

2022 Updated Health Information Technology (HIT) Roadmap

April 2022

Contract or rule citation	Exhibit J, Section 2 d.
Deliverable due date	April 28, 2022 (extended from March 15, 2022)
Submit deliverable to:	<u>CCO.MCODeliverableReports@dhsoha.state.or.us</u> and cc: <u>CCO.HealthIT@dhsoha.state.or.us</u>

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CCO: Advanced Health

Date: 4/19/2022

1. HIT Partnership

Please attest to the following items.

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

2. Support for EHR Adoption

A. Support for EHR Adoption: 2021 Progress

Please describe your progress supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In the spaces below, please

- 1. Select the boxes that represent strategies pertaining to your 2021 progress.
- 2. Describe the progress of each strategy in the appropriate narrative sections.
- 3. In the descriptions, include any accomplishments and successes related to your strategies.

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

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.		
□ EHR training and/or technical assistance ⊠ Financial support for EHR implementation or		
⊠ Assessment/tracking of EHR adoption and	maintenance	
capabilities	□ Requirements in contracts/provider agreements	
Outreach and education about the value of EHR adoption/use	Leveraging HIE programs and tools in a way that promotes EHR adoption	
Collaboration with network partners	Offer hosted EHR product	

□ Incentives to adopt and/or use EHR	□ Other strategies for supporting EHR adoption
	(please list here)

i. Progress across provider types

Financial Support for EHR Implementation or Maintenance

Bay Area Hospital (BAH), Bay Clinic (BC), and North Bend Medical Center (NBMC) began implementation of a community-wide EHR EPIC installation in 2020. The ecosystem go live date was accomplished by June 2021. Epic EHR system is a system which includes physical health, behavioral health, oral health, and population health management (PHM) utilities. Advanced Health supported the ecosystem (BAH, BC, NBMC) financially and by attending EPIC build and support meetings to ensure reporting for CCOs are set up properly and to ensure there was extra support for the hospital and clinics if needed.

Assessment/tracking of EHR adoption and capabilities

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.

Advanced Health has been conducting these interviews informally with all three provider types as we build stronger relationships. We have had roughly 7 informal interviews to discuss current EHR and how they are using it and what they are missing from it. We had 1 interview with a dental provider, 5 interviews with physical providers, and 1 interview with behavioral health provider. One of the biggest themes that came from the informal interviews, was that interoperability and sharing of data is frustrating when there are many different EHRs.

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. These interviews have been informal in 2020 and 2021 due to COVID and availability for clinic/hospital staff to meet with us due to conflicting projects.

B. Support for EHR Adoption: 2022-2024 Plans

2. Describe the following in the appropriate narrative sections: a. The number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., 'Using the OHAprovided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information'). CCOs are expected to use this information to inform their strategies. b. Plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialling, Letters of Interest). c. Strategies you will use to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers beyond 2021. d. Activities and milestones related to each strategy. Notes: Strategies described in the 2021 Progress section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy; however, please make note of these strategies in this section and include activities and milestones for all strategies you report. If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones. If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your Strategies Across Provider Types section and make a note in each provider type section to see the Strategies Across Provider Types section. **Overall Plans** Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy (if not previously described in the Progress section) and include activities and milestones in the sections below. □ EHR training and/or technical assistance ☑ Financial support for EHR implementation or maintenance ⊠ Assessment/tracking of EHR adoption and capabilities □ Requirements in contracts/provider agreements ☑ Outreach and education about the value of EHR □ Leveraging HIE programs and tools in a way that promotes EHR adoption adoption/use \boxtimes Collaboration with network partners □ Offer hosted EHR product □ Incentives to adopt and/or use EHR □ Other strategies for supporting EHR adoption (please list here) i. Plans across provider types, including activities & milestones **Financial Support for EHR Implementation or Maintenance** Discussion of **EPIC** Implementation Round 2 is planned to include interested healthcare facilities. At this time, there is no definitive list of participants, however, Advanced Health will continue to participate on the governance and planning committees to discover ways (financially and strategically) to support EPIC implementation for more healthcare facilities.

Please describe your plans for supporting increased rates of EHR adoption and addressing barriers to adoption

among contracted physical, oral, and behavioral health providers. In the spaces below, please 1. Select the boxes that represent strategies pertaining to your 2022-2024 plans.

Assessment/tracking of EHR adoption and capabilities/Collaboration with network partners/Outreach and education about the value of EHR adoption/use

According to the AdvancedHealth_2021_HIT_DataReportingFile_CCOVersion_04052022.xlsx, only 29 (breakdown of facilities can be found in the data file – many providers and facilities meet multiple Physical, Behavioral, and Oral categories) of the 56 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 (2022-2023), 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 CITO. 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
2022	 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. 	 Continue implementation. Ensure proper training of Epic EHR system users. Phase 2 EPIC Implementation discussion begins
	Milestone: Education sessions delivered to the Community and tailored to the needs of each Provider type – anticipating 5 education/interview sessions with providers that have no EHR or unknown HER	
2023	• Conduct 10 in-person meetings and interviews with Providers to understand gaps and challenges with their current EHR systems.	 Sustain results and performance level. Ensure proper training of Epic EHR system users.
	 Milestone: Targets will be set with each Provider on EHR usage optimization based off in-person meetings. 	Milestone: Phase 2 EPIC Implementation begins

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

Progress Across Provider Types

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

Progress Across Provider Types

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

Progress Across Provider Types

C. Support for EHR Adoption: Optional Question

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

No extra support needed – facilities have been hit hard by COVID and hiring issues. Between these two barriers, it can get difficult to get facilities to respond back sometimes.

3. Support for HIE – Care Coordination

A. Support for HIE – Care Coordination: 2021 Progress

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

- 1. Select the boxes that represent strategies pertaining to your 2021 progress
- 2. Describe the following in the appropriate narrative sections
 - a. Specific HIE tools you supported or made available in 2021
 - b. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2021
 - c. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained access to HIE for Care Coordination as a result of your support, as applicable).

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

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.

⊠ Financially supporting HIE tools, offering
incentives to adopt or use HIE, and/or covering costs of HIE onboarding
□ Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR
and/or connection to HIE)
□ Other strategies that address requirements related to federal interoperability and patient access final
rules (please list here)
Other strategies for supporting HIE access or use (please list here)

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

Enhancements to HIE Tools

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 ActivateCare for their patients. Once a provider's office has access, they are able to log directly into ActivateCare

to view the Care Plan. Successes have been increased understanding and awareness of the member's wholistic needs which are focused on improving their own health care goals.

Assessment/tracking of HIE Adoption and capabilities/HIE Training and/or technical assistance

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 Collective Medical. The strategyAdvanced Health followed was helping providers understand what information can be accessed through Collective Medical to enhance patient care.

Advanced Health had 4 Physical Health Providers start utilizing Reliance HIE by either utilizing the portal or sending data to Reliance or directly integrating their EHR with Reliance in 2021.

Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding

Advanced Health has budgeted to help support any one-time costs for facilities to adopt Reliance as the HIE.

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. Clinic adoption/interest in Activate Care was inhibited by an EPIC EHR adoption by our two largest network clinics and hospital. Although training occurred and was available for providers and their teams (ie case managers), EPIC was definitely in the technology spotlight. There is renewed interest from a couple clinics in utilizing Activate Care.

B. Support for HIE – Care Coordination: 2022-2024 Plans

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

- 1. Select that boxes that represent strategies pertaining to your 2022-2024 plans.
- 2. Describe the following in the appropriate narrative sections
 - a. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies.
 - b. Any additional HIE tools you plan to support or make available.
 - c. Strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2021.
 - d. Activities and milestones related to each strategy (Please include the number of organizations of each provider type you expect will gain access to HIE for Care Coordination as a result of your support, as applicable)

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and include activities and milestones in the sections below.

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

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

Collaboration with network partners

Long term plans are to support access to ConnectOregon 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.

Integration of disparate information and/or tools with HIE

Advanced Health is also continuing work with Reliance HIE to integrate directly into EHRs. 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 CITO 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 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.

An additional exploration in maximizing the potential of Activate Care is to load all Advanced health members into the tool. Completion of Health Risk Assessments will be documented into this tool, a patient-centered care plan based on the assessment will be documented, and the plan will be shared with the member's primary care team.

Currently we only have 13 out of the 61 of the facilities and providers listed in the

AdvancedHealth_2021_HIT_DataReportingFile_CCOVersion_04052022.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.

Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding

Advanced Health is exploring sponsorship of Unite Us, an electronic community information exchange, and part of the "Connect Oregon" project. The goal of sponsoring Unite Us would be for community agencies to be able to easily access a closed loop referral tool for various needs any individual may have. Sponsorship will include financial support of the tool, as well as collaboration with partners, education, and ongoing support in the community.

Advanced Health also has dedicated finances to support HIT onboarding costs to Reliance.

Year	Connectivity to Reliance	Activate Care
2022	 Continue to monitor and trackReliance usage. Assess benefits of Reliance andpromote utilization as necessary. 	Connect Community Based Organizations withActivate Care to improve Care Coordination Milestone:
	 Milestone: 35% of all Providers are live on Reliance. 	• 250 Care Plans inActivate Care
2023	 Continue to monitor and trackReliance usage. Assess benefits of Relianceand promote utilization as necessary. Enable Reliance interface asEpic EHR goes live. 	 Evaluate the impact of Activate Care on members Milestone: 50% of all high-risk members are captured in Activate Care
	Milestone:50% of all Providers are live onReliance.	

2024	 Continue to monitor and trackReliance usage. Assess benefits of Relianceand promote utilization as necessary. 	Evaluate the impact of Activate Care on members
	Milestone:	
	Evaluate providers not connected to Reliance HIE todetermine obstacles	
i <mark>i. Additio</mark> i	nal plans specific to physical health providers,	including activities & milestones
Progress	Across Provider Types	
iii. Additio	onal plans specific to oral health providers, inc	uding activities & milestones
Proaress	Across Provider Types	
•	onal plans specific to behavioral health provide	rs, including activities & milestones

C. Support for HIE – Care Coordination: Optional Question

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

4. Support for HIE – Hospital Event Notifications

A. Support for HIE – Hospital Event Notifications: 2021 Progress

- 1. Please describe your progress supporting increased access to timely Hospital Event Notifications <u>for</u> <u>contracted physical, oral, and behavioral health providers</u>. In the spaces below, please
 - a. Select the boxes that represent strategies pertaining to your 2021 progress
 - b. Describe the following in the appropriate narrative sections
 - i. The tool(s) you supported or made available to your providers in 2021
 - ii. The strategies you used to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers in 2021
 - iii. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained increased access to HIE for Hospital Event Notifications as a result of your support, as applicable)

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.

Overall Progress		
Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.		
Hospital Event Notifications training and/or technical assistance	 Financially supporting access to a Hospital Event Notification tool(s) 	
Assessment/tracking of Hospital Event Notification access and capabilities	 Offering incentives to adopt or use a Hospital Event Notification tool(s) 	
\Box Outreach and education about the value	□ Requirements in contracts/provider agreements	
of Hospital Event Notifications	 Other strategies for supporting access to Hospital Event Notifications (please list here) 	
i. Progress across provider types, including specific	tools supported/made available	
Hospital Event Notification training and/or technical assistance 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. Currently we have 9 Physical, 3 Behavioral, and 1 Oral Health provider(s) connected through Collective Medical.		
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 p	providers	
Progress Across Provider Types		
v. Please describe any barriers that inhibited your progress		
COVID response requirements at the clinics was a barrier. EPIC EHR adoption by our two largest network clinics and hospital inhibited any discussion of new tools while implementing a new EHR.		
 Please describe your (CCO) progress using timely Hospital Event Notifications within your organization. In the spaces below, please a. Select the boxes that represent strategies pertaining to your 2021 progress b. Describe the following in the narrative section 		

- i. The tool(s) that you are using for timely Hospital Event Notificationsii. The strategies you used in 2021
- iii. Accomplishments and successes related to each strategy.

Overall Progress Please select which strategies you employed during 2021.

oxtimes Care coordination and care management	□ Utilization monitoring/management	
\square Risk stratification and population segmentation	□ Supporting CCO metrics	
oxtimes Integration into other system	□ Supporting financial forecasting	
oxtimes Exchange of care plans and care information	 Other strategies for using Hospital Event Notifications (please list here) 	
\Box Collaboration with external partners		
Elaborate on each strategy and the progress made in the section below.		

Care coordination and care management/Integration into other system

Through the collaborative technical support of our CITO 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. At 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. Support for HIE – Hospital Event Notifications: 2022-2024 Plans

- Please describe your plans for ensuring increased access to timely Hospital Event Notifications <u>for contracted</u> <u>physical, oral, and behavioral health providers</u>. In the spaces below, please
 - a. Select the boxes that represent strategies pertaining to your 2022-2024 plans.
 - b. Describe the following in the appropriate narrative sections
 - i. The number of physical, oral, and behavioral health organizations that do not currently have access to HIE for hospital event notification using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations do not have access to HIE for hospital event notifications). CCOs are expected to use this information to inform their plans.
 - ii. Any additional HIE tools you are planning to support or make available to your providers for Hospital Event Notifications
 - iii. Additional strategies for supporting increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers beyond 2021. Activities and milestones related to each strategy (Please include the number of organizations of each provider type that will gain increased access to HIE for Hospital Event Notifications as a result of your support, as applicable).

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and the include activities milestones in the sections below.

Hospital Event Notifications training and/or technical assistance	 Financially supporting access to Hospital Event Notification tool(s)
Assessment/tracking of Hospital Event Notification access and capabilities	 Offering incentives to adopt or use a Hospital Event Notification tool(s)
\boxtimes Outreach and education about the value of	□ Requirements in contracts/provider agreements
Hospital Event Notifications	 Other strategies for supporting access to Hospital Event Notifications (please list here)

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

Outreach and education about the value of Hospital Event Notifications

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.

Year	Utilization of EDie and Collective Medical
2022	Sustain Collective Medical utilization.
	 Evaluate Collective Medical utilization at Clinics to verify that Collective Medical continues to be a beneficial tool.
	 Milestone: 85% of Primary Care Providers are using Collective Medical. 40% of Dental Providers
	40% of Behavioral Providers
2023	 Sustain Collective Medical utilization. Evaluate Collective Medical utilization at Clinics to verify that Collective Medical continues to be a beneficial tool.
	 Milestone: 95% of Primary Care Providers are using Collective Medical. 60% of Dental Providers 60% of Behavioral Providers
2024	Sustain Collective Medical utilization.
	 Evaluate Collective Medical utilization at Clinics to verify that Collective Medical continues to be a beneficial tool.
	Milestone:
	75% of Dental Providers75% of Behavioral Providers

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

Plans Across Provider Types

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

Plans Across Provider Types

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

- 2. Please describe your (CCO) plans to use timely Hospital Event Notifications within your organization. In the spaces below, please
 - a. Select the boxes that represent strategies pertaining to your 2022-2024 plans
 - b. Describe the following in the narrative section
 - i. Any additional tool(s) that you are planning on using for timely Hospital Event Notifications
 - ii. Additional strategies for using timely Hospital Event Notifications beyond 2021
 - iii. Activities and milestones related to each strategy

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

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

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024.

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

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

Care Coordination and Care Management/Supporting CCO Metrics

Currently, Advanced Health uses Collective Medical and ActivateCare for HENs within our organization. Advanced Health does not anticipate any deviation from the combination of CollectiveMedical 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. Future goals for HEN include advancing a Transition of Care (TOC) coordination program that will rely on HEN data to initiate TOC calls. Populations that will be eligible for this program are still being discussed and will include input from our Quality Department to support achieving metrics and other quality deliverables.

C. Support for HIE – Hospital Event Notifications: Optional Question

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

5. HIT to Support Social Needs Screening and Referrals for Addressing SDOH Needs

A. Support for HIT to Address SDOH Needs: 2021 Progress

- 1. Please describe any progress you (CCO) made using HIT to support social needs screening and referrals for addressing social determinants of health (SDOH) needs. In the space below, please include
 - a. A description of the tool(s) you are using. Please specify if the tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE).
 - b. The strategies you used in 2021.
 - c. Any accomplishments and successes related to each strategy.

Overall Progress

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

Presently, Advanced Health utilizes several tools to screen and address member's SDOH needs which include the Customer Service Health Risk Assessment (HRA) at member enrollment and annually thereafter, Intensive Care Coordination referral screen and assessment (PRAPARE) and Primary Care provider office performs SDOH screenings with possible referral and/or warm handoffs to the social health department.

Our strategies for social needs screening include assessments based on two different approaches. The first approach is to attempt to complete a Health Risk Assessment with each member each year. The customer service department will also field member calls to assess for social health needs. Identified needs through either of these processes will result in referrals to appropriate internal and/or external resources. If there are identified significant SDOH needs, member 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. External referrals could include information on community resources available to the member.

Accomplishments

Implementation of standardized screenings helped to ensure that all members can be screened for SDOH needs. The development of Intensive Care Coordination program provided staff resources and support for member with significant SDOH needs to address their special health care needs. Activate Care is the cloud-based software program that organizes care planning referral screening, assessment (PRAPARE) and care coordination activities shareable to members' care team. In 2021, the ICC team completed () referral screens, () assessments and () care plans. Completing the PRAPARE is a standard task for all participants in ICC. Activate Care also allows for the use of affiliation functionality which enables the shared separation of protected care plans only viewable by permissioned APD staff.

- 2. Please describe any progress you made in 2021 supporting contracted physical, oral, and behavioral health providers with using HIT to support social needs screening and referrals for addressing SDOH needs. Additionally, describe any progress supporting social services and community-based organizations (CBOs) with using HIT in your community. In the spaces below, please include
 - a. A description of the tool(s) you supported or made available to your contracted physical, oral, and behavioral health providers, social services, and CBOs. Please specify if the tool(s) have closed-loop referral functionality (e.g., CIE).
 - b. The strategies you used to support these groups with using HIT to support social needs screening and referrals.
 - c. Any accomplishments and successes related to each strategy.

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

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

Several of our largest clinics were provided with demonstrations of Activate Care and have users in the system. None of the clinics are currently using the system for their own care coordination but can view ICC member care plans if invited.

Advanced Health is currently evaluating our current software, Activate Care, and a couple others for closed-loop referral functionality to discover which platform would best support Coos and Curry County.

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. Additional progress specific to social services and CBOs

Aging and People with Disabilities (APD) local office has access to Activate Care and can upload care plans for shared clients. The Nancy Devereaux center, a local CBO providing support for homeless individuals, also has access to Activate Care.

vi. Please describe any barriers that inhibited your progress

Clinics transitioning to EPIC did not have bandwidth to learn a new system in 2021. Additionally, clinics tend to favor programs and processes that can be used for all of their patients, regardless of payor. Due to privacy practices, clinics would only be able to use Activate Care for Advanced Health members.

B. Support for HIT to Address SDOH needs: 2022-2024 Plans

- 1. Please describe your plans for using HIT for social needs screening and referrals for addressing SDOH needs within your organization beyond 2021. In your response, please include
 - a. Any additional tool(s) you will use. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
 - b. Additional strategies you will use beyond 2021.
 - c. Activities and milestones related to each strategy.

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

Overall Plans

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

Our strategies for social needs screening include assessments based on two different approaches. The first approach is to attempt to complete a Health Risk Assessment (HRA) with each member each year. The customer service department will also field member calls to assess for social health needs. Identified needs through either

of these processes will result in referrals to appropriate internal and/or external resources. If there are identified significant SDOH needs, member 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. This work is done in ActivateCare. Advanced Health is working with ActivateCare 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 ActivateCare. This will enhance reporting ability and workflow processes.

The second major strategy is teaming up with CBOs and healthcare community partners to build better, comprehensive workflows to provide the best care coordination for all members. This may include providing more information to members on available community resources and how to best access them. Currently we do not conduct closed-loop referrals, however with the implementation of UniteUs, we will be able to manage and conduct closed-loop referrals.

- 2. Please describe your plans for supporting <u>contracted physical, oral, and behavioral health providers</u> with using HIT to support social needs screening and referrals for addressing SDOH needs. Additionally, describe your plans for supporting social services and CBOs with using HIT in your community. In the spaces below, please include
 - a. A description of any additional tool(s) you will support or make available to contracted physical, oral, and behavioral health providers, social services, and CBOs. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
 - b. Additional strategies for supporting contracted physical, oral, and behavioral health providers, social services, and CBOs with using HIT for social needs screening and referrals for addressing SDOH needs beyond 2021.
 - c. Activities and milestones related to each strategy.

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

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

Unite Us is a closed loop referral system that Advanced Health is working to sponsor and make available for interested CBOs and health care providers in our region. Advanced Health also plans to integrate ActivateCare 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 UniteUs. Contracting is still in process, so the implementation plan is not finalized. Once the contract with UniteUs is finalized, UniteUs and Advanced Health will work on an implementation plan to connect to the CBOs of Coos and Curry County. UniteUs is a new tool for Advanced Health, so Advanced Health will be learning and creating processes hand in hand with our CBOs and interested health care partners.

Year	Plan
2022	 Integrate ActivateCare with CCO Eligibility file
	 Meet with Community Resources to identify the needs for a tool to document external referrals
	 Milestone: Contract with UniteUs for closed loop referrals for Coos and Curry County

2023	 Evaluate current ActivateCare and UniteUs users outside of Advanced Health to identify successes and holes
	 Work with UniteUs and ActivateCare on integration of the two systems
	Work to Integrate UniteUs and Reliance
	Milestone
	All CBO's connected to UniteUs
2024	 Evaluate current ActivateCare and UniteUs users outside of Advanced Health to identify successes and holes
	Milestone
	 UniteUs is ingesting information from Reliance
	ActivateCare and UniteUs sharing information
ii. Additional	plans specific to physical health providers
	e Activate Care to complete Health Risk Assessments of all members annually and send the esults and any associated care plans to their assigned Primary Care Provider.
iii. Additiona	I plans specific to oral health providers
Plans Acros	s Provider Types
iv. Additiona	I plans specific to behavioral health providers
Plans Acros	s Provider Types
v. Additional	plans specific to social services and CBOs
Plans Acros	s Provider Types

C. Support for HIE to Address SDOH Needs: Optional Question

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

Provide guidance on requirements for participating in Connect Oregon's "Unite Us" platform. What is the required role of the CCO.

6. 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?

Finding any financial funding for implementing HIT tools such as Reliance HIE or EHR adoption funds would be beneficial. We offer them as much as we possibly can, but it does make a huge impact when we can add that OHA is supportive financially.

Another thing that would be beneficial from OHA is the continued work groups on HIE tools in Oregon. Helping CCOs understand what other CCOs are using and how they are using those platforms and support on integrating the different platforms. One area may benefit from Platform A and another area Platform B, which would mean that the best next step would be finding ways to integrate the data with both platforms so we can all ensure our communities have the tools and resources and data that they need.

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

A large impact of COVID-19 was the limited organizational resources to get a lot of the HIT tools implemented and adopted.

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