Yamhill CCO 2021 Updated HIT Roadmap

March 15, 2021

CCO: Yamhill Community Care
Date: 3/15/2021

To whom it may concern:

YCCO is pleased to submit our 2021 Updated HIT Roadmap. We've based this document on OHA's Guidance Document & Template dated December 12, 2020. Some responses cited below include excerpts from YCCO's HIT Strategic Plan, drafted in September 2020, which establishes goals, strategies, and tactics collectively aimed at meeting CCO 2.0 HIT requirements and related objectives during the term of the CCO 2.0 contract.

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

During 2020 we investigated and documented the HIT ecosystem underlying and enabling YCCO to operate successfully as a CCO. We strove to confirm HIT adoption and use among all contracted hospitals, the top 17 PCPs to whom 93% of YCCO's members are assigned, the top 13 behavioral health providers who collectively serviced all members receiving behavioral healthcare services in 2019, all contracted oral health providers, and two contracted specialty providers providing women's healthcare services to YCCO members. In light of the COVID-19 pandemic and its impact to healthcare providers and our members, we limited our investigation to just 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.

The COVID-19 pandemic 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 in 2020. We expect to resume these strategies as described below as the impact of the COVID-19 pandemic lessens in our community.

ii. Additional Progress Specific to Physical Health Providers

The results of our investigation into the HIT ecosystem underlying and enabling YCCO operations coupled with information shared by OHA in the context of CCO HIT Data File, Version 1a now shed light on EHR adoption and usage across 28% (137/498) of YCCO's contracted physical health providers. All these providers have adopted and use EHRs and, given statewide and national trend data. At this time, we've not yet confirmed EHR adoption

and use among 361 (72%) contracted physical health providers. Nevertheless, it's very likely that most, if not all, of the physical health providers contracted with YCCO have adopted and use EHRs.

iii. Additional Progress Specific to Oral Health Providers

The results of our investigation into the HIT ecosystem underlying and enabling YCCO operations coupled with information shared by OHA in the context of CCO HIT Data File, Version 1a now shed light on EHR adoption and usage across 100% (11/11) of YCCO's contracted oral health providers. 82% (9/11) of these providers have adopted and use EHRs; two oral health providers still rely upon paper records.

iv. Additional Progress Specific to Behavioral Health Providers

The results of our investigation into the HIT ecosystem underlying and enabling YCCO operations coupled with information shared by OHA in the context of CCO HIT Data File, Version 1a now shed light on EHR adoption and usage across 70% (71/101) of YCCO's contracted behavioral health providers. At this time, we've not yet confirmed EHR adoption and use among 30 (30%) contracted behavioral health providers. We've confirmed that eleven of the 13 behavioral health providers servicing YCCO members have adopted and use EHRs and it's very likely that the other two behavioral health providers have also adopted and use EHRs. Once individual behavioral health providers cited within CCO HIT Data File, Version 1a are correlated to the distinct behavioral health provider organizations with which YCCO contracts, our insight into this provider community's adoption and use of EHRs is likely greater than we've acknowledged.

v. Please describe any barriers that inhibited your progress.

Per discussion with OHA in early 2020, we expected to benefit from a survey crafted by OHA. Unfortunately, the COVID-19 pandemic prompted a delay in crafting and executing the survey in order to ensure that stakeholders' focus was on addressing the impacts of the pandemic and that providers weren't distracted from treating patients and maintaining business operations during the pandemic.

The COVID-19 pandemic also led us to suspend strategies aimed at encouraging and supporting EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers that haven't yet adopted an EHR in 2020.

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

As cited in the Data Completeness Table provided by OHA and noted above, we currently lack knowledge of EHR adoption and use among 361 (72%) contracted physical health providers and 30 (30%) contracted behavioral health providers. We've confirmed EHR adoption and use among all 11 contracted oral health providers. Beginning in 2021 we intend to:

- Collaborate with OHA to craft and execute a survey aimed at confirming EHR adoption and use among contracted providers for whom we lack knowledge; and
- Assess, encourage, and assist specific providers servicing our members to further optimize their use of the EHRs they've adopted.

YCCO is fortunate that seventeen of the PCPs contracted with YCCO who have collectively been assigned 93% of YCCO's membership have all adopted and use Certified Electronic Health Record Technology (CEHRT). These providers' respective EHR vendors obtained certification for their EHRs in 2014 or 2015 and most providers are using the latest version of their respective EHRs. All other PCPs contracted with YCCO individually have less than 0.3% of YCCO's membership assigned to them[1].

All the hospitals contracted with YCCO have EHRs that obtained CEHRT in 2015. Most, if not all, of the behavioral health providers contracted with YCCO utilize EHRs[2], and most, if not all, are CEHRT. Similarly, all but two of the oral health providers employed by or contracted with Capitol Dental Care, YCCO's oral health provider, utilize EHRs, but none are CEHRT.

Given the high rate of EHR adoption among its contracted providers, YCCO will be able to focus their work on supporting providers to optimize the use of their EHRs to improve health outcomes. In addition, beginning year 2 (2021), YCCO will 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 5 (2024).

With regards to broadening our knowledge of HIT adoption across all providers, we intend to execute the following strategy to achieve the related goal.

Goal 4: Execute an efficient and effective partner Data Collection Plan

Strategy 6: Implement and execute a survey aimed at soliciting or confirming adoption and use of HIT among YCCO's contracted providers

Tactic 6.a.: Design and implement a survey aimed at soliciting or, where known, confirming YCCO's contracted providers' adoption and use of HIT as well as the email address best suited for YCCO to communicate electronically with each provider.

Tactic 6.b.: Enlist YCCO's provider relations staff to complete the survey once annually when engaging with YCCO's contracted providers.

Tactic 6.c.: In a manner timed to precede the deadlines for the annual submission of the HIT Data File versions 1b and 3 to OHA, distribute the survey to YCCO's contracted providers for whom it hadn't been administered in the past year.

[1] Average percentage of YCCO's membership assigned to each of the remaining PCPs contracted with YCCO is 0.026%.
[2] Note: The top 3 contracted behavioral health providers collectively providing 95% of the behavioral health services received by YCCO members in 2019 all use CEHRT.

Tactic 6.d.: Incorporate survey results into OHA's HIT Data File format in a manner complementing existing file content.

Tactic 6.e.: Submit HIT Data File versions 1b and 3 to OHA when required.

Tactic 6.f.: Update provider demographics information[3] with new/confirmed email address as warranted.

Timeline for Strategy 6

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 6.a					O	X														
Tactic 6.b						O														
Tactic 6.c						O														
Tactic 6.d							O													
Tactic 6.e							O													
Tactic 6.f							O													

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 6

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 Year 2 (2021) HIT Data File version 3 is complete with regards to YCCO's top 17 primary care physicians (PCPs), 50% of behavioral health providers, 50% of Capitol Dental Care's employed dentists and 50% of Capitol Dental Care's contracted dentists.

Thereafter, YCCO expects these targets to increase as follows:

- Year 3 (2022): 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 4 (2023): 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 5 (2024): 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.

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

Strategy 1: Optimize use of CEHRT among the top PCPs

YCCO will focus primarily on the 17 PCPs to whom most of its members are assigned to assess and optimize their use of their CEHRT to deliver and coordinate care to YCCO members.

Tactic 1.a.: Assess how the top 17 PCPs are using CEHRT.

[3] Updates should be made in all systems in which provider demographics information exists – e.g. CIM, Providence Plan Partners' Contract Manager, YCCO's provider communications distribution list(s), etc.

Tactic 1.b.: Confirm which PCPs can submit required eCQMs to OHA's CQMR and, where feasible, whether the reported eCQMs can be scoped to YCCO's membership and whether their ability to submit eCQMs is limited to certain measures.

Tactic 1.c.: Identify opportunities to further optimize PCPs' use of their CEHRT, including their ability to submit all required eCQMs to OHA's CQMR.

Tactic 1.d.: Partner with PCPs to improve their use of CEHRT.

Timeline for Strategy 1

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 1.a					O	X														
Tactic 1.b					O	X														
Tactic 1.c						O	X													
Tactic 1.d							O													

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 1

YCCO will assess this strategy by summarizing identified opportunities to optimize use of CEHRT and tracking how many PCPs pursued these opportunities, particularly, the number of PCPs submitting eCQMs to OHA's CQMR over time.

Goal 7: Encourage pertinent contracted providers to submit eCQMs to OHA's CQMR in QRDA I format

OHA expects CCOs or pertinent contracted providers to submit data enabling OHA to calculate CCO performance regarding clinical quality measures comprising the CCO Incentive Measures set to its Clinical Quality Metrics Registry (CQMR) in an industry standard electronic format: HL7 Quality Data Reporting Architecture (QRDA) option I[4]. The set of incentive measures and the care providers for whom this expectation pertains will grow year-by-year in accordance with:

- changes to the CCO Incentive Measures set; and
- reporting expectations established by OHA in the form of a minimum population threshold or the minimum number of provider organizations or practices for which clinical quality measures must be electronically reported to OHA's clinical quality metrics registry (CQMR) in QRDA option I format.

OHA has contracted with the Oregon Health Sciences University (OHSU) to provide CMS/OHA-funded technical assistance to priority Medicaid providers regarding the submission of QRDA option I formatted data files to OHA's CQMR through September 30, 2021[5].

Strategy 14: Encourage PCPs to submit eCQMs in QRDA option I format to OHA

[4] Note: During the HITAG meeting on October 13, 2020, Susan Otter informed attendees that OHA's CQMR initiative has been put on hold as CMS intends to transition from submissions predicated on QRDA option 1 to a future FHIR-based standard. Therefore, strategies and related tactics pertaining to CQMR submission based on QRDA option 1 should be postponed, revisited and revised pending future information from OHA.

[5] Note: Due to the budget impact of the COVID-19 pandemic, OHA may cease funding technical assistance regarding the submission of eCQMs in QRDA option 1 format July 31, 2021.

Tactic 14.a.: Based on the outcome of completing Tactic 1.b, collaborate with providers capable of submitting clinical quality measures (eCQMs) in QRDA option I format to define and agree upon the process(es) by which each provider will submit necessary clinical quality measures to OHA[6].

Tactic 14.b.: Based on the outcome of completing Tactic 1.b, collaborate with providers currently incapable of submitting eCQMs in QRDA option I format to overcome challenges preventing them from doing so[7].

Tactic 14.c.: Evaluate whether Reliance eHealth Collaborative[8] can play a meaningful role in enabling providers currently incapable of submitting eCQMs in QRDA I format to overcome challenges preventing them from doing so.

Tactic 14.d.: Where appropriate and while its available, encourage providers currently unable to submit eCQMs in QRDA option I format to obtain CMS/OHA-funded technical assistance from OHSU.

Timeline for Strategy 14

TBD. Given footnote 3, we intend to reassess this strategy and related timeline in late 2021 after further discussion with and guidance from OHA.

Evaluation of Strategy 14

YCCO will consider the execution of this strategy a success if it meets OHA's progressive reporting expectations regarding the submission of eCQMs to OHA's CQMR year-after-year.

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

With regards to the two oral health providers who've not yet adopted EHRs, we intend to:

- Determine why
- Identify challenges
- Collaboratively determine whether, how, and when challenges can be overcome
- Encourage, support, and assist their adoption and use of EHRs as appropriate.

These tactics will begin in 2021 and continue as warranted thereafter.

With regards to the oral health providers who've adopted and use EHRs, we intend to

- Identify opportunities to further optimize each provider's use of their respective EHR
- Partner with these providers to improve their use of EHRs.

These tactics will begin in 2022 and continue as warranted thereafter.

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

Strategy 2: Optimize use of EHRs among behavioral health providers

YCCO will focus primarily on Yamhill HHS' and Lutheran Community Services' use of their respective EHRs as they deliver the preponderance of behavioral health services to YCCO's members. YCCO will collaborate with both providers to assess their use of their EHRs to deliver and coordinate care to YCCO members and, where appropriate, encourage them to further optimize their use of their EHRs to improve health outcomes and, where necessary, submit required clinical quality measures (eCQMs) to OHA's Clinical Quality Metrics Registry (CQMR).

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[6] Note: the process(es) may require collaboration with YCCO staff; however, it's YCCO's intent to minimize dependencies on YCCO staff for submission to occur.

[7] Note: YCCO intends to focus on PCPs who are also participating in CPC+, MIPS, and/or Medicaid EHR Incentive programs as these programs share comparable expectations regarding the submission of eCQMs pertaining to them in QRDA option I format.

[8] Note: Reliance is helping PacificSource's CCOs submit eCQMs in QRDA option I format and, perhaps, assistance being provided to PacificSource's Marion and Polk Counties CCO might aid YCCO.

Tactic 2.a.: Assess how Yamhill HHS and Lutheran Community Services are using their respective EHRs.

Tactic 2.b.: Confirm whether either provider's EHRs can submit eCQMs to OHA's CQMR and, if so, whether the capability can be scoped to YCCO's membership or whether it may be limited to certain measures.

Tactic 2.c.: Identify opportunities to further optimize each provider's use of their respective EHR.

Tactic 2.d.: Partner with these providers to improve their use of EHRs.

Timeline for Strategy 2

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 2.a					O	X														
Tactic 2.b					O	X														
Tactic 2.c						O	X													
Tactic 2.d							O													

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 2

YCCO will assess this strategy by summarizing the opportunities to optimize use of EHRs that were identified and tracking whether Yamhill HHS and/or Lutheran Community Services pursued these opportunities and whether desired outcomes were achieved.

Optional Question

How can OHA support your efforts in supporting your contracted providers with EHR adoption?
We'd appreciate guidance, advice, and recommendations on how to leverage federal and/or state funds to incentivize providers to adopt and effectively use EHRs.

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

Since 2019, we've employed the following systems to facilitate health information exchange to enable care coordination among internal and external care team members:

PH TECH's 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.

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 members care.

In addition, as summarized below, 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.

During 2020 we investigated and documented the HIT ecosystem underlying and enabling YCCO to operate successfully as a CCO. We strove to confirm HIT adoption and use among all contracted hospitals, the top 17 PCPs to whom 93% of YCCO's members are assigned, the top 13 behavioral health providers who collectively serviced all members receiving behavioral healthcare services in 2019, all contracted oral health providers, and two contracted specialty providers providing women's healthcare services to YCCO members. In light of the COVID-19 pandemic and its impact to healthcare providers and our members, we limited our investigation to just 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.

During 2020 we also strove to understand the requirements pertaining to CCOs related to CMS' Interoperability and Patient Access final rules and actively engaged in discussions with potential vendors providing Interoperability platform solutions intended to enable health plans to address these requirements.

The COVID-19 pandemic also led us to suspend strategies aimed at encouraging and supporting HIE access among contracted physical, oral, and behavioral health providers that don't currently access an HIE in 2020. We expect to resume these strategies as described below as the impact of the COVID-19 pandemic lessens in our community.

ii. Additional Progress Specific to Physical Health Providers

The results of our investigation into the HIT ecosystem underlying and enabling YCCO operations coupled with information shared by OHA in the context of CCO HIT Data File, Version 1a now shed light on HIE access and usage across 9% (43/498) of YCCO's contracted physical health providers. We were able to contact 25 of these providers and confirm that 44% (11/25) use the HIE to which they have access for care coordination. The HIE systems utilized by contracted physical health providers are either integral to or integrated with their respective EHRs – e.g. Reliance, Commonwell, eHealthExchange, Carequality, and Epic CareEverywhere. At this time, we've not yet confirmed HIE adoption and use among 455 (91%) contracted physical health providers.

iii. Additional Progress Specific to Oral Health Providers

The results of our investigation into the HIT ecosystem underlying and enabling YCCO operations coupled with information shared by OHA in the context of CCO HIT Data File, Version 1a now shed light on HIE access and usage across all of YCCO's contracted oral health providers. We were able to contact all of these providers and confirm that only 9% (1/11) have access to an HIE (Epic CareEverywhere) and use it for care coordination.

iv. Additional Progress Specific to Behavioral Health Providers

The results of our investigation into the HIT ecosystem underlying and enabling YCCO operations coupled with information shared by OHA in the context of CCO HIT Data File, Version 1a now shed light on HIE access and usage across 15% (15/101) of YCCO's contracted behavioral health providers. We were able to contact 4 of these providers and confirm that 50% (2/4) use the HIE to which they have access for care coordination. The HIE systems utilized by contracted behavioral health providers are limited to Reliance and CareQuality at this time, yet some are considering implementing and using Credible Connect which is integral to their Credible EHR. At this time, we've not yet confirmed HIE adoption and use among 86 (85%) contracted behavioral health providers.

v. Please describe any barriers that inhibited your progress.

Per discussion with OHA in early 2020, we expected to benefit from a survey crafted by OHA. Unfortunately, the COVID-19 pandemic prompted a delay in crafting and executing the survey in order to ensure that stakeholders' focus was on addressing the impacts of the pandemic and that providers weren't distracted from treating patients and maintaining business operations during the pandemic.

The COVID-19 pandemic also led us to suspend strategies aimed at encouraging and supporting HIE access among contracted physical, oral, and behavioral health providers that don't currently access an HIE in 2020. We expect to resume these strategies as described below as the impact of the COVID-19 pandemic lessens in our community.

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

As cited in the Data Completeness Table provided by OHA and noted above, we currently lack knowledge of HIE adoption and use among 455 (91%) contracted physical health providers and 86 (85%) contracted behavioral health providers. We've confirmed that only 1 contracted oral health provider has adopted and use HIE. Beginning in 2021 we intend to:

- Collaborate with OHA to craft and execute a survey aimed at confirming HIE adoption and use among contracted providers for whom we lack knowledge;
- Assess, encourage, and assist specific providers servicing our members to further optimize their use of the HIEs they've adopted;
- 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 HIE by emergency departments and contracted providers.

Six of the seventeen PCPs (35%) to which most of YCCO's members are assigned acknowledge using HIE technology to obtain/view members' health information residing in another provider's EHR. 56% of YCCO's membership is assigned to these six PCPs. Most of these 17 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. Only a few behavioral health providers acknowledge using the Collective Platform and, at that, only in limited contexts (e.g. assertive community treatment (ACT)). 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.
Except for Virginia Garcia, it's unclear whether any oral health providers employed by or contracted with Capitol Dental Care use HIE technology to obtain/view members' health information residing in another provider's EHR. None of the other oral health providers use the Collective Platform; rather they rely upon Capitol Dental Care plan staff to inform them of hospital and ED events when appropriate.

The coordination of care between healthcare providers benefits from providers' use of HIE, however, coordination of care is hampered by the lack of a shared care plan. Except for using the Collective Platform, the coordination of care between physical health, behavioral health, and oral health is hampered by the lack of HIE use among most behavioral health and oral health providers. Furthermore, healthcare providers rarely share personal health information (PHI) with social service providers to whom members may be referred and, when shared, the mode of sharing is typically 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. Based on the analysis of 2019 behavioral health claims, 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 (42%), Providence Medical Group (17%), and Physician's Medical Center (14%), YCCO will focus its programs toward these specific physical health and behavioral health providers to use HIE technology, including that which is seamlessly integrated with their respective EHRs as well as the Collective Platform, to share personal health information with one another in a manner that would enhance care coordination activities and related outcomes among members receiving physical and behavioral health services.

Beginning in 2020, points of integration between CIM and Care Advance will be enhanced as described in the following goal and related strategies.

Goal 13: Share care management information with a broader audience to enhance the coordination of care[9]

Strategy 23: Incorporate pertinent care management information into CIM

By incorporating pertinent care management information into CIM, the end user community, including PCPs, can confirm whether a member is engaged in a care management program and, if so, details surrounding the engagement. Furthermore, denoting whether a member is engaged in care management or not within CIM will permit this information to be conveyed in the customer data extract feeding YCCO's DaaS Warehouse thereby enabling new data analysis and reports which, in turn, can be shared with stakeholders expected to collaboratively manage and coordinate care for YCCO's members.

Tactic 23.a.: Implement a new point of integration between Providence Plan Partners' Care Advance and PH TECH's CIM systems through which pertinent care management information documented by care managers in Care Advance is also documented within CIM[10].

Timeline for Strategy 23

	2020				***2021***				***2022***				***2023***				***2024***			
Strategy	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*

[9] Note: The 42 CFR Part 2 Final Rule published July 13, 2020 should be taken into consideration as YCCO refines its Behavioral Health and Care Coordination business strategies and, likewise, it should inform a future revision of this goal and related strategies.

[10] E.g. Care Management program(s) in which the member is engaged, the Care Plan established for the member, the member's completed Health Risk Assessm,ent, etc.

Tactic 23.a			*O*	*X*															

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 23

This execution of this strategy will be successful once the new point of integration is deployed and evidence of expected data exchange exists.

Strategy 24: Incorporate pertinent care management information into Care Advance

Tactic 24.a.: Implement a new point of integration between PH TECH's CIM and Providence Plan Partners' Care Advance systems through which pertinent care management information documented by CIM end-users[11] in CIM is also documented within Care Advance.

Timeline for Strategy 24

	2020				***2021***				***2022***				***2023***				***2024***			
Strategy	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*
Tactic 24.a						*O*		*X*												

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 24

This execution of this strategy will be successful once the new point of integration is deployed and evidence of expected data exchange exists.

Additionally, as described in the following goal and related strategies, during the first half of 2021 YCCO intends to contract with a vendor partner to implement an Interoperability solution which addresses health plan requirements related to CMS' Interoperability and Patient Access final rules. And, thereafter, YCCO intends to leverage the Interoperability solution to engage members in digital health care.

Goal 10: Enable members to access electronic health information and engage in digital health solutions

Aligned with OHA's overall goal and strategy for sharing patient information and anticipated contractual requirements, YCCO intends to satisfy the requirements of CMS' Interoperability and Patient Access final rule applicable to CCOs. In addition, to achieve triple aim objectives, YCCO will evaluate the merits of pro-actively engaging its members in digital health solutions.

Strategy 18: Satisfy the requirements of CMS' Interoperability and Patient Access final rule applicable to CCOs

[11] E.g. YCCO's Community Health Workers

Tactic 18.a.: Collaborate with PH TECH to aggregate separate the existing medical, behavioral, and oral health provider directories intended for YCCO's members into a single, comprehensive provider directory.

Tactic 18.b.: Collaborate with PH TECH and its partner, 72mm, to expand the scope of the web-based Provider Search feature to include contracted behavioral and oral health providers.

Tactic 18.c.: Identify and establish a contract with a partner(s) whose member identity and consent management and Interoperability platform solutions will enable YCCO to satisfy the requirements of CMS' Interoperability and Patient Access final rule.

Tactic 18.d.: Collaborate with PH TECH and complementary partner(s) to implement the APIs required to satisfy the requirements of CMS' Interoperability and Patient Access final rule applicable to CCOs.

Timeline for Strategy 18

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 18.a				O	X															
Tactic 18.b				O		X														
Tactic 18.c				O	X															
Tactic 18.d				O		X														

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 18

YCCO will evaluate the success of this strategy by confirming with OHA and/or its External Quality Review Organization (EQRO) partner, Health Services Advisory Group (HSAG), that the requirements of CMS' Interoperability and Patient Access final rule applicable to CCOs have been adequately addressed by the APIs published.

Strategy 19: Engage members in digital healthcare to improve health and wellness

Integral to YCCO's Population Health and Risk Management efforts, YCCO will 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;

in order to more effectively manage YCCO's members' health and wellness, improve health outcomes, and achieve triple aim objectives.

Tactic 19.a.: Evaluate the merits of launching a member portal in which members can:

- establish a user account and change their password when desired or required;
- confirm and request a change of assignment to a primary care physician (PCP);
- view, print, and download a member ID card;
- easily access YCCO provider directory(ies), provider search feature, and online member materials; and
- be encouraged to engage in curated health education and digital health solutions aimed at improving members' health and wellness.

Tactic 19.b.: Evaluate the merits of licensing and encouraging the use of a remote monitoring solution(s) by members and related healthcare providers enabling efficient and effective virtual healthcare:

- chronic disease management;
- mental health management;
- pre- and post-acute care preparation and follow up;
- post-visit follow-up;
- care coordination;
- health and wellness assessments; and
- virtual healthcare.

Tactic 19.c.: Pending the outcome of Tactic 19.a, implement and launch a member portal

Tactic 19.d.: Pending the outcome of Tactic 19.b, license and encourage the use of pertinent remote monitoring solution(s)

Timeline for Strategy 19

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 19.a					O	X														
Tactic 19.b							O	X												
Tactic 19.c							O													
Tactic 19.d									O											

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 19

YCCO will evaluate the successful execution of this strategy by correlating engagement in a member portal and/or digital health solution(s) with improved or worsened health outcomes.

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

As noted above and below, during 2021-2022, YCCO will focus on optimizing the use of HIE, including that which is seamlessly integrated with their respective EHRs as well as the Collective Platform, among two specific physical health providers, Virginia Garcia and Providence Medical Group, and two behavioral health providers, Yamhill HHS and Lutheran Community Services, who collectively service a large percentage of YCCO's members. Thereafter, YCCO intends to encourage and assist the top 17 PCPs to whom 93% of YCCO's members are assigned to optimize their respective and collective use of HIE to enable efficient, effective care transitions, care coordination, and care/case management activities ideally predicated on member-specific, shared care plans.

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

Strategy 4: Encourage use of HIE technology among oral health providers

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 to heighten awareness when patients they're servicing visit the ED, are admitted to the hospital, or are discharged from the hospital so that they can follow up with these patients in an appropriate manner;
- Integration to the Oregon Prescription Drug Monitoring Program (PDMP) within applicable clinical workflows, ideally in the context of their respective EHR.

In addition, YCCO will collaborate with Capitol Dental Care to encourage interested oral health providers to obtain CMS/OHA-funded, HIE onboarding technical assistance from Reliance eHealth Collaborative.

Tactic 4.a.: Confirm use of HIE technology among oral health providers and interest in obtaining CMS/OHA-funded, HIE onboarding technical assistance from Reliance.

Tactic 4.b.: Engage Reliance eHealth Collaborative to provide CMS/OHA-funded, HIE onboarding technical assistance to interested oral health providers prior to funding ceasing September 30, 2021[12].

Tactic 4.c.: Encourage adoption and use of the Collective Platform among oral health providers who aren't currently leveraging it.

Tactic 4.d.: Encourage adoption and use of the integration to the PDMP within applicable clinical workflows, ideally in the context of oral health providers' EHRs, among oral health providers who aren't currently leveraging the PDMP.

Tactic 4.e.: Periodically apprise Capital Dental Care of the PCPs to which members receiving oral health services from their employed and contracted oral health providers are assigned and encourage pro-active care coordination efforts[13].

Timeline for Strategy 4

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 4.a					O	X														
Tactic 4.b						O	X													
Tactic 4.c						O														
Tactic 4.d						O														
Tactic 4.e							O													

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 4

YCCO and its partner, Capitol Dental Care, will track the adoption and use of HIE technology among oral health providers and strive to correlate the use of HIE technology to improved health outcomes. YCCO will strive to meet the following HIE adoption targets among contracted oral health providers:

- Year 2 (2021) 18% of Capitol Dental Care's employed dentists and contracted dentists.

- Year 3 (2022) 27% of Capitol Dental Care's employed dentists and contracted dentists.
- Year 4 (2023) 36% of Capitol Dental Care's employed dentists and contracted dentists.
- Year 5 (2024) 45% of Capitol Dental Care's employed dentists and contracted dentists.

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

[12] Note: Due to the budget impact of the COVID-19 pandemic, OHA may cease funding HIE onboarding technical assistance July 31, 2021.

[13] Note: Once Capitol Dental Care begins to assign members to primary dental providers (PDPs) and YCCO is informed of these assignments, YCCO can inform each PDP directly instead of relying upon Capitol Dental Care staff to apprise oral health providers of PCP assignments.

Strategy 3: Improve the use of HIE technology among behavioral health providers

As few of the behavioral health providers contracted with YCCO use HIE technology today, YCCO will encourage use of HIE technology within the behavioral healthcare setting. Specifically, YCCO will encourage all[14] behavioral health providers to utilize the:

- Collective Platform to heighten awareness when patients they're servicing visit the ED, are admitted to the hospital, or are discharged from the hospital so that they can follow up with these patients in an appropriate manner;
- Integration to the PDMP within applicable clinical workflows, ideally in the context of their respective EHR.

In addition, YCCO will encourage interested behavioral health providers to obtain CMS/OHA-funded, HIE onboarding technical assistance from Reliance eHealth Collaborative, an Oregon regional health information exchange. YCCO will also encourage Yamhill HHS and Lutheran Community Services to gain access to EHRs used by the PCPs to which the majority of YCCO members receiving behavioral healthcare services from them are assigned.

Tactic 3.a.: Confirm use of HIE technology among behavioral health providers and interest in obtaining CMS/OHA-funded, HIE onboarding technical assistance from Reliance.

Tactic 3.b.: Engage Reliance eHealth Collaborative to provide CMS/OHA-funded, HIE onboarding technical assistance to interested behavioral health providers prior to funding ceasing September 30, 2021[15].

Tactic 3.c.: Partner with behavioral health providers who aren't currently leveraging HIE technology to adopt and use appropriate HIE technology.

Tactic 3.d.: Partner with behavioral health providers who aren't currently leveraging the PDMP to adopt and use the PDMP within applicable clinical workflows, ideally integrated in the context of behavioral health providers' EHRs.

Tactic 3.e.: Encourage Yamhill HHS and Lutheran Community Services to gain access to EHRs used by the PCPs to which the majority of the YCCO members receiving behavioral healthcare services from them are assigned.

Tactic 3.f.: Periodically apprise Virginia Garcia, Providence Medical Group, and Physician's Medical Center of their members receiving behavioral health services and with which behavioral health provider(s) they're engaged and encourage pro-active care coordination efforts.

Tactic 3.g.: Periodically apprise Yamhill HHS and Lutheran Community Services of the PCPs to which members receiving behavioral health services from them are assigned and encourage pro-active care coordination efforts.

Timeline for Strategy 3

	2020				***2021***				***2022***				***2023***				***2024***			
Strategy	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*
Tactic 3.a					*O*	*X*														
Tactic 3.b						*O*	*X*													
Tactic 3.c						*O*														
Tactic 3.d						*O*														
Tactic 3.e							*O*													
Tactic 3.f							*O*													
Tactic 3.g							*O*													

O *Anticipated Start Date*

	Anticipated
X	*Completion Date*
	Ongoing Effort

Evaluation of Strategy 3

YCCO will track the adoption and use of HIE technology among behavioral health providers and strive to correlate the use of HIE technology to improved health outcomes. YCCO will strive to meet the following HIE adoption targets among contracted behavioral health providers:

- Year 2 (2021) 33% of YCCO's top 3 behavioral health providers.
- Year 3 (2022) 66% of YCCO's top 3 behavioral health providers.
- Year 4 (2023) 100% of YCCO's top 3 behavioral health providers.
- Year 5 (2024) 100% of YCCO's top 3 behavioral health providers plus one other contracted behavioral health provider.

Optional Question

How can OHA support your efforts in HIE for Care Coordination?
We'd appreciate 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. 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

[14] Although YCCO will encourage all behavioral health providers to utilize the Collective Platform and integration to PDMP, YCCO will focus the majority of its attention toward encouraging and supporting Yamhill HHS and Lutheran Community Services use of these and other useful HIE technologies in order to optimize care management and the coordination of care between them and the PCPs to whom members being serviced are assigned.

[15] Note: Due to the budget impact of the COVID-19 pandemic, OHA may cease funding HIE onboarding technical assistance July 31, 2021.

During 2020 we investigated and documented the HIT ecosystem underlying and enabling YCCO to operate successfully as a CCO. We strove to confirm HIT adoption and use among all contracted hospitals, the top 17 PCPs to whom 93% of YCCO's members are assigned, the top 13 behavioral health providers who collectively serviced all members receiving behavioral healthcare services in 2019, all contracted oral health providers, and two contracted specialty providers providing women's healthcare services to YCCO members. In light of the COVID-19 pandemic and its impact to healthcare providers and our members, we limited our investigation to just 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.

As noted in our response to 3.a above, and as described in the sections pertaining to the adoption and use of HIE and Hospital Event Notifications systems, YCCO staff, strategic partners, and various 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.

The COVID-19 pandemic also led us to suspend strategies aimed at encouraging and supporting access to and use of the Collective Platform among contracted physical, oral, and behavioral health providers that don't currently access or use the Collective Platform in 2020. We expect to resume these strategies as described below as the impact of the COVID-19 pandemic lessens in our community.

ii. Additional Progress Specific to Physical Health Providers

The results of our investigation into the HIT ecosystem underlying and enabling YCCO operations coupled with information shared by OHA in the context of CCO HIT Data File, Version 1a now shed light on hospital event notification system (i.e. Collective Platform) access across 7% (36/498) of YCCO's contracted physical health providers. We were able to contact 25 of these providers and confirm that 72% (18/25) use the Collective Platform. At this time, we've not yet confirmed adoption and use of a hospital event notification system among 462 (93%) contracted physical health providers.

iii. Additional Progress Specific to Oral Health Providers

The results of our investigation into the HIT ecosystem underlying and enabling YCCO operations coupled with information shared by OHA in the context of CCO HIT Data File, Version 1a now shed light on hospital event notification system (i.e. Collective Platform) access and adoption across all of YCCO's contracted oral health providers. We were able to contact all of these providers and confirm that only 18% (2/11) have access to the Collective Platform and use it.

iv. Additional Progress Specific to Behavioral Health Providers

The results of our investigation into the HIT ecosystem underlying and enabling YCCO operations coupled with information shared by OHA in the context of CCO HIT Data File, Version 1a now shed light on hospital event notification system (i.e. Collective Platform) access across 32% (32/101) of YCCO's contracted behavioral health providers. We were able to contact 5 of these providers and confirm that 80% (4/5) use the Collective Platform. At this time, we've not yet confirmed adoption and use of a hospital event notification system among 69 (68%) contracted behavioral health providers.

v. Please describe any barriers that inhibited your progress.

Per discussion with OHA in early 2020, we expected to benefit from a survey crafted by OHA. Unfortunately, the COVID-19 pandemic prompted a delay in crafting and executing the survey in order to ensure that stakeholders' focus was on addressing the impacts of the pandemic and that providers weren't distracted from treating patients and maintaining business operations during the pandemic.

The COVID-19 pandemic also led us to suspend strategies aimed at encouraging and supporting access to and use of the Collective Platform among contracted physical, oral, and behavioral health providers that don't

currently access or use the Collective Platform in 2020. We expect to resume these strategies as described below as the impact of the COVID-19 pandemic lessens in our community.

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

Consistent with CCO Collective Platform Use Project Report published in September 2020, 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.

Notification of inpatient facility admissions can be received via the Collective Platform, facility census, phone, fax, or mail. The Collective Platform is used by YCCO to actively monitor and coordinate care for members with complex health conditions and related needs. Strategies used in 2020 include:

- Our partner, Providence Plan Partners (PPP), to whom we've outsourced utilization management (UM) and care management (CM) services utilizes the Collective Platform daily. Inpatient admission notifications prompt care management staff to create a case within CareAdvance, the HIT system enabling UM and CM functions, which initiates the inpatient review process immediately upon admission and, thereby, relieves facilities of manually notifying PPP of an admission. In addition, discharge notifications and emergency department visit notifications allow for immediate knowledge of member discharge that may not have been reported by the facility otherwise and, when warranted, timely follow-up to occur.
- PPP has a robust event notification process using Collective Medical Technology's Collective Platform to track member movement between settings. PPP has recently worked directly with our network Skilled Nursing Facilities and Primary Care Provider Groups to coordinate the utilization of the Collective Platform and align goals for shared members' transitions. Additionally, mental health and dental care have adopted the Collective Platform to wrap members in coordinated services. This allows for pro-active, timely coordinated care across multiple disciplines.
- A multidisciplinary team (MDT) comprised of YCCO Medical Management and Health Services staff, PPP Care Management personnel, YCCO's behavioral health partner, Yamhill HHS, and local AAA/APD personnel meet twice monthly to review and discuss complex members identified within specific cohorts (e.g. COVID-19 diagnosis; Avoidable ED Visits driven by specific ICD 10 diagnostic codes; Occurrence of ED visits with ED Disparity Measure for BH members; and # of ED visits in 1/3/12 month time periods) defined within the Collective Platform. Members of the MDT collaboratively craft treatment plans for individuals identified in these cohorts based on hospital event notifications to ensure appropriate referrals are made to care management programs and community health workers and coordinated follow-up occurs.
- On a monthly basis, YCCO Medical Management and Health Services staff review hospital event notifications to evaluate for 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.
- YCCO has established a transition in care workflow in which the Collective Platform is utilized to share relevant information – e.g. health risk assessment, screening results, care plan - with receiving CCO when a member disenrolls from YCCO and enrolls in another CCO to enable a smooth transition in care and, thereby, satisfy related CCO 2.0 contractual requirements. When acting as a receiving CCO, YCCO also receives transition in care information shared by the sending CCO via the Collective Platform.

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

As cited in the Data Completeness Table provided by OHA and noted above, we currently lack knowledge of adoption and use of the Collective Platform among 462 (93%) contracted physical health providers and 69 (68%) contracted behavioral health providers. We've confirmed that only 2 contracted oral health providers have adopted and use the Collective Platform. Beginning in 2021 we intend to:

- Collaborate with OHA to craft and execute a survey aimed at confirming adoption and use of the Collective Platform among contracted providers for whom we lack knowledge;
- 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.

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

See response to i. Additional Strategies Across Provider Types, as well as the response to 3.b.ii above.

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

See response to i. Additional Strategies Across Provider Types, as well as the response to 3.b.iii above.

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

See response to i. Additional Strategies Across Provider Types, as well as the response to 3.b.iv above.

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
Looking forward, YCCO and PPP staff expect to utilize the Collective Platform even more 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. Beginning in 2021 and continuing through year 5 (2024), YCCO and PPP staff expect to 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 YCCO and PPP staff, emergency departments and contracted providers; and • the top 17 PCPs to whom 93% of YCCO's members are assigned to adopt and utilize the Collective Platform in order to optimize care transition, care coordination, and care/case management use cases in which these parties participate to achieve targeted health objectives and optimize related health outcomes. In addition, YCCO and PPP staff intend to stay abreast of and, when appropriate, engage in HIT Commons-initiated activities aimed at increasing adoption and use of the Collective Platform. As and when completed, the strategies, activities, and milestones cited within responses to 3.b.ii, 3.b.iii, and 3.b.iv will support YCCO and PPP staff's efforts.

Optional Question

How can OHA support your efforts in HIE related 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. 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
REALD Data 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 SDH 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.

Recognizing that race, ethnicity, language, and disability (REALD) demographic data elements collected by OHA when enrolling Oregonians in the OHP and conveyed to CCOs via daily and monthly enrollment and eligibility data files[16] are often missing or inaccurate[17], YCCO intends to encourage its 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.

Goal 5: Enhance the completeness, integrity, and use of REALD member attributes

Strategy 7: Improve processes to solicit, confirm, and store REALD demographic data elements

Five parties can contribute to the success of this strategy: 1) YCCO[18]; 2) YCCO's contracted providers; 3) county agencies; 4) key CBOs servicing YCCO members; and 5) OHA[19].

Tactic 7.a.: YCCO's customer service representatives will confirm existing and solicit missing REALD demographic data elements during each call with a member if the action hadn't been previously accomplished within the past six months and document any changed or new REALD demographic data elements as "secondary" demographic data elements within PH TECH's CIM.

Tactic 7.b.: YCCO's care and case managers will incorporate approved REALD survey questions into a pertinent assessment(s).

Tactic 7.c.: YCCO's contracted providers, county agencies, and key CBOs servicing YCCO members will be encouraged[20] 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.

Tactic 7.d.: When YCCO staff reaches out to new members to welcome them to YCCO, they will confirm existing and solicit missing REALD demographic data elements during such outreach with a member if the action hadn't been previously accomplished and document any changed or new REALD demographic data elements as "secondary" demographic data elements within PH TECH's CIM .

Timeline for Strategy 7

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 7.a							O													
Tactic 7.b							O													
Tactic 7.c									O											
Tactic 7.d							O													

O *Anticipated Start Date*

[16] ANSI x12 834 files
[17] E.g. Ethnicity is cited as "unknown" or "other" for 44% of YCCO's members
[18] Including its strategic partners, PH TECH and Providence Plan Partners (PPP)
[19] Note: The Oregon Legislature's House Bill (HB) 2134 required DHS and OHA to develop data collection standards in all programs that collect, record or report demographic data. Within the 2019 CCO Performance Report, OHA indicates that they're "… currently developing a methodology that overcomes the large proportion of missing and indeterminate race information for claims-based measures.". Depending upon DHS and OHA's respective or collaborative strategies aimed at satisfying this requirement, **Strategy 7: Improve processes to solicit, confirm, and store REALD demographic data elements** may not be warranted.
[20] Note: Starting in the Fall 2020, providers sending COVID 19 test information to OHA will be required to include REALD data. Nevertheless, some form of incentive(s) may be required to prompt providers to solicit and confirm the accuracy of REALD demographic data elements during all encounters.

	Anticipated
X	*Completion Date*
	Ongoing Effort

Evaluation of Strategy 7

YCCO will confirm:

- that customer service representatives solicit/confirm/document REALD demographic data elements when appropriate;
- the incorporation of approved REALD survey questions within the assessment(s) in which they're expected to be exist;
- the manner(s) by which and the HIT systems in which its contracted providers, county agencies, and key CBOs servicing YCCO members solicit, confirm, and store REALD demographic data elements related to YCCO members[21].

Strategy 8: Convey REALD demographic data elements to YCCO and incorporate as "secondary" member demographic data elements within CIM

Tactic 8.a.: Incorporation of REALD demographic data elements collected in case and care management administered assessments as "secondary" member demographic data elements in CIM.

Tactic 8.b.: Possibly incorporate Ethnicity cited within claims and/or QRDA option I data files and/or Race cited within QRDA option I data files as "secondary" member demographic data elements in CIM[22].

Tactic 8.c.: Possibly receive REALD demographic data elements from contracted providers' EHRs via periodic data file exports in a mutually agreeable format and incorporate received data in CIM as "secondary" member demographic data elements[23].

Timeline for Strategy 8

	2020				***2021***				***2022***				***2023***				***2024***			
Strategy	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*
Tactic 8.a							*O*													
Tactic 8.b									*O*											
Tactic 8.c								*O*												

O	*Anticipated Start Date*
	Anticipated
X	*Completion Date*
	Ongoing Effort

Evaluation of Strategy 8

YCCO will evaluate the success of this strategy by assessing how many member records in CIM include "secondary" REALD demographic data elements and the rate this information spans members' records over time.

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[21] Note: This confirmation might prompt additional tactics related to strategy 9.
[22] Note: Obtaining Ethnicity and/or Race from QRDA option I data files might occur by parsing QRDA option I files received by YCCO from contracted providers or by a data extract from or query directed to OHA's CQMR. The feasibility of both methods must be assessed.
[23] Note: Conveyance of this information to YCCO in this manner could be cited as a requirement for APM or VBP arrangements established with some providers.

Strategy 9: Incorporate REALD demographic data elements into YCCO Data Warehouses

Tactic 9.a.: Enhance PH TECH's customer data extract and DaaS Warehouse[24] to include REALD as "secondary" demographic data elements.

Tactic 9.b.: Incorporate REALD "secondary" demographic data elements into pertinent YCCO data warehouses to leverage in data analysis, dashboards, reports and related informed actions[25].

Tactic 9.c.: Incorporate REALD "secondary" demographic data elements into Ayin Quality Insights to enhance member profiles and inform population health and risk efforts.

Timeline for Strategy 9

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 9.a							O	X												
Tactic 9.b								O												
Tactic 9.c									O											

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 9

YCCO will confirm that REALD demographic data elements are present within Ayin Quality Insights, PH TECH's customer data extract and DaaS Warehouse as well as pertinent YCCO data warehouses.

Strategy 10: Convey REALD demographic data elements to OHA

In order to update the system of record regarding OHP members' demographics data, it's imperative that OHA become apprised of confirmed REALD demographic data elements regarding OHP members. If agreeable to OHA, YCCO will execute this strategy in collaboration with OHA.

Tactic 10.a.: In a mutually agreeable manner[26], YCCO will periodically inform OHA of "secondary" REALD demographic data elements that have been collected and documented within CIM over time so that OHA can update their system of record as warranted.

Timeline for Strategy 10

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 10.a									O											

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 10

YCCO monitor the extent to which OHA updates the system of record with "secondary" REALD demographic data elements received from YCCO[27].

Social Determinants of Health Data

Given its impact on health, the equitable provision of healthcare among all Oregonians, and health outcomes, YCCO intends to begin collecting, assimilating, and utilizing member demographic attributes surrounding SDH. The use of SDH information will inform many aspects of YCCO's operations including:

- data analysis and reporting;
- calculation of risk scores and stratification of members;
- care and case management priorities;
- care coordination efforts;
- population health and risk management; and investments – e.g. grants, grant awardees and partnerships established by YCCO aimed at addressing SDH and related health impacts.

Goal 6: Collect, assimilate, and utilize member attributes surrounding Social Determinants of Health[28]

Strategy 11: Collect SDH demographic attributes for all YCCO members

Four parties can contribute to the success of this strategy: 1) YCCO[29]; 2) YCCO's contracted providers; 3) county agencies; and 4) key CBOs servicing YCCO members.

Tactic 11.a.: YCCO's customer service representatives will invite members to complete an assessment aimed at collecting SDH demographic data elements[30] during each call with a member if the action hadn't been previously accomplished and document SDH demographic data elements obtained as "primary" or "secondary" demographic data elements within PH TECH's CIM.

Tactic 11.b.: YCCO's care managers will invite members to complete an assessment aimed at collecting SDH demographic data elements[31] member if the action hadn't been previously accomplished and document SDH demographic data elements obtained within Care Advance.

Tactic 11.c.: YCCO's contracted providers, county agencies, and key CBOs servicing YCCO members will be encouraged to solicit and confirm the accuracy of SDH demographic data elements stored within the HIT[32] used to document member/patient encounters when providing services to YCCO members.

Tactic 11.d.: Should YCCO staff reach out to new members to welcome them to YCCO, they will invite members to complete an assessment aimed at collecting SDH demographic data elements[33] if the action hadn't been previously

[24] Data as a Service Warehouse: a data warehouse administered by PH TECH on behalf of YCCO.
[25] E.g. Member Engagement / Communications; Case and Care Management Program Prioritization; Population Health and Risk Management; etc.
[26] Note: this mutually agreeable manner should also incorporate "secondary" address information collected and documented within CIM.
[27] Note: this can be accomplished by: a) tracking changes to READL demographic data elements cited within daily and monthly enrollment/eligibility files overtime; and/or b) comparing / contrasting "primary" and "secondary" READL member demographics data elements within CIM and confirming the rate at which they converge to the same values over time.
[28] Note: It may be feasible to combine Goal 5: Enhance the completeness, integrity, and use of READL member attributes and Goal 6: Collect, assimilate, and utilize member attributes surrounding Social Determinants of Health
[29] Including its strategic partners, PH TECH and Providence Plan Partners (PPP)
[30] E.g. The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help health centers and other providers collect the data needed to better understand and act on their patients' social determinants of health. See https://www.nachc.org/research-and-data/prapare/ .
[31] E.g. PRAPARE
[32] Note: Ideally, SDH demographic data elements solicited and confirmed by CBOs is stored within YCCO's CIE and, as such, is used to inform referrals and care plans administered therein.
[33] E.g. PRAPARE

accomplished and document SDH demographic data elements obtained as "primary" or "secondary" demographic data elements within CIM.

Timeline for Strategy 11

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 11.a							O													
Tactic 11.b							O													
Tactic 11.c									O											
Tactic 11.d							O													

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 11

YCCO will confirm:

- that customer service representatives solicit SDH demographic data elements when appropriate;
- the incorporation of appropriate survey questions within the assessment(s) in which they're expected to be exist;
- the manner(s) by which and the HIT systems in which its contracted providers, county agencies, and key CBOs servicing YCCO members solicit, confirm, and store SDH demographic data elements related to YCCO members.

Strategy 12: Assimilate SDH demographic attributes into CIM, YCCO's Data Warehouses, Care Advance, and Ayin Quality Insights

Tactic 12.a.: Incorporation of SDH demographic data elements collected in care management administered assessments as "primary" or "secondary" member demographic data elements in CIM.

Tactic 12.b.: As deemed appropriate by YCCO's Chief Medical Officer, document SDH diagnoses[34] cited within claims processed as "primary" or "secondary" member demographic data elements in CIM.

Tactic 12.c.: Possibly receive SDH demographic data elements from contracted providers' EHRs via periodic data file exports in a mutually agreeable format and incorporate received data in CIM as "primary" or "secondary" member demographic data elements[35].

Tactic 12.d.: Incorporation of SDH demographic data elements stored within CIM as "primary" or "secondary" demographic data elements within PH TECH's customer data extract and DaaS Warehouse.

Tactic 12.e.: Incorporation of SDH demographic data elements received in PH TECH's customer data extract within YCCO's data warehouses.

[34] I.e. Specific ICD10 diagnoses codes included in categories Z55-Z65, which identify persons with potential health hazards related to socioeconomic and psychosocial circumstances. Forthcoming analysis of 2019 claims will determine the prevalence of such codes within 2019 claims which will inform the relative priority of this proposed tactic.
[35] Note: Conveyance of this information to YCCO in this manner could be cited as a requirement for APM or VBP arrangements established with some providers.

Tactic 12.f.: Incorporation of SDH demographic data elements stored within CIM as "primary" or "secondary" demographic data elements within Ayin Quality Insights' member profiles.

Timeline for Strategy 12

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 12.a							O													
Tactic 12.b									O											
Tactic 12.c											O									
Tactic 12.d								O												
Tactic 12.e								O												
Tactic 12.f									O											

O	*Anticipated Start Date*
	Anticipated
X	*Completion Date*
	Ongoing Effort

Evaluation of Strategy 12

YCCO will evaluate the success of this strategy by assessing how many member records in CIM include "primary" or "secondary" SDH demographic data elements and the rate this information spans members' records over time. YCCO will confirm that SDH demographic data elements are present within Ayin Quality Insights, PH TECH's customer data extract and DaaS Warehouse as well as pertinent YCCO data warehouses.

Strategy 13: Utilize SDH data

Tactic 13.a.: Utilize SDH demographic data elements stored in YCCO's data warehouses in pertinent population stratification and data analysis, dashboards, and reporting activities.

Tactic 13.b.: Utilize SDH demographic data elements as appropriate when calculating a risk score(s) for which it pertains.

Tactic 13.c.: Utilize SDH demographic data elements within Ayin Quality Insights to enhance member profiles and inform population health and risk efforts.

Tactic 13.d.: Utilize SDH demographic data elements to inform and prioritize care management programs applicable to members engaged in care management within Care Advance.

Tactic 13.e.: Utilize SDH demographic data elements stored within YCCO's CIE to inform referrals and care plans administered therein.

Tactic 13.f.: Utilize SDH demographic data elements to inform and prioritize partnerships with and related investment in community-based organizations (CBOs).

Tactic 13.g.: Inform pertinent stakeholders of the contexts in which SDH demographic data elements have been incorporated and encourage them to use this information to inform and prioritize population health and risk management efforts.

Tactic 13.h.: Target appropriate member communication based on SDH demographic data elements.

Timeline for Strategy 13

Strategy	2020				2021				2022				2023				2024			
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 13.a									O											
Tactic 13.b									O											
Tactic 13.c										O										
Tactic 13.d										O										
Tactic 13.e										O										
Tactic 13.f										O										
Tactic 13.g											O									
Tactic 13.h										O										

O	*Anticipated Start Date*
	Anticipated
X	*Completion Date*
	Ongoing Effort

Evaluation of Strategy 13

YCCO will evaluate the success execution of this strategy based on the number of proposed contexts in which SDH demographic data elements are to be used for which evidence of use exists.

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

Goal 3: Encourage CIE Adoption

Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes[36]. To enable key aspects of YCCO's Community Engagement strategy aimed at addressing SDH[37], YCCO intends to collaborate with its contracted providers, county agencies, and community-based organizations (CBOs) providing social services benefiting YCCO's members to implement a Community Information Exchange (CIE) in order to foster coordinated care between medical and social service providers. The CIE will include a comprehensive directory of social service providers and resources and enable closed-loop referrals between health plan staff, contracted providers, county agency staff, and CBOs in order to attend to YCCO's members' breadth of needs.

Strategy 5.1: Galvanize community enthusiasm and support for implementing a CIE in Yamhill County

Benefiting from:

- the evaluation of CIEs marketed, sold, and supported by various third-party vendors performed by the Social Interventions Research and Evaluation Network (siren)[38], the HIT Commons[39], the Oregon Health Leadership Council (OHLC)[40], and Kaiser Permanente;
- common pricing and governance models established by the OHLC for the coordinated rollout of Unite Us within the communities serviced by various CCOs contracting with Unite Us including Yamhill CCO's geographic neighbors: Health Share of Oregon, Columbia Pacific CCO, and PacificSource Community Solutions Marion and Polk Counties;

YCCO is motivated to contract with Unite Us to establish a CIE in Yamhill County and to enable its members to benefit from the implementation of Unite Us in neighboring Marion, Polk, Washington, Clackamas, and Multnomah counties and current adoption of Unite Us by some of YCCO's contracted hospitals, PCPs, and community partners[41]. However, YCCO wishes to ensure community buy-in and support for implementing a CIE and to establish an equitable financing model among participants and beneficiaries before contracting with Unite Us and initiating the implementation of its CIE solution.

Tactic 5.1.a: Confirm community interest in and willingness to co-fund a CIE in Yamhill County[42].

Tactic 5.1.b: Gain agreement from YCCO's board of directors and interested and willing community stakeholders to implement and co-fund Unite Us' CIE solution in Yamhill County.

Tactic 5.1.c: Confirm YCCO's role in contracting and implementing Unite Us' CIE solution in Yamhill County with relevant community stakeholders.

Timeline for Strategy 5.1

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 5.1.a					O	X														
Tactic 5.1.b						O	X													
Tactic 5.1.c							O	X												

O *Anticipated Start Date*
Anticipated
X *Completion Date*
Ongoing Effort

Evaluation of Strategy 5.1

[36] See http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health .
[37] I.e. Address health disparities and eliminate health inequities.

The execution of this strategy will be considered a success if YCCO and key contracted providers and community partners decide whether implementing a CIE is in the best interest of the community and YCCO's members and agree upon an equitable financing model.

Strategy 5.2: Implement Unite Us CIE in Yamhill County

Note: This strategy will be executed pending the outcome of Strategy 5.1.

Tactic 5.2.a: Establish a favorable contract with Unite Us predicated on the common pricing model brokered by the OHLC and aligned with the equitable financing model established by YCCO and participating community stakeholders.

Tactic 5.2.b.: Engage in the common governance model established by the OHLC for the coordinated rollout of Unite Us.

Tactic 5.2.c.: Collaborate with Unite Us, key contracted providers and their related EHR vendors to implement appropriate points of integration between Unite Us and contracted providers' EHRs and related workflows necessary to fuel adoption and enable closed-loop referrals.

Tactic 5.2.d.: Collaborate with Unite Us, key CBOs[43], and interested partners comprising the network and their related information system vendors to implement appropriate points of integration between Unite Us and CBOs' information systems and related workflows necessary to fuel adoption and enable closed-loop referrals.

Tactic 5.2.e.: Encourage, enable, and support the adoption and use of the Unite Us CIE by pertinent YCCO staff (e.g. community health workers) and interested and willing community participants presumed to include the top 17 primary care physicians (PCPs), top 3 behavioral health providers, Capitol Dental Care plan staff, employed dentists and contracted dentists, and key CBOs.

Tactic 5.2.f.: On an annual basis, conduct satisfaction surveys among those using the Unite Us CIE and members for whom closed loop referrals pertain.

Timeline for Strategy 5.2

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 5.2.a								O	X											
Tactic 5.2.b									O											
Tactic 5.2.c									O											
Tactic 5.2.d									O											
Tactic 5.2.e									O											
Tactic 5.2.f													O							

O *Anticipated Start Date*
Anticipated
X *Completion Date*

[38] See https://sirenetwork.ucsf.edu/sites/sirenetwork.ucsf.edu/files/wysiwyg/Community-Resource-Referral-Platforms-Guide.pdf
[39] See http://www.orhealthleadershipcouncil.org/wp-content/uploads/2019/09/Oregon-CIE-Environmental-Scan-August-31-2019.pdf
[40] See http://www.orhealthleadershipcouncil.org/oregon-community-information-exchange-ocie/
[41] E.g. Providence St. Joseph Health, Virginia Garcia, 211info, Kaiser Permanente NW, etc.
[42] Note: Hospitals participating in the CMS-sponsored Medicare and Medicaid Promoting Interoperability Programs may be motivated to engage in CIE-enabled closed loop referrals with CBOs.
[43] I.e. CBOs addressing the predominant social needs of YCCO's members based on YCCO's Community Health Needs Assessment, preponderance of requests for assistance expressed by Yamhill County residents to 211info, and analysis of referral requests initiated within the CIE.

Ongoing Effort

Evaluation of Strategy 5.2

The implementation of the Unite Us CIE will be considered a success if:

- it's adopted and used by YCCO staff and interested and willing community participants presumed to included contracted providers actively servicing YCCO's members, particularly the top 17 primary care physicians (PCPs), contracted hospitals, top 3 behavioral health providers, all Capitol Dental Care plan staff and 50% of employed and contracted dentists, and key CBOs comprising the CIE network; and
- surveyed users and members for whom closed loop referrals pertain cite satisfaction.

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?

See response to i. above.

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

As the execution of the strategies cited above are forthcoming, we've not yet faced barriers or challenges; however, we expect to face both and, when faced, we'll have to determine how best to overcome them.

Optional Question

How can OHA support your efforts using HIT to support SDOH/HE?

We appreciated the Oregon Health Leadership Council's efforts resulting in the Connect Oregon initiative. We'd appreciate OHA seeking federal funds that can be used by CCOs to implement CIEs and OHA's guidance, advice, and recommendations on how to leverage federal and/or state funds to implement CIEs and foster adoption/engagement among stakeholders expected to participate. And, per above responses, we'd appreciate OHA improving their member data collection efforts and enhancing MMIS to house and share SDH data collected from OHP members with CCOs.

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

Throughout 2019 and 2020, YCCO has collaborated with its strategic partner, PH TECH, to model some existing VBP arrangements and administer related payments in CIM while relying upon its use of NetSuite to administer some other VBP arrangements. During 2020, YCCO also collaborated with PH TECH and Providence Plan

Partners to implement Ayin Quality Insights, a web-based provider performance measurement and population health management tool. Updated weekly based on recently adjudicated claims, this tool supplanted CCO Metrics Manager in July 2020. 100% of the contracted providers with whom VBP arrangements have been established have had access to CIM since January 2019 and, all but two, have had access to Ayin Quality Insights since September 2020. The remaining two contracted providers are expected to have access to Ayin Quality Insights by March 2021.

YCCO shares information regarding providers' performance across measures pertinent to VBP arrangements in one of two ways:

1. When the measures of relevance are tracked within Ayin Quality Insights, providers for whom these measures pertain are invited and encouraged to monitor their performance through this application.
2. For measures that aren't tracked within Ayin Quality Insights, YCCO uses Jupyter Notebook, SQL queries, Tableau, and Excel to produce and distribute reports on a recurring schedule (e.g. quarterly for most; monthly for some) to pertinent providers.

Over time, the set of measures tracked within Ayin Quality Insights is expected to align with all measures pertinent to VBP arrangements established with providers thereby eliminating the need for YCCO to produce and distribute separate reports.

Patient attribution is based on PCP assignments administered by YCCO. PCPs to whom YCCO members are assigned, including those with VBP arrangements, learn of assignments by virtue of viewing and, if desired, downloading an up-to-date PCP roster report available within the CIM Provider Portal. In addition, an up-to-date provider roster is available to PCPs engaged in Ayin Quality Insights.

Member-specific gaps in care are summarized within Ayin Quality Insights which providers are encouraged to monitor and address proactively or in the context of scheduled encounters. Contracted providers can view members' demographic data including "flags" indicative of certain known characteristics within CIM. For those privileged, additional member-specific information is also visible within CIM – e.g. prior authorizations and referrals as well as historical claims and related documentation.

YCCO's Care Management team utilizes Optum's Impact Pro solution seamlessly integrated with Cognizant's CareAdvance Care Management system to assess member cost, risk and quality; identify, profile and stratify members; and determine which members are in need of specialized intervention programs and which intervention programs are likely to have an impact on the quality of individuals' health. This information informs who the team is to engage in specific care management programs as well as crafting member-specific care plans. As warranted, this information is shared with providers servicing members engaged in care management programs.

As described in the response to 5.i above, YCCO expects to further bolster population health and risk management activities by incorporating a member-specific REALD and SDH demographic data elements into CIM, Ayin Health Insights, and reports that YCCO shares with contracted providers with whom VBP arrangements have been established. YCCO also intends to provide actionable data, including risk-based cohorts, to contracted providers with whom VBP arrangements have been established.

YCCO acknowledges the importance of understanding the diversity and health outcomes of the population we serve. It is of critical importance that YCCO partner with the providers in the community to best serve our patients and share timely and actionable information when warranted. YCCO also acknowledges the necessity to effectively manage financial risk associated with the administration of OHP benefits for its members.
YCCO intends to stratify its membership based on one or more risk scores (e.g. CDPS+, ACG) in order to target appropriate interventions and inform care management and care coordination efforts aimed at improving health outcomes and managing financial risk thereby enabling YCCO to achieve the triple aim objectives.

YCCO receives CDPS+ risk scores calculated for each of its members from OHA and its actuary, Wakely, on an annual basis and YCCO can calculate ACG risk scores for each of its members whenever it desires via the use of DST Health Solutions' ACG System. Although neither type of risk score is currently incorporated into YCCO's data warehouses, based on an assessment of value and relevance, YCCO expects one or both to be incorporated into its data warehouses during the 1st half of 2021 at which point YCCO will be able to identify, analyze and report upon a broader set of member characteristics of interest.

YCCO expects the risk score(s) deemed valuable and relevant to be incorporated and possibly presented within CIM and Ayin Quality Insights in the 2nd half of 2021, thereby enabling an additional means by which YCCO can identify and report upon member characteristics of interest and share risk-based cohorts with pertinent contracted providers.
Lastly, beginning in 2020, YCCO began embracing the Prometheus (MEPP[44])-derived data shared by OHA with YCCO to analyze potentially avoidable costs. This analysis has and is expected to continue spawning ideas for new/revised VBP models, particularly related to contracted specialty providers.

ii. Workforce for VBP and Population Management Analytics

YCCO and our partners, PH TECH / PPP, dedicate various resources to VBP initiatives and Population Management Analytics. By monitoring and reporting provider performance across process and quality outcome measures applicable to VBP arrangements established with contracted providers and informing providers of member-specific gaps in care, we aim to ensure that our members receive appropriate whole-person care regardless of the PCP to whom they're assigned while simultaneously reducing health disparities or inequities when observed. We administer assessments that strive to identify health risks and health-related social needs (i.e. social determinants of health). Through our population health and risk management analytics, we continually identify and assess member risks and needs and, when appropriate, engage high-need members in comprehensive care management programs aimed at addressing needs and minimizing risks. These care management programs often require effective care coordination across providers of medical and social services, delivery systems, or settings to effectively manage member safety and outcomes during transitions.

With regards to YCCO's staffing model for VBP and population management analytics, the following staff, board members, and strategic partners play integral roles:

APM Sub-committee (CEO, CFO, CMO, 4 BOD members) – YCCO's board of directors (BOD) has established and designated the APM Sub-Committee as the group to initially review and help develop new APMs/VBPs for the CCO. The APM Sub-Committee recommends new proposals and contract changes to the BOD for ultimate approval when needed.

Executive Team (CEO, CFO, CMO) – YCCO's Executive team acts as advisors to the APM Sub-committee and ensures that the design and development of APMs align with related intentions and expectations.

Larry Soderberg (CFO) & Finance Team – YCCO's CFO and Finance team define APMs, collaborate with partners to implement payments based on the APMs, and craft and share reports regarding the APMs with relevant stakeholders.

Jackson Ross – Jackson bears responsibility for the successful implementation and use of Ayin Quality Insights among providers with whom APM-based contracts are established.

Dr. Jim Rickards (CMO), Renee Doan, & Jenn Jackson – YCCO's CMO and colleagues responsible for provider relations communication and collaborate with providers with whom APM-based contracts are established to ensure they understand the APM and related implications and expectations. They also ensure that leverage tools (e.g. Ayin Quality Insights) and reports appropriately as they service members and manage population health risk.

PH TECH – YCCO's strategic partner, PH TECH, ensures that CIM-enabled Provider Payments (FFS, Capitated) are made in accordance with APM contracts, produces APM Reports, processes monthly 820 files and conveys related capitated payment information to applicable providers (Virginia Garcia & Physicians Medical Center), and processes daily and monthly 834 files and conveys related membership assignments to capitated partners (Capitol Dental Care, Yamhill HHS).

Providence Plan Partners – YCCO's strategic partner, Providence Plan Partners (PPP), implements and maintains Ayin Quality Insights, and administers Utilization Management and Care Management activities in accordance with APM contracts.

[44] Optumas' Medicaid Efficiency and Performance Program (rebranded name of Prometheus post sale/acquisition).

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

See response to 6.a.i. above.

YCCO's five-year Value-Based Payment (VBP) roadmap includes all the necessary focus areas for CCO 2.0, inclusive of PCPCH foundational payments, hospital, maternity, child, behavioral, and oral health care. During the five term of our CCO 2.0 contract, we are committed to transitioning provider payments from 20% VBP-based to 70% in accordance with OHA's COVID-19 revised timeline. By 2024, VBP arrangements will be predicated on Health Care Payment Learning & Action Network (LAN) category 2C or higher as summarized below. The primary partners in focus for upscaling include primary care, hospital, specialty care, and oral health care providers. Within primary care, YCCO's foundational payments for PCPCH tier levels will continue to be leveraged and expanded, with the goal of increasing tier levels and certified providers. The projected roadmap is subject to change as well, pending further development and discussions with providers.

Year one VBP advances focus on primary care, behavioral health, and hospital care. For hospital and maternity care, LAN Category 2C pay-for-performance VBP are to be implemented with one hospital, as well as developed for future expansion to at least one additional hospital in year two. Behavioral health payment models were revamped from a LAN Category 4N to a LAN Category 4A VBP with one provider. Primary care efforts focused on development of a LAN Category 4A VBP pilot with two provider groups, with implementation in 2021.

Year two VBP advances include implementation of the primary care LAN Category 4A pilot VBP, as well as development and adjustments to the pilot model for expansion in year three to include as many as thirteen primary care and children's care providers. The hospital care LAN Category 2C VBP will expand to a second hospital, and development for LAN Category 3B or higher VBPs are targeted. Solely within maternity care, YCCO's Maternal Medical Home model will be adjusted from a LAN Category 3N to a LAN Category 3B VBP, as well as expanded from one to two providers.

Year three VBP advances include implementation of primary care LAN Category 4A VBP for up to thirteen more providers, inclusive of three children's care specific clinics. Additional advances target implementation of up to two more hospitals on LAN 2C VBPs, and implementation of one hospital advancing from LAN Category 2C to LAN Category 3B VBP. Within behavioral health, LAN Category 2C VBPs are targeted for development and possible implementation for possibly five more providers.

Year four and five VBP advances currently target focuses on primary care with behavioral and oral health integration, as well as possible total cost of care risk to up to twenty-two providers. Additional advances may include maternity

care expansion to one or more providers, behavioral health expansion, oral care revamping and risk advancement, and hospital expansion to two or more hospitals.

The following goals and related strategies, and tactics summarize our complementary HIT plans to enable and support YCCO's VBP Roadmap.

Goal 11: Ensure that existing and future VBP arrangements can be modeled and related payments can be administered in CIM

YCCO desires to model all VBP arrangements and administer related payment exclusively in CIM and intends to collaborate with PH TECH to achieve this goal.

Strategy 20: Confirm PH TECH's ability to model VBP arrangements

Tactic 20.a.: Before establishing a VBP arrangement with contracted providers, collaborate with PH TECH to ensure that the VBP arrangement can be accurately modeled and related payment can be appropriately administered in CIM[45].

Tactic 20.b.: If an enhancement to CIM is required before a new VBP arrangement can be accurately modeled and/or a related payment can be appropriately administered in CIM, ensure that the effective date of any provider contract(s) predicated on the new VBP arrangement follows the date at which PH TECH confirms intent to release the necessary enhancement.

Timeline for Strategy 20

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 20.a	X			O																
Tactic 20.b	X			O																

O	*Anticipated Start Date*
	Anticipated
X	*Completion Date*
	Ongoing Effort

Evaluation of Strategy 20

YCCO will evaluate the success of this strategy by monitoring the instances in which PH TECH is unable to administer payment related to VBP arrangements established with contracted providers within CIM thereby necessitating a less desirable alternative payment mechanism.

Goal 12: Enable stakeholders to actively monitor provider performance pertaining to VBP Arrangements predicated on provider performance and/or health outcome measures

YCCO staff and contracted providers with whom VBP arrangement exists must be able to actively monitor provider performance and/or health outcome measures upon which VBP arrangements are predicated.

[45] Note: Proper modeling and administration of payment regarding some VBP arrangements might require data summarizing achievement of performance targets pertaining to provider performance measures and/or health outcome measures related to these VBP arrangements being incorporated into CIM. When true, the time required to obtain and incorporate such data must be factored into establishing the effective date of provider contracts predicated on such VBP arrangements.

Strategy 21: Ensure that YCCO and contracted providers with whom VBP arrangements are established can measure, report, and actively monitor provider performance across related performance measures

Tactic 21.a.: For performance measures that YCCO is capable of measuring, ensure that requisite data is obtained and stored within appropriate YCCO's data warehouses and that performance is calculated, reported, and monitored in the context of Ayin Quality Insights or dashboards and reports shared with pertinent YCCO staff and contracted providers with whom related VBP arrangements exist.

Tactic 21.b.: For performance measures that YCCO is incapable of measuring, ensure that contracted providers with whom VBP arrangements are established can calculate and report performance across these measures in a mutually acceptable manner and cadence prior to establishing VBP arrangements predicated on these performance measures.

Timeline for Strategy 21

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 21.a			O																	
Tactic 21.b			O																	

O	*Anticipated Start Date*
	Anticipated
X	*Completion Date*
	Ongoing Effort

Evaluation of Strategy 21

YCCO will evaluate the successful execution of this strategy by assessing the number of VBP arrangements for which related provider performance measures can't be accurately calculated, reported, and monitored.

Strategy 22: Ensure that YCCO and contracted providers with whom VBP arrangements are established can measure, report, and monitor related health outcome measures

Tactic 22.a.: For health outcome measures that YCCO is capable of measuring, ensure that requisite data is obtained and stored within appropriate YCCO's data warehouses and that achievement of these measures is calculated, reported, and monitored in the context of Ayin Quality Insights or dashboards and reports shared with pertinent YCCO staff and contracted providers with whom related VBP arrangements exist.

Tactic 22.b.: For health outcome measures that YCCO is incapable of measuring, ensure that contracted providers with whom VBP arrangements are established can calculate and report achievement of these measures in a mutually acceptable manner and cadence prior to establishing VBP arrangements predicated on these health outcome measures.

Timeline for Strategy 22

	2020				2021				2022				2023				2024			
Strategy	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Tactic 22.a	X					O														
Tactic 22.b	X				O															

O	*Anticipated Start Date*
	Anticipated
X	*Completion Date*
	Ongoing Effort

Evaluation of Strategy 22

YCCO will evaluate the successful execution of this strategy by assessing the number of VBP arrangements for which related health outcome measures can't be accurately calculated, reported, and monitored in a timely and effective manner.

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

See response to 6.a.i. above.

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

We've not yet encountered any challenges as the HIT we utilize to administer VBP arrangements has satisfied our needs and expectations to date.

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.

As described in the response to 6.a.i. above, YCCO shares information regarding providers' performance across measures pertinent to VBP arrangements in one of two ways:

1. When the measures of relevance are tracked within Ayin Quality Insights, providers for whom these measures pertain are invited and encouraged to monitor their performance through this application.
2. For measures that aren't tracked within Ayin Quality Insights, YCCO uses Jupyter Notebook, SQL queries, Tableau, and Excel to produce and distribute reports on a recurring schedule (e.g. quarterly for most; monthly for some) to pertinent providers.

Over time, the set of measures tracked within Ayin Quality Insights is expected to align with all measures pertinent to VBP arrangements established with providers thereby eliminating the need for YCCO to produce and distribute separate reports.

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

As described in the response to 6.a.i. above, Patient attribution is based on PCP assignments administered by YCCO. PCPs to whom YCCO members are assigned, including those with VBP arrangements, learn of

assignments by virtue of viewing and, if desired, downloading an up-to-date PCP roster report available within the CIM Provider Portal. In addition, an up-to-date provider roster is available to PCPs engaged in Ayin Quality Insights.

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.

See response to 6.a.i. above.

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.

As noted in the response to 6.a.i. above, member specific data intended to inform and enable population health management activities is shared with providers within whom VBP contracts have been established in the context of Ayin Quality Insights. In addition, YCCO's Care Management team pro-actively communicates with and shared information about members engaged in care / case management via phone, fax, and the CIM provider portal.

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: __23 providers with VBP arrangements at the start of 2020; expected to grow to 29 providers in 2021__

Total number and proportion of those clinics/groups with access to:

a) Performance metrics (at least quarterly): __100%_____
b) Patient attribution data: __100%_____
c) Actionable member-level data: __100%____

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

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

See response to 6.a.i. above.

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

We've not yet encountered any challenges as the HIT we utilize to administer VBP arrangements has satisfied our needs and expectations to date.

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.

Provider education and training regarding HIT tools surrounding VBP arrangements – e.g. Ayin Quality Insights – is largely provided through virtual webinars (e.g. Zoom), especially during the COVID-19 pandemic. Prior to the COVID-19 pandemic, training sometimes occurred in person at either the provider's location or within YCCO's training room.

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

We'd appreciate OHA sharing information regarding VBP models being implemented by CCOs, the HIT that CCOs are using to administer VBP arrangements, the type of and manner by which data/information is being

shared with providers with whom VBP arrangements have been established, challenges encountered, and lessons learned. If sharing such information isn't feasible, then perhaps OHA can initiate and sponsor a workgroup focused on the use of HIT to enable VBP arrangements in which interested CCO stakeholders can participate, share information, and learn from one another.

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?
1. Collaboratively craft and execute a survey intended to confirm HIT adoption and usage among all of YCCO's contracted providers and share results with YCCO. 2. Encourage the collection of REALD and SDH demographic data elements during initial OHP application and redetermination activities and share this information with CCOs in daily/monthly 834 files or separate, complementary data files. 3. Perhaps in the context of HIT Commons, collaborate with CCOs and relevant HIE vendors to craft and promote use case scenarios which may encourage further adoption and use of HIE technology among CCOs and contracted providers.
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 COVID-19 pandemic has prompted YCCO to delay some of our HIT strategies so as not to overburden or otherwise distract providers from treating patients and maintaining business operations during the pandemic. On the other hand, the COVID-19 pandemic has prompted YCCO to prioritize our focus on some HIT Strategies higher than previously planned – e.g. the implementation of a Community Information Exchange (CIE) within Yamhill County enabling closed loop referrals to transpire between medical and social service providers, particularly those aligned with community needs exacerbated by the pandemic – e.g. food insecurity.