CCO 2023 HIT Roadmap

Report Template: **Option A**

CCO: InterCommunity Health Network – Coordinated Care Organization **(IHN-CCO)**

Date: 3/15/2023

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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

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

1. Select the boxes that represent strategies pertaining to your 2022 progress.
2. Describe the progress of each strategy in the appropriate narrative sections.
3. In the descriptions, include any accomplishments and successes related to your strategies.

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

Overall Progress
Using the boxes below, please select which strategies you employed during 2022. Elaborate on each strategy and the progress made 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)

	1. Analysis of EHR needs and adoption support strategies **2. Enhanced community information exchange to support EHR functionality**

i. Progress across provider types

According to the IHN-CCO updated Data Completeness Table, 0 physical health, 32 behavioral health, and 3 oral health providers have no EHR. These data points have some limitations but do accurately reflect that behavioral and oral health providers are the primary provider types that continue to need support for EHR adoption. While IHN-CCO made overall progress in supporting EHR adoption rates in 2022 as described below by the strategies employed during 2022, specific emphasis has been placed on support for behavioral health providers. IHN-CCO is aware of an increase in individual behavioral health providers that do not have the tools and systems used to manage patient information. The increase in individual behavioral health providers not having an EHR is primarily due to the allowed use of telehealth only providers during the COVID-19 pandemic, which drastically expanded and resulted in individual providers without access to tools and systems consistently afforded to providers affiliated with larger organizations.

EHR training and/or technical assistance

- During 2022, IHN-CCO leveraged its contracted physician consultant to conduct outreach to providers to engage them in practice level technical assistance, including how to effectively utilize EHRs to manage patient care and gaps lists to support interventions related to meeting CCO metrics and other practice requirements. While only five clinics engaged in physician consultation during 2022, each of those clinics participated in explorations of current EHR capabilities and were provided recommendations on effective ways to leverage their EHRs. One provider is currently working with the physician consultant on exploring moving to a different certified EHR as the provider is shifting from urgent care only to becoming a patient-centered primary care home (PCPCH) with expanded primary care practice standards.
- To support providers with metric adherence and reporting, IHN-CCO continued to meet with value-based payment contracted providers to discuss gap lists related to IHN-CCO members and how to ensure appropriate reporting to IHN-CCO through the providers' EHRs. IHN-CCO additionally worked with providers on EHR technical adjustments to ensure the appropriate capturing and reporting of data pertaining to meaningful use and post-partum visit metrics.

Assessment/tracking of EHR adoption and capabilities

- IHN-CCO continued to assess EHR adoptions through site visits that are based on evaluation forms that include the collection of information pertaining to clinic EHR adoption. These evaluations are conducted annually and have resulted in IHN-CCO being able to collect better EHR adoption information for assessing the true gaps in adoption that did not present through past survey results that relied on provider willingness and ability to respond. IHN-CCO has been collecting and storing site visit assessments electronically.
- IHN-CCO has continued to support the Oregon Health Authority's (OHA's) efforts in updating contracted provider information, including EHR adoption by provider.

Outreach and education about the value of EHR adoption/use

- IHN-CCO conducted a provider webinar with contracted providers identifying federal and state requirements related to HIT/HIE, identifying the value of EHRs in managing patient care and billing for service. This webinar also highlighted the importance of EHRs in enabling the exchange of patient data and metric adherence. To support provider knowledge of EHRs, IHN-CCO enhanced the HIT/HIE section of its provider manual to ensure provider knowledge of EHR requirements and value-add.
- To support provider knowledge of EHRs, IHN-CCO enhanced the HIT/HIE section of its provider manual to ensure provider knowledge of EHR requirements and value-add, including information related to community information exchange that could enhance EHR data.

Collaboration with network partners

- By the end of 2022, IHN-CCO had developed a charter for reactivating its Health Information Advisory Committee comprised of representatives from contracted physical, behavioral, and oral health providers, counties, community-based organizations, and members. The first HIAC meeting will be held in April 2023

with a bi-monthly meeting cadence to discuss regional HIT/HIE strategy and address barriers. This work will include EHR adoption strategy.

Requirements in contracts/provider agreements

- IHN-CCO has been developing more value-based payment contracts with providers, incorporating metrics to capture and reward provider performance, lending greater emphasis on providers leveraging EHR capabilities. In 2022, IHN-CCO worked with more providers on leveraging EHR data and assessing gaps lists related to CCO metrics. IHN-CCO worked with one provider to adjust claims reporting through an EHR to ensure data related to post-partum follow-up care is accurately provided to IHN-CCO.

Leveraging HIE programs and tools in a way that promotes EHR adoption

- IHN-CCO's continues to leverage its population health system, Arcadia, to integrate provider EHR data and other data. Progress made over the last year related to integration with provider and other data includes:
    - Benton and Lincoln County data is in production and continues to be regularly assessed.
    - Corvallis Family Medicine being connected and sent their first file to IHN-CCO to be validated by the Arcadia system vendor.
    - The Corvallis Clinic has been working with their EHR vendor, Athena, to complete data integration. IHN-CCO is assessing final integration requirements.
    - OHA Alert Feed has been fully set up and validated and is now in production.
- IHN-CCO evaluated HIE platforms based on functionality and configurability to allow the exchange of data through EHRs that would promote provider adoption of EHRs. Given information system staffing constraints related to other priorities, IHN-CCO has shifted its focus to developing an enhanced provider portal that includes use cases to establish ways to exchange EHR data with both providers and members.

Other strategies for supporting EHR adoption

- **Analysis of EHR needs and adoption support strategies:** During 2022, IHN-CCO analyzed the capabilities of traditional EHR systems such as Epic Community Connect and Athena Health to better understand functionality and alignment for IHN-CCO and its providers. Additional conversations with OCHIN occurred to determine costs related to onboarding providers with OCHIN's Epic system. Through IHN-CCO's enhanced efforts to track contracted provider EHR capabilities, it was determined that only a small portion of providers have no EHR or it is unknown whether they have an EHR. These providers are primarily behavioral and oral health providers that would need "practice management" EHR functionality to support outpatient services. IHN-CCO's efforts to further support EHR adoption will be focused on promoting and possibly providing financial support to providers willing to adopt an EHR.
- **Enhanced community information exchange to support EHR functionality:** IHN-CCO expanded its contract with Connect Oregon/Unite Us in 2022 to leverage data exchange functionality such as incorporating case management and payment modules that can be leveraged through single-sign-on (SSO) functionality and member data matching capabilities for robust reporting on service provided through community-based organizations and referrals with providers. This new functionality will include a newly developed social supports fee schedule that will allow for EHR-like data exchange for payments through a formal claims process. Integrating these expanded capabilities promotes the use of EHR for providers in that data leveraged from Unite Us can be captured in provider EHRs (e.g., screening files and access to support service data).

ii. Additional progress specific to physical health providers

IHN-CCO's physician consultant worked with primary care providers to understand their interest in EHR capabilities and needs for related technical assistance. Less than ten providers voluntarily engaged in these conversations, but all had interest in possible EHR technical assistance. As described in progress for the EHR training and/or technical assistance strategy above, only five of those providers engaged in physician consultation during 2022, participating in explorations of current EHR capabilities and then provided recommendations on effective ways to leverage their EHRs (e.g., appointment scheduling and metric gap list production).

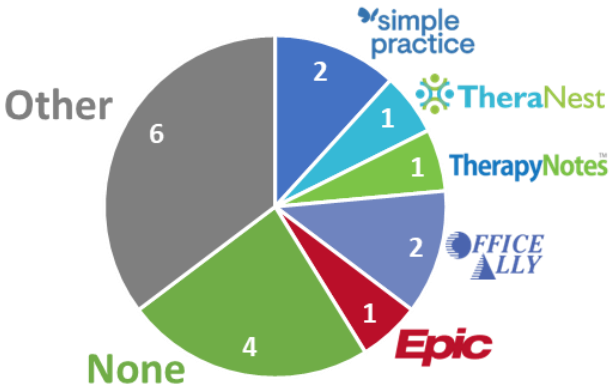
iii. Additional progress specific to oral health providers

IHN-CCO did not employ any specific strategies with oral health providers regarding support for EHR adoption.

iv. Additional progress specific to behavioral health providers

IHN-CCO evaluated known EHRs utilized by behavioral health providers. Figure #1 depicts the primary EHRs in use by behavioral health providers, which are a combination large-scale EHRs and practice management type EHRs. Through conversations with behavioral health providers, IHN-CCO is aware that most outpatient behavioral health providers without an EHR will be able to leverage a more cost-effective EHR solution for adoption and utilization. IHN-CCO is currently exploring these solutions to determine standards and capabilities in how they align with "certified" EHRs. The outcome of this assessment will inform how IHN-CCO will proceed with incentives and support for behavioral health providers.

Figure #1: IHN-CCO Contracted Provider Behavioral Health EHRs in Use



v. Please describe any barriers that inhibited your progress

IHN-CCO continued to experience constraints related to information system staffing and priorities. In addition, the ability to engage providers on opportunities continued to be hindered by provider shortages and administrative burdens. Provider webinars and collaboratives experienced low attendance throughout 2022.

B. Support for EHR Adoption: 2023-2024 Plans

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

1. Select the boxes that represent strategies pertaining to your 2023-2024 plans.
2. Describe the following in the appropriate narrative sections:
    a. The number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., 'Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information'). CCOs are expected to use this information to inform their strategies.
    b. Plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialling, Letters of Interest).
    c. Strategies you will use to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers beyond 2022.
    d. Activities and milestones related to each strategy.

Notes: Strategies described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting

the strategy; however, please make note of these strategies in this section and include activities and milestones for all strategies you report.

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

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2023-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and include activities and milestones in the sections below.

☒ EHR training and/or technical assistance

☒ Assessment/tracking of EHR adoption and capabilities

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

☒ Collaboration with network partners

☒ Incentives to adopt and/or use EHR

☒ Financial support for EHR implementation or maintenance

☒ Requirements in contracts/provider agreements

☒ Leveraging HIE programs and tools in a way that promotes EHR adoption

☐ Offer hosted EHR product

☒ Other strategies for supporting EHR adoption (please list here)

- **Integrate referral capabilities that promote expanded utilization of an EHR and support care coordination**

i. Plans across provider types, including activities & milestones

IHN-CCO will continue making progress in supporting certified EHR adoption for contracted physical, behavioral, and oral health providers across Linn, Benton, and Lincoln counties. **Table #1** below identifies IHN-CCO's planned activities and milestones for 2023 and 2024 organized by strategy.

Table # 1: Strategies to Support EHR Adoption

Activities	Milestones
EHR training and/or technical assistance	
Provide EHR technical assistance	• Complete 2nd promotion of IHN-CCO's no-cost physician consultant services for primary care providers – 3rd Quarter 2023 • Provide EHR technical assistance information during provider webinars – 3rd Quarter 2023 • Provide additional information to providers on how to leverage EHRs – 2nd Quarter 2023
Evaluate the progress of EHR technical assistance	• Work with consultant to establish a strategy for enhancing EHR technical assistance opportunities – 3rd Quarter 2023 • Evaluate EHR technical assistance progress and outcomes – 1st Quarter 2024
Assessment/tracking of EHR adoption and capabilities	
Continue assessing EHR adoption via Letters of Intent to Contract and annual site visits	• Develop a reporting process to enhance reporting of site visit results pertaining to EHR adoption and barriers – 3rd Quarter 2023
Continue supporting OHA survey efforts	• Provide contracted provider contact information updates to OHA to support survey efforts – 2023 through 2024

Outreach and education about the value of EHR adoption/use	
Direct outreach to providers and facilitation of an EHR learning collaborative	• Contact contracted providers with no EHR or EHR unknown to discuss barriers, needs, and opportunities – 3rd Quarter 2023 • Assess provider barriers, needs, and best practices through various contracted provider outreach – 3rd Quarter • Schedule and facilitate a learning collaborative sharing best practices and how to leverage EHRs – 4th Quarter 2023
Develop and disseminate informative information on certified EHR capabilities and support opportunities	• Develop and disseminate informative information on certified EHR capabilities and support opportunities for providers – 4th Quarter 2023 • Evaluate provider manual and website for updates to and expansion of HIT/HIE content – 4th Quarter 2023
Collaboration with network partners	
Conduct HIAC meetings inclusive of contracted providers	• Conduct bi-monthly HIAC meetings 2023 through 2024 • Develop a collaborative scope of work for the HIAC – 2nd Quarter 2023 • Evaluate IHN-CCO's current HIT Strategy and obtain feedback – 3rd Quarter 2023 • Formulate an action plan to implement the HIT Strategy – 4th Quarter 2023 • Continue working with the HIAC to inform HIT activities – 2023 through 2024
Work with Linn County to assess EHR data exchange opportunity	• Discuss EHR capabilities with Linn County Behavioral Health – 2nd Quarter 2023 • Determine ability to integrate EHR data – 3rd Quarter 2023
Work with counties and OCHIN to develop exchange of lab and imaging data	• Work with Samaritan Health services and Linn, Benton, and Lincoln counties to support the sharing of EHR data related to labs and imaging services and referrals -3rd Quarter 2023
Incentives to adopt and/or use EHR	
Evaluate and develop a process for supporting EHR adoption for behavioral health providers as identified in specific behavioral health provider progress above (see also, *Figure #1* above)	• Finish exploration of EHRs currently utilized by behavioral health providers – 2nd Quarter 2023 • Determine IHN-CCO offering for technical assistance and/or incentives to support EHR adoption for contracted behavioral health providers needing an EHR – 3rd Quarter 2023
Financial support for EHR implementation or maintenance	
Explore options to financially support EHR implementation or maintenance	• Determine IHN-CCO offering for incentives to support EHR adoption for contracted behavioral health providers needing an EHR – 3rd Quarter 2023 • Work with OCHIN to determine financial support needed for SSO and integrations across various systems (e.g., Unite Us and Epic instances).
Requirements in contracts/provider agreements	
Increase VBP contracts and contract strategies with providers inclusive of EHR metrics	• Work with five remaining larger primary care provider clinics not currently on VBP contracts to develop VBP contracts with EHR metrics included – 1st Quarter 2024
Leveraging HIE programs and tools in a way that promotes EHR adoption	
Complete Arcadia integration with providers and data feeds already underway	• Work with the Arcadia vendor and participating providers to continue monitoring and validating established EHR data exchanges – 3rd Quarter 2023 • Supporting the Corvallis Clinic in working with their EHR vendor to integrate EHR data into Arcadia – 2nd Quarter 2023 through 4th Quarter 2023 • Build connectors with Arcadia for Coastal Health Practitioners, Valley Clinics, and Mid-Willamette – 4th Quarter 2023

Identify additional opportunities to exchange EHR data with contracted providers through Arcadia	• Explore the ability to leverage Arcadia to share labs and imaging data from provider EHRs – 3rd Quarter 2023 • Identify additional large provider clinics for engagement in EHR data exchange through Arcadia – 4th Quarter 2023 • Begin conversations on EHR data exchange with selected larger clinics – 1st Quarter 2024
Develop new, enhanced provider portal for providers	• Finalize provider portal vendor contract – 3rd Quarter 2023 • Obtain provider feedback on provider portal use cases that includes exchanging EHR data – 3rd Quarter 2023 • Develop and put in production the new provider portal with EHR data exchange use cases – 4th Quarter 2024
Other strategies for supporting EHR adoption	
Integrate referral capabilities that promote expanded utilization of an EHR and support care coordination	• Work with Connect Oregon/Unite Us to leverage data exchange functionality such as integrating referral capabilities that promotes expanded utilization of an EHR and supports care coordination – 4th Quarter 2024 • Develop SSO functionality between Unite Us and Samaritan health Services and Linn, Benton, and Lincoln Counties – 4th Quarter 2023

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

IHN-CCO plans to continue physician consultant support and add VBP contracting opportunities as identified in the activities and milestones above.

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

IHN-CCO plans to collaborate with oral health providers with no EHR or unknown EHR capabilities to better understand barriers and needs.

Activities	Milestones
Assessment/tracking of EHR adoption and capabilities	
Facilitate discussions with oral health providers on EHR barriers and needs	• Directly engage with oral health providers with no EHR or unknown EHR capabilities to better understand barriers and needs – 3rd Quarter 2023 • Develop a plan to address EHR adoption for oral health providers with no EHR or unknown EHR capabilities – 1st Quarter 2024

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

IHN-CCO intends to further explore practice management type EHRs and how they are aligned with "certified" EHRs to determine what can be offered to contracted behavioral health providers without an EHR or with unknown EHR capabilities. At this time, IHN-CCO is developing a communication for contracted behavioral health providers that will identify EHRs available and a designated IHN-CCO staff person to contact for more information or assistance. Specific milestones for this work are identified below.

Activities	Milestones
Incentives to adopt and/or use EHR	
Evaluate and develop a process for supporting EHR adoption for behavioral health providers as identified in specific behavioral health provider progress above (see also, *Figure #1* above)	Evaluate and develop a process for supporting EHR adoption for behavioral health providers as identified in specific behavioral health provider progress above (see also, *Figure #1* above) – 3rd Quarter 2023

C. Optional Question

How can OHA support your efforts in supporting your contracted providers with EHR adoption?
OHA can provide policy and best practices analysis and education for CCOs to leverage in working with providers so that messaging is consistent and comprehensive, sharing all possible paths for adopting and leverage certified EHRs. CCOs can use these materials in webinars, provider manuals, and in discussions with contracted providers to provide thorough education on certified EHRs. There is a wealth of information to synthesize in this space. In addition, Health Information Technology Advisory Group (HITAG) conversations could bring EHR adoption discussion back to the table to discuss current challenges with EHR adoption and what CCOs have learned over the past few years; especially now that we all have more information from the OHA survey efforts in 2022/2023. OHA could also help develop an enhanced collaboration with OCHIN to explore more cost-effective ways to bring EHR to smaller providers and enhance data exchange. HIT work is highly cost prohibitive and support at the state-level to convene the masses could help further mitigate cost and complexity in EHR adoption and data sharing opportunities. Similar to 2021, CCOs are experiencing information system staff shortages and priority shifts related to OHA required reporting shifts and enhanced expectations. OHA's Office for information Technology can ensure the complexities of consistent and frequent system changes in known by OHA leadership to inform decision-making related to policy changes that impact health care operations.

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

A. Support for HIE – Care Coordination: 2022 Progress

Please describe your progress 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, please

1. Select the boxes that represent strategies pertaining to your 2022 progress
2. Describe the following in the appropriate narrative sections
    a. Specific HIE tools you supported or made available in 2022
    b. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2022
    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 2022. Elaborate on each strategy and the progress made 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	
☒ 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	• **Participating in statewide and national interoperability forums** ☐ Other strategies for supporting HIE access or use (please list here)

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

Excluding hospital event notifications, OHA HIT Data Reporting tables continue to reflect low rates of HIE adoption for care coordination for IHN-CCO contracted providers with 27 physical health, 173 behavioral health, and 24 oral health providers having no access to HIE. These numbers are not truly reflective of HIE use for care coordination by IHN-CCO contracted providers. A large majority of IHN-CCO's contracted providers leverage large EHRs to connect to IHN-CCO's Arcadia and community information exchange platforms and share data that supports care coordination, including two of IHN-CCO's three contracted community mental health programs and Samaritan Health Services behavioral health providers that represent a large portion of the CCO's behavioral health provider network. IHN-CCO does continue to recognize that bi-directional data exchange continues to need enhancement. IHN-CCO has continued to work on optimizing the many different information systems to HIE related to care coordination across network providers; however, progress in this area was hindered by the termination of IHN-CCO's delegation agreement for care coordination services and an upgrade to its Clinical CareAdvance (CCA) system. Progress IHN-CCO made related to HIE for care coordination is identified below by selected OHA strategy.

Assessment/tracking of HIE adoption and capabilities

- IHN-CCO has continued to support OHA's efforts in updating contracted provider information, which is used by OHA to track information regarding HIE adoption across providers in Oregon, and specifically in IHN-CCO's region.
- Through various forums (e.g., Regional Planning Council, Provider Collaboratives, and Quality Management Council), IHN-CCO continued to gather information about contracted providers' use of HIE tools, which informs IHN-CCO's progress toward enhancing data exchange related to quality outcomes and care coordination.

Outreach and education about value of HIE

- IHN-CCO conducted a provider webinar with contracted providers identifying federal and state requirements related to HIT/HIE, identifying the value of HIE in providing care coordination and enhancing quality of care.
- To support provider knowledge of the value of HIE, IHN-CCO enhanced the HIT/HIE section of its provider manual to ensure provider knowledge of HIT/HIE requirements and value-add, including information related to community information exchange that could enhance HIE related to care coordination.

Collaboration with network partners

- During 2022, continued to meet with providers in various forums (e.g., Regional Planning Council, Provider Collaboratives, and Quality Management Council) where conversations regarding current HIT/HIE activities are discussed and which inform priorities for furthering investments in technology used by IHN-CCO and its contracted providers and community partners. In addition, IHN-CCO has continued to leverage an internal IHN-CCO HIT Strategy Committee including only IHN-CCO staff and representatives from Samaritan Health Services, which comprises the largest portion of IHN-CCO's provider network, to discuss HIT strategy and related HIE strategies for care coordination. These discussions have informed IHN-CCO's approach to HIE in relation to exchange capabilities pertaining to data needs and sources that support HIE for care coordination (e.g., referrals, care coordinator notes, care transitions, and member care data).
- IHN-CCO's provider learning collaborative to support the collection and integration of data for provider performance reports to improve CCO Metric performance continued during 2022. Quarterly meetings with dental care organizations and other dental partners are also established to share performance data, metrics, and barriers.
- IHN-CCO continued to conduct quarterly meetings with behavioral health providers to share performance data and evaluate access to services. During 2022, IHN-CCO also made arrangements to pay for

community mental health programs to join the Unite Us platform to facilitate screenings and referrals, which was funded in early 2022 for Benton, Lincoln, and Linn counties that comprise IHN-CCO's region.

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

- IHN-CCO's population health system, Arcadia, has been configured to integrate provider EHR data and other data that will support care coordination and metrics performance through the exchange of member data. Progress made over the last year related to integration with provider and other data is described in Section #1: Support for EHR Adoption)
- IHN-CCO has been updating CCA, a care coordination data system to allow for greater configurability of enhancements that support data exchange for care coordination purposes.
- While IHN-CCO continued to utilize OHA's secure file transfer protocol site to exchange member data for transitions of care between CCOs, this technology availability has been decommissioned. IHN-CCO has been determining how to proceed with sharing member data for these transitions as well as working with Samaritan Health Services on similar data exchanges between providers.
- IHN-CCO worked to enhance its Connect Oregon/Unite Us contract in 2022 to promote data exchange functionality such as integrating referral capabilities across contracted providers and community-based organizations and add case management functionality. Implementation has centered around IHN-CCO's desire to add value to Unite Us through configured functionality in the Unite Us system that will support case management and touch point tracking capabilities. Interoperability of the Unite Us system and SSO functionality is also incorporated in the Unite us enhancement implementation, which will further support care coordination capabilities (see Section #1: Support for EHR Adoption).
- IHN-CCO and the majority of its contracted providers have access to Collective Medical, the statewide system that provides hospital event notifications and care management notes that can be used to support care coordination and triggering events that require rescreening of members to better manage member care, especially for high-risk populations. IHN-CCO has been evaluating the use of Collective medical across its providers and opportunities to expand its use (see Section #3: Hospital Event Notifications).

Requirements in contracts/provider agreements

- IHN-CCO has been developing more value-based payment contracts with providers, incorporating metrics and care coordination to capture and reward provider performance, lending to greater emphasis on providers leveraging HIE tools for care coordination. Arcadia has been used as an HIE tool to share member data to inform care coordination and quality of care.

Other strategies that address requirements related to federal interoperability and patient access final rules

- IHN-CCO has been working to implement federal interoperability rules by participating in state and federal forums related to interoperability, working on data exchange that support transitions of care, and evaluating adherence to state and federal HIE security and privacy provisions. IHN-CCO has ensured representation in statewide and national interoperability forums (e.g., OHA and CMS interoperability learning sessions and collaboratives) to stay informed of opportunities and challenges.

ii. Additional progress specific to physical health providers

See *Progress Across Provider Types*

iii. Additional progress specific to oral health providers

See *Progress Across Provider Types*

iv. Additional progress specific to behavioral health providers

See *Progress Across Provider Types*

v. Please describe any barriers that inhibited your progress

Progress related to HIE for care coordination was hindered by the termination of IHN-CCO's delegation agreement for care coordination services and bringing these services in-house, as well as an upgrade to IHN-CCO's CCA system that supports care coordination activities. In addition, the integration of Collective Medical information into CCA has taken longer than expected based on configuration requirements but will continue during 2023.

B. Support for HIE – Care Coordination: 2023-2024 Plans

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

1. Select the boxes that represent strategies pertaining to your 2023-2024 plans.
2. Describe the following in the appropriate narrative sections
    a. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies.
    b. Any additional HIE tools you plan to support or make available.
    c. Strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2022.
    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 *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

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

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2023-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and include activities and milestones in the sections below.

☒ HIE training and/or technical assistance

☒ Assessment/tracking of HIE adoption and capabilities

☒ Outreach and education about value of HIE

☒ Collaboration with network partners

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

☒ Integration of disparate information and/or tools with HIE

☒ Requirements in contracts/provider agreements

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

☐ Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)

☒ Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)

- **Continue participating in state and federal forums related to interoperability**
- **Evaluate adherence to state and federal HIE security and privacy provisions**
- **Continue working on data exchange that support transitions of care**

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

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

IHN-CCO will continue making progress in supporting HIE for care coordination for contracted physical, behavioral, and oral health providers across Linn, Benton, and Lincoln counties. **Table #2** below identifies IHN-CCO's planned activities and milestones for 2023 and 2024 organized by strategy.

Table #2: Strategies to Support HIE for Care Coordination

Activities	Milestones
HIE training and/or technical assistance	
Conduct provider webinar on HIE requirements and related trainings available	• Conduct a provider webinar on HIE requirements and trainings related to HIE standards and capabilities – 3rd Quarter 2023
Provide training to providers regarding the use of Arcadia	• Provide training to providers via webinars and presentations including how to use the system to obtain data and use cases – 4th Quarter 2023
Assessment/tracking of HIE adoption and capabilities	
Continue supporting OHA survey efforts	• Provide contracted provider contact information updates to OHA to support survey efforts – 2023 through 2024
Outreach and education about value of HIE	
Provide education to providers on HIE and value proposition	• Provide HIE and interoperability education during provider webinars and track attendance – 4th Quarter 2023
Collaboration with network partners	
Conduct HIAC meetings inclusive of contracted providers	• Conduct bi-monthly HIAC meetings 2023 through 2024 • Develop a collaborative scope of work for the HIAC – 2nd Quarter 2023 • Evaluate IHN-CCO's current HIT Strategy and obtain feedback – 3rd Quarter 2023 • Formulate an action plan to implement the HIT Strategy – 4th Quarter 2023 • Continue working with the HIAC to inform HIT activities – 2023 through 2024
Collaboration with Samaritan health Services on developing REALD/SOGI data collection and sharing	• Work with Samaritan Health Services to advise configuration of REALD data in Epic – 2nd Quarter 2023 • Establish REALD/SOGI data collection and exchange – 4th Quarter 2023
Continue to support transitions of care data exchange through Samaritan Health Services' Epic EHR	• Continue to receive transitions of care and CCD from Samaritan Health Services hospitals for IHN-CCO member discharges – 2023 through 2024
Continue to leverage existing committee structures with providers to address HIE strategy	• Integrate HIE strategy discussion into existing committee structures to bring primary care leaders together with Behavioral Health and dental partners to address HIE strategy, such as the IHN-CCO Quality Management Council (QMC) that serves as IHN-CCO Clinical Advisory Panel – 4th Quarter 2023 through 2024
Enhancements to HIE tools (e.g., adding new functionality or data sources)	
Complete Arcadia integration with providers and data feeds already underway	• Work with the Arcadia vendor and participating providers to continue monitoring and validating established EHR data exchanges – 3rd Quarter 2023 • Supporting the Corvallis Clinic in working with their EHR vendor to integrate EHR data into Arcadia – 2nd Quarter 2023 through 4th Quarter 2023 • Build connectors with Arcadia for Coastal Health Practitioners, Valley Clinics, and Mid-Willamette – 4th Quarter 2023

Identify additional opportunities to exchange EHR data with contracted providers through Arcadia	• Explore the ability to leverage Arcadia to share labs and imaging data from provider EHRs – 3rd Quarter 2023 • Identify additional large provider clinics for engagement in EHR data exchange through Arcadia – 4th Quarter 2023 • Begin conversations on EHR data exchange with selected larger clinics – 1st Quarter 2024
Began optimization phases for increasing CCA functionality and reporting	• Began optimization phases for increasing CCA functionality and reporting to enable great data sharing with providers – 1st Quarter 2023 • Configure language access flag in CCA – 1st Quarter 2023
Continue working with Unite Us to promote value-added functionality to support uptake	• Implement SSO functionality to allow the integration of Unite Us data into care coordination workflows – 3rd Quarter 2023 • Continue discussions with Unite Us to implement functionality that will support enhanced use of the referral system and increase value (e.g., case management and touchpoint capabilities) – 2023 through 2023
Explore integration of Collective Medical in shared care planning	• Evaluate the ability to integrate Collective Medical into Facets, which also feeds TriZettos' CCA – 2nd Quarter 2023 • Implement the integration of Collective Medical into Facets, which also feeds TriZettos' CCA – 4th Quarter 2023
Integration of disparate information and/or tools with HIE	
Integrate referral capabilities that promote expanded utilization of an EHR and support care coordination	• Work with Connect Oregon/Unite Us to leverage data exchange functionality such as integrating referral capabilities and screenings/referral data that expands HIE for care coordination and quality care – 4th Quarter 2024 • Develop SSO functionality between Unite Us and Samaritan health Services and Linn, Benton, and Lincoln Counties – 4th Quarter 2023
Requirements in contracts/provider agreements	
Augment provider contracts to incorporate any necessary changes to support HIE adoption	• Explore options to promote and adjust provider contractual requirements/supports for HIE integration efforts– 3rd Quarter 2023 • Incorporate HIE related contract changes into provider contract update cycle for providers utilizing IHN-CCO system data or sharing data that supports care coordination for high-risk populations – 2nd Quarter 2023
Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding	
Support community information exchange for contracted providers	• Continue to provide access to community information exchange for contracted providers at no cost – 2023 through 2024
Provide no cost access to Collective Medical for contracted providers	• Work on agreement with Collective Medical on no cost access for contracted providers – 4th Quarter 2023
Develop new, enhanced provider portal for providers	• Finalize provider portal vendor contract – 3rd Quarter 2023 • Obtain provider feedback on provider portal use cases that includes exchanging EHR data – 3rd Quarter 2023 • Develop and put in production the new provider portal with EHR data exchange use cases – 4th Quarter 2024
Other strategies that address requirements related to federal interoperability and patient access final rules	
Continue participating in state and federal forums related to interoperability	• Participate in statewide and federal meetings and learning collaboratives and to stay informed of opportunities and challenges related to state and federal interoperability requirements and implementation – 2023 through 2024
Evaluate adherence to state and federal HIE security and privacy provisions	• Conduct a thorough evaluation of all state and federal laws related to information exchange and audit IHN-CCO operations to ensure all security and privacy components are in place – 4th Quarter 2023 through 1st Quarter 2024

Continue working on data exchange that support transitions of care	• Develop options for facilitating secure transfers of member data to support transitions of care with CCOs and support/inform this type of exchange across providers – 4th Quarter 2023 • Implement options for facilitating secure transfers of member data to support transitions of care with CCOs and support/inform this type of exchange across providers – 2023 through 2024

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

See *Plans Across provider Types*

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

See *Plans Across provider Types*

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

Strengthen outreach and education of medical and community-based organizations through the IHN-CCO Behavioral Health Quality Committee that reports to the QMC.

C. Optional Question

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

In order to facilitate HIE related to transitions of care across CCOs, OHA can revisit the delivery mechanism to share member data. OHA's previous mechanism, a secure file transfer protocol site, was discontinued and not easy to use when transferring data for large numbers of members. Standardization is imperative. OHA could also convene stakeholders to develop standardized REALD/SOGI and screening data across CCOs, providers, and community partners in Oregon.

4. Support for HIE – Hospital Event Notifications

A. Support for HIE – Hospital Event Notifications: 2022 Progress

1. Please describe your (CCO) progress using timely Hospital Event Notifications within your organization. In the spaces below, please
    a. Select the boxes that represent strategies pertaining to your 2022 progress
    b. Describe the following in the narrative section
        i. The tool(s) that you are using for timely Hospital Event Notifications
        ii. The strategies you used in 2022
        iii. Accomplishments and successes related to each strategy.

Overall Progress
Please select which strategies you employed during 2022.

☒ 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	

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

During 2022, IHN-CCO made further progress in enhancing the utilization of HEN reporting internally to include the identification of members in need of care coordination, coordination of care workflows, and transition capabilities for IHN-CCOs members. Below describes IHN-CCO's progress organized by the strategies selected.

Care Coordination and care management

- IHN-CCO continued to leverage EPIC and Collective Medical Technologies (CMT) to identify members at risk and for population segmentation, making progress in real-time notifications, event triggers, and ADT (admission-discharge-transfer) data to support timely member engagement with care coordination and care management.
- During 2022, IHN-CCO developed cohorts within CMT to identify members presenting in emergency departments or admitted to hospitals (e.g., initiation of drug and alcohol treatment, BH, High Risk Pregnancy, Substance Use Disorder, Mental Health, Suicide, Self-Harm, Poisoning).
- CCA, IHN-CCO's care management platform, was upgraded to match current releases to enable better consumption of CMT data.
- Care coordination and care management workflow revisions were implemented to enable improved care coordination resulting from CMT notifications.

Risk Stratification and population segmentation

- During 2022, IHN-CCO continued its evaluation of care coordination workflows and tools including risk stratification and population segmentation. The evaluation included a review of real-time notifications, event triggers and ADT data to support real-time or near real-time notification for care coordination and care management.
- HEN data was incorporated into risk stratification tools to identify members appropriate for admission avoidance interventions. Arcadia, an IHN-CCO risk stratification tool, was upgraded to further be used to assist in risk stratification.
- Population segmentation algorithms were applied using Arcadia and the HEN report feeds information into IHN-CCO's data warehouse which includes information used by Arcadia.

Integration into other systems

- IHN-CCO upgraded CCA in 2022 to complete the initial step for a phased-in approach for enhancing API (application programming interface) capabilities that will allow data exchange from CMT and the SHS Epic EHR into CCA to better manage member care and support necessary augmentations to care coordination and care plans more effectively.
- Arcadia, IHN-CCO's population health management and metrics tracking system, continued to be used in 2022 by IHN-CCO providers to access member data and gap list reports. Inpatient and ED utilization data is available in Arcadia and available to providers through these reports.
- IHN-CCO's care coordination and utilization management departments continued to utilize Arcadia to evaluate member characteristics, risk stratification, and triggering events that inform care plans and member care coordination activities.
- IHN-CCO initiated efforts to update the Arcadia platform in 2022 but progress has been slow due to a lack of staffing resources and competing priorities related to regulatory changes consistently redirecting priorities.

Exchange of care plans and care information

- Care Plans and care information continued to be exchanged with providers through secure file transfer protocols and further exploration of data exchange alternatives was conducted in 2022.
- Collaboration with other CCOs, providers, and OHA continued to identify efficient ways to exchange member data for transitions of care with other CCOs.

Utilization Monitoring/management

- IHN-CCO reviewed automation of inpatient authorizations in CCA utilizing existing CMT reports but information provided in existing reports was insufficient to complete this process.
- Review of utilization management workflows and reports were initiated in 2022 and IHN-CCO continues to ensure alignment with system integration activities.

- A pilot process using the Collective Medical portal to obtain other admission data was started in 2022 but then abandoned due to the cumbersome process of getting the data needed which is planned to be addressed in 2023.

Supporting CCO metrics

- IHN-CCO developed multiple reports to monitor utilization to track CCO metrics related to discharge follow-up after hospitalization, emergency department and hospital admissions, readmissions, and frequency of utilization of the ED and hospital. Cohort reports were developed with CMT to identify utilization and frequency of utilization. Arcadia reports include those related to discharge follow up after hospitalization and frequency of utilization of ED/hospital incorporating data provided in the HEN report. Crystal reports have been developed to monitor readmission rates. CMT cohorts were also developed to monitor the number of ED visits within timeframes of three visits within three months and five visits in ten months to identify high utilizers.
- IHN-CCO continued to leverage the Arcadia platform, which has integrated SHS' Epic EHR to help clinics within the Samaritan Medical Group with metrics gaps identification and performance. The goal in 2023 is to expand to county clinics for which EHRs have been integrated for two of IHN-CCO's three counties in its region.
- IHN-CCO leveraged CMT to support metrics such as Initiation of drug and alcohol treatment (IET) by making that data available to IHN-CCO contracted clinics with VBP arrangements to help in identifying members who require follow-up post an acute care visit. IHN-CCO also reviewed utilization of urgent and emergent services to help determine if clinical interventions were having anticipated impacts.

2. Please describe your progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In the spaces below, please
    a. Select the boxes that represent strategies pertaining to your 2022 progress
    b. Describe the following in the appropriate narrative sections
        i. The tool(s) you supported or made available to your providers in 2022
        ii. The strategies you used to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers in 2022
        iii. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained increased access to HIE for Hospital Event Notifications as a result of your support, as applicable)

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

Overall Progress

Using the boxes below, please select which strategies you employed during 2022. Elaborate on each strategy and the progress made 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 Notification 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) • **Collaboration with external partners**

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

The majority of IHN-CCO's contracted providers work in Epic to document and facilitate the care they provide to IHN-CCO members. As a result, IHN-CCO providers continue to prefer to use EPIC care coordination and HEN tools and CMT continues to be used inconsistently. OHA's Data Reporting Tables reflect that 41 physical health, 174 behavioral health, and 25 oral health providers do not have access to HEN. This data does not truly represent the availability of HEN in IHN-CCO's region. HEN is widely available to IHN-CCO providers within its region through SHS' Epic instance and only partly through CMT. IHN-CCO does continue to educate providers regarding the benefit of using these tools as a resource. Important to note, behavioral health providers have continued to specifically express hesitancy in using CMT or even incorporating CMT for HEN due to Health Insurance Portability and Accountability Act (HIPAA) concerns.

HEN trainings and/or technical assistance

- HEN technical assistance training was reinstituted in 2022. Web-based provider training was conducted on June 5, 2022 related to HIT Requirements and adoption which included HEN report availability through CMT. The training was recorded and placed on IHN-CCO's provider portal for all providers to access and review.
- IHN-CCO resumed provider learning collaboratives for training and technical assistance for all provider types that includes education on requirements and value related to HIT, including the value and use of HEN notifications to improve.

Assessment/tracking of HEN access and capabilities

- IHN-CCO worked closely with CMT representatives to address behavioral health providers barriers related to HIPAA interpretations and privacy concerns.
- IHN-CCO continues to provide leadership and engage all providers through its Quality Management Council (QMC) that includes representation from all provider types and community-based organizations. The QMC reviews provider adoption of technologies, including HEN, issues, and barriers and advises the organization on strategies to overcome barriers.
- Oral health providers continued to be encouraged to consider CMT access and utilization.
- Utilization tracking was initiated in 2022 and reviewed for three larger provider groups. A CMT flyer was developed and distributed to facilitate interest in and connection with CMT.

Outreach and education about the value of HEN

- HEN technical assistance training was reinstituted in 2022. Web-based provider training was conducted on June 5, 2022 related to HIT Requirements and adoption which included HEN report availability through CMT. The training was recorded and placed on IHN-CCO's provider portal for all providers to access and review.
- The provider manual was augmented to better describe CMT and how providers can benefit from its use to identify at risk individuals who have had a hospital event and facilitate care coordination.

Offering incentives to adopt or use a HEN tool

- During 2022, IHN-CCO reviewed the possibility of incentives related to provider utilization/adoption of CMT but determined incentives to be a secondary phase and instead focused on adding value to CMT through reporting configuration and providing additional education to providers regarding the value of the tool.

Requirements in contracts/provider agreements

- Language was added to the provider manual, an extension of provider contracts, related to the value of the HEN.
- A review was conducted in 2022 regarding changes to contracts and provider agreements and it was determined by IHN-CCO that metrics in value-base payment arrangements serve as a mechanism to incentivize the use of HEN technology which led to IHN-CCO leveraging provider input in developing cohorts in CMT related to value-based payment metrics (e.g., identification of member with high-risk pregnancies and substance use disorders).:
    - Developing a cohort report in CMT to identify members who have substance use treatment (IET). Workflows and shared care planning is yet to be completed.

- In 2023, the goal is to automate CCO metric performance through Arcadia by ingesting EHR data and transforming this data into Arcadia's measure engine. In turn, Arcadia provides dashboards, scorecards, and gap lists for each of the CCO measures. Arcadia also provides a user interface where users are able to log in directly to retrieve their practice specific CCO metric information on demand

Other strategies for supporting access to HEN

- Collaboration with external partners
  - IHN-CCO continued to work with SHS to enhance electronic data interchange functionality to allow integration of alerts/notifications into SHS' Epic EHR; this enhancement effort will continue into 2024.
  - IHN-CCO collaborated with SHS and OCHIN to implement Epic's Care Everywhere Referrals Management (CERM)
    - IHN-CCO facilitated continued discussions between SHS and OCHIN during 2022
    - In 2022, IHN-CCO built connectors within Arcadia for the upload of flat files directly from OCHIN and SHS EHRs to an SFTP secure site for Arcadia to ingest the data into its measure engine.
    - EPIC Care Everywhere - Some providers have access to EPIC Care Everywhere, enabling them to set automatic queries for patient populations, receive notifications, and access records.
  - Through various forums, IHN-CCO collaborated with external partners to develop uses cases incorporating HEN tools which will be further worked during 2023.

ii. Additional progress specific to physical health providers

See Progress Across Provider Types

iii. Additional progress specific to oral health providers

In addition to progress identified across all provider types, IHN-CCO:

- Continued collaborating with dental partners and oral health providers through the Dental Health Advisory Committee (DHAC), which reports to the QMC, to implement Collective Medical cohort tracking reports for assigned populations.

iv. Additional progress specific to behavioral health providers

In addition to progress identified across all provider types, IHN-CCO:

- IHN-CCO completed cohort development in support of IET measures.

v. Please describe any barriers that inhibited your progress

During 2022, efforts to upgrade systems, limited IS resources, and staffing shortages within IHN-CCO and across the provider network delayed the advancement of CMT and EPIC HEN utilization. Providers also struggled with resources challenges during 2022 and attendance at trainings and learning collaboratives continued to be low throughout the year. Another barrier is behavioral health providers continuing to express privacy and HIPAA related concerns.

B. Support for HIE – Hospital Event Notifications: 2023-2024 Plans

2. Please describe your (CCO) plans to use timely Hospital Event Notifications within your organization. In the spaces below, please
   a. Select the boxes that represent strategies pertaining to your 2023-2024 plans
   b. Describe the following in the narrative section
      i. Any additional tool(s) that you are planning on using for timely Hospital Event Notifications
      ii. Additional strategies for using timely Hospital Event Notifications beyond 2022

iii. Activities and milestones related to each strategy

Notes: Strategies and tools described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

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

Overall Plans

Using the boxes below, please select which strategies you plan to employ in 2023-2024.

☒ 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 supporting access to Hospital Event Notifications (please list here)
☒ Collaboration with external partners	

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

IHN-CCO will continue making progress related to supporting the use of HEN tools and hopes to increase the rates of HIE adoption by at least 10% during 2023. Activities and milestones through 2024 are identified in **Table #3** below by strategy selected.

Table #3: Strategies for HEN Use within IHN-CCO

Activities	Milestones
Care coordination and care management	
Integration and enhancement of data platforms and member data exchange and evaluation	• Begin phased in approach to integrate data from other applications/platforms, including CMT and EPIC EHR HEN data, within CCA – 4th Quarter 2023 • Further enhance CMT cohort reporting (e.g., adding Intensive Care Coordinator identification) and automated notifications – 4th Quarter 2023 • Work internally, with other CCOs, and OHA to determine a more efficient way to exchange member data for transitions of care with other CCOs – 4th Quarter 2023 • Activate high risk pregnancy cohort within CMT production – 2nd Quarter 2023
Risk stratification and population segmentation	
Continue refining risk stratification and population segmentation algorithms and workflows	• Refine Arcadia and CCA risk stratification and population segmentation algorithms – 3rd Quarter 2023 • Revise workflows related to any risk stratification and population segmentation algorithms and reporting – 3rd Quarter 2023
Integration into other system	
Continue with phased approach to an API	• Allow CMT and SHS EPIC HEN integrations within CCA – 1st Quarter 2024

Collaboration with external partners	
Conduct HIAC meetings inclusive of contracted providers	• Conduct bi-monthly HIAC meetings 2023 through 2024 • Develop a collaborative scope of work for the HIAC – 2nd Quarter 2023 • Evaluate IHN-CCO's current HIT Strategy and obtain feedback – 3rd Quarter 2023 • Formulate an action plan to implement the HIT Strategy – 4th Quarter 2023 • Continue working with the HIAC to inform HIT activities – 2023 through 2024
Exchange of care plans and care information	
Continue to work internally, with other CCOs, and providers and OHA	• Determine a more efficient way to exchange member data for transitions of care with other CCOs – 2023 through 2024
Utilization monitoring/management	
Refine reporting and explore feasibility of point-of-sale transitions of care programs	• Refine CMT reports to include all information needed to complete UM prior authorization entry to include primary/secondary insurance, attending physician, length of stay and discharge date – 3rd Quarter 2023 • Explore the feasibility of a point-of-sale transitions of care program or referral program for hospital discharged members for needed pharmaceuticals – 3rd Quarter 2023
Supporting CCO metrics	
Utilize Arcadia through automation of CCO metric performance and provide user interface where provider or practice-specific CCO metric information is available on demand	• Ingest EHR data and transform the data into Arcadia's measure engine – 3rd Quarter 2023 • Develop dashboards, scorecards, and gap lists for each of the CCO measures – 4th Quarter 2023

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1. Please describe your plans for ensuring increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In the spaces below, please
    a. Select the boxes that represent strategies pertaining to your 2023-2024 plans.
    b. Describe the following in the appropriate narrative sections
        i. The number of physical, oral, and behavioral health organizations that do not currently have access to HIE for hospital event notification using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations do not have access to HIE for hospital event notifications). CCOs are expected to use this information to inform their plans.
        ii. Any additional HIE tools you are planning to support or make available to your providers for Hospital Event Notifications
        iii. Additional strategies for supporting increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers beyond 2022.
        Activities and milestones related to each strategy (Please include the number of organizations of each provider type that will gain increased access to HIE for Hospital Event Notifications as a result of your support, as applicable).

Notes: Strategies and tools described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

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

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

Overall Plans
Using the boxes below, please select which strategies you plan to employ 2023-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and include activities milestones in the sections below.

☒ Hospital Event Notifications training and/or technical assistance ☒ Assessment/tracking of Hospital Event Notification access and capabilities ☒ Outreach and education about the value of Hospital Event Notifications	☒ Financially supporting access to Hospital Event Notification tool(s) ☒ Offering incentives to adopt or use a Hospital Event Notification tool(s) ☒ Requirements in contracts/provider agreements ☒ Other strategies for supporting access to Hospital Event Notifications (please list here) • **Support CCO Metric performance reporting** • **Collaboration with external partners**

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

IHN-CCO will continue making progress to support access to HEN for its contracted physical, oral, and behavioral health providers as identified in **Table #4** below by strategy selected.

Table #4: Strategies to Support HEN adoption for contracted Physical, Behavioral, and Oral Health Providers

Activities	Milestones
Hospital Event Notifications training and/or technical assistance	
Provide ongoing and targeted technical assistance sessions with providers	• Schedule and conduct technical assistance sessions with providers – 2nd to 3rd Quarter 2023 • Continue to evaluate methods of communication on the value of HEN and how to best utilize the available data to improve primary care provider coordination of care – 3rd Quarter 2023 • Provide primary care providers HEN technical assistance through physician consultant – 2023 through 2024
Assessment/tracking of Hospital Event Notification access and capabilities	
Continue to review and evaluate surveys and feedback through various stakeholder groups and settings	• Continue to support OHA HIT evaluations and survey efforts related to HEN capabilities and utilization – 2023 through 2024 • Continue to provide leadership and oversight of HEN capabilities and utilization through the Quality Management Council (QMC), which brings all provider types together with community-based organizations and serves as the Clinical Advisory Panel for the organization – 2023 through 2024 • Work with behavioral health and oral health providers through active committees on understanding and addressing barrier related to the utilization of HEN – 2023 through 2024 • Develop a process to track utilization and outcomes of HEN utilization – 4th Quarter 2023

Outreach and education about the value of Hospital Event Notifications	
Provide ongoing and outreach and education to providers	• Develop ongoing outreach and expanded education regarding the value of HEN and CMT tools – 3rd Quarter 2023.
Financially supporting access to Hospital Event Notification tool(s)	
Provide no cost access to Collective Medical for contracted providers	• Work on agreement with Collective Medical on no cost access for contracted providers – 4th Quarter 2023
Offering incentives to adopt or use a Hospital Event Notification tool(s)	
Support providing incentives to adopt or use HEN for providers	• Further evaluate options to enhance and incentivize contractual requirements related to HEN utilization, capability integration, and provider costs (e.g., technical assistance and tiered rate adjustments) – 2nd Quarter 2023 • Explore pilot program with non-EPIC uses to consider fully or partially funding CMT access. – 3rd Quarter 2023
Requirements in contracts/provider agreements	
Explore the feasibility of contractual adjustments	• Provide recommendations for contractual adjustments to require and/or incentive HEN notification utilization – 4th Quarter 2023
Support CCO Metric performance reporting	
Support Arcadia upgrades to provide enhanced metric reporting for providers	• Complete Arcadia upgrades, and currently phased data integration/reporting and data validation – 4th Quarter 2023 • Develop referral workflows and shared care planning to support initiation and engagement in substance use treatment (IET) to improve member outcomes – 3rd Quarter 2023
Collaboration with external partners	
Continue to collaborate with SHS on project management and enhancements for integration of alerts/notifications	• Work with SHS to develop project details to enhance EDI from CMT to allow integration of alerts/notifications into SHS' Epic EHR – 4th Quarter 2023 • Complete the enhancement of EDI to allow integration of alerts/notifications into SHS' Epic EHR – 4th Quarter 2024
Continue discussions with SHS and OCHIN to drive CERM implementation	• Facilitate agreement between partners to fully implement CERM across all three counties in IHN-CCO's region–4th Quarter 2023 (dependent on agreement)
Develop care management workflows and exchange of care plans	• Collaborate with providers to develop care management workflows between primary care and behavioral health providers – 2nd Quarter 2023 • Pilot care plan workflows that include the exchange of care plans across primary care and behavioral health providers – 4th Quarter 2023

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

See *Plans Across Provider Types*

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

See *Plans Across Provider Types*

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

See *Plans Across Provider Types*

C. Optional Question

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

Many providers have access to CMT and there may be duplication across CCOs in providing incentives for utilizing the technology. OHA could develop a better understanding of the collective opportunities for providers and information that could help avoid duplication of efforts, as well as the duplication of configuration costs with CMT across CCOs.

5. HIT to Support SDOH Needs

A. HIT to Support SDOH Needs: 2022 Progress

1. Please describe any progress you (CCO) made using HIT to support social determinants of health (SDOH) needs, ***including but not limited to screening and referrals***. In the space below, please include
    a. A description of the tool(s) you are using. Please specify if the tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE).
    b. The strategies you used in 2022.
    c. Any accomplishments and successes related to each strategy.

Overall Progress
Please select which strategies you employed during 2022.

☒ 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):

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

Throughout 2022, the COVID-19 pandemic and staffing shortages continued to impact providers, community partners, and IHN-CCO. Despite the continued challenges, IHN-CCO remains committed to developing a high functioning community information exchange (CIE) that will streamline processes and support social needs screening and closed loop referrals between systems and across sectors. When fully implemented, the Connect Oregon/Unite Us initiative offers this CIE solution.

IHN-CCO recognizes that CIE is impossible without the full engagement of providers and community-based organizations. Community-based organizations are often the first point of contact for individuals experiencing poverty and health inequities and where SDOH screening first occurs. Sustained support and adequate funding are key to not only adopting the technology, but also integrating it with existing technologies and to effectively staff for screening, data collection and referral management.

Description of tools used to address SDOH

Arcadia: The Arcadia Analytics platform aggregates multiple sources of data (claims and clinical), which allows analysts to drill down to identify the unique complexities within the IHN-CCO member population. This analytic capability allows for more accurate risk stratification, and segmentation of the population for applicable care interventions. Arcadia Analytics advances quality and performance improvement through calculation and presentation of population health data and will be a key source for social determinants of health data. Inputs include EHR records, claims data, and Unite Us/Connect Oregon data. This is a large part of the strategy for analyzing REALD/SOGI data (Race, Ethnicity, Language, and Disability/Sexual Orientation Gender Identity) as well as social service information such as housing, food security, and transportation needs.

Collective Medical: The Collective Medical platform provides a common technology platform for real-time care coordination. There have been barriers to implementing Collective Medical throughout IHN-CCO's provider network as Samaritan Health System providers prefer to use the Epic care coordination tools and Collective Medical shared care plans are used inconsistently. IHN-CCO is working to provide education and encouragement to increase the use to enable "warm handoffs" for transition of care.

Unite Us/Connect Oregon: Unite Us/Connect Oregon is a community driven, participation required, and locally sustained tool for social determinants of health screening and closed loop referrals. Connect Oregon facilitates continuous communication and referrals between IHN-CCO, Community Mental Health Providers, Oregon Cascades West Council of Governments (OCWCOG) (the regional Senior and Disability Services), Dental Care Organizations, Primary Care Physicians including Patient-Centered Primary Care Homes, Behavioral Health Homes, and Federally Qualified Health Centers, and community-based organizations. Through Connect Oregon, care coordinators can locate available housing resources and assist members through the process to find the most appropriate housing option as well as other resources. IHN-CCO is actively working with Unite Us to integrate provider network EHR systems. IHN-CCO invested in and supports the use of Connect Oregon for Samaritan and other contracted providers, providing no-cost licenses and support.

Epic Care Everywhere/Healthy Planet: IHN-CCO also supports integration of Epic EHR, which is used by regional Community Health Centers, Federally Qualified Health Centers, Community Mental Health Programs, and Samaritan Health Services (SHS). Through Epic, SDOH screening data is systematically collected. Epic has additional tools that support care coordination. Epic Care Everywhere allows providers on the system to securely share patient records with other health care providers. Epic Healthy Planet is a software module that, through its suite of reports, dashboards, and workflow tools, compiles patient data and allows healthcare organizations' care managers to manage patient populations more efficiently.

TriZetto's' Clinical CareAdvance: IHN-CCO implemented CCA, a clinical operating system to provide our internal care management and utilization review team with a 360 view of the member. Through CCA, IHN-CCO care managers can effectively coordinate multiple services and supports, such as behavioral health, oral health and specialty providers, traditional health workers, transportation, and community-based support agencies. CCA enables care managers to effectively track and coordinate care transitions between episodes, treatment providers and settings, including hospitals, Oregon State Hospital (OSH), acute and rehabilitative facilities, transitional housing, and home. All this is documented in the CCA shared plan of care and ICT meeting minutes. CCA has integrated MCG clinical guidelines, which enable clinical decision making to determine the appropriate level of care, utilization of services, and timely coordination of care transitions.

Below are areas of progress and accomplishments IHN-CCO made pertaining to supporting social needs screening and referrals.

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

- IHN-CCO implemented Unite Us/Connect Oregon in 2018 and has continued to enhance available modules for community-based organizations.
- In 2022, IHN-CCO collaborated with Unite Us/Connect Oregon to explore the newly developed Social Care Payments Module, Community Investments, member matching data feeds, and SSO functionality. These modules, or enhancements, create sustainable social care capacity and can measurably impact the health of our members and community.

- IHN-CCO finalized and executed a contract amendment for full implementation of the available enhancements beginning in 2023.

Care coordination and care management of individual members

- IHN-CCO's Care Management team (responsible for care coordination, case management, and intensive care coordination) utilizes the Unite Us platform to connect with community-based organizations to screen and refer high-need/high-risk members to social needs, particularly urgent housing needs. The ICC team meets weekly as a team (or more as needed) to ensure needs are met and review screenings and referrals using the Unite Us platform. While this is still limited due to the need for full EHR integration to connect with the health care system more closely, workflows are in place for full adoption in 2023.
- During 2022, IHN-CCO increased the number of IHN-CCO internal users and increased utilization of the platform across community-based organizations and providers.

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

- To assess members' SDOH experiences and potential social needs, IHN-CCO's population health management team follows NCQA (The National Committee for Quality Assurance) population assessment and data integration practices. The population assessment integrates data from a variety of sources, including demographic and U.S. census data.
    - Demographic data for IHN-CCO members are available through a member's 834 and are recorded in IHN-CCO's data warehouse and includes zip code which are cross referenced with the designated census tract and block group the member resides.
    - U.S. census data provides a variety of SDOH data, including educational attainment, poverty levels, and housing burden. The census data are utilized to understand members who are at risk for low socioeconomic status (SES). Members must reside in a census tract area that includes all of the following indicators: A high school graduation rate and a bachelor's degree rate lower than the state; A poverty rate lower than the state; Residence in the census tract using food stamps/SNAP at a higher rate than the state; and the median income of the census tract lower than the state. If a member has all four indicators, they are identified as being at high risk for low socioeconomic status and could potentially have additional social, economic, and environmental barriers.
- IHN-CCO leverages Unite Us referral data to identify community supports needs of individuals in the community, including IHN-CCO member needs.

Use data for risk stratification

- IHN-CCO has a process for separating member populations into different risk groups. IHN-CCO's population health management (PHM) platform Arcadia Analytics uses the diagnostic risk-based adjustment model, chronic illness, and disability payment system (CDPS), to identify risk scores for the IHN-CCO population. The data utilized to assess risk are demographic data, chronic disease diagnosis from claims data, and pharmacy data.
- IHN-CCO developed member risk scores in Arcadia, IHN-CCO's population health management platform.

Use HIT to monitor and/or manage contracts and/or programs to meet members' SDOH needs

- IHN-CCO utilizes SharePoint as a pilot and grant contract tracking mechanism. In 2022, IHN-CCO streamlined the workflows to include focused SDOH information for each project for the ability to track SDOH programs and funding to be better able to spread the word to community partners and members about available resources. IHN-CCO encouraged funded partners to adopt Unite Us in their organization and when possible, wrote into contract metrics around utilization of Unite Us/Connect Oregon such as:
    - Process outcomes on adoption
    - Utilization metrics for referrals
    - Community partners engaged

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

- IHN-CCO drove conversations to encourage and support the integration of Unite Us with EHRs including Epic, SimplePractice, and OCHIN.
- IHN-CCO requested Unite Us to re-evaluate integration with EHRs being simply SSO and supports full integration of Unite Us with EHRs. Full integration is the ability for Unite Us to have bi-directional data

sharing including screenings and records. Simply put, Unite Us needs to better speak to EHR connections with Unite Us. Accomplishments include driving better integration and encouragement for SSO that will be available in 2023.

Collaboration with network partners

- IHN-CCO worked with its regional Connect Oregon workgroup, inclusive of numerous community-based organizations and IHN-CCO network providers, to identify and overcome barriers to Connect Oregon onboarding and utilization.
- Facilitated collaboratives and provider focus groups to determine ways to encourage/incentivize providers to use SDOH Z-Codes.
- IHN-CCO collaborated with United Way to offer incentives to use Unite Us for referrals and screenings through encouragement of United Way applicants for grant funds to utilize Unite Us/Connect Oregon and monthly collaborative meetings to strategize on engagement.
- IHN-CCO provided Unite Us licenses and support at no-cost for contracted providers including Samaritan Health Services and community mental health programs.
- To support enhancements to Unite Us, IHN-CCO leveraged community partner and provider feedback through various forums and collaborated on regional and state level to improve the value of Unite Us as a screening and referral tool and expanded the number of providers and community-based organizations receiving referrals through Connect Oregon from 80 at the end of 2021 to 97 at the end of 2022.

CCO metrics support

- To improve targeted metrics, IHN-CCO leverages Arcadia's aggregated claims and clinical data and applies analytics to identify the unique complexities within the IHN-CCO member population and provide lists to providers for targeted metric outreach to members in real time, ensuring individuals are receiving the correct care at the right time, such as immunizations for children.
- Targeted outreach to the provider network on the Kindergarten Readiness metric as well as education and awareness building on the SDOH screening metric.

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

- IHN-CCO had numerous conversations with Unite Us to drive new functionalities including full EHR integration, ability to access forms for certain funding streams outside of Unite Us, and aligning screenings within Unite Us across the region. IHN-CCO meets regularly with Unite Us representatives to provide feedback gathered from community partners and behavioral, oral, and physical health providers. In 2022, IHN-CCO collaborated with community partners, providers, and Connect Oregon/Unite Us to develop an aligned screening tool. While not completed yet, progress has been made and the region-wide screening tool will be in place in 2023.
- IHN-CCO collaborated with Unite Us/Connect Oregon to invest in the Social Care Payments Module, Community Investments, member matching data feeds, and SSO. These modules, or enhancements, create sustainable social care capacity and measurably impact the health of our members and community. IHN-CCO executed an amendment to its contract with Unite Us for full implementation of the following enhancements in 2023:
    - The **Social Care Payments Module** reimburses providers for the services they deliver with the option to manage person-level eligibility and service payment authorization. This will allow for community-based organizations and other partners to provide services for social determinants of health needs, receive payment from IHN-CCO, and manage their member panel.
    - **Community Investments** is an enhancement where IHN-CCO provides funding to providers and then monitors the service delivery and spending as it happens. Similar to the Social Care Payments Module, it allows organizations to track provided services, provide IHN-CCO with the data to monitor spending and manage member care more comprehensively.
    - **Member Matching Data Feeds** is an automated feature that matches IHN-CCO member data with the data in Unite Us/Connect Oregon. This will lead to better data collection and overall understanding of IHN-CCO member needs, especially social determinant of health needs. The member matching data feeds will allow for insight into SDOH screenings leading to increased data for metrics reporting and evaluation.
    - **SSO** is a step towards full integration of the platform allowing users to log in faster and provides a single point of authentication.

Engage in governance of CIE

- IHN-CCO attends and participates in the statewide Health Information Technology Oversight Council (HITOC), Health Information Technology Advisory Committee (HITAC), Statewide Network Advisory Board, Statewide Funders Advisory Committee, and OHA's Community Information Exchange Workgroup.
- In IHN-CCO's region, the main collaborative for HIT & CIE with community partners, the healthcare system, and other stakeholders, is the Connect Oregon Workgroup, a subcommittee of the Delivery System Transformation Committee (DST) which is a community-driven, highly attended committee responsible for regional coordination and collaboration on SDOH funded projects. IHN-CCO coordinates and facilitates conversations at the Connect Oregon Workgroup on a wide variety of topics relating to Unite Us/Connect Oregon, including screenings, engagement, social needs assessments, EHR integration, and more.
- Regionally, IHN-CCO also engaged with Connect Oregon's Mid-Valley and South Valley Engagement Workgroups.
- IHN-CCO reinstated the Health Information Advisory Committee (HIAC) for regional governance centering the community-voice at the regional level.
- IHN-CCO also developed and continues to convene the Regional Community Collaborative with United Way and Samaritan Health Services to align on network needs and strategies.

2. Please describe any progress you made in 2022 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, please include
    a. A description of the tool(s) you supported or made available 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).
    b. The strategies you used to support these groups with using HIT to support social needs, including but not limited to social needs screening and referrals.
    c. Any accomplishments and successes related to each strategy.

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

Overall Progress

Using the boxes below, please select which strategies you employed during 2022. Elaborate on each strategy and the progress made 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	☒ Integration or interoperability of HIT systems that support SDOH with other tools
☒ Training and/or technical assistance	☒ Support sending of referrals to clinical providers (i.e., to physical health, oral health, and behavioral health providers)
☒ Assessment/tracking of adoption and use	☐ Utilization of HIT to support payments to community-based organizations
☒ Outreach and education about the value of HIT adoption/use to support SDOH needs	☐ Other strategies for supporting adoption of CIE or other HIT to support SDOH needs (please list here):
☒ Support participation in SDOH-focused HIT collaboratives, education, convening, and/or governance	☐ Other strategies for supporting access or use of SDOH-related data (please list here):
☐ Incentives and/or grants to adopt and/or use HIT that supports SDOH	
☒ Requirements in contracts/provider agreements	

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

As identified and described in Section 4: Progress within your organization, IHN-CCO uses the following HIT tools across providers and community partners to support SDOH:

- Arcadia
- Collective Medical
- Unite Us/Connect Oregon
- Epic Care Everywhere/Healthy Planet

IHN-CCO continues to support the maintenance and use of these tools using the strategies identified below as organized by strategies selected.

Sponsor CIE for the community

- IHN-CCO implemented Unite Us/Connect Oregon in 2019 and has continued to enhance available modules for community-based organizations. In 2022, IHN-CCO collaborated with Unite Us/Connect Oregon to invest in the Social Care Payments Module, Community Investments, member matching data feeds, and SSO. These modules, or enhancements, create sustainable social care capacity and measurably impact the health of our members and community. The primary accomplishment here was to finalize and execute the contract between IHN-CCO & Unite Us for full implementation of the enhancements in 2023.
- Also, an accomplishment is the continued support of implementation of the Unite Us/Connect Oregon tool and investment in unlimited licenses for the provider network in 2022. This means there is no financial requirements for any providers to implement the tool, including community-based organizations and behavioral health, physical health, and oral health providers. Unite Us already provides free licenses for most community-based organizations, but if a community-based organization was in need, IHN-CCO would also provide those licenses.

Financial support for CIE implementation and/or maintenance

- IHN-CCO continued to provide no cost licenses for numerous contracted providers and internal care coordination staff.
- To continue supporting community-based providers with Unite Us implementation, IHN-CCO worked closely with the Unite Us vendor and community partnerships to recommend and work through upgrades to the platform that allowed for better workflows and reporting capabilities. This was done as part of IHN-CCO's original contract with Unite Us and in conjunction with IHN-CCO's goals to support providers and community partners contributing to whole-person health and quality of care for IHN-CCO members, as well as other individuals in the community.

Training and/or technical assistance

- IHN-CCO provides Unite Us/Connect Oregon, Collective Medical, and Healthy Planet technical assistance to any community partner that needs support.
- IHN-CCO has also driven and encouraged Unite Us to provide focused trainings to our regional partners as well as pushed for improvements such as aligning language and clarity.
- IHN-CCO provided Unite Us/Connect Oregon technical assistance to all applicants for community-benefit initiative funding, including the SHARE Initiative and Transformation Pilots.

Assessment/tracking of adoption and use

- IHN-CCO attends and engages in the Mid-Valley and South Valley Engagement workgroups sponsored by Unite Us to assess and track community partner adoption and utilization of the platform.
- IHN-CCO continuously monitors the partners being reached out to, particularly who is missing. Often this is brought back to the Connect Oregon Workgroup to get community partner feedback and potential connections or outreach support to particular organizations.

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

- IHN-CCO convenes the Connect Oregon Workgroup and regularly reaches out to partners to attend and engage, while providing education on Unite Us/Connect Oregon benefits and changes.

- IHN-CCO provides information on Unite Us/Connect Oregon at events and meetings including but not limited to: the regional Delivery System Transformation Committee, Regional Planning Council, multiple workgroups, local and regional housing boards and councils, and Samaritan Health Services' leadership committees and councils and various departments implementing or interested in Unite Us/Connect Oregon.

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

- IHN-CCO attends and participates in the statewide Health Information Technology Oversight Council (HITOC), Health Information Technology Advisory Committee (HITAC), Statewide Network Advisory Board, Statewide Funders Advisory Committee, and OHA's Community Information Exchange Workgroup and encourages network partners to engage when possible.
- In IHN-CCO's region, the main collaborative for HIT & CIE with community partners, the healthcare system, and other stakeholders, is the Connect Oregon Workgroup, a subcommittee of the Delivery System Transformation Committee (DST) which is a community-driven, highly attended committee responsible for regional coordination and collaboration on SDOH funded projects. IHN-CCO coordinates and facilitates conversations at the Connect Oregon Workgroup on a wide variety of topics relating to Unite Us/Connect Oregon, including screenings, engagement, social needs assessments, EHR integration, and more.
- IHN-CCO convenes the Health Information Advisory Committee (HIAC) for regional governance centering the community-voice at the regional level. IHN-CCO also convenes the Regional Community Collaborative with United Way and Samaritan Health Services to align network needs and strategies. IHN-CCO convenes the Social Determinant of Health Workgroup and the Sustainability Workgroup to focus on SDOH needs in the region, with HIT/CIE being a strong part of the conversations and outcomes.

Requirements in contracts/provider agreements

- IHN-CCO supported the use of Unite Us/Connect Oregon for Delivery System Transformation (DST) pilot partners and SDOH partners funded through the SHARE Initiative. These projects allocated funds in budget lines to support resources in implementing Unite Us/Connect Oregon in contracts.
- Provider agreements have requirements for adoption and use of CIE, including Unite Us/Connect Oregon, in their value-based payment contracts.

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

- IHN-CCO implemented Unite Us/Connect Oregon in 2019 and has continued to enhance available modules for community-based organizations. In 2022, IHN-CCO collaborated with Unite Us/Connect Oregon to invest in the Social Care Payments Module, Community Investments, member matching data feeds, and SSO. These modules, or enhancements, create sustainable social care capacity and measurably impact the health of our members and community.
- The **Social Care Payments Module** reimburses providers for the services they deliver with the option to manage person-level eligibility and service payment authorization. This will allow for community-based organizations and other partners to provide services for social determinants of health needs, receive payment from IHN-CCO, and manage their member panel. This will be fully implemented in 2023.
- **Community Investments** is an enhancement where IHN-CCO provides funding to providers and then monitors the service delivery and spending as it happens. Like the Social Care Payments Module, it allows organizations to track provided services, provide IHN-CCO with the data to monitor spending and manage their member panel more comprehensively. This will be fully implemented in 2023.
- **Member Matching Data Feeds** is an automated feature that matches IHN-CCO member data with the data in Unite Us/Connect Oregon. This will lead to better data collection and overall understanding of IHN-CCO member needs, especially social determinant of health needs. This will be fully implemented in 2023.
- **SSO** is a step towards full integration of the platform allowing users to log in faster and provides a single point of authentication. This will be fully implemented in 2023.

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

- IHN-CCO advocated for and supported integration of the Unite Us platform with other systems used by stakeholders such as Epic, OCHIN, and SimplePractice, a health record system used by community partners.
- IHN-CCO invested in SSO which will be fully implemented in 2023.

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

- IHN-CCO leveraged existing committee structures to bring primary care leaders together with Behavioral Health and dental partners to develop strategy and standard approach and tools for SDOH screening through the IHN-CCO Quality Management Council (QMC) that serves as IHN-CCO Clinical Advisory Panel.
- IHN-CCO also supported Samaritan Health Services (60% of the provider network) in getting more users on the platform, including clinical providers.
- IHN-CCO invested in unlimited licenses through the contract with Unite Us and will be implementing a full outreach initiative to ensure providers are made aware of the availability of Unite Us/Connect Oregon.

ii. Additional progress specific to physical health providers

See *Progress Across Provider Types*

iii. Additional progress specific to oral health providers

IHN-CCO also supported Unite Us/Connect Oregon adoption and implementation with DCOs, through working towards understanding oral/dental health HIT programs and systems.

iv. Additional progress specific to behavioral health providers

See *Progress Across Provider Types*

v. Additional progress specific to social services and CBOs

See *Progress Across Provider Types*

vi. Please describe any barriers that inhibited your progress

- COVID-19 and its aftermath continued to impact priorities for many providers and community-based organizations.
- Numerous referral systems and systems otherwise minimized the value of Unite Us/Connect Oregon.
- Many providers and community partners experience barriers to adopt Unite Us, such as time commitments and lack of resources.
- Difficulties with integration of Unite Us/Connect Oregon into the EHRs regional providers use, such as Epic, OCHIN, and SimplePractice. While progress has been made with SSO, it continues to be a barrier for behavioral, oral, and physical health providers to utilize a separate system for screenings and referrals, particularly screenings.

B. HIT to Support SDOH Needs: 2023-2024 Plans

1. Please describe your plans for using HIT to support SDOH needs, ***including but not limited to screening and referrals***, within your organization beyond 2022. In your response, please include
    a. Any additional tool(s) you will use. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
    b. Additional strategies you will use beyond 2022.
    c. Activities and milestones related to each strategy.

Notes: Strategies and tools described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

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

Overall Plans
Using the boxes below, please select which strategies you plan to employ in 2023-2024.

☒ 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):

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

IHN-CCO does not have plans to implement additional tools in 2023, but plans to focus on improving access to, utilization of, and improving data collection in the currently implemented tools of Arcadia, Collective Medical, Unite Us/Connect Oregon, Epic Care Everywhere/Healthy Planet, and TriZetto's' CCA. IHN-CCO's overall plans for using HIT for social needs screening and referrals for addressing SDOH needs within the organization are listed in **Table #5** below.

Table #5. Strategies to Use Social Needs Screening and Referrals for Addressing SDOH Needs within IHN-CCO

Activities	Milestones
Implementation of HIT tool/capability for social needs screening and referrals	
Leverage expanded Unite Us efforts to enable access to SDOH screening and referrals	• Work with Unite Us to configure community-agreed screening tool and data reporting through the platform – 3rd Quarter 2023
Care coordination and care management of individual members	
Incorporate SDOH data and screening referrals into care coordination systems and workflows	• Develop additional data fields and reporting mechanisms related to screening data and referrals to better provide health care and supports to IHN-CCO members actively engaged in member care: o Milestone 1: first round and feedback completed – 4th Quarter 2023 o Milestone 2: feedback and new fields incorporated as need – 4th Quarter 2024 (and ongoing) • Revise care coordination workflows as enhanced SDOH data and referrals become available and

	activated (e.g., increased Unite Us adoption and utilization of closed loop referrals): ○ Milestone 1: ensure all employees of the Care Management Department have Unite Us/Connect Oregon access – 3rd Quarter 2023 ○ Milestone 2: care coordination workflows analyzed and enhanced due to increased licenses, more partners on the platform/network, and better data collection – 3rd Quarter 2024
Use data to identify individual members' SDOH experiences and social needs	
Leverage SDOH data for enhancements in IHN-CCO reporting and workflows for multiple operational areas	• Develop reporting and workflows incorporating SDOH data as it becomes more available for enhancing operational activities that support member care, such as Utilization Management, Grievance and Appeals, Customer Service, and more. ○ Milestone 1: ensure SDOH data is shared widely across the organization – 2nd Quarter 2023 ○ Milestone 2: education and engagement carried out on what SDOH data means for each department – 3rd Quarter 2023 ○ Milestone 3: present data available to each department listed above – 4th Quarter 2023 ○ Milestone 4: Incorporate into workflows and daily operations as identified in the data analysis – 4th Quarter 2024 (or earlier as possible)
Use data for risk stratification	
Continue using the diagnostic risk-based adjustment model, chronic illness, and disability payment system (CDPS), to identify risk scores for the IHN-CCO population in Arcadia	• Refine Arcadia and CCA risk stratification and population segmentation algorithms – 3rd Quarter 2023 • Revise workflows related to any risk stratification and population segmentation algorithms and reporting – 3rd Quarter 2023 • Ensure risk stratification data is available and utilized by promoting throughout the provider network via provider webinars, newsletters, and targeted outreach – 4th Quarter 2023
Use HIT to monitor and/or manage contracts and/or programs to meet members' SDOH needs	
Utilize SDOH data to inform community investments	• Incorporate SDOH into community research initiative that inform decisions by IHN-CCO and its community partners and providers in developing supports and services for IHN-CCO members and the community in general to support population health (e.g., use for InterCommunity Health Research Institute evaluations and IHN-CCO investments to further develop community supports) – 3rd Quarter 2023
Integration or interoperability of HIT systems that support SDOH with other tools	
Engage with Unite Us to implement SSO	• SSO implemented and all IHN-CCO users are able to utilize this feature – 3rd Quarter 2023

Collaboration with network partners	
Continue Connect Oregon Workgroup and use as a feedback mechanism	• Continue meeting quarterly through 2023 – 4th Quarter 2023 • Ensure feedback on Unite Us/Connect Oregon is captured and acted upon – 4th Quarter 2023
Continue Regional Community Collaborative	• Continue conducting quarterly Regional Community Collaborative meetings with United Way and Samaritan Health Services – 2023 through 2024 • Add additional community partners that can inform CIE – 2nd Quarter 2023
Conduct HIAC meetings inclusive of contracted providers	• Conduct bi-monthly HIAC meetings 2023 through 2024 • Develop a collaborative scope of work for the HIAC – 2nd Quarter 2023 • Evaluate IHN-CCO's current HIT Strategy and obtain feedback – 3rd Quarter 2023 • Formulate an action plan to implement the HIT Strategy – 4th Quarter 2023 • Continue working with the HIAC to inform HIT activities – 2023 through 2024
CCO metrics support	
Utilize Arcadia through automation of CCO metric performance and provide user interface where provider or practice-specific CCO metric information is available on demand	• Ingest EHR data and transform the data into Arcadia's measure engine – 3rd Quarter 2023 • Develop dashboards, scorecards, and gap lists for each of the CCO measures – 4th Quarter 2023
Provider and partner education on Kindergarten Readiness metric and new screenings metric with the promotion on Unite Us functionality that will allow for capturing metrics related data	• Provide targeted outreach to community partners, physical, oral, and behavioral health providers (including tribal clinics) – 2nd Quarter 2023 • Conduct quarterly webinars including educational components on the Kindergarten Readiness metric and screenings metric – 4th Quarter 2023
Enhancements to CIE tools (e.g., adding new functionality, health-related services funds forms, screenings, data sources)	
Implement the Social Care Payments Module, Community Investments, and member matching data feeds in the Unite Us platform	• Implement the Social Care Payments Module through development of an SDOH fee schedule, SSO connections, and program categorization – 2nd Quarter 2023 • Pilot Social Care Payments Module with three community-based organizations – Go-live 2nd Quarter 2023 • Social Care Payments Module pilot lessons learned, changes to process made, and fully available for all partners – 4th Quarter 2023 • Community Investments piloted with community-based organization - Go-live 2nd Quarter 2023 • Community Investments pilot lessons learned, changes to process made, and fully available for all partners – 4th Quarter 2023 • Member Matching Data Feeds implemented – 3rd Quarter 2023
Engage in governance of CIE	
Attend, participate, convene, and support councils, committees, workgroups, and collaboratives as appropriate	• Attend and participate in 90% of statewide meetings – 1st Quarter 2024

	• Continue to convene and support the Connect Oregon Workgroup – 1st Quarter 2024 • Continue to convene and support the HIAC – 1st Quarter 2024 • Continue to convene and support the Regional Community Collaborative – 1st Quarter 2024

2. Please describe your 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***, beyond 2022. Additionally, describe your plans for supporting social services and CBOs with using HIT in your community. In the spaces below, please include
    a. A description of any additional tool(s) you will support or make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
    b. Additional strategies for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using HIT to support SDOH needs, including social needs screening and referrals beyond 2022.
    c. Activities and milestones related to each strategy.

Notes: Strategies and tools described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

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

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2023-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and include activities and milestones 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	☒ Integration or interoperability of HIT systems that support SDOH with other tools
☒ Training and/or technical assistance	☒ Support sending of referrals to clinical providers (i.e., to physical health, oral health, and behavioral health providers)
☒ Assessment/tracking of adoption and use	☒ Utilization of HIT to support payments to community-based organizations
☒ Outreach and education about the value of HIT adoption/use to support SDOH needs	☐ Other strategies for supporting adoption of CIE or other HIT to support SDOH needs (please list here):
☒ Support participation in SDOH-focused HIT collaboratives, education, convening, and/or governance	☐ Other strategies for supporting access or use of SDOH-related data (please list here):
☒ Incentives and/or grants to adopt and/or use HIT that supports SDOH	
☒ Requirements in contracts/provider agreements	

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

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

IHN-CCO does not have plans to implement additional tools in 2023, but plans to focus on improving access to, utilization of, and improving data collection in the currently implemented tools of Collective Medical, Unite Us/Connect Oregon, and Epic Care Everywhere/Healthy Planet.

IHN-CCO activities and milestones for supporting contracted physical, oral, and behavioral health providers with using HIT to support social needs screening and referrals for addressing SDOH needs are listed below in **Table #6** below.

Table #6. Strategies to Support Social Needs Screening and Referrals for Addressing SDOH Needs

Activities	Milestones
Sponsor CIE for the community & Financial support for CIE implementation and/or maintenance	
Explore ways to reduce implementation costs, such as subsidizing purchase and maintenance for providers	• Operationalized process for allocating funds to community partners, including providers, based on priority and need – 3rd Quarter 2023
Sponsor CIE for the community & Financial support for CIE implementation and/or maintenance	
Offer unlimited Unite Us/Connect Oregon licenses for providers and community partners at no cost and facilitate the maintenance of Unite Us functionality	• Work with Unite Us on configuration of expanded functionality – 2nd Quarter 2023 • Leverage IHN-CCO's Connect Oregon Workgroup and other community/provider collaborative to identify and address user issues – 2023 through 2024
Training and/or technical assistance	
Continue to provide technical assistance and training	• Offer meetings and support through the Connect Oregon and Sustainability Workgroups – 4th Quarter 2023 • Offer on-site consultations and assistance – 4th Quarter 2023 • Continue to advocate for and develop systematic training plan development with Unite Us – 4th Quarter 2023
Assessment/tracking of adoption and use	
Review and evaluate the number of organizations, programs, and users on Unite Us/Connect Oregon in the Benton, Lincoln, and Linn County region	• Establish new process since Unite Us discontinued reporting by county – 2nd Quarter 2023 • Evaluate and review quarterly – 1st Quarter 2024
Review and evaluate the number of referrals and screenings made on Unite Us/Connect Oregon in the Benton, Lincoln, and Linn County region by service type, resolution status, organization, and time to resolution	• Establish new process since Unite Us discontinued reporting by county – 2nd Quarter 2023 • Evaluate and review quarterly – 1st Quarter 2024
Outreach and education about the value of HIT adoption/use to support SDOH needs	
Outreach and education about the value of SDOH screening and referrals	• IHN-CCO to collaborate with partners such as United Way, to conduct broad outreach and education campaigns through multiple community channels and events – 3rd Quarter 2023
Convene stakeholder summit to engage community-based organizations in sharing uses cases and best practices to support adoption of Connect Oregon/Unite Us	• Develop timeline and engage the IHN-CCO Connect Oregon Workgroup and Unite Us for planning purposes – 3rd Quarter 2023 • Hold Connect Oregon/Unite Us regional summit – 1st Quarter 2024

Incentives and/or grants to adopt and/or use HIT that supports SDOH	
Conduct outreach and education to providers to inform them about Unite Us value and functionality	• Inform providers via the monthly Provider Newsletter from IHN-CCO – 2nd Quarter 2023 • Leverage the Connect Oregon Workgroup to identify and address user barriers and strategy – 2nd Quarter 2023 • Offer additional information and technical assistance to the provider network through targeted outreach to those not yet on Unite Us/Connect Oregon – 3rd Quarter 2023
Requirements in contracts/provider agreements	
Value-based payment arrangements to support expanded SDOH-E screening and adoption and outcome tracking associated with referrals	• Continue strategies that include incentives for any SDOH Screening and referral solution use or tiered provider incentives (higher for IHN-endorsed SDOH Screening & Referral solution) – 1st Quarter 2024
Enhancements to CIE tools (e.g., adding new functionality, health-related services funds forms, screenings, data sources)	
Evaluate inventory of screening tools and approaches used across the region, identify gaps, and develop an action plan	• Evaluation of inventory completed 1st Quarter 2023, currently identifying gaps and needs with community partners – 2nd Quarter 2023 • Action plan developed – 2nd Quarter 2023
Standardize and increase SDOH screening capabilities and referrals (e.g., across Unite Us and Collective Plan)	• The Connect Oregon Workgroup and technical subject matter experts will develop requirements for standard screenings across the IHN-CCO region – 3rd Quarter 2023 • IHN-CCO will convene discussions with vendors to develop requirements for standardizing screening across platforms – 3rd Quarter 2023 • Convene community providers to develop data collection plans for value-based contracts to support expansion of SDOH-E screening across the provider network – 4th Quarter 2023
Implement the Social Care Payments Module, Community Investments, and member matching data feeds in the Unite Us platform	• Social Care Payments Module piloted with three community-based organizations – Go-live 2nd Quarter 2023 • Social Care Payments Module pilot lessons learned, changes to process made, and fully available for all partners – 4th Quarter 2023 • Community Investments piloted with community-based organization - Go-live 2nd Quarter 2023 • Community Investments pilot lessons learned, changes to process made, and fully available for all partners – 4th Quarter 2023 • Member Matching Data Feeds implemented – 3rd Quarter 2023
Explore future needs of the provider network and community-based organizations, such as the Community Resource Network (CRN) with Unite Us	• Continue listening to partners through the Connect Oregon Workgroup on useful or needed enhancements and functionalities – 4th Quarter 2023
Integration or interoperability of HIT systems that support SDOH with other tools	
Engage with Unite Us to implement SSO	• SSO implemented and all IHN-CCO users are able to utilize this feature – 3rd Quarter 2023
Explore Unite Us' Community Resource Network (CRN), bringing together EHRs and Unite Us to better inter operate to address SDOH needs	• Collaborate with and engage the IHN-CCO Connect Oregon Workgroup and Unite Us – 3rd Quarter 2023 • Develop strategies to pursue interoperability of platforms – 4th Quarter 2023

Drive Unite Us/Connect Oregon platform to serve as bi-directional exchange	• Advocate for bi-directional capabilities with Unite Us – 2023 - 2024
Develop new, enhanced provider portal for providers	• Finalize provider portal vendor contract – 3rd Quarter 2023 • Obtain provider feedback on provider portal use cases that includes exchanging EHR data – 3rd Quarter 2023 • Develop and put in production the new provider portal with EHR data exchange use cases – 4th Quarter 2024 • Evaluate integrating Unite Us in the provider portal – 4th Quarter 2024
Utilization of HIT to support payments to community-based organizations	
Implement the Social Care Payments Module and Community Investments in the Unite Us platform	• Social Care Payments Module configured and piloted with three community-based organizations (including SDOH fee schedule development and automated invoicing) – Go-live 2nd Quarter 2023 • Social Care Payments Module pilot lessons learned, changes to process made, and fully available for all partners – 4th Quarter 2023 • Community Investments piloted with community-based organization - Go-live 2nd Quarter 2023 • Community Investments pilot lessons learned, changes to process made, and fully available for all partners – 4th Quarter 2023

ii. Additional plans specific to physical health providers

See *Progress Across Provider Types*

iii. Additional plans specific to oral health providers

See *Progress Across Provider Types*

iv. Additional plans specific to behavioral health providers

See *Progress Across Provider Types*

v. Additional plans specific to social services and CBOs

IHN-CCO plans to continue and expand its work with social service providers and CBO through the activities and milestones listed below, organized by strategy selected.

Activities	Milestones
Requirements in contracts/provider agreements	
Support providers and community partners through funding opportunities	• Continue engaging community-based organizations to expand the Traditional Health Worker (THW) workforce and utilize closed loop referrals through transformation pilot projects, SHARE Initiative projects, and performance improvement projects – 2023 through 2024
Support participation in SDOH-focused HIT collaboratives, education, convening, and/or governance	
Facilitate participation in HIT activities	• Engage new partners and expand current partner services, leading to more organizations and users on the Unite Us platform in support of higher overall engagement in the region, more ability to standardize screenings, and better closed loop referral workflows. – 2023 through 2024

C. 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?
IHN-CCO appreciates OHA's partnership in CIE efforts and feel OHA can further support CIE efforts by: • Engaging with Unite Us to further drive the vendor to provide full integration of EHRs with the platform. • Providing funding streams to build capacity for Connect Oregon network users (e.g., funding for incentives or additional enhancements/maintenance). • Promoting standardized SDOH screenings that encompass requirements through OARs and statutes, including REALD/SOGI, to ensure members are not being screened and asked personal questions multiple times by multiple partners throughout the year.

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.
IHN-CCO leverages numerous HIT tools and efforts to support CCO metrics. Alignment of the vast array of tools and efforts continues to be a challenge IHN-CCO regularly navigates. IHN-CCO's intent is to better align and automate HIT efforts with providers and community partners. Some specific HIT tools, as identified above, IHN-CCO utilizes to support metrics includes: • Provider EHRs (e.g., SHS Epic and OCHIN) • Facets for claims data • Arcadia for population health and data exchange • Epic Care Everywhere/Healthy Planet • Collective Medical • CCA for care coordination • Unite Us/Connect Oregon
B. Describe CCO HIT tools and efforts that **patient engagement**, both within the CCO and with contracted providers.
IHN-CCO leverages numerous HIT tools and efforts to support patient engagement. These tools include: • CCA • Website and portal • Community Advisory Council • Community forums and focus groups
C. How can **OHA support** your efforts in accomplishing your HIT Roadmap goals?
• Additional and flexible funding for CCOs and community partners to support development and uptake of HIT tools • Minimizing the numerous regulatory shifts that demand heavy information technology staffing resources and prohibit the rate of progress in HIT/HIE efforts
D. What have been your organization's **biggest challenges** in pursuing HIT strategies? What can OHA do to better support you?
Information system staffing, numerous regulatory shifts requiring substantial administrative resources that hinder CCO, provider, and community partner progress in HIT/HIE, and lack of flexible funding and data/process standards. Of note, OHA's data on provider adoption of EHRs and HIE tools does not seem to align with the

current environment. For instance, 60% of IHN-CCO's contracted providers are Samaritan Health Services providers, all of which utilize an instance of Epic that is integrated into IHN-CCO's Arcadia platform. Providers are able to view integrated Arcadia to data to manage patient care, which is not reflected in OHA's data that identifies 0% utilization of Arcadia for these providers. It would be valuable to work with OHA on how to better assess provider EHR and HIE adoption rates.

E. How have your organization's HIT strategies supported **reducing health inequities**? What can OHA do to better support you?

- IHN-CCO's progress in HIT/HIE efforts has enabled the ability to better leverage data for reporting and analytics to understand population characteristics and address member needs.
- OHA can collect and share better data on OHP members through expanded 834 files.