

## Break Out Session Highlights

### Population Health

What metrics, resources, or solutions would improve your SYNCRONYS user experience?

- Increased/centralized resources to address SDOH
- Increased participation in information sharing (MCOs, Providers, Hospitals, Ophthalmologist, Medications, etc.)
- Improved data standardization
- Access to supplemental data used for HEDIS gap closures
- Additional HEDIS measure
- Payer agnostic data that can be used to standardize workflows
- IHS data



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## Break Out Session Highlights

### SUD / CFR42 Part 2 Policy Impact on Care

- Providers see both Part 2 and non-Part 2 patients?
- Legally strong consent process
- Protecting rights of minors
- Can minors opt-in / opt-out?



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## Break Out Session Highlights Providers & other Clinical HIE Users Pg. 1

- Would like participation of more rural hospitals
- Patient access = Equity
- TriCore Results very good
- One click access from our EHR (workflow integration)
- Read-only patient access to SYNCRONYS data
- Matching need w/ providers
- Showing providers who would accept patient – e.g., BH providers
- Social Service Programs as members in SYNCRONYS with communication links to submit referrals



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## Break Out Session Highlights Providers & other Clinical HIE Users Pg. 2

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|---|---|
| <ul style="list-style-type: none"> <li>• Benefits:             <ul style="list-style-type: none"> <li>• Make informed care</li> <li>• Uploading records into EMR</li> <li>• Better for patient &amp; saves money</li> <li>• One stop shop</li> </ul> </li> <li>• Desires:             <ul style="list-style-type: none"> <li>• Reduce cost for smaller practices</li> <li>• Connectivity in rural areas</li> <li>• Standardization, gaps in core patient info</li> <li>• More participation in HIE (labs, imaging, etc.)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Improved or added features             <ul style="list-style-type: none"> <li>• Address how to get data from CCDs</li> <li>• More info from tribal partners – build trust</li> <li>• Coding consistency</li> <li>• Better integration between BH and PH</li> <li>• Education on benefits of HIE</li> <li>• SDOH info added by users</li> </ul> </li> </ul> |
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## Break Out Session Highlights Pharmacists & Allied Health Professionals

- Needs:
  - Interoperability – least amount of ‘clicks’
  - Other data external to New Mexico
- Access:
  - Students? Other means to help fund student access (COP)
  - Consultant PharmDs
- Cost?
  - One-time fee? Organization fee per users?
- Workflow:
  - Extra info is bonus – benefit for referrals (first step)



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## Break Out Session Highlights Community-based Organizations Pg.1

- Robust access to hospital data
- Alert system for SDOH
- More involvement from MCO care managers to flag accts
- Way to indicate needed pt. info for update (phone/email), etc.
- Connection to Social services that aren't health related (food banks, shelters, etc.)
- Show available appts to schedule for follow-up care
- Easier way for case managers, CHW, care managers to interact with the system
- Way to indicate high utilizers for hospitals/ED
- Show future scheduled appts at other facilities



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## Break Out Session Highlights

### Community-based Organizations Pg. 2

- Free clinic experience – small network linking clinic, ER, and HIE allowed for better continuum of care
- Participation in HIE requires assumption of significant responsibility in accessing and using information. Many CBOs don't have the legal and IT capacity to use this information
- How do we make information useful on the population side, like Health Council?
- Need aggregated real time community-level data on health and SDOH
- More SDH in an aggregated format, e.g., transportation



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## Break Out Session Highlights

### Hospitals & Post-acute Care Facilities

#### What's Working

- Amount of information for multiple facilities
- Discovering data is available for rural use
- Important for lowering readmissions

#### Suggestions:

- Specific training to workflow
- Make discharge planner a part of the care.

#### What's Not

- How to remove people not wanting to share data or being possessive over data
- Barriers to exchange across state lines
- How to make it more affordable to participate
- Reduce number of 'clicks'

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## Break Out Session Highlights

### Managed Care Organizations & Payers Pg. 1

- Validate coding & medical descriptions to improve payment process
- Faster than researching in coding books
- User friendly—easy to navigate (HBI)
- Option to leverage for Medicare
- Interoperability enhancement for New Mexico
- State data validation, i.e., COVID19 research



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## Break Out Session Highlights

### Managed Care Organizations & Payers Pg. 2

Want to see:

- More sharing between hospitals/clinics, in-state, and out of state, i.e., sharing EMR & ToC Notes
- Integrate with TX, AZ, CO HIEs as a priority
- Expand eHealth data partners
- Expand Gap closures beyond Medicaid
- Notifications of Admit, Disch, ED visits ANYWHERE, and ED notes, not just code & data
- Race/Ethnicity data
- Patient Portal & self-reported patient data
- SDOH in HIE
- Clinical data reporting (RSK, HEDIS) through HIE – Need DAV



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