

2022 Updated HIT Roadmap

Guidance, Evaluation Criteria & Report Template



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

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Guidance Document

Purpose & Background

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

- Electronic Health Record (EHR) adoption and use
- Access to Health Information Exchange (HIE) for Care Coordination
- Access to timely Hospital Event Notifications, as well as CCO use of Hospital Event Notifications
- HIT for Value-Based Payment (VBP) and Population Health Management (Contract Years 1 & 2 only)¹
- **New requirement for 2022:** HIT to support social needs screening and referrals for addressing social determinants of health (SDOH) needs (Contract Years 3-5 only)²

For Contract Year One (2020), CCOs' responses to the [HIT Questionnaire](#) formed the basis of their draft HIT Roadmap. For Contract Years Two through Five (2021-2024), CCOs are required to submit an annual Updated HIT Roadmap to OHA reporting the progress made on the HIT Roadmap 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 2021 Updated HIT Roadmap as foundation when completing their 2022 Updated HIT Roadmap.

Other changes for Contract Year Three (2022):

1. Within the *Support for EHR Adoption and Use: 2022-2024 Plans* section, CCOs are now required to include a description of their plans to collect missing EHR information via already-existing processes (e.g., contracting, credentialing, Letters of Interest).
2. Within the *Support for HIE – Care Coordination* and *Support for HIE – Hospital Event Notifications* sections, CCOs are now asked to include the number of organizations of each provider type that gained /are expected to gain increased access to HIE for Care Coordination and HIE for Hospital Event Notifications as a result of CCO support.
3. CCOs are now required to submit their HIT Data Reporting File with their Updated HIT Roadmaps. CCOs are expected to use available data to inform the HIT strategies described in their Updated HIT Roadmap. For example, if the data reveal that across its network, oral health providers have a low rate of EHR adoption, the CCO should leverage that information for strategic planning and relevant strategies should be detailed in the 2022 Updated HIT Roadmap.

Overview of Process

Each CCO shall submit its 2022 Updated HIT Roadmap to OHA for review on or before **April 28** of Contract Year Three³, and **March 15** of Contract Years Four and Five. CCOs are to use the *2022 Updated HIT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their 2021 Updated HIT Roadmap if it's still applicable. Please submit the completed Updated HIT

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

² New HIT Roadmap requirement for Contract Year 3 (2022)

³ Due date was extended from March 15, 2022, to April 28, 2022, in the [memo](#) dated January 10, 2022.

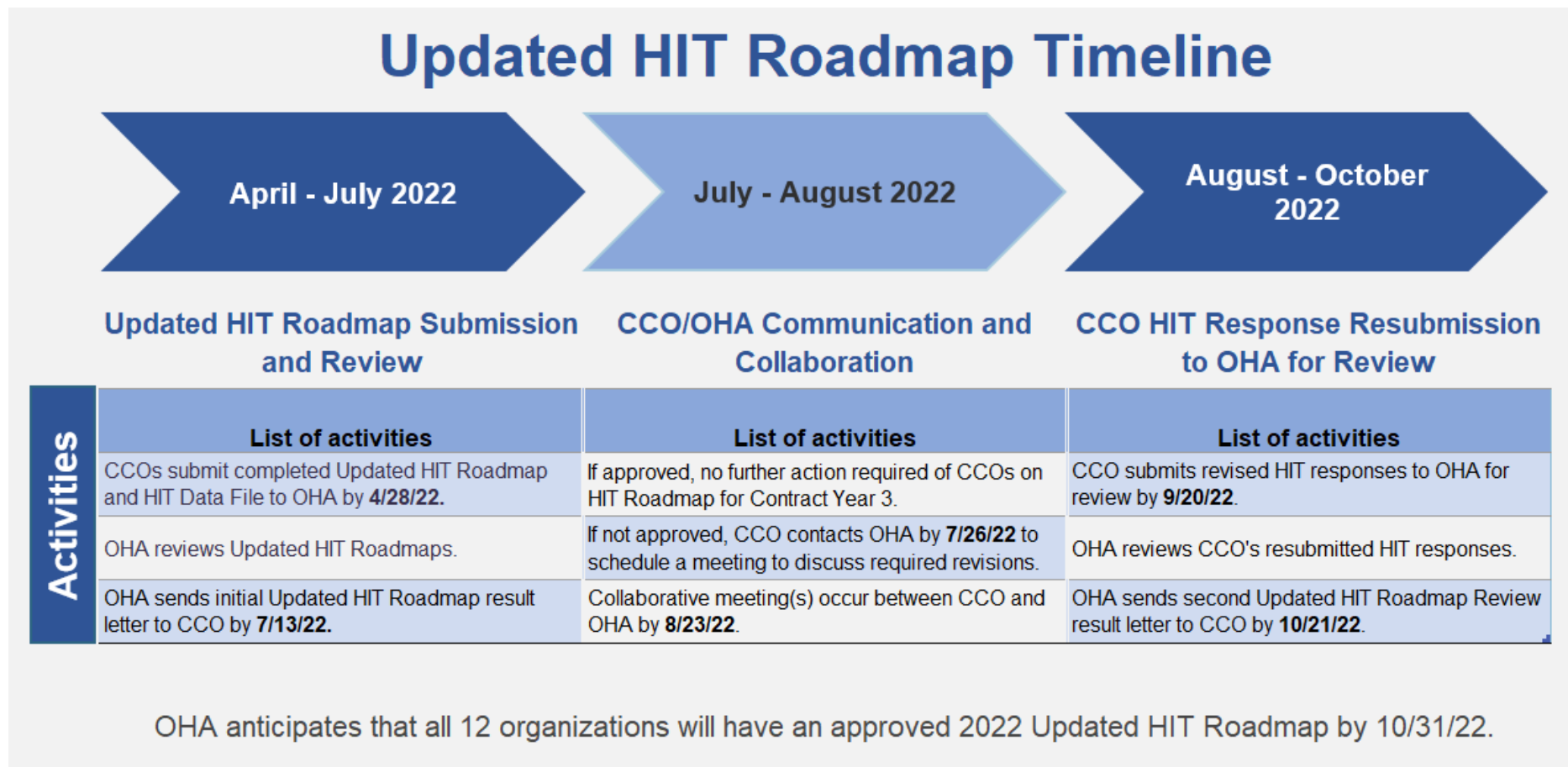
Roadmap to the CCO deliverables mailbox at CCO.MCOTDeliverableReports@dhsosha.state.or.us and cc: CCO.HealthIT@dhsosha.state.or.us.

OHA's Office of Health IT staff will review each CCO's Updated HIT Roadmap and send a written approval or a request for additional information. If immediate approval is not received, the CCO will be required to

1. Meet with OHA's Office of Health IT staff to discuss required revisions; and
2. Make revisions to their Updated HIT Roadmap and resubmit to OHA

The aim of this process is for CCOs and OHA to communicate to better understand how to achieve an approved Updated HIT Roadmap. Additional information about this process will be provided to any CCO that does not receive an immediate Updated HIT Roadmap approval from OHA.

Please refer to the timeline below for an outline of steps and action items related to the 2022 Updated HIT Roadmap submission and review process.



Updated HIT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA’s expectations for responses to the required Updated HIT Roadmap questions. New requirements for Contract Year Three (2022) 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 Updated HIT Roadmap optional questions are not included in this table; optional questions are for informational purposes only and do not impact the approval of an Updated HIT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the *2022 Updated HIT Template* for the complete question when crafting your responses.

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
1. HIT Partnership	CCO attestation to the four areas of HIT 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	A. 2021 Progress supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers?	<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 and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to supporting EHR adoption • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2022-2024 Plans for supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers?	<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) ○ <i>Plans for collecting missing EHR information via CCO already-existing processes</i> ○ Additional strategies for 2022-2024 related to supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
3. Support for HIE – Care Coordination	A. 2021 Progress supporting increased access to HIE for Care Coordination	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Specific HIE tools CCO supported or made available to support contracted physical, oral, and behavioral health providers’ access to HIE for Care Coordination

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	among contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> ○ Strategies CCO used to support increased access to HIE for Care Coordination for contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to increasing access to HIE for Care Coordination (including number of organizations of each provider type that gained access to HIE for Care Coordination as a result of CCO support, as applicable) <ul style="list-style-type: none"> ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2022-2024 Plans for supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?	<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 tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional HIE tools CCO plans to support or make available ○ Additional strategies for 2022-2024 related to supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2022-2024 related to each strategy (including the number of organizations of each provider type expected to gain access to HIE for Care Coordination as result of CCO support, if applicable) <ul style="list-style-type: none"> ● Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Progress)	A.1. 2021 Progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	<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' timely access to Hospital Event Notifications ○ Strategies used to support increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to supporting increased access to timely Hospital Event Notifications (including the number of organizations of each provider type that gained increased access to HIE for Hospital Event Notifications as a result of CCO support, as applicable) <ul style="list-style-type: none"> ● Sufficient detail and clarity to establish that activities are meaningful and credible.

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	A.2. 2021 Progress using timely Hospital Event Notifications within CCO's organization?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO is using within their organization for timely Hospital Event Notifications ○ Strategies used for timely Hospital Event Notifications within CCO's organization for 2021 ○ Specific accomplishments and successes for 2021 related to CCO's use of timely Hospital Event Notifications • Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Plans)	B.1. 2022-2024 Plans for supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	<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 Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional tool(s) CCO is planning to support or make available to providers for timely Hospital Event Notifications ○ Additional strategies for 2022-2024 related to supporting increased access to timely Hospital Event Notifications contracted physical, oral, and behavioral health providers in 2021 ○ Specific activities and milestones for 2022-2024 related to each strategy (including the number of organizations of each provider type expected to gain access to HIE for Hospital Event Notifications as a result of CCO support, as applicable) • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B.2. 2022-2024 Plans using timely Hospital Event Notifications within CCO's organization?	<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 timely Hospital Event Notifications ○ Additional strategies for 2022-2024 to use timely Hospital Event Notifications within the CCO's organization ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
5. HIT to support social needs screening and referrals for addressing social determinants of	A.1. 2021 Progress using HIT to support social needs screening and referrals addressing SDOH needs?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Current tool(s) CCO is using for social needs screening and referrals. ○ Strategies for using HIT to support social needs screening and referrals in 2021 ○ Any accomplishments and successes for 2021 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
health needs (Progress)	A.2. 2021 Progress supporting contracted physical, oral, and behavioral health providers, social services, and CBOs with using HIT to support social needs screening and referrals for addressing SDOH needs?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, social services, and CBOs, for social needs screening and referrals for addressing SDOH needs for, including a description of whether the tool(s) have closed-loop referral functionality ○ Strategies used for supporting these groups with using HIT to support social needs screening and referrals in 2021 ○ Any accomplishments and successes for 2021 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
5. HIT to support social needs screening and referrals for addressing social determinants of health needs (Plans)	B.1. 2022-2024 Plans for using HIT to support social needs screening and referrals for addressing SDOH needs?	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ Tool(s) CCO will use for social needs screening and referrals for addressing SDOH needs, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for social needs screening and referrals for addressing SDOH needs ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B.2. 2022-2024 Plans supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using HIT to support social needs screening and referrals for addressing SDOH needs?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, social services, and CBOs for social needs screening and referrals for addressing SDOH needs, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for supporting these groups with using HIT to support social needs screening and referrals beyond 2021 ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.

2022 Updated HIT Roadmap Template

Please complete and submit to CCO.MCOTDeliverableReports@dhsosha.state.or.us and cc: CCO.HealthIT@dhsosha.state.or.us by **April 28, 2022**.

CCO: Add your text

Date: Click or tap to enter a date.

Instructions & Expectations

Please respond to all of the required questions included in the following Updated HIT 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 six topics:

1. HIT Partnership
2. Support for EHR Adoption
3. Support for HIE – Care Coordination
4. Support for HIE – Hospital Event Notifications
5. HIT to Support Social Needs Screening and Referrals for Addressing SDOH Needs
6. Other HIT Questions (optional section)

Each required topic includes the following:

- Narrative sections to describe your **2021 progress, strategies, accomplishments/successes, and barriers**
- Narrative sections to describe your **2022-2024 plans, strategies, and related activities and milestones**. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you 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 HIT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with HIT, as well as any challenges/barriers experienced, and how OHA may be helpful. CCOs are expected to support physical, behavioral, and oral health providers with adoption of and access to HIT. That said, CCOs' Updated HIT Roadmaps and plans should

- be informed by the OHA-provided HIT 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 HIT environment evolves and changes, and that plans from one year may change to the next. For the purposes of the Updated HIT Roadmap responses, the following definitions should be considered when completing responses.

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 2022). **Note:** Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A note about the template:

This template has been created to help clarify the information OHA is seeking in each CCO's Updated HIT Roadmap. The following questions are based on the CCO Contract and HIT Questionnaire (RFA Attachment 9); however, in order to help reduce redundancies in CCO reporting to OHA and target key CCO HIT information, certain questions from the original HIT Questionnaire have not been included in the Updated HIT 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.

New for 2022 Updated HIT Roadmap Template

To further help CCOs think about their HIT strategies as they craft responses for their 2022 Updated HIT Roadmap, OHA has added checkboxes to the template that may pertain to CCOs' efforts in the following areas:

- *Support for EHR Adoption*
- *Support for HIE – Care Coordination*
- *Support for HIE – Hospital Event Notifications*

The checkboxes represent themes that OHA has compiled from strategies listed in CCOs' 2021 Updated HIT Roadmaps.

Please note, the strategies included in the checkboxes do not represent an exhaustive list, 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 Updated HIT Roadmap template to CCO.HealthIT@dhsosha.state.or.us

1. HIT Partnership

Please attest to the following items.

a.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active, signed HIT Commons MOU and adheres to the terms.
b.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.
c.	<input 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. Support for EHR Adoption

A. 2021 Progress

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

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

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

Overall Progress

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

<input checked="" type="checkbox"/> EHR training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of EHR adoption and capabilities <input type="checkbox"/> Outreach and education about the value of EHR adoption/use <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Incentives to adopt and/or use EHR	<input type="checkbox"/> Financial support for EHR implementation or maintenance <input checked="" type="checkbox"/> Requirements in contracts/provider agreements <input type="checkbox"/> Leveraging HIE programs and tools in a way that promotes EHR adoption <input type="checkbox"/> Offer hosted EHR product <input type="checkbox"/> Other strategies for supporting EHR adoption (please list here)
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i. Progress across provider types

Roadmap Approach/Overview: Health Share's structure is founded on the collaboration and partnership of 11 founding members and 5 risk-holding delivery system networks. These networks, known as Integrated Delivery Systems (IDS) or the Integrated Community Network (ICN), serve all assigned Health Share members and receive capitation payments in a value-based payment arrangement with the CCO. As such, the majority of

activities in this HIT Roadmap represent the efforts and priorities of each of these entities in service to the broader CCO collaborative, the needs of their population, their Health Information Technology priorities, and their state of adoption of any particular tool or function. As with previous reporting periods, Health Share plays a critical role in building alignment and partnership across these organizations to work on shared priorities as reflected in the CCO contract and based on the needs of our population. This alignment around technology and information flow is done through various operational workgroups within the CCO's governance structure, but most of the communication and alignment occurs through the CCO's monthly Health Information Technology Governance Committee (HIT Governance). This group includes IT/IS representatives from Health Share's 11 founding partners, including HIT leadership from across the collaborative. The group was created in alignment with Health Share's initial HIT Roadmap and has been invaluable in setting a forum for alignment and collaboration.

Overview of EHR adoption approach

As with previous years, Health Share and partners believe that EHRs are widely adopted within each of the 5 delivery systems. Supporting information will be shared in the 2022-2024 planning sections, but with support of the CCO's HIT Governance group the priority across systems has been toward EHR optimization and Health Information Exchange rather than promoting EHR adoption across the network. The strategies highlighted here reflect those actions that promote on-going use of EHRs, or activities designed to understand whether there are gaps in EHR use and how to address them (see oral health section below).

Strategies:

Across our partnership, COVID had a significant impact on provider capacity to embrace new opportunities around EHR adoption. As with 2020, a significant amount of technical support was provided to ensure that delivery systems are able to engage in telehealth to maintain access for members.

EHR training and/or technical assistance

Numerous partners continued to support practices around implementing telehealth and virtual access, including one which developed a Telehealth Toolkit, provided practice coaching, and hosted collaboratives to help clinics modify operations, workflow.

Assessment/tracking of EHR adoption and capabilities

Health Share and its partners participated in efforts with OHA to refine EHR survey approach. The CCO encouraged completion of the survey among partners and their clinics and shared lists of participating clinics.

The CCO also developed a separate questionnaire to facilitate similar data collection. Due to a spike in COVID-19 and the significant workforce and administrative toll it had on providers, we decided to hold off on the survey and to align efforts for more complete data collection in 2022 and beyond.

Collaboration with network partners:

As noted above, the CCO convenes network partners monthly to align on all aspects of HIT. This group is chaired by Sr. HIT leadership in two of the IDS/ICN partners and is staffed by a Health Share Executive. The HIT Roadmap elements, including promoting EHR adoption and use, are a primary organizing factor for this work.

Incentives to adopt and/or use EHR and Requirements in contracts/provider agreements

Multiple Health Share partners have established or maintained payment mechanisms that directly or indirectly pay providers for use of EHRs, particularly in areas where EHR adoption and use is not fully integrated into practice.

One partner uses incentives across a significant portion of its network, via quality payments for EHR extracts of quality data, as well as having a variable payment model in contract for primary care services based on PCPCH tier status, which includes EHR adoption and use expectations. Receipt of these payments would not be possible if EHRs were not in use, including producing quality data.

Another system partner incentivizes EHR interoperability as a "quality gate" with specialty providers to participate in a shared savings arrangement. This payment arrangement exists outside of OHP, but the providers participate in Medicaid and the members benefit from this interoperability expectation.

ii. Additional progress specific to physical health providers

See above--

iii. Additional progress specific to oral health providers

Health Share's ICN completed a planned survey with dental plans and providers. Of the 281 clinics surveyed 87% (245) reported using an EHR, while only 6% (17) reported using a paper chart. 19 clinics were unknown. This reinforces that EHR optimization and information sharing are high priority, rather than adoption per-se.

iv. Additional progress specific to behavioral health providers

See Above

v. Please describe any barriers that inhibited your progress

As noted above, the OHA Data Completeness File does not accurately reflect the spread or variety of EHRs in the Health Share network. We heard from providers that workforce capacity as well as COVID response made timely and thoughtful response to the survey very in 2021. This incomplete data makes it more difficult to put together cohesive strategies centered around EHR adoption and we are supportive of OHA's request for CCOs to support them in improving the completeness file.

B. 2022-2024 Plans

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

1. Select the boxes that represent strategies pertaining to your 2022-2024 plans.
2. Describe the following in the appropriate narrative sections:
 - a. The number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., 'Using the 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. Plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
 - c. Strategies you will use to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers beyond 2021.
 - d. Activities and milestones related to each strategy.

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

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

Overall Plans

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

<input type="checkbox"/> EHR training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of EHR adoption and capabilities <input type="checkbox"/> Outreach and education about the value of EHR adoption/use <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Incentives to adopt and/or use EHR	<input type="checkbox"/> Financial support for EHR implementation or maintenance <input type="checkbox"/> Requirements in contracts/provider agreements <input type="checkbox"/> Leveraging HIE programs and tools in a way that promotes EHR adoption <input type="checkbox"/> Offer hosted EHR product <input type="checkbox"/> Other strategies for supporting EHR adoption (please list here)
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i. Plans across provider types, including activities & milestones

Current data completeness and reporting on EHR adoption

According to the Data Completeness and Adoption Rates table in the OHA-provided HIT Data File, the following number of providers have an unknown EHR status in each care domain:

Care Domain	Total Number of Orgs	Number "status unknown"	% Unknown
Physical	340	181	53%
Behavioral	182	104	57%
Oral Health	197	122	62%

Although the survey and completeness data are incomplete, and appear concerning at first review, IDS/ICN partners in the HIT Governance Committee have expressed confidence that a significant majority of all physical health and oral health providers are currently using an Electronic Health Record and this will be evident with improved reporting.

Primary Care EHR Adoption:

We were able to update the numbers of assigned members to primary care providers in the Data Reporting File and found the following results:

Total Members assigned to any PCP	394,415
Number of PCPs/PC Clinic Systems with any assignment	125
Number with "adopted EHR" flag in OHA data	94
Percent with "adopted EHR" flag in OHA data	75.2%
Number of members assigned to PCP w/EHR	387,268
% members assigned to PCP with "adopted EHR" flag	98.2%

Behavioral Health EHR Adoption

In the CCO's Behavioral Health network, the EHR Data Completeness and Adoption Rates reflect a high proportion of "unknown" status responses. Health Share has performed a separate analysis of the mental health system, cross-walking providers in the table with the number of members with an open authorization for mental health services at a point in time (end of January, 2022). This offers a sense of the proportion of Health Share members who are actively engaged in these services who are being served by organizations who have attested to using an EHR. Even with a high level of incomplete information, this analysis indicates that nearly 78% of all individuals authorized for mental health services are in an organization attesting to using an EHR.

Oral Health EHR Adoption

As noted above, Health Share's ICN completed a planned survey with dental plans and providers. Of the 281 clinics surveyed 87% (245) reported using an EHR, while only 6% (17) reported using a paper chart. 19 clinics were unknown. This reinforces that EHR optimization and information sharing are high priority in oral health, rather than adoption per-se.

Health Share is committed to working through its HIT Governance Committee and in alignment with the 2022 CCO HIT Data Reporting Requirements to improve this reporting in 2022 and beyond. While the CCO and partners encouraged completion of the 2021 survey, we consistently heard that providers were taxed by the challenges of COVID and strained workforce capacity and were unable to prioritize it in the way that we hoped.

Strategy 1: Increase data completeness and Reporting on EHR Adoption

The CCO plans to take the following steps to meet the goal of increasing data completeness:

Activities	Milestone and/or Contract Year
Work with HIT Governance Committee and DSN Reporting groups to identify existing processes that can be used to enhance CCO-level EHR data completeness (credentialing, contracting, current DSN collection processes, etc.), particularly in specialty and ancillary service provider network	Q2 2022
Implement organization-specific data collection timelines, methodology and reporting pathway	Q2-Q4 2022
Continued alignment of available EHR completeness table with DSN report to ensure accurate and complete information to form basis of CCO Denominator for all required HIT Measures (EHR adoption, HIE (not including hospital event notification), Hospital Event Notification, and Community Information Exchange.	Q2-Q4 2022 (and on-going)

Strategy 2: Utilize best available data sources, including improved data completeness reporting, to prioritize areas where novel EHR adoption is top strategic priority

Activities	Milestone and/or Contract Year
Utilize HIT Governance Committee and current strategic taskforces to understand where further EHR adoption is necessary to support strategic work already underway. (This is prior to achieving improved data completeness per-above; examples: BH Access Taskforce, SUD Taskforce, Housing Benefit pilot)	Q3-Q4 2022
Develop collaborative strategy and system accountability for 2023-2024 Roadmap to identify lagging areas of EHR adoption and encourage network support to improve lagging areas, including through use of Health-Related Services/HIT funding and incentives as appropriate	Q4 2022-Q4 2024

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

Individual IDS/ICN partners plan to continue or enhance EHR adoption and usage activities outlined from 2021, including training/technical support, incentivizing data production and EHR usage.

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

See Above

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

See Above

C. Optional Question

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

Continue to partner with CCO's on data completeness—we recognize that this responsibility shifts substantially toward CCOs in the coming year, but as opportunities arise for streamlined activities or avoiding redundancies across CCOs OHA's continued partnership will be invaluable.

3. Support for HIE – Care Coordination

A. 2021 Progress

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

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

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

Overall Progress

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

- HIE training and/or technical assistance
- Assessment/tracking of HIE adoption and capabilities
- Outreach and education about value of HIE
- Collaboration with network partners
- Enhancements to HIE tools (e.g., adding new functionality or data sources)
- Integration of disparate information and/or tools with HIE
- Requirements in contracts/provider agreements

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

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

All of Health Share's partners made progress in expanding HIE access for care coordination, though the challenges of COVID-19 in 2021 continued to pose significant barriers to the work.

Tools and Strategies Used by CCO and Partners

As with previous years, the CCO does not support a centralized HIE spanning service providers or delivery systems. Rather, most providers in the network have access to EHRs that enable data exchange across care settings. In most instances, the CCO does not formally support these EHR efforts financially, as they are built into the population health functions of Integrated Delivery Systems which serve Medicaid, Medicare and Commercial populations. A significant focus across Health Share's IDS partners was on optimizing the tools available under Epic's EHR, including Carequality, Care Everywhere, Reliance, and eHealth Exchange. Optimizing these tools simplifies workflows and promotes routine information exchange.

Below are some of the strategies and tools employed by the CCO itself, or from one or more network partners on behalf of our community's Medicaid Members:

Continued Support for Collective Platform (FKA Premanage)

The CCO's contract for the Collective Platform supports at least 110 organizations to have access to the platform, enhancing the work of more than 400 users per month. This includes access across a significant portion of Health Share's IDS/ICN partner networks, including Behavioral and Oral health providers. Health Share's partners continued to leverage the Collective tool's capability for creating cohorts for timely coordination and response. Cohorts developed in 2021 include a cohort of individuals with comorbid Diabetes and SPMI diagnoses, individuals who may be eligible for intervention related to the Initiation and Engagement in SUD metric, and individuals who are involved in LTSS services. Collective was also useful for partners in monitoring the volume of members under assessment for COVID-19.

Broadening adoption of the tool has been challenging during COVID, with workforce issues and prioritization of resources, but this will continue to be a focus in future reporting years. **(work will continue in 2022)**

Referral Manager Tool

Health Share has continued to fund the availability of a tool known as Referral Manager, which enables IDS/ICN care coordinators to communicate vital information about children recently entered into foster care. This tool evaluates enrollment information and identifies when a child appears to have entered the child welfare system, enabling DHS medical liaisons (a position funded by the CCO and embedded in child welfare) to enter contact and demographic information and updates that care coordinators can access to expedite care. Coordinators across physical, behavioral and oral health can also enter information about completed assessments and assist one another with scheduling. This tool has been invaluable in raising the CCO's performance on the DHS Assessment measure above the 90% benchmark consistently, including during the COVID public health emergency. **(support for this tool will continue in 2022)**

Streamlining Efforts and Resources

In 2021, Health Share led a collaborative effort to simplify contracting between regional health systems, the CCO and Collective Medical Technology with OHLC. This led to a reduction in overall cost to the community for the Collective Platform and alignment around a single contract, while simplifying the data feeds and continuing to ensure that all partners receive regular data and notifications from CMT.

Collaboration with network partners

Under the guidance of the CCO's monthly HIT Governance Committee, Health Share continued to facilitate key workgroups of regional stakeholders on issues related to health information exchange for care coordination. This included facilitating collaboration on:

- changes for CMS interoperability requirements
- transitions of Care (TOC) care plan exchange
- incorporating a member matching feed into the Connect Oregon (CIE) platform to more accurately produce encounter data for the integration of clinical and social care data among partners
- developing a regional approach to sharing children's health complexity data among partners, including establishing CCO guidelines for its use to protect patient confidentiality and ensure an equity driven approach

Enhancements to HIE tools

Expansion of ICN's data platform to promote clinic-level access to whole-person data, including quality metric data and PCP score cards, as well as member profile data inclusive of care delivered across BH, DH and physical health settings.

Integration of disparate information and/or tools with HIE

IDS use of Epic Systems' Care Management tools and population health query to ingest non-Epic and claims data from independent clinics, and sharing integrated information back with independent clinics to increase access to broader patient information.

ii. Additional progress specific to physical health providers

iii. Additional progress specific to oral health providers

CareOregon ICN surveyed delegated Dental providers in Q4 2021 to determine who is currently utilizing the Collective platform. All dental plans – Advantage Dental Services, CareOregon Dental, Kaiser Permanente Dental, ODS, and Willamette Dental Group – are using Collective daily for hospital event notification and to aid in care coordination. The survey revealed that 14% of dental providers are using Collective directly in their office, while others obtain information gleaned from Collective from their contracted dental plans for care coordination purposes.

CareOregon, on behalf of the CCO, also continued to expand use of a referral platform first piloted in 2020 that enables primary care providers to send a referral request to CareOregon and its delegated dental plans for dental services. In 2020, 654 Health Share members were referred for dental coordination by 18 organizations. In 2021, that increased to 1,285 members referred by 26 organizations—a 96 percent increase in members referred by 44 percent more organizations. **(expansion of access to referral tool will continue in 2022)**

iv. Additional progress specific to behavioral health providers

v. Please describe any barriers that inhibited your progress

COVID continued to impact many goals related to HIE expansion in 2021, as did significant workforce shortages that required prioritization of personnel to vital care delivery functions rather than system enhancements.

B. 2022-2024 Plans

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

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

- d. Activities and milestones related to each strategy (Please include the number of organizations of each provider type you expect will gain access to HIE for Care Coordination as a result of your support, as applicable)

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

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

Overall Plans

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

<input type="checkbox"/> HIE training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of HIE adoption and capabilities <input type="checkbox"/> Outreach and education about value of HIE <input checked="" type="checkbox"/> Collaboration with network partners <input type="checkbox"/> Enhancements to HIE tools (e.g., adding new functionality or data sources) <input checked="" type="checkbox"/> Integration of disparate information and/or tools with HIE <input type="checkbox"/> Requirements in contracts/provider agreements	<input checked="" type="checkbox"/> Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding <input type="checkbox"/> Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) <input type="checkbox"/> Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) <input type="checkbox"/> Other strategies for supporting HIE access or use (please list here)
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i. Plans across provider types, including additional tools you will support/make available, and activities & milestones

Health Share was able to update PCP assignment information to the OHA Data Reporting file. This offers more clarity about the reach of Health Information Exchange where members are served most often. As with EHR adoption, we believe that the lack verified HIE for care coordination information is largely due to under-reporting, rather than an absence of this technology. However, as noted above, we will work with our provider network over 2022 and in future years to enhance the completeness of this reporting.

Results related to HIE for care coordination are outlined below, along with strategies for 2022 and beyond.

Review of HIT Data Reporting File--Reported reach of HIE by provider type:

All physical health providers:

Physical Providers (Primary Type)	340
Physical Providers with "Any HIE" flag	95
Physical Providers with "Any HIE + Collective" flag	107
Physical Providers without "Any HIE" flag	245
Physical Providers without "Any HIE + Collective" flag	233

Primary Care providers

PCPs with assigned members	125
Members assigned to those PCPs	394,415
Members assigned to PCPs with "Any HIE" flag	347,368 (88%)
Members assigned to PCPs with "Any HIE + Collective"	359,765 (91%)

Oral Health Providers (Primary Type)

Oral Health providers	197
Oral Health providers with "Any HIE" flag	2
Oral Health providers with "Any HIE + Collective" flag	4
Oral Health providers without "Any HIE" flag	195
Oral Health providers without "Any HIE + Collective" flag	193

Behavioral Health providers (Primary Type)

Behavioral Health providers	182
BH providers with "Any HIE" flag	6
BH providers with "Any HIE + Collective" flag	19
BH providers without "Any HIE" flag	176
BH providers without "Any HIE + Collective" flag	163

As noted in the section on EHR adoption, it will be critical to first understand the extent to which the relatively low numbers (particularly in BH and Oral Health settings) are a result of incomplete data collection rather than the absence of this technology. As with previous years, we do believe these are the domains that will benefit most from additional HIE focus.

Below are select strategies to be performed either centrally within the CCO or within the IDS/ICN partners related to expansion of HIE access across the network

Assessment/tracking of HIE adoption and capabilities

Activities	Milestone and/or Contract Year
Work with HIT Governance Committee and DSN Reporting groups to identify existing processes that can be used to enhance CCO-level data completeness (credentialing, contracting, current DSN collection processes, etc.), particularly in specialty and ancillary service provider network (physical health), as well as behavioral and oral health networks	Q2 2022
Implement organization-specific data collection timelines, methodology and reporting pathway spanning the above	Q2-Q4 2022

Collaboration with Network partners

Activities	Milestone and/or Contract Year
Engage other CCOs and internal Health Share partners to refine Transitions of Care (TOC) information flow via SFTP rather than OHA's SharePoint solution	Q3-Q4 2022

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

Activities (CCO)	Milestone and/or Contract Year
Continued support of Collective platform, DHS Referral Manager, and Connect Oregon tools	2022->

Activities (within select IDS)	Milestone and/or Contract Year
Continue integration of Reliance HIE within select IDS network for direct access for care coordination and quality performance monitoring activities	2022-2023
Ingest Reliance data into IDS data warehouse	2022-2023
Work with Collective and Reliance to identify, prototype and establish high-value use cases to increase value to providers who have not yet adopted a centralized community health record	2022-2023

Expand use of HIE tools to increase network integration

Activities (within select IDS)	Milestone and/or Contract Year
Expand Care Everywhere footprint to include additional primary care clinics (IDS activity)	2022-2023
Transition Adventist hospital to OHSU Epic to create more seamless HIE between acute care settings and across provider network	Q4 2022

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

See above

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

Continue to expand use of primary care to oral health referral technology, known as Request for Dental Services, including education for providers and strengthening communication about closed referral loops.

Expand access to FIDO data reporting solution within the ICN for dental providers, sharing member information and quality performance to aid care coordination

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

Health Share has engaged in a CCO-wide effort to address many of the drivers of BH workforce challenges and improved access. As noted in the section below, this will include work related to ensuring notification for primary care about individuals discharging from psychiatric inpatient stays. Health Share and its partners will continue to engage with BH providers to encourage use of Collective platform for hospital event notification and ambulatory care coordination needs.

We anticipate that the EHR and HIE for Care Coordination assets across the BH provider network, and their interoperability with other systems, will be a major focus for 2022-2024 as these workstreams develop.

C. Optional Question

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

Continue to promote alignment opportunities through groups like the upcoming HIE workgroup. Continue to promote the value of using Health Related Services for HIT to expand adoption of these important tools.

Health Share also appreciates OHA's efforts to maintain cost sharing arrangements with Collective Medical Technologies, as well as the support in discussing the CCO's contracting arrangement to reduce duplication and ensure continued data availability.

4. Support for HIE – Hospital Event Notifications

A. 2021 Progress

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

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

Overall Progress

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

- Hospital Event Notifications training and/or technical assistance
- Assessment/tracking of Hospital Event Notification access and capabilities
- Outreach and education about the value of Hospital Event Notifications

- Financially supporting access to a Hospital Event Notification tool(s)
- Offering incentives to adopt or use a Hospital Event Notification tool(s)
- Requirements in contracts/provider agreements
- Other strategies for supporting access to Hospital Event Notifications (please list here) (**leveraging and refining workflows for integrated notification tools, eg., Care Everywhere**)

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

Leveraging and refining workflows for integrated notification tools

Health Share's IDS and ICN partners continued to use a combination of tools integrated with either EHRs or Care Coordination platforms to support timely coordination and hospital event notification. For Integrated Delivery systems, the majority of hospital events are communicated to ambulatory care teams through Care Everywhere. For events in non-affiliated hospitals a combination of Care Everywhere and Collective Medical Technology tools are leveraged. All regional hospitals have adopted EDIE/CMT to support this work.

Health Share's Integrated Community Network, which is not associated with an affiliated hospital system, has incorporated an hourly feed of hospital event notifications into its care management platform to quickly notify care teams for proactive outreach.

Financially supporting access to Hospital Event Notification tool(s)

As with HIE for Care Coordination, Health Share's region-wide support of the CMT/Collective Platform enables connected organizations to receive hospital admit, discharge and transfer information via the platform and via EDIE. Currently there are 110 organizations connected to this tool. As noted above, Health Share was able to revisit the contract between the CCO and Collective to ensure continued coverage for all network partners, while simplifying both data flow and reducing overall costs to the system.

ii. Additional progress specific to physical health providers

iii. Additional progress specific to oral health providers

Integrated Community Network enhanced its collection of real-time hospital event notifications from Collective to integrate into care coordination tools at the ICN. This enables responses across the care continuum, including oral health providers.

iv. Additional progress specific to behavioral health providers

Integrated Community Network enhanced its collection of real-time hospital event notifications from Collective to integrate into care coordination tools at the ICN. This enables responses across the care continuum, including behavioral health providers.

v. Please describe any barriers that inhibited your progress

COVID caused workforce challenges and delayed efforts to promote HIE expansion broadly.

42 CFR continues to cause confusion and create administrative challenges at all levels of information sharing.

2. Please describe your (CCO) progress using timely Hospital Event Notifications within your organization. In the spaces below, please
- a. Select the boxes that represent strategies pertaining to your 2021 progress
 - b. Describe the following in the narrative section
 - i. The tool(s) that you are using for timely Hospital Event Notifications
 - ii. The strategies you used in 2021
 - iii. Accomplishments and successes related to each strategy.

Overall Progress
Please select which strategies you employed during 2021.

<input type="checkbox"/> Care coordination and care management	<input type="checkbox"/> Utilization monitoring/management
<input type="checkbox"/> Risk stratification and population segmentation	<input type="checkbox"/> Supporting CCO metrics
<input type="checkbox"/> Integration into other system	<input type="checkbox"/> Supporting financial forecasting
<input checked="" type="checkbox"/> Exchange of care plans and care information	<input type="checkbox"/> Other strategies for using Hospital Event Notifications (please list here)
<input checked="" type="checkbox"/> Collaboration with external partners	

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

As noted above, Health Share does not provide care coordination services centrally. The CCO did support exchange of care plans and care information related to care coordination broadly to support the OHA's TOC requirements, and supported external partners in that work. Also, as noted above, the CCO worked to redefine contracting terms and scope with Collective to ensure sustainability of that platform on behalf of the region's health care network.

B. 2022-2024 Plans

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

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

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

Overall Plans

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

- Hospital Event Notifications training and/or technical assistance
- Assessment/tracking of Hospital Event Notification access and capabilities
- Outreach and education about the value of Hospital Event Notifications

- Financially supporting access to Hospital Event Notification tool(s)
- Offering incentives to adopt or use a Hospital Event Notification tool(s)
- Requirements in contracts/provider agreements
- Other strategies for supporting access to Hospital Event Notifications (please list here)

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

OHA's data completeness table indicates that 297 physical health organizations, 193 oral health organizations, and 167 behavioral health organizations currently lack access to the Collective/CMT tool for stand-alone hospital event notifications. Integrated HIE tools like Care Everywhere can offer hospital event notifications for those receiving the information, and the footprint of CareEverywhere and similar tools can be found in the section above. Additionally, these numbers do not reflect where members receive their primary care or primary care coordination. For instance, all members assigned to Health Share's Integrated Delivery system are entered into the Collective tool and care teams receive notification when members have admit, discharge or transfer events related to acute settings. These care teams then work with the provider network to appropriately respond to the need.

Health Share looks forward to helping to acquiring more complete information for the OHA data completeness table in 2022 and beyond, which will help support strategies across all areas, including HIE for hospital event notification.

In addition to maintaining many of the efforts started in 2020-2021, Health Share will be focusing on improving information sharing for acute care transitions for members discharged from acute hospitalization for psychiatric indication.

Improve acute care transitions information exchange for psychiatric hospitalizations to primary care

Activity	Milestone/Contract Year
Support clinician-to-clinician case conferences (e.g. econsults) to support effective transitions of care	Q2-Q4 2022
Evaluate modes and barriers to PCPs receiving consistent communications regarding their patients who discharge from acute behavioral health settings, including explanation of treatment and bridge medication needs	Q2-Q4 2022
Assure that HIE includes identification of key care team members are in HIE tools (e.g., Collective, Care Everywhere)	2022-2023
Assess Care Everywhere permissions across partners to ensure that ED Progress Notes and Discharge Summaries are visible across Care Everywhere instances	2022-2023

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

Activities	Milestone and/or Contract Year
Transition Adventist hospital to OHSU Epic to create more seamless HIE and hospital event notification between acute care settings and across provider network	Q4 2022

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

Continued use of Collective platform across all subcontracted DCOs, with notification and care coordination efforts centralized through the ICN.

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

Hospital event notification training and/or technical assistance:

Activity	Milestone/Contract Year
Continued engagement with BH providers to encourage use of and technical assistance for Collective platform, specifically for hospital event notification and ambulatory care coordination needs.	2022-2024

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

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

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

Overall Plans

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

- | | |
|---|--|
| <input type="checkbox"/> Care coordination and care management
<input type="checkbox"/> Risk stratification and population segmentation
<input type="checkbox"/> Integration into other system
<input checked="" type="checkbox"/> Exchange of care plans and care information
<input checked="" type="checkbox"/> Collaboration with external partners | <input type="checkbox"/> Utilization monitoring/management
<input type="checkbox"/> Supporting CCO metrics
<input type="checkbox"/> Supporting financial forecasting
<input type="checkbox"/> Other strategies for supporting access to Hospital Event Notifications (please list here) |
|---|--|

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

Health Share of Oregon does not perform centralized care coordination functions, as these are delegated to our IDS/ICN partners. The CCO, through its HIT Governance structure, centralized contracting, and shared accountability model, strongly promotes enhancements to HIE for more timely coordination of care, and works with partners in particular clinical use-cases to align efforts. These include acute care transitions as noted above, as well as other transitions between care settings that warrant additional focus to ensure improved health outcomes.

While COVID response hindered a lot of strategic planning to capitalize on opportunities for the CCO to leverage this type of information, moving forward we will be exploring how information from Collective can be combined with information from the Connect Oregon CIE, and other data feeds to enhance care coordination efforts.

C. Optional Question

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

Health Share appreciates OHA's efforts to maintain cost sharing arrangements with Collective Medical Technologies, as well as the support in discussing the CCO's contracting arrangement to reduce duplication and ensure continued data availability.

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

A. 2021 Progress

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

Overall Progress

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

Health Share and partners have been leading efforts to address social needs within the CCO model since the CCO's inception in 2012. Efforts and tools like PREPARE and efforts like the Accountability Communities of Health (ACH) have been in use or in development across the network for a number of years. At the same time, we have come to recognize the hesitance of primary care and other clinical service providers in screening for social resource needs if there is limited ability to refer members to those resources, or to know if members find the services to which they are referred.

To address this problem in a new way, in late 2020 the CCO contracted with Unite Us to become part of the Connect Oregon network. This contract enabled all health systems under the CCO, and any of their affiliated providers, as well as all three counties in the region, to access the platform at no cost to them. The intent was to create an easy pathway for system adoption and use. Connect Oregon serves as a Community Information Exchange to share information between and across care and community settings, including closed loop referral capability for in-network partners.

The general strategies to support this work included the following, with 2021 progress detailed below:

Deploy Connect Oregon (UniteUs) CIE

Expanded contracting footprint and regional adoption of the platform

Health Share's IDS/ICN partners represent the largest health systems in the Portland Metro region, and across all partners they contract with the majority of health service providers in the community. Health Share's CIE contract enables each provider within any of these networks to access the system, and all patients *regardless of payor source* to access the tools. As such, getting individual contracts in place with each IDS and ICN was a natural prerequisite to expanding adoption of the platform. By the end of 2021, all five IDS/ICN partners have a contract with Unite Us, including separate agreements for EHR integration in most instances. Additionally, two of the three regional counties have executed agreements, with the third expected in Q2 of 2022. This relatively quick alignment around a single platform has enabled strategic planning and presents considerable opportunity for resource alignment going forward.

Explore early use-cases for closed-loop referral

While Unite Us has been working to expand Community-Based Organization (CBO) adoption and to support early health system engagement, Health Share has worked to align adoption of CIE with the CCO's strategic priorities, particularly around access to COVID response and wraparound supports in 2021 and aiming to increase access to supportive housing in 2022 and beyond. One of Health Share's partners, Kaiser Permanente NW, was an early advocate and investor in the Unite Us platform and had already developed referral pathways and partnerships with local CBOs to meet social needs. Health Share partnered closely with Kaiser and Unite Us to build upon this earlier work and to inform user adoption and community engagement strategies across the other IDS/ICN partners to broaden our collective knowledge as a CCO.

In response to COVID, OHA offered funding for CBOs to provide wraparound supports to positively diagnosed individuals who needed in-home resource delivery. One of Health Share's county partners, Clackamas County, piloted use of the Connect Oregon platform to send closed loop referrals to 8 CBO partners for these services. This proved incredibly valuable for this work and by the end of 2021 Clackamas County, largely in support of Health Share's membership, was among the top senders of referrals on the platform and COVID wraparound was

driving further platform adoption within partner CBOs This use case offered a roadmap for leveraging existing funding and referral pathways as strategy to drive adoption across the CCO.

Develop member-matched data feed to enable population health analytics

Connect Oregon's closed loop referral platform includes access to basic Tableau dashboards reflecting network adoption and referral activity. Part of the CCO's effort to blend social needs screening and referral processes includes a need to identify CCO members who are referred within the platform, and to ingest member specific data for us in other analytic platforms, including the CCO's Business Intelligence platform (Health Share Bridge) as well to be shared with partners for their own systems. This functionality requires identifying CCO members within the platform and producing member-level referral and resource fulfillment information. Health Share led a multi-CCO effort to develop a new member-matching data feed with Unite Us. This data feed shares Health Share enrollment information, which is then used by Unite Us to identify members who have been entered into the system, and to export a routine data feed to CCOs for us in other tools. Health Share's interest in this data, and leadership to develop standards, was helpful for numerous CCOs and became part of the Unite Us product offering for other systems across the country. The majority of work to establish the requisite information for this matching process, the return data schema, and all relevant data sharing agreements, occurred in 2021, with test output files in Q4. We anticipate early analysis of this data in Q2 2022, and consistent use of the data feed by Q3.

Explore CBO partnership and support opportunities

CBO engagement and participation is critical to the success of developing a robust network of health systems and community-based resources. In late 2020 and early 2021, initial community outreach and engagement around Connect Oregon focused on a list of CBOs prioritized by Health Share's IDS/ICN partners – primarily based on existing relationships. Health Share and Unite Us convened monthly "Local Network Implementation" (LNIG) meetings focused on identifying key contacts in the target CBOs, conducting outreach, and handing off engagement to the Unite Us Community Engagement managers. While initial interest in the platform was strong, concrete engagement from CBOs was slow to develop due to variance in organizational capacity, insufficient funding to accept additional referrals for services, data duplication and workflow redundancy in using multiple platforms, or even competing strategic priorities. Additionally, many community-partners were focused on meeting immediate client needs related to COVID, limiting their ability to invest capacity in the change management needed for adoption of a new platform. As a result, many organizations simply were not interested in joining Connect Oregon without significant and sustainable funding for both services and administrative support. In the first half of 2021, Health Share worked with Kaiser and Unite us to do some deeper analysis of where there had been success in onboarding CBO partners to date. This surfaced some key characteristics of successful engagement that informed and focused our engagement efforts for the remainder of 2021 and moving forward into 2022. The markers of success included:

- Existing funding for services and capacity-building
- Shared need/demand for a solution (i.e. existing referral pathways)
- Meaningful Relationship and Trust
- Readiness – for BOTH Health System and CBOs
- Mutually Reinforcing – Creates value for all partners

These indicators shifted the LNIG work toward more strategic conversations driven by CCO and platform data around community need – focusing on key areas of impact we could prioritize as a partnership (e.g.- food access, housing) and surfacing opportunities invest meaningfully in the growth of existing partnerships or to establish new ones.

Meanwhile, through our efforts at CBO outreach, we learned that many community partners did not have a fundamental understanding of who Health Share was, what a CCO does, or how partnership across sectors might benefit the communities they serve. It was clear that the lack of this foundation had created barriers to engagement and obscured opportunities for partnership - indicating the need to not only conduct outreach specific to Connect Oregon, but to engage in ongoing community education about Health Share, Medicaid, and Social Determinants of Health. Health Share staff have focused on this type of mutual education alongside targeted Connect Oregon outreach since mid-2021 and into 2022.

This new framework is carrying us into 2022, with the intent to identify critical services needed on the network, build relationships with CBOs providing related services, and formalize those relationships - through funding and/or use of the platform where appropriate.

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

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

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

Under the general Health Share contract, all 5 IDS/ICN partners developed unique implementation plans and subcontracts with Unite Us, some including additional EHR integration. Health Share staff supported IDS/ICN to identify priorities for user adoption and goals for implementation – including sequencing of onboarding across provider types based on capacity and need. Subsequently, 4 of the 5 IDS/ICN partners were live on the platform by the end of 2021 and the 5th went live early in Q1 2022. CBO access to the Unite Us platform was also made available under Health Share’s contract and supported by community outreach and education from both Unite Us and Health Share and its partners.

ii. Additional progress specific to physical health providers

Health Share supported Unite Us in the formation of a Clinical Workflow Tiger team early in 2021, to identify and disseminate best practices for providers using the platform. Additionally, Health share has engaged in advocacy with Unite Us about further enhancements and platform integration to support adoption and utilization by physical health providers, including: Epic interoperability (bi-directional), Integration of widely-used SDOH screening tools in the platform (i.e -PRAPARE and ACH), and supplemental training resources/job aides specific to user type.

iii. Additional progress specific to oral health providers

The use case for Oral Health providers emerged as one of receiving referrals for dental care from CBOs and other types of providers. This directionality was not anticipated early in the project but has surfaced in multiple venues. These conversations have been supported in the Partner Workgroup and integrated in mutual tracking of outreach and engagement opportunities between Unite Us and Health Share.

iv. Additional progress specific to behavioral health providers

While Behavioral Health is one of the top identified needs in terms of referrals on the platform, adoption of Connect Oregon has been slow due to capacity constraints for these providers. Nodes of progress have emerged, however, around specific uses cases. CareOregon and OHSU began collaborating on a referral pathway for SUD treatment, leveraging community-based Peer services and using the platform to facilitate and track these referrals. Additionally, Health Share’s Housing Benefit program has provided an opportunity to explore accepting housing referrals from behavioral health settings, as well as connecting members in transition to additional behavioral health services to support sustainability of the housing resources provided and increase chances for long-term success.

v. Additional progress specific to social services and CBOs

As a community convener, Health Share met directly with CBOs and provided support to Unite Us Community Engagement staff in educating community partners about the role of CCOs in addressing SDOH, the nature of Connect Oregon and availability of the platform, as well as mutual learning about what is needed for successful partnership. These efforts resulted in the growth of the CBO network to just under 200 by the end of 2021.

CBO partners were also invited to participate in Connect Oregon governance and provide project input through the Community Network Advisory Board (CNAB).

Additionally, Health Share leadership served as chair of a temporary Connect Oregon/cross-CCO Tiger team to enhance collective understanding of the requirements for providing health related services through the platform. This should yield more opportunity to pay for services through Connect Oregon and to provide more stability to CBOs providing vital resources to community members.

vi. Please describe any barriers that inhibited your progress

While IDS/ICN partners aligned quickly around the value and potential of Health Share's investment, variance in capacity and competing priorities across 5 major health systems means that implementation progress has been likewise varied. Additionally, Health Share's County partners have been engaged in the work contractually but due to numerous competing priorities including COVID have not fully established roadmaps for implementation of the platform or user adoption across their complex systems. These county programs will be vital in bringing key resources onto the platform for Health Share members.

Broad engagement with CBOs has proven to be challenging but has resulted in important learning for Health Share and its partners. Without the option to convene large gatherings of potential partners, we pivoted to pursue more individual organizational relationship building. This process has highlighted the wide array of community partners working in our region, and their unique needs, which highlights the need to do more foundational work in establishing meaningful partnership before seeking their participation. This includes ensuring that there is a clear value proposition for their use of the platform and sufficient organizational readiness to engage. While Health Share is still committed to convening CBO partners and developing a strong community of practice, there is recognition that more relationship-building is needed to develop trust and shared values around health equity, and to ensure CBO readiness, if we are to build a network that reflects the communities we serve. This will be a strong focus of our efforts in 2022.

B. 2022-2024 Plans

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

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

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

Overall Plans

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

In 2022, our focus will shift toward growing the emerging network and strengthening it by formalizing meaningful partnerships with key CBOs that address SDOH priorities reflected in Health Share's Community Health Improvement Plan and help to build a foundation for the SDOH benefit packages expected under the 1115 waiver renewal. A key driver of this engagement will be development of an HRS flex fund request form/workflow into the Connect Oregon platform, that will serve as a concrete point of integration between CBOs and health systems. Additionally, we will implement a new data and continuous improvement process with partners to track network health, analyze needs/gaps, and inform strategic partnership development. Our strategies remain similar but evolving.

Expanded contracting footprint and regional adoption of the platform

In early 2022 (end of Q2), Health Share aims for all 3 counties to execute implementation contracts with Unite Us, including EHR integration as appropriate. More importantly, unique roadmaps for implementation need to be developed for each county, identifying priorities for programmatic engagement and additional resources needed to drive adoption and utilization across county departments.

Additionally, Health Share will continue working with IDS/ICN partners to grow user adoption, focusing on readiness of key user groups, opportunities to leverage existing referral pathways, and ongoing change management/capacity-building needed to increase utilization.

Activities	Milestone and/or Contract Year
Finalize county contracts, including project teams in each county to support work	Q2 2022
Develop County-specific roadmaps for implementation (priority programs, training and support, etc.)	Q3 2022
Implement continuous improvement process with Partner Workgroup using data to track network growth and health	Ongoing- starting Q2 2022

Leverage Early Use-Cases to Grow Adoption and Utilization

Health Share has identified several uses cases for Connect Oregon implementation that will advance our work in 2022. Namely: 1) Build alignment across IDS/ICN around CBO access to Health Related Services (HRS) requests to increase access to flex funds/services, 2) Using Connect Oregon to facilitate referrals to the Central Benefit Administrator for the Housing Benefit program, administered by OHSU, as well as for subsequent referrals to support services for members receiving that benefit and 3) Linking use of the platform to Health Share’s THW strategy as a potential tool for this growing workforce and point of integration between healthy systems and community.

Activities	Milestone and/or Contract Year
Collaborate with additional CBOs in piloting submission HRSF requests (expands on pilot with one CBO launched in 2021)	Ongoing, starting Q2 2022
Establish standard form, process, and expectations for facilitating HRSF requests direction from CBOs	Q3 2022
Build Housing Benefit workflows in Connect Oregon, for CBA to receive referrals from community settings	Q2 2022
Explore use of platform for SUD Referrals	Started – possible pilot in Q3-Q4 2022
Identify THW types and use cases to pilot use of the platform, including exploration of payment for services.	Started – formalize and expand pilot work in Q3-Q4 2022 and beyond.

Leverage member-matched data feed to enable population health analytics

In addition to providing initial data on successful referrals and increased member access to services, Health Share will create a framework for analyzing platform data in context with claims/utilization data, to explore impact on member health and disaggregate this data by race/ethnicity and other key demographics to surface and address health disparities across different population

Activities	Milestone and/or Contract Year
Develop initial data dashboards and outputs to IDS/ICN partners (network growth and use)	Q2 2022
Finalize data ingestion process of member matched feed and move into production cadence	Q3 2022 and beyond (expected go live July 1, 2022)
Develop framework for analysis of impact population health and racial disparities	Q3 2022 (ongoing)

Develop and Formalize CBO partnership around key areas of social impact, to address member needs and support opportunities for adoption

Community engagement strategy will focus on surfacing existing or potential partnerships across Health Share that align with CCO Community Health Improvement Plan, as well as cultivating relationships with key CBOs to address SDOH priorities reflected in the 1115 waiver renewal

Continue outreach to interested CBOs and support onboarding when appropriate.	Ongoing
Work with IDS/ICN partners to identify key CBO partnerships to formalize through development of pilot work and potential funding	Q3 2022 and on-going
Identify gaps in CBO relationships needed to address waiver priorities and begin relationship-building	Q2 2022
Establish MOUs/Contracts with CBOs	Q4 2022

2. Please describe your plans for supporting contracted physical, oral, and behavioral health providers with using HIT to support social needs screening and referrals for addressing SDOH needs. Additionally, describe your plans for supporting social services and CBOs with using HIT in your community. In the spaces below, please include

- a. A description of any additional tool(s) you will support or make available to contracted physical, oral, and behavioral health providers, social services, and CBOs. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
- b. Additional strategies for supporting contracted physical, oral, and behavioral health providers, social services, and CBOs with using HIT for social needs screening and referrals for addressing SDOH needs beyond 2021.
- c. Activities and milestones related to each strategy.

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

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

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

The Strategies for supporting providers with using HIT to support social needs screening and referrals for addressing SDOH needs mirror those described above. Health Share will work with IDS/ICN, Counties, and CBO partners to identify and implement use cases for Connect Oregon, support pilot work together using the platform, and use data to inform adaptation and improvement. We will continue leveraging Partner Workgroup to share learning and best practices to support successful adoption and effective utilization across all provider/user types and continue advocating for increased interoperability, particularly bi-directional Epic integration, to support true closed-loop functionality. Specific strategies and associated activities, include:

Leverage Early Use-Cases to Support Provider Adoption and Utilization

Health Share will support user adoption and utilization of Connect Oregon by leveraging emerging use cases and opportunities for alignment as described above, including: 1) Alignment across IDS/ICN around CBO access to Health Related Services (HRS) requests to increase access to flex funds/services, 2) Using Connect Oregon to facilitate referrals to the Central Benefit Administrator for the Housing Benefit program, administered by OHSU, as well as for subsequent referrals to support services for members receiving that benefit and 3) Linking use of the platform to Health Share's THW strategy as a potential tool for this growing workforce and point of integration

between health systems and community. Adoption of the platform in these contexts will be accompanied by support for onboarding, training, and ongoing support of users across all provider types

Activities	Milestone and/or Contract Year
Collaborate with additional CBOs in piloting submission HRSF requests (expands on pilot with one CBO launched in 2021)	Ongoing, starting Q2 2022
Establish standard form, process, and expectations for facilitating HRSF requests direction from CBOs – provide training and ongoing technical assistance around submission process.	Q3 2022
Train and support CBOs in Housing Benefit workflow in Connect Oregon, for CBA to receive referrals from community settings	Q3 2022
Explore use of platform for SUD Referrals	Started – possible pilot in Q3-Q4 2022
Identify THW types and use cases to pilot use of the platform, including exploration of billing and payment mechanisms for services	Started – formalize and expand pilot work in Q3-Q4 2022 and beyond.

Leverage member-matched data feed to provide actionable data and population health analytics for partners and providers

In addition to providing initial data on successful referrals and increased member access to services, Health Share will create a framework for analyzing platform data in context with claims/utilization data, to explore impact on member health and disaggregate this data by race/ethnicity and other key demographics to surface and address health disparities across different population

Activities	Milestone and/or Contract Year
Develop initial data dashboards and outputs to IDS/ICN partners (network growth and use) – tracking specific user groups and referral pathways across the Health Share network	Q2 - Q3 2022
Finalize data ingestion process of member matched feed and move into production cadence – providing regular data output to partners	Q3 2022 and beyond (expected go live July 1, 2022)

ii. Additional plans specific to physical health providers

See Strategies Across Provider Types section. It should be noted that while the majority of the CCO’s work has focused on integrating identified social needs, often surfaced through social needs screening or CBO engagement with members, each of the IDS/ICN partners are also working to establish best practices related to use of tools like PREPARE within their clinical workflow. The CCO and these partners will be preparing for the likely introduction of a future Social Needs Screening measure, likely in 2023, which will hold CCOs accountable to improving screening rates. Numerous barriers exist in doing this work well, primarily among them capacity in the clinical workforce to perform and respond to these screenings with referral and follow-up, as well as capacity in the community to actually meet the identified resource need. It is for these reasons that the CCO has focused on increasing availability of a tool like the Connect Oregon platform while clinical systems expand use of tools like PREPARE to identify need on the front end.

The CCO will be exploring further integration of SDOH screening tools within the Connect Oregon platform, with intent to link to CCO screening metrics and create more standard practice.

iii. Additional plans specific to oral health providers
See the Strategies Across Provider Types section.
iv. Additional plans specific to behavioral health providers
See the <i>Strategies Across Provider Types</i> section.
v. Additional plans specific to social services and CBOs
Provide broad education about Medicaid, the role of CCOs in addressing SDOH, and specific areas where collaboration between health system and community is needed. For CBOs to effectively engage with the network, more funding is needed for both services and building capacity for cross-system integration. This includes joining with CBOs to fully understand the value and cost of services, design new payment methodologies, and agree on metrics for success.

C. Optional Question

How can OHA support your efforts in supporting the use of, and using HIT to support social needs screening and referrals for addressing SDOH needs?
Continue efforts to promote alignment around the Connect Oregon effort, which has now expanded to virtually all CCOs in the state.
Deliberate partnership and intentional pacing of the social needs screening incentive measure—working with CCOs and members to better understand implications of a measure like this if the referral pathways or required social resources are unavailable.
Alignment between OHA, County and CCO funding streams to engage with CBOs and community resource providers intentionally and toward a shared end—reducing duplicative efforts and funding streams whenever possible.

6. Other HIT Questions (Optional)

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

A. How can OHA support your efforts in accomplishing your HIT Roadmap goals?
Continued close partnership and flexibility. Leverage high-impact opportunities to provide state funding or resources that will assist all CCOs in fulfilling common goals. This includes more efforts like EDIE/Collective, Connect Oregon, and meeting Transitions of Care requirements.
B. How have your organization’s HIT strategies changed or otherwise been impacted by COVID-19? What can OHA do to better support you?
COVID has largely thwarted all non-essential work across payors and providers. This has been an unprecedented “all hands on deck” event. At the same time, it has reinforced the absolute necessity of having better HIT systems that can identify, coordinate and track our shared response for those who are most vulnerable to acute or long-standing issues. For instance, the effort and processes required to quickly provide wraparound supports for individuals who needed to stay home due to COVID is a template for future response to climate issues, natural disasters, other public health emergencies, or simply to providing services or resources in a new way for individuals who cannot easily acquire them. If anything, the urgency of the public health emergency has reinforced that this is the right work for CCOs, OHA and providers to be working on together, even while the effort itself has been slowed.

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

Health Share’s strategic framework and collective efforts are all intended to address health inequities, particularly to address racial disparities. As an organization interested in surfacing these disparities to compel a different type of systemic responses (from both within and outside of the health system) the lack of comprehensive and complete REAL+D data has been an incredible challenge. We know that OHA has been working to enhance the accuracy and granularity of data collected at the point of enrollment, but we continue to see significant disparities in the completeness of this data, particularly when stratified by age group. For instance, a significant portion of our youngest children (0-5) have an “unknown” racial category in the demographic data we receive from OHA. That makes efforts to surface health disparities, differences in outcomes, and track resources allocated much more difficult. It is not clear if there is a plan or shared goals and accountabilities in improving these rates, and it may warrant a more coordinated effort, without simply asking for more providers to collect and report more.

Appendix

Example Response: Support for HIE – Care Coordination

The examples below are meant to help CCOs understand the level of detail and type of content OHA is looking for in responses detailing 2021 progress and 2022-2024 plans. The examples are based on content in past CCO HIT Roadmaps and include specific tools and/or strategies reported by CCOs. OHA edited original submissions for the sake of providing a concise example, but CCOs may wish to provide more context or detail in some cases. Please note, these examples are not exhaustive. Through these examples, OHA is not endorsing specific products or tools, but merely highlighting the level of specificity for meaningful and credible content and providing clarity on how the responses may be formatted. Even though the examples are specific to HIE for care coordination, the level of detail and format should be modeled in other topic responses as well.

Definitions: For the purposes of the Updated HIT Roadmap responses, the following definitions should be considered when completing responses.

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 2022). **Note:** Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A. 2021 Progress

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

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

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

Overall Progress

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

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIE training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of HIE adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about value of HIE <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Enhancements to HIE tools (e.g., adding new functionality or data sources) <input type="checkbox"/> Integration of disparate information and/or tools with HIE <input type="checkbox"/> Requirements in contracts/provider agreements 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding <input type="checkbox"/> Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) <input checked="" type="checkbox"/> Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) <ul style="list-style-type: none"> • <i>Implemented Patient Access API</i> <input checked="" type="checkbox"/> Other strategies for supporting HIE access or use (please list here) <ul style="list-style-type: none"> • <i>Assisted with the development of best practice standards for hospital EDs</i>
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i. Progress across provider types, including HIE specific tools supported/made available

In 2021, our CCO and clinic partners leveraged a wide variety of health information exchange tools and other HIT platforms that support care coordination. Below is a list of platforms currently supported by our CCO and in use by us and/or our network.

Collective Platform (FKA PreManage) - Our CCO has been a leader in the implementation and spread of the Collective Platform in our region. The tool supports care coordination among providers and between 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 and CMHPs is intended to bring attention and coordinated intervention to those members who present in emergency service and hospital settings.

EDIE - All hospitals in our service area have adopted EDIE. EDIE connects hospital ED's across the state to provide a comprehensive snapshot of high risk, high need individuals in real time. When a patient registers in any ED in Oregon, EDIE is alerted and can push back an EDIE notification. Providers and care coordinators outside the hospital system can receive timely notifications when their patients or members have a hospital event via the Collective Platform.

Epic's Care Everywhere - The majority of contracted physical health providers in our service area are on Epic, including the hospital systems, FQHCs, rural health clinics and our school-based health centers. This allows providers in our community to communicate directly through Epic or through "look in" functionality through Epic's Care Everywhere, which provides clinical data for providers who use Epic and other affiliated electronic health systems.

CCO Provider Portal - Our CCO provider portal supports referrals among primary care and DCOs.

Care Coordination Platform - Our CCO has implemented a robust Care Coordination Platform that delivers a care plan to the provider portal so the provider is aware of what is happening for the member.

Secure Messaging - Our CCO Care Team communicates/coordinates with providers using Secure messaging through their email and directly from our Care Coordination platform.

Our 2021 progress centered around the following strategies our CCO implemented. The 2021 accomplishments and successes related to our strategies are listed below each strategy.

Strategy 1: Develop and implement a 5-Year HIT plan

In partnership with the Clinical Advisory Panel, our CCO developed a 5-Year HIT plan that includes the following components to help guide our strategies for the duration of the Contract:

- Identifying HIT/HIE priorities
- Educating providers and provider staff on existing HIE capabilities and benefits
- Developing a regional workplan called for by the HIE Onboarding Program to identify priority Medicaid providers that would benefit from participation.
- Identifying opportunities in care transition
- Increasing and streamlined referral automated workflows
- Optimizing the use of the HIEs functionality
- Promoting interoperability of HIEs to simplify end-user environment
- Monitoring mechanisms to ensure continued improvement in HIE utilization and resulting patient care coordination

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

- Our CCO helped remove barriers to adoption for some of our providers by paying for Collective licenses and partnering with the vendor to help our clinics design workflows that leverage the tool. We increased access for an additional 8 physical health and 6 behavioral health providers.
- We coordinated with the emergency department Medical Directors at the hospitals to develop best practice standards for Care Recommendations and workflows to enhance cross-system care coordination. To further support successful adoption and use of Collective, we covered the costs for provider partners to attend statewide collaboratives to share with their peers and learn about best practices.
- Referrals to our CCO's care team come from providers and from our CCO's triage coordinator, who utilizes targeted cohorts in Collective to identify members who would benefit from a collaborative, multi-disciplinary care plan and subsequent outreach and wraparound services in an effort to prevent future inappropriate costly emergency department visits and inpatient stays.
- As a CCO we monitored the volume of care recommendations developed by each organization and offered technical assistance to each system in order to tailor the support to meet their specific needs, from workflow development to IT support to advance their adoption of the tool.

Strategy 3: Support patient access to their health information: implement Patient Access API

- In 2021, we began implementation of a secure, standards-based (HL7 FHIR Release 4.0.1) API that allows patients to easily access their claims and encounter information, including cost, as well as a defined subset of their clinical information through third-party applications of their choice.

Strategy 4: Enhance coordination between physical, behavioral, oral and SDOH organizations

- Expanded functionality of closed loop referrals via CCO Provider Portal
- Researched and implemented a tool to capture and share SDOH
- Expanded use of CCO Care Coordination Platform to create an electronic mechanism for tri-directional referrals in which providers from physical, behavioral, or oral health can request service navigation and care coordination services from our care coordination team.
- Convened multidisciplinary team meetings where primary care, Community Mental Health Programs, and dental come together to develop shared care plans for specific members who have complex needs that are then entered into the Collective Platform.

Strategy 5: Support new solutions to exchange information between EHRs and other organizations

- Engaged with Reliance to ensure CCO providers had the opportunity to participate in the OHA HIE Onboarding Program

- Encouraged our provider partners to participate in OHA's HIE Onboarding Program. An additional 7 organizations (4 physical and 3 behavioral health) participated before the program ended.
- Evaluated tools that promote national standards for sharing information among different EHRs (e.g, Carequality, CommonWell, etc.)
- Supported electronic data exchange between EHRs and OHA and CCO
- Actively participated in state multi-payer data aggregation activities
- Researched bulk electronic communication between EHRs, CCO, and OHA. We improved our capability to both ingest and produce data sets for clinical and community partners. We have started producing and distributing claims data sets on a clinic-by-clinic basis to assist partners to better understand their patients' utilization, risk profiles and referral patterns and use the information inform their patient-specific outreach and care coordination activities.
- Met virtually with HIE vendors operating in our service area and gained insight into:
 - Current level of adoption
 - Practices discussing or planning implementations
 - Practices that implemented, but are underutilizing the available technology
 - Future features and functions in development and timeline for availability
 - How CCO will be informed about advances in HIE utilization
 - How CCO can increase HIE utilization

Strategy 6: Engage with state committees/entities

To ensure we stay abreast of and inform OHA's HIT priorities, members of our team actively engaged in several state workgroups, including:

- HIT Commons - EDIE Steering Committee
- Metrics & Scoring Committee
- Health Information Technology Advisory Group

Strategy 7: HIE Data collection

As further described in the EHR Adoption section, we partnered with OHA to implement the 2021 Oregon HIT Survey to assess HIE adoption, use, needs, and barriers among our contracted providers. Unfortunately, data collection did not start until October 2021, delaying our access to the results until January 31, 2022.

- We provided OHA with email contacts for 64% of our assigned organizations.
 - Through the process of compiling email addresses for OHA we came to learn that we are missing contacts for many organizations. We have since instituted a process to gather emails from all contracted organizations
- We assisted with survey outreach to encourage our providers to submit a survey.

ii. Additional Progress Specific to Physical Health Providers

Strategy 8: Provide workflow TA

- Provided technical assistance to physical health providers and their teams to integrate Provider Portal workflow into their clinic's care coordination processes.

iii. Additional Progress Specific to Oral Health Providers

Our dental partners continue to work directly with their contracted providers to identify opportunities to engage in HIE and share information across the continuum of health care providers.

All of our CCO's delegated dental plan partners have implemented and receive notifications via Collective for their members going to the emergency department for non-traumatic dental issues. They have also implemented a care coordination process whereby each member who goes to the emergency department for dental issues receives outreach, care coordination, and support in scheduling a follow-up dentist visit. Our CCO is working with dental care partners to increase the percentage of members completing a dental visit within 30 days of an emergency department visit for non-traumatic dental issues.

Our CCO has invested in tools to support enhanced communication between our primary care, oral health and other providers. We have created a dental request within the provider portal that allows primary care providers to submit a request for dental navigation and coordination by our dental care coordinators.

In 2021, our CCO implemented the following strategies specific to oral health providers and achieved the listed accomplishments/successes:

Strategy 9: Explore oral health HIE

- We worked with CCOs, DCOs and HIE vendors to examine existing dental health information exchange.
- We explored strategies to expand and connect to other HIEs and platforms (e.g., Reliance, Epic).
- We identified the types of information that will be useful to exchange. Our assessment focused on data needed to fuel workflows, the abilities of Electronic Dental Records (EDRs) to hold and display that data, and the HIE methods supported by vendor systems.

Strategy 10: Pursue improvement of the dental request referral process

- We evaluated the efficacy of the dental request referral process by cross-walking claims data with those members who had a request through the portal to follow up with members and analyze “connection” success rates
- We encouraged further utilization of the one-way electronic referrals to DCO portals for improved care coordination

iv. Progress Specific to Behavioral Health Providers

We understand how health information sharing is critical to ensuring effective care management across physical health and behavioral health and to supporting behavioral health integration efforts. The behavioral health organizations within CCO vary in their capacity to develop the necessary infrastructure and workflows to support health information exchange.

In 2021, our CCO implemented the following strategies specific to behavioral health providers and achieved the listed accomplishments/successes:

Strategy 11: Assess the state of behavioral health HIE

- Assessed behavioral health provider interest and determined best way to support their engagement with the OHA HIE Onboarding Program
- Identified HIE elements that need to be modified, eliminated or added due to special behavioral health requirements

Strategy 1: Develop and implement a 5-year plan

- Included elements specific to behavioral health providers
- Identified a group to focus specifically on behavioral health workflows and privacy issues
- Ensured behavioral health providers were a priority in the HIE Onboarding Program, including small providers’ use of HIE portals
- Evaluated the Reliance Consent Module and other HIE workflows

Strategy 8: Provide workflow TA

- CCO staff continued to provide workflow redesign support to further adoption and use of Collective Platform, specifically related to increasing the number of members who have care plans generated after presenting at emergency department and being flagged by Collective.
- Provided technical assistance to physical health providers and their teams to integrate Provider Portal workflow into their clinic’s care coordination processes.

v. Please describe any barriers that inhibited your progress.

Our initial plans for developing a technical assistance strategy to support and expand existing technology solutions that provide timely patient information to providers and care coordinators were unable to be fully realized due to the COVID-19 pandemic. The original strategy had included conducting site visits to providers identified in initial physical, oral, and behavioral health use cases in order to better understand their current systems and workflows around HIE for Care Coordination; however, we were unable to complete any onsite walk-throughs. While we did meet with some providers virtually, we were unable to meet with all providers we identified during initial use cases. Our plan is to continue our virtual meetings in 2022.

Also, due to COVID, OHA postponed HIT Data Collection efforts until late 2021.

B. 2022-2024 Plans

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

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

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

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

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy and include activities and milestones in the sections below.

<input checked="" type="checkbox"/> HIE training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of HIE adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about value of HIE <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Enhancements to HIE tools (e.g., adding new functionality or data sources) <input checked="" type="checkbox"/> Integration of information and/or disparate tools with HIE <input type="checkbox"/> Requirements in contracts/provider agreements	<input checked="" type="checkbox"/> Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding <input type="checkbox"/> Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) <input checked="" type="checkbox"/> Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) <ul style="list-style-type: none"> • <i>Maintain Patient Access API</i> <input type="checkbox"/> Other strategies for supporting HIE access or use (please list here)
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i. Strategies across provider types, including activities & milestones

Using the Data Completeness Table in the OHA-provided HIT Data File, we can see that (including the Collective Platform) 347 physical health, 51 oral health, and 58 behavioral health contracted organizations have not adopted a known HIE tool. We will use this information to develop our 2022-2024 HIE for care coordination strategies.

We will continue to use and support all HIT/HIE tools listed in the *2021 Progress* section and continue to build upon all the strategies we previously described. Additionally, we will monitor national and local HIT/HIE initiatives to stay apprised of any developments in HIE tools or opportunities.

For 2022-2024, our CCO will implement and support the following strategies across provider types:

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Activities	Milestones and/or Contract Year
Evaluate opportunities to extend telemedicine technology for members, including mobile applications that support member's ability to communicate with their care team via mobile technology.	2022: Identify mobile applications to support 2023: If mobile application identified, disseminate application along with relevant patient education
Evaluate, design, develop, and implement HIE interoperability solutions with Reliance.	Q1-Q3 2022: Evaluation and development phase Q4 2022-Q4 2023: Implementation phase; onboard CCO care coordinators, <u>12 physical, 7 behavioral, and 3 oral health providers</u>
Explore ways to reduce implementation costs, such as subsidizing purchase and maintenance costs for providers and providing technical assistance and training in appropriate use of application.	2022-2024: Realize cost reduction

Strategy 4: Enhance coordination between physical, behavioral, oral and SDOH organizations

Activities	Milestones and/or Contract Year
Explore the ability to transition to a closed loop referral mechanism from our care coordination platform. In our next phase of development, we will create the functionality to allow our oral health or behavioral health providers to request care coordination and navigation support.	Q1-Q3 2022: Exploration, research, development Q4 2022: Pilot closed-loop referral mechanism with <u>8 behavioral health and 4 oral health providers</u>
In conjunction with State efforts, evaluate mechanisms to incorporate SDOH service providers into referral and care coordination workflows.	Q3 2022
Support a closed loop referral process to create a tri-directional navigation and referral system that can support or augment future and more robust HIE development and implementation.	2022-2024: Closed-loop referral process achieved
Focus on solutions for incorporating SDOH service providers into care coordination and referral workflows.	2022-2024
Develop robust systems for the integration of claims and EHR data in order to share insights about members to improve outcomes. This exchange will add patient detail which may not be present in either system alone.	2022-2024

Strategy 11: Understand HIE technology adoption and use among network physical, behavioral, and oral health providers

We will continue pursuing HIE adoption and use data collection leveraging already existing opportunities to continue to learn about

- Real and perceived barriers to HIE adoption
- Modules, features, and functions that would increase value to Providers
- Technical barriers to adoption
- Financial barriers to adoption (technology costs and labor costs)
- Opportunities and hopes for HIE technology utilization

The results of the data collection will provide us with additional information to modify our plan to appropriately support different providers types with care coordination needs.

Activities	Milestones and/or Contract Year
Determine best means for collecting information from various provider types	Q1 2022: Process for data collection identified and implemented

Collect HIE information from physical, behavioral, oral health providers	Q2-Q3 2022: HIE information collected from a range of provider types including at least 15 physical, 10 behavioral, and 5 oral health providers
Analyze results and explore opportunities for further support and develop workplan	Q3-Q4 2022: Identification of future strategies for supporting providers with HIE for care coordination
Meet with HIE vendors operating in our service area	Q3-Q4 2022: Identification of available solutions/tools
Compare quality and performance metrics of providers utilizing HIE technology to those providers that have not adopted HIE technology. Use this analysis to determine the value of HIE adoption efforts.	2023-2024: Value of HIE technology illuminated

Strategy 12: Support patient access to their health information: maintain Patient Access API

In 2021, we began implementation of a secure, standards-based (HL7 FHIR Release 4.0.1) API that allows patients to easily access their claims and encounter information, including cost, as well as a defined subset of their clinical information through third-party applications of their choice. In 2022, we will maintain the API and monitor patient use. We will also gather patient input on their experience using the API.

Activities	Milestones and/or Contract Year
Maintain Patient Access API and monitor patient use.	Q1-4 2022: Patient Access API remains active. Patient use is monitored quarterly.
We will gather patient input on their experience, needs, challenges, and barriers via existing opportunities (e.g., CAC, patient satisfaction surveys).	Patient input is collected and adjustments to API functionality/patient education are made in response, as needed.
Continue maintaining Patient Access API	2023-2024

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

See *Across Provider Types* section.

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

Based on the results of the 2021 survey/data collection, CCO will determine if the barriers to HIE adoption for oral health providers differ significantly from those of the physical health providers. If so, CCO will develop a separate HIE adoption strategy.

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Our CCO will encourage further utilization of the one-way electronic referrals to DCO portals for improved care coordination.

Activities	Milestones and/or Contract Year
Promote further use of EDIE for emergency department and urgent care event notifications for oral health related diagnosis	2022
Explore expansion of current pilots within DCOs using the Collective Platform for high risk oral health conditions and/or members	2022
Expand existing electronic dental referral process with physical and oral health providers	Q2 2022: <u>expand process to additional 10 providers</u>
Support efforts identified in years 1 and 2 to further health information exchange between oral health and others	2022-2024
We will continue to explore and expand ways to improve electronic communication between oral health and other types of providers through our provider portal (e.g., support bi- or tri-directional communication by allowing any kind of provider to request services and care coordination from any other health discipline. This tri-directional ability will alleviate some of the system complexity from the various provider groups to assure a provider friendly mechanism to connect a patient to care.)	2022-2024
Work with the DCOs to integrate closed-loop electronic referrals and/or preauthorization's within their providers' EDR workflows	2022-2024

Strategy 6: Engage with state committees/entities

Activities	Milestones
Continue to engage with State entities to ensure our CCO efforts align with oral health-specific initiatives	2022
Work with OHA and HIT Commons, explore ways to integrate PDMP information into HIE tools/services and downstream to Electronic Dental Record systems	Q2 2022: Begin collaboration with HIT Commons

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

Based on the results of the 2021 survey/data collection, CCO will determine if the barriers to HIE adoption for behavioral health providers differ significantly from those of the physical health providers. If so, CCO will develop a separate HIE adoption strategy.

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Activities	Milestones and/or Contract Year
Implement Behavioral Health Consent Module, as appropriate	2022
Focus on solutions for connecting behavioral health Providers to SDOH service providers for care coordination.	2022-2024
Support data sharing and exchange through data aggregation, reporting and distribution tools	2022-2024
Adapt for behavioral health providers as necessary, implement the elements identified in the physical health plan.	2022-2024

Strategy 6: Engage with state committees/entities

Activities	Milestones and/or Contract Year
Continue to engage with State entities to ensure CCO efforts align with behavioral health-specific initiatives	2022
Work with the HIT Commons to evaluate expanded use of EDIE to inpatient behavioral health facilities	Q2 2022: Begin collaboration with HIT Commons

Strategy 13: Establish an HIE workgroup specifically for behavioral health workflows

Activities	Milestones and/or Contract Year
Identify subject matter experts, establish group charter and goals	Q1 2022: First meeting with at least 5 SMEs
Develop workplan with priority use cases	Q2 2022: Identify use cases for initial workflow improvement
Continue to utilize workgroup for evolving behavioral health HIE workflow needs	2022-2024