CCO 2023 HIT Roadmap

Guidance, Evaluation Criteria & Report Template, **Option B**

Contract or rule citation	Exhibit J, Section 2 d.
Deliverable due date	March 15, 2023
Submit deliverable to:	CCO.MCODeliverableReports@odhsoha.oregon.gov and cc: CCO.HealthIT@odhsoha.oregon.gov

Please be sure to:

1. **Submit both Word and PDF versions of your Roadmap and**
2. **Use the following file naming convention for your submission: CCOname_2023_HIT_Roadmap**

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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]
- HIT to support social determinants of health (SDOH) needs, including social needs screening and referrals (Contract Years 3-5 only)[2]

For Contract Year 1 (2020), CCOs' responses to the HIT Questionnaire formed the basis of their draft HIT Roadmap. For Contract Years 2 through 5 (2021-2024), CCOs are required to submit an annual 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 2022 HIT Roadmap as the foundation for completing their 2023 HIT Roadmap.

Changes for Contract Year 4 (2023):

1. Expanded scope for HIT to Support SDOH Needs. CCOs are now required to report on all strategies involving HIT to support SDOH needs, including but not limited to social needs screening and referrals.
2. Strategy checkboxes have been added to the HIT to Support SDOH Needs Progress and Plans sections.
3. To limit redundancy in reporting, Support for HIE – Care Coordination section will now exclude hospital event notification and community information exchange (CIE) tools and strategies, which instead will be included in the Support for HIE – Hospital Event Notifications and HIT to Support SDOH Needs sections, respectively.

Reminders for Contract Year 4 (2023):

1. Limit the Progress sections to 2022 activities and accomplishments and include planned activities for 2023 and 2024 in the Plans sections.
2. In each Plans section, be sure to include activities and milestones for each strategy. If some strategies are missing activities and milestones, CCO may be asked to Revise and Resubmit their Roadmap.
3. Add all CCO-collected HIT data to the HIT Data Reporting File prior to submitting it with your Roadmaps on 3/15/2023. Data reported in the Roadmaps should align with Data Reporting File.

[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 beginning Contract Year 3 (2022)

Template Option B highlights:

Template Option B consolidates the *Progress* and *Plans* sections within each CCO-implemented strategy.

1. At the beginning of each Roadmap section (e.g., *EHR Adoption*), be sure to select/mark an 'x' for all strategies being implemented by the CCO.
2. For all sections, except *EHR Adoption*, list and briefly describe all tools being supported and/or provided by the CCO.
3. Use the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File to report on the data completeness and HIE tool adoption rates for contracted physical, oral, and behavioral health organizations.
4. For each individual strategy, be sure to:
    a. Provide a description of the strategy
    b. Select/mark an 'x' in all provider types supported by the strategy
    c. Describe the progress CCO made, including accomplishments/successes and challenges, with the strategy in 2022
    d. Describe the planned activities and milestones for the strategy
5. *HIT Roadmap Approval Criteria* (pgs. 6-9) remain the same.
6. In addition to following the instructions provided above, be sure to review and follow the instructions provided at the beginning of each section in the template.

Overview of Process

Each CCO shall submit its 2023 HIT Roadmap to OHA for review on or before **March 15** of Contract Years 4 and 5. CCOs are to use the *2023 HIT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their 2022 HIT Roadmap if it's still applicable. Please submit the completed HIT Roadmap to the CCO deliverables mailbox at CCO.MCODeliverableReports@odhsoha.oregon.gov and cc: CCO.HealthIT@odhsoha.oregon.gov.

OHA's Office of Health IT staff will review each CCO's HIT Roadmap and send a written Approval or a request to Revise and Resubmit. 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 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 HIT Roadmap. Additional information about this process will be provided to any CCO that does not receive an immediate HIT Roadmap approval from OHA.

Please refer to the timeline below for an outline of steps and action items related to the 2023 HIT Roadmap submission and review process.

2023 HIT Roadmap Timeline

Last Revised 10/27/2022

	March - June 2023	June - July 2023	Aug - Sep 2023
	***2023 HIT Roadmap* Submission and Review**	**CCO/OHA Communication and Collaboration**	***Revised 2023 HIT Roadmap* Submission to OHA for Review**
Activities	**List of activities**	**List of activities**	**List of activities**
	CCOs submit *2023 HIT Roadmap* and HIT Data Reporting File to OHA by **3/15/23.**	If not approved, CCO contacts OHA by **6/30/23** to schedule a meeting to discuss required revisions.	CCO submits Revised 2023 HIT Roadmap to OHA by **8/11/22**. CCOs with approved 2023 Roadmaps meet with OHA by **8/31/2023**.
	OHA reviews *2023 HIT Roadmap*.	If approved, CCO contacts OHA by **7/14/2023** to schedule a Roadmap follow-up meeting.	OHA reviews CCO *Revised 2023 HIT Roadmap*.
	OHA sends initial *2023 HIT Roadmap* result letter to CCO by **6/16/23.**	By **7/14/23** collaborative meeting(s) occur between OHA and CCOs required to revised and resubmit their *2023 HIT Roadmap*.	OHA sends *Revised 2023 HIT Roadmap* result letter to CCO by **9/22/23**.

OHA expects all CCOs will have an approved 2023 HIT Roadmap by 9/30/23.

HIT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA's expectations for responses to the required HIT Roadmap questions. Modifications for Contract Year 4 (2023) 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 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 HIT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the *2023 HIT Template* for the complete question when crafting your responses.

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: • 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. 2022 Progress supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers	• Description of progress includes: ○ Strategies used to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2022 ○ Specific accomplishments and successes for 2022 related to supporting EHR adoption • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2023-2024 Plans for supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers	• Description of plans includes: ○ 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) ○ Plans for collecting missing EHR information via CCO already-existing processes ○ Additional strategies for 2023-2024 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 2023-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
3. Support for HIE – Care Coordination ***(excluding hospital event***	A. 2022 Progress supporting increased access to HIE for Care Coordination ***(excluding hospital***	• Description of progress includes: ○ Specific HIE tools CCO supported or made available to support contracted physical, oral, and behavioral health providers' access to HIE for Care Coordination

HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
notifications and community information exchange (CIE))	***event notifications and CIE)*** among contracted physical, oral, and behavioral health providers	○ Strategies CCO used to support increased access to HIE for Care Coordination, excluding hospital event notifications and CIE, for contracted physical, oral, and behavioral health providers in 2022 ○ Specific accomplishments and successes for 2022 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) • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2023-2024 Plans for supporting increased access to HIE for Care Coordination ***(excluding hospital event notifications and CIE)*** among contracted physical, oral, and behavioral health providers	• Description of plans includes: ○ 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 2023-2024 related to supporting increased access to HIE for Care Coordination, excluding hospital event notifications and CIE, among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2023-2024 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) • Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Progress)	A.1. 2022 Progress using timely Hospital Event Notifications within CCO	• Description of progress includes: ○ 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 2022 ○ Specific accomplishments and successes for 2022 related to CCO's use of timely Hospital Event Notifications • Sufficient detail and clarity to establish that activities are meaningful and credible.

HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	A.2. 2022 Progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers	• Description of progress includes: ○ 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 2022 ○ Specific accomplishments and successes for 2022 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) • Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Plans)	B. 2. 2023-2024 Plans using timely Hospital Event Notifications within CCO	• Description of plans includes: ○ Additional tool(s) (if any) CCO is planning to use for timely Hospital Event Notifications ○ Additional strategies for 2023-2024 to use timely Hospital Event Notifications within the CCO's organization ○ Specific activities and milestones for 2023-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
	B. 1. 2023-2024 Plans for supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers	• Description of plans includes: ○ 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 2023-2024 related to supporting increased access to timely Hospital Event Notifications contracted physical, oral, and behavioral health providers in 2022 ○ Specific activities and milestones for 2023-2024 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.

HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
5. HIT to support social determinants of health needs (Progress)	A.1. 2022 Progress using HIT to support SDOH needs within CCO, ***including but not limited to social needs screening and referrals***	• Description of progress includes: ○ Current tool(s) CCO is using for social needs screening and referrals. ○ Strategies for using HIT to support SDOH needs, including but not limited to social needs screening and referrals in 2022 ○ Any accomplishments and successes for 2022 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
	A.2. 2022 Progress supporting contracted physical, oral, and behavioral health providers as well as, social services and CBOs with using HIT to support SDOH needs, ***including but not limited to social needs screening and referrals***	• Description of progress includes: ○ Tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs, for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality ○ Strategies used for supporting these groups with using HIT to support SDOH needs, including but not limited to screening and referrals in 2022 ○ Any accomplishments and successes for 2022 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
5. HIT to support social determinants of health needs (Plans)	B.1. 2023-2024 Plans for using HIT to SDOH needs, ***including but not limited to social needs screening and referrals***	• Description of plans includes: ○ 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 using HIT to support SDOH needs, including but not limited to social needs screening and referrals ○ Specific activities and milestones for 2023-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B.2. 2023-2024 Plans for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using HIT to support SDOH needs, ***including but not limited to social needs screening and referrals***	• Description of progress includes: ○ Tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs for supporting SDOH needs, including but not limited to social needs screening and referrals, 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 2022 ○ Specific activities and milestones for 2023-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.

2023 HIT Roadmap Template

Please complete and submit to CCO.MCODeliverableReports@odhsoha.oregon.gov and cc: CCO.HealthIT@odhsoha.oregon.gov by **March 15, 2023.**

CCO: Eastern Oregon Coordinated Care Organization

Date: 3/15/2023

Instructions & Expectations

Please respond to all of the required questions included in the following 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 Determinants of Health (SDOH) Needs, including but not limited to social needs screening and referrals
6. Other HIT Questions (optional section)

Each required topic includes the following:

- Narrative sections to describe your **2022 progress, strategies, accomplishments/successes, and barriers**
- Narrative sections to describe your **2023-2024 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' HIT Roadmaps and plans should

- be informed by the CCO's 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 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 2023). **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.

HIT Roadmap Template Strategy Checkboxes

To further help CCOs think about their HIT strategies as they craft responses for their 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*
- *HIT to Support SDOH Needs*

The checkboxes represent themes that OHA has compiled from strategies listed in CCOs' previous HIT Roadmap submissions.

Please note: the checkboxes do not represent an exhaustive list of strategies, 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@odhsoha.oregon.gov

1. HIT Partnership

Please attest to the following items.

a.	☒ Yes ☐ No	Active, signed HIT Commons MOU and adheres to the terms.
b.	☒ Yes ☐ No	Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.
c.	☒ Yes ☐ No ☐ 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.	☒ Yes ☐ No	Participated in an OHA HITAG meeting, at least once during the previous Contract year.

2. Support for EHR Adoption

A. Support for EHR Adoption: 2022 Progress and 2023-24 Plans

Please describe your 2022 progress and 2023-24 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 (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2022 progress and 2023-24 plans.
2. Report 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.
3. Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialling, Letters of Interest).
4. Provide a title and description of each strategy CCO implemented in 2022 and/or will implement in 2023-24.
5. Describe the 2022 progress of each strategy in the appropriate narrative sections. In the descriptions, include:
    a. accomplishments and successes (including number of organizations, where applicable), and
    b. challenges related to each strategy, as applicable.

   Where applicable, information in the CCO HIT Data Reporting File should support descriptions of accomplishments and successes.
6. Describe activities and milestones related to each strategy CCO plans to implement in 2023-24.

Notes:

1. Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
2. If CCO is not pursuing a strategy beyond 2022, note 'N/A' in Planned Activities and Planed milestones sections.
3. If CCO is implementing a strategy beginning in 2023, please indicate 'N/A' in the progress section for that strategy.
4. If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy checkboxes
Using the boxes below, please select which strategies you employed during 2022 and plan to implement during 2023-24. Elaborate on each strategy and your progress/plans in the sections below.

☒ EHR training and/or technical assistance	☒ Financial support for EHR implementation or maintenance
☒ Assessment/tracking of EHR adoption and capabilities	☒ Requirements in contracts/provider agreements
☒ Outreach and education about the value of EHR adoption/use	☐ Leveraging HIE programs and tools in a way that promotes EHR adoption
☒ Collaboration with network partners	☒ Offer hosted EHR product
☒ Incentives to adopt and/or use EHR	☐ Other strategies for supporting EHR adoption (please list here):

Using the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File, please report on the number of contracted physical, oral, and behavioral health organizations without EHR information:

Contracted Organization Type	# Organizations w/ Unknown EHR Vendor, No EHR, or EHR Status Unknown	% Organizations w/ Unknown EHR Vendor, No EHR, or EHR Status Unknown
Physical	21	32.8%
Oral	25	60.0%
Behavioral	3	20.0%

Briefly describe CCO plans for collecting missing EHR information via CCO already-existing processes:

- **Physical Health:** EOCCO plans to collect missing EHR information via an emailed survey sent to physical health providers for which the CCO has existing contact information. 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 will look to explore the possibility of including HIT questions in our contracting process in the future.
- **Behavioral Health:** In 2022, EOCCO made great strides in improving data quality related to CCO HIT Data Reporting for behavioral health providers thanks to several opportunities presented from recent CCO contracting changes. In the year previous, EOCCO made changes to its contracting processes so that all new behavioral health contract requests for EOCCO would include questions on the adoption and use of EHR and HIE platforms. The expanded HIT questioning also became required for updated contracts and contract amendments. The significant rate increases for behavioral health services and OHA's Behavioral Health Directed Payment program required the CCO to amend or make changes to almost all of its contracts with its behavioral health providers in the last two quarters of 2022. This provided another data collection opportunity and EOCCO was able to get updates to the CCO HIT Data Reporting through this process. EOCCO provided direct survey outreach and used data collected from an expanded questioning of HIT systems adoption into annual compliance reviews of currently contracted behavioral health providers. This process has been working well in terms of data collection and EOCCO plans to replicate these processes going forward in subsequent reporting cycles.
- **Advantage Dental:** Advantage Dental sent out its annual provider survey in January 2023. This survey asks about EHR adoption, including vendor/product/version along with CEHRT certification status of the EHRs. 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 by phone to collect any missing information.
- **ODS:** In 2023 ODS will continue to collect information about EHR use among its dental providers, including vendor/product version and CEHRT status and year. This will inform the EHR utilization rate and trends in products and versions among our providers. This information will be collected through the Annual Provider survey distributed via email. ODS will follow up with providers that do not provide a response to ensure this information is received by 12/31/2023.

EHR Adoption Strategy 1: **CBIR HIT Opt-in Fund**

Strategies:

☒ *Collaboration with network partners*

☒ *Financial support for EHR implementation or maintenance*

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 is open to physical health, behavioral health, and oral health providers that serve 100 or more EOCCO members. Applicants can apply for up to $50,000 of funds to support enhanced HIT for their organization.

Provider types supported with this strategy:

☒ Across provider types OR specific to: ☐ Physical health ☐ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO released the EOCCO HIT CBIR opt-in RFA in Q3 2021. The EOCCO Board voted to approve funding for four organizations, one of which included three separate clinic sites. EOCCO achieved the milestones outlined in the 2022 HIT Roadmap. EOCCO staff worked closely with the recipients to ensure a successful implementation. The projects included a new EHR implementation, data extraction/reporting software implementation, a MyChart activation campaign, and a project to increase use of a clinic's patient portal.

EOCCO also released the 2023 RFA in Q3 2022 and the EOCCO Board approved funding two additional organizations.

Planned Activities	**Planned Milestones**
1. Evaluate the success of the 2022 HIT CBIR opt-in projects. 2. Work with the organizations who are awarded funds in 2023.	1. By 3/31/2024, EOCCO will provide financial support to two additional organizations for EHR and HIT adoption efforts.

Retiring – EHR Adoption Strategy 3**: **PMPM PCPCH Payment Quality Enhancement

Strategies:

☒ *Assessment/tracking of EHR adoption and capabilities*

☒ *Incentives to adopt and/or use EHR*

☒ *Requirements in contracts/provider agreements*

EOCCO provides 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. EHR adoption and use allows for more PCPCH requirements to be attained, and combined with additional coordinated care efforts, the clinic is then eligible to meet the criteria for a higher PCPCH tier. This increased tier capability allots additional dollars to the clinic on a monthly basis to help sustain their EHR and coordinated services offered to their patients.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2022 six EOCCO clinics attained a higher PCPCH tier certification, three of which moved from Tier 4 to 5-Star status and one of which received PCPCH certification for the first time. The risk stratification component added to EOCCO's PCPCH payment structure was successfully implemented in 2022 and awarded clinics higher funding amounts for their complex patients that fall into higher risk quartiles.

The EOCCO Board discussed whether to proceed with adding the quality enhancement to its PCPCH payment structure and they ultimately voted to remove this from the roadmap. This is partly due to the fact that the enhancement proposal included similar quality measurements as other portions of EOCCO's Shared Savings Model, which felt duplicative. EOCCO will re-evaluate how to continue to include quality components within PCPCH payment models in the future but would like to retire this strategy at this time.

Planned Activities	Planned Milestones
1. N/A	1. N/A

EHR Adoption Strategy 4: **EHR Technical Assistance & Vendor Alignment with FHIR**

Strategies:

☒ *EHR training and/or technical assistance*

☒ *Assessment/tracking of EHR adoption and capabilities*

☒ *Collaboration with network partners*

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 with clinics to ensure that their EHRs have reporting capabilities for the incentive measure program, particularly for the EHR-based clinical quality measures (CQMs). If clinics are not 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 data extraction and assess usability and reliability of data. The team also facilitates conversations with EHR vendors to improve reporting capabilities.

EOCCO also has a robust Value-Based Payment structure that supports EHR adoption and improvement efforts through financial incentives. 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. The risk model contract 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 published annually on OHA's website.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO collected EHR adoption, vendor, and version data in Q1 2023 for the 2022 measurement year. This data has been updated in EOCCO's Data Reporting File. During 2022, EOCCO Quality staff also facilitated conversations between two healthcare organizations and existing or potential EHR vendors in order to improve the practices' ability to report on clinical measures for incentive payments. One of these organizations signed a contract with a new vendor and will onboard in Q2 2023. The second organization still struggles to work with their vendor to extract standardized measure data and does not have the capacity to implement a new EHR at this time due to limited staffing. The Quality team will continue encouraging this clinic to apply for the CBIR HIT Opt-in Project to fund an EHR conversion in 2023.

The CCO continued to incentivize clinics to adopt EHR systems with reporting capabilities in 2022. Four of nine measures in the payment formula required standard data submission from EHR reporting. In part due to the technical support provided by EOCCO and the financial incentives to report standardized data, EOCCO was able to report on a similar percentage of available Clinical Quality Measures for 2022 (85.9%) as in 2021 (85.6%). Due to the EHR challenges and upgrade mentioned above, one health system was removed from the CQM Submission for 2022, resulting in the total number of entities reporting CQM data decreasing from 36 in 2021 to 34 in 2022 and the total number of measures reported to OHA to decrease from 154 in 2021 to 146 in 2022.

Planned Activities	Planned Milestones
1. Continue supporting clinics in using EHR products that align with OHA reporting and FHIR standards. This will be done through technical assistance calls and review of reporting requirements with potential vendors.	1. By 12/31/2023, one additional organization will have transitioned to an EHR system with FHIR standards in place. 2. By 3/31/2024, EOCCO will increase the number of measures reported on the 2023 Clinical Quality Measure Submission to 159.

EHR Adoption Strategy 5: EHR Education Campaign among Dental Practices (Advantage Dental)

Strategies:

☒ *Outreach and education about the value of EHR adoption/use*
☒ *Collaboration with network partners*

Advantage Dental educates its provider network about EHR adoption through an annually-updated provider-facing policy. In the policy, Advantage recommends the use of a 2015 Certified Electronic Health Record (EHR) system to improve the quality and coordination of care for patients by providing immediate access to their complete and secure health record. Providers are expected to review and attest to reviewing the policy each year.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☒ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2022 the Advantage team updated its EHR policy and prepared to distribute it to the provider network. The team researched current dental EHR products and compiled a set of resources meant to help providers determine which vendor could best suit their practice's needs. All providers reviewed and attested to the policy, but no new EHR systems were adopted within the Advantage provider network.

Planned Activities	**Planned Milestones**
1. Advantage Dental will perform the 2023 policy review during the week of 2/27/23. 2. Advantage will ask its contracted providers to review the policy.	1. By 12/31/2023, all contracted Advantage providers will attest to reviewing the 2023 EHR policy.

EHR Adoption Strategy 6: Incentives for EHR Adoption among Dental Practices (ODS)

Strategies:

☒ *Outreach and education about the value of EHR adoption/use*
☒ *Collaboration with network partners*
☒ *Incentives to adopt and/or use EHR*

ODS provides bonus dollars to its capitated providers that have implemented EHR systems. Providers who review materials provided by ODS, respond to 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 seven 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 and meetings held with these providers and their response to surveys.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☒ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2022 all capitated providers participated in HIT initiatives and discussions with ODS when applicable. However, no providers participated in EHR pilot programs as none were available. There are several barriers to dental offices adopting electronic health record systems. This software is expensive and requires significant staff hours to implement, which many dental providers, especially panel providers, do not have. Many ODS clinics are devoting any resources available to recruiting both dental and auxiliary staff in order to continue to seeing members within OHP standards as workforce shortages continue to be a challenge and a priority.

Planned Activities	**Planned Milestones**
1. Maintain HIT as a bonus participation standard in 2023 capitated provider contracts. 2. Add more capitated providers through contracting outreach.	1. By 3/31/2023, the capitated provider contracts will be updated with HIT adoption as bonus participation standard. 2. By 12/31/2023, ODS will add two newly capitated providers to its network.

EHR Adoption Strategy 7: Exploration and Implementation of Common CCO EHR for BH Providers

Strategies:

☒ *Outreach and education about the value of EHR adoption/use*

☒ *Collaboration with network partners*

☒ *Offer hosted EHR product*

Through annual reviews of the HIT data file and provider outreach, EOCCO has identified smaller contracted behavioral health providers as having unique challenges in the adoption of EHR technologies. The primary barriers identified for these agencies in EOCCO are two-fold; limited financial resources to support implementation and ongoing EHR costs as well as limited in-house tech infrastructure/expertise. A potential model to address these barriers would be for EOCCO to administer certified EHR services for a network of providers who would otherwise have difficulties supporting that infrastructure on their own. EOCCO has explored multiple open-sourced certified EHR solutions with providers as a low-cost option for standing up a network of providers with a shared EOCCO EHR platform.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☐ Oral health ☒ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

Through a review of HIT data collected in the 2022, EOCCO was able to identify and prioritize multiple smaller behavioral health providers with 1-3 practitioners to target outreach efforts regarding this strategy. EOCCO staff held a learning session with representatives from five different behavioral providers who did not have EHR solutions in the first quarter of the 2022 and outreached to an additional four providers as follow-up from that session. Feedback from providers has been mixed regarding the viability of this strategy and their interest in participating in the consortium of practices with a shared EHR.

Beyond the time investment in documentation migration, a couple of providers have voiced concerns regarding the CCO hosting this service given the varied lines of business involved. Unfortunately, we have yet to have enough interest from these providers to make this model appear sustainable as it will likely require at least five practices to agree to participate.

Planned Activities	**Planned Milestones**
1. Reengage with identified BH providers via survey regarding the interest in this model and barriers to implementation. 2. Elicit feedback from these providers via survey regarding potential interest in being a sub-contractor with their local community mental health program (CMHP) and utilize their EHR technologies. 3. Explore options for expanding CMHPs sub-contracting with these provider groups and identify CMHPs currently open to this arrangement.	1. By 4/1/2023, distribute survey on common CCO EHR model to identified BH providers. 2. By 7/1/2023, hold follow-up meetings with providers expressing interest in either model. 3. By 12/31/2023, at least three behavioral health practitioner providers will adopt EHR technologies via subcontracting with a CMHP in the region.

EHR Adoption Strategy 8: EHR Technical Assistance for Non-CMHP BH Providers

Strategies:

☒ *EHR training and/or technical assistance*

☒ *Outreach and education about the value of EHR adoption/use*

☒ *Collaboration with network partners*

EOCCO has worked to develop EHR technical assistance resources for behavioral health providers identified in the HIT data file and analysis. The document identifies which providers should be prioritized based on volume of services provided and potential for the organization to viably sustain independent EHR adoption. Additionally, the CCO has compiled documentation of EHR resources and best practices to include in the technical assistance plan

and to help provide a framework for these efforts. The technical assistance plan is aimed at supporting EHR adoption by the smaller behavioral health providers outlined in EHR Adoption Strategy 7 and supporting behavioral health providers who are transitioning or upgrading their EHR tools.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☐ Oral health ☒ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO distributed the first iteration of the EHR adoption technical assistance resource document to all contracted behavioral health providers via direct email and the monthly behavioral health provider newsletter at the beginning of 2022. The document provides an overview of the importance of EHR adoption, current certifications and requirements, contacts for EHR vendors that are currently being utilized by BH providers in the region, and key contacts at EOCCO for technical assistance. The technical assistance resource document was integrated into the BH technical assistance plan for 2023 which identifies current providers identified as not having an EHR solution based on the previous year's HIT Data Reporting file.

Planned Activities	**Planned Milestones**
1. Update and redistribute the EHR adoption technical assistance resource document via direct email and GOBHI's monthly provider newsletter. 2. Outreach to all BH providers who do not currently have an EHR via the HIT Data Reporting File, or who have self-identified as undergoing a EHR transition, to offer technical assistance and support.	1. By 7/1/2023, the updated EHR adoption technical assistance resource document will be distributed. 2. By 12/31/2023, EOCCO staff will have held at least five individualized EHR technical assistance meetings with contracted providers.

Please describe any barriers that inhibited your progress supporting EHR adoption among your contracted providers

Similar to the barriers encountered in 2021 and 2022, workforce limitations, significant cost of reporting software, and lack of administrative support in the rural and frontier service regions of the state have made progress towards EHR adoption and prioritization slow. Even with potential funding provided by the CBIR HIT Opt-in grant opportunity, many organizations are not able to convert or upgrade to EHR systems due to the significant time and staff hours an upgrade would require. These limitations are particularly pronounced in the dental sector.

B. Optional Question

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

EOCCO's Dental Care Organizations (DCOs) ODS Dental and Advantage Dental have noted that financial incentives to adopt EHRs would help to motivate their providers. These incentives could come in the form of grant programs, scholarships, or contract incentives.

3. **Support for HIE – Care Coordination** (excluding hospital event notifications, CIE)

A. Support for HIE – Care Coordination: 2022 Progress and 2023-24 Plans

Please describe your 2022 progress and 2023-24 plans for supporting increased access to HIE for Care Coordination, ***excluding hospital event notifications and CIE***, among contracted physical, oral, and behavioral health providers. In the spaces below (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2022 progress and 2023-24 plans.
2. List and describe specific HIE for care coordination tools you currently or plan to support or provide.

3. Report 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 lack EHR information'). CCOs are expected to use this information to inform their strategies.
4. Provide a title and description of each strategy CCO implemented in 2022 and/or will implement in 2023-24 to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers.
5. Describe the 2022 progress of each strategy in the appropriate narrative sections. In the descriptions, include:
    a. accomplishments and successes (including the number of organizations of each provider type that gained access to HIE for Care Coordination tools as a result of your support, as applicable), and
    b. challenges related to each strategy, as applicable.

   Where applicable, information in the CCO-revised data reporting file should support descriptions of accomplishments and successes.
6. Describe activities and milestones related to each strategy CCO plans to implement in 2023-24.

Notes:

1. Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
2. If CCO is not pursuing a strategy beyond 2022, note 'N/A' in Planned Activities and Planed milestones sections.
3. If CCO is implementing a strategy beginning in 2023, please indicate 'N/A' in the progress section for that strategy.
4. If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy checkboxes
Using the boxes below, please select which strategies you employed during 2022 and plan to implement during 2023-24. Elaborate on each strategy and your progress/plans in the sections below.

☒ HIE training and/or technical assistance	☒ Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding
☒ Assessment/tracking of HIE adoption and capabilities	☐ Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
☒ Outreach and education about value of HIE	☐ Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)
☒ Collaboration with network partners	☐ Other strategies for supporting HIE access or use (please list here):
☐ 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	

HIE for care coordination tools CCO supports or provides (excluding hospital event notifications and CIE)

List and briefly describe tools:

Arcadia Analytics Population Health Management Platform with Care Coordination Features - Our CCO has implemented a robust population health management platform that integrates claims and Electronic Health Record (EHR) data to deliver real time data at the point of care. This allows providers and other members of the care team to provide coordinated patient care.

HMS Essette – The EOCCO Behavioral Health and Physical Health care coordination teams share their charting and documentation within a platform that each CC team can see. This allows both teams to avoid duplication of services and to be up to date on the current care planning and goals for each member.

Smartsheet – Smartsheet is an online tool that allows users to share reports, workflows, dashboards, and surveys. Patient information can be shared and updated securely between users at different organizations. This tool is primarily used to support communication between physical, behavioral, dental, and CCO partners.

Using the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File, please report on the number of contracted physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool:

Contracted Organization Type	# Organizations w/o HIE Care Coordination Tool (excluding Collective)	% Organizations w/o HIE Care Coordination Tool (excluding Collective)
Physical	25	39.1%
Oral*	24	96.0%
Behavioral	9	60.0%

**Note: The Care Coordination team from Advantage Dental is connected to Reliance and Unite Us on behalf of its provider network.*

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

Strategies:

☒ *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*

EOCCO supports and utilizes the Arcadia Analytics HIE tool for care coordination. The CCO currently covers the cost of this platform for twelve of EOCCO's clinic systems. Clinic staff can use this tool to 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 does not 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. Access to this information allows for much smoother care coordination between different care settings and types. The EOCCO Quality strives to promote this tool to contracted physical health organizations, provide technical assistance to existing clinic users, and offer onboarding assistance and financials sponsorship to future clinic partners.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

Over the past year EOCCO has educated contracted physical health organizations on the benefits of using HIE tools such as Arcadia Analytics for patient care coordination. These conversations occurred at both biannual clinic trainings and standing monthly meetings with engaged practices. For clinics that are already onboarded with Arcadia, the Quality team served as the first point of contact for technical assistance needs such as help navigating the platform, future enhancement requests, and potential data discrepancies. Users were also offered specific examples of how increasing care coordination could improve their incentive measure performance.

The Quality team also worked to increase the number of Eastern Oregon organizations using the Arcadia platform by discussing Arcadia at existing standing monthly meetings with engaged clinics who had not yet adopted the

tool. In 2022 the CCO successfully onboarded three of four new organizations scheduled to go live. The fourth organization was delayed due to a new EHR implementation at the end of 2022 and challenges producing data files that aligned with Arcadia's requirements. This organization is now scheduled to launch by April 2023. Throughout 2022 CCO Quality staff met with Arcadia Analytics account representatives and support staff on a weekly basis to continuously improve platform performance for care coordination and support implementation of new practices.

Clinic System Name	**EOCCO Population** *(As of 12/2022)*	**EHR**	**Arcadia Live Date**
[redacted]			
[redacted]		[redacted]	
[redacted]			
[redacted]			
[redacted]			
[redacted]		[redacted]	
[redacted]			
[redacted]			
[redacted]			
[redacted]		[redacted]	
[redacted]			
[redacted]			
[redacted]		[redacted]	
[redacted]		[redacted]	
Total ***(excluding*** [redacted]	**<u>33,658</u>** ***47.1% of CCO membership***		

Planned Activities

1. CCO staff will continue providing technical assistance to contracted organizations currently onboarded to the platform via email, phone, and live meetings.
2. CCO staff will continue meeting with Arcadia staff on a weekly basis to improve platform performance and support implementation.

Planned Milestones

1. By 12/31/2023, EOCCO will onboard two new physical health organizations to the Arcadia platform.
2. By 12/31/2023, 60% of EOCCO membership will be assigned to organizations onboarded to Arcadia.

3. CCO staff and Arcadia representatives will work to onboard interested physical health organizations to the Arcadia tool.	

HIE – Care Coordination Strategy 3: Arcadia Analytics Care Coordination Training

Strategies:

☒ *HIE training and/or technical assistance*

☒ *Outreach and education about value of HIE*

☒ *Collaboration with network partners*

As mentioned in Strategy 11, the Arcadia tool has multiple care coordination features that can be used by members of a patient's care team. This interactive web tool provides Eastern Oregon clinic partners with real time data to allow them to provide coordinated patient care. Users can take advantage of the pre-visit planning tool to coordinate services and close gaps in care and can view condition and visit history on the patient registry and in individual patient charts. The EOCCO Quality team works in collaboration with Arcadia account representatives to ensure users are aware of these features and can use them to have a more complete picture of a patient's care.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☒ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO took an active role in training Arcadia users on care coordination features in 2022. The Quality team created user accounts and held a live training for EOCCO's physical health Case Management team in May of 2022. The Quality staff also created user accounts and provided training documents for all members of Greater Oregon Behavioral Health's (GOBHI) Case Management team. Lastly, EOCCO held refresher platform trainings with seven of eleven active physical health clinics during 2022. These trainings covered a variety of platform functions and highlighted tools for care coordination. The main challenge in working on this strategy has simply been encouraging clinical staff to use the Arcadia platform in addition to the variety of other tools they are expected to utilize.

Planned Activities	**Planned Milestones**
1. EOCCO will continue to highlight use cases for the pre-visit planning tool to review quality and risk gaps ahead of scheduled appointments for both clinic and CCO staff users. 2. The Quality team will collaborate with the Arcadia account team to create content for a care coordination-focused virtual training.	1. By 12/31/2023, EOCCO will provide one clinic-facing virtual training to highlight workflows in the Arcadia Analytics platform for care coordination.

HIE – Care Coordination Strategy 5: Care Management Vendor Solution

Strategies:

☒ *Assessment/tracking of HIE adoption and capabilities*

☒ *Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding*

The Senior Manager of Quality has been exploring care management and health coaching vendor options for the past year. The goal is to select an organization that can help the health plan conduct health risk assessments, integrate and share the resulting data across HIE tools, and provide care to members with special health care needs. 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.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

Due to shifting priorities EOCCO has not yet selected a centralized Care Management vendor solution. It has been challenging to find a vendor that is the right fit for the diverse needs of the CCO's rural and frontier population. The Senior Manager has and will continue to vet potential comprehensive Care Management vendors, but in the meantime the CCO has contracted with several vendors that provide management and health coaching services for specific conditions and needs:

- The Quality team launched the Livongo diabetes self-management (DSM) program for members ages 18 and up with Type 1 and Type 2 diabetes. Members who opt into the DSM gain access to blood glucose meters, unlimited test strips and refills, and health coaching services to help control their diabetes and A1c levels. The CCO is also considering expanding Livongo benefits to members with diabetes who are under 18 years old.
- The Quality team also continued to collaborate with the Oregon Rural Practice-based Research Network (ORPRN) to administer social needs screenings to high-risk EOCCO members using the Accountable Health Communities (AHC) tool. ORPRN screeners used these interactions as a way to refer members to EOCCO's Case Management services. See SDoH Needs Strategy 5 for more information on this program.
- The Senior Manager has also collaborated with the Healthcare Services department to plan implementation of Strive Health, a care management solution for individuals with chronic kidney disease (CKD) or end-stage renal disease (ESRD). Strive will provide health coaching, dietitian consultation, educational resources on CKD, and care coordination to individuals who opt into the program.

Planned Activities	**Planned Milestones**
1. The Senior Manager will continue vetting potential centralized care management vendors who can support members with special health care needs and integrate health risk assessment data. 2. The Quality team will continue partnering with existing vendors Livongo and ORPRN to provide care management support for members with diabetes and identified social needs respectively. 3. EOCCO will launch the Strive Health program in Q1 2023 and will promote the service to providers and members.	1. By 12/31/2023, EOCCO will have examined at least two new potential care management vendors. 2. By 12/31/2023, EOCCO will have launched and onboarded 10% of eligible members to the Strive Health program.

On Hold - HIE – Care Coordination Strategy 6: HIE Education Among Dental Practices

Strategies:

☒ *Assessment/tracking of HIE adoption and capabilities*

☒ *Outreach and education about value of HIE*

☒ *Collaboration with network partners*

HIE adoption rates continue to be low within the dental industry as this type of tool is fairly new in this sector, aside from the use of Collective in some clinics. 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.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☒ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

ODS continued to research the use of HIE tools in dental practices and found that most sites that use any type of HIE are typically integrated Federally Qualified Health Centers (FQHCs) that provide physical and behavioral health services alongside dental care. Moreover, at the plan level ODS is still trying to educate themselves on the use of HIEs to be able to better engage the provider network. Given that only 40% of EOCCO's oral health providers currently use a known EHR, the CCO's Dental Care Organizations (DCOs) will put this strategy on hold in order to focus on increasing the use of electronic health record systems in the next year. Increasing basic EHR

utilization will allow dental practices to make better use of an HIE tool. ODS will continue to offer a financial incentive for capitated providers that adopt HIE tools (see EHR Adoption Strategy 6).

Planned Activities	Planned Milestones
1. N/A	1. N/A

HIE – Care Coordination Strategy 8: Depression Screening in Dental Offices Pilot

Strategies:

☒ *Collaboration with network partners*

☒ *Integration of disparate information and/or tools with HIE*

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.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☒ Oral health ☒ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

The Advantage Dental practices in [redacted] as well as the [redacted] continued to implement depression screenings with EOCCO members. EOCCO was able to achieve its first milestone for this project as noted in the 2022 Roadmap. This milestone was largely achieved because EOCCO and Advantage Dental implemented an improved data collection process in Q1 2022 using a tool called Smartsheet instead of secure email. Advantage and GOBHI case managers have access to a shared workspace in Smartsheet where patient information can easily be shared between organizations with the goal of connecting patients to mental health services. Patient information is entered into the workspace on a weekly cadence. Additionally, the dental clinics have access to a form that securely transfers patient information to the Smartsheet workspace. The dental clinics use this form when a patient appears to be in severe distress and needs a same-day referral to GOBHI case management. To date, 2480 patients have been screened for depression within the [redacted] Advantage Dental Clinics. Of these patients, 62 have been referred to GOBHI case management, who were able to contact 84% of these patients and connect them to mental health services.

EOCCO is not currently using the Unite Us platform to submit referrals for this program however, the case managers are using it as needed for other use cases. Advantage Dental has also implemented a custom CPT code to identify when patients received the depression screening.

Planned Activities	Planned Milestones
1. EOCCO received interest from an integrated primary care clinic, [redacted], to participate in the pilot program. They have experienced some dental staffing turnover, but we hope to get this work started soon. EOCCO's Senior Quality Improvement Specialist meets with [redacted] monthly and will discuss this with them again in Q2 2023. 2. EOCCO will evaluate the success of the pilot program during one of the quarterly EOCCO CAP meetings in 2023.	1. By Q2 2023, the Senior QIS will discuss program participation with [redacted] Clinic. 2. By 12/31/2023, 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. 3. By 3/31/2024, EOCCO will implement the pilot project with one integrated primary care practice.

HIE – Care Coordination Strategy 9: Expansion of CMHP Participation with Arcadia Analytics

Strategies:

☒ *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*

EOCCO is currently working toward getting all contracted CMHPs fully connected to the Arcadia Analytics platform. All CMHPs in Eastern Oregon are past users of Arcadia's HIE service and we are hopeful that this process of reengagement will shorten onboarding timelines as a result. EOCCO data sharing agreements have been updated and all CMHPs have agreed to future participation and project timelines.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☐ Oral health ☒ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2022 EOCCO was able to move [redacted], the CMHP serving [redacted], into Arcadia's live production environment and their staff are now utilizing the platform. EOCCO's [redacted], which serves [redacted], and CMHP [redacted] both began the Arcadia connection process in 2022. Both providers are still in the testing stage of implementation due to data quality and configuration issues, but the CCO is hopeful that those issues will be resolved by Q3 2023. As EOCCO Quality and Arcadia Analytics staff work through these data quality issues, kickoffs for our last two remaining CMHPs in the project scope have been pushed out to 2023. Coordination of Arcadia Analytics adoption has been difficult given other conflicting priorities for CMHPs in 2022, including Behavioral Health Resource Network (BHRN) grant implementation, new Certified Community Behavioral Health Center (CCBHC) requirements, and significant staffing shortfalls and turnover.

Planned Activities

1. EOCCO will continue work through data quality issues with [redacted] to move them to Arcadia's production environment.
2. The CCO will offer Arcadia Analytics training opportunities for BH clinicians at sites that are currently connected to the platform.
3. The CCO will continue to promote adoption by remaining CMHPs in regular care coordination meetings and communication.

Planned Milestones

1. By 7/1/2023, the [redacted] CMHPs will begin implementation.
2. By 7/1/2023, [redacted] will be moved to Arcadia production. This will bring the total number of CMHPs on Arcadia to four.
3. By 9/1/2023, [redacted] will have moved to the test Arcadia environment.

Please describe any barriers that inhibited your progress to support access to HIE for Care Coordination among your contracted providers

In general, EOCCO providers report that it is challenging to gain buy-in and momentum for specific HIE tools due to the presence of many competing tools on the market. It can be hard to encourage staff to learn and use new tools when there are already workforce shortages and many other competing priorities. Smaller practices across all provider types rarely have a technical or HIT staff person on site, which can make onboarding and implementing new tools very slow and challenging.

Advantage Dental assigns members to specific Primary Care Dentists (PCDs). Because of this, there is concern among PCDs that they will get referrals for non-assigned members if they connect to an HIE. As a result, Advantage as the DCO had decided to connect to HIEs on behalf of our provider network.

B. Optional Question

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

In order to address some of the barriers above, it would be extremely helpful if OHA could provide technical assistance and/or EHR specialists to support practices in onboarding to and using new HIE tools.

Advantage Dental also noted that many of their dental providers prefer to have the DCO connect to HIE tools on their behalf to limit the work required of their office staff. In this situation, it does not make sense to expect the number of HIE-using dental providers to increase each year if they are primarily participating in HIE through the DCO.

4. Support for HIE – Hospital Event Notifications

A. Support for HIE – Hospital Event Notifications: 2022 Progress and 2023-24 Plans

1. Please describe your 2022 progress and 2023-24 plans for using timely Hospital Event Notifications within your organization. In the spaces below (in the relevant sections), please:
    1. Select the boxes that represent strategies pertaining to your 2022 progress and 2023-24 plans.
    2. List and describe specific tool(s) you currently use or plan to use for timely Hospital Event Notifications.
    3. Provide a title and description of each strategy CCO implemented in 2022 and/or will implement in 2023-24 for using hospital event notifications within your organization.
    4. Describe the 2022 progress of each strategy in the appropriate narrative sections. In the descriptions, include:
        i. accomplishments and successes and
        ii. challenges related to each strategy, as applicable.
    5. Describe activities and milestones related to each strategy CCO plans to implement in 2023-24

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2022, note 'N/A' in Planned Activities and Planed milestones sections.
- If CCO is implementing a strategy beginning in 2023, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy checkboxes
Using the boxes below, please select which strategies you employed during 2022 and plan to implement during 2023-24. Elaborate on each strategy and your progress/plans in the sections below.

☒ Care coordination and care management	☒ Utilization monitoring/management
☒ Risk stratification and population segmentation	☐ Supporting CCO metrics
☐ Integration into other system	☐ Supporting financial forecasting
☒ Exchange of care plans and care information	☐ Other strategies for using Hospital Event Notifications (please list here)
☒ Collaboration with external partners	

Tools used by CCO for timely hospital event notifications

List and briefly describe tool(s):

In 2022, 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 all contracted primary care practices. These reports inform the practices of their assigned patients that encountered at any Emergency Department.

HIE – Hospital Event Notifications Strategy 5: Case Managers Contacts in Collective

Strategies:

☒ *Care coordination and care management*

☒ *Exchange of care plans and care information*

☒ *Collaboration with external partners*

Physical Health Case Management (CM) staff continue to add their names and contact information to the Care Team section in the Collective platform. Adding this information allows better collaboration between providers and the case managers who work closely with members and informs providers that the case managers that are calling the clinics are truly involved in the members' care and reduces the concern for HIPAA violations.

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO physical health case managers continued to attach their names and contact information to the Care Team section of a member's file in Collective. In 2022, the Case Managers also began to remove themselves from specific members' cases if the member declined services or stopped responding to outreach. This process has been helpful for providers when they are unsure of the validity of the case manager calling for information on a patient. In this situation the case manager can point the provider or clinic staff to Collective to verify their contact information. This strategy also meets part of the CCO's MOU with Adults and Persons with Disabilities (APD) by providing additional contact information on members.

Planned Activities	**Planned Milestones**
1. The Physical Health CM team will work with the EOCCO Behavioral Health team to determine if it would be appropriate to have their care coordinators follow this same process and add themselves to members' Care Team in Collective.	1. By 6/1/2023, the EOCCO BH team will make a decision on adding care coordinators to member Care Teams in Collective. 2. By 8/1/2023, BH case managers will be trained on this process. 3. By 9/1/2023, BH case manager information will be added to all active case managed members in Collective.

Retiring - HIE – Hospital Event Notifications Strategy 6: Use of Collective Cohorts for Primary Trigger Diagnoses

Strategies:

☒ *Care coordination and care management*

☒ *Risk stratification and population segmentation*

☒ *Utilization monitoring/management*

The EOCCO CM team identified three primary trigger diagnoses from the Collective Medical platform to address high ED Utilization: Sepsis, Diabetes and COPD. EOCCO implemented a targeted intervention using the Collective Platform data in partnership with the primary care providers.

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2022 the Case Management team identified EOCCO members with any one of the three primary trigger diagnoses for follow-up. Case Managers contacted these members and provided education on "red flag" symptoms for these conditions as well as information on where individuals could access care for these issues outside of the ED. Ultimately this intervention was not found to be particularly effective in reducing cost of care or ED utilization for these members. Though the Case Management team will continue to use Collective for other outreach, this strategy will be retired from the Roadmap.

Planned Activities	**Planned Milestones**
1. N/A	1. N/A

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

Strategies:

- ☒ *Care coordination and care management*
- ☒ *Exchange of care plans and care information*
- ☒ *Collaboration with external partners*
- ☒ *Utilization monitoring/management*

EOCCO Case Managers work to expand the use of Collective by adding tags and identifying information to help flag members who may need additional support or case management services within the organization. This information can also be used to help connect members to external resources, including, but not limited to contracted providers and Aging and People with Disabilities (APD).

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2022 EOCCO was able to add individuals receiving long term support services (LTSS) to its Collective eligibility files. EOCCO currently shares a list of hospital event notifications with the APD department on a biweekly basis to collaborate on care for these members and notify APD of frequent ED users. APD receives this information via the biweekly multidisciplinary team (MDT) spreadsheet on the "ED" tab. APD employees review the information to ensure their case managers are aware of frequent ED visits. Cases that have more than one ED visit in a two-week period are called out in biweekly meetings and CCO Case Managers will offer additional resources to APD if applicable.

The CCO also explored the accessibility of Continuity of Care Documents (CCD) for EOCCO's physical health case management team as these documents can provide relevant clinical data such as discharge summaries, medications, problem lists. Unfortunately, the Clinical Integration Quality Improvement Specialist found that this resource is not available to health plans for use. Gaining access to CCD is put on hold for now as the physical health case management team focuses on other collaborations.

Planned Activities	**Planned Milestones**
1. EOCCO Case Management team will enhance sharing of LTSS members with APD by providing the list of inpatient LTSS members to them weekly rather than every other week. 2. EOCCO will explore adding an LTSS flag to the Collective eligibility file. This would allow EOCCO to build reports that would update APD on members that are currently inpatient. This would allow both entities to collaborate to ensure an efficient and safe discharge was completed.	1. By 6/1/2023, establish LTSS cohort in Collective to send weekly inpatient HEN's to APD.

***NEW* HIE – Hospital Event Notifications Strategy 8: Use of Collective to Facilitate Daily ED Rounds**

Strategies:

- ☒ *Care coordination and care management*
- ☒ *Exchange of care plans and care information*
- ☒ *Collaboration with external partners*
- ☒ *Utilization monitoring/management*

Greater Oregon Behavioral Health, Inc. (GOBHI), as part of EOCCO, uses Collective to support care coordination for members who utilize the Emergency Department (ED). Since 2018, GOBHI's utilization management team has held "Daily ED Rounds" to monitor ED Utilization among its members and ensure proper follow up and coordination of care. The intent of these rounds is to identify high ED utilizers and to ensure that interventions are put into place to help provide services to these individuals and reduce unnecessary ED utilization.

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO's Behavioral Health Medical Director continued to meet with the GOBHI Care Management team and representatives from each Eastern Oregon CMHP daily to review Collective ED reports and cases in 2022. A care management specialist receives the integrated report and enters the patients into the utilization management tool HMS Essette. The care management specialist then uses these daily reports to ensure that members are connected to local CMHP services and that warm handoffs occur where appropriate. The team enters care plans for high-risk behavioral health members, including those with a severe and persistent mental illness (SPMI) diagnoses and/or who are engaged in assertive community treatment (ACT) services, into Collective. Analysts also worked to integrate EOCCO encounter and enrollment data into the daily ED report from Collective to provide additional patient utilization histories and additional risk stratification.

Month	2021 ED Encounters	2022 ED Encounters
Jan.		
Feb.		
Mar.		
Apr.		
May		
June		
July		
Aug.		
Sept.		
Oct.		
Nov.		
Dec.		
Total		

The ED Rounds group observed a significant decrease in ED utilization in 2021, likely due to impacts of the COVID-19 pandemic. Although the total number of ED encounters increased between 2021 and 2022, the average number of encounters per EOCCO member has continued to decrease since 2021. As indicated in the table below, the average number of ED encounters per member in 2021 was , compared to encounters per member in 2022.

Year	End of year Membership	Total ED Encounters	Average Encounters per Member
2021	66,432		
2022	71,510		

Planned Activities

1. GOBHI will continue holding daily ED Rounds for its Care Management team and CMHP representatives.
2. This team will also work to expand behavioral health care management meetings to non-CMHP providers by arranging meetings with non-CMHP sites to review Collective case

Planned Milestones

1. By 12/31/2023, care management staff will meet with at least 10 non-CMHP providers to discuss onboarding to Collective and joining daily ED Rounds.
2. By 12/31/2023, the annual average number of ED encounters per EOCCO member will decrease to

information related to their clients to demonstrate the platform's value.	

2. Please describe your 2022 progress and 2023-24 plans for supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In the spaces below (in the relevant sections), please:
    1. Select the boxes that represent strategies pertaining to your 2022 progress and 2023-24 plans.
    2. List and describe specific tool(s) you currently or plan to support or provide.
    3. Report the number of physical, oral, and behavioral health organizations that do not currently have access to HIE for hospital event notifications 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.
    4. Provide a title and description of each strategy CCO implemented in 2022 and/or will implement in 2023-24 to support increased access to HIE for hospital event notifications among contracted physical, oral, and behavioral health providers.
    5. Describe the 2022 progress of each strategy in the appropriate narrative sections. In the descriptions, include:
        a. accomplishments and successes (including the number of organizations of each provider type that gained access to HIE for hospital event notifications as a result of your support, as applicable), and
        b. challenges related to each strategy, as applicable.

        Where applicable, information in the CCO HIT Data Reporting File should support descriptions of accomplishments and successes.
    6. Describe activities and milestones related to each strategy CCO plans to implement in 2023-24.

Notes:

1. Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
2. If CCO is not pursuing a strategy beyond 2022, note 'N/A' in Planned Activities and Planed milestones sections.
3. If CCO is implementing a strategy beginning in 2023, please indicate 'N/A' in the progress section for that strategy.
4. If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy checkboxes
Using the boxes below, please select which strategies you employed during 2022 and plan to implement during 2023-24. Elaborate on each strategy and your progress/plans in the sections below.

☒ Hospital Event Notifications training and/or technical assistance	☒ Financially supporting access to a Hospital Event Notification tool(s)
☒ Assessment/tracking of Hospital Event Notifications access and capabilities	☐ Offering incentives to adopt or use a Hospital Event Notification tool(s)
☒ Outreach and education about the value of Hospital Event Notifications	☐ Requirements in contracts/provider agreements
	☐ Other strategies for supporting access to Hospital Event Notifications (please list here):

Tools supported or provided by CCO that facilitate access to timely hospital event notifications

List and briefly describe tools:

In 2022, 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 all contracted primary care practices. These reports inform the practices of their assigned patients that encountered at any Emergency Department.

Using the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File, please report on the number of contracted physical, oral, and behavioral health organizations that do not currently have access to HIE for hospital event notifications:

Contracted Organization Type	# Organizations w/o HIE for HEN	% Organizations w/o HIE for HEN
Physical	41	64.1%
Oral*	24	96.0%
Behavioral	5	33.3%

**Note: Advantage Dental and ODS are connected to Collective Medical on behalf of their provider networks.*

HIE – Hospital Event Notifications Strategy 1: Increase Collective Platform Adoption & Engagement

Strategies:

- ☒ *Hospital Event Notifications training and/or technical assistance*
- ☒ *Assessment/tracking of Hospital Event Notifications access and capabilities*
- ☒ *Outreach and education about the value of Hospital Event Notifications*
- ☒ *Financially supporting access to a Hospital Event Notification tool(s)*

Note: This strategy was previously written as "HIE for Hospital Event Notification Strategy 1 – Collective Platform Adoption & Technical Assistance" in the 2022 Roadmap but has been renamed to better reflect the strategy activities and goals. EOCCO also decided to combine this tactic with "HIE for Care Coordination Strategy 2: Collective Platform Engagement" from the 2022 Roadmap for simplicity's sake so some activities and milestones have been transferred into this section.

EOCCO is committed to increasing the number of contracted physical health organizations onboarded with and actively using Collective to access timely hospital event notifications. The CCO will sponsor Collective platform onboarding and participation for physical health practices in order to reduce the financial and administrative burden that adding a new HIE tool can place on contracted organizations. The CCO Quality team also provides technical assistance to engaged clinics when possible via regular quality check-ins with both clinic staff and Collective account managers.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2022 the EOCCO Quality team continued allocating time during monthly meetings with engaged physical health providers for an "HIT Check-In". This agenda item provided an opportunity for clinics already using the Collective platform to bring up questions or requests about the tool and allowed the Quality team to promote the Collective platform as a hospital event notification tool for clinics that were not yet using.

The Clinical Integration Quality Improvement Specialist continued to meet with a member of the Collective Medical team on a bi-weekly basis for a portion the calendar year. However, this individual moved to a different position in the organization midway through 2022 which led to reduced communication between CCO staff and the Collective account team. A new Project Manager has now been assigned to facilitate the Collective-CCO relationship and CCO staff are hopeful that this will lead to increased support for new and existing Collective users at physical health clinics. Due to the staffing change described above, the CCO did not have the bandwidth to recruit additional contracted organizations to the Collective platform in 2022. The CCO was also unable to revise the portfolio of sample Collective workflows for managing hospital event notifications as originally planned in the 2022 Roadmap. However, the Collective team has continued to develop similar resources for its users so the CCO will now direct onboarded organizations to the Collective Community page for educational materials. Because of the slow rate of Collective adoption across the Eastern Oregon service area, the Quality team decided to reduce the milestone of new physical health organizations added to the tool between 2022 and 2024 from eight to four.

The EOCCO Quality team and Data Analyst had originally planned to identify physical health clinics to recruit to the Collective platform by using data on open rates of the EOCCO Emergency Room-Inpatient (ER-IP) reports. The Data Analyst was unable to pull data on ER-IP report utilization due to limited access to user-level download data. EOCCO now plans to use the HITAG committee's quarterly "Oregon Collective Platform Onboarding and Engagement" reports to identify contracted physical health organizations that are not currently using the Collective tool. The report published on January 12th, 2023, indicates that [redacted] contracted physical health organizations fall into the "Actively Engaged" category, meaning they regularly provide eligibility files, log into the platform, and edit patient content. This means that roughly [redacted] EOCCO's physical health organizations that use Collective are actively engaged in the platform, and [redacted] of all physical health organizations are active users.

	Count	% of Collective-Onboarded Physical Health Orgs	% of All Physical Health Orgs
Total Contracted Physical Health Orgs	64	n/a	100.0% *(64/64)*
Contracted Physical Health Orgs on Collective	[redacted]		
Contracted Physical Health Orgs "Actively" or "Highly Engaged" in Collective	[redacted]		

Planned Activities

1. The Quality team will continue holding "HIT Check-Ins" at monthly meetings with engaged physical health organizations.
2. The CCO will scrub the quarterly "Oregon Collective Platform Onboarding and Engagement" reports to identify physical health organizations missing from the report that may benefit from using the Collective platform. Quality staff will outreach to these groups to gauge their interest and readiness to start Collective onboarding.
3. The CCO will also use this HITAG report to identify onboarded practices that could increase their engagement level and use the

Planned Milestones

1. By 12/31/2024, [redacted] new contracted physical health organization will onboard to the Collective platform, bringing the percentage of contracted physical health organizations utilizing Collective for hospital event notifications from [redacted] to [redacted].
2. By 12/31/2024, [redacted] EOCCO-contracted physical health organizations will fall into the "Actively Engaged" or "Highly Engaged" categories on the quarterly HITAG reports, bringing the percentage of contracted physical health partners in those categories to [redacted].

tool more effectively.	

***NEW* HIE – Hospital Event Notifications Strategy 2: Adding Primary Care Dentist to Collective Primary Care Team**

Strategies:

☒ *Assessment/tracking of Hospital Event Notifications access and capabilities*

It is important for all Collective users to know a member's current assigned primary care provider for both physical and dental health. Collective currently does not show a member's assigned primary care dentist (PCD), which makes it difficult for non-dental contracted providers to refer members to the correct dental home. Advantage Dental is working on adding dental care information to Collective for this purpose.

Provider types supported with this strategy:

☒ Across provider types OR specific to: ☐ Physical health ☒ Oral health ☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

Over the last two months, Advantage Dental's IT team has been working with the Collective Medical Tech team to get PCD assignment information injected in the Collective Care Team dataset so that it can be accessed from hospitals, PCP sites, and other medical care facilities that leverage use the Collective platform. This involves updating the Advantage member eligibility file, which can be a time-consuming process.

Planned Activities	Planned Milestones
1. The Advantage IT team will continue meeting with Collective in order to update the Collective eligibility file to include PCD information.	1. By 12/31/2023, all Advantage Dental members will have their PCD displayed in the Collective platform.

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

Strategies:

☒ *Hospital Event Notifications training and/or technical assistance*

☒ *Outreach and education about the value of Hospital Event Notifications*

☒ *Financially supporting access to a Hospital Event Notification tool(s)*

EOCCO looks to expand the use of Collective Medical among behavioral health providers not currently utilizing the platform, which tend to be smaller, single therapist agencies. EOCCO currently offers behavioral health providers in its network support in setting up access either through an EOCCO instance of Collective or through independent provider instances. The CCO will be reaching out to each of the behavioral health providers identified in the HIT data file to assess current barriers to adoption and develop a plan for future use.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☐ Oral health ☒ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

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 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. Additionally, EOCCO care coordinators provided patient lists and direct outreach to providers caring for "high risk" members who had visited the ED three or more times in the last 24 months or who were assertive community treatment (ACT) eligible.

Planned Activities	Planned Milestones

1. EOCCO staff will continue to provide technical assistance to providers on the further adoption and use of Collective Medical. 2. EOCCO care coordinators will outreach to providers not utilizing Collective Medical but are identified as serving "high risk" members who had visited the ED three or more times in the last 24 months or who were ACT eligible.	1. By 12/31/2023, EOCCO will directly contact all non-CMHP BH providers who do not utilize Collective for Hospital Event Notification to offer technical assistance in platform onboarding.

HIE – Hospital Event Notifications Strategy 4: Develop Training Modules on Integrating Collective Data into Behavioral Health Clinical Workflows

Strategies:

☒ *Hospital Event Notifications training and/or technical assistance*

☒ *Assessment/tracking of Hospital Event Notifications access and capabilities*

☒ *Outreach and education about the value of Hospital Event Notifications*

EOCCO care coordination teams provide ongoing individual technical assistance and training to behavioral health providers that utilize Collective Medical. The CCO has created a training curriculum designed to engage providers in Collective best practices including identifying at high-risk populations, outlining care plans, pulling reports centered on CCO priorities, and integrating the use of the platform into clinical workflows. With these training offerings, EOCCO staff aim to create further buy-in from currently participating providers, aid in recruitment of new providers to the platform, and optimize current care coordination efforts for our most vulnerable in the behavioral health service array.

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☐ Oral health ☒ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO continues to build on previous efforts for this strategy by providing annual updates to these training offerings. In 2022, EOCCO staff delivered trainings on integrating Collective Medical data into behavioral health clinical workflows to clinical staff from 12 different agencies. Training materials were updated for 2022 and distributed to contracted behavioral health providers via email and GOBHI's monthly provider newsletter.

Planned Activities	**Planned Milestones**
1. EOCCO staff will update the training modules focused on integrating Collective Medical data into behavioral health clinical workflows for 2023. 2. EOCCO care coordinators will continue offering these trainings to all in-network behavioral health providers and will provide them to those who express interest.	1. By 12/31/2023, [redacted] contracted BH practitioners who have not added care plans in Collective Medical in the past will contribute to care plans in Collective. 2. By 12/31/2023, EOCCO will deliver updated trainings to [redacted].

Please describe any barriers that inhibited your progress to support access to timely Hospital Event Notifications among your contracted providers

Much like the barriers experienced in adopting HIE tools for care coordination, EOCCO providers report that it is challenging to gain buy-in and momentum for specific HIE tools due to the presence of many competing tools on the market. It can be hard to encourage staff to learn and use new tools when there are already workforce shortages and many other competing priorities. Although there are fewer tools that compete directly with Collective for hospital event notifications, this issue persists. Smaller practices across all provider types also rarely have a technical or HIT staff person on site, which can make onboarding and implementing new tools very slow and challenging.

B. Optional Question

How can OHA support your efforts in supporting your contracted providers with access to Hospital Event Notifications?
In order to address some of the barriers above, it would be extremely helpful if OHA could provide technical assistance and/or EHR specialists to support practices in onboarding to and using new HIE tools.

5. HIT to Support SDOH Needs

A. HIT to Support SDOH Needs: 2022 Progress and 2023-24 Plans

1. Please describe your 2022 progress and 2023-24 plans for using HIT within your organization to support social determinants of health (SDOH) needs, ***including but not limited to screening and referrals***.
   In the spaces below (in the relevant sections), please:
   1. Select the boxes that represent strategies pertaining to your 2022 progress and 2023-24 plans.
   2. List and describe the specific HIT tool(s) you currently use or plan to use for supporting SDOH needs. Please specify if the tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE).
   3. Provide a title and description of each strategy CCO implemented in 2022 and/or will implement in 2023-24 for using HIT to support SDOH needs, including but not limited to screening and referrals.
   4. Describe the 2022 progress of each strategy in the appropriate narrative sections. In the descriptions, include:
      i. accomplishments and successes and
      ii. challenges related to each strategy, as applicable.
   5. Describe activities and milestones related to each strategy CCO plans to implement in 2023-24

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2022, note 'N/A' in Planned Activities and Planed milestones sections.
- If CCO is implementing a strategy beginning in 2023, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy checkboxes
Using the boxes below, please select which strategies you employed during 2022 and plan to implement during 2023-24. Elaborate on each strategy and your progress/plans in the sections below.

☒ Implementation of HIT tool/capability for social needs screening and referrals	☒ Integration or interoperability of HIT systems that support SDOH with other tools
☒ Care coordination and care management of individual members	☒ Collaboration with network partners
☒ Use data to identify individual members' SDOH experiences and social needs	☐ CCO metrics support
☒ Use data for risk stratification	☒ Enhancements to CIE tools (e.g., adding new functionality, health-related services funds forms, screenings, data sources)
☐ Use HIT to monitor and/or manage contracts and/or programs to meet members' SDOH needs	☐ Engage in governance of CIE

	☐ Other strategies for supporting CIE use within CCO (please list here):

HIT tools used by CCO for Support of SDOH needs

List and briefly describe tool(s):

Unite Us – EOCCO has implemented Unite Us, a CIE platform, across the 12-county service area. EOCCO has collaborated with Unite Us and partner organizations to build out SDoH screening forms and is leveraging the closed-loop referral system built into the CIE to support meeting SDoH and care coordination needs. EOCCO has also added health-related services funds forms to the tool and plans to leverage the data to meet the needs to the SDOH screening metric in 2023 and beyond. EOCCO participates in the Unite Us Statewide Funders Advisory Council.

SDoH Needs Strategy 1: Unite Us Onboarding with Case Managers

Strategies:

☒ *Care coordination and care management of individual members*

☒ *Collaboration with network partners*

☒ *Enhancements to CIE tools (e.g., adding new functionality, health-related services funds forms, screenings, data sources)*

The CCO will onboard physical and behavioral health case management teams to Unite Us and will work to develop best practices, document organizational policies, and process member and provider requests.

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO onboarded all physical and behavioral health case managers to Unite Us in 2022. Furthermore, EOCCO developed internal workflows for the Case Management (CM) team to receive referrals from organizations on the Unite Us platform who work with members who need case management services. EOCCO also added the Flex Funds Form to Unite Us, allowing for the CM team to process health related services flexible funding requests in the tool.

As with any change in workflow, EOCCO is still collaborating with partners and the CM team to develop appropriate workflows that complement the existing service request and flex funds processes. The CM team is actively using Unite Us but have found it challenging due to a lack of buy-in from Eastern Oregon organizations. In 2023, EOCCO will focus on integrating the tool to current workflows and tracking outcomes via metrics such as: increase in volume of flex fund form processing and improved adoption of the platform of partner organizations who use Unite Us to connect with the EOCCO CM team. These goals are mirrored in SDoH Needs Strategy 6.

Planned Activities	**Planned Milestones**
1. EOCCO will develop and document workflows with physical and behavioral health case management teams to process Health-Related Services (HRS) forms and member ARFs in a timely manner. 2. EOCCO will provide technical assistance to external partners to socialize and implement the widespread use of the HRS form to request flex services from the CM teams. They will target practices that frequently submit these requests via email and will encourage those entities to use Unite Us in the future.	1. By 6/30/2023, Case Management will process the EOCCO HRS form in Unite Us from three unique partner organizations.

SDoH Needs Strategy 2: Unite Us Member Assistance Request Process

Strategies:

☒ *Care coordination and care management of individual members*

☒ *Collaboration with network partners*

☒ *Enhancements to CIE tools (e.g., adding new functionality, health-related services funds forms, screenings, data sources)*

The CCO will customize and release an Assistance Request Form (ARF) that EOCCO members may use to request social needs services directly from the CCO via the EOCCO website.

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO spent much of 2022 developing an Assistance Request Form (ARF) for members to seek social needs services from the CCO. The rollout of this form was delayed by technical implementation difficulties including a lack of support to embed Unite Us' code on EOCCO's website as well as the need for 3rd party hosting. Furthermore, Unite Us does not have the ability to translate the ARF into languages other than English internally, so EOCCO staff is providing translation to the form which has slowed the timeline for form rollout. While both delays have created a lag in members' access to the ARF, they have also triggered internal conversation at a Unite Us organization level to adjust for future CCOs onboarding the tool. EOCCO is in the final stages of translating the ARF and plans to make the form available on the EOCCO website by the end of Q2 2023.

Planned Activities	**Planned Milestones**
1. EOCCO will collaborate with Unite Us to finalize English and Spanish ARFs to be hosted by Unite Us and linked on EOCCO's member-facing website. 2. EOCCO will develop and document workflows with physical and behavioral health case management teams to process member ARFs in a timely manner. 3. EOCCO will educate members, providers, and Community-Based Organizations about the new form and availability of CCO referral to social needs services via the ARF.	1. By 3/31/2023, EOCCO will receive the first ARF via the CCO website to refer a member to social needs services. 2. By 12/31/2023, EOCCO will present the ARF process to members, providers, and Community-Based Organizations in three settings including member-facing community events, member- and provider-facing newsletter articles, and the EOCCO Annual Provider & Staff Summit.

SDoH Needs Strategy 3: SDoH Data Integration

Strategies:

☒ *Use data to identify individual members' SDOH experiences and social needs*

☒ *Use data for risk stratification*

☒ *Integration or interoperability of HIT systems that support SDOH with other tools*

EOCCO is working to map and operationalize the data fed through Unite Us and the Accountable Health Communities (AHC) Screening Project into a usable form that will allow for evaluation of SDoH need trends across EOCCO's service area. The Quality and Analytics team also aim to integrate this data into shareable reports that can be used across CCO departments.

Progress (including previous year accomplishments/successes and challenges with this strategy):

During 2022, EOCCO made strides toward the Unite Us and AHC screening data integration milestones. The EOCCO Quality team worked collaboratively with EOCCO's Analytics department to operationalize and map the data elements fed through Unite Us into the internal CCO Data Warehouse. However, this process took longer than anticipated and EOCCO did not meet the established milestones of evaluating social needs data trends across Eastern Oregon or translating AHC Social needs screening and Unite US data into a usable reporting format by the end of 2022.

One element that has contributed to this delay is the EOCCO Analytics team's work to create an internal hierarchy to reconcile REALD and other member demographic information that is being captured across several unique data sources. Though this work is necessary, it is time-consuming and has prolonged the mapping process. Additionally, the roll-out of the *SDoH: Social Needs Screening and Referra*l incentive measure led to an intentional

slow-down of the SDoH data integration process to ensure that internal report-building and social need analyses are aligned to the measure specifications. The 2022 milestones for SDoH Data Integration will be revised and carried over into 2023. These milestones are stepping stones to the ultimate goal of building Unite Us and AHC social needs screening data into the clinic-level Member Roster reports distributed monthly to EOCCO's primary care clinics.

Planned Activities	Planned Milestones
1. The EOCCO Quality team will work in partnership with EOCCO Analytics to continue the process of mapping and operationalizing the SDoH data elements that are fed into the Data Warehouse from Unite Us and the AHC Screening Project. 2. The EOCCO Quality team will initiate development of a reporting template that captures key SDoH data elements to align with information relevant to share with contracted providers and the Social Needs Screening and Referral incentive measure.	1. By 12/31/2023 EOCCO Analytics will turn relevant Unite Us and AHC social needs screening data elements into a format usable for future reporting. 2. By 12/31/2023 EOCCO QI team will be able to utilize Unite Us and AHC social needs screening data to evaluate county-level and member-level SDoH need trends. 3. By 12/31/2024 EOCCO Analytics will integrate AHC screening, REALD, and Unite Us SDoH data into monthly clinic-level Member Roster reports.

SDoH Needs Strategy 4: Accountable Health Communities Project Expansion

Strategies:

☒ *Implementation of HIT tool/capability for social needs screening and referrals*

☒ *Use data to identify individual members' SDOH experiences and social needs*

☒ *Use data for risk stratification*

☒ *Collaboration with network partners*

EOCCO works to provide SDoH screenings to members through the Accountable Health Communities (AHC) Screening Projected conducted in partnership with the Oregon Rural Practice-based Research Network (ORPRN). Members are identified for screening via Collective Medical hospital event notifications for individuals with two or more ED visits in the past 12 months. EOCCO sends weekly member outreach lists from the Collective cohort to ORPRN team members who administer the AHC screening via phone. REALD data is also collected for each member who consents to receive the AHC screening. The ORPRN AHC screening team inputs screening result data into the Unite US CIE and utilizes the platform to navigate and refer members to community resources, services, and/or EOCCO Case Management.

Progress (including previous year accomplishments/successes and challenges with this strategy):

In early 2022, the EOCCO Quality team developed a funding proposal to continue the AHC Screening Project beyond the year-long CMS grant period. EOCCO leadership approved the funding request, and in June of 2022 EOCCO contracted with ORPRN to sustain this SDoH screening project.

Between July-December 2022, the ORPRN AHC Screening team made [redacted] phone calls to EOCCO members. Of those members called, [redacted] members were reached and [redacted] participated in the AHC screening and were connected to resources. Of members screened, the top identified social needs included: food[redacted] housing [redacted] transportation [redacted], and utilities [redacted].

To maximize benefits of this project for EOCCO members, and ensure project sustainability moving forward, the QI team will focus efforts in 2023 on:

1) Implementing more equitable and inclusive screening outreach criteria.
2) Adjusting project and Unite Us workflows to improve data flow and communication between AHC screeners and EOCCO Case Management
3) Stratifying social need screening result data by REALD and geographic variables to identify social need disparities

Planned Activities	Planned Milestones

1. EOCCO QI team will collaborate with EOCCO Case Management and ORPRN AHC Screening team to develop equitable and inclusive screening outreach criteria that engages more EOCCO members. 2. Review and revise AHC Screening project Unite Us workflows to ensure ease of communication and data sharing between AHC Screening team and EOCCO Case Management. 3. Analyze and stratify AHC Screening Project social needs screening result data by REALD and geographic variables.	1. By 12/31/2023, EOCCO will be able to use REALD and AHC Project screening data to identify EOCCO member populations or counties experiencing social need disparities. 2. By 6/30/2024, the number of EOCCO members screened through the AHC Screening Project will increase [redacted] from the 6/30/2023 end of year baseline.

2. Please describe your 2022 progress and 2023-24 plans for supporting contracted physical, oral, and behavioral health providers with using HIT to support SDOH needs, ***including but not limited to screening and referrals***. Additionally, describe any progress made supporting social services and community-based organizations (CBOs) with using HIT in your community. In the spaces below, (in the relevant sections), please:
    1. Select the boxes that represent strategies pertaining to your 2022 progress and 2023-24 plans.
    2. List and describe the specific tool(s) you currently or plan to support or provide to your contracted physical, oral, and behavioral health providers, as well as social services, and CBOs. Please specify if the tool(s) have screening and/or closed-loop referral functionality (e.g., CIE).
    3. Provide a title and description of each strategy CCO implemented in 2022 and/or will implement in 2023-24 to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using HIT to support social needs, including but not limited to social needs screening and referrals.
    4. Describe the 2022 progress of each strategy in the appropriate narrative sections. In the descriptions, include:
        a. accomplishments and successes (including the number of organizations of each provider type that gained access to HIT to support SDOH needs as a result of your support, as applicable), and
        b. challenges related to each strategy, as applicable.
    5. Describe activities and milestones related to each strategy CCO plans to implement in 2023-24.

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2022, note 'N/A' in Planned Activities and Planed milestones sections.
- If CCO is implementing a strategy beginning in 2023, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones

Strategy checkboxes

Using the boxes below, please select which strategies you employed during 2022 and plan to implement during 2023-24. Elaborate on each strategy and your progress/plans in the sections below.

☒ Sponsor CIE for the community	☐ Enhancements to CIE tools (e.g., adding new functionality, health-related services funds forms, screenings, data sources)

☒ Financial support for CIE implementation and/or maintenance ☒ Training and/or technical assistance ☒ Assessment/tracking of adoption and use ☒ Outreach and education about the value of HIT adoption/use to support SDOH needs ☒ Support participation in SDOH-focused HIT collaboratives, education, convening, and/or governance ☐ Incentives and/or grants to adopt and/or use HIT that supports SDOH ☐ Requirements in contracts/provider agreements	☐ Integration or interoperability of HIT systems that support SDOH with other tools ☒ Support sending of referrals to clinical providers (i.e., to physical health, oral health, and behavioral health providers) ☐ Utilization of HIT to support payments to community-based organizations ☐ Other strategies for supporting adoption of CIE or other HIT to support SDOH needs (please list here): ☐ Other strategies for supporting access or use of SDOH-related data (please list here):

HIT tools supported or provided by CCO that support SDOH needs, including but not limited to screening and referrals

List and briefly describe tools:

Unite Us – EOCCO has implemented Unite Us, a CIE platform, across the 12-county service area. EOCCO has collaborated with Unite Us and partner organizations to build out screening forms for SDoH needs and is leveraging the closed-loop referral system built into the CIE to support meeting SDoH and care coordination needs. EOCCO has sponsored access to Unite Us CIE platform for the entire region, supporting training and technical assistance to community partners and assessing adoption and use of the tool on an ongoing basis. EOCCO's HIT opt-in grant offers an incentive for organizations to adopt Unite Us and integrate it into existing workflows. Finally, EOCCO has developed an assistance request form and health-related services funds form for external use in the Unite Us tool.

SDoH Needs Strategy 5: Community Information Exchange Implementation & Adoption

Strategies:

☒ *Sponsor CIE for the community*
☒ *Financial support for CIE implementation and/or maintenance*
☒ *Assessment/tracking of adoption and use*
☒ *Outreach and education about the value of HIT adoption/use to support SDOH needs*
☒ *Support participation in SDOH-focused HIT collaboratives, education, convening, and/or governance*

Note: This strategy was previously written as "HIE for Care Coordination Strategy 1 – Community Information Exchange Implementation" in the 2022 Roadmap but has been moved into the SDoH Needs section per updated 2023 guidelines for this document. This strategy has also been combined with "HIT for SDoH Strategy 5 – Unite Us Adoption" from the 2022 Roadmap so some activities and milestones have been transferred into this section.

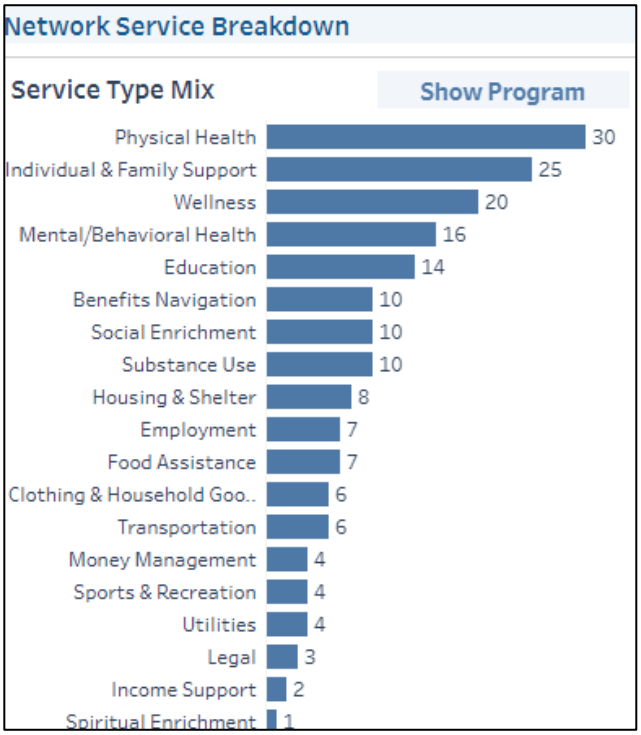
EOCCO will continue working to promote best practices for care coordination by implementing and promoting a community information exchange (CIE) in all 12 Eastern Oregon counties. EOCCO and its partner organizations have recognized CIEs as a key framework to share care coordination strategies with healthcare 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, innovatively integrating HIE tools to improve healthcare and social service delivery, and ensuring meaningful use of the platform to address members' social needs.

Provider types supported with this strategy: ☒ Across provider types OR
specific to: ☐ Physical health ☐ Oral health ☐ Behavioral health ☐ Social Services ☐ CBOs

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2022, EOCCO worked to implement the Unite Us CIE platform in all 12 counties in the service area. EOCCO sponsored the CIE tool in Eastern Oregon, with access granted to counties in two waves. In April of 2022, Umatilla, Morrow, Wallowa, Union, Baker, Gilliam, Sherman, and Wheeler Counties went live on the Unite Us platform. In July 2022, Malheur, Harney, Lake, and Grant Counties went live on the Unite Us platform. In total, EOCCO has onboarded 68 organizations onto the tool in Eastern Oregon, surpassing the initial goal of onboarding 36 organizations. Most of the cases in Unite Us are associated with the following service types connected to SDoH priorities: Food Assistance, Housing & Shelter, Utilities, Transportation, Individual & Family Support, Income Support, and Employment. The graphic below shows the breakdown of Eastern Oregon organizations onboarded onto Unite Us by services offered.

EOCCO intends to share care coordination workflows that have been successful for its Case Management teams with its contracted physical, behavioral, and oral health providers. The Traditional Health Worker Liaison and Quality team are still in the process of developing formal workflows but continue to provide technical assistance to contracted providers navigating the use of Unite Us for care coordination.



In 2022 EOCCO encouraged all contracted physical, oral, and behavioral health providers, social services, and CBOs to use the Unite Us platform by sharing successes of the platform within provider and CBO networks. EOCCO presented with Unite Us at its Annual Clinician and Staff Summit, increasing platform awareness and allowing for in-person technical assistance. 2022 milestones, including presenting early successes of the tool, onboarding 30 partner organizations to the Unite Us platform, and presenting data via the Unite Us Insights tool were all met. EOCCO worked closely with the [redacted] to champion the Unite Us tool, leveraging data insights and clinic buy-in to create a robust and active network for members to have social needs met through platform referrals.

Planned Activities

1. EOCCO will collaborate with [redacted] partners to onboard partners in their region.
2. EOCCO will collaborate with the Unite Us Community Engagement team via Local Community Health Partnership (LCHP) presentations and community testimonials to improve adoption and utilization of the tool.
3. EOCCO will outreach to CBOs providing services aligned with the SDoH Metric, including food, housing, and transportation, to encourage more widespread implementation and adoption of the tool.
4. EOCCO will develop member and provider outreach strategies to integrate the use of the Assistance Request Form (ARF) and Health Related Services (HRS) Flex Services form.

Planned Milestones

1. By 3/31/2023, EOCCO will receive the first member submission of the ARF via the CCO website.
2. By 6/30/2023, EOCCO will have clearly developed workflows to share with contractors to support CIE use for case management and care coordination.
3. By 6/30/2023, three unique organizations will use the EOCCO HRS form in Unite Us.
4. By 12/31/2023, all EOCCO counties will have at least one active organization on Unite Us.
5. By 12/31/2023, EOCCO will increase the number of onboarded partner organizations by at least 25% to a minimum of 85 unique partner organizations.

SDoH Needs Strategy 6: Unite Us Technical Assistance for Physical Health Partners

Strategies:

☒ *Training and/or technical assistance*

☒ *Assessment/tracking of adoption and use*
☒ *Outreach and education about the value of HIT adoption/use to support SDOH needs*
☒ *Support participation in SDOH-focused HIT collaboratives, education, convening, and/or governance*
☒ *Support sending of referrals to clinical providers (i.e., to physical health, oral health, and behavioral health providers)*

EOCCO strives to enhance adoption and meaningful utilization of Unite Us by providing licenses at no cost to contracted physical health providers. Through technical assistance opportunities, EOCCO supports providers in gaining comfortability with utilizing the tool to conduct social needs screenings and to send/receive referrals to appropriately address members' social needs and care gaps.

Provider types supported with this strategy: ☐ Across provider types OR
specific to: ☒ Physical health ☐ Oral health ☐ Behavioral health ☐ Social Services ☐ CBOs

Progress (including previous year accomplishments/successes and challenges with this strategy):

During the 2022 two-wave implementation of Unite US across Eastern Oregon, the EOCCO QI team provided technical assistance (TA) and individualized onboarding support to contracted physical health organizations. By the end of December 2022, 29 physical health partners were configured to the Connect Oregon network in Unite Us. However, even with the onboarding successes, utilization of the platform among physical health partners has been slow to ramp up. In 2022 [redacted] onboarded physical health organizations sent one or more referrals in Unite Us. In total, there were [redacted] sent by all organization types in the platform during 2022 [*see Figures 1 and 2 below].*

During in-person visits with primary care clinics, the EOCCO QI team sought to identify and address providers' concerns or barriers to Unite Us utilization. Some common barriers or concerns that were identified by providers, included: Unite Us' limited EHR integration capability, needing to re-work or adjust existing clinical social needs screening and referral workflows to utilize Unite Us, the use of other CIE platforms across Eastern Oregon, and sparse adoption of the platform in certain Eastern Oregon counties which limits referral capability. Conversations had with physical health providers prompted the QI Team to pivot and re-strategize the approach to enhancing Unite Us utilization among physical health organizations in order to meet the [redacted] platform utilization increase milestone by 12/31/2023, and to align efforts with *Social Needs Screening & Referral* incentive measure activities.

Figure 1: *Cases referred in Unite Us 1/1/2022-12/31/2022*

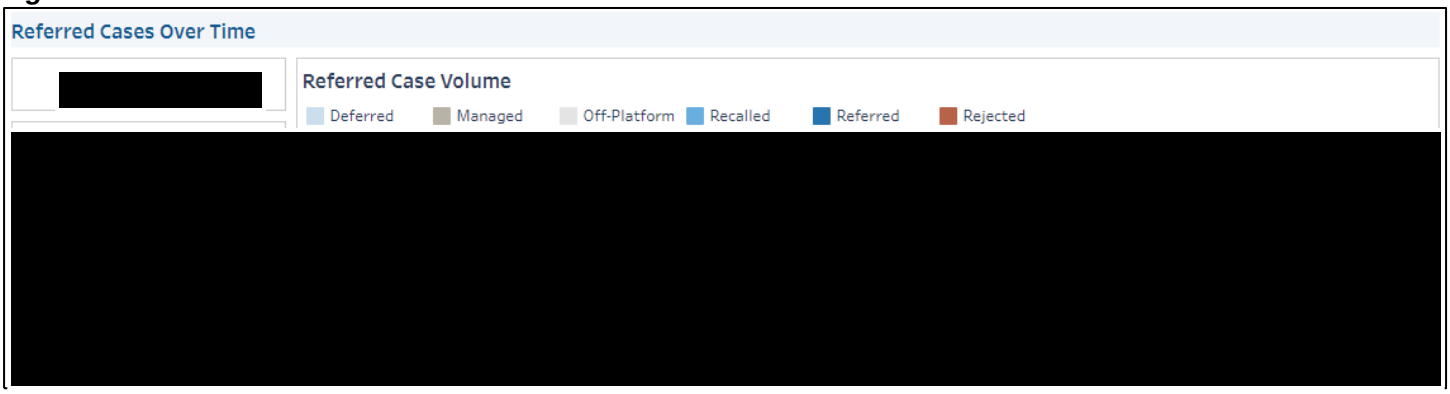
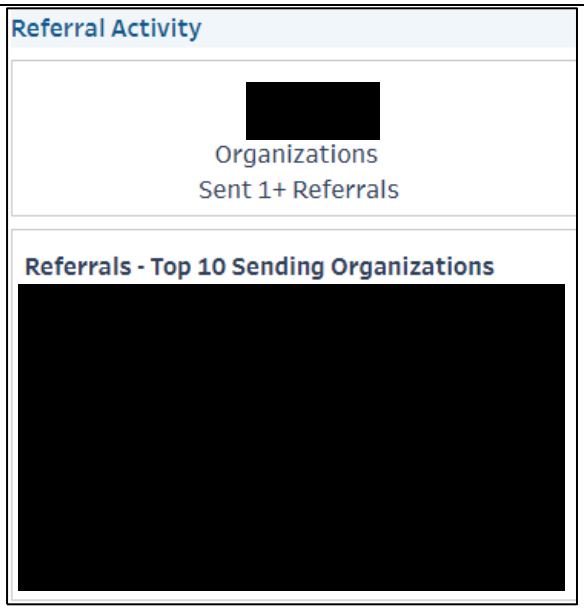


Figure 2*: Onboarded physical health partners who sent 1+ Referral in Unite Us between 1/1/2022-12/31/2022. Physical health organizations highlighted.*



Planned Activities

1. Provide individualized support and TA to physical health providers who are onboarded to Unite Us but are inactive in the platform (i.e., not sending or receiving referrals).
2. Work with Unite Us and physical health partners to build additional social need screening tools into the platform in alignment with the *Social Needs Screening & Referral* incentive measure.
3. Provide peer-learning opportunities for physical health providers to help socialize use of Unite Us for improving care coordination and addressing members' social needs.
4. Identify social service organizations and CBOs to outreach to for Unite Us adoption based on provider feedback and input.

Planned Milestones

1. By 9/30/2023 EOCCO will present a Unite Us update at EOCCO Provider Summit to socialize use of the platform among network providers and discuss alignment with the *Social Needs Screening and Referral i*ncentive measure.
2. By 12/31/2023, utilization of the Unite Us platform will increase by [redacted]) across the service area from 2022 year-end referral baseline.
3. By 12/31/2023 three additional social needs screening tools will be built into Unite Us.

SDoH Needs Strategy 8: Unite Us Technical Assistance for Community Partners

Strategies:

☒ *Training and/or technical assistance*
☒ *Assessment/tracking of adoption and use*
☒ *Outreach and education about the value of HIT adoption/use to support SDOH needs*
☒ *Support participation in SDOH-focused HIT collaboratives, education, convening, and/or governance*
☒ *Support sending of referrals to clinical providers (i.e., to physical health, oral health, and behavioral health providers)*

EOCCO will continue to leverage community connections and network champions to onboard community benefit organizations (CBOs) and social service partners to the Unite Us tool in all 12 Eastern Oregon counties. The CCO will also provide assistance and guidance to enhance community partner use of the tool.

Provider types supported with this strategy: ☐ Across provider types OR
specific to: ☐ Physical health ☐ Oral health ☐ Behavioral health ☒ Social Services ☒ CBOs

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO worked with internal community engagement teams and external Unite Us project partners to begin a community-based engagement strategy to bring CBO and social service partners onto the platform. Turnover on the

EOCCO Unite Us project team, the EOCCO community engagement field team, and the external Unite Us community engagement team all led to delays in the widespread adoption of Unite Us in the region by CBO partners. Furthermore, the availability of several different CIEs (e.g., 211, Find Help, Eastern Oregon Community Resource Network) created some level of confusion among partners regarding differences in the platforms and importance of adopting Unite Us. EOCCO saw meaningful success referring members from the CCO to social service agencies on Unite Us, developing best practice workflows that will be leveraged when encouraging providers and community partners to collaborate on the tool.

In 2023, EOCCO will work with internal and external teams to increase CBO exposure to Unite Us, identify areas where resources are not currently available for partner referrals and target technical assistance to those regions, and continue to provide training and grant opportunities to community partners who want to integrate Unite Us into their workflows.

Planned Activities	**Planned Milestones**
1. EOCCO will focus on internal collaboration between the Unite Us project team and the community engagement field team to increase CBO onboarding by attending LCHP meetings and providing one-on-one technical assistance to organizations. 2. EOCCO will map social services and CBOs on Unite Us in order to better to target counties for onboarding that have few CBOs or general resources available on the platform, increasing provider buy-in to utilize the tool and improving service delivery for members seeking services.	1. By 6/30/2023, all 12 Eastern Oregon counties will have at least one CBO or social service agency onboarded on the Unite Us platform. 2. By 12/31/2023, EOCCO will invite Unite Us to present at all 12 LCHP meetings, exposing CBOs and social service agencies to the platform.

SDoH Needs Strategy 9: Unite Us Expansion to Oral Health Providers and Dental Care Organizations

Strategies:

☒ *Training and/or technical assistance*

☒ *Assessment/tracking of adoption and use*

☒ *Support sending of referrals to clinical providers (i.e., to physical health, oral health, and behavioral health providers)*

Note: This strategy was previously written as "HIE for Care Coordination Strategy 12 – Unite Us Expansion to Oral Health Providers" in the 2022 Roadmap but has been moved into the SDoH Needs section per updated 2023 Roadmap guidelines. This strategy has also been combined with "HIT for SDoH Strategy 7 – Unite Us Dental Practice Pilot" from the 2022 Roadmap to reduce redundancy so some activities and milestones have been transferred into this section.

EOCCO's Dental Care Organizations (DCOs) Advantage Dental and ODS both expressed interest in using Unite Us at the DCO level as well as in selecting dental practices to participate in a pilot program. The use of a CIE would be beneficial to capitated providers, especially those that have case management teams onsite. The goal is for DCO Case Management and Care Coordination teams to be able to send and receive referrals in Unite Us for both internal Case Management/Coordination services.

Provider types supported with this strategy: ☐ Across provider types OR

specific to: ☐ Physical health ☒ Oral health ☐ Behavioral health ☐ Social Services ☐ CBOs

Progress (including previous year accomplishments/successes and challenges with this strategy):

ODS successfully joined the Unite Us platform in Q4 2022 but chose to first pilot the platform at the [redacted] in November 2022 before using it more broadly with their Dental Case Management team. Currently no ODS Case Managers are using the Unite Us platform, but administrative staff at the [redacted] have been trained and are currently using the tool to send referrals for social services. ODS will implement this referral process and aims to expand the use of this platform so that the clinic can also receive referrals from local organizations in 2023.

Advantage Dental has not expanded the use of Unite Us beyond their centralized DCO Care Coordination team. This approach has worked well for their provider network as most contracted clinics have indicated that they do not have the capacity to implement and train staff on the Unite Us tool at this time. The Advantage Care Coordination team actively intercepts and facilitates referrals related to SDoH on behalf of its network of providers. Care Coordinators are able to send referrals, but the number sent has been low due to limited number of community based organizations on the tool in certain areas that accept referrals. Advantage Dental's Community Care team were also trained to utilize the Unite Us/Connect Oregon platform in 2022 to screen members for SDoH related concerns. The team has since been able to push referrals out to appropriate CBOs on behalf of their provider network.

Planned Activities	**Planned Milestones**
1. ODS will collaborate with the Unite Us engagement team to train [redacted] on receiving and processing referrals in the Unite Us tool. 2. ODS will work to identify additional dental clinics interested in onboarding with Unite Us by educating practices about the tool and sharing workflows that the DCO-level teams use for care coordination. 3. Advantage Dental's Care Coordination team will work to increase the number of referrals sent as the number of local CBOs on the tool grows.	1. By 9/30/2023, the [redacted] staff will implement a process for receiving and processing referrals in Unite Us. 2. By 12/31/2023, ODS will identify one additional dental practice site to pilot Unite Us. 3. By 12/31/2023, Advantage Dental's Care Coordinators will all have sent at least one referral via Unite Us.

***NEW* SDoH Needs Strategy 10: Unite Us Expansion to CMHPs**

Strategies:

☒ *Training and/or technical assistance*

☒ *Assessment/tracking of adoption and use*

☒ *Outreach and education about the value of HIT adoption/use to support SDOH needs*

☒ *Support participation in SDOH-focused HIT collaboratives, education, convening, and/or governance*

☒ *Support sending of referrals to clinical providers (i.e., to physical health, oral health, and behavioral health providers)*

EOCCO is working to continue to expand its network of referring partners utilizing the Unite Us platform. This extends to all areas of the care continuum including contracted Community Mental Health Programs (CMHPs) in the region. Through technical assistance opportunities, EOCCO supports providers in gaining comfort with utilizing the tool to conduct social needs screenings and to send/receive referrals to appropriately address members' social needs and care gaps.

Provider types supported with this strategy: ☐ Across provider types OR
specific to: ☐ Physical health ☐ Oral health ☒ Behavioral health ☐ Social Services ☐ CBOs

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2022, EOCCO staff offered support for Unite Us adoption, as well as ongoing technical assistance, to behavioral health providers across the region as part of the CCO's two wave implementation strategy. Beyond outreach performed through presentations at EOCCO Behavioral Health Quality Improvement Committee (QIC), GOBHI Board of Directors, and other community meetings; these 2022 adoption strategies were not individualized to the CMHPs in the region which resulted in lagged adoption of the platform. By the end of December 2022, four agencies providing behavioral health services (including only one CMHP) were configured to the Connect Oregon network in Unite Us. EOCCO plans to target strategies aimed at increased adoption of the Unite Us platform by behavioral health providers in 2023 to address this current lack of engagement.

Planned Activities	**Planned Milestones:**
1. Provide individualized outreach to each contracted Community Mental Health Program in	

the region surrounding the implementation and adoption of the Unite Us platform. 2. Working with the Unite Us Community Engagement team and EOCCO/GOBHI staff, organize presentation opportunities throughout 2023 for contracted behavioral health providers to learn more about platform adoption and the utility of CIE tools. 3. Provide peer-learning opportunities for CMHPs to discuss referral use cases and workflows specific to behavioral health clients.	1. By 6/30/2023, host adoption presentations from Unite Us Engagement team with representatives from each of the seven CMHPs in the region. 2. By 12/31/2023, increase the number of CMHPs utilizing the Unite Us platform to at least half of all CMHP sites (four or more) 4. By 9/30/2023, provide a virtual Unite Us technical assistance and peer-learning session specific to behavioral health providers in the region.

Please describe any barriers that inhibited your progress to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using HIT to support SDOH needs, including but not limited to screening and referrals.

As outlined in the above SDoH HIT Strategy sections, there are several barriers which inhibited both utilization and adoption of Unite Us CIE by contracted physical, oral, and behavioral providers, social service agencies, and CBOs across EOCCO's service area. Physical health organizations located in counties with few or no organizations onboarded to Unite US expressed hesitancy to onboard to the platform given the lack of resources or services available to refer members to adequately address SDoH needs within the CIE. Additionally, physical health organizations expressed challenges with Unite US's limited EHR integration capability and needing to shift or establish new social need screening and referral workflows in order to move toward organization-wide utilization of the platform.

The geography and expansiveness of the Eastern Oregon region also poses unique challenges that have inhibited unified adoption of the tool across the service area. For instance, there are several different CIEs (e.g., 211, Find Help, Eastern Oregon Community Resource Network) currently in use across Eastern Oregon's 12 counties. The existence and use of multiple CIEs across Eastern Oregon has inhibited adoption of the platform and contributed to confusion in some communities surrounding the use and benefit of these different CIE tools. Additionally, several Eastern Oregon counties border Idaho or Washington—states where many EOCCO members seek health care, services, and/or resources. Organizations only configured to the Connect Oregon network in Unite Us may be unable to refer members for services or resources across state lines, which has contributed to poor adoption and utilization of the platform in some of our border counties.

Finally, internal staff transition and turnover during the 2022 year contributed to delays in conducting SDoH HIT activities and achieving the developed milestones. Turnover on both the Unite Us project team and the community engagement field team slowed integration and utilization process, however EOCCO has developed strategies in 2023 to bring more staff onto the project and plans to reprioritize CIE onboarding and use throughout the coming year.

B. Optional Question

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

Providing official guidance on standardized social need screening code lists for the *Social Needs Screening & Referral* incentive measure. This would assist physical health partners with documenting and referring members to services/resources to address social needs.

6. Other HIT Questions (Optional)

The following questions are optional to answer. They are intended to help OHA assess how we can better support the HIT efforts.

A. Describe CCO HIT tools and efforts that support **metrics**, both within the CCO and with contracted providers. Include CCO challenges and priorities in this work.

EOCCO uses Arcadia Analytics to support annual reporting on the EHR-based Clinical Quality Measures (CQMs) for physical health providers. It is challenging to ensure data fidelity in this tool given the multiple data sources used, and as mentioned above gaining clinic buy-in to the tool takes time. EOCCO also hopes to use Unite Us to facilitate social needs screenings for the new *Social Needs Screening and Referral* incentive measure.

B. Describe CCO HIT tools and efforts that **patient engagement**, both within the CCO and with contracted providers.

EOCCO does not currently use HIT tools for direct patient engagement.

C. How can **OHA support** your efforts in accomplishing your HIT Roadmap goals?

In addition to providing more financial support for EHR adoption and technical support for HIE adoption, it would also be helpful if OHA continued 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 or DCO level rather than the clinic level.

D. What have been your organization's **biggest challenges** in pursuing HIT strategies? What can OHA do to better support you?

The biggest challenges we face are limited workforce and staff time, limited technical capacity in smaller EHR systems, and limited buy-in to HIE tools. Greater technical support, perhaps a technical liaison individual, from OHA would be key.

E. 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 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. Receiving standardized SOGI data from OHA would also help the CCO evaluate areas of health disparities and make plans to address them.

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 CCO progress and 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 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.

☒ 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)

☒ 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	☒ Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) • *Implemented Patient Access API* ☒ Other strategies for supporting HIE access or use (please list here) • *Assisted with the development of best practice standards for hospital EDs*

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

☒ Enhancements to HIE tools (e.g., adding new functionality or data sources)

☒ Integration of information and/or disparate 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)

- *Maintain Patient Access API*

☐ Other strategies for supporting HIE access or use (please list here)

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, 12 physical, 7 behavioral, and 3 oral health providers
Explore ways to reduce implementation costs, such as subsidizing purchase and maintenance costs for providers and	2022-2024: Realize cost reduction

providing technical assistance and training in appropriate use of application.	

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 8 behavioral health and 4 oral health providers
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 15 physical, 10 behavioral, and 5 oral health providers
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: expand process to additional 10 providers
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