2024 CCO Health IT Roadmap

2024 Guidance, Evaluation Criteria & Reporting Template

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

Please:

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

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

TABLE OF CONTENTS

CCO: PacificSource Community Solutions; Columbia Gorge, Central Oregon, Lane and Marion-Polk
Date: 3/15/2024

1. Health IT Partnership

Please attest to the following items.

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

2. (Optional) Overview of CCO Health IT Approach

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

PacificSource Community Solutions (PCS) has continued to discover that one of our greatest tools for supporting Health Information Technology (HIT) adoption is internal staff with direct relationships with provider partners. For this reason, 2023 saw continued and impactful development of internal partnerships with roles that engage face-to-face with the PCS provider community as a conduit for HIT outreach and response.

While COVID-19 pandemic impacts have waned, PCS continued to see some challenges with provider engagement due to a shortage of clinical staff resources throughout the provider network. As a result, we continued minimizing non-critical outreach and focused more on internal methods to improve data collection. Below are methods used to gather, verify, correct, and supplement existing HIT adoption information across each HIT area:

1. Partnered with internal roles that meet face-to-face with providers to gather knowledge during one-on-one conversations and site visits. Involved internal roles included Provider Services, Physical and Behavioral Health Population Health Strategists and Coaches, CCO Directors, Regional Community Health Coordinators, Traditional Health Workers (THWs) and the Dental Services Program Manager.

   Provider Service Representatives continued site visits to gather Health IT data and capture results in a customer relationship management (CRM) database. All provider and facility types were eligible for these visits including primary care physicians (PCPs), specialists, and behavioral health (BH) providers. Given the hesitation from providers to meet due to widespread staffing shortages, site visits continued to be more limited than they were pre-COVID.

2. Asked partners at key independent practice associations (IPAs) such as the Central Oregon Independent Practice Association (COIPA) and the WVP Health Authority (WVP), which is the Willamette Valley Providers Independent Providers Association in the Marion-Polk region, to provide and/or verify data about the HIT tools used or being planned in their contracted networks. Also tracked community plans to implement or change technology tools being facilitated by these IPA partners, such as the move by eight Central Oregon mid-sized independent clinics to Epic Garden Plot software-as-a-service, as referenced more thoroughly in *Section 3. A. Support for EHR Adoption, Use, and Optimization, Strategy 3 – Encourage and Support EHR Adoption.*
3. Gathered insight from Health Council partners in each region about HIT use throughout their communities. Regional Health Councils are a component of the PCS CCO Community Governance Model, which provides oversight and strategic direction, operational and financial transparency, and collaboration within each CCO region.
4. Asked community-based HIT Collaborative/workgroup provider members about the HIT systems and tools they use, and any input or awareness they have into what their peers are using.
5. Use Delivery Service Network (DSN) reports to update the HIT providers database to ensure completeness and accuracy.
6. Emailed a HIT survey to all PCS HIT Data Reporting file providers required by OHA for reporting.
7. Corroborated information against available external resources like the Certified Health IT Product list.
8. Used CRM technology to maintain more detailed records on HIT.
9. Specific to Dental Care Organizations (DCOs), worked with the PCS Dental Services Program Manager to understand DCO adoption, capture opportunities and organize discussions with contracted DCO partners.

In fall 2023, PCS surveyed all HIT Data Reporting file providers required by OHA for reporting about their electronic health record (EHR), health information exchange (HIE) and community information exchange (CIE) use. *See PCS_HIT_Survey_2023, attached*. Initially, we intended to use a new survey and communication pathway called Customer Voice but unfortunately the tool was not fully ready for deployment. We changed tactics and used the Constant Contact messaging tool already in use by PCS Marketing.

- The initial response rate was quite low – less than 10%.
- A follow-up reminder improved the response rate minimally.
- While responses were limited, providers who responded primarily filled gaps (versus confirmed existing knowledge), and the net result was still positive.

A few challenges were experienced with the survey distribution that highlighted problems in how to effectively communicate with the providers:

- It was difficult to identify a valid email address for an appropriate contact at each organization.
- Around 5% of providers have unsubscribed from the PCS email list and we could therefore not send them the survey.
- DCOs indicated the survey might have confused dental providers. DCOs often use HIEs such as PointClickCare and Reliance, and CIEs such as Connect Oregon, at the care coordination level on behalf of dental providers. Many times, dental providers don't even know this is happening behind the scenes. It was suggested by the DCO to design future surveys to better collect that type of information as well.

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

A. Support for EHR Adoption, Use, and Optimization: 2022 Progress and 2023-24 Plans

Please describe your 2023 progress and 2024-26 plans for supporting increased rates of EHR adoption, use, and optimization in support of care coordination, and addressing barriers among contracted physical, oral, and behavioral health providers.

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

Per the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File, the following tables identify the number of contracted physical, oral, and behavioral health organizations without EHR information, by CCO region:

CCO: 2023 Central Oregon	Number of Contracted Providers	Number w/out EHR Information	Percent w/o EHR Information	Number of contracted PCPCHs	Number w/o EHR Information	Percent w/o EHR Information
Physical Health	95	35	37%	17	0	0%
Behavioral Health	224	94	42%	1	0	0%
Oral Health	18	10	56%	0	0	0%

CCO: 2023 Columbia Gorge	Number of Contracted Providers	Number w/o EHR Information	Percent w/o EHR Information	Number of contracted PCPCHs	Number w/o EHR Information	Percent w/o EHR Information
Physical Health	25	6	24%	9	0	0%
Behavioral Health	30	18	60%	1	0	0%
Oral Health	6	1	17%	0	0	0%

CCO: 2023 Lane	Number of Contracted Providers	Number w/o EHR Information	Percent w/o EHR Information	Number of contracted PCPCHs	Number w/o EHR Information	Percent w/o EHR Information
Physical Health	119	50	42%	25	0	0%
Behavioral Health	250	166	66%	1	0	0%
Oral Health	37	14	38%	0	0	0%

CCO: 2023 Marion Polk	Number of Contracted Providers	Number w/o EHR Information	Percent w/o EHR Information	Number of contracted PCPCHs	Number w/o EHR Information	Percent w/o EHR Information
Physical Health	108	29	27%	38	0	0%
Behavioral Health	131	61	47%	2	0	0%
Oral Health	36	10	28%	0	0	0%

[redacted] Our Behavioral Health Population Health team embarked on a significant outreach effort mid-year and gathered additional EHR information in all CCO

regions. We also gathered additional EHR information via our 2023 HIT Survey in the fall as noted in *Section 2. (Optional) Overview of CCO Health IT Approach*.

When comparing adoption percentages to last year, because provider contracting is done annually, the composition of the groups being measured changes each year, making that comparison difficult.

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

Plans to collect missing EHR information via existing processes include using a collection of technology methods and relationship-based activities. General strategies are noted below, with more specific details shared previously in *Section 2. (Optional) Overview of CCO Health IT Approach* and on the next page in EHR *Strategy 1: Develop Assessment & Monitoring Process for EHR Adoption Across Provider Types*.

1. Analyze and incorporate information from the 2023 HIT Data Reporting File into internal tracking tools to confirm and enhance existing internal data and maintain a baseline from which to work.
2. Collaborate with provider-facing internal teams.
3. Leverage partnerships with external organizations such as IPAs and regional Health Councils.
4. Introduce and maintain community/regional binding opportunities such as HIT Workgroups and Collaboratives and provider-specific Joint Operating Committees. A Joint Operating Committee (JOC) is an internal PCS provider engagement model that shows how PCS and the provider partner work together across their established partnership dyad in the areas of care management, quality, customer experience and cost of care. An ultimate, ideal state would look as follows:

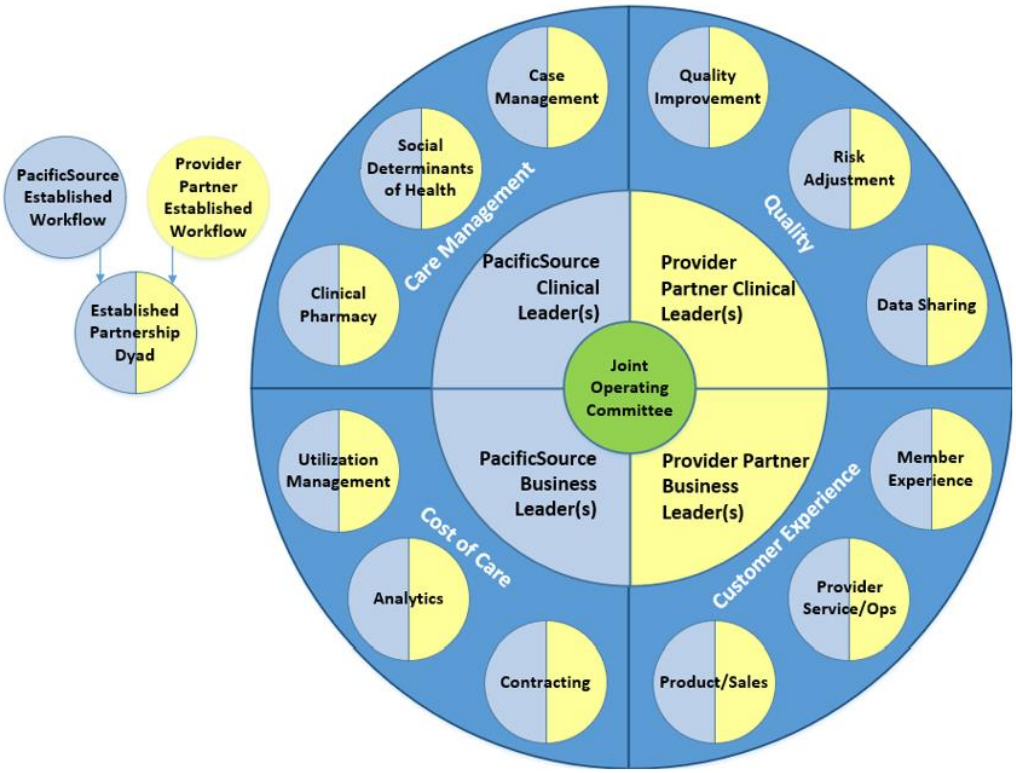


Figure 1 - Provider Engagement Model

5. Use CRM technology to support provider partnerships and maintain more detailed records on HIT.

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

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

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

Strategy 1 title: **Develop Assessment & Monitoring Process for EHR Adoption Across Provider Types**
Description: Establish a process for gathering and tracking EHR adoption data.

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

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

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

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

In addition to the methods described in *Section 2. Overview of CCO Health IT Approach* used to verify, correct, and supplement existing HIT adoption information, specific to the collection of EHR data, we also sourced EHR data from the Quality Incentive Metrics Outreach Survey.

To support and validate data collection methods, PCS completed an annual review of our Electronic Health Records Adoption Policy, which states we will:

- Identify adoption rates using a multi-pronged approach for data collection,
- Implement strategies annually, and
- Encourage adoption using the resources of the community to address each scenario uniquely.

PCS may choose to coordinate with select organizations and programs to address EHR needs of a specific clinic within a community. Actions typically require agreement from a collective of partners within that community that highlights a specific negative impact from a provider's lack of EHR. This policy also allows for activities related to EHR adoption to be completed by subcontractors, including delegation to dental care organizations (DCOs).

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

Continue using existing methods to verify, correct and supplement existing EHR adoption information throughout the year, and explore how we might leverage CRM technology to maintain additional HIT data.

Planned Activities	**Planned Milestones**
1. Collect data on EHR status across range of health providers	2024 - 2026
2. Use Delivery Service Network report to identify in-scope providers	2024 - 2026
3. Compare in-scope list with catalog of contributors from Regional Health Information Organization (RHIO) operating in region (e.g., Reliance where applicable)	2024 - 2026
4. Collect data from providers with unknown status	2024 - 2026
5. Corroborate baseline against any available external sources (e.g., Certified Health IT Product List)	2024 - 2026
6. Collect data via Provider Site Visits	2024 - 2026
7. Complete annual review/update of Electronic Health Record Adoption Policy	2024 - 2026
8. Add updated EHR data to CRM database	2024 - 2026
9. Explore CRM for storing additional HIT data	2024 - 2026

Strategy 2 title: Build Approach and Model for Deploying Adoption Support Resources
Description: Identify and implement methods for setting adoption goals and advancing awareness, adoption and ultimately usage of EHR systems.

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

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

Strategy status:

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

Provider types supported with this strategy:

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

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

The primary focus for providing adoption support resources continued to be the advancement of EHR awareness and education with PCS CCO governing boards and key provider partners about our approach to this work. To this end we:

1. Maintained a regular virtual meeting cadence with Joint Operating Committees (described in *EHR Strategy 1* above) across regions where those committees exist. These JOCs:
    - Provide important connecting points to drive awareness and education efforts forward.
    - Can be used to monitor the pulse of provider capacity to engage with HIT.
    - Can be used to discuss potential gaps in community EHR adoption that create a negative impact, such as identifying a key provider whose lack of an EHR negatively impacts their ability to transition care to other regional partners.
    - Examples include St. Charles and the COIPA JOCs in Central Oregon, the WVP Health Authority and Kaiser JOCs in Marion-Polk, and others. In regions where JOCs do not exist (such as the Columbia Gorge), this work is done via direct payer/provider relationships.
2. Collaborated with each CCO Health Council to deliver region-specific updates on plans and progress.
3. Leveraged community binding opportunities connected through the regional Health Councils to share and collaborate on specific HIT goals for their respective communities. Examples of PCS delivered presentations include to the Marion-Polk CCO HIT Collaborative and the Central Oregon HIE (COHIE) Community Meeting.

4. Maintained contractual and supportive arrangements with IPAs to support their endeavors to offer a multitude of important, HIT-related consulting, advising and technical services to small independent provider practices.

In considering a threshold to determine which non-EHR clinics should receive adoption support, PCS gathered data detailing assigned members and claims volume and noted which high-volume providers use an EHR. We also developed region-specific adoption reports, which were discussed with CCO Directors and Health Council partners highlighting adoption status and gaps within each region's contracted provider network. Together we discussed engagement targets based on their community-based insight of population needs. We find these conversations more helpful in setting goals than arbitrarily setting percentage growth baselines.

Discussions with Health Councils to identify engagement targets included a review of the PCS Electronic Health Record Adoption Policy, which highlights the Health Council's role in identifying regional providers whose EHR gap causes care coordination issues within the community – a critical benchmark for receiving adoption support.

A method that continues to prove effective in identifying an EHR need is looking for providers who need support in *any* area of HIT and then steering that conversation to discuss EHR, if appropriate. This allows PCS to discuss EHRs at a moment when providers are receptive to that kind of discussion. While PCS doesn't assist directly in the selection of an EHR system, it does share information about the EHRs in use by its contracted providers of the same provider type to help narrow the search focus, which providers have shared can be difficult to identify given the many options to choose from.

PCS initiated a new technical assistance support resource not originally planned this year. In partnership with a third-party consultant, PCS will develop a strategy and action plan to advance quality and risk adjustment performance and strategies with select primary care providers in the pursuit of improved health outcomes and quality access across PCS-served communities. The project will include data management support and resource assistance focused on Quality and Risk Data integration. Some of the services and technical assistance expected to be provided include development and implementation of:

1. Supplemental data source (SDS) file templates for the most prevalent EHRs among PCS provider partners (Epic, NextGen, eClinicalWorks, Athena and Greenway).
2. EHR-specific automatic CPTII billing mechanisms for key identified codes such as A1C values, blood pressure readings, diabetic retinal eye exams, Care of Older Adult metrics, and medication reconciliation.
3. Hierarchical condition category (HCC) coding recapture mechanism and/or EHR integration of PCS HCC gap lists.
4. Prescription 90-day fill settings in selected EHRs.
5. Quick guides explaining how to use the Population Health and Quality functionality within select, prevalent EHRs to assist in generating reporting and gap lists for diabetes and hypertension control, routine child immunizations, and other critical performance and care gaps.

The expectation is to start with one provider partner to develop, test and refine the templates and process, and then expand and replicate to other providers as that process proves out. Similar to *Section 4. A. Use of and Support for HIE for Care Coordination and Hospital Event Notifications, Internal HIE Strategy 5 – Reliance Community Health Record as Source of Supplemental Data for Quality Programs*, while this support resource is currently focused on Medicare and/or Commercial members, in our experience most providers who serve CCO Medicaid members also have a strong panel of Medicare and/or Commercial members. We are hopeful this program will help establish a support mechanism that may be extended to the Medicaid line of business in the future.

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

Continue working with internal CCO Directors and regional Health Councils to develop adoption and optimization strategies and plans for respective CCO regions and track progress of the new technical assistance resource to advance quality and risk adjustment performance and strategies with select primary care providers in the pursuit of improved health outcomes and quality access across PCS-served communities, as noted above.

Planned Activities	**Planned Milestones**
1. Develop peer relationships with high-impact provider partners through JOCs as a conduit to education/awareness	2024 - 2026
2. Categorize providers without EHR by impact (e.g., member/claims volume)	Q1 2024 – 2026
3. Engage Health Councils and Clinical Advisory Panels (as appropriate) on success and opportunities with EHR; define high-priority populations that may be better served by EMR adoption and establish regional goals and provider targets	Q1 2024 – 2026
4. As needed, complete analysis of resources needed to address identified gaps in EHR adoption and develop adoption and optimization plans	2024 - 2026
5. *NEW* Develop and test technical assistance resources to advance Quality and RA performance and strategies	Q3 2024

Strategy 3 title: Encourage and Support EHR Adoption and Optimization
Brief description: Support and monitor EHR implementations and report back to stakeholders. Operationalize the process where possible.

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

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

Strategy status:

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

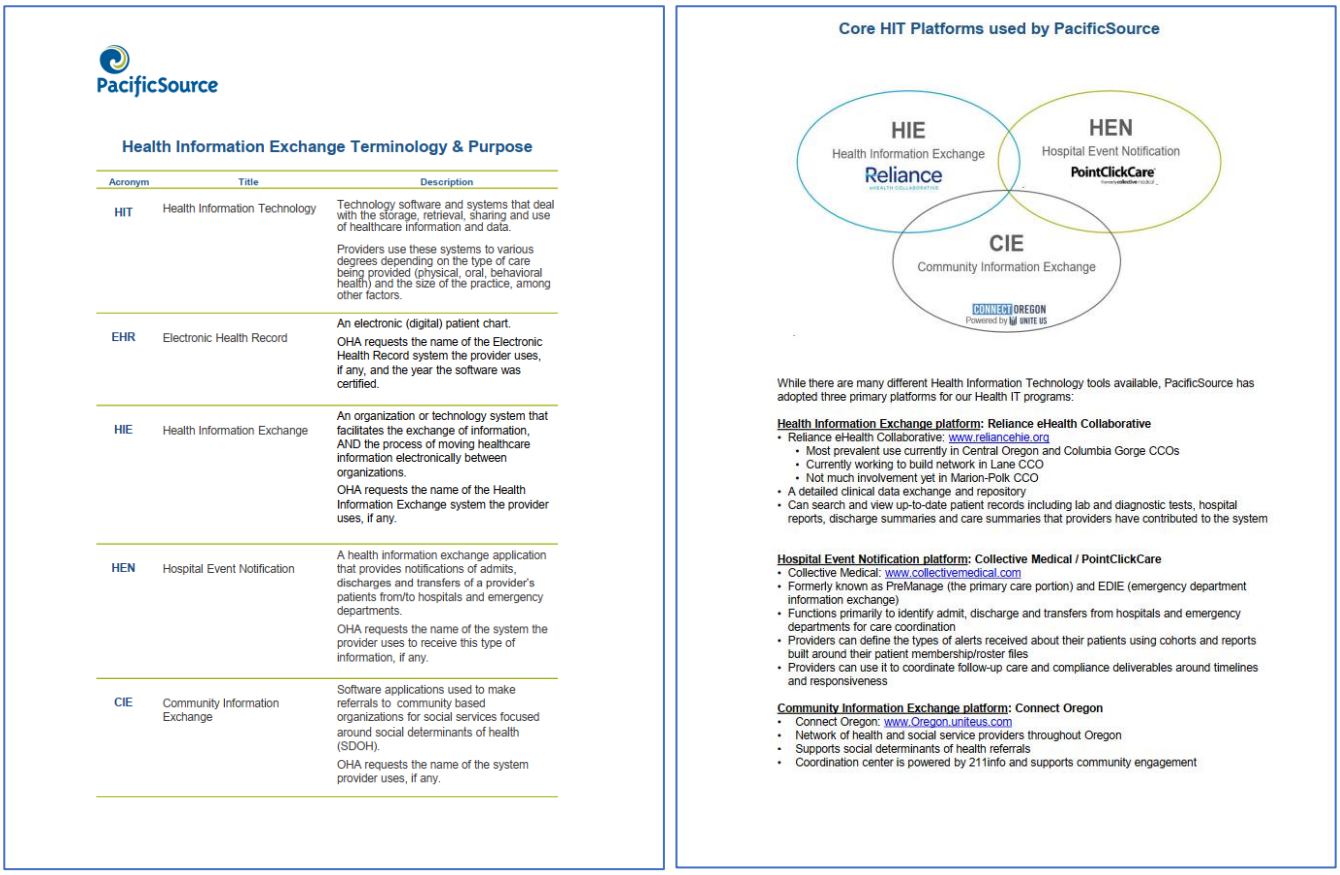
Provider types supported with this strategy:

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

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

EHR adoption remains high for most larger practices and systems in each PCS CCO region. We remain strategically focused on provider partners who will have the most impact and those who will be more amendable to move forward because of expanded contractual relationships or other factors.

For smaller practices that are not as able to engage, we may share educational information. For example, some providers are confused by the different HIT tools that are available and the purpose and function of each. In this case, we may share the “HIE Terminology and Purpose” handout shown below.



PacificSource

Health Information Exchange Terminology & Purpose

Acronym	Title	Description
HIT	Health Information Technology	Technology software and systems that deal with the storage, retrieval, sharing and use of healthcare information and data. Providers use these systems to various degrees depending on the type of care being provided (physical, oral, behavioral health) and the size of the practice, among other factors.
EHR	Electronic Health Record	An electronic (digital) patient chart. OHA requests the name of the Electronic Health Record system the provider uses, if any, and the year the software was certified.
HIE	Health Information Exchange	An organization or technology system that facilitates the exchange of information, AND the process of moving healthcare information electronically between organizations. OHA requests the name of the Health Information Exchange system the provider uses, if any.
HEN	Hospital Event Notification	A health information exchange application that provides notifications of admits, discharges and transfers of a provider's patients from/to hospitals and emergency departments. OHA requests the name of the system the provider uses to receive this type of information, if any.
CIE	Community Information Exchange	Software applications used to make referrals to community based organizations for social services focused around social determinants of health (SDOH). OHA requests the name of the system provider uses, if any.

Core HIT Platforms used by PacificSource

HIE — Health Information Exchange — Reliance

HEN — Hospital Event Notification — PointClickCare

CIE — Community Information Exchange — CONNECT OREGON Powered by UNITE US

While there are many different Health Information Technology tools available, PacificSource has adopted three primary platforms for our Health IT programs:

Health Information Exchange platform: Reliance eHealth Collaborative
- Reliance eHealth Collaborative: www.reliancehie.org
  - Most prevalent use currently in Central Oregon and Columbia Gorge CCOs
  - Currently working to build network in Lane CCO
  - Not much involvement yet in Marion-Polk CCO
- A detailed clinical data exchange and repository
- Can search and view up-to-date patient records including lab and diagnostic tests, hospital reports, discharge summaries and care summaries that providers have contributed to the system

Hospital Event Notification platform: Collective Medical / PointClickCare
- Collective Medical: www.collectivemedical.com
- Formerly known as PreManage (the primary care portion) and EDIE (emergency department information exchange)
- Functions primarily to identify admit, discharge and transfers from hospitals and emergency departments for care coordination
- Providers can define the types of alerts received about their patients using cohorts and reports built around their patient membership/roster files
- Providers can use it to coordinate follow-up care and compliance deliverables around timelines and responsiveness

Community Information Exchange platform: Connect Oregon
- Connect Oregon: www.Oregon.uniteus.com
- Network of health and social service providers throughout Oregon
- Supports social determinants of health referrals
- Coordination center is powered by 211info and supports community engagement

Figure 2 - HIE Terminology and Purpose Handout

PCS also supports smaller practices indirectly via our relationships with the IPAs in our CCO regions (such as COIPA in Central Oregon) who provide front-line adoption and technical support for many of the independent small providers.

There are times when PCS teams need access to the clinical information stored in an EHR to perform certain functions such as managing transitions of care. In these cases, PCS teams may share with providers an "Electronic Medical Record Access" handout explaining why PCS requests access to their EHR (see Figure 3 below for reference). This handout highlights PCS' scope of use and benefits of accessing the EHR

for different functions including Appeals and Grievances and Care Management, among others, for whom this information is critically important.

PacificSource

Electronic Medical Record Access

Health Services

Area	Scope of Use	Benefits
Appeals and Grievances	• Clinical and non-clinical A&G team members leverage provider EMRs for appeal reviews. •Medical directors review EMR chart notes to evaluate member grievances regarding quality of care.	• Rapid identification and retrieval of documentation to avoid delays in approving authorizations, resulting in members having faster access to care. •Avoidance of PacificSource making authorization appeal decisions without comprehensive chart notes, in the event provider administrative staff are unable to respond to data requests.
Care Management	•Clinical and non-clinical team members utilize EMR data to support coordination of care. Coordination of care activities include reviewing care summaries, identifying updates to a member's care, assisting members with obtaining necessary medical supplies, and confirming whether providers are in-network. •EMR access allows for care teams to identify a member's social determinants of health and better support members at risk. •Care teams utilize EMR to identify care gaps and help members schedule appointments. •Care teams utilize EMR to assist with Transition of Care activities.	•Enhanced member/patient experience through more efficient collaboration between PacificSource and provider groups, resulting in less burden on provider group administrative staff to complete data sharing requests. •Better understanding of members' health, enhancing positive health outcomes.
Quality	•EMR access is utilized for medical record review to drive performance gap closures. Specifically, data collection and aggregation for performance metric reporting is conducted more efficiently, allowing for more accurate plan ratings. •Quality team members identify gaps in care and coordinate with the Care Management team to close those gaps.	•Significant savings of time and resources for provider groups during chart review periods, allowing PacificSource to directly access necessary member/patient chart information. • In the event of incentive contracts, provider groups receive bonuses for performance on quality measures.
Risk Adjustment	•PacificSource utilizes EMR data to conduct coding review activities, sometimes resulting in additional diagnosis codes identified. •EMR allows the RA team to more efficiently close HCC gaps and identify provider education opportunities through chart reviews.	•Significant savings of time and resources for provider groups during audit periods, allowing PacificSource to directly access necessary member/patient chart information. •In the event of risk sharing contracts, provider groups receive incentive bonuses for additional diagnosis codes found through RA team coding review activities.
Utilization Management	•PacificSource utilizes EMR data to conduct concurrent reviews and respond to authorization requests, allowing the UM team to more accurately and quickly identify the medical necessity of a service. •EMR access assists with the claims review process in the event of validating billed amounts greater than DRG.	•Enhanced member/patient experience through more efficient concurrent reviews and responses to requests for authorizations. •Elimination of the need to make authorization decisions without full chart notes and patient histories. •Reduced administrative burden for provider groups and hospital systems due to automatic data transfers.

Figure 3 - Electronic Medical Records Access Handout

At end of 2023, PCS had some form of access to the following EMRs throughout its four CCO regions:

Name	Access Method
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
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After reviewing existing data with Health Councils as described in *EHR Strategy 2 – Build Approach and Model for Deploying Adoption Support Resource*, the discussion pivots to identifying which non-adopting providers could realize the most benefit from EHR adoption or optimization, and whether those providers are ready for this engagement. The stated goal for 2023 was to deploy at least one resourcing strategy; however, we paused given the provider challenges noted earlier related to a lack of clinical staff resources to support such activities, and especially staff having knowledge and skills to support these types of efforts.

Regional progress highlights for 2023 include:

1. EHR adoption in the **Columbia Gorge** remains fairly robust; no additional targets were identified. PCS continues monitoring one key regional provider transitioning to a new EHR as a result of an acquisition. Another provider who indicated an intent to implement a new EHR in 2023 has delayed that activity; they now expect to implement the new platform in Q3 2024.
2. After presenting **Marion-Polk** adoption data to our internal CCO Director, Community Health Coordinator and external Health Council staff, EHR adoption and optimization was not selected as a key topic of focus for the HIT Collaborative subcommittee facilitated under the Health Council Clinical Advisory Panel (CAP) throughout 2023.

   Unrelated to the HIT Collaborative subcommittee, the WVP IPA ended its cost-sharing subsidy of the

EHR they were providing to their contracted provider community in early 2023. Impacted providers started covering the cost of this system in May or switched to another solution.

3. The most direct support for EHR adoption came in **Central Oregon** from COIPA, which provided structural, financial, and technical support to a cohort of eight independent health practices committed to moving to Epic Garden Plot – Epic's software-as-a-service, web-based EHR targeted at independent health organizations with 20-80 providers who specialize in primary care, orthopedics, and obstetrics/gynecology. 2023 activities included foundational efforts including contracting, governance development, and technical support of early implementation preparations. Actual implementation of and transition to Epic Garden Plot by the eight practices is expected in Q1 2024.
4. **Lane** region adoption data was presented to the internal CCO Director, Community Health Coordinator and the external Lane Community Health Council Executive Director early in the year. Several attempts were made to start a Lane Regional HIT Collaborative in partnership with the Health Council and the Trillium CCO to identify which areas of the HIT program would be most important to collectively address, without much ultimate success. Both CCOs performed HIT surveys with their respective provider partners in the fall and it was decided that each CCO would continue to gather adoption data independently, add results of their respective HIT surveys as that information was tabulated end-of-year, and meet again in early 2024 to combine results and discuss next steps.

   When the two Lane CCOs came together, discussions often gravitated toward the Connect Oregon community information exchange (CIE) and its possible use to support social determinants of health (SDOH) Quality Incentive Metric (QIM) screening and 1115 Waiver health related social needs (HRSN) activities. Other teams within PCS and Trillium already meet to discuss these topics, so this group steered away from those discussions so as not to create confusion or duplication of effort.

PCS reviewed its existing Provider Manual for potential amendments that might drive EHR adoption. The Provider Manual notes it is to be used in conjunction with the provider's contract. Given that contract includes compliance language for enabling PCS access to an EHR when one exists, it was deemed not necessary to also add this content to the Provider Manual.

Additional Progress Specific to Oral Health Providers:

To encourage support, adoption and optimization with oral health providers, the PCS Health Information Exchange and Technologies (HIET) Team partnered with the PCS Dental Services Program Manager to discuss HIT tool adoption and develop related strategies specific to this provider type.

PCS learned dental providers have many of the same pressures that other provider types do that create challenges to HIT adoption:

- Cost of implementing new systems.
- Practices often have limited personnel and those staff are focused on direct patient care.
- Dental practices typically have no dedicated IT staff.
- Dental practice EHRs are often practice management software without interoperability capabilities.

PCS also learned more about the nature of operations of dental clinics and the role DCOs play within that operational structure. The DCOs have staff in operational roles to fill many capacities missing within smaller dental clinics. DCOs are more likely staffed and prepared to focus on care planning and related referrals, for example.

Additional Progress Specific to Behavioral Health Providers:

The PCS HIET Team introduced its HIT program and goals and led discussions around opportunities and challenges specific to BH providers with members of the PCS Population Health – Behavioral Health (BH)

team. The HIET Team also supported the BH Performance Improvement (PIP) Group with BH technology barrier analysis and identification of program-level interventions.

In early 2023, the HIET team finalized an "EHR FAQ" that includes strategic talking points for Population Health staff to use to discuss information-sharing between providers. The intent was to create a resource that conveys potential EHR benefits to BH providers and their clients. It is specific to small BH providers because this care type has had the most resistance to, and lowest level of, EHR adoption. Many small, independent BH providers are those just entering the field and may not have exposure to this type of information yet.

The FAQ was very successful in starting conversations with BH providers and resulted in gaining knowledge of a significant number of BH providers who do use digital charts within their practices. The information gleaned from these conversations was very helpful in updating the HIT Data Reporting file for this provider population this year.

Figure 4 - Behavioral Health EHR FAQ

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

In addition to extending 2023 strategies into 2024, as they are still relevant to this work, PCS will monitor implementation of Epic Garden Plot in Central Oregon as noted earlier. PCS has also learned of a request

for funding made to the Central Oregon Health Council by [redacted] for procuring and implementing OCHIN Epic. PCS will monitor this request for progress throughout 2024.	
Planned Activities	**Planned Milestones**
1. Facilitate peer learning with Health Councils and IPAs to understand the EHR landscape.	2024 - 2026
2. Set targets for adoption rates in consultation with regional Health Councils, HIT Community Collaboratives and CAP, where relevant.	2024 - 2026
3. Identify specific providers and sites to target for EHR adoption or optimization.	2024 - 2026
4. Deploy provider facing EHR/HIE information guides as alternative approach.	2024 - 2026
5. Use resource assessments derived from EHR adoption plans to support requests made through the annual PCS enterprise IT planning process.	2024 - 2026
6. Support and monitor EHR implementations and report back to stakeholders (e.g., Health Council, HIT Community Collaboratives, CAP, etc.)	2024 - 2026

B. EHR Support Barriers: (Optional)

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

1. Provider staff resource shortages continued to reduce the time and willingness for partners to engage.
2. While the level of data quality, consistency, and accuracy required to establish an accurate baseline improved, there are still gaps in knowledge of actual adoption rates.
3. Focus continued to be placed on other relevant HIT Roadmap areas, primarily CIE and Hospital Event Notifications (HEN).
4. Emerging standards and an immature vendor solution landscape for Fast Healthcare Interoperability Resources (FHIR) based interoperability continue to cause delays in market alignment around these technology options.
5. Small providers without dedicated IT staff are not as apt to devote time to implement new technology.
6. Cost of implementing a new EHR system continues to be an obstacle and, in some cases, has increased because of additional financial pressures on providers. All provider types are impacted.
7. Providers often don't have a sense of which EHR might be appropriate for an organization of their service type and size and the research can be overwhelming and confusing.
8. Smaller (and new) BH providers in private practice don't always understand how an EHR adds value.

C. OHA Support Needs: (Optional)

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

New or additional State level funding offsets. Preference would be for behavioral health and small independent providers using an incentives-based approach. Would also appreciate further support for low-cost, standards-based integrations from EHRs to other systems such as Reliance and Connect Oregon.

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

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

Please describe your 2023 progress and 2024-26 plans for using HIE for care coordination AND timely hospital event notifications within your organization.

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

Progress	Plans		Progress	Plans	
☒	☒	1. Care coordination and care management	☒	☒	4. Enhancements to HIE tools (e.g., adding new functionality or data sources
☒	☒	2. Exchange of care information and care plans	☒	☒	5. Collaboration with external partners
☒	☒	3. Integration of disparate information and/or tools with HIE	☒	☒	6. Other strategies for supporting HIE access or use (please list here): HIE Program Staffing Support, HIE Governance

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

PointClickCare (PCC) (formerly Collective Medical and PreManage**)**: PCS remains a vocal proponent of the PCC hospital event notification platform. Widely adopted across all PCS regions, it has proven to be a key capability for internal operations in supporting care coordination efforts using customized cohorts and reports. We ingest and stage data from PCC in our internal clinical data warehouse. We continue to appreciate OHA's ongoing financial support for PCC as it has helped remove many barriers to its adoption. In April 2023, PCS updated its contract with PCC. There was concern a change to the PCC contract sponsorship model wherein payers sponsor platform use for their contracted providers would create a negative impact to PCS-sponsored accounts and usage. PCS did not see that concern come to fruition – the new contract model does not appear to have created a negative impact on sponsored providers and their continued use of, or ability to be sponsored for, the PCC platform.

Emergency Department Optimization (EDO, formerly EDIE): All hospitals in PCS service areas have adopted EDO – the emergency department function of the PCC platform. Internal PCS care teams use the information generated from this information to support care management. In 2021, the HIT Commons worked to bring Prescription Drug Monitoring Program (PDMP) information to emergency departments through an integration of the Oregon PDMP registry with the EDO platform. HIT Commons continues to add clinics. To encourage ongoing adoption, in November, HIT Commons completed an email campaign educating clinics on the value and availability of EHR integration. During the third quarter of 2023, 37 new organizations implemented PDMP in Oregon. HIT Commons continues to monitor and encourage its two principal vendors on FHIR-based integration, but progress is slow. Current HIT Commons focus regarding FHIR integration is making the Oregon POLST Registry data available to providers from their EHR.

Secure File Transfer Protocol (SFTP): PCS exchanges significant health and care coordination information with provider partners using this method. A substantial volume of monthly reporting and other analysis is transmitted this way. In the past year, PCS has made substantial investments in increasing the security posture and administrative oversight of this service. [redacted]

[redacted]

PCS has also improved its Data Exchange Policies and introduced enhanced account management services to ensure only valid accounts are active on the service and all account activities are monitored and provide alerting for unauthorized activities.

Reliance eHealth Collaborative: PCS continues to be a strong supporter of the Reliance eHealth Collaborative, which leverages IMAT technology to host its clinical data repository. We continue to see the strongest adoption of Reliance in our Central Oregon and Columbia Gorge regions. In addition to being a recipient of Reliance health record data, PCS also contributes administrative claims data to Reliance, including filled prescriptions, so newly on-boarded providers in those regions will see encounter history even if the providers who delivered the service are not yet contributing data. In 2023, we expanded our data sharing to include all claims data for all Oregon members across all lines of business, not just Medicaid.

EpicCare Link: The majority of members in PCS service areas are treated by physical health providers that use Epic, including many hospital systems and Federally Qualified Health Centers (FQHCs). PCS Care Management and Utilization Management staff use the EpicCare Link web portal to access member records in providers' Epic systems. EpicCare Link is also used by PCS Quality, Risk, and Appeals and Grievances teams for rapid identification and retrieval of documentation from Epic systems to support chart reviews, audits, and decision making. Refer to *Section 3. Support for EHR Adoption, Strategy 3: Encourage and support EHR Adoption and Optimization*, for a list of Epic systems we currently have access to across our CCO regions.

PCS staff may also use **Epic Happy Together Link**, a method to simplify access to multiple EpicCare Link portals via a button on the Care Link portal interface. Happy Together Link provides single sign-on functionality to all EpicCare Link accounts to which a user has credentials, without requiring the user to log into each Epic account separately. Epic encourages healthcare entities to install this free utility as part of their Epic installation; however, implementation does require effort by the healthcare organization so actual availability depends on the healthcare organization's priorities.

CCO Provider Portal: Our CCO provider portal offers several different tools to providers in support of care coordination such as patient assignment, benefits confirmation, quality performance and Member Insight Provider Insight (MiPi) population health reporting. Portal access is obtained through a OneHealthPort landing page. Internal staff rely on provider use of this portal to receive critical information, including requests for prior authorization approval.

CCO Member Portal: The PCS CCO member portal offers a digital experience via a dedicated Medicaid Members section on PacificSource.com. This secure web portal improves accessibility and access to care by helping CCO members stay connected online or on their mobile phone. CCO members have direct access to personalized information about their care, may view, print and order ID cards, learn about benefits, find a doctor, see claims and explanations of benefits, track pre-authorizations and referrals, and ultimately get the most from their benefit plan. Requirements include Spanish localization, ADA accessibility, Medicaid-specific content and customizations including by CCO region and type.

Telehealth: PCS supports telemedicine in physical and behavioral health settings. We continue to leverage a suite of analytics to understand our members' ability to access telehealth care equitably. These analytics help support and bring visibility to the value of telehealth in maintaining care continuity when physical access to care is limited. We maintain this data and share it with our providers during Joint Operating Committee meetings.

Related to remote digital access, since 2022, PCS has participated in the Deschutes County Broadband Action Team tasked with gaining a clear picture of the current broadband environment across Deschutes County (part of the Central Oregon CCO service area) and then using funding available to local governments to expand options for broadband access across their cities/counties to reach underserved and unserved populations. To get those funds, organizations must clearly articulate where and how the funds will be allocated and who they will impact. PCS continued its voice at the table in 2023, identifying underserved/unserved areas and populations through our health plan perspective and contributing to a Needs Assessment completed and delivered to the Deschutes County Board of Commissioners in early September. In early November, the Oregon Broadband Office released a draft "State of Oregon Digital Equity Plan." PCS awaits next steps of the draft Equity Plan and learning of the potential for continued involvement in 2024. This work aligns with the PCS value of working to advance equity in the community and our strategy of engaging and investing in our communities.

Fax/e-Fax: The fax infrastructure in facilitating the exchange of health information is still key in supporting numerous provider-to-provider and CCO-to-provider workflows. In several CCO regions, this is still the primary method for health information exchange.

FHIR: PCS continues its work building FHIR-based interoperability capabilities focused on extension/engineering of internal data resources, improvements to authentication, authorization, and consent management, integrations with existing business platforms and development of HIE and other partnerships in support of existing and new (CMS—0057) requirements of the Office of National Coordinator (ONC)/Centers for Medicare & Medicaid Services (CMS) rules with HIE. The PCS interoperability roadmap was extended to enable use of FHIR to support internal and partner data exchange beyond those required for regulatory purposes. PCS has also laid down several key infrastructure components including streaming/messaging clusters, FHIR stores/servers, Open Authorization (OAuth)/OpenID Connect (OIDC) services, API Management services, and "FHIRstore/endpoint servers" in support of FHIR-based use cases.

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

Strategy 1 title: Develop Assessment and Monitoring Process for HIE Access and Data Contribution Rates Across Provider Types
Brief description: Identify and implement methods to gather and track HIE adoption and usage.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Care Coordination ☒ 2: Exchange care information ☒ 3: Integration of disparate information
☐ 4: HIE tool enhancements ☒ 5: Partner collaboration ☐ 6: Other:

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

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

In addition to the methods used to gather, verify, correct, and supplement existing Health IT adoption data noted in *Section 2. (Optional) Overview of CCO Health IT Approach*, PCS also corroborated its internal PointClickCare adoption information against the quarterly 2023 Oregon Collective Platform Onboarding and Engagement Report received from CCO Health IT at the OHA.

While this information is included in the annual HIT Data Reporting file received from OHA at the end of the year, the quarterly updates are a good way to confirm the information we have stays accurate throughout the year.

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

The majority of 2023 assessment and monitoring processes for HIE access and data contribution rates across provider types continue in 2024.

Planned Activities	**Planned Milestones**
1. Continue collecting data on HIE status across range of providers using internal and external sources	2024 – 2026
2. Use Delivery System Network report to identify in-scope providers	2024 – 2026
3. Compare in-scope list with catalog of data contributors from Regional Health Information Organization (RHIO) operating in region (e.g., Reliance in areas where they are providing services).	2024 – 2026
4. Collect data from providers with unknown status.	2024 – 2026
5. Corroborate baseline against any available external sources (e.g., Certified Health IT Product List).	2024 – 2026
6. Continue to re-integrate internal and external data to report progress.	2024 – 2026

Strategy 2 title: Establish and Maintain Appropriate Resourcing/Staffing to Support Multiple CCO Regions

Brief description: Maintain an internal team to meet the needs of the program.

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

☐ 1: Care Coordination ☐ 2: Exchange care information ☐ 3: Integration of disparate information

☐ 4: HIE tool enhancements ☐ 5: Partner collaboration ☒ 6: Other: HIE Program Staffing Support

Strategy status:

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

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

The PCS HIET Team remained fully staffed with a Program Manager and Program Coordinator. PCS also funds a full-time Care Coordination HIE Strategist who is embedded within the Care Management organization and is a matrixed member of the HIET Team.

Also matrixed to the team is a senior-level IT Service Technician who has focused attention on managing EMR access requests to provider partners to obtain access for PCS staff. This role maintains all related request forms, processes and tools, account auditing functions, and the relationship with technical peers at the provider offices.

Because many PCS staff engage directly with providers throughout the CCO regions, the HIET team continually works to increase general HIT knowledge internally. Internal education sessions prepare staff for potential provider-facing conversations around HIT technologies and data. As an example, in November the Care Coordination HIE Strategist delivered a Health Information Exchange Overview focused primarily on hospital event notifications and their use to more than 200 Health Services staff. The discussion shared instructions for requesting hospital event notification system access (where appropriate) and engaging with the HIET Team.

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

Planned Activities	**Planned Milestones**
1. Monitor staffing annually and adjust as needed	2024 – 2026
2. Continue HIE education of internal users	2024 – 2026

Strategy 3 title: Implement New High Value, Internal HIE Use Cases

Brief description: Identify new use cases that will provide high value in improving the level of care to CCO members and develop, test, and deploy them through HIE systems where possible.

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

☒ 1: Care Coordination ☒ 2: Exchange care information ☒ 3: Integration of disparate information

☒ 4: HIE tool enhancements ☒ 5: Partner collaboration ☐ 6: Other:

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

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

As noted earlier, PCS continues to be a strong supporter of the Reliance eHealth Exchange and devotes time each month toward building its relationship through regularly scheduled meetings to discuss strategy, technical development and implementation, and account and network development. Progress in this space in 2023 included:

Incorporate lab test results: In 2022, PCS developed new methods to incorporate lab test results in Reliance combined with PCS claims data to create flagging for members who appear to have had COVID-19. This history continued to be available in 2023 via interactive member profile tools that Care Managers can use when working with high needs members. The intent is to provide information that could be relevant to the care plan, needs, and health history of a member. COVID-19 history provides their first and most recent infection dates based on available data, whether and when they had a hospitalization for COVID-related illnesses, and whether or when they were diagnosed with post-COVID syndrome.

Use data feeds to enhance member identification: Both Reliance and PCC send PCS regular data files for Medicaid members in a format that is incorporated into PCS's existing EMR data staging extract, transform and load (ETL) data integration processes. In 2023, several algorithms were enhanced to identify members who may have increased needs or health risks using diagnoses, procedures, and prescriptions. Data received from Reliance and PCC is also used in conjunction with other data sources such as pharmacy claims and medical claims to identify members who may have:

- Chronic conditions such as autoimmune disorders, dementia, eating disorders, late prenatal care, low birthweight, neonatal abstinence syndrome, post-traumatic stress disorder, epilepsy, sickle cell, cardiovascular conditions, multiple sclerosis and transverse myelitis, coronary artery disease, chronic respiratory conditions, and many others.
- Disability or impairment such as deaf or hearing loss, mobility impairment, and intellectual/developmental disability
- Homebound, parenteral or enteral nutrition, organ transplants, immune compromised, and prior history of severe burns

Disastrous Events and Climate Emergencies: There has been an increasing need for rapid response outreach to be conducted in PCS service areas. To better equip PCS to respond in public health emergencies such as fire evacuations, rolling black outs, and so on, enhanced algorithms that use Reliance and several other data sources were combined with fire perimeters and geocoded areas to create an interactive "Climate Emergency" tool. This new dashboard and reporting tool made it possible for the PCS Member Support Services Rapid Response Team to create customized lists of high-risk members in specific geographic areas who were experiencing emergencies such as fire evacuations, excessive heat, etc. High risk members could be identified based on numerous condition states or characteristics, including but not limited to:

- Wheelchair or scooter use
- Ventricular assist device
- Ventilator
- Oxygen
- Infusion pump
- Suction pump
- Home dialysis
- Enteral feeding
- Electric bed

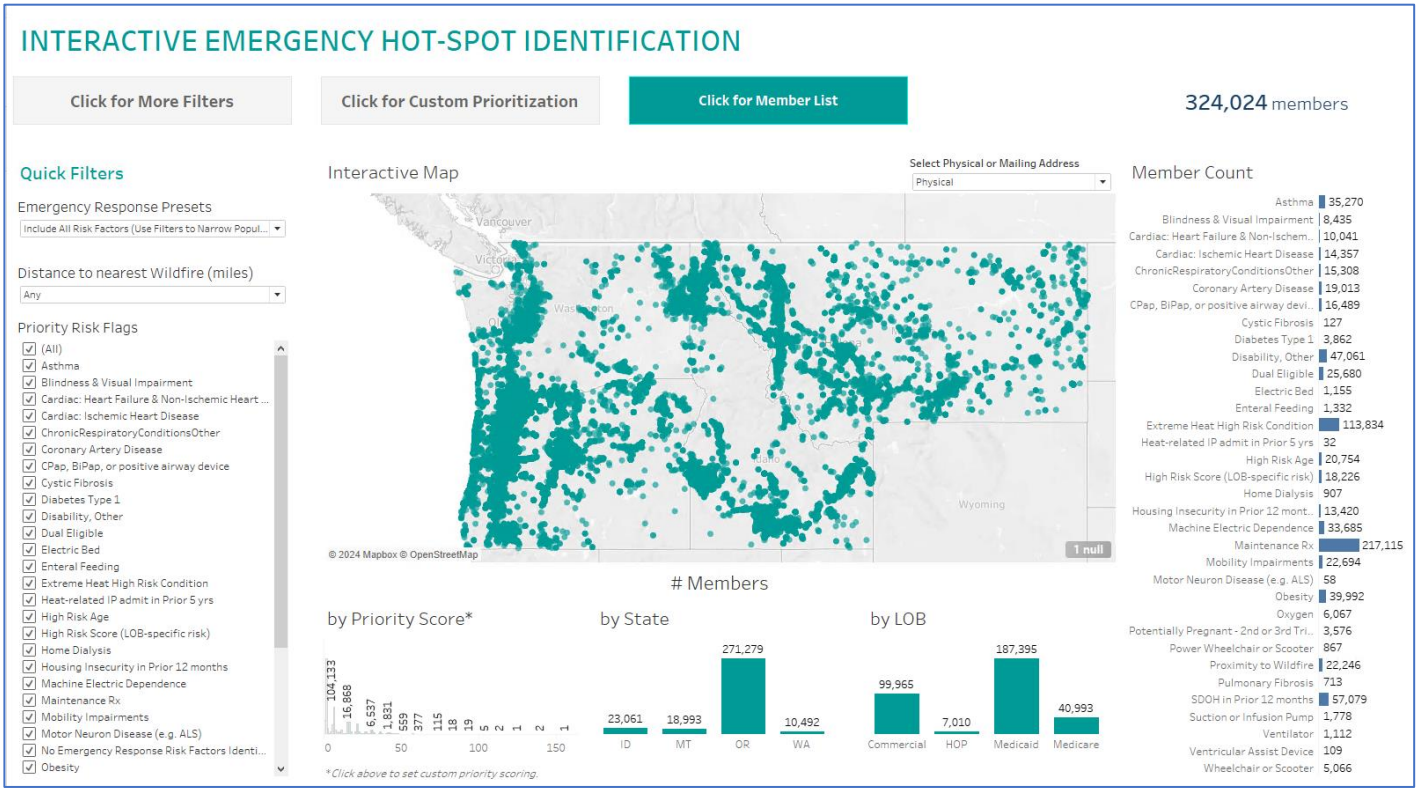
- Other indicators of high need for outreach or assistance during public health emergencies

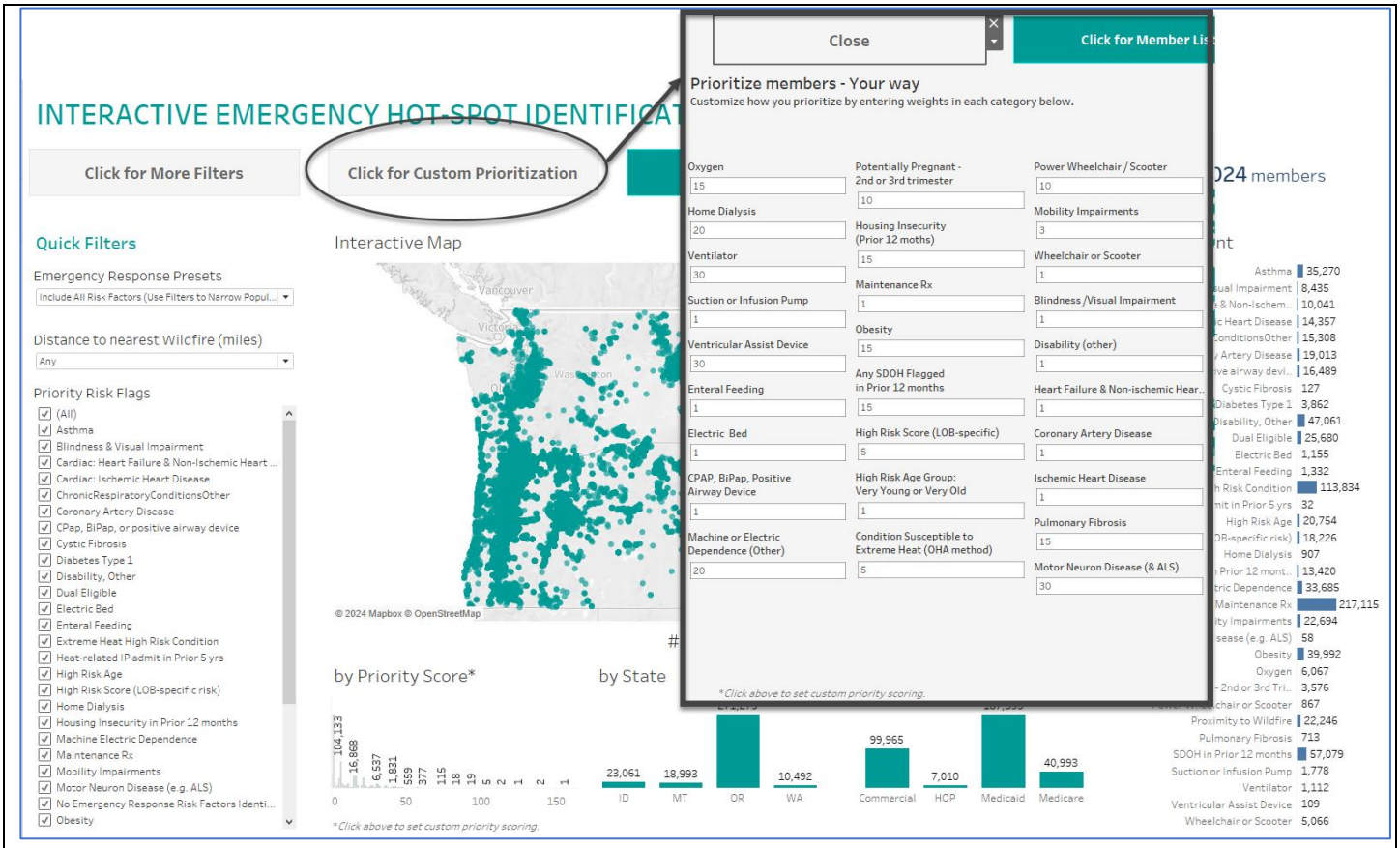
PCS Rapid Response Team members could decide if they wanted to use custom map-based geographic selections, standard zip code, city, or county selections, or to select members within a certain number of miles from an active event perimeter.

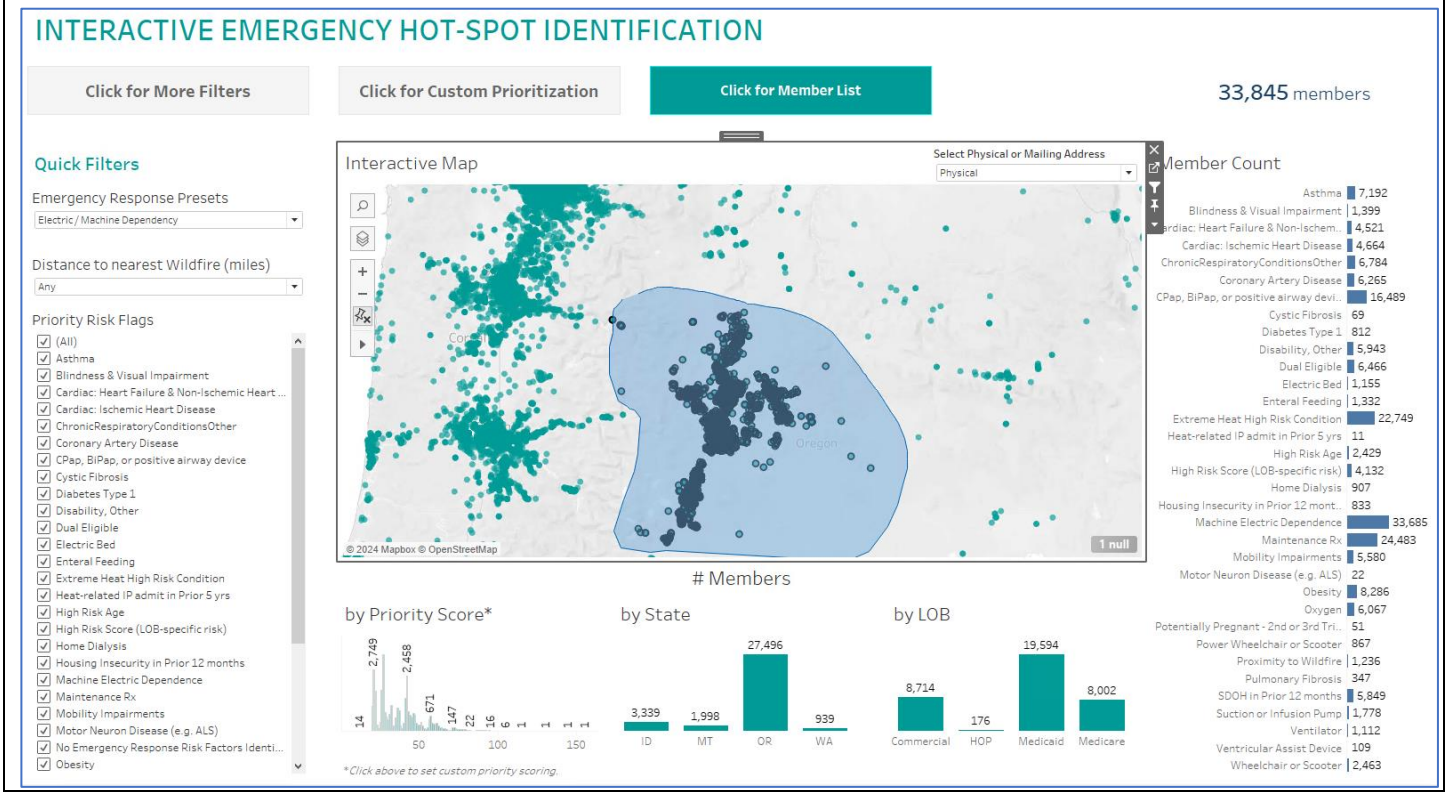
The Report results are compiled from numerous data sources: The code for member identification and staging of the tables is stored in SQL and the interactive self-serve reporting is done in Tableau. The report function provides the ability to get counts of members, but then also to download a member-level detail list with addresses and phone numbers, etc. that can be used for outreach. From these lists, Response Team staff can make calls to help our members get the resources they need during extreme heat, extreme cold or ice storms, wildfires, and power outages. We have also recently partnered with our vendor, Cotiviti, to utilize an Interactive Voice Response (IVR) to reach an even wider span of our membership in a short amount of time to offer support. Those members are also offered to be warm transferred back to internal teams for any assistance.

This work improved organizational capacity to respond quickly to emergencies and leveraged multiple HIE data sources to accomplish more complete identification of at-risk members.

Below are some report examples that demonstrate this functionality. This work has fortuitously laid a foundation for upcoming HRSN efforts related to the 1115 Waiver. We expect additional enhancements to this existing work in 2024 to support those HRSN efforts.




INTERACTIVE EMERGENCY HOT-SPOT IDENTIFICAT
Click for More Filters
Click for Custom Prioritization
Close
Click for Member Lis
Prioritize members - Your way
Customize how you prioritize by entering weights in each category below.
Oxygen 15
Home Dialysis 20
Ventilator 30
Suction or Infusion Pump 1
Ventricular Assist Device 30
Enteral Feeding 1
Electric Bed 1
CPAP, BiPap, Positive Airway Device 1
Machine or Electric Dependence (Other) 20
Potentially Pregnant - 2nd or 3rd trimester 10
Housing Insecurity (Prior 12 months) 15
Maintenance Rx 1
Obesity 15
Any SDOH Flagged in Prior 12 months 15
High Risk Score (LOB-specific) 5
High Risk Age Group: Very Young or Very Old 1
Condition Susceptible to Extreme Heat (OHA method) 5
Power Wheelchair / Scooter 10
Mobility Impairments 3
Wheelchair or Scooter 1
Blindness /Visual Impairment 1
Disability (other) 1
Heart Failure & Non-ischemic Hear.. 1
Coronary Artery Disease 1
Ischemic Heart Disease 1
Pulmonary Fibrosis 15
Motor Neuron Disease (& ALS) 30
*Click above to set custom priority scoring.
024 members
Quick Filters
Emergency Response Presets
Include All Risk Factors (Use Filters to Narrow Popul...
Distance to nearest Wildfire (miles)
Any
Priority Risk Flags
(All)
Asthma
Blindness & Visual Impairment
Cardiac: Heart Failure & Non-Ischemic Heart ...
Cardiac: Ischemic Heart Disease
ChronicRespiratoryConditionsOther
Coronary Artery Disease
CPap, BiPap, or positive airway device
Cystic Fibrosis
Diabetes Type 1
Disability, Other
Dual Eligible
Electric Bed
Enteral Feeding
Extreme Heat High Risk Condition
Heat-related IP admit in Prior 5 yrs
High Risk Age
High Risk Score (LOB-specific risk)
Home Dialysis
Housing Insecurity in Prior 12 months
Machine Electric Dependence
Maintenance Rx
Mobility Impairments
Motor Neuron Disease (e.g. ALS)
No Emergency Response Risk Factors Identi...
Obesity
Interactive Map
© 2024 Mapbox © OpenStreetMap
by Priority Score*
by State
104,133
16,868
6,537
1,831
559
377
115
18
19
5
2
1
2
1
0
50
100
150
23,061
ID
18,993
MT
OR
10,492
WA
99,965
Commercial
7,010
HOP
Medicaid
40,993
Medicare
*Click above to set custom priority scoring.
Asthma 35,270
Blindness & Visual Impairment 8,435
Cardiac: Heart Failure & Non-Ischem.. 10,041
Cardiac: Ischemic Heart Disease 14,357
ChronicRespiratoryConditionsOther 15,308
Coronary Artery Disease 19,013
CPap, BiPap, or positive airway devi.. 16,489
Cystic Fibrosis 127
Diabetes Type 1 3,862
Disability, Other 47,061
Dual Eligible 25,680
Electric Bed 1,155
Enteral Feeding 1,332
Extreme Heat High Risk Condition 113,834
Heat-related IP admit in Prior 5 yrs 32
High Risk Age 20,754
High Risk Score (LOB-specific risk) 18,226
Home Dialysis 907
Housing Insecurity in Prior 12 mont.. 13,420
Machine Electric Dependence 33,685
Maintenance Rx 217,115
Mobility Impairments 22,694
Motor Neuron Disease (e.g. ALS) 58
Obesity 39,992
Oxygen 6,067
Potentially Pregnant - 2nd or 3rd Tri.. 3,576
Power Wheelchair or Scooter 867
Proximity to Wildfire 22,246
Pulmonary Fibrosis 713
SDOH in Prior 12 months 57,079
Suction or Infusion Pump 1,778
Ventilator 1,112
Ventricular Assist Device 109
Wheelchair or Scooter 5,066


INTERACTIVE EMERGENCY HOT-SPOT IDENTIFICATION
Click for More Filters
Click for Custom Prioritization
Click for Member List
33,845 members
Quick Filters
Emergency Response Presets
Electric / Machine Dependency
Distance to nearest Wildfire (miles)
Any
Priority Risk Flags
(All)
Asthma
Blindness & Visual Impairment
Cardiac: Heart Failure & Non-Ischemic Heart ...
Cardiac: Ischemic Heart Disease
ChronicRespiratoryConditionsOther
Coronary Artery Disease
CPap, BiPap, or positive airway device
Cystic Fibrosis
Diabetes Type 1
Disability, Other
Dual Eligible
Electric Bed
Enteral Feeding
Extreme Heat High Risk Condition
Heat-related IP admit in Prior 5 yrs
High Risk Age
High Risk Score (LOB-specific risk)
Home Dialysis
Housing Insecurity in Prior 12 months
Machine Electric Dependence
Maintenance Rx
Mobility Impairments
Motor Neuron Disease (e.g. ALS)
No Emergency Response Risk Factors Identi...
Obesity
Interactive Map
Select Physical or Mailing Address
Physical
Oregon
© 2024 Mapbox © OpenStreetMap
1 null
Members
by Priority Score*
by State
by LOB
2,749
2,458
671
147
22
16
6
1
1
1
1
14
50
100
150
3,339
ID
1,998
MT
27,496
OR
939
WA
8,714
Commercial
176
HOP
19,594
Medicaid
8,002
Medicare
*Click above to set custom priority scoring.
Member Count
Asthma 7,192
Blindness & Visual Impairment 1,399
Cardiac: Heart Failure & Non-Ischem.. 4,521
Cardiac: Ischemic Heart Disease 4,664
ChronicRespiratoryConditionsOther 6,784
Coronary Artery Disease 6,265
CPap, BiPap, or positive airway devi.. 16,489
Cystic Fibrosis 69
Diabetes Type 1 812
Disability, Other 5,943
Dual Eligible 6,466
Electric Bed 1,155
Enteral Feeding 1,332
Extreme Heat High Risk Condition 22,749
Heat-related IP admit in Prior 5 yrs 11
High Risk Age 2,429
High Risk Score (LOB-specific risk) 4,132
Home Dialysis 907
Housing Insecurity in Prior 12 mont.. 833
Machine Electric Dependence 33,685
Maintenance Rx 24,483
Mobility Impairments 5,580
Motor Neuron Disease (e.g. ALS) 22
Obesity 8,286
Oxygen 6,067
Potentially Pregnant - 2nd or 3rd Tri.. 51
Power Wheelchair or Scooter 867
Proximity to Wildfire 1,236
Pulmonary Fibrosis 347
SDOH in Prior 12 months 5,849
Suction or Infusion Pump 1,778
Ventilator 1,112
Ventricular Assist Device 109
Wheelchair or Scooter 2,463

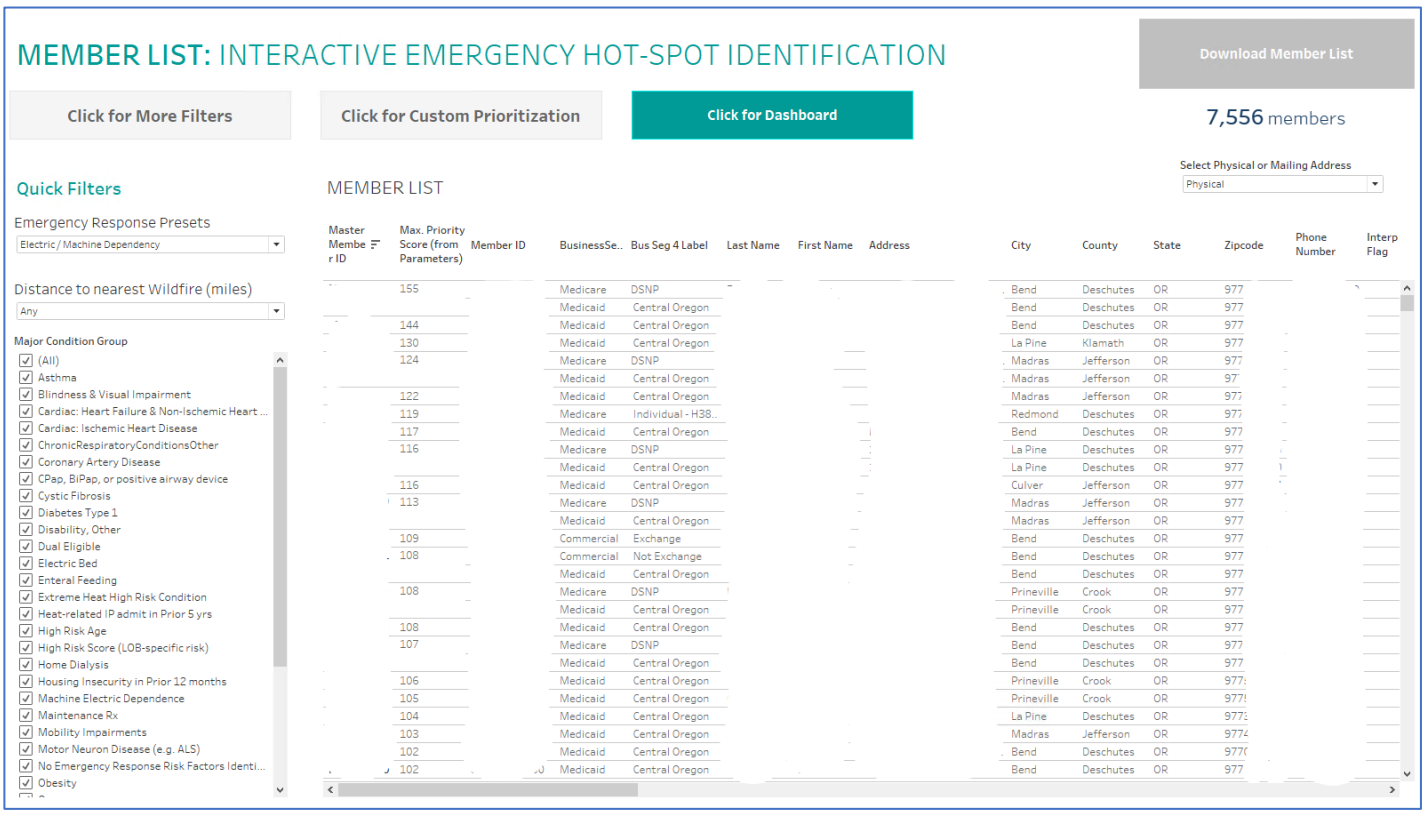


Figure 5 - Interactive Emergency Hot-Spot Identification Results

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

Planned Activities	**Planned Milestones**
1. Attend regular Reliance partnership meetings	2024 – 2026
2. Work with Reliance to identify and establish high-value use cases	2024 – 2026
3. Continue enhancing HIE data feeds to enhance member identification	2024 – 2026
4. Add priority connections in Reliance with a particular focus on lab connections	2024

Strategy 4 title: Implement New High Value, Internal Hospital Event Notification (HEN) Use Cases
Brief description: Identify new HEN use cases that will provide high value in improving the level of care to CCO members

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Care Coordination ☒ 2: Exchange care information ☒ 3: Integration of disparate information
☒ 4: HIE tool enhancements ☒ 5: Partner collaboration ☐ 6: Other:

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

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

PCS also devotes time each month toward building relationships with PCC through regularly scheduled meetings to discuss strategy, technical development and implementation, and account and network development. High-value customized cohorts and reports support changes in regulatory requirements, new QIM measures, and innovation from internal PCS teams including the front-line Strategy and Development meetings noted in *Strategy 8 – Internal HIE Governance* lower in this section.

Over the course of 2023, PCS built 33 new cohorts and reports covering all lines of business – all but eight were specific to Medicaid. Some cohorts were focused on specific member-facing teams such as Long-Term Support Services (LTSS) and Dual Eligible Special Needs Plans (DSNP) while others were focused on

specific issues such as high-vulnerability member discharges and birth events. Additionally, we requested several, one-time historical reports for our Analytics, Quality, and Care Management teams.

PCS created two unique reports to facilitate case management assistance; one for follow-up with visits connected to Child Welfare in the ED, and one to follow-up with neonatal intensive care unit (NICU) discharges. PCS also partnered with its Quality team to create the first PCC reports for an internal department other than Utilization Management or Case Management. An example is a report tracking fractures in women aged 67-84 that has helped Quality create a gap list for metrics that claims are too slow to deliver in time to effectively close the gap.

Two reports were created for both internal and external use:

- Hospital Birth Events: Counties in the Marion/Polk, Lane, and Central Oregon CCOs, in addition to internal PCS Care Management staff, requested reports for various interventions with pregnant members covering both pre-natal and post-natal care. These reports are challenging to create due to complex ICD-10 code sets and the inability to get prenatal claims because of how birth claims are billed. After much discussion, three different versions of the report are available, each capturing different periods during a pregnancy.

- Inpatient Psychiatric Events: Created a report for both internal and external users tracking inpatient psychiatric discharges in individual CCO regions and across the state. The only inpatient psychiatric facility not included in the report is the Oregon State Hospital who has yet to add their admit/discharge/transfer (ADT) feeds into PCC.

Per the HIT Commons Q4 newsletter, PCC anticipates adding Oregon State Hospital admit, discharge and transfer (ADT) data to their platform in Q1 2024. Once that is done, PCS intends to review and update any impacted internal and external cohorts accordingly.

In service of understanding internal engagement with the PCC platform over time, we requested information from PCC that tracked internal end user activities. This information covered nearly three years – from August 2020 through May 2023 (when data was requested). In that timeframe related to PCS staff:

- Amount of time users were logged in, captured as hours, increased 48%.
- Volume of logins increased 185%.
- Member records viewed increased 34%. This number is most important because it contains the fewest confounding variables in terms of measuring actual increased utilization. We believe this increased utilization is tied directly to the increase in new cohorts and reports as well as increasing the complexity and nuance of reports by layering in information from our eligibility file such as DSNP and LTSS status. Over the same period, our number of created cohorts and reports increased from 30 in August 2020 to 101 in May 2023, a 237% increase. Additionally, we had created more reports by the end of Q2 2023 (24) than we had in any entire year prior (the highest was 20 in 2022).

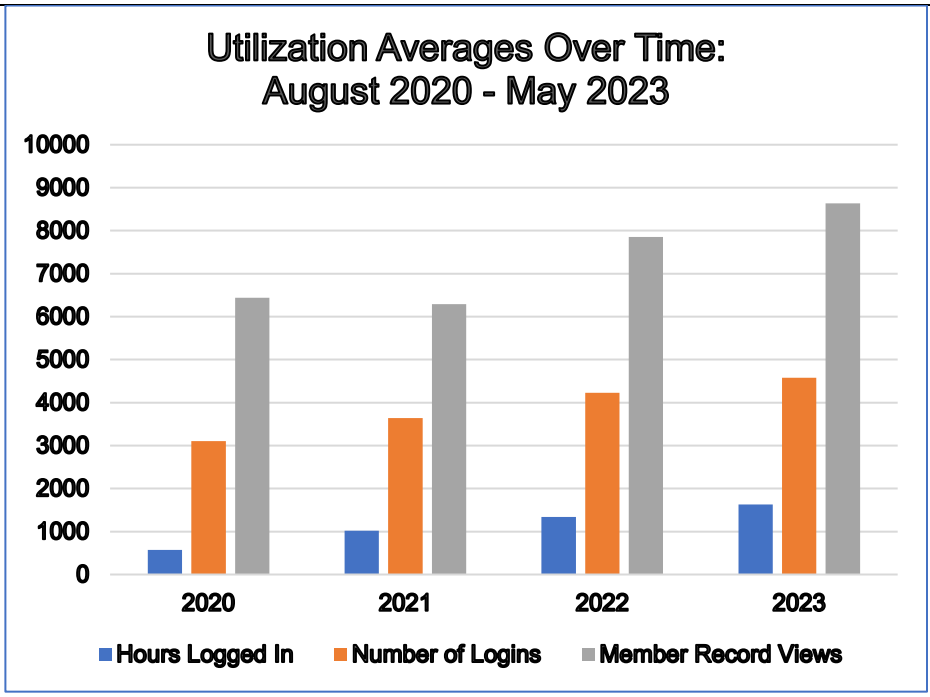


Figure 6 - Utilization Averages of PCC by PCS Staff, Over Time

The volume of PCS cohort and report generation in the PCC platform has also grown over time. The following table depicts the growth of internal, external, and one-time reports from 2020 through 2023.

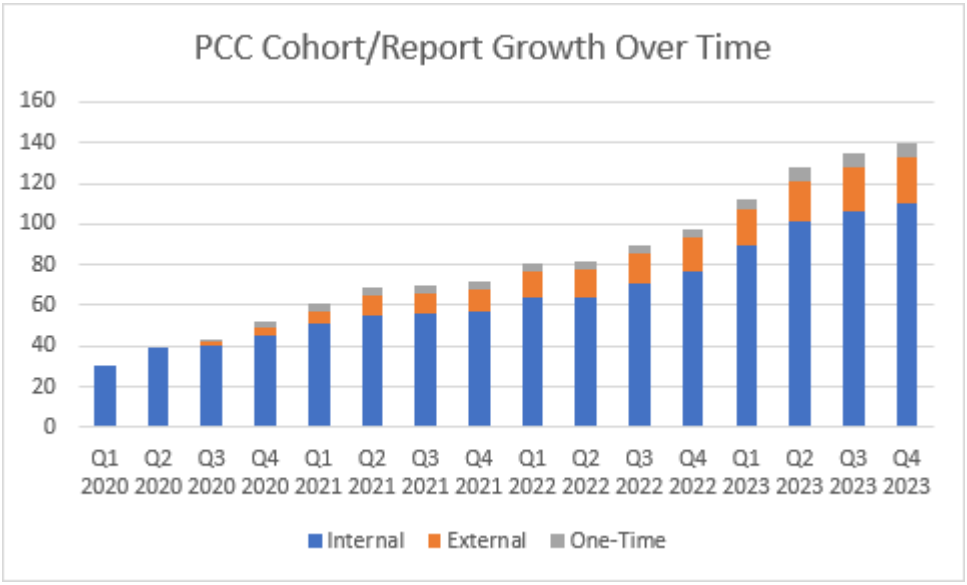


Figure 7 - PCS Growth of PCC Cohorts/Reports Over Time

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

Continue to seek and identify new high value HEN use cases, including those made possible through new ADT data that starts flowing into the PCC platform during 2024, such as the Oregon State Hospital ADT data.

Planned Activities	Planned Milestones
1. Attend regular PCC vendor partnership meetings	2024 – 2026
2. Work with PCC and internal teams to identify high-value use cases	2024 – 2026
3. *NEW* Review PCC cohorts for revisions related to State Hospital ADT data	2024

Strategy 5 title: Reliance Community Health Record as Proxy for Direct EHR Access
Brief description: Expand the amount of claims data we submit to Reliance and expand the number of internal care team members using Reliance to access member data to reduce use of multiple, direct EHR logins to access the same information.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Care Coordination ☐ 2: Exchange care information ☐ 3: Integration of disparate information
☒ 4: HIE tool enhancements ☒ 5: Partner collaboration ☐ 6: Other:

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

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

A key internal metric established in the PCS strategy is the percentage of partner EHRs that clinical teams have access to (calculated based on a percentage of member encounters) for care coordination and quality performance activities.

PCS has had a longstanding goal of leveraging a centralized HIE/Community Health Record as a proxy for this direct access. Maintaining the EHR access is often complex with a significant variance in methods for access. For illustration, some require individual tokens to be issued to allow for direct virtual private network (VPN) access by named individuals, and audit records of activity must be kept for compliance purposes. Maintaining access to so many EHRs requires dedicated staffing to support, as well as specially trained IT Help Desk personnel to assist with technical support for these varied systems. During 2023, 327 new EHR access requests were processed for internal PCS users, while a similar number of existing accounts were maintained.

Below are activities pursued to forward goals of using Reliance as a proxy for direct EHR access:

- Increased the volume of member claims data contributed to the platform to include all claims for all members across all Oregon lines of business served by PacificSource. Previously, claims were submitted to Reliance only for CCO members in the Central Oregon, Columbia Gorge and Marion-Polk regions. Aggregating by parsed 837 Claims records in Reliance by date of service, Reliance saw a 207% increase in the number of claims received from PCS in 2023 as a result of this change (2022 total – 2,563,542; 2023 total – 7,881.372).
- Increased the volume of member data contributed to Reliance and visible to internal PCS users in Reliance via the member roster file to include all members across all Oregon lines of business served by PacificSource. The visibility of member data was previously restricted to CCO members in the Central Oregon, Columbia Gorge and Lane regions only. Comparing member count in Reliance in fall 2022 (140,254 lives) to December 2023 (488,014 lives) showed a member volume visibility increase of 248%.

  PCS was able to accomplish the member and claims volume enhancements without new contracting as was expected. We continue working toward a more robust agreement, but it is no longer tied to this specific goal.
- Established single sign-on functionality for internal users.
- PCS needs EHR chart data to fulfill many aspects of treatment, payment, and operations. PCS has a desire to identify what an optimal patient chart would look like in the Reliance HIE if virtualized based on the clinical record. To confirm Reliance can meet these needs in lieu of sourcing the charts from individual EHRs, PCS performed a Virtual Chart Pilot project that gathered sample chart PDFs from an EHR and assessed whether Reliance can replicate the data in a way that meets regulatory requirements. Ultimately, a goal is to be able to request these kinds of records dynamically and in bulk from Reliance, reducing the need for direct EHR login to so many different systems.

  PCS staff have access to many charts in Reliance but advise the data can sometimes be verbose,

missing important narrative or formatted in a way staff find unfriendly to use. These issues cause staff to revert to the EHR for a more readable format, negating the value of Reliance as a proxy for EHR use. Given the Virtual Chart Pilot looked at the overall quality and format of the Reliance record, relevant PCS teams were asked for specific feedback about their chart needs by role/function and that feedback was incorporated into the patient record modifications requested by the pilot.

- Continued increasing the number of internal PCS users with access to Reliance but at a reduced scale from previous years, with only 13 new users added. In addition to adding accounts for Care Management and Utilization Management staff, this year PCS also added users from the Quality and Risk Assessment teams so they could help identify data quality issues specific to their unique use cases and goals in support of the virtual chart pilot described above. We expect the number of new internal accounts to increase in 2024 as the Virtual Chart Pilot record format improvements are finalized.
- Provided feedback to Reliance on data quality issues or concerns as we use the platform. For example, continued to diagnosis and explore the root cause of documentation display issues noted with documents submitted by a specific provider that impacts those records viewability. Reliance is working with them to correct the issue.

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

Continue working with Reliance on efforts underway. Also explore and assess potential capabilities of the Reliance FHIR APIs to receive data.

Planned Activities	**Planned Milestones**
1. Validate Reliance as a proxy for use cases that require EHR access.	2024 – 2026
2. Report results to Reliance and identify opportunities for improvement.	2024 – 2026
3. Report data quantity and/or quality issues to Reliance.	2024 – 2026
4. *NEW* Explore and access Reliance FHIR API capabilities to receive data.	2024

Strategy 6 title: Reliance Health Record as Source of Supplemental Data for Quality Programs
Brief description: Explore how Reliance can be used as an accepted standard for supplemental data in support of the various CCO quality metrics that rely on clinical data s a component for measurement.

Strategy categories: Select which category(ies) pertain to this strategy
☐ 1: Care Coordination ☒ 2: Exchange care information ☒ 3: Integration of disparate information
☐ 4: HIE tool enhancements ☒ 5: Partner collaboration ☐ 6: Other:

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

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

Since early 2021, PCS – in partnership with Reliance and their vendor IMAT Solutions – has been exploring how to leverage contributed HIE data directly into quality programs as a supplemental data source (SDS). Healthcare Effectiveness Data and Information Set (HEDIS) chart retrieval and abstraction work is time consuming and often requires access that providers would prefer not to give. Using an SDS offers an option for addressing gap closures in an automated fashion without human intervention. However, direct SDS feeds require significant time from IT staff at both the provider and payer/CCO. Reliance solves for this problem by acting as a data aggregator, pulling data from providers, and sending data to payers in a way each are already accustomed to.

Our initial intent with this strategy was that it would create a strong incentive for payers and providers to join a centralized HIE like Reliance and dramatically grow the coverage of HIEs. In our experience, most providers who serve CCO members also have a strong panel of Medicare and/or Commercial members. We have been hopeful this program would also establish an accepted standard for supplemental data in support of the various CCO Quality metrics that rely on clinical data as a component for measurement. This incentive is proving out to some degree:

- In July, PCS met with another health plan that was considering signing an agreement with Reliance for their Medicare Advantage population but first wanted to speak with other health plans engaged with Reliance. PCS hosted a discussion and shared progress and to-date results of using Reliance for SDS. That health plan has since joined Reliance.
- Late in the year, Reliance advised PCS it was working with the data team of another CCO's Medicare plan to implement EMR feeds for HEDIS supplemental data. That other team was experiencing some difficulties getting their data to flow effectively, and asked if PCS could share some learning with them. In the spirit of collaboration, PCS met with them, discussed our own processes, and helped troubleshoot issues the other CCO was experiencing.

The on-going trajectory of this work from inception through 2023 has included:

- Expanding our data model to include additional diagnosis and SNOMED codes fed from Reliance data.
- Adding this information to our clinical data warehouse.
- Loading this data from the data warehouse into our HEDIS program as standard supplemental data.
- Identifying and implementing areas of improvement with Reliance to member matching, provider matching and provider/NPI parsing.
- Implementing automated monthly member data feeds between Reliance and PCS.

While the results initially considered compliant and approved as supplemental data by our auditors were limited, it has proven the model as a proof of concept for the work. Through multiple iterations of Reliance and PCS sharing test files and validation feedback over the last two years, we have continued to see a significant year-over-year improvement in the quality and quantity of supplemental data being returned.

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

An activity continuing in 2024 is the comparison of individual charts received from the Reliance HIE via the SDS file against actual charts from a provider's EMR to confirm a fully complete SDS record. This work will likely not begin until Q2, after HEDIS season completes, due to staff resourcing.

Planned Activities	**Planned Milestones**
1. Continue to improve supplemental data verification process with Reliance.	2024 – 2026
2. Compare data received via Reliance with actual chart data.	Q2-Q4 2024

Strategy 7 title: Maintain an Enterprise Technology Roadmap for Health Information Exchange
Brief description: Develop forward-looking strategic plans to guide internal HIE technology development.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Care Coordination ☒ 2: Exchange care information ☒ 3: Integration of disparate information
☒ 4: HIE tool enhancements ☐ 5: Partner collaboration ☐ 6: Other:

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

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

Medical Management Platform Implementation and Integration with Clinical Data from HIE Sources:
PCS has previously reported on scalability challenges with our existing care management platform and worked throughout 2023 toward a 2024 implementation of a replacement solution [redacted]

[redacted]

- [redacted]

[redacted]

[redacted]

Expand InTouch Web Portal for CCO members: PCS updated the Medicaid section of its Community Solutions website/digital experience on PacificSource.com. This secure web portal helps Medicaid members stay connected online or from their mobile phone. Mobile application improvements continued in 2023 with a revamped digital experience offering a fresh new design and inclusion of many of the features found in the "InTouch for Members" web portal.

- The mobile ID card received a new look and new swiping feature that allows members to see the back of the card.
- The new Home Page organizes the features most used by members, providing at-a-glance information and quick access to plan details, recent explanation of benefits (EOBs), the provider directory search, and digital ID card.
- The new powerful Provider Directory search includes the ability for additional filtering on the results page, convenient listing format, and links to the map and phone apps.

Meet CMS Interoperability Requirements Including Ability to Exchange Health Data via FHIR Interfaces: PCS continued building FHIR-based interoperability capabilities, focusing on extension/engineering of internal data resources, integrations with existing business platforms and development of HIE and other partnerships in support of the patient portal requirements of the Office of National Coordinator (ONC)/Centers for Medicare & Medicaid Services (CMS) rules with HIE. The PCS interoperability roadmap continues to reflect use of FHIR to support internal and partner data exchange beyond those currently required for regulatory purposes. See *Section 4. B. Supporting Increased Access to and use of HIE Among Providers, Strategy 7: Develop Interoperability* for more details. Related activities are noted in that strategy.

PCS continued following updates provided by CMS for the "Advancing Interoperability and Improving Prior Authorization Processes" (CMS-0057) rule. PCS will review the final rule in Q1 2024 and begin to formulate a necessary and associated technical roadmap. That work is discussed more thoroughly, and activities tracked in *Section 4. B. Supporting Increased Access to and use of HIE Among Providers, Strategy 6 – Explore Epic Payer Platform*.

Explore viability of provider reported eCQM metrics such as PHQ9 scores and ECDS: PCS had intended to pursue a formal project in 2023 to assess and document viability of using FHIR-based technology to support provider-reported electronic clinical quality measure (eCQM) metrics such as Patient Health Questionnaire 9 (PHQ9) scores and HEDIS electronic clinical data systems (ECDS) for quality measurement and quality reporting. After further evaluation and consideration, we transitioned our strategy away from the PHQ9 measure specifically, and toward HEDIS ECDS broadly, with a focus on measures including breast cancer screening (BCS-E), colorectal cancer screening (COL-E) and so on.

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

Planned Activities	Planned Milestones
1. [redacted]	Q2 2024
2. [redacted]	Q4 2024

Strategy 8 title: Internal Health Information Exchange Governance
Brief description: Implement and follow a consistent process to receive HIT program direction, guidance and oversight.

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

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

Strategy status:

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

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

Although the PCS HIET program was re-classified as "standard work" and no longer managed as a strategic initiative in 2023, PCS maintained an HIT/HIE/Interoperability Steering Committee – a standing forum for internal leadership to provide direction, guidance, and oversight of HIE and HIT initiatives – as a guiding body for these activities with a goal of meeting at least three times a year to provide ongoing feedback and direction. This format continues in 2024. We also continue to develop and maintain formal program plans.

PCS continued a hybrid IT/clinical change control process that consists of a bi-weekly meeting with internal subject matter experts from all relevant teams across all lines of business to discuss proposed technology and other changes and provide a method for communication back to the associated teams. This structure not only protects workflows but also guarantees visibility of all changes to all end users for oversight. This process continues expansion of our internal user base beyond Care Management by bringing representation from our Utilization Management, Quality, and Pharmacy teams onto our HIET Strategy team.

Front-Line Strategy & Development Teams: PCS continued leveraging internal advisory team meetings with numerous care functions as a method for the HIET Team to share updates and highlights about HIT program activities, provide HIE training, and receive front-line guidance for how to support effective care coordination with HIT tools. These teams continued to meet by department/function on custom cadences to support internal and external partner feedback loops that:

- Identify opportunities to improve relationships
- Add functionality to existing tools
- Address unmet needs
- Communicate general tones and attitudes among internal users and provider partners

Led by the HIE Care Coordination Strategist, these purposefully unstructured discussions foster open feedback while educating and building relationships among the internal partners. The Care Coordination Strategist adapts the feedback into ongoing strategy and development work with a goal of returning effective solutions to these internal HIE partners. Annual review of meeting design, groups and attendees ensures ongoing alignment and engagement.

Meetings are intended to:

- Identify internal and external partner challenges and successes.
- Determine if a potential HIE solution exists and develop pilots and use cases as appropriate.
- Create solutions, often by building custom cohorts and reports.
- Develop potential use cases, including functionality pilots.
- Improve existing structures including workflows, communication strategies, cohorts and reports.

- Identify internal support materials, such as an HIE common issues FAQ or menu of available cohorts and reports.
- Creating a pipeline via the Physical and Behavioral Population Health teams for ongoing external provider partner development and support, including communicating the availability of HIE resources to external partners.

PCS helped facilitate an exploratory discussion of a similar but statewide Clinical HIT Specialists meeting. Over the course of 2023, PCS, the Oregon Health Leadership Council (OHLC), and PCC discussed this meeting and ultimately determined it would be best managed by PCC with the support of the OHLC. A first meeting was held in December 2023. Going forward, PCS will be a partner but not manage this effort.

Master Services Agreement with Reliance: PCS continued discussions to develop a master services agreement with Reliance to incorporate all PCS business lines into its scope, and reflect and refine products, services, and service level agreements, as needed.

Community HIE Governance: In service of the OHA's goals for transforming healthcare in Oregon, PCS executive leaders continued supporting statewide IT efforts around centralized policy work, strategic planning, oversight, and assessment.

- The PCS Executive VP and Chief Operating Officer (COO) remained a member of the Health Information Technology Oversight Council (HITOC). This appointment will end in June 2024.
- The PCS Vice President of IT, Infrastructure and Analytics continued the role of Co-Chair of the HITOC HIE Workgroup through its completion in August 2023. He continues to sit on the HIT Commons Board of Managers.

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

Planned Activities	**Planned Milestones**
1. Continue internal HIE Steering Committee meetings & develop annual plan	2024 – 2026
2. Develop Master Service Agreement with Reliance	2024
3. Maintain internal Strategy & Development Team Meetings	2024 – 2026
4. Maintain community HIE Governance Presence	2024

Strategy 9 title: Make Structural PointClickCare System Improvements for Internal Use
Brief description: Identify and implement ways to improve the utility of the PCC platform for internal use.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Care Coordination ☒ 2: Exchange care information ☐ 3: Integration of disparate information
☒ 4: HIE tool enhancements ☒ 5: Partner collaboration ☐ 6: Other:

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

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

PointClickCare reports go dormant when not accessed on a regular cadence, typically after two months of non-use. This had not been identified previously with traditional HEN system users in Care Management and Utilization Management because they access the reports they use quite frequently.

In 2023, PCS began writing reports for more non-traditional HEN users such as those from its Quality and Population Health teams, who tend to access their reports less often. These users noticed reports would disappear after a certain timeframe. We identified a consistent theme related to the time gap between report access events that pointed to a dormancy function built within PCC.

The result was to implement a process improvement that turns off the dormancy function for reports where the report requester indicates the report will be used less often. Because this is a manual setting, we do not

have an automatic method for reviewing the status; we need to rely on end users to provide input if the report status/cadence changes and the dormancy setting needs adjusted. We have not observed this to be an issue.

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

Planned Activities	**Planned Milestones**
1. Continue to monitor PCC system for improvements to support internal use.	2024 – 2026

Strategy 10 title: Review Provider Contract Language for Health Information Exchange Requirements
Brief description: Review and evaluate existing provider contract language for improvements that might encourage or facilitate the adoption of HIE tools within our contracted providers' practices.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Care Coordination ☐ 2: Exchange care information ☐ 3: Integration of disparate information
☐ 4: HIE tool enhancements ☒ 5: Partner collaboration ☐ 6: Other:

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

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

PCS reviewed its existing Provider Manual for potential amendments that might drive HEN adoption. The Provider Manual notes it is to be used in conjunction with the provider's contract and therefore doesn't replicate any language that might address HIE/HEN improvements in the contract.

As noted last year, while it doesn't explicitly require a provider to adopt a hospital event notification platform, the provider contract template does incorporate compliance language around a provider participating and/or promoting data sharing via various Health IT methods. For that reason, it is not included in the Provider Manual.

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

N/A

Planned Activities	**Planned Milestones**
N/A	N/A

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

Please describe your 2023 progress and 2024-26 plans for supporting increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers. Please include any work to support clinical referrals between providers. In the spaces below (in the relevant sections).

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

Progress	Plans		Progress	Plans	
☒	☒	1. HIE training and/or technical assistance	☒	☒	8. Financially support HIE tools and/or cover costs of HIE onboarding
☒	☒	2. Assessment/tracking of HIE adoption and capabilities			

☒	☒	3. Outreach and education about value of HIE	☐	☐	9. Offer incentives to adopt or use HIE
☒	☒	4. Collaboration with network partners	☐	☐	10. Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
☒	☒	5. Enhancements to HIE tools (e.g., adding new functionality or data sources)			
☒	☒	6. Integration of disparate information and/or tools with HIE	☒	☒	11. Other strategies that address requirements related to federal interoperability and patient access final rules (please list here):
☐	☐	7. Requirements in contracts / provider agreements			
☒	☒	12. Other strategies for supporting HIE access or use (please list here): Data Exchange			

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

PointClickCare (PCC) (formerly Collective Medical and PreManage**)**: PCS remains a vocal proponent of the PCC platform. This platform, widely adopted across all PCS regions, has proven to be a key capability for operations in supporting care coordination efforts through the use of customized cohorts and reports.

We continue to appreciate OHA's ongoing financial support for PCC as it has helped remove many barriers to its adoption. In April 2023, PCS updated its contract with PCC. There was concern a change to the PCC contract sponsorship model wherein payers sponsor platform use for their contracted providers would create a negative impact to PCS-sponsored accounts and usage. PCS did not see that concern come to fruition – the new contract model does not appear to have created a negative impact on sponsored providers and their continued use of, or ability to be sponsored for, the PCC platform.

Emergency Department Optimization (EDO, formerly EDIE): All hospitals in PCS service areas have adopted EDO – the emergency department function of the PCC platform. In 2021, the HIT Commons worked to bring Prescription Drug Monitoring Program (PDMP) information to emergency departments through an integration of the Oregon PDMP registry with the EDO platform. HIT Commons continues to add clinics. To encourage ongoing adoption, in November, HIT Commons completed an email campaign educating clinics on the value and availability of EHR integration. During the third quarter of 2023, 37 new organizations implemented PDMP in Oregon. HIT Commons continues to monitor and encourage its two principal vendors toward FHIR-based integration, but progress is slow. Current HIT Commons focus regarding FHIR integration is making the Oregon POLST Registry data available to providers from their EHR.

Reliance eHealth Collaborative: PCS continues to be a strong supporter of the Reliance eHealth Collaborative, which leverages IMAT technology to host its clinical data repository. We continue to see the strongest adoption of Reliance in our Central Oregon and Columbia Gorge regions. In addition to being a recipient of Reliance health record data, PCS also contributes administrative claims data to Reliance, including filled prescriptions, so newly on-boarded providers in those regions will see encounter history even if the providers who delivered the service are not yet contributing data. In 2023, we expanded our data sharing to include all claims data for all Oregon members across all lines of business, not just Medicaid.

Reliance eHealth Referrals: Reliance sunset their specialty e-referral capability at the end of November 2023. They are not offering a replacement. Utilization of this functionality has waned over time; we do not expect an adverse or material impact from this change.

Epic: The majority of members in PCS service areas are covered by physical health providers that use Epic, including the hospital systems and Federally Qualified Health Centers (FQHCs).

- **Epic Care Everywhere** – When two organizations both have Epic, both can use Care Everywhere to communicate, access and share clinical information directly between each other's Epic system.
- **EpicCare Link** –When an organization does NOT have Epic, it can access clinical records in a provider's Epic system via the EpicCare Link web portal. PCS Care Management and Utilization Management staff use the EpicCare Link web portal to access member records in providers' Epic systems to manage care coordination. EpicCare Link is also used by PCS Quality, Risk, and Appeals and Grievances teams for rapid identification and retrieval of documentation from Epic systems to support chart reviews, audits, and decision making.
- PCS staff may also use **Epic Happy Together Link**, a method to simplify access to multiple EpicCare Link portals via a button on the Care Link portal interface. Happy Together Link provides single sign-on functionality to all EpicCare Link accounts to which an EpicCare Link user has credentials, without requiring the user to log into each account separately. Epic encourages healthcare entities to install this free utility as part of their Epic installation; however, implementation does require effort by the healthcare organization so actual availability depends on the healthcare organization's priorities.

CCO Provider Portal: The PCS CCO provider portal offers several different tools to providers in support of care coordination such as patient assignment, benefits confirmation, quality performance and Member Insight Population Health Reporting (MiPi). Portal access is obtained through a OneHealthPort landing page. Internal staff rely on provider use of this portal to receive critical information, including requests for prior authorization approval.

CCO Member Portal: The PCS CCO member portal offers a digital experience via a dedicated Medicaid Members section on PacificSource.com. This secure web portal improves accessibility and access to care by helping CCO members stay connected online or on their mobile phone. CCO members have direct access to personalized information about their care, may view, print and order ID cards, learn about benefits, find a doctor, see claims and explanations of benefits, track pre-authorizations and referrals, and ultimately get the most from their benefit plan. Requirements include Spanish localization, ADA accessibility, Medicaid-specific content and customizations including by CCO region and type.

Telehealth: PCS supports telemedicine in physical and behavioral health settings. PCS continues to leverage a suite of analytics to understand members' ability to access telehealth care equitably. These analytics help support and bring visibility to the value of telehealth in maintaining care continuity when physical access to care is limited. We maintain this data and share it with our providers during Joint Operating Committee meetings.

Since 2022, PCS has participated in the Deschutes County Broadband Action Team tasked with gaining a clear picture of the current broadband environment across Deschutes County (part of the Central Oregon CCO service area) and then using funding available to local governments to expand options for broadband access across their cities/counties to reach underserved and unserved populations. To get those funds, organizations must clearly articulate where and how the funds will be allocated and who they will impact. PCS continued its voice at the table in 2023, identifying underserved/unserved areas and populations through our health plan perspective and contributing to a Needs Assessment completed and delivered to the Deschutes County Board of Commissioners in early September. In early November, the Oregon Broadband Office released a draft "State of Oregon Digital Equity Plan." PCS awaits next steps of the draft Equity Plan and learning of the potential for continued involvement in 2024. This work aligns with the PCS value of working to advance equity in the community and our strategy of engaging and investing in our communities.

Secure Messaging: Direct secure messaging is limited in each of our regions. PCS does not currently maintain a direct secure messaging platform for use in care coordination.

Secure File Transfer Protocol (SFTP): PCS exchanges significant care coordination information with provider partners using this method. A substantial volume of monthly reporting and other analysis is transmitted using this method. In the past year PCS has made substantial investments in increasing security posture and administrative oversight of this service. [redacted]

Fax/e-Fax: The fax infrastructure in facilitating the exchange of health information is still key in supporting numerous provider-to-provider and CCO-to-provider workflows. In several CCO regions, this is still the primary method for health information exchange.

FHIR: PCS continues its work building FHIR-based interoperability capabilities focused on extension/engineering of internal data resources, improvements to authentication, authorization, and consent management, integrations with existing business platforms and development of HIE and other partnerships in support of existing and new (CMS—0057) requirements of the Office of National Coordinator (ONC)/Centers for Medicare & Medicaid Services (CMS) rules with HIE. The PCS interoperability roadmap was extended to enable use of FHIR to support internal and partner data exchange beyond those required for regulatory purposes. PCS has also laid down several key infrastructure components including streaming/messaging clusters, FHIR stores/servers, Open Authorization (OAuth)/OpenID Connect (OIDC) services, API Management services, and "FHIRstore/endpoint servers" in support of FHIR-based use cases.

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

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

Per the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File, the following tables identify the number of contracted physical, oral, and behavioral health organizations without HIE for Care Coordination or hospital event notification information, by CCO region:

CCO: **2023 Central Oregon**	Number of Contracted Providers	Number w/o HIE Information (includes PCC)	Percent w/o HIE Information (includes PCC)	Number of contracted PCPCHs	Number w/o HIE Information	Percent w/o HIE Information
Physical Health	95	45	47%	17	0	0%
Behavioral Health	224	214	96%	1	0	0%
Oral Health	18	16	89%	0	0	0%

CCO: **2023 Columbia Gorge**	Number of Contracted Providers	Number w/o HIE Information	Percent w/o HIE	Number of contracted PCPCHs	Number w/o HIE Information	Percent w/o HIE Information

		(includes PCC)	Information (includes PCC)			
Physical Health	25	18	72%	9	0	0%
Behavioral Health	30	25	83%	1	0	0%
Oral Health	6	5	83%	0	0	0%

CCO: **2023 Lane**	Number of Contracted Providers	Number w/o HIE Information (includes PCC)	Percent w/o HIE Information (includes PCC)	Number of contracted PCPCHs	Number w/o HIE Information	Percent w/o HIE Information
Physical Health	119	66	55%	25	2	8%
Behavioral Health	250	232	93%	1	0	0%
Oral Health	37	35	95%	0	0	0%

CCO: **2023 Marion Polk**	Number of Contracted Providers	Number w/o HIE Information (includes PCC)	Percent w/o HIE Information (includes PCC)	Number of contracted PCPCHs	Number w/o HIE Information	Percent w/o HIE Information
Physical Health	108	53	49%	38	1	3%
Behavioral Health	131	115	88%	2	0	0%
Oral Health	36	34	94%	0	0	0%

[redacted] These additions decreased the known percentage of HIE use over the previous year.

When comparing adoption percentages to last year, because provider contracting is done annually, the composition of the groups being measured changes each year, making that comparison difficult.

Strategy 1 title: Develop High Value Health Information Exchange Use Cases for Providers
Brief description: Identify and implement HIE use cases that providers can use to increase the value of care they provide to their patients.

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

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

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

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

Reliance HIE:

PCS devotes time each month toward building relationships with its HIE vendor Reliance through regularly scheduled meetings to discuss strategy, technical development and implementation, and account and network development.

One of COHIE's long-stated priority objectives has been to identify high-value HIE use cases to illustrate and increase its value to providers of all types and other CCOs who have not yet adopted a centralized community health record. One of the top Reliance benefits is supporting provider and CCO performance on annual QIMs such as the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) metric, which historically has shown to be very difficult to meet. The fact that substance use disorder (SUD) episodes can occur in a variety of health settings (hospital, ambulatory, specialty, or mental health facilities) means SUD episode awareness must encompass an entire health community.

IET Report Pilot: The Reliance IET notification report is an alerting service to notify care management teams of IET index events in their patient population.

An issue uncovered by the 2022 IET Report pilot was that there is currently little to no visibility of patient activity in Reliance from BH or substance treatment facilities that fall under the 42 CFR Part 2 consent model. This creates difficulty for caregivers to discover whether a patient has engaged with a SUD treatment facility. In 2023, Reliance worked on a proposed design to address data related to this consent challenge; they are currently working through internal testing and iterative bug fixes of the consent functionality that will potentially allow the use of 42 CFR Part 2 content in a range of reporting, including IET reports used by clinics in the PCS-served communities. Reliance expects a more robust testing program to occur with its Participating Partners during the first half of 2024.

Reliance intends to revisit the restrictions on the use of 42 CFR Part 2 information with its legal counsel in early 2024 to determine how data that is released through the consent process may be used. Restrictions on redisclosure of protected information may restrict the use of the information in reports like IET. Based on guidance received from counsel, Reliance will start working to incorporate claims-based data that may be 42 CFR Part 2 covered content into IET Reporting in early 2024. The use of the claims-based data in IET and other reporting will be available without restrictions related to consent.

In December 2023, COPIA reported to PCS that for Central Oregon CCO Quality measures, the community met the IET metric **for the very first time**. COIPA deployed many tactics and efforts to address this measure and noted they believe a big piece of that success was the IET Report. BH organizational exchange with the HIE and visibility for primary care will continue to enrich the IET Report further, providing even better actionable data for practices doing care coordination.

Oral Health Roster Files: Specific to oral health providers, PCS supplies Reliance with monthly DCO roster files for Advantage Dental and Capitol Dental that contain the PCS CCO members assigned to each DCO. This allows DCO affiliated clinic care managers to access PCS data for their assigned PCS patients within the Reliance community health record rather than having to obtain this information from outside sources such as faxing, phone calls, and other more manual methods. In 2024, PCS intends to follow up to confirm this information is still being used and is helpful.

Epic HIE:

Expand community access to Epic HIE in Marion-Polk: PCS partnered with the Willamette Health Council to develop and support an HIE-focused HIT workgroup as a sub-committee of its Clinical Advisory Panel to raise awareness and adoption of the EpicCare Link HIE across the region. As noted earlier, EpicCare Link is a health information exchange function within Epic that provides access to Epic clinical records via a standard web portal to providers and community-based organizations that do not, themselves, have Epic.

As co-chair of the HIT Sub-Committee and leader of the HIE workgroup, the Chief Medical Information Officer at Salem Health Hospitals and Clinics leaned in heavily to share his and his staff's EpicCare Link knowledge and expertise to workgroup members during five workgroup sessions held throughout the year. These sessions discussed and demonstrated the benefits of and steps to accessing EpicCare Link as a HIE supporting care coordination across the broader Marion-Polk community.

So much interest in EpicCare Link was shown by both providers and CBOs that the Willamette Health Council and Salem Health organized and held a three-part lunch-and-learn series for interested community partners. The WHC contracted with the Oregon Health Leadership Council's Sr. Program Consultant and HIE policy subject matter expert to help prepare and lead the sessions, which included:

Session 1: EpicCare Link: Community Demonstration (30 attendees)

Session 2: Leverage EpicCare Link to Address Regional Healthcare Goals (35 attendees)

Session 3: Establishing Regional Goals for EpicCare Link in Marion-Polk Counties (25 attendees)

Santiam Hospital and Legacy Health Silverton have also extended EpicCare Link access to the community as part of these efforts. So far, adoption of the Salem Health EpicCare Link is most prevalent with nearly 60 new EpicCare Link HIE accounts established throughout 2023. Not all new accounts originated from the focused work of the HIT workgroup or even from within the Marion-Polk region; results showed new EpicCare Link HIE connections extended to healthcare providers in Albany and Lebanon (Linn County) and down to Junction City (Lane County). New accounts were created across a broad collection of service providers including hospice, skilled nursing, medical and dental clinics (including pediatric dentistry), home health, durable medical equipment providers, urgent cares, hospitals, dialysis providers, chiropractors, physical/occupational therapy providers, CCOs and payers.

Plans for 2024 include continuing to champion and support specific regional efforts to increase adoption and use of EpicCare Link at Salem Hospital, Santiam Hospital and Legacy Health Silverton to support care coordination of Marion-Polk community members. Focused attention will be given to activities discussed and captured during the 2023 lunch and learn session "Establishing Regional Goals for EpicCare Link in M-P Counties," such as developing resources and instructions for how these hospital systems can increase access and share information with the community, and how community providers can get connected and sign in.

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

Planned Activities	**Planned Milestones**
1. Attend regular meetings with Reliance	2024 – 2026
2. Work with Reliance to identify and establish high-value external use cases	2024 – 2026
3. Track Reliance handling of potential 42 CFR Part 2 data	2024
4. Follow up with effectiveness of Oral Health rosters in Reliance	Q2 2024
5. Support expansion of EpicCare Link in Marion-Polk CCO	2024

Strategy 2 title: Develop High Value Hospital Event Notification Use Cases for Providers
Brief description: Identify and implement HEN use cases, cohorts, and reports that providers can use to increase the value of care they provide to their patients.

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

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

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

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

PCS continued to provide financial support for provider use of PCC via the contract sponsorship model incorporated into the PCS/PCC contract.

PCS expanded efforts to assist external partners as interest in HIT grew steadily due to recovery within the medical ecosystem from the widespread disruptions caused by COVID-19. In addition to engaging as a thought partner and subject matter expert on advising how HEN can be leveraged to support broader community efforts around issues like homelessness and ED utilization, PCS created external reports addressing falls prevention, hospital birth events, inpatient psychiatric events, and opioid overdoses. Increased engagement with the PCS Population Health Teams (Physical and Behavioral Health) was also designed to create infrastructure going forward to generate bilateral communication with provider partners about what is available in PCC, with feedback to PCS internal teams to address provider needs over time.

Falls Prevention: PCS worked extensively with Northwest Senior and Disability Services and the Oregon Fall Prevention Coalition to explore the kinds of data available both for assistance in grant applications and for future fall prevention efforts. Initially, PCS had ambitious ideas about creating a retroactive report of falls within PCS, but while working on that effort, the Oregon Health Authority released a publicly available dashboard that was superior to what PCS could have created. As a result, PCS shifted gears to create a falls report within PCC. After some initial setbacks, a working report is now available for future efforts.

Hospital Birth Events: Counties in the Marion-Polk, Lane, and Central Oregon CCOs, in addition to internal PCS Care Management staff, requested reports for various interventions with pregnant members covering both prenatal and postnatal care. These reports are challenging to create due to complex ICD-10 code sets and the inability to get prenatal claims because of how birth claims are billed. After much discussion, three different versions of the report are available, each capturing different periods during a pregnancy. These reports are used by both internal and external users.

Inpatient Psychiatric Events: Created a report tracking inpatient psychiatric discharges in individual CCO regions and across the state. The only inpatient psychiatric facility not included in the report is the Oregon State Hospital who has yet to add their admit/discharge/transfer (ADT) feeds into PCC. This report is used by both internal and external users.

Opioid Overdoses: Generated a one-time report in 2023 using the PCS BH ED Discharges report for the Columbia Gorge Health Council to get a sense of how many opioid-related ED encounters occurred in 2022.

Assigned/Not Established Patients Functionality Pilot: This pilot supports clinic staff in using a consistent process to know when a payer has assigned them a new patient. Today, clinics receive assignment reports from different payers at different intervals via different workflows and portals. Consequently, patients may not receive health care protocols from their new PCP in a timely manner because those patients are not yet included in the provider's patient roster to PCC and thus won't appear in the provider's PCC cohorts and reports for follow-up. To bridge the gap between payer assignment and provider awareness, PCC can use information in the payer's eligibility file to inform a provider that a new patient has been assigned to them by adding that member to the provider's existing cohorts and reports. Being able to deliver this clarity would maximize reimbursement for plans and clinics, reduce clinic staff overhead, and ultimately ensure the best outcomes in patient care.

PCS worked with PCC to activate the first partners with the Assigned/Unengaged functionality. Central Oregon Pediatric Association (COPA) in Central Oregon went live in Q3 but paused internal utilization of the functionality due to bandwidth constraints in their Case Management staff. The functionality remains available in their PCC portal for when their bandwidth improves. Using learnings from the COPA engagement, PCS approached Caldera Family Medicine, also in Central Oregon, to engage in the pilot. Caldera was online and using the functionality by end of year. PCS intends to complete an assessment with Caldera about how the functionality is working in Q1 2024 while pursuing other potential pilot participants. It

intends to assess the potential long-term value after receiving feedback from existing users during the first half of 2024.

Explore potential of leveraging CCDs via PCC: PCS explored this potential early in the year but, unfortunately, was unable to establish a viable solution within PCC. Working with PCS Care Management teams, it was determined the information currently available in PCC is not comprehensive enough to replace the more traditional method of using direct EMR access. A review was done again in Q4 with new specifications provided by PCC highlighting more recent updates to the CCD functionality. PCS will continue to explore this possibility as PCC keeps developing this use case.

Homeless Management Information System (HMIS) Flag Including Related Partnership Efforts with Lane County, Trillium CCO and PCC: Working with thought partners in our Central Oregon and Marion/Polk CCO regions and in coordination with PCC, PCS explored several potential use cases to make its homeless population more visible in PCC than currently possible using only the Z59 ICD-10 code. Although we do get some amount of pure signal from this code and intend to continue using it, the dependency on providers charting the code when it doesn't lead to increased reimbursement is unreliable. We have explored utilization of the Homeless By Name list, HMIS feeds, a pre-existing but previously unknown flag in PCC, and sharing eligibility files between shelters and mobile providers. We believe one of these methods will ultimately be viable and are continuing exploratory discussions in Q1 2024 with multiple partners including St. Charles Health System in Central Oregon and Church At the Park, a shelter in Salem. While solutions may be limited, imperfect, or technically possible but prohibitively difficult, we believe there are several avenues to explore and expect some level of success in improving visibility into our homeless members. We are most focused on solutions that can be easily replicated across CCO regions and shared with CCO partners across the state.

Warm Springs Engagement: The PCS Care Coordination HIE Strategist and PCS Tribal Liaison to the Confederated Tribes of Warm Springs (CTWS) continued discussing potential PCC use cases to present to the CTWS Tribal Council. Engagement with CTWS requires a more culturally sensitive approach and it may take some time for these use cases to form. We had been hopeful for a meeting with the CTWS Tribal Council during 2023 to discuss a use case to pilot but it did not occur, and none is currently planned for 2024. We intend to keep working on this use case in 2024.

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

Planned Activities	**Planned Milestones**
1. Continue adding high-value customized cohorts and reports.	2024 – 2026
2. Pilot "Assigned/Not Established Patients" functionality.	2024
3. Pursue HMIS improvements in PCC cohorts and reports.	2024
4. Continue developing relationships with CTWS.	2024

Strategy 3 title: Develop Pharmacy Hospital Event Notification Use Case
Brief description: Combine pharmacy claims data contributed by PCS with hospital event notifications within PCC to identify pharmaceutical-based use cases.

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

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

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

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

Efforts continued to develop an innovative PCC report that uses hospital event notifications and PCS pharmacy claims to aid in the care of pediatric asthma patients. Pediatric asthma was chosen through collaboration with pharmacy partners both internal and external to PCS who called out the potential significant value of this particular use case because it is a condition that is primarily managed via pharmaceutical intervention and because hospital admissions for pediatric asthma should be mostly preventable. We believe the return on investment for reporting and interventions to likely be significant and beneficial to families and especially children in our CCO regions.

Barriers to standing up a first report have been numerous. Provider partners have had scheduling challenges, and multiple test versions returned either no information or flawed information that then had to be re-visited and re-worked. In December, PCC expressed confidence the technical issues will be resolved in early 2024 and PCS expects delivery of the first report in that timeframe. Once the report is proven successful, we will contact additional providers to discuss next steps.

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

Planned Activities	**Planned Milestones**
1. Explore existing and new use cases for our pharmacy partners.	2024 – 2026
2. Determine viability of sharing what we build with external partners.	2024 – 2026
3. Beta test pediatric asthma claims report in PCC.	Q2 2024

Strategy 4 title: Develop Assessment & Monitoring Process for Provider Hospital Event Notification Access and Data Contribution Rates
Brief description: Establish a process for gathering and tracking provider HEN adoption data.

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

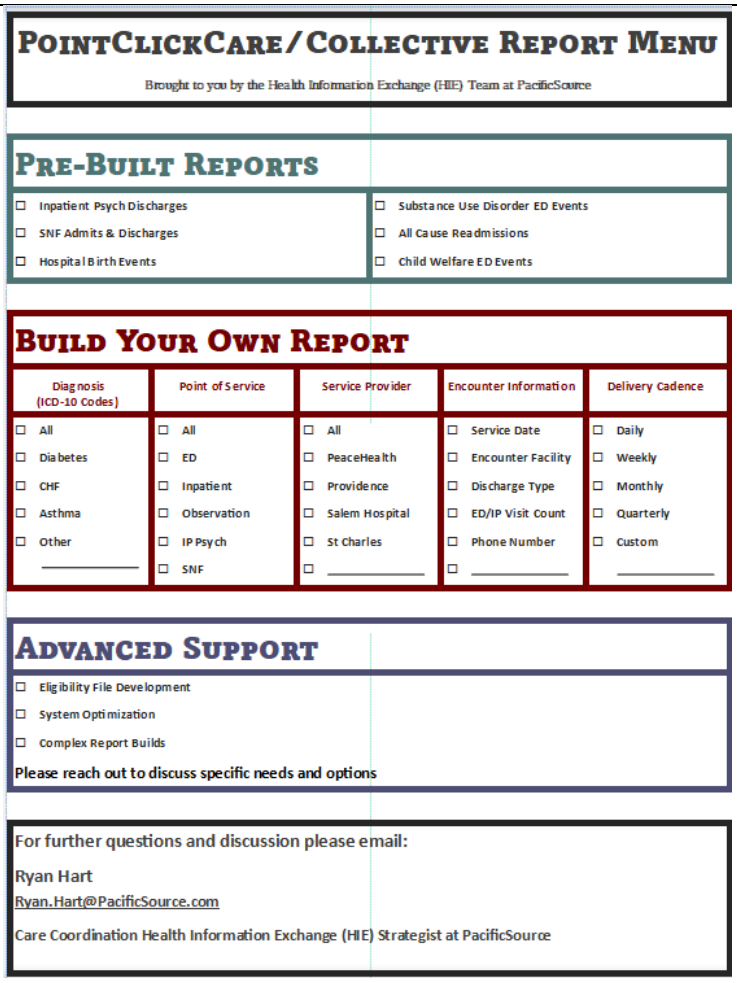
Strategy status:
☒ Ongoing ☐ New ☐ Paused ☒ Revised ☐ Completed/ended/retired/stopped

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

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

Through the Strategy & Development Population Health meetings noted in *Section 4. A. CCO Use of HIE for Care Coordination and Hospital Event Notifications, Strategy 8 – Internal HIE Governance*, PCS believes it has discovered an enhanced way to identify provider HEN access and data contribution. While we continue to ingest PCC Engagement Tableau reports, there are limitations to their utility that make them difficult to use for this purpose. The information isn't comprehensive enough to provide a clear picture of engagement.

The professional connections already in place between the PCS Population Health team and community providers allow for a direct connection to these providers to discuss HEN contribution status and to deploy new cohorts and reports. An "HIE Menu" of sorts is being designed for the Population Health team to reference during conversations with providers. It will include a mix of examples of ala carte, pre-made report options with details of what each type of report includes.



POINTCLICKCARE/COLLECTIVE REPORT MENU

Brought to you by the Health Information Exchange (HIE) Team at PacificSource

PRE-BUILT REPORTS

- ☐ Inpatient Psych Discharges
- ☐ SNF Admits & Discharges
- ☐ Hospital Birth Events
- ☐ Substance Use Disorder ED Events
- ☐ All Cause Readmissions
- ☐ Child Welfare ED Events

BUILD YOUR OWN REPORT

Diagnosis (ICD-10 Codes)	Point of Service	Service Provider	Encounter Information	Delivery Cadence
☐ All	☐ All	☐ All	☐ Service Date	☐ Daily
☐ Diabetes	☐ ED	☐ PeaceHealth	☐ Encounter Facility	☐ Weekly
☐ CHF	☐ Inpatient	☐ Providence	☐ Discharge Type	☐ Monthly
☐ Asthma	☐ Observation	☐ Salem Hospital	☐ ED/IP Visit Count	☐ Quarterly
☐ Other	☐ IP Psych	☐ St Charles	☐ Phone Number	☐ Custom
_____	☐ SNF	☐ _____	☐ _____	_____

ADVANCED SUPPORT

- ☐ Eligibility File Development
- ☐ System Optimization
- ☐ Complex Report Builds

Please reach out to discuss specific needs and options

For further questions and discussion please email:

Ryan Hart

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Care Coordination Health Information Exchange (HIE) Strategist at PacificSource

Figure 8 - Draft HIE Menu for PointClickCare Reports

Additionally, an FAQ or similar resource is in process to give Population Health team members and other provider-facing roles basic reference of PCC how-to functionality, allowing them to guide providers in PCC use and engage in simple PCC-related problem-solving. Topics may include how to build reports, manage eligibility files, and so on.

This route is incredibly valuable as it taps into the extensive network of contacts and relationships that the much larger and externally facing Population Health Team has. The HIE Strategist will continue to be available to develop customized cohorts and reports, as well as to assist with complex problem-solving should the need arise.

The Collective Platform Onboarding and Engagement Report developed in 2023 and distributed to all CCOs by the OHA has also been helpful for tracking quarterly updates about provider CMT usage.

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

In addition to continuing existing methods and activities to assess and monitor HEN participation, complete development of in-flight guides and aids to support in-person conversations and identify potential new resources that might be effective.

Planned Activities	**Planned Milestones**
1. Collect data on HEN participation status and update internal tracking.	2024 - 2026

2. *NEW* Complete guides and aids for Population Health team and other provider-facing roles, such as HIE Menu.	2024

Strategy 5 title: Centralize Data Exchange with Federally Qualified Health Centers
Brief description: Provide a standardized data feed of claims records for inclusion in OCHIN's Epic instance for distribution and dissemination to downstream OCHIN-Epic clinics.

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

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

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

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

In late 2022, OCHIN created a pilot to implement claims-based functionality within its EHR to provide health centers with information to serve their patient populations in more advanced forms of value-based payment. This pilot, called the HEDIS Pilot, was to evaluate the value of the following claims-based tools to enhance patient care, improve quality outcomes and support system solutions for serving the health centers' assigned populations:

1. Cost and utilization dashboard
2. Claims info displayed within their EHR providing clinicians a picture of their patient's total health journey and
3. NCQA-certified HEDIS measures.

In support of this pilot, in 2023 PCS began sending a standardized data feed of claims records for inclusion in OCHIN's Epic instance for distribution and dissemination to downstream OCHIN-Epic clinics. [redacted] By year's end, PCS was sending OCHIN three standard extract files (medical claims, pharmacy claims and eligibility) monthly.

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

This strategy is complete and does not continue into 2024.

Planned Activities	**Planned Milestones**
N/A	N/A

Strategy 6: Explore Epic Payer Platform
Brief description: Explore the feasibility of implementing Epic Payer Platform to improve care coordination and value-based care arrangements with contracted providers who use the Epic EHR.

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

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

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

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

PCS continued exploring the implementation of Epic Payer Platform (EPP), Epic's software solution and interoperability network that supports communication between payers and providers, through various conversations with Epic, healthcare organizations, and other health plans that use that platform. This

integration could improve care coordination and value-based care arrangements by allowing network providers to exchange relevant clinical records bi-directionally with affiliated payers without the need for manual intervention or point-to-point interfaces. There are many use cases a platform like Epic could address – prior authorizations, chart access for care management, chart capture back to an internal care management system, and supplemental data to support our HEDIS and QIM programs.

PCS agrees the efficiency gains of a system like EPP are compelling, especially given a majority of PCS members are assigned to provider organizations that use Epic. The biggest barrier is cost – Epic is a very expensive solution. PCS would also need to maintain parallel methods and parity for providers who do not use the Epic platform.

Because there is much to be considered to support this strategy, as potential alternatives to EPP, in 2023 PCS:

- Completed an exploratory project to identify and evaluate how potential electronic prior authorization (ePA) solutions from three different vendors would support the CMS Advancing Interoperability and Improving Prior Authorization Processes proposed rule (CMS-0057P) to expand access to health information and improve the prior authorization process, should that rule be implemented.

  PCS learned that while there was some linking to provider workflow, truly embedded EHR ePA technology/functionality has not yet been thoroughly developed, as vendors continue exploring how to meet the requirements of the proposed rule. Even with new technology, the rate of auto-adjudication would not increase without additional PCS enhancements to internal adjudication processes and rules. PCS also determined providers do not yet appear ready for this kind of interoperable change. Provider engagement would be necessary to fully realize the benefits of EHR-integrated ePA functionality.

  PCS decisions resulting from these evaluations were to 1) continue assessing the ePA landscape in general, 2) monitoring CMS-0057P for final rule and related requirements while 3) investigating potential alternatives for improving existing prior authorization processes in other ways, such as modifying current adjudication rules.

- Intended to support a potential community initiative to facilitate the adoption of 360x by Central Oregon providers for closed-loop clinical referrals using standards-based interoperability capabilities already established in EHR systems. The pilot was ultimately placed on hold in Q3 2023 following a change in direction for the Central Oregon community whereby some Central Oregon providers decided to implement Epic's Garden Plot instead. Garden Plot is Epic's software-as-a-service, web-based EHR targeted at independent health organizations with 20-80 providers who specialize in primary care, orthopedics, and obstetrics/gynecology.

  In its capacity as an independent practice association, COIPA provided structural, financial, and technical support to a cohort of eight independent health practices committed to moving to Epic Garden Plot. Activities provided by COIPA in 2023 included contracting, governance development and technical support of early implementation preparations. Actual implementation of and transition to Garden Plot by the eight practices is expected Q1 2024.

In addition to tracking the Garden Plot implementation by providers in Central Oregon, in 2024 PCS plans to continue evaluating Epic Payer Platform for digital chart retrieval, electronic prior authorization uses, gap reporting uses, and potentially more.

PCS had anticipated pursuing a request for information (RFI) process in 2023 with Apixio and Moxe, third-party vendors whose services offer access to Epic data, to gather information about their chart retrieval

functionality as a potential alternative to using EPP for this purpose. That work was deferred to pursue some more direct chart retrieval activities within the Reliance HIE first to identify what an optimal chart would look like if we virtualized it based on the clinical record, as noted earlier in *Section 4. A. CCO Use of HIE for Care Coordination and Hospital Event Notifications, Strategy 4 – Reliance Community Health Record as Proxy for Direct EHR Access*. PCS anticipates the explorations of Apixio and Moxe may be done in 2024 instead, alongside any EPP chart retrieval evaluations.

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

Planned Activities	**Planned Milestones**
1. Evaluate Epic Payer Platform and possibly alternative solutions	Q3 2024
2. Create implementation recommendations for PCS leadership	Q3 2024
3. Monitor Epic Garden Plot implementation in Central Oregon	Q2 2024

Strategy 7: Develop Interoperability
Brief description: Develop and execute a roadmap that meets CMS interoperability requirements and furthers internal PCS goals to use FHIR to support internal and partner data exchange.

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

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

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

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

PCS interoperability efforts continued to be largely focused on compliance with CMS/ONC rules, specifically the public exposure of a patient access application programming interface (API) portal, which completed in October. Current and former PCS members may now request and receive their PCS health records via the OneRecord mobile application using this API. Data is made available through this API via internally hosted FHIR infrastructure and supporting systems that PCS built over the course of 2020-2023. PCS is now working with additional mobile application vendors to extend access to FHIR-based member health data.

The initial portal launch took longer than expected as the vendor supporting the underlying interoperability development discontinued its interop offerings mid-project and it took some time for PCS to research, select and hire a replacement to help with this work. Member support tools for using OneRecord are available via a pacificsource.com/resources website and include a member FAQ, interoperability resources around privacy and consent, API usage terms and conditions, and member access instructions. The volume of data accessed via OneRecord has been minimal through December. PCS is taking advantage of the current low volumes to identify a best path for fielding external inquiries that can be flexible to increased request volumes as they grow over time.

Issues that arose during the API implementation are mostly resolved, although there is a need for ongoing socialization of portal availability with both internal PCS and external member stakeholders. As PCS eyes 2024 improvements and next steps, emphasis will be placed on:

- Improving how member ID is used to identify and select data for display.
- Enabling access via additional mobile application vendors.
- Improving ease of onboarding for new FHIR data partners via automation, sandbox self-provisioning, and so on.

PCS strategy also remains geared toward addressing business-to-business (B2B) interoperability use cases and more value driven use cases. PCS continued actively working with HIE partners to enable FHIR-based exchanges to replace or supplement legacy HL7 v2/v3 alternatives. Over an undefined timeframe, we view FHIR-based interoperability as a likely replacement technology for many of our older data exchange technologies internally and as a means of bringing much more robust externally sourced data to bear in support of our member health information needs.

Highlights of additional 2023 accomplishments include:

- Completed integrations for member authentication, consent management, API management, and third-party application registration to support member access to PCS health records via the OneRecord mobile app as noted above.
- Explored a FHIR-based solution to source public payer endpoints likely to have demographic data overlap with the PCS provider population and develop interface capabilities for using those endpoints to retrieve provider data to improve internal PCS data details such as provider specialty, address, and contact information. This work was done primarily through a Capstone project with students from Oregon State University. In addition to using FHIR to validate the data channel, PCS suggested the use of ChatGPT and other consumer data services as secondary sources for building panels of provider data for comparison purposes. This seemed a perfect low-risk use case for artificial intelligence – it pulled public data, involved no personal health information, and was inexpensive.
- [redacted]
- Continued reviewing and planning for Trusted Exchange Framework and Common Agreement (TEFCA) options, as possible. PCS continues to monitor Qualified Health Information Network (QHIN) and TEFCA movement but does not plan to participate until it has a better understanding of the organizations to be involved in these processes, as that will change the nature of how PCS trades and interoperates around data. No PCS HIE vendors, such as Reliance, have yet committed to joining a QHIN.
- Continue considerations for a high-value interoperability partner roadmap in the areas of provider, clinical, enrollment and/or claims data exchange partners supported by FHIR.
- Architecture, design and implementation for insourcing of OAuth 2.0 authentication, patient matching, and consent management capabilities in support of interoperability.
- Evaluate FHIR-based prior authorization capabilities.
- Interoperability data source preparation, FHIR platform build-out, and security engineering. Initial FHIR-based integrations with HIE partners.

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

Priorities for 2024 include continuing development and application of FHIR-based solutions for ingesting and improving PCS provider data quality, and architecture activities needed to support the January 2027 goals of the CMS proposed rule once the final rule is announced. One of the first pieces of infrastructure will be related to developing a master member ID that consolidates all potential and individual member IDs.

Planned Activities	**Planned Milestones**
1. Develop and iterate on interoperability roadmap including regulatory approach, industry-alignment, technology, and partner opportunity.	2024 – 2026
2. Research CMS 0057 Final Rule and develop associated roadmap	Q3 2024

3. Research TEFCA and Payer-to-Payer Options and develop TEFCA roadmap	2024
4. Continue exploring FHIR-based solutions for ingestion of provider data	2024
5. Establish an additional mobile app vendor to support patient access portal	Q2 2024

C. HIE for Care Coordination Barriers: (Optional)

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

D. OHA Support Needs (Optional)

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

The most significant barrier in HIE for care coordination is in supporting the significant costs for a centralized community health record. We still believe that as high-value use cases are established in Reliance, additional participants will be drawn in with the goal of driving down the per-member per-month costs to CCOs.

Regarding interoperability, the OHA can best help in this space by taking care not to over-drive health plan interoperability requirements in ways that would risk departure from CMS/ONC guidance, which continues to adjust. The potential worry here is creating a split focus between core interoperability requirements at the Federal level with different approaches at the State level. OHA can also assist by accelerating or restarting development of its own FHIR-based resources (e.g., a FHIR-based vaccination registry or a FHIR-based Medicaid eligibility roster, etc.). OHA should continue to broker peer engagements for providers and payers around topics involving interoperability.

Also regarding interoperability, PCS feels that increased OHA encouragement for provider and HIE organization participation in FHIR-based data exchanges is essential to helping the broader industry align more rapidly with new standards.

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

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

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

Refer to the data table provided in *Section 3. Support for EHR Adoption, Strategy 3: Encourage and support EHR Adoption and Optimization.*

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

See the Electronic Medical Records Access Handout provided in *Section 3. Support for EHR Adoption, , Strategy 3 – Encourage and support EHR adoption and Optimization*.

Is/will patient information being/be exported from the EHR and imported into CCO health IT tools? If so, which tool(s)?
EHR data gathered from PCS provider partners flows to the PCS data warehouse and generally integrates with systems that use the data warehouse as a source (primarily Quality, Care Management and Risk Adjustment systems). The data received from these EHRs doesn't change PCS core data; it only supplements gaps in data not received via other avenues.

5. Health IT to Support SDOH Needs

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

Please describe CCO 2023 progress and 2024-26 plans for using health IT within your organization to support social determinants of health (SDOH) needs, including but not limited to screening and referrals.

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

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

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

Unite Us/Connect Oregon/CIE: In an ongoing effort to address social determinants of health, PCS continues its significant investment in the Connect Oregon CIE network powered by the Unite Us platform. PCS also serves as an active member of the Unite Us' Customer Advisory Panel. Through our contract with Unite Us, PCS has empowered all PCS employees, contracted providers, and community partners to access the Connect Oregon system. Our 2020 purchase of [redacted] licenses to use Connect Oregon in each region continues to be a key component of our HIE strategy. The contract with Unite Us renewed in August 2023 and an amendment was completed in December 2023 to add Social Care Payments functionality to the

existing contract related to Waiver 1115 health-related social needs (HRSN). Social Care Payments are for services that are not clinical in nature and that PCS intends to reimburse for services rendered to qualifying individual members.

PointClickCare (PCC) (formerly Collective Medical and PreManage**)**: The PCC platform is widely adopted across all PCS regions and has proven to be a key capability for both internal operations and in supporting providers' care coordination efforts. We have begun leveraging PCC data for enhanced housing insecurity identification by leveraging addresses provided from this platform. These addresses are cross-referenced against shelter addresses and names as well as terms and phrases associated with housing insecurity to flag members. PCS also incorporates PCC data to enhance its SDOH and chronic condition identification. PCC data feeds are staged in the PCS data warehouse and integrated into SDOH identification logic.

Reliance eHealth Collaborative: Reliance leverages IMAT technology to host its clinical data repository. We continue to see the strongest adoption of Reliance in our Central Oregon and Columbia Gorge CCO regions. In addition to being a recipient of Reliance health record data, PCS also contributes administrative claims data to Reliance, including filled prescriptions, to provide a complete picture of encounters to providers treating PCS members. PCS expanded its data sharing exchange in 2023 to include all claims data for all Oregon members across all lines of business, not just Medicaid. PCS is also receiving numerous reports to source SDOH information.

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

Strategy 1 title: Community Information Exchange Governance
Brief Description: Implement activities to ensure CIE program direction, guidance and oversight.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Health IT Implementation ☐ 2: Care coordination ☐ 3: Use data to ID SDOH ☐ 4: Risk stratification
☐ 5: Contracts ☐ 6: Integration ☐ 7: Collaboration ☐ 8: Metrics support ☒ 9: CIE Enhancements
☒ 10: Governance ☐ 11: Other CIE Use: ☐ 12: Other SDOH data:

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

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

PCS continued addressing SDOH as a major internal strategic initiative with Executive level sponsorship and continues working with Unite Us to execute its internal deployment plan.

PCS also participated in the HITOC CIE workgroup as well as statewide advisory committees, hosted by Unite Us, to help inform strategies to accelerate, support and improve CIE across the state.

PCS staff continued growing their knowledge of the national SDOH screening and referral landscape through education opportunities and industry events, including the CIE Virtual Summit in June, with a special focus on community care coordination models in action.

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

Planned Activities	**Planned Milestones**
1. Manage SDOH as a major strategic initiative	2024 – 2026
2. Build industry SDOH knowledge	2024 – 2026

Strategy 2 title: Connect Oregon and Unite Us Implementation – Internal
Brief description: Increase adoption and use of the Connect Oregon platform within the PCS organization

Strategy categories: Select which category(ies) pertain to this strategy
☐ 1: Health IT Implementation ☒ 2: Care coordination ☐ 3: Use data to ID SDOH ☐ 4: Risk stratification
☒ 5: Contracts ☐ 6: Integration ☒ 7: Collaboration ☐ 8: Metrics support ☒ 9: CIE Enhancements

☐ 10: Governance ☒ 11: Other CIE Use: Flexible Funds ☐ 12: Other SDOH data:

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

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

PCS onboarded an additional 70 internal users from various teams to Connect Oregon throughout 2023 including Population Health and Provider Service representatives, Traditional Health Worker Liaisons, and Health Equity Liaisons. Not accounting for since-deactivated accounts, 267 internal staff have been given access to the platform since adoption in 2020.

PCS collaborated with the external team, Columbia Gorge Health Council – Bridges to Health around a referral pathway through the Unite Us platform for Flex Fund referrals and reimbursement requests. PCS also started working with Unite Us to create a workforce management dashboard to track internal and network usage which will help identify where there might be some lack of usage and a need to focus on additional training. PCS engaged in a pilot program with Unite Us to deliver air conditioners to Members through the Office of Resilience and Emergency Management (OREM). From this work, PCS will explore additional partnerships around the new Health Related Social Needs work that will start in 2024.

PCS launched a pilot program between the PCS BH Navigation team and Deschutes County Health Services to utilize Connect Oregon for incoming referrals directed to the BH Navigation team supporting BH referrals.

1. Referrals are sent through the Connect Oregon platform and an email notification alerts the PCS BH Navigation Member Support Specialists of the new referral.
2. The PCS Member Support Specialists log into Connect Oregon and address the needs of the referral and add a note in the member's record, providing Deschutes County Health Services with updates and/or completion.
3. This provides a closed loop referral.

PCS completed its contract renewal with Unite Us in August. An amendment adding social care payment functionality to support 1115 Waiver health related service needs was completed in December.

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

In 2024, PCS will continue to train additional internal staff, including Utilization Management and Health Related Social Needs teams. PCS will explore opportunities to partner with Unite Us to utilize the platform to better support Health Related Social Needs and connect members with additional support. This additional training will also expand the number of internal champions available to answer questions, promote the use of the network and the screening and referral tools therein, and offer introductions and warm hand-offs of providers or community partners to Unite Us.

Planned Activities	**Planned Milestones**
1. Continue to monitor for additional internal onboarding opportunities.	2024 – 2026
2. Continue to train internal staff for additional provider and community partner support opportunities	2024 – 2026
3. Continue quarterly Health Council status reporting including referral and assessment volumes	2024 – 2026

Strategy 3 title: Assess Unite Us and Health Information Exchange Interoperability Opportunities
Brief description: Seek opportunities to integrate Connect Oregon with other HIE functionality.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Health IT Implementation ☒ 2: Care coordination ☒ 3: Use data to ID SDOH ☒ 4: Risk stratification
☐ 5: Contracts ☒ 6: Integration ☐ 7: Collaboration ☐ 8: Metrics support ☒ 9: CIE Enhancements
☐ 10: Governance ☐ 11: Other CIE Use: ☐ 12: Other SDOH data:

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

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

In February 2023, Unite Us and PCC began sharing information within the PCC user interface, in a pilot capacity, to help address social needs for individuals and families in Oregon. Clients served by Connect Oregon with a housing, food or transportation referral history within the previous six months had flags added on their records within PCC.

PCS helped test this functionality and reported the results of tracking Unite Us flags in PCC to HIT Commons in June. We layered in several of our own tags, including our internal risk stratification scores and our DSNP, ICC, and LTSS populations; the resulting report included percentage breakdowns of all these separate populations for both emergency department and inpatient utilization, and pointed to several areas of interest for further exploration. We will continue to monitor this information in PCC but currently have no internal or external requests for further development.

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

PCS will continue to focus on the expansion and stabilization of the Connect Oregon network within each of our CCO regions. Active work on interoperability will be addressed on an ad-hoc basis as we consider what an interoperability strategy for existing partner platforms might look like.

We will continue to be alert for areas where interoperability might provide enhanced tools.

Planned Activities	**Planned Milestones**
1. Continue to explore potential new use cases where HIEs and Connect Oregon can interoperate to create tools superior to either operating on its own.	2024 – 2026
2. Continue assessing how HIE platforms can serve as bi-directional exchange for SDOH & HIE information	2024 – 2026

Strategy 4 title: **HIE as a Source of SDOH Information**
Brief description: Use various HIE sources to gather SDOH information.

Strategy categories: Select which category(ies) pertain to this strategy
☐ 1: Health IT Implementation ☒ 2: Care coordination ☒ 3: Use data to ID SDOH ☒ 4: Risk stratification
☐ 5: Contracts ☒ 6: Integration ☒ 7: Collaboration ☐ 8: Metrics support ☐ 9: CIE Enhancements
☐ 10: Governance ☒ 11: Other CIE Use: Reporting ☐ 12: Other SDOH data:

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

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

PCS continued using various sources to incorporate SDOH data into its Care Program Identification Algorithms (CPIA) throughout the year:

- Connect Oregon / Unite Us data feeds
- PCC data feeds (including addresses)
- Reliance SDOH-specific reports and data feeds
- Member eligibility files
- PCS claims
- Internal Population Health Management Platform / Case Management Software (currently Dynamo / CaseTrakker)

Connect Oregon as Source of SDOH Information:

PCS maintains a bi-directional interface between PCS and Connect Oregon and continues to incorporate that ingested information into our proprietary Intensive Care Coordination (ICC) Prioritized Population, Care Program Identification Algorithm (CPIA), internal social complexity algorithms, and Member Insight Provider Insight (MiPi) member profiles.

In addition to referrals, we also look at information from case descriptions, service types and programs to find members with needs of interest. This has allowed PCS to implement broader and more comprehensive

ways to pull in data for identifying members with SDOH needs. In this context, we refer to “SDOH signals” to imply that we pick up information that suggests a member may have a social determinant of health need. In the process of using multiple data sources, our process aims to identify the potential need, process the data, and amplify it so the information can be provided in a consolidated location for action. As such, Connect Oregon SDOH signals proliferate into each place SDOH data flows in the process.

Currently, our SDOH process includes:

- Identifying SDOH signal for members from multiple data sources
- Mapping signal from different data sources to the appropriate Social Determinants of Health
- Storing tables of SDOH signal in an enterprise data warehouse to allow for use by Analytics and Business Intelligence teams for additional report development, analyses, member lists, and ad hoc project work
- Flowing data into existing products such as MiPi and CPIA, exposing information to users in member profiles
- Developing and maintaining reporting, including interactive and customizable reporting, on SDOH signal prevalence. Monitoring prevalence of members with SDOH and diabetes or members with housing insecurity and diabetes are examples.

Connect Oregon submission, referral, and case data are used in combination with other disparate data sources to identify members with challenges or barriers related to housing, finances, health care access, social support and connection, transportation, stress, safety, incarceration, and other social determinants of health. These enhanced methods were used in 2023’s annual population health assessment reporting to better understand the scope of member needs and variation in potential screening or documentation rates.

Data has also been incorporated into member profiles for care managers and fed into care program identification algorithms. Connect Oregon data also feeds into interactive social determinants of health prevalence reporting, as well as exploratory children’s health complexity dashboards to help drive strategic planning to improve the social and emotional well-being of our pediatric members. Connect Oregon data is also helping to drive a project included in our 2023 Transformation and Quality Strategy (TQS), which aims to improve health outcomes for members with housing insecurity and diabetes through care management outreach.

PCS has created a multi-year roadmap around the collection, storage, and normalization of Race, Ethnicity, Language and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data that we expect to include in HIE and CIE sources. We have received OHA REALD/SOGI supplemental files starting in October 2023. We have been working on an implementation plan to enhance the current data with elements from these files and continue to work on that in 2024.

PCC as Source of SDOH Information:

- Member addresses found in PCC are cross-referenced against shelter addresses, names, terms and phrases associated with housing insecurity to flag members in CPIA. An example use case is understanding the unique needs of members with diabetes and housing insecurity, given the potential adverse outcomes of this combination. Case Management teams began providing routine outreach to members with housing insecurity and diabetes to foster engagement in primary care and behavioral health, close care gaps, and support the member with SDOH needs through health-related services funding.
- Use dashboards showing different social risk factors to consolidate disparate data, including SDOH data from HIE, to inform community collaboration to determine and identify priority populations. SDOH data and any connected social risk factor data help internal teams consider the unique needs of members in order to determine specific areas of focus to create data-informed action plans.

- Stage PCC data feeds in the PCS data warehouse and integrate that information into SDOH identification logic to enhance chronic condition identification.

Reliance as Source of SDOH Information:

Capturing information from an HIE that aggregates data from various sources helps identify population characteristics of housing insecure members including disease burden, demographics, health care utilization, and costs. These analyses are used during strategic discussions around potential actions and/or investments aimed at improving housing security. We continue to review data around diabetes by type, tobacco use, birth weight, food insecurity, and pregnancy.

- To appropriately match data received from Reliance to internal reports, PCS receives a weekly Reliance Member Crosswalk that compares the member IDs we send to Reliance to Reliance's system-generated member IDs.
- PCS receives regular data feeds from Reliance in the PCS standard EMR data format. A non-standard ETL is in place to update the PCS data warehouse with these data files and their data.

EMR as a Source of SDOH Information:

- PCS integrates data from EMR feeds into its SDOH identification logic. Participating clinics provide EMR feeds to PCS in a standard format, which are then ingested into the data warehouse. The current feeds do not include SNOMED-CT codes but do provide diagnoses, procedures, and provider information. Diagnosis codes from the EMR feeds are incorporated into the SDOH identification algorithm.

In 2023 the following enhancements were created for all data sources and added to the data pipeline:

- New ICD10 codes
- Additional SDOH indicators or physical/built environment exposure and occupational exposure
- Enhanced transportation insecurity flag

PCS maintains a list of items for possible enhancement in the future, time and resource permitting. A few items on that list but without a specific timeframe for implementation include items like non-emergency medical transportation (NEMT) as an indicator of transportation SDOH, questions about SDOH from Health Risk Assessments (HRAs), and potential SDOH data gathered during home visits and documented in Matrix PDFs.

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

Planned Activities	**Planned Milestones**
1. Identify additional data sources and elements containing data relevant to monitoring and addressing SDOH.	2024 - 2026
2. Continue data modeling from staged Connect Oregon data.	2024 - 2026
3. Explore the mining of Collective data for predictive SDOH variables.	2024 - 2026
4. Mine addition Reliance data reports for SDOH signals.	2024 - 2026
5. Use EMR feeds as a data source.	2024 - 2026
6. Continue to integrate newly identified/relevant data into the Enterprise data warehouse, CPIA and MIPI	2024 - 2026

Strategy 5 title: CCO Quality Metrics Support
Brief description:

Strategy categories: Select which category(ies) pertain to this strategy
☐ 1: Health IT Implementation ☐ 2: Care coordination ☒ 3: Use data to ID SDOH ☐ 4: Risk stratification
☐ 5: Contracts ☐ 6: Integration ☒ 7: Collaboration ☒ 8: Metrics support ☐ 9: CIE Enhancements
☐ 10: Governance ☐ 11: Other CIE Use: ☐ 12: Other SDOH data:

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

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

PCS's standard work supporting Quality Incentive Measures (QIMs) is through monthly dashboard monitoring for all claims and electronic clinical quality measures (eCQMs). PCS' Business Intelligence team takes each claims-based measure and transcribes it into code to monitor CCO performance and share it across the PCS healthcare system monthly. By doing so, PCS supports its provider partners in strategies to ensure each CCO performs well.

PCS continues to seek solutions using HIE platforms like PCC and Reliance to support QIMs, such as they have with their IET Metric cohort and reports. PCS supports exploring and piloting different HIT spaces as providers approach PCS to collaborate.

Social-Emotional QIM:

- PCS continues to utilize the internal data dashboard that the Analytics team created to ingest the OHA Child Health Complexity data, overlaid with internal data (SDOH, Parent linkage data, REALD, etc.) to illustrate the most accurate picture of at-risk zero-to-five-year-olds. PCS can filter this data in various ways to understand the factors influencing zero-to-five-year-old's health and their access to social-emotional health services. This data capability enables PCS CCOs to identify reporting trends and monitor the population of focus for this measure.
- Additionally, each CCO must assess the various provider and community resources in its community to support the provision of social-emotional health services for zero-to-five-year-olds; PCS recognizes the role of a community information exchange and other electronic health technologies in supporting this work and continues to explore opportunities to leverage CIE/HIE platforms for this measure.
- Considering the community-specific nature of this work, in 2023, PCS onboarded three Community Quality Coordinators (CQC) working in each CCO region (one CQC to cover the PCS-Central Oregon and PCS-Columbia Gorge regions) to support specific community-derived interventions and specific access issues in the region. Additionally, these dedicated positions allow for greater visibility into the community-specific CIE/HIE needs related to the Social-Emotional QIM.

SDOH QIM:

- In July 2023, PCS onboarded a new QIM Program Manager. The Program Manager and CQC team worked to understand the measure requirements and reconvened workgroups with internal stakeholders to drive this work forward. One of these workgroups created and published an SDOH: Screening and Referral Quality Incentive Metric policy and training protocol that is shared internally with staff who screen for SDOH needs and externally with partners who also screen members for SDOH needs.
- PCS continued to assess how the Connect Oregon platform can support the work of the SDOH QIM.
- PCS assessed the current screening practices and tools of all providers within its Delivery Service Network (DSN) and Community-Based Organizations (CBOs) with whom PCS has contracted (directly or indirectly via its Health Council). This data will inform PCS external-facing strategy in 2024 and beyond to drive providers and partners to use OHA-approved screening tools and securely share screening and referral information via a CIE and/or HIE platform.
- PCS continues to identify additional data sources and elements containing data relevant to monitoring and addressing SDOH. The SDOH QIM calls for using OHA provided REALD member data to identify where PCS might have gaps in its resources on Connect Oregon for members with cultural or linguistic needs. In 2023, PCS continued to review the top races, ethnicities and languages spoken in each CCO region to inform a list of priority organizations to onboard. However, tracking utilization disaggregated by race, ethnicity, and language needs of those

served on Connect Oregon has been challenging as those fields are optional and often skipped when intaking a member. Additionally, the Connect Oregon platform does not currently capture member disability status. Given the limitations of REALD data in the Connect Oregon platform, PCS will explore tracking this data in its systems in 2024.

- The SDOH QIM requires CCOs to capture the number of member screenings performed (including the number of members who declined screening) for three domains (housing, food, and transportation), the screening tool used, the number of positive screens, and whether positive screens resulted in a referral to resources. PCS continues collaborating with Unite Us to explore platform and data exchange enhancements to meet SDOH QIM requirements and promote the broad adoption of Connect Oregon in its regions to support screening engagement and referral tracking.

Completed activity:

- SDOH QIM: Assess providers for current screening practices and tools.

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

In addition to ongoing activities, additional efforts will include additional assessments that align to the measure year, and preparation of data systems and data sharing approaches to support metric measurements and reporting.

Planned Activities	**Planned Milestones**
1. SDOH QIM: Survey providers for existing screening tools, referral pathways and data systems used.	2024 – 2025
2. *NEW* SDOH QIM: Set up data systems to clean and use REALD data	2024 – 2025
3. *NEW* SDOH QIM: Support a data-sharing approach within the CCO service area	2024 – 2025
4. Social-Emotional QIM: Consider creation of dashboard for community use	2024

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

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

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

Progress	**Plans**		**Progress**	**Plans**	
☒	☒	1. Sponsor CIE for the community	☒	☒	8. Requirements in contracts/provider agreements
☒	☒	2. Financial support for CIE implementation and/or maintenance	☒	☒	9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)
☒	☒	3. Training and/or technical assistance	☒	☒	10. Integration or interoperability of health IT systems that support SDOH with other tools
☒	☒	4. Assessment/tracking of CIE/SDOH tool adoption and use	☒	☒	11. Support CBOs sending of referrals to clinical providers (i.e., to physical, oral, and behavioral health providers)

☒	☒	5. Outreach and education about the value of health IT adoption/ use to support SDOH needs	☐	☒	12. Utilization of health IT to support payments to community-based organizations
☒	☒	6. Support participation in SDOH-focused health IT collaboratives, education, convening, and/or governance	☐	☐	13. Other strategies for supporting adoption of CIE or other health IT to support SDOH needs (please list here):
☒	☒	7. Incentives and/or grants to adopt and/or use health IT that supports SDOH	☐	☐	14. Other strategies for supporting access or use of SDOH-related data (please list here):

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

Unite Us/Connect Oregon/CIE: In an ongoing effort to address social determinants of health, PCS continues its significant investment in the Connect Oregon CIE network powered by the Unite Us platform. PCS also serves as an active member of the Unite Us' Customer Advisory Panel. Through our contract with Unite Us, PCS has empowered all PCS employees, contracted providers and community partners to access the Connect Oregon system. Our 2020 purchase of [redacted] licenses to use Connect Oregon in each region continues to be a key component of our HIE strategy. The contract with Unite Us renewed in August 2023 and an amendment was completed in December 2023 to add Social Care Payments functionality to the existing contract related to health-related social needs (HRSN). Social Care Payments are for services that are not clinical in nature and that PCS intends to reimburse for services rendered to qualifying individual members.

PointClickCare (PCC, formerly Collective Medical and PreManage): The PCC platform is widely adopted across all PCS regions and has proven to be a key capability for both internal operations and in supporting providers' care coordination efforts. We have begun leveraging PCC data for enhanced housing insecurity identification by leveraging addresses provided from this platform. These addresses are cross-referenced against shelter addresses and names as well as terms and phrases associated with housing insecurity to flag members. PCS also incorporated PCC data to enhance its SDOH and chronic condition identification. PCC data feeds are staged in the PCS data warehouse and integrated into SDOH identification.

Reliance eHealth Collaborative: Reliance leverages IMAT technology to host its clinical data repository. We have seen the strongest adoption of Reliance in our Central Oregon and Columbia Gorge CCO regions. In addition to being a recipient of Reliance health record data, PCS also contributes administrative claims data for all Oregon members across all lines of business to Reliance, including filled prescriptions, to provide a complete picture of encounters to providers treating PCS members. PCS has implemented data exchange with Reliance and is receiving numerous reports to source SDOH information.

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

Supporting and Incentivizing HRSN Service Providers

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

PCS has contracted with United Us for social payments functionality to assist community-based organizations delivering HRSN services in tracking and submitting invoices for payment/reimbursement. To

streamline implementation, PCS is currently working with both OHA, to fully understand the requirements, and Unite Us, to implement the technical functionality and related processes and workflows.

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

- To help support and incentivize HRSN Service Providers in joining Connect Oregon and sending/receiving closed loop referrals, PCS has opted-in to *Unite Us Payments*, a new invoice generation feature in the Unite Us platform, to track encounters and submit invoices for reimbursement of HRSN services.
- PCS is participating in a cohort of other CCOs who are also implementing *Unite Us Payments*, along with OHLC and Oregon Department of Human Services (ODHS)/Office of Resilience and Emergency Management (OREM), to ensure Unite Us is fully informed and aligned on implementation requirements for HRSN service delivery and reimbursement.
- Throughout Q1 and Q2 2024, PCS will work with Unite Us and OHLC to socialize and provide technical assistance to HRSN Service Providers in understanding how *Unite Us Payments* functions so they may submit invoices for services rendered.

Strategy 1 title: Connect Oregon and Unite Us Implementation – Contracted Providers and CBOs
Brief description: Increase adoption and use of the Connect Oregon platform by external partners.

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

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

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

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

In 2023, PCS continued efforts to expand the Connect Oregon network across all its CCO regions, offering [redacted] licenses to all in-network healthcare partners and working with Unite Us to engage and onboard diverse community-based organizations (CBOs), who can join for free. In addition, PCS added language to its 2023 contracts with CBOs who employ traditional health workers (THWs) stipulating the CBO will onboard Connect Oregon and participate in the social service referral process, in an effort to expand member access to THW services.

Unite Us and PCS met monthly to review network adoption and utilization data and strategize ways to improve the health of the network, with a focus on a dynamic roster of priority providers and organizations in each region that offer critical healthcare and social services and/or have existing referral pathways that could be moved to Connect Oregon. As in previous years, PCS continued to provide introductions and "warm handoffs" to the Unite Us' customer success team for follow through with identified providers and CBOs.

As a result of these efforts, the network continued to grow in 2023:

2023 Connect Oregon Network Growth

Region	2021 Total Onboarded Partners*	2022 Total Onboarded Partners*	2023 Total Onboarded Partners*
Central Oregon	61	80	96
Columbia Gorge	-	-	3

Lane	50	98	113
Marion & Polk	50	218	226

**Including* healthcare organizations, community-based organizations, and government entities

In addition to network growth, increased utilization of Connect Oregon from onboarded partners is an ongoing area of focus and opportunity for training and improvement. As noted above, PCS and Unite Us meet monthly to discuss network development, review data, and discuss which providers or community partners require additional outreach or support.

The health of the Connect Oregon network is illustrated through the following data:

2023 Connect Oregon Network Health					
Region	**Total Clients Served**	**Total # of Referrals**	**Accepted Referrals Rate**	**Total # of Cases**	**Resolved Case Rate**
Central Oregon	302	410	49%	425	46%
Columbia Gorge	76	114	37%	111	33%
Lane County	1,630	1,286	44%	2,172	59%
Marion & Polk	995	1,370	37%	1,524	46%

Central Oregon:

- Overall, total clients served, percent of accepted referrals, and the rate of resolved cases all declined in 2023. Despite persistent outreach and engagement efforts, providers and CBO partners remain skeptical of the use and effectiveness of the platform and have lamented the lack of easy and affordable interoperability with EHRs.
- One bright spot: in Q4, the PacificSource Behavioral Health Navigation Team updated their existing workflow with Deschutes County Behavioral Health (DCBH) from sending BH/SUD referrals via email and a shared spreadsheet to exchanging member personal health information securely through Connect Oregon and referring members to regional mental health, behavioral health, and SUD providers as needed. PS BH Navigation team has accepted over 100 referrals from DCBH since October 1, 2023.

Columbia Gorge:

- Community Health Workers at Bridges to Health were onboarded to Connect Oregon and began using the platform to send Flex Funds requests to the PacificSource Health Services team, which proved to be a very successful use case to launch Connect Oregon in the Gorge.
- For further detail, see *Strategy 3 below – Connect Oregon Go-Live in the Columbia Gorge Region.*

Lane County:

- Lane County saw a huge spike in members served in 2023, largely due to the addition of Unite Us' "Assistance Request Form (ARF)" embedded on the Lane County Coordinated Entry website. This ARF is an easy way for an individual to self-refer into Connect Oregon by requesting assistance with housing or shelter services. In 2023, 1,630 clients were served with an associated 1,286 referrals and 1,613 managed cases. In this instance, referrals pertain to the traditional service requests sent and received between partner/provider organizations and managed cases are the self-referrals from the

ARFs.

- Lane PCS staff met quarterly with teams from Trillium and Kaiser Permanente to align and coordinate Connect Oregon efforts across the region. Shared strategies are being developed to move forward their respective action plans for the SDOH and Social-Emotional Quality Incentive Measures and Health Related Social Needs (HRSN) benefits. Top priority providers and CBOs have been identified and share messaging is being developed to engage partners and increase utilization of Connect Oregon.

Marion & Polk:

- Year-over-year referral activity remained stable, if slightly decreased from 2022.
- The Willamette Health Council has been and continues to be a strong partner in the network growth and health in Marion and Polk Counties.

Participate in SIREN Evaluation: PCS, along with other CCOs, participated in a focus group with the University of San Francisco California's Social Interventions Research & Evaluation Network (SIREN) to find areas for improvement with the use of the Unite Us platform. Additional resources and training opportunities were found as a result of this focus group. PCS and Unite Us worked together to set up quarterly meetings for internal users and Unite Us. During these meetings, Unite Us informs PCS of any updates, has an open forum for questions, and offers additional training. Unite Us additionally offered a train-the-trainer program where all PCS Member Support Specialist Team Leads participated. These Leads will be better able to trouble shoot questions and offer additional support internally. No additional activities with SIREN are currently planned.

Additional Progress Specific to Oral Health Providers:

- All dental care organizations (DCOs) – Capitol Dental, ODS and Advantage Dental – are configured to send and receive referrals via Connect Oregon in all areas where they serve, in all CCO regions.
- The Connect Oregon Dental Huddles facilitated by Unite Us in 2022 were discontinued in 2023 due to a lack of engagement and audience participation. Unite Us will monitor for an appetite to re-start these sessions but nothing is planned at this time.

Workflows between DCOs and CCOs are a high priority; however, many DCOs are reluctant to get started until more CCOs across the state are accepting referrals. This currently represents a barrier to oral health engagement. To date, all four PCS CCOs accept referrals.

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

In addition to ongoing activities, PCS intends to socialize the capabilities of Connect Oregon with Providers and partners to support the SDOH and Social-Emotional QIMs and HRSN benefits.

Planned Activities	Planned Milestones 2024 - 2026
1. Facilitate learning sessions in each region leveraging Unite Us events for learning and support with on-boarded partners.	
2. Continue onboarding providers and CBOs and assisting with the establishment of Connect Oregon licenses and workflows	2024 – 2026
3. *NEW* Socialize the capabilities of Connect Oregon with Providers and partners to support the SDOH and Social-Emotional QIMs and HRSN benefits.	2024 - 2025

Strategy 2 title: **Connect Oregon and Unite Us Implementation – Members**
Brief description: Increase adoption and use of the Connect Oregon platform by PCS CCO members.

Strategy categories: Select which category(ies) pertain to this strategy
☐ 1: Sponsor CIE ☐ 2: Financial ☐ 3: TA ☐ 4: Assessment ☐ 5: Outreach/Education ☐ 6: Participation

☐ 7: Incentives ☐ 8: Contracts ☐ 9: Enhancements ☒ 10: Integration ☐ 11: Clinical referrals: ☐ 12: Payments
☐ 13: Other adoption: ☐ 14: Other data access/use:

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

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

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

PCS explored the potential for enabling member self-referrals via a link on the PCS website. The team also discussed the requirement and feasibility of creating the form in the PCS Medicaid threshold languages. Ultimately, PCS's web design team had to prioritize other website elements to meet other contractual components and had to pause on including any other website enhancements, including this self-referral capability.

However, this work is slated to be completed in 2024 as part of capacity-building efforts to support the rollout of the new 1115 Waiver HRSN benefits. Instead of a link to Connect Oregon on the PCS website, the new approach will be to embed an Assistance Request Form (ARF), which will automatically enroll the member in Connect Oregon, including gathering consent, and flag their "case" for follow-up by a PCS Member Support Specialist.

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

Implement functionality that allows members to self-refer for SDOH services.

Planned Activities	**Planned Milestones**
1. *NEW* Embed Assistance Request Form on PCS website	2024

Strategy 3 title: Connect Oregon Go-Live in the Columbia Gorge Region
Brief description: Address unique adoption challenges of the Connect Oregon platform in the Columbia Gorge region.

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

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

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

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

Significant progress was made to address the unique adoption challenges in the Columbia Gorge CCO region, including:

- Onboarding Community Health Workers (CHW) at Bridges to Health with the primary purpose of sending Health-Related Services ("Flexible Services") requests to PCS. This opportunity gave the CHWs experience using the tool and building familiarity and comfort with its capabilities. This also led other organizations in the region to reach out to Unite Us for more information and demos of Connect Oregon, with more enthusiasm about potentially onboarding than has been shown in the past.
- In late 2023, the Mid-Columbia Community Action Council (MCCAC) added Unite Us' Assistance Request Form (ARF) to their website for community members to directly request housing assistance. Between November 2023 – February 2024, MCCAC received 93 ARFs and served 107 clients.
- In addition, community partners, including Nch'i Wana Housing, The Next Door Inc, Mid-Columbia Center for Living, Bridges to Health, and Youth Empowerment Shelter, helping to support MCCAC's

clients at the Gloria Center and Annex are using the Unite Us platform to collaborate and coordinate services.

While we assessed the interoperability between Connect Oregon and Activate Care as planned, we were never able to establish and go live with technical and clinical workflows as hoped. A few of the barriers included method and cost of integration and achieving a shared understanding of the use of each respective platform. PCS believes the accomplishments noted above are a successful alternative to the interoperability goal and intend to keep on the current path.

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

Support expansion of Connect Oregon utilization in support of HRSN benefit deployment and SDOH QIM

Planned Activities	**Planned Milestones**
1. Support expansion of Connect Oregon utilization in support of HRSN benefit deployment and SDOH QIM	2024

Strategy 4 title: Explore the Application of CIE for Clinical Care Coordination
Brief description: Seek opportunities to use Connect Oregon to fill gaps in clinical care coordination.

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

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

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

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

In 2022-23, PCS participated in a Central Oregon Health Council-funded pilot project entitled “Advancing Integrated Care in Central Oregon,” led by Creach Consulting Group and in partnership with regional primary care and BH providers and other payers. The overarching goal of this project was to ensure more people in Central Oregon received timely and coordinated behavioral health care. To meet this goal, a pilot was designed to test both the feasibility of a timeliness metric (i.e., the percent of patients who received timely treatment for a mental health or substance use disorder concern within two time frames: a) patients who received one or more outpatient services within seven days of referral and b) patients who received four or more outpatient services within 60 days of referral) as well as the feasibility of using the Unite Us platform to collect and report on this metric in order to instill confidence in the data so that payers might offer a financial incentive to behavioral health providers for improving timely access and engagement in services.

Four primary care clinics and five specialty behavioral health providers agreed to participate in the pilot, which launched in July 2023. Within a few months, it became evident that the Connect Oregon referral workflow between the PCP and BH providers wasn’t really working, as most referral traffic happened off-platform, which meant that Unite Us couldn’t accurately report on the timeliness measure. After several attempts to course correct, with stakeholders investing significant time and resources trying to address the challenges that the pilot project participants experienced, the group ultimately decided not to continue the pilot using Connect Oregon as originally designed. However, all stakeholders acknowledged the value and supported utilizing Connect Oregon for health-related social needs referrals.

In a similar yet separate instance, the PCS Behavioral Health Navigation Team leaned on a long-standing partnership with Deschutes County Behavioral Health (DCBH) to better assist members in connecting to regional mental health, behavioral health and SUD providers using the Unite Us platform. In Q3 2023, they replaced their existing shared spreadsheet-based referral workflow and moved to Connect Oregon instead, as a more secure means to exchange member PHI, case notes, and documents. In support of this transition,

Unite Us hosted joint planning and training sessions with the PCS and DCBH teams and created new programs and administrative permissions for each organization's profile on the network. Between October 1 – December 31, 2023, 111 referrals were sent between DCBH and PCS BH Navigation team to connect individuals to needed services. In addition to better serving members, this partnership opened further opportunity to engage with regional providers who had previously declined to participate on Connect Oregon.

Overview of 2024-26 plans for this strategy (Optional):
N/A – PCS continues to look for and encourage methods to use Unite Us for clinical care coordination via direct referral pathways between and among care providers. Because this has become something we routinely talk about in our engagement activities with Unite Us and others as part of standard, on-going network growth activities, we are no longer calling it out as a specific strategy. The work continues as a matter of standard operations now.

Planned Activities	**Planned Milestones**
1. N/A	

Strategy 5 title: Enhancements to CIE Tools
Brief description: Seek ways to add or improve functionality within Connect Oregon.

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

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

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

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

PCS continues to streamline the process for members to submit requests for Flexible Services through Connect Oregon by using a list of questions embedded directly within Connect Oregon.

We continue to work with Unite Us on improvements to the process for both submitting the request and the turnaround times between submission and approval. It also provides the ability to use Connect Oregon to check the status of the request at will.

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

In 2024, we are looking at major process improvements and utilizing Unite Us more to receive referrals and approve/deny those referrals through that platform in alignment with HRSN work.

Planned Activities	**Planned Milestones**
1. Enhance referrals to approve/deny them from within the platform in alignment with HRSN work	2024

C. Health IT to Support SDOH Needs Barriers (Optional)

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

1. As we encourage providers to engage in piloting new platforms such as Connect Oregon for closed-loop referrals, large referral receivers may be change resistant because they have built a lot of automation around that process, which may not be easy or cost effective for them to change.

2. Many social service organizations have relied on personal relationships for a long time to make referrals for services. These personal relationships are more focused on calling someone directly versus using technology. For these individuals it's more about high "touch" than high "tech." For those who appreciate and value that personal approach, moving to a tool like Connect Oregon can feel impersonal and uncomfortable.
3. Staff turnover continues to impact the ability of organizations to fully embrace the technology as new individuals need to receive training before using the platform. In addition to resource turnover in provider offices and at CBOs, we have also seen turnover within our regional health councils. Some organizations have been dormant because they just don't have capacity to use the platform (staff to manage the referrals, the programs are at capacity, and so on).
4. Referring organizations who want to start their Connect Oregon usage slowly due to staffing and resource constraints are concerned they will not be able to limit incoming referrals to a cadence they can handle (often with just one or a few referral partners) due to technology limitations. Housing partners especially had this concern as they had limited housing resources to make available to clients in need. PCS and Unite Us identified a way to structure the receiving organization's program and eligibility details in such a way as to remove many of the concerns around this barrier.
5. Currently, there isn't a mechanism in Connect Oregon for a provider to attest to screening a member outside of the platform and prior to initiating and sending a referral. PCS has raised this with Unite Us as a potential feature enhancement, as it would make data reporting for the SDOH QIM more accurate and easier, but it is not currently slated on their product roadmap in 2024.

D. OHA Support Needs (Optional)

How can OHA support your efforts in using and supporting the use of health IT to support SDOH needs, including social needs screening and referrals?
We support the recommendations from HITOC and the CIE Workgroup including that the success of CIE is dependent on widespread adoption by community-based organizations. OHA can support CIE network efforts by developing sustainable funding to support CBOs to adopt and utilize CIE. Additionally, many CIE partners are eager to see OHA and Oregon Department of Human Services (ODHS) programs join CIE platforms to receive incoming referrals.

6. Other Health IT Questions (Optional)

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

A. Describe CCO health IT tools and efforts that support **patient engagement**, both within the CCO and with contracted providers.
B. How can **OHA support** your efforts in accomplishing your Health IT Roadmap goals?
Continue with CCO collaboration and brainstorming.
C. What have been your organization's **biggest challenges** in pursuing health IT strategies? What can OHA do to better support you?

D. How have your organization's health IT strategies supported **reducing health inequities**? What can OHA do to better support you?
The HIT platforms have provided us with a rich source of information informing our strategy around access to care, vaccinations, and responding to emergencies. We expect this to continue in the future.

7. Acronym Glossary

The following terms and acronyms are used within this document and are shared here for reference:

ADA – Americans with Disability Act

ADT – Admit, Discharge, Transfer

API – Application Programming Interface

ARF – Assistance Request Form

B2B – Business to Business

BH – Behavioral Health

BHPH – Behavioral Health Population Health

CAP – Clinical Advisory Panel

CBO – Community Based Organization

CCD – Continuity of Care Document

CCDA – Consolidated Clinical Document Architecture

CCO – Coordinated Care Organization

CHR – Community Health Record

CHW – Community Health Worker

CIE – Community Information Exchange

CRF – Code of Federal Regulations

CMS – Centers for Medicare & Medicaid Services

CMT – Collective Medical Technologies (now PointClickCare)

COHIE – Central Oregon Health Information Exchange

COIPA – Central Oregon Independent Practice Association

CPIA – Care Program Identification Algorithm (PacificSource specific term)

CQC – Community Quality Coordinators (PacificSource specific term)

CRM – Customer Relationship Management

CTWS – Confederated Tribes of Warm Springs

DCO – Dental Care Organization

DSN – Delivery Service Network

DSNP – Dual Special Needs Plans

ECDS – Electronic Clinical Data Systems

eCQM – Electronic Clinical Quality Measures

ED – Emergency Department

EDO – Emergency Department Optimization, the ED function of the PointClickCare platform.

ePA – Electronic Prior Authorization

EHR – Electronic Health Records

EOB – Explanation of Benefits

ETL – Extract, Transform, Load (data integration process)

EPP – Epic Payer Platform

ESD – Education Service Districts

FAQ – Frequently Asked Questions

FHIR – Fast Healthcare Interoperability Resources

FQHC – Federally Qualified Health Center

HCC – Hierarchical Condition Category

HEDIS – Healthcare Effectiveness Data and Information Set

HEN – Hospital Event Notification

HIE – Health Information Exchange

HIET – Health Information Exchange & Technologies

HIT – Health Information Technology

HITAG – Health Information Technology Advisory Group

HITOC – Health Information Technology Oversight Council

HL7 – A specification for how information should be structured when exchanged between healthcare computer systems

HMIS – Homeless Management Information System

HRA – Health Risk Assessment

HRSN – Health Related Social Needs

ICC – Intensive Care Coordination Prioritized Population (PacificSource specific term)

ID – Identification

IDS – Integrated Delivery System

IET – Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

IPA – Independent Practice Association

IVR – Interactive Voice Response

JOC – Joint Operating Committee (PacificSource specific term/function)

LOB – Line of Business

LTSS – Long-Term Support Services

MCCAC – Mid-Columbia Community Action Council (specific to Columbia Gorge region)

MFA – Multi-factor Authentication

MiPi – Member Insight Provider Insight

NCQA – National Committee for Quality Assurance

NEMT – Non-Emergency Medical Transport

NICU – Neonatal Intensive Care Unit

NPRM – Notice of Proposed Rulemaking

OATH – Open Authorization

OCHIN – Oregon Community Health Information Network

ODHS – Oregon Department of Human Services

OHA – Oregon Health Authority

OHLC – Oregon Health Leadership Council

OHP – Oregon Health Plan

OIDC – OpenID Connect

ONC – Office of National Coordinator

PCC – PointClickCare (formerly Collective Medical Technologies)

PCP – Primary Care Physician or Primary Care Provider

PCS – PacificSource Community Solutions

PDMP – Prescription Drug Monitoring Program

PGP – Pretty Good Privacy

PH – Population Health

PHPH – Physical Health Population Health

PHQ9 – Patient Health Questionnaire-9 Depression Screening Scores

PIP – Performance Improvement

QHIN – Qualified Health Information Network

QIM – Quality Incentive Metric

REALD – Race, Ethnicity, Language and Disability

RFI – Request for Information

RFP – Request for Proposal

RHIO – Regional Health Information Organization

S&D – Strategy and Development

SaaS – Software-as-a-Service

SBIRT – Screening, Brief Intervention and Referral to Treatment

SDOH – Social Determinants of Health

SDS – Supplemental Data Source

SFTP – Secure File Transfer Protocol

SNF – Skilled Nursing Facility

SNOMED – Systemized Nomenclature of Medicine – Clinical Terms

SOGI – Sexual Orientation and Gender Identity

SUD – Substance Use Disorder

TEFCA – Trusted Exchange Framework and Common Agreement

THW – Traditional Health Worker

TQS – Transformation and Quality Strategy

VPN – Virtual Private Network

WVP – Willamette Valley Health Authority IPA, which is the Willamette Valley Providers Independent Providers Association in the Marion-Polk region

PacificSource Community Solutions

2023 PacificSource Health Information Technology (HIT) Survey

Please consider all the providers and facilities within your organization as you complete this survey. It's okay if you don't know the answer to every question, just answer the best you can.

* Required

Your information

1. First name *

Enter your answer

2. Last name *

Enter your answer

3. Email address *

Enter your answer

4. Job title

Enter your answer

5. Organization name *

Enter your answer

6. Organization TIN (Tax ID Number)

Enter your answer

7. What services does your organization provide? (Select all that apply)

- [ ] Physical Healthcare
- [ ] Behavioral Healthcare
- [ ] Oral Healthcare

8. What is your primary service type?

- ( ) Physical
- ( ) Behavioral
- ( ) Oral

Electronic Health Record (EHR) implementation and support

9. Does your organization currently use an Electronic Health Record (EHR)?

- ○ Yes
- ○ No
- ○ I don't know

10. Which Electronic Health Record (EHR) does your organization use? (List all that apply) Logic applied

Enter your answer

11. If you know the certified EHR technology year(s), please enter below. Logic applied

Enter your answer

Health Information Exchange (HIE) implementation and support

12. Does your organization currently use a Health Information Exchange (HIE)?

- ○ Yes
- ○ No
- ○ I don't know

13. Please mark any Health Information Exchanges (HIE) your organization uses.

If an HIE you use isn't listed, please select "Other" and enter its name.

- ☐ PointClickCare® (formerly know as Collective Medical®)
- ☐ Reliance
- ☐ Epic Care Everywhere®
- ☐ EpicCare® Link™
- ☐ Carequality
- ☐ CommonWell®
- ☐ eHealth Exchange™
- ☐ Arcadia
- ☐ Other

Community Information Exchange (CIE) implementation and support

14. Does your organization currently use a Community Information Exchange (CIE)?

- ○ Yes
- ○ No
- ○ I don't know

15. Which CIE(s) does your organization use?

If a CIE you use isn't listed, please select "Other" and enter its name.

- ☐ Connect Oregon (also known as Unite Us)
- ☐ Activate Care™
- ☐ FindHelp (formerly known as Aunt Bertha)
- ☐ Other

Barriers

16. What have been your organization's three main barriers to implementing health information technologies? Please limit your answer to a maximum of three selections.

- [ ] Not a priority for management
- [ ] Organization size is too small to justify the investment
- [ ] Difficulty finding the "right" EHR (i.e., with needed functionality)
- [ ] Financial cost
- [ ] Lack of technical infrastructure (e.g., networking, servers, or other hardware)
- [ ] Lack of staff resources
- [ ] Challenges communicating with EHR vendor
- [ ] Staff resistance
- [ ] Security issues
- [ ] Privacy concerns
- [ ] Other

17. Is there anything else you would like to share with us?

Enter your answer

Post-survey message

Customize the message customers see when they complete a survey.

Thank you

Thank you for completing the 2023 PacificSource Health IT Survey! We appreciate the information you provided to inform us (as your CCO) about your organization's health IT status.

Questions? Please contact your Provider Service team.
Call **888-977-9299**, TTY: 711. We accept all relay calls.
Email ProviderServiceRep@PacificSource.com
Or find and contact your assigned provider service representative.

This is the default message for this survey.

Footer

Customize Message  Off

The feedback you submit will be sent to the creator of this survey.