2022 Updated HIT Roadmap

InterCommunity Health Network Coordinated Care Organization (IHN-CCO)

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

IHN-CCO 2022 Updated HIT Roadmap

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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. 2021 Progress

Please describe your progress supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In the spaces below, please
1. Select the boxes that represent strategies pertaining to your 2021 progress.
2. Describe the progress of each strategy in the appropriate narrative sections.
3. In the descriptions, include any accomplishments and successes related to your strategies.

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

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

☐ 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)
	• Analyze potential tools to support and promote EHR adoption
	• Work with Unite Us/Connect Oregon on data sharing functionality

i. Progress across provider types

Over the last year, IHN-CCO made progress in furthering its support of certified EHR adoption across the CCO's provider network in the strategy areas identified below.

Assessment/tracking of EHR adoption and capabilities
- IHN-CCO Conducted a brief survey of 192 physical health, behavioral health, and oral health providers' EHR capabilities in the first quarter of 2021 with a 52% response rate.
- To ensure updated information from providers, IHN-CCO incorporated HIT questions in clinic site visit evaluations beginning in 2021 that will assist IHN-CCO in continuing to understand EHR adoption and barriers.
- IHN-CCO worked with OHA to support its robust HIT/HIE survey effort by providing contact information for IHN-CCO contracted providers and additionally made attempts to directly engage those providers to help facilitate completion of the survey, which resulted in a 39% response rate.

Outreach and education about the value of EHR adoption/use
- In 2021, IHN-CCO augmented its Provider Manual to include the requirements of HIT adoption and use, serving as a general communication method to ensure provider awareness.
- During 2021, IHN-CCO engaged in conversations with a physician consultant group, Creach Consulting, LLC that provides technical assistance services to primary care providers, which includes EHR technical

assistance opportunities for primary care clinic staff. A contract with this physician consultant group was signed in early February 2022 to provide valuable technical assistance at no cost to IHN-CCO providers.

Collaboration with network partners

During 2021, the Health Information Advisory Committee (HIAC) met to review current HIT/HIE activities and establish common ground on priorities for furthering investments in technology used by IHN-CCO and its providers and community partners. Due to several HIAC meetings being delayed because of continued barriers related to COVID priorities, the HIAC was paused during 2021 in an effort to reduce the burden of additional meetings for providers and community partners. IHN-CCO shifted its focus to leverage an internal IHN-CCO HIT Strategy Committee with a reduced engagement structure including only the CCO and representatives from Samaritan Health Services, which comprises the largest portion of IHN-CCO's provider network. IHN-CCO has also leveraged separate existing forums to ensure strategy discussions were informed by other IHN-CCO providers and community partners.

During this transformation in engagement efforts, IHN-CCO gathered information on EHR adoption rates and barriers through a survey to providers in early 2021, participated in OHA's HIT survey efforts, and researched options to enhance support for certified EHR use by providers. IHN-CCO additionally partnered with Samaritan Health Services to inform discussions with a few providers clinics interested in EHR adoption support. These discussions will inform IHN-CCO's assessment of support options developed in early 2022 to support increased rates of EHR adoption and reduce barriers to adoption among contracted physical, oral, and behavioral health providers, which are identified below in *Figure #1*.

Figure #1: *IHN-CCO Identified Options for EHR Adoption Support*
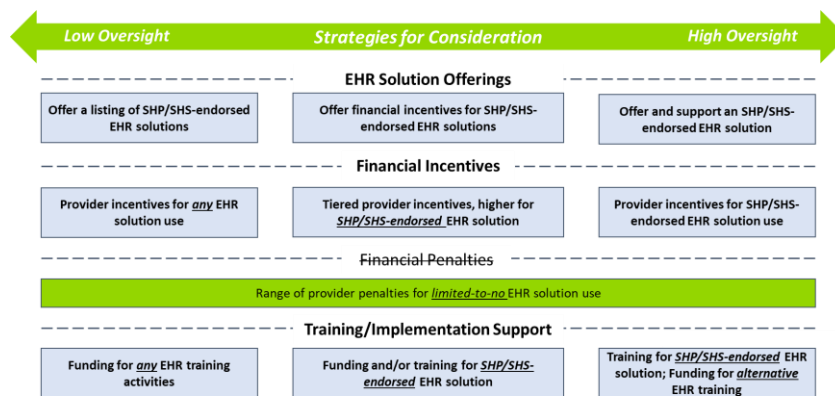
Note: While financial penalties were identified as an option to pursue to encourage certified EHR adoption, IHN-CCO determine that approach is not ideal and will not be considered.

Requirements in contracts/provider agreements
- IHN-CCO adjusted the organization's intent to apply for contracting form to include questions about current use of EHRs. IHN-CCO's evaluation of options to support for EHR adoption could result in additional contractual changes of which we be a component for consideration in decision-making regarding expanded support for EHR adoption. Support for EHR adoption will additionally consider prioritized providers according to attribution of IHN-CCO members and assigned panel risk level (e.g., clinics with large Medicaid patient panels and clinics that contribute to metrics performance).

Leveraging HIE programs and tools in a way that promotes EHR adoption
- IHN-CCO's population health system, Arcadia, has been configured 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 counties being connected to the system but waiting on quality measure validation on their end.
  - Corvallis Family Medicine being connected and sent their first file to IHN-CCO to be validated by the Arcadia system vendor.
  - The Corvallis Clinic engaged but still working with their EHR provider, Athena, to attempt to get the data needed to integrate.

- o OHA Alert Feed being set up in test mode prior to production.
- IHN-CCO developed a plan to evaluate an HIE that houses member data and encounters from the CCO's various systems that can be used to exchange data with both providers and members. HIE platform options will be evaluated based on functionality and configurability to allow the exchange of data through EHRs, promoting provider adoption of EHRs.

Other strategies for supporting EHR adoption
- Through IHN-CCO's understanding of provider EHR capabilities and needs, the CCO has begun to analyze potential tools to support and promote EHR adoption. This analysis has included an assessment of leading community EHRs and options for IHN-CCO to enhance support for providers in adopting certified EHRs as identified in *Figure #1* above. More specifically, IHN-CCO analyzed the capabilities of traditional EHR systems such as Epic Community Connect and athenahealth to better understand functionality and alignment for IHN-CCO and its providers.
- IHN-CCO began to work with Connect Oregon/Unite Us in 2021 to leverage data exchange functionality such as integrating referral capabilities that promotes expanded utilization of an EHR and supports care coordination.

ii. Additional progress specific to physical health providers

See *Progress Across Provider Types*

iii. Additional progress specific to oral health providers

IHN-CCO does not have any plans to enhance support for EHR adoption for oral health providers at this time given that the CCO's contracted dental care organizations (DCOs) all operate their own EHRs; however, IHN-CCO does monitor how the DCOs support certified EHR adoption.

iv. Additional progress specific to behavioral health providers

IHN-CCO's evaluation of certified EHRs and options to enhance support for certified EHRs includes consideration for behavioral health providers. Behavioral health providers contracted with IHN-CCOs use a variety of EHRs that are different from physical health providers' EHRs. As IHN-CCO further develops its support options and determines the most appropriate approach, support will be established and prioritized considering functionality, system capabilities, and provider type. In support of Community Mental Health Programs, IHN-CCO engaged with OCHIN on collaborating to assess the ability for IHN-CCO to help support the connection of contracted public health providers' Epic Community Connect with Samaritan Health Services (SHS) instance of Epic.

v. Please describe any barriers that inhibited your progress

Over the last two years, IHN-CCO and its providers have struggled prioritizing system changes due to challenges related to the COVID-19 pandemic that includes complications in obtaining provider engagement. Additional constraints on IHN-CCO and providers in the regulatory space, such as new requirements and mandated reporting, have also minimized providers' ability to spend time in engagement activities or fund special projects. In additional, financial constraints continue to prohibit IHN-CCO's ability to apply high-levels of financial support for certified EHR adoption. While this will continue to be a barrier, tiered payments to providers based on EHR adoption and the prioritization of financial and technical support are options that offer a path for greater success in ensuring certified EHR adoption. Specific to behavioral health providers, individual private practitioners have been problematic in incentivizing adoption of EHR as smaller practices do not see the need for EHR adoption with a small client base.

B. 2022-2024 Plans

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

Notes: Strategies described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy; however, please make note of these strategies in this section and include activities and milestones for all strategies you report.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

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

☒ 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)

	Evaluate an HIE for data sharing with providers

i. Plans across provider types, including activities & milestones

Using the OHA-provided Data Completeness Table, 0 physical health, 4 oral health, and 2 behavioral health organizations lack EHR information. While IHN-CCO and OHA HIT/HIE survey efforts revealed that the CCO's current EHR adoption rate for IHN-CCO providers is relatively high (82%), there is still opportunity to improve based on the common barriers and challenges identified through the survey efforts and communications with providers

In response to the evolving health care landscape and the needs of providers and community partners to provide care and services to Medicaid members in Lincoln, Benton, and Linn counties, IHN-CCO reevaluated its HIT strategy to support changes in HIT and HIE that were informed by providers and numerous community-based organizations. These IHN-CCO strategies, identified in *Table #1* in relation to OHA EHR adoption strategies selected above, encompass elements of IHN-CCO's previous strategies but are expanded to support optimizing current technology and a more coordinated approach to leveraging technology and collaborative approaches that will allow greater data exchange capabilities.

Table #1. IHN-CCO Support EHR Adoption Activities and Milestones by OHA Strategies Selected

Activities	Milestones
Assessment/tracking of EHR adoption and capabilities	
Assess IHN-CCO's "Identified Options for EHR Adoption Support"	• Identify cost and complexity related to IHN-CCO's "Identified Options for EHR Adoption Support" - 3rd Quarter 2022
Continue assessing EHR adoption via surveys and site visits	• Establish an annual survey process – 4th Quarter 2022 • Develop a reporting process to communicate site visit results pertaining to EHR adoption and barriers – 3rd Quarter 2022
Continue supporting OHA survey efforts	• Provide contracted provider contact information updates to OHA to support survey efforts – 2022 through 2024
Outreach and education about the value of EHR adoption/use	
Provide EHR technical assistance	• Market IHN-CCO's no-cost physician consultant services for primary care providers – 2nd Quarter 2022 • Provide EHR Technical Assistance information during provider webinars – 2nd Quarter 2022 • Develop a reporting mechanism for EHR technical assistance provided – 3rd Quarter 2023
Evaluate the progress of EHR technical assistance	• Work with consultant to establish a process for regular feedback related to EHR technical assistance provided – 3rd Quarter 2022 • Evaluate EHR technical assistance progress and outcomes –1st Quarter 2023
Collaboration with network partners	
Reactivate the HIAC	• Establish bi-monthly meetings - 3rd Quarter 2022 • Develop a collaborative scope of work for the HIAC - 3rd Quarter 2022 • Evaluate IHN-CCO's current HIT Strategy and obtain feedback – 4th Quarter 2022 • Formulate an action plan to implement the HIT Strategy - 1st Quarter 2023 • Continue working with the HIAC to inform actions – 2023 through 2024
Identify and select a preferred EHR adoption strategy	• Present strategies and recommendations to the HIAC and IHN-CCO leadership for selection - 4th Quarter 2022 • Obtain final approval for EHR adoption strategy selection - 4th Quarter 2022
Develop an EHR adoption action plan	• Draft an EHR adoption action plan based on prioritization of provider and member needs - 4th Quarter 2022 • Finalize the EHR adoption action plan - 4th Quarter 2022

Explore the integration of community mental health programs' EHR data	• Work with OCHIN to explore options and costs associated with integrating CMHP Epic Community Connect EHR with Samaritan Health Services' Epic EHR, which is integrated with IHN-CCO systems and workflows – 4th Quarter 2022
Assess and measure the EHR adoption strategy outcomes	• Develop a bi-annual annual EHR adoption assessment - April 2022 • Report the completed annual EHR adoption assessment to the HIAC and IHN-CCO leadership - 1st Quarter 2024
Incentives to adopt and/or use EHR	
Evaluate and develop a process for financial incentives based on *Figure #1* above	• Strategies chosen and process developed - 3rd Quarter 2022 • Implement incentive process with all providers – 1st Quarter 2023
Requirements in contracts/provider agreements	
Augment provider contracts to incorporate any necessary changes to support EHR adoption	• Incorporate necessary EHR related contract changes into provider contract update cycle – 4th Quarter 2022
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 complete testing and validation activities that could help support EHR adoption and configuration – 3rd Quarter 2022
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
Other strategies for supporting EHR adoption	
Evaluate an HIE for data sharing with providers	• Evaluate an HIE that houses member data and encounters from the CCO's various systems that can be used to exchange data with both providers and members – 3rd Quarter 2022

Strategies will likely continue to be refined and updated as IHN-CCO collaborates with providers and community partners to further understand what types of assistance would be most effective to best aid EHR adoption efforts. IHN-CCO understands that some providers may be wary of implementing an EHR solution due to financial and resource barriers, regardless of any incentive provided. IHN-CCO is looking to leverage existing systems (e.g., HIE Care Coordination) and other strategies to encourage EHR adoption through enhanced data exchange opportunities.

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

See *Strategies Across Provider Types*

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

IHN-CCO plans to explore reimbursement mechanisms to assist with establishing EHR integration, sustaining workflow changes, and increasing the quality of tracking a high-risk population for oral health providers - 4th Quarter 2022

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

As mentioned in *Support for EHR Adoption, Section B. 2022-2024 Progress,* IHN-CCO engaged with OCHIN on collaborating to assess the ability for IHN-CCO to help support the Community Mental Health Programs' Epic Community Connect with Samaritan Health Services (SHS) instance of Epic. Considering the growing need to support member data exchange to better facilitate care coordination, IHN-CCO hopes to further these conversations during 2022.

C. Optional Question

How can OHA support your efforts in supporting your contracted providers with EHR adoption?
IHN-CCO appreciates OHA convening expertise and feels that OHA's support in working with entities such as OCHIN and the public health authority to facilitate a path toward better system integration and data exchange would be valuable in supporting EHR adoption. It would also be highly beneficial for OHA to engage in training opportunities for provider in relation to selecting trusted, certified EHRs, and working with EHR vendors on implementing solutions. Many providers contract with multiple CCOs, providing the need for a collaborative approach to working with providers in support of EHR adoption. This could translate to OHA convening an EHR Adoption Workgroup to share best practices and address barriers collectively across CCOs, inclusive of public health authority and OHA representation.

3. Support for HIE – Care Coordination

A. 2021 Progress

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

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

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

☐ HIE training and/or technical assistance	☐ 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	
☐ Outreach and education about value of HIE	☐ Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
☒ Collaboration with network partners	
☒ Enhancements to HIE tools (e.g., adding new functionality or data sources)	☒ Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)
☒ Integration of disparate information and/or tools with HIE	• Participating in statewide and national interoperability forums
☐ Requirements in contracts/provider agreements	• Working on data exchange that support transitions of care, and evaluating adherence to state and federal HIE security and privacy provisions
	• Evaluating how to proceed with sharing member data for transitions of care
	☐ Other strategies for supporting HIE access or use (please list here)

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

IHN-CCO has continued to work on optimizing the many different information systems to HIE related to care coordination across network providers. This work is identified below by the selected OHA strategies:

Assessment/tracking of HIE adoption and capabilities
• IHN-CCO worked with OHA to support its robust HIT/HIE survey effort by providing contact information for IHN-CCO contracted providers and additionally made attempts to directly engage those providers to help facilitate completion of the survey, which resulted in a higher response rate (approximately 40%) than that of most other CCOs.

Collaboration with network partners
- During 2021, the Health Information Advisory Committee (HIAC) met to review current HIT/HIE activities and establish common ground on priorities for furthering investments in technology used by IHN-CCO and its providers and community partners. Due to several HIAC meetings being delayed because of continued barriers related to COVID priorities, the HIAC was paused during 2021 in an effort to reduce the burden of additional meetings for providers and community partners. IHN-CCO shifted its focus to leverage an internal IHN-CCO HIT Strategy Committee with a reduced engagement structure including only the CCO and representatives from Samaritan Health Services, which comprises the largest portion of IHN-CCO's provider network. The HIT Strategy Committee has also leveraged separate existing forums to ensure strategy discussions were informed by other IHN-CCO providers and community partners. 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, and member care data).
- IHN-CCO established a provider learning collaborative in late 2021 to support the collection and integration of data for provider performance reports to improve CCO Metric performance. Quarterly meetings with DCOs and other Dental Partners are also established to share performance data, metrics, and barriers.
- IHN-CCO continued to conduct quarterly meetings with BH providers to share performance data and evaluate access to services. During 2021, IHN-CCO also made arrangements to pay for community mental health programs to join the Unite Us platform, which was funded in early 2022 for Lincoln, Benton, and Linn counties that comprise IHN-CCO's region.
- IHN-CCO will continue to leverage existing forums with providers and community partners and the Health Information Advisory Committee (HIAC) to discuss opportunities and challenges related to HIE in support of care coordination activities. The conversations will be recorded and evaluated for required actions, which may result in augmentations to IHN-CCO strategies in this area.

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 includes:
  - Benton and Lincoln counties being connected to the system but waiting on quality measure validation on their end.
  - Corvallis Family Medicine being connected and sent their first file to IHN-CCO to be validated by the Arcadia system vendor.
  - The Corvallis Clinic engaged but still working with their EHR provider, Athena, to attempt to get the data needed to integrate.
  - OHA Alert Feed being set up in test mode prior to production.
- IHN-CCO developed a plan to evaluate HIEs that house member data and encounters from the CCO's various systems that can be used to exchange data with both providers and members. HIE platform options will be evaluated based on functionality and configurability to allow the exchange of data through EHRs, supporting care coordination through greater ability to manage high-risk populations.
- IHN-CCO began the process of applying updates to Clinical Care Advance (CCA), the IHN-CCO's care coordination data system that will allow for greater configurability of enhancements that support data exchange for care coordination purposes; although, the process has been slower than anticipated due to staffing shortages and updates to CCA are still being phased.
- IHN-CCO began to work with Connect Oregon/Unite Us in 2021 to promote data exchange functionality such as integrating referral capabilities that promote expanded utilization of referrals across providers and community-based organizations and support care coordination. Discussions have also centered around IHN-CCO desires 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 has additionally been discussed.
- 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.

- Through Epic, Samaritan Health Services hospitals send transitions of care and clinical care document (CCD) to affiliated receiving facilities and providers, including to IHN-CCO, when a patient is discharged.

Integration of disparate information and/or tools with HIE
- IHN-CCO has been working with providers and community partners to understand the disparate collection of SDOH and screening data and engaging with Unite Us workgroups to determine current data collection and opportunities for alignment.
- IHN-CCO has been engaged with Samaritan Health Services in efforts to configure race, ethnicity, age, language, and disability (REALD) data in EPIC that can be exchanged with IHN-CCO systems.
- 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 Services providers prefer to use the Epic care coordination tools and Collective Platform shared care plans are used inconsistently. IHN-CCO believes there is a lot of value in Collective Medical and there needs to be more education and encouragement to increase the use to enable "warm handoffs" for transitions of care. During 2021 and the first quarter of 2022, IHN-CCO engaged Samaritan Health Services providers and other contracted providers to understand their use of Collective Medical and their need for hospital event notifications and case management information contained in the platforms on IHN-CCO members they serve, which identified an overall lack of using Collective Medical to support patient care and care coordination.

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.
- 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.

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

IHN-CCO experienced several barriers that impeded on its progress toward system changes and enhanced exchange capabilities:
- **Health Care Staffing Shortages** - Critical staffing shortages associated with the COVID-19 pandemic hampered IHN-CCO's ability to work with providers, conduct or obtain participation in learning collaborative meetings, and implement system changes as planned. For instance, provider and staffing shortages within IHN-CCO and across the CCO's regional network has limited IHN-CCO's ability to engage providers in system data exchange conversations and efforts due to lack of capacity to participate in meetings and lack of staffing to work on exchange priorities and configuration efforts. Changes in systems and integration priorities shifted to minimize administrative burdens on providers.

- **OHA Reporting Requirements** – Since 2020, OHA has developed expansive reporting requirements that frequently change, requiring information system staff time to implement and shifting resources away from planned progress in exchange capabilities. OHA's release of language access, COVID-19, network adequacy, and care coordination reporting specifications are a few examples of new reporting requiring configuration across IHN-CCO systems. This shift in resources and the inability to quickly hire critical necessary staff has continued to put strains on IHN-CCO's progress on planned activities.

B. 2022-2024 Plans

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

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

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

☒ HIE training and/or technical assistance

☒ Assessment/tracking of HIE adoption and capabilities

☒ Outreach and education about value of HIE

☒ Collaboration with network partners

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

☒ Integration of disparate information and/or tools with HIE

☒ Requirements in contracts/provider agreements

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

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

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

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

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

- Selection of a dentist from among dental partners to chair the IHN-CCO Dental Advisory Committee, that reports to the QMC – 3rd Quarter 2022
- Strengthen outreach and education of medical and community-based organizations through the IHN-CCO Behavioral Health Quality Committee, that reports to the QMC

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

Using the OHA-provided Data Completeness Table, 27 physical health, 26 oral health, and 52 behavioral health have not adopted an HIE for Care Coordination tool. Recognizing the continued need for HIE and evolving state and federal requirements that define parameters for HIE, IHN-CCO has plans to increase the availability of and support HIE capabilities through 2024 to support care coordination across both providers and community partners that provide services for the CCO's members, especially for high-risk population. Activities and milestones to support IHN-CCO's goals are identified in the activities and milestones documented in Table #2 below.

Table #2. IHN-CCO Support for HIE Activities and Milestones by OHA Strategies Selected

Activities	Milestones
HIE training and/or technical assistance	
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 2022
Assessment/tracking of EHR adoption and capabilities	
Continue supporting OHA survey efforts	• Provide contracted provider contact information updates to OHA to support survey efforts – 2022 through 2024
Outreach and education about the 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 2022

Collaboration with network partners	
Reactivate the HIAC	• Establish bi-monthly meetings - 3rd Quarter 2022 • Develop a collaborative scope of work for the HIAC - 3rd Quarter 2022 • Evaluate IHN-CCO's current HIT Strategy and obtain feedback - 4th Quarter 2022 • Formulate an action plan to implement the HIT Strategy - 1st Quarter 2023 • Continue working with the HIAC to inform actions – 2022 through 2024
Continue working with providers and community partners to implement and use Unite Us	• Directly engage providers/community partners to increase uptake and referral capabilities - 2022 through 2024 • Collaborate with Unite Us to implement more robust training and education regarding the value and use of Unite Us – 2022 through 2024
Optimize the use of Collective Medical in shared care planning	• Develop technical assistance webinars to inform providers of use cases for better leveraging of Collective Medical case management capabilities – 4th Quarter 2022 through 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 – 2022 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 2022 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 providers to complete testing and validation activities that could help support EHR adoption and configuration - 3rd Quarter 2022
Engage other providers to integrate with Arcadia	• Prioritize and engage additional providers to integrate with Arcadia – 4th Quarter 2022 through 2024
Complete updates to CCA	• Work internally and with CCA vendor to complete and validate updates to CCA – 4th Quarter 2022
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 – 4th Quarter 2022
Continue working with Unite Us to promote value-added functionality to support uptake	• Continue discussions with Unite Us to add functionality that will support enhanced use of the referral system and increase value (e.g., case management and touchpoint capabilities) – 2022 through 2023
Explore integration of Collective Medical in shared care planning	• Evaluate the ability to integrate Collective Medical into Facets, which also feeds TriZettos' Clinical CareAdvance (CCA) – December 2022 • Implement the integration of Collective Medical into Facets, which also feeds TriZettos' Clinical CareAdvance (CCA) – 4th Quarter 2023

Integration of disparate information and/or tools with HIE	
Continue working with Unite Us and community partners to understand and address disparate data	• Continue to facilitate monthly meetings with regional Unite Us users and explore SDOH and screening data – 2022 through 2023 • Work with community partners and Unite Us to develop a consistent screening tool for use in the system – 4th Quarter 2022 • Work with Samaritan Health Services to advise configuration of REALD data in EPIC – 4th Quarter 2022

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 2022 • 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 – 4th Quarter 2022
Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding	
Evaluate and implement an HIE platform	• Leverage the HIT Strategy Committee to evaluate HIE platforms based on functionality and configurability that allows integration and exchange of data– 3rd Quarter 2022 • Obtain leadership approval for recommended HIE platform and develop a plan for implementation – 4th Quarter 2022 • Fund and implement recommended HIE platform internally and then with prioritized providers - 4th Quarter 2023
Augment provider contracts to incorporate any necessary changes for providers that integrate with implemented HIE	• Incorporate HIE related contract changes into provider contract update cycle for providers utilizing IHN-CCO implemented HIE platform that supports care coordination for high-risk populations, including success measures – 2023 through 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 – 2022 through 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 2022 • 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
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 2022 through 1st 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

IHN-CCO will be selecting a dentist from among dental partners to chair the IHN-CCO Dental Advisory Committee that reports to the QMC – 3rd Quarter 2022

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?
OHA is best positioned to convene all CCOs and delivery systems to engage in conversations regarding HIE and interoperability strategies. Consistency in information shared and consolidated tools to support both HIE and interoperability would add value in the health care delivery system's ability to better exchange data to support quality of care for OHP members. More specifically, OHA can reevaluate the secure file transfer protocol site previously used for transitions of care across CCOs.

4. Support for HIE – Hospital Event Notifications

A. 2021 Progress

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

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

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

☒ 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)
	• Support HEN systems for optimal usage

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

IHN-CCO was late to implement the Collective Platform across its provider network due to competing priorities and the widespread use of Epic in the IHN-CCO network; as a result, IHN-CCO providers continue to prefer to use the Epic care coordination tools and Collective Platform shared care plans are used inconsistently. Information about IHN-CCO's primary hospital event notification tools is provided below.

Primary Hospital Event Notification (HEN) Tools

Epic Care Everywhere/Healthy Planet: IHN-CCO also supports integration of Epic EHR, which is used by the CCO's care team, Community Health Centers, Federally Qualified Health Centers, Community Mental Health Programs, and Samaritan Health Services (SHS). SHS is the largest provider system in IHN-CCO's region, serving approximately 60% of IHN-CCO members, and accounts for most of the emergency department and inpatient services. Through Epic, SHS hospitals send a transition of care (TOC) and clinical care document (CCD) when a patient is discharged. These documents are sent to primary care providers within four hours of discharge. 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 that patient data, which allows healthcare organizations' care managers to manage patient populations.

Collective Medical: SHS and the majority of its providers have access to Collective Medical for HEN and real-time case management. There have been barriers to fully integrating the use Collective Medical across IHN-

CCO's provider network as SHS providers prefer to use the Epic care coordination tools and Collective Platform shared care plans are used inconsistently. IHN-CCO believes there is a lot of value in Collective Medical and is working to provide more education and encouragement to increase use and enable "warm handoffs" for transition of care.

Hospital Event Notifications training and/or technical assistance
- IHN-CCO established 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 coordination of care for IHN-CCO members. This training/technical assistance was put on hold due to COVID-19 priorities.
- IHN-CCO contracted with a physician consultant, Creach Consultant, LLC, to provide technical assistance to primary care providers at no cost related to patient-centered primary care home standards. Part of this consultant group's offerings includes assisting providers with leveraging technology for reporting, including HEN capabilities, that adds value to coordinating member care and meeting CCO metrics.

Assessment/tracking of Hospital Event Notification access and capabilities
- IHN-CCO engages all provider types through its Quality Management Council (QMC), which brings all provider types together with community-based organizations and serves as the Clinical Advisory Panel for the organization. The QMC reviews provider adoption of technologies, including HEN, issues, and barriers, and advises the organization on strategies to overcome barriers.

Financially supporting access to a Hospital Event Notification tool(s)
- IHN-CCO offered financial support through value-based payment arrangements that in part supports the increased use and adoption of Collective Medical.
- IHN-CCO has been working to align value-based payment agreements with specific Collective Medical event notification use cases to improve health outcomes and CCO Metrics, such as the initiation and engagement of substance use treatment (IET).

Other strategies for supporting access to Hospital Event Notifications
- As a component of its HIT Strategy Committee, IHN-CCO is exploring the current usage and access of EPIC and Collective Medical to further understand the optimal way to increase use of these tools for HEN.

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.
- Developed event tracking use cases to better integrate oral health providers with physical health and behavioral health providers.

iv. Additional progress specific to behavioral health providers

In addition to progress identified across all provider types, IHN-CCO:
- IHN-CCO engaged with OCHIN to explore options to facilitate exchange of information between OCHIN's Community Connect system with Samaritan's Epic system, implementing Epic's Care Everywhere Referral Management (CERM) to integrate member data, labs, and referrals, including HEN.
- IHN-CCO helped implement Collective Medical for Benton and Linn counties as part of the ACT program.

v. Please describe any barriers that inhibited your progress

During 2021, staffing shortages with IHN-CCO and across the provider network hampered the further advancement of Collective Medical and Epic HEN utilization, as well as provider attendance in training and learning collaboratives.

2. Please describe your (CCO) progress using timely Hospital Event Notifications <u>within your organization</u>. In the spaces below, please
   a. Select the boxes that represent strategies pertaining to your 2021 progress
   b. Describe the following in the narrative section
      i. The tool(s) that you are using for timely Hospital Event Notifications
      ii. The strategies you used in 2021
      iii. Accomplishments and successes related to each strategy.

Overall Progress
Please select which strategies you employed during 2021.

☒ 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.

IHN-CCO made progress in 2021 in evaluating and enhancing the use of HEN internally to better coordinate care for its members. This progress is identified in the following text.

Care coordination and care management
IHN-CCO continued to leverage Collective Medical and Epic for risk stratification and population segmentation including real-time notifications, event triggers, and SHS ADT (admission-discharge-transfer) data that supports real-time care coordination and care management. During 2021, IHN-CCO explored how to best optimize the use of these tools within its care management platform, Clinical Care Advance (CCA), to support timely referrals for timely integration. A phased approach to integrating tools to support care coordination, including Epic EHR and Collective Medical has been developed, but on hold due to the current upgrade of CCA. IHN-CCO is additionally conducting a thorough evaluation of care coordination processes and tools for compliance and operational effectiveness, which will further help to streamline processes and enhance tools and data used by the CCO's care coordination department, which incorporates the use of systems related to HEN that support care coordination.

Risk stratification and population segmentation
As previously mentioned, IHN-CCO began a thorough evaluation of care coordination processes and tools, which includes risk stratification and population segmentation through real-time notifications, event triggers, and SHS ADT data that supports real-time care coordination and care management. IHN-CCO's CCA system, the organization's care coordination platform, integrates data related to member care referrals and triggering events that include inpatient and emergency department utilization. HEN is not yet integrated, but care coordination and utilization management workflows leverage HEN from Collective Medical and the SHS Epic EHR to access data pertaining to risk stratification and population segmentation.

Integration into other systems

IHN-CCO is currently upgrading a number of systems. This work was stalled in 2022 and most of 2021 due to COVID 19 priorities and related staffing shortage. At this time upgrades to Arcadia and CCA are underway with completion anticipated in 2022. Additional capabilities and reporting in the two systems are occurring simultaneously in an effort to catch up with strategies on hold due to the afore mentioned barriers. IHN-CCO has

additionally developed a phased approach to develop an API (application programing interface) that allows data to flow from Collective Medical and the SHS Epic EHR into CCA to more effectively manage member care and support necessary augmentations to care plans.

Arcadia, a population health management and metrics tracking system, is used by IHN-CCO providers to access member data and gap list reporting, which includes inpatient and ED utilization data. IHN-CCO's care coordination and utilization management departments utilize Arcadia to evaluate member characteristics, risk stratification, and triggering events that inform care plans and member care coordination activities. Although IHN-CCO's Arcadia platform is currently being upgraded, a phased approach to the upgrade and data integration and reporting capabilities has been developed. Numerous data sources, including HEN and census and performance reports, have been integrated but validation is still underway. 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
IHN-CCO's exchange of care plan information occurs through secure file protocol transfers to providers. For transitions of care from and to other CCOs, IHN-CCO leverages OHA's SFTP site, although that has recently been decommissioned. A workgroup including numerous CCOs was in discussion with OHA on a better way to exchange member data with other CCOs when the decommission occurred.

Supporting CCO metrics
- IHN-CCO has ensured that utilized technology platforms can support CCO engagement metrics, helping deliver care across the continuum efficiently. While census and performance reports have been established for all inpatient and ED metrics, development and validation is continuing to enhance and support data integration.
- IHN-CCO developed a phased approach to integrate initiation and engagement metrics data into Arcadia that incorporates HEN.

B. 2022-2024 Plans

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

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

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

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

☒ Hospital Event Notifications training and/or technical assistance

☒ Assessment/tracking of Hospital Event Notification access and capabilities

☒ Outreach and education about the value of Hospital Event Notifications

☐ Financially supporting access to Hospital Event Notification tool(s)

☒ Offering incentives to adopt or use a Hospital Event Notification tool(s)

☒ Requirements in contracts/provider agreements

☒ Other strategies for supporting access to Hospital Event Notifications (please list here)

- Enhance EDI to allow integration of alerts/notifications into SHS' Epic EHR
- Support CCO Metric performance reporting
- Collaborate with SHS IS and OCHIN to implement Epic's Care Everywhere Referrals Management (CERM)
- Collaborate with external partners to develop care plan workflows

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

IHN-CCO understands the importance of working with providers in the network to support strategies increasing access to Hospital Event Notification (HEN) tools. Using the OHA-provided Data Completeness Table, 39 physical health, 27 oral health, and 53 behavioral health organizations reported they do not have access to HIE for HEN (Collective Medical).

Table #3. Hospital Event Notification: Activities and Milestones, Contracted Providers

Activities	Milestones
Hospital Event Notifications training and/or technical assistance	
Resume HEN technical assistance	• Develop enhanced use cases to share with all provider types – 4th Quarter 2022 • Incorporate training on developing clinic-level and provider reports of emergency department and hospitalization events - 4th Quarter 2022 • Schedule and conduct technical assistance sessions with providers – 1st Quarter 2023
Leverage physician consultant to provide technical assistance in utilizing HEN	• Work with physician consultant 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 – 4th Quarter 2022 • Provide primary care providers HEN technical assistance through physician consultant – 2023 through 2024
Assessment/tracking of Hospital Event Notification access and capabilities	

Expand assessments and tracking of HEN utilization	• Continue to support OHA HIT evaluations and survey efforts related to HEN capabilities and utilization – 2022 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 – 2022 through 2024
	• Work with behavioral health and oral health providers through active committees on understanding and addressing barrier related to the utilization of HEN – 2022 through 2024
	• Incorporate the assessment of HEN access and capabilities across the provider network through surveys and site visits – 1st Quarter 2022
	• Develop a process to track utilization and outcomes of HEN utilization - 4th Quarter 2023

Outreach and education about the value of HEN	
Provide HEN value education to care coordinators and providers	• Enhance HEN content in CCO requirements presentations to IHN-CCO staff that are responsible for leveraging and tracking HEN for member care purposes – 3rd Quarter 2022
	• Conduct a webinar for providers inclusive of HEN value and tools available –1st Quarter 2023

Offering incentives to adopt or use a Hospital Event Notification tool(s)	
Determine contractual strategy to enhance HEN utilization	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) – 4th Quarter 2022

Requirements in contracts/provider agreements	
Add HEN utilization language to provider contracts	• Add HEN value in contractual language/provider manual– 4th Quarter 2022
	• Determine ability to require HEN utilization in contracts – 4th Quarter 2022
	• Make contractual adjustments to require and/or incentivize HEN notification utilization - 4th Quarter 2023

Other strategies for supporting access to Hospital Event Notifications	
Work with SHS to enhance EDI to allow Integration of alerts/notifications into SHS' Epic EHR	• Work with SHS to develop project details to enhance EDI 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
Support CCO Metric performance reporting	• Develop referral workflows and shared care planning to support initiation and engagement in substance use treatment (IET) to improve member outcomes – 4th Quarter 2022
	• Complete Arcadia upgrades, and currently phased data integration/reporting and data validation – 4th Quarter 2023
Collaborate with SHS IS and OCHIN to implement Epic's Care Everywhere Referrals Management (CERM) to improve warm handoffs, referral tracking and follow up care	• Continue discussions with SHS and OCHIN – 2022
	• Work to implement CERM across all three counties in IHN-CCO's region as agreed – Goal: 4th Quarter 2023 (dependent on agreement)
Collaborate with external partners to develop care plan workflows	• Collaborate with providers to develop care management workflows between primary care and behavioral health providers – 1st 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*

2. Please describe your (CCO) plans to use timely Hospital Event Notifications <u>within your organization</u>. In the spaces below, please
   a. Select the boxes that represent strategies pertaining to your 2022-2024 plans
   b. Describe the following in the narrative section
      i. Any additional tool(s) that you are planning on using for timely Hospital Event Notifications
      ii. Additional strategies for using timely Hospital Event Notifications beyond 2021
      iii. Activities and milestones related to each strategy

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

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

☒ Care coordination and care management	☒ 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.

The above strategies apply to IHN-CCO utilization of HEN as internal teams are aligned with and collaborate with external providers. IHN-CCO has identified the following additional strategies that are specific to the utilization of HEN within the organization.

Activities	Milestones
Care coordination and care management	
Continue CCA upgrade and data integrations	• Complete CCA upgrade – 2022 • Once the CCA upgrade is completed, IHN-CCO will continue with its phased approach to integrate data from other applications/platforms, including Collective Medical and Epic EHR HEN data, with CCA - 2023
Continue to explore more efficient ways to send member data for transitions of care	• Work internally, with other CCOs, and OHA to determine a more efficient way to exchange member data for transitions of care with other CCOs – 2022
Risk stratification and population segmentation	
Complete Arcadia and CCA Upgrades to better integrate risk stratification and population	• Complete Arcadia upgrade – 2022 • Complete CCA upgrade – 2022

segmentation into IHN-CCO workflows	• Evaluate and refine Arcadia and CCA risk stratification and population segmentation algorithms – 2022 through 1st Quarter 2023 • Revise workflows related to any risk stratification and population segmentation algorithms and reporting – 1st Quarter 2022
Integration into other systems	
Integrate Collective Medical and SHS Epic HEN into CCA	• Once the CCA upgrade is completed, IHN-CCO will continue with its phased approach to an API that will allow Collective Medical and SHS Epic HEN integrations with CCA - 2023
Exchange of care plans and care information	
Continue to explore more efficient ways to send member data for transitions of care	• Work internally, with other CCOs and providers, and OHA to determine a more efficient way to exchange member data for transitions of care with other CCOs – 2022 (part of IHN-CCO's HIT Strategy Committee work)
Utilization monitoring/management	
Evaluate and enhance utilization and reporting of HEN data to support utilization management	• Evaluate current workflows and reporting used for IHN-CCO utilization management and care coordination departments to ensure alignment with system integration activities – 2022 through 2nd Quarter 2023
Supporting CCO metrics	
Complete inpatient and ED metric validation in Arcadia	• Finalize inpatient and ED metric validation in Arcadia and initiate reporting – 4th Quarter 2022 •
Complete initiation and engagement metric validation in Arcadia	• Finalize initiation and engagement metric validation that includes HEN, in Arcadia and initiate reporting – 3rd Quarter 2022

C. Optional Question

How can OHA support your efforts in supporting your contracted providers with access to Hospital Event Notifications?
As OHA has created stronger accountability measures through numerous reporting specifications that require information technology staff time to implement across various systems CCOs use, OHA can help alleviate administrative burden that hinder CCOs' ability to develop enhanced technology to support HIT/HIE capabilities by carefully assessing reporting requirements to reduce redundancy and consider HIT resource stresses when new reporting or changes to reporting requirements are considered.

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

A. 2021 Progress

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

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

Throughout 2021, the COVID-19 pandemic and staffing shortages shifted priorities of providers and community partners. Despite these 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 to adopting the technology, but to integrate 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 Arcadia will be a database 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 data (Race, Ethnicity, Language, and Disability) as well as social service information such as housing, food security, and transportation needs. Additionally, data from Transformation pilot programs will be collected and integrated into Arcadia.

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, CMHPs, OCWCOG, DCOs PCP (PCPCH, BHH, FQHC), 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 licenses and support at no-cost.

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 that patient data, which allows healthcare organizations' care managers to manage patient populations more efficiently.

TriZetto's' Clinical CareAdvance: IHN-CCO implemented Clinical CareAdvance (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 IHN-CCO made pertaining to supporting social needs screening and referrals.

Provider Engagement, Assistance, and Incentives
- Worked with the IHN-CCO Connect Oregon workgroup, inclusive of numerous community-based organizations and IHN-CCO network providers, to identify and overcome barriers to Connect Oregon implementation
- Worked with existing committees and provider focus groups to determine ways to encourage/incentivize providers to use SDOH Z-Codes
- Collaborated with United Way to offer incentives to use Unite Us for referrals and screenings

Optimize and Integrate SDOH Screening and Referral Tools
- Collaborated with community partners, providers, and Connect Oregon/Unite Us to develop an aligned screening tool
- Collaborated on regional and state level to improve the value of Unite Us as a screening and referral tool
- Leveraged community partner and provider feedback to make enhancements to regional Unite Us users present in Unite Us and utilize referrals
- Provided Unite Us licenses and support at no-cost for contracted providers including Samaritan Health Services and community mental health programs
- Developed a strategy to drive adoption and use of Connect Oregon/Unite Us, expanding the network to more community-based organizations.

Accomplishments

- Identified opportunities to increase Connect Oregon usage and better support community health.
- Supported Connect Oregon integration with other systems – single sign-on through Epic.
- Worked with Unite Us to integrate with OCHIN.
- Scoped integration of all relevant EHR, claims, and Unite Us/Connect Oregon data into Arcadia.
- Expanded the number of providers and community-based organizations receiving referrals through Connect Oregon from 13 in the 4th quarter of 2021 to 82 in the 1st quarter of 2022.

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

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

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 Arcadia will be a database 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 data (Race, Ethnicity, Language, and Disability) as well as social service information such as housing, food security, and transportation needs. Additionally, data from Transformation pilot projects and SHARE Initiative projects will be collected and integrated into Arcadia.

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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 that patient data, which allows healthcare organizations' care managers to manage patient populations more efficiently.

Strategies used and progress made in 2021:

Incentivized Use of Unite Us/Connect Oregon
*   Through contracting and technical assistance, supported 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 IHN-CCO's service region, 97 organizations with 106 active programs were using Unite Us/Connect Oregon in 2021. Though this was an increase from 16 organizations in January 2020, of the 97 organizations, there were only 13 programs receiving referrals at the beginning of Q4 2021.

- Identified previously, the adoption of healthcare providers was a barrier to widespread use of Unite Us/Connect Oregon. In 2021, many of Samaritan health Services' hospitals, health education department, pediatric clinics, and family medicine clinics joined and began using Unite Us/Connect Oregon.
- In Q4 2021, DST Connect Oregon Workgroup and Unite Us partners focused on assisting community-based organizations and medical providers with additional training to increase the number of programs receiving referrals. Through these efforts, by the end of Q4 2021, there were 82 programs receiving referrals.

Engagement and Collaboration
- Leveraged the IHN-CCO Connect Oregon/Unite Us workgroup to expand use and adoption of universal SDOH screening and tools.
- Provided Unite Us/Connect Oregon technical assistance to all applicants for community-benefit initiatives and the SHARE Initiative.
- Established partnerships between primary care THWs and CBO housing providers and promoted use of certified THWs in unified approach to SDOH-E screening and member outreach.
- Leveraged its 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 Quality Improvement Committee established a workgroup to conduct inventory of screening tools and approaches used across the region.
- Worked with OHA to align DCO and dental provider outreach and education in SDOH data collection and reporting.
- Brought oral health providers together with primary care and behavioral health providers for community needs assessments related to SDOH-E and integration of disparate data sources and to understand technical barriers and capacity for secure sharing of information between providers.
- Collaborated with Linn, Benton, and Lincoln County Early Learning Hub to identify community service and support needs in preparation for the CCO system-level incentive measure health aspects of kindergarten readiness and social-emotional health.
- Partnered with United Way to support regional campaign to incentivize use of Connect Oregon/Unite Us adoption.
- Established transparent metric reporting on utilization of the Connect Oregon/Unite Us CIE (community information exchange) and the closed loop referral platform. IHN-CCO brings stakeholders together on a quarterly basis to evaluate progress, discuss benefits, enhancements needed and benefits of participation.

Integration with EHR and Community-based Organization Platforms
- 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.
- Supported Unite Us/Connect Oregon adoption and implementation with DCOs.

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

- IHN-CCO engaged behavioral health providers through the Behavioral Health Quality Committee to assess needs and barriers to SDOH-E screening tools and engagement in Connect Oregon/Unite Us.
- IHN-CCO collaborated with and financially supported Pathfinder Club International to develop wraparound services and supports for individuals with SPMI (severe and persistent mental illness) to address SDOH-E needs such as banking and vocational training, including care coordination and referrals.

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 impacted 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.

B. 2022-2024 Plans

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

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.
   - If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
   - If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

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

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.

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

Activities	Milestones
Enhanced CCO operations to Address Member Needs	
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 – 2022 through 2024 • 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) – 2022 through 2024

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
	    ○ Grievances and Appeals
	    ○ Customer Service
	    ○ Network Management and Contracting
	    ○ Member Advocacy
	    ○ CCO Strategy
	
	This work will continue through 2024 as enhanced SDOH data becomes available.

Leverage SDOH Data to Support Community Investments	
Utilize SDOH data to inform community investments	• Incorporate ADOH 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) This work will continue through 2024 as enhanced SDOH data becomes available.

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

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.
   - If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
   - If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

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

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.

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

Activities	Milestones

Incentivized Use of Unite Us/Connect Oregon	
Value-based payment arrangements to support expanded SDOH-E screening and adoption and outcome tracking associated with referrals	• Establish strategies that include incentives for any SDOH Screening and referral solution use or tiered provider incentives (higher for IHN-endorsed SDOH Screening & Referral solution) – 4th Quarter 2022
Explore ways to reduce implementation costs, such as subsidizing purchase and maintenance for providers	• Collaborate with community partners to evaluate barriers to implementation and project funds needed – 3rd Quarter 2022 • Operationalized process for allocating funds to community partners based on priority and need – 1st Quarter 2023
Provide technical assistance and training	• Offer meetings and support through the Connect Oregon and Sustainability Workgroups – 3rd Quarter 2022 • Offer on-site consultations and assistance – 4th Quarter 2022 • Connect with Unite Us for systematic training plan development – 3rd Quarter 2022
Engagement and Collaboration	
Evaluate inventory of screening tools and approaches used across the region, identify gaps, and develop an action plan	• The Quality Improvement Committee (QIC) population health metrics workgroup will engage stakeholders and complete inventory – 3rd Quarter 2022 • Action plan developed – 4th Quarter 2022
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 2022.
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 2022 • Hold Connect Oregon/Unite Us regional summit – 1st Quarter 2023
Integration with EHR and Community-based Organization Platforms	
Explore potential new use cases where EHRs/HIEs and Unite Us can interoperate to better address SDOH	• Collaborate with and engage the IHN-CCO Connect Oregon Workgroup and Unite Us – 3rd Quarter 2022 • Develop strategies to pursue interoperability of platforms – 4th Quarter 2022
Assess how Unite Us/Connect Oregon platform can serve as bi-directional exchange	• Advocate for and assess bi-directional capabilities with Unite Us – 2022 - 2024
Support Access to SDOH Data	
Identify additional data sources and elements containing data relevant to monitoring and addressing SDOH-E	• The QIC population health metrics workgroup will collaborate with the Analytics team to develop implementation plans to integrate multiple disparate sources of SDOH-E data into common platform – 3rd Quarter 2022. • The QIC provider network taskforce will engage providers in developing solutions for integrating EHR data collection and screening information - 4th Quarter 2022.
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 2022. • IHN-CCO will convene discussions with vendors to develop requirements for standardizing screening across platforms – 3rd Quarter 2022. • 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 2022.
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
IHN-CCO plans to continue collaborating with Patient-Centered Primary Care Home (PCPCH) providers around initiation, engagement, and treatment (IET).

v. Additional plans specific to social services and CBOs
Continue to work with 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 – 2022 through 2024

C. Optional Question

How can OHA support your efforts in supporting the use of, and using HIT to support social needs screening and referrals for addressing SDOH needs?
IT support for interoperability, and community-based organization capacity building, common SDOH-E screening tool and workflow.

6. Other HIT Questions (Optional)

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

A. How can OHA support your efforts in accomplishing your HIT Roadmap goals?
As mentioned in previous sections related to OHA support, IHN-feels OHA can support HIT Roadmap goals by: • Minimize duplicative reporting and frequently occurring reporting changes. The desire for enhanced reporting and continuous changes has not been aligned with OHA's ability to evaluate reporting or OHA's desire to have CCOs dedicate resources for complex data exchange. Some data points required in reporting are captured in multiple reports and a lack of timely review by OHA calls into question the value of specific reporting. These changes have an impact of CCOs' ability to focus on member care and larger technological advances, especially when technical staff resources are difficult to recruit and retain. • Supporting value-added meetings to discuss reporting recommendations that are acted upon. • Balancing HIT/HIE development requirements with administrative budget constraints placed on CCOs, understanding the cost and complexity associated with implementing advancements in this space. • Consolidating duplicative meetings related to HIT/HIE across OHA and HIT Commons. • Adopting statewide standards and a common methodology for screening and measuring health disparities.

B. How have your organization's HIT strategies changed or otherwise been impacted by COVID-19? What can OHA do to better support you?
Covid-19 priorities, staffing shortages, and compounding regulatory redirects deeply challenged our capacity for change and transformation with shift to focus on efficiency, interoperability, and redesigning siloed IT systems around community need.

C. How have your organization's HIT strategies supported reducing health inequities? What can OHA do to better support you?
IHN-CCO consistently engages community partners and providers to address data challenges related to health equity. While this data is difficult to obtain and is based on voluntary reporting, IHN-CCO has made efforts to align system data collection and reporting across multiple operational components (e.g., utilization management, care coordination, language access and REALD). A system-wised, state-wide focus on reducing administrative burdens for providers and centralized data collection would assist CCOs in furthering HIT/HIE progress.