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Panel: Accomplishments in Health Equity

Moderator: **Terri Stewart**, SYNCRONYS

Panelists:

- **Bill Devane**, MPH, Customer Success Executive, Collective Medical: A PointClickCare Company
- **Monique Dodd**, PharmD, PhC, MLS(ASCP)CM, Manager, Enterprise Clinical Solutions, Rhodes Group
- **Kate Dowd**, BSW, MA, Clinical Solutions Manager, Collective Medical: A PointClickCare Company
- **Carly Floyd**, PharmD, PhC, AAHIVP, CDCES, TTS, Clinical Pharmacist, Southwest Care Clinic
- **Sarah Winger**, LPCC, Director, Behavioral Health Clinical Services, CareLink New Mexico | CONNECT Project Manager

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Bill Devane, MPH
Customer Service Executive
Collective Medical

Kate Dowd, BSW, MA
Strategic Clinical Solutions Manger
Collective Medical

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Use Cases Leveraged by UNM-CareLink

Substance Use Disorder (SUD) Management

- Objective – surface awareness and support workflows dedicated to patients suffering from SUD including ED notifications, patient transitions to MAT facilities, and enhanced care for infants w/ Neonatal Abstinence Syndrome (NAS)/ Substance Exposed Infants (SEI).

Collaboration and Coordination of Mental Health

- Objective – surface awareness and enable collaboration for patients with mental health needs across both acute and ambulatory settings via care insights and notifications to respective entities.

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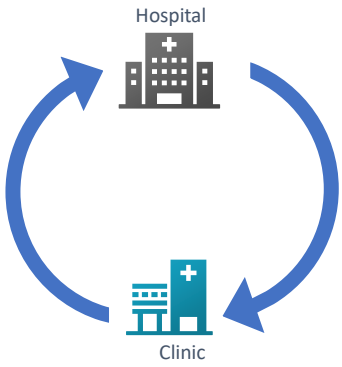
BETTER COORDINATION THROUGH REAL-TIME NETWORK COLLABORATION

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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"VISITS OF INTEREST" SURFACED IN REAL TIME

Core Criteria	SYNCRONYS MH & SUD Use Case
1. High Utilizing Patients 5+ ED encounters within 12 months	1. ED Visit- Mental/ Behavioral Health DX 2. ED Visit- Suicidal Ideation, Suicide Attempt and/ or Self Harm 3. ED Visit- Opioid Overdose 4. ED Visits – Alcohol Abuse 5. ED Visits- Opioid Use Disorder
2. Rising Risk 3+ ED encounters within 90 days	
3. All ED Encounters any emergency department encounter	
4. All Inpatient Encounters any inpatient encounter	

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Customer Spotlight: University of New Mexico - CareLink

CareLink was established as a Community Based Program at UNM Hospital in Summer 2018

- **CareLink Behavioral Health Home** provides Care Coordination to every member, including connection and referral to all types of health providers, community resources and services and care coordination. UNM's program collaborates with all providers on a member's treatment team and is able to monitor health care utilization through the innovative interoperability functionality provided through partnership with SYNCRONYS & Collective Medical.
- UNM CareLink **serves individuals on Medicaid**, living in or along the edges of **Bernalillo County with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) diagnosis.**
- **The UNM CareLink Team includes:**
  - Over 55 staff members
  - 28 Adult-serving Care Coordinators
  - 22 Pediatric-serving Care Coordinators
  - They also have Certified Peer Support Workers, Health Promotion Coordinators, Community Liaisons and incredible administrative staff on their team!
- **We have over 1830 members enrolled!**
  - 950 adults
  - 885 pediatrics
  - They serve the entire lifespan as members range in age from zero to geriatric.

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Monique Dodd,
PharmD, PhC, MLS(ASCP)CM
Manager, Enterprise Clinical Solutions
Rhodes Group

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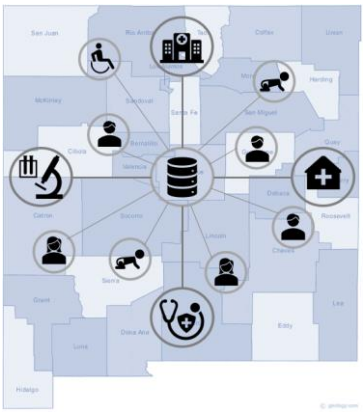


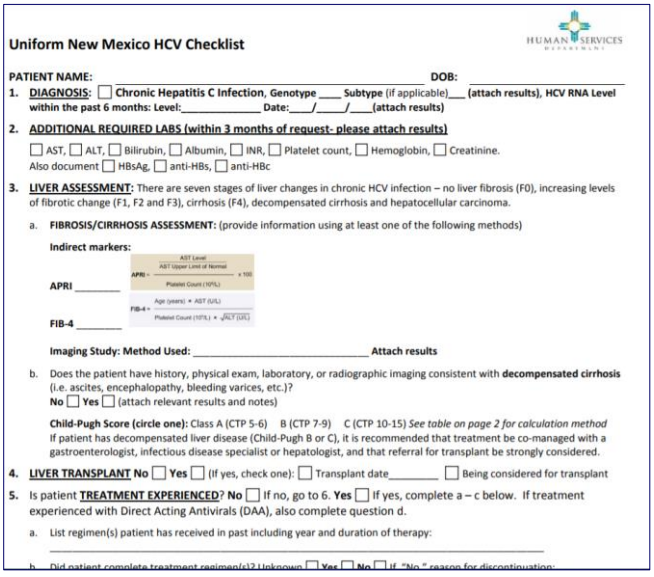
Augmenting New Mexico's Commitment to Eliminating Hepatitis C

Monique Dodd, PharmD, PhC, MLS(ASCP)CM
Rhodes Group
Manager, Enterprise Clinical Solutions

Carly Floyd, PharmD, PhC, AAHIVP, CDCES, TTS
Southwest CARE Center
Clinical Pharmacist, UNM-AETC Clinical Director

Hepatitis C Use Case

- All practitioners participating in Centennial Care must complete:
  - Uniform New Mexico HCV Checklist
  - Drug Prior Authorization
- Aim: Hepatitis C elimination by 2030
- Pilot (August-September 2021)
- 2021 Project Completion (October 2021)



Uniform New Mexico HCV Checklist

HUMAN SERVICES DEPARTMENT

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 _____
   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:

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

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Rhodes' Hepatitis C 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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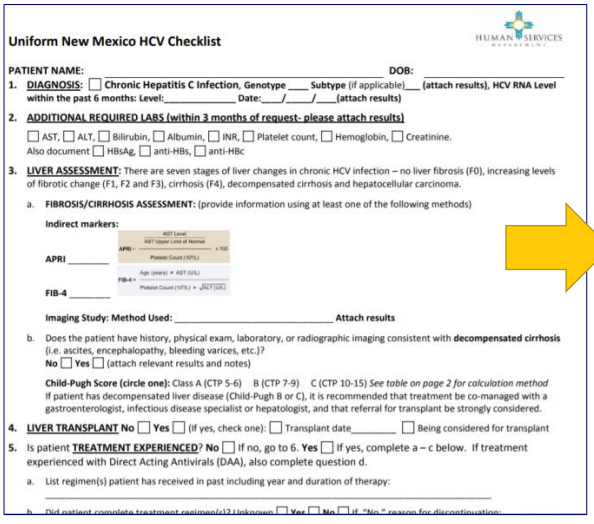
Hepatitis C Summary in the SYNCRONYS Portal



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      Indirect markers:
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      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)
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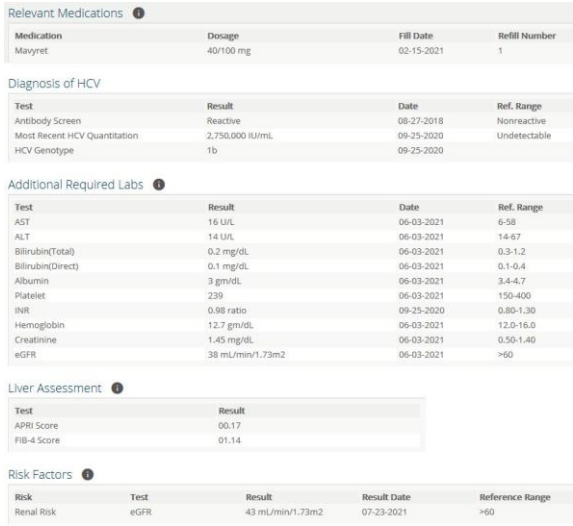

Relevant Medications

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	14-67
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	06-03-2021	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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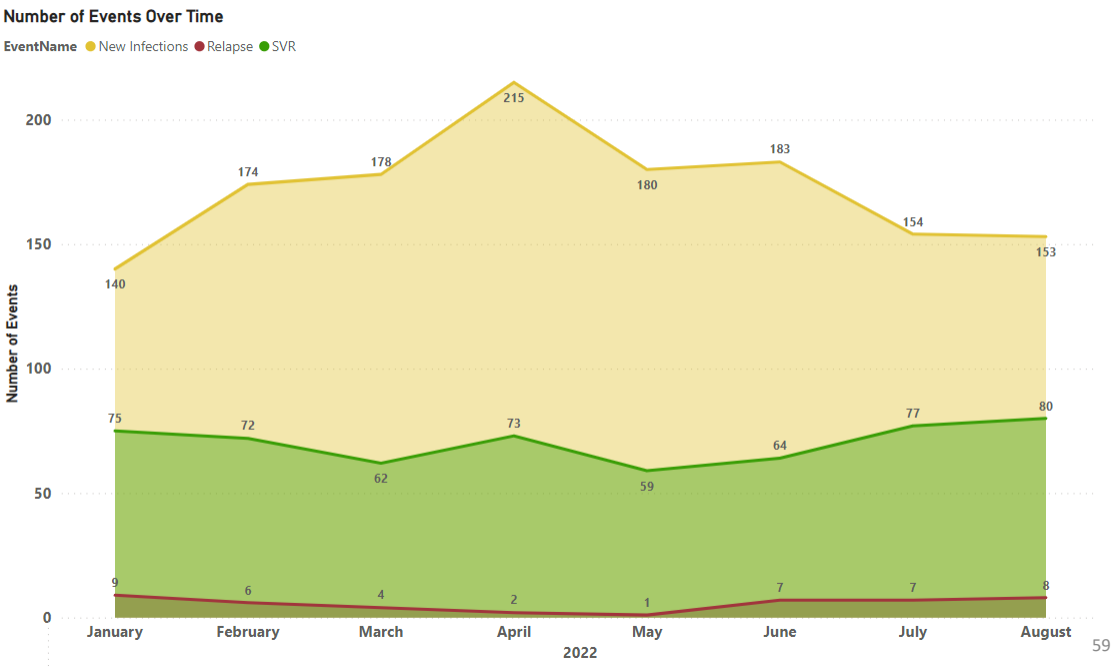
Number of Events Over Time
EventName New Infections Relapse SVR
Number of Events
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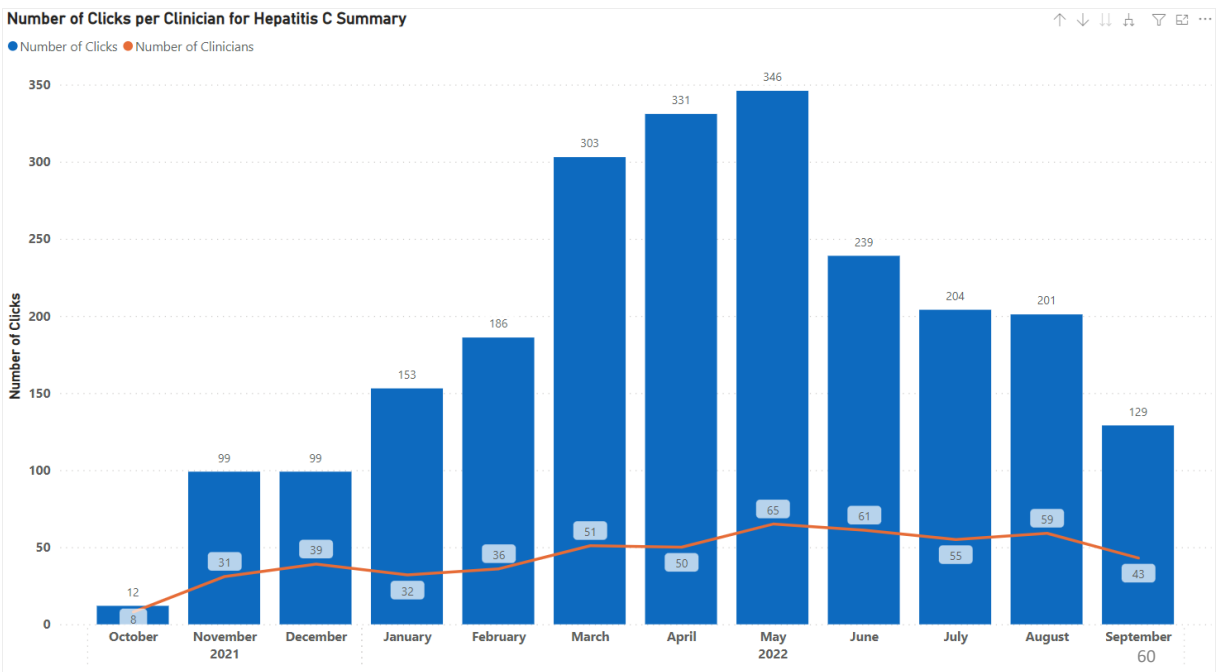
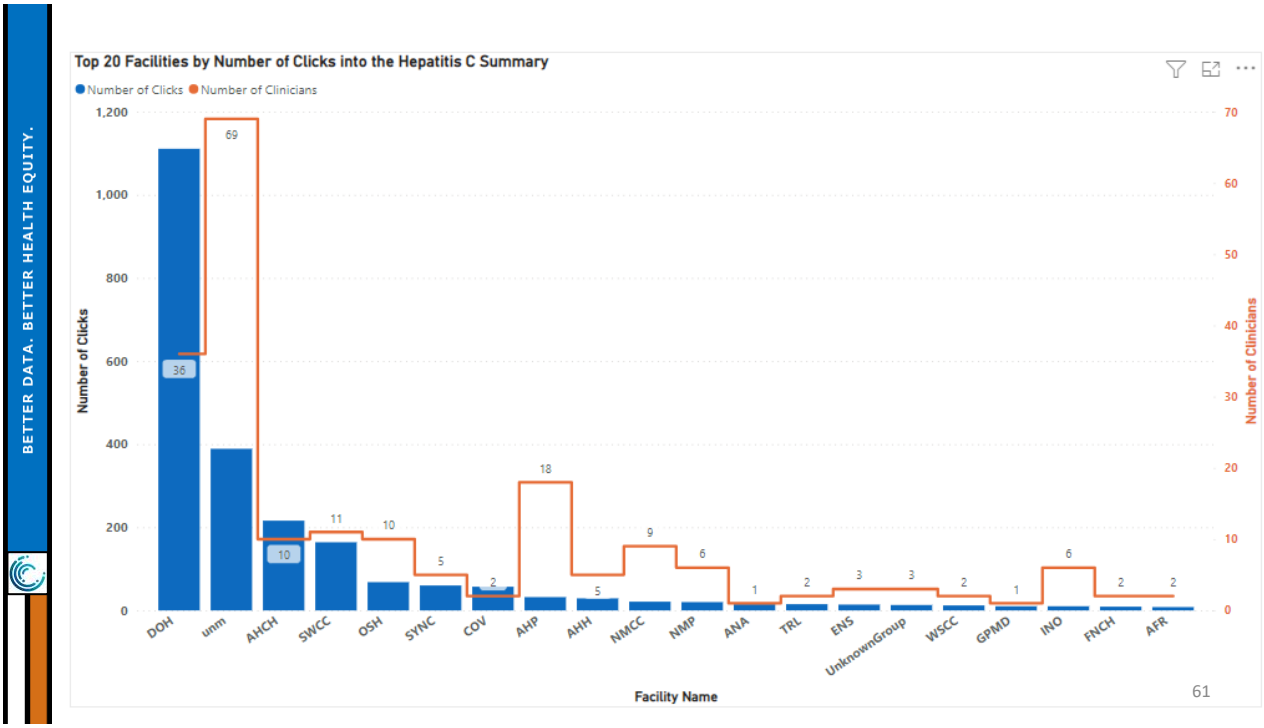
150
100
50
0
140
174
178
215
180
183
154
153
75
72
62
73
59
64
77
80
9
6
4
2
1
7
7
8
January
February
March
April
May
June
July
August
2022
59

59


Number of Clicks per Clinician for Hepatitis C Summary
Number of Clicks Number of Clinicians
Number of Clicks
350
300
250
200
150
100
50
0
12
8
99
31
99
39
153
32
186
36
303
51
331
50
346
65
239
61
204
55
201
59
129
43
October
November
2021
December
January
February
March
April
May
2022
June
July
August
September
60

60



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Outcomes of Interest

Care coordination efforts

Clinical Workflow

Monitoring Patient Labs

SVR and/or Recurrence

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Clinician Panel Discussion

Stay Tuned - 2023!
Hepatitis C Dashboard &
Prenatal Use Case
(Clinical Care Summary and Dashboard)

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