

2022 Updated HIT Roadmap

Guidance, Evaluation Criteria & Report Template



Contract or rule citation	Exhibit J, Section 2 d.
Deliverable due date	April 28, 2022 (extended from March 15, 2022)
Submit deliverable to:	CCO.MCOTDeliverableReports@dhsoha.state.or.us and cc: CCO.HealthIT@dhsoha.state.or.us

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Guidance Document

Purpose & Background

Per the [CCO 2.0 Contract](#), CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (HIT) Roadmap. The HIT Roadmap must describe how the CCO currently uses HIT and plans to use HIT to achieve desired outcomes and support contracted physical, behavioral, and oral health providers throughout the course of the Contract in the following areas:

- Electronic Health Record (EHR) adoption and use
- Access to Health Information Exchange (HIE) for Care Coordination
- Access to timely Hospital Event Notifications, as well as CCO use of Hospital Event Notifications
- HIT for Value-Based Payment (VBP) and Population Health Management (Contract Years 1 & 2 only)¹
- **New requirement for 2022:** HIT to support social needs screening and referrals for addressing social determinants of health (SDOH) needs (Contract Years 3-5 only)²

For Contract Year One (2020), CCOs' responses to the [HIT Questionnaire](#) formed the basis of their draft HIT Roadmap. For Contract Years Two through Five (2021-2024), CCOs are required to submit an annual Updated HIT Roadmap to OHA reporting the progress made on the HIT Roadmap from the previous Contract Year, as well as plans, activities, and milestones detailing how they will support contracted providers in future Contract Years. OHA expects CCOs to use their approved 2021 Updated HIT Roadmap as foundation when completing their 2022 Updated HIT Roadmap.

Other changes for Contract Year Three (2022):

1. Within the *Support for EHR Adoption and Use: 2022-2024 Plans* section, CCOs are now required to include a description of their plans to collect missing EHR information via already-existing processes (e.g., contracting, credentialing, Letters of Interest).
2. Within the *Support for HIE – Care Coordination* and *Support for HIE – Hospital Event Notifications* sections, CCOs are now asked to include the number of organizations of each provider type that gained /are expected to gain increased access to HIE for Care Coordination and HIE for Hospital Event Notifications as a result of CCO support.
3. CCOs are now required to submit their HIT Data Reporting File with their Updated HIT Roadmaps. CCOs are expected to use available data to inform the HIT strategies described in their Updated HIT Roadmap. For example, if the data reveal that across its network, oral health providers have a low rate of EHR adoption, the CCO should leverage that information for strategic planning and relevant strategies should be detailed in the 2022 Updated HIT Roadmap.

Overview of Process

Each CCO shall submit its 2022 Updated HIT Roadmap to OHA for review on or before **April 28** of Contract Year Three³, and **March 15** of Contract Years Four and Five. CCOs are to use the *2022 Updated HIT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their 2021 Updated HIT Roadmap if it's still applicable. Please submit the completed Updated HIT

¹ Starting in Contract Year 3 (2022), CCOs' VBP reporting will include their HIT efforts; therefore, this content will not be part of the HIT Roadmap moving forward.

² New HIT Roadmap requirement for Contract Year 3 (2022)

³ Due date was extended from March 15, 2022, to April 28, 2022, in the [memo](#) dated January 10, 2022.

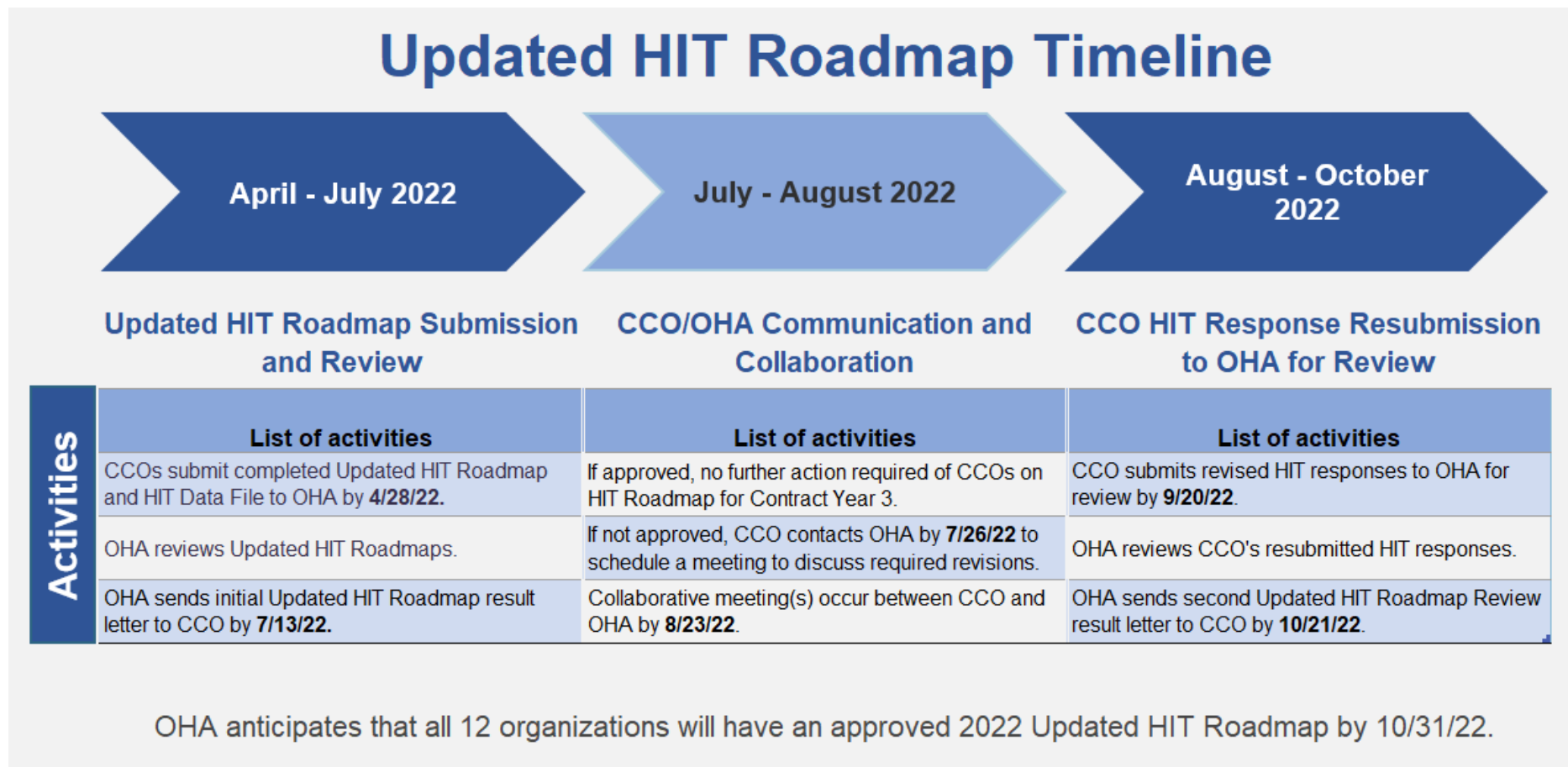
Roadmap to the CCO deliverables mailbox at CCO.MCOTDeliverableReports@dhsosha.state.or.us and cc: CCO.HealthIT@dhsosha.state.or.us.

OHA's Office of Health IT staff will review each CCO's Updated HIT Roadmap and send a written approval or a request for additional information. If immediate approval is not received, the CCO will be required to

1. Meet with OHA's Office of Health IT staff to discuss required revisions; and
2. Make revisions to their Updated HIT Roadmap and resubmit to OHA

The aim of this process is for CCOs and OHA to communicate to better understand how to achieve an approved Updated HIT Roadmap. Additional information about this process will be provided to any CCO that does not receive an immediate Updated HIT Roadmap approval from OHA.

Please refer to the timeline below for an outline of steps and action items related to the 2022 Updated HIT Roadmap submission and review process.



Updated HIT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA’s expectations for responses to the required Updated HIT Roadmap questions. New requirements for Contract Year Three (2022) are in **bold italicized font**. Please review the table to better understand the content that must be addressed in each required response. Approval criteria for Updated HIT Roadmap optional questions are not included in this table; optional questions are for informational purposes only and do not impact the approval of an Updated HIT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the *2022 Updated HIT Template* for the complete question when crafting your responses.

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
1. HIT Partnership	CCO attestation to the four areas of HIT Partnership.	CCO meets the following requirements: <ul style="list-style-type: none"> • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons Memorandum of Understanding (MOU) • Served, if elected on the HIT Commons governance board or one of its committees • Participated in an OHA’s HITAG meeting at least once during the previous Contract Year
2. Support for EHR Adoption	A. 2021 Progress supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Strategies used to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to supporting EHR adoption • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2022-2024 Plans for supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) ○ <i>Plans for collecting missing EHR information via CCO already-existing processes</i> ○ Additional strategies for 2022-2024 related to supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
3. Support for HIE – Care Coordination	A. 2021 Progress supporting increased access to HIE for Care Coordination	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Specific HIE tools CCO supported or made available to support contracted physical, oral, and behavioral health providers’ access to HIE for Care Coordination

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	among contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> ○ Strategies CCO used to support increased access to HIE for Care Coordination for contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to increasing access to HIE for Care Coordination (including number of organizations of each provider type that gained access to HIE for Care Coordination as a result of CCO support, as applicable) <ul style="list-style-type: none"> ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2022-2024 Plans for supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> ● Description of plans includes: <ul style="list-style-type: none"> ○ The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional HIE tools CCO plans to support or make available ○ Additional strategies for 2022-2024 related to supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2022-2024 related to each strategy (including the number of organizations of each provider type expected to gain access to HIE for Care Coordination as result of CCO support, if applicable) <ul style="list-style-type: none"> ● Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Progress)	A.1. 2021 Progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO provided or made available to support providers' timely access to Hospital Event Notifications ○ Strategies used to support increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to supporting increased access to timely Hospital Event Notifications (including the number of organizations of each provider type that gained increased access to HIE for Hospital Event Notifications as a result of CCO support, as applicable) <ul style="list-style-type: none"> ● Sufficient detail and clarity to establish that activities are meaningful and credible.

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	A.2. 2021 Progress using timely Hospital Event Notifications within CCO's organization?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO is using within their organization for timely Hospital Event Notifications ○ Strategies used for timely Hospital Event Notifications within CCO's organization for 2021 ○ Specific accomplishments and successes for 2021 related to CCO's use of timely Hospital Event Notifications • Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Plans)	B.1. 2022-2024 Plans for supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ The number of organizations (by provider type) that have not adopted an HIE for Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional tool(s) CCO is planning to support or make available to providers for timely Hospital Event Notifications ○ Additional strategies for 2022-2024 related to supporting increased access to timely Hospital Event Notifications contracted physical, oral, and behavioral health providers in 2021 ○ Specific activities and milestones for 2022-2024 related to each strategy (including the number of organizations of each provider type expected to gain access to HIE for Hospital Event Notifications as a result of CCO support, as applicable) • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B.2. 2022-2024 Plans using timely Hospital Event Notifications within CCO's organization?	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ Additional tool(s) (if any) CCO is planning to use for timely Hospital Event Notifications ○ Additional strategies for 2022-2024 to use timely Hospital Event Notifications within the CCO's organization ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
5. HIT to support social needs screening and referrals for addressing social determinants of	A.1. 2021 Progress using HIT to support social needs screening and referrals addressing SDOH needs?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Current tool(s) CCO is using for social needs screening and referrals. ○ Strategies for using HIT to support social needs screening and referrals in 2021 ○ Any accomplishments and successes for 2021 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
health needs (Progress)	A.2. 2021 Progress supporting contracted physical, oral, and behavioral health providers, social services, and CBOs with using HIT to support social needs screening and referrals for addressing SDOH needs?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, social services, and CBOs, for social needs screening and referrals for addressing SDOH needs for, including a description of whether the tool(s) have closed-loop referral functionality ○ Strategies used for supporting these groups with using HIT to support social needs screening and referrals in 2021 ○ Any accomplishments and successes for 2021 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
5. HIT to support social needs screening and referrals for addressing social determinants of health needs (Plans)	B.1. 2022-2024 Plans for using HIT to support social needs screening and referrals for addressing SDOH needs?	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ Tool(s) CCO will use for social needs screening and referrals for addressing SDOH needs, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for social needs screening and referrals for addressing SDOH needs ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B.2. 2022-2024 Plans supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using HIT to support social needs screening and referrals for addressing SDOH needs?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, social services, and CBOs for social needs screening and referrals for addressing SDOH needs, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for supporting these groups with using HIT to support social needs screening and referrals beyond 2021 ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.

2022 Updated HIT Roadmap Template

Please complete and submit to CCO.MCOTDeliverableReports@dhsosha.state.or.us and cc: CCO.HealthIT@dhsosha.state.or.us by **April 28, 2022**.

CCO: Eastern Oregon CCO

Date: 4/26/2022

Instructions & Expectations

Please respond to all of the required questions included in the following Updated HIT Roadmap Template using the blank spaces below each question. Topics and specific questions where responses are not required are labeled as optional. The template includes questions across the following six topics:

1. HIT Partnership
2. Support for EHR Adoption
3. Support for HIE – Care Coordination
4. Support for HIE – Hospital Event Notifications
5. HIT to Support Social Needs Screening and Referrals for Addressing SDOH Needs
6. Other HIT Questions (optional section)

Each required topic includes the following:

- Narrative sections to describe your **2021 progress, strategies, accomplishments/successes, and barriers**
- Narrative sections to describe your **2022-2024 plans, strategies, and related activities and milestones**. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you attach a separate document outlining your planned activities and milestones. However, you may attach your own document(s) in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones for each strategy and specifies the corresponding Contract Year).

Narrative responses should be concise and specific to how your efforts support the relevant HIT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with HIT, as well as any challenges/barriers experienced, and how OHA may be helpful. CCOs are expected to support physical, behavioral, and oral health providers with adoption of and access to HIT. That said, CCOs' Updated HIT Roadmaps and plans should

- be informed by the OHA-provided HIT Data Reporting File,
- be strategic, and activities may focus on supporting specific provider types or specific use cases, and
- include specific activities and milestones to demonstrate the steps CCOs expect to take.

OHA also understands that the HIT environment evolves and changes, and that plans from one year may change to the next. For the purposes of the Updated HIT Roadmap responses, the following definitions should be considered when completing responses.

Strategies: CCO's approaches and plans to achieve outcomes and support providers.

Accomplishments/successes: Positive, tangible outcomes resulting from CCO's strategies for supporting providers.

Activities: Incremental, tangible actions CCO will take as part of the overall strategy.

Milestones: Significant outcomes of activities or other major developments in CCO's overall strategy, with indication of when the outcome or development will occur (e.g., Q1 2022). **Note:** Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A note about the template:

This template has been created to help clarify the information OHA is seeking in each CCO's Updated HIT Roadmap. The following questions are based on the CCO Contract and HIT Questionnaire (RFA Attachment 9); however, in order to help reduce redundancies in CCO reporting to OHA and target key CCO HIT information, certain questions from the original HIT Questionnaire have not been included in the Updated HIT Roadmap template. Additionally, at the end of this document, some example responses have been provided to help clarify OHA's expectations on the level of detail for reporting progress and plans.

New for 2022 Updated HIT Roadmap Template

To further help CCOs think about their HIT strategies as they craft responses for their 2022 Updated HIT Roadmap, OHA has added checkboxes to the template that may pertain to CCOs' efforts in the following areas:

- *Support for EHR Adoption*
- *Support for HIE – Care Coordination*
- *Support for HIE – Hospital Event Notifications*

The checkboxes represent themes that OHA has compiled from strategies listed in CCOs' 2021 Updated HIT Roadmaps.

Please note, the strategies included in the checkboxes do not represent an exhaustive list, nor do they represent strategies CCOs are required to implement. It is not OHA's expectation that CCOs implement all of these strategies or limit their strategies to those included in the template. OHA recognizes that each CCO implements different strategies that best serve the needs of their providers and members. The checkboxes are in the template to assist CCOs as they respond to questions and to assist OHA with the review and summarizing of strategies.

Please send questions about the Updated HIT Roadmap template to CCO.HealthIT@dhsosha.state.or.us

1. HIT Partnership

Please attest to the following items.

a.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active, signed HIT Commons MOU and adheres to the terms.
b.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.
c.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Served, if elected, on the HIT Commons governance board or one of its committees. (Select N/A if CCO does not have a representative on the board or one of its committees)
d.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Participated in an OHA HITAG meeting, at least once during the previous Contract year.

2. Support for EHR Adoption

A. 2021 Progress

Please describe your progress supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In the spaces below, please

1. Select the boxes that represent strategies pertaining to your 2021 progress.
2. Describe the progress of each strategy in the appropriate narrative sections.
3. In the descriptions, include any accomplishments and successes related to your strategies.

Note: If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.

<input checked="" type="checkbox"/> EHR training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of EHR adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about the value of EHR adoption/use <input type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Incentives to adopt and/or use EHR	<input checked="" type="checkbox"/> Financial support for EHR implementation or maintenance <input checked="" type="checkbox"/> Requirements in contracts/provider agreements <input type="checkbox"/> Leveraging HIE programs and tools in a way that promotes EHR adoption <input checked="" type="checkbox"/> Offer hosted EHR product <input type="checkbox"/> Other strategies for supporting EHR adoption (please list here)
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i. Progress across provider types

Strategies that EOCCO has implemented in 2021 to support EHR adoption among all provider types include:

- **EHR Adoption Strategy 1 – CBIR HIT Opt-in Fund:** EOCCO developed a Community Benefit Initiative Reinvestment (CBIR) fund specifically for EHR adoption and HIT to support comprehensive and

coordinated patient care. The CBIR opt-in project was open to physical health, behavioral health, and oral health providers that serve 100 or more EOCCO members. Applicants could apply for up to \$50,000 of funds. EOCCO worked with the Oregon Rural Practice-based Research Network (ORPRN) to develop an RFA that was released in Q3 2021 for the 2022 grant funding period. EOCCO received nine applicants and the CBIR Subcommittee of the EOCCO Board voted to fund eight of them. Four of the applicants are part of the [REDACTED] who plan to switch to an EHR that meets FHIR standards and will increase the clinic's standardized reporting capabilities. Other applicants include implementing data server and data extraction software, increasing utilization of patient portals, and HIT tools to support engagement among members with chronic conditions.

- EOCCO also offers a CBIR fund for Public Health Departments to apply for. These funds can be used for various public health related projects including HIT initiatives. In 2020 and 2021, EOCCO provided funding to [REDACTED] to support adoption of a new EHR. [REDACTED] successfully transitioned from their old EHR software, [REDACTED], to a new system called [REDACTED]. This project was delayed due to the pandemic however, [REDACTED] was able to switch to a tiered approach and implement the software with a few public health programs first and then add additional programs throughout the remainder of the year. The new system now allows [REDACTED] to have a more improved and efficient workflow which, will lead to them being able to serve their community in a more organized manner. Internally it has also improved the way that they are able to communicate and store important information. The most important outcomes of the project to them include the ability to chart in one place, dispense medication, dispense vaccines, and improve communication amongst staff.
 - In Q3 2021, for the 2022 grant funding period, EOCCO didn't receive any public health applicants due to the continued impact of the pandemic on the public health workforce and bandwidth.
- **EHR Adoption Strategy 2 – Improve Data Collection Techniques:** EOCCO worked closely with OHA to develop and provide feedback on the annual HIT Data Collection Survey that was distributed to all EOCCO contracted providers that the CCO had contacts for. Through this process, EOCCO was able to increase HIT data collection for non-PCPCH providers including specialists who don't typically participate in other data reporting requirements with the CCO. This data will help EOCCO narrow down specific strategies related to non-primary care clinics and other organizations who are less engaged.

ii. Additional progress specific to physical health providers

Strategies that EOCCO has implemented in 2021 to support EHR adoption among physical health providers include:

- **EHR Adoption Strategy 3 – PMPM PCPCH Payment Quality Enhancement:**
 - EOCCO provided per member per month (PMPM) payments to physical health providers based on their Patient Centered Primary Care Home (PCPCH) tier and the member's risk quartile in 2021. EHR adoption and use allows for more PCPCH requirements to be attained, and combined with additional coordinated care efforts, the clinic is eligible to meet the criteria for a higher tier. This increased tier capability allows for additional dollars allotted to their clinic on a monthly basis to help sustain their EHR and coordinated services offered to their patients. In 2021, two EOCCO clinics attained a higher tier certification, and two new clinics became PCPCH certified who weren't previously.
 - EOCCO decided to push out the quality enhancement to its PCPCH payment structure to 2023 due to the impact that the pandemic had on quality measure performance. However, EOCCO did add a risk stratification component to its PCPCH payments in 2021 to award clinics higher funding amounts for more complex patients that fall into higher risk quartiles.
- **EHR Adoption Strategy 4 – EHR Technical Assistance & Vendor Alignment with FHIR**
 - EOCCO continues to work closely with its contracted physical health providers as they adopt and upgrade their EHRs. EOCCO has a dedicated quality improvement team that works regularly with clinics to ensure that their EHRs have reporting capabilities for the incentive measure program. If clinics aren't able to report on specific metrics, the EOCCO quality improvement team will work with the clinic to modify clinic workflows to align with improved EHR extraction and assess usability and reliability of data. The team also facilitates conversations with EHR vendors to improve reporting capabilities or encourage upgrades to new versions of their EHR. Often times this process leads to discussions around shifting EHR vendors to improve tracking and reporting capabilities. EOCCO collected EHR adoption, vendor, and version data in Q1 2022 for the 2021 measurement year. This data has been updated on EOCCO's HIT Data File.

- EOCCO has a robust Value-Based Payment structure. As part of the quality amendment in our risk model, EOCCO awards clinics with a quality bonus payment based on their performance on a certain subset of the quality measures. In the risk model contract, it states that clinics are only eligible to receive payment for clinical quality measures if a practice reports in alignment with the requirements documented in the EHR-based measure guidance document that is published annually on OHA's website. In 2021, half of the measures in the formula required standard data submission from EHR reporting. Two of the four clinical measures were report-only measures that provide primary care clinics with a quality bonus payment just for reporting data using their certified EHR. The quality bonus payment formula supports EHR adoption and improvement efforts through incentives.

Through the support that EOCCO's Quality Improvement team provides and the financial incentives, EOCCO was able to report on a higher percentage of available incentive measures than in years prior. In 2019 EOCCO providers reported on a total of 196 measures to OHA, which equates to 81.7% of the total measures available for reporting that year. In 2020, EOCCO providers were able to report on a total of 202 measures to OHA, or 84.2% of available measures. In 2021, EOCCO providers were able to report on a total of 154 measures to OHA, or 85.6% of available measures. Between 2020 and 2021, a large clinic [REDACTED] was able to report on an additional measure (Cigarette Smoking Prevalence).

iii. Additional progress specific to oral health providers

Strategies that the DCOs have implemented in 2021 to support EHR adoption among oral health providers include:

Advantage Dental

- **EHR Adoption Strategy 5 – EHR Education Campaign among Dental Practices:**
 - Advantage Dental is still collecting EHR vendor/product/version along with CEHRT certification status of the EHRs. Advantage Dental collects this information through an annual provider survey and creates metrics based on this information. Advantage Dental also has a written policy that encourages the adoption of CEHRT certified EHRs.

ODS

- **EHR Adoption Strategy 6 – Incentives for EHR Adoption among Dental Practices:**
 - In 2021 ODS conducted a phone survey and successfully distributed its Annual OHP Survey to collect information about EHR use among its dental providers. This included EHR vendor/product/version along with CEHRT certification status and year.
 - ODS also provided bonus dollars to those providers on capitated agreements. Important to note, that in addition to the barriers initially cited in EOCCO's prior year HIT Roadmap, (cost, disruption to operations, etc.) in 2021 most providers were working to rebound from the COVID 19 pandemic and consequently EHR adoption/initiatives was not a primary focus, but rather staffing, addressing patient backlog, and resuming normal operations were prioritized.

iv. Additional progress specific to behavioral health providers

A primary focus of EOCCO's HIT improvement efforts in 2021 is improving EHR adoption and EHR update statuses for our non-Community Mental Health Program (CMHP) behavioral health providers and residential treatment facilities to drive technical assistance prioritization efforts. EOCCO continues to work to collect supporting documentation and input regarding the barriers experienced by these providers to understand where potential further support and investment is needed. In 2021, EOCCO began making changes to current behavioral health contracting and compliance review processes to improve data in this area and looks to expand these efforts in 2022.

In 2021, EOCCO implemented the following strategies specific to behavioral health providers and achieved the listed accomplishments/successes:

- **EHR Adoption Strategy 7 – Exploration and Potential Implementation of Common CCO EHR for BH Providers**
 - Assessed contracted behavioral health provider and residential treatment facility interest in adoption of common MU2 certified EHR model.
 - Facilitated discussion with CMHP directors in EOCCO regarding shared funding mechanisms and support for common EHR adoption. Through the facilitated discussion with this group, it was identified that significant coordination barriers related to current EHR agreements adopted at the CMHP level make it difficult to accomplish in the next year. EOCCO looks to focus its efforts on supporting the adoption of a common MU2 certified EHR model with non-CMHPs as a result.
 - Explored EHR and technical funding options with BH HIT leads at contracted BH practices as well as the potential viability of supporting OpenEMR and other vendors.
- **EHR Adoption Strategy 8 – Technical Assistance Plan for Non-CMHP BH Providers**
 - Utilized OHA provided HIT data file, encounter, contract, and compliance review data to prioritize outreach efforts for non-CMHP BH providers and integrated into the technical assistance plan.
 - Shared EHR adoption data with targeted providers to assist operations with exploration of potentially viable vendors and EHR arrangements.
 - Gathered supplemental EHR certification and technical standards information to be included in the technical assistance plan.

v. Please describe any barriers that inhibited your progress

Workforce limitations, significant cost, and lack of administrative support in the rural and frontier service regions of the state have made progress towards EHR adoption and prioritization slow.

B. 2022-2024 Plans

Please describe your plans for supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In the spaces below, please

1. Select the boxes that represent strategies pertaining to your 2022-2024 plans.
2. Describe the following in the appropriate narrative sections:
 - a. The number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., ‘Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information’). CCOs are expected to use this information to inform their strategies.
 - b. Plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
 - c. Strategies you will use to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers beyond 2021.
 - d. Activities and milestones related to each strategy.

Notes: Strategies described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy; however, please make note of these strategies in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and include activities and milestones in the sections below.

<input checked="" type="checkbox"/> EHR training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of EHR adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about the value of EHR adoption/use <input type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Incentives to adopt and/or use EHR	<input checked="" type="checkbox"/> Financial support for EHR implementation or maintenance <input checked="" type="checkbox"/> Requirements in contracts/provider agreements <input type="checkbox"/> Leveraging HIE programs and tools in a way that promotes EHR adoption <input checked="" type="checkbox"/> Offer hosted EHR product <input type="checkbox"/> Other strategies for supporting EHR adoption (please list here)
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i. Plans across provider types, including activities & milestones

Using the 2021 OHA-provided Data Completeness Table, 25 physical health, 12 oral health, and 2 behavioral health organizations lack EHR information. Among the physical health providers, EOCCO has a 100% EHR adoption rate for PCPCH, FQHC, and RHC clinics.

EHR Adoption Strategy 1 – CBIR HIT Opt-in Fund: EOCCO plans to continue to offer the Community Benefit Initiative Reinvestment (CBIR) fund specifically for EHR adoption and HIT support. This will continue to be open to physical health, behavioral health, and oral health providers. EOCCO will work with the Oregon Rural Practice-based Research Network (ORPRN) to release an RFA in Q3 2022 for the 2023 grant funding period. EOCCO will continue to encourage healthcare partners to apply for these funds if they need financial support for EHR and HIT adoption.

Milestones:

By 8/31/2022, EOCCO will release a CBIR RFA focused on EHR adoption that is open to all providers.

By 3/31/2023, EOCCO will provide financial support to 5 additional organizations for EHR and HIT adoption efforts.

ii. Additional plans specific to physical health providers, including activities & milestones

Data Collection for Physical Health Providers: EOCCO plans to collect missing EHR information via a survey to physical health providers that EOCCO has contacts for. EOCCO will use questions outlined in the annual OHA survey that was distributed in 2021 and will also continue to utilize the Clinical Quality Measure Reporting Process to collect EHR vendor and version data. EOCCO staff will conduct outreach calls for organizations that we don't have contacts for and verbally ask the survey questions over the phone and collect an email address for future outreach. EOCCO will look to explore the possibility of including HIT questions in our contracting process in the future.

EHR Adoption Strategy 3 – PMPM PCPCH Payment Quality Enhancement: EOCCO is working on incorporating a quality component into its existing PCPCH payment program. Instead of paying providers a PMPM based solely on assigned membership and their associated risk quartile, providers would be eligible to receive a portion of the funding based on performance on specific pre-identified measures. This will further support EHR adoption and version upgrades to increase reporting capabilities.

Milestone:

By 4/30/2023, implement a quality component into EOCCO's PCPCH payment program that includes pay for performance measures that require clinical data submissions.

EHR Adoption Strategy 4 – EHR Technical Assistance & Vendor Alignment with FHIR: EOCCO plans to increase support to clinics to improve EHR reporting capabilities. By providing this assistance, EOCCO primary care providers will start to move away from custom query data submissions to more national standard reports. We plan to increase our conversations related to EHR solutions with both the clinic staff and their EHR vendor staff. We would like to encourage clinics to move to EHRs with Fast Healthcare Interoperability (FHIR) standards in place.

Milestone:

By 12/31/2022, EOCCO will provide support to two additional EOCCO clinics who plan to upgrade their EHR to one with FHIR standards that will increase the clinic's standardized reporting capabilities.

iii. Additional plans specific to oral health providers, including activities & milestones

Advantage Dental

Data Collection for Advantage Dental Oral Health Providers: Advantage Dental will send out its annual provider survey in quarter 2 of 2022. This survey asks about EHR adoption, including vendor/product/version along with CEHRT certification status of the EHRs. Once distributed, providers will have 30 days to respond to the survey. If a provider does not respond to the survey or does not address all sections of the survey (such as the EHR questions), Advantage Dental's provider relations team will reach out to the provider to collect the information. Advantage Dental's goal is to have EHR information from all contracted providers no later than June 30, 2022.

Milestones:

By Q4 2022, Advantage plans to identify specific oral health providers with a significant membership assignment without EHR adoption.

By Q2 2023, Advantage will develop a support strategy to increase adoption by 50% for the identified providers. By Q4 2023, Advantage will plan to implement the support strategy.

ODS

Data Collection for ODS Oral Health Providers: In 2022 ODS will continue to collect information about EHR use among our dental providers, including vendor/product version and CEHRT status and year. This will help us better understand what percentage of our providers currently utilize EHRs and identify trends in products/versions commonly used. This information will again be collected through our Annual Provider survey. Due to low response rate to our 2021 survey, ODS will attempt to distribute the survey bi-annually this year and implement reminders to encourage more providers to respond.

EHR Adoption Strategy 6 – Incentives for EHR Adoption among Dental Practices: To continue to encourage adoption, ODS will continue to include EHR adoption as an incentive measure in their bonus participation program for providers with capitated agreements. This means that providers who review materials provided by ODS and respond to our survey questions and consider participation in pilot programs regarding EHR adoption will have an opportunity to earn additional funding. Funding is only made available if providers achieve all 7 bonus participation standards and if they meet or exceed targets for quality and performance measures, submit all member encounter data and comply with all OHP requirements as outlined by the CCO, OHA, and ODS. Their achievement of this standard is assessed through regular communications/meetings held with these providers and their response to surveys.

Milestone:

By Q3 2022, ODS is looking to increase its number of capitated providers which means more providers will be eligible for the EHR bonus program.

iv. Additional plans specific to behavioral health providers, including activities & milestones

Data Collection for Behavioral Health Providers: In 2021, EOCCO began making changes in our behavioral health contracting and compliance review processes to expand current HIT information gathering efforts. All new behavioral health contract requests for EOCCO now include expanded questioning regarding the adoption and use of EHR and HIE platforms to aid in HIT asset mapping and guiding our continuing quality improvement efforts. Similarly, we have incorporated expanded questioning of HIT systems adoption into our annual behavioral health compliance reviews of currently contracted behavioral health providers. We hope these efforts will provide more timely updates to the information contained in the HIT data file and position EOCCO to better support our behavioral health providers as they look to adopt or renew EHR technologies. For 2022-2024, EOCCO will

continue to implement and support the following strategies for behavioral health providers not previously mentioned in the 2021 progress report.

EHR Adoption Strategy 8 – Technical Assistance Plan for Non-CMHP BH Providers: Expansion of behavioral health provider HIT asset mapping through CCO compliance review and contracting processes.

Milestones:

By Q4 2022, analysis of non-CMHP behavioral health providers that were reviewed in 2022 or who came into the EOCCO network.

By Q1 2023, data will be incorporated into 2023 reporting.

C. Optional Question

How can OHA support your efforts in supporting your contracted providers with EHR adoption?

Prioritize questions in OHA survey to ask contracted providers.

3. Support for HIE – Care Coordination

A. 2021 Progress

Please describe your progress supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers. In the spaces below, please

1. Select the boxes that represent strategies pertaining to your 2021 progress
2. Describe the following in the appropriate narrative sections
 - a. Specific HIE tools you supported or made available in 2021
 - b. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2021
 - c. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained access to HIE for Care Coordination as a result of your support, as applicable).

Note: If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.

- HIE training and/or technical assistance
- Assessment/tracking of HIE adoption and capabilities
- Outreach and education about value of HIE
- Collaboration with network partners
- Enhancements to HIE tools (e.g., adding new functionality or data sources)
- Integration of disparate information and/or tools with HIE
- Requirements in contracts/provider agreements

- Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding
- Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
- Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)
- Other strategies for supporting HIE access or use (please list here)

i. Progress across provider types, including specific HIE tools supported/made available

In 2021, our CCO and clinic partners leveraged a wide variety of health information exchange tools and other HIT platforms that support care coordination. Below is a list of platforms currently supported by our CCO and in use by us and our network.

Collective Platform (FKA PreManage) - The Collective platform supports care coordination among providers and our CCO, through real-time event communication as well as a shared care plan. The shared use of the Collective Platform between primary care, EDs, CMHPs, and DCOs is intended to bring attention and coordinated intervention to those members who present to emergency service and hospital settings.

EDIE - All hospitals in our service area have adopted EDIE. EDIE connects hospital EDs across the state to provide a comprehensive snapshot of high risk, high need individuals in real time. When a patient presents to any ED in Oregon, EDIE is alerted and can push out notifications. Providers and care coordinators outside the hospital system can receive timely notifications when their patients or members have a hospital event via the Collective Platform.

Arcadia Analytics Population Health Management Platform with Care Coordination Features - Our CCO has implemented a robust population health management platform that delivers real time data at the point of care for providers and other members of the care team.

Unite Us – Our CCO is in the initial phases of implementing a Community Information Exchange (CIE) platform called Unite Us as part of the Connect Oregon statewide network. Unite Us helps network partners send and receive closed-loop referrals for social needs and other care coordination needs.

Secure Messaging - Our CCO's Case Management and Care Coordination Teams communicate and coordinate with providers using Secure messaging through their email.

Strategies that EOCCO has implemented in 2021 to aid in care coordination among all provider types include:

- **HIE for Care Coordination Strategy 1 – Community Information Exchange Implementation:** EOCCO evaluated multiple community information exchange (CIE) platforms over the course of Q2 2020-Q3 2021. EOCCO held four community engagement presentations to gauge community interest and buy-in. EOCCO also vetted the CIE platform through its HIT Committee, Clinical Advisory Panel, and Case Management teams before the EOCCO Board decided to move forward with the Unite Us CIE. EOCCO signed a contract in Q3 2021 to implement Unite Us among the EOCCO and DCO case management teams, primary care, behavioral health, dental, community-based organizations, and social services. EOCCO achieved the milestone outlined in the 2021 roadmap of thoroughly evaluating community interest by 6/30/21 prior to implementation. EOCCO worked closely with Unite Us on the implementation process throughout Q4 2021. This included developing care coordination workflows with the EOCCO physical health and behavioral health case management teams as well as DCO case management teams. These workflows will be implemented in Q2 2022 and used as a framework to share care coordination strategies with healthcare and community-based organizations. EOCCO is becoming a leader in HIE care coordination workflows by using Unite Us to send referrals to community partners and receive referrals from community partners, improving care coordination, and innovatively integrating HIE tools to improve healthcare and social service delivery.

ii. Additional progress specific to physical health providers

EOCCO will continue to support and use the Collective Medical's Collective Platform, a PointClickCare company, tool in 2021. Collective is a real-time technology hospital event notification system for those who are on the Collective network. Users who monitor their patients' ED activity can use this information to triage coordination to established/existing workflows with other organizations. In 2021, a company called PointClickCare acquired Collective Medical, which is another leading health information platform. PointClickCare supports a network of long-term and post-acute care facilities such as skilled nursing facilities, senior living communities and home health agencies. By having PointClickCare acquire Collective, end-users can see a depth of LTPAC clinical data, upon request, of when a patient transfers to a long-term or a post-acute care facility rather than not knowing where the patient transferred to.

Strategies that EOCCO has implemented in 2021 to aid in care coordination using the Collective Platform include:

- **HIE for Care Coordination Strategy 2 – Collective Platform Engagement:** EOCCO made progress on this strategy by working to increase the percentage of EOCCO sponsored physical health providers in the ‘highly engaged’ category of Collective platform users. Users in the ‘highly engaged category’ consistently log into the platform (11+ logins), supply content and/or update content within the last 3 months as well as send an eligibility file to Collective at least once a month. EOCCO Quality Improvement Specialists (QIS) worked with primary care clinic staff to optimize utilization of the Collective Platform by sharing best practices and discussing workflows for care coordination.
- The QIS worked closely with physical health organizations to encourage their onboarding to the Collective platform. As a result, one physical health organization ([REDACTED]) went live on Collective during 2021 and have since used the tool in their care coordination activities.

EOCCO also supports and utilizes the Arcadia Analytics HIE tool for care coordination. EOCCO currently covers the cost of this platform for nine of EOCCO’s largest clinic systems. Arcadia Analytics is a population health management tool that integrates claims data and Electronic Health Record (EHR) data. This interactive web tool provides Eastern Oregon clinic partners with real time data to provide coordinated patient care. Clinic staff can view gap lists, monitor quality measure performance, prepare for upcoming visits, and compare performance by provider. The tool also includes a full patient registry with condition history, risk scores, and cost saving data. Arcadia Analytics doesn’t provide non-affiliated providers with access to patient information however, EOCCO provides a robust reporting package that is explained in detail in the HIT for Value-Based Payments questionnaire. This reporting package includes quality measure data based on claims and will soon include any clinical data that we may have through Arcadia Analytics or our internal Provider Data Exchange.

Strategies that EOCCO has implemented in 2021 to aid in care coordination using the Arcadia Analytics platform include:

- **HIE for Care Coordination Strategy 3 – Arcadia Analytics Care Coordination Training:** The CCO held a virtual Arcadia platform demonstration for all interested clinic partners in October of 2021. The webinar had attendees from seven of the nine clinic systems onboarded to the platform at the time. Among other topics, the session covered using the pre-visit planning tool in the platform for care coordination and gap closure. The QIS also continued to provide technical assistance to clinics as needed at monthly clinic meetings and as requested.
- **HIE for Care Coordination Strategy 4 – Arcadia Analytics and Collective Data Integration:** CCO leadership discussed integrating data from the Collective data feed into the Arcadia platform with the Arcadia Account Manager. It was determined that this integration may not be feasible as Collective is meant to be a real-time notification system while Arcadia is a population health management tool that tracks member health over time. This project may be revisited in the future but will be paused for now.
- **HIE for Care Coordination Strategy 5 – Care Management Vendor Solution:** The Senior Manager of Quality vetted multiple care management and health coaching vendors throughout 2021. All organizations were assessed for their ability to identify the rising risk population and provide at-risk members with access to a health coach or case manager as needed. The Senior Manager narrowed down the pool of possible vendors at the end of 2021.
- The EOCCO Quality team continued to meet with the Arcadia Account Manager on a biweekly basis to work through issues that arise, discuss new clinics to onboard, update clinic workflows to capture data more accurately, and integrate new quality measures and initiatives to the platform. Through these meetings, the Quality team was able to take implementation steps for four additional organizations to be live on the Arcadia platform by June 2022. Below is a table summarizing the onboarded EOCCO clinic systems and the anticipated go-live date for the four additional organizations.

Clinic System Name	EOCCO Population <i>(As of 12/16/21)</i>	EHR/Version	Arcadia Live Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



iii. Additional progress specific to oral health providers

Advantage Dental

Advantage Dental's care coordination team utilizes the Collective Medical platform on behalf of its entire network to monitor ED utilization for dental related reasons. Upon receiving a notification, Advantage Dental care coordinators follow up with members to coordinate dental appointments, address member's dental needs, and educate members on Advantage's 24/7 Emergency Call system. All members with ED notifications are also sent an informational letter and a "cling" to keep in an easily accessible spot (like their refrigerator) so they know how to access emergency dental services. Advantage Dental's care coordination team also utilizes Unite Us to intercept and facilitate referrals related to SDoH on behalf of its entire network of providers. In some areas of the state, Advantage Dental's care coordination team also utilizes Reliance e-health's e-referral platform to intercept referrals on behalf of its provider network.

ODS

In 2021, ODS successfully used the Collective platform for care coordination at the plan level to help decrease visits to the ED for dental related reasons. Since this platform is used by our Case Management team at the plan

level, we receive notifications when any of our members visit an ED, regardless of location and clinic assignment. The outreach conducted proved effective in educating members on their dental benefit and how to access care, especially for emergent situations. Members were assisted with scheduling an appointment and established care with a dental home. Additionally, ODS made steps towards identifying barriers to HIE implementation among contracted dental practices:

- **HIE for Care Coordination Strategy 6 – HIE Education Among Dental Practices:** ODS conducted a phone survey and successfully implemented its Annual OHP Provider Survey to capture information about HIE use among its dental providers. Per the data received, HIE adoption continues to be low among our network and overall, in the dental industry. Further information about the different platforms available, their benefits and uses case for dental is needed to help educate and promote HIE use among our providers. Nevertheless, along with EHR adoption ODS providers on capitated agreements had an opportunity to earn bonus incentives if they could demonstrate participation with HIE initiatives.

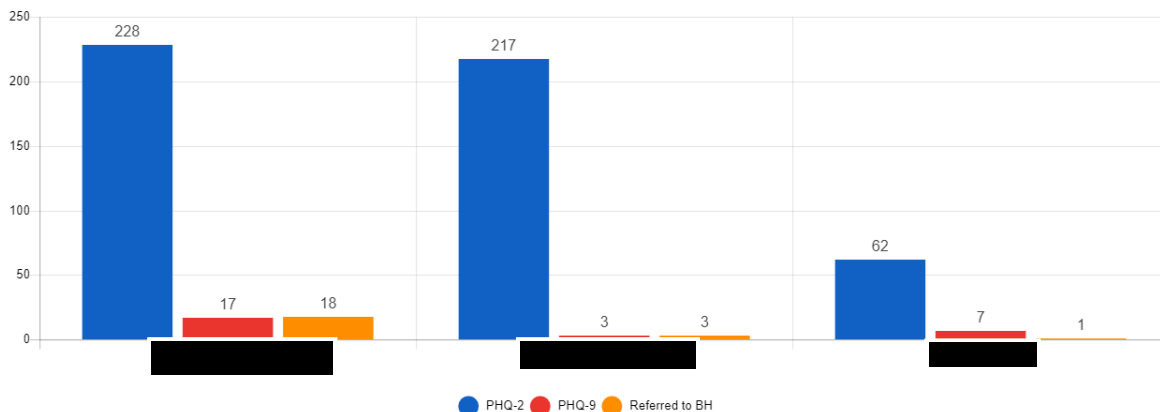
EOCCO, ODS & Advantage

Strategies that EOCCO has implemented in 2021 to aid in care coordination among oral health providers include:

- **HIE for Care Coordination Strategy 7 – Arcadia Dental Claims Integration:** EOCCO integrated dental claims data into the Arcadia Analytics platform to aid in care coordination among the onboarded physical and oral health practices. EOCCO plans to explore the possibility of adding dental EHR data into the Arcadia Analytics platform with integrated primary care practices. Discussions have occurred with Arcadia who explained that they haven't connected with dental EHRs in the past, this means that further development will need to occur with Arcadia before the option is feasible.
- **HIE for Care Coordination Strategy 8 – Depression Screening in Dental Offices Pilot:** EOCCO identified three dental practices to pilot the depression screening in dental offices project. The three dental offices implemented the Patient Health Questionnaire (PHQ)-2 and PHQ-9. For patients who received a score of 10 or above on the PHQ-9, they were referred to EOCCO's Behavioral Health (BH) Case Management (CM) team who reached out to the patients to connect them with BH resources. EOCCO staff held initial meetings with the pilot practices to train dental offices on depression screening protocols and established workflows between the BH CM team and the dental providers. EOCCO continued to meet regularly with the practices and track the administration of the screenings and referrals. The dental practices plan to continue the pilot project and identify ways to improve tracking of the project through HIT tools such as Smartsheet, Unite Us, and CPT codes. Below is a summary of the screenings and referrals that were made for each dental practice between May 2021 to February 2022. Additionally, of the 22 referrals to behavioral health, 7 members received behavioral health outpatient services that likely wouldn't have occurred without this pilot project.

Practice	PHQ-2	PHQ-9	Referred to BH
Practice 1	228	17	18
Practice 2	217	3	3
Practice 3	62	7	1

Depression Screening Totals Comparison



iv. Additional progress specific to behavioral health providers

GOBHI, as part of EOCCO, uses the Collective Medical platform to support care coordination efforts for members who utilize the ED for reasons pertaining to mental health or substance use disorders. Since 2018, GOBHI's utilization management team has a process in place for the daily monitoring of the Collective Medical system to ensure follow up and coordination of care. EOCCO encounter and enrollment data is integrated into the daily ED report from Collective Medical, providing patient utilization histories and additional risk stratification. A GOBHI care management specialist, on behalf of EOCCO, receives the integrated report and enters the patient into our utilization management tracking system. The care management specialist utilizes these daily reports to ensure connections are made with the local community mental health programs and that warm hand offs occur. Care plans for high-risk behavioral health members, including those with an SPMI diagnosis and/or are engaged in ACT services, are entered into Collective Medical by this team throughout the year. EOCCO continues to focus efforts on the expanded use of the Collective Medical platform by non-CMHP providers and the integration of additional member data such as Arcadia Analytics into these daily ED reports.

In 2021, EOCCO implemented the following strategies specific to behavioral health providers and achieved the listed accomplishments/successes:

- **HIE for Care Coordination Strategy 9 – Expansion of CMHP Participation with Arcadia Analytics**
 - Engaged with HIT leads at each of the CMHPs to coordinate onboarding to Arcadia Analytics and updating onboarding calendar.
 - Integrated [REDACTED] into the EOCCO Arcadia Analytics platform
 - CCO staff coordinated data review meetings and trainings for all CMHPs utilizing [REDACTED] to prepare them to move to onboarding Q2 2022.
- **HIE for Care Coordination Strategy 10 – HIE Engagement with Non-CMHP Providers**
 - Reviewed historical service utilization by ACT eligible EOCCO members to determine outreach prioritization for providers not currently utilizing Collective Medical.
 - EOCCO staff continued to provide technical assistance to behavioral health providers and their teams to integrate Collective Medical reporting reviews into their clinic's care coordination processes and workflows.

v. Please describe any barriers that inhibited your progress

Limited insight on facility/user engagement with EOCCO facilities that use Collective but are not sponsored by us. As a health plan EOCCO can sponsor facilities who have access to Collective at no cost. Through sponsorship, we can check platform engagement status to ensure successful use by aiding in any barriers that may be prohibiting their use. However, we cannot check the engagement status of EOCCO facilities that have integrated the Collective platform and are not sponsored by us. This can be a barrier to our EOCCO team to be able to intervene and supply any necessary end-user help.

B. 2022-2024 Plans

Please describe your plans for supporting increased access to HIE for Care Coordination for contracted physical, oral, and behavioral health providers. In the spaces below, please

1. Select that boxes that represent strategies pertaining to your 2022-2024 plans.
2. Describe the following in the appropriate narrative sections
 - a. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies.
 - b. Any additional HIE tools you plan to support or make available.

- c. Strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2021.
- d. Activities and milestones related to each strategy (Please include the number of organizations of each provider type you expect will gain access to HIE for Care Coordination as a result of your support, as applicable)

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and include activities and milestones in the sections below.

- HIE training and/or technical assistance
- Assessment/tracking of HIE adoption and capabilities
- Outreach and education about value of HIE
- Collaboration with network partners
- Enhancements to HIE tools (e.g., adding new functionality or data sources)
- Integration of disparate information and/or tools with HIE
- Requirements in contracts/provider agreements

- Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding
- Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
- Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)
- Other strategies for supporting HIE access or use (please list here)

i. Plans across provider types, including additional tools you will support/make available, and activities & milestones

Using the 2021 OHA-provided Data Completeness Table, 28 physical health, 4 behavioral health, and 27 oral health organizations have not adopted an HIE for Care Coordination tool. However, only 2 of EOCCO's PCPCH clinics do not currently have access to an HIE tool for Care Coordination meaning that 92% do have access.

HIE for Care Coordination Strategy 1 – Community Information Exchange Implementation: EOCCO will complete implementation of the Unite Us CIE platform in 2022 and work with contracted physical, behavioral health, and oral health providers to establish care coordination workflows. EOCCO will provide technical assistance to interested physical, behavioral, and oral health providers to develop targeted workflows on a provider-by-provider basis.

Milestones:

- By 4/12/22, 12 organizations in Umatilla, Morrow, Wallowa, Union, Baker, Gilliam, Sherman, and Wheeler counties will be live on the Unite Us platform.
- By 7/19/22, 12 organization in Malheur, Harney, Lake, and Grant counties will be live on the Unite Us platform.
- By 12/31/22, EOCCO staff will share care coordination workflows that have been successful for the EOCCO case management teams with its contracted physical, behavioral, and oral health providers.
- By 12/31/2023, an additional 12 organizations across the entire EOCCO service area will be live on the Unite Us platform.

ii. Additional plans specific to physical health providers, including activities & milestones

HIE for Care Coordination Strategy 2 – Collective Platform Engagement: EOCCO’s physical health provider network currently has 26 organizations utilizing Collective. Of those, we currently sponsor 8 facilities. 25% of our sponsored providers are in the highly engaged category meaning that users have logged in and edited patient content in the past month. EOCCO plans to increase the percentage of highly engaged clinics by 5% each year to ultimately have 40% of our onboarded sponsored clinics in the highly engaged category by the end of 2024. EOCCO’s quality improvement team and clinical integration specialist will provide technical support through regular meetings with clinics (both sponsored or not) –specifically with day-to-day users of Collective, to increase engagement rates for use of the Collective Medical platform for care coordination. EOCCO will share workflows and best practices with primary care clinics during these check-ins, and if necessary, create documents to share. EOCCO will also continue to work on creating new groups, cohorts, and reports from the Collective Platform to track and monitor members of the EOCCO population for care coordination strategies. These will be shared with the primary care clinics as well.

Milestone:

By 12/31/2024, EOCCO will increase engagement rates of the Collective Platform among our sponsored primary care providers in EOCCO’s network to 40% highly engaged.

HIE for Care Coordination Strategy 3 – Arcadia Analytics Care Coordination Training: EOCCO will continue providing additional training to primary care practices and providers on how to utilize Arcadia Analytics for care coordination. EOCCO will highlight use cases for the pre-visit planning tool to review quality and risk gaps ahead of scheduled appointments. The Quality team will focus on recruiting staff from the four soon-to-be-onboarded organizations [REDACTED]).

Milestone:

By 3/31/2023, EOCCO will provide one virtual training for all participating clinics to highlight workflows in the Arcadia Analytics platform for care coordination to increase engagement.

HIE for Care Coordination Strategy 5 – Care Management Vendor Solution: EOCCO will continue evaluating a new care management/health coaching vendor to implement across our service area to increase access. The intent of this vendor is to conduct health risk assessments and provide care to members with special health care needs. Once we select a vendor, we will communicate data through the Collective and Arcadia platforms to the EOCCO provider network to coordinate care.

Milestone:

By 12/31/2022, EOCCO will implement a new care management/health coaching vendor and establish data feeds to the existing technology platforms for care coordination.

NEW HIE for Care Coordination Strategy 11 – Arcadia Analytics Adoption & Technical Assistance:

EOCCO will continue educating contracted physical health organizations on the benefits of using HIE tools such as Arcadia Analytics for patient care coordination. This will consist of discussing these tools at biannual clinic trainings held by the Quality team and providing specific examples of how increasing care coordination could improve their incentive measure performance. The Quality team will also discuss these tools at existing standing monthly meetings with clinics who have not yet adopted one or both HIE platforms.

Milestone:

By 12/31/2023, EOCCO will onboard five new physical health organizations to the Arcadia platform (including the four organizations already slated to go live in 2022).

iii. Additional plans specific to oral health providers, including activities & milestones

EOCCO, ODS & Advantage:

Advantage Dental's care coordination team and ODS's case management team will continue to utilize the Collective Medical platform on behalf of its entire network to monitor ED utilization for dental related reasons. Additionally, ODS will also continue to include HIE participation as part of its bonus participation funding for providers on capitated agreements.

HIE for Care Coordination Strategy 8 – Depression Screening in Dental Offices Pilot: [REDACTED]

[REDACTED] all plan to continue the depression screening pilot project. Advantage Dental and EOCCO are working on ways to improve tracking of the project through HIT tools such as Smartsheet and CPT codes. We also plan to leverage the Unite Us platform to send and receive referrals between the DCO and BH case management teams. This would increase access to Unite Us among all case managers as well as two dental practices. EOCCO is working to identify an integrated primary care clinic who can participate in the pilot as well to help EOCCO identify ways to improve care coordination among all provider types.

Milestones:

By 6/30/2022, EOCCO will work with the Advantage CM teams and the two Advantage pilot practices to identify workflows using HIT tools to track outcomes of the depression screening project to better coordinate care.

By 9/30/2022, Advantage, ODS, and EOCCO BH CMs will utilize Unite Us to send and receive referrals.

By 12/31/2022, EOCCO will implement the pilot project with one integrated primary care practice.

By 6/30/2023, EOCCO will work with its Clinical Advisory Panel and the pilot clinics to determine if the project should be expanded to all dental practices and integrated clinics in Eastern Oregon.

NEW HIE for Care Coordination Strategy 12 – Unite Us Expansion to Oral Health Providers/DCOs:

ODS will be joining the Unite Us CIE Platform at the plan level which will allow referrals to EOCCO's Care Coordination team and other Case management departments assisting members with their health needs outside of dental. Advantage Dental's care coordination team will also expand its utilization of Unite Us as part of the Connect Oregon network to intercept and facilitate referrals related to SDoH on behalf of its entire network of providers. Advantage Dental's Community Care team will be trained to utilize the Unite Us/Connect Oregon platform during 2022 to screen members for SDoH related concerns. This will allow them to push referrals out to appropriate CBOs on behalf of Advantage Dental's provider network.

Milestones:

By 6/30/2022, six additional case managers from Advantage will have access to the Unite Us platform.

By 6/30/2022, two case managers from ODS will have access to the Unite Us platform.

By 12/31/2022, Advantage Dental's Community Care team will be trained on how to conduct SDoH screenings and referrals using the Unite Us platform.

iv. Additional plans specific to behavioral health providers, including activities & milestones

GOBHI and EOCCO continue to focus efforts on strengthening engagement with the Collective Medical platform as well as the sharing of supplemental data sources so that care coordinators can make informed decisions about the needs of members in real time. From the EOCCO HIT data file, 67% of those behavioral health providers are identified as having staff utilizing the Collective Medical platform. In 2022 EOCCO has slated to have at least three additional behavioral health provider groups utilizing the daily ED census reports and have staff inputting treatment plans into the provider portal of Collective Medical by the end of the year. Some of the efforts to bring CMHP EHR connectors into the Arcadia Analytics platform were stalled in 2021 as a result of EHR transitions and unforeseen complications with vendor agreements that CCO staff will look to work through in 2022. Given some of the complications surrounding this coordination, EOCCO staff have provided those CMHPs experiencing challenges in connecting to the Arcadia Analytics platform additional time and assistance to ensure data quality is not compromised. Between Arcadia Analytics and Collective Medical, EOCCO plans to have 6 additional behavioral health providers connected to HIE platforms in 2022 because of CCO support

HIE for Care Coordination Strategy 9 – Expansion of CMHP Participation with Arcadia Analytics: EOCCO will continue to work towards onboarding additional CMHPs to the Arcadia Analytics platform. EOCCO staff will meet with CMHPs utilizing [REDACTED] and work through data quality reviews and final steps towards

onboarding to Arcadia Analytics. EOCCO staff will also schedule and facilitate a kick-off event with CMHPs who are not currently connected.

Milestones:

By Q2 2022, all [REDACTED] users will be moved to the production environment including [REDACTED].

By Q4 2022, training will be conducted with each of the three [REDACTED] EHR-using CMHPs surrounding incorporating Arcadia Analytics into care coordination workflows.

By Q3 2022, [REDACTED] will be slated for kickoff events.

By Q1 2023, [REDACTED] will enter the UAT stage for data validation.

By Q2 2023, [REDACTED] will be moved to the production environment and trainings will be conducted surrounding incorporating Arcadia Analytics into care coordination workflows.

HIE for Care Coordination Strategy 10 – HIE Engagement with Non-CMHP Providers: EOCCO staff will meet with behavioral health groups that are not affiliated with contracted CMHPs to explore opportunities for additional Arcadia Analytics connections.

Milestones:

By Q4 2022, EOCCO staff will review data of high-risk members to determine prioritization of health groups based on current contracts.

By Q1 2023, EOCCO staff will engage prioritized providers for establishing data sharing agreements and kick-offs with Arcadia.

By Q3 2024, EOCCO will establish non-CMHP behavioral health connections with Arcadia.

C. Optional Question

How can OHA support your efforts in supporting your contracted providers with access to HIE for Care Coordination?

4. Support for HIE – Hospital Event Notifications

A. 2021 Progress

1. Please describe your progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In the spaces below, please
 - a. Select the boxes that represent strategies pertaining to your 2021 progress
 - b. Describe the following in the appropriate narrative sections
 - i. The tool(s) you supported or made available to your providers in 2021
 - ii. The strategies you used to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers in 2021
 - iii. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained increased access to HIE for Hospital Event Notifications as a result of your support, as applicable)

Notes: If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.

<input checked="" type="checkbox"/> Hospital Event Notifications training and/or technical assistance <input type="checkbox"/> Assessment/tracking of Hospital Event Notification access and capabilities <input checked="" type="checkbox"/> Outreach and education about the value of Hospital Event Notifications	<input checked="" type="checkbox"/> Financially supporting access to a Hospital Event Notification tool(s) <input type="checkbox"/> Offering incentives to adopt or use a Hospital Event Notification tool(s) <input type="checkbox"/> Requirements in contracts/provider agreements <input checked="" type="checkbox"/> Other strategies for supporting access to Hospital Event Notifications (please list here): <i>Creating and distributing regular ER-IP reports for physical health providers.</i>
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i. Progress across provider types, including specific tools supported/made available

In 2021, our CCO and clinic partners leveraged two main health information exchange tools for hospital event notifications that work in conjunction with one another. Below is a list of platforms currently supported by our CCO and in use by us and our network.

Collective Platform (FKA PreManage) - The Collective platform supports care coordination among providers and our CCO, through real-time event communication as well as a shared care plan. The shared use of the Collective Platform between primary care, EDs, CMHPs, and DCOs is intended to bring attention and coordinated intervention to those members who present to emergency service and hospital settings.

EDIE - All hospitals in our service area have adopted EDIE. EDIE connects hospital EDs across the state to provide a comprehensive snapshot of high risk, high need individuals in real time. When a patient presents to any ED in Oregon, EDIE is alerted and can push out notifications. Providers and care coordinators outside the hospital system can receive timely notifications when their patients or members have a hospital event via the Collective Platform.

Emergency Room and Inpatient Notification (ER-IP) Reports – EOCCO distributes weekly hospital event notification reports to its primary care practices who are not onboarded to the Collective Platform.

ii. Additional progress specific to physical health providers

EOCCO continues to sponsor primary care practices that would like to onboard to the Collective platform and covers the associated costs. Strategies that EOCCO has implemented in 2021 to increase access to hospital event notifications through HIE include:

- **HIE for Hospital Event Notification Strategy 1 – Collective Platform Adoption & Technical Assistance:** The EOCCO Quality team successfully implemented “HIT Check-Ins” at all regular meetings with primary care clinics. This was a standing agenda item during these calls and provided a designated time to address barriers to using the Collective platform as well as provide necessary technical assistance to completing the onboarding process. Through these HIT Check-Ins EOCCO was able to assist in onboarding one new organization ([REDACTED]) to the Collective platform in 2021.
- The Clinical Integration Quality Improvement Specialist continued to meet with a member of the Collective Medical team on a bi-weekly basis. A member of the EOCCO Quality team joined several of these calls to discuss Collective platform utilization, onboarding, and other issues relevant to EOCCO clinics. The QIS also regularly requested platform utilization data for EOCCO clinics in order to evaluate platform engagement across contracted EOCCO primary care practices.
- The EOCCO Analytics department continued to produce regular Emergency Room and Inpatient (ER-IP) notification reports and distribute these to physical health providers. These reports notify providers if an EOCCO member assigned to them for primary care visits the Emergency Department. These reports serve as a hospital event notification for providers that may not be onboarded with the Collective platform.

iii. Additional progress specific to oral health providers

Advantage Dental

Advantage Dental's care coordination team utilizes the Collective Medical platform on behalf of its entire network to monitor ED utilization for dental related reasons. Upon receiving a notification, Advantage Dental care coordinators follow up with members to coordinate dental appointments, address member dental needs, and educate members on Advantage's 24/7 Emergency Call system. All members with ED notifications are also sent an informational letter and a "cling" to keep in an easily accessible spot (like their refrigerator) so they know how to access emergency dental services.

ODS

In 2021, ODS successfully used the Collective platform for care coordination at the plan level to help decrease visits to the ED for dental related reasons. Since this platform is used by our Case Management team at the plan level, we receive notifications when any of our members visit an ED, regardless of location and clinic assignment. The outreach conducted proved effective in educating members on their dental benefit and how to access care, especially for emergent situations. Members were assisted with scheduling an appointment and established care with a dental home.

iv. Additional progress specific to behavioral health providers

EOCCO continues to provide ongoing technical support to its CMHPs, and other contracted behavioral health providers, in the use and uptake of the Collective Medical platform for the purpose of hospital event notifications, care coordination, and quality improvement. Two of the primary focus areas for EOCCO's behavioral health care coordination efforts are surrounding discharge planning and providing support to members with severe or persistent mental illness diagnoses, which is facilitated through hospital event notifications. EOCCO care coordination and IT staff have worked with our contracted behavioral health providers throughout the year to increase the number of active Collective Medical users and ensure care plans are loaded/updated on a regular basis. As seen in the EOCCO HIT data file, the 33% of behavioral health providers not regularly utilizing Collective Medical are non-CMHPs providing a small number of services. Thanks to EOCCO's behavioral health acute care risk pool arrangements, CMHPs are financially responsible for increases in the CCO's acute care spend which has facilitated a high level of engagement in the platform. Unfortunately, it has been difficult to engage non-CMHP providers given the limited number of events for their patients visiting the ED throughout the year and the constraints of current financial arrangements to incentivize these efforts. The CCO is exploring ways to mitigate these constraints and incentivize engagement from smaller providers.

In 2021, EOCCO implemented the following strategies specific to behavioral health providers and achieved the listed accomplishments/successes:

- **HIE for Hospital Event Notification Strategy 3: Engagement of Non-CMHPs in the Use of Collective Medical**
 - Provided outreach and assessed behavioral health provider barriers to HIE use.
 - EOCCO staff continued to provide technical assistance to providers on the further adoption and use of Collective Medical.
 - In Q3 and Q4 2021 targeted behavioral health providers received historical ED data files on patients they have engaged with who had visited the ED 3 or more times in the last 24 months or who were ACT eligible. The outreach was intended to highlight the benefits of connecting with Collective Medical and integrating hospital event notifications, the outreach resulted in two different practices engaging in workgroup discussions.
- **HIE for Hospital Event Notification Strategy 4: Develop and Offer Training Modules Focused on Integrating Collective Medical Data into Behavioral Health Clinical Workflows**
 - EOCCO care coordinators worked with providers to establish the training modules and curriculum.
 - Staff from 5 CMHPs participated in trainings surrounding the use of Collective Medical in 2021, which was delivered by EOCCO care coordinators.

v. Please describe any barriers that inhibited your progress

The OHA Metrics and Scoring Committee voted to retire the ED Utilization for Individuals Experiencing Mental Illness incentive measure starting in 2022. This, combined with relatively lower EDU rates during the pandemic, resulted in a decreased interest among many physical health clinics in addressing ED utilization among EOCCO members. This made it challenging to engage with some providers on this topic. The EOCCO QIS and Clinical Integration QIS also struggled to get platform utilization data for physical health clinics from Collective, particularly those whose Collective contract was not sponsored by EOCCO. The CCO has since been assigned a new Account Manager at Collective and the hope is that sharing platform engagement data will resume.

2. Please describe your (CCO) progress using timely Hospital Event Notifications within your organization. In the spaces below, please

- a. Select the boxes that represent strategies pertaining to your 2021 progress
- b. Describe the following in the narrative section
 - i. The tool(s) that you are using for timely Hospital Event Notifications
 - ii. The strategies you used in 2021
 - iii. Accomplishments and successes related to each strategy.

Overall Progress

Please select which strategies you employed during 2021.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Care coordination and care management | <input checked="" type="checkbox"/> Utilization monitoring/management |
| <input type="checkbox"/> Risk stratification and population segmentation | <input type="checkbox"/> Supporting CCO metrics |
| <input type="checkbox"/> Integration into other system | <input type="checkbox"/> Supporting financial forecasting |
| <input checked="" type="checkbox"/> Exchange of care plans and care information | <input type="checkbox"/> Other strategies for using Hospital Event Notifications (please list here) |
| <input checked="" type="checkbox"/> Collaboration with external partners | |

Elaborate on each strategy and the progress made in the section below.

EOCCO continues to use Collective Medical's Platform Technology, the Collective platform tool, within our organization. This is a real-time technology hospital event notification system for those who are on the Collective network to use for care coordination, case management, and collaborations in 2021. In 2022, we will continue to use our tailored cohorts and reports for the EOCCO Case Managers and the Clinical Integration Quality Improvement Specialist in the Collective platform.

EOCCO created specific cohorts and reports for coordinated care monitoring and outreach.

1. Discharge planning: EOCCO collaborates with Community Mental Health Programs in discharge planning involving all members moving between levels of care and Episodes of Care. EOCCO Utilization Management monitors the Collective Platform daily and notifies the CMHP the same day of an admission. The Enhanced Need Coordinator (ENCC) immediately begins the discharge planning process and communicates the plan with EOCCO Care Managers (CM) within one to two days.
2. Member Demographics History: Member demographics and history facilitate care coordination and follow up by EOCCO case managers.
3. ICC Eligibility: EOCCO uses the Collective Platform notifications and reports to evaluate members for eligibility for ICC (Tier 2) or intensive case management (Tier 3) within: 30 days of enrollment, 10 days of completion of the health risk assessment survey for prioritized populations, and after 3 or more hospital/ED admissions within 6 months.
4. Targeting patients with multiple chronic conditions: Through the use of cohorts EOCCO identifies ED utilization and IP stays by patients with multiple chronic conditions. EOCCO utilizes the diagnosis noted in admissions daily and weekly in reports to make sure that we are reaching out to the most vulnerable populations with diagnoses that have potentially avoidable costs.
5. Heatwave: EOCCO utilized hospital notifications for all EOCCO members that were in the ED for heat stroke, heat exhaustion and heat exposure during June 25-28, 2021. We were then able to f/u to see if those members had an ED visit during the next heat wave to determine who may need outreach. There

was no additional outreach needed to any of those members. Members already in case management services did not have any collective notifications related to heat.

6. **Opioid Harm Reduction:** The Clinical Integration Quality Improvement Specialist created a Quality Improvement Project (QIP) for opioid harm reduction that includes EOCCO members. In 2021 we partnered with GOBHI to coordinate post hospital visits outreach to our EOCCO members through a shared cohort and report in Collective.
7. **Utilization monitoring/management:** EOCCO case managers utilize Collective Platform notifications to help monitor Emergency room and Inpatient visits of their case managed members. This allows the case managers to follow up with their members quickly and provide education and ensure appropriate follow-up with their providers.

In addition to cohorts and report use, EOCCO implemented additional strategies within our organization using timely Hospital Event Notifications.

- **HIE for Hospital Event Notification Strategy 5 – Case Managers Contacts in Collective:**
 - EOCCO case managers also started adding their contact information in Collective’s Care Team section within Collective’s platform. Adding this information helps allow better collaboration between providers and the case managers who are working closely with members. This also shows providers that the case managers that are calling the clinics are truly involved in the members case and reduces the concern for HIPAA violations. This also meets part of our MOU with APD by providing contact information on members who are not just involved in our MDT program.
 - EOCCO has seen a decrease in ED utilization as a result of these strategies. The EOCCO Utilization Management group leads ED rounds on a daily basis using discharge reports from Collective Medical. This group has experienced a significant decline in caseload over the past year since many patients are getting connected to specific case management or behavioral health programs. During the last week of February 2020, EOCCO members had a total of [REDACTED] ED encounters with an average of [REDACTED] encounters per day. In comparison, the last week of February 2021 saw a total of [REDACTED] ED encounters with a daily average of [REDACTED]. This decrease occurred despite EOCCO enrollment growing by more than 7,500 members during that time period. While the ED rates have steadily increased between February and July, we are started seeing the numbers decrease again from August to December. A summary of ED encounters among EOCCO members by month can be found below.

Total ED Encounters in 2021:

Month	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
ED Encounter	[REDACTED]											

Total: [REDACTED]

Weekly average: [REDACTED] encounters per week

- **HIE for Hospital Event Notification Strategy 6 – Collective Cohort Primary Trigger Diagnosis & SDoH Project:**
 - EOCCO case managers pulled three primary trigger diagnoses from the Collective Medical Platform: Sepsis, Diabetes and COPD to address high ED Utilization. Due to the high amount of potentially avoidable costs associated with hypertension coupled with an additional chronic disease, EOCCO implemented a targeted intervention using the Collective Platform data in partnership with the primary care providers. These conditions put the members at a very high risk for hypertensive crises and ED visits. Members were identified through Collective to create a list of patients who received outreach and education on red flag symptoms and where urgent care can be accessed outside of the ED in each EOCCO community. These educational materials were also distributed to primary care practices and to hospitals to keep on hand. Additionally, SDoH data was evaluated as it became available through the Accountable Health Communities (AHC) grant project that EOCCO participated in.
 - The EOCCO QIS used the Collective platform to create outreach lists for the Accountable Health Communities (AHC) grant project. The QIS worked with Collective to create a weekly scheduled report identifying EOCCO members with two or more ED visits over the past 12 months. New additions to this weekly report were flagged to receive an AHC screening outreach call from the

outreach team at Oregon Rural Practice-based Research Network (ORPRN). Additional information on this project can be found in sections 5.A. and 5.B.

B. 2022-2024 Plans

1. Please describe your plans for ensuring increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In the spaces below, please
 - a. Select the boxes that represent strategies pertaining to your 2022-2024 plans.
 - b. Describe the following in the appropriate narrative sections
 - i. The number of physical, oral, and behavioral health organizations that do not currently have access to HIE for hospital event notification using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations do not have access to HIE for hospital event notifications). CCOs are expected to use this information to inform their plans.
 - ii. Any additional HIE tools you are planning to support or make available to your providers for Hospital Event Notifications
 - iii. Additional strategies for supporting increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers beyond 2021. Activities and milestones related to each strategy (Please include the number of organizations of each provider type that will gain increased access to HIE for Hospital Event Notifications as a result of your support, as applicable).

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and the include activities milestones in the sections below.

- Hospital Event Notifications training and/or technical assistance
- Assessment/tracking of Hospital Event Notification access and capabilities
- Outreach and education about the value of Hospital Event Notifications

- Financially supporting access to Hospital Event Notification tool(s)
- Offering incentives to adopt or use a Hospital Event Notification tool(s)
- Requirements in contracts/provider agreements
- Other strategies for supporting access to Hospital Event Notifications (please list here)

i. Plans across provider types, including additional tools you will support/make available, and activities & milestones

Using the 2021 OHA-provided Data Completeness Table, 41 physical health, 4 behavioral health, and 27 oral health organizations do not currently have access to an HIE tool for hospital event notifications. However, only 6 of EOCCO's PCPCH clinics do not currently have access to an HIE tool for hospital event notifications meaning that 77% do have access.

See individual responses by provider type below.

ii. Additional plans specific to physical health providers, including activities & milestones

HIE for Hospital Event Notification Strategy 1 – Collective Platform Adoption & Technical Assistance: The EOCCO Quality team originally planned to onboard at least two more primary care clinics per year to the Collective platform from 2021 to 2024. The CCO only added one physical health clinic to the Collective platform in 2021 but plans to stick to the goal of onboarding eight new organizations in total from 2021-2024.

This will be accomplished by continuing to regularly engage with primary care clinics on the hospital event notification options available to them. The Quality team will continue holding time during regular clinic meetings for “HIT Check-Ins” to gauge interest in Collective (and other HIE tools) and to provide technical assistance for onboarding and for general platform utilization.

The EOCCO QIS and Clinical Integration QIS will also identify additional physical health clinics to contact regarding joining the Collective platform by using data on open rates of the EOCCO ER-IP reports. Organizations that have regularly downloaded and opened 30% of their ER-IP reports in the past 12 months and are not currently using Collective will be approached and assessed for interest in connecting to Collective.

Lastly, the QIS will continue to revise the portfolio of sample Collective workflows for managing hospital event notifications to ensure it is up to date with the current iteration of the platform. This will be shared with all onboarded clinics as well as those interested in onboarding to show the value of using the platform for hospital event notifications and managing patient health outcomes.

Milestones:

By 12/31/2022, EOCCO will develop a portfolio of sample workflows to distribute to clinics to increase utilization of the Collective platform for hospital event notifications.

By 12/31/2022, EOCCO will identify two new physical health organizations to prioritize for onboarding to Collective.

By 12/31/2024, EOCCO will onboard seven additional primary care clinics to the Collective platform bringing the percentage of clinics utilizing Collective for hospital event notifications from 29% to 40%.

iii. Additional plans specific to oral health providers, including activities & milestones

Advantage Dental & ODS

Both ODS and Advantage Dental’s care coordination teams will continue to utilize the Collective platform on behalf of its entire network to monitor ED utilization for dental related reasons. The care coordination and case management teams will continue to receive hospital event notifications and triage them as needed.

As discussed with OHA staff in 2021, the DCO Case Management teams provide support to the contracted dental practices with HIE utilization for hospital event notifications to ease the burden on the dental practice. Therefore, the updates and strategies related to oral health providers will primarily be focused on DCO level updates as they are connected to the Collective platform on behalf of their contracted providers.

iv. Additional plans specific to behavioral health providers, including activities & milestones

EOCCO’s behavioral health care coordination teams provide ongoing individual technical assistance and training throughout the year to behavioral health providers on the Collective platform for hospital event notifications. In 2021, EOCCO staff developed and delivered trainings designed to engage providers in best practices in the use of Collective Medical including: identifying high-risk populations, outlining care plans, pulling reports centered on CCO priorities, and how to integrate the use of the platform into clinical workflows. In 2022 we look to expand the reach of those trainings and provide additional support to our behavioral health partners. EOCCO has slated to have at least three additional behavioral health provider groups utilizing hospital event notification systems and have staff inputting treatment plans into the provider portal of Collective Medical by the end of the year.

For 2022-2024, EOCCO will continue to implement and support the following strategies for behavioral health providers not previously mentioned in the 2021 progress report:

HIE for Hospital Event Notification Strategy 3: Engagement of Non-CMHPs in the Use of Collective Medical:

EOCCO staff will evaluate additional opportunities for coordination with non-CMHP behavioral health providers surrounding high-risk members utilizing the Collective platform.

Milestones:

By Q4 2022, identify high-risk behavioral needs groups and align with current outreach initiatives to design additional reporting supported by Collective Medical data that is distributed to non-CMHP behavioral health providers.

By Q3 2022, extend the invite of current EOCCO ED workgroup to non-CMHP behavioral health providers as part of recruitment efforts.

By Q4 2023, implement quarterly report distribution of reports to in-network behavioral health providers.

HIE for Hospital Event Notification Strategy 4: Develop and Offer Training Modules Focused on Integrating Collective Medical Data into Behavioral Health Clinical Workflows:

EOCCO will offer trainings to CMHP staff that were not able to attend in 2021. Additionally, EOCCO will offer trainings to non-CMHP staff for contracted behavioral health providers who have access to Collective Medical.

Milestones:

By Q2 2022, training will be provided to staff of [REDACTED].

By Q3 2022, training will be provided to staff of [REDACTED].

By Q2 2023, EOCCO will offer the course for new and existing CMHP staff who are needing refreshers or additional training.

By Q2 2022, provide outreach to contracted providers offering additional collective training specific to EOCCO priorities and schedule those offerings.

Between Q3 2022 and Q2 2023, offer trainings to non-CMHP staff.

2. Please describe your (CCO) plans to use timely Hospital Event Notifications within your organization. In the spaces below, please

a. Select the boxes that represent strategies pertaining to your 2022-2024 plans

b. Describe the following in the narrative section

- i. Any additional tool(s) that you are planning on using for timely Hospital Event Notifications
- ii. Additional strategies for using timely Hospital Event Notifications beyond 2021
- iii. Activities and milestones related to each strategy

Notes: Strategies and tools described in the 2021 Progress section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024.

- Care coordination and care management
- Risk stratification and population segmentation
- Integration into other system
- Exchange of care plans and care information
- Collaboration with external partners

- Utilization monitoring/management
- Supporting CCO metrics
- Supporting financial forecasting
- Other strategies for supporting access to Hospital Event Notifications (please list here)

Elaborate on each strategy (if not previously described in the *Progress* section) and include activities and milestones in the section below.

EOCCO's Case Management team will continue to use Collective Medical, a PointClickCare company, to notify the team of hospitalizations for their case managed members.

HIE for Hospital Event Notification Strategy 5 – Case Managers Contacts in Collective: EOCCO's physical health case managers will continue to input their contact information into the care team section of Collective and plans to expand this process to the behavioral health case management team. This allows better collaboration between providers and the case managers who are working closely with members. This also shows providers that the case managers that are calling the clinics are truly involved in the members case and reduces the concern for HIPAA violations. This also meets part of our MOU with APD by providing contact information on members who are not just involved in our MDT program.

Milestone:

By 6/30/2022, EOCCO will assist and train the behavioral health case management team to integrate their contact information into the care team section of Collective.

NEW HIE for Hospital Event Notification Strategy 7 – Care Coordination, Care Management and Collaborations with External Partners:

- EOCCO's case management team will work with the Clinical Integration Quality Improvement Specialist to further expand our use of Collective by looking into the possibility of including new groups to our portal in the Collective platform. By adding necessary groups, we will be able to quickly notify and act accordingly from a hospital notification encounter for these populations. A new group to consider adding to our eligibility file is the LTSS (Long-Term Support Services) so that we can easily identify these members when they go to the hospital.
- EOCCO will inquire about Collective Medical's Continuity of Care Document (CCD) access. CCDs are relevant clinical data such as discharge summaries, medications, problem lists, EMR notes, etc. In 2021, the Clinical Integration Quality Improvement Specialist introduced the use of CCDs and its potential benefit for EOCCO's behavioral health team's use. The Clinical Integration QIS helped connect them with the right team at Collective Medical and attended integration meetings between them and Collective. For 2022, EOCCO plans to explore and investigate the needs of CCD accessibility for EOCCO's physical health case management team as this additional feature comes at an additional cost to access.
- The Clinical Integration Quality Improvement Specialist will continue to use, and tailor, if necessary, the opioid harm reduction cohort and collaborate with EOCCO's behavioral health team in outreaching to our EOCCO members.

Milestones:

By 12/31/2022, EOCCO will update our eligibility file/supplemental file to include the LTSS information.

By 12/31/2022, EOCCO will integrate CCD access for EOCCO's physical health case managers.

C. Optional Question

How can OHA support your efforts in supporting your contracted providers with access to Hospital Event Notifications?

5. HIT to Support Social Needs Screening and Referrals for Addressing SDOH Needs

A. 2021 Progress

1. Please describe any progress you (CCO) made using HIT to support social needs screening and referrals for addressing social determinants of health (SDOH) needs. In the space below, please include
 - a. A description of the tool(s) you are using. Please specify if the tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE).
 - b. The strategies you used in 2021.
 - c. Any accomplishments and successes related to each strategy.

Overall Progress

Elaborate on each strategy and the progress made in the section below.

EOCCO participated in a CMS funded grant project called Accountable Health Communities (AHC) in partnership with the Oregon Rural Practice-based Research Network (ORPRN) for most of 2021. A team of individuals at ORPRN utilized hospital event notifications from Collective Medical to initiate phone calls to EOCCO members with two or more ED visits in the past 12 months to screen them for social needs using the AHC screening tool. The screening results data was provided back to EOCCO along with race, ethnicity, language, and disability (REALD) data on each screened member. As of the end of 2021, the ORPRN team had screened 604 EOCCO members for social needs, 56% of those screened indicated at least one need and 13% indicated at least three needs. Over 35% of those screened were offered care navigation services, and nearly 64% of those offered navigation accepted it. ORPRN will continue screening EOCCO members through early June 2022. A small workgroup was created to assess the AHC results files for feasibility of integrating the REALD data into the EOCCO Data Warehouse and future reporting. This integration process is ongoing.

EOCCO evaluated community information exchange platforms with feedback from community organizations, healthcare partners, the EOCCO HIT Committee, the EOCCO Clinical Advisory Panel, and the EOCCO Board. In October 2021, EOCCO signed a contract with Unite Us to join the Connect Oregon network. The Unite Us tool facilitates closed-loop referrals among partners in the network. EOCCO worked closely with Unite Us in Q4 2021 to begin implementation of the CIE tool across the service area. EOCCO planned to launch Unite Us by county in two waves:

Wave 1 (4/12/2022): Baker, Gilliam, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

Wave 2 (7/19/2022): Grant, Harney, Lake, Malheur

In Q4 2021, EOCCO worked closely with healthcare, dental, and community partners to develop awareness of the upcoming tool, create curated workflows to streamline referrals for social care needs, and identify priority partners to use the tool. The groundwork laid by EOCCO in 2021 will allow for the meaningful utilization of Unite Us and the Connect Oregon network to impact SDOH needs.

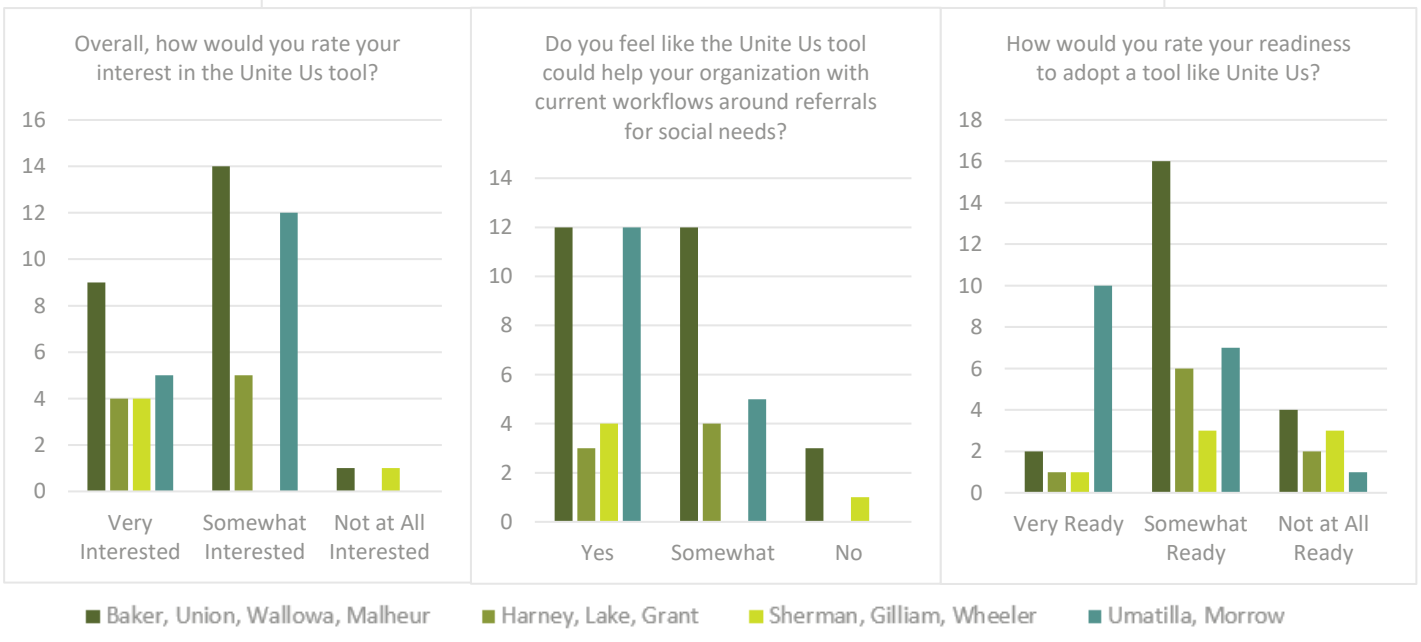
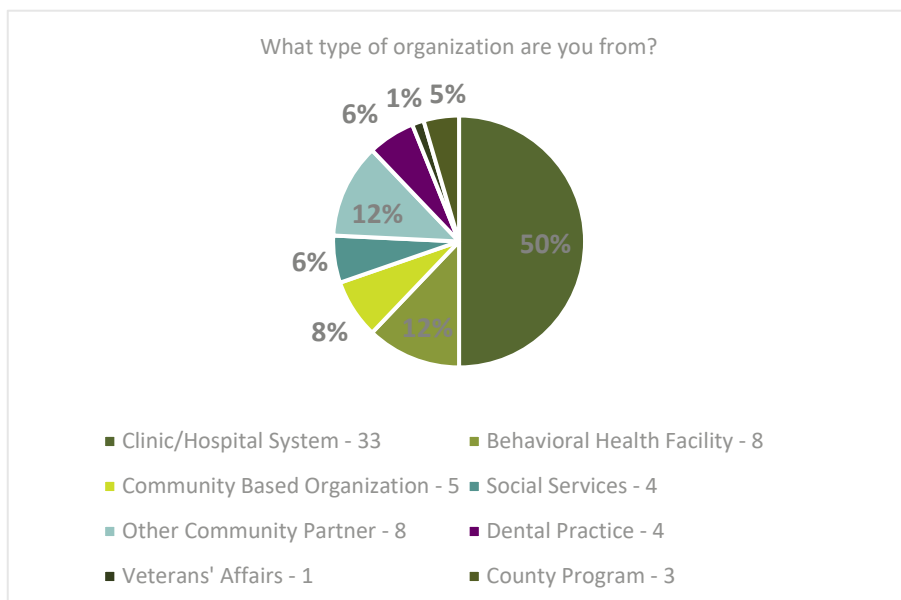
2. Please describe any progress you made in 2021 supporting contracted physical, oral, and behavioral health providers with using HIT to support social needs screening and referrals for addressing SDOH needs. Additionally, describe any progress supporting social services and community-based organizations (CBOs) with using HIT in your community. In the spaces below, please include
 - a. A description of the tool(s) you supported or made available to your contracted physical, oral, and behavioral health providers, social services, and CBOs. Please specify if the tool(s) have closed-loop referral functionality (e.g., CIE).
 - b. The strategies you used to support these groups with using HIT to support social needs screening and referrals.
 - c. Any accomplishments and successes related to each strategy.

Note: If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.

i. Progress across provider types, including social services and CBOs, and tool(s) supported/made available

EOCCO financially supported and made available the Unite Us CIE platform to EOCCO’s contracted physical, oral, and behavioral health providers, social services, and CBOs. Unite Us facilitates the sending and receiving of closed-loop referrals for social needs between network partners.

EOCCO has provided support to all provider types and community-based organization through outreach, one on one meetings, group trainings, community meetings, and ongoing training and engagement opportunities. EOCCO gathered feedback from providers and CBOs prior to selecting a CIE tool for social needs referrals and has continued to solicit feedback from partners through the implementation process. Please see the graphs below for additional information on community feedback and buy-in. EOCCO has worked closely with a Community Engagement Manager and an Implementation Manager with Unite Us to answer questions, identify and alleviate concerns, and contextualize successes of the network expansion into Eastern Oregon.



ii. Additional progress specific to physical health providers

Physical health providers will gain access to Unite Us on 4/12/2022. In 2021, EOCCO worked closely with physical health providers to evaluate the CIE tool, gather buy-in and support, and understand the gaps in social service care that Connect Oregon will fill at launch. EOCCO anticipates significant progress regarding screening and referrals for social needs in 2022 after the launch of the Unite Us platform in physical health clinics.

iii. Additional progress specific to oral health providers

Advantage Dental

Advantage Dental's care coordination team has been using Unite Us/Connect Oregon to intercept and facilitate referrals related to SDoH on behalf of its entire network of providers. Advantage Dental also adapted a screening form based on the AHC screening tool, which has been embedded into Unite Us for Advantage Dental's Community Care team to use for screening members for unmet social needs.

ODS

No additional process specific to oral health providers. See the Progress Across Provider Types section.

iv. Additional progress specific to behavioral health providers

No additional progress specific to behavioral health providers. See the Progress Across Provider Types section.

v. Additional progress specific to social services and CBOs

Staff in social services agencies and CBOs are among the early adopters and network champions of the Unite Us platform. As the funder for the tool in the service area, EOCCO expanded access to the Unite Us platform to all social services and CBOs interested in leveraging the HIT tool. EOCCO solicited feedback from CBOs when selecting a CIE tool and has continued to engage social service providers in the implementation of the tool. EOCCO worked closely with care coordination organizations, early learning hubs, and peer-delivered services agencies to ensure the Unite Us tool would be a useful addition to their workflows, especially when considering the closed-loop functionality of the tool.

vi. Please describe any barriers that inhibited your progress

While many organizations have bought into the Unite Us CIE platform, others are hesitant to join until the network is well established. Continued support from the CCO, statewide initiatives, CBOs, and healthcare partners will be key in ensuring a successful launch.

B. 2022-2024 Plans

1. Please describe your plans for using HIT for social needs screening and referrals for addressing SDOH needs within your organization beyond 2021. In your response, please include
 - a. Any additional tool(s) you will use. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
 - b. Additional strategies you will use beyond 2021.
 - c. Activities and milestones related to each strategy.

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

Elaborate on each strategy (if not previously described in the *Progress* section) and the include activities milestones in the section below.

HIT for SDoH Strategy 1 – Unite Us Onboarding with Case Managers: Work with the EOCCO physical health and behavioral health case management teams as well as the DCO case management teams to establish additional workflows for utilizing the Unite Us CIE platform for SDoH screenings and referrals for social needs.

Milestones:

By 4/12/2022, EOCCO physical and behavioral health case management teams will be onboarded onto the Unite Us platform.

By 9/30/2022, EOCCO physical and behavioral health case management teams as well as the DCO case management teams will establish care coordination workflows to share with external partners.

HIT for SDoH Strategy 2 – Unite Us Member Assistance Request Process: Establish a Unite Us member assistance request process managed by EOCCO's THW Liaison. Develop a member assistance form in collaboration with Unite Us to facilitate referrals for social needs and coordination of flexible service spending requests. Share successes of the member request process with clinic and community-based partners for replication.

Milestones:

By 4/12/2022, EOCCO's THW Liaison will be live in the Unite Us platform.

By 7/19/2022, EOCCO THW Liaison will receive and refer members from the EOCCO website to external partners through the member assistance request process.

By 12/31/2022, EOCCO's THW Liaison will provide workflows to external partners modeling the member request process for duplication in clinic and CBO settings.

HIT for SDoH Strategy 3 – SDoH Data Integration: The EOCCO Quality team will continue working with the Senior Data Engineer to incorporate the REALD results and social needs screening data into the internal Data Warehouse from both the AHC Screening project and Unite Us. The next step will be to collaborate with EOCCO's Analytics department to use this data to evaluate social needs trends across Eastern Oregon and identify areas of high need. The EOCCO Quality team will also work with the Data Analyst to determine which REALD and social needs data points to incorporate into the monthly reports that are distributed to primary care clinics.

Milestones:

By 12/31/2022, EOCCO's Data Science team will incorporate the AHC social needs screening results data and the Unite Us data feed into the Data Warehouse in a form that is usable for future reporting.

By 12/31/2022, EOCCO QIS will evaluate social needs data trends across Eastern Oregon and will identify two to three geographic areas with high social need(s).

By 12/31/2023, EOCCO Data Analysts will incorporate AHC social needs and REALD data as well as Unite Us SDoH data into monthly clinic-level Member Roster reports.

HIT for SDoH Strategy 4 – Accountable Health Communities Project Expansion: The EOCCO QIS will develop a funding proposal for EOCCO leadership to recommend continuing the AHC screening project with eligible EOCCO members after the grant period ends in June 2022. This proposal will highlight the benefit of screening EOCCO members for social needs as well as the future possible return on investment for gathering this

data. This proposal will be presented to EOCCO leadership in 2022 along with a potential budget for continuing this screening project. The AHC screening team would also be able to utilize the Unite Us platform for recording and tracking SDoH screening and referral data.

Milestone:

By 12/31/2022, EOCCO's QIS will present the AHC screening results to EOCCO leadership and will request funding to continue the AHC screening project for the EOCCO population.

2. Please describe your plans for supporting contracted physical, oral, and behavioral health providers with using HIT to support social needs screening and referrals for addressing SDOH needs. Additionally, describe your plans for supporting social services and CBOs with using HIT in your community. In the spaces below, please include
- A description of any additional tool(s) you will support or make available to contracted physical, oral, and behavioral health providers, social services, and CBOs. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
 - Additional strategies for supporting contracted physical, oral, and behavioral health providers, social services, and CBOs with using HIT for social needs screening and referrals for addressing SDOH needs beyond 2021.
 - Activities and milestones related to each strategy.

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Plans across provider types, including social services and CBOs, and tool(s) you will support/make available

HIT for SDoH Strategy 5 – Unite Us Adoption: Provide support to all contracted physical, oral, and behavioral health providers, social services, and CBOs with onboarding to the Unite Us platform by creating continuous opportunities for technical assistance, presenting in community settings, and sharing successes of the platform within provider and CBO networks. EOCCO will work with Unite Us to identify a speaker for its Annual Clinician and Staff Summit. We will also identify local champions to share testimonies to encourage other EOCCO partners to join the Connect Oregon network.

Milestones:

By 9/30/2022, present early successes of the Unite Us platform to EOCCO healthcare and community partners through the EOCCO Clinician and Staff Summit.

By 12/31/2022, onboard 30 partner organizations to the Unite Us platform.

By 12/31/2023, present data regarding social needs screenings and referrals to contracted physical, oral, and behavioral health providers, social services, and CBOs through the Unite Us data insights tool.

ii. Additional plans specific to physical health providers

HIT for SDoH Strategy 6 – Unite Us Technical Assistance for Physical Health Partners: Provide support to all contracted physical health organizations with onboarding to the Unite Us platform by addressing any questions or concerns during the EOCCO QI team's clinics visits in the spring and fall of 2022. EOCCO QI staff will address barriers and ask the clinic staff to provide input on which social service and CBOs would be useful for them have on the CIE platform.

Milestones:

By 12/31/2022, establish baseline utilization levels of the Unite Us platform in all 12 EOCCO counties through the data insights tool.

By 12/31/2023, increase utilization of the Unite Us platform by 25% across the service area.

iii. Additional plans specific to oral health providers

Advantage Dental & ODS

HIT for SDoH Strategy 7 – Unite Us Dental Practice Pilot: Advantage Dental will explore the idea of implementing the Unite Us platform with select Advantage Dental practices as a pilot project starting in 2023. ODS would also like to explore the possibility of implementing the platform with one of our [REDACTED] clinics or some of our capitated providers depending on what they learn from implementation among their case management team.

Milestone:

By 3/31/2023, Advantage Dental and ODS will explore the possibility of implementing Unite Us as a pilot project with select dental practices.

See **NEW HIE for Care Coordination Strategy 12 – Unite Us Expansion to Oral Health Providers/DCOs** in Section 3.B.iii.

iv. Additional plans specific to behavioral health providers

No additional plans specific to behavioral health providers. See the Plan Across Provider Types section.

v. Additional plans specific to social services and CBOs

HIT for SDoH Strategy 8 – Unite Us Technical Assistance for Community Partners: Provide support to social services and CBOs with onboarding to the Unite Us platform by facilitating technical assistance opportunities and developing workflows between EOCCO case management teams and CBOs for care coordination. Continue to facilitate connections between CBOs and Unite Us' Community Engagement team for support and tool navigation. Recruit local organizations for participation in the Community Network Advisory Board (CNAB) to support CBO buy-in and opportunities for local workflow development.

Milestones:

By 12/31/2022, onboard 12 social service organizations and/or CBOs to the Unite Us platform.

By 4/30/2023, fill all spots on Unite Us CNAB with social service and CBO platform champions.

By 9/30/2023, share early successes of the Unite Us platform in CBO settings with the larger EOCCO provider network.

C. Optional Question

How can OHA support your efforts in supporting the use of, and using HIT to support social needs screening and referrals for addressing SDOH needs?

6. Other HIT Questions (Optional)

The following questions are optional to answer. They are intended to help us assess how we can better support the work you are reporting on.

A. How can OHA support your efforts in accomplishing your HIT Roadmap goals?
I think it would be helpful to continue to share HIT adoption and data collection ideas across CCOs. OHA can help CCOs prioritize certain areas of HIT adoption with smaller clinics or providers who CCOs contract with but have limited contact with them. I think it would be helpful for OHA to further understand the nuances of HIT in the dental space and how the approach may need to be different for them such as having strategies remain at the health plan/DCO level.
B. How have your organization's HIT strategies changed or otherwise been impacted by COVID-19? What can OHA do to better support you?
Our healthcare partners priorities have changed due to the impact of COVID-19. They are still experiencing significant staffing issues and often don't have the resources to onboard with HIT tools. We have shifted our strategies to be more centered around technical assistance and funding opportunities to try and meet practices where they're at. We offer many HIT tools, but we always make them optional since many of our contracted providers are in different stages of readiness.
C. How have your organization's HIT strategies supported reducing health inequities? What can OHA do to better support you?
EOCCO has been working diligently to collect updated REALD data and integrate this data into our data warehouse and internal systems. It would be helpful if OHA could develop a process for CCOs to provide updated REALD data and member addresses to OHA to update the enrollment data as well. This would ease the burden on the member and address the issue that all CCOs have with data being overridden with each new enrollment file.

Appendix

Example Response: Support for HIE – Care Coordination

The examples below are meant to help CCOs understand the level of detail and type of content OHA is looking for in responses detailing 2021 progress and 2022-2024 plans. The examples are based on content in past CCO HIT Roadmaps and include specific tools and/or strategies reported by CCOs. OHA edited original submissions for the sake of providing a concise example, but CCOs may wish to provide more context or detail in some cases. Please note, these examples are not exhaustive. Through these examples, OHA is not endorsing specific products or tools, but merely highlighting the level of specificity for meaningful and credible content and providing clarity on how the responses may be formatted. Even though the examples are specific to HIE for care coordination, the level of detail and format should be modeled in other topic responses as well.

Definitions: For the purposes of the Updated HIT Roadmap responses, the following definitions should be considered when completing responses.

Strategies: CCO's approaches and plans to achieve outcomes and support providers.

Accomplishments/successes: Positive, tangible outcomes resulting from CCO's strategies for supporting providers.

Activities: Incremental, tangible actions CCO will take as part of the overall strategy.

Milestones: Significant outcomes of activities or other major developments in CCO’s overall strategy, with indication of when the outcome or development will occur (e.g., Q1 2022). **Note:** Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A. 2021 Progress

Please describe your progress supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers. In the spaces below, please

1. Select the boxes that represent strategies pertaining to your 2021 progress
2. Describe the following in the appropriate narrative sections
 - a. Specific HIE tools you supported or made available in 2021
 - b. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2021
 - c. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained access to HIE for Care Coordination as a result of your support, as applicable)

Note: If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.

<input checked="" type="checkbox"/> HIE training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of HIE adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about value of HIE <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Enhancements to HIE tools (e.g., adding new functionality or data sources) <input type="checkbox"/> Integration of disparate information and/or tools with HIE <input type="checkbox"/> Requirements in contracts/provider agreements	<input checked="" type="checkbox"/> Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding <input type="checkbox"/> Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) <input checked="" type="checkbox"/> Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) <ul style="list-style-type: none"> • <i>Implemented Patient Access API</i> <input checked="" type="checkbox"/> Other strategies for supporting HIE access or use (please list here) <ul style="list-style-type: none"> • <i>Assisted with the development of best practice standards for hospital EDs</i>
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i. Progress across provider types, including HIE specific tools supported/made available

In 2021, our CCO and clinic partners leveraged a wide variety of health information exchange tools and other HIT platforms that support care coordination. Below is a list of platforms currently supported by our CCO and in use by us and/or our network.

Collective Platform (FKA PreManage) - Our CCO has been a leader in the implementation and spread of the Collective Platform in our region. The tool supports care coordination among providers and between providers and our CCO, through real-time event communication as well as a shared care plan. The shared use of the Collective Platform between primary care, EDs and CMHPs is intended to bring attention and coordinated intervention to those members who present in emergency service and hospital settings.

EDIE - All hospitals in our service area have adopted EDIE. EDIE connects hospital ED’s across the state to provide a comprehensive snapshot of high risk, high need individuals in real time. When a patient registers in

any ED in Oregon, EDIE is alerted and can push back an EDIE notification. Providers and care coordinators outside the hospital system can receive timely notifications when their patients or members have a hospital event via the Collective Platform.

Epic's Care Everywhere - The majority of contracted physical health providers in our service area are on Epic, including the hospital systems, FQHCs, rural health clinics and our school-based health centers. This allows providers in our community to communicate directly through Epic or through "look in" functionality through Epic's Care Everywhere, which provides clinical data for providers who use Epic and other affiliated electronic health systems.

CCO Provider Portal - Our CCO provider portal supports referrals among primary care and DCOs.

Care Coordination Platform - Our CCO has implemented a robust Care Coordination Platform that delivers a care plan to the provider portal so the provider is aware of what is happening for the member.

Secure Messaging - Our CCO Care Team communicates/coordinates with providers using Secure messaging through their email and directly from our Care Coordination platform.

Our 2021 progress centered around the following strategies our CCO implemented. The 2021 accomplishments and successes related to our strategies are listed below each strategy.

Strategy 1: Develop and implement a 5-Year HIT plan

In partnership with the Clinical Advisory Panel, our CCO developed a 5-Year HIT plan that includes the following components to help guide our strategies for the duration of the Contract:

- Identifying HIT/HIE priorities
- Educating providers and provider staff on existing HIE capabilities and benefits
- Developing a regional workplan called for by the HIE Onboarding Program to identify priority Medicaid providers that would benefit from participation.
- Identifying opportunities in care transition
- Increasing and streamlined referral automated workflows
- Optimizing the use of the HIEs functionality
- Promoting interoperability of HIEs to simplify end-user environment
- Monitoring mechanisms to ensure continued improvement in HIE utilization and resulting patient care coordination

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

- Our CCO helped remove barriers to adoption for some of our providers by paying for Collective licenses and partnering with the vendor to help our clinics design workflows that leverage the tool. We increased access for an additional 8 physical health and 6 behavioral health providers.
- We coordinated with the emergency department Medical Directors at the hospitals to develop best practice standards for Care Recommendations and workflows to enhance cross-system care coordination. To further support successful adoption and use of Collective, we covered the costs for provider partners to attend statewide collaboratives to share with their peers and learn about best practices.
- Referrals to our CCO's care team come from providers and from our CCO's triage coordinator, who utilizes targeted cohorts in Collective to identify members who would benefit from a collaborative, multi-disciplinary care plan and subsequent outreach and wraparound services in an effort to prevent future inappropriate costly emergency department visits and inpatient stays.
- As a CCO we monitored the volume of care recommendations developed by each organization and offered technical assistance to each system in order to tailor the support to meet their specific needs, from workflow development to IT support to advance their adoption of the tool.

Strategy 3: Support patient access to their health information: implement Patient Access API

- In 2021, we began implementation of a secure, standards-based (HL7 FHIR Release 4.0.1) API that allows patients to easily access their claims and encounter information, including cost, as well as a defined subset of their clinical information through third-party applications of their choice.

Strategy 4: Enhance coordination between physical, behavioral, oral and SDOH organizations

- Expanded functionality of closed loop referrals via CCO Provider Portal
- Researched and implemented a tool to capture and share SDOH
- Expanded use of CCO Care Coordination Platform to create an electronic mechanism for tri-directional referrals in which providers from physical, behavioral, or oral health can request service navigation and care coordination services from our care coordination team.
- Convened multidisciplinary team meetings where primary care, Community Mental Health Programs, and dental come together to develop shared care plans for specific members who have complex needs that are then entered into the Collective Platform.

Strategy 5: Support new solutions to exchange information between EHRs and other organizations

- Engaged with Reliance to ensure CCO providers had the opportunity to participate in the OHA HIE Onboarding Program
- Encouraged our provider partners to participate in OHA's HIE Onboarding Program. An additional 7 organizations (4 physical and 3 behavioral health) participated before the program ended.
- Evaluated tools that promote national standards for sharing information among different EHRs (e.g, Carequality, CommonWell, etc.)
- Supported electronic data exchange between EHRs and OHA and CCO
- Actively participated in state multi-payer data aggregation activities
- Researched bulk electronic communication between EHRs, CCO, and OHA. We improved our capability to both ingest and produce data sets for clinical and community partners. We have started producing and distributing claims data sets on a clinic-by-clinic basis to assist partners to better understand their patients' utilization, risk profiles and referral patterns and use the information inform their patient-specific outreach and care coordination activities.
- Met virtually with HIE vendors operating in our service area and gained insight into:
 - Current level of adoption
 - Practices discussing or planning implementations
 - Practices that implemented, but are underutilizing the available technology
 - Future features and functions in development and timeline for availability
 - How CCO will be informed about advances in HIE utilization
 - How CCO can increase HIE utilization

Strategy 6: Engage with state committees/entities

To ensure we stay abreast of and inform OHA's HIT priorities, members of our team actively engaged in several state workgroups, including:

- HIT Commons - EDIE Steering Committee
- Metrics & Scoring Committee
- Health Information Technology Advisory Group

Strategy 7: HIE Data collection

As further described in the EHR Adoption section, we partnered with OHA to implement the 2021 Oregon HIT Survey to assess HIE adoption, use, needs, and barriers among our contracted providers. Unfortunately, data collection did not start until October 2021, delaying our access to the results until January 31, 2022.

- We provided OHA with email contacts for 64% of our assigned organizations.
 - Through the process of compiling email addresses for OHA we came to learn that we are missing contacts for many organizations. We have since instituted a process to gather emails from all contracted organizations
- We assisted with survey outreach to encourage our providers to submit a survey.

ii. Additional Progress Specific to Physical Health Providers

Strategy 8: Provide workflow TA

- Provided technical assistance to physical health providers and their teams to integrate Provider Portal workflow into their clinic's care coordination processes.

iii. Additional Progress Specific to Oral Health Providers

Our dental partners continue to work directly with their contracted providers to identify opportunities to engage in HIE and share information across the continuum of health care providers.

All of our CCO's delegated dental plan partners have implemented and receive notifications via Collective for their members going to the emergency department for non-traumatic dental issues. They have also implemented a care coordination process whereby each member who goes to the emergency department for dental issues receives outreach, care coordination, and support in scheduling a follow-up dentist visit. Our CCO is working with dental care partners to increase the percentage of members completing a dental visit within 30 days of an emergency department visit for non-traumatic dental issues.

Our CCO has invested in tools to support enhanced communication between our primary care, oral health and other providers. We have created a dental request within the provider portal that allows primary care providers to submit a request for dental navigation and coordination by our dental care coordinators.

In 2021, our CCO implemented the following strategies specific to oral health providers and achieved the listed accomplishments/successes:

Strategy 9: Explore oral health HIE

- We worked with CCOs, DCOs and HIE vendors to examine existing dental health information exchange.
- We explored strategies to expand and connect to other HIEs and platforms (e.g., Reliance, Epic).
- We identified the types of information that will be useful to exchange. Our assessment focused on data needed to fuel workflows, the abilities of Electronic Dental Records (EDRs) to hold and display that data, and the HIE methods supported by vendor systems.

Strategy 10: Pursue improvement of the dental request referral process

- We evaluated the efficacy of the dental request referral process by cross-walking claims data with those members who had a request through the portal to follow up with members and analyze "connection" success rates
- We encouraged further utilization of the one-way electronic referrals to DCO portals for improved care coordination

iv. Progress Specific to Behavioral Health Providers

We understand how health information sharing is critical to ensuring effective care management across physical health and behavioral health and to supporting behavioral health integration efforts. The behavioral health organizations within CCO vary in their capacity to develop the necessary infrastructure and workflows to support health information exchange.

In 2021, our CCO implemented the following strategies specific to behavioral health providers and achieved the listed accomplishments/successes:

Strategy 11: Assess the state of behavioral health HIE

- Assessed behavioral health provider interest and determined best way to support their engagement with the OHA HIE Onboarding Program
- Identified HIE elements that need to be modified, eliminated or added due to special behavioral health requirements

Strategy 1: Develop and implement a 5-year plan

- Included elements specific to behavioral health providers
- Identified a group to focus specifically on behavioral health workflows and privacy issues
- Ensured behavioral health providers were a priority in the HIE Onboarding Program, including small providers' use of HIE portals
- Evaluated the Reliance Consent Module and other HIE workflows

Strategy 8: Provide workflow TA

- CCO staff continued to provide workflow redesign support to further adoption and use of Collective Platform, specifically related to increasing the number of members who have care plans generated after presenting at emergency department and being flagged by Collective.
- Provided technical assistance to physical health providers and their teams to integrate Provider Portal workflow into their clinic's care coordination processes.

v. Please describe any barriers that inhibited your progress.

Our initial plans for developing a technical assistance strategy to support and expand existing technology solutions that provide timely patient information to providers and care coordinators were unable to be fully realized due to the COVID-19 pandemic. The original strategy had included conducting site visits to providers identified in initial physical, oral, and behavioral health use cases in order to better understand their current systems and workflows around HIE for Care Coordination; however, we were unable to complete any onsite walk-throughs. While we did meet with some providers virtually, we were unable to meet with all providers we identified during initial use cases. Our plan is to continue our virtual meetings in 2022.

Also, due to COVID, OHA postponed HIT Data Collection efforts until late 2021.

B. 2022-2024 Plans

Please describe your plans for supporting increased access to HIE for Care Coordination for contracted physical, oral, and behavioral health providers. In the spaces below, please

1. Select that boxes that represent strategies pertaining to your 2022-2024 plans.
2. Describe the following in the appropriate narrative sections
 - a. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies
 - b. Any additional HIE tools you plan to support or make available.
 - c. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2021.
 - d. Activities and milestones related to each strategy. (Please include the number of organizations of each provider type you expect will gain access to HIE for Care Coordination as a result of your support, as applicable)

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please include activities and milestones for each strategy you will use.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy and include activities and milestones in the sections below.

- HIE training and/or technical assistance
- Assessment/tracking of HIE adoption and capabilities
- Outreach and education about value of HIE
- Collaboration with network partners

- Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding
- Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)

<input checked="" type="checkbox"/> Enhancements to HIE tools (e.g., adding new functionality or data sources) <input checked="" type="checkbox"/> Integration of information and/or disparate tools with HIE <input type="checkbox"/> Requirements in contracts/provider agreements	<input checked="" type="checkbox"/> Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) <ul style="list-style-type: none"> • <i>Maintain Patient Access API</i> <input type="checkbox"/> Other strategies for supporting HIE access or use (please list here)
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i. Strategies across provider types, including activities & milestones

Using the Data Completeness Table in the OHA-provided HIT Data File, we can see that (including the Collective Platform) 347 physical health, 51 oral health, and 58 behavioral health contracted organizations have not adopted a known HIE tool. We will use this information to develop our 2022-2024 HIE for care coordination strategies.

We will continue to use and support all HIT/HIE tools listed in the *2021 Progress* section and continue to build upon all the strategies we previously described. Additionally, we will monitor national and local HIT/HIE initiatives to stay apprised of any developments in HIE tools or opportunities.

For 2022-2024, our CCO will implement and support the following strategies across provider types:

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Activities	Milestones and/or Contract Year
Evaluate opportunities to extend telemedicine technology for members, including mobile applications that support member's ability to communicate with their care team via mobile technology.	2022: Identify mobile applications to support 2023: If mobile application identified, disseminate application along with relevant patient education
Evaluate, design, develop, and implement HIE interoperability solutions with Reliance.	Q1-Q3 2022: Evaluation and development phase Q4 2022-Q4 2023: Implementation phase; onboard CCO care coordinators, <u>12 physical, 7 behavioral, and 3 oral health providers</u>
Explore ways to reduce implementation costs, such as subsidizing purchase and maintenance costs for providers and providing technical assistance and training in appropriate use of application.	2022-2024: Realize cost reduction

Strategy 4: Enhance coordination between physical, behavioral, oral and SDOH organizations

Activities	Milestones and/or Contract Year
Explore the ability to transition to a closed loop referral mechanism from our care coordination platform. In our next phase of development, we will create the functionality to allow our oral health or behavioral health providers to request care coordination and navigation support.	Q1-Q3 2022: Exploration, research, development Q4 2022: Pilot closed-loop referral mechanism with <u>8 behavioral health and 4 oral health providers</u>
In conjunction with State efforts, evaluate mechanisms to incorporate SDOH service providers into referral and care coordination workflows.	Q3 2022
Support a closed loop referral process to create a tri-directional navigation and referral system that can support or augment future and more robust HIE development and implementation.	2022-2024: Closed-loop referral process achieved
Focus on solutions for incorporating SDOH service providers into care coordination and referral workflows.	2022-2024
Develop robust systems for the integration of claims and EHR data in order to share insights about members to improve outcomes. This exchange will add patient detail which may not be present in either system alone.	2022-2024

Strategy 11: Understand HIE technology adoption and use among network physical, behavioral, and oral health providers

We will continue pursuing HIE adoption and use data collection leveraging already existing opportunities to continue to learn about

- Real and perceived barriers to HIE adoption
- Modules, features, and functions that would increase value to Providers
- Technical barriers to adoption
- Financial barriers to adoption (technology costs and labor costs)
- Opportunities and hopes for HIE technology utilization

The results of the data collection will provide us with additional information to modify our plan to appropriately support different providers types with care coordination needs.

Activities	Milestones and/or Contract Year
Determine best means for collecting information from various provider types	Q1 2022: Process for data collection identified and implemented
Collect HIE information from physical, behavioral, oral health providers	Q2-Q3 2022: HIE information collected from a range of provider types including at least <u>15 physical, 10 behavioral, and 5 oral health providers</u>
Analyze results and explore opportunities for further support and develop workplan	Q3-Q4 2022: Identification of future strategies for supporting providers with HIE for care coordination
Meet with HIE vendors operating in our service area	Q3-Q4 2022: Identification of available solutions/tools
Compare quality and performance metrics of providers utilizing HIE technology to those providers that have not adopted HIE technology. Use this analysis to determine the value of HIE adoption efforts.	2023-2024: Value of HIE technology illuminated

Strategy 12: Support patient access to their health information: maintain Patient Access API

In 2021, we began implementation of a secure, standards-based (HL7 FHIR Release 4.0.1) API that allows patients to easily access their claims and encounter information, including cost, as well as a defined subset of their clinical information through third-party applications of their choice. In 2022, we will maintain the API and monitor patient use. We will also gather patient input on their experience using the API.

Activities	Milestones and/or Contract Year
Maintain Patient Access API and monitor patient use.	Q1-4 2022: Patient Access API remains active. Patient use is monitored quarterly.
We will gather patient input on their experience, needs, challenges, and barriers via existing opportunities (e.g., CAC, patient satisfaction surveys).	Patient input is collected and adjustments to API functionality/patient education are made in response, as needed.
Continue maintaining Patient Access API	2023-2024

ii. Strategies specific to physical health providers, including activities & milestones

See *Across Provider Types* section.

iii. Strategies specific to oral health providers, including activities & milestones

Based on the results of the 2021 survey/data collection, CCO will determine if the barriers to HIE adoption for oral health providers differ significantly from those of the physical health providers. If so, CCO will develop a separate HIE adoption strategy.

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Our CCO will encourage further utilization of the one-way electronic referrals to DCO portals for improved care coordination.

Activities	Milestones and/or Contract Year
Promote further use of EDIE for emergency department and urgent care event notifications for oral health related diagnosis	2022
Explore expansion of current pilots within DCOs using the Collective Platform for high risk oral health conditions and/or members	2022
Expand existing electronic dental referral process with physical and oral health providers	Q2 2022: <u>expand process to additional 10 providers</u>
Support efforts identified in years 1 and 2 to further health information exchange between oral health and others	2022-2024
We will continue to explore and expand ways to improve electronic communication between oral health and other types of providers through our provider portal (e.g., support bi- or tri-directional communication by allowing any kind of provider to request services and care coordination from any other health discipline. This tri-directional ability will alleviate some of the system complexity from the various provider groups to assure a provider friendly mechanism to connect a patient to care.)	2022-2024
Work with the DCOs to integrate closed-loop electronic referrals and/or preauthorization's within their providers' EDR workflows	2022-2024

Strategy 6: Engage with state committees/entities

Activities	Milestones
Continue to engage with State entities to ensure our CCO efforts align with oral health-specific initiatives	2022
Work with OHA and HIT Commons, explore ways to integrate PDMP information into HIE tools/services and downstream to Electronic Dental Record systems	Q2 2022: Begin collaboration with HIT Commons

iv. Strategies Specific to Behavioral Health Providers, Including Activities & Milestones

Based on the results of the 2021 survey/data collection, CCO will determine if the barriers to HIE adoption for behavioral health providers differ significantly from those of the physical health providers. If so, CCO will develop a separate HIE adoption strategy.

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Activities	Milestones and/or Contract Year
Implement Behavioral Health Consent Module, as appropriate	2022
Focus on solutions for connecting behavioral health Providers to SDOH service providers for care coordination.	2022-2024
Support data sharing and exchange through data aggregation, reporting and distribution tools	2022-2024
Adapt for behavioral health providers as necessary, implement the elements identified in the physical health plan.	2022-2024

Strategy 6: Engage with state committees/entities

Activities	Milestones and/or Contract Year
Continue to engage with State entities to ensure CCO efforts align with behavioral health-specific initiatives	2022
Work with the HIT Commons to evaluate expanded use of EDIE to inpatient behavioral health facilities	Q2 2022: Begin collaboration with HIT Commons

Strategy 13: Establish an HIE workgroup specifically for behavioral health workflows

Activities	Milestones and/or Contract Year
Identify subject matter experts, establish group charter and goals	Q1 2022: First meeting with at least 5 SMEs
Develop workplan with priority use cases	Q2 2022: Identify use cases for initial workflow improvement
Continue to utilize workgroup for evolving behavioral health HIE workflow needs	2022-2024