

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

CCO: Western Oregon Advanced Health

Date: 3/1/2021

Instructions

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

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

Each topic includes the following:

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

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

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

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

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

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

A note about the template:

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

1. HIT Partnership

Please attest to the following items.

a.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active, signed HIT Commons MOU and adheres to the terms.
b.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.
c.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Served, if elected, on the HIT Commons governance board or one of its committees. <i>(Select N/A if CCO does not have a representative on the board or one of its committees)</i>
d.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Participated in OHA's HITAG, at least once during the previous Contract year.

2. Support for EHR Adoption

a. 2020 Progress

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

1. The strategies you used to support EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2020.
2. Accomplishments and successes related to your strategies

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

i. Progress Across Provider Types

Advanced Health has been successful in supporting EHR usage in its Service Area, as evidenced by that fact that over 95% of the Provider group practices and Hospitals in Advanced Health's Service Area, including physical, behavioral, and oral Provider organizations, currently employ an EHR system. Bay Area Hospital, Bay Clinic, and North Bend Medical Center began implementation of a community-wide EHR EPIC installation in 2020. There is a projected go live date of June 2021. Epic EHR system is a system which includes physical health, behavioral health, oral health, and population health management (PHM) utilities.

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 co-location and mobile devices.

ii. Additional Progress Specific to Physical Health Providers

Progress Across Provider Types

iii. Additional Progress Specific to Oral Health Providers

Progress Across Provider Types

iv. Additional Progress Specific to Behavioral Health Providers

Progress Across Provider Types

v. Please describe any barriers that inhibited your progress.

COVID was a huge barrier – more description in the below section *Other HIT Questions (Optional)*

b. 2021 - 2024 Plans

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

1. The number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information). CCOs are expected to use this information to inform their strategies.
2. Additional strategies you will use to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers beyond 2020.
3. Associated activities and milestones related to each strategy.

Notes:

- Strategies described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Additional Strategies Across Provider Types, Including Activities & Milestones

According to the *AdvancedHealthHIT_DataFileVersion1bCCOrevised.xlsx*, only 20 (breakdown of facilities can be found in the data file – many providers and facilities meet multiple Physical, Behavioral, and Oral categories) of the 66 facilities and providers have a documented EHR software. We know that the majority of Advanced Health's contracted providers and facilities have EHRs based on previous audits and conversations. During the next year (2021-2022), Advanced Health plans to document every contracted provider and facility's EHR by reaching out to each IT or Operational leader. This will be accomplished by the collaboration of Advanced Health's CEO and CIO. We have agreed internally that all provider types are as important as each other. They have different needs, but we are working closely with physical, behavioral, and oral providers equally to make sure we understand all of the community abilities and needs.

Year	Current EHR Usage Optimization	EPIC EHR Implementation
2021	<ul style="list-style-type: none"> • Conduct in-person and virtual meetings and interviews with Providers to understand gaps and challenges with their current EHR systems. • Re-visit any individual Providers who have not implemented any EHR to determine if the barrier to implementation can be mitigated. <p>Milestone: Targets will be set with each Provider on EHR usage optimization based off in-person meetings.</p>	<ul style="list-style-type: none"> • Continue implementation. • Ensure proper training of Epic EHR system users. • Develop Epic EHR value proposition and business case to provide to deliberating Providers. • Phase 2 EPIC clinics, providers, and hospitals identified <p>Milestone: Epic EHR fully installed for Phase 1</p>
2022	<ul style="list-style-type: none"> • Develop and deliver education sessions for Providers showing best practices in EHR utilization to optimize EHR performance. • Re-visit individual Providers who have not implemented any EHR to determine if the barrier to implementation can be mitigated. <p>Milestone: Education sessions delivered to the Community and tailored to the needs of each Provider type.</p>	<ul style="list-style-type: none"> • Continue implementation. • Ensure proper training of Epic EHR system users. • Phase 2 EPIC Implementation

2023	<ul style="list-style-type: none"> Conduct in-person meetings and interviews with Providers to understand gaps and challenges with their current EHR systems. <p>Milestone: Targets will be set with each Provider on EHR usage optimization based off in-person meetings.</p>	<ul style="list-style-type: none"> Sustain results and performance level. Ensure proper training of Epic EHR system users. <p>Milestone: Phase 2 EPIC Implementation begins</p>
2024	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

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

Strategies Across Provider Types

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

Strategies Across Provider Types

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

Strategies Across Provider Types

Optional Question

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

The data files that OHA supplies to the CCOs have been helpful.

3. Support for HIE – Care Coordination

a. 2020 Progress

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

1. Specific HIE tools you supported or made available in 2020
2. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2020
3. Accomplishments and successes related to your strategies

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

i. Progress Across Provider Types

Advanced Health conceptualized, reviewed multiple software solutions and purchased a cloud-based care coordination system, 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 130+ 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 ActivateCare for their patients. Once a provider's office has access, they are able to log directly into ActivateCare to view the Care Plan. Early successes have been increased understanding and awareness of the member's wholistic needs which are focused on improving their own health care goals. ActivateCare will be integrated with Reliance to share Care Plans in a live integration with EHRs (without having to have provider's offices log into multiple platforms. This integration will also go from Reliance to ActivateCare to provide more information to Advanced Health's THWs and Care Team. They will be able to see recent labs, doctor's orders, medications, and more to create thorough care plans.

Advanced Health has also been working with providers to connect to Collective Medical. Advanced Health currently has over 70% of enrolled members located at a PCP facility that utilizes CollectiveMedical. The strategy Advanced Health followed was helping providers understand what information can be accessed through CollectiveMedical to enhance patient care.

Advanced Health and Reliance HIE have been working together to create a plan to connect the facilities in Coos and Curry County, focusing on all Physical, Behavioral, and Oral providers. 2020 implementation of Reliance HIE was impacted largely by the financial obstacles Reliance truded through, and the COVID-19 Pandemic. The plan is to begin work in 2021 due to the pandemic monopolizing technical staff.

ii. Additional Progress Specific to Physical Health Providers

Progress Across Provider Types

iii. Additional Progress Specific to Oral Health Providers

Progress Across Provider Types

iv. Additional Progress Specific to Behavioral Health Providers

Progress Across Provider Types

v. Please describe any barriers that inhibited your progress.

COVID was a huge barrier – more description in the below section *Other HIT Questions (Optional)*

b. 2021 - 2024 Plans

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

1. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies
2. Any additional HIE tools you plan to support or make available.
3. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2020.
4. Associated activities and milestones related to each strategy.

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Additional Strategies Across Provider Types, Including Activities & Milestones

Long term plans are to provide access to this system to CBOs such as homeless services, state entities (DHS/APD/CWS) and a newly emerging local dental company that historically have not had the ability to utilize more sophisticated HIE for care coordination purposes either through new partnerships and/or more formalized memorandums of understanding.

Advanced Health is also working with Reliance HIE to integrate directly into EHRs. We plan to also integrate Reliance HIE with Activate Care to enhance the sharing of care plans. Advanced Health CIO and Reliance connect teams have been identifying how to proceed utilizing the Onboarding Program to benefit the most members possible. Advanced Health has focused on contracted provider facilities that a majority of Advanced Health's covered members are seen by. The feedback received from providers revolve around having minimal portals that need to be logged into. Due to this feedback, we are moving towards to ensuring CollectiveMedical, ActivateCare, and Reliance are integrated with each other; the next step will be to integrate Reliance with contracted provider's EHRs. This will allow for single sign on and better adoption rates. Advanced Health recognizes that the HIE Onboarding Program funding ends in September 2021, however, Advanced Health and Reliance have been working together to discover other forms of financial support to continue the Reliance integration in the community. Even with the ending of the funding, the strategies continue to stay the same in increasing integration with Reliance.

ActivateCare plan milestones are based on projected growth of Advanced Health's Care Coordination Team. It is also based on the amount of external patient information (Reliance, EHR, CollectiveMedical, TOC, etc.) that Advanced Health is receiving or will be receiving. With the increase of patient data, Advanced Health is able to have access to more triggering events that determines that a member is high-risk.

Currently we only have 11 out of the 61 of the facilities and providers listed in the

AdvancedHealthHIT_DataFileVersion1bCCOrevised.xlsx connected to Collective Medical. Of those 11 facilities and providers over 75% of our members are housed at contract provider offices. We have agreed internally that all provider types are as important as each other. They have different needs, but we are working closely with physical, behavioral, and oral providers equally to make sure we understand all of the community abilities and needs.

Year	Connectivity to Reliance	Activate Care
2021	<ul style="list-style-type: none"> • Conduct introduction meetings with Reliance and Providers. • Begin Reliance interface implementation. • Monitor and track usage of Reliance. <p>Milestone:</p> <ul style="list-style-type: none"> • 25% of all Providers are live on Reliance. 	<ul style="list-style-type: none"> • Continue utilization of Activate Care <p>Milestone:</p> <ul style="list-style-type: none"> • 250 Care Plans in Activate Care
2022	<ul style="list-style-type: none"> • Continue to monitor and track Reliance usage. • Assess benefits of Reliance and promote utilization as necessary. <p>Milestone:</p> <ul style="list-style-type: none"> • 35% of all Providers are live on Reliance. 	<ul style="list-style-type: none"> • Connect Community Based Organizations with Activate Care to improve Care Coordination <p>Milestone:</p> <ul style="list-style-type: none"> • 350 Care Plans
		<p>in Activate Care</p>

<p>2023</p>	<ul style="list-style-type: none"> • Continue to monitor and track Reliance usage. • Assess benefits of Reliance and promote utilization as necessary. • Enable Reliance interface as Epic EHR goes live. <p>Milestone:</p> <ul style="list-style-type: none"> • 50% of all Providers are live on Reliance. 	<ul style="list-style-type: none"> • Evaluate the impact of Activate Care on members <p>Milestone:</p> <ul style="list-style-type: none"> • 50% of all high-risk members are captured in Activate Care
<p>2024</p>	<ul style="list-style-type: none"> • Continue to monitor and track Reliance usage. • Assess benefits of Reliance and promote utilization as necessary. <p>Milestone: Evaluate providers not connected to Reliance HIE to determine obstacles</p>	<ul style="list-style-type: none"> • Evaluate the impact of Activate Care on members

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

Progress Across Provider Types

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

Progress Across Provider Types

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

Progress Across Provider Types

Optional Question

How can OHA support your efforts in HIE for Care Coordination?

Finding additional funding to help replace the HIE Onboarding Program.

4. Support for HIE – Hospital Event Notifications

a. 2020 Progress

1. Please describe your progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers in 2020. In your response, please include
 - a. A description of the tool that you are providing and making available to your providers for Hospital Event Notification
 - b. The strategies you used to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers in 2020
 - c. Accomplishments and successes related to your strategies

Notes:

- If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.
- If you participated in the 2020 HIT Commons interviews regarding the use of the Collective Platform, feel free to use that information in this section

i. Progress Across Provider Types

Advanced Health has been working in conjunction with Clinics and Hospital to improve access to Hospital Event Notifications (HENs). Collective Medical is the primary software used for clinics to access HENs. We have spent individual time with providers to help them utilize Collective Medical 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 different needs, but we are working closely with physical, behavioral, and oral providers equally to make sure we understand all of the community abilities and needs.

ii. Additional Progress Specific to Physical Health Providers

Progress Across Provider Types

iii. Additional Progress Specific to Oral Health Providers

Progress Across Provider Types

iv. Additional Progress Specific to Behavioral Health Providers

Progress Across Provider Types

v. Please describe any barriers that inhibited your progress.

COVID was a huge barrier – more description in the below section *Other HIT Questions (Optional)*

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

Through the collaborative technical support of our CIO and Activate Care staff, hospital event notifications are available in Activate Care by ADT feed from Collective Medical which allows for more periphery CBOs, state entities and potentially oral health providers access to emergency information. 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 likely hood of successful care coordination. AI 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.

b. 2021 – 2024 Plans

1. Please describe your plans for ensuring increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In your response, please include
- The number of physical, oral, and behavioral health organizations that do not currently have access to HIE for hospital event notification using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g. Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations do not have access to HIE for hospital event notifications). CCOs are expected to use this information to inform their plans.
 - Any additional HIE tools you are planning to make available to your providers for Hospital Event Notifications
 - Additional strategies you will use to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers beyond 2020.
 - Associated activities and milestones related to each strategy.

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies*

Across Provider Types section and make a note in each provider type section to see the Strategies Across Provider Types section.

i. Additional Strategies Across Provider Types, Including Activities & Milestones

Year	Utilization of EDie and Collective Medical
2021	<ul style="list-style-type: none"> Continue Provider collaborative training to promote Collective Medical usage as needed. Monitor and analyze Collective Medical to inform promotion activities. <p>Milestone:</p> <ul style="list-style-type: none"> 75% of Primary Care Providers are using Collective Medical. 25% of Dental Providers 25% of Behavioral Providers EDie notifications are populating Hospital EHRs at the time of the visit in the ED.
2022	<ul style="list-style-type: none"> Sustain Collective Medical utilization. Evaluate Collective Medical utilization at Clinics to verify that Collective Medical continues to be a beneficial tool. <p>Milestone:</p> <ul style="list-style-type: none"> 85% of Primary Care Providers are using Collective Medical. 40% of Dental Providers 40% of Behavioral Providers
2023	<ul style="list-style-type: none"> Sustain Collective Medical utilization. Evaluate Collective Medical utilization at Clinics to verify that Collective Medical continues to be a beneficial tool. <p>Milestone:</p> <ul style="list-style-type: none"> 95% of Primary Care Providers are using Collective Medical. 60% of Dental Providers 60% of Behavioral Providers
2024	<ul style="list-style-type: none"> Sustain Collective Medical utilization. Evaluate Collective Medical utilization at Clinics to verify that Collective Medical continues to be a beneficial tool. <p>Milestone:</p> <ul style="list-style-type: none"> 75% of Dental Providers 75% of Behavioral Providers

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

Strategies Across Provider Types

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

Strategies Across Provider Types

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

Strategies Across Provider Types

2. Please describe your strategies for using timely Hospital Event Notifications within your organization beyond 2020. In your response, please describe

- a. Additional HIE tools you plan on using
- b. Additional strategies you will use
- c. Activities and milestones related to your strategies

Currently, Advanced Health uses Collective Medical and Activate Care for HENs within our organization. Advanced Health does not anticipate any deviation from the combination of Collective Medical and Activate Care that are being used. It has been successful. Advanced Health is continually working with Collective Medical and Activate Care to improve workflows and utilize each system to the greatest ability.

Optional Question

How can OHA support your efforts in HIE related to hospital event notifications?

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

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

i. Overall Strategy in Supporting SDOH & HE with HIT

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

iii. What plans, if any, do you have for collecting and aggregating data on SDOH/HE that may come from sources other than claims, such as data reported by members, by community-based organizations, or from providers' EHRs? Can you match other sources of demographic and SDOH/HE-related data with claims data?

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

Optional Question

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

6. Health IT for VBP and Population Health Management

a. HIT Tools and Workforce

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

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

i. HIT Tools for VBP and Population Management

Advanced Health employs HIT and analytical tools to support VBP and population health management. Data for VBP and population health-related analytics and reporting are managed in a report server (SQL Server). Performance is assessed using Tableau dashboards and Crystal Reports connected to the report server by custom queries. A Tableau dashboard is built for each VBP contractor or population health management tool. Each VBP dashboard includes all relevant data related to the contract, including performance against financial targets, performance against quality targets, member-level data, and patient attribution data. Population health management dashboards and reports are customized for each population health application.

Additionally, Advanced Health contracts with Milliman/Medinsight for their suite of population health management tools.

Internally produced HIT and analytical tools to support VBP arrangements are updated on an on-demand or weekly basis, depending on the complexity of the data required for individual dashboards. Dashboards for which it is not feasible to build a live data connection are built an extract with a defined refresh cycle (daily or weekly). Each VBP Provider is given credentials to access their dashboard on Advanced Health's outward-facing Tableau portal. Providers access their dashboards through this portal on-demand.

Milliman/Medinsight's population health management tools are refreshed using a monthly cycle due to the added overhead of transmitting data to Milliman for processing and inclusion.

ii. Workforce for VBP and Population Management Analytics

Advanced Health employs an analytics department comprised of a data analytics manager and two analysts. The analytics department generates all reporting/analytics related to value-based payments and most reporting/analytics related to population health. Additionally, Advanced Health contracts with Milliman/Medinsight for their suite of population health management tools.

Reports are written by Advanced Health's analytics staff. Reports are run by Providers and internal data consumers.

Milliman/Medinsight control the content of their population health management tools. Their tools are accessed by internal data consumers.

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

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

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

Additionally, describe

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

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

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

Strategies and milestones for supporting VBP arrangements with HIT include the following:

Developed the internal processes and personnel capabilities needed to support VBP Providers with HIT. This included developing staff capable of developing custom queries and Tableau dashboards tailored to each VBP contract. Staff had significant prior experience in query and Tableau development. Additional personnel development was required to prepare analytics staff to translate and interpret a VBP contract—under the oversight of contracting team—such that a useful, appropriate tool could be produced. Additionally, most care delivery areas have a unique set of applicable quality measures, which are developed by analytics staff ahead of contract execution.

Developed scalable IT infrastructure to support VBP Providers with HIT. Advanced Health's pre-existing HIT tools included a Tableau Sever implementation to support internal data consumers with quality and other population health dashboards. However, to implement the permissions and data security required to offer similar dashboards to Providers a new Tableau Server was implemented. The outward-facing data portal ensures that Providers may only view data relevant to their VBP contract.

Continuing Milestone/Strategy: Develop Provider data consumption skills. Each VBP Provider is trained to use and interpret their custom dashboard. At the time of each dashboard's roll-out Advanced Health's analytics staff will present the tool to the relevant parties representing the Provider. This includes a review of all dashboard elements, the mechanics of manipulating the dashboard to explore data, and the intended use cases for the tool.

Continuing Milestone/Strategy: Establish feedback loop between VBP Provider and Advanced Health analytics staff. Each VBP Provider is encouraged to provide feedback on the usefulness of the HIT tools provided. Recommended improvements are to be incorporated into the development life cycle of the tools.

Continuing Milestone/Strategy: Establish and monitor alerts of extract failures and performance issues.

Continuing Milestone/Strategy: Ensure each VBP arrangement is supported by timely data.

Continuing Milestone/Strategy: Ensure all dashboards contain all necessary elements to support Provider monitoring of performance. This includes data supporting the review of performance against financial and quality metrics, Member attribution information, and risk adjustment/stratification.

Continuing Milestone/Strategy: Monitor Provider utilization of HIT tools. Utilize Tableau Server's performance and utilization monitoring system to ensure Providers are engaging with HIT tools. Failure to utilize HIT tools will trigger a request for information regarding data usefulness.

Advanced Health's existing HIT infrastructure and analytics team are sufficient to support current VBP providers with HIT tools. Our strategy for Provider transition to VBP includes focusing on our largest Providers first in order to shift spending quickly to VBP models while slowly ramping up the reporting load. We expect as we enter the second half of the contract period the VBP reporting load will require an additional analytics staff member. Additionally, we expect to upgrade server hardware in 2021 for improved performance for the outward-facing Tableau portal. The slow reporting ramp-up allows us to track server performance as we add contracts incrementally.

Advanced Health's milestones for supporting VBP administration with HIT are similar to those submitted in Advanced Health's 2020 HIT Roadmap, with updates related to Covid-19-related changes in OHA guidance (care delivery areas). Milestones continue to include meeting the yearly VBP spending targets and supporting all VBP Providers with the reporting and HIT support needed to track and improve their performance. Additionally, Advanced Health adds these milestones related to HIT capacity:

2022-2024: Hire additional analytics team member when/if needed to support expanding group of VBP Providers.

2021-2022: Upgrade server hardware to improved performance of Provider-facing Tableau portal.

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

Advanced Health successfully deployed a Provider-facing Tableau portal, allowing Providers with VBP contracts to view dashboards tailored to their contract and associated quality improvement activities. Providers were trained on the use of the tool and financial/quality metrics associated with their contracts.

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

We believe a server hardware upgrade is necessary to ensure each Provider's VBP dashboard loads and filters with minimal delay. Current delays are reasonable. However, we would like to improve upon this. This is addressed in our HIT-VBP milestones above.

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

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

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

Additionally, please describe

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

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

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

Providers with VBP contracts are supplied with credentials for accessing Advanced Health's Provider-facing Tableau portal. Each VBP Provider is built a dashboard tailored to the financial and quality metrics found in their contract. The data used in the dashboards are sourced primarily from claims data. The data are transformed using custom queries and stored in extracts on the Tableau server. They are refreshed frequently to ensure Providers are supplied timely information.

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

Advanced Health understands patient attribution information to mean different things in different contexts. A patient is truly attributed to a VBP Provider when an assignment relationship exists between Member and Provider. If a VBP contract exists with a primary care provider, for example, their patient attribution information could include all members assigned to them or the subset of their assigned members in the denominator of their relevant quality measure(s). Advanced Health's 2020 VBP contracts focused on hospitals with quality components including readmission rate and emergency department utilization. Without a well-defined assignment relationship, we provide Providers with patient lists related to their quality measures. For example, Coquille Valley Hospital holds a Category 3B contract and is provided patient-level information related to their contract's quality component: emergency department utilization.

Patient attribution is sourced from Advanced Health's claims payment/payer platform databases. The attribution information is collected from claims data or Member assignment data as dictated by the type of Provider, contract, and quality component. This information is incorporated into each Provider's Tableau dashboard and data is kept updated using the same process described above in Answer 6.c.i.

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

Advanced Health employs several methods for risk stratifying Members and identifying those in need of intervention. Advanced Health calculates and monitors Member risk scores using the CDPS+Rx risk adjustment tool. Advanced Health also contracts with Milliman/MedInsight and Collective Medical for the use of their population health management tools, which include risk scores for adverse outcomes, including readmission risk. Advanced Health's care coordination software allows Advanced Health's ICC team to track members characteristics and intervention strategies. These risk stratification tools assist Advanced Health and Advanced Health's Providers in targeting interventions, including targeted ICC support and action on the part of primary care providers to assess the conditions for high-risk patients.

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

Advanced Health's VBP Providers are supplied with Tableau dashboards tailored to their individual VBP contracts. The dashboards include patient-specific population management data tailored to each contract and quality component. The population management/risk stratification data has different forms for those VBP Providers with and without well-defined Provider-Member attribution relationships. Providers with well-defined patient attribution relationships are supplied CDPS risk scores and other relevant risk scores and characteristics for attributed patients. Those without well-defined patient attribution relationships are supplied risk stratification based on patient claim history. For example, hospitals with emergency department or readmission rate quality components are supplied member-level data on utilization or readmission, stratified by frequency or severity.

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

Total number of clinics/groups with VBP arrangement at start of the year: 3

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

- a) Performance metrics (at least quarterly): 3; 100%
- b) Patient attribution data: 3; 100%
- c) Actionable member-level data: 3; 100%

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

N/A

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

Advanced Health successfully deployed a Provider-facing Tableau portal, allowing Providers with VBP contracts to view dashboards tailored to their contract and associated quality improvement activities. Providers were trained on the use of the tool and financial/quality metrics associated with their contracts.

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

We would like Providers to engage more frequently with our Provider-facing Tableau portal. Our experience deploying population health management tools to Providers is mixed in success. In the past, these tools have been poorly utilized due to workload and the inconvenience of a disjointed set of quality improvement tools used in the Provider office. Providers are expected to engage with population management tools built into EHRs, additional tools supplied by clinic administration, and tools from various payers. During this contract period, we will be experimenting with different mediums, hoping to maximize engagement and performance through providing convenient, useful, and timely data.

Optional Questions

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

When a VBP contract is signed, a training session is scheduled between the Provider and Advanced Health's finance/analytics teams. We walk through the dashboard mechanics and describe how it might be used for tracking and improving financial/quality metrics. We establish a feedback loop to ensure the dashboard is tailored to each Provider's need.

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

7. Other HIT Questions (Optional)

The following questions are optional to answer. They are intended to help us assess how we can better support the work you are reporting on.

a. How can OHA support your efforts in accomplishing your HIT Roadmap goals?

Additional funding for HIT initiatives would assist in accomplishing the above HIT Roadmap goals. The HIT onboarding program ends in June 2021, and a lot of the facilities that were interested in implementing Reliance, have lost some interest implementing it due to the loss of funding.

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

COVID-19 caused a handful of delays in rolling out more HIT Tools to the community. During 2020, finances were strained, and personnel resources were short. With the community stress, the resources that were available were focused on supporting all COVID-19 efforts at their respective facilities.

We think the biggest form of support that we could receive from OHA is understanding. 2020 was a tough year for all healthcare facilities. 2021 may not be as tough as 2020, but with the COVID pandemic still continuing, Advanced Health has been respectful of the strain placed on our healthcare organizations. We have been meeting weekly with all providers to learn what support they need to successfully get through this pandemic while providing exception healthcare.