






2

 SYNCRONYS <small>BETTER DATA. BETTER HEALTH.</small>	BETTER DATA. BETTER HEALTH EQUITY.
2022 SYLLABUS	Platinum Sponsors  
	In-person participants have received an abridged syllabus; the full document is on our website at the following URL: https://www.synchronys.org/2022-conference-syllabus-and-videos/

3

	<h2 style="color: #0070C0;">Welcome!</h2> <p>Announcements, Acknowledgements, Opening Remarks</p> <p>Terri Stewart, MS HCA, MT (ASCP) President & CEO, SYNCRONYS</p>
 September 22-23, 2022	BETTER DATA. BETTER HEALTH EQUITY.
Platinum Sponsors  	

4

Thank you, sponsors!

Platinum Sponsors:




5

Thank you, sponsors!

Gold Sponsors:




**BlueCross BlueShield
of New Mexico**
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Equal Opportunity Member of the Blue Cross and Blue Shield Association



6

Thank you, sponsors!

Silver Sponsor:


 A PointClickCare® Company

7

Thank you, supporters!

Supporters:

8

Thank you, Board of Directors!

- **J. Randle Adair**, DO, PhD – Board Chair – Internist, NM Oncology Hematology Consultants
- **Michael J. Crossey**, MD, PhD, CEO of TriCore Reference Laboratories
- **Thomas East**, PhD, Chief Technology Officer/Vice President, SYNCRONYS
- **Maggie McCowen**, LISW, MBA, Executive Director New Mexico Behavioral Health Providers' Association
- **Soyal Momin**, Sr VP & Chief Analytics Officer, Presbyterian Health Services
- **Dusadee Sarangarm**, MD, UNM ED Assoc CMIO
- **Curt Schatz**, MBA, VP, IT Operations & Strategic Initiatives, OptumCare Mountain West
- **Rep. Elizabeth "Liz" Thomson**, New Mexico State Representative
- **Kiko Torres**, MD, CPE
- **Nancy J. Wright**, MD, Las Vegas Medical Group, Pediatrics
- **Steven P. Kanig**, MD - Past Chair/Emeritus - President and Developer, Custom EHR
- **Martin Hickey**, Emeritus, New Mexico State Senator
- **Teresa Stewart**, President and CEO SYNCRONYS (as *Ex Officio*)
- **Kari Armijo**, Deputy Secretary, Human Services Department (as *Ex Officio*)
- **Chad Smelser**, MD, NM Dept of Health (as *Ex Officio*)

9

Thank you, Advisory Committee!

- **Galina Priloutska**, Director of Quality Improvement, Molina Healthcare (*Committee Chair*)
- **J. Randle Adair**, DO, PhD, Internist, NM Hematology Consultants - SYNCRONYS Board Chair
- **Mario Cruz**, MD, UNM Health, ACMIO
- **David Goldstein**, MD, UNM Associate Professor-Clinical Educator
- **Eileen Goode**, RN, CEO, New Mexico Primary Care Association
- **Jon Helm**, First Choice Healthcare
- **Chris Hobson**, MD, CMO Orion Health
- **Ryan Levi**, Director of Federal Quality Programs - UNM Health System
- **Meggin Lorino**, Executive Director, New Mexico Association for Home & Hospice Care
- **Rhonda Mayorga**, PhD, COO, Radiology Associates of Albuquerque & AILLC
- **Terry Reusser**, Service Management Bureau Chief, NM Department of Health
- **Curt Schatz**, MBA, VP, IT Operations & Strategic Initiatives, OptumCare Mountain West – SYNCRONYS Board Sponsor
- **Steven Stoddard**, Executive Director, NM Rural Hospital Network
- **Joseph Tighe**, NM DOH Human Services Department
- **Rick VanNess**, Director of Product Development, Rhodes Group
- **Timothy Washburn**, RN, Chief Clinical Officer, Electronic Caregiver
- **John Williams**, MD
- **Amir Wodajo**, MS, CCM, Director, Care Coordination, Western Sky Community Care

10

Thank you, Planning Committee!

- **Galina Priloutska**, Director of Quality Improvement, Molina Healthcare
- **Mario Cruz**, MD, UNM Health, ACMIO
- **Rhonda Mayorga**, PhD, COO, Radiology Associates of Albuquerque & AILLC
- **Rick VanNess**, Director of Product Development, Rhodes Group

SYNCRONYS:

- Michael Apodaca
- Thomas East
- Denise Estes
- Ann Houston-Nevarez
- Cyndi Payne
- April Salisbury
- Terri Stewart
- Valerie Martinez, Registrar

11

Special Thanks,

Constellation Consulting for their assistance with moderation of our virtual breakout sessions

12

Better Data. Better Health Equity.

13

Enhancing the HIE has Brought together innovators . . .

... TO TRANSFORM LIVES & DELIVER HIGH QUALITY SOLUTIONS FOR HEALTHCARE IN NEW MEXICO

14

Introduction of our Keynote Speaker

David R. Scrase
MD, MHSA, MACP
 Professor, Internal Medicine and Geriatrics,
 University of New Mexico School of Medicine
 Cabinet Secretary, New Mexico Health
 and Human Services Department
 Acting Cabinet Secretary for the
 New Mexico Department of Health

SYNCRONYS
 BETTER DATA. BETTER HEALTH EQUITY.
 September 22, 2022

15

Slides will be added to the syllabus following the conference.

SYNCRONYS
 BETTER DATA. BETTER HEALTH EQUITY.

16

Questions?

SYNCRONYS
 BETTER DATA. BETTER HEALTH EQUITY.

17

	BETTER DATA. BETTER HEALTH EQUITY.
September 22-23, 2022	Platinum Sponsors
<i>Make connections. Share ideas. Discover new ways to collaborate. Learn about new resources.</i>	Refreshments Networking Exhibits

18

	BETTER DATA. BETTER HEALTH EQUITY.
2022 SYLLABUS	Platinum Sponsors
	In-person participants have received an abridged syllabus; the full document is on our website at the following URL: https://www.syncronys.org/2022-conference-syllabus-and-videos/

19

How SYNCRONYS Participation Supports New Mexico's and CMS National Quality Strategy's Goals



Thomas East
PhD, CHCIO
Chief Technology Officer, Vice President
SYNCRONYS

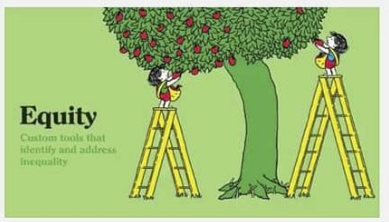


BETTER DATA. BETTER HEALTH EQUITY.

September 22, 2022

20

What kind of tools can SYNCRONYS provide to help identify and address inequality?




Equity
Custom tools that identify and address inequality

Tony Ruth, @lunchbreath


22

Broken data systems suffer from & perpetuate structural inequities

- Lack of race, ethnicity, language (REL) data for racialized groups "effectively erases their existence".**
 - Data invisibility and "erasure is a kind of violence"
 - Pre-pandemic, two-thirds of commercial health plans, half of Medicaid plans, and over one-quarter of Medicare plans reported missing race data for at least half of their membership.
- Limited connections between public health, healthcare and social service organizations**
 - Disconnected, aggregated, and time-lagged information hindered COVID-19 public health response efforts and compounded structural violence
- Limited social needs data / lower priority given to social services**
 - Makes it hard for providers & place-based initiatives to address social drivers of health inequities & improve outcomes in marginalized communities




Presentation given at CIVITAS 2022 Annual Meeting by Rishi Manchanda, M.D., M.P.H. <https://healthbegins.org/>



BETTER DATA. BETTER HEALTH EQUITY.

23

Broken data systems suffer from & perpetuate structural inequities

- Lack of race, ethnicity, language (REL) data for racialized groups "effectively erases their existence".**
 - SYNCRONYS is focusing on improving the quality of demographic and REL data from a variety of sources
- Limited connections between public health, healthcare and social service organizations**
 - SYNCRONYS is participating with public health to respond to emergencies such as COVID 19 and healthcare
- Limited social needs data / lower priority given to social services**
 - SYNCRONYS can provide coordination and interoperability for standardized SDOH data and Closed Loop Referral for social services.




Presentation given at CIVITAS 2022 Annual Meeting by Rishi Manchanda, M.D., M.P.H. <https://healthbegins.org/>



BETTER DATA. BETTER HEALTH EQUITY.

24

Broken data systems suffer from & perpetuate structural inequities

- Algorithms that do not account for circumstances and concerns of marginalized communities**
 - Perpetuates and compounds structural violence
 - For example, a widely-used algorithm recommended less health care to Black patients despite greater health needs. It reached massive scale without anyone catching it—not the makers of the algorithm, not the purchasers, not those affected, and not regulators
- Populations and communities have limited opportunities to inform or access actionable, place-based health data and insights**
 - Increases marginalization, fragmentation, and dependence on harmful data systems




Presentation given at CIVITAS 2022 Annual Meeting by Rishi Manchanda, M.D., M.P.H. <https://healthbegins.org/>





BETTER DATA. BETTER HEALTH EQUITY.


25

Broken data systems suffer from & perpetuate structural inequities

- Algorithms that do not account for circumstances and concerns of marginalized communities**
 - SYNCRONYS Advanced Analytics uses machine learning based on the NM population to tune its algorithms to our population. SYNCRONYS can work with its partners to review structural inequities inherent in algorithms.
- Populations and communities have limited opportunities to inform or access actionable, place-based health data and insights**
 - SYNCRONYS can provide appropriate access to integrated, real time, place based health data and insights to a broader group of stakeholders


Presentation given at CIVITAS 2022 Annual Meeting by Rishi Manchanda, M.D., M.P.H. <https://healthbegins.org/>




BETTER DATA. BETTER HEALTH EQUITY.

26

Health Data Utilities: Core Infrastructure for Equity?

- Developed by Civitas Networks for Health 
- Health Data Utilities (HDUs) are statewide entities that combine, enhance, and exchange electronic health data across care and services settings for treatment, care coordination, quality improvement, and public and community health purposes through specific, defined use cases in accordance with applicable state and federal laws protecting patient privacy
 - A HDU is a foundation for democratizing health data**
- Emphasize multistakeholder participation, public health and clinical use cases, and data governance
- Use cases include: Access, Social care, Consumer engagement, Care delivery, Public health, Quality
- Opportunity to promote health equity across use cases
 - SYNCRONYS is designed as a Health Data Utility with multistakeholder participation.
 - SYNCRONYS includes public health and clinical use cases and data governance
 - SYNCRONYS use cases include access, care delivery, public health and quality.
 - SYNCRONYS intends to add Social Care and Customer Engagement.

Presentation given at CIVITAS 2022 Annual Meeting by Rishi Manchanda, M.D., M.P.H. <https://healthbegins.org/>




BETTER DATA. BETTER HEALTH EQUITY.

27

What is a Health Data Utility (HDU)?

- A Health Data Utility (HDU) is an emerging concept
- An HDU is an organization that serves the health data / analysis needs of its state – both the private-sector (healthcare providers, payers, employers) and State government
 - Therefore... HDUs must have cooperative relationships with State government... and any other sector they serve
- HDUs are not-for-profit organizations (or possibly state-government run)
- There are many organizations that exist across the country



BETTER DATA. BETTER HEALTH EQUITY.

28


How is it different from an HIE?

HIE

- Everyone here knows what an HIE is and does... secure exchange, curation, analysis of health data (etc.)
- But in each state, there are many programs, functions, and needs requiring the secure exchange, curation, and/or analysis of health data not typically performed by the HIE.

HDU

- Increasingly, these functions are being aggregated into a single statewide not-for-profit organization... a statewide health data utility (HDU)




BETTER DATA. BETTER HEALTH EQUITY.

29

CMS National Quality Strategy goals

- Embed Quality into the Care Journey:** Incorporate quality as a foundational component to delivering value as a part of the overall care journey.
- Advance Health Equity:** Address the disparities that underlie our health system, both within and across settings, to ensure equitable access and care for all.
- Promote Safety:** Prevent harm or death from health care errors.
- Foster Engagement:** Increase engagement between individuals and their care teams to improve quality, establish trusting relationships, and bring the voices of people and caregivers to the forefront.
- Strengthen Resilience:** Ensure resilience in the health care system to prepare for, and adapt to, future challenges and emergencies.
- Embrace the Digital Age:** Ensure timely, secure, seamless communication and care coordination between providers, plans, payers, community organizations, and individuals through interoperable, shared, and standardized digital data across the care continuum.
- Incentivize Innovation & Technology:** Accelerate innovation in care delivery and incorporate technology enhancements (e.g. telehealth, machine learning, advanced analytics, new care advances) to transform the quality of care and advance value.
- Increase Alignment:** Develop a coordinated approach to align performance metrics, programs, policy, and payment across CMS, federal partners, and external stakeholders to improve value.








<https://www.cms.gov/MedicaidQualityInitiatives/PatientAssessmentInstruments/Value-BasedPrograms/CMS-Quality-Strategy>

30

CMS National Quality Strategy goals

- Embed Quality into the Care Journey:** Incorporate quality as a foundational component to delivering value as a part of the overall care journey.
 - SYNCRONYS supports quality initiatives by providing community centric real time data. Real time data enables interventions that will have the highest likelihood of making an impact
 - SYNCRONYS has clinical decision support tools such as the Hepatitis C management use case that helps providers to deliver optimal quality care
 - SYNCRONYS offers HBI Analytics with NCQA certified quality measures for HEDIS and MIPS and validated risk models
 - SYNCRONYS is also working on NCQA Data Aggregator Validation what will produce high quality, pre validated data for use in quality measures.




BETTER DATA. BETTER HEALTH EQUITY.

31

CMS National Quality Strategy goals

- Advance Health Equity:** Address the disparities that underlie our health system, both within and across settings, to ensure equitable access and care for all.

Addressed in previous slides



BETTER DATA. BETTER HEALTH EQUITY.


32

CMS National Quality Strategy goals

3. Promote Safety: Prevent harm or death from health care errors.

SYNCRONYS provides:

- A longitudinal medical record across different health care systems, clinics and other locations of care
- This record is updated in real time
- Provides information on allergies, medical history, procedures, diagnostic testing and imaging which can all be used to minimize harm or death
- Emergency department optimization module which delivers targeted patient insights regarding substance abuse, security issues, ED overutilization and others.
- Substance use disorder module increasing awareness and supporting workflows to patients suffering from SUD.
- Image sharing to reduce the duplication or imaging studies and reduce radiation exposure.




33

CMS National Quality Strategy goals

4. Foster Engagement: Increase engagement between individuals and their care teams to improve quality, establish trusting relationships, and bring the voices of people and caregivers to the forefront.

SYNCRONYS:

- Provides Orion Health Coordinate and Circle of Care
- Is starting a project to develop payer APIs to allow Medicaid fee for service participants to use apps to access information about claims, providers and medications




34

CMS National Quality Strategy goals

5. Strengthen Resilience: Ensure resilience in the health care system to prepare for, and adapt to, future challenges and emergencies.

SYNCRONYS

- Plays an integral role in public health reporting, syndromic surveillance, electronic lab reporting and responded quickly during Covid to integrate COVID data from a number of laboratories.
- Was used by New Mexico Medical Reserve Corps and homeless shelters during COVID for access to COVID testing and other clinical information
- Was used by extensively by DOH Epidemiology and Response Division and their COVID contact tracers
- Is actively used by NM Poison and Drug Information Center



35


CMS National Quality Strategy goals

6. Embrace the Digital Age: Ensure timely, secure, seamless communication and care coordination between providers, plans, payers, community organizations, and individuals through interoperable, shared, and standardized digital data across the care continuum.

SYNCRONYS provides a state-of-the-art population health platform as a foundation for a Health Data Utility for New Mexico

The SYNCRONYS Health Data Utility

- Participants include providers, plans, payers, community organizations, State Government
- Provides a foundation to support high value uses cases
- Includes FHIR APIs to enable applications to have appropriate and secure access to health data
- Utilizes HL7, IHE, ICD10, CPT, LOINC, SNOMED and other standards




36

CMS National Quality Strategy goals

7. Incentivize Innovation & Technology: Accelerate innovation in care delivery and incorporate technology enhancements (e.g. telehealth, machine learning, advanced analytics, new care advances) to transform the quality of care and advance value.

STAGE	INITIATIVE
7	Personalized medicine & precision analytics
6	Clinical risk intervention & prescriptive analytics
5	Real-time monitoring & predictive analytics
4	Population health & predictive analytics
3	Efficient, consistent internal and external report production and insight
2	Core data integration - connect centralized database with an analytics environment
1	Population health - data aggregation and other data governance
0	Population health - data governance



37

CMS National Quality Strategy goals

8. Increase Alignment: Develop a coordinated approach to align performance metrics, programs, policy, and payment across CMS, federal partners, and external stakeholders to improve value.

SYNCRONYS is working with a number of departments within HSD, DOH and Corrections to provide health data utility services


38

BETTER DATA. BETTER HEALTH EQUITY.

Questions?

39

Panel: Population Health and Health Equity



Panel Moderator
Vickie Tyas
President, Caraway Solutions

40

Panel: Population Health and Health Equity


Moderator: Vickie Tyas, Caraway Solutions

Panelists:

- **Nicole Yeo-Fisher**, MSW, LCSW, Clinical Education Manager, HealthInfoNet, Maine
- **Ryan Levi**, DNP, RN, CPN, Director of Federal Quality Programs, Value-Based Care, and Population Health Management for the University of New Mexico Health System
- **Wayne Honey**, MPH, Epidemiologist, Population and Community Health Bureau, NMDOH
- **Jackie Porter**, BSN, RNC-E, Senior Director Client Success, HBI Solutions


41

BETTER DATA. BETTER HEALTH EQUITY.



Nicole Yeo-Fisher
MSW, LCSW
Manager of Client Engagement
HealthInfoNet

42



Population Health and Health Equity Panel
SYNCRONYS User Conference

Analytic Use Cases and Training Approach Recommendations

Dedicated to helping our communities create lasting system-wide improvements in the value of patient care and population health.

43

Analytic Use Cases

Examples of how HealthInfoNet's end users are leveraging analytics in their workflows.

- Several FQHCs are using the platform daily/several times per week to better understand utilization and predicted risk of active patient population to determine order of follow up
 - Usage consists primarily of nurse care managers following up on transition of care and post-hospital discharge follow-up plans
 - A nurse per care team will often pull reports or one primary nurse for the office will pull reports and disseminate the information to various care teams as needed
- Inpatient hospital care managers are using the platform to pull utilization reports for patients who are currently admitted; helps prioritize discharge follow-up plans based on risk score and estimated discharge date
- ACOs are using the platform to review transition risk as a way of monitoring member organizations for quality purposes

© 2022 HealthInfoNet • All Rights Reserved • SYNCRONYS Conference

44

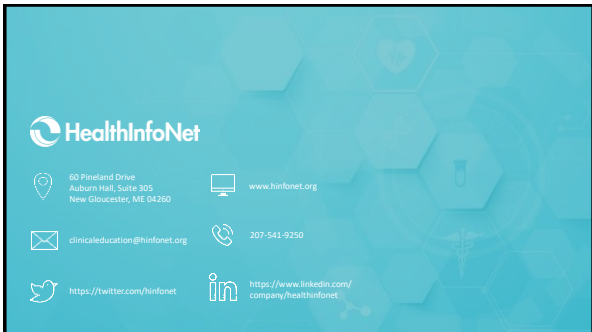
Training Approach Recommendations

Ways to engage users to ensure optimal use of analytic services.

- HealthInfoNet has a dedicated Clinical Education team for training and education needs
 - Training is done (a) in-person, (b) virtually via Zoom/Teams, or (c) self-service via our online learning platform, HealthInfoNet Academy
 - Utilize online education tools for new hires prior to sharing access to analytics tool
 - Suggest a train-the-trainer program for organizations, when appropriate
 - Recognize that use case and workflow will vary depending upon the organization and the role of the user; it is important to train on all aspects of the tool knowing that the user will need to adjust given role/organization
 - Provide refresher trainings once an organization's users start to actually leverage the tool
 - Make sure that the HIE education team is always available for questions and clarification

© 2022 HealthInfoNet • All Rights Reserved • SYNCRONYS Conference 45

45



HealthInfoNet

60 Pineland Drive
Auburn Hall, Suite 305
New Gloucester, ME 04230

www.hinfor.net

clinicaleducation@hinfor.net

207-541-9250

<https://twitter.com/hinfor.net>

<https://www.linkedin.com/company/healthinfonet/>

46



Ryan Levi
DNP, RN, CPN
Director of Federal Quality Programs,
Value-Based Care, and Population Health
Management
University of New Mexico Health System

BETTER DATA. BETTER HEALTH EQUITY.

47

Improving Patient Care

Population Health Management

- Quality Reporting and Promoting Interoperability
- Value-Based Contract Performance
- Improving patient outcomes and reducing the cost of care

Creating a more comprehensive longitudinal health record

- Encounter History
- Clinical Notes
- Diagnostics Results
- Medication Claims
- Advance Directives

BETTER DATA. BETTER HEALTH EQUITY.

48

SYNCRONYS: Closing Gaps in Care

Improved Quality Reporting

- Merit-Based Incentive Payment System (MIPS)
- Value-Based Contracts

Current Use Cases:

- Weight Assessment and Counseling for Physical Activity for Children/Adolescents
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications
- Measure exceptions

BETTER DATA. BETTER HEALTH EQUITY.

49

HBI: Closing Gaps in Care

Healthcare Effectiveness Data and Information Set (HEDIS)

- Compare and reconcile with existing records
- Identify community gap closures

Current Use Cases:


- Breast Cancer Screening
- Colorectal Cancer Screening
- Statin Therapy
- Transitions of Care

BETTER DATA. BETTER HEALTH EQUITY.

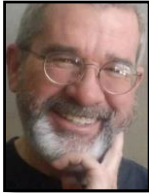
50

Future Use Cases


- Cost and Utilization
- Claims Attribution
- Identifying Special Populations (SDOH)
- Follow-up post Hospitalization and ED
- Follow-up post Hospitalization and ED for Mental Health
- Transition Risk




51




Wayne Honey
 MPH
 Epidemiologist, Population & Community Health Bureau
 New Mexico Department of Health




52




The Need for Improved Testing for and Diagnosis of Prediabetes And Referral to Evidence-based Lifestyle Change Programs
 Population Health and Health Equity Panel
 Synchrony User Conference




Diabetes Prevention and Control Program
 Population and Community Health Bureau
 Public Health Division
 NM Department of Health
 Wayne A. Honey, MPH
 September 22, 2022



53



Jackie Porter
 BSN, RNC-E
 Senior Director Client Success
 HBI Solutions




66

Transition Risk Management

Identify members at elevated risk for Readmission (ED and Inpatient)

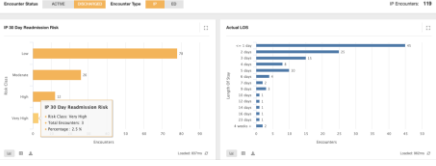
- Before discharge for discharge planning
- After discharge for follow-up

- SYNCRONYS enables identification of IP and ED admissions and discharges across 76 facilities in one place
- HBI Spotlight enables filtering into smaller cohorts by demographics, geography, chronic or admission condition, risk attributes, encounter date and Facility.



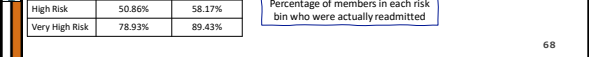
67

IP Discharges in the last 7 days, Filtered to a single discharge facility



	Inpatient 30 day	ED 30 day
Moderate Risk	20.56%	31.1%
High Risk	50.86%	58.17%
Very High Risk	78.93%	89.43%

Risk Model Validation Results
 Percentage of members in each risk bin who were actually readmitted



68

Patient Origin and Primary Dx Groups

Primary Dx Group	Encounters
1. I95 Other diseases of the circulatory and endocrine systems	2
2. J98 Respiratory failure, not elsewhere classified	4
3. M67 Osteoporosis	4
4. I69 Heart failure	3
5. J18 Pneumonia, unspecified organism	5
6. I25 Culture and acute myocardial infarction	3
7. I67 Acute ischemic stroke	3
8. I21 Acute myocardial infarction	2
9. I42 Coronary atherosclerosis	2
10. J62 Asthma	2
11. I65 Cerebral	2

69

Encounter List – Sorted by Readmission Risk Very High to Low

Encounter #	Encounter Status	Facility Name	Last Name	First Name	IPSD	Mortality Y/N	Gender	DOB	Age	Encounter Type
4989320	DISCHARGED	CHRISTELUS ST. VINCENTS REG MED CTR	Last Name	First Name			Male	1979-09-14	45	Inpatient
4981505	DISCHARGED	CHRISTELUS ST. VINCENTS REG MED CTR	Last Name	First Name			Female	1997-09-26	24	Inpatient
4988777	DISCHARGED	CHRISTELUS ST. VINCENTS REG MED CTR	Last Name	First Name			Male	1977-02-14	44	Inpatient
4884133	DISCHARGED	CHRISTELUS ST. VINCENTS REG MED CTR	Last Name	First Name			Female	1988-02-03	34	Inpatient
4989380	DISCHARGED	CHRISTELUS ST. VINCENTS REG MED CTR	Last Name	First Name			Female	1980-01-23	37	Inpatient
4931812	DISCHARGED	CHRISTELUS ST. VINCENTS REG MED CTR	Last Name	First Name			Female	2003-03-20	22	Inpatient
4900789	DISCHARGED	CHRISTELUS ST. VINCENTS REG MED CTR	Last Name	First Name			Female	1992-09-17	29	Inpatient

70

Scrolling to the right – available encounter information

Admission Date	Discharge Date	Discharge Disposition	PCP	Primary Diagnosis	Primary Procedure
2022-07-04 20:09	2022-08-03 16:15		JOHN TERRELL REID	K72.85 Hepatic failure, unspecified without coma	
2022-08-10 17:45	2022-08-20 17:21		SHARIE E FRIEYER	F11.29 Opioid dependence with unspecified opioid-induced disorder	
2022-08-22 16:53	2022-08-23 17:44		ELIZABETH ANNE DONLONSON	E87.0 Hypokalemia	
2022-08-18 14:30	2022-08-03 17:38				
2022-08-17 11:41	2022-08-20 21:11				
2022-08-19 11:59	2022-08-23 16:16				
2022-08-22 21:48	2022-08-23 10:16		KENT FRANK AROUBRIGHT	O68.8X1 Maternal care for excess fetal growth, third tr, fetus 1	

71

Selecting an encounter takes you to the Individual Profile for that member

First Name: Last Name (Male)

DOB: MM/DD/YYYY

PCP: PCP Name

Address Info

13 admissions, 1 visits, 13 outpatient visits, \$68,706 medical costs

Category Risk Score Trend

- Calculation: Patient Cost: **RED**
- Calculation: Inpatient Admissions: **OR**
- Calculation: Emergency Visit: **OR**
- Calculation: Care of Services Long: **OR**
- Calculation: Complete Heart Failure: **OR**
- Calculation: Chronic Kidney Disease: **OR**

72

Features driving IP Readmission risk

Risk Category	Risk Description	Risk Ratio
Admission	Patient had 3+ Inpatient Admissions in the last 12 months	11.12
Chronic Diseases	Patient diagnosed with chronic disease [E87.0] (chronic disease) elsewhere in the last 24 months	10.12
Acute Diseases	Patient diagnosed with acute disease [E87.0] (acute disease) in the last 12 months	9.85
Chronic Diseases	Patient diagnosed with chronic disease [J98] (Respiratory failure, not elsewhere classified) in the last 24 months	8.75
Chronic Diseases	Patient diagnosed with chronic disease [J98] (Other pulmonary heart disease) in the last 24 months	8.67
Chronic Diseases	Patient diagnosed with chronic disease [I67] (Other diseases of heart) elsewhere in the last 24 months	8.75
Chronic Diseases	Patient diagnosed with chronic disease [I67] (Other diseases of heart) elsewhere in the last 24 months	8.22
Admission	Patient had 3+ Very High Inpatient Stay(s) in the last 12 months	7.21
Chronic Diseases	Patient diagnosed with chronic disease [I67] (Other diseases of heart) elsewhere in the last 24 months	6.97
Acute Diseases	Patient diagnosed with acute disease [I67] (Other diseases of heart, circulatory and endocrine systems) in the last 12 months	6.54
Chronic Diseases	Patient diagnosed with chronic disease [M67] (Osteoporosis) elsewhere in the last 12 months	6.85
Chronic Diseases	Patient diagnosed with chronic disease [M67] (Osteoporosis) elsewhere in the last 24 months	6.85
Acute Diseases	Patient diagnosed with acute disease [M67] (Osteoporosis, not elsewhere classified) in the last 12 months	5.85

73

Encounter History – Repeated admissions for Hyperkalemia

Facility Name	Encounter Type	Admission Date	Discharge Date	IPSD	EDCIS	Discharge Disposition	Primary Diagnosis
CHRISTELUS ST. VINCENTS REG MED CTR	Inpatient	2022-08-01 10:00	2022-08-01 17:40	1.1	84		E87.0 Hypokalemia
UNIVERSITY OF NEW MEXICO	Outpatient	2022-08-01 09:00	2022-08-01 09:00				
CHRISTELUS ST. VINCENTS REG MED CTR	Inpatient	2022-07-29 16:00	2022-07-29 16:10	1.1	86		
UNIVERSITY OF NEW MEXICO	Outpatient	2022-07-01 09:00	2022-07-01 09:00				
CHRISTELUS ST. VINCENTS REG MED CTR	Outpatient	2022-06-01 10:16	2022-06-02 07:30				W68.000 Contact with toxic agent with unspecified effects, other encounter
UNIVERSITY OF NEW MEXICO	Outpatient	2022-05-01 09:00	2022-05-01 09:00				
CHRISTELUS ST. VINCENTS REG MED CTR	Inpatient	2022-05-01 16:00	2022-05-01 16:44	0.1	86		M67.0 Osteoporosis with fracture of unspecified site
CHRISTELUS ST. VINCENTS REG MED CTR	Inpatient	2022-04-01 10:00	2022-04-01 16:07	1.2	86		E87.0 Hypokalemia
UNIVERSITY OF NEW MEXICO	Outpatient	2022-04-01 09:00	2022-04-01 09:00				
UNIVERSITY OF NEW MEXICO	Outpatient	2022-04-01 09:00	2022-04-01 09:00				
CHRISTELUS ST. VINCENTS REG MED CTR	Inpatient	2022-03-01 10:21	2022-03-01 20:12	1.2	84		E87.0 Hypokalemia
UNIVERSITY OF NEW MEXICO	Outpatient	2022-03-01 09:00	2022-03-01 09:00				

74

Clinical Summary

SEARCH FILTERS: **ALL PATIENTS** | **ENCOUNTER HISTORY** | **CLINICAL HISTORY** | **LABS DATA**

CHRONIC DISEASE CONDITIONS - Past 12 Months (12)

100-000 Presence of the blood and blood forming organs and related disorders including the immune system	100-000 Presence, functional and metabolic disorders	100-000 Presence of the nervous system	100-000 Presence of the respiratory system	100-000 Presence of the reproductive system	100-000 Presence of the musculoskeletal system
100-000 Presence of the circulatory system	100-000 Presence of the digestive system	100-000 Presence of the genitourinary system	100-000 Presence of the integumentary system	100-000 Presence of the sensory system	100-000 Presence of the endocrine system
100-000 Presence of the immune system	100-000 Presence of the mental and behavioral disorders	100-000 Presence of the eye and vision disorders	100-000 Presence of the musculoskeletal system and connective tissue	100-000 Presence of the integumentary system	100-000 Presence of the endocrine system, signs and symptoms related to endocrine system, including, but not limited to, diabetes mellitus, and endocrine neoplasms

ACUTE DISEASE CONDITIONS - Past 12 Months (12)

100-000 Other infectious and parasitic diseases	100-000 Injuries, toxicological and metabolic disorders	100-000 Presence of the eye and vision disorders	100-000 Presence of the musculoskeletal system and connective tissue	100-000 Presence of the integumentary system	100-000 Presence of the endocrine system, signs and symptoms related to endocrine system, including, but not limited to, diabetes mellitus, and endocrine neoplasms
100-000 Other infectious and parasitic diseases	100-000 Injuries, toxicological and metabolic disorders	100-000 Presence of the eye and vision disorders	100-000 Presence of the musculoskeletal system and connective tissue	100-000 Presence of the integumentary system	100-000 Presence of the endocrine system, signs and symptoms related to endocrine system, including, but not limited to, diabetes mellitus, and endocrine neoplasms

75

75

Clinical Summary

SEARCH FILTERS: **ALL PATIENTS** | **ENCOUNTER HISTORY** | **CLINICAL HISTORY** | **LABS DATA**

CHRONIC DISEASE CONDITIONS - Past 12 Months (12)

ACUTE DISEASE CONDITIONS - Past 12 Months (12)

Medication History

Dispense Date	Source	Therapeutic Class	Medication Code	Medication Name	Quantity	Days Supply
2021-09-10 09:00	Pharmacy Claim	SNLPH001	SNLPH001	HYDROXYCHLOROQUINE 250 MG TABLETS	30	30
2021-09-01 09:00	Pharmacy Claim	ANALGESIC	ANALGESIC	OXCODONE HCL 5 MG & MG TAB	100	30
2021-09-01 09:00	Pharmacy Claim	ANTIEMETIC	ANTIEMETIC	ALBUPTEROL 4MG BUCCAL TABLETS	4	30
2021-09-01 09:00	Pharmacy Claim	ANTIDEPRESSANT	ANTIDEPRESSANT	ALBUPTEROL 4MG BUCCAL TABLETS	4	30
2021-09-01 09:00	Pharmacy Claim	ANTIDEPRESSANT	ANTIDEPRESSANT	ALBUPTEROL 4MG BUCCAL TABLETS	4	30


76

76

Questions?

77

77





September 22-23, 2022

Virtual Zoom breakout rooms and In-Person roundtables

BETTER DATA. BETTER HEALTH EQUITY.

Platinum Sponsors

Breakouts / Feedback Groups

78

78

Instructions for Breakout Session

- The SYNCRONYS Advisory Committee requests your feedback.
- Choose your table by topic / stakeholder type.
- Choose your breakout room by topic / stakeholder type.
- Each breakout has a discussion leader and a scribe or virtual assistant.
- The session will run from 12-1 pm; in the last 10 minutes, please help the leader summarize your main ideas in 1-2 slides, which will be typed up and presented in a slide loop Friday morning.
- Your full notes will be shared with the Advisory Committee.

79

79

Break Out Groups


- Population Health
- SUD / CFR42 Part 2 Policy Impact on Care
- Providers & other Clinical HIE Users
- Pharmacists & Allied Health Professionals
- Community-based Organizations
- Hospitals & Post-acute Care Facilities
- Managed Care Organizations & Payers



80

80

Day 1 Closing Remarks







Terri Stewart,
MSHCA, MT (ASCP)
President & CEO, SYNCRONYS

81

Please join us again tomorrow morning!

- 7:30 am – Check-in, breakfast, and exhibits open
- Please test online connection by 7:45 am
- Feedback from the breakouts will be available for viewing during this time
- 8:00 am – Program resumes

82

		<p>BETTER DATA. BETTER HEALTH EQUITY.</p>	
<p>SYNCRONYS</p> 		<p>Platinum Sponsors</p>  	<p>For more information about our solutions and upcoming events, visit our website at www.syncronys.org.</p>

83