

2024 CCO Health IT Roadmap

| Contract or rule citation | Exhibit J, Section 2, Paragraph d. | | |
|---------------------------|------------------------------------|--|--|
| Deliverable due date | March 15, 2024 | | |
| Submit deliverable via: | CCO Contract Deliverables Portal | | |

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CCO: Advanced Health

Date: 2/23/2024

1. Health IT Partnership

Please attest to the following items.

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

(Optional) Overview of CCO Health IT Approach

This will be read by all reviewers. This section is optional but can be helpful to avoid repetitive descriptions in different sections. Please provide an overview of CCO's internal health IT approach/roadmap as it relates to supporting care coordination. This might include CCO's overall approach to investing in and supporting health IT, any shift in health IT priorities, etc. Any information that is relevant to more than one section would be helpful to include here and referenced as needed (rather than being repeated in multiple sections).

Advanced Health's primary focus regarding the handling of the HIT approach revolves around identifying the key areas where our members are most engaged/seen.

2. Support for EHR Adoption, Use, and Optimization in Support of Care Coordination

A. Support for EHR Adoption, Use, and Optimization: 2022 Progress and 2023-24 Plans

Please describe your 2023 progress and 2024-26 plans for supporting increased rates of EHR adoption, use, and optimization in support of care coordination, and addressing barriers among contracted physical, oral, and behavioral health providers. In the spaces below (in the relevant sections), please:

- 1. Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT 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. Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialling, Letters of Interest).
- 3. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
- 4. (Optional) Provide an overview of CCO's approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.
- 5. <u>For each strategy</u> CCO implemented in 2023 and/or will implement in 2024-26 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. The strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including number of organizations, etc., where applicable)
 - challenges related to each strategy, as applicable

Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.

- f. (Optional) An overview of CCO 2024-26 plans for each strategy
- g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. <u>Please copy and paste additional strategy sections as needed</u>. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, **report on the number of contracted physical, oral, and behavioral health organizations** <u>without</u> EHR information

4/28 (16%) Physical Health

21/35 (72%) Behavioral Health

1/5 (20%) Oral Health

Briefly describe CCO plans for collecting missing EHR information via CCO existing processes

In 2023, there were few responses when Advanced Health reached out by email, and this was primarily due to the changes of leadership in the health organizations.

In 2024, phone calls and physical visits to any healthcare organization that manages more than 20% of Advanced Health members to gain a stronger HIT relationship.

| planned to grow the utilization of UniteUs, Activate Care, and Point Click Care (formerly known as Collective Medical) in 2024. These meetings will also be used to aid in gaining more information on EHRs used in the community. | | | | | | |
|---|-------------|--|-------------|-------------|---|--|
| Strategy category checkboxes Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below. | | | | | | |
| Progress | Plans | | Progress | Plans | | |
| | | EHR training and/or technical assistance | \boxtimes | \boxtimes | 7. Requirements in contracts/provider agreements | |
| | \boxtimes | 2. Assessment/tracking of EHR adoption and capabilities | | | 8. Leveraging HIE programs and tools in a way that promotes EHR adoption | |
| | \boxtimes | 3. Outreach and education about the value of EHR adoption/use | | | 9. Offer hosted EHR product | |
| | | Collaboration with network partners | \boxtimes | | 10. Assist with EHR selection | |
| | | 5. Incentives to adopt and/or use EHR | | | 11. Support EHR optimization | |
| | | 6. Financial support for EHR implementation or maintenance | | | 12. Other strategies for supporting EHR adoption (please list here) Continue to understand EHR improvement plans across Coos and Curry Counties | |
| | | view of CCO approach to support /sical, oral, and behavioral health | | | | |
| Some desired projection of the some some some some some some some som | | | | | | |
| Strategy 1 title : Assessment/tracking of EHR adoption and capabilities Advanced Health is interested in contracted healthcare organization's EHR adoption and capabilities because it impacts the utilization of any HIE tool that is offered. What this means is that if the EHR that the facility is utilizing has a tool, or a similar tool to one of the HIE tools listed below, we make note that it may be harder for them to adopt an HIE tool. When it is identified that they have their own tool that they use, we address them "adopting" the tool differently. For these organizations to remain active participants when contracted with them, if they have a HIE tool, Advanced Health goal pivots to integrating the said tool the healthcare organization utilizes. | | | | | | |
| Strategy categories: Select which category(ies) pertain to this strategy □ 1: TA □ 2: Assessment □ 3: Outreach □ 4: Collaboration □ 5: Incentives □ 6: Financial support □ 7: Contracts □ 8: Leverage HIE □ 9: Hosted EHR □ 10: EHR selection □ 11: Optimization □ 12: Other: | | | | | | |
| Strategy status: ☑ Ongoing □ New □ Paused □ Revised □ Completed/ended/retired/stopped | | | | | | |
| Provider types supported with this strategy: ☑ Across provider types OR specific to: ☐ Physical health ☐ Oral health ☐ Behavioral health | | | | | | |
| Progress (including previous year accomplishments/successes and challenges with this strategy): In 2023, this strategy was lower on the list of priorities compared to other strategies. Advanced Health's CITO began reaching out to other CCO's technical contacts to learn about how they support and track EHR/HIT and internal IT security tools. Advanced Health does have EHR information for 100% of PCPCH, FQHC, and RHC. 95% of members assigned to PCP Organizations have a certified, documented EHR. | | | | | | |

Background:

Advanced Health has been conducting these interviews informally with all three provider types as we build stronger relationships.

As part of this initiative, Advanced Health has been conducting meetings and interviews with Physical, Oral, and Behavioral Health Providers to assess their current EHR tools' capability in the following areas:

- Patient portal and patient engagement capabilities;
- Operational performance and financial reporting;
- Ingestion of lab results, tests, radiology exams, and other outside information into a patient chart;
- Export and exchange records and CCDs;
- Other key capabilities for enhancing Care Coordination in the region; and Support for colocation and mobile devices.

Overview of 2024-26 plans for this strategy (optional):

For 2024, contacting resumed. Advanced Health plans to continue contacting contracted health organizations to collect information about their EHR and HIE tools. Currently, behavioral health has many missing pieces of information so in 2024, our focus is on completing that information. If a contracted health organization does not respond to requests, internal conversation at Advanced Health will take place to analyze the current contact and reach out to different contacts. There may have been turnovers or an unknown barrier to communication.

Planned Activities

- Conduct 3 in-person/virtual meetings/interviews (per quarter) with contracted healthcare organizations to understand gaps and challenges with their current EHR systems.
 - a. Focusing on behavior and oral health organizations.
 - b. Resources and tools provided to organizations undergoing gaps and challenges may look different depending on the challenges they are going through. It may look like connecting providers with other providers that may be going through the same difficulties or may have overcome them.
- 2. Discuss adding in EHR/HIT information in contract processes when contracting with Providers/Organizations for all provider types.
 - a. Conversations with Advanced Health's CITO, CFO, and contracting manager began in 2023. Currently identifying what questions should be asked, and which providers should be asked. Individually contracted providers that are not housed at major local clinics/hospitals will be asked, and any newly contracted care organization will be asked.
 - b. The questions may include, but are not limited to:
 - i. What is the current EHR utilized?
 - ii. What HIT tools are utilized?
 - iii. Who is in charge of HIT/EHR initiatives?
- 3. Review previous years' CCO HIT Roadmaps to identify any strategies that may support Advanced Health's current strategies to track and assess EHR adoption and capabilities. Using the HIT roadmaps will allow Advanced Health to reach out to other CCOs to learn from lessons learned.

Planned Milestones

- 1. Q2 Q4 2024 (this was a goal for 2023 but was not completed due to competing projects.
- 2. 2024 Q2
- 3. Q2-Q3 2024

Strategy 2 title: Understand EHR plans across Coos and Curry/ Outreach and education about the value of EHR adoption/use

Brief description: Advanced Health has many different provider types, and each type has unique needs in an EHR. While we have a high adoption rate of EHRs, there are always plans in the works for facilities that want

| to change their EHRs. With the high adoption rate of EHRs among physical healt few outliers that do not have EHRs. | h providers, we do have a | | | | | |
|---|--|--|--|--|--|--|
| Strategy categories: Select which category(ies) pertain to this strategy | | | | | | |
| | ☐ 6: Financial support | | | | | |
| ☐ 7: Contracts ☐ 8: Leverage HIE ☐ 9: Hosted EHR ☐ 10: EHR selection ☐ 11: Optimization ☐ 12: Other: | | | | | | |
| Strategy status: | | | | | | |
| | stannad | | | | | |
| 0 0 | stopped | | | | | |
| Provider types supported with this strategy: |) - 4 - | | | | | |
| ☐ Across provider types OR specific to: ☐ Physical health ☐ Oral health ☐ E | | | | | | |
| Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): In 2023 , Advanced Health followed up with 3 major hospitals in Coos and Curry County to understand their EHR plans for 2024. Each hospital was reviewing their current EHR, with two of them looking to adopt EPIC Community Connect through a host. All of the hospitals currently utilize a certified EHR. The reason for reviewing other EHRs is to enhance potential interoperability, abilities to enhance workflows internally to hospitals, and reporting abilities. EPIC is the growing EHR in Coos and Curry counties, and by implementing EPIC as their new EHR, the interoperability between EPIC instances brings many benefits. The one obstacle about bringing EPIC EHR into rural counties, is that EPIC itself doesn't tend to contract with small facilities, which is why EPIC Community Connect is always looked at. The problem with EPIC Community Connect is finding the right host. Finding the right host means finding the right aspects of EPIC that are needed such as | | | | | | |
| clinic, lab, imaging, billing, etc. | | | | | | |
| Overview of 2024-26 plans for this strategy (Optional): Since 2020, the interviews were completed either by email, phone, or teams/zoor 2024, interviews will resume in person. The in person aspect builds stronger relati | | | | | | |
| Planned Activities | Planned Milestones | | | | | |
| Meet with contracted organizations technical and operational teams to understand if there are any planned EHR conversions. The types of providers that will be prioritized will be any contracted organization that holds a PCP panel, major hospitals, and behavioral health organizations. Using the data file, identify and prioritize what organizations/providers do and do not have EHRs or HIT tools based on number of members served. The organizations/providers that do not have EHRs will be prioritized by how many members are served, and then outreach will take place. This outreach will happen through email and/or phone calls. Questions that will be asked include "What barriers does adopting an EHR pose for you," "Can we help connect you to others that have EHRs that can help work through those barriers" and "Have you had any EHR conversations with any vendors or potential partners?" The answers to these questions can guide how we support them in EHR adoption going forward. At a minimum, 2 organizations/providers that do not have any EHR/HIT data will be reached out to a quarter. | Minimum of 2 quarters a year for years: 2024-2026 Ongoing throughout 2024- 2026 | | | | | |
| Strategy 3 title : Financial support for EHR implementation or maintenance Brief description: Advanced Health provided financial support for EHR maintenant | ice costs | | | | | |
| Strategy categories: Select which category(ies) pertain to this strategy | | | | | | |
| ☐ 1: TA ☐ 2: Assessment ☐ 3: Outreach ☐ 4: Collaboration ☐ 5: Incentives | ⊠ 6: Financial support | | | | | |
| ☐ 7: Contracts ☐ 8: Leverage HIE ☐ 9: Hosted EHR ☐ 10: EHR selection ☐ 11: C | Optimization □ 12: Other: | | | | | |

| Strategy status: | | | | | | |
|--|--|--|--|--|--|--|
| ☑ Ongoing ☐ New ☐ Paused ☒ Revised ☐ Completed/ended/retired/stopped | | | | | | |
| Provider types supported with this strategy: | | | | | | |
| □ Across provider types OR specific to: □ Physical health □ Oral health □ Behavioral health | | | | | | |
| Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): In 2023, a process was created for when a facility requests financial support from Advanced Health regarding EHR costs. The requesting entity provides a proposal, the proposal is reviewed internally by multiple departments for cost and benefit analysis, and then taken to Advanced Health Board for final decision. This is communicated to organizations through outreach done by CEO, CITO, CFO, and others. This process has been shared with Advanced Health Board of Directors to share out the information. | | | | | | |
| The process for determining the level of financial support begins with a proposal from the requesting facility listing out initial costs, ongoing costs, impact of project, and what their financial request is. Once this proposal is made to Advanced Health, the CEO, CFO, and CITO analyze what impact the financial request makes on Advanced Health's finances, compares project to other HRS projects that have been requested, and what impact the EHR change makes on what size member population based off of previous claims data. | | | | | | |
| Background: 2022, Provided financial support of EPIC EHR system implementation for providers serving a majority of Advanced Health's members for hospital services, primary care, ob/gyn, pediatrics, and specialty care. | | | | | | |
| Overview of 2024-26 plans for this strategy (Optional): | | | | | | |
| Planned Activities 1. Financial support will be provided in future years if needed. a. Analysis will be completed (based on process created in 2023) on any proposals for EHR support. Planned Milestones 1. 2024-2026 | | | | | | |
| A. EHR Support Barriers: (Optional) | | | | | | |
| Please describe any barriers that inhibited your progress to support EHR adoption, use, and/or optimization among your contracted providers. | | | | | | |
| One of the biggest obstacles, that does not have a solution, is bandwidth. Advanced Health is one of the smaller CCOs, the number of employees is smaller than others, for that reason Advanced Health employees wear many different hats. Advanced Health's largest Clinics and Hospitals all use certified EHRs (please see Data File). We have been included in conversations of struggles that Clinics and/or Hospitals have with their EHRs. Most struggles we find are caused by vendor's ability to produce. Bandwidth issues exist not only for Advanced Health, but also for the clinics and Hospitals in Coos and Curry County. | | | | | | |
| C. OHA Support Needs: (Optional) | | | | | | |
| How can OHA support your efforts to support your contracted providers with EHR adoption, use, and/or optimization? | | | | | | |
| | | | | | | |

4. Use of and Support for HIE for Care Coordination and Hospital Event Notifications

A. CCO Use of HIE for Care Coordination and Hospital Event Notifications: 2023 Progress & 2024-26 Plans

Please describe your 2023 progress and 2024-26 plans for using HIE for care coordination AND timely hospital event notifications within your organization. In the spaces below (in the relevant sections), please:

- 1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
- 2. List and describe specific tool(s) you currently use or plan to use for care coordination and timely hospital event notifications.
- 3. (Optional) Provide an overview of CCO's approach to using HIE for care coordination and hospital event notifications.
- 4. <u>For each strategy</u> CCO implemented in 2023 and/or will implement in 2024-26 for using HIE for care coordination and hospital event notifications within the CCO include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including number of organizations, etc., where applicable)
 - challenges related to each strategy, as applicable
 - f. (Optional) An overview of CCO 2024-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (within CCO)

Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below.

| Progress | Plans | | Progress | Plans | |
|-------------|-------------|---|-------------|-------------|--|
| \boxtimes | \boxtimes | Care coordination and care management | \boxtimes | \boxtimes | Enhancements to HIE tools (e.g., adding new functionality or data sources |
| \boxtimes | | Exchange of care information and care plans | \boxtimes | \boxtimes | 5. Collaboration with external partners |
| | \boxtimes | 3. Integration of disparate information and/or tools with HIE | | | 6. Other strategies for supporting HIE access or use (please list here): Risk Stratification and Population Segmentation |

List and briefly describe tools used by CCO for care coordination and timely hospital event notifications

Point Click Care (PCC) (formerly known as Collective Medical) is a cloud-based platform that we utilize to view Hospital Event Notifications. We are also utilizing Collective Medical to view risk scores for members based on PCC's algorithm. Activate Care is our internally utilized Care Coordination Tool. All care coordination activities are tracked and organized using this platform. We currently have our Care Coordination and Intensive Care Coordination Teams utilizing the platform. This platform allows us to create encompassing care plans for our members. Our teams can invite outside professional and community members (per the member's consent) to assist with care planning for our members. Reliance HIE is a health information exchange platform that Advanced Health has been working with to integrate our disparate systems to increase the visibility into member health information. Currently, Reliance clinical information (such as lab values) is being integrated with Activate Care member Care Profiles. **Unite Us** is a community information exchange that Advanced Health has partnered with to ensure Coos and Curry County Organizations can send close looped referrals. (Optional) Overview of CCO Approach to using HIE for care coordination and hospital event notifications Strategy 1 title: Enhancements to HIE tools (e.g., adding new functionality or data sources)/Integration of disparate information and/or tools with HIE *Advanced Health combined enhancements to HIE tools and Integration of disparate information and/or tools with HIE because in doing either of those two strategies, it impacts the other strategy.* Brief description: Advanced Health's goal is to integrate as many HIT tools as possible to create more of a one stop shop for retrieving information regarding members/patients. **Strategy categories:** Select which category(ies) pertain to this strategy ☐ 1: Care Coordination ☐ 2: Exchange care information Strategy status: Overview of 2024-26 plans for this strategy (Optional): One major plan for 2024 is to enhance the care plans in Activate Care. There are a few diverse ways that Advanced Health is going to work with Activate Care to do this work: by including additional data feeds into the system. Advanced Health is working with Advantage Dental to integrate care team data such as the member's primary dental provider (PDP) and dental care coordinator into each member's Care Profile. Another data feed planned is to integrate the assigned Primary Care Provider from internal data sources (Quantum Choice) into Activate Care. 2024 the enrollment and lab data ingestion are also scheduled to go live. This changed from going live in 2023 to 2024 due to technical difficulties on Activate Care side. **Progress** (including previous year accomplishments/successes and challenges with this strategy): In 2023, Activate Care began integrating OHP (Oregon Health Plan) 834 eligibility information into Activate Care that allows Activate Care to create care profiles for all Advanced Health members. By doing this, it makes it easier on Advanced Health Intensive Care Coordination team who no longer must create care plans manually. The enrollment data creates care profiles in Activate Care, so when the ICC (Intensive Care Coordination) team needs to create a care plan, all the data from OHA regarding the member is already in Activate Care. This project had a go live of Q2 2023; however, it started go live in Q4 2023. In 2023, 400+ care plans were manually created. Our biggest success to date is having DHS (Department of Human Services) case managers log into Activate Care and upload their assessments.

Also in 2023, Activate Care and Reliance also began working on an integration that would bring in lab results, diagnosis, and visit information into Activate Care. The plan was to have it live by the middle of 2023; however, it has a go live of 2024 due to this being a new type of integration for Activate Care.

Background: Advanced Health purchased a cloud-based care coordination system in 2020, Activate Care, that enables collaborative problem solving and shared care planning among multiple providers permitted by the OHP member. Advanced Health traditional health workers (THWs), nurse care coordination specialists and license mental health provider have built over 180+ active care plans (in collaboration with the OHP member) and are sharing these Care Plans with physical, behavioral, and eventually oral health providers in Coos and Curry Counties. Advanced Health's care coordination team works closely with each contracted provider's office staff to provide access to Activate Care for their patients. Once a provider's office has access, they can log directly into Activate Care to view the Care Plan. Successes have been increased understanding and awareness of the members' holistic needs focused on improving their own health care goals.

Planned Activities

- 1. Go live with Eligibility file in Activate Care
- 2. Go live with integration with Reliance Activate Care ingesting Lab, Diagnosis, and Visit information
- 3. Utilize results from Reliance to trigger events for care coordination events for Intensive Care Coordination team in Activate Care
- 4. Integrate Advantage Dental Data into Activate Care to enhance the care plan
- 5. Integrate assigned Primary Care Provider from internal data sources into Activate Care

Planned Milestones

- 1. 2024 Q1
- 2. 2024 Q1
- 3. 2024 Q4-2025 Q1
- 4. Q4 2024
- 5. Q3 2024

| Stra | tegy | 2 titl | e: Care | Coordination | on and | Care I | Managemen | t |
|------|------|--------|---------|--------------|--------|--------|-----------|---|
|------|------|--------|---------|--------------|--------|--------|-----------|---|

members in ActivateCare

Strategy 3 title: Risk Stratification and Population Segmentation

Brief description: Care Coordination teams utilize Point Click Care (formerly known as, Collective Medical) and Activate Care to view HENs (Hospital Event Notifications).

| The interest of the interest o | · /· | | | | | | |
|--|--|--|--|--|--|--|--|
| Strategy categories: Select which category(ies) pertain | to this strategy | | | | | | |
| $\ \ \boxtimes$ 1: Care Coordination $\ \ \square$ 2: Exchange care information | ☐ 3: Integration of disparate information | | | | | | |
| ☐ 4: HIE tool enhancements ☐ 5: Partner collaboration | ☐ 6: Other: | | | | | | |
| Strategy status: | | | | | | | |
| oximes Ongoing $oximes$ New $oximes$ Paused $oximes$ Revised $oximes$ C | completed/ended/retired/stopped | | | | | | |
| Progress (including previous year accomplishments/suc | cesses and challenges with this strategy): | | | | | | |
| There were no changes to this strategy. Advanced Healt | h's ICC continues to utilize Point Click Care to | | | | | | |
| complement Activate Care. | | | | | | | |
| For more of a direct route to hospital event information, ICC staff also utilize Collective Medical to receive hospital event notifications. Staff also write Care Guidelines, update Care Team and member contact information, to improve the likelihood of successful care coordination. Previous Year's progress: In 2022, through the collaborative technical support of our CITO and Activate Care staff, hospital event notifications were made available in Activate Care by ADT feed from Collective Medical which continues to allow for more periphery CBOs, state entities and potentially oral health providers access to emergency information. | | | | | | | |
| Overview of 2024-26 plans for this strategy (Optional): | | | | | | | |
| Planned Activities | Planned Milestones | | | | | | |
| Continued use of Collective Medical and | 1. Ongoing 2024-26 | | | | | | |
| ActivateCare to view HENs. | | | | | | | |
| 2. Utilize HENs to trigger ICC intervention with | | | | | | | |

PCC can assign a risk score based off the information on our members by using a propriety algorithm. PCC states their algorithm uses machine learning to generate a risk score predictability rate of over 80 percent. However, our CCO executive team is exploring other potential software systems such as Arcadia that uses a similar algorithmic approach and includes a propriety impact ability score (directs staff to members that would benefit the most from care coordination) Strategy categories: Select which category(ies) pertain to this strategy ☐ 2: Exchange care information ☐ 1: Care Coordination ☐ 3: Integration of disparate information □ 4: HIE tool enhancements □ 5: Partner collaboration □ 6: Other: Collective Medical can assign risk scores based from the information on members. **Strategy status:** □ Ongoing □ New □ Paused ☐ Completed/ended/retired/stopped □ Revised **Progress** (including previous year accomplishments/successes and challenges with this strategy): In 2023, through the collaborative technical support of our CITO and Activate Care staff, Al Readmission risk scoring is being explored for prioritization of ICC member contact in addition to the creation and ongoing use of multiple disease specific cohort groups that each have specific imbedded diagnostic code sets. Internal Analytics completed drafts of Risk Adjustment reports in Q4 of 2023. **Previous Years' Progress:** In 2022, Advanced Health Quality and Analytics teams began to build a plan for Risk Adjustment/Stratification internal reports utilizing CDPS weight and severity. We will continue utilizing our internal Analytics team to create Risk reports for our members. This will be available for our Care Coordination and ICC Teams, our internal Quality Department, and our providers. Overview of 2024-26 plans for this strategy (Optional): **Planned Activities** Planned Milestones 1. Turn on Point Click Care (fka. Collective 1. 2024 (dependent on cost and internal workload -Medical) Risk Stratification this was not implemented in 2023 due to the 2. Finalize internal Risk reports changes in Care Coordination requirements. a. These reports are created using Work went into building internal risk reports.) internal Analytics department and the 2. Q2-Q3 2024 CDPS model. They must be approved 3. Q4 2024 - Q1 2025 by the Quality and Finance departments before disseminating reports. 3. Disseminate Risk Reports a. Reports will be disseminated by email, SFTP, Tableau Dashboard, and physical meetings. Providers will have a choice of how they will receive these reports.

B. Supporting Increased Access to and Use of HIE Among Providers: 2023 Progress & 2024-26 Plans

Please describe your 2023 progress and 2024-26 plans for supporting increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers. Please include any work to support clinical referrals between providers. In the spaces below (in the relevant sections), please:

- 1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
- 2. List and describe specific HIE tool(s) you currently or plan to support or provide for care coordination and hospital event notifications. CCO-supported or provided HIE tools must cover both care coordination and hospital event notifications. Please include an overview of key functionalities related to care coordination.

- 3. Report the number of physical, oral, and behavioral health organizations that have not currently adopted HIE tools for care coordination or do not currently have access to HIE for hospital event notifications using the Data Completeness Table in the OHA-provided CCO Health IT 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.
- 4. (Optional) Provide an overview of CCO's approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers.
- 5. <u>For each strategy</u> CCO implemented in 2023 and/or will implement in 2024-26 to support increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including the number of organizations of each provider type that gained access to HIE for care coordination tools and HIE for hospital event notifications as a result of your support, where applicable)
 - challenges related to each strategy, as applicable

Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.

- f. (Optional) An overview of CCO 2024-26 plans for each strategy
- g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. <u>Please copy and paste additional strategy sections as needed</u>. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (supporting providers)

Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below.

| Progress | Plans | | Progress | Plans | |
|-------------|-------------|--|-------------|-------------|---|
| \boxtimes | \boxtimes | HIE training and/or technical assistance | \boxtimes | \boxtimes | 8. Financially support HIE tools and/or cover costs of HIE |
| \boxtimes | | Assessment/tracking of HIE adoption and capabilities | | | onboarding |
| \boxtimes | | Outreach and education about value of HIE | | | 9. Offer incentives to adopt or use HIE |
| | | Collaboration with network partners | | | 10. Offer hosted EHR product (that allows for sharing information |

| | | E Enhancements to LUE tools | ĺ | | between clinics using the chared | |
|--|-------------|--|------------|-----------|---------------------------------------|--|
| | \boxtimes | 5. Enhancements to HIE tools | | | between clinics using the shared | |
| | | (e.g., adding new functionality or data sources) | | | EHR and/or connection to HIE) | |
| | | 6. Integration of disparate | | | 11. Other strategies that address | |
| | | information and/or tools with HIE | | | requirements related to federal | |
| | _ | | | | interoperability and patient access | |
| | | 7. Requirements in contracts / provider agreements | | | final rules (please list here): | |
| | | · | | | | |
| | | 12. Other strategies for supporting H | IE access | or use | (please list here): | |
| List and | briefly d | escribe tools supported or provided I | by CCO tl | hat faci | litate care coordination and/or | |
| | | timely hospital event notifications. | HIE tools | must co | ver both care coordination and | |
| • | event noti | | | | | |
| | | PCC) (formerly known as Collective Med | | | | |
| Hospital PCC's a | | tifications. We are also utilizing Collectiv | e Medica | I to view | risk scores for members based on | |
| PCC S a | igoriumi. | | | | | |
| Activate | Care is o | ur internally utilized Care Coordination T | | re coor | dination activities are tracked and | |
| | | is platform. We currently have our Care | | | | |
| • | _ | m. This platform allows us to create end | | | | |
| | | essional and community members (per t | | | | |
| our mem | nbers. | | | | | |
| | | | | | | |
| | | health information exchange platform the | | | | |
| | | ems to increase the visibility into members | | | | |
| mormau | ion (such a | as lab values) is being integrated with A | clivate Ca | ire mem | ber Care Profiles. | |
| (Ontions | d) Overvie | ow of CCO approach to cupporting in | oroscod d | 200000 | to and/or use of UIE for care | |
| (Optional) Overview of CCO approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted providers | | | | | | |
| | | | | | | |
| | | | | | | |
| Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, report on the | | | | | | |
| | | cted physical, oral, and behavioral h | | | | |
| | | tool for care coordination or for hosp | oitai even | t notific | cations: | |
| , | , • | ical Health | | | | |
| , | • | vioral Health | | | | |
| 4/5 (80% | 6) Oral He | alth | | | | |
| | | | | | | |
| | £ | Assessment/tracking of HIE adoption a | and capab | ilities/H | IE training and/or technical | |
| assistan | ce | | | | | |
| Drief des | orintion | Inderstanding what tools healthcare | raonizoti | one ere | currently being used or peeded in | |
| Brief description: Understanding what tools healthcare organizations are currently being used or needed is important when implementing new HIE tools. By understanding what tools are already being used, Advanced | | | | | | |
| Health teams can better support any technical assistance that may be needed. | | | | | | |
| | | ries: Select which category(ies) pertain | | _ | | |
| | _ | essment ⊠ 3: Outreach □ 4: Collaboration | | ••• | nents □ 6: Integration □ 7: Contracts | |
| | | oort □ 9: Incentives □ 10: Hosted EHF | | | <u> </u> | |
| | y status: | | | ` | • | |
| ⊠ Ongo | • | New □ Paused □ Revised □ 0 | Complete | d/ended | /retired/stopped | |
| | | upported with this strategy: | - | | | |
| | • • | r types OR specific to: □ Physical he | alth □ (| Oral hea | alth. □ Rehavioral health | |

Progress (including previous year accomplishments/successes and challenges with this strategy): In 2023, minimal information was gathered on this strategy due to competing projects. **Previous Years' Progress:** In 2022, an internal discussion was had about the number of HIE/EHR tools available to healthcare organizations and our internal departments. There seems to be a discrepancy in tools being used at Advanced Health and healthcare partners. EHRS have tools built in HIE tools that healthcare organizations sometimes prefer to use, so with Advanced Health's team understanding those tools, we can figure out how best to support our partners. With the amount of HIE tools available, blindly implementing tools without understanding the processes of our partners can be detrimental to our goals of implementing and supporting HIE tools. As a CCO, we want to come as a collaborator, not as a group pushing software that may not be necessary to their processes. As we learn more about their processes, we can determine if implementation or integration supports them. Also in 2022, Advanced Health's Care Coordination and Intensive Care Coordination team has grown the use of Activate Care internally. They can also invite outside care coordination team members to assist in individual members' care plans. Overview of 2024-26 plans for this strategy (Optional): This strategy is being picked back up as a priority as the need for more HIT tools are arising, Advanced Health wants to understand the goals of other facilities when it comes to utilizing HIT tools. Advanced Health wants to assist in any HIT tool integration that may make it simpler for providers and organizations to utilize tools that encompass more complete patient data. There is a goal of reaching out to 10 providers/organizations to understand what tools they utilize for Care Coordination. **Planned Activities Planned Milestones** 1. Q2 2024 – Q1 2025 1. During the interviews about EHR (in the section above) we are also discussing their tools or need for tools to support better Care Coordination a. Integrating tools as needed by providers or organizations to provide more of a one stop shop for more complete patient information. b. Q2-Q32024 focus on Behavioral Health Providers due to the growing need of Behavioral Health data to be accessed by Physical Health and vice versa (Minimum of 3 interviews per quarter). c. Q42024-Q12025 Focus on Oral Health Providers Strategy 2 title: Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding Brief description: Advanced Health has budgeted to help support any one-time costs for facilities to adopt Reliance as the HIE. This is offered to all contracted healthcare facilities. **Strategy categories:** Select which category(ies) pertain to this strategy □ 1: TA □ 2: Assessment □ 3: Outreach □ 4: Collaboration □ 5: Enhancements □ 6: Integration □ 7: Contracts ⊗ 8: Financial support □ 9: Incentives □ 10: Hosted EHR □ 11: Other (requirements): □ 12: Other:

Strategy status:

Provider types supported with this strategy:

☐ Completed/ended/retired/stopped

In 2023, there were no accomplishments regarding implementing Reliance. The focus was on getting Partners utilizing UniteUs in preparation for the HRSN benefit. Currently 88% member population of PCP Orgs are connected either as a data contributor or portal user. **Previous Years' Progress:** In 2022, there was not much progress in helping organizations implement Reliance. There were many barriers in which organizations chose to focus on their internal projects. Overview of 2024-26 plans for this strategy (Optional): Advanced Health and Reliance plan to prioritize providers/organizations based on amount of Medicaid members are served. **Planned Activities Planned Milestones** 1. Work with contracted organizations on 1. Q4 2024 90% Members assigned to PCP Orgs implementing Reliance HIE. with data connection or utilizing the portal or a. This includes Reliance HIE and both with Reliance Advanced Health identifying which organizations would benefit the most from implementation and which organizations Advanced Health would benefit from being live with Reliance HIE. i. Reliance HIE will provide education sessions available to Advanced Health clinics. hospitals, and providers. b. Provide financial support, regarding implementation costs, for any organization that moves to integrate with Reliance Strategy 3 title: Outreach and education about the value of Hospital Event Notifications Brief Description: Advanced Health's teams provide education on utilizing HENs as needed to partners, providers, and healthcare organizations. Some EHRs have HENs (EDIE) integrated with their EHR, such as EPIC and Cerner. Advanced Health's major clinics and Hospitals utilize EPIC and Cerner EHRs. **Strategy categories:** Select which category(ies) pertain to this strategy □ 1: TA □ 2: Assessment ⊠ 3: Outreach □ 4: Collaboration □ 5: Enhancements □ 6: Integration □ 7: Contracts □ 8: Financial support □ 9: Incentives □ 10: Hosted EHR □ 11: Other (requirements): □ 12: Other: **Strategy status:** □ Ongoing □ New □ Paused □ Revised ☐ Completed/ended/retired/stopped Provider types supported with this strategy: **Progress** (including previous year accomplishments/successes and challenges with this strategy): Advanced Health has been working with Clinics and Hospital to improve access to Hospital Event

Advanced Health has been working with Clinics and Hospital to improve access to Hospital Event Notifications (HENs) (current PCC rates: 36% physical, 7% behavioral, and 20% oral). PCC is the primary software used for clinics to access HENs. We have spent individual time with providers to help them utilize PCC to the fullest extent by showing them how we use it internally, and how other provider offices effectively utilize Collective Medical. We have the benefit of a tight knit provider community that works closely with Advanced Health to improve patient care. We have agreed internally that all provider types are as important as each other. They have contrasting needs, but we are working closely with physical, behavioral, and oral providers equally to ensure we understand all the community abilities and needs. The Member Service and Care Coordination department Directors are meeting with medical clinic care managers to teach them how to use PCC.

Overview of 2024-26 plans for this strategy (Optional):

This project is ongoing. With the transition to different EHRs, Advanced Health has noticed that previously implemented Clinics with PointClickCare (PCC) are now not utilizing the tool as much or updating their data. Advanced Health receives reports from PCC a few times a year that identifies what clinics in Coos/Curry county are using PCC along with helpful data regarding how old their data file is, active users, and content created. Using these reports, Advanced Health can reach out to the non engaged clinics and identify what obstacles they are currently running into.

Advanced Health's CITO and Behavioral Health Director will begin working together to identify high usage behavioral health clinics to reach out to, to get connected with PCC. The goal is to get 4 behavioral health clinics to implement PCC into workflows. She has created strong relationships with behavioral health facilities in Coos and Curry Counties, which will aid in this project. This is done in conjunction with Advanced Health's PCC Account Manager to offer education sessions.

Planned Activities

- Continued outreach and education about the value of HENs
- Reach out to non-engaged Clinics to identify obstacles to utilizing PointClickCare
- Advanced Health's CITO and Behavioral Health Director to work together to onboard 4 behavioral health facilities

Planned Milestones

- 1. 2024-2026
- 2. Q2-Q4 2024
- 3. Q2-Q4 2024

C. HIE for Care Coordination Barriers: (Optional)

Please describe any barriers that inhibited your progress to support access to and use of HIE for care coordination and/or timely hospital even notifications among your contracted providers

D. OHA Support Needs (Optional)

How can OHA support your efforts to support your contracted providers with access to and use of HIE for care coordination and/or Hospital Event Notifications?

E. CCO Access to and Use of EHRs (Optional)

Optional: Please describe CCO current or planned access to contracted provider EHRs. Please include which EHRs CCO has or plans to have access to including how CCO accesses or will access them (e.g., Epic Care Everywhere, EpicCare Link, etc.), what patient information CCO is accessing or will access and for what purpose, whether patient information is or will be exported from the EHR and imported into CCO health IT tools.

Which EHRs does CCO have or will have access to and how does or will CCO access them (e.g., Epic Care Everywhere, EpicCare Link, etc.)?

Advanced Health has access to 2 different EPIC Care Links.

What patient information is CCO accessing or will CCO access and for what purpose?

Advanced Health uses the EPIC Care Link ability to access information to support Medical Management (Utilization Review) and chart reviews for Incentive Measures.

Is/will patient information being/be exported from the EHR and imported into CCO health IT tools? If so, which tool(s)?

There is no plan to export data from any EHR, only directly integrate with any EHR with Reliance.

4. Health IT to Support SDOH Needs

A. CCO Use of Health IT to Support SDOH Needs: 2023 Progress & 2024-26 Plans

Please describe CCO 2023 progress and 2024-26 plans for using health IT <u>within your organization</u> to support social determinants of health (SDOH) needs, including but not limited to screening and referrals. In the spaces below (in the relevant sections), please:

- 1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
- 2. List and describe the specific health IT tool(s) you currently use or plan to use for supporting SDOH needs. Please specify if the health IT tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE).
- 3. (Optional) Provide an overview of CCO's approach to using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals.
- 4. <u>For each strategy</u> CCO implemented in 2023 and/or will implement in 2024-26 for using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals, include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including number of organizations, etc., where applicable)
 - challenges related to each strategy, as applicable
 - f. (Optional) An overview of CCO 2024-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. <u>Please copy and paste additional strategy sections as needed</u>. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned Milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the Progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (within CCO)

Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26, within your organization. Elaborate on each strategy and your progress/plans in the sections below.

| Progress | Plans | | Progress | Plans | |
|-------------|-------------|--|----------|-------|--|
| \boxtimes | \boxtimes | Implementation/use of health IT tool/capability for social needs screening and referrals | | | 6. Integration or interoperability of health IT systems that support SDOH with other tools |
| \boxtimes | \boxtimes | | | | 7. Collaboration with network partners |

| | | Care coordination and care management of individual members | | | 8. CCO metrics support | |
|--|-------------|---|--------------|-----------|---|--|
| | | 3. Use data to identify individual members' SDOH experiences and social needs | | | 9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources) | |
| | \boxtimes | 4. Use data for risk stratification | \boxtimes | | 10. Participate in SDOH-focused health IT collaboratives, convening, and/or | |
| | | 5. Use health IT to monitor and/or manage contracts and/or programs to meet members' SDOH needs | | | governance 11. Other strategies for supporting CIE use within CCO (please list here): | |
| | | 12. Other strategies for CCO access or use of SDOH-related data within CCO (please list here): | | | | |
| | _ | _ | CO for su | pportin | g SDOH needs, including but not limited | |
| Point Click Care (fka. Collective Medical) is a cloud-based platform that we utilize to view Hospital Event Notifications. We are also utilizing Point Click Care (fka. Collective Medical) to view risk scores for members based on their internally produced risk scores. Activate Care is our internally utilized Care Coordination Tool. We currently have our Care Coordination and Intensive Care Coordination Teams utilizing the platform. This platform allows us to create encompassing care plans for our members. Our teams can invite collaborators outside the organization to assist with care planning for our members. Reliance HIE is a health information exchange platform that Advanced Health has been working with to integrate our disparate systems to increase the visibility into member health information. UniteUs is a community information exchange that Advanced Health contracted with in 2022. This platform is utilized for sending and receiving referrals. Advanced Health utilizes UniteUs to send Social Determinants of Health (SDOH) referrals for members. | | | | | | |
| | | iew of CCO approach to using hea o screening and referrals | alth IT with | nin the (| CCO to support SDOH needs, including | |
| Advanced Health utilizes ActivateCare to complete the PRAPARE SDOH for the purposed of identifying social needs that can be addressed internally and by community partners. ICC staff complete the PRAPARE as one of the first steps of members participating in ICC. | | | | | | |
| Strategy 1 title : Care coordination and care management of individual members/ Integration or interoperability of HIT systems that support SDOH with other tools Brief description: Advanced Health currently utilizes Activate Care and UniteUs for care coordination. | | | | | | |
| Strategy categories: Select which category(ies) pertain to this strategy □ 1: Health IT Implementation □ 2: Care coordination □ 3: Use data to ID SDOH □ 4: Risk stratification □ 5: Contracts □ 6: Integration □ 7: Collaboration □ 8: Metrics support □ 9: CIE Enhancements □ 10: Governance □ 11: Other CIE Use: □ 12: Other SDOH data: | | | | | | |
| Strategy status: ☑ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped | | | | | | |

Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): In Q4 2023, UniteUs created a custom form for HRSN eligibility based on the OHA template for easy use. Workflows for referring to Advanced Health for members seeking to receive the HRSN benefit includes completing the referral form (based off the OHA template) and either uploading a recent PRAPARE or completing one in UniteUs. This addresses the risk of over screening members for SDOH.

Specific to the HRSN climate benefit, Advanced Health's HRSN Specialist will utilize Unite Us to manage incoming referrals for members who could be eligible. The HRSN Specialist and program manager will leverage Reliance HIE, direct Epic access and claims data to substantiate medical conditions that aid in eligibility determination and prior authorization of services. Once service delivery coordination is complete, Advanced Health will close the referral loop using Unite Us.

Advanced Health leverages Unite Us CIE for managing referrals between internal departments to the Health Related Social Needs benefit program as well as managing external referrals. Currently, both Member Services and Intensive Care Coordination send referrals via Unite Us for members who could be eligible for HRSN climate services. Additionally, Advanced Health's Intensive Care Coordination (ICC) team leverages Unite Us for external referrals to community partners for service coordination. Over the past year, Advanced Health has leveraged Unite Us to send 18 referrals to Community Action organizations, veterans' organizations as well as youth and Substance Use Disorder (SUD) focused organizations at the request of members. The use of Unite Us for sending referrals became more utilized toward the end of 2023 and Member Services will be added upon HRSN Climate services implementation in early 2024.

Advanced Health also plans to integrate Activate Care and Reliance with Unite Us to ensure that all HIT tools that are used in Coos and Curry County are integrated.

Advanced Health customer service department completes a Health Risk Assessment (HRA) (currently utilizing an internally built tool) with each member each year and will also field member calls to assess for social health needs. Identified needs through either process will result in referrals to appropriate internal and/or external resources. If there are identified significant SDOH needs, members could be referred internally to the Intensive Care Coordination team and/or the customer service lead could request a flex fund to meet the member's more immediate SDOH needs (these referrals are internal, so they are completely internally by emails, teams messages, or other internal processes). This work is done in Activate Care – Advanced Health's ICC staff create a care plan in ActivateCare based off the referral and needs of the member. The ICC staff then completes varied assessments to identify what needs the member has; these assessments include, but are not limited to: PCCM/ICC Referral Screen, Patient Health Questionnaire (PHQ-9), PRAPARE, and HRA. Advanced Health is working with Activate Care to ingest the full member eligibility file. The Intensive Care Coordination (ICC) Team and Customer Service (CS) Team will then be able to document all HRA on any member without having to manually create the member in Activate Care. This will enhance reporting ability and workflow processes.

Overview of 2024-26 plans for this strategy (Optional):

Ongoing efforts for interoperability between Reliance, Activate Care and Unite Us will continue.

Due to the data collection and closed loop requirement functionality of Unite Us, Advanced Health would like to see an increased use of Unite Us for internal referrals between programs. [End of 2024] Increase in external referrals from ICC team [3% increase by end of 2024].

Additionally, advanced health would like to see new programs utilize the Unite Us platform for both internal and external referrals including other levels of care coordination. [long term goal end of 2025]

Planned Activities

- Continuously onboard new Community Benefit Organizations and health care providers to the Unite Us platform
- 2. Integrate Reliance and UniteUs to enhance data integration

Planned Milestones

- 1. Q4 2024
- 2. 2024
- 3. 2024
- 4. 2023-2024
- 5. Q1 2024
- 6. Q4 2024

| 3. | Integrate UniteUs and Activate Care to | 7. Q1 2025 | | | | | |
|---|--|--|--|--|--|--|--|
| | enhance our care plan information in Activate | 8. Q1 2024 | | | | | |
| | Care with the referrals in the community. | 9. Q4 2024 | | | | | |
| 4. | Advanced Health will be utilizing Activate Care | 10. Q4 2024 | | | | | |
| | to document HRAs (Health Risk Assessment) | | | | | | |
| _ | transitioning from an internally built program. | | | | | | |
| 5. | Advanced Health will be utilizing Unite Us to | | | | | | |
| | manage the referral and prior authorization | | | | | | |
| | process for the Health-Related Social Needs | | | | | | |
| ^ | benefit. | | | | | | |
| б. | 6. Build HRSN benefit workflows specific to the | | | | | | |
| 7 | Housing benefit. | | | | | | |
| 7. | Build HRSN benefit workflows specific to the Nutrition benefit. | | | | | | |
| Ω | Advanced Health will use Activate Care to | | | | | | |
| 0. | manage the Person-Centered Service Plan for | | | | | | |
| | HRSN eligible members and to determine | | | | | | |
| | which members are actively engaged in care | | | | | | |
| | coordination to support continuity. | | | | | | |
| 9 | Increase use of UniteUs for internal referrals | | | | | | |
| 0. | between programs | | | | | | |
| 10. | Increase external referrals from ICC team (3% | | | | | | |
| | increase) | | | | | | |
| | , | | | | | | |
| | | | | | | | |
| Strate | gy 2 title: Enhancements to CIE tools (e.g., addir | ng new functionality, health-related services funds forms, | | | | | |
| | ngs, data sources) | | | | | | |
| | | a sources. Building custom HRSN forms in Unite Us for | | | | | |
| | f HRSN service referrals. | | | | | | |
| | gy categories: Select which category(ies) pertain | <u> </u> | | | | | |
| | • | □ 3: Use data to ID SDOH □ 4: Risk stratification | | | | | |
| ☐ 5: Co | ontracts $\ \square$ 6: Integration $\ \square$ 7: Collaboration $\ \square$ 8 | □ 5: Contracts □ 6: Integration □ 7: Collaboration □ 8: Metrics support □ 9: CIE Enhancements | | | | | |
| □ 10: G | ☐ 10: Governance ☐ 11: Other CIE Use: ☐ 12: Other SDOH data: | | | | | | |
| Strategy status: | | | | | | | |
| Strate | gy status: | Other SDOH data: | | | | | |
| ⊠ Ong | gy status: oing □ New □ Paused □ Revised □ C | Completed/ended/retired/stopped | | | | | |
| | yy status: oing □ New □ Paused □ Revised □ C ss (including previous year <u>accomplishments/su</u> | Completed/ended/retired/stopped ccesses and challenges with this strategy): | | | | | |
| | yy status: oing □ New □ Paused □ Revised □ C ss (including previous year <u>accomplishments/su</u> | Completed/ended/retired/stopped | | | | | |
| ✓ Ong Progre In 2023 build a | yy status: oing □ New □ Paused □ Revised □ C ss (including previous year accomplishments/su s, in anticipation of HRSN climate services impler custom form which collects all required information | Completed/ended/retired/stopped ccesses and challenges with this strategy): nentation, Advanced Health collaborated with Unite Us to on as per OHA. This form will be maintained in Unite Us | | | | | |
| ✓ Ong Progre In 2023 build a | yy status: oing □ New □ Paused □ Revised □ C ss (including previous year accomplishments/su s, in anticipation of HRSN climate services impler custom form which collects all required information | Completed/ended/retired/stopped ccesses and challenges with this strategy): nentation, Advanced Health collaborated with Unite Us to | | | | | |
| Progre In 2023 build a for thos | yy status: oing □ New □ Paused □ Revised □ C ss (including previous year accomplishments/su s, in anticipation of HRSN climate services impler custom form which collects all required information | Completed/ended/retired/stopped ccesses and challenges with this strategy): nentation, Advanced Health collaborated with Unite Us to on as per OHA. This form will be maintained in Unite Us | | | | | |
| ✓ Ong Progre In 2023 build a for thos and is r | y status: oing □ New □ Paused □ Revised □ C ss (including previous year accomplishments/suc s, in anticipation of HRSN climate services impler custom form which collects all required information se members referred to use the platform. This cus reportable for reconciliation/audit processes. | Completed/ended/retired/stopped ccesses and challenges with this strategy): nentation, Advanced Health collaborated with Unite Us to on as per OHA. This form will be maintained in Unite Us | | | | | |
| Progre In 2023 build a for thos and is r | y status: oing □ New □ Paused □ Revised □ C ss (including previous year accomplishments/sue), in anticipation of HRSN climate services impler custom form which collects all required informations members referred to use the platform. This custoportable for reconciliation/audit processes. us Years' Progress: | Completed/ended/retired/stopped ccesses and challenges with this strategy): nentation, Advanced Health collaborated with Unite Us to on as per OHA. This form will be maintained in Unite Us stom form is fillable and intuitive, is maintained as a "form" | | | | | |
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1. Go live with eligibility file in Activate Care – transition from manually inputting members. 2. Investigate with UniteUs to determine if there 2. 2023 is a way to get data sent from UniteUs into Activate Care and Reliance HIE. 3. Q2, Q3, Q4, 2024 3. Monitor completeness of custom HRSN 4. Q4 2024 referral form in Unite Us. Audit of HRSN required documentation for referrals sent using Unite Us platform Strategy 3 title: Engage in governance of CIE Brief description: Advanced Health's Chief Information and Technology Officer (CITO) participates in many workgroups regarding CIE **Strategy categories:** Select which category(ies) pertain to this strategy □ 1: Health IT Implementation □ 2: Care coordination □ 3: Use data to ID SDOH □ 4: Risk stratification □ 5: Contracts □ 6: Integration □ 7: Collaboration □ 8: Metrics support □ 9: CIE Enhancements □ 10: Governance □ 11: Other CIE Use: ☐ 12: Other SDOH data: Strategy status: □ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped **Progress** (including previous year accomplishments/successes and challenges with this strategy): *This is new for Advanced Health starting in 2023* This is important for Advanced Health to stay appraised of the CIE work that is going on and how others are utilizing the CIE platforms. It is equally important for Advanced Health to share experiences with CIE work. Overview of 2024-26 plans for this strategy (Optional): Advanced Health's CITO applied for membership on HITOC Committee. **Planned Activities Planned Milestones** 1. CITO to continue participate in HITOC 1. 2023-2024 2. CITO to participate in any future CIE 2. 2023-2024 workgroups either as a member (if approved) or as public

B. CCO Support of Providers with Using Health IT to Support SDOH Needs: 2023 Progress & 2024-26 Plans

Please describe your 2023 progress and 2024-26 plans for supporting contracted physical, oral, and behavioral health providers with using health IT to support SDOH needs, including but not limited to screening and referrals. Additionally, describe any progress made supporting social services and community-based organizations (CBOs) with using health IT in your community. In the spaces below, (in the relevant sections), please:

- 1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
- 2. List and describe the specific tool(s) you currently or plan to support or provide to your contracted physical, oral, and behavioral health providers, as well as social services, and CBOs. Please specify if the tool(s) have screening and/or closed-loop referral functionality (e.g., CIE).
- 3. (Optional) Provide an overview of CCO's approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals.
- 4. <u>For each strategy</u> CCO implemented in 2023 and/or will implement in 2024-26 to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals, include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported

- e. A description of 2023 progress, including:
 - accomplishments and successes (including the number of organizations of each provider type that gained access to health IT to support SDOH needs as a result of your support, where applicable)
 - challenges related to each strategy, as applicable
- f. (Optional) An overview of CCO 2024-26 plans for each strategy
- g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. <u>Please copy and paste additional strategy sections as needed</u>.
 Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones

Strategy category checkboxes (supporting providers)

Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below.

| | | ate on each strategy and your progr | | | |
|-------------|-------|--|----------|-------|---|
| Progress | Plans | | Progress | Plans | |
| | | Sponsor CIE for the community | | | Requirements in contracts/provider agreements |
| | | Financial support for CIE implementation and/or maintenance | | | 9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources) |
| | | 3. Training and/or technical assistance | | | 10. Integration or interoperability of health IT systems that support SDOH with other tools |
| | | 4. Assessment/tracking of CIE/SDOH tool adoption and use | | | 11. Support CBOs sending of referrals to clinical providers (i.e., to physical, oral, and behavioral health providers) |
| \boxtimes | | 5. Outreach and education about the value of health IT adoption/ use to support SDOH needs | | | 12. Utilization of health IT to support payments to community-based organizations |
| | | 6. Support participation in SDOH-focused health IT collaboratives, education, convening, and/or governance | | | 13. Other strategies for supporting adoption of <u>CIE or other health IT</u> to support SDOH needs (please list here): |
| | | 7. Incentives and/or grants to adopt and/or use health IT that supports SDOH | | | 14. Other strategies for supporting access or use of <u>SDOH-related data</u> (please list here): |

List and briefly describe health IT tools supported or provided by CCO that support SDOH needs, including but not limited to screening and referrals.

Activate Care is our internally utilized Care Coordination Tool. We currently have our Care Coordination and Intensive Care Coordination Teams utilizing the platform. This platform allows us to create encompassing care plans for our members. Our teams can invite collaborators outside the organization to assist with care planning for our members.

| Reliance HIE is a health information exchange platform that Advanced Health has been working with to integrate our disparate systems to increase the visibility into member health information. |
|--|
| UniteUs is a community information exchange that Advanced Health has contracted with in 2022. This platform is utilized for sending and receiving referrals. |
| (Optional) Overview of CCO approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals |
| |
| Supporting and Incentivizing HRSN Service Providers Any planning and/or preparation CCO has done in anticipation of 2024 requirement to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN |
| Service Providers. |
| Advanced Health has partnered with Unite Us Community Information Exchange for onboarding and training of key partner organizations including primary care, social services organizations, and care management organizations. In anticipation of the Health-Related Social Needs benefit, Advanced Health collaborated with Unite Us to build specific workflows to support not only SDOH screening, but also referrals for the HRSN benefit. These workflows allow connected organizations to screen for SDOH and refer members for HRSN eligibility determination. |
| Advanced Health has also conducted listening sessions with Consumer Advisory Councils in both Coos and Curry County to understand member perception of the SDOH screening process and to solicit feedback on preventing over-screening of Advanced Health members. |
| Specific plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals during Contract Years 2024-2026, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers. |
| Advanced Health will continue to support providers within the Health-Related Social Needs benefit network in adopting, utilizing, and optimizing the Unite Us community information exchange platform. Feedback mechanisms are in place to gather end user experience and collaboration with Unite Us is ongoing. Advanced Health continues to promote the use of community Information exchange for those organizations who have opted out of adopting and those new providers to the network. |
| Strategy 1 title: Sponsor CIE for the community Brief description: Advanced Health has contracted with UniteUs in a way that supports all our contracted healthcare facilities and Community Based Organizations to utilize UniteUs for no cost to the facility. |
| Strategy categories: Select which category(ies) pertain to this strategy ☑ 1: Sponsor CIE ☑ 2: Financial ☑ 3: TA ☑ 4: Assessment ☑ 5: Outreach/Education ☑ 6: Participation ☑ 7: Incentives ☑ 8: Contracts ☑ 9: Enhancements ☑ 10: Integration ☑ 11: Clinical referrals: ☑ 12: Payments ☑ 13: Other adoption: ☑ 14: Other data access/use: |
| Strategy status: |
| ☐ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped |
| Provider types supported with this strategy: ⊠ Across provider types OR specific to: □ Physical health □ Oral health □ Behavioral health □ Social Services □ CBOs |
| Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): In 2023 Unite Us was active and available to Advanced Health's provider, social services, and community benefit organizations. The implementation plans identified priority organizations which were successfully onboarded to the platform and included strategies for outreach and engagement efforts for those |

organizations who were hesitant to adopt. Ongoing efforts to engage current and prospective users of the platform has resulted in a steady increase of onboarded organizations through the first half of 2023. At the end of 2023. 32 unique organizations were active on the Unite Us platform with more onboarding to participate specifically in the Health-Related Social Needs (HRSN) benefit in 2024. Advanced Health also worked to engage both Community Benefit Organizations and healthcare providers across the network and promote adoption of Unite Us. Individual training with our largest community clinics and specific education for providers who plan to refer members for Health-Related Social Needs benefits were conducted in Q3 and 4 of 2023 with remarkable success. Advanced Health met with multiple community organizations serving the eligible populations for HRSN climate benefit with the aim of education on the benefit and training on the HRSN specific referral workflow including OHA template forms for eligibility and referral loop closure.

Several of Advanced Health's largest clinics were provided with demonstrations of Activate Care and have users in the system alongside ICC members building and maintain care plans. None of the clinics are currently using the system for their own care coordination but can view and collaborate on ICC member care plans if invited.

Previous Years' Progress:

Unite Us is a closed loop referral system that Advanced Health sponsored and made available to interested CBOs and health care providers in our region in 2023. Advanced Health also plans to integrate Activate Care and Reliance with Unite Us to ensure that all HIT tools that are used in Coos and Curry County are integrated. Advanced Health is working closely with UniteUs to identify (in priority) what partners need to utilize Unite Us. Contracting is still in process, so the implementation plan is not finalized. Once the contract with Unite Us is finalized, Unite Us and Advanced Health will work on an implementation plan to connect to the CBOs of Coos and Curry County. Unite Us is a new tool for Advanced Health, so Advanced Health will be learning and creating processes together with our CBOs and interested health care partners.

Overview of 2024-26 plans for this strategy (Optional):

Advanced Health will continue to work with Unite Us to onboard key organizations in our service area to manage SDOH and HRSN referrals. Advanced Health plans to continue efforts to onboard new organizations to the Unite Us platform for SDOH and Health Related Social Needs referrals.

Planned Activities

- 1. Provide a list of partners to UniteUs to go live externally. UniteUs is working directly with our partners to implement UniteUs.
- 2. Continuously onboard new Community Benefit Organizations and health care providers to the Unite Us platform

Planned Milestones

- 1. 2023-2024
- 2. Q4 2024

Strategy 2 title: Support sending of referrals to clinical providers (i.e., to physical health, oral health, and behavioral health providers)
Brief description:
Advanced Health has adopted Unite Us as the community information exchange. This is going to provide a platform for clinical providers, community-based organizations, and the CCO to better meet member needs.

Strategy categories: Select which category(ies) pertain to this strategy

□ 1: Sponsor CIE □ 2: Financial □ 3: TA □ 4: Assessment □ 5: Outreach/Education □ 6: Participation □ 7: Incentives □ 8: Contracts □ 9: Enhancements □ 10: Integration □ 11: Clinical referrals: □ 12: Payments □ 13: Other adoption: □ 14: Other data access/use:

Strategy status:

□ Ongoing □ New □ Paused □ Revised □ Completed/ended/retired/stopped

Provider types supported with this strategy: □ Across provider types OR
specific to: □ Physical health □ Oral health □ Behavioral health □ Social Services □ CBOs

Progress (including previous year accomplishments/successes and challenges with this strategy):

| * This is new for Advanced Health beginning in 2023* Contracting with Unite Us began in 2022 with a go live | | | | | | |
|---|---|--|--|--|--|--|
| in 2023. We are supporting Unite Us for sending and receiving referrals to and from clinical providers, | | | | | | |
| community-based organizations, and the CCO. | | | | | | |
| Overview of 2024-26 plans for this strategy (Option | | | | | | |
| Ongoing offering of Unite Us to all contracted partners | | | | | | |
| Planned Activities | Planned Milestones | | | | | |
| Unite Us is actively working with our | 1. 2023-2024 | | | | | |
| contracted organizations to implement and | | | | | | |
| go live with UniteUs. | 2. 2023-2024 | | | | | |
| 2. Unite Us is actively working with our | 0. 0004.0000 | | | | | |
| community-based Organizations (CBOs) to | 3. 2024-2026 | | | | | |
| implement and adopt UniteUs. | | | | | | |
| 3. Continue efforts to engage social service and | | | | | | |
| community benefit organizations to adopt | | | | | | |
| Unite us. | | | | | | |
| 0.4.4 | | | | | | |
| Strategy 3 title: Outreach and education about the va | liue of HTT adoption/use to support SDOH needs | | | | | |
| Brief description: | O and Discotor of Conial Determine outs of Health | | | | | |
| Advanced Health's behavioral director, ICC team, CIT | | | | | | |
| | sions on how to best utilize Unite Us (for providers and | | | | | |
| CBOs) to screen, identify and address SDOH. | ain to this atratagy | | | | | |
| Strategy categories: Select which category(ies) pertal ☐ 1: Sponsor CIE ☐ 2: Financial ☐ 3: TA ☐ 4: Ass | | | | | | |
| • | • | | | | | |
| ☐ 7: Incentives ☐ 8: Contracts ☐ 9: Enhancements ☐ 1 | · · · · · · · · · · · · · · · · · · · | | | | | |
| ☐ 13: Other adoption: ☐ 14: Other data access/us | e. | | | | | |
| Strategy status: | 10 | | | | | |
| | Completed/ended/retired/stopped | | | | | |
| Provider types supported with this strategy: ⊠ Ac | • | | | | | |
| specific to: \square Physical health \square Oral health \square Beha | avioral health □ Social Services □ CBOs | | | | | |
| Progress (including previous year accomplishments/s | successes and challenges with this strategy): | | | | | |
| 2023: Advanced Health saw the successful onboardin | g of 32 organizations across the network by the end of | | | | | |
| 2023. Advanced Health engaged in end user feedback | k sessions to understand where the platform could be | | | | | |
| optimized for our community and how to mitigate barri | ers to adoption amongst our provider networks. | | | | | |
| Through this feedback mechanism Advanced Health has collaborated with Unite Us to improve ease of use. | | | | | | |
| | | | | | | |
| 2022: *This is new for Advanced Health beginning in 2 | | | | | | |
| | g and receiving referrals to and from clinical providers, | | | | | |
| community-based organizations, and the CCO. | | | | | | |
| | | | | | | |
| Overview of 2024-26 plans for this strategy (Option | , | | | | | |
| 2024 plans are to onboard 5-10 more partners for the HRSN benefit into UniteUs. Continued user feedback | | | | | | |
| sessions will be scheduled throughout 2024. | Bloom I Miller () | | | | | |
| Planned Activities | Planned Milestones | | | | | |
| Unite Us and Advanced Health are working | 1. 2023-2024 | | | | | |
| collaboratively on ensuring clinical providers | 2. 2024-2026 | | | | | |
| have access to training and education on | | | | | | |
| UniteUs and how it can benefit the | | | | | | |
| organization. | | | | | | |
| Continued collaboration for engagement and training for the Unite Us platform | | | | | | |
| training for the Unite Us platform. | nonitoring of the Unite Us network for gons | | | | | |
| Strategy 4 title : End user feedback mechanism and monitoring of the Unite Us network for gaps. Brief Description: | | | | | | |
| bilot besoription. | | | | | | |

| Advanced Health plans to continue utilizing the end user feedback mechanism to ensure that the platform is working to the best of its ability for our provider network. Identifying and addressing any end user feedback increases the productivity of current users and alleviates some of the hesitation of other organizations who are slow to adopt. | | | |
|---|--|--|--|
| Monitoring the Unite Us network allows Advanced Health to identify gaps in care and actively recruit organizations to join the network who can fill that gap. These efforts are driven by data on referral categories and paired with a knowledge of our community-based providers to recruit. | | | |
| Strategy categories: Select which category(ies) pertain to this strategy ☐ 1: Sponsor CIE ☐ 2: Financial ☐ 3: TA ☐ 4: Assessment ☒ 5: Outreach/Education ☐ 6: Participation ☐ 7: Incentives ☐ 8: Contracts ☐ 9: Enhancements ☐ 10: Integration ☐ 11: Clinical referrals: ☐ 12: Payments ☐ 13: Other adoption: ☐ 14: Other data access/use: | | | |
| Strategy status: | | | |
| \square Ongoing \boxtimes New \square Paused \square Revised \square | Completed/ended/retired/stopped | | |
| Provider types supported with this strategy: ⊠ Ac | ross provider types OR | | |
| specific to: ☐ Physical health ☐ Oral health ☐ Beha | vioral health □ Social Services □ CBOs | | |
| Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): The Unite Us platform was new to the Advanced Health provider network in 2023. Through intentional outreach and training 32 organizations were successfully onboarded through the year with plans for others to join in early 2024. | | | |
| Overview of 2024-26 plans for this strategy (Optional): | | | |
| Continued education sessions are planned for 2024 with all partners willing to work together on UniteUs. All partners are able to provide feedback to any Advanced Health employee regarding UniteUs, regardless if there are meetings/education sessions scheduled. Advanced Health's Director of Social Determinants of Health actively asks for feedback on UniteUs during education sessions. | | | |
| Planned Activities | Planned Milestones | | |
| Continue end user feedback mechanism to fine tune the platform when possible. Identify unmet needs and engage organization who can meet those needs to join the Untie Us network of providers. | 2024-2026 2024-2026 | | |
| C. Haalth IT to Support SDOU Noods Parriers | (Ontional) | | |

C. Health IT to Support SDOH Needs Barriers (Optional)

Please describe any barriers that inhibited your progress to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support SDOH needs, including but not limited to screening and referrals.

The addition of another platform for community partners and healthcare providers to use is a barrier to progress. Additionally, the information obtained via Unite Us is duplicative but not identical to other existing programs used by social service organizations and/or Community Benefit Organizations which makes it more burdensome as there is no integration of these systems planned. Advanced Health is hopeful that the platform will reach a point where enough organizations/resources are listed to make use of the platform value added for community partners. Advanced Health plans to continue education and messaging of the benefits of Unite Us with the hopes of onboarding more organizations.

D. OHA Support Needs (Optional)

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

| 5 | Other | Health | IT. | Questions | (Ontional) | ١ |
|------------|-------|--------|-----|-----------|------------|---|
| J . | Other | пеанн | | Questions | (Optional) | 1 |

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

- A. Describe CCO health IT tools and efforts that support **patient engagement**, both within the CCO and with contracted providers.
- B. How can **OHA support** your efforts in accomplishing your Health IT Roadmap goals?
- C. What have been your organization's **biggest challenges** in pursuing health IT strategies? What can OHA do to better support you?

One of the biggest challenges in pursing health IT strategies began back with COVID. It's been tough on a rural community to bounce back from all of the challenges that COVID brought upon our community. These challenges include, but are not limited to: bandwidth and financial struggles of the community.

One way OHA could assist would be to provide grants or financial support in regards to EHR and HIT projects. While CCOs work to do their best with providing financial resources, it's not always possible due to the impact it could make on other services offered to members by Advanced Health.

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

Note: For an example response to help inform on level of detail required, please refer to the <u>2023 Health IT</u> <u>Roadmap Guidance</u> on the <u>HITAG webpage</u>.

For questions about the CCO Health IT Roadmap, please contact CCO.HealthIT@odhsoha.oregon.gov.