2021 Updated HIT Roadmap

Guidance Document & Template

December 12, 2020

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Guidance Document

Purpose & Background

Per the CCO 2.0 Contract, CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (HIT) Roadmap. As described in the HIT Questionnaire (RFA Attachment 9), the HIT Roadmap must describe how the CCO currently uses HIT to achieve desired outcomes and support contracted providers, as well as outline the CCO's plans for the following areas throughout the course of the five-year contract:

- Support for Electronic Health Record (EHR) adoption for physical, behavioral, and oral health providers
- Support for Health Information Exchange (HIE) for Care Coordination and Hospital Event Notifications for physical, behavioral, and oral health providers, and CCO use of Hospital Event Notifications
- Health IT for Value-Based Payment (VBP) and Population Health Management

For Contract Year One, CCOs' responses to the HIT Questionnaire formed the basis of their draft HIT Roadmap. For Contract Years Two through Five, CCOs are required to submit an annual Updated HIT Roadmap to OHA reporting the progress made on the HIT Roadmap from the previous Contract Year, as well as any new information, activities, milestones, and timelines which were not included in the HIT Roadmap for the previous Contract Year. OHA expects CCOs to use their approved 2019 HIT Roadmap as a foundation/starting point when completing their 2020 Updated HIT Roadmap.

Overview of Process

The Updated HIT Roadmap shall be submitted to OHA for review and approval on or before **March 15** of Contract Years Two through Five. CCOs will use the Updated HIT Roadmap Template for Contract Years Two through Five reporting, rather than resubmit the original HIT Roadmap submitted with the CCO 2.0 application. Please submit the completed Updated HIT Roadmap to Jessi Wilson at CCO.HealthIT@dhsoha.state.or.us.

Similar to Contract Year One, OHA will review each CCO's Updated HIT Roadmap and will send a written approval or a request for additional information and discussion. If immediate approval is not received, the CCO will need to participate in an Updated HIT Roadmap Work Plan to achieve an approved Updated HIT Roadmap for Contract Year Two. The aim of the Work Plan will be for CCOs to

1. Communicate with OHA to better understand how to achieve an approved Updated HIT Roadmap for Contract Year Two
2. Revise Updated HIT Roadmap and resubmit to OHA for review and approval

Additional information about the Updated HIT Roadmap Work Plan will be provided to any CCO that does not receive an immediate Updated HIT Roadmap approval from OHA. Please refer to the timeline below for an outline of steps and action items related to the Updated HIT Roadmap submission and review process.

Updated HIT Roadmap Timeline

	March - May 2021	June - July 2021	July - Sept. 2021
	Updated HIT Roadmap Submission and Review	CCO/OHA Communication and Collaboration	CCO HIT Response Resubmission to OHA for Review
Activities	List of activities	List of activities	List of activities
	CCOs submit completed Updated HIT Roadmap Templates to OHA by **3/15/21**.	If approved, no further action required of CCOs on Updated HIT Roadmap for Contract Year 2.	CCO submits revised Updated HIT Roadmap to OHA for review by **7/30/21**.
	OHA reviews Updated HIT Roadmaps.	If not approved, CCO contacts OHA by **6/11/21** to schedule the Updated HIT Roadmap Work Plan meeting.	OHA reviews CCO's resubmitted Updated HIT Roadmap.
	OHA sends Updated HIT Roadmap result letter to CCO by **5/31/21**.	Collaborative meeting(s) occur between CCO and OHA by **7/02/21**.	OHA sends second Updated HIT Roadmap Review result letter to CCO by **9/10/21**.

OHA anticipates that all 15 CCOs will have an approved Updated HIT Roadmap by **10/1/21**.

Updated HIT Roadmap Approval Criteria

The table below contains high-level criteria outlining OHA's expectations for responses to the required Updated HIT Roadmap questions. Please review the table to better understand the content that must be addressed in each required response. Please note, approval criteria for Updated HIT Roadmap optional questions are not included in this table because optional questions are for informational purposes only and do not impact the approval of an Updated HIT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the Updated HIT Template for the complete question when crafting your responses.

Updated HIT Roadmap Section	**Question(s) – Abbreviated *Please see template for complete question.**	**Approval Criteria**
1. HIT Partnership	CCO attestation to the four areas of HIT Partnership.	CCO meets the following requirements: • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU • Served, if elected on the HIT Commons governance board or one of its committees • Participated in OHA's HITAG at least once during the previous Contract Year
2. Support for EHR Adoption	**a.** 2020 Progress supporting EHR adoption for contracted physical, oral, and Behavioral Health providers? **b.** 2021 – 2024 Plans for supporting EHR adoption for contracted physical, oral, and Behavioral Health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes ○ Strategies used to support EHR adoption and address barriers to adoption among contracted physical, oral, and Behavioral Health providers in 2020 ○ Specific accomplishments and successes for 2020 related to EHR adoption • Description of plans includes ○ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 Behavioral Health organizations) ○ Additional strategies for 2021 – 2024 to support increased rates of EHR adoption and address barriers to adoption among the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different EHR needs for different provider types
3. Support for HIE – Care Coordination	**a.** 2020 Progress supporting access to HIE for Care Coordination among contracted physical, oral, and Behavioral Health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes ○ Specific HIE tools supported or made available in 2020 ○ Strategies used to support HIE for Care Coordination access for contracted physical, oral, and Behavioral Health providers in 2020 ○ Specific accomplishments and successes for 2020 related to HIE for Care Coordination access • Description of plans includes

Updated HIT Roadmap Section	Question(s) – Abbreviated *Please see template for complete question.	Approval Criteria
3. Support for HIE – Care Coordination	**b.** 2021 – 2024 Plans for supporting access to HIE for Care Coordination among contracted physical, oral, and Behavioral Health providers?	○ The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 Behavioral Health organizations) ○ Additional HIE tools supported or made available ○ Additional strategies for 2021 – 2024 to support increased rates of access to HIE for Care Coordination among the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different HIE needs for different provider types
4. Support for HIE – Hospital Event Notifications	**1. a.** 2020 Progress ensuring timely Hospital Event Notifications for contracted physical, oral, and Behavioral Health providers? **1. b.** 2021 – 2024 Plans for ensuring timely Hospital Event Notifications for contracted physical, oral, and Behavioral Health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes ○ Current tool CCO is providing and making available/planning to make available to providers for Hospital Event Notifications ○ Strategies used to support access to timely Hospital Event Notifications for contracted physical, oral, and Behavioral Health in 2020 ○ Specific accomplishments and successes for 2020 related to Hospital Event Notification access • Description of plans includes ○ The number of organizations (by provider type) that have not adopted an HIE for Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 Behavioral Health organizations) ○ Additional tool CCO planning to make available to providers for Hospital Event Notifications ○ Additional strategies for 2021 – 2024 to support increased rates of access to timely Hospital Event Notifications for the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different Hospital Event Notification needs for different provider types
4. Support for HIE – Hospital Event Notifications	**2. a.** 2020 Progress using timely Hospital Event Notifications **within** your organization? **2. b**. 2021 – 2024 Plans using timely Hospital Event Notifications within your organization?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes ○ Current tool CCO is using within their organization for Hospital Event Notifications ○ Strategies used for timely Hospital Event Notifications within CCO's organization for 2020 ○ Specific accomplishments and successes for 2020 related to CCO's use of Hospital Event Notifications • Description of plans includes ○ Additional tool CCO is planning to use for Hospital Event Notifications ○ Additional strategies for 2021– 2024 to use timely Hospital Event Notifications within the CCO ○ Specific activities and milestones for 2021 – 2024

Updated HIT Roadmap Section	Question(s) – Abbreviated *Please see template for complete question.	Approval Criteria
6. Health IT for VBP and Population Health Management *a. HIT Tools and Workforce*	HIT capabilities for the purposes of supporting VBP and population management?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of capabilities includes ○ HIT Tools used for VBP and population management ▪ HIT tool(s) to manage data and assess performance ▪ Analytics tool(s) and types of reports generated routinely ○ Clear details around CCO staffing model for VBP and population management analytics
6. Health IT for VBP and Population Health Management *b. HIT to Administer VBP Arrangements*	2021 – 2024 Plans and 2020 Progress around using HIT to administer VBP arrangements?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description includes ○ Clear strategies for 2021 – 2024 for using HIT to administer VBP arrangements, including a description of the CCO's plan to scale VBP arrangements over the course of the Contract and spread VBP arrangements to different care settings and enhance or change HIT. ○ Specific activities and milestones related to using HIT to administer VBP arrangements ○ Progress in 2020 using HIT for administering VBP arrangements
6. Health IT for VBP and Population Health Management *c. Support for Providers with VBP*	2021 – 2024 Plans and 2020 Progress around using HIT to support Providers so they can effectively participate in VBP arrangements?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description includes ○ Clear strategies for 2021 – 2024 for using HIT to support Providers so they can effectively participate in VBP arrangements and support Providers with: ▪ timely information on measures used in VBP arrangements ▪ accurate and consistent information on patient attribution ▪ information to identify patients who needed intervention, including risk stratification data and Member characteristics ○ Specific activities and milestones for 2021 – 2024 related to supporting Providers in VBP arrangements ○ Specific HIT tools used to deliver information ○ The percentage of Providers with VBP arrangements at the start of the year who had access to the above data ○ Progress in 2020 related to this work

Updated HIT Roadmap Template

***Please complete and submit to OHA at CCO.HealthIT@dhsoha.state.or.us by March 15, 2021.**

CCO: All PacificSource Community Solutions (PCS) CCOs, Specific Regional CCO Context added where applicable. Date: 3/1/2021

Instructions

Please complete all of the required questions included in the following Updated HIT Roadmap Template. Topics and specific questions where responses are not required are labeled as optional. The layout of the template includes questions across the following seven topics:

1. HIT Partnership
2. Support for EHR Adoption
3. Support for HIE – Care Coordination
4. Support for HIE – Hospital Event Notifications
5. Health IT and Social Determinants of Health and Health Equity (SDoH-E) (optional section)
6. Health IT for VBP and Population Health Management
7. Other HIT Questions (optional section)

Each topic includes the following:

- Narrative sections to describe your 2020 progress, accomplishments/successes, and barriers
- Narrative sections to describe your 2021 – 2024 plans, strategies, and related activities and milestones. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you to attach a second document outlining their planned activities and milestones as was required for Contract Year One. However, you may attach your own documents in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones and specifies the corresponding Contract Year).

Responses should be concise and specific to how your efforts support the relevant HIT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with HIT, as well as any challenges/barriers experienced, and how OHA may be helpful. CCOs are expected to support physical, behavioral, and oral health providers with HIT. That said, CCOs' Updated HIT Roadmaps and plans should be informed by OHA-provided HIT data. Updated HIT Roadmaps should be strategic, and activities may focus on supporting specific provider types or specific use cases. OHA expects Updated HIT Roadmaps will include specific activities and milestones to demonstrate the steps CCOs expect to take. OHA also understands that the HIT environment evolves and changes, and that plans from one year may change to the next. For the purposes of the Updated HIT Roadmap responses, the following definitions should be considered when completing responses.

Strategy: CCO's approach and plan to achieve outcomes and support providers

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

Milestones: Significant outcomes of activities or other major developments in CCO's overall strategy, with indication of when the outcome or development will occur (e.g. Q1 2022).

Note: Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A note about the template*:*

This template has been created to help clarify the information OHA is seeking in CCOs' Updated HIT Roadmaps. The following questions are based on the CCO Contract and HIT Questionnaire (RFA Attachment 9); however, in order to help reduce redundancies in CCO reporting to OHA and target key CCO HIT information, certain questions from the HIT Questionnaire have not been included in the Updated HIT Roadmap template. Additionally, at the end of this document, examples have been provided to help clarify OHA's expectations for reporting progress and plans. For questions about the Updated HIT Roadmap template, please contact Jessi Wilson at CCO.HealthIT@dhsoha.state.or.us

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 OHA's HITAG, at least once during the previous Contract year.

2. Support for EHR Adoption

a. 2020 Progress

Please describe your progress supporting EHR adoption and addressing barriers to adoption among contracted physical, oral, and Behavioral Health providers. In your response, please describe

1. The strategies you used to support EHR adoption and address barriers to adoption among contracted physical, oral, and Behavioral Health providers in 2020.
2. 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.

i. Progress Across Provider Types

In 2020, PCS halted all non-critical outreach to providers as a part of its COVID-19 relief efforts. This has deferred a large portion of our strategy to drive EHR adoption across all provider types. Still, we have taken the opportunity to continue to educate risk-sharing and other high impact providers during partnership meetings and/or annual visits. Also, during this period we took a number of internally-focused steps to adjust our data collection methodology and reporting, which did not increase the burden on our provider partners. While 2020 has been a difficult year, we believe these steps will create a more solid foundation from which we will drive adoption as the pandemic begins to subside and providers return to more normal operations. We noted a few provider partners, who had planned EHR upgrades or transitions, who postponed those transitions as a direct result of the pandemic. We observed others who continued along their planned roadmaps, gaining additional functionality and addressing known issues. Bearing that in mind, PCS is happy to share its progress in the following critical strategic areas:

EHR Strategy 1 – Develop assessment and monitoring process for EHR adoption / HIE Access rates across provider types.

Summary: Thanks in large part to OHA's release of EHR Adoption data to the CCOs, we now have a standard by which we can begin monitoring EHR/HIE adoption trend.

Activities	Milestones and/or Contract Year
Determine data collection format.	2020 (Complete)
Create template of data fields needed for use in a variety of formats and establish data source.	2020 (Complete)
Aggregate data and determine baseline.	2020 (Complete)
Collect data on EHR status across range of physical health providers.	2020-2024 (Ongoing)
Use Delivery System Network report to identify in-scope providers.	2020-2024 (Ongoing)
Compare in-scope list with catalog of data contributors from Regional Health Information Organization (RHIO) operating in region (e.g. Reliance in areas where they are providing services).	2020-2024 (Ongoing)
Collect data from providers with unknown status.	2020-2024 (Ongoing)

EHR Strategy 2 – Build approach and model for deploying adoption support resources.

Summary: Our primary strategy in improving EHR adoption within CCO regions is through the advancement of awareness and education. In 2020, we focused our efforts in educating our CCO governing boards (health councils) and key provider partners about our approach to this work and presented draft dashboards to monitor progress. As a result of the impacts of the global pandemic many of our initial timelines have been deferred a year or more, see 2021-2024 plans section.

Activities	Milestones and/or Contract Year
Develop peer-relationships through Joint Operating Committees with high impact provider partners as a conduit to education/awareness activities.	2020-2024 (Ongoing)
Debrief health councils on successes and opportunities with EHR.	2020-2024 (Ongoing)

EHR Strategy 3 – Encourage and support EHR adoption.

Summary: In each of our regions, EHR adoption is high for the majority of our larger practices and systems across primary care, oral, and Behavioral Health. There are known gaps with our smaller practices that we continue to evaluate. However, as mentioned, we remain strategically focused on the partners who will have the most impact and those who will be more amenable to move forward as a result of expanded contractual relationships or other factors. For smaller practices that are not as willing to engage, we continue to maintain a core set of educational resources. We did find it challenging to engage on this topic in 2020, given almost all conversations were rightfully focused on addressing the challenges presented by the pandemic and the significant impacts it had on the care delivery system. As a result and as with other strategies, much of our progress in this area was internally-focused, preparatory, and foundational in nature.

Activities	Milestones and/or Contract Year
Expanded our HIE/EHR team to include dedicated technology resources who can assist in monitoring efforts, education and communication in each region.	2020 (Complete)
Reorganized our HIE/EHR technology team to report through our BI organization to allow for more ready access to	2020 (Complete)

specialized technologists who are involved in discussions with our provider partners around HIT, EHR and HIE.	
Complete inventory of resources available for educational, financial, and technical support.	2020 (Complete)

ii. Additional Progress Specific to Physical Health Providers

See the *Progress Across Provider Types* section.

iii. Additional Progress Specific to Oral Health Providers

See the *Progress Across Provider Types* section.

iv. Additional Progress Specific to Behavioral Health Providers

See the *Progress Across Provider Types* section.

v. Please describe any barriers that inhibited your progress.

Major Barriers

1. Provider relief strategy necessitated supporting providers through pandemic-related challenges, and there was little time or willingness for partners to engage on this topic.
2. Data quality, consistency, and accuracy required to establish accurate baseline.
3. Internal shifting of resources to address other areas has been a barrier to this work stream. In other words, focus was placed on other more pandemic relevant HIT Roadmap areas; Community Information Exchange (CIE), and Hospital Event Notifications (HEN). This resource rebalancing, in conjunction with barrier 1 listed above, has deferred planned work around Roadmap EMR access.
4. Medicaid Promoting Interoperability EHR incentive program would not allow clinics just starting adoption to receive funding offsets for adoption.

b. 2021 - 2024 Plans

Please describe your plans for supporting EHR adoption among contracted physical, oral, and Behavioral Health providers. In your response, please include

1. 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.
2. Additional 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 2020.
3. Associated activities and milestones related to each strategy.

Notes:

- Strategies described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and 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. Additional Strategies Across Provider Types, Including Activities & Milestones

Based on the Data Completeness Table in the OHA-provided HIT Data File dated 12/11/2020, the number of contracted organizations and Patient-Centered Primary Care Homes (PCPCHs) which lack information about the adoption of an EHR tool are:

CCO: Central Oregon	Number of Contracted Providers	Number w/o EHR Adoption	Percent w/o EHR Adoption	Number of contracted PCPCHs	Number w/o EHR Adoption	Percent w/o EHR Adoption
Physical Health	132	98	74%	16	0	0%
Behavioral Health	145	124	86%	9	0	0%
Oral Health	34	26	76%	2	0	0%

CCO: Columbia Gorge	Number of Contracted Providers	Number w/o EHR Adoption	Percent w/o EHR Adoption	Number of contracted PCPCHs	Number w/o EHR Adoption	Percent w/o EHR Adoption
Physical Health	41	26	63%	10	0	0%
Behavioral Health	27	16	59%	6	0	0%
Oral Health	15	10	67%	2	0	0%

CCO: Lane	Number of Contracted Providers	Number w/o EHR Adoption	Percent w/o EHR Adoption	Number of contracted PCPCHs	Number w/o EHR Adoption	Percent w/o EHR Adoption
Physical Health	84	52	62%	23	1	4%
Behavioral Health	119	88	74%	16	0	0%
Oral Health	47	36	77%	5	0	0%

CCO: Marion / Polk	Number of Contracted Providers	Number w/o EHR Adoption	Percent w/o EHR Adoption	Number of contracted PCPCHs	Number w/o EHR Adoption	Percent w/o EHR Adoption
Physical Health	117	56	48%	31	2	6%
Behavioral Health	93	57	61%	16	0	0%
Oral Health	54	44	81%	4	0	0%

Summary of 2021-2024 Major Strategies / Milestones (See below for more detail):

1. Develop process/policy for monitoring EHR trend using OHA's release of EHR adoption data blended with internal data sources such as those indicated in our previous strategies (Delivery System Network report, Clinical Data Sources, etc.).
2.
3. Develop and disperse informational materials to highlighting the benefits of EHR with our provider partners.
4. Continue to report current state and progress towards targets to health council.

EHR Strategy 1 (Ongoing and Additional Activities) – Develop assessment and monitoring process for EHR adoption trend across provider types.

Activities	Milestones and/or Contract Year
Continue collecting data on EHR/HIE status across range of physical health providers.	2020-2024 (ongoing)
Use Delivery System Network report to identify in-scope providers.	2020-2024 (ongoing)

Compare in-scope list with catalog of data contributors from Regional Health Information Organization (RHIO) operating in region (e.g. Reliance in areas where they are providing services).	2020-2024 (ongoing)
Collect data from providers with unknown status.	2020-2024 (ongoing)
Corroborate baseline against any available external sources (e.g. Certified Health IT Product List).	2021-2024 (ongoing)
Continue to re-integrate internal and external data to report progress.	2021-2024 (ongoing)
Formalize and document PCS policy and procedure around assessment and monitoring and review/update annually.	2021-2024 (ongoing)
By prototyping HL7 transmissions for EHR data, assess feasibility. (Reliance)	2022 (Q4)

EHR Strategy 2 (Ongoing and Additional Activities) – Build approach and model for deploying adoption support resources

Activities	Milestones and/or Contract Year
Establish threshold above which non-EHR clinics receive adoption support.	2021 (Q3)
Complete scoping analysis of resources needed to address gaps in EHR adoption.	2021 (Q4)
Use baseline to categorize providers without EHR by impact based on assigned CCO members or annual visits by CCO members.	2021 (Q4)
Set regional threshold for adoption support - e.g. >2% of assigned members or encounters with >2% of CCO population, annually.	2021 (Q4)
Consult health council and Clinical Advisory Panel to define high-priority populations—e.g. members affected by chronic pain, Behavioral Health conditions, incarceration, Limited English Proficiency, or foster care involvement.	2022 (Q1)
Present proposed adoption improvement targets to Health Council and Clinical Advisory Panels (CAP) in each region.	2022 (Q2)

EHR Strategy 3 (Ongoing and Additional Activities) – Encourage and support EHR adoption.

Activities	Milestones and/or Contract Year
Facilitate peer learning to inform understanding of landscape.	2020-2024 (Ongoing)
Use resource assessment to inform requests through enterprise IT planning process for 2021 work.	2020-2024 (Ongoing)
Evaluate internal and external resources and acquire additional resources as needed.	2021 (Q4)
Identify providers and sites ready and motivated for EHR adoption.	2021 (Q4)
Set numeric targets for future change in adoption rates in consultation with Health Council.	2021 (Q4)
Create EHR/HIE information packet to deploy annually.	2021-2024
Communicate results with Health Council committees.	2022 (Q1)
Complete deployment of at least one resourcing strategy listed above with five non-adopting providers.	2022 (Q2)
Conduct a readiness assessment of non-EHR providers to adopt an EHR.	2022 (Q2)

Support and monitor EHR implementations and report back to Health Council on progress.	2022-2024 (Ongoing)

ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones

See the *Strategies Across Provider Types* section.

iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones

See the *Strategies Across Provider Types* section.
Additional activities:

- Continue to monitor for high-performing, low-cost EHR solutions focused on Oral Health providers.

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

See the *Strategies Across Provider Types* section.
Additional activities:

- Continue to monitor for high-performing, low-cost CEHRT solutions focused on Behavioral Health providers.

Optional Question

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

New or additional State level funding offsets given Medicaid Promoting Interoperability EHR incentive program completes at the end of 2021.

3. Support for HIE – Care Coordination

a. 2020 Progress

Please describe your progress supporting increased access to HIE for Care Coordination among contracted physical, oral, and Behavioral Health providers. In your response, please include

1. Specific HIE tools you supported or made available in 2020
2. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and Behavioral Health providers in 2020
3. 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.

i. Progress Across Provider Types

As mentioned in our EHR adoption response, in 2020, PCS halted nearly all non-critical outreach to providers as a part of its COVID-19 relief actions. While this deferred communication impacted our HIE strategy, the challenges presented by the pandemic highlighted numerous high-value use cases. Our HIE and EHR team members re-focused their efforts on engaging on state and regional challenges presented by the pandemic, identifying opportunities to leverage HIE and HIT. We feel that this helped to shine a light on the importance of these key capabilities in each region. We also focused on internal efforts to build infrastructure and solve systemic problems. For the moment, those solutions are only valuable to PCS; however, they are problems that plague many of our partners and will be a big selling point for both new and increased engagement.

HIE Strategy 1 – Broad support of and engagement with HIE/CIE Platforms / Services.

Summary: Below is a list of HIE platforms currently supported by the CCO and in use by it and its network:

Reliance eHealth Collaborative – PCS continues to be a strong supporter of the Reliance HIE platform which leverages the IMAT Solutions technology. While Reliance has achieved limited adoption in each of the PCS

CCO regions, the adoption by providers is the strongest in Central Oregon and the Columbia Gorge. In addition to being a recipient of community health record data, PCS also contributes administrative claims, including filled prescriptions to Reliance to provide a complete picture of encounters to providers treating PCS members. PCS contracts with Reliance for members in Central Oregon and Columbia Gorge. As an example of the value-add of Reliance in practice, we partnered to create an equity focused COVID-19 report to be used to ensure distribution achieves the equitable access goals of the State of Oregon. We continue to explore other unique opportunities Reliance provides by leveraging data that Collective Medical Technologies (CMT) cannot.

Unite Us/Connect Oregon/CIE – In an effort to address social determinants of health, PCS made a significant investment in 2020 into the Unite Us platform under the Connect Oregon (Unite Us) umbrella initiative. This is also referred to as Community Information Exchange (CIE). Our work with Unite Us is certainly in its infancy, but we are excited to use this tool to make a big impact.

Epic's Care Everywhere - The majority of members in our service areas are covered by physical health providers that utilize Epic including hospital systems and FQHCs. This allows providers in our community to communicate directly through Epic or through "look in" functionality through Epic's Care Everywhere, which provides clinical data for providers who use Epic and other affiliated electronic health systems. We have bi-furcated our strategy to capitalize on the significant capability provided by Epic and its various HIT components while always working to ensure parity of capabilities between non-Epic providers and between Epic and non-Epic providers.

Collective Platform (FKA PreManage) – Since its inception, PCS has been a vocal proponent of the Collective platform. This platform is widely adopted across existing and new PCS regions and has proven to be a key capability for both internal operations as well as in supporting provider care coordination efforts. The pandemic environment has highlighted the significant value that this platform brings in understanding member/patient status. As an example, our care team used this solution as a primary proxy for monitoring volume of members under assessment for COVID-19. Throughout the year, additional high-value use cases were developed such as the ability to leverage Collective to run non-event driven reports, thereby allowing PCS to "tag" members into priority vaccination cohorts and into other relevant care coordination programs in support of COVID-19 response. Using this method, PCS stood up a Vaccine Support cohort in early January 2021 that is identifying around 72 members a day who are eligible for Phase 1c of the COVID-19 Vaccination rollout based on CDC guidelines. This issue has been nationally identified as a major barrier to vaccine rollout, and this approach will be launched as a resource for all connected providers with no more lift than a simple email to Collective Support.

Emergency Department Information Exchange (EDIE) - All hospitals in our service area have adopted EDIE. In addition, the HIT Commons has been working to bring Prescription Drug Monitoring Program (PDMP) information to Emergency Departments through integration of the Oregon PDMP registry with the EDIE platform.

CCO Provider Portal - The CCO's provider portal provides a number of different tools in support of care coordination such as patient assignment, quality performance, and Member Insight Population Health Reporting (MiPi).

Telehealth - The CCO supports telemedicine in physical and Behavioral Health settings. During the 2020 pandemic period, we developed a suite of analytics to understand the ability of our members to access telehealth care equitably. These analytics helped support and bring visibility to the value of telehealth in maintaining care continuity when physical access to care was limited.
Secure File Transfer (SFTP) – PCS continues to exchange significant care coordination information with provider's partners using this method, and transmits a significant volume of monthly reporting and other analysis using this method.

Fax/e-Fax – The fax infrastructure in facilitating the exchange of health information is still key in supporting numerous provider-to-provider and CCO-to-provider workflows. In a number of CCO regions, this is still the primary method for health information exchange.

Reliance eHealth Referrals – Reliance still maintains a specialty referral capability within its platform however this capability is only leveraged in the Columbia Gorge CCO and adoption is waning. PCS is exploring the applicability of Unite Us to help support these workflows as an alternative.

HIE Strategy 2 – Develop assessment and monitoring process for HIE Access and data contribution rates across provider types.

Summary: Thanks in large part to OHA's release of HIE adoption data to the CCOs, we now have a standard by which we can continue monitoring HIE adoption trend. In addition PCS has worked with Reliance eHealth Collaborative to develop dashboards that show the volume of data contributed and activity data (records accessed) for both Central Oregon and Columbia Gorge HIEs.

Activities	Milestones and/or Contract Year
Create template of data fields needed for use in a variety of formats and establish data source.	2020 (Complete)
Determine data collection format.	2020 (Complete)
Aggregate data and determine baseline.	2020 (Complete)
Establish activity and connectivity reporting on HIE (Reliance).	2020 (Complete)
Continue collecting data on HIE status across range of physical health providers.	2020-2024 (Ongoing)
Use Delivery System Network report to identify in-scope providers.	2020-2024 (Ongoing)
Compare in-scope list with catalog of data contributors from Regional Health Information Organization (RHIO) operating in region (e.g. Reliance in areas where they are providing services).	2020-2024 (Ongoing)
Collect data from providers with unknown status.	2020-2024 (Ongoing)
Prototype Evaluate HL7 transmissions for HIE data. (Reliance)	2022

HIE Strategy 3 – Establish and maintain appropriate resourcing and staffing to support multiple CCO Regions

Summary: Through PCS's expansion to additional regions, it identified a need for additional staffing and role creation to support HIE program.

Activities	Milestones and/or Contract Year
Added regional practice coaches to support care coordination and quality workflows.	2020 (Complete)
Added HIE Program Coordinator to support coordinated delivery of EHR and HIE programs to each region.	2020 (Complete)
Added a Social Determinants of Health and Equity (SDOH-E) Program Manager to our community health strategy team. Significant focus on Connect Oregon (Unite Us) implementation.	2020 (Complete)

HIE Strategy 4 – Implement regional Community Information Exchange (CIE)

Summary: In early 2020, PCS began contracting with Unite Us with a goal of establishing each of its regions with a common platform for assessing and addressing social determinants of health needs. PCS was an early

collaborator on what would become the Connect Oregon (Unite Us) initiative. Given the relevance of the Connect Oregon (Unite Us) initiative to pandemic response as well as other crises like wild fires, the majority of our HIE program focus was in creating awareness around the Connect Oregon (Unite Us) program in our regional HIE program updates to health councils. PCS established a deployment plan and timeline for each CCO region, beginning first with Central Oregon through a Unite Us pilot sponsored by the Central Oregon Health Council. Otherwise, we determined that the Connect Oregon (Unite Us) discussion was more well-received in new regions than the discussion regarding the expansion of Collective or Reliance. We anticipate that the regional governance groups established as a part of the Connect Oregon (Unite Us) will expand in scope to cover additional HIE/HIT areas in following years.

Activities	Milestones and/or Contract Year
Engagement in CIE White boarding.	2019-2020 (Complete)
Unite Us early adopter contracting.	2020 (Complete)
Added a Social Determinants of Health (SDOH) and Equity Program Manager to our community health strategy team. Significant focus on Connect Oregon (Unite Us) implementation.	2020 (Complete)
Establish project team for implementation of Connect Oregon (Unite Us) in each region.	2020 (Complete)
Establish CIE implementation as Enterprise strategic initiative.	2020 (Complete)
Facilitating learning sessions in each region targeting regional Clinical Advisory Panels (CAP).	2020 (Ongoing)
Lane County Project Kick-Off.	2020 (Complete)
Marion and Polk County Project Kick-Off.	2020 (Complete)

HIE Strategy 5 *[Marion/ Polk and Central Oregon CCOs Only]* – Integrated Care for Kids (InCK) Initiative

Summary: In 2020, PCS began engaging with Oregon Pediatric improvement Project (OPIP) and Oregon Health Authority (OHA) staff on a project to address SDOH of children in these regions. This project brings together nearly all aspects of the HIT Roadmap and focuses them on one well defined use case. Given this alignment, PCS has dedicated significant resources above and beyond the grant-funded amount to support this initiative. It is anticipated that nearly all HIE platforms detailed above will play a role in operationalizing this initiative.

Activities	Milestones and/or Contract Year
Establish and scope project.	2020 (Complete)
Establish project teams both technical and business.	2020 (Complete)
Identify additional resources required and gain approval for hiring.	2020 (Complete)
Establish Workgroups; Risk Stratification (Analytics), HIE, and CIE.	2020 (Complete)
Develop implementation project plans and milestones for workgroups for 2021 development year.	2020 (Complete)

HIE Strategy 6 – Leverage HIE Onboarding Program

Summary: Throughout 2020, PCS continued to engage with Reliance eHealth Collaboration on the HIE Onboarding Program (HOP). Engagement was minimal as a result of the distraction of the pandemic, however we did make some progress and our efforts will continue through the remainder of the program in 2021.

Activities	Milestones and/or Contract Year
Monthly HOP Prioritization Calls with Reliance.	(Ongoing)
Engage Priority Physical Health, Behavioral Health and Oral Health for outreach.	(Ongoing)

• Northwest Pediatrics & Adolescent Medicine (Columbia Gorge)	
• Heights Family Dental (Columbia Gorge)	
• Capitol Dental	
• BestCare Treatment Services, Inc. (Central Oregon)	
• Rimrock Trails Adolescent Treatment Services (Central Oregon)	

HIE Strategy 7 – Prototype new high-value use cases

Summary: PCS, in partnership with Reliance, continues to work with Reliance to identify and establish high-value use cases to increase the value to providers of all types as well as other CCOs who have not yet adopted a centralized community health record. As mentioned elsewhere, one of the most notable new use cases was the development of a suite of reports in partnership with Reliance in supportive of COVID-19 response. Three new cohorts were developed within Reliance; COVID-19 Symptoms, COVID-19 Lab Results, COVID-19 Antibody Testing and COVID-19 Vaccinations. While these reports only provided intelligence into a subset of PCS members, they served as working prototypes in validating the use cases around real-time monitoring of members impacted by COVID-19. We have leveraged and shared these use cases in a number of regional and state venues.

Activities	Milestones and/or Contract Year
Requested COVID-19 related reporting.	2020 (Complete)
Tested and validated COVID-19 reporting.	2020 (Complete)
Attend monthly Reliance eHealth meetings.	2020-2024 (Ongoing)

HIE Strategy 8 – Community Health Record as Proxy for direct EHR Access

Summary: One of our internal key metrics established in our strategy is the percentage of partner EHRs that our clinical teams have access to (calculated based on a percentage of member encounters) for care coordination and quality performance activities. We have had a longstanding goal of leveraging a centralized HIE/Community Health Record as a proxy for this direct access. Maintaining this access is often complex with a significant variance in methods for access. For illustration, some require individual tokens to be issued to allow for direct VPN access by named individuals and audit records of activity must be kept for compliance purposes. Maintaining access to hundreds of EHRs across Oregon now requires dedicated staffing to support, as well as specially trained helpdesk staff who assist in technical support for these varied systems. We believe we are close to identifying a list of use cases where the Community Health Record may serve as a proxy that does not require us to continue to maintain direct access to each EHR. Establishing this use case would significantly decrease the administrative burden and compliance risk for both CCOs, Health Plans, and providers of all types.

Activities	Milestones and/or Contract Year
Identify priority provider practices without EHR Access that are contributing to Reliance HIE.	2020 (Complete)

HIE Strategy 9 – Community Health Record as source of supplemental data for quality programs

Summary: PCS, in partnership with Reliance and their vendor IMAT Solutions, have been exploring how to leverage contributed HIE data directly into quality programs as supplemental data. National Committee for Quality Assurance (NCQA) recently launched a Data Aggregator Validation program, often referred to as the NCQA DAV program. The focus of this work is in support of HEDIS for Medicare and commercial business lines it establishes a certified process for payers to receive supplemental data from their provider partners. This creates a high-value use case, enabling administrative simplification for both providers and payers. Our goal with this strategy is that it will create a strong incentive for payers and providers to join a centralized HIE (like Reliance) and dramatically grow the coverage of HIEs that work to receive this certification. In our experience, most providers who service

CCO members also have a strong panel of Medicare and/or Commercial members. We are hopeful this program will also establish an accepted standard for supplemental data in support of the various CCO Quality metrics which rely on clinical data as a component for measurement.

Reference: https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification/data-aggregator-validation/

Activities	Milestones and/or Contract Year
Engage Reliance on NCQA DAV program.	2020 (Complete)
Review file specifications for NCQA DAV program.	2020 (Compete)

HIE Strategy 10 – Maintain Enterprise Technology Roadmap for Health Information Exchange

Summary: As a part of our enterprise strategic planning process, the PCS executive team, in collaboration with its Board of Directors, has established EHR/HIE/HIT as a critical initiative on the enterprise strategic plan. In 2020, this initiative was expanded to encompass new requirements from CMS Interoperability in addition to the continued focus on increasing the adoption of CEHRT and HIE. Through this initiative, PCS is making significant investments in support of addressing the CMS Interoperability requirements. As a result, we are actively collaborating with our various HIE vendor partners about their experience with new FHIR based interfaces in support of not only meeting interoperability requirements, but also in improving our ability to exchange health information more efficiently. Finally, in 2020 PCS selected a new core Medical Management/Population Health solution; Virtual Health Helios. This platform will be implemented in 2021 and will allow for the real-time integration of HIE, CIE, and HIT.

Activities	Milestones and/or Contract Year
Establish 3-year Roadmap for PCS enterprise HIE program.	2020 (Complete)
Establish annual program/initiative charter and quarterly crosswalk.	2020 (Complete)
Medical Management Platform selection.	2020 (Complete)
Continue internal HIE steering committee.	(Ongoing from prior contract period)

HIE Strategy 11 – HIE Governance

Summary: After PCS added its new CCO regions, it quickly became clear that a formalized structure was needed in order to socialize, vet, and track the changes we wanted to make to our various HIE platforms. We created a hybrid IT/Clinical change control process that consists of a meeting with subject matter experts from all relevant teams across all lines of business (LOBs) to discuss proposed changes, provides a forum for end users to propose their own changes, and establishes a communication system back to the associated teams. This structure not only protects workflows but guarantees visibility of all changes to all end users for oversight. Additionally, this has allowed us to expand our internal user base beyond Care Management and bring representation from our Utilization Management, Quality, and Pharmacy teams onto our HIE Strategy Team.

Activities	Milestones and/or Contract Year
Internal education on IT Change Control processes and development of a model suitable for both for IT and clinical needs.	2020 (Completed)
Identify care management representatives.	2020 (Completed)
Identify end users in other teams and bring in representatives.	2020 (Completed)
Finalize structure, hold first meeting, and establish monthly meeting cadence.	2020 (Completed)

HIE Strategy 12 – HIE as a source of SDOH Information

Summary: As an increasing volume and variety of clinical data are contributed to HIE sources (including flat files), PCS continues to evaluate the data it receives for SDOH and Race, Ethnicity, Language, and Disability (REALD) information. As providers begin collecting these data more comprehensively, we are hoping that HIE will serve as a more complete source for these important data in support our health equity efforts.

Activities	Milestones and/or Contract Year
Initial SDOH and REALD analysis.	2020 (Completed)
Production Report for CCO members experiencing homelessness from Reliance.	2020 (Completed)

HIE Strategy 13 – Pharmacy Go-Live

Summary: Our pharmacy team was not utilizing our HIEs and had very little visibility into the capabilities therein. Because of this, we requested a demonstration of the platform to socialize and explore potential use cases. After the first meeting, we mutually agreed there was value and added pharmacy to the HIE Strategy Team. Our first pharmacy-specific cohort went live in January 2021. We are still developing in this space, but initial discussions have been promising in regards to identifying new high-value use cases.

Activities	Milestones and/or Contract Year
Meet with pharmacy team to socialize HIEs and determine if further meetings are necessary.	2020 (Completed)

HIE Strategy 14 – CMT Eligibility File Updates – ICC Reassessment

Summary: We made While this process is only enabled for work with our Intensive Care Coordination (ICC) reassessment teams at this time, the structure is simple to replicate and is already slated to happen again in Q1 of 2021 for our long-term care-eligible population. This structure can also be shared with external teams to improve their reporting and tracking procedures within CMT. This report is further defined by capturing only those in our highest two risk stratification groups, “In Crisis” and “Struggling.” It effectively provides a cross section of the most vulnerable members of our most vulnerable risk bands and can be quickly and easily sorted in Excel based upon which cohort was triggered. Each cohort is defined by the broad type of medical issue it relates to (e.g., Kidney and Renal or Oncology) and also contains detailed diagnosis information for each member.

Activities	Milestones and/or Contract Year
Explore ICC reassessment use case and determine viability.	2020 (Completed)
Work with IT to add our ICC Reassessment tag to CMT via our eligibility file.	2020 (Completed)
Stand up cohorts built around the new tag to facilitate follow-up within seven days for all ICC retrigger events.	2020 (Completed)
Stand up report to identify highest-risk ICC members and allow for stratification by both risk and medical diagnosis.	2020 (Completed)

HIE Strategy 15 – Structural Collective System Improvements

Summary: As we continue to develop new use cases for Collective, we also continue to be thoughtful about how to use the system more efficiently. One example of our system improvements is exemplified by actions taken early in 2020. At that time we discovered that three cohorts resulted in significant amounts of data being returned

by the system, so much that these cohorts were preventing other cohorts from loading when the window was expanded beyond 72 hours. Through some innovative design, we worked with Collective to develop and implement a solution that caused the overall speed of the platform to increase dramatically. Similarly, we began adopting and applying best-practice technical approaches such as standardized naming conventions and performance audits which have been and will continue to be well-served to the performance and function of the platform.

Activities	Milestones and/or Contract Year
Set population health cohorts to run in the background.	2020 (Completed)
Institute naming convention.	2020-2021(Ongoing)

ii. Additional Progress Specific to Physical Health Providers

See the *Strategies Across Provider Types* section.

iii. Additional Progress Specific to Oral Health Providers

See the *Strategies Across Provider Types* section.
Additional progress

- Capital Dental is now contributing data to the Reliance HIE.

iv. Additional Progress Specific to Behavioral Health Providers

See the *Strategies Across Provider Types* section.

v. Please describe any barriers that inhibited your progress.

Major Barriers

Summary: While we perceive that most provider partners turned their attention away from developmental HIE efforts, some limited progress was made. Still, barriers to that progress include:

1. Provider relief strategy has necessitated supporting providers through pandemic-related challenges, and there was little time or willingness for partners to engage on this topic.
2. Internal shifting of resources to address other areas has been a barrier to this work stream. In other words, focus was placed on other more pandemic relevant HIT Roadmap areas; CIE and Hospital Event Notifications (HEN). This resource rebalancing, in conjunction with barrier 1 listed above, has deferred planned work around HIE access. Roadmap
3. System performance of Reliance HIE has been identified as a barrier to adoption and the PCS HIE Program team has established a corrective action plan and timeline for addressing with Reliance.
4. Resistance has been encountered in new regions (Lane, Marion and Polk Counties) regarding the value of a centralized HIE such as Reliance.
5.

b. 2021 - 2024 Plans

Please describe your plans for supporting increased access to HIE for Care Coordination for contracted physical, oral, and Behavioral Health providers. In your response, please include

1. 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
2. Any additional HIE tools you plan to support or make available.
3. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and Behavioral Health providers beyond 2020.
4. Associated activities and milestones related to each strategy.

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and 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. Additional Strategies Across Provider Types, Including Activities & Milestones

Based on the Data Completeness Table in the OHA-provided HIT Data File dated 12/11/2020, the number of contracted organizations and PCPCHs which have not adopted a known HIE tool (including the Collective Platform) are:

CCO: Central Oregon	Number of Contracted Providers	Number w/o HIE Adoption	Percent w/o HIE Adoption	Number of contracted PCPCHs	Number w/o HIE Adoption	Percent w/o HIE Adoption
Physical Health	132	102	77%	16	1	6%
Behavioral Health	145	135	93%	9	0	0%
Oral Health	34	29	85%	2	0	0%

CCO: Columbia Gorge	Number of Contracted Providers	Number w/o HIE Adoption	Percent w/o HIE Adoption	Number of contracted PCPCHs	Number w/o HIE Adoption	Percent w/o HIE Adoption
Physical Health	41	31	76%	10	2	20%
Behavioral Health	27	20	74%	6	0	0%
Oral Health	15	12	80%	2	0	0%

CCO: Lane	Number of Contracted Providers	Number w/o HIE Adoption	Percent w/o HIE Adoption	Number of contracted PCPCHs	Number w/o HIE Adoption	Percent w/o HIE Adoption
Physical Health	84	48	57%	23	3	13%
Behavioral Health	119	94	79%	16	1	6%
Oral Health	47	39	83%	5	0	0%

CCO: Marion / Polk	Number of Contracted Providers	Number w/o HIE Adoption	Percent w/o HIE Adoption	Number of contracted PCPCHs	Number w/o HIE Adoption	Percent w/o HIE Adoption
Physical Health	117	83	71%	31	15	48%
Behavioral Health	93	66	71%	16	3	19%
Oral Health	54	47	87%	4	0	0%

Summary of 2021-2024 Major Strategies:

- Continue to maintain data about participation in HIE including CIE
- Monitor activity and utilization of HIE including CIE
- Continue to educate provider partners in each region about the benefits of participating in a regional HIE and/or CIE program

HIE Strategy 2 (Ongoing and Additional Activities) – Develop assessment and monitoring process for HIE Access and data contribution rates across provider types

Activities	Milestones and/or Contract Year
Corroborate baseline against any available external sources (e.g. Certified Health IT Product List).	2021-2024 (Ongoing)
Continue to re-integrate internal and external data to report progress.	2021-2024 (Ongoing)
Prototype Evaluate HL7 transmissions for HIE data (Reliance).	2022

HIE Strategy 3 (Ongoing and Additional Activities) – Establish and maintain appropriate resourcing and staffing to support multiple CCO Regions

Activities	Milestones and/or Contract Year
Monitor staffing annually and adjust as needed.	2021-2024 (Ongoing)

HIE Strategy 4 (Ongoing and Additional Activities) – Implement regional Community Information Exchange (CIE)

Additional Summary: With each CCO region on a separate timeline we have established a centralized project team and plan that is broken down with regional milestones. The focus of 2020 was predominantly kick-off efforts with 2021 and 2022 primarily focused on growing the provider and CBO network participants. We are also anticipating an exponential growth of referrals over the next 2-3 years and early data have validated this.

Activities	Milestones and/or Contract Year
PCS/Unite Us SSO implementation.	2021 (Complete)
PCS and PacificSource Health Services staff onboarding and training.	2021 (Q1)
Columbia Gorge project kick-off.	2021 (Q1)
PCS/Unite Us bi-directional data interfaces.	2021 (Q1)
Quarterly Health Council status reporting including referral and assessment volumes.	2021-2024 (Ongoing)
Central Oregon pilot transition to PCS.	2021 (Q3)

HIE Strategy 5 *[Marion/Polk and Central Oregon CCOs Only]* (Ongoing and Additional Activities) – Engage in Integrated Care for Kids (InCK) Initiative

Additional Summary: Significant project work is under way in support of InCK for planned production go-live of program in 2022. Additional project timelines and deliverables available upon request.

Activities	Milestones and/or Contract Year
Accomplish tasks and objectives in HIE, CIE and Risk stratification work streams.	2021
Operationalize program including the exchange of HIE and CIE information.	2022 (Q1)

HIE Strategy 6 (Ongoing and Additional Activities) – Leverage HIE Onboarding Program

Additional Summary: Engagement on the HIE Onboarding program will continue through the summer of 2021.

Activities	Milestones and/or Contract Year
Monthly HOP prioritization calls with Reliance.	(Ongoing)

HIE Strategy 7 (Ongoing and Additional Activities) – Prototype new high-value use cases

Additional Summary: PCS, in partnership with Reliance eHealth Collaborative, will continue to identify and validate high-value use cases as they are identified.

Activities	Milestones and/or Contract Year
Attend monthly Reliance eHealth meetings.	2020-2024 (Ongoing)

HIE Strategy 8 (Ongoing and Additional Activities) – Community Health Record as Proxy for direct EHR Access

Additional Summary: Work to validate the use cases and workflows that Reliance can serve as a direct proxy for EHR access are planned for 2021.

Activities	Milestones and/or Contract Year
Validate or invalidate Reliance as a proxy for each use case that requires EHR access.	2021 (Q2)
Report results to Reliance eHealth Collaborative and identify opportunities for improvements to overcome any issues presented.	2021 (Q2)

HIE Strategy 9 (Ongoing and Additional Activities) – Community Health Record as source of supplemental data for quality programs

Additional Summary: Validate the applicability of NCQA DAV program and establish data feeds.

Activities	Milestones and/or Contract Year
Identify data feed formats for specific measures applicable to NCQA DAV program.	2021 (Q1)
Receive and validate test data feeds.	2021 (Q3)
Assess application to CCO quality programs and report.	2021 (Q4)

HIE Strategy 10 (Ongoing and Additional Activities) – Maintain Enterprise Technology Roadmap for Health Information Exchange

Activities	Milestones and/or Contract Year
Continue internal HIE Steering committee.	(Ongoing from prior contract period)
Maintain and update 3-year Roadmap for PCS enterprise HIE program.	2021-2024
Maintain and update annual program/initiative charter and quarterly crosswalk.	2021-2024
Meet CMS interoperability requirements including ability to exchange health data via FHIR interfaces.	2021 (Q3)
Medical Management Platform implementation.	2021 (Q4)

HIE Strategy 16 (New 2021) – Explore the application of CIE to be leveraged for Clinical Care Coordination

Additional Summary: A number of regions have begun to identify an opportunity for Unite Us to fulfill a significant gap in care coordination. A referral for consult could dramatically increase the utility of the Unite Us platform. Initial exploration of this concept has shown promise. The initial use case presented to Unite Us was a referral from primary care to a Behavioral Health provider for a consult. The Lane County CCO is focused on addressing Behavioral Health workflows specifically so this particular strategy is being evaluated in this region initially. The concept presented to Unite Us leadership did not involve the transmission of sensitive data beyond what is typically shared in social services referral (no HL7 Consolidated CDA or other clinical attachments). Today, much of this care coordination is done via phone, fax or email and is not a "closed loop" referral process.

Activities	Milestones and/or Contract Year
Present use cases and requirements to Unite Us leadership.	2021 (Q1)
Prototype referral process (if supported by Unite Us).	2021 (Q3)
Share learning with HIT Commons and HITAG.	2021 (Q4)

HIE Strategy 17 (New 2021) – HIE as a source of SDOH Information

Summary: As an increasing volume and variety of clinical data are contributed to HIE sources, PCS continues to evaluate the data it receives for SDOH and REALD information. As providers begin collecting these data more comprehensively, we hope that HIE will serve as a more complete source for these important data in support our health equity efforts.

Activities	Milestones and/or Contract Year
Initial SDOH and REALD analysis.	2021
Production report for CCO members experiencing homelessness from Reliance.	2021

Interoperability Strategy 1

Summary: PCS has devoted considerable effort to planning and developing FHIR-based interoperability over the last 18 months. First phase efforts are largely focused on compliance with CMS/ONC patient access rules, but our strategy is also geared to address business-to-business interoperability use cases as well as more value driven use cases. PCS is actively working with HIE partners to enable FHIR-based exchanges to replace or supplement legacy HL7 v2/v3 alternatives. Over an undefined timeframe, we view FHIR-based interoperability as a likely replacement technology for many of our older data exchange technologies internally and as a means of bringing much more robust externally sourced data to bear in support of our member health information needs.

Activities	Milestones and/or Contract Year
Develop and iterate on interoperability roadmap including regulatory approach, industry-alignment, technology, and partner opportunities.	2020-2021 (Ongoing)
Interoperability architecture and design.	2020-2021 (Ongoing)
Interoperability data source preparation, FHIR platform build-out, and security engineering. Initial FHIR-based integrations with HIE partners.	2021 (Q3)
Interoperability authentication, member match, and consent management architecture and development.	2022 (Q2)
Business-to-business (B2B) interoperability pilots with selected partners for eligibility, clinical, and provider data exchanges.	2022

Design and develop FHIR-based prior authorization capabilities.	2022

ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones
See the *Strategies Across Provider Types* section.
iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones
See the *Strategies Across Provider Types* section.
iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones
See the *Strategies Across Provider Types* section.

Optional Question

How can OHA support your efforts in HIE for Care Coordination?
The most significant barrier in HIE for Care Coordination is in supporting the significant costs for a centralized community health record and community information exchange. We anticipate with the improved financial stability of Reliance eHealth and as high-value use cases are established, additional participants will be drawn in with the goal of driving down the per-member per-month costs to CCOs. We are anticipating a similar economy of scale to be developed once the Connect Oregon (Unite Us) program is firmly established across the state (and nationwide). With regard to interoperability, the OHA can perhaps best help in this space by taking care not to over-drive Interoperability requirements in ways which would risk departure from CMS/ONC guidance. OHA can also assist by accelerating or restarting development of its own FHIR-based resources (e.g. a FHIR-based OPD offering, a FHIR-based vaccination registry, or a FHIR-based Medicaid eligibility roster, etc.). OHA should continue to broker peer engagements for providers and payers around topics involving Interoperability.

4. Support for HIE – Hospital Event Notifications

a. 2020 Progress

1. Please describe your progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and Behavioral Health providers in 2020. In your response, please include a. A description of the tool that you are providing and making available to your providers for Hospital Event Notification b. The strategies you used to support increased access to timely Hospital Event Notifications among contracted physical, oral, and Behavioral Health providers in 2020 c. Accomplishments and successes related to your strategies **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. - If you participated in the 2020 HIT Commons interviews regarding the use of the Collective Platform, feel free to use that information in this section
i. Progress Across Provider Types
Across all HIE types and use cases, HEN continues to be the most robustly adopted type of HIE in each of our CCO regions. In 2020, we formally began utilizing data feeds directly from Collective in place of longstanding, flat-file census processes with a number of our larger Oregon hospital partners. This move improved the timeliness and quality of data that are loaded into our core care management systems.

Adopting Collective data feeds also achieved a longstanding administrative simplification goal, as managing individual proprietary hospital census files has historically taken considerable resource. We still have processes with smaller hospital systems where daily census is obtained via phone or fax, and this transition will effectively remove all daily manual work for each of the CCO regions.

During the pandemic, the Collective platform became our primary source of information for PCS patients presenting at hospitals experiencing COVID-19-like symptoms or hospital admissions. These data helped us actively monitor and develop regional strategies as a part of our response in partnership with our provider partners.

Finally, PCS staff were actively involved in strategic sessions about how to leverage the new non-encounter based reporting as part of our COVID-19 response and actively lobbied for passing ALERT Immunization data back through Collective to CCOs, Health Plans, and providers to help coordinate vaccine administration progress and strategy. In addition to developing additional use cases, our focus in 2020 was in supporting broader adoption by our provider partners of all types as well as understanding the baseline in new CCO regions. We continue to appreciate OHA's ongoing financial support for the Collective platform as it has helped remove many barriers to adoption of this platform.

Below is a list of HIE – HEN platforms currently supported by our CCOs and in use by us and our network:

Collective Platform (FKA PreManage) – See HIE Strategy 1 in the HIE progress section for more information about how PCS is using Collective.

Reliance eHealth Collaborative – While not the primary source of information, Reliance eHealth access also offers Hospital Event Notifications via Reliance to PCS and CCO providers. We feel that this is a great example of making data available in that platform that is most accessible to a particular use case, a "no wrong door" approach to accessing health information in support of care coordination efforts. Through Reliance's analytic capabilities, we have used these tools to develop custom reports for specific use cases. We are also in the middle of a pilot to explore the potential of Emergency Medical Services (EMS) providers in the Gorge to come on board with a rollout to other areas if that's successful. In addition, a pilot with Mid-Columbia Center for Living (MCCFL) tied to the Initiation and Engagement of Treatment (IET) Quality Incentive Metric (QIM) was highly successful and is currently in the process of being scaled by Reliance for other partners. Due in part to this effort, MCCFL is successfully meeting its Quality Incentive Measure metric in this area.

Secure File Transfer Protocol (SFTP) – See HIE Strategy 1 above.

EDIE - See HIE Strategy 1 above.

HIE Strategy 2 – Develop assessment and monitoring process for HIE Access and data contribution rates across provider types

(See HIE Section for more information)

Activities	Milestones and/or Contract Year
Hospital Event Notification specific activities.	2020-2024 (Ongoing)
• Establish activity and connectivity reporting on HEN (Collective).	2020 (Complete)
• Construct internal dashboard (Tableau) to support regional Health Council reports.	2020 (Complete)
• Continue collecting data on Hospital Event Notification participation status across range of physical health providers.	2020-2024 (Ongoing)

HIE Strategy 3 – Establish appropriate resourcing and staffing to support multiple CCO Regions

Summary: With PCS's expansion to additional regions, we have identified a need for additional staffing and role creation to support HIE program, specifically around HENs. As a part of contract year 2020, PCS hired a Care Coordination HIE Strategist under the Health Services Case Management team. This new team member is specifically focused on identifying and implementing high-value use cases within PCS care management programs as well as supporting practices as a subject matter expert in their own process development. The resource that was hired has experience leveraging the EDIE system from the hospital perspective with a focus on Behavioral Health care management. This has proven to be key strategy in supporting the broader adoption of HEN workflows both internally and externally. Finally, the HIE Strategist position has helped us greatly in our educational efforts with each of our CCO regions.

(See HIE Section for more information)

Activities	Milestones and/or Contract Year
Added regional practice coaches to support care coordination and quality workflows.	2020 (Complete)
Added HIE Strategist to support broader HIE program from the clinical perspective with a specific priority on utilizing Hospital Event Notifications.	2020 (Complete)
Added a Social Determinants of Health (SDOH) and Equity Program Manager to our community health strategy team. This resource is an active participant in discussions regarding SDOH information transmitted via HEN.	2020 (Complete)

Additional HIE Strategies Impacting and Improving HEN Workflows (See above HIE Strategies under support for HIE):

- HIE Strategy 10 – Maintain Enterprise Technology Roadmap for Health Information Exchange.
- HIE Strategy 11 – HIE Governance
- HIE Strategy 12 – HIE as a source of SDOH Information
- HIE Strategy 13 – Pharmacy Go-Live
- HIE Strategy 14 – CMT Eligibility File Updates – ICC Reassessment
- HIE Strategy 15 – Structural Collective System Improvements

HEN Strategy 1 – Add additional high-value HEN Cohorts and Reports and Keep Curated Library.

Summary: With the expansion of PCS into new regions coupled with Collective's ability to produce non-event driven reporting, PCS continued to expand our custom cohorts within the platform in 2020. Some of these cohorts were developed to help support specific regional CCO care team workflows and others related to COVID-19 were made available for use in all CCO regions. We've established a best practice of customizing the cohorts/reports around existing workflows to improve adoption rates and drive interest in the platform. Over the course of the year, we created 21 new cohorts/reports across all LOBs for internal users. Highlights include our COVID-19 tools, work on the ICC Reassessment metric, and a report that identifies women at high risk for pregnancy complications. Nearly all of our new reports were built in coordination with subject matter experts in the teams requesting them and were utilized immediately. These cohorts/reports are being added to a quickly growing library that can be easily shared with external partners when post-COVID-19 outreach is again possible.

Activities	Milestones and/or Contract Year
Add high-value customized cohorts and reports built around the specific needs of internal users	2020 - 2024 (Ongoing)

HEN Strategy 2 – Ongoing Eligibility File Development

Summary: We plan to work in concert with Collective as well as our internal partners using Collective for analytics and reporting to establish best practice for our eligibility file. Additionally, we will continue to explore new uses cases that make our eligibility file more robust and thus provide novel sources of information or make the information we are already getting more accurate. We are already working on adding our population of long-term care eligible members into the eligibility file to begin creating cohorts around them to provide targeted HENs to our internal teams; there may be external uses as well. We also plan to work with CMT to surface upgrades or new additions to our eligibility file that provide us with the ability to leverage new cohorts and reporting. As is so often true in this dynamic space, it is difficult to predict exactly what the outcomes of this exploration will be, but we believe there is opportunity.

Activities	Milestones and/or Contract Year
Add Long-Term Services and Supports members to our EF and begin building cohorts/reports around them for our Case Management team.	2021 (Q2)
Explore best practice for eligibility file.	2021-2024 (Ongoing)
Explore new use cases for eligibility file.	2021-2024 (Ongoing)

HEN Strategy 3 – Pharmacy Development

Summary: Utilizing CMT and Reliance is new to our Pharmacy teams, but there are plenty of established use cases per CMT that we will explore with their assistance while also developing our own new use cases. Our pharmacy team is excited and engaged with the work and already have several ideas. Our first actual cohort for pharmacy went live in early January 2021, so it is difficult to predict exactly where our partnership will go. Again, we feel confident there are plenty of high-value use cases here, but we need more time to explore before we can begin offering more concrete definitions.

Activities	Milestones and/or Contract Year
Go-live of first pharmacy-requested cohort.	2021 (Q1)
Explore existing and new use cases for our pharmacy partners.	2021-2022 (Ongoing)
Determine viability of sharing what we build with external partners.	2022-2024 (Ongoing)

HEN Strategy 4 – Develop More Robust Use Cases for Risk Stratification

Summary: Our Risk Stratification (RS) algorithm is in our Collective eligibility file and allows us to provide unique insight into our population based on the level of health risk that members live with on a daily basis. We agree that this is fertile ground and there is potential for us to identify and provide support to our most vulnerable populations. We've already stood up our first RS report internally, and we plan to audit existing tools where RS could be added, as well as create new ones with RS in mind. Additionally, we have explored the viability of sharing this tag universally with our partners as a flag in Collective. We believe there will be high demand for this, but have held off socializing during COVID-19 for fear that adding it into the system without communicating with partners has a high likelihood to create confusion. This will be an important part of our post-COVID-19 outreach conversations.

Stand up first report using RS tags.	2021 (Completed)
Explore ongoing possibilities of RS and high-value use cases.	2021
Explore current tools where RS might be an effective value add.	2021
Discuss addition of the tag as a universal flag in CMT.	2022

ii. Additional Progress Specific to Physical Health Providers

See the *Strategies Across Provider Types* section.

iii. Additional Progress Specific to Oral Health Providers

See the *Strategies Across Provider Types* section.

iv. Additional Progress Specific to Behavioral Health Providers

See the *Strategies Across Provider Types* section.

v. Please describe any barriers that inhibited your progress.

See answer to section 2.a.v (barriers to HIE – Care Coordination).

2. Please describe how you used timely Hospital Event Notifications within your organization. In your response, please include
   a. The HIE tools you are using
   b. The strategies you used in 2020
   c. Accomplishments or successes related to your strategies

See answer to 2020 Progress section.

b. 2021 – 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 your response, please include
   a. 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.
   b. Any additional HIE tools you are planning to make available to your providers for Hospital Event Notifications
   c. Additional strategies you will use to support increased access to timely Hospital Event Notifications among contracted physical, oral, and Behavioral Health providers beyond 2020.
   d. Associated activities and milestones related to each strategy.

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and 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. Additional Strategies Across Provider Types, Including Activities & Milestones

Based on the Data Completeness Table in the OHA-provided HIT Data File dated 12/11/2020, the number of contracted organizations and PCPCHs which do not have access to HIE for Hospital Event Notification are:

CCO: Central Oregon	Number of Contracted Providers	Number w/o HEN Access	Percent w/o HEN Access	Number of contracted PCPCHs	Number w/o HEN Access	Percent w/o HEN Access
Physical Health	132	117	89%	16	4	25%
Behavioral Health	145	135	93%	9	0	0%
Oral Health	34	29	85%	2	0	0%

CCO: Columbia Gorge	Number of Contracted Providers	Number w/o HEN Access	Percent w/o HEN Access	Number of contracted PCPCHs	Number w/o HEN Access	Percent w/o HEN Access
Physical Health	41	34	83%	10	1	10%

Behavioral Health	27	21	78%	6	0	0%
Oral Health	15	12	80%	2	0	0%

CCO: Lane	Number of Contracted Providers	Number w/o HEN Access	Percent w/o HEN Access	Number of contracted PCPCHs	Number w/o HEN Access	Percent w/o HEN Access
Physical Health	84	57	68%	23	4	17%
Behavioral Health	119	95	80%	16	1	6%
Oral Health	47	39	83%	5	0	0%

CCO: Marion / Polk	Number of Contracted Providers	Number w/o HEN Access	Percent w/o HEN Access	Number of contracted PCPCHs	Number w/o HEN Access	Percent w/o HEN Access
Physical Health	117	89	76%	31	15	48%
Behavioral Health	93	67	72%	16	3	19%
Oral Health	54	47	87%	4	0	0%

Summary of 2021-2024 Strategies:

- Continue to maintain data about participation in HEN
- Monitor activity and utilization of HEN in each CCO Region
- Develop high-value use cases that leverage existing HEN infrastructure.
- Continue to educate provider partners in each region about the benefits of participating in a regional HEN

HIE Strategy 5 – Engage in Integrated Care for Kids (InCK) Initiative *[Marion/ Polk and Central Oregon CCOs Only]*

Additional Summary: Significant project work is under way in support of InCK for planned production go-live of program in 2022. Additional project timelines and deliverables available upon request. We anticipate that the Collective platform will be utilized for dissemination of InCK Service Integration Level (SIL) stratification to provider partners participating in InCK program. This workflow has created some additional urgency for a number of key pediatric practices in Marion and Polk counties.

Activities	Milestones and/or Contract Year
Accomplish tasks and objectives in HIE, CIE. and risk stratification work streams.	2021
Operationalize program including the exchange of HIE and CIE information.	2022 (Q1)

ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones

See the *Strategies Across Provider Types* section.

iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones

See the *Strategies Across Provider Types* section.

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

See the *Strategies Across Provider Types* section.

2. Please describe your strategies for using timely Hospital Event Notifications within your organization beyond 2020. In your response, please describe
    a. Additional HIE tools you plan on using
    b. Additional strategies you will use
    c. Activities and milestones related to your strategies

Nothing additional to add beyond what was provided in the sections above as all internal care coordination strategies leveraging Hospital Event Notifications are interdependent with external strategies.

Optional Question

How can OHA support your efforts in HIE related to Hospital Event Notifications?
Identification or information on other/new high-value use cases leveraging Hospital Event Notifications.

5. Health IT and Social Determinants of Health and Health Equity (Optional)

This section is optional, however OHA would encourage CCOs to share their efforts here. Please describe how you are using HIT and plan to use HIT to support addressing social determinants of health (SDOH) and health equity (HE), including Community Information Exchange (CIE) or other tools.

i. Overall Strategy in Supporting SDOH & HE with HIT

SDOH-E Strategy 1 – Connect Oregon and Unite Us Implementation

Summary: At an enterprise level, PCS has prioritized SDOH-E as a major strategic initiative with senior level executive sponsorship. These strategic initiatives have detailed multi-year project plans that are supported by staff across the organization; both inside and outside of IT. A cross-functional steering group comprised of executives, managers and other subject matter experts provides oversight for these initiatives. One of the key deliverables relevant to the CCO HIT portion of this initiative is the contracting and deployment of the Connect Oregon (Unite Us) platform in each of the PCS CCO regions. The goal of this deployment is to establish a strong foundation for SDOH-E assessment, screening, and closed-loop referrals.

The other key strategy is to continue to establish complete and high quality data to support our analytics surrounding SDOH-E. This work is driven by and in support of our Health Equity Plan and Roadmap.

Activities	Milestones and/or Contract Year
Contract with Connect Oregon (Unite Us).	2020 (Complete)
Integrate existing forms of SDOH data in information used internally and reported to providers.	2020 (Complete)
Implement Connect Oregon (Unite Us) in each CCO (Unite Us).	2021 (Q3)
Implement data exchange of weekly CCO eligibility.	2021 (Q2)
Receive all available SDOH screenings and referral from Unite Us integrate into PS data warehouse.	2021 (Q3)
Assess and how HIE platform can serve as bi-directional exchange for SDOH & HE information.	2021
Identify additional data sources and elements containing data relevant to monitoring and addressing SDOH-E.	2020-2024 (Ongoing)
Integrate newly identified and relevant data into enterprise data warehouse.	2020-2024 (Ongoing)

ii. Tools for Addressing SDOH, including identifying social supports and making referrals, such as CIE

See Community Information Exchange (CIE) platforms listed in section 3.

iii. What plans, if any, do you have for collecting and aggregating data on SDOH/HE that may come from sources other than claims, such as data reported by members, by community-based organizations, or

from providers' EHRs? Can you match other sources of demographic and SDOH/HE-related data with claims data?

2020 Strategies

SDOH-E Strategy 1 – Connect Oregon and Unite Us Implementation

Additional Summary: PCS will be collecting any SDOH screening results entered into the CIE, Connect Oregon (Unite Us), through a data exchange process. PCS employees and participating providers can use Connect Oregon (Unite Us) for screening and referral processes within the platform. It is not expected that providers will use Connect Oregon (Unite Us) to administer SDOH screenings widely, but it will provide a baseline capability for partners who may be looking for ways to accomplish this work.

Currently, PCS is working with Connect Oregon (Unite Us) on a weekly eligibility file which will serve to identify the appropriate populations per CCO. After this is developed, Connect Oregon (Unite Us) will develop a return file that will include any SDOH Screening results captured for eligible members as well as information about any referrals that may have been made. This will allow Connect Oregon (Unite Us) to send back results that will enable us to link the screening and referral information captured in that system to our existing sources of eligibility and demographic data. In addition to Connect Oregon (Unite Us), we perceive that in the future, provider partners will share SDOH screens with the HIE. At that time, we will similarly connect information from that source to Connect Oregon (Unite Us) so we can link that data with our existing sources of eligibility and demographic data. That said, we are still working to determine if providers have the capability and capacity to share this information via the HIE (as noted in other sections above).

[Central Oregon Unite Us Pilot in Collaboration with St. Charles Health System, Mosaic Medical, and the Central Oregon Health Council]

Additional Summary: Working with our pilot partners, we planned, scoped, and implemented the Unite Us Platform in Deschutes County. Since go-live in October of 2020, the Unite Us Network has seen sustained monthly growth in community-based organizations (CBOs) who have gone live with Unite Us, number of referrals sent and received, and number of members of our community receiving vital services.

Activities	Milestones and/or Contract Year
Work with our pilot partners to establish the technical and clinical workflows in advance of go-live.	2020 (Complete)
Identify high-priority community based organizations (CBOs) vital for a successful launch and begin engagement conversations.	2020 (Complete)
Finalize technical and clinical workflows and test for viability.	2020 (Complete)
Go-live and onboard PCS Duals Team, one clinician and one Member Support Specialist, as internal pilot users.	2020 (Complete)

[Marion/Polk, Lane Counties, and Columbia River Gorge Unite Us Go-Live]

Additional Summary: Following the rollout of Unite Us in Central Oregon, our efforts turned to planning for the rollout in Marion, Polk, and Lane Counties, and the Columbia River Gorge area.

Activities	Milestones and/or Contract Year
Work with the Lane Community Health Council and community partners to identify high-priority CBOs	2020 (Complete)
Work with the Willamette Valley Health Council and community partners to identify high-priority CBOs	2020 (Complete)

Work with the Columbia Gorge Health Council and community partners to identify high-priority CBOs	2020 (Complete)
Go-live Marion-Polk	2021 (Q1)
Go-live Lane	2021 (Q2)
Go-live Columbia Gorge	2021 (Q2)

HIE Strategy 5 *[Marion/Polk and Central Oregon CCOs Only]* – Integrated Care for Kids (InCK) Initiative

Additional Summary: Currently, PCS is participating in the InCK Grant with OHA and OPIP specifically for the Central Oregon and Marion-Polk CCO Regions. As part of the grant PCS is working with OHA and OPIP to develop a data sharing map and process to collect housing and food insecurity screening results for children 0-21 as well as referral to resources. PCS will be working with participating partner providers to collect the results of these screens and aggregate and delivery the data back to OHA through the defined data process flow.

Activities	Milestones and/or Contract Year
Develop data share map.	2021

2021-2024 Strategies

SDOH/HE Strategy 1 (Ongoing and Additional Activities) – Connect Oregon and Unite Us Implementation

[Ongoing Growth and Support in Central Oregon for Unite Us Network]

Additional Summary: The growth of the Unite Us networks are an ongoing goal and network go-lives are not yet complete. The network will be robust within a year but will likely take more than that to complete as our initial focus is on vital partners and not the network as a whole. The next major steps will be and the subsequent go-live events in Crook and Jefferson Counties, completing the tri-county rollout in Central Oregon.

Activities	Milestones and/or Contract Year
Continue onboarding CBOs and assisting with the establishment of Unite Us licenses and workflows.	2021-2024 (Ongoing)
Onboard all Central Oregon Member Support Specialists and clinicians as users.	2021 (Q1)
Onboard our Legacy Health Share Clinical Users (They are covered by our Central Oregon teams).	2021 (Q2)
	2021 (Q3)
Go-live in Jefferson and Crook Counties.	2021 (Q3-Q4)

[Unite Us Go-Live in Marion/Polk, Lane Counties]

Additional Summary: Lessons learned in the Central Oregon (Unite Us) implementation, combined with further development of our partnership with our Central Oregon (Unite Us) representatives, allowed us to speed up the process in Marion, Polk, and Lane Counties and the Columbia Gorge region in advance of go-live in 2021. All tasks are currently on schedule for those go-lives.

Activities	Milestones and/or Contract Year
Work with our partners to establish the technical and clinical workflows in advance of go-live.	2021 (Complete)
Identify high-priority community based organizations (CBOs) vital for a successful launch and begin engagement conversations.	2021 (Complete)
Finalize technical and clinical workflows and test for	2021 (Complete)

viability.	
Go-live and onboard PCS Member Support Specialists and Clinicians in Marion-Polk.	2021 (Q1)
Go-live and onboard PCS Member Support Specialists and clinicians in Lane.	2021 (Q2)

[Unite Us Go-Live in the Columbia River Gorge]

Additional Summary: In 2020, the Columbia Gorge Health Council adopted Activate Care, so the process here will vary from our other regions. Our initial stage of exploring the current state of Activate Care utilization and potential interoperability is underway. Central Oregon (Unite Us) reports other areas where it works in conjunction with Activate Care, and we don't anticipate that this will undermine our ability to meet the goals on our rollout timeline.

Activities	Milestones and/or Contract Year
Determine the extent of existing efforts with the Columbia Gorge Health Council and Activate Care and assess for interoperability and impact on workflows.	2021 (Q1-Q2)
Work with our partners to establish the technical and clinical workflows in advance of go-live.	2021 (Q2)
Identify high-priority community based organizations (CBOs) vital for a successful launch and begin engagement conversations.	2021 (Q2)
Finalize technical and clinical workflows and test for viability.	2021 (Q2)
Go-live and onboard PCS Member Support Specialists and clinicians.	2021 (Q3)

SDOH-E Strategy 2 (New) - Unite Us and HIE Interoperability Assessment

Summary: Although we have already had discussions around how data improvements and interoperability might affect topics like REALD data or provide the ability for increased provider to provider referrals, the effort and collaboration required to stand up the networks from the ground means those conversations remain preliminary and largely theoretical at this time. However, we will be actively monitoring for new use cases and having more robust conversations once the pandemic is over and the Unite Us networks are established in each of our CCO regions.

Activities	Milestones and/or Contract Year
Explore potential new use cases where HIEs and Unite Us can interoperate to create tools superior to either operating on its own.	2021-2024 (Ongoing)

iv. Please describe any barriers or challenges you faced using HIT to support SDOH/HE.

It is our current understanding that many participating Connect Oregon (Unite Us) providers will use their EHR system to capture results of SDOH screens and only use Connect Oregon (Unite Us) as a platform to make referrals.

If this is the case and providers will not be using a centralized systems to capture screening results, we expect at least some patients to be re-screened unnecessarily, since it is not expected that screening results will be widely available in a centralized system. We also expect that multiple data feeds may be required between PCS and provider partners to capture screening results. Data contributed to HIEs is currently not in a consistent format and thus may require material administrative resources to support the aggregation of data.

Optional Question

How can OHA support your efforts using HIT to support SDOH/HE?
The most important support that we would value is in identifying efficient patterns for centralized data collection and dissemination of SDOH-E data.

6. Health IT for VBP and Population Health Management

a. HIT Tools and Workforce

Describe your HIT capabilities for the purposes of supporting value-based payment (VBP) and population management. In your response, include information about the following items:

1. Tools: Please identify the HIT tools you use for VBP and population management including:
    a. HIT tool(s) to manage data and assess performance
    b. Analytics tool(s) and types of reports you generate routinely
2. Workforce: Please describe your staffing model for VBP and population management analytics, including in-house, contractors or a combination, who can write and run reports and help other staff understand the data.

i. HIT Tools for VBP and Population Management

Cognizant TriZetto Facets – Core Administration platform with developing VBP capabilities.

VirtualHealth Helios – Population Health and Care Coordination platform with advanced integration capabilities to support real-time data exchange.

Data Storage Tools – Microsoft SQL Server and Microsoft SQL Server Analysis Services, Microsoft Azure Data Lake, SAS OLAP Cube

Data Modeling Tools – Informatica, Edifecs, Microsoft SQL Server Integration Services, Alteryx Designer and Scheduler, Tableau Prep

Analytics Models – Cotiviti-certified HEDIS software, SQL-built Quality Incentive Measures (mirroring OHA specifications), PCS-developed identification algorithm with risk stratification (v1), Cotiviti DxCG Risk Models, Milliman Health Waste Calculator, Milliman HCG Grouper and Benchmarking, Optum Symmetry Episode Treatment Grouper and Procedure Episode Grouper

Advanced Analytics Processes – SAS, R integration into Tableau, R integration into Microsoft SQL Server Management Studio, Alteryx Designer

Analytic Languages – SAS, SQL, R, C#.NET, Python

Reliance eHealth Collaborative (Analytics) – The Reliance platform provides for a source of data to support the performance management and quality reporting of CCO metrics. The Reliance platform also supports clinical workflows to minimize duplication and care quality.

Proprietary PCS Tools:

Member Insight Provider Insight (MiPi) – A comprehensive suite of analytic tools, reports and data visualizations used to support population health and VBPs.

Care Program Identification Algorithm (CPIA) – A categorization algorithm that identifies best fit population health programs for PCS members.

PCS Provider Portal – Supports the delivery of data, analytics and member assignment data to providers.

PCS standard population health data feeds – PCS has developed a standard set of data feeds with specifications that are provided to providers upon request. These files are typically ingested into a providers EHR or Population Health Management System. These standard files are accepted by a number of popular vendors like; Lightbeam, Arcadia, Epic, Deerwalk, Springbuk, and numerous others.

ii. Workforce for VBP and Population Management Analytics

PCS has staff who can write and run reports and who can help other staff understand the data. Our staff include Data Scientists, Healthcare Data Analysts, Value Based Payment Data Analysts, Business Intelligence report developers, Facets business support developers, Data Integration developers, Data Architects, Risk Adjustment Analysts, Actuaries, and Actuarial Analysts. For 2021, PCS has 17 FTE from these groups allocated to Medicaid. The majority of staff are in-house employees, although we do engage contracted staff as well. Staff also make reporting capabilities available to providers and staff in the company via self-service methods using tools like SSRS, Tableau, Microsoft Analysis Services, Power BI, and SSRS report builder. As we grow our capabilities and systems we will be adding additional specialty system administration resources to support core VBP Systems.

b. HIT to Administer VBP Arrangements: 2021 – 2024 Plans and 2020 Progress

Describe your plans for using HIT to administer VBP arrangements (for example, to calculate metrics and make payments consistent with its VBP models). In your response, please include

1. Strategies for using HIT to administer VBP arrangements, including how you will ensure you have the necessary HIT as you scale your VBP arrangements rapidly over the course of the Contract and spread VBP to different care settings each strategy. Additionally, include plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the Contract.
2. Specific activities and milestones related to using HIT to administer VBP arrangements

Additionally, describe

1. Progress you made in 2020 using HIT for administering VBP arrangements, including any accomplishments and successes.
2. Challenges related to using HIT to administer VBP arrangements

Note: If preferred, you may submit a separate document detailing each strategy's activities and milestones.

i. Strategies for administering VBP arrangements, including activities and milestones

VBP Strategy 1 - Leverage HIE to provide and validate clinical data for performance measures in VBP arrangements

Summary: One of the high-value use cases of HIE to CCOs and Health Plans is in the ability to improve the ability to gather and aggregate clinical data required to support performance metrics centrally. Performance on OHA QIMs is one of the foundational constructs of our CCO VBP contracts.

Today, much of this data collection is done via custom data feeds from each provider's EHR or through manual/human access to electronic charts stored in the EHR. Ideally, these data would be aggregated and received by the CCO/Health Plan via a consolidated data feed for their members. During the prior contract period PCS established the viability of utilizing direct data feeds and is in discussion with Reliance and Diameter Health about file formats required to support these quality programs with supplemental data feeds replacing more manual information capture methods. As discussed in HIE Strategies we believe the NCQA DAV program sends a strong signal about the viability of this specific use-case to support VBP across Medicaid, Medicare, and Commercially insured lives.

Reference: https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification/data-aggregator-validation/

Activities	Milestones and/or Contract Year
Implement Diameter Health tool or identify alternative strategy to integrate clinical data obtained through HIE in databases used for performance measurement and feedback.	2022
Integrate Reliance HIE clinical data as a supplemental source of encounter data in applicable measures such as eCQM, Quality Incentive Metrics (QIM), HEDIS, and other measures from Aligned Measure Menu.	2022
Expand integration of clinical data as a source to calculate additional measures from existing sets in use, such as eCQM, QIM, HEDIS, and Aligned Measure Menu, consistent with the requirements set forth the in the OHA VBP Roadmap.	2023 - 2024

VBP Strategy 7 – Acquire and implement modules, tools and platforms to improve the scalability and performance of value based payment arrangements.

Summary:

One of the greatest challenges in administering meaningful VBP is the immaturity of the VBP platforms market. We have been researching and exploring scalable solutions to meet the many requirements of administering mature VBP, to date, no clear comprehensive solution has been identified leading us to develop proprietary systems and processes to support arrangements. Starting in 2019, a PCS strategic initiative was created to construct a Roadmap of systems and processes to improve our ability to successfully support advanced VBP in alignment with the LAN framework.

The initial focus of this initiative was to identify and implement a more advanced and capable population health management system to support care and utilization management. One of the primary requirements for this new system was its ability to integrate with internal and external systems with a focus on real-time clinical data.

The focus of the 2021 strategic initiative is on developing a scalable VBP Administration Roadmap that is likely to be comprised of multiple components from existing and new vendors. We also anticipate that PCS will continue to build some proprietary solutions to address current needs. It is anticipated that the VBP Administration Roadmap will continue iteratively over the contract period as the market matures to meet the requirements of CCOs.

Activities	Milestones and/or Contract Year

Identify and select next gen Population Health Management/Care Management system.	2020 (Completed)
Implement new Care Management platform (Helios).	2021 (Q4)
Identify prioritized requirements for VBP Administration Initiative.	2021 (Q2)
Identify and select VBP components for implementation in 2022 plan year.	2021 (Q3)
Implement or build selected solutions.	2022
Continue to re-assess and acquire or build components in alignment with VBP Administration Roadmap initiative.	2022-2024 (Ongoing)

ii. Progress in 2020 in using HIT for administering VBP arrangements, as well as any accomplishments and successes.

VBP Strategy 1 - Leverage HIE to provide and validate clinical data for performance measures in VBP arrangements

Summary:

Activities	Milestones and/or Contract Year
Pilot Diameter Health in partnership with Reliance to cleanse, codify, and "enrich" clinical data from Reliance to integrate into the quality measure platform.	2020 (Complete)
Validate results of Diameter-calculated metrics against both provider and Reliance-calculated metrics.	2020-2021
Identify standard specification(s) from Reliance for data feeds in supporting CCO quality programs.	2021
Determine if the Diameter tool will transform and standardize clinical data to use alongside claims information for quality measure calculation.	2022

v. Please describe any challenges you face related to using HIT to administer VBP arrangements.

Vendor technology immaturity is a major driver. PCS has done several reviews of technology vendors supporting VBP administration over the years, including in 2020. Each time, we have determined that the solutions are too narrow in scope to truly address the broad set of capabilities required including the following:

1) Integration with our other systems (Claims Processing, Financial, Billing, etc.) – Integration with other systems for tracking total cost of care is critical for hybrid payment models. This feature is

necessary to ensure VBP processes are working with our systems supporting the classic fee for service claims processing model rather than against them.
2) Support of multiple payment models (PMPM, Bundled Services, Pay for Performance, shared savings, etc.) – Our experience is that most solutions only address one or two of these varied models at most. This capability is necessary to address VBP approaches as they are understood today.
3) Flexible addition of novel payment models – Without the ability to add new types of models to a system, we are forced to manually track payment models outside of any system we purchase. This capability is critically necessary to support the future of VBP.

Without these basic feature sets, too much administration becomes necessary outside of the VBP platform, thereby making the platform unusable.

c. Support for Providers with VBP: 2021 – 2024 Plans and 2020 Progress

Please describe your plans for using HIT to support Providers in the following areas (i. – iv.) so they can effectively participate in VBP arrangements. In your response, please include

1. Strategies for using HIT to support Providers so they can effectively participate in VBP arrangements
2. Activities and milestones related to using HIT to support Providers so they can effectively participate in VBP arrangements
3. If used, specific HIT tools used to deliver information

Additionally, please describe

1. The percentage of Providers with VBP arrangements at the start of the year who had access to the following data
   a. timely information on measures used in VBP arrangements
   b. accurate and consistent information on patient attribution
   c. information to identify patients who needed intervention, including risk stratification data and Member characteristics
2. Progress in 2020 related to this work, including accomplishments and successes
3. Challenges related to this work

Note: If preferred, you may submit a separate document detailing each strategy's activities and milestones.

i. How you provide Providers with VBP arrangements with timely (e.g. at least quarterly) information on measures used in the VBP arrangements applicable to the contracted Providers.

VBP Strategy 2 - Implement and develop measures for VBP arrangements that focus on provider efficiency and potentially wasteful care

Summary: In 2020 we developed visualizations as part of our Provider Insight platform that demonstrated provider performance with Milliman Health Waste Calculator measures. We piloted a set of provider-facing reports with a group of provider partners and got their feedback around improvements. In 2021 and beyond, we intend to develop patient level reports and distribute the aggregate and patient level reports broadly to our provider partners to give them the appropriate level of information to take action on these identified areas of potential waste. Milliman has a roadmap to expand the list of measures and will continue to adopt its software updates and new measures annually.

Activities	Milestones and/or Contract Year
Develop and deliver phase 1 reports for use in 2021 VBP contracts.	2021
Develop later phase reports for use in 2022-2025 VBP contracts, including member level detail.	2022-2024

VBP Strategy 3 - Implement and/or develop a comprehensive list of measures that align with state efforts to standardize measures in VBP arrangements to share with provider partners in VBP arrangements

Summary: In 2020, we developed and implemented a limited set of four of the Aligned Measures Menu set out to our provider partners via the existing gap care reports and Excel Member Insight. In 2021, we intend to implement a broader set of the Aligned Measures Menu in preparation for 2022 contracting. Our efforts are initially focused primarily on HEDIS measures as currently we include our Medicaid population in our existing HEDIS measure calculation software and have results for the entire set of administrative measures. The work we intend to do in 2021 and beyond is to integrate that data into our enterprise data warehouse and provider reporting suite to expand the set of measures and create common measure options for our provider partners who also serve our Medicare and Commercial lines of business.

Activities	Milestones and/or Contract Year
Continue development to align measures in our value based arrangements with the OHA Aligned Measures Menu as measures are added or changed.	2021-2024
Evaluate software to support measure calculation measures and changes to specifications.	2022-2024
Continue to annually evaluate changes to measure sets and incorporate changes.	2021-2024

ii. How you provide Providers with VBP arrangements with accurate and consistent information on patient attribution.

VBP Strategy 4 - Provider attribution supports accurate payment incentives for primary care and specialist physical health providers

Summary: In addition to longstanding reports that are regularly provided to providers regarding member assignment, we have expanded our focus to support specialist attribution. As listed in the 2020 progress section below, work has taken place to implement Optum Episode Treatment Groups (ETG) and Procedure Episode Group (PEG), which contains a method for attributing responsible providers to a condition or procedure based episode of care. We started piloting reports of this attribution with our provider partners in early 2021, moving forward we will be sharing member-level reports in addition to the summary-based reports we have created to inform providers on the cost and utilization of those attributed episodes. This will give specialists a better understanding of how the uses of services vary for their attributed members. In addition, our future plan is to complete the improvements to 2021 Primary Care Physician (PCP) attribution and utilize that to inform member PCP assignment changes where the attributed PCP does not match what has been assigned.

Activities	Milestones and/or Contract Year
Specialist Attribution - Develop attribution capability to inform specialists about their performance related to peers.	2021-2022
PCP Attribution - Compare claims based PCP attribution to PCP assignment to identify possible changes in PCP assignment.	2021-2024 (Ongoing)
Specialist Attribution - Develop and distribution standard reports based on specialist attribution.	2021-2024

iii. How you use data for population management – to identify specific patients who need intervention, including data on risk stratification and Member characteristics that can inform the targeting of interventions to improve outcomes.

VBP Strategy 5 - Implement information sharing processes with providers that identify members who will most benefit from outreach, intervention, or care management support

Summary: As mentioned in the 2020 progress response below, we made additional progress integrating additional sources of data into infrastructure to help us identify which members will most benefit from these types of support. In support of this work, we have developed a proprietary prescriptive Care Program Identification Algorithm (CPIA) that allows us to identify and place members into best fit programs. Today population health information including risk scores, provider/patient assignment, care program eligibility, gaps in care, ED visit rates and other key data are shared via our Member Insight Provider Insight (MiPi) dataset. This dataset continues to be expanded with additional information to support providers in population health management, it is our vision it will be further expanded to include SDOH information. As mentioned in other parts of this Roadmap, we will be receiving information about SDOH screening and will be looking to integrate that information into algorithms and population-level reporting to help understands the needs of our members via our MiPi Platform and other means. Providers have access to MiPi in a number of different ways including our provider portal, Secure File Transfer Protocol (SFTP) and secure email depending on their preferences.

Activities	Milestones and/or Contract Year
Annually implement new tools and algorithms.	2021-2024
Design and develop reports that will leverage data from the tools implemented in earlier years.	2021-2024
Integrate CPIA program identification into new PCS Helios Population Health solution.	2021 (Q4)
Define these visualizations and weave them into our standard reporting structure.	2021-2024
Integrate provider efficiency tools into self-service platforms Enhance reporting available through provider portals.	2021-2024

VBP Strategy 6 - Improve risk stratification reporting to include enrollment in care management and other support programs and data from clinical and other non-claims sources

Summary: In 2020, we were able to add additional care management program information into our MiPi tool via CPIA. We share these care program enrollments externally with providers via our InTouch Portal, SFTP transfer and, in some cases, via encrypted e-mail to help providers identify PCS programs members are enrolled in. MiPi also includes a current and prior risk score to support risk stratification. We will continue to add new data external data sources to the care program algorithm to expand the information set used to identify and prioritize members for care management programs.

Activities	Milestones and/or Contract Year
On an annual basis, update reporting with data from provider insight and care program identification.	2021-2024
Explore the applicability of SDOH information to augment clinical risk scores.	2021-2024

iv. How you share data for population management with Providers with VBP arrangements – so providers can take action with respect to specific patients who need intervention, including data on risk stratification and Member characteristics that can inform the targeting of interventions to improve outcomes.

See answer in iii.

v. Please identify the percentage of Providers (e.g., clinics or groups) with VBP arrangements at the start of the year who had access to these above data. If not all providers with VBP had access to this information, please describe why not.

Total number of clinics/groups with VBP arrangement at start of the year: ____________
Total number and proportion of those clinics/groups with access to:

a) Performance metrics (at least quarterly): ________
b) Patient attribution data: ________
c) Actionable member-level data: ______

If not all providers with VBP had access to this information, please describe why not:

CCO: Central Oregon	Number of Contracted Groups	Access to Performance Metrics	Percent w/o EHR Adoption	Number with Access to Patient Attribution	Percent with Access to Patient Attribution	Number with Actionable Member-Level Data	Percent with Actionable Member-Level Data
VBP Contracted Groups	37	All	100%	All	100%	All	100%

CCO: Columbia Gorge	Number of Contracted Groups	Access to Performance Metrics	Percent w/o EHR Adoption	Number with Access to Patient Attribution	Percent with Access to Patient Attribution	Number with Actionable Member-Level Data	Percent with Actionable Member-Level Data
VBP Contracted Groups	21	All	100%	All	100%	All	100%

CCO: Lane	Number of Contracted Groups	Access to Performance Metrics	Percent w/o EHR Adoption	Number with Access to Patient Attribution	Percent with Access to Patient Attribution	Number with Actionable Member-Level Data	Percent with Actionable Member-Level Data
VBP Contracted Groups	17	All	100%	All	100%	All	100%

CCO: Marion/Polk	Number of Contracted Groups	Access to Performance Metrics	Percent w/o EHR Adoption	Number with Access to Patient Attribution	Percent with Access to Patient Attribution	Number with Actionable Member-Level Data	Percent with Actionable Member-Level Data
VBP Contracted Groups	56	All	100%	All	100%	All	100%

vi. Please describe your progress in 2020 with this work, as well as any accomplishments or successes.

VBP Strategy 2 - Implement and develop measures for VBP arrangements that focus on provider efficiency and potentially wasteful care

Summary: In 2020, we developed visualizations as part of our Provider Insight platform that demonstrated provider performance with Milliman Health Waste Calculator measures. The Waste Calculator is a stand-alone software tool designed to help health care organizations leverage value-based principles by identifying wasteful services, as defined by national initiatives, such as Choosing Wisely and the U.S. Preventive Services Task Force. This tool can add significant value to existing cost and quality reporting capabilities, specifically those efforts designed for efficiency and effectiveness measurement. Measure categories range from diagnostic testing, screening tests to preoperative evaluation, and routine follow up and monitoring. We piloted a set of provider-facing reports with a group of provider partners and got their feedback on improvements. This work aligned well with release of the *Better Health for Oregonians: Opportunities to Reduce Low-Value Care* released by Oregon Health Leadership Council (OHLC) and Oregon Health Authority (OHA).

Activities	Milestones and/or Contract Year
Integrate Milliman MedInsight software in PCS IT environment.	2019 (Complete)
Model output files in enterprise data warehouse in preparation for reporting.	2020 (complete)
Gather reporting requirements.	2020 (complete)
Develop and pilot initial set of provider-facing reports.	2020 (complete)

VBP Strategy 3 - Implement and or develop a comprehensive list of measures that align with state efforts to standardize measures in VBP arrangements to share with provider partners in VBP arrangements

Summary: In 2020, we developed and implemented a limited set of four of the Aligned Measures Menu set out to our provider partners via the existing gap care reports and Excel Member Insight. We also evaluated the entire set and developed the longer term implementation plan which continues in 2021. We also identified that we may need to augment the Aligned Measures Menu with additional measures specific to Behavioral Health to more closely meet the goals of our emerging Behavioral Health VBP arrangements.

Activities	Milestones and/or Contract Year
Compare the Aligned Measures Menu with existing Quality Incentive Measure, HEDIS, and other standard quality measures to identify any gaps for development.	2019 - 2020 (Ongoing)
Add measures to existing gaps in care reports as well as the Member Insight and Provider Insight.	2019 – 2020 (Ongoing)
Build workflows to share updated reports with provider partners.	2019 - 2020 (Ongoing)

VBP Strategy 4 - Provider attribution supports accurate payment incentives for primary care and specialist physical health providers

Summary: In 2020, we began the process to better align our PCP based claims attribution logic with the HCPLAN patient attribution white paper to improve and align our methods with these national standards. These improvements will be used to inform PCP assignment changes. Additionally, we implemented the Optum Episode Treatment Groups and Procedures Episode groups which contain a responsible provider

attribution method that allows us to identify a specialist provider to an episode of care. We built a set of Tableau visualizations as part of Provider Insight Platform and have been piloting views with provider groups to inform how their cost and utilization of services compare with others'.

Activities	Milestones and/or Contract Year
PCP Attribution - Implement modifications to claims based PCP attribution methodology in alignment with HCPLAN Patient Attribution white paper where applicable https://hcp-lan.org/pa-whitepaper/.	2020 – 2021 (in process)
Specialist Attribution - Implement software to attribute specialist providers to members for procedures and condition-based episodes of care.	2020 (Complete)
Specialist Attribution - Develop standard Tableau reports based on specialist attribution.	2020 (Complete)
Specialist Attribution - Pilot reports that use the software's specialist provider attribution logic.	2020 (Complete)
Specialist Attribution - Test with provider that mapping of providers into software and attribution to episodes are accurate.	2020 – 2021 (in process)

VBP Strategy 5 - Implement information sharing processes with providers that identify members who will most benefit from outreach, intervention, or care management support

Summary: In 2020, we made additions to our provider reporting suite to add additional elements to the Member Insight about participation in care management programs as well as new gap in care measures in our gap in care reporting to help providers identify additional measures and information for outreach and intervention. Additionally there was significant effort to integrate new data sources such as SDOH screening information, REALD information from the enrollment files, claims, etc., to help prepare for future data sharing of that information with providers.

Activities	Milestones and/or Contract Year
Implement reporting of additional information to provider partners that supports population health management and quality of care.	2020 (Ongoing)
Assess new types of information for addition to integrated database such as clinical, SDOH-E, and consumer data.	2020 (Ongoing)
Assess validity of integrated data.	2020 (Complete)
Alter Provider Insight to capitalize on available information.	2020 (Complete)
Evaluate and implement new Tableau tools and algorithms that compare provider efficiency and quality of services provided.	2020 (Complete)
Give providers actionable data about improvements.	2020 – 2021 (Ongoing)

VBP Strategy 6 - Improve risk stratification reporting to include enrollment in care management and other support programs and data from clinical and other non-claims sources

Summary: In 2020, we were able to add additional care management program information into our Member Insight tool which we share externally with providers via our InTouch Portal, SFTP transfers and, in some cases, via encrypted e-mail to help providers identify which PCS programs members are enrolled in and members' risk stratification.

Activities	Milestones and/or Contract Year
Complete the third version of the care program identification algorithm to integrate non claims-based data sources.	2020 (Complete)
Integrate care program information into reporting for provider partners.	2020 (Complete)

vii. Please describe any challenges you face related to this work.

In 2020, there was significant need for providers to pivot their focus to supporting changes required to adapt to COVID-19 impacts, such as implementing and expanding telehealth, among other activities. This caused the focus on contract performance measures to diminish, and contracts moved to reporting only for 2020. It also meant that the care delivery areas roadmap requirements changed, and our work has since adapted to those changing requirements. While we did continue to share performance measures including new performance measures from Aligned Measures Menu set, some activities and deadlines to support this work were adjusted accordingly. The biggest area impacted was provider education and training.

Optional Questions

a. Describe how you educate and train providers on how to use the HIT tools and VBP-related data (e.g., performance metrics, patient attribution, member characteristics) they will receive from the CCOs.

PCS educates providers on HIT Tools and VBP-related data via a team of staff that includes Population Health Strategists, Quality Performance Coaches, HIE Clinical Strategists, Provider Representatives and others. When we meet with providers, we will review dashboards and gap lists to ensure that provider partners and their staff understand how to use and "work" the reporting. During this review, we will discuss what these numbers mean, how to drill down into the detail, and what the organization can take away as action items. The data can also help drive workflow changes that improve performance and efficiency. The reporting we developed is updated timely and immediately actionable.

b. How can OHA support your efforts related to data/HIT and VBP?

We request technical assistance to implement the Health Plan Quality Metrics Committee Aligned Measure Menu as we onboard provider organizations that are new to reporting the measures or who have limited resources. We also welcome any guidance on other VBP models related to HIT, best practices, or potential new learning collaboratives to support improvements in our existing HIT infrastructure, particularly about risk stratification of social complexity where data sources and published, peer-reviewed methods are less common.

7. 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?

Based upon our involvement in HIE and HIT strategy across the four northwest states where PCS conducts business, we continue to observe that Oregon has one of the most robust and visionary HIT programs.

We feel the key to the success of this program is strongly rooted in the collaborative and transparent approach where all stakeholders are encouraged to share and learn from each other. The OHA has been a great partner in this and continues to make good decisions on collaborative approaches on Novel programs like InCK and others. We hope to help OHA prove very strongly, that a collaborative public/private partnership is key for this and other programs.

We feel the areas below are the areas OHA can best continue to support our CCO regions in achieving our Roadmap goals.

High-quality data and reporting – We feel strongly that what gets measured gets managed, and the data we have been provided so far regarding EHR and HIE adoption has been very helpful. Any improvements to the data quality, consistency, delivery frequency, and coverage will assist us. The centralized collection and reporting of these data is a great step forward and we appreciate the progress in supporting our CCOs.

Access to information in support of health equity – As providers and OHA gather more complete SDOH and REALD data, we will value centralized and standard sources for these data to support our Roadmap goals.

Funding sources and strategies to offset HIE/HIT Investments – The greatest challenge we face in accomplishing our HIT Roadmap goals is identifying and allocating the necessary resources to address the work ahead of us, and there are almost always financial roots to those barriers. We have made significant investments in our HIE and HIT capabilities and are only just beginning to see a path to sustainability for our core programs. Supporting our provider partners without any meaningful financial supports has continued to prove challenging.

Focused and achievable goals – Consistent with feedback that has been provided by many CCO representatives at HITAG and other OHA collaboration venues; use cases for HIE and HIT abound. The successful implementation of these use cases is often most limited by the resources available to manage the change required to adopt a new way of doing things. Working through these changes with multiple co-dependent community stakeholders who are managing other priorities takes a significant resource investment to coordinate and support.

The pandemic has served to somewhat destabilize the environment in a way that has helped to improve adoption and acceptance to change in a number of areas. As we move through future years, we will need to remain focused and vigilant on managing a small portfolio of change and having the OHA's support on a focused approach that will improve our chances of gaining meaningful adoption of platforms and high-value use cases.

b. How have your organization's HIT strategies changed or otherwise been impacted by COVID-19? What can OHA do to better support you?

The impact of COVID-19 on our HIT strategies and especially our focus on those strategies has been significant. The ability of our provider partners to engage in discussions about their EHR and HIT Roadmaps was very limited because of their significant pandemic response efforts. As a result of this limited engagement, the global pandemic provided an opportunity to highlight a number of high-value use cases for the PCS HIT program.

During the course of 2020, PCS developed a number of new solutions that sought to test the applicability of existing HIT capabilities to support our response to the pandemic. Much of our focus was exploring how HIE/HIT solutions could be leveraged to monitor health equity. Wherever possible, we included or considered how to integrate SDOH, REALD, geographic and other relevant demographic information.

Listing of COVID-19 Use Cases Explored or Implemented by PCS HIT Program:

- COVID-19 and COVID-19 Related Diagnosis Dashboard from claims including geocoded mapping
- Analytics to identify patients & potentially exposed family members

- COVID-19 and COVID-19 Related cohorts developed in Collective
- Priority vaccination flags for members in Collective
- Trending of telehealth utilization including Behavioral Health breakouts with demographic slicers
- Immunization Tracking Registry
- Immunization reporting from Reliance
- Self-Referral to Community Information Exchange (CIE)
- Leveraging Community Information Exchange (CIE) in support of providing COVID-19 wrap-around services
- Exploration of Community Information Exchange (CIE) to support closed-loop referrals for clinical consults

Most of our projects in this space proved to be quite valuable, though some have more marginal value due to limited participation in data contribution to platforms such as Reliance. We feel that OHA can best support PCS by continuing to host collaborative sessions that explore and prioritize high-value use cases across CCOs. In these sessions, there is likely an opportunity for CCOs and their communities to continue to showcase their innovative projects leveraging HIT.