Yamhill Community Care CCO 2023 HIT Roadmap

CCO: Yamhill Community Care
Date: 3/15/2023
Revised: 8/25/2023

To whom it may concern:

YCCO is pleased to submit our 2023 Updated HIT Roadmap. We've based this document on OHA's Guidance, Evaluation Criteria & Report Template (Option A) received December 15, 2022.

1. HIT Partnership

Please attest to the following items.

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

2. Support for EHR Adoption

A. Support for EHR Adoption: 2022 Progress

Please describe your progress supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In the spaces below, please
1. Select the boxes that represent strategies pertaining to your 2022 progress.
2. Describe the progress of each strategy in the appropriate narrative sections.
3. In the descriptions, include any accomplishments and successes related to your strategies.

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

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

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

i. Progress across provider types

Strategy: Assessment/tracking of EHR adoption and capabilities
During 2021 and prior, we investigated and documented HIT adoption and use among all contracted hospitals, the top 17 PCPs to whom the majority of YCCO's members are assigned, the top 13 behavioral health providers who collectively serviced all members receiving behavioral healthcare services, all contracted oral health providers, and two contracted specialty providers providing women's healthcare services to YCCO members.

In light of the Public Health Emergency and the resulting impact to healthcare providers and our members, we limited our focus to these entities so as not to introduce unnecessary distraction, disruption, or burden. We were successful in confirming HIT adoption and usage across all but one hospital, all 17 PCPs, all but two of the top 13 behavioral health providers, all oral health providers, and one of the two specialty providers.

We acquired additional information through the partnership with OHA in the context of the CCO HIT Data Reporting File resulting from the HIT Survey and have utilized that survey to develop a similar tool for our provider network.

The PHE also led us to suspend strategies aimed at encouraging and supporting EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers that haven't yet adopted an EHR. We expect to resume these strategies as described below as the impact of the PHE lessens in our community.

With regards to the providers who've not yet adopted EHRs, we initiated the process to understand barriers and challenges to EHR adoption via the first step of developing a reliable data collection process. We've developed the first iteration of a data collection survey and are pursuing the potential for partnering with Quest Analytics for HIT data collection and validation via their provider accuracy survey process. If successful in partnering with Quest Analytics, their provider accuracy survey process occurs quarterly which will allow us to confirm/update data collection as quite often. Although it is more likely that we would reach out on an annual cadence, regardless of the method.

Strategy: Requirements in contracts/provider agreements
YCCO has updated and incorporated language into provider contracts for key APM partners to include data gathering as a component of the contract going forward. We acknowledge the value of including EHR adoption as a component of contract language and will continue efforts to incorporate this component into the contracting/re-contracting process with minimal adverse impact on our network of contracted providers.

ii. Additional progress specific to physical health providers

Strategy: Assessment/tracking of EHR adoption and capabilities
The results of our own HIT investigation coupled with information shared by OHA in the context of CCO HIT Data Reporting File has shed additional light on EHR adoption and usage across YCCO's contracted providers. Overall, approximately 90% (34K/38K) of YCCO members are assigned to primary care providers utilizing an EHR.

Strategy: Requirements in contracts/provider agreements see *Progress Across Provider Types*

Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption see *Progress Across Provider Types*

iii. Additional progress specific to oral health providers

Strategy: Assessment/tracking of EHR adoption and capabilities
The results of our own HIT investigation has shed additional light on EHR adoption and usage across YCCO's contracted oral health providers. Of the 6 oral health providers surveyed 67% (4/6) responded or were previously identified in our internal investigation, and of those providers 75% have adopted and use EHRs.

Strategy: Requirements in contracts/provider agreements see *Progress Across Provider Types*

Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption see *Progress Across Provider Types*

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iv. Additional progress specific to behavioral health providers

Strategy: Assessment/tracking of EHR adoption and capabilities
The results of our own HIT investigation has shed additional light on EHR adoption and usage across YCCO's contracted behavioral health providers. Of 34 behavioral health providers surveyed 44% (15/34) responded, and of those providers 93% (14/15) have adopted and use EHRs.

Strategy: Requirements in contracts/provider agreements see *Progress Across Provider Types*

Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption see *Progress Across Provider Types*

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v. Please describe any barriers that inhibited your progress

As is true for numerous of our strategies, the PHE led us to slow some strategies and efforts across our contracted network. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing our mission. These efforts have included IS efforts to implement Unite Us, Quest Analytics, a care management system, and improving our data management processes. To some degree, the focus and timing on these initiatives have impacted progress as well.

B. Support for EHR Adoption: 2023-2024 Plans

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

Notes: Strategies described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy; however, please make note of these strategies in this section and <u>include activities and milestones for all strategies you report</u>.
   - If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
   - If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

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

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

i. Plans across provider types, including activities & milestones

YCCO is fortunate that of the PCPs contracted with YCCO who have adopted and use Certified Electronic Health Record Technology (CEHRT) have collectively been assigned 93% of YCCO's membership. These providers' respective EHR vendors obtained certification for their EHRs in 2014 or 2015 and most providers are using the most current or near current versions of their respective EHRs.

All of the hospitals contracted with YCCO have EHRs that obtained CEHRT in 2015.

Most of the behavioral health providers contracted with YCCO utilize EHRs, and most, if not all, are CEHRT. Similarly, all but 2 of the oral health providers employed by or contracted with Capitol Dental Care, YCCO's oral health provider, utilize EHRs.

Given the high rate of members assigned to PCP's utilizing an EHR solution (93%), YCCO is able to focus efforts on supporting providers to optimize the use of their EHRs to improve health outcomes.

Strategy: Assessment/tracking of EHR adoption and capabilities
YCCO's Strategic Plan includes a commitment to encourage all providers who've not yet adopted an EHR to do so with the goal of achieving a 90% adoption rate by the end of year 2024.

The manner and timing of data collection will include contracting, credentialing, auditing, and direct surveys. We will look at various other touchpoints with providers as opportunities to gather additional HIT adoption data.

YCCO will track the rate of survey completions year-over-year and will consider the execution of this strategy a success if / when the information cited in the HIT Data File is complete with regards to primary care providers (PCPs), behavioral health providers, Capitol Dental Care's employed dentists and Capitol Dental Care's contracted dentists as follows:

- **Year 2023:** YCCO's top 25 PCPs, 100% of hospitals, 75% of behavioral health providers, 75% of Capitol Dental Care's employed dentists, and 75% of Capitol Dental Care's contracted dentists
- **Year 2024:** YCCO's top 30 PCPs, 100% of hospitals, 90% of behavioral health providers, 90% of Capitol Dental Care's employed dentists, and 90% of Capitol Dental Care's contracted dentists
- **Year 2025:** YCCO's top 35 PCPs, 100% of hospitals, 100% of behavioral health providers, 100% of Capitol Dental Care's employed dentists, and 100% of Capitol Dental Care's contracted dentist.

Specific activities and milestones to support this strategy include:

Executing a data collection plan aimed at assessing EHR adoption and use of HIT among YCCO's contracted providers.

Design: Utilizing the original OHA survey format, design and implement a survey aimed at soliciting/confirming YCCO's contracted providers' adoption and use of HIT, including identification/confirmation of the most suitable contact for YCCO to communicate with each provider regarding HIT-related topics.

Distribute: Electronically distribute the survey to known contacts at each contracted provider. Enlist YCCO's provider relations team to assist with completion of the survey when engaging with YCCO's contracted providers.

Collect: Monitor the response rate, provide customer support, appropriately log, and save the completed survey responses.

Record: Incorporate survey results into OHA's HIT Data File consistent with existing format.

Maintain: Submit HIT Data File to OHA as required. Adjust strategy as needed based on response rate and customer support experience.

Timeline:

Activity Timeline	2022		2023				2024				2025			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design		▓	▓	▓			▓		▓		▓		▓	
Distribute					▓		▓		▓		▓		▓	
Collect					▓	▓	▓		▓		▓		▓	
Record					▓	▓	▓		▓		▓		▓	
Maintain							▓		▓		▓		▓	

🔵 Active initiation and development efforts
🟢 Recurring activity and ongoing maintenance

In Addition: We are also pursuing the potential for partnering with our network adequacy and accuracy vendor, Quest Analytics, to include some or all of the data collections and validation as a component of their provider accuracy process. This is in the very early stages of discussion and scoping, but provides a promising potential for gathering and affirming the data collected from providers.

Strategy: Outreach and education about the value of EHR adoption/use
With regards to the providers who've not yet adopted EHRs, we intend to:
- Determine challenges/barriers
- Collaboratively develop plan(s) to address challenges/barriers
- Encourage, support, and assist adoption and use of EHRs as appropriate

These tactics will begin in 2023 and continue as warranted thereafter.

Specific activities and milestones to support this strategy include:

Utilizing results from the EHR/HIT data collection plan described in the previous section, develop an outreach program designed to collect information defining the challenges and barriers to EHR/HIT adoption for those contracted providers yet to be actively utilizing EHR/HIT technology.

Design: Design and implement a survey aimed at soliciting barriers to HIT adoption directed at those contracted providers yet to engage in use of EHR/HIT tools.

Distribute: Electronically distribute the survey to known contacts at each contracted provider. Enlist YCCO's provider relations team to assist with completion of the survey when engaging with YCCO's contracted providers.

Collect: Monitor the response rate, provide customer support, appropriately log, and save the completed survey responses.

Record: As needed, incorporate survey results into OHA's HIT Data File consistent with existing format.

Outreach: Based upon survey results, perform targeted outreach and work collaboratively via YCCO's provider relations team to address identified challenges and develop strategies to assist with EHR adoption.

Maintain: Submit HIT Data File to OHA as required. Adjust strategy as needed based on response rate and customer support experience.

Timeline:

Activity Timeline	2023				2024				2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design	■											
Distribute		■					▩					
Collect		■	■					▩				
Record			■					▩				
Outreach				■	■				▩			
Maintain						▩	▩			▩		

○ Active initiation and development efforts
○ Recurring activity and ongoing maintenance

Strategy: Requirements in contracts/provider agreements
YCCO implemented contract language enhancements in late 2022 specifically for APM contracts to include data collection activities from contracted providers initiated by YCCO. We also acknowledged the value of including EHR adoption as a component of contract language and is considering various methods of incorporating this component into additional contracting/re-contracting process for 2023 and forward with minimal adverse impact on our network of contracted providers.

Specific activities and milestones to support this strategy include:

Design: Develop contractual language requiring or recommending EHR adoption by contracted providers. Determine strategic sequence of provider contracts to be modified.

Distribute: Include developed language into new and renewal contract language.

Maintain: Strengthen/revise language as needed.

Timeline:

Activity Timeline	2023				2024				2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design	■											
Distribute		■					▩					
Maintain						▩	▩			▩		

○ Active initiation and development efforts
○ Recurring activity and ongoing maintenance

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

Strategy: Assessment/tracking of EHR adoption and capabilities see *Plans Across Provider Types*

Strategy: Outreach and education about the value of EHR adoption/use see *Plans Across Provider Types*

Strategy: Requirements in contracts/provider agreements see *Plans Across Provider Types*

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

Strategy: Assessment/tracking of EHR adoption and capabilities see *Plans Across Provider Types*

Strategy: Outreach and education about the value of EHR adoption/use see *Plans Across Provider Types*

Strategy: Requirements in contracts/provider agreements see *Plans Across Provider Types*

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

Strategy: Assessment/tracking of EHR adoption and capabilities see *Plans Across Provider Types*

Strategy: Outreach and education about the value of EHR adoption/use see *Plans Across Provider Types*

Strategy: Requirements in contracts/provider agreements see *Plans Across Provider Types*

C. Optional Question

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

We'd appreciate OHA guidance, advice, and recommendations on how to leverage federal and/or state funds, programs, or other initiatives and strategies to incentivize providers to adopt and effectively use EHRs.

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

A. Support for HIE – Care Coordination: 2022 Progress

Please describe your progress supporting increased access to HIE for Care Coordination, *excluding hospital event notifications and CIE*, among contracted physical, oral, and behavioral health providers. In the spaces below, please
1. Select the boxes that represent strategies pertaining to your 2022 progress
2. Describe the following in the appropriate narrative sections
   a. Specific HIE tools you supported or made available in 2022
   b. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2022
   c. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained access to HIE for Care Coordination as a result of your support, as applicable).

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

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

☐ HIE training and/or technical assistance ☐ Assessment/tracking of HIE adoption and capabilities ☐ Outreach and education about value of HIE	☐ Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding

☐ Collaboration with network partners ☒ Enhancements to HIE tools (e.g., adding new functionality or data sources) ☐ Integration of disparate information and/or tools with HIE ☐ Requirements in contracts/provider agreements	☐ Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) ☒ Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) ☐ Other strategies for supporting HIE access or use (please list here)

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

Strategy: Enhancements to HIE tools
In 2022, YCCO performed a thorough search for a new care management platform to facilitate building our internal staffing structure to take on the direct responsibility of care management, utilization management, and appeals and grievances. Subsequent to that search and licensing negotiations, in Q1 2023, we initiated the project to implement Virtual Health's Helios platform and a significant amount of our 2023 IS efforts will be focused on this project with a target date for go-live of 1/1/2024. We are excited to take on direct responsibility for member care management activities by implementing this by product and engaging more directly with our membership.

HIE Tools supported/provided by YCCO
Based on our efforts to identify HIT utilization and HIE adoption, YCCO provides and/or utilizes the following systems to facilitate health information exchange to enable care coordination among internal and external care team members:

Ayin Health Solutions (formerly PH TECH) Community Integration Manager (CIM) Provider Portal – YCCO staff, strategic partners, and contracted providers utilize CIM to:
- Verify member enrollment and eligibility
- Determine the PCP to whom a member is assigned
- Determine members assigned to a PCP
- View claims status
- Submit prior authorizations and view related status
- Submit referrals and view related status
- Add / view flags, documents and notes pertaining to a member

Care Advance – YCCO's strategic partner, Providence Plan Partners (PPP), uses Cognizant's Care Advance system to perform utilization management and care management functions. Points of integration between CIM and Care Advance permit users of both systems to collaborate in these functions.

The Collective Platform – As described in the sections pertaining to the adoption and use of HIE and Hospital Event Notifications systems, YCCO staff, strategic partners, and contracted providers utilize the Collective Platform to become aware of members visiting emergency departments and/or being admitted or discharged from a hospital so that appropriate follow-up actions occur in a timely, coordinated, and appropriate manner. Some stakeholders document information within the Collective Platform (e.g., alerts, care plan) intended for the coordination of care among care team members.

Connect Oregon/Unite Us - During 2022, YCCO implemented the Unite Us platform and engaged our provider and community-based organizations in adoption of this platform to assist in providing our members with the appropriate resources.

EDIE – All of YCCO's contracted hospitals convey admit, discharge, and transfer event notifications to the Emergency Department Information Exchange (EDIE) and utilize EDIE when servicing members in an emergency department.

Secure Messaging – YCCO staff, strategic partners, and contracted providers use various secure messaging solutions to share personal health information (PHI) regarding a member for whom they're collaboratively managing and/or providing care.

Secure File Transport Protocol (SFTP) – On occasion, documents, reports, and data extracts containing PHI are shared with privileged stakeholders via SFTP.

Fax and Telephone – On occasion, information regarding members is shared via facsimile and telephone among individuals collaboratively coordinating or managing a member's care.

In addition, some of our contracted providers utilize HIE systems integral to or integrated with their respective EHRs – e.g., Reliance, Commonwell, eHealthExchange, Carequality, and Epic CareEverywhere.

Strategy: Other Strategies that address requirements related to federal interoperability
During 2022, YCCO utilized Change Healthcare to implement solutions addressing the federal requirements related to interoperability, specifically as it relates to the Provider Directory API, Patient Access API, and payer-to-payer data exchange.
- The Provider Directory API was previously completed and implemented into the Change Healthcare production environment in December 2021.
- The Patient Access API was completed and implemented into the Change Healthcare production environment in May 2022.
- The Change Healthcare production site is monitored on a regular basis to ensure file transfer success and customer support procedures are in place to support members as they utilize the patient access API.
- The payer-to-payer data exchange is currently on hold pending additional information/guidance from CMS.

ii. Additional progress specific to physical health providers

see *Progress Across Provider Types*

iii. Additional progress specific to oral health providers

see *Progress Across Provider Types*

iv. Additional progress specific to behavioral health providers

see *Progress Across Provider Types*

v. Please describe any barriers that inhibited your progress

As is true for numerous of our strategies, the PHE led us to slow some strategies and efforts across our contracted network. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing our mission. These efforts have included IS efforts to implement Unite Us, Quest Analytics, a care management system, and improving our data management processes. To some degree, the focus and timing on these initiatives have impacted progress as well.

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

Please describe your plans for supporting increased access to HIE for Care Coordination, **excluding hospital event notifications and CIE**, for contracted physical, oral, and behavioral health providers. In the spaces below, please
1. Select that boxes that represent strategies pertaining to your 2023-2024 plans.
2. Describe the following in the appropriate narrative sections
    a. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies.
    b. Any additional HIE tools you plan to support or make available.
    c. Strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2022.
    d. Activities and milestones related to each strategy (Please include the number of organizations of each provider type you expect will gain access to HIE for Care Coordination as a result of your support, as applicable)

Notes: Strategies and tools described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.
-   If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
-   If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

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

☐ HIE training and/or technical assistance	☐ Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding
☒ Assessment/tracking of HIE adoption and capabilities	
☐ Outreach and education about value of HIE	☐ Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
☒ Collaboration with network partners	
☒ Enhancements to HIE tools (e.g., adding new functionality or data sources)	☒ Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)
☐ Integration of disparate information and/or tools with HIE	
☐ Requirements in contracts/provider agreements	☐ Other strategies for supporting HIE access or use (please list here)

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

YCCO continues efforts to implement and/or improve HIE tools and strategies in support of our members and providers. This includes use of the Collective Medical Technology (CMT) platform, CIM/CareAdvance integration for care management, and implementation of the Unite Us/Connect Oregon community referral program. In addition, YCCO has embarked on several projects/integrations and system implementations supporting HIE with key partners, including the OCHIN HEDIS project, Helios Case Management system implementation, Quest Analytics network adequacy/accuracy system, and a Tableau Server analytics tool implementation. YCCO will continue to focus on building collaborative relationships with HIE vendors, our provider network, and our

community to improve service to YCCO members. (Sample screenshots of the Tableau dashboards are included for reference)

Contracted providers currently lacking a confirmed HIE for Care Coordination status, as documented in the YCCO HIT Data Reporting file consist of the following:
- Physical Health – 87/185 (47%)
- Behavioral Health - 61/80 (76%)
- Oral Health - 5/6 (83%)

Strategies for increased HIE adoption include:

Strategy: Assessment/tracking of HIE adoption and capabilities
Eleven of the fifteen PCPs (73%) to which most of YCCO's members (84%) are assigned acknowledge using HIE technology to obtain/view members' health information. Most of these 15 PCPs utilize the Collective Platform to receive and view notifications regarding emergency department (ED) visits and hospital admits and discharges and leverage the integrated use of OHA's Prescription Drug Monitoring Program (PDMP).

All hospitals contracted with YCCO acknowledge using HIE technology, including Emergency Department Information Exchange (EDIE) to which they not only contribute information – i.e., admits, discharges, and transfers – but also utilize when providing care to patients in the ED and hospital settings. All hospitals leverage the integrated use of OHA's Prescription Drug Monitoring Program (PDMP).

Very few behavioral health providers contracted with YCCO acknowledge using HIE technology to obtain/view members' health information residing in another provider's EHR. With few exceptions, when personal health information (e.g., treatment/care plan) is shared by behavioral health providers with other care providers, the mode of sharing is via Fax or secure email.

As most of YCCO's contracted hospitals and PCPs have adopted some form of HIE technology, including the Collective Platform, YCCO will work with its contracted behavioral health and oral health providers to adopt HIE technology thereby enabling more effective, seamless care coordination to occur between providers and related healthcare settings. YCCO members receiving behavioral healthcare services engage primarily with Yamhill HHS (81%) and Lutheran Community Services (11%) and the PCPs to which the majority of these members are assigned are Virginia Garcia, Providence Medical Group, and Physician's Medical Center.

Specific activities and milestones to support this strategy include:

These activities will occur as a component of the HIT Data Collection plan as described in section 2.B (Strategy: Assessment/tracking of EHR adoption and capabilities), consisting of executing a data collection plan aimed at assessing HIE adoption and use of HIT among YCCO's contracted providers. As such, much of the following is will coincide with the previously stated activities and timelines.

Design: Utilizing the original OHA survey format, design and implement a survey aimed at soliciting/confirming YCCO's contracted providers' adoption and use of HIT, including identification/confirmation of the most suitable contact for YCCO to communicate with each provider regarding HIT-related topics.

Distribute: Electronically distribute the survey to known contacts at each contracted provider. Enlist YCCO's provider relations team to assist with completion of the survey when engaging with YCCO's contracted providers.

Collect: Monitor the response rate, provide customer support, appropriately log, and save the completed survey responses.

Record: Incorporate survey results into OHA's HIT Data File consistent with existing format.

Maintain: Submit HIT Data File to OHA as required. Adjust strategy as needed based on response rate and customer support experience.

Timeline:

Activity Timeline	2022		2023				2024				2025			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design		■	■	■			▣		▣		▣		▣	
Distribute					■		▣		▣		▣		▣	
Collect					■	■	▣		▣		▣		▣	
Record					■	■	▣		▣		▣		▣	
Maintain							▣		▣		▣		▣	

● Active initiation and development efforts
● Recurring activity and ongoing maintenance

In Addition: We are also pursuing the potential for partnering with our network adequacy and accuracy vendor, Quest Analytics, to include some or all of the data collections and validation as a component of their provider accuracy process. This is in the very early stages of discussion and scoping, but provides a promising potential for gathering and affirming the data collected from providers.

Strategy: Collaboration with Network Partners
YCCO will continue to host collaborative events in support of various HIE tools supporting Care Management of our membership, particularly around further adoption of the Unite Us platform among our network partners and CBOs. Please see the efforts outlined in the next strategy section (Strategy: Enhancements to HIE tools) for more specifics of the following projects/efforts:

- Server/SFTP enhancements
- CIM Analytics metrics updates
- Electronic rosters EHR integration
- Helios Case Management system implementation
- Quest Analytics implementation

These all include collaboration and interaction with our network partners to be successful.

Strategy: Enhancements to HIE tools
Specific activities and milestones to support this strategy include:
Enhance YCCO and appropriate sub-contractor capabilities to support and share data between the plan, providers, Community-based organizations (CBO's), and members.

Server/SFTP enhancements: YCCO recognized the need to enhance our own IS infrastructure to facilitate our internal ability to provide and participate in HIE efforts.

CIM Analytics metrics updates: Work with our Ayin Health Solutions (formerly PHTECH) partners to update Metrics Manager (CIM analytics tool) to reflect 2022, 2023, and 2024 metric requirements.

Electronic rosters EHR integration: Engage with our Ayin Health Solutions (formerly PHTECH) partners to create and deliver clinic system member (patient) rosters that can be ingested into clinic EHR system(s). The current project, currently delayed due to resources allocations, is a joint YCCO/OCHIN HEDIS effort. Initially this will be full rosters, but future iterations may consist of metric specific needs-based subsets of members.

Helios Case Management system implementation: A major focus for the entire YCCO organization in 2023 is the implementation of a comprehensive Care Management, Utilization Management, Appeals and Grievances system from Virtual Health (Helios).

Quest Analytics implementation: YCCO is actively involved in an implementation of a comprehensive provider network management (adequacy and accuracy) system. This will include direct provider contact to query and confirm provider data on a regular and reliable schedule.

Tableau Server implementation: Grow YCCO analytical capabilities through implementation of Tableau Server and enhancing the quality and availability of tool to support data driven decisions.

Timeline:

Activity Timeline	2022		2023				2024				2025			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Server/SFTP							▇	▇			▇			
CIM Analytics			▇	▇	▇		▇	▇	▇		▇	▇	▇	
Electronic Roster	▇	▇	▇	▇	▇	▇			▇				▇	
Helios CM			▇	▇	▇	▇	▇	▇	▇				▇	▇
Quest Analytics		▇	▇	▇	▇		▇	▇	▇		▇	▇	▇	
Tableau Server		▇	▇	▇	▇	▇					▇			

- 🔵 Active initiation and development efforts
- 🟢 Recurring activity and ongoing maintenance

Strategy: Other Strategies that address requirements related to federal interoperability**
During 2022, YCCO successfully completed implementation of the Change Healthcare (CHC) solutions addressing the federal requirements for interoperability, specifically related to the Provider Directory API and the Patient Access API. Processes to monitor and, when necessary, resolve issues in the data exchange with CHC were developed and have been in place since June 2022 subsequent to the following events.
- The Provider Directory API production go-live occurred December 2021.
- The Patient Access API production go-live occurred in May 2022.

** Please note that Change Healthcare is no longer offering a CMS Interoperability solution, including Provider Directory and Patient Access API services, after January 2024. YCCO recently conducted a search for an alternate solution and selected another vendor that offers these services. YCCO is currently working with the new vendor to implement a Provider Directory and Patient Access API by the end of 2023. We will include updates in the 2024 HIT Roadmap regarding this work.

Specific activities and milestones to support this strategy include:

Provider Directory API data monitoring: Bi-weekly review of the data exchange processes between Ayin Health Solutions and Change Healthcare and resolution of any data issues identified during that process.

Patient Access API data monitoring: Bi-weekly review of the data exchange processes between Ayin Health Solutions and Change Healthcare and resolution of any data issues identified during that process.

Patient Access API invitation codes management: Monthly process to provide member invitation codes generated by CHC to our customer service staff. These data points are utilized when members call our customer service staff for verifying their access to the CHC system.

Payer to Payer data exchange (on hold): Prepare for payer-to-payer data exchange.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Provider Directory API data monitoring	▇	▇	▇	▇	▇	▇	▇	▇	▇	▇	▇	▇
Patient Access API data monitoring	▇	▇	▇	▇	▇	▇	▇	▇	▇	▇	▇	▇
Patient Access API invitation codes			▇	▇	▇	▇	▇	▇	▇	▇	▇	▇

Payer to Payer data exchange (hold)	On hold									

🔵 Active initiation and development efforts
🟢 Recurring activity and ongoing maintenance

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

see *Plans Across Provider Types*

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

Strategy: Assessment/tracking of HIE adoption and capabilities
As few of the oral health providers contracted with YCCO use HIE technology today, YCCO will encourage use of HIE technology within the oral health setting. Specifically, YCCO will encourage all oral health providers to utilize the Collective Platform and the Oregon PDMP program with the following targets:

Year 2023: 27% of Capitol Dental Care's employed dentists and contracted dentists.
Year 2024: 36% of Capitol Dental Care's employed dentists and contracted dentists.
Year 2025: 45% of Capitol Dental Care's employed dentists and contracted dentists.

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

Strategy: Assessment/tracking of HIE adoption and capabilities
YCCO will encourage use of HIE technology within the behavioral healthcare setting. Specifically, YCCO will encourage behavioral health providers to utilize the Collective Platform and the Oregon PDMP program with the following targets:

Year 2023: 66% of YCCO's top 3 behavioral health providers.
Year 2024: 100% of YCCO's top 3 behavioral health providers.
Year 2025: 100% of YCCO's top 3 behavioral health providers plus one additional BH provider.

C. Optional Question

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

We'd appreciate continued guidance, advice, and recommendations on how to leverage federal and/or state funds to incentivize providers to adopt and effectively use HIEs. We'd also appreciate OHA (e.g., HIT Commons) collaborating with relevant stakeholders to establish a statewide HIE in which key stakeholders are contractually required to submit and receive/use data to/from the statewide HIE to optimize specific care coordination use cases of importance to all concerned.

4. Support for HIE – Hospital Event Notifications

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

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

Overall Progress
Please select which strategies you employed during 2022.

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

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

Strategy: Care coordination and care management
YCCO and Providence Plan Partner utilized the Collective Medical Technology (CMT) Platform to coordinate care as the platform's user community expands to include skilled nursing facilities, long-term acute care hospitals, and more primary care, behavioral health, and oral health providers servicing our members.

Although some progress was made in 2022, access to data specific to YCCO members from Care Advance remained challenging. YCCO made the decision to perform a thorough search for a new care management platform to facilitate building our internal staffing structure to take on the direct responsibility of care management, utilization management, and appeals and grievances. Subsequent to that search and licensing negotiations, in Q1 2023 we initiated the project to implement Virtual Health's Helios platform and a significant amount of our 2023 IS efforts will be focused on this project with a target date for go-live of 1/1/2024. We are excited to take on direct responsibility for member care management activities by implementing this by product and engaging more directly with our membership. This will refocus our integration efforts to utilization of the Helios platform vs Care Advance.

A documented component of the Helios implementation plan includes integrations with the CMT platform and will be addressed during 2023.

Strategy: Collaboration with external partners
The following collaboratives and activities are admittedly not specific to ADT events but are inclusive of ADT and various other opportunities for collaboration around data and information between YCCO and external partners.

HIT Commons: YCCO recognizes the value of and intends to incorporate internal IS resources in HIT/HIE committees and boards. In early 2022, the YCCO Information Systems Director was accepted as a member of the HIT Commons Board of Managers.

HITAG: YCCO is an active member of HITAG and has been a participant in every meeting over the course of 2022 and the first quarter of 2023.

Helios User Group: Though early in the implementation project, we are participants in a nationwide collaborative of Helios users from across the country, including but not limited to the University of Pittsburg Medical Center in PA, CommunityCare in NC, PacificSource in OR and of course YCCO.

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

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

☐ Hospital Event Notifications training and/or technical assistance

☒ Assessment/tracking of Hospital Event Notification access and capabilities

☐ Outreach and education about the value of Hospital Event Notifications

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

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

☐ Requirements in contracts/provider agreements

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

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

Strategy: Assessment/tracking of Hospital Event Notification access and capabilities
Although YCCO has had an established interface and use of ADT notifications utilizing the CMT software, we recognized the need to establish a more collaborative relationship between our IS department and the CMT team to learn more about the CMT tool and look for opportunities to better serve our members and contracted providers.

We have established a consistent and re-occurring meeting series (monthly) designed to strengthen our collaboration, understand the available analytics, and establish a plan for data extracts from the CMT system. During the monthly meetings the YCCO and CMT teams review the list of contracted providers that are utilizing the CMT software, and which contracted providers are not utilizing the software. Tracking provider organization utilization of the CMT software provides CMT and YCCO with a better understanding of which organizations may need additional assistance with using this tool.

ii. Additional progress specific to physical health providers

see *Plans Across Provider Types*

iii. Additional progress specific to oral health providers

see *Plans Across Provider Types*

iv. Additional progress specific to behavioral health providers

see *Plans Across Provider Types*

v. Please describe any barriers that inhibited your progress

As is true for numerous of our strategies, the PHE led us to slow some strategies and efforts across our contracted network. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing our mission. These efforts have included IS efforts to implement Unite Us, Quest Analytics, a care management system, and improving our data management processes. To some degree, the focus and timing on these initiatives have impacted progress as well.

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

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

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

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

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

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

Strategy: Care coordination and care management
YCCO's use of the Collective Platform aligns with three general categories:
- Tracking specific visit types;
- Following target populations;
- Using data to facilitate the coordination of care.

Although there are opportunities for increased usage and value of the Collective Platform, YCCO currently uses the reporting and monitoring tools to track member activity, including:

Reporting:

- 30 day lookback of IP admits and discharges
- 5 in 12 report (5 events in 12 months)
- COVID-19 Vaccine report
- Daily YCCO IET encounters
- All ED visits report

Cohorts - total of 36 defined, examples:

- ED/IP Diabetes
- Avoidable ED visits
- Dental
- ACT team ED notifications
- 0-15 day readmission
- Post-partum ED encounters

- Etc.

As mentioned previously, YCCO has embarked on a project to implement Virtual Health's Helios platform. A documented component of the Helios implementation plan includes automated technical integrations with the CMT platform and will be addressed during 2023.

Strategy: Risk stratification and population segmentation/Utilization monitoring/management
On a monthly basis, YCCO Medical Management and Health Services staff review hospital event notifications to evaluate trends within our hospital systems and changes in activity level for improved community awareness. Over utilization of the emergency department has occasionally identified members disenrolled from their assigned PCP due to missed appointments prompting referrals to our care management team to reestablish PCP assignments and address reasons leading to missed appointments. This staff also uses the Collective Platform to improve oversight of YCCO's delegated partners – e.g., PPP, Yamhill HHS, Capitol Dental Care – pertaining to the achievement of intensive care coordination (ICC) goals related to CCO 2.0 contractual requirements.

The use of hospital event notifications is part of the YCCO risk stratification and population strategy. Although YCCO has an established interface and use of ADT notifications utilizing the CMT software, we recognize the need to establish a more formal data exchange and analytics effort. We also recognize the need to establish a more collaborative relationship between our IS department and the CMT team to learn more about the CMT tool and look for opportunities to better serve our members.

Specific activities and milestones to support this strategy include:

Data exchange: Design and implement a data extract cadence from the CMT platform for YCCO.

Develop analytics: Manage data receipt with guidance and direction from the YCCO Data Governance team. Establish Tableau-based analytic dashboards to support monitoring the use of CMT and produce information designed to guide strategic direction.

Timeline:

Activity Timeline	2023				2024				2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Data exchange			■	■	■	■	■	■	■	■	■	■
Develop analytics					■	■	■	■	■	■	■	■

🔵 Active initiation and development efforts
🟢 Recurring activity and ongoing maintenance

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

iv. Activities and milestones related to each strategy (Please include the number of organizations of each provider type that will gain increased access to HIE for Hospital Event Notifications as a result of your support, as applicable).

Notes: Strategies and tools described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and <u>include activities and milestones for all strategies you report</u>.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

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

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

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

Strategy: Assessment/tracking of Hospital Event Notification access and capabilities/Collaboration with external partners
Building on CMT collaboration efforts in 2022 and utilizing the information in the context of CCO HIT Data Reporting File resulting from HIT Surveys, we intend to:
- Assess, encourage, and assist specific providers servicing our members to further optimize their use of the Collective Platform;
- Explore opportunities for the Collective Platform to be seamlessly integrated with other complementary HIT systems to increase adoption and use of the platform; and
- Collaborate with other CCOs to share best practices, showcase successful use cases, brainstorm solutions to common problems, and identify creative strategies aimed at increasing adoption and use of the Collective Platform by emergency departments and contracted providers.

Specific activities and milestones to support this strategy include:

Establish CMT collaboration: Set a consistent and re-occurring meeting series designed to strengthen our collaboration, understand the available analytics, and establish a plan for data extracts from the CMT system into the new Helios platform that will go live in 2024. These data will inform analytics to be developed by the YCCO team. In 2024, YCCO would like to have an automated data feed from CMT into the Helios platform.

Data exchange: Design and implement a data extract cadence from the CMT platform for YCCO.

Develop analytics: Manage data receipt with guidance and direction from the YCCO Data Governance team. Establish Tableau-based analytic dashboards to support monitoring the use of CMT and produce information designed to guide strategic direction.

Timeline:

Activity Timeline	2022 Q3	Q4	2023 Q1	Q2	Q3	Q4	2024 Q1	Q2	Q3	Q4	2025 Q1	Q2	Q3	Q4
Establish CMT collab							●	●			○			
Data exchange			●	●	○		●	●	○		●	●	○	
Develop analytics					●	●	●	●	○				○	

○ (blue) Active initiation and development efforts
○ (green) Recurring activity and ongoing maintenance

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

see *Plans Across Provider Types*

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

see *Plans Across Provider Types*

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

see *Plans Across Provider Types*

C. Optional Question

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

We'd appreciate guidance, advice, and recommendations on how to leverage federal and/or state funds to incentivize providers to adopt and effectively use the Collective Platform, particularly to better support care transitions and to engage in collaborative care coordination/management activities targeting specific population cohorts of mutual interest to CCOs, PCPs, and other providers servicing these members.

5. HIT to Support SDOH Needs

A. HIT to Support SDOH Needs: 2022 Progress

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

Overall Progress
Please select which strategies you employed during 2022.

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

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

Many of the HIT systems enabling YCCO's health plan operations have incomplete or inaccurate demographic data elements regarding YCCO's members which negatively impacts YCCO's ability to:

- analyze and report upon health outcomes based on REALD, and/or SDOH characteristics of its assigned membership;
- share these demographic data elements with its strategic partners, contracted providers, and key community-based organizations (CBOs) to inform their respective and, at times, coordinated population health and risk efforts; and
- identify and prioritize partnerships with CBOs and related investments.

YCCO encourages care and case managers, contracted providers, county agencies, and key CBOs to solicit and confirm the accuracy of REALD demographic data elements stored within the HIT used to document member/patient encounters when providing services to YCCO members.

System Replacement Note: Although successful in implementing the following strategies to varying degrees, access to data specific to YCCO members from Care Advance remains challenging. In 2022, YCCO made the decision to perform a thorough search for a new care management platform to facilitate building our internal staffing structure to take on full direct responsibility of care management, utilization management, and appeals and grievances. Subsequent to that search and licensing negotiations, in Q1 2023 we initiated the project to implement Virtual Health's Helios platform and a significant amount of our 2023 IS efforts will be focused on this project with a target date for go-live of 1/1/2024. We are excited to take on direct responsibility for member care management activities by implementing this by product and engaging more directly with our membership as well as access to the detailed data underlying the platform. This change will enable our collection and analysis of these data to support these strategies more completely going forward.

Strategy: Implementation of HIT tool/capability for social needs screening and referrals: YCCO has created and implemented six health risk assessment tools, social needs screening tools such as PRAPARE, a Community Health Worker (CHW) screening tool, Pathways screening, in concert with our contracted Providence Plan Partners care management team. Please see "System Replacement Note" above.

In 2022, YCCO implemented the Unite Us platform and engaged our provider and community-based organizations in adoption of this platform to assist in providing our members with the appropriate resources. YCCO is utilizing the Unite Us platform for SDOH screening. The Unite Us tool has closed-loop referral functionality.

We will be measuring adoption and use, setting targets utilizing the Unite Us reporting tools as well as our own reporting, based on the Unite Us data feed, to set targets and goals.

Strategy: Engage in governance of CIE: YCCO is actively engaged in multiple arenas in support of CIE, including the Board of Managers of the HIT Commons, active HITAG membership, Advisory committee of the OHLC-sponsored UCSF Siren evaluation of the Connect Oregon (Unite US) implementation in Oregon. We are also active sponsors of collaborative sessions with CBO's and other utilizers of the CIE to encourage utilization and learn best practices from/between participants.

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2. Please describe any progress you made in 2022 supporting contracted physical, oral, and behavioral health providers with using HIT to support SDOH needs, ***including but not limited to screening and referrals***. Additionally, describe any progress made supporting social services and community-based organizations (CBOs) with using HIT in your community. In the spaces below, please include
   a. A description of the tool(s) you supported or made available to your contracted physical, oral, and behavioral health providers, as well as social services, and CBOs. Please specify if the tool(s) have screening and/or closed-loop referral functionality (e.g., CIE).
   b. The strategies you used to support these groups with using HIT to support social needs, including but not limited to social needs screening and referrals.
   c. Any accomplishments and successes related to each strategy.

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

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

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

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

Strategy: Sponsor CIE for the community: In 2022, YCCO completed the Unite Us implementation project that commenced in late 2021 with the signing of an agreement for 100 licenses initially (with the option to increase when necessary). As is somewhat typical, adoption was slower than initially anticipated, but enough volume had been realized by Q4 2022 to fulfill the suggested volume of transactions to support generation of the weekly Unite Us activity data extract. The Unite Us tool has been made available to our contracted physical, oral, and behavioral health providers, as well as social service partners, and CBOs. The tool has screening and closed-loop referral functionality.

YCCO receives a monthly report from Unite Us that shows the top 10 sending organizations on the Unite Us platform in Yamhill, Polk, and Washington counties. The report highlights the top 10 Receiving Organizations on the platform in the aforementioned counties. Lastly, YCCO also receives a report of YCCO managed cases and the status of the case (unresolved, open, resolved) and all cases in Yamhill, Polk, and Washington with status. Receiving the regular report from Unite Us is a great accomplishment that allows YCCO to ensure that we are tracking our own internal case management on the platform. The report also helps us to recognize contracted organizations that are sending and receiving referrals.

Strategy: Training and/or technical assistance: Upon completion of our project to implement the Unite Us platform and join the Connect Oregon collaborative, YCCO utilized training events, videos, and other collaborative meetings and tactics to communicate the value of the platform to promote adoption. The Unite Us team was very collaborative, available, and supportive during our outreach efforts.

Strategy: Assessment/tracking of adoption and use: The Unite Us platform provides some level of adoption and usage analytics, but the implementation of the data extracts from Unite Us in late 2022 will provide YCCO with data that we will use to generate our own internal analytics. As mentioned earlier in this document, YCCO has embarked on a Tableau Server implementation to grow YCCO analytical capabilities to enhance the quality and availability of tools to support data driven decisions. The monthly report from Unite Us provides YCCO with some of the adoption utilization metrics, so this will assist YCCO and Unite Us with tracking progress.

ii. Additional progress specific to physical health providers

see *Progress across provider types*

iii. Additional progress specific to oral health providers

see *Progress across provider types*

iv. Additional progress specific to behavioral health providers

see *Progress across provider types*

v. Additional progress specific to social services and CBOs

see *Progress across provider types*

vi. Please describe any barriers that inhibited your progress

As is true for numerous of our strategies, the PHE led us to slow some strategies and efforts across our contracted network. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing our mission. These efforts have included IS efforts to implement Unite Us, Quest Analytics, a care management system, and improving our data management processes. To some degree, the focus and timing on these initiatives have impacted progress as well.

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

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

Notes: Strategies and tools described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, <u>please make note of these strategies and tools in this</u> section and <u>include activities and milestones for all strategies you report</u>.
   - If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
   - If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

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

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

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

Strategy: Implementation of HIT tool/capability for social needs screening and referrals/ Enhancements to CIE tools
YCCO completed implementation of the Unite Us (Connect Oregon) platform for YCCO and our community partners in 2022. Although adoption has been slower than desired, we recognize that the PHE has placed burdens in the community that act as obstacles to adoption. We are actively involved in sponsoring listening sessions to help facilitate sharing of challenges and successes among community resources. We are currently receiving data from Unite Us of YCCO-based activity and are in the process of determining analytics opportunities.

Following the successful efforts in 2021 to negotiate and sign a licensing agreement to implement the Unite Us software, a major focus for 2022 was implementation of the Unite Us (Connect Oregon) platform. Following successful implementation, our focus turns towards increased adoption and understanding usage through analytics, including our participation in the OHLC sponsored UCSF SIREN evaluation of the Unite Us platform in the Connect Oregon program.

YCCO recognizes the value of enhancements to CIE tools and intends to stay abreast of new functionality within the Unite Us platform and promote enhancements that are of value to our community partners. The Helios platform also allows for configuration of a variety of assessment tools that will be very useful in creating targeted

assessments. Although our initial focus will be on the assessments that are necessary for implementation of the platform, we will likely find other new opportunities for data collection.

Specific activities and milestones to support this strategy include:

Data receipt: Develop and stabilize a process to streamline receipt of weekly data feed from Unite Us.

Reporting/Analytics: Utilizing YCCO internal analytics tools (Tableau), develop tracking and analytics tools to inform strategic decisions, monitor engagement, and show the value of HIE/EHR integration.

Community Promotion: Promote adoption of the Unite Us (Connect Oregon) platform to support YCCO, our contracted providers, and community partners in providing members with the resources they need. Coordinate and host community events to promote awareness and collect information to assist in promoting adoption and integration with EHR's. Organize and host community and provider engagement sessions focused on HIE experience and workflows. These sessions will inform our strategies going forward.
Timeline:

Activity Timeline	2022		2023				2024				2025			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Data receipt		■	■	■							▩		▩	
Reporting/Analytics				■	■	■					▩		▩	
Community promo	■	▩	▩	▩	▩	▩	▩	▩			▩		▩	

○ Active initiation and development efforts
○ Recurring activity and ongoing maintenance

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2. Please describe your plans for supporting contracted physical, oral, and behavioral health providers with using HIT to support SDOH needs, ***including but not limited to screening and referrals***, beyond 2022. Additionally, describe your plans for supporting social services and CBOs with using HIT in your community. In the spaces below, please include
    a. A description of any additional tool(s) you will support or make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
    b. Additional strategies for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using HIT to support SDOH needs, including social needs screening and referrals beyond 2022.
    c. Activities and milestones related to each strategy.

Notes: Strategies and tools described in the *2022 Progress* section that remain in your plans for 2023-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.
    - If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
    - If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

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

☐ Sponsor CIE for the community

☐ Financial support for CIE implementation and/or maintenance

☐ Training and/or technical assistance

☒ Assessment/tracking of adoption and use

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

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

☐ Incentives and/or grants to adopt and/or use HIT that supports SDOH

☐ Requirements in contracts/provider agreements

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

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

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

☐ Utilization of HIT to support payments to community-based organizations

☐ Other strategies for supporting adoption of CIE or other HIT to support SDOH needs (please list here):

☐ Other strategies for supporting access or use of SDOH-related data (please list here):

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

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

Strategy: Assessment/tracking of adoption and use: YCCO plans to continue meetings with the Unite Us team to assess/track adoption and use of the platform by the YCCO contracted providers. YCCO will also work on integrating the data extract from Unite Us into the YCCO Tableau analytics dashboard. This data will help YCCO track adoption and use of the platform.

Specific activities and milestones to support this strategy include:

Data exchange: Design and implement a data extract cadence from the Unite Us platform for YCCO.

Develop analytics: Manage data receipt with guidance and direction from the YCCO Data Governance team. Establish Tableau-based analytic dashboards to support monitoring the use of Unite Us and produce information designed to guide strategic direction.

Timeline:

Activity Timeline	2022		2023				2024				2025			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Data exchange		■	■	■	■	■								
Develop analytics							■	■	■	■				

🔵 Active initiation and development efforts
🟢 Recurring activity and ongoing maintenance

ii. Additional plans specific to physical health providers

see *Plans across provider types*

iii. Additional plans specific to oral health providers

see *Plans across provider types*

iv. Additional plans specific to behavioral health providers
see *Plans across provider types*
v. Additional plans specific to social services and CBOs
see *Plans across provider types*

C. Optional Question

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

6. Other HIT Questions (Optional)

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

A. Describe CCO HIT tools and efforts that support **metrics**, both within the CCO and with contracted providers. Include CCO challenges and priorities in this work.
YCCO is engaged with Wakely Consulting Group in the development and deployment of a risk analytics tool (YAHOO – Wakely Analytics Health Operations Optimization) and make it available to providers within our network.   As mentioned previously, YCCO intends to continue collaborating with Ayin Health Solutions in development efforts to implement enhancements and annual adjustments to the Metrics Manager product that is available to providers via the CIM provider portal.   In addition, YCCO is collaborating with OCHIN to support data needs of a new Epic EHR module supporting HEDIS measures within the Epic Healthy Planet toolset.
B. Describe CCO HIT tools and efforts that **patient engagement**, both within the CCO and with contracted providers.
It bears mentioning again…In 2022, YCCO made the decision to perform a thorough search for a new care management platform to facilitate building our internal staffing structure to take on full direct responsibility of care management, utilization management, and appeals and grievances. Subsequent to that search and licensing negotiations, in Q1 2023 we initiated the project to implement Virtual Health's Helios platform and a significant amount of our 2023 IS efforts will be focused on this project with a target date for go-live of 1/1/2024. We are excited to take on direct responsibility for member care management activities by implementing this by product and engaging more directly with our membership as well as access to the detailed data underlying the platform. This change will enable our collection and analysis of these data to support these strategies more completely going forward.   As documented in YCCO's HIT Strategic Plan, YCCO will also evaluate the merits of pro-actively engaging its members in digital health solutions. Integral to YCCO's efforts, evaluate the merits of: • launching a member portal;   • encouraging its members to engage in curated digital health solutions; and

- licensing and promoting the use of a remote monitoring solution among targeted cohorts of YCCO's members

C. How can **OHA support** your efforts in accomplishing your HIT Roadmap goals?
Continued flexibility as we all navigate this together, and OHA's continued advice in regards to HIT opportunities and strategies.

D. What have been your organization's **biggest challenges** in pursuing HIT strategies? What can OHA do to better support you?
Understandably, there is resistance to new technologies that disrupt workflows in the provider community. There is space for continued improvement in communication, training, and collaboration with our community partners.

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