Supporting HIE for Care Coordination and Hospital Event Notifications

About this Handout: The following charts and tables are excerpts from the *HIT Roadmap Summary*, a report being drafted by OHA's Office of Health IT. The report will highlight strategies described in the CCO 2021 Updated HIT Roadmaps and promote learning in preparation for the next cycle of HIT Roadmap reporting. This summary represents a point in time, as Roadmaps were submitted in March 2021 and in some cases revised or updated. CCO responses are comprised of responses from 12 different organizations; identical responses across multiple HIT Roadmaps were counted once if from the same organization.

HIE for Care Coordination: Tools

The figure below represents the tools and number of CCOs that reported supporting or making them available to their contracted providers. Staff selected one type or category for each tool, but some tools fit multiple categories.

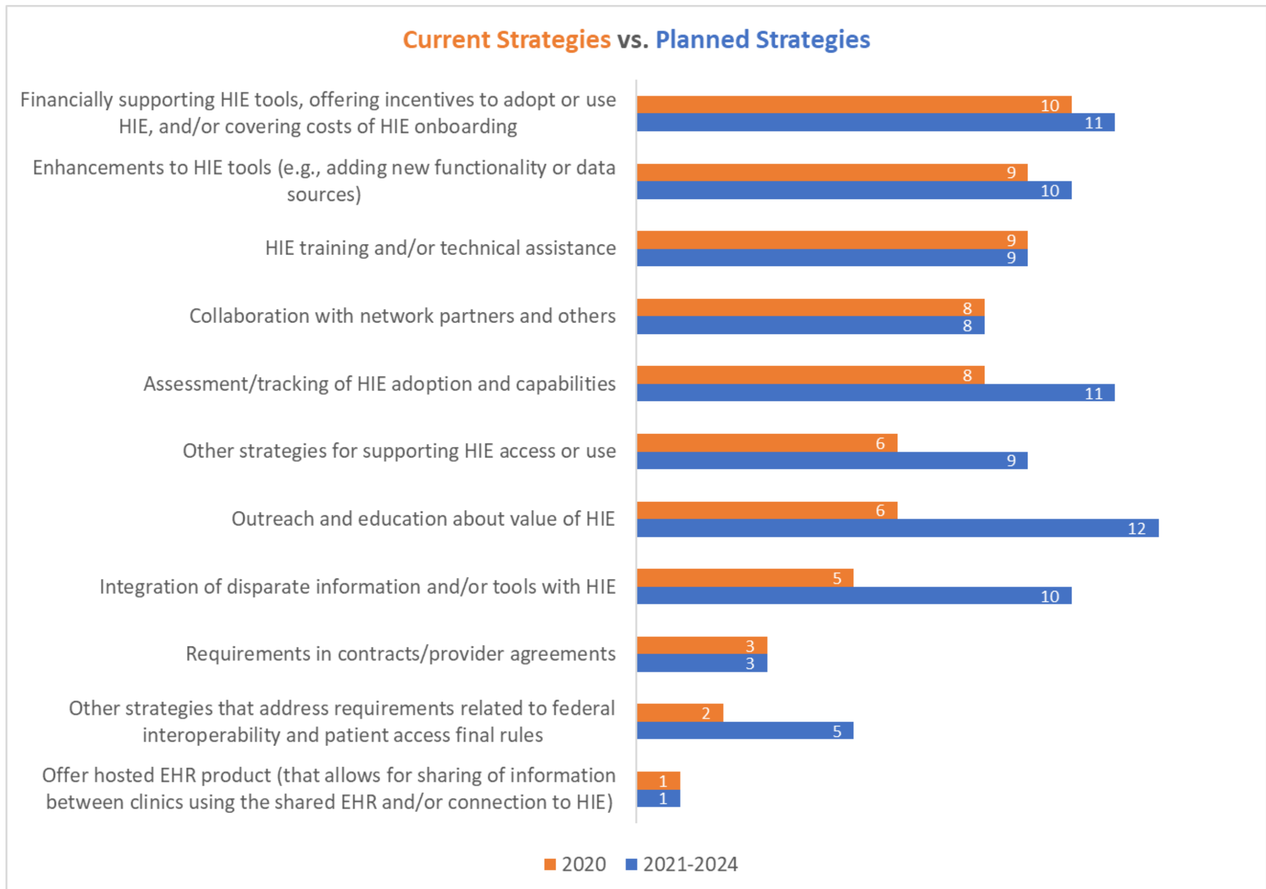
Figure 1: 2020 & 2021-2024 HIE for Care Coordination Tools

Type of Tool	Tool	# of CCOs
Health Information Exchange	Collective Platform/EDIE	**12**
	Reliance eHealth Collaborative	**7 (1 planned)**
	Epic Care Everywhere	**4**
	Secure Messaging	**3**
	Secure File Transfer Protocol	**2**
	Fax/e-Fax/Telephone	**2**
	Reliance eHealth Referrals	**1**
	National HIE platforms through community EHR (Commonwell and Carequality)	**1**
Community Information Exchange	Unite Us	**5 (1 planned)**
	Aunt Bertha CIE	**1**
	T-REX (runs on Aunt Bertha Platform)	**1**
Care Management/Case Management	CCO Provider Portal (not otherwise specified)	**5**
	Medecision	**2**
	Activate Care	**1**
	Bridge	**1**
	Cognizant's Care Advance system	**1**
	HMS Essette Provider Portal	**1**
	PH Tech's Community Integration Manager	**1**
	TriZetto's Clinical CareAdvance	**1**
Population Health Management, Metrics Tracking, Data Analytics	Arcadia Analytics	**3**
	Performance Analytics Platform	**1**
	Milliman PRM Analytics	**1**
Other	Telehealth (not otherwise specified)	**4**
	- Teledoc	**1**
	Rubicon MD (e-consult platform for providers)	**2**
	Project Echo (peer-based learning platform)	**2**
	CCO access to Epic	**1**
	RingCentral Video (virtual provider training platform)	**1**

HIE for Care Coordination: 2020 & 2021 – 2024 Strategies for Supporting Increased Access

The figure below represents the strategies CCOs reported using in 2020 and planned to use in 2021-2024. It is assumed that 2020 strategies will remain in 2021-2024 Plans. Please see the Appendix – *Table 1* for additional details on what has been included in each strategy category.

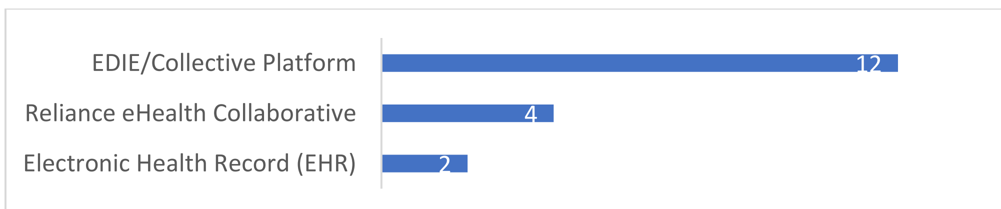
Figure 2: 2020 and 2021-2024 Strategy Comparison



Hospital Event Notifications: Tools

The figure below represents the number of CCO organizations that reported using, and/or providing access to, these tools for timely hospital event notifications (HEN) in their Updated HIT Roadmap.

Figure 3: HEN Tools Used by CCOs and Providers



Supporting HIE for Care Coordination and Hospital Event Notifications

The figure below represents the strategies CCOs reported using in 2020 and planned to use in 2021-2024. Please see the Appendix – *Table 2 and Table 3* for additional details on each strategy category.

Figure 4: 2020 & 2021-2024 Strategy Comparison for Increasing Provider Access to HEN

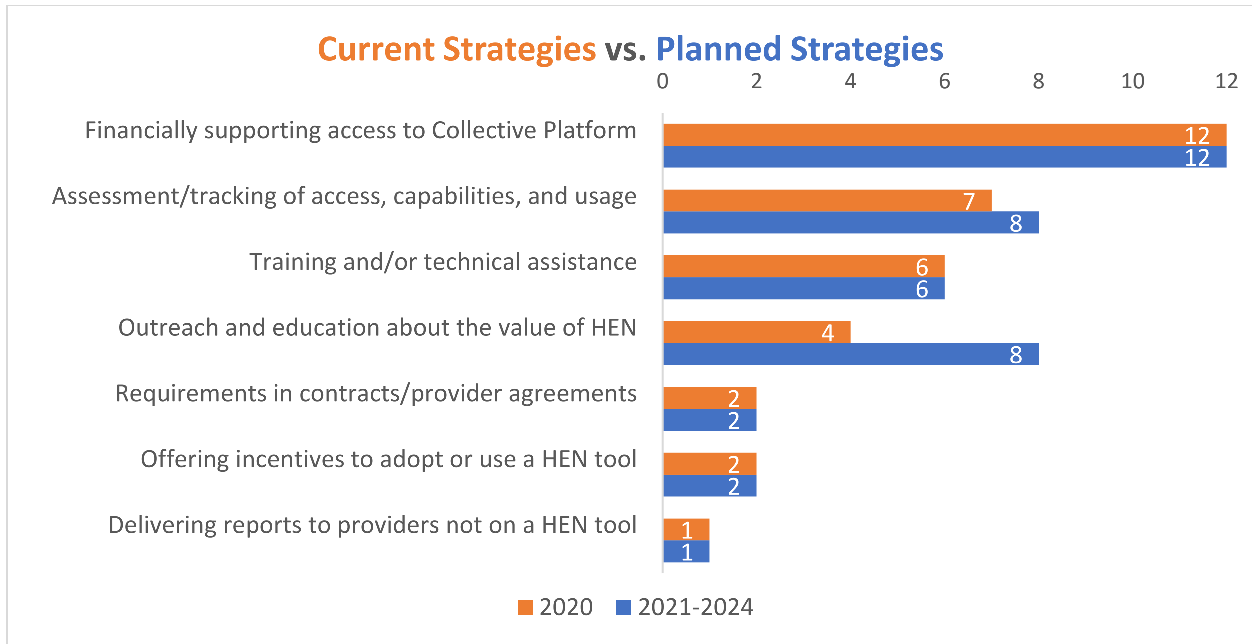
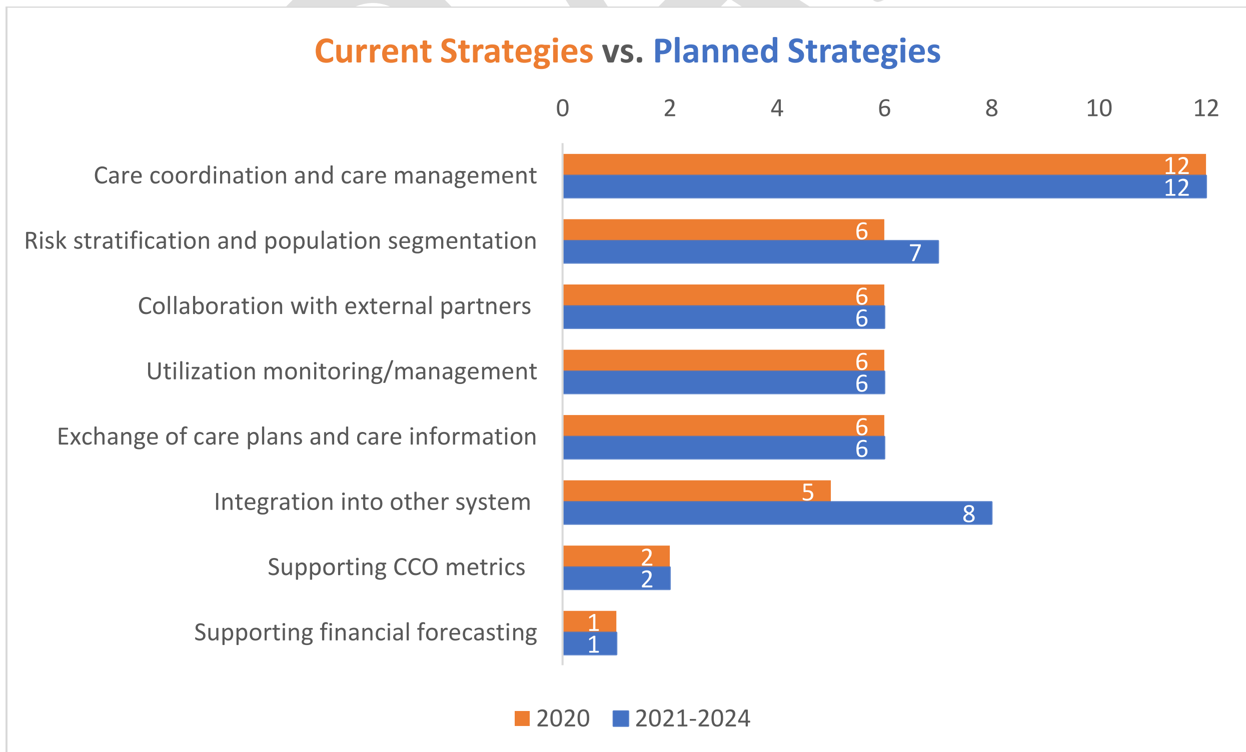


Figure 5: 2020 & 2021-2024 Strategy Comparison for Using HEN Within Organization



Honorable Mentions: Supporting HIE for Care Coordination and Hospital Event Notifications for Behavioral Health and Oral Health Providers

The strategies listed below are examples of how CCOs support or plan to support increased access to HIE for Care Coordination and Hospital Event Notifications specifically among behavioral health and oral health providers. These strategies have been rolled up into the strategies included in *Figures 2* and *4*.

Behavioral Health:

2020 CCO Accomplishments

- Onboarded Community Mental Health Providers to the Collective Platform to support their internal care coordination activities
- Created a substance use disorder cohort in Collective Platform identifying members with an emergency department (ED) overdose event that did not result in a hospitalization, so CCO staff could coordinate prompt follow-up behavioral health services
- Full-time staff member dedicated to providing network partner technical assistance to promote use and expansion of Collective Medical
- Funded a pilot to place electronic tablets in health care organization to allow patient screening information to be shared by physical, oral, and behavioral health organizations

2021 – 2024 CCO Plans

- Develop and offer training modules to behavioral health providers focused on integrating Collective Platform data into behavioral health clinical workflows
- Perform education and outreach to behavioral health providers without access to HEN
- Partner with providers who aren't leveraging HIE technology

Oral Health:

2020 CCO Accomplishments

- Supported Dental Care Organization (DCO) use of the Collective Platform to receive real-time ED notifications for dental-related visits and perform follow-up case management, e.g., outreach/education to the member, scheduling a dental appointment, etc.
- Partnership with Reliance to engage and educate oral health providers on HIE benefits
- Created a dental request within the portal that allows PCPs to submit a dental navigation and coordination by dental care providers
- Provided comprehensive dental information to dental plans on members with diabetes and pregnant members
- DCO included HIE adoption as part of incentive measures in some provider agreements

2021 – 2024 CCO Plans

- Surveying oral health providers about HIE, including questions about how HEN tools are being used and barriers to adoption/use to determine ways CCO can assist with adoption
- Support DCO educational campaign about available HIE and HEN tools, highlighting workflows and benefits specific to dental practices
- Work on integrating dental claims data into the Arcadia Analytics platform
- Work with the DCOs to integrate closed-loop electronic referrals and/or preauthorizations within their providers' EDR workflow

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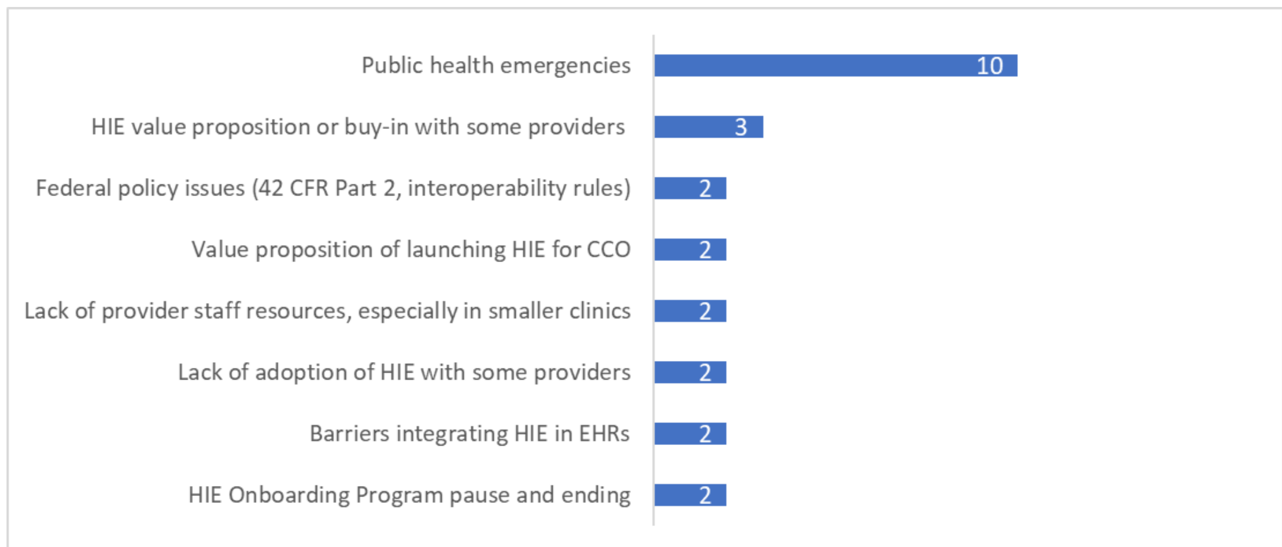
2020 Barriers to Supporting HIE for Care Coordination and Hospital Event Notifications

The figure below represents the number of CCO organizations that reported the different barriers to supporting their contracted physical, oral, and behavioral health providers with HIE for Care Coordination and Hospital Event Notifications.

Figure 6: 2020 Barriers Reported by CCOs



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CCO Spotlights: Supporting HIE for Care Coordination and Hospital Event Notifications

Yamhill Community Care

To support care coordination, Yamhill Community Care utilizes PH Tech's Community Integration Manager (CIM) Provider Portal. The portal allows staff, strategic partners, and contracted providers to verify member enrollment and eligibility, determine member primary care provider assignment, view claims' status, submit prior authorizations and referrals, and add or view flags, documents, and notes pertaining to members. There are also points of integration between CIM and other systems, allowing collaboration amongst users of disparate systems as well as providing a pathway for future integration opportunities.

PacificSource Community Solutions

To support specific regional CCO care team workflows and COVID-19 response efforts, PacificSource Community Solutions (PCS) expanded custom cohorts within the Collective Platform. Over the course of 2020 and 2021, PCS created 21 new cohorts/reports across all lines of business for internal users, including a vaccine support cohort that identifies members who are eligible to receive COVID-19 vaccine, and a report that identifies women at high risk for pregnancy complications. Additionally, PCS made significant alterations to their eligibility file and merged it with other complementary data sources to enable them to better identify, track and engage discrete populations that could not be identified solely using Collective's logic. For this particular use case, PCS created a daily ICC Report that is exported to facilitate automated calls that connect ICC members to care management staff at PCS. In the last 30 days, these cohorts have captured an average of 228 Hospital Event Notifications per day across all of PCS's CCO regions for follow-up with their most vulnerable members.

Advanced Health

Advanced Health offers Activate Care, a care coordination system that enables collaborative problem solving and shared care planning among multiple providers, permitted by the OHP member. Advanced Health traditional health workers, nurse care coordination specialists, and licensed mental health providers have built over 130 active care plans (in collaboration with the OHP member) and are sharing these with physical and behavioral health providers in Coos and Curry Counties. Additionally, Advanced Health's care coordination team works closely with each contracted provider's office staff to provide access to Activate Care for their patients. Early successes have been increased understanding and awareness of the member's wholistic needs, which are focused on improving their own health care goals.

Jackson Care Connect

Medecision, a robust care coordination platform, has dramatically increased Jackson Care Connect's efficiency in care coordination. The platform provides greater access to comprehensive assessments, uses standardized workflows to improve efficiency and avoid errors, and allows the Regional Care Team to work from a common care plan. JCC has integrated Medecision with the Provider Portal for increased coordination across the member's care/treatment team. Additionally, through Medecision, care coordination staff receive Admit, Discharge, and Transfer notification alerts from the Collective Platform.

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Appendix: Definitions and Examples of CCO Strategies

Table 1: Increasing Provider Access to HIE for Care Coordination Strategies Defined

Strategy	Definition and examples
Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding	CCO provides funding (partial or complete) for HIE tool implementation, access, or use. Examples include: - Provision of provider portal with relevant care coordination data to facilitate information sharing - Providing financial and technical support for a community information exchange (CIE) platform or investing in the community implementation of a coordinated referral network bringing together providers, community partners, local government, citizens, and members - Considering allocating funds through HRS spending for providers to assist in EHR adoption - Supporting regular, secure exchange of physical health information to dental plan partners to promote health for prioritized populations - Supporting care management or case management tools that support member care coordination efforts - Offering an HIT stipend for providers that meet certain benchmarks (e.g., connecting to Reliance HIE) - Distributing stabilization funds to network partners to support the transition to telehealth visits - Funding a pilot to place electronic tablets in a health care organization to allow patient screening information to be shared by physical, oral, and behavioral health organizations
Enhancements to HIE tools (e.g., adding new functionality or data sources)	CCO investment or other efforts to improve HIE tools, often by enhancing functionality or adding data sources. Examples include: - HIE/provider portal functionality enhancements, such as ability to refer to CCO care coordination, referrals between primary care and dental - Adding data related to high value use cases with HIE vendor, such as adding member diagnoses to provider portal, adding SDOH insights, PERC codes to identify priority populations such as Foster Care, Long Term Services and Supports, and Member's deemed ICC Eligible - Developing flags, targeted cohorts, or reports in Collective that can be shared with provider partners (e.g., members isolating for COVID, BH members with chronic conditions) - Updating/upgrading care coordination tools to implement new capabilities - Collaborating with Collective to improve system performance, speed, and adopting technical best practices like performance audits - Collaborating with providers and partners on optimizing their use and exploring enhancements
HIE training and/or technical assistance	CCO has staff, expertise, and resources to provide training or technical assistance to providers who are adopting or utilizing HIE tools. Examples include: - Assisting provider's office staff to access or onboard to a HIE tool or platform

	- Helping providers understand what information can be accessed through the tools they have access to, how to utilize an implemented tool for care coordination, or how to further optimize their use of current HIEs/HIE tools - Partner with HIE tool vendor to provide technical assistance to providers/clinics - Augmenting CCO staff with HIE subject matter experts/coaches - Facilitating learning sessions or virtual training to providers on HIE best practices
Collaboration with network partners and others	CCO-created opportunities or forums for collaboration with network partners and providers on supporting HIE adoption. Examples include: - Collaborating on implementing high value HIE use cases (e.g., authorizations, care plans, BH internal care coordination use cases) - Partnering with HIE vendors on meeting needs of CCO and partners - The creation of a multidisciplinary steering committee/governance body that includes providers - Developing a regional approach, visioning, and strategic alignment with CCO partners, providers, community - Sharing best practices, use cases with CCO partners, across CCOs - Collaborating with DCOs and/or BH partners to encourage HIE - Coordinating with OHA and other CCOs to enhance data sharing under the transitions of care requirements
Assessment/ tracking of HIE adoption and capabilities	CCO-facilitated activity that results in the collection of data and increased understanding of providers' HIE capabilities, gaps, and barriers and can be used to inform HIE adoption strategy, resource allocation, and targets. Examples include: - Environmental scans/HIT ecosystem investigation - Provider surveys and interviews on HIE adoption and utilization, benefits, and concerns - Provider assessments of readiness and understanding of HIE tool(s) - Assessment of HIE products, EHR sharing capabilities, evaluating success of HIE strategies, and return on investment - Defining current state and future HIE capabilities needed - Compiling HIE use cases - HIE adoption/utilization tracking, including dashboard report for tracking and monitoring provider activity/use of an HIE tool, assessing volume/types of data contributed to HIE
Other strategies for supporting HIE access or use	CCOs implemented additional strategies in support of HIE for Care Coordination among their contracted providers. Examples include: - Creating a 5-year HIT plan

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	- Supporting patient access to care and health information such as providing phones, laptops, improved text messaging capabilities, etc. to improve access to telehealth - Using HIT to support population health management
Outreach and education about value of HIE	CCO-facilitated activity that encourages providers to adopt or use HIE for care coordination. Through various methods of outreach, CCO shares the value of HIE and business cases. Examples include: - Conducting introductory meetings with HIE vendors and providers to share benefits of HIE - Conducting face to face meetings, sending letters/emails/newsletters, or making phone calls to providers to explain impact of HIE on patient and clinic outcomes - Developing a provider engagement plan - Educating providers and provider staff on existing HIE capabilities, benefits and successful use cases - DCOs implementing an educational campaign on HIE tools that highlights the workflows and benefits specific to dental practices - Encouraging the adoption of HIE technology among oral health and behavioral health providers specific to hospital event notifications and the prescription drug monitoring program
Integration of disparate information and/or tools with HIE	CCO investment or other efforts related to integrating data from or to HIE tools or improving workflow between tools. Examples include: - Integrations with EHRs, such as HIE into EHRs, ingesting EHR data into care coordination/population management tools, integrating EHRs for referrals into CIE, integrating primary care, behavioral health and DCO EHRs to connect directly - Integrating data including, ADT data from Collective into care coordination or population management tools, dental claims, COVID data, HIE data into quality programs as supplemental data - Consolidating information across systems, integrating data within our enterprise data warehouse, providing claims data to providers, developing “claims + EHR” data set for members, - Integrations between tools such as: between population management, care coordination, and/or HIE tools - Integrating data into one tool for provider use to target/reduce provider fatigue from multiple platforms, Single Sign On to HIE in Provider Portal; and - Connecting tools to community-based organizations or other partners, incorporating SDOH service providers into care coordination and referral workflows.

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Requirements in contracts/provider agreements	CCO has included requirements in provider contracts/agreements around HIE or use of HIE tools. Examples include: - Adding requirements for digital authorization and claims submission for In-Network providers - Including language in our hospital contracts that set expectations for use of Collective via contribution of content via Care Insights
Other strategies that address requirements related to federal interoperability and patient access final rules	CCO pursued and implemented efforts to address federal Interoperability and Patient Access final rule requirements. Examples include: - Implementing Patient Access API and Provider Directory API as required by CMS - Implementing Payer-to-Payer API as required by CMS - Collaborating with HIE vendor partners to enable new FHIR-based exchange
Offer hosted EHR product (that allows for sharing of information between clinics using the shared EHR and/or connection to HIE)	CCO supported the implementation of cloud-based EHR in the community that gives providers access to Reliance, Commonwell, and Carequality platforms.

Table 2: Increasing Provider Access to Hospital Event Notifications Strategies Defined

Financially supporting access to the Collective Platform	Through its own contract with Collective Medical Technologies, CCO pays for its contracted providers to access the Collective Platform tool, including real-time HEN for their patients.
Assessment/ tracking of HEN access, capabilities, and usage	CCO-facilitated activity that results in the collection of data and increased understanding of providers' access to timely HEN, use of HEN and associated tools, and gaps and barriers to adopting and utilizing HEN that can be used to inform CCO strategy, resource allocation, and targets. Examples include: - Environmental scans/HEN ecosystem investigation - Provider surveys and interviews - Tracking usage of HEN tool via reports from vendor
Training and/or technical assistance	CCO has staff, expertise, and resources to provide training or technical assistance to provider organizations that are interested in onboarding to a HEN tool, or already have access and need help learning to use or optimize use. Examples include: - Workflow optimization and improvement - HEN tool user training/best practices
Outreach and education about the value of HEN	CCO-facilitated activity that encourages providers to adopt timely HEN tools into their workflows. Through various methods of outreach, CCO shares value of HEN and business cases. Examples include:

	- Calling, emailing, or meeting in-person with providers - Sending newsletters - Conducting webinars
Requirements in contracts/ provider agreements	CCO has included requirements in provider contracts/agreements around the adoption and/or use of a HEN tool. For example: - Including language in hospital contracts that set expectations for using and contributing hospital data to a HEN tool
Offering incentives to adopt or use a HEN tool	CCO directly providing, or coordinating through partners, incentives for providers related to using HEN and/or a HEN tool. Examples include: - Coordinating with partner DCOs to include financial incentives for using HIE such as HEN into dental/oral health provider agreements - Running a program that offers stipends to providers who adopt HIE technology, including HEN tools
Delivering regular reports to providers not on a HEN tool	CCO regularly provides ED and inpatient HEN reports to providers if they are not connected to a HEN tool to support access to HEN data by providers that may experience barriers to adopting a HEN tool

Table 3: Using Hospital Event Notifications Within CCO Organization Strategies Defined

Care coordination and care management	CCO utilizes real-time HEN or HEN tools to support care coordination, i.e., the deliberate organization of member care activities between two or more participants involved in a member's care to facilitate the appropriate delivery of health care services. Examples include: - Utilizing Collective Platform cohorts and reports as tools for addressing care coordination and population health management - Addressing member history and demographic data, including for new members and members who are transitioning from other CCOs - Leveraging the Collective Platform as a central location for communicating member data across network providers, hospital systems, and CCOs.
Risk stratification and population segmentation	CCO utilizes HEN tools to support risk stratification efforts, i.e., identifying/segmenting member populations by risk levels to support resource distribution planning and other care coordination activities. Examples include: - Incorporating member risk scores into the Collective Platform, communicating them both internally and with other health care partners using the network - Using risk scores in the Collective Platform to build cohorts to track high risk populations and provide optimal interventions after hospital encounters

	- Using population segmentation in the Collective Platform to assign care managers to high-risk members, e.g., Intensive Care Coordination, Severe and Persistent Mental Illness, diabetes, high-risk pregnancies, and substance use disorders
Collaboration with external partners	CCO convenes regular meetings with external partners using HEN data to help plan for the care of specific members. Examples include: - Multidisciplinary team meetings where primary care, Community Mental Health Programs (CMHPs), dental, and public health agencies come together to assess specific members who have complex needs (as identified by cohorts within a HEN tool) and coordinate on shared care plans, which are uploaded into the HEN tool and attached to future notifications
Utilization monitoring/ management	CCO using ED utilization data from HEN tool to proactively identify members at risk for high utilization and provide care coordination with the goal of reducing unnecessary health care utilization where appropriate. Examples include: - Integration of inpatient ADT data from HEN tool into CCO utilization management system to trigger staff follow-up tasks post discharge - Utilization management staff use daily reports in the Collective Platform to ensure timely warm hand offs to CMHPs for high-risk members with behavioral health hospital admissions
Exchange of care plans and care information	CCO utilizes HEN tool to enter care plans and care information so that it may be shared with across the continuum of care. Examples include: - Entering "Care Insights" into the Collective Platform to communicate valuable, relevant information to clinicians that may encounter the member in an ED setting - Attaching care plans to member records in the Collective Platform so they are accessible to other providers on the member's care team
Integration into other system	CCO directly integrates real-time HENs from a HEN tool into a separate system so they are part of existing care coordination and care management workflows. Examples include: - Integrating hospital ADT feeds from the Collective Platform into care management platforms like Activate Care or Medecision where HENs can be configured to trigger follow-up workflows, e.g., case manager assignment
Supporting CCO metrics	CCO utilizes timely HEN to support workflows aimed at achieving goals of CCO quality metrics. For example: - Identifying members that impact CCO quality metrics, e.g., ED Disparity Measures, via cohorts within a HEN tool so staff are notified of ED visits and can quickly provide care coordination outreach
Supporting financial forecasting	CCO utilizes timely hospital admission data from HEN tool in lieu of authorization data for financial forecasting