



DIGITAL ADVANCED CARE PLANNING:

Increasing provider utilization and adoption

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LEARNING OBJECTIVES



By joining this webinar, participants will be able to:

1. Relate the use of Advance Directives and NM MOST forms to the need to honor patient wishes.
2. Differentiate between Advance Directive and NM MOST documents.
3. Locate the advance care planning tool in the SYNCRONYS HIE clinical portal if their organization has made it available to them.



1. Overview of Advance Care Planning
2. Roles involved in documentation
3. Decisions the patient will make
4. Efforts to increase use and make them more accessible in New Mexico
5. Integration with HIE and health systems

AGENDA



SYNCRONYS

BETTER DATA. BETTER HEALTH.

WHAT IS SYNCRONYS?



The nonprofit, statewide, health information exchange (HIE) for New Mexico.

SYNCRONYS enables the electronic exchange of patient health information among different and unrelated healthcare organizations to provide timely access to a patient's information in one centralized record.

Its objective is to exchange essential patient information between New Mexico's hospitals, tribal/IHS hospitals/clinics, skilled nursing facilities, long term care, home health and hospice, independent clinics, and behavioral health clinicians.

IMPROVING INDIVIDUAL, COMMUNITY AND POPULATION HEALTH IN NEW MEXICO THROUGH THE EXCHANGE OF RELEVANT HEALTH INFORMATION AND DATA ANALYTICS



Solutions

Our Network

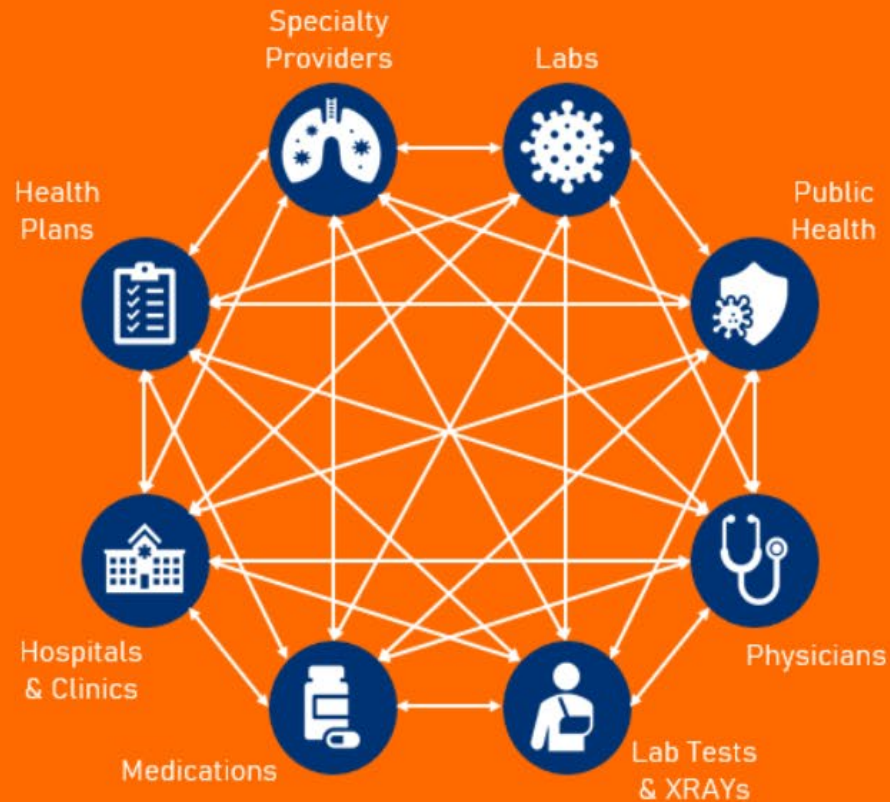
Resources

Company

News & Events

Connect with Us

Before - Duplication of effort, waste and expense



After - Connect once to access shared services

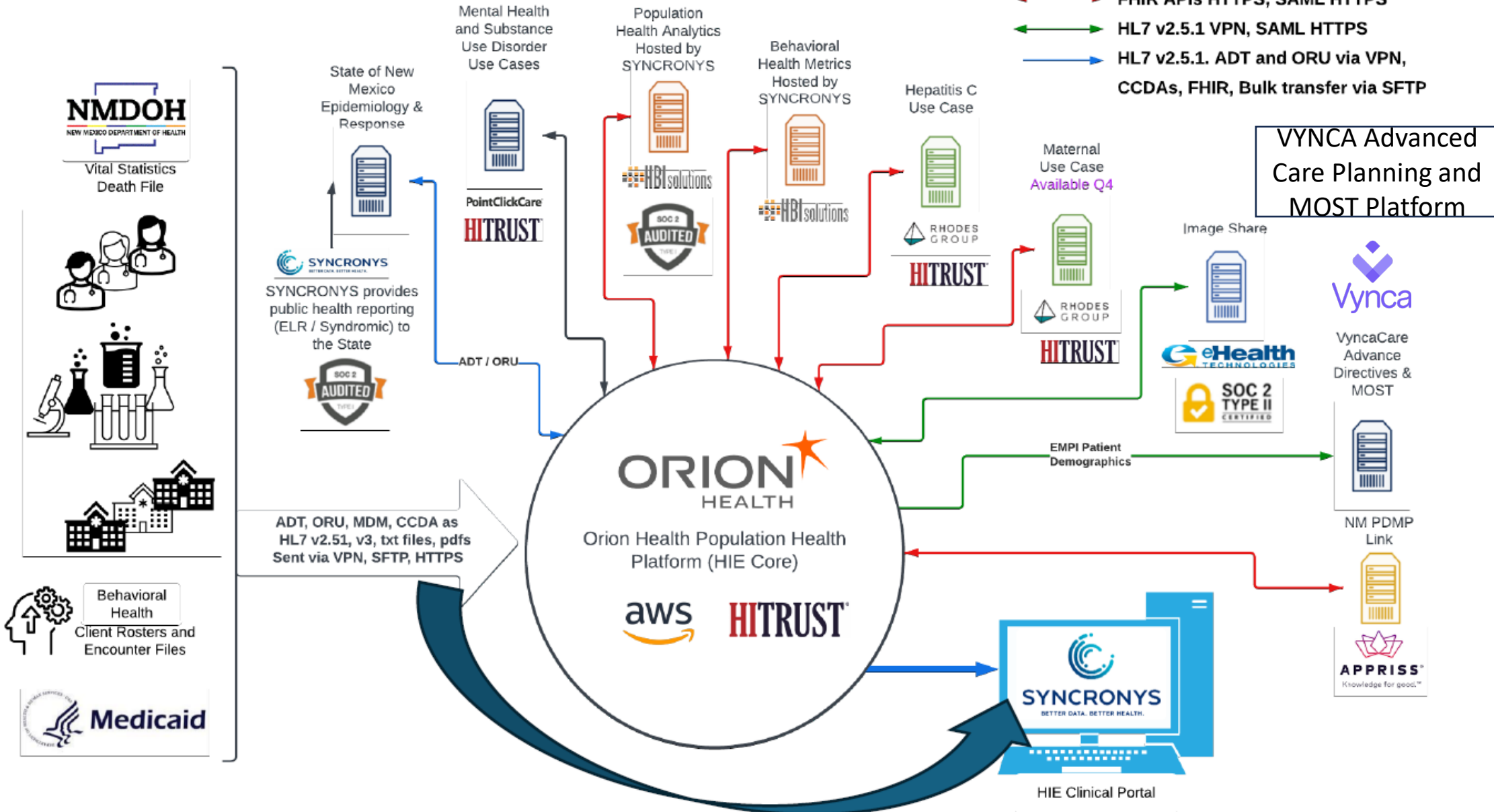


Architecture

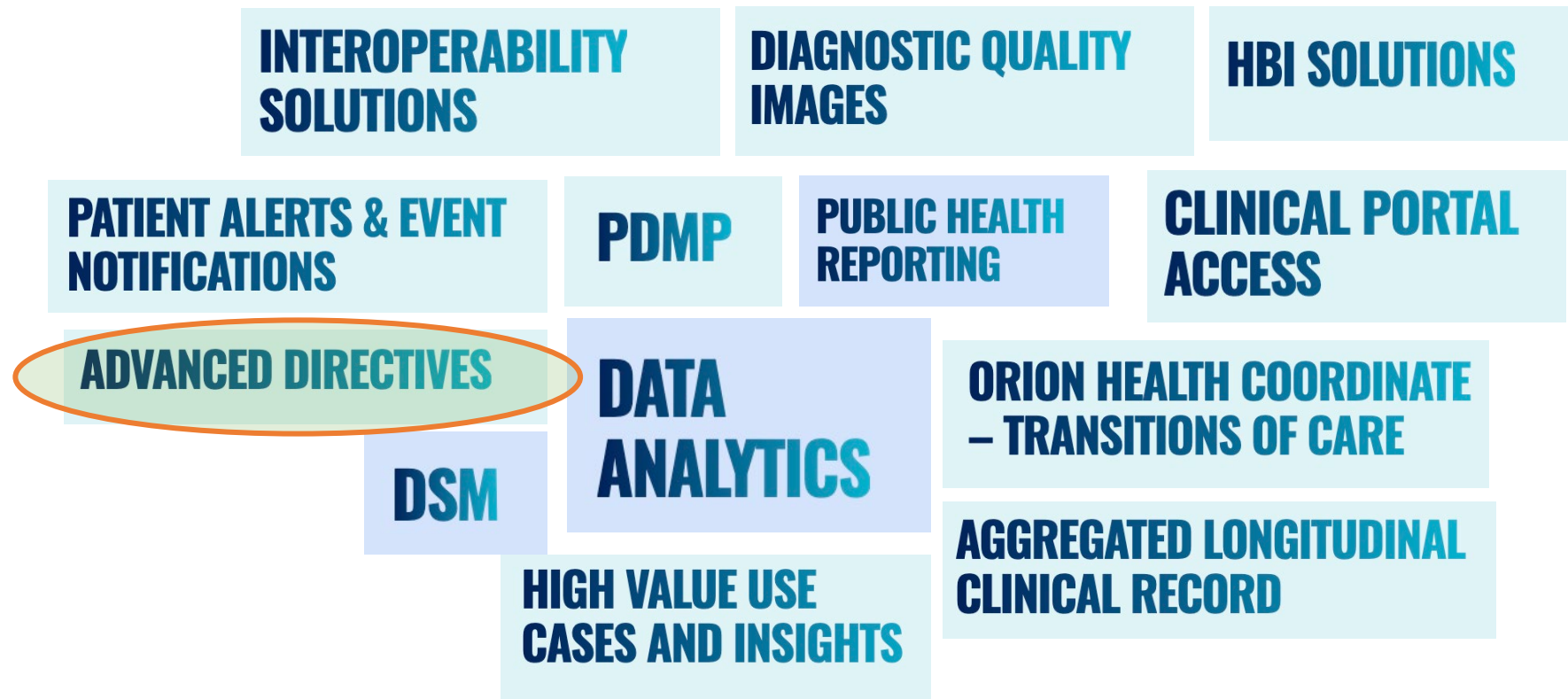


Key:

- HL7 v2.5.1 VPN or SFTP
- FHIR APIs HTTPS, SAML HTTPS
- HL7 v2.5.1 VPN, SAML HTTPS
- HL7 v2.5.1. ADT and ORU via VPN, CCDAs, FHIR, Bulk transfer via SFTP



OUR PLATFORM



OUR JOURNEY

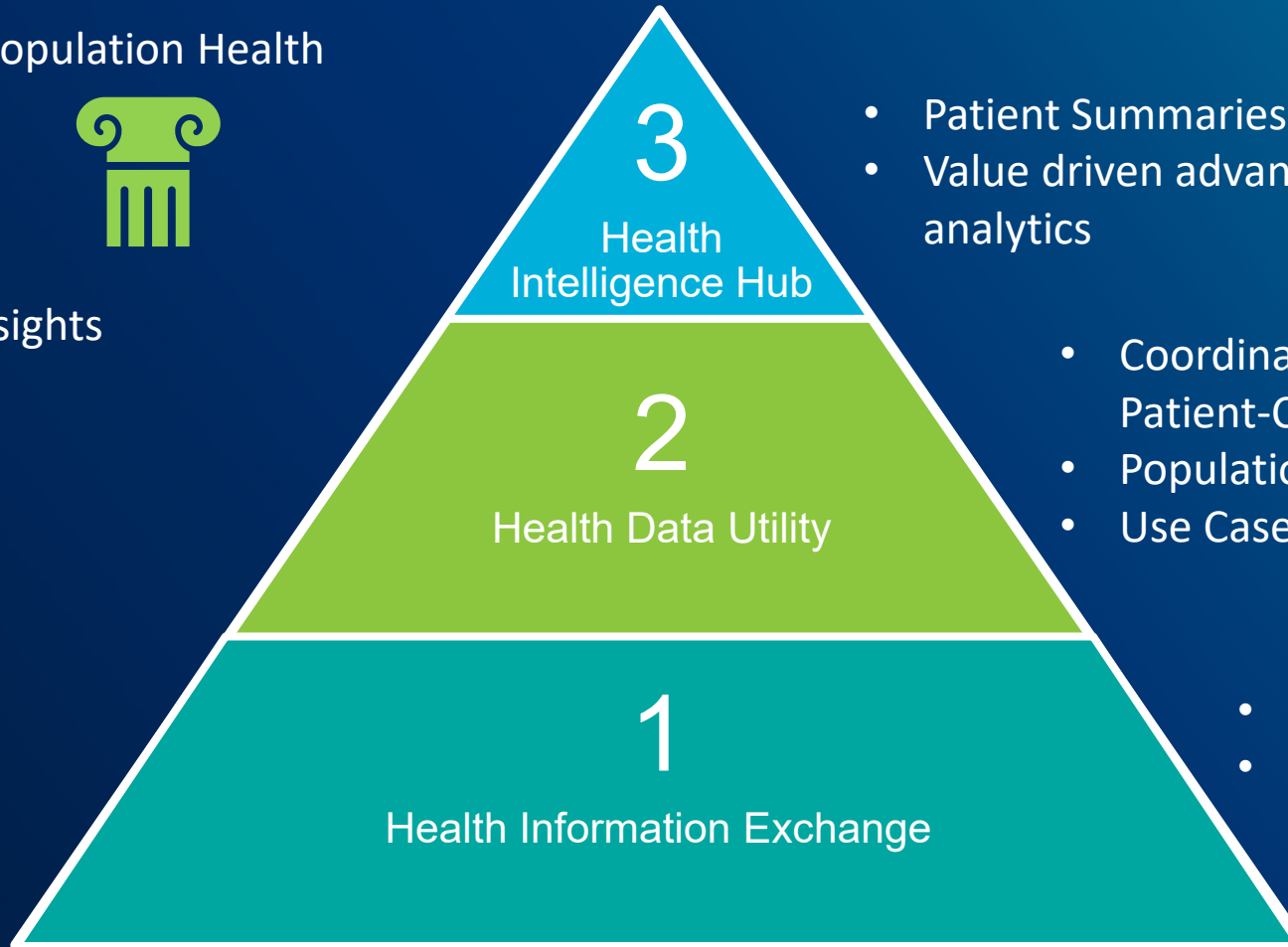
Point of Care



Population Health



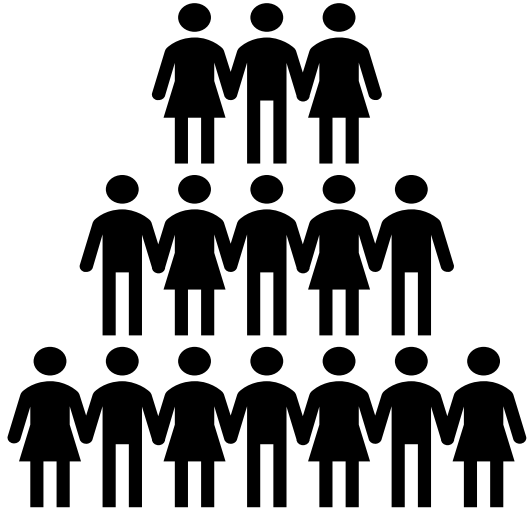
Community Insights



- Patient Summaries
- Value driven advanced analytics

- Coordinate Whole Person Care with a Patient-Centric Approach
- Population Health Analytics
- Use Cases Growth beyond Data Sharing

- Better Health thru Better Data
- Data Quality & Exchange



> 2.5 Million individuals



95% of NM hospital beds are represented within the data

160 Organizations Subscribing

96 Data Sharing Participants



National
Connections



SYNCRONYS

BETTER DATA. BETTER HEALTH.

WHO IS PARTICIPATING?

The screenshot shows the Synchronys website. The navigation menu includes 'Solutions', 'Our Network', and 'Resources'. The 'Our Network' menu is expanded, showing options like 'Who We Serve', 'HIE Efficiency', 'Benefits of the HIE Network', and 'Participant List' (which is circled in green). Below the navigation is a table listing participants with columns for Name, Data Provider, and HIE Subscriber.

Name	Data Provider	HIE Subscriber
Active Solutions Therapy - ABQ		
Adobe Population Health	●	●
After Hours Pediatrics		●
Albuquerque Fire Rescue/H.E.A.R.T. Program		●
Albuquerque Healthcare for the Homeless		●
Albuquerque Nephrology		●
All Faiths Children's Advocacy Center	●	●
Alta Vista Regional - Las Vegas	●	
Amador Health Centers Inc.	●	●
Ambercare Home Health & Hospice		
Aprendamos Family of Services		●

www.synchronys.org

WHY AN HIE?

4

The average individual sees **4** healthcare providers per year

A study published in the American Journal of Managed Care found that HIE Participation reduced the number of imaging tests by **27.9%** and laboratory tests by **12.1%**.

15 minutes saved gathering a patient's external medical records in a **3-provider practice** opens a **\$50 appointment** daily to each physician's schedule, increasing practice revenue and access to care for New Mexicans.

Optimal health care and decision making requires an efficient and timely exchange of and complete health information. Gaps in data lead to missed follow-ups and repeated assessments.

Benefits of HIE for healthcare processes and outcomes include fewer duplicated procedures, reduced imaging, lower costs, and improved patient safety.

IMPORTANCE OF ADVANCED CARE PLANNING AND THE IMPACT WITHOUT PLANS IN PLACE



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IMPORTANCE OF ADVANCED CARE PLANNING



Advanced Care Planning (advance directives, treatment preferences, surrogate decision-makers, etc.) helps ensure that a patient's values, goals, and wishes guide care — especially when the patient cannot speak for themselves.



IMPORTANCE OF ADVANCED CARE PLANNING



Advanced Care Planning isn't just a "nice to have" — it's a critical part of ensuring care aligns with patients' values, especially in serious illness, emergencies, or end-of-life situations.



IMPACT WHEN PATIENT WISHES ARE NOT AVAILABLE



Studies show documentation is often missing. For example: in a cohort of high-risk emergency department patients, the vast majority lacked documentation of a healthcare proxy (98.7 %), living will, or POLST/MOST.

Without documentation: clinicians and family may have to make critical decisions under pressure — often defaulting to maximizing life-sustaining treatment because there is no clear guidance. This can lead to care that's misaligned with what the patient would have wanted.

IMPACT WHEN PATIENT WISHES ARE NOT AVAILABLE

Even when legal forms exist, accompanying discussion notes or updates may be missing or hard to locate. In one study of older chronically ill patients, about half of those with completed legal ACP forms had **no** corresponding documented discussion; among documented discussions, most (55%) were buried in free-text progress notes rather than in a standardized, easily retrievable place in the EHR.

Without documentation: clinicians and family may have to make critical decisions under pressure — often defaulting to maximizing life-sustaining treatment because there is no clear guidance. This can lead to care that's misaligned with what the patient would have wanted.

LACK OF ADVANCED CARE PLANNING



Under-Utilization of ACP Documentation



Despite the known benefits of participating in Advance Care Planning initiatives, **less than half of adults aged 65+** have documented ACP preferences¹.

Vynca makes accessing documents easy for providers and patients by leveraging cutting edge technology.

Lack of Clinician ACP Engagement



Clinicians report “**insufficient institutional resources to properly engage vulnerable patients**” as one of the largest barriers to ACP adoption². Vynca technology directly correlates to higher clinician adoption due to ease of navigation, SSO access and custom design.

Inconsistent or Incomplete ACP Documentation



Hospital staff attribute **hidden, inconsistent or invalid ACP documentation** as a reason for discordant care³. Vynca properly manages all ACP documentation in a central location, while allowing for physician signature through MobileConnect.

VARIOUS WAYS THESE DOCUMENTS ARE CAPTURED NOW



Patient Home
[Refrigerator]



Electronic Health
Record

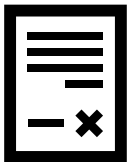


With Patient

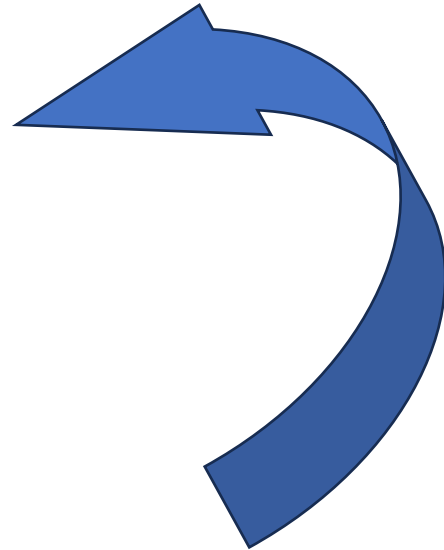
THE DIFFERENCE BETWEEN ADVANCED DIRECTIVES AND MOST FORMS



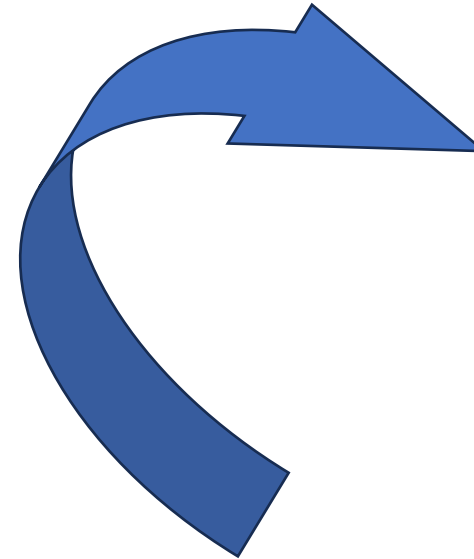
- Appropriate for all patients
- No Required Forms



- Signed by the individual (patient)
- Notary/Witness not required



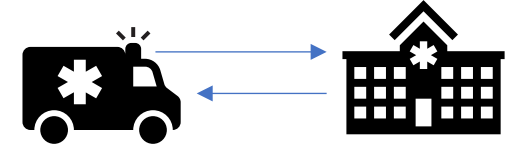
Traditional Advance Directives



New Mexico Orders for Scope of Treatment



- Used when an individual has a life-limiting illness or is very sick



- Transferable across all healthcare settings



- Signed by the patient or their legally recognized healthcare decision maker and an authorized healthcare provider

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED	
<p><i>This medical order is consistent with the patient's wishes and should be completed in the same manner as a DNR order issued prior to a hospitalization. The New Mexico MOST is an advance healthcare directive or health care directive and must be honored in accordance with state law (N.M.S.A. 79B127-1-1 et seq.). If there is a conflict between this directive and another directive, the most current choices made by the patient or the Healthcare Decision Maker shall control.</i></p>	
<p>New Mexico Medical Orders For Scope of Treatment (MOST)</p> <p>First follow these orders, then contact the healthcare provider. These medical orders are based on the person's current medical condition and preferences. Any section not completed does not invalidate the form.</p>	
<p>Last Name/First/Middle Initial _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Date of Birth (mm/dd/yyyy) _____</p>	
A	<p>EMERGENCY RESPONSE SECTION: Person has no pulse or is not breathing.</p> <p>Check One <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR</p> <p>When not in Cardiopulmonary arrest, follow orders in B, C and D.</p>
B	<p>MEDICAL INTERVENTIONS: Patient has a pulse</p> <p>Check One <input type="checkbox"/> Comfort Measures: Do not transfer to hospital unless comfort needs cannot be met in current location. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort.</p> <p><input type="checkbox"/> Limited Additional Interventions: May include care as described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid Intensive Care.</p> <p><input type="checkbox"/> All Indicated Interventions: May include care as described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes Intensive Care.</p> <p>Additional Orders: _____</p>
C	<p>ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION:</p> <p>(Always offer food and liquids by mouth if feasible and desired.)</p> <p>Check One <input type="checkbox"/> No artificial nutrition. <input type="checkbox"/> No artificial hydration.</p> <p><input type="checkbox"/> Time-limited trial of artificial nutrition. <input type="checkbox"/> Time-limited trial of artificial hydration.</p> <p>Goal of the trial: _____</p> <p><input type="checkbox"/> Long-term artificial nutrition/hydration.</p>
D	<p>Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Healthcare Decision Maker <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Interpreter used</p>
<p>Signature of Authorized Healthcare Provider: My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. Authorized Providers include: Medical Doctor, Doctor of Osteopathic Medicine, Advance Practice Nurse and Physician Assistant.</p>	
<p>Authorized Healthcare Provider Name (required, please print) _____ Authorized Healthcare Provider Phone Number _____</p> <p>Authorized Healthcare Provider Signature (required) _____ Date _____</p>	
<p>Signature of Patient or Healthcare Decision Maker: By signing this form, I declare I have had a conversation with the healthcare provider. I direct the healthcare provider and others involved in care to provide healthcare as described in this directive. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing must be the legal surrogate.</p>	
<p>Signature (required) _____ Name (print) _____ Date _____</p> <p>Address _____ Phone _____ Relationship to the Patient _____</p>	
<p>HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY</p>	

For many identifications, please print on "Business Authentication Form Cover" 4376 paper (bluement, white photocopies, form and electronic scans are valid)

Sections of the MOST form:

Patient Identifying Information

A:

B:

C:

D:

Signatures

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

This medical order is consistent with the patient's wishes and should be considered in the same manner as a DNR order issued prior to a hospitalization. The New Mexico MOST is an advance healthcare directive or healthcare decision and must be honored in accordance with state law (NMSA 1978§24-7A-1 et seq.) If there is a conflict between this directive and an earlier directive, the most current choices made by the patient or the Healthcare Decision Maker shall control.

New Mexico Medical Orders For Scope of Treatment (MOST)

First follow these orders, **then** contact the healthcare provider. These medical orders are based on the person's **current** medical condition and preferences. Any section not completed does not invalidate the form.

Last Name/First/Middle Initial

Address

City/State/Zip

Date of Birth (mm/dd/yyyy)

A

Check
One

EMERGENCY RESPONSE SECTION: Person has no pulse or is not breathing.

Attempt Resuscitation/CPR **Do Not Attempt Resuscitation/DNR**

When not in Cardiopulmonary arrest, follow orders in **B, C** and **D**.

B

Check
One

MEDICAL INTERVENTIONS: Patient has a pulse

- Comfort Measures:** Do not transfer to hospital unless comfort needs cannot be met in current location. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort.
- Limited Additional Interventions:** May include care as described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. **Transfer to hospital if indicated. Avoid Intensive Care.**
- All Indicated Interventions:** May include care as described above. **Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes Intensive Care.**

Additional Orders:

C

Check
One

ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION:

(Always offer food and liquids by mouth if feasible and desired.)

- | | |
|--|--|
| <input type="checkbox"/> No artificial nutrition. | <input type="checkbox"/> No artificial hydration. |
| <input type="checkbox"/> Time-limited trial of artificial nutrition. | <input type="checkbox"/> Time-limited trial of artificial hydration. |

Goal of the trial: _____

- Long-term artificial nutrition/hydration.

D

Discussed with: Patient Healthcare Decision Maker Parent of Minor Court Appointed Guardian Other
 Interpreter used

Signature of Authorized Healthcare Provider: My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. Authorized Providers include: Medical Doctor, Doctor of Osteopathic Medicine, Advance Practice Nurse and Physician Assistant.

Authorized Healthcare Provider Name (required, please print)	Authorized Healthcare Provider Phone Number
Authorized Healthcare Provider Signature (required)	Date

Signature of Patient or Healthcare Decision Maker: By signing this form, I declare I have had a conversation with the healthcare provider. I direct the healthcare provider and others involved in care to provide healthcare as described in this directive. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing must be the legal surrogate.

Signature (required)	Name (print)	Date
Address	Phone	Relationship to the Patient

THE ROLES OF PREPARER AND SIGNER FOR THE MOST FORM AND WHO TYPICALLY PERFORMS THESE ROLES

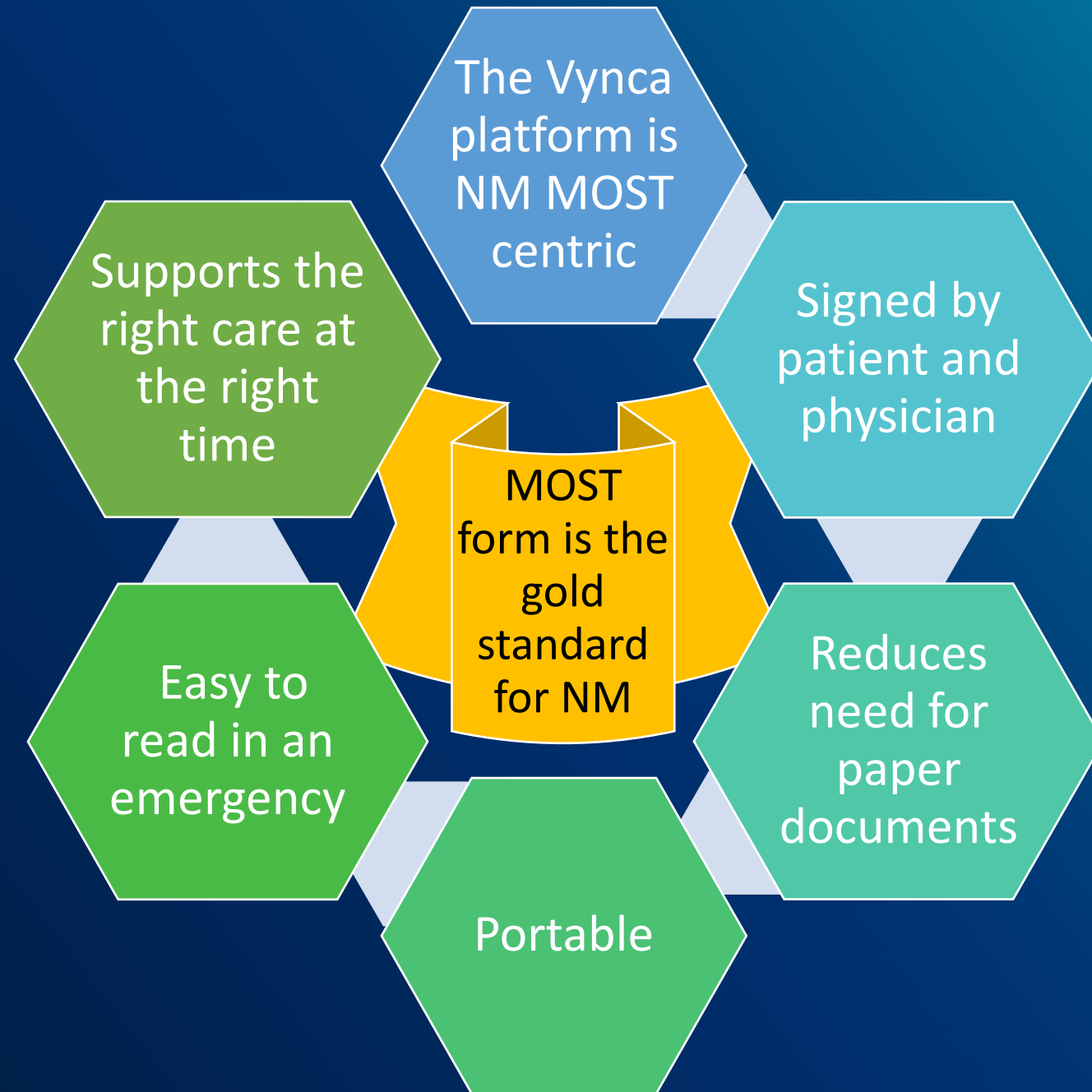
Preparers

- Provide education regarding the purpose and forms available
- Assist patient in completing the form
- *Nurses, Palliative Care and Hospice Staff, Providers Care Managers, Patients, Healthcare Guardians and other support staff*

Signers

- Review the received form for completeness
- Confirm there are no conflicts selected
- Sign the document
- *Physicians and Advanced Practice Clinicians*





UNDERSTANDING THE DECISIONS IN THE MOST FORM AND HOW THEY COULD CONFLICT



**Cardiopulmonary
Resuscitation/DNR**



**Limited Additional
Interventions**



**Long-term Artificial
Nutrition**



**Long-term Artificial
Hydration**

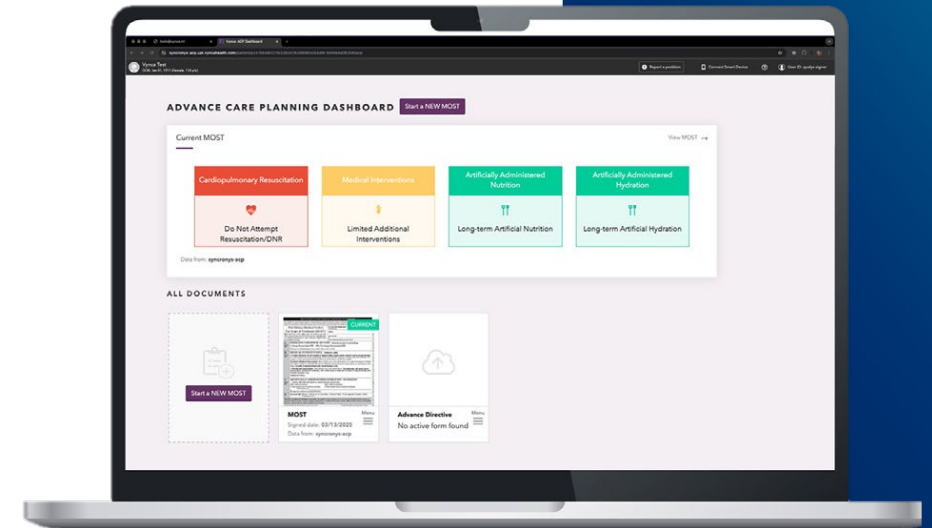


SYNCRONYS

BETTER DATA. BETTER HEALTH.

WHAT MAKES DIGITAL ADVANCED CARE PLANNING DIFFERENT?

- ✔ **Digitally transform a paper process** – Modernize your outdated ACP Documentation system
- ✔ **Simple and Intuitive to Use** – Eliminates complexity for both patients and clinicians
- ✔ **Seamless Remote Signing** – Mobile access for easy document completion and verification
- ✔ **Built-in QA and Error Prevention** – Ensures only active, accurate documents are available
- ✔ **Instant Access for Care Teams** – Real-time updates eliminate uncertainty and delays



SYNCRONYS

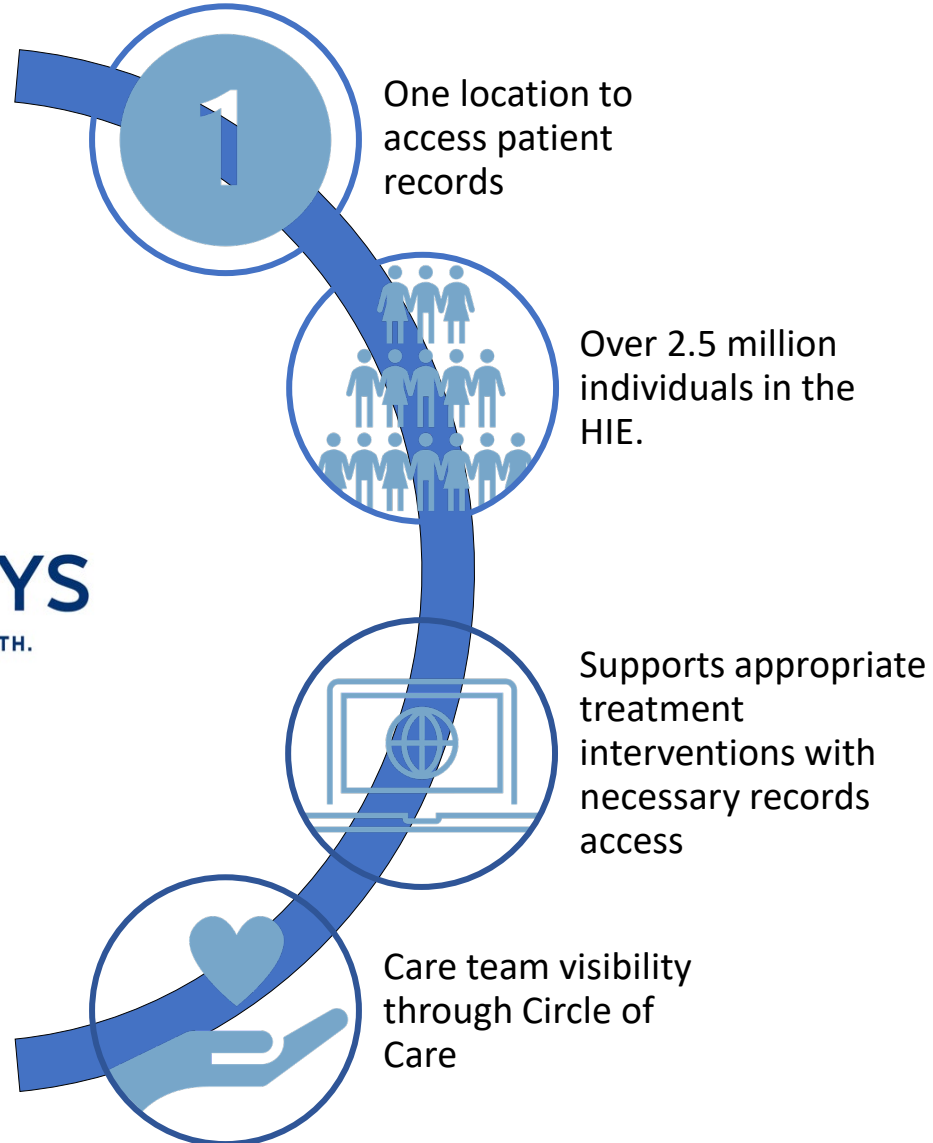
BETTER DATA. BETTER HEALTH.

BENEFITS OF A CENTRAL REPOSITORY

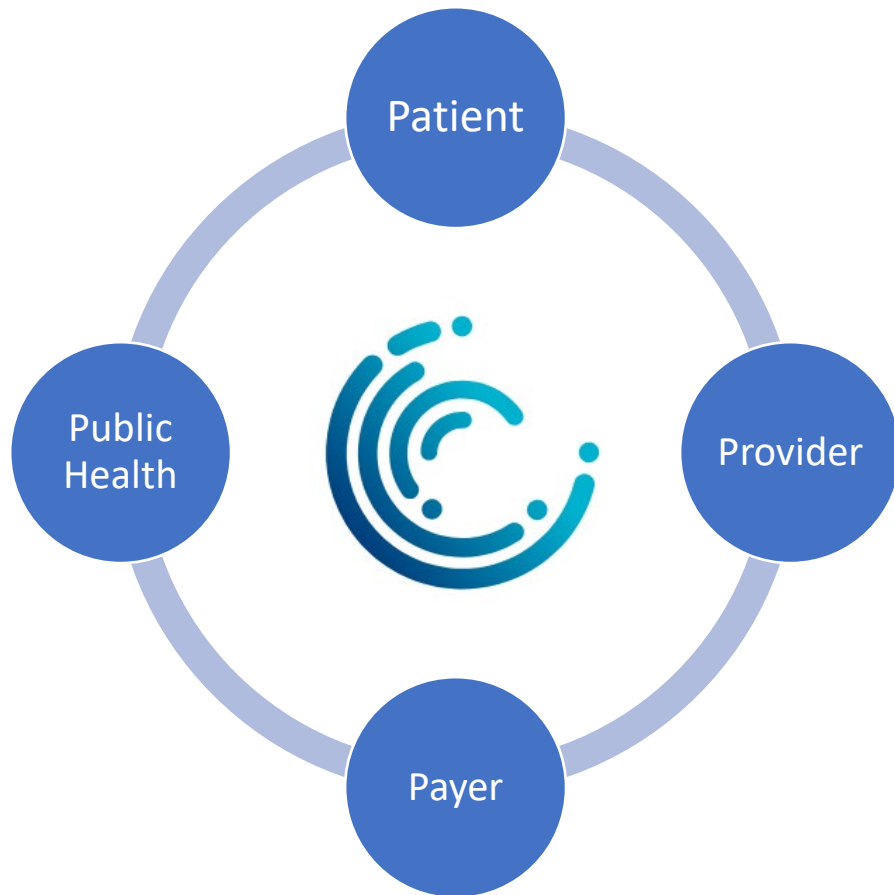


- Without a central registry, ACP documents can be fragmented across paper at home, scanned hospital records, different EHR systems. That fragmentation increases the risk that when a patient presents for care (ER, EMS, transfer), their wishes are **not found**.
- This problem is especially salient in states without mandatory registries — individuals may have AD or MOST but unless they bring a copy, providers may not know.
- A centralized, interoperable repository accessible to all participating providers/institutions helps ensure: documents follow the patient, are accessible across care settings, are up-to-date, and are discoverable during emergencies.

WHY INTEGRATION OF ELECTRONIC ADVANCE DIRECTIVES AND MOST FORMS WITH THE SYNCRONYS CLINICAL PORTAL?



HOW CONTRIBUTING TO A CENTRAL REPOSITORY IN NEW MEXICO COULD HELP IMPROVE ACCESS



- NM does not have a statewide Advanced Care Planning registry
- Access records when and where they are needed
- More informed patient care and decisions
- Less patient burden in maintaining and carrying records
- Reduced administrative burden for providers
- Population level analysis with extractable data



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HOW PRESBYTERIAN HEALTHCARE SERVICES USED THE VYNCA PLATFORM



- The Presbyterian delivery system is the first large-scale adopter in New Mexico.
- Presbyterian has implemented electronic Advanced Care Planning workflows throughout the health system, including both the outpatient and inpatient areas.
- Presbyterian has a statewide presence operating in numerous NM counties.

WHERE SYNCRONYS HIE PORTAL USERS CAN FIND THE TOOL INTEGRATED INTO THE PATIENT RECORD



Navigation tabs: Patient Summary, Circle of Care, Timeline, External Record, Images, HealthXNet

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

- Patient Summary
- Record Bulk Print
- Medication Claim History
- PDMP Report URL
- Advance Directives / MOST**
- Dynamic Documents (1)
- Hep C Summary (1)
- Laboratory (6 / 22)
- Maternal Health (1)
- Radiology (22 / 27)
- Transcribed Documents (2)

Demographics

Other Identifiers	
83458-3454	(Christus St Vincent Regional Med Ctr)
998877	(Collective Medical)
76239	(Miners Colfax Medical Center)
76240	(Miners Colfax Medical Center)

Demographics	
Address	6599 Jaguar Drive, Santa Fe, NM, 87507, (Home)
Phone	5059552828 (Mobile)
Phone	+1(505) 9552828 (Home)

Emergency Contact	
Name	ARCHIE, ELLEN
Phone	5554455084 (Home)

PATIENT SEARCH

- Some patients may already have a MOST Form or Advanced Directive record in the VYNCA platform.
- Through SYNCRONYS Single-Sign On integration **users are routed to the patient they are viewing automatically in the Vynca platform.**
- Use the patient search feature to:
 - Save time
 - Gain historical access to completed documents
 - Reduce duplication

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Patient Search

Fill in Patient's Information

Required Search Information

Additio
smith

Gender
smith, mary
 test, bob
 match test
 test, wisconsin

SSN (Las
9999

Date of Birth
Month Day

Power by Vynca

ADDING A NEW PATIENT

Other HIE users such as clinicians and care coordinators will have access to the patient and any related MOST forms created.

The screenshot displays the Synchronys Patient Search interface. At the top left is the Synchronys logo with the tagline 'BETTER DATA. BETTER HEALTH.'. To the right are navigation links: 'Report Problem', a help icon, and a settings icon. The main content area is titled 'Patient Search' and includes a 'SHOW SEARCH FIELD' button. Below this is a 'Search Results' section containing a table with patient information. The table has columns for NAME, DATE OF BIRTH, SSN, FACILITY NAME, POLST AVAILABLE, and GENDER. Below the table, the patient's address is listed. At the bottom of the search results, there is a message 'Did not find the patient you were looking for?' and a blue 'Add Patient' button, which is highlighted with a blue circle.

NAME	DATE OF BIRTH	SSN	FACILITY NAME	POLST AVAILABLE	GENDER	view more ^
Gustave Flaubert	1959-12-11	***-**-4321	Synchronys	Yes	Male	

ADDRESS

6599 Jaguar Drive
Santa Fe, NM 87507

Did not find the patient you were looking for? [Add Patient](#)

Advance Care Planning Dashboard for Clinicians

Simple interface design allows for user-friendly navigation and clear transmission of patient information.

Create and resume forms directly from homepage

Quickly identify patient code status

Easily access and review ACP documents





Vynca Test
DOB: Jan 01, 1911 (Female, 114 y/o)

Report a problem | Connect Smart Device | QA Signer

ADVANCE CARE PLANNING DASHBOARD




Start a **NEW MOST**

Current MOST View MOST →

Cardiopulmonary Resuscitation	Medical Interventions	Artificially Administered Nutrition	Artificially Administered Hydration
 Do Not Attempt Resuscitation/DNR	 Limited Additional Interventions	 Long-term Artificial Nutrition	 Long-term Artificial Hydration

Data from: **syncronys-acp**

ALL DOCUMENTS

NEW MOST |  |  | 

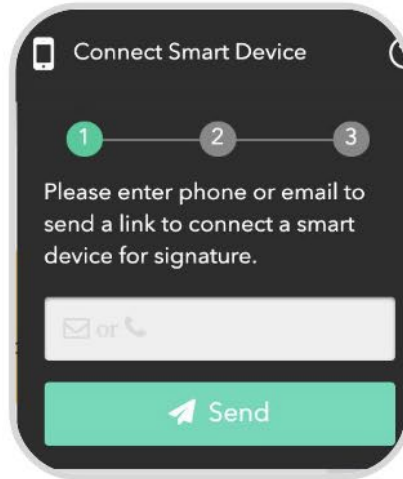
HOW CAN DOCUMENTS BE SIGNED BY THE PHYSICIAN AND PATIENT IN DIFFERENT LOCATIONS?

Clinicians & patients can digitally sign ACP documents using our patented technology.

Answer:
Patients and Providers can seamlessly capture signatures with Mobile Connect

STEP 1:

Connect Smart Device



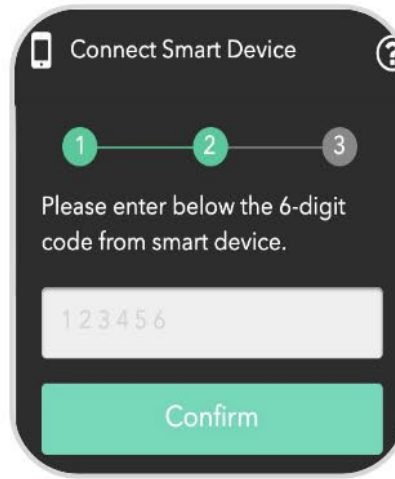
Connect Smart Device

1 — 2 — 3

Please enter phone or email to send a link to connect a smart device for signature.

STEP 2:

Enter 6-Digit Code



Connect Smart Device

1 — 2 — 3

Please enter below the 6-digit code from smart device.

STEP 3:

Rotate Phone and Sign



THE RESULTS ARE MEANINGFUL



- Reduction of Hospital Admissions by 37%

(Arch Int Med. 2009, 169(5) 480-488)



- Reduction in ICU utilization by 57%

(Crit Care Med. 2015 May; 43(5): 1102–1111)



- Reduction in hospital death by 30%

(JAGS 2007; 55:189-194)



- Increase in use of Hospice by 83%

(JAGS 2007; 55:189-194)



- Increase in Patient Satisfaction

– percent of 5 star satisfaction increases from 34% to 51% with advance care planning discussions

(J Gen Intern Med. 2001 Jan;16(1):32-40)



“In order to provide **high-value concordant care** with patient wishes, we needed **just-in-time electronic access** to the most recent, legally valid POLST form. Our goals includes this functionality to exist for our patients even **outside our own walls** and our EHR could not achieve this. Vynca allowed us to achieve all our goal with their **EHR-integrated solution that allows POLST access to all participating providers across the state.**”

– Director of Clinician Integration & Office of Patient Experience, Current Client



SYNCRONYS

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DEMONSTRATION

FOR MORE INFORMATION - REFERENCES



- **Advance Care Planning in a Geriatric Primary Care Clinic, 2019**
<https://pubmed.ncbi.nlm.nih.gov/30071753/>
- **Clinician Perspectives on Barriers to Advance Care Planning Among Vulnerable Patients.** *Health Serv Res.* 2020 Aug;55(Suppl 1):15–6. doi: 10.1111/1475-6773.13343. Epub 2020 Aug 20. PMID: PMC7440474.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC7440474/>
- **Advance Care Planning Documentation in Electronic Health Records: Current Challenges and Recommendations for Change.** *J Palliat Med.* 2018 Apr;21(4):522-528. doi: 10.1089/jpm.2017.0451. Epub 2018 Jan 23. PMID: 29360417 <https://pubmed.ncbi.nlm.nih.gov/29360417/>
- **Health care costs in the last week of life: associations with end-of-life conversations.** *Arch Intern Med.* 2009 Mar 9;169(5):480-8. doi: 10.1001/archinternmed.2008.587. PMID: 19273778; PMID: PMC2862687. <https://pubmed.ncbi.nlm.nih.gov/19273778/>
- **Khandelwal N, Kross EK, Engelberg RA, Coe NB, Long AC, Curtis JR. Estimating the effect of palliative care interventions and advance care planning on ICU utilization: a systematic review.** *Crit Care Med.* 2015 May;43(5):1102-11. doi: 10.1097/CCM.0000000000000852. PMID: 25574794; PMID: PMC4499326. <https://pubmed.ncbi.nlm.nih.gov/25574794/>
- **Association between advance directives and quality of end-of-life care: a national study.** *J Am Geriatr Soc.* 2007 Feb;55(2):189-94. doi: 10.1111/j.1532-5415.2007.01045.x. PMID: 17302654. *J Gen Intern Med.* 2001 Jan; 16(1):32-40

FOR MORE INFORMATION



- A complete training module on use of the Advance Care Planning solution is available on the www.synchronys.org website under Resources / Training, or use this direct link: <https://vimeo.com/588934379>
- For information about SYNCRONYS, visit our website, email info@synchronys.org, or call 505-938-9900.
- To contact us at SYNCRONYS:
 - Phillip Gibbs, e-mail pgibbs@synchronys.org
- To Contact Vynca, e-mail taylorcrosby@vyncacare.com



SYNCRONYS

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