

2022 Updated HIT Roadmap

CCO: AllCare CCO

Date: 04/28/2022

1. HIT Partnership

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.
d.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Participated in an OHA HITAG meeting, at least once during the previous Contract year.

2. Support for EHR Adoption

A. 2021 Progress

Overall Progress						
<input checked="" type="checkbox"/> Outreach and Education about the value of EHR Adoption/Use <input checked="" type="checkbox"/> EHR Training and/or Technical Assistance <input checked="" type="checkbox"/> Assessment/Tracking of EHR Adoption and Capabilities <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Incentives to adopt and/or use EHR <input type="checkbox"/> Financial support for EHR Implementation or Maintenance <input checked="" type="checkbox"/> Requirements in Contracts/Provider Agreements <input checked="" type="checkbox"/> Leveraging HIE Programs and Tools in a way that promotes EHR Adoption <input checked="" type="checkbox"/> Offer Hosted EHR Product						
i. Progress Across Provider Types						
<p>AllCare CCO (ACCCO) has invested heavily and subsidized support of our community providers to adopt and utilize Health Information Technology (HIT) to support Member and community outcomes since 2007. Among the various payers in the service area, ACCCO is the leader in providing resources to the contracted provider community for the adoption, support, and meaningful use of electronic health record (EHR) systems.</p> <p>According to ACCCO's HIT Data File (provided by OHA, 01/31/2022) and internal updates made based on internal data (gathered by the Contract and Credentialing team, April 2022), the following information reflects ACCCO at PCP Organizations with EHRs as of December 2021:</p> <table border="1" data-bbox="397 1732 1156 1879"> <thead> <tr> <th>Members at PCP Orgs with EHR (numerator)</th> <th>Total CCO members (denominator)</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>49,368</td> <td>57,921</td> <td>85%</td> </tr> </tbody> </table>	Members at PCP Orgs with EHR (numerator)	Total CCO members (denominator)	Rate	49,368	57,921	85%
Members at PCP Orgs with EHR (numerator)	Total CCO members (denominator)	Rate				
49,368	57,921	85%				

Note: ACCCO data had been updated to reflect our Providers and enrolled Members for December 2021.

Strategy 1 – Outreach and Education about the value of EHR Adoption/Use

- ACCCO's Provider Program Coordinator (PPC) engaged offices that had not adopted an EHR and encouraged participation through discussion of the importance and benefits associated with utilizing CEHRT. This work was completed primarily in the context of PCPCH and APM support, education, and training.
- The PPC shared established best practices for adopting an EHR, as well as the associated positive impacts of EHR utilization on patient and clinic outcomes.

Strategy 2 – EHR Training and/or Technical Assistance

- ACCCO's PPC partnered with AllCare eHealth Services to provide training and/or technical assistance on its regionally available, fully supported EHR product as a Value Added Reseller (VAR).
- These teams offered training and education for new and existing providers and office staff for the AllCare eHealth Services hosted EHR options and provided education regarding additional incentives for patient portal implementation and utilization.

Strategy 3 – Assessment/Tracking of EHR Adoption and Capabilities

- ACCCO tracked EHR adoption rates for all provider types through its contracting, credentialing, recredentialing, and office site visit reviews.

Strategy 4 – Incentives to Adopt and/or Use EHR

- ACCCO reviewed its Alternative Payment Models (APMs) and Patient Centered Primary Care Home (PCPCH) funding to determine the value of adding EHR as a component.
- Internal quality data was then used quarterly to compare average scores of APM participants utilizing various types of systems and who have dedicated staff attending to quality metrics.
- ACCCO also implemented four Primary Care and three Pediatric EHR-based Value Based Payment (VBP) measures in CY21. Offices were asked to provide quarterly reports of their performance on these measures.
- ACCCO received approval for providing patient-level data for EHR based measures to be added as a VBP bonus measure for Primary Care and Pediatric providers in CY22.

Strategy 5 – Requirements in Contracts/Provider Agreements

- ACCCO worked with its executives to develop stratified contract rates based on EHR adoption. The goal of this program will be to ensure a sharing of financial risk under the justification that EHR adoption and utilization result in better data for patient management.
- This program will also allow ACCCO to highlight the good work being done by the provider network toward the triple aim and to stratify outcomes by populations affected by Social Determinants of Health and Equity (SDOH-E), and by Member identification with the REALD and SOGI categories.

Strategy 6 – Offer Hosted EHR Product

- ACCCO is the only payer in the community making available to providers certified EHR systems. The systems are available to any provider in the community who wishes to utilize them.
- IT support was provided to 20 clinics to complete a transition from Greenway Primesuite to Allscripts.
- IT support was available 24-7 to all clinics utilizing the Hosted EHR Products.
- ACCCO reviewed an alternate version of the Allscripts EHR more suitable for small behavioral health providers. In CY22, work will be completed in partnership with the Behavioral Health team to determine if this service will add value for small behavioral health practices.
- ACCCO delayed the preparation of a strategic plan which will include a marketing strategy to engage independent practices on the availability and utility of the Allscripts hosted EHR system with the goal of increasing the use of the community hosted EHR system to 100 providers by end of 2024 and the non-AllCare IPA providers using a certified EHR to 100 providers by end of 2024.

Strategy 7 – Leveraging HIE Programs and Tools in a way that promotes EHR Adoption

- ACCCO continued its work to ensure the AllCare eHealth EHR products (Allscripts) seamlessly integrates with Reliance HIE via directional interfaces.

ii. Additional Progress Specific to Physical Health Providers

No additional information beyond those listed in the *Progress Across Provider Types*.

iii. Additional Progress Specific to Oral Health Providers

Strategy 8 – Outreach and Education about the value of EHR Adoption/Use

- ACCCO's Director of Oral Health Services continued to maintain good relationships with the oral health sub-contractors and to monitor EHR adoption and utilization rates. COVID delayed many offices progressing in adoption of EHR as their primary focus was ensuring members were had timely access to care.
- New and emerging partners, such as Curry General Hospital (the Critical Access Hospital in Curry County), were engaged and projects for CY22 to expand services in Gold Beach were made.

Strategy 9 – EHR Training and/or Technical Assistance

- AllCare partnered with OHA and Advantage Dental to secure a HRSA grant that allowed the implementation of tele-dentistry utilization in Port Orford. This work will be continued in CY22 with a focus on increasing partner utilization with the goal of raising the number of patients able to access timely care.

Strategy 10 – Assessment/Tracking of EHR Adoption and Capabilities

- Approximately 90% of dental offices in the AllCare service area use some form of EHR or dental software to track dental visits, treatment plans, etc. AllCare support increased the number of offices utilizing EHR by two in CY21. Advantage Dental has required 100% of their clinics to utilize the Adin EHR.

Strategy 11 – Collaboration with Network Partners

- ACCCO's Director of Oral Health Services works with all contracted dental partners to validate tracking data on which entities are using an EHR and how it can lead to more effective administrative workflows, data exchange, and improved patient care over paper chart records.
- ACCCO's Director of Oral Health Services shared about the benefits of utilizing an EHR at local, regional and state-level network meetings (e.g., OPEN, Oral Health Coalitions, etc.)

iv. Additional Progress Specific to Behavioral Health Providers

Strategy 12 – Outreach and Education about the value of EHR Adoption/Use

- ACCCO's Behavioral Health team continued to maintain good relationships with all behavioral health and substance use disorder sub-contractors and to monitor EHR adoption and utilization rates. Specific information about behavioral health provider EHRs is included in the ACCCO-CY22 HIT Data File.

Strategy 13 – EHR Training and/or Technical Assistance

- ACCCO supported behavioral health providers with their implementation/continuation of telehealth services. All contracted behavioral health providers fully implemented telehealth services with the onset and continuation of COVID-19 to ensure continuity of services. Providers will continue to use this technology in CY22.
- ACCCO's supported two subcontracted behavioral health providers as they moved to new EHRs in CY21 in hopes of better physical health and behavioral health tracking system integration and interoperability.

Strategy 14 – Assessment/Tracking of EHR Adoption and Capabilities

- ACCCO's Behavioral Health team partnered with the Contracts and Credentialing team to assess and track EHR adoption and capabilities of downstream behavioral health providers and smaller/independent behavioral health providers. This was accomplished through established contract and credentialing processes.

- ACCCO also collected information on EHR utilization and barriers to utilization via surveys.

v. Barriers that Inhibited Progress

Across all Provider Types

- Though few in number, providers without EHRs did not believe making the transition was worth the time, energy, and costs. In addition, the expense of such a shift was not viable for smaller practices and providers that are nearing retirement were not motivated to shift their workflows.
- In CY21, patient care delivery continued to be more difficult due to the implementation of public health safety protocols to address the COVID-19 surges. Providers needed to work through back logs of patients after periods of shut downs in CY20. As a result, plans for EHR adoption and increased utilization by new Providers were largely stalled.
- ACCCO's Training Room, which was designed to facilitate skills building workshops for local clinic staff, remained closed to the public for the majority of CY21 due to pandemic protocols.

Specific to Oral Health Providers

- EHR and dental record systems are different and do not connect seamlessly via an API. Only one provider in AllCare's network utilized systems that directly communicate with Primary Care Providers. OCHIN EPIC Wisdom Tooth system is the only pathway to true EHR implementation, but this system is very expensive to purchase.
- For small dental offices, the financial costs of a transition and the purchase of licenses for an EHR is not possible, especially since the onset of the COVID-19 pandemic.

Specific to Behavioral Health Providers

- Members in very rural/remote areas and very young members were identified as the two populations experiencing the most challenges with telehealth behavioral health services.
- It was difficult to track EHR rates for downstream providers, integrated behavioral health and/or independent therapists as most of them did not have EHRs due to cost, effectiveness, and/or interoperability.
- Providers across the delivery spectrum (i.e., behavioral health provider with integrated physical health, mental health, Substance Use Disorder and oral health) continued to find it difficult to use a single EHR solution.
- EHR adoption is costly and not always feasible for smaller/independent behavioral health providers with some practices only seeing 50 or less ACCCO Members.

B. 2022-2024 Plans

Overall Plans

- EHR training and/or technical assistance
- Assessment/tracking of EHR adoption and capabilities
- Outreach and education about the value of EHR adoption/use
- Collaboration with network partners
- Incentives to adopt and/or use EHR
- Financial support for EHR implementation or maintenance
- Requirements in contracts/provider agreements
- Leveraging HIE programs and tools in a way that promotes EHR adoption
- Offer hosted EHR product

i. Plans across provider types, including activities & milestones

According to ACCCO's HIT Data File (provided by OHA, 01/31/2022) and internal updates made based on internal data (gathered by the Contract and Credentialing team, April 2022), the following information reflects EHR adoption and utilization as of December 2021:

Measure	Physical Health		Behavioral Health		Oral Health	
	Org count	Rate	Org count	Rate	Org count	Rate
Number of organizations (denominator)	136		19		1	
Has EHR, vendor known	124	91%	17	89%	1	100%
Has EHR, vendor unknown	12	9%	2	11%	0	0%
No EHR	0	0%	0	0%	0	0%
EHR status unknown	0	0%	0	0%	0	0%

Note: ACCCO data had been updated to reflect our Providers and enrolled Members for December 2021.

In CY22, ACCCO will continue to ensure adoption rates remain stable and that meaningful use across provider types continues to rise through the implementation of the strategies and activities included in the document *ACCCO_CY22_HIT Roadmap.pdf* which has been included with this submission. These strategies include plans to collect missing EHR information for 12 Physical Health providers with an unknown EHR vendor and 2 Behavioral Health providers for which EHR status is unknown via existing contracting, credentialing, re-credentialing, on-site visits, and survey processes.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

C. Optional Question

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

ACCCO's provider network of primary care and larger behavioral health has consistently held a high saturation level of EHR adoption. The remainders are less than a percentage point. EHR is largely adopted as a standard tool of the trade in practices. Other than offsetting that cost for providers, OHA could consider reducing EHR metrics as seeing any significant progress is unlikely and is unnecessarily administratively burdensome to track and report. Assistance would be beneficial to address the lack of EHR adoption by oral health providers and/or integrations with existing electronic record systems being used by these providers. OHA could also provide funding and technical assistance to

smaller behavioral health and substance use disorder providers for which adoption and utilization is currently not an option due to costs and limited bandwidth of staff.

3. Support for HIE – Care Coordination

A. 2021 Progress

Overall Progress

- Outreach and Education about Value of HIE
- HIE Training and/or Technical Assistance
- Assessment/Tracking of HIE Adoption and Capabilities
- Collaboration with Network Partners
- Enhancements to HIE Tools (e.g., adding new functionality or data sources)
- Integration of Disparate Information and/or Tools with HIE
- Requirements in Contracts/Provider Agreements
- Financially Supporting HIE Tools, Offering Incentives to Adopt/Use HIE, and/or Covering Costs of HIE Onboarding
- Offer hosted EHR product (that allows for sharing information using the shared EHR and/or connection to HIE)

i. Progress Across Provider Types, including Specific HIE Tools Supported/Made Available

AllCare CCO participates in Reliance HIE's data, funding, and governance. Reliance remains the largest regional HIE available to contracted providers. AllCare CCO tracks provider access to HIE and continues to advocate and educate the provider network on HIE tools and functionality. Reliance is a multi-community partner communication platform that allows real-time communication of member events. This tool promotes seamless care coordination efforts and assists with management of various interventional modalities.

Reliance is particularly beneficial in the management of behavioral health events. Additionally this platform has been successful in Maternity tracking and care coordination efforts. The platform is a separate log-in system by which you can enter in specific elements (i.e. anyone presenting with SPMI, in a cohort, meet criteria) that trigger and flag notifications to Population Health staff. Communication efforts are bi-directional and allow for community partners to view and relay information from care coordination treatment plans. Reliance provided lab results for COVID testing, which was helpful in identifying population who are positive and providing appropriate Care Coordination for members who were positive, as well as providing information regarding vaccination status. Live birth reporting via Reliance also allows us to better Care Manage members who give birth early or unexpectedly.

Strategy 1 – Outreach and Education about Value of HIE

- ACCCO continued sharing Reliance's Outreach Strategy to increase HIE utilization in: 1) organizations where a relationship already exists; 2) organizations with no relationship or those with a larger potential impact to overall community; and, 3) all other organizations.
- Provided encouragement non-HIE participating organizations to take advantage of the Monthly Informational Sessions hosted by Reliance to learn about: Financial Support, Technical Support, Data access on demand, and Common HIE Barriers.
- ACCCO worked to increase Practice Operations team FTE to allow for greater engagement of provider offices to educate staff about the value of HIE Adoption/Use for Care Coordination. This was delayed until CY22 due to the COVID-19 pandemic.
- ACCCO identified and address barriers to adoption and use of HIEs through engagement with providers and conducting Root Cause Analysis and action planning.
- ACCCO distributed and evaluated survey results from contracted Providers across service type regarding their utilization of the Reliance platform for Care Coordination.
- Based on survey results, ACCCO developed plans for and engaged in outreach to identified clinics where an opportunity to increase utilization existed.

- ACCCO focused on engagement of specialty care offices in CY21 and completed surveys related to HIE usage for Care Coordination among contracted specialists.
- ACCCO delayed plans to engage specialists how HIE can be used to improve the care coordination provided by specialty care providers.

Strategy 2 – Assessment/Tracking of HIE Adoption and Capabilities

- ACCCO monitored clinics' HIE utilization status by reviewing the internally developed AllCare tracking system and the Reliance HIE website.
- ACCCO developed, distributed and evaluated survey results from contracted Providers across service type regarding their utilization of Reliance HIE. Based on survey results, plans for outreach to identified clinics where an opportunity to increase utilization existed were made.
- ACCCO tracked the number of organizations of each provider type that maintained or gained access to HIE for Care Coordination through its contracting, credentialing, re-credentialing, and office site visit reviews.

Strategy 3 – Requirements in Contracts/Provider Agreements

- Following the precedent of including EHR adoption as a shared risk strategy within its provider contracts, ACCCO leadership began exploring opportunities to include HIE for Care Coordination in its models for payment stratification. This work will continue in CY22 and will be adjusted based on lessons learned during the implementation of the EHR payment model.

Strategy 4 – Financially supporting HIE Tools, Offering Incentives to Adopt or Use HIE, and/or Covering Costs of HIE Onboarding

- ACCCO added HIE utilization for Care Coordination as a VBP incentive measure.
- Approval was also received to add HIE utilization as a bonus measure on the CY22 Dental, Behavioral Health, and Specialty Care VBPs.

Strategy 5 – Offer Hosted EHR Product

- ACCCO continued its work to ensure the AllCare eHealth EHR platform (Allscripts) seamlessly integrates with Reliance HIE which allows for sharing information using the EHR and/or connection to HIE.

ii. Additional Progress Specific to Physical Health Providers

No additional information beyond those listed in the *Progress Across Provider Types*.

iii. Additional Progress Specific to Oral Health Providers

No additional information beyond those listed in the *Progress Across Provider Types*.

iv. Additional Progress Specific to Behavioral Health Providers

Strategy 6 – HIE Training and/or Technical Assistance

- ACCCO began exploring possible resolutions to subcontracted Behavioral Health providers, who share risk for population management, to have better/more access to HIE information for the full/County AllCare membership.
- HIE Care Coordination information was shared to subcontracted Behavioral Health providers to ensure members received immediate Behavioral Health Care Coordination interventions from ACCCO and/or Behavioral Health providers.

Strategy 7 – Assessment/Tracking of HIE Adoption and Capabilities

- ACCCO's Behavioral Health team provided ongoing assessment and tracking of HIE adoption via its Behavioral Health Transition of Care processes.

- The Behavioral Health Clinical Transitions Supervisor provides ongoing communication and coordination with our contracted Behavioral Health providers when members have been identified as needing Behavioral Health interventions/services through ACCCO's access/use of HIE.
- All contracted Behavioral Health Vendors were confirmed as having access to HIE, and were using at least Collective Medical as "Read Only" for their currently enrolled clients.

v. Barriers that Inhibited Progress

Across Provider Types

- The same issue identified for providers with EHR adoption also applies to HIE adoption and utilization for Care Coordination. Providers primarily utilize their core systems for daily work. The use of an external system from their core systems is a significant barrier to overcome. If the HIE data was incorporated into daily production systems, user adoption would increase.
- ACCCO continued to see barriers to HIE adoption due to administrative "gatekeepers", misconceptions of what an HIE does, competing priorities, financial costs, and limited available staff resources.

Specific to Behavioral Health Providers

- Behavioral Health Vendors cite the time and costs associated with getting their teams enrolled, set up and running in HIE and to develop effective workflows.
- Many Behavioral Health providers believe that HIE is duplicative and/or yet another program that teams have to learn and use on a daily basis.
- ACCCO's subcontracted Behavioral Health providers share risk for coordination and management of members and they would better be able to utilize HIE to directly identify individuals needing Behavioral Health Care Coordination if they were able to view ACCCO's full membership.

B. 2022-2024 Plans

Overall Plans

- Outreach and Education about Value of HIE
- HIE Training and/or Technical Assistance
- Assessment/Tracking of HIE Adoption and Capabilities
- Collaboration with Network Partners
- Enhancements to HIE Tools (e.g., adding new functionality or data sources)
- Integration of Disparate Information and/or Tools with HIE
- Requirements in Contracts/Provider Agreements
- Financially Supporting HIE Tools, Offering Incentives to Adopt/Use HIE, and/or Covering Costs of HIE Onboarding
- Offer hosted EHR product (that allows for sharing information using the shared EHR and/or connection to HIE)

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

According to ACCCO's HIT Data File (provided by OHA, 01/31/2022) and internal updates made based on internal data (gathered by the Contract and Credentialing team, April 2022), the following information reflects HIE adoption and utilization for Care Coordination as of December 2021:

Measure	Physical Health		Behavioral Health		Oral Health	
	Org count	Rate	Org count	Rate	Org count	Rate
Number of organizations (denominator)	136		19		1	
HIE for care coordination excluding Collective	70	51%	7	37%	1	100%

Note: ACCCO data had been updated to reflect our Providers and enrolled Members for December 2021.

In CY22, ACCCO will continue to ensure adoption rates remain stable and that meaningful use across provider types continues to rise through the implementation of the strategies and activities included in the document *ACCCO_CY22_HIT Roadmap.pdf* which has been included with this submission. These strategies include plans to engage the 66 (49%) Physical Health and 12 (63%) Behavioral Health providers that have not adopted an HIE for Care Coordination to educate them about the benefits of using this type of HIT and engage them in adoption and utilization.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

C. Optional Question

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

OHA could support ACCCO's efforts in supporting contracted providers to adopt and access HIE for Care Coordination by providing best practices for how providers of various types (primary care, specialty care, behavioral care, and oral care) are utilizing HIE in the improvement of care coordination. OHA organizing and hosting learning collaboratives that allow plans and providers to witness best practices for use would be helpful.

4. Support for HIE – Hospital Event Notifications

A. 2021 Progress

Overall Progress – HIE for Hospital Event Notification by Contracted Providers

- Outreach and Education about the Value of Hospital Event Notifications
- Hospital Event Notifications Training and/or Technical Assistance
- Assessment/Tracking of Hospital Event Notification Access and Capabilities
- Financially Supporting Access to a Hospital Event Notification Tool(s)
- Offering Incentives to Adopt or Use a Hospital Event Notification Tool(s)
- Requirements in Contracts/Provider Agreements

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

ACCCO encouraged and assisted providers to adopt and use the Collective Platform tool to assist in accessing notifications of hospital events. Many of the local primary care providers receive electronic notifications of emergency room visits and hospital admissions via direct connections between local hospital systems and the outpatient electronic records. ACCCO facilitates those secure connections between primary care and local hospitals by supporting interfaces that import hospital events from the facility to primary care providers.

Collective Medical is a collaborative healthcare software utilized by care providers and community partners to improve health outcomes of members. This platform connects care settings across the country including: Hospitals & Health Systems, ACOs and RBOs, Post-Acute Providers, Health Plans, and Primary and Specialty Care Physicians. Collective Medical allows users to evaluate member encounters such as ED visits, inpatient hospitalizations, and incidents of behavioral health or substance abuse concerns. Users of the platform can also review current care teams, hospitalizations by history, and add or modify ED care guidelines in real-time. Collective Medical also provides the most comprehensive and time-sensitive notifications for occurrences of out-of-area hospitalizations.

Strategy 1 – Outreach and Education about the Value of Hospital Event Notifications

- ACCCO distributed and evaluated survey results from contracted Providers across service type regarding their utilization of the Collective Medical (EDIE) platform.
- Based on survey results, ACCCO developed plans for and engaged in outreach to identified clinics where an opportunity to increase utilization existed.
- ACCCO focused on engagement of specialty care offices in CY21 and completed surveys related to HIE usage for Hospital Event Notification among contracted specialists.

Strategy 2 – Hospital Event Notifications Training and/or Technical Assistance

- As a funder of Reliance, ACCCO supports training and technical assistance to providers across service types.

Strategy 3 – Assessment/Tracking of Hospital Event Notification Access and Capabilities

- ACCCO tracked the number of organizations of each provider type that maintained or gained access to HIE for Hospital Event Notifications through its contracting, credentialing, re-credentialing, and office site visit reviews.

Strategy 4 – Financially Supporting Access to a Hospital Event Notification Tool(s)

- As a funder of Reliance, ACCCO supports access to a HIE for Hospital Event Notification to providers across service types.

Strategy 5 - Offering Incentives to Adopt or Use a Hospital Event Notification Tool(s)

- ACCCO added HIE utilization for Hospital Event Notifications as a VBP incentive measure.
- Approval was also received to add HIE utilization as a bonus measure on the CY22 Dental, Behavioral Health, and Specialty Care VBPs.

Strategy 6 – Requirements in Contracts/Provider Agreements

- Following the precedent of including EHR adoption as a shared risk strategy within its provider contracts, ACCCO leadership began exploring opportunities to include HIE for Hospital Event Notification in its models for payment stratification. This work will continue in CY22 and will be adjusted based on lessons learned during the implementation of the EHR payment model.

ii. Additional progress specific to physical health providers

No additional information beyond those listed in the *Progress Across Provider Types*.

iii. Additional progress specific to oral health providers

No additional information beyond those listed in the *Progress Across Provider Types*.

iv. Additional progress specific to behavioral health providers

No additional information beyond those listed in the *Progress Across Provider Types*.

v. Please describe any barriers that inhibited your progress

Across Provider Types

- The same issue identified for providers with EHR adoption also applies to HIE adoption and utilization for Hospital Event Notifications. Providers primarily utilize their core systems for daily work. The use of an external system from their core systems is a significant barrier to overcome. If the HIE data was incorporated into daily production systems, user adoption would increase.
- ACCCO continued to see barriers to HIE adoption due to administrative “gatekeepers”, misconceptions of an HIE does, competing priorities, financial costs, and limited available staff resources.

Overall Progress – HIE for Hospital Event Notification by AllCare CCO

- Care Coordination and Care Management
- Risk Stratification and Population Segmentation
- Integration into other Systems
- Exchange of Care Plans and Care Information
- Collaboration with External Partners
- Utilization Monitoring/Management
- Supporting CCO Metrics
- Supporting Financial Forecasting

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

Strategy 1 – Care Coordination and Care Management

- ACCCO monitored Hospital Events Notifications daily. The data reviewed was provided directly from regional hospitals and Skilled Nursing Facilities via the Collective Platform.
- ACCCO’s Substance Abuse Case Manager used the Collective Platform daily to determine hospital usage for patients identified with substance abuse disorders or in case management. Reports of hospital events are reported to case managers and traditional health workers for follow-up. Soft referrals are made to contracted SUD partners so outreach to members for initiation of alcohol and/or drug services can be performed.
- Utilization of the HIE allowed Options for Southern Oregon to follow up with any in-patient and/or emergency department utilization of ACCCO Members.
- The Collective Platform reports were used to assist case managers in identifying patients’ utilization who have been discharged from their primary care provider or have yet to engage their primary care provider.

Strategy 2 – Risk Stratification and Population Segmentation

- ACCCO utilized 12-14 reports from the Collective Platform related to hospital events. These reports were distributed to pertinent staff to identify frequent users of hospital services as well as any person engaged in care coordination.

- ACCCO's Care Coordination ToC and MCH Hubs monitored appropriate designated Cohorts of patients for Hospital Event Notifications and ED/hospital utilization and monitoring for referral to Care Coordination services.
- ACCCO utilized notifications from hospital Emergency Departments regarding any instance of restraint, chemical or physical. These are then routed immediately to the Chief Medical Officer and Chief Compliance Officer to ensure clinical appropriateness and compliance with applicable laws.

Strategy 3 – Integration into other Systems

- ACCCO's tracked progress on its case management system vendor's roadmap that will allow some amount of Hospital Event Notification import through an API into the production system. This is anticipated to provide real time notifications within the ACCCO production systems and will facilitate broad use within established work flows.
- ACCCO delayed its goal to import Admission, Discharge and Transfer (ADT) Alert transmissions into the ACCCO production system. This goal will be a focus in CY22. In CY23 and beyond ACCCO will facilitate the ADT transmissions into the production systems at primary care, behavioral care and oral care, such that alerts and reminders from hospital event notifications can be incorporated more easily into daily work flow systems.

Strategy 4 – Exchange of Care Plans and Care Information

- ACCCO shares care plans with the participants of member's primary care and interdisciplinary care team through Essette.

Strategy 5 – Collaboration with External Partners

- ACCCO utilizes Hospital Event Notifications to create action by care teams to outreach to Skilled Nursing Facilities, hospitals, and other community partners like APD to coordinate care.

B. 2022-2024 Plans

Overall Plans – HIE for Hospital Event Notification by Contracted Providers

- Outreach and Education about the Value of Hospital Event Notifications
- Hospital Event Notifications Training and/or Technical Assistance
- Assessment/Tracking of Hospital Event Notification Access and Capabilities
- Financially Supporting Access to a Hospital Event Notification Tool(s)
- Offering Incentives to Adopt or Use a Hospital Event Notification Tool(s)
- Requirements in Contracts/Provider Agreements

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

According to ACCCO's HIT Data File (provided by OHA, 01/31/2022) and internal updates made based on internal data (gathered by the Contract and Credentialing team, April 2022), the following information reflects HIE adoption and utilization for Hospital Event Notification as of December 2021:

Measure	Physical Health		Behavioral Health		Oral Health	
	Org count	Rate	Org count	Rate	Org count	Rate
Number of organizations (denominator)	136		19		1	
Hospital event notifications (Collective)	14	10%	5	26%	0	0%

Note: ACCCO data had been updated to reflect our Providers and enrolled Members for December 2021.

In CY22, ACCCO will continue to ensure adoption rates remain stable and that meaningful use across provider types continues to rise through the implementation of the strategies and activities included in the document *ACCCO_CY22_HIT Roadmap.pdf* which has been included with this submission. These strategies include plans to engage the 122 (90%) Physical Health, 14 (74%) Behavioral Health, and 1 (100%) Oral Health providers that have not adopted an HIE for Hospital Event Notification to educate them about the benefits of using this type of HIT and engage them in adoption and utilization.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

Overall Plans – HIE for Hospital Event Notification by AllCare CCO

- Care Coordination and Care Management
- Risk Stratification and Population Segmentation
- Integration into other Systems
- Exchange of Care Plans and Care Information
- Collaboration with External Partners
- Utilization Monitoring/Management
- Supporting CCO Metrics
- Supporting Financial Forecasting

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

C. Optional Question

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

OHA could support ACCCO's efforts in supporting contracted providers to adopt and access HIE Hospital Event Notifications by providing best practices for how providers of various types (primary care, specialty care, behavioral care, and oral care) are utilizing HIE. OHA organizing and hosting learning collaboratives that allow plans and providers to witness best practices for use would be helpful. OHA needs to understand the challenges small clinics have incorporating the use of separate systems in the everyday work flow of clinic operations. This hurdle cannot be understated. Provider clinics should be able to incorporate this valuable information inside their systems without requiring complex data mapping and validation.

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

A. 2021 Progress

Overall Progress – HIT to Support Social Needs Screening and Referrals

ACCCO continued to develop a multi-faceted strategy for supporting Social Determinants of Health and Health Equity (SDOH-E) with Health Information Technology (HIT). As a frame of reference, ACCCO utilizes the definition of SDOH-E in Oregon Administrative Rule (OAR 410-141-3735). Per OHA guidance documents, this SDOH-E definition encompasses three different and interrelated terms as defined below:

- **Social Determinants of Health:** The social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the Social Determinants of Equity. These conditions significantly impact length and quality of life and contribute to health inequities.
- **Social Determinants of Equity:** Systemic or structural factors that shape the distribution of the Social Determinants of Health in communities. Examples include the distribution of money, power and resources at local, national and global levels, institutional bias, discrimination, racism and other factors.
- **Health-Related Social Needs:** An individual's social and economic barriers to health, such as housing instability or food instability.

Source: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-SDOH-E-Guide.pdf>

ACCCO utilizes HIT to understand the SDOH-E needs of our community by identifying disparities within quantitative data, such as claims, referral and authorization, and patient demographic data. ACCCO partners with Culturally Specific and other Community Based Organizations, such as Regional Health Equity Coalitions and Early Learning Hubs, to gather qualitative data to inform strategies or additional quantitative data to validate disparities identified through our internal processes. This analysis is further by participation in the periodic updating of a Community Health Assessments, the collaborative development and ongoing monitoring of Community Health Improvement Plans, and participation in work on the State Health Improvement Plan.

ACCCO's main HIT efforts to screen and refer members to support social needs centered on the utilization of Essette (internal care management platform for staff), the Provider Portal (Contracted Providers and Social Care Organizations), the Member Portal, ArcGIS mapping, and the Unite Us Platform (for Community Information Exchange by internal staff, Contracted Providers and Social Care Organizations, and Community Based Organizations.) A new focus was added in CY21 that will result in a CY22 pilot utilization of Unite Us Payments for the encountering of and payment for non-covered services that have an evidence base of contributing to health outcomes.

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

Strategy 1 – Utilization of Unite Us for Community Information Exchange and Payments

- ACCCO supported the launch of the Unite Us Platform (for Community Information Exchange) in Jackson and Josephine County by clinical providers (physical, oral and behavioral health), community based organizations (CBOs), and internally by ACCCO staff.
- ACCCO's Director of Oral Health Services engaged Dental Care Partners in collaborations to launch the use of the Unite Us Platform and participated in meetings called by Unite Us specific to dental partners to increase engagement and use of the platform for CIE.
- ACCCO's Behavioral Health team provided consultation to mental health and substance use disorder providers regarding the general use of CIE and specific assistance with considerations of sensitive service types and applicable 42 CFR rules.
- ACCCO developed a VBP that incentivizes the use of the Unite Us Platform for CIE.
- ACCCO negotiated an expanded Scope of Work (SOW) with Unite Us to make its Platform (for CIE) available to providers and community based organizations in Southern Douglas and Curry Counties. All work was done in alignment with partner CCOs serving those regions.
- ACCCO continued to advocate for the development of the following functionality in the Unite Us Platform:
 1. Ability to cross-reference client identifiers within the CIE with Member Status information from MMIS to validate eligibility status at the time of service;
 2. Ability to cross-reference and clean up data on Member addresses using the United States Postal Service elements to enhance ArcGIS mapping;
 3. Ability to cross-reference and clean up data on Contracted Provider, Contracted Social Care Provider, and Community Based Organization addresses using the United States Postal Service elements to enhance ArcGIS mapping;
 4. Technical assistance for Contacted Social Care Providers and Community Based Organizations to enter into the necessary legal agreements with AllCare to enable the sharing of de-identified information; and,
 5. The addition of functionality within the CIE to capture REALD and SOGI data.
- ACCCO actively participated in the governance bodies of Connect Oregon including the State Funders Advisory Committee (SFAC), Local Implementation Group (LIG), and Community Network Advisory Board (CNAB.)
- ACCCO sought opportunities to collaborate with other CCOs in its service area to ensure the rollout of the Unite Us Platform was affordable and accessible to all providers and community based organizations. This collaborative approach resulted in many innovations including a newsletter to increase awareness about the platform and highlight successes facilitated by its use.
- ACCCO maintained connections to 211info as its API with the Unite Us Platform was finalized. ACCCO's Community Engagement Manager worked with KOBI and Telemundo to develop 30-second TV spots in both English and Spanish to raise the community's awareness of service types included in both the 211info database and the Unite Us Platform.
- ACCCO maintained connections with the Office of Emergency Management, ODHS-EM, and local emergency management groups as shifts to utilization of the Unite Us Platform were evaluated and ultimately selected. This adoption and utilization will support communities during future emergency events.
- ACCCO networked with other CCOs, the Oregon Health Leadership Council, the Oregon Pediatric Improvement Partnership, and the Children's Institute to review how the Unite Us Platform (for CIE) and Unite Us Payments (for encounter and billing) will affect work on two incentive measures: 1) System-Level Social Emotional Health Metric (adopted and active in CY21); and, 2) Social Determinants of Health Screening and Referral Metric (anticipated in CY23).
- ACCCO's Director of Community Benefit Initiatives applied for and was selected to participate as a member of the HITOC CIE Workgroup. This appointment will lead to contributions to a report for the legislature in CY22 to inform policy and funding in the CY23 long session.

Strategy 2 – Utilization of Essette

- ACCCO utilized a care management platform called Essette. This platform was able to capture assessment data on Members' SDOH-E needs through a Health Risk Survey. Health Risk Surveys were conducted when a Member joined the plan, annually, or when there is a triggering event to the Member's health. Essette then enabled the tracking of referrals to SDOH-E Providers to address the identified Member needs.
- The system also recorded information from the Member relating to components of REALD and SOGI data, as well as the barriers to care related to those components. This helped staff provide the Member with additional Health Equity interventions (e.g., LGBTQ+ Culturally Competence, Language Access Services, etc.)

Strategy 3 – Utilization of Provider Portal

- ACCCO ensured all Contracted Providers had the opportunity to access and utilize its Provider Portal. The Provider Portal is a means for AllCare CCO contracted providers to send member referrals, access pertinent plan and clinical guideline information, and respond to requests for additional information for a variety of services. Contracted providers often use this electronic modality for requesting Prior Authorizations and viewing the status of their member requests. The Portal allows automatic approval for service requests at the time of submission. Quarterly education is utilized within the provider network to encourage the use of the provider portal.
- To support this, ACCCO worked to simplify the process of getting Providers access to the Providers Portal without compromising the integrity of patient information. Teams fielded direct questions from Providers encountering challenges with the Provider Portal and provide technical assistance to ensure access and utilization.
- Teams distributed and evaluated survey results from contracted Providers across service type regarding their utilization of the Provider Portal. Based on survey results, plan for and engage in outreach to identified clinics where an opportunity to increase utilization exists.
- Teams developed plans to enhance functionality of the Provider Portal to indicate CCO Care Coordination Enrolled on member record, provide ability to refer to CCO Care Coordination, List Diagnosis, and Single Sign-On (SSO) linking to HIE/Collective records.
- ACCCO staff educated providers on how the Portal provides the opportunity for making referrals to other medical professionals, submit and check on status of prior authorization requests, and send secure communications to ACCCO's Care Coordination team to request Intensive Care Coordination services or the use of Health Related Services-Flexible funds to support Members.

Strategy 4 – Utilization of ArcGIS Mapping

- ACCCO's IT team partners with other internal operation areas to map Members' residences. This information is used to inform targeted efforts to expand the provider network across all service types.
- ACCCO maintained the State's Office of Emergency Management and local First Responders. This partnership leveraged the IT staff's expertise in the area of ArcGIS mapping. AllCare CCO was able to identify the Level 3 burn areas and actual ash areas in Josephine and Jackson Counties. This information was then correlated with AllCare CCO's member data (for both Medicare Advantage and CCO) and that data (address, phone number, age, county of residence, frailty) was given to the Care Coordination Team to make outreach calls. This happened within 48-hours of the fire event. It is the hope of AllCare CCO that the lessons learned through this event can be integrated into future HIT efforts, including the CIE.

Strategy 5 – Launch of a Member Portal

- ACCCO continued its work with a selected vendor to launch a Member Portal in CY22. The Portal will increase Members' ability to communicate directly with ACCCO staff about their SDOH-E needs and to directly access information about providers and community based organizations with resources to support them.

ii. Additional progress specific to physical health providers

No additional information beyond those listed in the *Progress Across Provider Types, Including Social Services and CBOs, and Tool(s) Supported/Made Available* section.

iii. Additional progress specific to oral health providers

No additional information beyond those listed in the *Progress Across Provider Types, Including Social Services and CBOs, and Tool(s) Supported/Made Available* section.

iv. Additional progress specific to behavioral health providers

No additional information beyond those listed in the *Progress Across Provider Types, Including Social Services and CBOs, and Tool(s) Supported/Made Available* section.

v. Additional progress specific to social services and CBOs

No additional information beyond those listed in the *Progress Across Provider Types, Including Social Services and CBOs, and Tool(s) Supported/Made Available* section.

vi. Please describe any barriers that inhibited your progress

Specific to the Utilization of Unite Us for Community Information Exchange and Payments

- ACCCO needed to work with community providers, clinical and community based, to help stakeholder and potential participants understand what CIE is, how it differs from HIE, and to address concerns about a range of topics including: sensitive information types covered under 42 CFR and other rules; security of PHI and PII of clients (term utilized by the CIE system for those a referral is being sent for); processes for attaining client consent; and, how the new platform builds upon historical efforts.
- Moving forward, ACCCO will be monitoring a natural outcome of additional referrals and increased demands for services by providers and CBOs resulting from CIE implementation. Connecting people to the right services at the moment they are ready is a first step in leveraging HIT to impact SDOH-E. The next critical step will be to pilot the utilization of Unite Us Payments to ensure increase funding to providers and CBOs.

Specific to Utilization of the Provider Portal

- ACCCO continued to recognize that: 1) not all Contracted Providers have the technical capabilities or access controls for this system; and, 2) the portal's capabilities to facilitate supporting SDOH-E is limited at this time. Similar to Contracted Providers, many of our Contracted Social Care Providers (e.g., ReadyRide, APD-AAA, Maslow Project, etc.) either currently have access to our Provider Portal or are in the process of being approved for access.

B. 2022-2024 Plans

Overall Plans – HIT to Support Social Needs Screening and Referrals

ACCCO plans to maintain and expand its CY21 efforts to support social needs screening and referrals in CY22. For complete information on activities and milestones for CY22 refer to *ACCCO_CY22_HIT Roadmap.pdf* been included with this submission.

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

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

ii. Additional plans specific to physical health providers

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

iii. Additional plans specific to oral health providers

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

iv. Additional plans specific to behavioral health providers

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

v. Additional plans specific to social services and CBOs

Refer to *ACCCO_CY22_HIT Roadmap.pdf* for activities and milestones which has been included with this submission.

C. 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?

Even with the advancements in the Unite Us Platform (CIE) Payment modules, much work still remains to develop a quality set of credentialing and billing guidelines for SDOH-E providers. ACCCO would encourage OHA to support work to create a consistent OHP enrollment process to collect demographic data that can help inform the plans and lower the effort of data collection and allow for more energy spent on solutions rather than data collection. We would also ask OHA to prioritize the ability for the Unite Us Platform (CIE) to cross-reference member status from MMIS.

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?

ACCCO is grateful to OHA and OHIT for the positive shifts in this report's structure. The addition of Overall Progress and Plan categories contributed to the ability to reflect on CY21 progress and barriers, and increased the clarity of our CY22 strategies, activities, and milestones. The ability to submit the CY22 Work Plan in an alternative format also positively contributed to ACCCO's development of new internal tracking processes to ensure milestone achievement and identify when Root Cause Analyses for barrier removal is needed. ACCCO is hopeful that an alternative format for reporting on CY22 is allowed for in the CY23 deliverable.

OHA could support ACCCO's ongoing efforts in accomplishing its HIT Roadmap goals by providing additional technical assistance on specific HIT Roadmap components and hosting virtual Learning Collaboratives to provide CCOs the opportunity to network and share HIT innovations.

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

ACCCO's CY22 HIT Roadmap remains largely unchanged from CY21. Acute surges in CY21 that lasted months at a time presented barriers to system and practice-level change. The majority of progress made with HIT promotion, adoption and successful utilization is based on relationships and time spent in-person discussing workflows, barriers, and creating action plans for improvements. CY21 required that this type of interaction be restricted to keep the community safe.

COVID-19 has also resulted in a drastic shift in how work is accomplished and challenged the capacity of both the IT support workforce and the staffing capacity of local providers and community based organizations. A focus on the training, recruitment and retention of HIT professionals is needed moving forward.

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

HIT has greatly supported the work ACCCO has done to support the reduction of health inequities in its service area. Data is used to stratify members by demographics, including REALD and SOGI, to help ensure network adequacy for underserved and diverse populations. HIT was also utilized for Quality Projects such as Performance Improvement Projects and Transformation Quality Strategies.

HIT data was critical in the development and implementation of efforts to promote and engage People of Color to receive their COVID-19 vaccine. ACCCO partnered with eight Community Based Organizations to host vaccine events in Q4 of 2021. These CBOs were selected based on their relationships with Communities of Color and the trust built with those individuals through their everyday services.

ACCCO would encourage OHA to maintain consistency in data sets whenever possible and, if change a change in a given data set's format is necessary, provide a crosswalk with the previous data set so that historical data can be utilized. This would help historical efforts have impact on future cohort evaluations.

CY22 HIT Roadmap



HIT Focus Area / Strategies / Activities	Milestones	Strategy Focus
Section 2: Support for EHR Adoption		
Outreach and Education about the value of EHR Adoption/Use		
ACCCO will engage offices that have not adopted an EHR and encourage participation through discussion of the importance and benefits associated with utilizing CEHRT.	Q2: Review of EHR Participation Q3: Plan and Complete Outreach	Across Provider Types
ACCCO will share established best practices for adopting an EHR, as well as the associated positive impacts of EHR utilization on patient and clinic outcomes.	Q2: Create Best Practices Document Q3: Distribute Document	Across Provider Types
ACCCO's Director of Oral Health Services will continue to maintain good relationships with all oral health sub-contractors and to monitor EHR adoption and utilization rates in partnership with the dental subcontractors the utilization of EHR.	Q1 - 04/15/2022 Q2 - 07/15/2022 Q3 - 10/15/2022 Q4 - 01/15/2023	Specific to Oral Health Providers
ACCCO's Behavioral Health team will continue to maintain good relationships with all behavioral health providers and to monitor EHR adoption and utilization rates.	Q1 - 04/15/2022 Q2 - 07/15/2022 Q3 - 10/15/2022 Q4 - 01/15/2023	Specific to Behavioral Health Providers
EHR Training and/or Technical Assistance		
ACCCO will partner with AllCare eHealth Services to provide training and/or technical assistance on its regionally available, fully supported EHR product as a Value Added Reseller (VAR).	Ongoing	Across Provider Types
ACCCO will partner with AllCare eHealth Services to offer training and education for new and existing providers and office staff for the AllCare eHealth Services hosted EHR options and provided education regarding additional incentives for patient portal implementation and utilization.	Sessions to Resume in Q3	Across Provider Types
ACCCO will support behavioral health providers with their implementation/continuation of telehealth services.	Ongoing	Specific to Behavioral Health Providers
ACCCO's will support subcontracted behavioral health providers as they moved to new EHRs to better integrate physical health and behavioral health tracking systems.	Ongoing	Specific to Behavioral Health Providers
Assessment/Tracking of EHR Adoption and Capabilities		
ACCCO track EHR adoption rates for all provider types through its contracting, credentialing, recredentialing, and office site visit reviews.	Q1 - 04/15/2022 Q2 - 07/15/2022 Q3 - 10/15/2022 Q4 - 01/15/2023	Across Provider Types
ACCCO's Behavioral Health team will partner with the Contracts and Credentialing team to assess and track EHR adoption and capabilities of downstream behavioral health providers and smaller/independent behavioral health providers.	Q1 - 04/15/2022 Q2 - 07/15/2022 Q3 - 10/15/2022 Q4 - 01/15/2023	Specific to Behavioral Health Providers
Collaboration with Network Partners		
ACCCO's Director of Oral Health Services will work with all contracted dental partners to validate tracking data on which entities are using an EHR and how it can lead to more effective administrative workflows, data exchange, and improved patient care over paper chart records.	Ongoing	Specific to Oral Health Providers
ACCCO's Director of Oral Health Services will share about the benefits of utilizing an EHR at local, regional and state-level network meetings (e.g., OPEN, Oral Health Coalitions, etc.)	Ongoing	Specific to Oral Health Providers
Incentives to Adopt and/or use EHR		
ACCCO will review its Alternative Payment Models (APMs) and Patient Centered Primary Care Home (PCPCH) funding to determine the value of adding EHR as a component.	Completion in CY22	Across Provider Types

HIT Focus Area / Strategies / Activities	Milestones	Strategy Focus
ACCCO internal quality data will be used quarterly to compare average scores of APM participants utilizing various types of systems and who have dedicated staff attending to quality metrics.	Q1 - 04/15/2022 Q2 - 07/15/2022 Q3 - 10/15/2022 Q4 - 01/15/2023	Across Provider Types
ACCCO will continue implementation of Primary Care and Pediatric EHR-based Value Based Payment (VBP) measures with offices providing quarterly reports of their performance on these measures.	Q1 - 04/15/2022 Q2 - 07/15/2022 Q3 - 10/15/2022 Q4 - 01/15/2023	Across Provider Types
ACCCO will implement a patient-level data EHR based measure as a VBP bonus measure for Primary Care and Pediatric providers.	Completion in CY22	Across Provider Types
Financial Support for EHR Implementation and/or Maintenance	Not currently utilized.	
Requirements in Contracts/Provider Agreements		
ACCCO will develop stratified contract rates based on EHR adoption to ensure a sharing of financial risk under the justification that EHR adoption and utilization result in better data for patient management.	Completion in CY22	Across Provider Types
ACCCO will utilize data from EHRs as required in its provider contracts to highlight work being done toward the triple aim and to stratify outcomes by populations affected by Social Determinants of Health and Equity (SDOH-E), and by Member identification with the REALD and SOGI categories.	Completion in CY22	Across Provider Types
Leveraging HIE Programs and Tools to promote EHR Adoption		
ACCCO will continue its work to ensure the AllCare eHealth EHR products (Allscripts) seamlessly integrate with Reliance HIE via directional interfaces.	Ongoing	Across Provider Types
Offer Hosted EHR Product		
ACCCO will continue to partner with AllCare eHealth Services to make certified EHR systems available to all providers in the community who wishes to utilize them.	Ongoing	Across Provider Types
ACCCO will support clinics to complete a transition from Greenway Primesuite to Allscripts.	Ongoing as Needed	Across Provider Types
ACCCO will review an alternate version of the Allscripts EHR more suitable for small behavioral health providers and will determine if this service will add value for small behavioral health practices.	Completion in CY22	Across Provider Types
ACCCO will prepare a strategic plan which will include a marketing strategy to engage independent practices on the availability and utility of the Allscripts hosted EHR system with the goal of increasing the use of the community hosted EHR system.	Q3: Create Strategic Plan Q4: Begin Plan Implementation	Across Provider Types
Other Strategies for Supporting EHR Adoption	Not currently utilized.	
Section 3: Support for HIE - Care Coordination		
Outreach and Education about the value of HIE for Care Coordination		
ACCCO will continue sharing Reliance's Outreach Strategy to increase HIE utilization in: 1) organizations where a relationship already exists; 2) organizations with no relationship or those with a larger potential impact to overall community; and, 3) all other organizations.	Ongoing	Across Provider Types
ACCCO will provide encouragement non-HIE participating organizations to take advantage of the Monthly Informational Sessions hosted by Reliance to learn about: Financial Support, Technical Support, Data access on demand, and Common HIE Barriers.	Sessions to Resume in Q3	Across Provider Types
ACCCO will increase the Practice Operations team FTE to allow for greater engagement of provider offices to educate staff about the value of HIE Adoption/Use for Care Coordination.	Completion in Q1	Across Provider Types

HIT Focus Area / Strategies / Activities	Milestones	Strategy Focus
ACCCO will identify and address barriers to adoption and use of HIEs for Care Coordination through engagement with providers and conducting Root Cause Analysis and action planning.	Completion with Identification of Barriers	Across Provider Types
ACCCO will distribute and evaluate survey results from contracted Providers across service type regarding their utilization of the Reliance platform for Care Coordination.	Q2: Create and Distribute Surveys Q3: Analyze Survey Results	Across Provider Types
Based on survey results, ACCCO will develop plans for and engage in outreach to identified clinics where an opportunity to increase utilization exist.	Q4: Create Action Plans	Across Provider Types
ACCCO will make focused engagement of specialty care offices and gather surveys related to HIE usage for Care Coordination among contracted specialists.	Q2: Create and Distribute Surveys Q3: Analyze Survey Results	Across Provider Types
ACCCO will engage specialists to learn how HIE can be used to improve the care coordination provided by specialty care providers.	Completion in Q2	Across Provider Types
HIE Training and/or Technical Assistance		
ACCCO will collaborate with our contracted HIE Vendors and behavioral health providers to explore possible resolutions to subcontracted Behavioral Health providers needing viewing access of HIE information for the full AllCare membership to improve timeliness of interventions and population management of members not yet accessing Behavioral Health services at their particular agencies.	Ongoing	Specific to Behavioral Health Providers
ACCCO's Behavioral Health team will share HIE information with contracted Behavioral Health providers to ensure members receive immediate Behavioral Health Care Coordination interventions from ACCCO and/or Behavioral Health providers.	Ongoing	Specific to Behavioral Health Providers
Assessment/Tracking of HIE Adoption and Capabilities		
ACCCO will track the number of organizations of each provider type that maintained or gained access to HIE for Care Coordination through its contracting, credentialing, re-credentialing, and office site visit reviews.	Q1 - 04/15/2022 Q2 - 07/15/2022 Q3 - 10/15/2022 Q4 - 01/15/2023	Across Provider Types
ACCCO will monitor clinics' HIE utilization status by reviewing the internally developed AllCare tracking system and the Reliance HIE website.	Q1 - 04/15/2022 Q2 - 07/15/2022 Q3 - 10/15/2022 Q4 - 01/15/2023	Across Provider Types
ACCCO will develop, distribute and evaluate survey results from contracted Providers across service type regarding their utilization of Reliance HIE.	Q2: Create and Distribute Surveys Q3: Analyze Survey Results	Across Provider Types
Based on survey results, ACCCO will plan for and conduct outreach to identified clinics where an opportunity to increase utilization existed were made.	Q3: Create Plan Q4: Implement Plan	Across Provider Types
ACCCO's Behavioral Health team will provide ongoing assessment and tracking of HIE adoption via its Behavioral Health clinical transition processes.	Ongoing	Specific to Behavioral Health Providers
The Behavioral Health Clinical Transitions Supervisor will provide ongoing communication and coordination with our contracted BH Vendors when members have been identified as needing Behavioral Health interventions/services through ACCCO's access/use of HIE.	Ongoing	Specific to Behavioral Health Providers
Collaboration with Network Partners		
Not currently utilized.		
Enhancements to HIE Tools for Care Coordination		
Not currently utilized.		
Integration of Disparate Information and/or Tools with HIE for Care Coordination		
Not currently utilized.		
Requirements in Contracts/Provider Agreements		
ACCCO will include HIE for Care Coordination in its models for payment stratification.	Ongoing	Across Provider Types
ACCCO will make adjustments to its payment stratification model based on lessons learned during the implementation of the EHR payment model.	As Needed	Across Provider Types

HIT Focus Area / Strategies / Activities	Milestones	Strategy Focus
Financially supporting HIE Tools, Offering Incentives to Adopt or Use HIE, and/or Covering Costs of HIE Onboarding for Care Coordination		
ACCCO will include HIE utilization for Care Coordination as a VBP incentive measure.	Completion in CY22	Across Provider Types
ACCCO will add HIE utilization as a bonus measure on the Dental, Behavioral Health, and Specialty Care VBPs.	Completion in CY22	Across Provider Types
Offer Hosted EHR Product		
ACCCO will continue its partnership with AllCare eHealth to make its EHR platforms (Allscripts) available to all providers.	Ongoing	Across Provider Types
Address Requirements related to Federal Interoperability and Patient Access Final Rules	Not currently utilized.	
Section 4.1: Support for HIE - Hospital Event Notifications for Contracted Providers		
Outreach and Education about the value of Hospital Event Notifications		
ACCCO will distribute and evaluate survey results from contracted Providers across service type regarding their utilization of the Collective Medical (EDIE) platform for Hospital Event Notifications.	Q2: Create and Distribute Surveys Q3: Analyze Survey Results	Across Provider Types
Based on survey results, ACCCO will develop plans for and engage in outreach to identified clinics where an opportunity to increase utilization exists.	Q3: Create Plan Q4: Implement Plan	Across Provider Types
ACCCO will survey and engage specialty care offices regarding their utilization of the Collective Medical (EDIE) platform for Hospital Event Notifications.	Q2: Create and Distribute Surveys Q3: Analyze Survey Results	Specific to Specialty Care Providers
Based on survey results, ACCCO will develop plans for and engage in outreach to identified specialty care offices where an opportunity to increase utilization exists.	Q3: Create Plan Q4: Implement Plan	Specific to Specialty Care Providers
Hospital Event Notifications Training and/or Technical Assistance		
ACCCO will continue its financial support of Reliance as a vendor to ensure providers across service types to access training and/or technical assistance on adopting and/or utilizing HIE for Hospital Event Notification.	Ongoing	
Assessment/Tracking of Hospital Event Notification Access and Capabilities		
ACCCO will track the number of organizations of each provider type that maintained or gained access to HIE for Hospital Event Notifications through its contracting, credentialing, re-credentialing, and office site visit reviews.	Ongoing	
Financially supporting access to Hospital Event Notification Tool(s)		
ACCCO will continue its financial support of Reliance as a vendor to ensure providers across service types have access to HIE for Hospital Event Notifications.	Ongoing	
Offering Incentives to adopt or use Hospital Event Notification Tool(s)	Not currently utilized.	
Requirements in Contracts/Provider Agreements		
ACCCO will include HIE for Hospital Event Notification in its models for payment stratification.	Ongoing	Across Provider Types
ACCCO will make adjustments to its payment stratification model based on lessons learned during the implementation of the EHR payment model.	As Needed	Across Provider Types
Section 4.2: Support for HIE - Hospital Event Notifications - AllCare CCO		
Care Coordination and Care Management		
ACCCO's Population Health team, Behavioral Health team, and Director of Oral Health Services will monitor Hospital Events Notifications daily.	Daily	Specific to Internal Use at AllCare

HIT Focus Area / Strategies / Activities	Milestones	Strategy Focus
The Collective Platform reports will be used to assist case managers in identifying patients' utilization who have been discharged from their primary care provider or have yet to engage their primary care provider.	As Needed	Specific to Internal Use at AllCare
ACCCO's Behavioral Health Clinical Transitions Supervisor will use the Collective Platform daily to determine hospital usage for patients identified with substance abuse disorders or in case management. Reports of hospital events will be reported to case managers and traditional health workers for follow-up.	As Needed	Specific to Internal Use at AllCare
Risk Stratification and Population Segmentation		
ACCCO will distribute reports from the Collective Platform related to hospital events to pertinent staff to identify frequent users of hospital services as well as any person engaged in care coordination.	As Needed	Specific to Internal Use at AllCare
ACCCO's Care Coordination TOC and MCH Hubs will monitor appropriately designated cohorts of patients for Hospital Event Notifications and ED/hospital utilization and monitoring for referral to Care Coordination services.	As Needed	Specific to Internal Use at AllCare
Integration into Other Systems		
ACCCO's will ensure its case management system allows some amount of Hospital Event Notification import through an API into the production system to provide real time notifications and will facilitate broad use within established work flows.	Completion in CY22	Specific to Internal Use at AllCare
ACCCO will import ADT transmissions into the ACCCO production system to facilitate the ADT transmissions into the production systems at primary care, behavioral care and oral care, such that alerts and reminders from hospital event notifications can be incorporated more easily into daily work flow systems.	Completion in CY22	Specific to Internal Use at AllCare
Exchange of Care Plans and Care Information		
ACCCO will share care plans with the participants of member's interdisciplinary care team through Essette.	As Needed and Relevant to Care	Specific to Internal Use at AllCare
Collaboration with External Partners		
ACCCO will utilize Hospital Event Notifications to create action by care teams to outreach to Skilled Nursing Facilities, hospitals, and other community partners like APD to coordinate care.	As Needed and Relevant to Care	Specific to Specialty Care Providers
Utilization Monitoring/Management		
ACCCO's Utilization Management team uses Collective for concurrent review purposes when members are inpatient and out of the area which guides their referrals to Care Coordination.	As Needed and Relevant to Care	Specific to Internal Use at AllCare
Supporting CCO Metrics		
Supporting Financial Forecasting	Not currently utilized.	
Section 5: HIT to Support Social Needs Screening and Referrals for Addressing SDOH Needs		
Unite Us Platform for Community Information Exchange		
ACCCO will support the implementation and growth of the Unite Us Platform (for Community Information Exchange) in Curry, Southern Douglas, Jackson and Josephine Counties by clinical providers (physical, oral and behavioral health), community based organizations (CBOs), and internally by ACCCO staff.	Ongoing	Across Provider Types Specific to Internal Use at AllCare Specific to SDOH-E Providers
ACCCO's Director of Oral Health Services will engage Dental Care Partners in collaborations to launch the use of the Unite Us Platform and participate in meetings called by Unite Us specific to dental partners to increase engagement and use of the platform for CIE.	Ongoing	Specific to Oral Health Providers

HIT Focus Area / Strategies / Activities	Milestones	Strategy Focus
ACCCO's Behavioral Health team will provide consultation to behavioral health providers regarding the general use of CIE and specific assistance with considerations of sensitive service types and applicable 42 CFR rules.	As Needed	Specific to Behavioral Health Providers
ACCCO will implement a VBP that incentivizes the use of the Unite Us Platform for CIE.	Completion in CY22	Across Provider Types
ACCCO will continue to advocate for the development of the following functionality in the Unite Us Platform: 1. Ability to cross-reference client identifiers within the CIE with Member Status information from MMIS to validate eligibility status at the time of service; 2. Ability to cross-reference and clean up data on Member addresses using the United States Postal Service elements to enhance ArcGIS mapping; 3. Ability to cross-reference and clean up data on Contracted Provider, Contracted Social Care Provider, and Community Based Organization addresses using the United States Postal Service elements to enhance ArcGIS mapping; 4. Technical assistance for Contacted Social Care Providers and Community Based Organizations to enter into the necessary legal agreements with AllCare to enable the sharing of de-identified information; and, 5. The addition of functionality within the CIE to capture REALD and SOGI data.	Ongoing	Across Provider Types Specific to Internal Use at AllCare Specific to SDOH-E Providers
ACCCO will actively participate in the governance bodies of Connect Oregon including the State Funders Advisory Committee (SFAC), Local Implementation Group (LIG), and Community Network Advisory Board (CNAB.)	Ongoing	
ACCCO will seek opportunities to collaborate with other CCOs in its service area to ensure the rollout of the Unite Us Platform is affordable and accessible to all funders (including CCOs), clinical providers and community based organizations.	Ongoing	
ACCCO will maintain connections to 211info as its API will benefit the Unite Us Platform.	Ongoing	
ACCCO's Community Engagement Manager will continue work with KOBI and Telemundo to develop 30-second TV spots in both English and Spanish to raise the community's awareness of service types included in both the 211info database and the Unite Us Platform.	Ongoing	Across Provider Types Specific to Internal Use at AllCare Specific to SDOH-E Providers
ACCCO will contribute to regional newsletters to highlight expansion progress and service types included in the Unite Us Platform.	Q3: Begin Quarterly Distribution	Across Provider Types Specific to Internal Use at AllCare Specific to SDOH-E Providers
ACCCO will maintain connections with the Office of Emergency Management, ODHS-EM, and local emergency management groups as shifts to utilization of the Unite Us Platform take place to maximize supports available to communities during future emergency events.	Ongoing	Across Provider Types Specific to Internal Use at AllCare Specific to SDOH-E Providers
ACCCO will continue networking with other CCOs, the Oregon Health Leadership Council, the Oregon Pediatric Improvement Partnership, and the Children's Institute to review how the Unite Us Platform (for CIE) and Unite Us Payments (for encounter and billing) will affect work on two incentive measures: 1) System-Level Social Emotional Health Metric (adopted and active since CY21); and, 2) Social Determinants of Health Screening and Referral (anticipated in CY23).	Ongoing	Across Provider Types Specific to Internal Use at AllCare Specific to SDOH-E Providers
ACCCO's Director of Community Benefit Initiatives will actively participate as a member of the HITOC CIE Workgroup and contribute to a report for the legislature in CY22 to inform policy and funding in the CY23 long session.	Ongoing	
Unite Us Payments for SDOH-E Service Encounters and Reimbursement		
ACCCO will negotiate an expand CY23 SOW with Unite Us to launch a pilot of Unite Us Payments.	Q3: SOW Negotiation Q4: Amended SOW Execution	Specific to Internal Use at AllCare Specific to SDOH-E Providers
ACCCO will convene community based organizations to help develop policies and procedures for the implementation of Unite Us Payments.	Q2-Q3: Convene CBO Partners Q4: Publish Policies and Procedures	Specific to SDOH-E Providers
Essette		

HIT Focus Area / Strategies / Activities	Milestones	Strategy Focus
ACCCO will continue utilization of the Essette care management platform to capture assessment data on Members' SDOH-E needs through a Health Risk Survey which will be conducted when a Member joined the plan, annually, or when there is a triggering event to the Member's health.	Ongoing	Specific to Internal Use at AllCare
ACCCO will utilize Essette to track referrals to SDOH-E Providers to address the identified Member needs discovered during Health Risk Surveys or through the Unite Us Platform (CIE).	Ongoing	Specific to Internal Use at AllCare
Provider Portal		
ACCCO will ensure all contracted providers have the opportunity to access and utilize its Provider Portal as is a tool to send member referrals, access pertinent plan and clinical guideline information, and respond to requests for additional information for a variety of services.	Ongoing	Across Provider Types
ACCCO will provide quarterly education opportunities to contracted providers to encourage the use of the Provider Portal.	Sessions to Resume in Q3	Across Provider Types
ACCCO will simplify the process of getting Providers access to the Providers Portal without compromising the integrity of patient information.	Completion in CY22	Across Provider Types
ACCCO teams will field direct questions from Providers encountering challenges with the Provider Portal and provide technical assistance to ensure access and utilization.	Ongoing	Across Provider Types
ACCCO teams will distribute and evaluate survey results from contracted Providers across service type regarding their utilization of the Provider Portal.	Q2: Create and Distribute Surveys Q3: Analyze Survey Results	Across Provider Types
Based on survey results, ACCCO will plan for and engage in outreach to identified clinics where an opportunity to increase utilization exists.	Q3: Create Action Plans Q4: Implement Plan	Across Provider Types
ACCCO teams will implement plans to enhance functionality of the Provider Portal to indicate CCO Care Coordination Enrolled on member record, provide ability to refer to CCO Care Coordination, List Diagnosis, and Single Sign-On (SSO) linking to HIE/Collective records.	Completion in CY22	Across Provider Types
ArcGIS Mapping		
ACCCO's IT team will partner with other internal operation areas to map Members' residences to inform targeted efforts to expand the provider and social care network across all service types.	Ongoing	Specific to Internal Use at AllCare
ACCCO will maintain communications with the State's Office of Emergency Management and local First Responders to leverage ArcGIS mapping as an aide for deployment during natural disasters.	Ongoing	Specific to Internal Use at AllCare
Member Portal		
ACCCO will launch its Member Portal to increase Members' ability to communicate directly with ACCCO staff about their SDOH-E needs and to directly access information about providers and community based organizations with resources to support them.	Completion in CY22	Specific to Internal Use at AllCare