

2024 CCO Health IT Roadmap

2024 Guidance, Evaluation Criteria & Reporting Template



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

Please:

- 1. Submit a Microsoft Word version of your Health IT Roadmap and**
- 2. Use the following file naming convention for your submission: CCOname_2024_HealthIT_Roadmap**

For questions about the CCO Health IT Roadmap, please send an email to CCO.HealthIT@odhsoha.oregon.gov

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Guidance Document

1. Purpose & Background

Per the [CCO 2.0 Contract](#), CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (IT) Roadmap. The Health IT Roadmap must describe how the CCO (1) currently uses and plans to use health IT (including hospital event notifications) to achieve desired outcomes and (2) supports contracted physical, behavioral, and oral health providers throughout the course of the Contract in these areas:

- Electronic health record (EHR) adoption
- Access to health information exchange (HIE) for care coordination and access to timely hospital event notifications
- Health IT for value-based payment (VBP) and population health management (Contract Years 1 & 2 only)¹
- Health IT to support social determinants of health (SDOH) needs, including social needs screening and referrals (Starting in Contract Year 3)²

For Contract Year 1 (2020), CCOs' responses to the [Health IT Questionnaire](#) formed the basis of their draft Health IT Roadmap. For remaining Contract Years, CCOs are required to submit an annual Health IT Roadmap to OHA reporting the progress made from the previous Contract Year, as well as plans, activities, and milestones detailing how they will support contracted providers in future Contract Years. OHA expects CCOs to use their approved 2023 Health IT Roadmap as the basis for their 2024 Health IT Roadmap.

Changes for Contract Year 5 (2024):

1. Given the success of the 2023 'Template B' from both the CCO and OHA perspectives, only one Health IT Roadmap template will be provided in 2024, following the 2023 'Template B' format and structure. Roadmap TA sessions will be provided to assist CCOs with completion, as needed.
2. In support of OHA's effort to align CCO deliverables, the scope of the 2024 Health IT Roadmap is focused on health IT in support of care coordination. Strategies in support of VBP and metrics (except for support of the SDOH metric) are to be reported in other deliverables (e.g., VBP Questionnaire).
3. In response to CCO input and to align with previously reported efforts, the EHR section has been expanded to be inclusive of support for EHR 'use' and 'optimization', with a focus on care coordination. This expansion recognizes that though CCOs continue supporting EHR adoption, in order to support care coordination, some organizations need CCO support for EHR use and optimization.
4. To limit redundancy in reporting, Support for HIE – Care Coordination and Support for HIE – Hospital Event Notifications section have been combined. The section is now called 'Use of and Support for HIE' to more accurately reflect the reporting expectations (CCO use of HIE and CCO support of HIE among contracted providers). The HIE section has also been expanded to include support of HIE use.
5. An optional section has been added to help inform OHA of CCO's current and planned EHR access and use for care coordination purposes.
6. In response to CCO previous submissions, optional sections/boxes have been added to create space for overview descriptions of CCO efforts/approaches (e.g., Overview of CCO Health IT Approach, Overview of EHR Support, Overview of strategy plans).
7. Strategy categories and strategy status checkboxes have been added for each CCO strategy.

¹ Starting in Contract Year 3 (2022), CCOs' VBP reporting will include their health IT efforts; therefore, this content will not be part of the Health IT Roadmap moving forward.

² New Health IT Roadmap requirement beginning Contract Year 3 (2022)

Reminders for Contract Year 5 (2024):

1. Limit the Progress sections to 2023 activities and accomplishments and include planned activities for 2024 through 2026 in the Plans sections.
2. In each Plans section, be sure to include activities and milestones for each strategy. If some strategies are missing activities and milestones, CCOs may be asked to revise and resubmit their Roadmap.
3. Add all CCO-collected health IT data to the Health IT Data Reporting File prior to submitting it with your Roadmaps on 3/15/2024. Data reported in the Roadmaps should align with the Data Reporting File.

2. Overview of Process

Each CCO shall submit its 2024 Health IT Roadmap to OHA for review on or before **March 15th** of each Contract Year. CCOs are to use the *2024 Health IT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their previous Health IT Roadmap if it's still applicable. Please submit the completed 2024 Health IT Roadmap via the [CCO Contract Deliverables Portal](#).

OHA's Health IT staff will review each CCO's Health IT Roadmap and provide written notice of the approval status, along with a separate document with detailed evaluation results (the Results Report). If the CCO's Health IT Roadmap is not approved, then the CCO must make the required correction/s and resubmit it. OHA requests the CCO participate in a meeting to discuss the results and required correction/s prior to resubmission, as follows:

1. CCO is to review the available meeting days/times included in the Results Report and contact OHA by 6/21/24 with their top two meeting choices.
 - a. These meetings are only available from 6/20/2024 through 7/10/2024.
 - b. CCO is expected to have thoroughly reviewed its results prior to the meeting and to be prepared for an in-depth discussion.
2. CCO resubmission is due 7/17/2024.
3. OHA will complete its review of all resubmissions and provide written notice of the approval status within 30 days of resubmission receipt, by 8/16/2024.

The aim of this process is for CCOs and OHA to work together to better understand how to achieve an approved Health IT Roadmap.

Please refer to the timeline below for an outline of steps and action items related to the 2024 Health IT Roadmap submission and review process.

2024 Health IT Roadmap Timeline

Last Revised 12/15/2023

March - June 2024

June - July 2024

Aug - Sep 2024

2024 HIT Roadmap Submission and Review

CCO/OHA Communication and Collaboration

Revised 2024 HIT Roadmap Submission to OHA for Review

Activities	List of activities	List of activities	List of activities
	CCOs submit <i>2024 HIT Roadmap</i> and HIT Data Reporting File to OHA by 3/15/24	If not approved, CCO contacts OHA by 6/21/24 to schedule a meeting to discuss required revisions	CCO submits Revised 2024 HIT Roadmap to OHA by 7/17/24
	OHA reviews <i>2024 HIT Roadmap</i>	If approved, CCO contacts OHA by 7/10/24 to schedule a Roadmap follow-up meeting	CCOs with approved 2024 Roadmaps meet with OHA by 9/20/24
	OHA sends initial <i>2024 HIT Roadmap</i> result letter to CCO by 6/17/24	Collaborative meeting(s) occur between OHA and CCOs required to revise and resubmit their <i>2024 HIT Roadmap</i> by 7/10/24	OHA reviews CCO <i>Revised 2024 HIT Roadmap</i>
			OHA sends <i>Revised 2024 HIT Roadmap</i> result letter to CCO by 8/16/24

OHA expects all CCOs will have an approved 2024 HIT Roadmap by 8/30/24.

3. Health IT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA’s expectations for responses to the required Health IT Roadmap questions. Modifications for Contract Year 5 (2024) are in ***bold italicized font***. Please review the table to better understand the content that must be addressed in each required response. Approval criteria for Health IT Roadmap optional questions are not included in this table; optional questions are for informational purposes only and do not impact the approval of a Health IT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the *2024 Health IT Roadmap Template* for the complete question when crafting your responses.

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
1. Health IT Partnership	CCO attestation to the four areas of health IT Partnership.	<p>CCO meets the following requirements:</p> <ul style="list-style-type: none"> • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons Memorandum of Understanding (MOU) • Served, if elected on the HIT Commons governance board or one of its committees • Participated in an OHA’s HITAG meeting at least once during the previous Contract Year
2. Support for EHR Adoption, <i>Use, and Optimization</i>	A. 2023 Progress supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, <i>use, and optimization in support of care coordination</i>	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ◦ Strategies used to support increased rates of EHR adoption, <i>use, and optimization in support of care coordination</i>, and address barriers among contracted physical, oral, and behavioral health providers in 2023 ◦ Specific accomplishments and successes for 2023 related to supporting EHR adoption, <i>use, and optimization in support of care coordination</i> • Sufficient detail and clarity to establish that activities are meaningful and credible.
	2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, <i>use, and optimization in support of care coordination</i>	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ◦ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) ◦ Plans for collecting missing EHR information via CCO existing processes ◦ Additional strategies for 2024-2026 related to supporting increased EHR adoption, <i>use, and optimization in support of care coordination</i>, and addressing barriers to adoption among contracted physical, oral, and behavioral health providers ◦ Specific activities and milestones for 2024-2026 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
3. Use of and support for HIE	A. 2023 Progress using HIE for care coordination and timely hospital event notifications <u>within the CCO</u>	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ HIE tool(s) CCO is using within their organization for care coordination and timely hospital event notifications ○ HIE strategies used for care coordination and timely hospital event notifications within the CCO ○ Specific accomplishments and successes for 2023 related to CCO's use of HIE for care coordination and timely hospital event notifications • Sufficient detail and clarity to establish that activities are meaningful and credible.
	2024-2026 Plans using HIE for care coordination and timely hospital event notifications <u>within CCO</u>	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ Additional tool(s) (if any) CCO is planning to use for care coordination and timely hospital event notifications ○ Additional strategies for 2024-2026 to use HIE for care coordination and timely hospital event notifications within the CCO ○ Specific activities and milestones for 2024-2026 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
	B. 2023 Progress supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO provided or made available to support providers' access to HIE for care coordination and timely hospital event notifications ○ Strategies CCO used to support increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers in 2023 ○ Specific accomplishments and successes for 2023 related to increasing access to and use of HIE for care coordination and timely hospital event notifications (including the number of organizations of each provider type that gained increased access or use as a result of CCO support, as applicable) • Sufficient detail and clarity to establish that activities are meaningful and credible.
	2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ The number of organizations (by provider type) that have not adopted an HIE for care coordination or hospital event notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional HIE tool(s) CCO plans to support or make available to providers for care coordination and/or timely hospital event notifications

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	coordination and timely hospital event notifications	<ul style="list-style-type: none"> ○ Additional strategies for 2024-2026 related to supporting increased access to and use of HIE for care coordination and timely hospital event notifications among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2024-2026 related to each strategy (including the number of organizations of each provider type expected to gain access to or use of HIE for care coordination and hospital event notifications as a result of CCO support, as applicable ● Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Health IT to support social determinants of health needs	A. 2023 Progress using health IT to support SDOH needs within the CCO, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Current health IT tool(s) CCO is using to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality ○ Strategies for using health IT within the CCO to support SDOH needs, including but not limited to social needs screening and referrals in 2023 ○ Any accomplishments and successes for 2023 related to each strategy ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	2024-2026 Plans for using health IT to support SDOH needs within the CCO, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ● Description of plans includes: <ul style="list-style-type: none"> ○ Additional health IT tool(s) CCO plans to use to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for using health IT to support SDOH needs, including but not limited to social needs screening and referrals ○ Specific activities and milestones for 2024-2026 related to each strategy ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2023 Progress supporting contracted physical, oral, and behavioral health providers as well as, social services and community-based organizations (CBOs) with using health IT to support SDOH needs,	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Health IT tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs, for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality ○ Strategies used for supporting these groups with using health IT to support SDOH needs, including but not limited to screening and referrals in 2023

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ○ Any accomplishments and successes for 2023 related to each strategy ○ Any planning and/or preparation CCO has done in anticipation of 2024 requirement to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers. ● Sufficient detail and clarity to establish that activities are meaningful and credible
	2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using health IT to support SDOH needs, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Health IT tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for supporting these groups with using health IT to support social needs screening and referrals beyond 2023 ○ Specific activities and milestones for 2024-2026 related to each strategy ○ Specific plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals during Contract Years 2024-2026, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers. ● Sufficient detail and clarity to establish that activities are meaningful and credible.

2024 Health IT Roadmap Template

Please complete and submit this template via [CCO Contract Deliverables Portal](#) by **March 15, 2024**.

Instructions & Expectations

Please respond to all of the required questions included in the following Health IT Roadmap Template using the blank spaces below each question. Topics and specific questions where responses are not required are labeled as optional. The template includes questions across the following five topics:

1. Health IT Partnership
2. Support for EHR Adoption, Use, and Optimization
3. Use of and Support for HIE for Care Coordination and Hospital Event Notifications
4. Health IT to Support Social Determinants of Health (SDOH) Needs, including but not limited to social needs screening and referrals
5. Other health IT Questions (optional section)

Each required topic includes the following:

- Narrative sections to describe your 2023 strategies, progress, accomplishments/successes, and barriers
- Narrative sections to describe your 2024-2026 plans, strategies, and related activities and milestones. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you attach a separate document outlining your planned activities and milestones. However, you may attach your own document(s) in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones for each strategy and specifies the corresponding Contract Year).

Narrative responses should be concise and specific to how your efforts support the relevant health IT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with health IT, as well as any challenges/barriers experienced, and how OHA may be helpful. CCOs are expected to support physical, behavioral, and oral health providers with adoption of and access to health IT. That said, CCOs' Health IT Roadmaps and plans should:

- ✓ be informed by the CCO's Data Reporting File,
- ✓ be strategic, and activities may focus on supporting specific provider types or specific use cases, and
- ✓ include specific activities and milestones to demonstrate the steps CCOs expect to take.

OHA also understands that the health IT environment evolves and changes, and that plans may change from one year to the next. For the purposes of the Health IT Roadmap, the following definitions should be considered when completing responses.

- *Health IT to support care coordination:* While CCOs use health IT to support many different functions that relate to care coordination,* for the purposes of the HIT Roadmaps, OHA is focused on health IT to support care coordination activities between organizations caring for the same person. Note: This definition is not a change from previous Roadmap expectations. What has changed, is that CCO is now encouraged not to include strategies in the Roadmap specific to VBP, population health, or metrics, unless they are specifically called out (as in the Health IT to Support SDOH Needs section).

* OHA's Care Coordination proposed rules (410-141-3860, 410-141-3865, and 410-141-3870) provide more detail around broader care coordination activities.

- *Strategies:* CCO's approaches and plans to achieve outcomes and support providers.

- *Accomplishments/successes*: Positive, tangible outcomes resulting from CCO's strategies for supporting providers.
- *Activities*: Incremental, tangible actions CCO will take as part of the overall strategy.
- *Milestones*: Significant outcomes of activities or other major developments in CCO's overall strategy, with indication of when the outcome or development will occur (e.g., Q1 2024). **Note**: Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A note about the template:

This template has been created to help clarify the information OHA is seeking in each CCO's Health IT Roadmap. The following questions are based on the CCO Contract and Health IT Questionnaire (RFA Attachment 9); however, in order to help reduce redundancies in CCO reporting to OHA and target key CCO Health IT information, certain questions from the original Health IT Questionnaire have not been included in the Health IT Roadmap template. Additionally, at the end of this document, some example responses have been provided to help clarify OHA's expectations on the level of detail for reporting progress and plans.

HIT Roadmap Template Strategy Checkboxes

To further help CCOs think about their HIT strategies as they craft responses for their HIT Roadmap, OHA has included checkboxes in the template that may pertain to CCOs' efforts in the following areas:

- *Support for EHR Adoption*
- *Support for HIE for Care Coordination and Hospital Event Notifications*
- *Health IT to Support SDOH Needs*

The checkboxes represent themes that OHA compiled from strategies listed in CCOs' previous Health IT Roadmap submissions.

Please note: the checkboxes do not represent an exhaustive list of strategies, nor do they represent strategies CCOs are required to implement. It is not OHA's expectation that CCOs implement all of these strategies or limit their strategies to those included in the template. OHA recognizes that each CCO implements different strategies that best serve the needs of their providers and members. The checkboxes are in the template to assist CCOs as they respond to questions and to assist OHA with the review and summarizing of strategies.

Please send questions about the Health IT Roadmap template to CCO.HealthIT@odhsoha.oregon.gov

1. Health IT Partnership

Please attest to the following items.

a.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active, signed HIT Commons MOU and adheres to the terms.
b.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.
c.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Participated in an OHA HITAG meeting, at least once during the previous Contract year.

2. (Optional) Overview of CCO Health IT Approach

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

In general, EOCCO strives to support its network of contracted providers and local community partners in adoption and utilization of health IT platforms. The CCO has attempted to reduce some of the most common barriers to adopting EHR and HIE platforms by vetting and researching potential platforms, providing education and technical assistance on available tools, and providing financial incentives to help defray cost. These activities take place across physical, behavioral, and oral health providers. Please note that EOCCO's oral health provider network is split between two dental care organizations (DCOs), ODS Community Dental and Advantage Dental.

In the future the CCO would like to hire an additional staff member to serve as a health IT subject matter expert for internal CCO staff, HIT vendors, and external provider partners. This HIT Program Manager would ultimately help navigate vendor relationships, provide technical assistance to provider partners, and assist in future HIT implementation and platform enhancements.

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

A. Support for EHR Adoption, Use, and Optimization: 2023 Progress and 2024-26 Plans

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

- A. Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., 'Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information'). CCOs are expected to use this information to inform their strategies.
- B. Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
- C. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
- D. (Optional) Provide an overview of CCO's approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.
- E. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. The strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including number of organizations, etc., where applicable)
 - challenges related to each strategy, as applicable
 - Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.
 - f. (Optional) An overview of CCO 2024-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

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

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

Contracted Organization Type	# Organizations w/ Unknown EHR Vendor, No EHR, or EHR Status Unknown	% Organizations w/ Unknown EHR Vendor, No EHR, or EHR Status Unknown
Physical	26	34.7%
Behavioral	2	13.3%
Oral	3	14.3%

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

- **Physical Health:** EOCCO did not distribute a formal survey to physical health providers in 2023 due to low response rates from past survey efforts. The physical health team continued to focus on utilizing the Clinical Quality Measure (CQM) Reporting Process to collect EHR vendor and version information from clinics that submit clinical data. Through providing reporting technical assistance and incentive measure support the CCO has also been able to gather EHR vendor information from sites that do not formally submit CQM data. EOCCO will explore the possibility of including HIT questions in the physical health provider contracting process in the future.
 - The CCO aims to reduce the percentage of contracted physical health organizations with unknown or missing EHR information from 34.7% to 30.7% by 12/31/2024.
- **Behavioral Health:** EOCCO reviewed behavioral health contracts that were executed or amended in 2023 to collect data on the adoption and use of EHR and HIE platforms for the HIT Data File. EOCCO made changes to its contracting processes starting in 2021 so that all new behavioral health contract requests for EOCCO would include questions on the adoption and use of EHR and HIE platforms. The expanded HIT questioning is required for updated contracts and contract amendments. In addition to the behavioral health contract review process, EOCCO IT staff were able to arrange virtual meetings with nine of the fifteen behavioral health providers identified in the 2024 HIT Data File to review and validate their data.
 - There are no contracted behavioral health providers with unknown or missing EHR information, just two sites without EHR systems. The percentage reported in the table above is unlikely to change by next year unless one or more organizations adopt an EHR for the first time.
- **Oral Health:** Advantage Dental will send out its annual provider survey in January 2024. This survey asks about EHR adoption, including vendor/product/version information along with CEHRT certification status of the EHRs. If a provider does not respond to the survey or does not address all sections of the survey, Advantage Dental's provider relations team will reach out to the provider by phone to collect any missing information. ODS will continue to collect information about EHR use among its dental providers, including vendor/product version and CEHRT status and year in 2024. This will inform the EHR utilization rate and trends in products and versions among ODS providers. This information will be collected through the Annual Provider survey distributed via email. ODS will follow up with providers that do not provide a response to ensure this information is received by 12/31/2024.
 - The CCO aims to reduce the percentage of contracted oral health organizations with unknown or missing EHR information from 14.3% to 9.5% by 12/31/2024.

Strategy category checkboxes

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

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. EHR training and/or technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	7. Requirements in contracts/provider agreements
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Assessment/tracking of EHR adoption and capabilities	<input type="checkbox"/>	<input type="checkbox"/>	8. Leveraging HIE programs and tools in a way that promotes EHR adoption
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Outreach and education about the value of EHR adoption/use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Offer hosted EHR product
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Collaboration with network partners	<input type="checkbox"/>	<input type="checkbox"/>	10. Assist with EHR selection
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Incentives to adopt and/or use EHR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Support EHR optimization
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Financial support for EHR implementation or maintenance	<input type="checkbox"/>	<input type="checkbox"/>	12. Other strategies for supporting EHR adoption (please list here)

(Optional) **Overview of CCO approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination**

EHR Adoption – Strategy 1: CBIR HIT Opt-in Fund

EOCCO developed a Community Benefit Initiative Reinvestment (CBIR) fund specifically for EHR adoption and HIT optimization to support comprehensive and coordinated patient care. The CBIR Opt-in project is open to physical health, behavioral health, and oral health providers that serve 100 or more EOCCO members. Applicants can apply for up to \$50,000 of funds to support enhanced HIT for their organization.

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

☐ 1: TA ☐ 2: Assessment ☐ 3: Outreach ☒ 4: Collaboration ☐ 5: Incentives ☒ 6: Financial support
☐ 7: Contracts ☐ 8: Leverage HIE ☐ 9: Hosted EHR ☐ 10: EHR selection ☒ 11: Optimization ☐ 12: Other:

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

Provider types supported with this strategy:

☒ Across provider types OR specific to: ☐ Physical health ☐ Oral health ☐ Behavioral health

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

EOCCO's grant team received final reports in June 2023 from the five CBIR HIT grant projects funded for the 2022 project year. Four of the five funded projects (installation of data extraction/reporting software, MyChart activation campaign, project to increase use of a clinic's patient portal, and launch of a virtual chronic condition care management program) were implemented successfully. The fifth funded project was to implement a new EHR at three primary care sites within an Eastern Oregon county health district. Despite multiple delays, this district was ultimately able to implement a new EHR in 2023 but their EHR vendor was unable to fulfill many contract requirements, including the mandate that the new EHR system could be used to produce standardized quality measure reports. As a result, the health district began exploring new EHR vendor options in late 2023 and will likely end their contract with the CBIR-funded EHR vendor in 2024.

EOCCO also released the HIT RFA in Q3 2022 for projects implemented in 2023. The EOCCO Board voted to approve funding for two organizations. One organization requested funds to support expanding their EHR functionality by hiring a temporary Epic certified specialist to develop continuing education resources for Epic, increase clinic confidence in their use of Epic, and create a library of reference material for continued use. The other approved project was for implementation of the Compass Rose Care Coordination System in Epic to allow care management teams to document care management visits, evaluate and track SDoH and refer patients to community resources. Both funded projects successfully launched in 2023.

Lastly, EOCCO released the 2024 HIT RFA in Q3 2023 and the EOCCO Board approved HIT funding for two of five applications to implement in 2024. The approved projects include funding to integrate Unite Us CIE data into an FQHC's instance of Epic and funding to establish a telehealth network for behavioral health services. By funding these projects EOCCO achieved the 2023 Roadmap milestone of providing financial support to at least two additional organizations by the end of Q1 2024.

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

Planned Activities

1. Evaluate the success of the 2023 HIT CBIR opt-in projects once final reports are received in Q2 2024.
2. Support the two organizations who are awarded funds in 2024 in project implementation and evaluation.

Planned Milestones

1. By 12/31/2024, both funded 2024 HIT projects will have been successfully implemented and evaluation steps will have begun.
2. By 3/31/2025, EOCCO will provide CBIR funds to support two additional organizations in EHR adoption and optimization efforts.

EHR Adoption – Strategy 2: EHR Technical Assistance & Vendor Alignment with FHIR Standards

EOCCO continues to work closely with its contracted physical health providers as they adopt and upgrade their EHRs. EOCCO has a dedicated quality improvement team that works with clinics to ensure that their EHRs have reporting capabilities for the incentive measure program, particularly for the EHR-based clinical quality measures (CQMs). If clinics are not able to report on specific metrics, the EOCCO quality team will work with the clinic to modify clinic workflows to align with improved EHR data extraction and assess usability and reliability of data. The team also facilitates conversations with EHR vendors to improve reporting capabilities.

EOCCO also has a robust Value-Based Payment structure that supports EHR adoption and improvement efforts through financial incentives. As part of the quality amendment in our risk model, EOCCO awards clinics with a quality bonus payment based on their performance on a certain subset of the quality measures. The risk model contract states that clinics are only eligible to receive payment for clinical quality measures if a practice reports in alignment with the requirements documented in the EHR-based measure guidance document published annually on OHA's website.

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

☐ 1: TA ☒ 2: Assessment ☐ 3: Outreach ☒ 4: Collaboration ☒ 5: Incentives ☐ 6: Financial support
☐ 7: Contracts ☐ 8: Leverage HIE ☐ 9: Hosted EHR ☐ 10: EHR selection ☒ 11: Optimization ☐ 12: Other:

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☐ Behavioral health

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

EOCCO collected EHR adoption, vendor, and version data from Q4 2023 to Q1 2024 for the 2023 measurement year. This data has been updated in EOCCO's Data Reporting File. During 2023, EOCCO Quality staff also gave reporting guidance to a hospital primary care clinic undergoing an EHR transition. This hospital's new EHR vendor requested documentation and clarification on incentive measure reporting requirements in order to ensure the organization could meet EOCCO and OHA's reporting requirements for their Q3 2023 implementation.

One challenge the CCO experienced with this strategy relates to the health district mentioned in Strategy 1 that received 2022 CBIR funds to implement a new EHR. The CCO Quality staff provided significant technical assistance to this health district and their EHR vendor to help them appropriately configure encounter data and measure extracts. As addressed in Strategy 1, despite this technical assistance the EHR vendor was not able to fulfill their contract requirements to produce the required reports for the clinic or the CCO.

The CCO continued to use its Value-Based Payment structure to incentivize clinics to adopt EHR systems with reporting capabilities in 2023. Four of eleven measures in the 2023 payment formula required standard data submission from EHR reporting. In part due to the technical support provided by EOCCO and the financial incentives to report standardized data, EOCCO was able to report on a similar percentage of available Clinical Quality Measures for 2023 (84.8%) as in 2022 (85.9%). Due to the mid-year EHR transition mentioned above, EOCCO chose to remove this organization from the 2023 CQM Submission. This resulted in the total number of entities reporting CQM data decreasing from 34 in 2022 to 33 in 2023 and the total number of measures reported to OHA to decrease from 146 in 2022 to 140 in 2023.

EOCCO achieved one of the milestones from the 2023 HIT Roadmap as the hospital that was provided technical assistance successfully transitioned to their new EHR in Q3 2023. We did not achieve the second milestone of increasing the number of measures reported on the 2023 CQM Submission, in part due to the EHR reporting difficulties faced by the health district.

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

<p>The CCO hopes to add the health district's three primary care clinics back into the CQM Submission for the 2024 reporting period by encouraging the organization to transition to a new EHR that meets FHIR standards.</p>	
<p>Planned Activities</p> <ol style="list-style-type: none"> Continue supporting clinics in using EHR products that align with OHA reporting and FHIR standards. This will be done through technical assistance calls and review of reporting requirements with potential vendors. 	<p>Planned Milestones</p> <ol style="list-style-type: none"> By 3/31/2025, EOCCO will increase the number of measures reported on the 2024 Clinical Quality Measure Submission to 155. By 12/31/2025, at least one additional organization will have transitioned to an EHR system with FHIR standards in place.
<p>EHR Adoption – Strategy 3: EHR Education Campaign among Dental Practices (Advantage Dental)</p> <p>Advantage Dental educates its provider network about EHR adoption through an annually-updated provider-facing policy. In the policy, Advantage recommends the use of a 2015 Certified Electronic Health Record (EHR) system to improve the quality and coordination of care for patients by providing immediate access to their complete and secure health record. Providers are expected to review and attest to reviewing the policy each year.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p> <input type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other: </p>	
<p>Strategy status:</p> <p> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped </p>	
<p>Provider types supported with this strategy:</p> <p> <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input checked="" type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health </p>	
<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>In 2023 the Advantage team updated its EHR policy and prepared to distribute it to the provider network. The team researched current dental EHR products and compiled a set of resources meant to help providers determine which vendor could best suit their practice's needs. All providers reviewed and attested to the policy, but no new EHR systems were adopted within the Advantage provider network.</p>	
<p>Overview of 2024-26 plans for this strategy (Optional):</p>	
<p>Planned Activities</p> <ol style="list-style-type: none"> Advantage Dental will perform the 2024 policy review in March 2024. Advantage will require its contracted providers to review and attest to the policy. 	<p>Planned Milestones</p> <ol style="list-style-type: none"> By 12/31/2024, all contracted Advantage providers will attest to reviewing the 2024 EHR policy.
<p>EHR Adoption – Strategy 4: Incentives for EHR Adoption among Dental Practices (ODS)</p> <p>ODS provides bonus dollars to its capitated providers that participate in EHR initiatives. Providers who review materials provided by ODS, respond to survey questions, and consider participation in pilot programs regarding EHR adoption will have an opportunity to earn additional funding. Funding is only made available if providers achieve all seven bonus participation standards and if they meet or exceed targets for quality and performance measures, submit all member encounter data and comply with all OHP requirements as outlined by the CCO, OHA, and ODS. Their achievement of this standard is assessed through regular communications and meetings held with these providers and their survey response.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p> <input type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input checked="" type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other: </p>	

Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy: <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input checked="" type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): <p>In 2023 many capitated providers participated in HIT initiatives and discussions with ODS when applicable. In 2023 ODS was able to add three more capitated providers that were subjected to these contract terms. However, no providers participated in EHR pilot programs as none were available. There are several barriers to dental offices adopting electronic health record systems. This software is expensive and requires significant staff hours to implement, which many dental providers do not have. This is further exacerbated by the cut in 2024 dental rates. Many ODS clinics are devoting any resources available to recruiting both dental and auxiliary staff as workforce shortages continue to be a challenge and a priority in 2024. They are also striving to maintain operation levels to continue seeing current membership.</p>	
Overview of 2024-26 plans for this strategy (Optional):	
Planned Activities <ol style="list-style-type: none"> 1. ODS will maintain HIT as a bonus participation standard in 2024 capitated provider contracts. 2. The DCO will add more capitated providers through contracting outreach. 	Planned Milestones <ol style="list-style-type: none"> 1. By 12/31/2024, ODS intends to add two newly capitated providers to its network.
EHR Adoption – Strategy 5: Exploration and Implementation of Common CCO EHR for BH Providers <p>Through annual reviews of the HIT Data File and provider outreach, EOCCO has identified smaller contracted behavioral health providers as having unique challenges in the adoption of EHR technologies. The primary barriers identified for these agencies in EOCCO are two-fold; limited financial resources to support implementation and ongoing EHR costs as well as limited in-house technical infrastructure and expertise. A potential model to address these barriers would be for EOCCO to administer certified EHR services for a network of providers who would otherwise have difficulties supporting that infrastructure on their own. EOCCO has explored multiple open-sourced certified EHR solutions with providers as a low-cost option for standing up a network of providers with a shared EOCCO EHR platform.</p>	
Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input checked="" type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other:	
Strategy status: <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy: <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): <p>Through an analysis of HIT data gathered in previous years, EOCCO had identified and prioritized several smaller behavioral health providers, each with 1-3 practitioners, for targeted outreach efforts related to this strategy. EOCCO conducted a survey with representatives from different behavioral health providers lacking EHR solutions in the first quarter of 2023 and followed up with an additional four providers based on responses to that survey. Feedback from these providers regarding the feasibility of this strategy and their willingness to join a consortium of practices sharing an EHR has unfortunately not been successful. Practices noted the following reasons:</p> <ul style="list-style-type: none"> • Complexity in Documentation Transition: The process of transitioning documentation is presented as a time-consuming challenge, impacting the efficiency and overall viability of the strategy. This additional 	

<p>time poses a significant barrier to convincing smaller providers to transition different documentation processes, including EHR adoption.</p> <ul style="list-style-type: none"> • Business Relationships: There is noticeable apprehension among providers regarding the CCO's role in the management of this service, attributed to its involvement across different lines of business. This apprehension has led to hesitancy in full adoption and support of the model, reflecting concerns over its effectiveness and alignment with their operational needs. • Overall Insufficient Provider Interest: The strategy requires the active participation of at least five practices to ensure its sustainability and effectiveness. Unfortunately, it has not garnered sufficient interest among providers to meet this threshold. This lack of engagement indicates a misalignment with the needs or expectations of the intended participants, leading to the conclusion that the strategy is not viable in its current form. 	
<p>Overview of 2024-26 plans for this strategy (Optional):</p> <p>The reasons described above collectively guided EOCCO's decision to retire the current strategy and seek alternative approaches that better align with provider needs.</p>	
<p>Planned Activities</p> <p>1. N/A</p>	<p>Planned Milestones</p> <p>1. N/A</p>
<p>EHR Adoption – Strategy 6: EHR Technical Assistance for Non-Community Mental Health Program (CMHP) BH Providers</p> <p>EOCCO has worked to develop EHR technical assistance resources for behavioral health providers identified in the HIT Data File and subsequent analysis. The analysis identified which providers should be prioritized based on volume of services provided and potential for the organization to viably sustain independent EHR adoption. Additionally, the CCO has compiled documentation of EHR resources and best practices to include in the technical assistance plan to help provide a framework for these efforts. The technical assistance plan is aimed at supporting EHR adoption by the smaller behavioral health providers as outlined in EHR Adoption Strategy 5 and supporting behavioral health providers who are transitioning or upgrading their EHR tools.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p> <input checked="" type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other: </p>	
<p>Strategy status:</p> <p> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped </p>	
<p>Provider types supported with this strategy:</p> <p> <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health </p>	
<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>EOCCO reviewed and updated the initial resource document for behavioral health (BH) EHR adoption and re-distributed in March of 2023. This revised version continues to provide comprehensive information on the importance of EHR adoption, current certifications and requirements, contacts for EHR vendors utilized by BH providers in the region, and key contacts at EOCCO for technical assistance. The updated document reflects any changes or developments in the field of EHR adoption and incorporates feedback received from BH providers. The technical assistance resource document remains integrated into the BH technical assistance plan for 2023. This plan identifies providers who do not have an EHR solution based on the previous year's HIT Data Reporting File, ensuring targeted support for those in need of assistance with EHR adoption.</p>	
<p>Overview of 2024-26 plans for this strategy (Optional):</p>	
<p>Planned Activities</p> <p>1. Update and redistribute the EHR adoption technical assistance resource document via</p>	<p>Planned Milestones</p>

<p>direct email and GOBHI's monthly provider newsletter.</p> <p>2. Outreach to all BH providers who do not currently have an EHR via the HIT Data Reporting File, or who have self-identified as undergoing a EHR transition, to offer technical assistance and support.</p>	<p>1. By 7/1/2024, the updated EHR adoption technical assistance resource document will be distributed to BH providers.</p> <p>2. By 12/31/2024, EOCCO staff will have held at least five individualized EHR technical assistance meetings with contracted BH providers.</p>
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B. EHR Support Barriers: (Optional)

Please describe any barriers that inhibited your progress to support EHR adoption, use, and/or optimization among your contracted providers.

Similar to the barriers encountered in 2021 and 2022, workforce limitations, significant cost of reporting software, and lack of administrative support in the rural and frontier service regions of the state have made progress towards EHR adoption and prioritization slow in 2023. Even with potential funding provided by the CBIR HIT Opt-in grant opportunity, many organizations are not able to convert or upgrade to EHR systems due to the significant time and staff hours an upgrade would require. These limitations are particularly pronounced in the dental sector.

C. OHA Support Needs: (Optional)

How can OHA support your efforts to support your contracted providers with EHR adoption, use, and/or optimization?

EOCCO's Dental Care Organizations (DCOs) ODS Dental and Advantage Dental have noted that financial incentives related to EHRs would help to motivate their providers. These incentives could come in the form of grant programs, scholarships, or contract incentives from the OHA. The reduction 2024 dental service rates has resulted in the DCOs having a smaller pool of money with which to incentivize providers.

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

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

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

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

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

Notes:

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

Strategy category checkboxes (within CCO)

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

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Care coordination and care management	<input type="checkbox"/>	<input type="checkbox"/>	4. Enhancements to HIE tools (e.g., adding new functionality or data sources
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Exchange of care information and care plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Collaboration with external partners
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Integration of disparate information and/or tools with HIE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Other strategies for supporting HIE access or use (please list here): <i>Utilization monitoring and management</i>

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

- **Arcadia Analytics Population Health Management Platform with Care Coordination Features:** Our CCO uses a robust population health management platform that integrates claims and Electronic Health Record (EHR) data to deliver real time data at the point of care. This allows internal CCO staff, including the care coordination and case management teams, to provide coordinated patient care.
- **HMS Essette:** The EOCCO Behavioral Health and Physical Health care coordination teams share their charting and documentation within a platform that each CC team can see. This allows both teams to avoid duplication of services and to be up to date on the current care planning and goals for each member.
- **Point Click Care (FKA Collective Medical):** The PCC platform supports care coordination among providers and our CCO, through real-time event communication as well as a shared care plan. The shared use of the Collective Platform between primary care, EDs, CMHPs, and DCOs is intended to bring attention and coordinated intervention to those members who present to emergency service and hospital settings.
- **Smartsheet:** Smartsheet is a web-based tool that allows users to share reports, workflows, dashboards, and surveys. Patient information can be shared and updated securely between users at different organizations. Within the CCO this tool is primarily used to support communication regarding incentive measure tracking, outreach for visit scheduling, care coordination, and health-related social needs (HRSN) requests. We support users at the physical, behavioral, and dental care organizations that make up the CCO.

(Optional) Overview of CCO Approach to using HIE for care coordination and hospital event notifications

HIE for CC & HEN – Strategy 7: Care Management Vendor Solution

The Medicaid Services Director has continued to explore care management and health coaching vendor options for EOCCO members. The goal is to select an organization that can help the health plan conduct health risk assessments, integrate and share the resulting data across HIE tools, and provide care to members with special health care needs. All vetted organizations are assessed for their ability to identify the rising risk population and provide at-risk members with access to a health coach or case manager as needed.

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

☒ 1: Care Coordination ☒ 2: Exchange care information ☒ 3: Integration of disparate information
☐ 4: HIE tool enhancements ☐ 5: Partner collaboration ☐ 6: Other:

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

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

EOCCO has not yet selected a centralized Care Management vendor solution. It continues to be challenging to find a vendor that is the right fit for the diverse needs of the CCO's rural and frontier population. The Medicaid Director did not interview any potential comprehensive Care Management vendors in 2023 as no suitable candidates were found.

The CCO continued to contract with several vendors that provide management and health coaching services for specific conditions and needs in 2023:

- The Quality team also continued to collaborate with the Oregon Rural Practice-based Research Network (ORPRN) to administer social needs screenings to high-risk EOCCO members using the Accountable Health Communities (AHC) tool. ORPRN screeners used these interactions as a means to refer members to EOCCO's Case Management services and Health Related Services request process. See SDoH Needs Strategy 23 for more information on this program.
- The Quality team continues to support the Teladoc (formerly known as Livongo) diabetes self-management (DSM) program. Members who opt into the DSM program gain access to blood glucose meters, unlimited test strips and refills, and health coaching services to help control their diabetes and A1c levels. As of December 2023, Teladoc had enrolled [REDACTED] EOCCO members in this program, representing [REDACTED] of the eligible member population.
- In 2023 the Medicaid Director also collaborated with the Healthcare Services department to implement Strive Health, a care management solution for individuals with chronic kidney disease (CKD) or end-stage renal disease (ESRD). Strive provides health coaching, dietitian consultation, educational resources on CKD, and care coordination to individuals who opt into the program. As of December 2023, Strive Health had enrolled [REDACTED] EOCCO members in their kidney health programs, representing [REDACTED] of admissible members. This far surpassed the 2023 milestone of onboarding at least [REDACTED] of eligible members.

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

As mentioned above EOCCO's needs are unique given its large service area and rural and frontier member counties. This has made it challenging to identify centralized Care Management vendors that can help coordinate care across such a large service area with high areas of need. In order to narrow the pool of vendors to meet with, the Medicaid Services Director will research what platforms are used at other CCOs with rural service areas. This research will involve engaging with other CCO Care Management teams in order to learn more about their preferred HIE tools and workflows for care coordination.

Planned Activities

1. The Director and Medicaid Quality Supervisor will continue vetting potential centralized care management vendors who can support members with special health care needs and integrate health risk assessment data.

Planned Milestones

1. By 12/31/2024, EOCCO will have examined at least one new potential care management vendor.
2. By 12/31/2024, EOCCO will have increased enrollment in the Strive Health kidney programs

<p>2. The Quality team will continue partnering with existing vendors Teladoc, ORPRN, and Strive Health to provide care management support for members.</p>	<p>to at least [REDACTED] members or [REDACTED] of the admissible population, whichever is higher.</p> <p>3. By 12/31/2024, EOCCO will have increased enrollment in the Teladoc DSM to at least [REDACTED] members or [REDACTED] of the eligible population, whichever is higher.</p>
<p>HIE for CC & HEN – Strategy 8: Adding Case Manager Contacts in PointClickCare</p> <p>Physical Health Case Management (CM) staff continue to add their names and contact information to the Care Team section in the Collective platform. Adding this information allows better collaboration between external providers and internal case managers who work closely with members. This strategy informs providers that the case managers that are calling the clinics are truly involved in the members' care and reduces the concern for HIPAA violations.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p><input checked="" type="checkbox"/> 1: Care Coordination <input checked="" type="checkbox"/> 2: Exchange care information <input type="checkbox"/> 3: Integration of disparate information</p> <p><input type="checkbox"/> 4: HIE tool enhancements <input checked="" type="checkbox"/> 5: Partner collaboration <input type="checkbox"/> 6: Other:</p>	
<p>Strategy status:</p> <p><input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped</p>	
<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>EOCCO physical health case managers continued to attach their names and contact information to the Care Team section of a member's file in Collective. In 2023, the Physical Health Case Managers continued removing themselves from specific members' cases if the member declined services or stopped responding to outreach. This process has been helpful for providers when they are unsure of the validity of the case manager calling for information on a patient. In this situation the case manager can point the provider or clinic staff to Collective to verify their contact information. This strategy also meets part of the CCO's MOU with Adults and Persons with Disabilities (APD) by providing additional contact information on members.</p> <p>In 2023 the PHCM team also determined that it was appropriate for Case Managed members to have the BH team care coordinators added to the Care Team section in PCC as well. The BH team Manager has been trained in this process, though training and implementation of this process for the rest of the BH team has not taken place yet.</p>	
<p>Overview of 2024-26 plans for this strategy (Optional):</p>	
<p>Planned Activities</p> <p>1. The Physical Health CM team will work with the BH Care Coordination team to add the BH Care Coordinators to the care team section for all case managed members in PCC.</p>	<p>Planned Milestones</p> <p>1. By 3/1/2024, the full BH Care Coordination team will be trained to add themselves to the Care Team in PCC.</p> <p>2. By 5/1/2024, all EOCCO case managed members will have an assigned care coordinator or case manager on their PCC Care Team.</p>
<p>HIE for CC & HEN – Strategy 9: Use of PointClickCare to Facilitate Daily ED Rounds</p> <p>Greater Oregon Behavioral Health, Inc. (GOBHI), as part of EOCCO, uses PCC to support care coordination for members who utilize the Emergency Department (ED). Since 2018, GOBHI's utilization management team has held "Daily ED Rounds" to monitor ED Utilization among its members and ensure proper follow up and coordination of care. The intent of these rounds is to identify high ED utilizers and to ensure that interventions are put into place to help provide services to these individuals and reduce unnecessary ED utilization.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p><input checked="" type="checkbox"/> 1: Care Coordination <input checked="" type="checkbox"/> 2: Exchange care information <input type="checkbox"/> 3: Integration of disparate information</p>	

☐ 4: HIE tool enhancements ☒ 5: Partner collaboration ☒ 6: Other: Utilization monitoring & management

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

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

EOCCO's Behavioral Health Medical Director continued to meet with the GOBHI Care Management team and representatives from each Eastern Oregon CMHP each week day to review Collective ED reports and cases in 2023. The team continued to enter care plans for high-risk behavioral health members, including those with a severe and persistent mental illness (SPMI) diagnoses and/or who are engaged in assertive community treatment (ACT) services, into PCC. Analysts also worked to integrate EOCCO encounter and enrollment data into the daily ED report from PCC to provide additional patient utilization histories and additional risk stratification.

Month	2022 ED Encounters	2023 ED Encounters
Jan.		
Feb.		
Mar.		
Apr.		
May		
June		
July		
Aug.		
Sept.		
Oct.		
Nov.		
Dec.		
Total		

EOCCO observed a considerable decrease in the average encounters per member between 2022 and 2023, though we did not reach our set annual goal for these efforts. While the overall volume of ED encounters increased in 2023, compared with 2022, the CCO membership grew at a faster rate over the same time period; resulting in a lower per-member rate of ED utilization.

Year	End of year Membership	Total ED Encounters	Average Encounters per Member
2022	71,510		
2023	75,163		

The ED Rounds team was not able to begin meetings with non-CMHP providers in 2023 due to limited resources and staffing.

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

Planned Activities

1. GOBHI will continue holding daily ED Rounds for its Care Management team and CMHP representatives.
2. This team will also continue work to expand behavioral health care management meetings to non-CMHP providers by arranging meetings with non-CMHP sites to review PCC case information related to their clients to demonstrate the platform's value.

Planned Milestones

1. By 12/31/2024, care management staff will meet with at least 10 non-CMHP providers to discuss onboarding to PCC and joining daily ED Rounds.
2. By 12/31/2024, the annual average number of ED encounters will decrease to [REDACTED]

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

Please describe your 2023 progress and 2024-26 plans for supporting increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health

providers. Please include any work to support clinical referrals between providers. In the spaces below (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
2. List and describe specific HIE tool(s) you currently or plan to support or provide for care coordination and hospital event notifications. CCO-supported or provided HIE tools must cover both care coordination and hospital event notifications. Please include an overview of key functionalities related to care coordination.
3. Report the number of physical, oral, and behavioral health organizations that have not currently adopted HIE tools for care coordination or do not currently have access to HIE for hospital event notifications using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., 'Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information'). CCOs are expected to use this information to inform their strategies.
4. (Optional) Provide an overview of CCO's approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers.
5. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including the number of organizations of each provider type that gained access to HIE for care coordination tools and HIE for hospital event notifications as a result of your support, where applicable)
 - challenges related to each strategy, as applicable

Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.
 - f. (Optional) An overview of CCO 2024-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

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

Strategy category checkboxes (supporting providers)

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

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. HIE training and/or technical assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Assessment/tracking of HIE adoption and capabilities			8. Financially support HIE tools and/or cover costs of HIE onboarding
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Outreach and education about value of HIE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Offer incentives to adopt or use HIE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Collaboration with network partners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Enhancements to HIE tools (e.g., adding new functionality or data sources)			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Integration of disparate information and/or tools with HIE	<input type="checkbox"/>	<input type="checkbox"/>	11. Other strategies that address requirements related to federal interoperability and patient access final rules (please list here):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Requirements in contracts / provider agreements			
<input type="checkbox"/>	<input type="checkbox"/>	12. Other strategies for supporting HIE access or use (please list here):			

List and briefly describe tools supported or provided by CCO that facilitate care coordination and/or provide access to timely hospital event notifications. HIE tools must cover both care coordination and hospital event notifications.

- **Arcadia Analytics Population Health Management Platform with Care Coordination Features:** Our CCO sponsors utilization of this tool for providers interested in its use for care coordination, patient reporting, measure tracking, risk adjustment, and more. CCO sponsorship of Arcadia allows onboarded providers and other members of the care team to provide better coordinated patient care.
- **Emergency Room and Inpatient Notification (ER-IP) Reports:** EOCCO distributes weekly hospital event notification reports to all contracted primary care practices. These reports inform physical health practices of their assigned patients that encountered at any Emergency Department so they can provide appropriate follow-up outreach and services.
- **Point Click Care (FKA Collective Medical):** The PCC platform supports care coordination among providers and our CCO, through real-time event communication as well as a shared care plan. The shared use of PCC between primary care, EDs, CMHPs, and DCOs is intended to bring attention and coordinated intervention to those members who present to emergency service and hospital settings.
- **Smartsheet:** Smartsheet is a web-based tool that allows users to share reports, workflows, dashboards, and surveys. Patient information can be shared and updated securely between users at different organizations. While EOCCO does not grant full user licenses to individuals outside of its component CCO companies, CCO do staff use the reporting and form functions in Smartsheet to share both patient-level and system-level information with contracted providers.

(Optional) Overview of CCO approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted providers

Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, **report on the number of contracted physical, oral, and behavioral health organizations that do not currently have access to an HIE tool for care coordination or for hospital event notifications:**

	Contracted Organization Type	# Organizations without any HIE Care Coordination Tool	% Organizations without any HIE Care Coordination Tool

Physical	30	40.0%
Oral*	20	95.2%
Behavioral	5	33.3%

**Note: The Care Coordination team from Advantage Dental is connected to Reliance and Unite Us on behalf of its provider network.*

HIE for CC & HEN – Strategy 10: Arcadia Analytics Adoption & Technical Assistance

EOCCO supports and utilizes the Arcadia Analytics HIE tool for care coordination. The CCO currently covers the cost of this platform for eleven of EOCCO's clinic systems. Clinic staff can use this tool to view gap lists, monitor quality measure performance, prepare for upcoming visits, and compare performance by provider. The tool also includes a full patient registry with condition history, risk scores, and cost saving data. Access to this information allows for much smoother care coordination between different care settings and types. The EOCCO Quality team strives to promote this tool to contracted physical health organizations, provide technical assistance to existing clinic users, and offer onboarding assistance and financial sponsorship to future clinic partners.

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

☒ 1: TA ☒ 2: Assessment ☒ 3: Outreach ☒ 4: Collaboration ☒ 5: Enhancements ☐ 6: Integration ☐ 7: Contracts
☒ 8: Financial support ☐ 9: Incentives ☐ 10: Hosted EHR ☐ 11: Other (requirements): ☐ 12: Other:

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☐ Behavioral health

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

Over the past year EOCCO has educated contracted physical health organizations on the benefits of using HIE tools such as Arcadia Analytics for patient care coordination. These conversations occurred at both biannual clinic trainings and standing monthly meetings with engaged practices. For clinics that are already onboarded with Arcadia, the Quality team served as the first point of contact for technical assistance needs such as help navigating the platform, future enhancement requests, and potential data discrepancies.

Throughout 2023 CCO Quality staff met with Arcadia Analytics account representatives and support staff on a weekly basis to continuously improve platform performance for care coordination and support implementation of new practices. The CCO successfully onboarded one new health system to the platform and provided training on platform navigation. In the second half of 2023 CCO staff began making updates to the eligibility, claims, and provider files sent to Arcadia. These updates proved to be a significant undertaking and the Quality team chose to put provider recruitment efforts on hold while these improvements were made.

One significant challenge that the CCO encountered in 2023 was the new EHR implementation for two onboarded clinics. Both organizations chose to postpone re-connecting to Arcadia while they trained staff and established new workflows in their new EHR systems. Consequently, both organizations are no longer actively connected to Arcadia, though the CCO Quality staff plans to revisit renewing their connections in 2024. This resulted in the portion of EOCCO membership assigned to an Arcadia-connected clinic temporarily decreasing to 43.1% at the end of 2023 and EOCCO not meeting the 2023 Roadmap milestone of 60%.

Clinic System Name	EOCCO Population (As of 12/2022)	EHR	Arcadia Live Date	Arcadia Inactive Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

individual patient charts. The EOCCO Quality team works in collaboration with Arcadia account representatives to ensure users are aware of these features and can use them to have a more complete picture of a patient's care.	
Strategy categories: Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy: <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): <p>The physical health Quality team continued to meet with many engaged clinics on a regular basis and provide technical assistance on platform use during 2023. Platform users were offered specific examples of how increasing care coordination could improve their incentive measure performance, such as providing more timely referrals and follow-up. In 2023 the Quality team held formal virtual Arcadia refresher trainings with three onboarded clinics, achieving the 2023 Roadmap milestone of holding at least one virtual training. These trainings covered a variety of platform functions and highlighted tools for care coordination such as viewing individual patient records and visit histories and using Arcadia's suite of Utilization Reports.</p> <p>EOCCO's physical and behavioral health Case Management teams maintained their Arcadia account access in 2023 but their engagement with the tool was more limited due to reduced staffing on the physical health team and slower than expected behavioral health practice onboarding on the behavioral health team's side (see Strategy 12 for more details). The main challenge in working on this strategy continues to be encouraging clinical staff to use the Arcadia platform in addition to the variety of other tools they are expected to utilize.</p>	
Overview of 2024-26 plans for this strategy (Optional):	
Planned Activities <ol style="list-style-type: none"> EOCCO will highlight use cases for Arcadia's suite of Utilization Reports for both clinic and CCO staff users. The EOCCO Quality team will work with clinic contacts to create a list of desired care coordination-related functions in the Arcadia platform. EOCCO will then collaborate with the Arcadia account team to create content for an updated care coordination-focused virtual training. 	Planned Milestones <ol style="list-style-type: none"> By 12/31/2024, EOCCO will provide refresher platform trainings for both the physical health and behavioral health Case Management teams. By 12/31/2024, the EOCCO Quality team will have held Arcadia refresher trainings with at least 6 of 11 connected organizations.
HIE for CC & HEN – Strategy 12: Expansion of CMHP Participation with Arcadia Analytics EOCCO has been working toward getting all contracted CMHPs fully connected to the Arcadia Analytics platform. All CMHPs in Eastern Oregon are past users of Arcadia's HIE service and we are hopeful that this process of reengagement will shorten onboarding timelines as a result. EOCCO data sharing agreements have been updated and all CMHPs have agreed to future participation and project timelines.	
Strategy categories: Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input checked="" type="checkbox"/> 7: Contracts <input checked="" type="checkbox"/> 8: Financial support <input checked="" type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy:	

<input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): <p>Progress on this strategy was paused for the majority of 2023 as EOCCO has undergone the process of reconfiguring its behavioral health Value-Based-Payment (VBP) program with its seven contracted CMHPs in the region. GOBHI, on behalf of EOCCO, is currently working with its CMHP directors to integrate the encouraged use of Arcadia Analytics to track quality measures into the updated VBP program. Additionally, EOCCO has been exploring options to provide direct financial incentives for the adoption of Arcadia Analytics by CMHPs as there currently are none for these practices.</p> <p>Both of these tactics look to address challenges expressed by our CMHP staff over the past couple of years. Many of EOCCO's smaller CMHPs have noted the administrative burden of regular flat file transfer required from their behavioral health EHR, which usually lack the same reporting capacities as more common physical health EHRs such as Epic, in the absence of direct financial adoption incentives.</p>	
Overview of 2024-26 plans for this strategy (Optional): <p>Up until 2024, EOCCO's BH VBP program has centered on a collection of home-grown measures that have not been able to be tracked using Arcadia Analytics which presented a barrier for some clinics in terms of buy-in. That challenge has hopefully been addressed with the adoption of the 2024 measure set, which is now aligned with CCO incentive measure program and is more easily tracked using the platform. Activities related to this strategy will resume when new VBP contracts are executed with the CMHPs in 2024.</p>	
Planned Activities <ol style="list-style-type: none"> 1. The CCO will continue to promote adoption by remaining CMHPs in regular care coordination meetings and communication. 2. The CCO will review and explore financial incentives for adoption in the coming months. 	Planned Milestones <ol style="list-style-type: none"> 1. By 12/31/2024, the CCO will draft guidelines for tracking CMHP quality metrics into CMHP VBP contracts.
HIE for CC & HEN – Strategy 13: HIE Education Among Dental Practices <p>HIE adoption rates continue to be low within the dental industry as this type of tool is fairly new in this sector, aside from the use of PCC in some clinics and at some DCOs. Further information about the different platforms available, their benefits and uses case for dental is needed to help educate and promote HIE use among our providers.</p>	
Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
Strategy status: <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input checked="" type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy: <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input checked="" type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): <p>ODS continued to research the use of HIE tools in dental practices and found that most sites that use any type of HIE are typically integrated Federally Qualified Health Centers (FQHCs) that provide physical and behavioral health services alongside dental care. Moreover, at the plan level ODS is still trying to educate themselves on the use of HIEs to be able to better engage the provider network. Given that not all of EOCCO's oral health providers currently use a known EHR, the CCO's Dental Care Organizations (DCOs) will keep this strategy on hold in order to focus on increasing the use of electronic health record systems in the next year. Increasing basic EHR utilization will allow dental practices to make better use of an HIE tool. It is worth noting that the percentage of oral health providers with a known EHR tool increased from 40% in the 2023 Data Reporting File to 85% in the 2024</p>	

File. ODS will continue to offer a financial incentive for capitated providers that participate in EHR initiatives (see EHR Adoption Strategy 4).

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

Given the increase in knowledge of EHR vendors used by oral health providers in the past year, the dental care organizations will be encouraged to re-visit HIE promotion and education among their provider network. Knowing that HIT tool adoption and familiarization takes time, the CCO will not plan any activities for this strategy for 2024 but will encourage DCOs to revisit this topic with their providers as appropriate.

Planned Activities

1. N/A

Planned Milestones

1. N/A

HIE for CC & HEN – Strategy 14: Depression Screening in Dental Offices Pilot

EOCCO identified three dental practices to pilot the depression screening in dental offices project. The three dental offices implemented the Patient Health Questionnaire (PHQ)-2 and PHQ-9. For patients who received a score of 10 or above on the PHQ-9, they were referred to EOCCO's Behavioral Health (BH) Case Management (CM) team who reached out to the patients to connect them with BH resources. This program uses the Smartsheet tool to securely track screening results and make referrals to the BH CM team as needed.

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

☒ 1: TA ☐ 2: Assessment ☐ 3: Outreach ☒ 4: Collaboration ☐ 5: Enhancements ☒ 6: Integration ☒ 7: Contracts
☐ 8: Financial support ☐ 9: Incentives ☒ 10: Hosted EHR ☐ 11: Other (requirements): ☐ 12: Other:

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☐ Physical health ☒ Oral health ☒ Behavioral health

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

This pilot was paused at the beginning of 2023 due to staffing turnover. Creating a pause with this program slowed down communication between EOCCO and dental clinics. This pause also resulted in slowed progress toward achieving milestones identified in the 2022 HIT Roadmap. While [REDACTED] continued their depression screenings [REDACTED] had halted their progress altogether. In Q4 2023 the EOCCO team built up the project team again and renewed regular communication between EOCCO and the dental care organization (DCO). Since then, representatives from the physical, behavioral, and dental teams have met monthly to discuss successes and barriers to the program.

In total [REDACTED] has screened [REDACTED] dental patients for depression and [REDACTED] has screened [REDACTED] patients. The workgroup has experienced some barriers to implementation with using the Smartsheet tool for tracking. This challenge created data confusion and inaccuracy. Another challenge involved dental staff feeling unequipped talking about mental health topics with patients as their level of expertise is in dental work.

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

As the project team continues to have conversations about challenges and successes, EOCCO has created a plan to address the barriers that are preventing behavioral health care in dental clinics. For data confusion in Smartsheet, EOCCO plans to have more conversations about data reporting expectations and will continue to check in on concerns staff have around the reporting workflow. For staff concerns around screening implementation, EOCCO is working to offer a Question, Persuade, Refer (QPR) training that will train staff on what to do in potential crisis situations involving behavioral health. Furthermore, EOCCO will continue to monitor staff comfort around PHQ screening implementation and have further conversations around staff stress management and workflow expectations.

Planned Activities <ol style="list-style-type: none"> 1. Offer QPR trainings to all dental staff. 2. EOCCO will evaluate the success of the pilot program during one of the quarterly EOCCO CAP meetings in 2024. The group will discuss whether this program should be expanded beyond dental clinics into integrated primary care clinics. 3. Improve tracking accuracy with Smartsheet by educating the project team on proper documentation and referral processes. 	Planned Milestones <ol style="list-style-type: none"> 1. By Q3 2024, EOCCO will offer QPR trainings to all dental clinic staff on demand. 2. By 12/31/2024, at least two additional dental clinics will have implemented this pilot program. 3. By 12/31/2024, all screenings and referrals to behavioral health will be accurately entered into Smartsheet.
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HIE for CC & HEN – Strategy 15: Increase PointClickCare Platform Adoption & Engagement

EOCCO is committed to increasing the number of contracted physical health organizations onboarded with and actively using PointClickCare (PCC) to access timely hospital event notifications. The CCO will sponsor PCC platform onboarding and participation for physical health practices in order to reduce the financial and administrative burden that adding a new HIE tool can place on contracted organizations. The CCO Quality team also provides technical assistance to engaged clinics when possible via regular quality check-ins with both clinic staff and PCC account managers.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: TA ☒ 2: Assessment ☒ 3: Outreach ☒ 4: Collaboration ☐ 5: Enhancements ☐ 6: Integration ☐ 7: Contracts
☐ 8: Financial support ☐ 9: Incentives ☐ 10: Hosted EHR ☐ 11: Other (requirements): ☐ 12: Other:


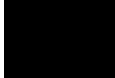
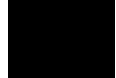
Strategy status:
☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

Provider types supported with this strategy:
☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☐ Behavioral health

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

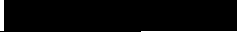

In 2023 the EOCCO Quality team continued allocating time during monthly meetings with engaged physical health providers for an “HIT Check-In”. This agenda item provided an opportunity for clinics already using the PCC platform to bring up questions or requests about the tool and allowed the Quality team to promote the PCC platform as a hospital event notification tool for clinics that were not yet using. The Healthcare Services Project Manager continued to facilitate the PCC-CCO relationship and CCO staff are hopeful that this will lead to increased support for new and existing PCC users at physical health clinics. Since last year the number of contracted physical health providers onboarded with PCC increased from 23 to 28, which meets the 2022 Roadmap milestone of at least four physical health providers joining the PCC platform by 12/31/2024. The overall number of physical health providers also increased from 64 to 75 so EOCCO has made progress toward but did not achieve the second part of that milestone, which was to increase the percent of physical health providers to 42.2%. The 2024 HIT Data Reporting File reflects that EOCCO currently has 37.3% of physical health providers onboarded with PCC.

EOCCO used the OHA HITAG committee’s quarterly “Oregon Collective Platform Onboarding and Engagement” reports to identify actively engaged and highly engaged physical health organizations. The report published on January 22nd, 2024, indicates that [REDACTED] contracted physical health organizations fall into the “Actively Engaged” or “Highly Engaged” categories, meaning they regularly provide eligibility files, log into the platform, and edit patient content. This means that [REDACTED] of EOCCO’s physical health organizations that use PCC are actively engaged in the platform and [REDACTED] of all physical health organizations are active users. The percent of physical health organizations that are currently actively engaged with PCC [REDACTED] only slightly from the rate reported in the 2022 Roadmap [REDACTED]. [REDACTED] that were “Actively Engaged” on the January 2023 HITAG report moved to “Not Yet Engaged” on the January 2024 report.


	Count	% of <u>PCC-Onboarded</u> Physical Health Orgs	% of <u>All Physical</u> Health Orgs
Total Contracted Physical Health Orgs	75	n/a	100.0% (75/75)
Contracted Physical Health Orgs on PCC	28	100.0% (28/28)	37.3% (28/75)
Contracted Physical Health Orgs “Actively” or “Highly Engaged” in PCC			

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

Planned Activities

1. The Quality team will continue holding “HIT Check-Ins” at monthly meetings with engaged physical health organizations.
2. The CCO will reach out to  and  to determine their barriers to actively using the PCC tool again in the future.
3. The CCO will also use the HITAG report to identify onboarded practices that are otherwise engaged with EOCCO but are not actively using PCC. The Quality team will engage with these sites to determine any barriers they may face to platform use.

Planned Milestones

1. By 12/31/2024, the percentage of contracted physical health organizations utilizing PCC will increase to at least 42.7%.
2. By 12/31/2024, the percentage of contracted physical health partners falling into the “Actively Engaged” or “Highly Engaged” categories on the quarterly HITAG reports will increase to at least .

HIE for CC & HEN – Strategy 16: Encourage Use of the IET Cohort in PCC Platform

The EOCCO Quality Team has a workgroup focusing on improving performance on the Initiation and Engagement of Substance Use Disorder Treatment (IET) CCO incentive measure. One of the frequent barriers encountered in this work is the lack of timely notification when a member or patient receives a diagnosis of substance abuse or dependence. The workgroup has received feedback from behavioral and physical health providers that it is challenging to meet the 14 and 34-day treatment deadlines set by this measure when they aren’t immediately aware that a patient may have entered the measure denominator. The workgroup plans to partner with the PCC CCO Customer Success Manager to help clinics that already use PCC enable and use the standardized IET cohort. This will allow these clinics to receive real-time notifications when their patients receive SUD diagnoses in emergency care settings.

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

☒ 1: TA ☒ 2: Assessment ☒ 3: Outreach ☒ 4: Collaboration ☒ 5: Enhancements ☐ 6: Integration ☐ 7: Contracts
☐ 8: Financial support ☐ 9: Incentives ☐ 10: Hosted EHR ☐ 11: Other (requirements): ☐ 12: Other:

Strategy status:

☐ Ongoing ☒ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

Provider types supported with this strategy:

☐ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☒ Behavioral health

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

N/A

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

Planned Activities

Planned Milestones

<ol style="list-style-type: none"> 1. The IET workgroup will engage with the PCC CCO Customer Success Manager to gather information on which contracted organizations may be using the IET cohort and which are not. The workgroup will use this information to work with relevant physical and behavioral health partners to enable and use this cohort. 2. Simultaneously, the IET workgroup will create basic educational resources and sample workflows on how to use the IET cohort to better coordinate care for patients with SUD diagnoses. 	<ol style="list-style-type: none"> 1. By 12/31/2024, at least three contracted physical and behavioral health organizations will enable and actively use the IET cohort in PCC.
<p>HIE for CC & HEN – Strategy 17: Engagement of Non-CMHPs in the Use of PointClickCare</p> <p>EOCCO looks to expand the use of PCC among behavioral health providers not currently utilizing the platform, which tend to be smaller, single therapist agencies. EOCCO currently offers behavioral health providers in its network support in setting up access either through an EOCCO instance of Point Click Care or through independent provider instances. The CCO will be reaching out to each of the behavioral health providers identified in the HIT data file to assess current barriers to adoption and develop a plan for future use.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p><input checked="" type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:</p>	
<p>Strategy status:</p> <p><input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped</p>	
<p>Provider types supported with this strategy:</p> <p><input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health</p>	
<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>EOCCO continues to provide ongoing technical support to its CMHPs and other contracted behavioral health providers in the use and uptake of the PCC platform for the purpose of hospital event notifications, care coordination, and quality improvement. Two of the primary focus areas for EOCCO's behavioral health care coordination efforts are surrounding discharge planning and providing support to members with severe or persistent mental illness diagnoses, which is facilitated through hospital event notifications.</p> <p>EOCCO care coordination and IT staff continue to work with contracted behavioral health providers throughout the year to increase the number of active PCC users and ensure care plans are loaded and updated on a regular basis. Additionally, EOCCO care coordinators provided patient lists and direct outreach to providers caring for "high risk" members who had visited the ED three or more times in the last 24 months or who were assertive community treatment (ACT) eligible. EOCCO staff were not able to begin their outreach program to non-CMHP providers who are not using PCC in 2023, but will revisit this strategy in 2024.</p>	
<p>Overview of 2024-26 plans for this strategy (Optional):</p>	
<p>Planned Activities</p> <ol style="list-style-type: none"> 1. EOCCO staff will continue to provide technical assistance as requested to non-CMHP providers on the further adoption and use of PCC. 2. EOCCO care coordinators will outreach to providers identified as serving "high risk" members who had visited the ED three or more times in the last 24 months or who were 	<p>Planned Milestones</p> <ol style="list-style-type: none"> 1. By 12/31/2024, EOCCO will directly contact all non-CMHP BH providers who do not utilize Collective for Hospital Event Notification to offer technical assistance in platform onboarding. 2. By 12/31/2024, EOCCO will help onboard at least three non-CMHP SUD providers to PCC.

<p>ACT eligible but are not yet utilizing PCC. Care Coordinators will provide education on the value of using PCC and assistance onboarding if necessary.</p>	
<p>HIE for CC & HEN – Strategy 18: Develop Training Modules on Integrating PointClickCare Data into Behavioral Health Clinical Workflows</p> <p>EOCCO's care coordination and care management teams provide ongoing individual technical assistance and training to behavioral health providers that utilize PCC. The CCO has created a training curriculum designed to engage providers in platform best practices including identifying at high-risk populations, outlining care plans, pulling reports centered on CCO priorities, and integrating the use of the platform into clinical workflows. With these training offerings, EOCCO staff aim to create further buy-in from currently participating providers, aid in recruitment of new providers to the platform, and optimize current care coordination efforts for our most vulnerable in the behavioral health service array.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:</p>	
<p>Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped</p>	
<p>Provider types supported with this strategy: <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health</p>	
<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>Similarly to the previous year, EOCCO continues to expand upon prior efforts for this strategy by providing annual updates to these training offerings. In 2023, EOCCO staff conducted trainings on integrating PCC data into behavioral health clinical workflows for clinical staff from seven different agencies. Training materials were refreshed for 2023 and distributed to contracted behavioral health providers via email and GOBHI's monthly provider newsletter. The BH Care Coordination team recorded that nine BH practitioners contributed to care plans in PCC in 2023, so the 2023 milestone was not met but progress was made toward achieving it.</p>	
<p>Overview of 2024-26 plans for this strategy (Optional):</p>	
<p>Planned Activities</p> <ol style="list-style-type: none"> EOCCO staff will update the training modules focused on integrating PCC data into behavioral health clinical workflows for 2024. EOCCO care coordinators will continue offering these trainings to all in-network behavioral health providers and will provide them to those who express interest. 	<p>Planned Milestones</p> <ol style="list-style-type: none"> By 12/31/2024, at least 5 contracted BH practitioners who have not added care plans in PCC as of 1/1/2023 will contribute to care plans. By 12/31/2024, EOCCO will deliver updated trainings to at least 15 BH agencies within 60 days of their request.
<p>HIE for CC & HEN – Strategy 19: Adding Primary Care Dentist to Collective Primary Care Team</p> <p>It is important for all PCC users to know a member's current assigned primary care provider for both physical and dental health. PCC does not currently show a member's assigned primary care dentist (PCD), which makes it difficult for non-dental contracted providers to refer members to the correct dental home. Advantage Dental is working on adding dental care information to the PCC platform for this purpose.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input checked="" type="checkbox"/> 5: Enhancements <input checked="" type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:</p>	

Strategy status: <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy: <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input checked="" type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Advantage Dental was able to add PCD information to the PCC enrollment data export. This project was completed in February 2023 and is integrated with PCC lookup tools so that medical providers and providers from other disciplines can easily identify their patients' dental home and make referrals as needed.	
Overview of 2024-26 plans for this strategy (Optional):	
Planned Activities 1. N/A	Planned Milestones 1. N/A
HIE for CC & HEN – Strategy 20: Care Coordination, Care Management and Collaborations with External Partners EOCCO Case Managers work to expand the use of PCC by adding tags and identifying information to help flag members who may need additional support or case management services within the organization. This information can also be used to help connect members to external resources, including, but not limited to contracted providers and Aging and People with Disabilities (APD).	
Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input checked="" type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy: <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): EOCCO continued to share a list of hospital event notifications with the APD department on a biweekly basis to collaborate on care for these members and notify APD of frequent ED users during 2023. APD receives this information via the biweekly multidisciplinary team (MDT) spreadsheet on the "ED" tab. APD employees review the information to ensure their case managers are aware of frequent ED visits. Cases that have more than one ED visit in a two-week period are called out in biweekly meetings and CCO Case Managers will offer additional resources to APD if applicable. EOCCO successfully established a Long-Term Services and Supports (LTSS) cohort in 2023 and developed a report in PCC for the PH Case Management team's use. The CCO sends weekly inpatient HENs to APD. An LTSS flag has been added to members in this cohort for patient identification, allowing the CCO and APD to collaborate to ensure efficient and safe patient discharges are completed.	
Overview of 2024-26 plans for this strategy (Optional):	
Planned Activities 1. EOCCO will explore the Transitions of Care (TRC) add-on in PCC. This tool focuses on care coordination after ED visits and/or inpatient hospitalization by providing receipt of discharge information to both the health plan and PCP.	Planned Milestones 1. By 3/1/2024, each EOCCO patient will have their PCP's information in the Care Team section of PCC. 2. By 4/1/2024, EOCCO will finalize decision on adding the TRC model.

<ol style="list-style-type: none"> 2. EOCCO has expanded the PCC eligibility file to include PCP NPI. EOCCO has requested that PCP information be included in each patient's Care Team section within the portal. 3. EOCCO will continue evaluating reports to send notification to PCPs who are not set up with PCC so that their patients can begin receiving alerts when admitted to the ED or for inpatient services. 	
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C. HIE for Care Coordination Barriers: (Optional)

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

Similar to last year's Roadmap, EOCCO providers maintain that it is still challenging to gain buy-in and momentum for specific HIE tools due to the presence of many competing tools on the market. It can be hard to encourage staff to learn and use new tools when there are already workforce shortages and many other competing priorities for their time and attention. Smaller practices across all provider types rarely have a technical or HIT staff person on site, which can make onboarding and implementing new tools very slow and challenging.

A lack of understanding on which practices members are assigned to, especially among dental providers, has also created barriers to adoption among oral health providers. Some Primary Care Dentists (PCDs) have expressed concern that they will receive referrals for members that are not assigned to them if they connect to an HIE. While Advantage Dental has decided to connect to HIEs on behalf of its provider network this is only a partial solution as the PCDs have more direct interactions with members in need of care coordination services. Additionally, if the DCO is connected to HIE tools on behalf of their provider network it does not make sense to expect the number of HIE-using dental providers to increase each year if they are primarily participating in HIE through the DCO.

D. OHA Support Needs (Optional)

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

In order to address some of the barriers above, it would be extremely helpful if OHA could provide more technical assistance and/or HIE subject matter experts to support practices in onboarding to and using new HIE tools. For tools like PointClickCare where OHA is involved in producing utilization reports, it would be helpful to have more transparency into how the reports are generated and how PCC is tracking engagement.

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

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

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

EOCCO does not have permanent access to any provider EHRs. However, the Quality team will be able to gain temporary access to [REDACTED] at several sites for the purposes of incentive measure data collection and chart review. These sites are: [REDACTED]

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

EOCCO will be granted temporary access to charts, flowsheets, and visit notes for a specific list of patients included in OHA's sample for the Timeliness of Prenatal and Postpartum Care and Meaningful Language Access incentive measures. The Quality team will review patient information for proof of services related to either incentive measure and will document this information in OHA's reporting templates.

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

No.

5. Health IT to Support SDOH Needs

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

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

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

Notes:

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

Strategy category checkboxes (within CCO)

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

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Implementation/use of health IT tool/capability for social needs screening and referrals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Integration or interoperability of health IT systems that support SDOH with other tools
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Care coordination and care management of individual members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Collaboration with network partners
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Use data to identify individual members' SDOH experiences and social needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. CCO metrics support
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Use data for risk stratification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)
<input type="checkbox"/>	<input type="checkbox"/>	5. Use health IT to monitor and/or manage contracts and/or programs to meet members' SDOH needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Participate in SDOH-focused health IT collaboratives, convening, and/or governance
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	11. Other strategies for supporting CIE use within CCO (please list here):
<input type="checkbox"/>	<input type="checkbox"/>	12. Other strategies for CCO access or use of SDOH-related data within CCO (please list here):			

List and briefly describe Health IT tools used by CCO for supporting SDOH needs, including but not limited to screening and referrals

- **Care Advance CCA:** Care Advance CCA is the Utilization and Disease Management platform for EOCCO's Healthcare Services department. It is a flexible, automated tool that reduces operating costs and helps care managers amplify their impact and enables better member health outcomes. Its diagnosis-driven assessments generate customizable care plans in alignment with NCQA standards, ensuring optimal member health outcomes.
- **Smartsheet:** Smartsheet is a web-based tool that allows users to share reports, workflows, dashboards, and surveys. Patient information can be shared and updated securely between users at different organizations. Within the CCO this tool is primarily used to support communication regarding incentive measure tracking, outreach for visit scheduling, care coordination, and health-related social needs (HRSN) requests. We support users at the physical, behavioral, and dental care organizations that make up the CCO.
- **Unite Us:** Unite Us is a Community Information Exchange (CIE) tool which connects health care and social service providers through a shared secure web-based technology platform. In Unite Us organizations can conduct social need screenings, send referrals for clients, and track outcomes in real time, holistically addressing the SDOH needs of individuals and communities more broadly. Connect Oregon is the Unite Us network specific to the state of Oregon.

(Optional) Overview of CCO approach to using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals

EOCCO has implemented Unite Us across its 12-county service area. EOCCO has collaborated with Unite Us and partner organizations to build out SDOH screening forms and is leveraging the closed-loop referral system built into the CIE to support meeting members' SDOH and care coordination needs. EOCCO has also added health-related services funds forms to the tool and plans to leverage Unite Us data to inform Social Needs

Screening & Referral metric implementation and support reporting requirements. EOCCO participates in the statewide Connect Oregon CCO Use Case Workgroup, helping to identify opportunities for leveraging the CIE tool to support CCOs in meeting state requirements and best serving OHP members.

HIT for SDoH Needs – Strategy 21: Unite Us Onboarding with Case Managers

The CCO will onboard physical and behavioral health case management teams to Unite Us and will work to develop best practices, document organizational policies, and process member and provider flex service (HRS) or assistance requests.

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

☐ 1: Health IT Implementation ☒ 2: Care coordination ☐ 3: Use data to ID SDOH ☐ 4: Risk stratification
☐ 5: Contracts ☐ 6: Integration ☒ 7: Collaboration ☐ 8: Metrics support ☒ 9: CIE Enhancements
☐ 10: Governance ☐ 11: Other CIE Use: ☐ 12: Other SDOH data:

Strategy status:

☐ Ongoing ☐ New ☒ Paused ☐ Revised ☐ Completed/ended/retired/stopped

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

EOCCO continued to support the Case Management (CM) team in navigating and using Unite Us throughout 2023. The Case Management team received multiple requests for Flexible Services through EOCCO's Flex Funding (HRS) Form in the Unite Us platform, allowing the CM team to process health related services flexible funding requests and work to coordinate case management services.

Despite this initial success, however, EOCCO received feedback that the CM team did not prefer using Unite Us over their established internal workflows. The CM team found it challenging to actively use due to low organizational buy in and multiple requests from non-EOCCO requestors. Throughout 2023, EOCCO worked to onboard additional CBO and clinic partners who are interested in Flexible Spending Unite Us requests. In late 2023, the CM team started developing a new Flex Funding (HRS) Form to refine the request process. In 2024, EOCCO will focus on integrating the updated Flex Funding Form into the Unite Us platform while simultaneously building out a workflow to enter the form into the Provider Portal with Care Advance CCA, directing requests into internal patient charts. With this new system, EOCCO can create a streamlined referral process for Flexible Spending requests from Unite Us to Care Advance CCA.

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

EOCCO will continue to support the CM team and encourage platform users to engage in Flexible Services requests. Once the new Flexible Funds Form is finalized in 2024, EOCCO will build the form into Unite Us and work to integrate it within the new Care Advance CCA workflow. The EOCCO Quality Team will continue working with Case Management to develop an internal Flex Service request workflow that meets the needs of the CM team.

Planned Activities

1. The EOCCO Quality Team will help develop a new workflow for Case Management to integrate Unite Us Flex Fund Requests into Care Advance CCA.
2. EOCCO will provide technical assistance to CBOs, clinics, and other community partners to socialize the Flex Funding (HRS) form and encourage new workflow use.

Planned Milestones

1. By 6/30/2024, Case Management will finalize the new Flex Funding (HRS) Form and build it into Unite Us and Care Advance CCA.
2. By 12/31/2024, EOCCO will document three flexible services requests from partner organizations through the new Unite Us-Care Advance CCA workflow.

HIT for SDoH Needs – Strategy 22: Unite Us Member Assistance Request Process

The CCO will customize and release an Assistance Request Form (ARF) that EOCCO members may use to request social needs services directly from the CCO via a Unite Us form embedded in the EOCCO website.

Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: Health IT Implementation <input checked="" type="checkbox"/> 2: Care coordination <input type="checkbox"/> 3: Use data to ID SDOH <input type="checkbox"/> 4: Risk stratification <input type="checkbox"/> 5: Contracts <input type="checkbox"/> 6: Integration <input checked="" type="checkbox"/> 7: Collaboration <input type="checkbox"/> 8: Metrics support <input checked="" type="checkbox"/> 9: CIE Enhancements <input type="checkbox"/> 10: Governance <input type="checkbox"/> 11: Other CIE Use: <input type="checkbox"/> 12: Other SDOH data:	
Strategy status: <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input checked="" type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): During 2023 Assistance Request Form (ARF) development work paused, and no strategy milestones were met. Internal staff transitions of ARF project leads within Unite Us and EOCCO at the start of the year led to tabling of the work as new staff were onboarded and other initiatives within the CCO took priority. EOCCO remains oriented toward the future goal of implementing the ARF form and a plan to support the eventual reignition of this strategy is outlined below.	
Overview of 2024-26 plans for this strategy (Optional): During 2024, EOCCO's energy will be focused on HRSN benefit and Social Need Screening & Referral (SDoH) metric implementation. EOCCO plans to explore how ongoing SDoH related projects and adopted HIT tools can be leveraged and aligned to support the HRSN and SDoH metric work. The ARF naturally aligns with EOCCO's broader HRSN and SDoH metric strategies, and EOCCO intends to revisit development and integration of the ARF into Unite Us in 2025 after the HRSN/SDoH metric groundwork is laid this year.	
Planned Activities 1. EOCCO will restart ARF form development and Unite Us integration work in 2025.	Planned Milestones 1. N/A
HIT for SDoH Needs – Strategy 23: SDoH Data Integration EOCCO is working to map and operationalize the member-level social needs screening and referral data fed through Unite Us into a usable form that will allow for evaluation of SDoH need trends across EOCCO's service area. The Quality and Analytics teams also aim to integrate this data into shareable reports that can be used across CCO departments and shared with EOCCO's contracted provider network.	
Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: Health IT Implementation <input type="checkbox"/> 2: Care coordination <input checked="" type="checkbox"/> 3: Use data to ID SDOH <input checked="" type="checkbox"/> 4: Risk stratification <input type="checkbox"/> 5: Contracts <input checked="" type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Collaboration <input checked="" type="checkbox"/> 8: Metrics support <input type="checkbox"/> 9: CIE Enhancements <input type="checkbox"/> 10: Governance <input type="checkbox"/> 11: Other CIE Use: <input type="checkbox"/> 12: Other SDOH data:	
Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): EOCCO met the 2023 planned SDoH data integration milestones and is making strides toward developing a member-level social needs screening and referral (SDoH) report that will be incorporated into the monthly Member Roster reports distributed to primary care providers. During 2023, the EOCCO Quality team worked collaboratively with EOCCO's Analytics department to operationalize and map the social needs screening and referral data elements fed through Unite Us into the internal CCO data warehouse. By December 2023, the analytics team was able to successfully convert Unite Us data into a preliminary SDoH report. The preliminary report contains the mapped Unite Us data fields organized into different views and will be utilized to develop a final shareable SDoH report version. Additionally, EOCCO was able to utilize the AHC social needs screening project and REALD data to evaluate county and member-level SDoH need trends. Data on social need prevalence and disparities across EOCCO's	

service area will continue to inform and drive Social Needs Screening and Referral metric work and the SDoH work of EOCCO more broadly.

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

In 2024 the EOCCO Quality team and EOCCO analytics team will work collaboratively and iteratively to create a final SDoH report for incorporation into the monthly primary care provider Member Roster reports. EOCCO will identify the essential views or data fields within the preliminary SDoH report that both 1) align with the Social Needs Screening and Referral metric reporting requirements and 2) allow for providers to gain a complete picture of their assigned members' social needs screening and referral history in the Unite Us platform. It is intended that this report will help reduce the risk of over-screening members for social needs and ensure that providers are informed of any identified social needs and referrals their members received to support holistic and patient-centered care delivery.

EOCCO will also work to develop internal reports that utilize member-level Unite Us SDoH data and REALD data to support aggregate analysis of social need prevalence and trends across our service area and help inform and support the Social Needs Screening and Referral metric and health equity work of EOCCO.

Planned Activities

1. The EOCCO Quality team will work in partnership with EOCCO Analytics to transform the preliminary SDoH report into a shareable version that captures key SDoH data elements relevant for Social Needs Screening & Referral metric reporting and contracted providers.
2. EOCCO Analytics will develop the logic to support integration of the final SDoH report into the primary care provider Member Roster reports.
3. The EOCCO Quality team will map data elements within the preliminary SDoH report to build an internal report that combines member-level SDoH and REALD data to support SDoH metric, CCO deliverable, and health equity work.

Planned Milestones

1. By 12/31/2024, the preliminary SDoH report will be transformed into a finalized version that captures key SDoH data elements.
2. By 12/31/2024, EOCCO Quality team will map an internal SDoH report from the preliminary Unite Us SDoH report and REALD data sources.
3. By 6/30/2025, EOCCO Analytics will integrate the final Unite Us SDoH report into the monthly Member Roster reports.

HIT for SDoH Needs – Strategy 24: Accountable Health Communities Project Expansion

EOCCO works to provide SDoH screenings to members through the Accountable Health Communities (AHC) Screening Project conducted in partnership with the Oregon Rural Practice-based Research Network (ORPRN). Members are identified for screening via Collective Medical hospital event notifications for individuals with two or more ED visits in the past twelve months. EOCCO sends weekly member outreach lists from the Collective cohort to ORPRN team members who administer the AHC screening via phone. REALD data is also collected for each member who consents to receive the AHC screening. The ORPRN AHC screening team inputs screening result data directly into Unite Us and utilizes the platform to navigate and refer members to community resources, services, and/or EOCCO Case Management.

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

☒ 1: Health IT Implementation ☐ 2: Care coordination ☒ 3: Use data to ID SDOH ☒ 4: Risk stratification
☐ 5: Contracts ☐ 6: Integration ☒ 7: Collaboration ☐ 8: Metrics support ☐ 9: CIE Enhancements
☐ 10: Governance ☐ 11: Other CIE Use: ☐ 12: Other SDOH data:

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

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

In June of 2023, the EOCCO Quality team secured funding to sustain the AHC Screening Project for another year.

Between January 2023-December 2023 the ORPRN AHC Screening team made [REDACTED] phone calls to EOCCO members. Of those members called, [REDACTED] were reached and [REDACTED] participated in the AHC screening and were connected to local resources to meet any identified needs. Of the members screened during 2023, the top identified social needs included: food (77%), transportation (60%), housing (54%), and utilities (30%). [REDACTED]

In addition to completing the REALD questionnaire alongside the AHC screening, this year the ORPRN screening team began collecting member zip code information to allow for stratification of member level social needs screening result data by REALD and geographic variables. This has allowed EOCCO to utilize aggregate data collected through this screening project to identify social need disparities across our member populations and service area.

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

In 2024 EOCCO plans to implement quality improvement strategies within the AHC screening project to maximize the benefits of this project for EOCCO members, align with Social Needs Screening and Referral metric reporting requirements, and ensure project sustainability over the coming years.

The proposed AHC screening project quality improvement strategies include:

- 1) Implementing more equitable and inclusive screening outreach criteria to reach more EOCCO members through the AHC screening project. The current project outreach criteria includes members who had two or more ED visits in the past twelve months.
- 2) Establishing different modes for member engagement through the AHC screening project in addition to the current cold call phone screening model. This could include member self-referral or provider referral of an EOCCO member to receive a social needs screening through the AHC project.
- 3) Leveraging Unite Us to develop referral pathways and workflows to support member-self referral for a social needs screening and EOCCO member flex fund requests processed through EOCCO Case Management.

Planned Activities

1. EOCCO will continue to fund the AHC screening project and utilize aggregate project data to better understand social need prevalence and disparities among our member populations.
2. The EOCCO QI team will collaborate with the ORPRN AHC Screening and EOCCO Case Management teams to implement quality improvement strategies to expand the scope and impact of the AHC screening project.

Planned Milestones

1. By 12/31/2024, the AHC Screening project will have adopted at least two of the three proposed quality improvement strategies listed above.
2. By 12/31/2024, the number of EOCCO members screened through the AHC Screening Project will increase by 10% from the 12/31/23 end of year baseline.
3. By 9/30/2024, the EOCCO CM and AHC Screening teams will establish workflows for processing member flex fund requests made through the AHC Screening project.

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

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

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

Notes:

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

Strategy category checkboxes (supporting providers)

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

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Sponsor CIE for the community	<input type="checkbox"/>	<input type="checkbox"/>	8. Requirements in contracts/provider agreements
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Financial support for CIE implementation and/or maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Training and/or technical assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Integration or interoperability of health IT systems that support SDOH with other tools

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Assessment/tracking of CIE/SDOH tool adoption and use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Support CBOs sending of referrals to clinical providers (i.e., to physical, oral, and behavioral health providers)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Outreach and education about the value of health IT adoption/ use to support SDOH needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Utilization of health IT to support payments to community-based organizations
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Support participation in SDOH-focused health IT collaboratives, education, convening, and/or governance	<input type="checkbox"/>	<input type="checkbox"/>	13. Other strategies for supporting adoption of <u>CIE or other health IT</u> to support SDOH needs (please list here):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Incentives and/or grants to adopt and/or use health IT that supports SDOH	<input type="checkbox"/>	<input type="checkbox"/>	14. Other strategies for supporting access or use of <u>SDOH-related data</u> (please list here):

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

- **Unite Us:** Unite Us is a Community Information Exchange (CIE) tool which connects health care and social service providers through a shared secure web-based technology platform. In Unite Us organizations can conduct social need screenings, send referrals for clients, and track outcomes in real time, holistically addressing the SDOH needs of individuals and communities more broadly. Connect Oregon is the Unite Us network specific to the state of Oregon.

(Optional) Overview of CCO approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals

EOCCO has sponsored licensed access to Unite Us CIE platform for the entire Eastern Oregon region, supporting training and technical assistance for providers and community partners while continuously assessing adoption and utilization of the tool. EOCCO's HIT and Social Needs Screening Implementation opt-in Community Benefit Initiative Reinvestment (CBIR) grant opportunities offer an incentive for organizations to adopt Unite Us and integrate it into new or existing social needs screening and referral workflows. Finally, EOCCO has developed a health-related (flex) services funds form for external partner use in the Unite Us tool.

Supporting and Incentivizing HRSN Service Providers

Any planning and/or preparation CCO has done in anticipation of 2024 requirement to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers.

EOCCO has developed a Community Capacity Building Funds (CCBF) grant program in alignment with OHA HRSN requirements intended to support providers in implementation of social needs benefits. The CCO partnered with OHSU's Oregon Rural Practice-based Research Network (ORPRN) to administer the CCBF grants in 2023. The CCBF program will distribute grants to organizations to assist in building capabilities and capacity to provide climate, housing, and nutrition services as a Medicaid health benefit. Two of the four funding categories (*Technology* and *Development of business or operational practices*) support increasing capacity to send and process HRSN referrals.

In order to provide education and technical assistance (TA) to potential applicants, the ORPRN and EOCCO teams have developed an application Readiness Assessment to help identify provider readiness to start the grant application process as well as what funding they may be eligible for. The CCO has also implemented a requirement that CCBF applications obtain free TA as they develop their proposal to discuss eligibility and identify

potential areas of need. TA webinars have been scheduled throughout the March – May 2024 application window. Applicants may also request one-on-one ad hoc sessions with the ORPRN team.

The CCO has also begun exploring options to operationalize processing closed-loop referrals to HRSN services internally. [REDACTED]

Lastly, EOCCO has joined multiple state workgroups on the rollout of the HRSN benefit for Medicaid members. The Director and Manager of Medicaid Services have actively participated in technical assistance workgroups for CCOs on implementing the HRSN benefit.

Specific plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals during Contract Years 2024-2026, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers.

EOCCO plans to continue all strategies described above during Contract Years 2024-2026. The CCBF grant projects can be up to two years long with the possibility of an extension. Both EOCCO and ORPRN plan to continue providing support and TA to applicant and grant recipients through 2026.

EOCCO is still evaluating the equity of financially incentivizing certain closed-loop referral platforms and tools over others. This is largely because the CCBF initiative is new and EOCCO does not yet know the referral capabilities and workflows for all CBOs and service providers in the Eastern Oregon service area. As the CCO becomes more familiar with local HRSN service providers the HRSN team will be able to determine which tool(s) may or may not be effective.

As mentioned above EOCCO is in the discovery phase of vetting potential closed-loop referral platform vendors. The CCO has already engaged in conversations with [REDACTED] and has scheduled platform demonstrations for Q1 2024. The CCO team is being very intentional in selecting vendors to meet with as we want to ensure that whatever tool is selected can integrate with current systems and platforms that are already in use. The HRSN implementation team will prioritize a tool that can integrate with as many internal (Unite Us, Care Advance CCA, Smartsheet) and external (Unite Us, local referral processes) systems as possible.

HIT for SDoH Needs – Strategy 25: Community Information Exchange Implementation & Adoption

EOCCO will continue working to promote best practices for care coordination by implementing and promoting a community information exchange (CIE) in all 12 Eastern Oregon counties. EOCCO and its partner organizations have recognized CIEs as a key framework to share care coordination strategies with healthcare and community-based organizations. EOCCO is becoming a leader in CIE care coordination workflows by using Unite Us to send referrals to community partners and receive referrals from community partners, innovatively integrating HIE tools to improve healthcare and social service delivery and ensuring meaningful use of the platform to address members' social needs.

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

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

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

Provider types supported with this strategy: ☒ Across provider types OR

specific to: ☐ Physical health ☐ Oral health ☐ Behavioral health ☐ Social Services ☐ CBOs

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

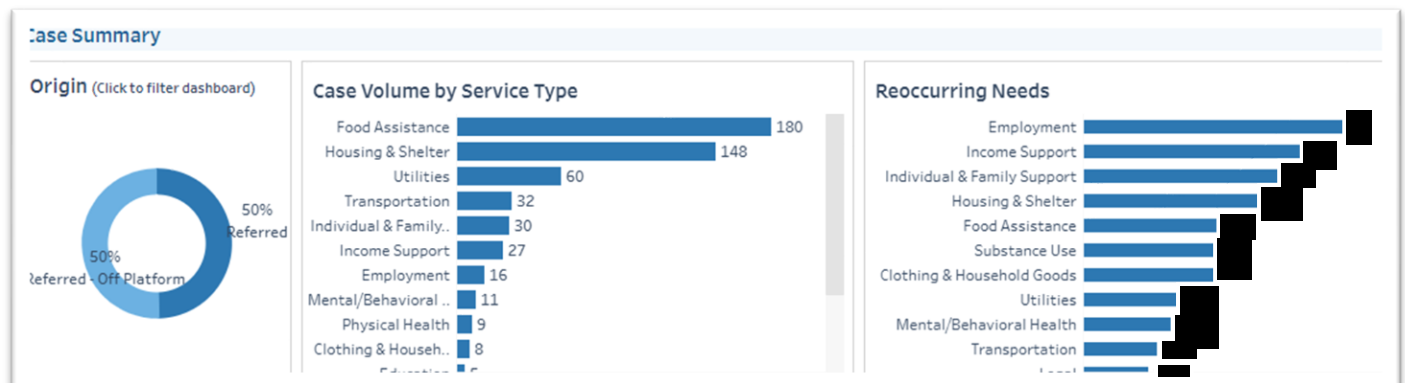
During 2023, EOCCO worked to support adoption of Unite Us CIE across the service area after the two-wave implementation of the tool within our 12 counties in 2022. By the end of 2023, 199 unique organizations had joined the Connect Oregon network in Eastern Oregon, surpassing the established milestone of 85 organizations onboarded. EOCCO also met the goal of having Unite Us organizational representation within each county by onboarding organizations located in and/or serving ██████████ in 2023. Most of the Eastern Oregon organizational partners in Unite Us provide services or programs related to: Individual & Family Support (140), Physical Health (123), Social Enrichment (71), Education (61), Benefits Navigation (58), Mental/Behavioral Health (57), Housing & Shelter (55), Wellness (54), and Food Assistance (42) [See *Figure 1* below].

Figure 1. Eastern Oregon region organizational partners by service type (CY 2023).



As the EOCCO Case Management and Quality teams continue the work of developing and implementing Unite Us workflows related to Flex-service requests and the Assistance Request Form (paused until 2025), EOCCO remained a primary and predominant Unite Us referral sender during 2023. EOCCO also gathered data on how member social needs aligned with cases documented in Unite Us by Service Type [see *Figure 2* below].

Figure 2. Unite Us referred cases by service type since launch in Eastern Oregon [4/1/2022-12/31/2023]



Additionally, during 2023 EOCCO continued strategies related to increasing community awareness of the Unite Us platform. Unite Us presented in all EOCCO's twelve Local Community Health Partnership (LCHP) groups in 2023, socializing the platform and discussing benefits of a CIE for creating a coordinated and community-centered

network of care. EOCCO also featured a Unite Us presentation to 153 providers and community partners at its annual Clinician's Summit in September 2023, presenting Eastern Oregon-specific data on platform utilization and client/member needs that have been met through platform referrals.

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

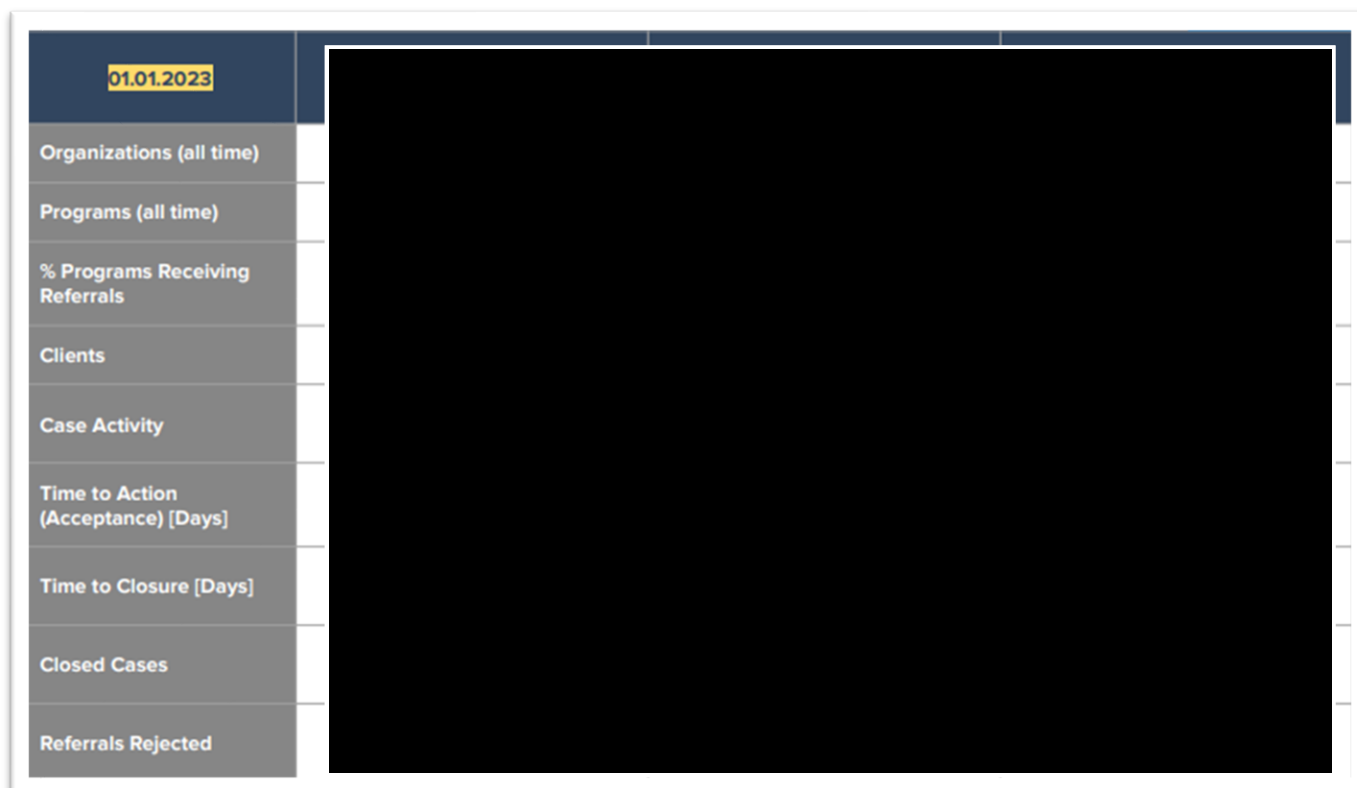
During 2024, EOCCO intends to continue community engagement strategies to expand our regional Unite Us network and increase onboarding and utilization of Unite Us by contracted physical, dental, and behavioral health partners, social service providers, CBOs, and public health agencies. Plans are outlined in the HIT for SDoH Needs Strategies 26 - 29 below.

EOCCO also intends to implement new strategies related to:

- 1) Increasing the number of onboarded organizational Unite Us partners who provide services and programs that address the most prevalent social needs in Eastern Oregon and align with the Social Needs Screening and Referral metric.
- 2) Onboarding organizations that currently receive a high proportion of off-platform referrals from Unite Us users. EOCCO plans to do this by targeting specific organizations across our service area through Unite Us outreach and engagement efforts, and by offering personalized platform demonstrations, trainings, or TA sessions to interested organizations.

Lastly, EOCCO plans to center quality improvement efforts on ensuring members or clients have their needs met promptly by focusing on Unite Us best practice guidelines. Currently, the average time for a referred case to be closed in Unite Us varies across the Eastern Oregon service area, with ██████████ County originating referrals taking ██████████ to close on average [See Figure 3 below]. EOCCO aims to decrease the average time gap between referral send date and referral close date by holding meetings and dialoguing with community partners and organizational Unite Us users to identify barriers that may be inhibiting timely referral closure.

Figure 3. Breakdown of Unite Us referred cases and referred case outcomes by specific Eastern Oregon County Regions (CY 2023).



Planned Activities <ol style="list-style-type: none"> 1. Work with Unite Us to identify, and outreach to, the top off-platform referral receiving organizations in the Eastern Oregon region. 2. Work to onboard the top off-platform referral receiving organizations onto Unite Us. 3. EOCCO will outreach to CBOs providing services aligned with prevalent needs among members and the SDoH Metric (including food, housing, and transportation) to encourage more widespread implementation and adoption of the tool. 4. Focus QI efforts on supporting Unite Us users in effectively utilizing the platform and closing case referrals in a timely manner, starting with holding meetings with current users to discuss platform or utilization barriers. 	Planned Milestones <ol style="list-style-type: none"> 1. By 12/31/2024, EOCCO will decrease the percent of off-platform Unite Us referrals sent from [REDACTED] at the end of 2024 2. By 12/31/2024, EOCCO will provide personalized Unite Us trainings or TA sessions to at least 3 high-priority SDoH service type organizations. 3. By 12/31/2024, EOCCO will increase the number of onboarded partners by at least 30% to a minimum of 259 unique partner organizations. 4. By 12/31/2024, EOCCO will utilize qualitative feedback from Unite Us users to develop at least two QI strategies to address effective utilization and timely referral closure in the platform.
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HIT for SDoH Needs – Strategy 26: Unite Us Technical Assistance for Physical Health Partners

EOCCO strives to enhance adoption and meaningful utilization of Unite Us by covering the cost of licenses for contracted physical health providers. Through technical assistance opportunities, EOCCO supports providers in gaining comfort with utilizing the tool to conduct social needs screenings and to send/receive referrals to appropriately address members’ social needs and care gaps. EOCCO also provides funding pathways through the CBIR opt-in HIT and Social Needs Screening implementation grants to support clinic integration of Unite Us into new or existing social needs screening and referral workflows.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Sponsor CIE ☒ 2: Financial ☒ 3: TA ☒ 4: Assessment ☒ 5: Outreach/Education ☒ 6: Participation
☒ 7: Incentives ☐ 8: Contracts ☐ 9: Enhancements ☒ 10: Integration ☒ 11: Clinical referrals: ☐ 12: Payments
☐ 13: Other adoption: ☐ 14: Other data access/use:

Strategy status:
☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

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

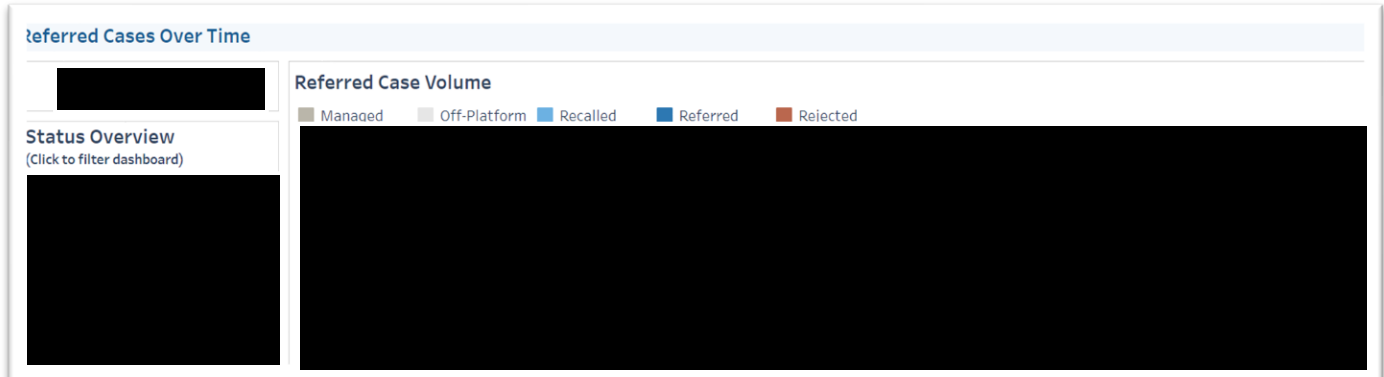
Progress (including previous year accomplishments/successes and challenges with this strategy):

During 2023, EOCCO saw substantial growth and increased utilization of Unite Us across its regional Unite Us network. By the end of December 2023, 26 contracted EOCCO physical health partners were configured to the Connect Oregon network in Unite Us. EOCCO far surpassed the 2022 set milestone of increasing Unite Us utilization by [REDACTED] by all organization types across the service area from 2022 year-end referral baseline [REDACTED]. In 2023, utilization increased over [REDACTED] with [REDACTED] cases referred in the platform [See Figure 1 below].

During 2023, EOCCO continued work of socializing use of Unite Us, providing TA opportunities for contracted physical health providers/clinics, and identifying and addressing providers’ concerns or barriers to increase utilization. During the Fall, the EOCCO Quality Improvement team traveled to meet with contracted physical health providers/clinics in-person and presented Unite Us as a tool for conducting social needs screenings and referring patients to local services that are best match for their needs. The Quality team received requests for more detailed information on Unite Us functionality for physical health practices and requested tailored resources on this subject from the Unite Us team. EOCCO also presented a Unite Us update at the September 2023 Clinician’s Summit and discussed Unite Us as a tool for leveraging the Social Needs Screening and Referral metric and associated requirements.

Additionally, EOCCO expanded existing funding pathways to support integration of Unite Us into clinical social needs screening workflows. In 2023, EOCCO added a Social Needs Screening opt-in funding opportunity into its Community Benefit Initiative Reinvestment program. This opt-in grant, alongside the HIT opt-in, supports contracted organizations in implementing HIT tools or other strategies to bolster their capability to conduct social needs screenings and connect members to local services to address any unmet social needs. EOCCO funded one 2024 CBIR project to integrate Unite Us into a clinic's [REDACTED] instance, and another project to support social needs screening and Unite Us implementation in a local public health department.

Figure 1: Cases referred in Unite Us 1/1/2023-12/31/2023



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

EOCCO plans to continue the provider engagement and funding strategies listed above into 2024 to encourage adoption and utilization of the Unite Us tool. Specific focus will be placed on leveraging Unite Us to support Social Needs Screening and Referral metric implementation and reporting in clinical settings. EOCCO will also continue working with Unite Us to create tailored resources such as flyers or pamphlets for physical health practices on platform workflows and functionality for physical health practices.

EOCCO expects referral activity in Unite Us will continue to increase across time as more organizations across all service types adopt the platform within the Eastern Oregon region. EOCCO has adjusted the case referral milestone to achieve a [REDACTED] increase in platform utilization during 2024 from 2023 year-end referral baseline.

Planned Activities

1. Provide individualized support and TA to physical health providers who are onboarded to Unite Us but are inactive on the platform (i.e., not sending or receiving referrals).
2. Collaborate with the Unite Us account team to create physical health clinic-facing resources on platform workflows and functionality.
3. Provide peer-learning opportunities and trainings for physical health providers to help socialize use of Unite Us for improving care coordination, addressing members' social needs, and meeting Social Needs Screening and Referral metric requirements.
4. Continue to offer the opt-in HIT and Social Needs Screening CBIR funding opportunities to support integration of Unite Us into clinical social needs screening workflows.

Planned Milestones

1. By 9/1/2024, EOCCO will host at least one provider-focused training session related to social needs screening implementation.
2. By 12/31/2024, EOCCO and Unite Us will have created at least one educational resource on platform workflows for physical health clinics.
3. By 12/31/2024, utilization of the Unite Us platform will increase by [REDACTED] cases referred during 2024) across the service area from 2023 year-end referral baseline.
4. By 12/31/2024, EOCCO will fund three CBIR projects for 2025 implementation related to social needs screening and/or Unite Us implementation and integration.

HIT for SDoH Needs – Strategy 27: Unite Us Technical Assistance for Community Partners

EOCCO will continue to leverage community connections and network champions to onboard Traditional Health Workers within community benefit organizations (CBOs) and social service partners to the Unite Us tool. The CCO will also provide assistance and guidance to enhance THW use of the tool, as well as to increase the number of SDoH referrals sent throughout the platform.

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

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

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed/ended/retired/stopped

Provider types supported with this strategy: ☐ Across provider types OR

specific to: ☐ Physical health ☐ Oral health ☐ Behavioral health ☒ Social Services ☒ CBOs

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

In 2023, EOCCO worked with internal and external teams to increase CBO exposure to Unite Us, identified resource referral needs, provided technical assistance to community partners to navigate the tool and onboard to the platform, and continued providing training and grant opportunities to partners who integrated Unite Us into their workflows.

To engage community partners, EOCCO invited Unite Us to all twelve counties' Local Community Health Partnerships (LCHPs) to model the functionality of the tool. During 2023, Unite Us presented at the [REDACTED] LCHPs, and at a EOCCO Community Advisory Council (CAC) meeting, exposing CBOs and social service agencies to the platform. Individual platform demonstrations and technical assistance were provided by Unite Us to interested Eastern Oregon region CBOs and agencies on request. EOCCO also spent time mapping the available resources and services on the Unite Us platform and consistently tracked organizational onboarding and utilization metrics. This helped EOCCO and Unite Us engage in a targeted outreach and technical assistance approach, focusing on engaging certain counties and organization types. EOCCO was successful in this targeted outreach and technical assistance approach and increased the number of organizations onboarded by the end of 2023 to 199.

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

Targeted community partner outreach and engagement will continue into 2024. However, this year EOCCO will prioritize onboarding of Traditional Health Workers (THWs), a natural extension of and complement to CBOs and social service organizations, onto Unite Us. This will increase tool use, improve service delivery for members seeking resources, and further increase contracted provider buy in. In 2023, [REDACTED] THWs were active users on the Unite Us platform. In 2024, EOCCO will work with internal and external teams to increase THW exposure to Unite Us, provide technical assistance to CBOs who employ THWs, and provide trainings to THWs and related community partners who would like to integrate Unite Us into their practice.

Planned Activities

1. EOCCO will focus on internal collaboration between Unite Us and the EOCCO Field (Community Engagement) team to increase THW onboarding by attending monthly clinic meetings, presenting at county LCHP meetings, and providing one-on-one technical assistance to organizations that employ THWs.
2. EOCCO will conduct targeted outreach to organizations via email based on THW Clinic Utilization Reports and CBOs who report employing THWs to begin Unite Us conversations and support THW onboarding to the platform. The

Planned Milestones

1. By 12/31/2024, EOCCO will onboard at least one THW from each THW type onto Unite Us.
2. By 12/31/2024, all 12 Eastern Oregon counties will have at least one THW onboarded onto the Unite Us platform.
3. By 12/31/2024, EOCCO will increase the number of THWs onboarded onto Unite Us by [REDACTED]

EOCCO Field Team and Unite Us will provide technical assistance and training as needed.	
HIT for SDoH Needs – Strategy 28: Unite Us Expansion to Oral Health Providers and Dental Care Organizations One of EOCCO's Dental Care Organizations (DCOs) Advantage Dental expressed interest in using Unite Us at the DCO level. Both Advantage and ODS indicated interest in having dental practices utilize the platform. The use of a CIE would be beneficial to capitated providers, especially those that have case management teams onsite. The goal is for DCO Case Management and Care Coordination teams to be able to send and receive referrals in Unite Us for both internal Case Management/Coordination services.	
Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: Sponsor CIE <input type="checkbox"/> 2: Financial <input checked="" type="checkbox"/> 3: TA <input checked="" type="checkbox"/> 4: Assessment <input checked="" type="checkbox"/> 5: Outreach/Education <input type="checkbox"/> 6: Participation <input type="checkbox"/> 7: Incentives <input type="checkbox"/> 8: Contracts <input type="checkbox"/> 9: Enhancements <input type="checkbox"/> 10: Integration <input checked="" type="checkbox"/> 11: Clinical referrals: <input type="checkbox"/> 12: Payments <input type="checkbox"/> 13: Other adoption: <input type="checkbox"/> 14: Other data access/use:	
Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy: <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input checked="" type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health <input type="checkbox"/> Social Services <input type="checkbox"/> CBOs	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Upon utilizing the platform at the [REDACTED] pilot clinic for a year, ODS does not plan on expanding their use of Unite Us to the DCO Dental Case Management Team or to other dental offices in 2024. Over the past year, it became apparent the platform works best for live, in-person interactions with the members needing community assistance. The dental case management team do not interact with members face to face like this platform does best with. Additionally, there aren't enough community partners in the area utilizing the platform to address the referrals the pilot site has submitted. If more community partners join and more traction for the referrals submitted by the dental office occurs, ODS would be able to broaden the use of the platform to more EOCCO area providers. Advantage Dental did not expand the use of Unite Us beyond their centralized DCO Care Coordination team in 2023. This approach has worked well for their provider network as most contracted clinics have indicated that they do not have the capacity to implement and train staff on the Unite Us tool at this time. The Advantage Care Coordination team actively intercepts and facilitates referrals related to SDoH on behalf of its network of providers. Care Coordinators are able to send referrals, but the number sent has been low due to limited number of community-based organizations on the tool in certain areas that accept referrals. Advantage Dental's Community Care team continues to push referrals out to appropriate CBOs on behalf of their provider network.	
Overview of 2024-26 plans for this strategy (Optional): As mentioned above, ODS will pause their work on this strategy while the pool of community partners using Unite Us grows. The Advantage Care Coordination team will continue intercepting and facilitating referrals on behalf of its network providers. The EOCCO Quality Team will work to connect the two DCOs to facilitate peer sharing of best practices that the Advantage team has established in using Unite Us on behalf of its provider network in a remote setting.	
Planned Activities 1. Advantage Dental's Care Coordination team will work to increase the number of referrals they send as the number of local CBOs on the tool grows. 2. The EOCCO Quality team will facilitate conversations between ODS and Advantage on	Planned Milestones 1. By 12/31/2024, Advantage Dental's Care Coordinators will all have sent at least [REDACTED] to CBOs via Unite Us. 2. By 12/31/2024, Advantage and ODS will have held at least one meeting to discuss Unite Us workflows at the DCO level.

<p>how DCOs can effectively use Unite Us on behalf of their contracted oral health providers.</p>	
<p>HIT for SDoH Needs – Strategy 29: Unite Us Expansion to CMHPs</p> <p>EOCCO is working to continue to expand its network of referring partners utilizing the Unite Us platform. This extends to all areas of the care continuum including contracted Community Mental Health Programs (CMHPs) in the region. Through technical assistance opportunities, EOCCO supports providers in gaining comfort with utilizing the tool to conduct social needs screenings and to send/receive referrals to appropriately address members' social needs and care gaps.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p> <input type="checkbox"/> 1: Sponsor CIE <input type="checkbox"/> 2: Financial <input checked="" type="checkbox"/> 3: TA <input checked="" type="checkbox"/> 4: Assessment <input checked="" type="checkbox"/> 5: Outreach/Education <input checked="" type="checkbox"/> 6: Participation <input type="checkbox"/> 7: Incentives <input type="checkbox"/> 8: Contracts <input type="checkbox"/> 9: Enhancements <input type="checkbox"/> 10: Integration <input checked="" type="checkbox"/> 11: Clinical referrals: <input type="checkbox"/> 12: Payments <input type="checkbox"/> 13: Other adoption: <input type="checkbox"/> 14: Other data access/use: </p>	
<p>Strategy status:</p> <p> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped </p>	
<p>Provider types supported with this strategy: <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health <input type="checkbox"/> Social Services <input type="checkbox"/> CBOs</p>	
<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>Progress on this initiative was temporarily paused due to turnover in key positions in 2023. EOCCO is now seeking to reengage partners in this work to ensure the successful integration of CMHPs onto the platform. EOCCO's engagement with CMHPs was specifically impacted by turnover in the EOCCO behavioral health administrator position, alongside turnover within the EOCCO Unite Us project team, the community engagement field team, and changes in the external Unite Us community engagement team. These transitions led to delays in widespread adoption of Unite Us among CMHP partners. As of 12/31/2023, [REDACTED] CMHPs in the Eastern Oregon service area were onboarded to Unite Us. In December of 2023, EOCCO filled the Behavioral Health Director position who will be leading this effort with support from the EOCCO QI team.</p> <p>During 2023, several CMHPs noted multiple challenges to full CIE platform adoption, including:</p> <ol style="list-style-type: none"> Confusion with Multiple CIEs: The presence of several different CIEs in the region has caused confusion among partners regarding the differences in platforms and the importance of adopting Unite Us. Adoption and Integration: Despite some successes in referring members from the CCO to and from behavioral health on Unite Us, there were challenges in encouraging providers and community partners to collaborate effectively on the platform. Referral Pathway Compliance: Many of the CMHPs have expressed concerns regarding the potential transfer of sensitive behavioral health data utilizing the platform. Additional training is needed with these practices to ensure providers feel confident regarding the appropriate use of the platform for referrals. 	
<p>Overview of 2024-26 plans for this strategy (Optional):</p> <p>EOCCO hopes to address the challenges listed above by promoting individualized outreach to each CMHP, working with the Unite Us Community Engagement team to outreach to behavioral health providers, and providing learning opportunities for CMHPs to brainstorm workflows for behavioral health clients.</p>	
<p>Planned Activities</p> <ol style="list-style-type: none"> Provide individualized outreach to each contracted Community Mental Health Program in the region surrounding the implementation and adoption of the Unite Us platform. Working with the Unite Us Community Engagement team and EOCCO/GOBHI staff, 	<p>Planned Milestones</p> <ol style="list-style-type: none"> By 6/30/2024, EOCCO will host adoption presentations from Unite Us Engagement team with representatives from each of the seven CMHPs in the region. By 12/31/2024, EOCCO will increase the number of CMHPs utilizing the Unite Us

<p>organize presentation opportunities throughout 2024 for contracted behavioral health providers to learn more about platform adoption and the utility of CIE tools.</p> <p>3. Provide peer-learning opportunities for CMHPs to discuss referral use cases and workflows specific to behavioral health clients.</p>	<p>platform to [REDACTED]</p>
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C. Health IT to Support SDOH Needs Barriers (Optional)

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

As outlined in the above SDOH HIT Strategy sections, there are several barriers which inhibited both utilization and adoption of Unite Us CIE by contracted physical, oral, and behavioral providers, social service agencies, and CBOs across EOCCO's service area. A lack of organizations that provide services/programs in prevalent social need domains poses a challenge for organizations utilizing the platform to meet clients/members' needs. This has likely contributed to the high proportion of off-platform referrals being sent by Unite Us users, and the prolonged average length of time for referred case closure within the platform. EOCCO is planning to focus efforts in the coming years on ensuring the regional Eastern Oregon Unite Us network meets the needs of users and members/clients by supporting network service/resource alignment with prevalent social needs.

The geography and expansiveness of the Eastern Oregon region also poses unique challenges that have prevented unified adoption of the tool across the service area. Some Eastern Oregon counties [REDACTED] have had substantial Unite Us network growth, while other counties [REDACTED] have had very few organizations adopt the platform. This has led to network gaps across our service area, preventing organizations from being able to utilize Unite Us to make social needs referrals for EOCCO members. Furthermore, there are several different CIEs that exist across the Eastern Oregon region (e.g. Find Help and the Eastern Oregon Community Resource Network). Organizations using different CIEs are hesitant or unwilling to transition to Unite Us, which poses a challenge for growing a unified Eastern Oregon care network oriented around one CIE tool.

Additionally, physical health organizations have expressed challenges with limited EHR integration capability of Unite Us and needing to shift or establish new social need screening and referral workflows in order to move toward organization-wide utilization of the platform. Though this poses a significant challenge for some providers, EOCCO hopes that providing funding pathways through CBIR grants will support contracted providers in covering costs related to adopting and integrating the CIE.

D. OHA Support Needs (Optional)

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

EOCCO would appreciate official guidance from OHA on standardized social need screening code lists for the *Social Needs Screening & Referral* incentive measure. This would assist physical health partners with documenting and referring members to services/resources to address social needs.

6. Other Health IT Questions (Optional)

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

A. Describe CCO health IT tools and efforts that support **patient engagement**, both within the CCO and with contracted providers.

EOCCO does not currently use HIT tools for direct patient engagement.
B. How can OHA support your efforts in accomplishing your Health IT Roadmap goals?
C. What have been your organization's biggest challenges in pursuing health IT strategies? What can OHA do to better support you?
The biggest challenges EOCCO and its provider network face are limited workforce and staff time, limited technical capacity in smaller EHR systems, and limited buy-in to HIE tools. Greater technical support, perhaps a technical liaison individual, from OHA would be extremely beneficial.
D. How have your organization's health IT strategies supported reducing health inequities ? What can OHA do to better support you?
EOCCO has been working diligently to collect updated REALD data and integrate this data into our data warehouse and internal systems. It would be helpful if OHA could develop a process for CCOs to provide updated REALD data to OHA to update the enrollment data as well. This would ease the burden on the members and clinics and address the issue that all CCOs have with data being overridden with each new enrollment file. Receiving standardized SOGI data from OHA would also help the CCO evaluate areas of health disparities and make plans to address them.

Note: For an example response to help inform on level of detail required, please refer to the [2023 Health IT Roadmap Guidance](#) on the [HITAG webpage](#).

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