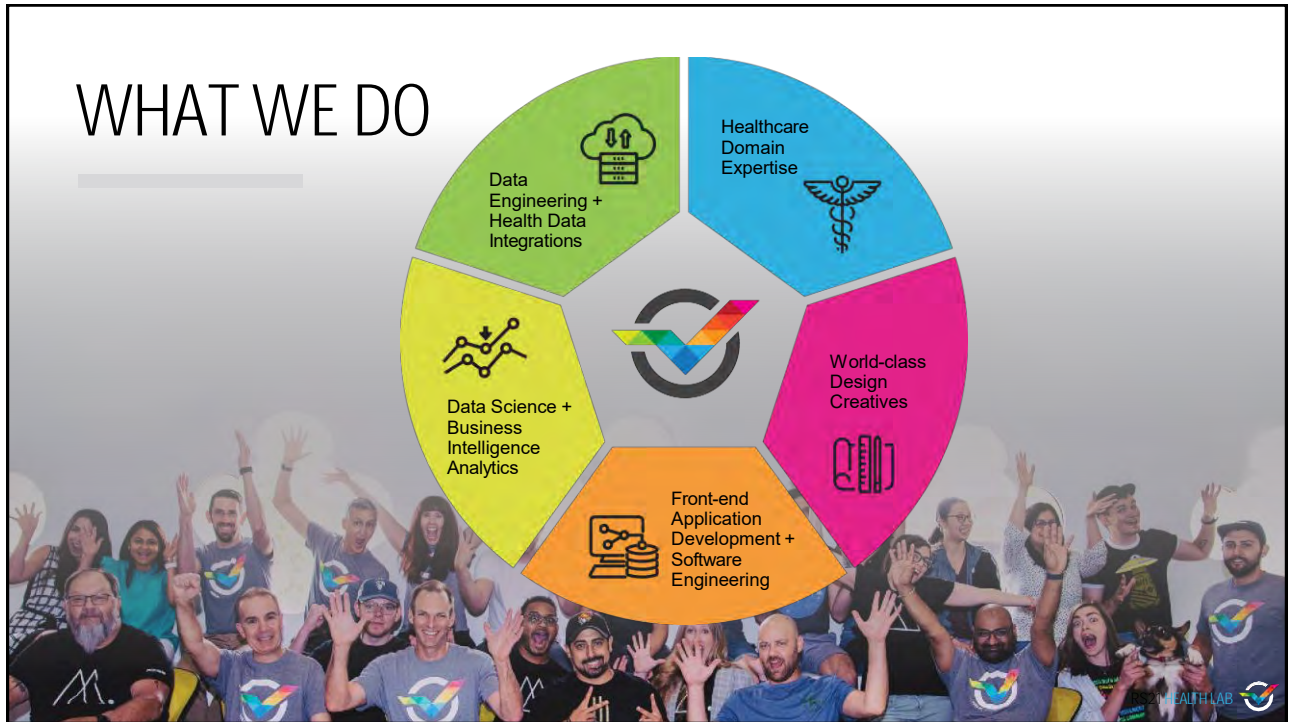
Public Health +  
Government



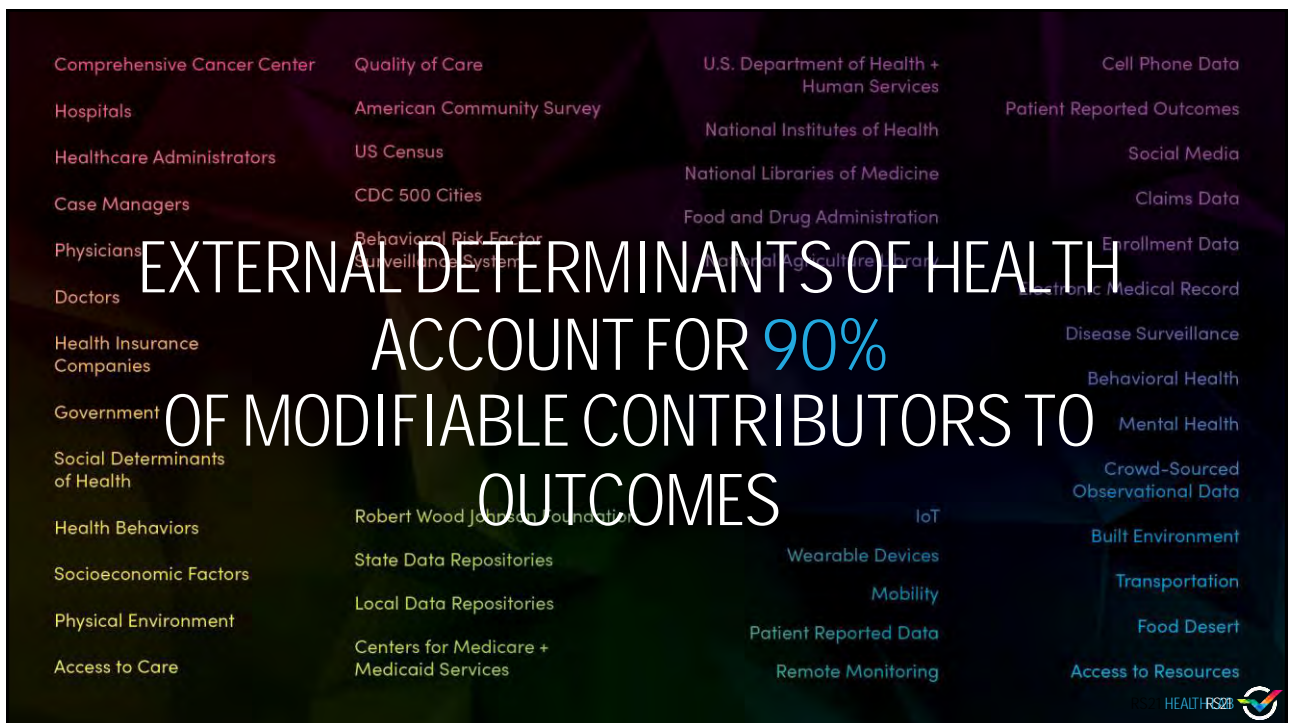
Health Tech  
Vendors

RS21 HEALTH LAB 

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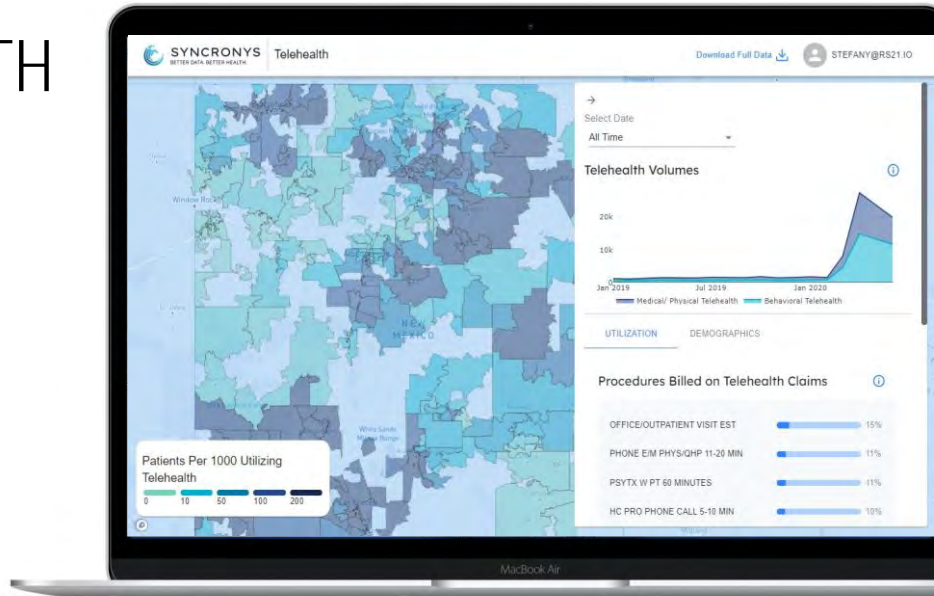
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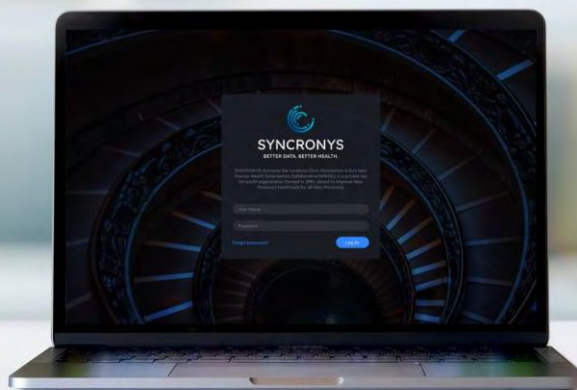
# TELEHEALTH TRACKER



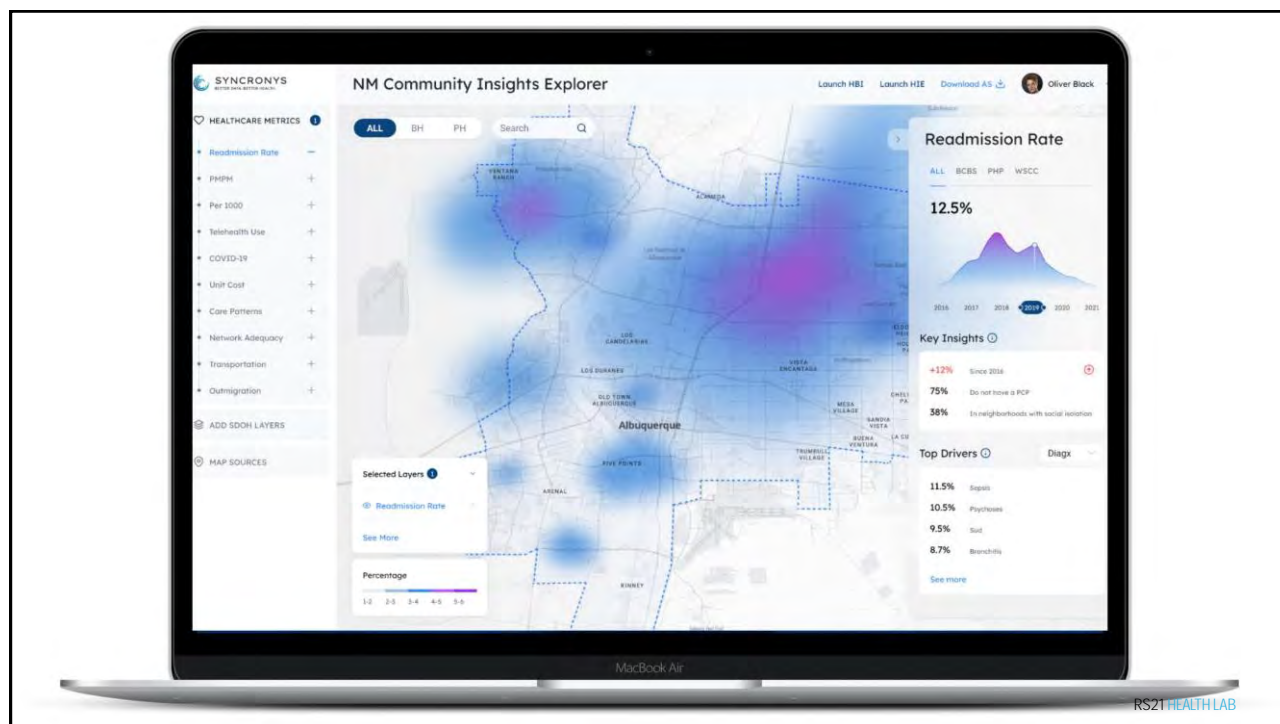
RS21 HEALTH LAB

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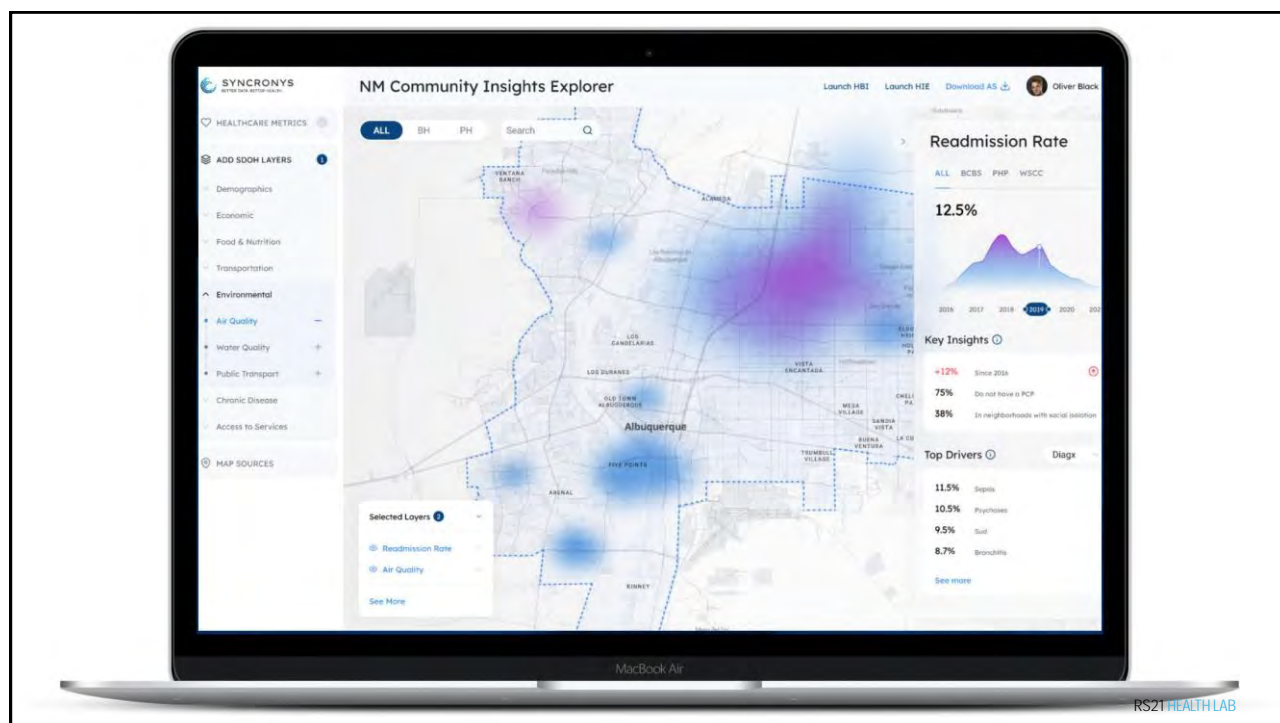
# SYNCRONYS NM COMMUNITY EXPLORER



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You will receive a survey via e-mail after the conference.  
We'd appreciate your feedback!

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## THANK YOU FOR JOINING US!

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