2022 Updated HIT Roadmap

Guidance, Evaluation Criteria & Report Template

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

Guidance Document

Purpose & Background

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

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

For Contract Year One (2020), CCOs' responses to the HIT Questionnaire formed the basis of their draft HIT Roadmap. For Contract Years Two through Five (2021-2024), CCOs are required to submit an annual Updated HIT Roadmap to OHA reporting the progress made on the HIT Roadmap from the previous Contract Year, as well as plans, activities, and milestones detailing how they will support contracted providers in future Contract Years. OHA expects CCOs to use their approved 2021 Updated HIT Roadmap as foundation when completing their 2022 Updated HIT Roadmap.

Other changes for Contract Year Three (2022):

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

Overview of Process

Each CCO shall submit its 2022 Updated HIT Roadmap to OHA for review on or before **April 28** of Contract Year Three[3], and **March 15** of Contract Years Four and Five. CCOs are to use the *2022 Updated HIT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their 2021 Updated HIT Roadmap if it's still applicable. Please submit the completed Updated HIT

[1] Starting in Contract Year 3 (2022), CCOs' VBP reporting will include their HIT efforts; therefore, this content will not be part of the HIT Roadmap moving forward.
[2] New HIT Roadmap requirement for Contract Year 3 (2022)
[3] Due date was extended from March 15, 2022, to April 28, 2022, in the memo dated January 10, 2022.

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

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

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

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

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

Updated HIT Roadmap Timeline

	April - July 2022	July - August 2022	August - October 2022
	Updated HIT Roadmap Submission and Review	**CCO/OHA Communication and Collaboration**	**CCO HIT Response Resubmission to OHA for Review**
Activities	**List of activities**	**List of activities**	**List of activities**
	CCOs submit completed Updated HIT Roadmap and HIT Data File to OHA by **4/28/22.**	If approved, no further action required of CCOs on HIT Roadmap for Contract Year 3.	CCO submits revised HIT responses to OHA for review by **9/20/22**.
	OHA reviews Updated HIT Roadmaps.	If not approved, CCO contacts OHA by **7/26/22** to schedule a meeting to discuss required revisions.	OHA reviews CCO's resubmitted HIT responses.
	OHA sends initial Updated HIT Roadmap result letter to CCO by **7/13/22.**	Collaborative meeting(s) occur between CCO and OHA by **8/23/22**.	OHA sends second Updated HIT Roadmap Review result letter to CCO by **10/21/22**.

OHA anticipates that all 12 organizations will have an approved 2022 Updated HIT Roadmap by 10/31/22.

Updated HIT Roadmap Approval Criteria

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

Updated HIT Roadmap Section	**Question(s) – Abbreviated (Please see report template for complete question)**	**Approval Criteria**
1. HIT Partnership	CCO attestation to the four areas of HIT Partnership.	CCO meets the following requirements: • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons Memorandum of Understanding (MOU) • Served, if elected on the HIT Commons governance board or one of its committees • Participated in an OHA's HITAG meeting at least once during the previous Contract Year
2. Support for EHR Adoption	A. 2021 Progress supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers?	• Description of progress includes: ○ Strategies used to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to supporting EHR adoption • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2022-2024 Plans for supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers?	• Description of plans includes: ○ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) ○ ***Plans for collecting missing EHR information via CCO already-existing processes*** ○ Additional strategies for 2022-2024 related to supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
3. Support for HIE – Care Coordination	A. 2021 Progress supporting increased access to HIE for Care Coordination	• Description of progress includes: ○ Specific HIE tools CCO supported or made available to support contracted physical, oral, and behavioral health providers' access to HIE for Care Coordination

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	among contracted physical, oral, and behavioral health providers?	○ Strategies CCO used to support increased access to HIE for Care Coordination for contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to increasing access to HIE for Care Coordination ***(including number of organizations of each provider type that gained access to HIE for Care Coordination as a result of CCO support, as applicable)*** • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2022-2024 Plans for supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?	• Description of plans includes: ○ The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional HIE tools CCO plans to support or make available ○ Additional strategies for 2022-2024 related to supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2022-2024 related to each strategy ***(including the number of organizations of each provider type expected to gain access to HIE for Care Coordination as result of CCO support, if applicable)*** • Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Progress)	A.1**.** 2021 Progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	• Description of progress includes: ○ Tool(s) CCO provided or made available to support providers' timely access to Hospital Event Notifications ○ Strategies used to support increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to supporting increased access to timely Hospital Event Notifications ***(including the number of organizations of each provider type that gained increased access to HIE for Hospital Event Notifications as a result of CCO support, as applicable)*** • Sufficient detail and clarity to establish that activities are meaningful and credible.

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	A.2. 2021 Progress using timely Hospital Event Notifications within CCO's organization?	• Description of progress includes: ○ Tool(s) CCO is using within their organization for timely Hospital Event Notifications ○ Strategies used for timely Hospital Event Notifications within CCO's organization for 2021 ○ Specific accomplishments and successes for 2021 related to CCO's use of timely Hospital Event Notifications • Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Plans)	B.1. 2022-2024 Plans for supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	• Description of plans includes: ○ The number of organizations (by provider type) that have not adopted an HIE for Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional tool(s) CCO is planning to support or make available to providers for timely Hospital Event Notifications ○ Additional strategies for 2022-2024 related to supporting increased access to timely Hospital Event Notifications contracted physical, oral, and behavioral health providers in 2021 ○ Specific activities and milestones for 2022-2024 related to each strategy ***(including the number of organizations of each provider type expected to gain access to HIE for Hospital Event Notifications as a result of CCO support, as applicable)*** • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B.2. 2022-2024 Plans using timely Hospital Event Notifications within CCO's organization?	• Description of plans includes: ○ Additional tool(s) (if any) CCO is planning to use for timely Hospital Event Notifications ○ Additional strategies for 2022-2024 to use timely Hospital Event Notifications within the CCO's organization ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
5. HIT to support social needs screening and referrals for addressing social determinants of	A.1. 2021 Progress using HIT to support social needs screening and referrals addressing SDOH needs?	• ***Description of progress includes:*** ○ ***Current tool(s) CCO is using for social needs screening and referrals.*** ○ ***Strategies for using HIT to support social needs screening and referrals in 2021*** ○ ***Any accomplishments and successes for 2021 related to each strategy*** • ***Sufficient detail and clarity to establish that activities are meaningful and credible.***

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
health needs (Progress)	A.2. 2021 Progress supporting contracted physical, oral, and behavioral health providers, social services, and CBOs with using HIT to support social needs screening and referrals for addressing SDOH needs?	• ***Description of progress includes:*** ○ ***Tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, social services, and CBOs, for social needs screening and referrals for addressing SDOH needs for, including a description of whether the tool(s) have closed-loop referral functionality*** ○ ***Strategies used for supporting these groups with using HIT to support social needs screening and referrals in 2021*** ○ ***Any accomplishments and successes for 2021 related to each strategy*** • ***Sufficient detail and clarity to establish that activities are meaningful and credible***
5. HIT to support social needs screening and referrals for addressing social determinants of health needs (Plans)	B.1. 2022-2024 Plans for using HIT to support social needs screening and referrals for addressing SDOH needs?	• ***Description of plans includes:*** ○ ***Tool(s) CCO will use for social needs screening and referrals for addressing SDOH needs, including a description of whether the tool(s) will have closed-loop referral functionality*** ○ ***Additional strategies planned for social needs screening and referrals for addressing SDOH needs*** ○ ***Specific activities and milestones for 2022-2024 related to each strategy*** • ***Sufficient detail and clarity to establish that activities are meaningful and credible.***
	B.2. 2022-2024 Plans supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using HIT to support social needs screening and referrals for addressing SDOH needs?	• ***Description of progress includes:*** ○ ***Tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, social services, and CBOs for social needs screening and referrals for addressing SDOH needs, including a description of whether the tool(s) will have closed-loop referral functionality*** ○ ***Additional strategies planned for supporting these groups with using HIT to support social needs screening and referrals beyond 2021*** ○ ***Specific activities and milestones for 2022-2024 related to each strategy*** • ***Sufficient detail and clarity to establish that activities are meaningful and credible.***

2022 Updated HIT Roadmap Template

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

CCO: All PacificSource Community Solutions (PCS) CCOs; Specific Regional CCO context added where applicable

Date: 4/1/2022

Instructions & Expectations

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

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

Each required topic includes the following:

- Narrative sections to describe your **2021 progress, strategies, accomplishments/successes, and barriers**
- Narrative sections to describe your **2022-2024 plans, strategies, and related activities and milestones**. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you attach a separate document outlining your planned activities and milestones. However, you may attach your own document(s) in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones for each strategy and specifies the corresponding Contract Year).

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

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

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

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

Accomplishments/successes: Positive, tangible outcomes resulting from CCO's strategies for supporting providers.

Activities: Incremental, tangible actions CCO will take as part of the overall strategy.

Milestones: Significant outcomes of activities or other major developments in CCO's overall strategy, with indication of when the outcome or development will occur (e.g., Q1 2022). **Note**: Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A note about the template*:*

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

New for *2022 Updated HIT Roadmap Template*

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

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

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

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

Please send questions about the Updated HIT Roadmap template to CCO.HealthIT@dhsoha.state.or.us

1. HIT Partnership

Please attest to the following items.

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

2. Support for EHR Adoption

A. 2021 Progress

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

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

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

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

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

i. Progress across provider types

Throughout 2021, PacificSource Community Solutions (PCS) continued to halt all non-critical outreach to providers as a part of its COVID-19 relief efforts. This continued to defer a large portion of our strategy to drive EHR adoption across all provider types. We kept focusing our efforts on internal steps to improve our

data collection methodology and reporting by standing up a new HIT data reporting and tracking database, updating our provider Site Visit Questionnaire to capture HIT information and creating additional methods to store the related information in our customer relationship management (CRM) software. None of these activities increased the burden on our provider partners while they continued to deal with the pandemic.

We believe these steps will continue our progress to create a more solid foundation from which we will drive adoption as the pandemic subsides and providers return to more normal operations. We had hoped to have the 2021 HIT Survey results to inform adoption status but those were understandably delayed due to ongoing COVID-19 response and provider staffing issues. We noted a few provider partners, who had planned EHR upgrades or transitions, who continued to postpone those transitions as a direct result of the pandemic. We observed others who continued along their planned roadmaps, gaining additional functionality and addressing known issues.

EHR Strategy 1 – Develop assessment and monitoring process for EHR adoption rates across provider types.
Summary: PCS collaborated with the Oregon Health Authority (OHA) to support development and completion of the 2021 HIT Survey as a critical method to assess and monitor EHR adoption. We did this by contributing to OHA-led discussions around survey methodology, question development and distribution processes, and then provided frequent provider contact updates throughout the survey duration to support a successful survey distribution and response.

While the 2021 HIT Survey was underway, we continued to use OHA's 2020 release of EHR adoption data, supplemented with information obtained internally throughout the year via our Provider Network, Population Health, Business Intelligence and HIE Program teams and processes, as a standard against which to educate provider partners and monitor EHR/HIE adoption trends.

Activities	Milestones and/or Contract Year
Determine data collection format.	2020 (Complete)
Create template of data fields needed for use in a variety of formats and establish data source.	2020 (Complete)
Aggregate data and determine baseline.	2020 (Complete)
Collect data on EHR status across range of physical health providers.	2020-2024 (Ongoing)
Use Delivery System Network report to identify in-scope providers.	2020-2024 (Ongoing)
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).	2020-2024 (Ongoing)
Collect data from providers with unknown status.	2020-2024 (Ongoing)
Corroborate baseline against any available external sources (e.g., Certified Health IT Product List).	2021-2024 (Ongoing)
Continue to re-integrate internal and external data to report progress.	2021-2024 (Ongoing)
Formalize and document PacificSource policy and procedure for assessment and monitoring and review/update annually.	2021-2024 (Ongoing)
By prototyping HL7 transmissions for EHR data, assess feasibility. (Reliance)	2022 (Q4)

EHR Strategy 2 – Build approach and model for deploying adoption support resources.
Summary: Given the ongoing nature of the COVID-19 pandemic throughout 2021, our primary focus continued to be the advancement of awareness and education with our CCO governing boards and key

provider partners about our approach to this work. To this end we:

- Maintained a regular virtual meeting cadence with Joint Operating Committees (JOC) across our CCO regions. As the pandemic continued to remain a concern for our provider partners, our efforts in the space were largely about monitoring the pulse on provider capacity to engage in HIE. Longer term, these JOCs will be important connecting points to drive our awareness and education efforts forward. Examples include St. Charles and the Central Oregon Independent Practice Association (COIPA) JOCs in Central Oregon, the WVP Health Authority and Kaiser JOCs in Marion-Polk, and others.
- Collaborated with each CCO region's Health Council to deliver region-specific updates on plans and progress.
- 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, the Columbia Gorge CCO Community Meeting, the Lane Community Health Council Clinical Advisory Panel (CAP), and the Central Oregon HIE (COHIE) Community Meeting. A sample HIE overview presentation template is attached.
  Maintained contractual and supportive arrangements with Independent Practice Associations (IPA) to support their endeavors to offer a multitude of important, HIT-related consulting, advising and technical services to small independent provider practices.

We also drafted a process for targeting and increasing HIT adoption rates in anticipation of the release of 2021 HIT Survey data. Meanwhile, we analyzed claims and membership usage reports of contracted providers against existing HIT adoption and usage information and began conversations with internal teams, such as Care Management and Population Health, around potential 2022 target lists. We will work with the Health Councils and Clinical Advisory Panels in early 2022 to refine and finalize our adoption strategies and plans based on provider type and need. We intend to revisit targeting activities annually and have updated the Milestones of the relevant Activities below to extend through the life of the contract rather than a single point-in-time measurement, as noted in our 2021 Updated HIT Roadmap Response.

Activities	Milestones and/or Contract Year
Develop peer-relationships through payer and provider Joint Operating Committees with high impact provider partners as a conduit to education/awareness activities.	2020-2024 (Ongoing)
Debrief health councils on successes and opportunities with EHR.	2020-2024 (Ongoing)
Establish threshold above which non-EHR clinics receive adoption support.	2021-2024 (Ongoing)
Complete scoping analysis of resources needed to address gaps in EHR adoption.	2022 (Q1)
Use baseline to categorize providers without EHR by impact based on assigned CCO members or annual visits by CCO members.	2021-2024 (Ongoing)
Set regional threshold for adoption support—e.g., >2% of assigned members or encounters with >2% of CCO population, annually.	2021-2024 (Ongoing)
Consult health council and Clinical Advisory Panel (CAP) to define high-priority populations—e.g., members affected by chronic pain, Behavioral Health conditions, incarceration, Limited English Proficiency, or foster care involvement.	2021-2024 (Ongoing)
Present proposed adoption improvement targets to Health Council and CAP in each region.	2021-2024 (Ongoing)

EHR Strategy 3 – Encourage and support EHR adoption.
Summary: In each of our regions, EHR adoption is high for the majority of our larger practices and systems across primary care, oral, and behavioral health. There are known gaps with our smaller practices that we continue to evaluate. For smaller practices that are not as able to engage, we will continue to develop a core set of educational resources. As noted above, we also support smaller practices indirectly via our relationships and support of the IPAs in our CCO regions who provide front-line adoption and technical support for many of the independent small providers.

We found it a continuing challenge to engage on this topic in 2021 given almost all conversations were rightfully focused on addressing the ongoing challenges presented by the pandemic and the significant impacts it continued to have on the care delivery system. As a result and as with other strategies, much of our progress in this area focused internally, and was preparatory and foundational in nature.

Activities	Milestones and/or Contract Year
Expanded our HIE/EHR team to include dedicated technology resources who can assist in monitoring efforts, education and communication in each region.	2020 (Complete)
Reorganized our HIE/EHR technology team to report through our BI organization to allow for more ready access to specialized technologists who are involved in discussions with our provider partners around HIT, EHR and HIE.	2020 (Complete)
Complete inventory of resources available for educational, financial, and technical support.	2020 (Complete)
Facilitate peer learning to inform understanding of landscape.	2020-2024 (Ongoing)
Use resource assessment to inform requests through annual enterprise IT planning process.	2020-2024 (Ongoing)
Evaluate internal and external resources and acquire additional resources as needed.	2021-2024 (Ongoing)
Identify providers and sites to target for EHR adoption.	2021-2024 (Ongoing)
Set numeric targets for future change in adoption rates in consultation with regional Health Councils, HIT Community Collaboratives and CAP.	2021-2024 (Ongoing)
Create EHR/HIE information packet to deploy.	2021-2024 (Ongoing)
Communicate results with Health Council Committees.	2022 Q1
Conduct a readiness assessment of non-EHR providers to adopt an EHR.	2022 Q2
Complete deployment of at least one resourcing strategy listed above with five non-adopting providers.	2022 Q4
Support and monitor EHR implementations and report back to Health Council, HIT Community Collaboratives and CAP on progress.	2022-2024 (Ongoing)

ii. Additional progress specific to physical health providers

See the *Progress Across Provider Types* section.

iii. Additional progress specific to oral health providers

See the *Progress Across Provider Types* section.

iv. Additional progress specific to behavioral health providers

See the *Progress Across Provider Types* section.

v. Please describe any barriers that inhibited your progress

Major Barriers

1. Provider relief strategy continued to necessitate supporting providers through pandemic-related challenges, and there was little time or willingness for partners to engage on this topic.
2. Data quality, consistency, and accuracy required to establish accurate baseline.
3. Internal shifting of resources to address other areas has been a barrier to this work stream. Focus was placed on other more pandemic relevant HIT Roadmap areas, primarily Community Information Exchange (CIE) and Hospital Event Notifications (HEN). This resource rebalancing, in conjunction with barrier 1 above, has deferred planned work around Roadmap EMR access.
4. Emerging standards for Fast Healthcare Interoperability Resources (FHIR) based interoperability continue to cause delays in market alignment around technology options.

B. 2022-2024 Plans

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

1. Select the boxes that represent strategies pertaining to your 2022-2024 plans.
2. Describe the following in the appropriate narrative sections:
    a. The number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., 'Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information'). CCOs are expected to use this information to inform their strategies.
    b. Plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
    c. Strategies you will use to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers beyond 2021.
    d. Activities and milestones related to each strategy.

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

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

Overall Plans

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

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

i. Plans across provider types, including activities & milestones

Based on the regional Reporting Tables in the OHA-provided HIT Data Reporting File dated January 31, 2022, the number of contracted organizations and Patient-Centered Primary Care Homes (PCPCHs) that lack information about the adoption of an EHR tool by region are:

CCO: **Central Oregon**	Number of Contracted Providers	Number w/out EHR Adoption	Percent w/o EHR Adoption	Number of contracted PCPCHs	Number w/o EHR Adoption	Percent w/o EHR Adoption
Physical Health	80	32	40%	23	0	0%
Behavioral Health	119	83	70%	1	0	0%
Oral Health	70	42	60%	0	0	0%

CCO: **Columbia Gorge**	Number of Contracted Providers	Number w/o EHR Adoption	Percent w/o EHR Adoption	Number of contracted PCPCHs	Number w/o EHR Adoption	Percent w/o EHR Adoption
Physical Health	31	8	26%	17	0	0%
Behavioral Health	16	7	44%	1	0	0%
Oral Health	69	42	61%	0	0	0%

CCO: **Lane**	Number of Contracted Providers	Number w/o EHR Adoption	Percent w/o EHR Adoption	Number of contracted PCPCHs	Number w/o EHR Adoption	Percent w/o EHR Adoption
Physical Health	84	31	37%	24	0	0%
Behavioral Health	137	90	66%	2	0	0%
Oral Health	74	43	58%	0	0	0%

CCO: Marion Polk	Number of Contracted Providers	Number w/o EHR Adoption	Percent w/o EHR Adoption	Number of contracted PCPCHs	Number w/o EHR Adoption	Percent w/o EHR Adoption
Physical Health	95	24	25%	43	0	0%
Behavioral Health	79	45	57%	2	0	0%
Oral Health	72	45	63%	0	0	0%

*Organizations excluded from reporting include physical therapy, chiropractic, acupuncture, palliative care, plastics, aesthetics, anesthesiology, massage, speech, dialysis, sports, nutrition, cosmetic, child abuse, hospice, sleep, eye, vision, optic, imaging, pharmacy and dentures.

Summary of plans for collecting missing EHR information via CCO already-existing processes.
Our plans to collect missing EHR information via already-existing processes includes:

- Analyzing and incorporating information from the 2021 HIT Data Reporting File provided by OHA in January 2022 to enhance our existing data tracking to confirm/establish a baseline from which to work.
- Collaborate with our Provider Services team to use the updated Provider Site Visit and Evaluation form to gather information about EHR adoption and use.
- Partner with other internal teams such as Population Health that interact face-to-face with providers to gain knowledge of EHR adoption and use during their one-on-one conversations
- Continue the dialog with key Independent Provider Associations (IPAs) within our CCO regions to understand which EHR tools are in use by their contracted provider networks.
- Leverage our regional HIT Collaborative provider members for information about the EHR systems they use, and any input or awareness they have into what their peers are using.

Summary of 2022-2024 Major Strategies / Milestones.

- Develop processes and policy for monitoring EHR trends using OHA's release of EHR adoption data blended with internal data sources such as those indicated in our previous strategies (examples include Delivery System Network (DSN) report, clinical data sources, etc.).
- [redacted]
- Develop and disperse informational materials with our provider partners to highlight the benefits of EHR.
- Report current state and progress towards targets to regional Health Councils and HIT Collaboratives.

EHR Strategy 1 (Ongoing and Additional Activities) – Develop assessment and monitoring process for EHR adoption rates across provider types.

Activities	Milestones and/or Contract Year
Collect data on EHR status across a range of physical health providers.	2020-2024 (Ongoing)
Use Delivery System Network report to identify in-scope providers.	2020-2024 (Ongoing)
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).	2020-2024 (Ongoing)
Collect data from providers with unknown status.	2020-2024 (Ongoing)
Corroborate baseline against any available external sources (e.g., Certified Health IT Product List).	2021-2024 (Ongoing)

Continue to re-integrate internal and external data to report progress.	2021-2024 (Ongoing)
Formalize and document PacificSource policy and procedure for assessment and monitoring and review/update annually.	2021-2024 (Ongoing)
By prototyping HL7 transmissions for EHR data, assess feasibility. (Reliance)	2022 Q4
Collect EHR data via Provider Site Visit and Evaluation Form	2022-2024 (Ongoing)
Add updated EHR/HIE Data to CRM Database	2022-2024 (Ongoing)

EHR Strategy 2 (Ongoing and Additional Activities) – Build approach and model for deploying adoption support resources

Activities	Milestones and/or Contract Year
Develop peer-relationships through payer and provider Joint Operating Committees with high impact provider partners as a conduit to education/awareness activities.	2020-2024 (Ongoing)
Debrief Health Councils on successes and opportunities with EHR.	2020-2024 (Ongoing)
Establish threshold above which non-EHR clinics receive adoption support.	2021-2024 (Ongoing)
Complete scoping analysis of resources needed to address gaps in EHR adoption.	2022 Q1
Use baseline to categorize providers without EHR by impact based on assigned CCO members or annual visits by CCO members.	2021-2024 (Ongoing)
Set regional threshold for adoption support—e.g., >2% of assigned members or encounters with >2% of CCO population, annually.	2021-2024 (Ongoing)
Consult Health Council and Clinical Advisory Panel (CAP) to define high-priority populations—e.g., members affected by chronic pain, Behavioral Health conditions, incarceration, Limited English Proficiency, or foster care involvement.	2021-2024 (Ongoing)
Present proposed adoption improvement targets to Health Council and CAP in each region.	2021-2024 (Ongoing)
Review and analyze 2021 HIT Survey Data (OHA HIT Data Reporting File) and return updates to OHA	2022 Q2

EHR Strategy 3 (Ongoing and Additional Activities) – Encourage and support EHR adoption.

Activities	Milestones and/or Contract Year
Facilitate peer learning to inform understanding of landscape.	2020-2024 (Ongoing)
Use resource assessment to inform requests through annual enterprise IT planning process.	2020-2024 (Ongoing)
Evaluate internal and external resources and acquire additional resources as needed.	2021-2024 (Ongoing)
Identify providers and sites to target for EHR adoption.	2021-2024 (Ongoing)
Set numeric targets for future change in adoption rates in consultation with regional Health Councils, HIT Community Collaboratives and CAP.	2021-2024 (Ongoing)
Create EHR/HIE information packet to deploy annually.	2021-2024 (Ongoing)
Complete deployment of at least one resourcing strategy listed above with five non-adopting providers.	2022 Q4

Conduct a readiness assessment of non-EHR providers to adopt an EHR.	2022 Q2
Support and monitor EHR implementations and report back to Health Councils, HIT Community Collaboratives and CAP on progress.	2022-2024 (Ongoing)
Review provider contract language and work with Provider Network to determine if contract amendments should be made.	2022 - 2023

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

See the *Strategies Across Provider Types* section.

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

See the *Strategies Across Provider Types* section.
Additional activities:

- Continue to monitor for high-performing, low-cost EHR solutions focused on Oral Health providers.

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

See the *Strategies Across Provider Types* section.
Additional activities:

- Continue to monitor for high-performing, low-cost CEHRT solutions focused on Behavioral Health providers.

C. Optional Question

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

New or additional State level funding offsets given Medicaid Promoting Interoperability EHR incentive program ended at the end of 2021.

3. Support for HIE – Care Coordination

A. 2021 Progress

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

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

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

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

☒ HIE training and/or technical assistance ☒ Assessment/tracking of HIE adoption and capabilities ☒ Outreach and education about value of HIE	☒ Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding

☒ Collaboration with network partners ☒ Enhancements to HIE tools (e.g., adding new functionality or data sources) ☒ Integration of disparate information and/or tools with HIE ☒ Requirements in contracts/provider agreements	☐ Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) ☒ Other strategies that address requirements related to federal interoperability and patient access final rules (Development of additional infrastructure, e.g., APIM, Facets Data Publishing, which enable future extensions of interoperability services.) ☒ Other strategies for supporting HIE access or use (Funding of a full-time Care Management HIE Strategist position.)

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

As mentioned in our EHR adoption response, PCS continued to halt much of its non-critical outreach to providers throughout 2021 as COVID-19 persisted in consuming provider attention and resources. While this extended the delay of our HIE strategy, we continued to build out high-value use cases. Our HIE team members continued to focus their efforts on engaging on state and regional challenges presented by the pandemic, identifying opportunities to leverage HIE and HIT. We also focused on internal efforts to build infrastructure and solve systemic problems.

Even with the ongoing pandemic, we still made significant progress establishing community engagement opportunities across each of our CCO regions. Each are moving forward on a unique pace depending on the specific and nuanced needs and characteristics of the region and its varying levels of adoption readiness. Examples include starting the Marion-Polk HIT Collaborative and the Columbia Gorge CCO HIT Community Collaborative, and discussing a similar forum in Lane County with the Lane Community Health Council. Engagement continued with the Central Oregon HIE Community, our most established and long-standing HIT community collaborative. At the same time, we continued strategizing and planning new HIE tool capabilities with our various HIE vendors via monthly operational, clinical and technical meetings and quarterly business reviews. We also invited vendors to present at collaboration venues like the COHIE.

We also slowly started to re-engage non-critical outreach to providers, opening the door to external communication with our partners. While extensive, targeted outreach was still largely off the table, the medical community began adapting to the pandemic, which allowed limited partnerships to begin growing again in all of our CCO regions in the latter half of the year. Many of the tools PCS developed in Collective and Reliance while provider outreach was paused began to prove useful as providers began to adopt and make use of them.

Our reduced outreach to providers gave us more time to focus on standing up the Connect Oregon community information exchange (CIE) in all of our CCO regions as internal teams had more bandwidth to assist our Social Determinants of Health (SDOH) and Equity team in the clinical and technological phases of implementation.

Other internal activities accomplished this year include integrating disparate information and/or tools with HIE:

- Developed new algorithms to identify members experiencing social determinants of health issues using: Collective Medical data feeds, specific Reliance reports, Connect Oregon/Unite Us database copies, claims data, and eligibility files. This process assists in case management services, health council reporting, population health assessments, identification of members eligible for program and services, and more.
- Developed COVID-19 member vaccination registry and tracking that informed member outreach strategies, monitoring, and collaborative outreach initiatives with community partners. Data sources included medical and pharmacy claims and reports from OHA, Collective Medical, Reliance, and CMS.

- Developed new interactive, self-serve tools for population reporting to assist in tracking costs and utilization for testing, COVID-19 positive diagnoses, vaccinations, and hospitalizations.
- Implemented new supplemental data feed from Reliance.

HIE Strategy 1 – Broad support of and engagement with HIE/CIE Platforms / Services.
Below is a list of HIE platforms currently supported by our CCO and in use by us and our network:

Reliance eHealth Collaborative – PCS continues to be a strong supporter of the Reliance eHealth Collaborative, which leverages IMAT technology to host their clinical data repository. We have seen the strongest adoption of Reliance in our Central Oregon and Columbia Gorge CCO regions. While Reliance has achieved no adoption yet in the Marion-Polk region, they are actively engaging with key providers in the Lane CCO region. 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. In 2021 we began sending claims for new regions to help pre-populate this community health record so newly on-boarded providers in those regions will see encounter history even if the providers who provided the service are not yet contributing data. Reliance saw 14 new providers join their HIE in 2021 (nine physical health, one oral health, one behavioral health, one Federally Qualified Health Center (FQHC), and two hospice providers), noting hospice providers are an excluded care type for HIT Data Reporting.

Unite Us/Connect Oregon/CIE – In an ongoing effort to address social determinants of health, PCS continued its significant investment in the Connect Oregon CIE, powered by the Unite Us platform. PacificSource also serves as an active member of Unite Us' Customer Advisory Panel. [redacted]

Epic's Care Everywhere - The majority of members in our service areas are covered by physical health providers that use Epic, including the hospital systems and FQHCs. This allows providers in our community to communicate directly through Epic or through "look in" functionality through Epic's Care Everywhere, which provides clinical data for providers who use Epic and other affiliated electronic health systems. We have bi-furcated our strategy to capitalize on the significant capability provided by EPIC and its various HIT components while always working to ensure parity of capabilities between non-Epic providers and between EPIC and non-Epic providers.

Collective Medical Platform (FKA PreManage) - PCS remains a vocal proponent of the Collective Medical platform. This platform, widely adopted across all PCS regions, has proven to be a key capability for both internal operations as well as in supporting providers' care coordination efforts. The pandemic environment has highlighted the significant value this platform brings in understanding member/patient status. While we continued to face pandemic-related outreach barriers, we worked with our Population Health team to surface provider needs and deliver remote digital solutions such as the Initiation and Engagement of Alcohol and Other Drug Use Treatment (IET) Metric cohort, highlighting the strength of the platform even in the face of significant barriers. Additionally, we worked with several partners to deliver individual cohorts such as the Substance Use Disorder (SUD) cohort built for Weeks Family Medicine in Central Oregon. Collective added 12 physical health providers in 2021, sponsored by PCS.

EDIE - All hospitals in our service area have adopted EDIE – the emergency department information exchange. In 2021, the HIT Commons worked to bring Prescription Drug Monitoring Program (PDMP) information to Emergency Departments through integration of the Oregon PDMP registry with the EDIE

platform. This effort resulted in 33 hospitals with direct integration between EDIE and PMP. HIT Commons continues to add clinics on at a slowly declining pace.

CCO Provider Portal - Our CCO provider portal offers a number of different tools in support of care coordination such as patient assignment, quality performance and Member Insight Population Health Reporting (MiPi).

Telehealth - Our CCO supports telemedicine in physical and behavioral health settings. We continue to leverage the suite of Analytics developed in 2020 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 JOC Committee meetings.

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 (SFTP) – PCS exchanges significant care coordination information with provider partners using this method. A significant volume of monthly reporting and other analysis is transmitted using this method.

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 a number of CCO regions, this is still the primary method for health information exchange.

Reliance eHealth Referrals – Reliance maintains a specialty referral capability within its platform; however, this capability is only leveraged in the Columbia Gorge CCO and adoption is waning. As an alternative, PCS is exploring the applicability of Unite Us to help support these workflows for specific use cases.

FHIR - In 2021, PCS continued its work building FHIR-based interoperability capabilities. This focused 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 was extended to enable use of FHIR to support internal and partner data exchange beyond those required for regulatory purposes.

HIE Strategy 2 – Develop assessment and monitoring process for HIE Access and data contribution rates across provider types.
Summary: To support the ongoing monitoring of HIE adoption and access, PCS supported the OHA in their 2021 HIT Survey preparations including question design and development, and helped facilitate survey delivery by providing contact information for providers who were required for reporting. PCS also encouraged completion by its provider partners by sending pre-survey awareness messaging and mid-survey completion reminders asking providers to complete this important activity.

In anticipation of gathering more detailed information throughout the year, PCS also worked with our Provider Services team to update our Site Visit Questionnaire to incorporate questions related to provider HIE usage and adoption, and added fields for storing and tracking these details to our Customer Relationship Management (CRM) database. In order to facilitate easier tracking of this information long-term, we converted our internal Master HIT Data file from a manual Excel spreadsheet into an MDS Database.

Working with Collective, PCS also improved the process whereby we receive Collective HIE engagement and usage metrics for our sponsored providers. What used to be a manually delivered Excel file is now an automated and customizable Tableau dashboard. We requested and received from Collective an enhancement that allows us to easily track and visually represent engagement level over time. This new look provides us with a graph of relative engagement over time based on Collective's metrics. We can look

at our entire population or break it down by region, provider type, or individual provider as needed. This will assist us in identifying where a partner's engagement stands, not just at one moment in time but also relative to their prior engagement or over a period of prior engagement (e.g. engagement during the pandemic versus engagement before the pandemic).

Activities	Milestones and/or Contract Year
Create template of data fields needed for use in a variety of formats and establish data source.	2020 (Complete)
Determine data collection format.	2020 (Complete)
Aggregate data and determine baseline.	2020 (Complete)
Establish activity and connectivity reporting on HIE (Reliance).	2020 (Complete)
Continue collecting data on HIE status across range of physical health providers.	2020-2024 (Ongoing)
Use Delivery System Network report to identify in-scope providers.	2020-2024 (Ongoing)
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).	2020-2024 (Ongoing)
Collect data from providers with unknown status.	2020-2024 (Ongoing)
Corroborate baseline against any available external sources (e.g., Certified Health IT Product List).	2021-2024 (Ongoing)
Continue to re-integrate internal and external data to report progress.	2021-2024 (Ongoing)
Prototype Evaluate HL7 transmissions for HIE data. (Reliance)	2022

HIE Strategy 3 – Establish and maintain appropriate resourcing and staffing to support multiple CCO Regions.
Summary: PCS continued to make HIT Program staff adjustments in 2021 with the replacement of the HIE Program Manager and a vacancy in the HIE Program Coordinator position. We also continue to fund a full-time Care Management HIE Strategist position embedded within our Care Management organization.

Activities	Milestones and/or Contract Year
Added regional practice coaches to support care coordination and quality workflows	2020 (Complete)
Added HIE Program Coordinator to support coordinated delivery of EHR and HIE programs to each region.	2020 (Complete)
Added a Social Determinants of Health and Equity Program Manager to our community health strategy team. Significant focus on Connect Oregon implementation.	2020 (Complete)
Monitor staffing annually and adjust as needed.	2021-2024 (Ongoing)

HIE Strategy 4 – Implement regional Community Information Exchange (CIE).
Summary: In 2021, PCS continued its momentum working with Unite Us to execute our deployment plan to build out the Connect Oregon network of providers and community based organizations across our CCO regions. As part of this expansion, we on-boarded and trained PCS Care Management and Health-Related Services staff in each of our CCO regions to increase the level of support we could provide CCO members with their social needs referrals; a critical community benefit especially given the ongoing impacts of the pandemic.

The pilot program we initiated in Central Oregon in 2020 is complete [redacted] We also kicked-off awareness and engagement in the Columbia Gorge region through meetings

and discussions with the Columbia Gorge Health Council. Our Unite Us account management team presented at various regional Health Council and HIT community collaborative opportunities to introduce the platform to potential new users and provide an update on referral and assessment volumes. As mentioned above, our Unite Us progress in the Gorge has stalled, largely due to concerns about level of effort to implement, learn, and use the platform, especially during the pandemic. We have put significant effort in addressing some of these concerns with the Unite Us accounts team, by working together to develop a plan for interoperability that can scale across organizations in the Gorge without significant additional investment, and can work as a model across other regions. However, we have not yet been able to agree to a vision that will work for all parties.

Parallel to these front-line engagement activities, we implemented bi-directional interfaces between PCS and Connect Oregon. We send a weekly out-bound member roster file that is used in the Connect Oregon Search and Match process so that when a Connect Oregon user searches for a PCS member, they will get a potential match for a member that was added via the roster. If the user then selects that member, the member's demographic information will appear. We are currently staging the receipt and ingestion of data content sets from Connect Oregon in our internal data warehouse so the details of member interactions within the platform are available for analysis and data modeling to help us understand and address our members' SDOH experiences and needs.

As we begin 2022, we are incorporating the ingested information into our proprietary Intensive Care Coordination Prioritized Population (ICC), Care Program Identification Algorithm (CPIA), and internal social complexity algorithms and Member Insight Provider Insight (MiPi) member profiles. See attached for examples. Connect Oregon 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 methods developed in 2021 will be used in upcoming annual population health assessment reporting to better understand the scope of member needs.

Activities	Milestones and/or Contract Year
Engagement in CIE White boarding.	2019-2020 (Complete)
Unite Us early adopter contracting.	2020 (Complete)
Added a Social Determinants of Health (SDOH) and Equity Program Manager to our community health strategy team. Significant focus on Connect Oregon (Unite Us) implementation.	2020 (Complete)
Establish project team for regional Connect Oregon implementation	2020 (Complete)
Establish CIE implementation as Enterprise strategic initiative.	2020 (Complete)
Facilitating learning sessions in each region leveraging Unite Us events for learning and support with on-boarded partners.	2020-2024 (Ongoing)
Lane County Project Kick-Off.	2020 (Complete)
Marion and Polk County Project Kick-Off.	2020 (Complete)
PacificSource/Unite Us SSO implementation.	2021 (Complete)
PCS & PacificSource Health Services staff onboarding and training.	2021 Q1 (Complete)
Columbia Gorge project kick-off.	2021 Q1 (Complete)
PCS/Unite Us bi-directional data interfaces.	2021 Q1 (Complete in Q4)
Central Oregon pilot transition to PCS.	2021 Q3 Complete
Quarterly Health Council status reporting including referral and assessment volumes.	2021-2024 (Ongoing)

HIE Strategy 5 – Engage in Integrated Care for Kids (InCK) Initiative. [Marion/Polk and Central Oregon CCOs Only]

Summary: In October, the OHA notified the Center for Medicare and Medicaid Innovation (CMMI) that it would not apply for continuation of Oregon's Integrated Care for Kids (InCK) Cooperative Agreement in

2022. (This initiative was a Population Health Management program intended to improve health outcomes and reduce costs among children and youth in the Marion-Polk and Central Oregon CCO regions.) The OHA made this difficult decision with the well-being of children and families at its center, and after thoughtful consultation with the Oregon Pediatric Improvement Partnership (OPIP; Oregon's InCK lead organization) the OHA, and PacificSource. As a result of this decision, PCS wrapped up all InCK-related program activities at the end of 2021.

That said, the many hours of effort and focus on this initiative were not lost. Out of this effort, Analytics developed algorithms to identify social complexity factors by leveraging multiple data sources, including:

- Weekly OHA Department of Human Services (DHS) custody reports
- OHA's Child Health Complexity files to CCOs (annually)
- Connect Oregon / Unite Us data
- PCS Claims data
- Reliance reports
- Collective Medical data
- Eligibility and Enrollment files

Internally developed algorithms allow for internal identification of a child's social and medical complexity as well as parental factors when their complexity information is stale or unavailable in the annual Children's Health Complexity member-level files from OHA. This information is also used internally to identify children and youth with social complexity for appropriate care management programs including Prioritized Population members. In addition, new reporting and analyses with this information have been developed to support community efforts (such as the Community Business and Educational Leaders (CBEL) Collaborative programs in Salem-Keizer) and allow for better understanding of our pediatric population through a health equity lens.

We are now looking to expand social complexity algorithms beyond the pediatric population as well as identify additional opportunities to utilize this work moving forward, both internally within our Population Health, Care Management and Quality programs and externally as it relates to sharing data with our provider partners.

Activities	Milestones and/or Contract Year
Establish and scope project.	2020 (Complete)
Establish project teams both technical and business.	2020 (Complete)
Identify additional resources required and gain approval for hiring.	2020 (Complete)
Establish Workgroups; Risk Stratification (Analytics), HIE, and CIE.	2020 (Complete)
Develop implementation project plans and milestones for workgroups for 2021 development year.	2020 (Complete)
Accomplish tasks and objectives in HIE, CIE and Risk stratification work streams.	2021 (Complete)
Operationalize program including the exchange of HIE and CIE information.	2022 Q1 (Canceled)

HIE Strategy 6 – Leverage HIE Onboarding Program.
Summary: Reliance concluded their work on the HIE Onboarding Program (HOP) on September 30, 2021. This program supported the initial costs of connecting (onboarding) priority Medicaid providers to the Reliance community-based HIE. PCS was an active and regular participant in this effort and facilitated the onboarding of the following organizations:

- Northwest Pediatrics & Adolescent Medicine (Columbia Gorge)
- Capitol Dental
- BestCare Treatment Services, Inc. (Central Oregon)

- Rimrock Trails Adolescent Treatment Services (Central Oregon)

We had anticipated onboarding Heights Family Dental in the Columbia Gorge but their on-boarding process did not complete in time.

Activities	Milestones and/or Contract Year
Monthly HOP Prioritization Calls with Reliance	Complete
Engage Priority Physical Health, Behavioral Health and Oral Health for outreach	Complete
• Northwest Pediatrics & Adolescent Medicine (Columbia Gorge)	Complete
• Heights Family Dental (Columbia Gorge) (Dental)	Closed / Lost
• Capital Dental	Complete
• Best Care (Central Oregon)	Complete
• Rimrock Trails Adolescent Treatment Services – Prineville (Central Oregon)	Complete

HIE Strategy 7 – Prototype new high value use cases.
Summary: PCS continues to work with Reliance to identify and establish high-value use cases to illustrate and increase the value to providers of all types as well as other CCOs who have not yet adopted a centralized community health record. We devote a significant amount of time each month building relationships with Reliance leadership through meetings to discuss strategy, technical development and implementation, and account and network development.

To support ongoing and enhanced COVID-19 vaccine outreach, PCS created a suite of tools that empowered internal and external teams to understand vulnerable populations, drive vaccination strategies, and increase healthcare equity. One tool was a set of dashboards geared at distilling insights to advance vaccine equity among Medicaid membership. See attached example. Internal teams and partners used these dashboards to tailor vaccine outreach in more culturally responsive and linguistically inclusive ways. Teams also analyzed the dashboard to strategize on key community partners and trusted community leaders to engage in cross-continuum collaboration. The dashboard supported an understanding of geographic locations of unvaccinated Black, Indigenous, and People of Color (BIPOC) member populations to target locations for mobile vaccination clinic placement.

Another important COVID-19 tool was an internally and externally available member vaccine gap list. This list allowed sorting of members so we could target critical groups for vaccination outreach and follow-up. For example, using this report, PCS identified members by vaccination status who had CDC-defined comorbid issues that could lead to severe COVID outcomes. We then cross-referenced that information with available REALD and SDOH measures such as housing and transportation insecurity to identify high-risk members with linguistic and transportation barriers that might complicate their ability to get fully vaccinated. We offered the member gap to provider partners with assigned PCS membership to enhance their member outreach strategies. PCS also used this resource to launch an outbound call campaign among unvaccinated members, calling over 11,000 Commercial members, 26,700 Medicaid members, and 8,950 Medicare members. While many of these calls resulted in voicemail reminders, we recorded more than 340 member interactions with a direct vaccine assist.

Our Care Coordination HIE Strategist and Population Health teams also worked with Reliance and provider partners to meet the OHA's IET metric, which was accomplished with a customized hospital event report that allows Community Mental Health Providers (CMHPs) to proactively identify the SUD populations they are responsible to follow up with, inside a specific timeframe. At this time, the most interested partners for this report are CMHPs or other behavioral health entities. [Note: This is in addition to the IET Metric cohort we helped develop in the Collective HIE in a partnership between Care Oregon, PCS and the Oregon Health Leadership Council (OHLC)].

Another high-value use case was the analysis of housing insecurity on cost, utilization and risk. By pulling together disparate data sources in identifying housing insecurity, we were able to analyze pediatric and adult members who experienced housing insecurity compared to the general population. The goal of the analysis was to understand population characteristics of housing insecure members, including disease burden, demographics, health care utilization, and costs. These analyses were used during strategic discussions among leadership around potential options for actions and/or investments aimed at improving housing security. Strategy discussions are still underway, and with some additional improvements in the last part of 2021 to how we identify housing insecurity, future analyses will better capture members experiencing challenges. We are excited to continue our analysis in this area and have also started reviewing additional and potential data available in the Reliance HIE around diabetes by type, tobacco use, birth weight, food insecurity and pregnancy. We expect to work with COVID-19 lab test results in the first quarter of 2022. In a related effort, we are also sourcing SDOH information (addresses) out of Collective and cross-referencing with shelter data.

Activities	Milestones and/or Contract Year
Requested COVID Related Reporting	2020 (Complete)
Tested and Validated COVID Reporting	2020 (Complete)
Attend monthly Reliance eHealth Meetings	2020-2024 (Ongoing)

HIE Strategy 8 – Community Health Record as Proxy for direct EHR Access.
Summary: One of our internal key metrics established in our strategy is the percentage of partner EHRs that our clinical teams have access to (calculated based on a percentage of member encounters) for care coordination and quality performance activities. We have had a longstanding goal of leveraging a centralized HIE/Community Health Record as a proxy for this direct access. Maintaining this 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 hundreds of EHRs across Oregon now requires dedicated staffing to support, as well as specially trained Help Desk staff to assist with technical support for these varied systems.

In 2021, we increased the number of internal Care Management, Utilization Management, Pharmacy and Member Support Specialist staff with access to Reliance to evaluate the care coordination and quality performance of the system with regard to its ability to become a proxy for direct EHR access so that we do not have to maintain direct access to each EHR. As these care specialists become more familiar with this platform in 2022, we will capture their input about the effectiveness of Reliance as a proxy for EHR and then work with Reliance to close any gaps that might block progress toward this goal. We expect it to work as a proxy in some cases but not all, as not all data we need from providers is contributed to the HIE.

Activities	Milestones and/or Contract Year
Identify priority provider practices without EHR access that are contributing to Reliance HIE	2020 (Complete)
Validate or invalidate Reliance as a proxy each use case that requires EHR Access	2021 – 2022
Report results to Reliance and identify opportunities for improvements to overcome any issues presented.	2021 – 2022

HIE Strategy 9 – Community Health Record as source of supplemental data for quality programs.
Summary: PCS, in partnership with Reliance and their vendor IMAT Solutions, continued exploring how to leverage contributed HIE data directly into quality programs as supplemental data. After researching the National Committee for Quality Assurance Data Aggregator Validation program (often referred to as the NCQA DAV program), Reliance has applied to be part of the summer 2022 certification cohort.

The focus of this work is in support of HEDIS for Medicare and Commercial business lines, and establishes a certified process for payers to receive supplemental data from their provider partners. This creates a high-value use case, enabling administrative simplification for both providers and payers.

Our goal with this strategy is that it will create a strong incentive for payers and providers to join a centralized HIE like Reliance and dramatically grow the coverage of HIEs that work to receive this certification. In our experience, most providers who service CCO members also have a strong panel of Medicare and/or Commercial members. We are hopeful this program will also establish an accepted standard for supplemental data in support of the various CCO Quality metrics, which rely on clinical data as a component for measurement.

As we wait for Reliance to go through the NCQA DAV certification process, we expanded our current EMR data model to include additional diagnosis codes and SNOMED codes fed from Reliance data and added this information to our clinical data warehouse, and then loaded this data from the data warehouse into HEDIS. Phase two of this effort will continue to enrich available data in 2022 for use in our HEDIS and QIM quality programs.

Activities	Milestones and/or Contract Year
Engage Reliance on NCQA DAV Program	2020 (Complete)
Review file specifications for NCQA DAV Program	2020 (Complete)
Identify data feed formats for specific measures applicable to NCQA DAV Program	2021 - 2022
Receive and validate test data feeds	2021 - 2022
Assess applicability to CCO quality programs and reports	2021 Q4 (Complete)

HIE Strategy 10 – Maintain Enterprise Technology roadmap for Health Information Exchange.
Summary: As a part of our enterprise strategic planning process, the PacificSource executive team, in collaboration with its Board of Directors, has continued EHR/HIE/HIT as a critical initiative on the enterprise strategic plan. We continue to maintain and update our three-year roadmap for the program, as well as an annual program/initiative charter and quarterly crosswalk of activities.

In 2021, PCS continued its work building FHIR-based interoperability capabilities. This focused 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 also was extended to enable use of FHIR to support internal and partner data exchange beyond those required for regulatory purposes.

Activities	Milestones and/or Contract Year
Medical Management Platform Selection	2020 (Complete)
Continue internal HIE Steering committee	2021-2024 (Ongoing)
Maintain and update 3 year roadmap for PacificSource enterprise HIE Program	2021-2024 (Ongoing)
Maintain and update annual program/initiative charter and quarterly crosswalk	2021-2024 (Ongoing)
Meet CMS Interoperability Requirements including ability to exchange health data via FHIR interfaces	2021 - 2022
Medical Management Platform Implementation and Integration with clinical data from HIE sources	2022 - 2023

HIE Strategy 11 – HIE Governance
Summary: PCS continued its 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 (LOBs) 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 HIE Strategy team.

During this timeframe, PCS also established a more consistent cadence for a meeting of the HIT/HIE/Interoperability Steering Committee to provide a standing forum for internal leadership to provide direction, guidance, and oversight of HIE and HIT initiatives. Steering Committee members provided input to program goals to ensure they were set, accomplished and championed throughout the PCS organization. The HIE Program team also meets monthly with the PCS Chief Medical Officer to discuss high-value opportunities.

For the first half of 2021, a mixture of PCS Utilization Management, Care Management and Quality team leaders piloted a monthly advisory group to receive updates and highlights about HIE program activities from the Care Coordination HIE Strategist to support effective care coordination with HIE tools and provider partners. This program was stopped mid-year as its composition was too diverse and the topics too many to be effective. Because we continue to believe this type of forum can effectively facilitate engagement and innovation and communicate important updates and information to internal teams, we expect to redesign and redevelop this forum during 2022.

Activities	Milestones and/or Contract Year
Internal education on IT Change Control processes and development of a model suitable for both for IT and Clinical needs.	2020 (Completed)
Identify care management representatives	2020 (Completed)
Identify end users in other departments and bring in representatives	2020 (Completed)
Finalize structure, hold first meeting, and establish monthly meeting cadence	2020 (Completed)

HIE Strategy 12 – HIE as a source of SDOH Information
Summary: This strategy's activities were completed in 2020. Any future additional and related efforts will be noted and tracked as part of HIE Strategy 17 – HIE as a Source of SDOH Information.

Activities	Milestones and/or Contract Year
Initial SDOH and REALD Analysis	2020 (Complete)
Production Report from Reliance for CCO Members Experiencing Homelessness	2020 (Complete)

HIE Strategy 13 – Pharmacy Go-Live
Summary: As part of the ongoing development of pharmacy-specific cohorts and reports, we explored the potential use of Population Health reports available in Reliance to support new pharmacy use cases and reporting. A Senior Clinical Pharmacist has received an introduction to the reports available within Reliance and we are pursuing additional, more in-depth training for a deeper discussion and review.

PCS is also in the process of developing an innovative report in Collective to use pharmacy claims to aid in the care of pediatric asthma patients. We confirmed with Collective that to their knowledge and ours, no one in the State of Oregon or the national Collective network has yet stood up a report that combines HENs and pharmaceutical claims in this manner. We spent much of 2021 developing and testing use cases in this

novel environment to create the groundwork for this effort and expect the beta release of the report mid-2022. Pediatric asthma was chosen as the optimum focus through collaboration with pharmacy partners both internal and external to PCS who called out the potential significant value of this particular use case. We believe this will be a transformational use case within the HIE.

Activities	Milestones and/or Contract Year
Meet with pharmacy to socialize HIEs and determine if further meetings are necessary.	2020 (Completed)

HIE Strategy 14 – CMT Eligibility File Updates – ICC Reassessment, LTSS and DSNP
Summary: Following our success in adding our Intensive Care Coordination (ICC) Prioritized Population to our Collective eligibility file in late 2020, in 2021 we added our Long Term Services and Support (LTSS) and Dual Eligible Special Needs Plans (DSNP) populations to the eligibility file.

- Adding the LTSS population allows our Care Management team to complete mandatory follow-up after hospital discharges. We created cohorts tracking the LTSS population for each of our CCO regions, as well as our Legacy-PacificSource IDS (Health Share of Oregon) population. To date, we are averaging roughly 200 hits per day to our LTSS reports from across all CCO regions.
- Adding our DSNP population in late 2021 is a precursor to developing tracking tools in 2022, leading up to the DSNP reporting measures to begin in 2023, as laid out by the OHA. For these dual Medicaid/Medicare members, we display Collective data for the Integrated Care Team (ICT) workflows and use data from Collective in calculating ICT members' weighted ICT scores to help the care management team prioritize who to reach out to first.

With this new functionality, we can build cohorts and reports around these distinct populations that are impossible for Collective to identify, as they are not defined by medical data that can be broken down into binary data during hospital events.

Activities	Milestones and/or Contract Year
Explore ICC Reassessment use case and determine viability	Q3 2020 (Completed)
Work with IT to add our ICC Reassessment tag to CMT via our eligibility file	Q3 2020 (Completed)
Stand up cohorts built around the new tag to facilitate follow-up within seven days for all ICC retrigger events	Q4 2020 (Completed)
Stand up report to identify highest-risk ICC members and allow for stratification by both risk and medical diagnosis	Q4 2020 (Completed)

HIE Strategy 15 – Structural Collective System Improvements
Summary: As we continue to develop new use cases for Collective, we also continue to be thoughtful about how to use the system more efficiently. One area of continued focus in 2021 was instituting a naming convention. Because of a quirk in how Collective cohorts are rooted, changing the names of cohorts also breaks the cohort, requiring a thoughtful approach both to save information and to proactively communicate the changes to the PCS internal network. We expect to complete implementation of this new convention in 2022.

Adding our medical and pharmaceutical claims from 2020-2021 was a big step forward. Once that process completed, the next goal was to stand up cohorts enhanced by that claims data. Some of the challenges we encountered include:

- No roadmap as no one, to our knowledge, has done this before;
- The different cadence of claims information compared to ADT data feeds; and
- The development of use cases that are effective considering they can only track PCS patients, as those are the only claims available in the system.

Much of the year consisted of extensive trial and error research alongside Collective Support in an attempt to build these first-ever, claims-based reports. Though we were unable to stand up a functioning report by the end of the year, we anticipate our first successful report by end of Q2 2022 based on promising, ongoing efforts.

Activities	Milestones and/or Contract Year
Set population health cohorts to run in the background	2020 (Completed)
Institute cohort naming convention	2020 – 2022 (Ongoing)

HIE Strategy 16 – Explore the application of CIE to be leveraged for Clinical Care Coordination.
Summary: In 2020, a number of regions identified the potential opportunity for Connect Oregon to fulfill a significant gap in care coordination and determined a referral for consult could dramatically increase the utility of this platform. The initial suggested use case was a referral from primary care to a behavioral health provider. To ensure the implementation of this use case was smooth for any providers involved, Unite Us took a regionally focused, pilot-style approach to onboarding clinical partners as receiving organizations within Connect Oregon.

Given the Lane County CCO was focused on addressing behavioral health workflows, in 2021 it was evaluated and accepted as a pilot for this use case. Select providers were invited to participate in the Connect Oregon + Healthcare Integration Collaborative (HIC) Pilot in Lane County to leverage the HIC Standardized Referral Form within Connect Oregon to send and receive electronic referrals for behavioral health, physical health, substance use disorder treatment, and oral health. The team laid the foundation and preparations for the pilot throughout the remainder of the year.

Starting in early 2022, selected pilot providers will work as a cohort to identify how the HIC Standardized Referral Form and the Connect Oregon network can enhance coordination and communication across the healthcare system in Lane County with the client at the center of the referral process. The results of this pilot will determine whether we extend similar pilots to other regions. (Note: This pilot will not involve the transmission of sensitive data beyond what is typically shared in a social services referral (no CCDA or other clinical attachments). Today much of this care coordination is via phone, fax or email and is not a “closed loop” referral process.)

As we explore a better understanding of the types of provider-to-provider use cases that could potentially scale, we expect to confirm that provider-to-provider referral success will likely come among smaller, lower-volume providers who have less technology and automation already in place. These providers may not have a reliable mechanism to communicate with specialty providers because they are either not using an EHR, or using a different EHR than the receiving provider. While larger systems that receive large volumes of referrals may have the technology, making a change there may be too disruptive without additional and costly development of those tools. Large referral receivers may be change resistant because they have built a lot of automation around that process, which may not be easy to change.

Activities	Milestones and/or Contract Year
Present use cases and requirements to Unite Us Leadership	2021 Q1 (Complete)
Prototype Referral Process	2021 Q3 (Complete)
Share learning with HIT Commons and Central Oregon HIE	2021 Q4 (Complete)

HIE Strategy 17 – HIE as a source of SDOH Information.
Summary: PCS has created a multi-year roadmap around the collection, storage, and normalization of REALD data that we expect to include in HIE and CIE sources. We expect to collaborate with OHA over the coming months around better defining the process of collection and data exchange as part of the implementation of HB 3159.

In 2021, PCS expanded the use of HIE information to support some specific data analysis and data infrastructure. Our Analytics team performed an analysis around service use for members experiencing homelessness and was able to support that analysis with information from Reliance flags. Additionally we have integrated HIE information around SDOH from Reliance and Collective into our member care program identification process as well as COVID vaccine monitoring and outreach reporting and analysis. Related Integration of CIE SDOH data is outlined in HIE Strategy 4.

Another high-value use case was the analysis of housing insecurity on cost, utilization, and risk. By pulling together disparate data sources in identifying housing insecurity, we were able to analyze pediatric and adult members who experienced housing insecurity compared to the general population. The goal of the analysis was to understand population characteristics of housing insecure members, including disease burden, demographics, health care utilization, and costs. These analyses were used during strategic discussions among leadership around potential options for actions and/or investments aimed at improving housing security. Strategy discussions are still underway, and with some additional improvements in the last part of 2021 to how we identify housing insecurity, future analyses will better capture members experiencing challenges. We are excited to continue our analysis in this area and have also started reviewing additional and potential data available in the Reliance HIE around diabetes by type, tobacco use, birth weight, food insecurity and pregnancy. We expect to work with COVID-19 lab test results in the first quarter of 2022. In a related effort, we are also sourcing SDOH information (addresses) out of Collective and cross-referencing with shelter data.

To support ongoing and enhanced COVID-19 vaccine outreach, PCS created an equity-focused report in Reliance that allowed sorting of members so we could target critical groups for vaccination outreach and follow-up. For example, using this report PCS identified members by vaccination status who had CDC-defined comorbid issues that could lead to severe COVID outcomes, and then cross-referenced that information with available REALD language data and SDOH measures such as housing and transportation insecurity to identify high-risk members with linguistic and transportation barriers that might complicate their ability to become fully vaccinated.

Activities	Milestones and/or Contract Year
Initial SDOH and REALD Analysis	2021 (Complete)
Production Report for CCO Members Experiencing Homelessness from Reliance	2021 (Complete)

Interoperability Strategy 1
Summary: In late 2021, CMS delayed enforcement of the payer-to-payer provisions of the Interoperability rule until they are able to address implementation challenges through future rulemaking.

PCS continued work on the patient portal aspects of the CMS/ONC requirements throughout 2021.

Activities	Milestones and/or Contract Year
Develop and iterate on interoperability roadmap including regulatory approach, industry-alignment, technology, and partner opportunities.	2020 - 2024 (Ongoing)
Core interoperability capabilities architecture and design.	2020 - 2024 (Ongoing)
Interoperability data source preparation, FHIR platform build-out, and security engineering. Initial FHIR-based integrations with HIE partners.	2022 Q2
Architecture and design for insourcing of OAuth 2.0 authentication, patient matching, and consent management capabilities in support of interoperability.	2022 Q4

Business-to-business (B2B) interoperability pilots with selected partners for eligibility, clinical, and provider data exchanges.	2022
Design and development of FHIR-based prior authorization capabilities.	2022

ii. Additional progress specific to physical health providers

See the *Strategies Across Provider Types* section.

iii. Additional progress specific to oral health providers

See the *Strategies Across Provider Types* section.

iv. Additional progress specific to behavioral health providers

See the *Strategies Across Provider Types* section.

v. Please describe any barriers that inhibited your progress

Summary: While many providers continued to turn their attention away from developmental HIE efforts due to the ongoing COVID-19 pandemic, we did see some limited progress with regard to HIE adoption. Barriers to that progress still include:

- While our provider relief strategy, which necessitated supporting providers through pandemic-related challenges, was not as comprehensive in 2021 as it was in 2020, the pandemic continued to interrupt provider work and make consistency difficult at times.
- Providers continued to have less time and willingness to engage due to the pandemic, exacerbated by an additional loss of staffing and available resources within provider organizations who could assist with HIT efforts as the pandemic wore on.
- The pandemic required providers to stand up entirely new data collection and reporting processes for things like REALD for COVID-19 patients. Anecdotally, we heard from some providers that it added additional overhead and staff time to accomplish these new requirements, which further strained their time.
- Internal resources continued shifting to put more focus on pandemic-relevant HIT Roadmap areas such as network development of a CIE to support social needs, which saw an increase during the pandemic, and hospital event notifications (HEN).
- Reliance has made some early progress toward gaining a foothold with a few key providers in the Lane County region, which we expect to support individual provider adoption of that HIE in the future. [redacted]
- 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.

B. 2022-2024 Plans

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

1. Select that boxes that represent strategies pertaining to your 2022-2024 plans.
2. Describe the following in the appropriate narrative sections
    a. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies.

b. Any additional HIE tools you plan to support or make available.
c. Strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2021.
d. Activities and milestones related to each strategy (Please include the number of organizations of each provider type you expect will gain access to HIE for Care Coordination as a result of your support, as applicable)

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

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

Overall Plans

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

☒ HIE training and/or technical assistance

☒ Assessment/tracking of HIE adoption and capabilities

☒ Outreach and education about value of HIE

☒ Collaboration with network partners

☒ Enhancements to HIE tools (e.g., adding new functionality or data sources)

☒ Integration of disparate information and/or tools with HIE

☒ Requirements in contracts/provider agreements

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

☐ Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)

☒ Other strategies that address requirements related to federal interoperability and patient access final rules (Development of additional infrastructure, e.g., APIM, Facets Data Publishing, that enable future extensions of interoperability services)

☒ Other strategies for supporting HIE access or use (Continued funding of a full-time Care Management HIE Strategist within the Care Management team)

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

Based on the regional Reporting Tables in the OHA-provided HIT Data File dated January 31, 2022, the number of contracted organizations and PCPCHs that have not adopted a known HIE tool (including the Collective Platform) are:

CCO: **Central Oregon**	Number of Contracted Providers	Number w/o HIE Adoption	Percent w/o HIE Adoption	Number of contracted PCPCHs	Number w/o HIE Adoption	Percent w/o HIE Adoption
Physical Health	80	35	44%	23	1	5%
Behavioral Health	119	112	94%	1	1	100%
Oral Health	70	66	94%	0	0	0%

CCO: Columbia Gorge	Number of Contracted Providers	Number w/o HIE Adoption	Percent w/o HIE Adoption	Number of contracted PCPCHs	Number w/o HIE Adoption	Percent w/o HIE Adoption
Physical Health	31	8	26%	17	0	0%
Behavioral Health	16	12	75%	1	1	100%
Oral Health	69	65	94%	0	0	0%

CCO: Lane	Number of Contracted Providers	Number w/o HIE Adoption	Percent w/o HIE Adoption	Number of contracted PCPCHs	Number w/o HIE Adoption	Percent w/o HIE Adoption
Physical Health	84	40	48%	24	2	8%
Behavioral Health	137	121	88%	2	1	50%
Oral Health	74	70	95%	0	0	0%

CCO: Marion Polk	Number of Contracted Providers	Number w/o HIE Adoption	Percent w/o HIE Adoption	Number of contracted PCPCHs	Number w/o HIE Adoption	Percent w/o HIE Adoption
Physical Health	95	43	45%	43	6	14%
Behavioral Health	79	64	81%	2	1	50%
Oral Health	72	68	94%	0	0	0%

In the coming year, we intend to prioritize onboarding providers with the most impact. Depending on provider type, this could be based on the number of members assigned to a PCP, claim quantities, claim totals or other appropriate metrics. Regardless of what metrics are used, the ultimate goal remains to improve health outcomes for CCO members through the use of HIE technologies. We expect to focus on both on-boarding new providers and building the health and quality of existing HIE implementations that have received limited focus over the past two years.

Considering the ongoing adaptations required by the pandemic and the resulting provider fatigue, we will observe and gauge COVID's continuing impact on provider availability and willingness to start something new as we develop our outreach strategies and plans. We do not want to harm relationships – and possibly create future resistance – if providers feel pressured to implement new technologies before they feel ready. With that in mind, we will re-establish provider relationships that have been on hold, assess current providers who are not currently using the tools to provide targeted education and support, and be thoughtful in our encouragement of implementing new technologies.

Summary of 2022-2024 Major Strategies / Milestones

- Continue to maintain data about participation in HIE including CIE
- Monitor activity and utilization of HIE including CIE
- Continue to educate provider partners in each region about the benefits of participating in a regional HIE and/or CIE program

HIE Strategy 2 (Ongoing and Additional Activities) – Develop assessment and monitoring process for HIE access and data contribution rates across provider types

Activities	Milestones and/or Contract Year
Continue collecting data on HIE status across range of physical health providers.	2020-2024 (Ongoing)
Use Delivery System Network report to identify in-scope providers.	2020-2024 (Ongoing)
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).	2020-2024 (Ongoing)
Collect data from providers with unknown status.	2020-2024 (Ongoing)
Corroborate baseline against any available external sources (e.g., Certified Health IT Product List).	2021-2024 (Ongoing)
Continue to re-integrate internal and external data to report progress.	2021-2024 (Ongoing)
Prototype Evaluate HL7 transmissions for HIE data. (Reliance)	2022

HIE Strategy 3 (Ongoing and Additional Activities) – Establish and maintain appropriate resourcing and staffing to support multiple CCO Regions.

Activities	Milestones and/or Contract Year
Monitor staffing annually and adjust as needed.	2021-2024 (Ongoing)

HIE Strategy 4 (Ongoing and Additional Activities) – Implement regional Community Information Exchange (CIE).

Activities	Milestones and/or Contract Year
Facilitate learning sessions in each region leveraging existing Unite Us events for learning and support with on-boarded partners.	2020 - 2024 (Ongoing)
Quarterly status reporting to Health Councils, CAP and HIT Collaboratives including referral and assessment volumes.	2021 – 2024 (Ongoing)
Data modeling from staged Connect Oregon data received from Unite Us	2022

HIE Strategy 7 (Ongoing and Additional Activities) – Prototype new high value use cases.

Activities	Milestones and/or Contract Year
Attend monthly Reliance eHealth Meetings	2020 - 2024 (Ongoing)
Work with Reliance to identify and establish high-value use cases	2022 – 2024 (Ongoing)
Explore the mining of Collective data for predictive SDOH variables	2022
Mine additional Reliance data reports for SDOH signals including COVID reporting	2022

HIE Strategy 8 (Ongoing & Additional Activities) – Community Health Record as Proxy for direct EHR Access.

Activities	Milestones and/or Contract Year

Validate or invalidate Reliance as a proxy for each use case that requires EHR Access	2021 - 2022
Report results to Reliance and identify opportunities for improvements to overcome any issues presented.	2021 - 2022

HIE Strategy 9 (Ongoing and Additional Activities) – Community Health Record as source of supplemental data for quality programs.

Activities	Milestones and/or Contract Year
Identify data feed formats for specific measures applicable to NCQA DAV Program	2021 - 2022
Receive and validate test data feeds	2021 - 2022

HIE Strategy 10 (Ongoing and Additional Activities) – Maintain Enterprise Technology roadmap for Health Information Exchange.

Activities	Milestones and/or Contract Year
Continue internal HIE Steering committee	2021-2024 (Ongoing)
Maintain and update three year roadmap for PacificSource enterprise HIE Program	2021-2024 (Ongoing)
Maintain and update annual program/initiative charter and quarterly crosswalk	2021-2024 (Ongoing)
Meet CMS Interoperability Requirements including ability to exchange health data via FHIR interfaces	2021 - 2022
Medical Management Platform Implementation and Integration with clinical data from HIE sources	2022 - 2023
Expand InTouch web portal for CCO members	2022 Q2
Explore the viability of provider reported eCQM metrics such as PHQ9 scores and ECDS	2022

HIE Strategy 11 (Ongoing and Additional Activities) – HIE Governance

Activities	Milestones and/or Contract Year
Re-establish Internal Care Management/Population Health Advisory Groups	2022 Q2
Regularly convene the HIT/HE/Interoperability Steering Committee	2022 – 2024 (Ongoing)
Develop an HIT/HIE/Interoperability Annual Plan	2022 – 2024 (Ongoing)
Establish service agreement with Reliance including service level agreements	2022

HIE Strategy 13 (Ongoing and Additional Activities) – Pharmacy Go-Live

Activities	Milestones and/or Contract Year
Beta test Pediatric Asthma Claims Report in Collective	2022 Q3

HIE Strategy 14 (Ongoing and Additional Activities) – CMT Eligibility File Updates: ICC Reassessment, LTSS and DSNP

Activities	Milestones and/or Contract Year
LTSS Reporting against tracking measures	2022
DSNP cohorts and reports	2022

HIE Strategy 15 (Ongoing and Additional Activities) – Structural Collective System Improvements

Activities	Milestones and/or Contract Year
Institute cohort naming convention	2020 – 2022 (Ongoing)

HIE Strategy 16 (Ongoing and Additional Activities) – Explore the application of CIE to be leveraged for Clinical Care Coordination.

Activities	Milestones and/or Contract Year
Lane Provider to Provider Referral Pilot	2022 Q3
Develop understanding of the best types of P2P use cases that could potentially scale.	2022 Q4

HIE Strategy 17 (Ongoing and Additional Activities) – HIE as a source of SDOH Information.
With regularly updated copies of the Unite Us database available starting Q4 2021, PCS Analytics was able to develop more robust methods for identifying members with social determinants of health in combination with other data sources in December 2021.

As we begin 2022, we are incorporating the ingested information into our proprietary Intensive Care Coordination Prioritized Population (ICC), Care Program Identification Algorithm (CPIA), and internal social complexity algorithms and Member Insight Provider Insight (MiPi) member profiles. Connect Oregon 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 methods (developed in 2021) will be used in upcoming annual population health assessment reporting to better understand the scope of member needs.

Activities	Milestones and/or Contract Year
Explore the mining of Collective data for predictive SDOH variables	2021 – 2024 (Ongoing)
Mine additional Reliance data reports for SDOH signals	2022
EMR Feeds as a data source	2022

HIE Strategy 18 (New 2022) – Centralize Data Exchange with Federally Qualified Health Centers
PCS intends to work with OCHIN to identify opportunities to improve data exchange on behalf of OCHIN-Epic's participating Federally Qualified Health Centers (FQHCs). As part of this effort, PCS will provide a centralized data feed of claims records in a secure environment within OCHIN to distribute/disseminate to all OCHIN-Epic clinics simultaneously via a single, shared resource.

In parallel, to close the loop on data exchange, OCHIN will establish a clinical data feed from its Epic electronic health record to the Reliance HIE, allowing PCS to gather community health records for the downstream FQHC's via this channel. Should an FQHC contracted with OCHIN not currently send their records to Reliance, OCHIN will provide outreach and attempt to facilitate a change.

Activities	Milestones and/or Contract Year
Align with OCHIN on claims feed specification	2022 Q2

Generate and deliver initial historical file	2022
Setup ongoing delivery	2022 - 2024 (Ongoing)

HIE Strategy 19 (New 2022) – Explore Epic Payer Platform

To help reduce costs and improve efficiency, PCS is exploring the implementation of Payer Platform, Epic's software solution and interoperability network that supports communication between payers and providers. 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.

Activities	Milestones and/or Contract Year
Schedule demos of Epic Payer Platform	2022 Q2
Review how Epic Payer Platform could facilitate our EHR access requirements	2022 Q3
Create implementation recommendations for PCS leadership	2022 Q4

Interoperability Strategy 1 (Ongoing and Additional Activities)

Activities	Milestones and/or Contract Year
Develop and iterate on interoperability roadmap including regulatory approach, industry-alignment, technology, and partner opportunities.	2020 - 2024 (Ongoing)
Core interoperability capabilities architecture and design.	2020 – 2024 (Ongoing)
Interoperability data source preparation, FHIR platform build-out, and security engineering. Initial FHIR-based integrations with HIE partners. - Reliance FHIR interface for clinical data - Change Healthcare integrations for member authentication, consent management, and 3rd party apps registration - Investigation of FHIR integrations with Virtual Health	2022 (Q2)
Architecture and design for insourcing of OAuth 2.0 authentication, patient matching, and consent management capabilities in support of interoperability.	2022 (Q4)
Business-to-business (B2B) interoperability pilots with selected partners for eligibility, clinical, and provider data exchanges.	2022
Design and development of FHIR-based prior authorization capabilities.	2022
Research TEFCA and payer-to-payer options and develop TEFCA roadmap	2022 Q3
Pilot FHIR-based solution for ingestion of provider data	2022 Q3
Develop high-value Interoperability Partner Roadmap	2022 Q4
Develop interface between HIE data sources, proprietary analytics algorithms (CPIA) and new care management platform.	2022 - 2023

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

See the *Plans Across Provider Types* section above.

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

See the *Plans Across Provider Types* section above.

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

See the *Plans Across Provider Types* section above.

C. Optional Question

How can OHA support your efforts in supporting your contracted providers with access to HIE for Care Coordination?
The most significant barrier in HIE for Care Coordination is in supporting the significant costs for a centralized community health record and community information exchange. We anticipate with the improved financial stability of Reliance eHealth and as high-value use cases are established, additional participants will be drawn in with the goal of driving down the per-member per-month costs to CCOs. We are anticipating a similar economy of scale to be developed once the Connect Oregon platform is firmly established across the state (and nationwide). With regard to interoperability, the OHA can best help in this space by taking care not to over-drive interoperability requirements in ways that would risk departure from CMS/ONC guidance. OHA can also assist by accelerating or restarting development of its own FHIR-based resources (e.g., a FHIR-based OPD offering, 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.

4. Support for HIE – Hospital Event Notifications

A. 2021 Progress

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

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

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

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

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

Across all HIE types and use cases, HEN continues to be the most robustly adopted type of HIE in each of our CCO regions. The data feeds we implemented in 2020 between Collective and our care management system continue to provide timely and good quality data.

During the continuing pandemic, the Collective platform remained a key source of information for PCS patients presenting at hospitals experiencing COVID-19 symptoms or hospital admissions. This data helped us actively monitor and develop regional strategies as a part of our ongoing response in partnership with our provider partners.

PCS staff continued to be actively involved in strategic sessions about how to leverage the new non-encounter based reporting as part of our COVID-19 response. We directed our actions primarily at assisting our external partners in getting their COVID-19 data flowing inbound. We also worked to socialize and facilitate external partners getting access to ALERT data through Collective. And we built multiple innovative cohorts and reports designed to simplify the difficulty of the phase rollouts early in the year. We also built multiple internal cohorts designed to aid in internal tracking of COVID. Unfortunately, an expanded and accelerated vaccine process that removed the need for the tools we prepared followed the 2021 Presidential transition. On some level, after March and the accelerated vaccine rollout, the appetite for COVID-related HIE tools seemed to slow down.

We face scalability challenges with our existing care management platform and plan to implement a new care management solution to support Pharmacy, Appeals and Grievances, Utilization Management, Care Management, Disease Management, and Quality. Because the data resources we currently receive from Collective are not in a format that can easily integrate into the new care management platform, we will need to evaluate an HIE data infrastructure we can use to integrate these feeds, including identifying actions to continue and expand on supporting population health in real time. As with today's tools, even after this change we would expect to retain processes with smaller hospital systems where daily census is obtained via phone or fax.

The data integration between Collective and our new care management platform will not be complete immediately when the new care platform becomes operational. Therefore, we will continue to ingest and stage data from Collective in our internal clinical data warehouse to make it available for the new care management platform to consume until such a time as we can complete the direct integration between the two. Ingesting this data serves a dual purpose, as it will also make the Collective data available for deeper reporting and analysis internally.

We continue to appreciate OHA's ongoing financial support for the Collective platform as it has helped remove many barriers to its adoption.

Below is a list of HIE – HEN platforms currently supported by our CCOs and in use by us and our network:

Collective Platform (f.k.a. PreManage) – See Section 3.A.i. HIE Strategy 1 for more information about how PCS is using Collective. Note that 12 physical health providers sponsored by PCS gained increased access to this HEN in 2021.

Reliance eHealth Collaborative – While not the primary source of HEN information, Reliance also offers Hospital Event Notifications to PCS and CCO providers. We feel this is a great example of making data available in the platform that is most accessible to a particular use case, a "no wrong door" approach to accessing health information in support of care coordination efforts. Through Reliance's analytic capabilities, we have used these tools to develop custom reports for specific use cases. Reliance saw 14 new providers join their HIE in 2021 (nine physical health, one oral health, one behavioral health, one Federally Qualified Health Center (FQHC), and two hospice providers), noting hospice providers are an excluded care type for HIT Data Reporting.

Secure File Transfer Protocol (SFTP) – PCS exchanges significant care coordination information with provider partners using this method. A significant volume of monthly reporting and other analysis is transmitted using this method.

EDIE - All hospitals in our service area have adopted EDIE – the emergency department information exchange. In 2021, the HIT Commons worked to bring Prescription Drug Monitoring Program (PDMP) information to Emergency Departments through integration of the Oregon PDMP registry with the EDIE platform. This effort resulted in 33 hospitals with direct integration between EDIE and PMP. HIT Commons continues to add clinics on at a slowly declining pace.

HIE Strategy 2 – Develop assessment and monitoring process for HIE Access and data contribution rates across provider types
(See HIE Section for more information)

Working with Collective, PCS improved the process whereby we receive Collective engagement metrics for our sponsored partners. What used to be a manually delivered Excel file is now an automated and customizable Tableau dashboard. We also requested and received from Collective an enhancement that allows us to easily track and visually represent engagement level over time.

Activities	Milestones and/or Contract Year
Hospital Event Notification specific activities.	2020-2024 (Ongoing)
• Establish activity and connectivity reporting on HEN (Collective).	2020 (Complete)
• Construct internal dashboard (Tableau) to support regional Health Council reports.	2020 (Complete)
• Continue collecting data on Hospital Event Notification participation status across range of physical health providers.	2020-2024 (Ongoing)

HIE Strategy 3 – Establish appropriate resourcing and staffing to support multiple CCO Regions
Summary: PCS continued to make HIT Program staff adjustments in 2021 with the replacement of the HIE Program Manager and a vacancy in the HIE Program Coordinator position. We also continue to fund a full-time Care Management HIE Strategist position within our Care Management organization.

Activities	Milestones and/or Contract Year
Added regional practice coaches to support care coordination and quality workflows.	2020 (Complete)
Added HIE Strategist to support broader HIE program from the clinical perspective with a specific priority on utilizing Hospital Event Notifications.	2020 (Complete)
Added a Social Determinants of Health (SDOH) and Equity Program Manager to our community health strategy team. This resource is an active participant in discussions regarding SDOH information transmitted via HEN.	2020 (Complete)

Additional HIE Strategies Impacting and Improving HEN Workflows (See above HIE Strategies under support for HIE):

- HIE Strategy 10 – Maintain Enterprise Technology Roadmap for Health Information Exchange.
- HIE Strategy 11 – HIE Governance
- HIE Strategy 12 – HIE as a source of SDOH Information
- HIE Strategy 13 – Pharmacy Go-Live
- HIE Strategy 14 – CMT Eligibility File Updates – ICC Reassessment, LTSS and DSNP
- HIE Strategy 15 – Structural Collective System Improvements

- HIE Strategy 16 – Explore the application of CIE to be leveraged for Clinical Care Coordination

HEN Strategy 1 – Add additional high value HEN Cohorts and Reports and Keep Curated Library.
Summary: PCS continued to expand our custom cohorts within the Collective platform in 2021. Examples include:

- In July 2021, as we approached a second summer heat wave, we were asked by the OHA on a Wednesday to complete outreach to all members hospitalized for a heat-related illness during the first heat wave of 2021. Utilizing Collective's Census files and manually filtering, we were able to run the report, filter it, and complete outreach to all members listed by end of business that Thursday, less than two days after the original OHA request.
- After adding our LTSS as a new group in our Collective eligibility file, we created hospital discharge reports for all regions and all Care Management teams designed to allow for follow-up and assistance with transitions of care. These reports are averaging roughly 200 hits a day across all CCO regions.
- Added the DCO Flag in Collective as a hospital-only flag at the direct request of multiple Emergency Department (ED) Physicians across our footprint in conversations with our Dental Services Program Manager. After extensive internal conversation, we decided to confine the externalized tag to just EDs; we are taking a cautious approach to externalizing tags without discussing it first with those affected so we do not clutter the Collective dashboards of external partners. If we are able to establish value with outpatient partners, we can revisit this conversation in the future.
- Working with internal Care Management staff who have long used the Behavioral Health ED Discharge report, we revised its structure to eliminate erroneous categories and to create a more targeted and signal-heavy version. This is part of an ongoing practice of regularly evaluating our reports to ensure they remain optimized for internal and external clinical partners.
- Inverted Eligibility File Process to resolve Collective Eligibility File Issue – Best Care, the CMHP in Central Oregon, on-boarded with Reliance in 2021. Starting at the end of 2021 and continuing into 2022, we are supporting Best Care in their work with St. Charles Health System to do ED follow-up with patients with SUD admits to the ED. We expect to finish this work in Q1-Q2 of 2022.

We look forward to working with HIT Commons to explore the potential of leveraging two potential use cases in Collective in 2022. The first is a pilot of "Assigned/Not Established Patients" functionality, which creates the ability to assign or attribute a population of patients to a specific provider or clinic in Collective, easing the provider's ability to meet value-based payment performance metrics by establishing care with patients from the health plans they work with. The second relates to the HEDIS Transitions of Care (TRC) Metric and leveraging Continuity of Care Documents (CCD) via a link in Collective to support the TRC HEDIS metric that requires health plans to track important steps in patient follow-up after a hospitalization.

Activities	Milestones and/or Contract Year
Add high-value customized cohorts and reports built around the specific needs of internal users	2020 - 2024 (Ongoing)

HEN Strategy 2 – Ongoing Eligibility File Development
Summary: We continue to work in concert with Collective and our internal partners who use Collective for analytics and reporting to establish additional best practices for our eligibility file. We also continue to explore new uses cases that make the file more robust and thus provide novel sources of information or make the information we are already getting more accurate.

For example, after the successful addition of our LTSS members to the file, we built cohorts and reports around them for all of our Care Management teams for follow-up and improvement of transitions of care. We also added our DSNP population to the eligibility file toward the end of the year in anticipation of 2022-2023 tracking needs. We will develop related cohorts and reports over the course of 2022 as needed by our Population Health and Care Management teams.

We expect to partner even more closely with our Care Management team throughout 2022 to be proactive in evaluating the eligibility file with a more clinical lens, identifying ways we can expand our eligibility file to focus more on providing better care.

Activities	Milestones and/or Contract Year
Add LTSS members to our EF and begin building cohorts/reports around them for our Care Management team.	2021 Q2 (Complete, also added DSNP)
Explore best practice for eligibility file	2021-2024 (Ongoing)
Explore new use cases for eligibility file	2021-2024 (Ongoing)

HEN Strategy 3 – Pharmacy Development
Summary: PCS is in the process of developing an innovative report in Collective to use pharmacy claims to aid in the care of pediatric asthma patients. We confirmed with Collective that to their knowledge and ours, no one in the State of Oregon or the national Collective network has yet stood up a report that combines HENs and pharmaceutical claims in this manner. We spent much of 2021 developing and testing use cases in this novel environment to create the groundwork for this effort and expect the beta release of the report in Q3 of 2022. Pediatric asthma was chosen as the optimum focus through collaboration with pharmacy partners both internal and external to PCS who called out the potential significant value of this particular use case. We believe this will be a transformational use case within the HIE.

Activities	Milestones and/or Contract Year
Go-live of first pharmacy-requested cohort	2021 Q1 (Complete)
Explore existing and new use cases for our pharmacy partners	2021-2022 (Ongoing)
Determine viability of sharing what we build with external partners	2022-2024 (Ongoing)

HEN Strategy 4 – Develop More Robust Use Cases for Risk Stratification
Summary: One of our internal Risk Stratification (RS) algorithms is in our Collective eligibility file and allows us to provide unique insight into our population based on the level of high cost health risks that members live with on a daily basis. We agree that this is fertile ground and there is potential for us to identify and provide support to our most vulnerable populations. We stood up our first RS report internally in 2020.

While we continue to believe there is value in sharing the results of one of our internal RS algorithms as a universal flag in Collective, we remain wary of adding it without the input of our partners and appropriate testing of algorithmic bias. Our concern is that it may not be immediately clear what the flag denotes among provider partners, thus potentially creating confusion and abrasion with the user interface. We also believe it is critical that any RS algorithm provided more broadly is appropriately tested by our Data Science team for algorithmic bias to prevent unintended consequences in how members receive or are prioritized for care services.

We continued to experiment in our own internal reports with our RS tags and believe there will be external value as well, but the pandemic prevented us from doing the kind of outreach necessary to ensure we were adding value for our partners.

Activities	Milestones and/or Contract Year
Stand up first report using RS tags	2021 (Complete)
Explore ongoing possibilities of RS and high-value use cases	2021 – 2022 (Ongoing)
Explore current tools where RS might be an effective value add	2021 – 2022 (Ongoing)
Discuss addition of the RS tag as a universal flag in CMT	2022

HIE Strategy 5 – Engage in Integrated Care for Kids (InCK) Initiative [Marion/ Polk and Central Oregon CCOs Only]

Summary: In October, the OHA notified the Center for Medicare and Medicaid Innovation (CMMI) that it would not apply for continuation of Oregon's Integrated Care for Kids (InCK) Cooperative Agreement in 2022. (This initiative was a Population Health Management program intended to improve health outcomes and reduce costs among children and youth in the Marion-Polk and Central Oregon CCO regions.) The OHA made this difficult decision with the well-being of children and families at its center, and after thoughtful consultation with the Oregon Pediatric Improvement Partnership (OPIP; Oregon's InCK lead organization) the OHA, and PacificSource. As a result of this decision, PCS wrapped up all InCK-related program activities at the end of 2021.

That said, the many hours of effort and focus on this initiative were not lost. See Section 3. A. i. 2021 Progress – HIE Strategy 5 for more information.

ii. Additional progress specific to physical health providers

See the *Strategies Across Provider Types* section.

iii. Additional progress specific to oral health providers

See the *Strategies Across Provider Types* section.

iv. Additional progress specific to behavioral health providers

See the *Strategies Across Provider Types* section.

v. Please describe any barriers that inhibited your progress

See answer to section 3. A. 2021 Progress, subsection v. Barriers that inhibited our progress.

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

Overall Progress

Please select that strategies you employed during 2021.

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

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

See answer to the 4. A. 2021 Progress section above for supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers.

B. 2022-2024 Plans

1. Please describe your plans for ensuring increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In the spaces below, please
    a. Select the boxes that represent strategies pertaining to your 2022-2024 plans.

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

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

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

Overall Plans

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

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

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

Based on the regional Reporting Tables in the OHA-provided HIT Data File dated January 31, 2022, the number of contracted organizations and PCPCH's that do not have access to HIE for Hospital Event Notification are:

CCO: **Central Oregon**	Number of Contracted Providers	Number w/o HEN Access	Percent w/o HEN Access	Number of contracted PCPCHs	Number w/o HEN Access	Percent w/o HEN Access
Physical Health	80	59	74%	23	5	23%
Behavioral Health	119	115	97%	1	1	100%
Oral Health	70	68	97%	0	0	0%

CCO: Columbia Gorge	Number of Contracted Providers	Number w/o HEN Access	Percent w/o HEN Access	Number of contracted PCPCHs	Number w/o HEN Access	Percent w/o HEN Access
Physical Health	31	16	52%	17	2	12%
Behavioral Health	16	14	88%	1	1	100%
Oral Health	69	67	97%	0	0	0%

CCO: Lane	Number of Contracted Providers	Number w/o HEN Access	Percent w/o HEN Access	Number of contracted PCPCHs	Number w/o HEN Access	Percent w/o HEN Access
Physical Health	84	59	70%	24	5	21%
Behavioral Health	137	122	89%	2	1	50%
Oral Health	74	72	97%	0	0	0%

CCO: Marion / Polk	Number of Contracted Providers	Number w/o HEN Access	Percent w/o HEN Access	Number of contracted PCPCHs	Number w/o HEN Access	Percent w/o HEN Access
Physical Health	95	57	60%	43	11	26%
Behavioral Health	79	64	81%	2	1	50%
Oral Health	72	70	97%	0	0	0%

In the coming year, we intend to prioritize onboarding providers with the most impact. Depending on provider type, this could be based on the number of members assigned to a PCP, claim quantities, claim totals or other appropriate metrics. Regardless of what metrics are used, the ultimate goal remains to improve health outcomes for CCO members through the use of HEN technologies. We expect to focus on both on-boarding new providers and building the health and quality of existing HEN implementations that have received limited focus over the past two years.

Considering the ongoing adaptations required by the pandemic and the resulting provider fatigue, we will observe and gauge COVID's continuing impact on provider availability and willingness to start something new as we develop our outreach strategies and plans. We do not want to harm relationships – and possibly create future resistance – if providers feel pressured to implement new technologies before they feel ready. With that in mind, we will re-establish provider relationships that have been on hold, assess current providers who are not currently using the tools to provide targeted education and support, and be thoughtful in our encouragement of implementing new technologies.

Summary of 2022-2024 Strategies:

- Continue to maintain data about participation in HEN
- Monitor activity and utilization of HEN in each CCO region
- Develop high-value use cases that leverage existing HEN infrastructure
- Continue to educate provider partners in each region about the benefits of participating in a regional HEN
- Review requirements language in provider contracts and agreements and determine if amendments should be made

HEN Strategy 1 – (Additional and Ongoing Activities) Add additional high value HEN Cohorts and Reports and Keep Curated Library.

Activities	Milestones and/or Contract Year
Add high-value customized cohorts and reports built around the specific needs of internal users	2020 - 2024 (Ongoing)
Pilot "Assigned/Not Established Patients" Functionality	2022
Explore potential of Leveraging CCDs via CMT to support HEDIS Transitions of Care Metric	2022
Explore opportunities to develop post-acute HIE data flows	2022 - 2024

HEN Strategy 2 – (Ongoing Activities) Eligibility File Development
We expect to partner even more closely with our Care Management team throughout 2022 to be proactive in evaluating the eligibility file with a more clinical lens, identifying ways we can expand our eligibility file to focus more on providing better care.

Activities	Milestones and/or Contract Year
Explore best practice for eligibility file	2021-2024 (Ongoing)
Explore new use cases for eligibility file	2021-2024 (Ongoing)

HEN Strategy 3 – (Additional and Ongoing Activities) Pharmacy Development
Pursue developing an innovative report in Collective to use pharmacy claims to aid in the care of pediatric asthma patients.

Activities	Milestones and/or Contract Year
Explore existing and new use cases for our pharmacy partners	2021-2022 (Ongoing)
Determine viability of sharing what we build with external partners	2022-2024 (Ongoing)
Beta Test Pediatric Asthma Claims Report in Collective	2022 Q3

HEN Strategy 4 – (Additional and Ongoing Activities) Develop More Robust Use Cases for Risk Stratification
Continue developing internal RS algorithms in our Collective eligibility file to provide unique insight into our population based on the level of high cost health risks that members live with on a daily basis.

Activities	Milestones and/or Contract Year
Explore ongoing possibilities of RS and high-value use cases	2021 – 2022 (Ongoing)
Explore current tools where RS might be an effective value add	2021 – 2022 (Ongoing)
Discuss addition of the RS tag as a universal flag in CMT	2022

HEN Strategy 5 – (New 2022) Review Provider Contract Language
Review language in provider contracts and agreements to determine if amendments should be made to support the increased adoption of HEN systems.

Activities	Milestones and/or Contract Year
Review provider contract language	2022 – 2023
Work with Provider Network to determine if amendments should be made to contracts	2022 – 2023

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

See the *Plans Across Provider Types* section above.
iii. Additional plans specific to oral health providers, including activities & milestones
See the *Plans Across Provider Types* section above.
iv. Additional plans specific to behavioral health providers, including activities & milestones
See the *Plans Across Provider Types* section above.

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

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

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

Overall Plans

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

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

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

Nothing additional to add beyond progress noted in Section 4.B.1. above related to plans for contracted physical, oral and behavioral health providers, as all internal care coordination strategies leveraging Hospital Event Notifications are interdependent with external strategies.

C. Optional Question

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

Identification or information on other/new high-value use cases leveraging Hospital Event Notifications.

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

A. 2021 Progress

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

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

PCS uses the Connect Oregon community information exchange built on the Unite Us platform, which allows for closed loop referrals to address our members' social determinants of health needs.

Even given the ongoing pandemic's impact to provider partners and community-based organizations (CBOs) throughout 2021, we made significant progress developing the Connect Oregon network, which we joined in 2020. Building a robust referral network is a multi-year process and we expect to spend 2022 building on 2021's success by inviting additional providers and CBOs to join the network, and increasing the diversity of the social needs resources offered to support the unique needs of each region.

Some highlights of 2021 activities include:

- Made Connect Oregon available in each of our CCO regions.
- Trained and on-boarded all PCS Care Management teams so they could begin conducting Accountable Health Communities (AHC) screenings and referrals on the platform.
    - Working in concert with Unite Us staff and the AHC team at OHSU, PCS added the AHC form into Connect Oregon so our Care Management staff could complete their screenings directly in this platform. Although we stood up this process shortly before the end of the AHC program and only completed 12 assessments in this manner, it is a perfect example of how Connect Oregon can support standardized reporting forms.
    - In addition to supporting the AHC screenings, all Care Management teams support our members in their respective regions with general SDOH screening, referral and navigation.
- On-boarded the PCS Health-Related Services team to receive incoming referrals for Health-Related Services ("Flexible Services"). Connect Oregon users referring clients for Flexible Services could upload a completed Flexible Services form as a PDF attachment. This welcome process enhancement eliminated the need to fax in referrals and allowed for closed-loop notifications as the referring sender can now see when a Flexible Services referral is accepted or rejected, allowing the referrer and Flexible Services team to track progress and outcomes to better serve the needs of our members.
    - In 2022, PCS plans to enhance this process by embedding the Flexible Services form directly into the platform. This will remove barriers by allowing referrers to complete the form using fillable boxes within Connect Oregon rather than uploading a PDF.
- Helped develop the screening attestation form in Connect Oregon as part of the InCK program noted in HIE Strategy 5 detailed in Section 3. Support for HIE – Care Coordination.
- Focused efforts on health equity by prioritizing network partners that serve the social needs of cultural and linguistic members. For example, we identified a priority to on-board organizations that support the Latinx community in the Marion-Polk CCO region.
- On-boarded key providers and CBOs including COVID-19 Wraparound services in Marion County and Deschutes County.
- Two of three Dental Care Organizations (DCOs) joined the Connect Oregon network.
- Began to assess how Connect Oregon can serve as a bi-directional exchange for SDOH and HIE information. However, we learned that REALD & Sexual Orientation and Gender Identity (SOGI) data

fields in Connect Oregon do not align with our internal data fields, which are based on OHA data collection requirements. As a result, PCS has a big task ahead to figure out how to share REALD and SOGI data across PCS and with Connect Oregon.

- Actively participated in a number of Unite Us advisory boards including the Statewide Network Advisory and Funders Advisory Boards, as well as community advisories.

As a result of the progress noted above, PCS facilitated the growth of Connect Oregon over the course of 2021 as follows:

Connect Oregon Network Growth		
Region	**2020 Total On-boarded Partners***	**2021 Total On-boarded Partners***
Marion & Polk	13	50
Central Oregon	32	61
Lane County	11	50

*Including healthcare organizations, community based organizations and government entities

2021 Connect Oregon Network Health			
Region	**Total Clients Served**	**Accepted Referrals Rate**	**Resolved Cases**
Marion & Polk	1,769	90%	66%
Central Oregon	1,020	91%	82%
Lane County	118	39%	31%

PCS also implemented a bi-directional interface with Connect Oregon to support direct data exchange. We send a weekly out-bound member roster file that is used in the Connect Oregon Search and Match process so that when a Connect Oregon user searches for a PCS member, they will get a potential match for a member that was added via the roster. If the user then selects that member, the member's demographic information appears. We are currently staging the receipt and ingestion of data content sets from Connect Oregon in our internal data warehouse so the details of member interactions within the platform are available for analysis and data modeling to help us understand and address our members' SDOH experiences and needs.

With regularly updated copies of the Connect Oregon database available starting Q4 2021, PCS Analytics was able to develop more robust methods for identifying members with social determinants of health in combination with other data sources in December 2021. Connect Oregon is now used in combination with claims, Collective Medical, Reliance reports, and eligibility files to more comprehensively identify member SDOH. This information is then used in MiPi Member Profiles, care program identification and eligibility, population health assessments, and other analyses.

Activities	**Milestones and/or Contract Year**
Contract with Connect Oregon (Unite Us).	2020 (Complete)
Integrate existing forms of SDOH data in information used internally and reported to providers.	2020 (Complete)
Implement Connect Oregon in each CCO.	2021 Q3 (Complete for Lane, Marion-Polk, and Central Oregon CCOs; "available" in the Columbia Gorge CCO)
Implement data exchange of weekly CCO eligibility.	2021 Q2 (Complete)

Receive all available SDOH screenings and referral info from Connect Oregon into PS data warehouse.	2021 Q3 (Complete)
Assess how HIE platform can serve as bi-directional exchange for SDOH & HIE information.	2021 – 2024 (Ongoing)
Identify additional data sources and elements containing data relevant to monitoring and addressing SDOH.	2020 – 2024 (Ongoing)
Integrate newly identified and relevant data into enterprise data warehouse.	2020 – 2024 (Ongoing)

SDOH Strategy 1 – Connect Oregon and Unite Us Implementation

As noted in Section 3. A. 2021 Progress; HIE Strategy 4 – Implement Regional Community Information Exchange, PCS continued its momentum working with Unite Us to execute our deployment plan to build out the Connect Oregon network of providers and community based organizations across our CCO regions. As part of this expansion, we on-boarded and trained PCS Care Management and Health-Related Services staff in each of our CCO regions to increase the level of support we could provide CCO members with their social needs referrals; a critical community benefit especially given the ongoing impacts of the pandemic.

[redacted] We also kicked-off awareness and engagement in the Columbia Gorge region through meetings and discussions with the Columbia Gorge Health Council. Our Unite Us account management team presented at various regional Health Council and HIT community collaborative opportunities to introduce the platform to potential new users and provide an update on referral and assessment volumes. As mentioned above, our Unite Us progress in the Gorge has stalled, largely due to concerns about level of effort to implement, learn, and use the platform, especially during the pandemic. We have put significant effort in addressing some of these concerns with the Unite Us accounts team, by working together to develop a plan for interoperability that can scale across organizations in the Gorge without significant additional investment, and can work as a model across other regions. However, we have not yet been able to agree to a vision that will work for all parties.

Parallel to these front-line engagement activities, we implemented bi-directional interfaces between PCS and Connect Oregon. We send a weekly out-bound member roster file that is used in the Connect Oregon Search and Match process so that when a Connect Oregon user searches for a PCS member, they will get a potential match for a member that was added via the roster. If the user then selects that member, the member's demographic information will appear. We are currently staging the receipt and ingestion of data content sets from Connect Oregon in our internal data warehouse so the details of member interactions within the platform are available for analysis and data modeling to help us understand and address our members' SDOH experiences and needs.

As we begin 2022, we are incorporating the ingested information into our proprietary Intensive Care Coordination Prioritized Population (ICC), Care Program Identification Algorithm (CPIA), and internal social complexity algorithms and Member Insight Provider Insight (MiPi) member profiles. See attached for examples. Connect Oregon 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 methods developed in 2021 will be used in upcoming annual population health assessment reporting to better understand the scope of member needs.

Activities	Milestones and/or Contract Year
Engagement in CIE White boarding.	2019-2020 (Complete)
Unite Us early adopter contracting.	2020 (Complete)

Added a Social Determinants of Health (SDOH) and Equity Program Manager to our community health strategy team. Significant focus on Connect Oregon (Unite Us) implementation.	2020 (Complete)
Establish project team for regional Connect Oregon implementation	2020 (Complete)
Establish CIE implementation as Enterprise strategic initiative.	2020 (Complete)
Facilitating learning sessions in each region leveraging Unite Us events for learning and support with on-boarded partners.	2020-2024 (Ongoing)
Lane County Project Kick-Off.	2020 (Complete)
Marion and Polk County Project Kick-Off.	2020 (Complete)
PacificSource/Unite Us SSO implementation.	2021 (Complete)
PCS & PacificSource Health Services staff onboarding and training.	2021 Q1 (Complete)
Columbia Gorge project kick-off.	2021 Q1 (Complete)
PCS/Unite Us bi-directional data interfaces.	2021 Q1 (Complete in Q4)
Central Oregon pilot transition to PCS.	2021 Q3 Complete
Quarterly Health Council status reporting including referral and assessment volumes.	2021-2024 (Ongoing)

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[Central Oregon Connect Oregon Pilot in Collaboration with St. Charles Health System, Mosaic Medical, and the Central Oregon Health Council] and [Ongoing Growth and Support in Central Oregon Region for Connect Oregon Network]

Our initial Connect Oregon pilot in the Central Oregon region completed in 2021 and responsibility of the Unite Us contract covering the Central Oregon region converted to PCS that summer as planned. All Member Support Specialists and Care Management clinicians in Central Oregon were on-boarded to support not just Central Oregon members but also our Legacy-PacificSource members under our Health Share Integrated Delivery Service (IDS) contract.

Activities	Milestones and/or Contract Year
Onboard all Central Oregon Member Support Specialists and clinicians as users.	2021 Q1 (Complete)
Onboard our Legacy Health Share Care Management Team	2021 Q2 (Complete)
PCS takes over the contract from the pilot program.	2021 Q3 (Complete)
Go-live in Jefferson and Crook Counties.	2021 Q3-Q4 (Complete)
Continue onboarding CBOs and assisting with the establishment of Connect Oregon licenses and workflows.	2021 – 2024 (Ongoing)

[Connect Oregon Go-Live and Support in Marion-Polk and Lane CCO Regions]

The Lane and Marion-Polk CCO regions went live on Connect Oregon during the first half of 2021. With this effort, PCS successfully on-boarded all Member Support Specialists and clinicians in the Marion-Polk region in February and in the Lane region in April. We are actively working with the Unite Us vendor to invite and onboard providers and CBOs onto the network.

Activities	Milestones and/or Contract Year
Work with the Lane Community Health Council and community partners to identify high-priority CBOs	2020 (Complete)
Work with the Willamette Valley Health Council and community partners to identify high-priority CBOs	2020 (Complete)
Work with our partners to establish the technical and clinical workflows in advance of go-live.	2021 (Complete)
Identify high-priority community based organizations (CBOs) vital for a successful launch and begin engagement conversations.	2021 (Complete)

Finalize technical and clinical workflows and test for viability.	2021 (Complete)
Go-live Marion-Polk; Onboard PCS Member Support Specialists and clinicians in Marion-Polk.	2021 Q1 (Complete)
Go-live Lane; Onboard PCS Member Support Specialists and clinicians in Lane.	2021 Q2 (Complete)
Continue onboarding CBOs and assisting with the establishment of Connect Oregon licenses and workflows.	2021 – 2024 (Ongoing)

[Connect Oregon Go-Live in the Columbia Gorge Region]
We have also contracted with Unite Us to make Connect Oregon available throughout the Columbia Gorge region and that region's Care Management team has begun supporting our Gorge members with SDOH screenings. In response to community feedback and COVID-19 restraints, Connect Oregon adoption is largely still in an exploratory phase in the Columbia Gorge. Several key community partners requested that PCS and Unite Us explore integration with Activate Care, a case management platform used by several organizations in the region. PCS and Unite Us have agreed to explore this feasibility in 2022. Also in 2022, PCS – Columbia Gorge will explore collaboration opportunities in Washington, as the Unite Us platform is live and in the early stages of growth in Klickitat County.

Activities	Milestones and/or Contract Year
Work with the Columbia Gorge Health Council and community partners to identify high-priority CBOs	2020 (Complete)
Determine the extent of existing efforts with the Columbia Gorge Health Council and Activate Care and assess for interoperability and impact on workflows.	Updated to 2022
Work with our partners to establish the technical and clinical workflows in advance of go-live.	Updated to 2022
Identify high-priority community based organizations (CBOs) vital for a successful launch and begin engagement conversations.	2021 - 2022 (Ongoing)
Finalize technical and clinical workflows and test for viability.	Updated to 2022
Go-live and onboard PCS Member Support Specialists and clinicians.	2021 Q3 (Complete)

HIE Strategy 5 [Marion/Polk and Central Oregon CCOs Only] – InCK Initiative
Summary: In October, the OHA notified the Center for Medicare and Medicaid Innovation (CMMI) that it would not apply for continuation of Oregon's Integrated Care for Kids (InCK) Cooperative Agreement in 2022. (This initiative was a Population Health Management program intended to improve health outcomes and reduce costs among children and youth in the Marion-Polk and Central Oregon CCO regions.) The OHA made this difficult decision with the well-being of children and families at its center, and after thoughtful consultation with the Oregon Pediatric Improvement Partnership (OPIP; Oregon's InCK lead organization) the OHA, and PacificSource. As a result of this decision, PCS wrapped up all InCK-related program activities at the end of 2021.

That said, the many hours of effort and focus on this initiative were not lost. See Section 3. A. i. 2021 Progress – HIE Strategy 5 for more information.

SDOH Strategy 2 – Unite Us and HIE Interoperability Assessment
The focus at this time continues to be on the expansion and stabilization of the Connect Oregon network within each of our CCO regions. Active work on interoperability will be handled ad-hoc as issues arise as we consider what an interoperability strategy for existing partner platforms might look like in the future. We will continue to be alert for areas where interoperability might provide enhanced tools, but this is a secondary goal as the initial growth and health of the network is established.

Activities	Milestones and/or Contract Year

Explore potential new use cases where HIEs and Connect Oregon can interoperate to create tools superior to either operating on its own.	2021-2024 (Ongoing)	

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

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

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

Nothing additional to add beyond what was provided in the section above identifying the progress PCS made using HIT to support social needs screening and referrals for addressing SDOH need, as those strategies are interdependent with the strategies supporting contracted physical, oral and behavioral health providers.

ii. Additional progress specific to physical health providers

See the *Progress Across Provider Types* section above.

iii. Additional progress specific to oral health providers

Unite Us initiated a Connect Oregon Dental Huddle and is working with DCOs on potential workflow use cases.

Select oral health providers were invited to participate in the Connect Oregon + Healthcare Integration Collaborative (HIC) Pilot in Lane County to leverage the HIC Standardized Referral Form within Connect Oregon to send and receive electronic referrals for behavioral health, physical health, substance abuse recovery and oral health.

iv. Additional progress specific to behavioral health providers

Select behavioral health providers were invited to participate in the Connect Oregon + Healthcare Integration Collaborative (HIC) Pilot in Lane County to leverage the HIC Standardized Referral Form within Connect Oregon to send and receive electronic referrals for behavioral health, physical health, substance abuse recovery and oral health.

v. Additional progress specific to social services and CBOs

See the *Progress Across Provider Types* section above.

vi. Please describe any barriers that inhibited your progress

It is our current understanding that many participating Connect Oregon providers will use their EHR system to capture results of SDOH screens and only use Connect Oregon as a platform to make referrals. If this is the case and providers will not be using a centralized system to capture screening results, we expect at least some patients to be re-screened unnecessarily, since it is not expected that screening results will be widely available in a centralized system.

We also expect that multiple data feeds may be required between PCS and provider partners to capture screening results. Data contributed to HIEs is currently not in a consistent format and thus may require material administrative resources to support the aggregation of data.

There is also a barrier related to integration costs and annual maintenance fees. Many large providers will not implement Connect Oregon without this integrated functionality, which is currently cost prohibitive.

B. 2022-2024 Plans

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

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

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

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

Exciting momentum is building across the state as additional CCOs have shown significant interest in launching Connect Oregon in 2022. Below are the 2022 activities planned by PCS to continue its work in this area.

SDOH Strategy 1 – (Ongoing and Additional Activities) Connect Oregon and Unite Us Implementation
In 2022, we will turn our focus to the health of the existing network by tracking and improving the volume of screenings and referrals and by improving the platform's diversity of social needs resources. Some expected activities include:

- Onboard the DSNP Care Management team to the Connect Oregon platform.
- Use PCS Provider Service and Population Health teams to promote Connect Oregon through site visits, training and community information sessions.
- Launch incoming referrals for Care Management
- Begin a wider promotion of Connect Oregon with all eligible providers in our CCO regions (while continuing high-touch engagement with key providers).
- Explore potential for member/client self-referral capability
- Explore engagement with educational/school districts to explore behavioral health pathways
- Explore incarceration release referrals back to PCS

Activities	Milestones and/or Contract Year
Continue onboarding providers, CBOs, and assisting with the establishment of Unite Us licenses and workflows.	2021 – 2024 (Ongoing)

Assess how HIE platform can serve as bi-directional exchange for SDOH & HIE information.	2021 – 2024 (Ongoing)
Identify additional data sources and elements containing data relevant to monitoring and addressing SDOH.	2021 – 2024 (Ongoing)
Integrate newly identified and relevant data into enterprise data warehouse.	2021 – 2024 (Ongoing)
Onboard DSNP Care Management	2022 Q1
PCS CM Incoming Referrals launch in Columbia Gorge, Central Oregon and Portland	2022 Q1
Health-Related Services-Flexible Services incoming referral process enhancement	2022 Q2
PCS CM Incoming Referrals Launch in remaining regions (Marion-Polk and Lane)	2022 Q2
Connect Oregon Medicaid Member Data Integrated into CPIA	2022 Q3 Completed Q4 2021; enhancements for the new data planned 2022 Q3
Connect Oregon Medicaid member data integrated into MiPi	Completed 2021 Q4; enhancements for the new data planned 2022 Q3
Explore potential for member/client self-referral capability	2022 Q4
Create/add data share maps to meet Social-Emotional QIM	2022 Q4

[Ongoing and Additional Activities – Connect Oregon Go-Live in the Columbia Gorge Region]
As noted in our progress section, Connect Oregon adoption is largely still in an exploratory phase in the Columbia Gorge region. We are continuing our initial stage of exploring the current state of Activate Care utilization and potential interoperability per the request of several key community partners

Activities	Milestones and/or Contract Year
Determine the extent of existing efforts with the Columbia Gorge Health Council and Activate Care and assess for interoperability and impact on workflows.	Updated to 2022
Work with our partners to establish the technical and clinical workflows in advance of go-live.	Updated to 2022
Identify high-priority community based organizations (CBOs) vital for a successful launch and begin engagement conversations.	2021 – 2022 (Ongoing)
Finalize technical and clinical workflows and test for viability.	Updated to 2022
Explore referral and navigation to resources outside the Columbia Gorge region	2022

SDOH Strategy 2 – Unite Us and HIE Interoperability Assessment
We will continue to be alert for areas where interoperability might provide enhanced tools, but this is a secondary goal as the initial growth and health of the network is established.

Activities	Milestones and/or Contract Year
Explore potential new use cases where HIEs and Connect Oregon can interoperate to create tools superior to either operating on its own.	2021 – 2024 (Ongoing)

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

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

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

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

In 2022, we will continue to build out the network by increasing the number of provider and CBO resources and focus on the health of the existing network by tracking and improving the volume of screenings and referrals and by improving the platform's diversity of social needs resources.

Please also refer to the PCS CCO plans in the section above as those strategies are interdependent with the strategies supporting contracted physical, oral and behavioral health providers.

Now that Connect Oregon has been established, we will balance our strategy between network growth (inviting more provider and CBO partners) and network health (tracking the utilization of on-boarded partners). As part of our network health strategy, we will identify a cohort of key providers and CBOs in each region to track their referral traffic.

- PCS will track active referral status of key provider partners. By Q4 2022, 65% of key provider partners have maintained an active status in the network.
- PCS will monitor onboarding and utilization of key cultural and linguistic supportive network partners (largely CBOs). By Q4 2022, 50% of key cultural and linguistic supportive partners have maintained an active status in the network.

Review data quarterly and explore mitigation strategies to support key providers and CBOs in meeting the metrics above.

ii. Additional plans specific to physical health providers

See the *Plans Across Provider Types* section above.

iii. Additional plans specific to oral health providers

See the *Plans Across Provider Types* section above.

iv. Additional plans specific to behavioral health providers

See the *Plans Across Provider Types* section above.

v. Additional plans specific to social services and CBOs

See the *Plans Across Provider Types* section above.

C. Optional Question

How can OHA support your efforts in supporting the use of, and using HIT to support social needs screening and referrals for addressing SDOH needs?
The most important support that we would value is in identifying efficient patterns for centralized data collection and dissemination of SDOH data. Secondarily, OHA creating incentives for early adopters of the Unite Us platform, perhaps by grant funding. Provider and Hospital System implementations would be quite useful, as one of the most common barriers we hear is that Health Systems especially have a hard time making the direct connection to value from their perspective, which makes committing resources to the implementations difficult relative to what they feel are much larger concerns. Grants for CBOs would also be beneficial for building the collection of available resources.

6. Other HIT Questions (Optional)

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

A. How can OHA support your efforts in accomplishing your HIT Roadmap goals?
Continue with CCO collaboration and brainstorming.
B. How have your organization's HIT strategies changed or otherwise been impacted by COVID-19? What can OHA do to better support you?
Throughout 2021, PCS continued to halt all non-critical outreach to providers as a part of its COVID-19 relief efforts. This continued to defer a large portion of our strategy across all provider types and required us to keep focusing our efforts on internal steps to improve our data collection methodology and reporting. OHA can support us in this area by continuing to provide forums where CCOs can collaborate and brainstorm on strategies to mitigate COVID-19 impacts.
C. How have your organization's HIT 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.

Appendix

Example Response: Support for HIE – Care Coordination

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

content and providing clarity on how the responses may be formatted. Even though the examples are specific to HIE for care coordination, the level of detail and format should be modeled in other topic responses as well.

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

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

Accomplishments/successes: Positive, tangible outcomes resulting from CCO's strategies for supporting providers.

Activities: Incremental, tangible actions CCO will take as part of the overall strategy.

Milestones: Significant outcomes of activities or other major developments in CCO's overall strategy, with indication of when the outcome or development will occur (e.g., Q1 2022). **Note**: Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A. 2021 Progress

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

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

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

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

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

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

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

Collective Platform (FKA PreManage) - Our CCO has been a leader in the implementation and spread of the Collective Platform in our region. The tool supports care coordination among providers and between providers and our CCO, through real-time event communication as well as a shared care plan. The shared use of the Collective Platform between primary care, EDs and CMHPs is intended to bring attention and coordinated intervention to those members who present in emergency service and hospital settings.

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

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

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

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

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

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

Strategy 1: Develop and implement a 5-Year HIT plan
In partnership with the Clinical Advisory Panel, our CCO developed a 5-Year HIT plan that includes the following components to help guide our strategies for the duration of the Contract:

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

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

- Our CCO helped remove barriers to adoption for some of our providers by paying for Collective licenses and partnering with the vendor to help our clinics design workflows that leverage the tool. We increased access for an additional 8 physical health and 6 behavioral health providers.
- We coordinated with the emergency department Medical Directors at the hospitals to develop best practice standards for Care Recommendations and workflows to enhance cross-system care coordination. To further support successful adoption and use of Collective, we covered the costs for provider partners to attend statewide collaboratives to share with their peers and learn about best practices.

- Referrals to our CCO's care team come from providers and from our CCO's triage coordinator, who utilizes targeted cohorts in Collective to identify members who would benefit from a collaborative, multi-disciplinary care plan and subsequent outreach and wraparound services in an effort to prevent future inappropriate costly emergency department visits and inpatient stays.
- As a CCO we monitored the volume of care recommendations developed by each organization and offered technical assistance to each system in order to tailor the support to meet their specific needs, from workflow development to IT support to advance their adoption of the tool.

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

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

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

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

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

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

Strategy 6: Engage with state committees/entities

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

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

Strategy 7: HIE Data collection

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

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

ii. Additional Progress Specific to Physical Health Providers

Strategy 8: Provide workflow TA

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

iii. Additional Progress Specific to Oral Health Providers

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

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

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

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

Strategy 9: Explore oral health HIE

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

Strategy 10: Pursue improvement of the dental request referral process

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

iv. Progress Specific to Behavioral Health Providers

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

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

Strategy 11: Assess the state of behavioral health HIE

- Assessed behavioral health provider interest and determined best way to support their engagement with the OHA HIE Onboarding Program

- Identified HIE elements that need to be modified, eliminated or added due to special behavioral health requirements

Strategy 1: Develop and implement a 5-year plan

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

Strategy 8: Provide workflow TA

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

v. Please describe any barriers that inhibited your progress.

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

Also, due to COVID-19, OHA postponed HIT Data Collection efforts until late 2021.

B. 2022-2024 Plans

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

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

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

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

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

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

i. Strategies across provider types, including activities & milestones

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

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

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

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

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

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

Activities	Milestones and/or Contract Year
Explore the ability to transition to a closed loop referral mechanism from our care coordination platform. In our next phase of development, we will create the functionality to allow our oral health or behavioral health providers to request care coordination and navigation support.	Q1-Q3 2022: Exploration, research, development Q4 2022: Pilot closed-loop referral mechanism with 8 behavioral health and 4 oral health providers

In conjunction with State efforts, evaluate mechanisms to incorporate SDOH service providers into referral and care coordination workflows.	Q3 2022
Support a closed loop referral process to create a tri-directional navigation and referral system that can support or augment future and more robust HIE development and implementation.	2022-2024: Closed-loop referral process achieved
Focus on solutions for incorporating SDOH service providers into care coordination and referral workflows.	2022-2024
Develop robust systems for the integration of claims and EHR data in order to share insights about members to improve outcomes. This exchange will add patient detail which may not be present in either system alone.	2022-2024

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

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

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

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

Activities	Milestones and/or Contract Year
Determine best means for collecting information from various provider types	Q1 2022: Process for data collection identified and implemented
Collect HIE information from physical, behavioral, oral health providers	Q2-Q3 2022: HIE information collected from a range of provider types including at least 15 physical, 10 behavioral, and 5 oral health providers
Analyze results and explore opportunities for further support and develop workplan	Q3-Q4 2022: Identification of future strategies for supporting providers with HIE for care coordination
Meet with HIE vendors operating in our service area	Q3-Q4 2022: Identification of available solutions/tools
Compare quality and performance metrics of providers utilizing HIE technology to those providers that have not adopted HIE technology. Use this analysis to determine the value of HIE adoption efforts.	2023-2024: Value of HIE technology illuminated

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

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

Activities	Milestones and/or Contract Year
Maintain Patient Access API and monitor patient use.	Q1-4 2022: Patient Access API remains active. Patient use is monitored quarterly.

We will gather patient input on their experience, needs, challenges, and barriers via existing opportunities (e.g., CAC, patient satisfaction surveys).	Patient input is collected and adjustments to API functionality/patient education are made in response, as needed.
Continue maintaining Patient Access API	2023-2024

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

See *Across Provider Types* section.

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

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

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

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

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

Strategy 6: Engage with state committees/entities

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

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

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

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

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

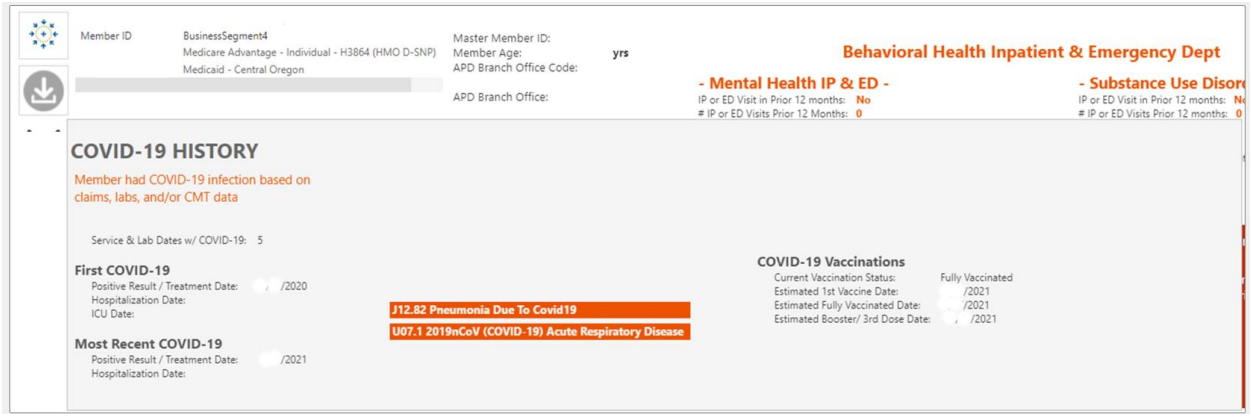
Strategy 6: Engage with state committees/entities

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

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

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

Attachments



Member ID
BusinessSegment4
Medicare Advantage - Individual - H3864 (HMO D-SNP)
Medicaid - Central Oregon
Master Member ID:
Member Age: yrs
APD Branch Office Code:
APD Branch Office:

Behavioral Health Inpatient & Emergency Dept

- Mental Health IP & ED -
IP or ED Visit in Prior 12 months: No
IP or ED Visits Prior 12 Months: 0

- Substance Use Disor
IP or ED Visit in Prior 12 months: No
IP or ED Visits Prior 12 months: 0

COVID-19 HISTORY

Member had COVID-19 infection based on claims, labs, and/or CMT data

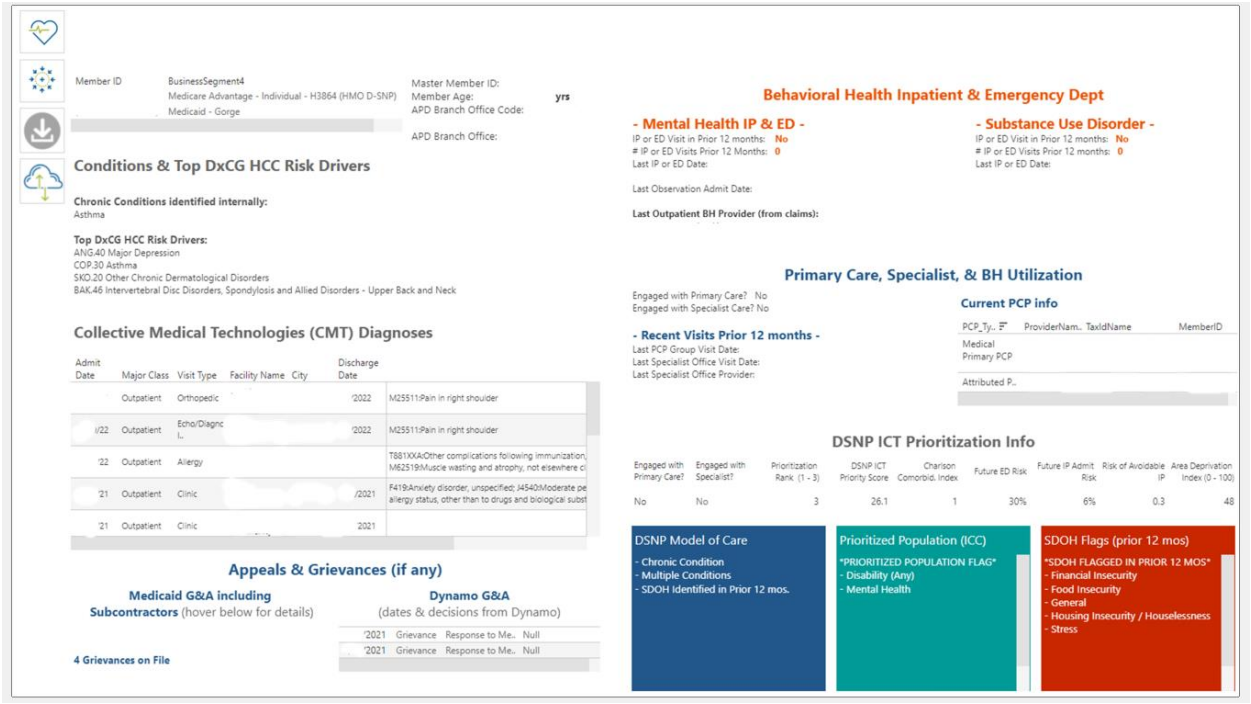
Service & Lab Dates w/ COVID-19: 5

First COVID-19
Positive Result / Treatment Date: /2020
Hospitalization Date:
ICU Date:

Most Recent COVID-19
Positive Result / Treatment Date: /2021
Hospitalization Date:

J12.82 Pneumonia Due To Covid19
U07.1 2019nCoV (COVID-19) Acute Respiratory Disease

COVID-19 Vaccinations
Current Vaccination Status: Fully Vaccinated
Estimated 1st Vaccine Date: /2021
Estimated Fully Vaccinated Date: /2021
Estimated Booster/ 3rd Dose Date: /2021



Member ID
BusinessSegment4
Medicare Advantage - Individual - H3864 (HMO D-SNP)
Medicaid - Gorge
Master Member ID:
Member Age: yrs
APD Branch Office Code:
APD Branch Office:

Conditions & Top DxCG HCC Risk Drivers

Chronic Conditions identified internally:
Asthma

Top DxCG HCC Risk Drivers:
ANG.40 Major Depression
COP.30 Asthma
SKD.20 Other Chronic Dermatological Disorders
BAK.46 Intervertebral Disc Disorders, Spondylosis and Allied Disorders - Upper Back and Neck

Collective Medical Technologies (CMT) Diagnoses

Admit Date	Major Class	Visit Type	Facility Name	City	Discharge Date	
	Outpatient	Orthopedic			/2022	M25511:Pain in right shoulder
/22	Outpatient	Echo/Diagnc I..			/2022	M25511:Pain in right shoulder
'22	Outpatient	Allergy				T881XXA:Other complications following immunization, M62519:Muscle wasting and atrophy, not elsewhere cl
'21	Outpatient	Clinic			/2021	F419:Anxiety disorder, unspecified; J4540:Moderate pe allergy status, other than to drugs and biological subst
'21	Outpatient	Clinic			2021	

Appeals & Grievances (if any)

Medicaid G&A including Subcontractors (hover below for details)

4 Grievances on File

Dynamo G&A
(dates & decisions from Dynamo)

'2021	Grievance	Response to Me..	Null
'2021	Grievance	Response to Me..	Null

Behavioral Health Inpatient & Emergency Dept

- Mental Health IP & ED -
IP or ED Visit in Prior 12 months: No
IP or ED Visits Prior 12 Months: 0
Last IP or ED Date:

- Substance Use Disorder -
IP or ED Visit in Prior 12 months: No
IP or ED Visits Prior 12 Months: 0
Last IP or ED Date:

Last Observation Admit Date:

Last Outpatient BH Provider (from claims):

Primary Care, Specialist, & BH Utilization

Engaged with Primary Care? No
Engaged with Specialist Care? No

- Recent Visits Prior 12 months -
Last PCP Group Visit Date:
Last Specialist Office Visit Date:
Last Specialist Office Provider:

Current PCP info

PCP_Ty..	ProviderNam..	TaxIdName	MemberID
Medical Primary PCP			
Attributed P..			

DSNP ICT Prioritization Info

Engaged with Primary Care?	Engaged with Specialist?	Prioritization Rank (1 - 3)	DSNP ICT Priority Score	Charlson Comorbid. Index	Future ED Risk	Future IP Admit Risk	Risk of Avoidable IP	Area Deprivation Index (0 - 100)
No	No	3	26.1	1	30%	6%	0.3	48

DSNP Model of Care
- Chronic Condition
- Multiple Conditions
- SDOH Identified in Prior 12 mos.

Prioritized Population (ICC)
PRIORITIZED POPULATION FLAG
- Disability (Any)
- Mental Health

SDOH Flags (prior 12 mos)
SDOH FLAGGED IN PRIOR 12 MOS
- Financial Insecurity
- Food Insecurity
- General
- Housing Insecurity / Houselessness
- Stress

SUPPLEMENTAL MEMBER INFO

Claim Details | Back to Mem Profile

LANGUAGE

English

No Interpreter Need Indicated

REALD Language

Spoken:	English
Reading:	English
English Level:	Unknown

RACE & ETHNICITY

Primary Race/Ethnicity

Hispanic or Latino Mexican

Other Race/Ethnicity

None available

SOCIAL DETERMINANTS OF HEALTH (SDOH)

SDOH Flag Count: **4**

Age	Sex	Education Level (estimated)	Industry	Plan
65	F	Completed High School	Unknown	Medicaid - Lane County

City	County	State	Patient Activation Measure (PAM)	Marital Status
Eugene	Lane	Oregon	Unknown	Single

County Health Factor +	County Health Outcome +
2	2

HEALTH RISK ASSESSMENT INFORMATION

Overall Health | Hx Asthma | Hx Diabetes | A1C | Cholesterol | Triglycerides | Resting Pulse

Depressed | Tobacco Status | Tobacco - Years Quit | Interest in Quitting

DISABILITY DATA

REALD Disability Data +

None listed

Medicare Disability Status

PHARMACY

Number of medications **1**

No Specialty Rx Claim