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

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Guidance Document

Purpose & Background

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

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

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

Other changes for Contract Year Three (2022):

1. Within the *Support for EHR Adoption and Use: 2022-2024 Plans* section, CCOs are now required to include a description of their plans to collect missing EHR information via already-existing processes (e.g., contracting, credentialling, 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	• Description of progress includes:

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	for Care Coordination among contracted physical, oral, and behavioral health providers?	○ Specific HIE tools CCO supported or made available to support contracted physical, oral, and behavioral health providers' access to HIE for Care Coordination ○ 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: Add your text

Date: Click or tap to enter a date.

Instructions & Expectations

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

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

Each required topic includes the following:

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

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

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

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

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

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

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

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

A note about the template*:*

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

New for *2022 Updated HIT Roadmap Template*

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

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

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

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

Please send questions about the Updated HIT Roadmap template to CCO.HealthIT@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

Our progress for 2021 was focused on the following strategies. You will find the 2021 accomplishments and barriers listed below each strategy.

Strategy 1: Collecting Data

2021 milestones and activities 1 and 2:
Our goals for our PNA survey were as follows:

1. 50% of provider EHR/EDR information collected by 6/30/2021
2. 90% of provider EHR/EDR information collected by 12/31/2021

Originally, we sent out our own Provider Network Assessment (PNA) survey in 2021 until we met with OHA and were instructed to utilize and leverage the OHA HIT Survey data. While we still sent out our own PNA survey, we modified it significantly to include Health Equity questions and therefore renamed our survey the PHET (Provider Health Equity and Technology) survey. The goals listed above are for our original survey and were set prior to adopting OHA's survey, so they are no longer applicable and will be suggested going forward.

2021 milestones and activities 3 and 4:

3. Preliminary analysis of provider EHR/EDR to identify those that could use technical assistance by 3/31/2022
4. Outreach and connection to technical assistance for PCP/BH/DCOs– 12/31/2022

For milestones and activities 3 and 4 we identified a couple of barriers: there are no EHR technical assistance resources provided through OHA and the OHA HIT survey data was not available until the end of January 2022 therefore we could not perform the analysis we referenced in milestone three. To satisfy milestone four, on December 21, 2021, we sent out a notification to all providers (PCP, BH, DCOs) including information on EHR functionality, ways to access CMT, and OHLCs website highlighting the resources available on Electronic Health Records and Health Information Technology.

Strategy 2: Incentivizing Providers

The OHA CCO Incentive Metrics Program includes five EHR-based metrics for which each CCO must gather and submit PCP's EHR data in order to meet the metric requirements. In this program, OHA will only accept PCP data, and the CCO acts as the validator and aggregator of the EHR data. This process involves direct outreach to each PCP to ensure they are able to successfully report data in the required manner. If needed, the CCO provides technical assistance to prepare the data. In addition, the CCO validates all data before submission. We are currently in our ninth year of participating in this program and working with providers to produce this data for OHA.

Our CCO Incentive Metrics Methodology requires PCPs to participate in the EHR-based CCO metrics in order to earn incentives for those particular metrics. We require PCPs to submit EHR data for those metrics on a quarterly and yearly basis for OHA's purposes. Providers who submit EHR data are incentivized for each measure where Trillium meets the incentive target, as well as each measure that the provider meets, regardless of Trillium's performance. In this way, contributing to the CCO's overall success in the program, as well as individually meeting targets, are both incentivized.

Over time, OHA's minimum population threshold, or percent of members reported on in the EHR data, has increased in the program requirements. We have worked to increase the number of providers reporting and have been able to ***successfully meet*** the program's requirements each year. Over the past five years, we've increased the population included in reporting from 60% to 70% and added an additional custom measure. In the Trillium Southwest (SW) region, there are currently 10 organizations submitting EHR data who represent 81% of membership, and 20 smaller providers not submitting EHR data who represent 19% of membership. In the Trillium Tri-County (TC) region, there are currently 15 organizations submitting EHR data who represent 70% of membership, and 40 providers not submitting EHR data who represent 30% of membership.

We will continue to work with OHA to ensure that the HIT dataset results are updated to include the providers submitting data through the EHR CCO metrics program. This is important because the HIT

survey is sent once per year to all providers with a request to answer and return the survey. The EHR data collection process is an ongoing project wherein the quality department reaches out throughout the year to collect EHR data from prior participants, and to encourage those who have not participated in the past to join. Providers must commit to providing data on a quarterly basis in order to earn CCO incentive funds, as explained above. Providers who do not respond to initial requests receive follow-up phone calls and emails explaining this fact and offering technical assistance. Providers who want to participate but are unable to produce the data are given personalized technical assistance. The overall requirements of the program state that if a CCO does not meet the 70% minimum population threshold, it is ineligible to even submit EHR data, let alone meet the performance goals to pass those measures. In other words, missing the threshold is an automatic disqualification from participating in that part of the program.

We regularly validate these submissions and provide technical assistance to providers to assist in their ability to report, and the accuracy of their reporting. The majority of our PCPs participate and regularly provide this data. Our outreach to encourage providers to report includes regular meetings to review the return on investment in using an EHR and participation in the EHR incentive metrics program. We also provide technical assistance to providers as they onboard new staff to the reporting requirements and we act a liaison between providers and OHA to help parse through the complex technical requirements of the quality metrics. Over the past five years, this outreach has included contact with over forty provider groups across our service areas to assist with all aspects of the reporting requirements. This outreach has significantly contributed to increasing our rates of EHR submission over the past five years.

We have interest from our BH and DCOs in participating in this program and have reached out to OHA to create a strategy to accept non-PCP data as part of the yearly EHR data reporting. Unfortunately, we were told that OHA cannot accept this data at this time. We are pursuing other strategies, particularly with DCO partners, in reporting EHR metrics in order to earn incentive funds.

In 2021, we were not successful in incorporating EHR adoption into our new value-based agreements because we were primarily focused on supporting our providers in other areas during the pandemic. We will continue to explore including incentivizing EHR measures within value-based payment agreements.

Strategy 3: Provider Engagement

We use all regular ongoing engagement with providers to discuss EHR training, adoption, and barriers. Training includes detailed reviews of technical specifications for each measure, explanations of state requirements, troubleshooting, and validating data. When we receive EHR data from providers, we compare it to our own claims and performance reports, prior quarters' data, and quality assurance checks within the data such as matching denominators. If we discover an issue, we schedule a virtual meeting to review our findings and help the provider make corrections. Adoption strategy discussions include reviewing the potential return on investment of participating in the program, making connections to other providers using the same vendor, and helping providers with understanding workflow and reporting requirements when new EHR measures are introduced. SW: In 2021, we held 3 quality collaboratives that included information on EHR meaningful use and conducted 35 meetings with providers that included information on this topic. TC: In 2021, we held 1 quality collaborative that included information on EHR meaningful use and conducted over 20 meetings with providers that included information on this topic. Our Provider Relations team conducted 230 provider orientations which included information on EHR, how to register for Trillium's provider portal and access electronic member information.

In our quality touchbases, providers tell us that they frequently encounter barriers with their EHRs. Some of these barriers include startup costs, additional costs to the vendor to obtain the required reports, upgrades which temporarily break the reporting capabilities or cause data to be lost, new staff who do not get properly trained with their predecessor, lack of ability to get discrete data out of the system due to system build, and inability to filter for the Medicaid population. A few of the CCO EHR incentive measures require custom query to accurately report the measures because they are not standard national quality measures. This means that the report has to be custom built in the EHR, rather than generated by the vendor. This requires either a skilled employee at that providers office, or often, paying additional money and waiting weeks or months to receive these reports.

Our provider performance team has become experts at helping providers navigate all of these needs. Over the nine years of working in the program, we have gained the skills and knowledge to help providers navigate a technically challenging program and successfully adopt new EHRs and report on data using the specified requirements. During our quality touch-bases and monthly healthcare learning collaboratives, and within our monthly quality newsletter, we provide education on EHR use and reporting, specifically pertaining to the CCO EHR metrics program with all 15 Tri-County providers and 10 Southwest providers. We also regularly field phone calls and emails and provide technical assistance to providers, as well as connecting providers to each other and to state experts. We essentially serve as a liaison between the provider and OHA, making sure that the EHR reporting program is successful for both, and using our expertise in guiding providers through the program to onboard new staff. As a result of this work, we brought on all 15 of the Tri-County groups that submitted information for the first time.

Strategy 4: Meaningful Use

After reassessing our roadmap, we added a question to our PHET survey and will re-evaluate in 2022 based on survey results.

ii. Additional progress specific to physical health providers

iii. Additional progress specific to oral health providers

The first CCO HIT Survey administered by OHA at the beginning of 2021 showed low EHR adoption rates for oral health providers. Furthermore, according to the latest 2021 CCO HIT Survey administered by OHA, 38% (in Southwest) and 25% (in Tri-County) of oral health providers reported EHR adoption; 2% (Southwest) and 13% (Tri-County) reporting no EHR adoption; and 60% (Southwest) and 62% (Tri-County) reporting unknown EHR status. The main EHR adoption barriers for the Oral Health providers identified in the Survey included the small size of the provider, financial costs, and not a priority for management.

Strategy: Work with Dental Care Organizations to identify barriers and opportunities for EHR adoption

During 2021, as part of its overall HIT Strategy development, Trillium has worked with the Dental Care Organizations (DCOs) to identify barriers to adoption and opportunities to drive higher adoption of EHR for oral health providers. The main identified barriers/opportunities were similar to the ones identified in the CCO HIT Surveys conducted by OHA and included: (1) need of additional provider education/training on existing EHRs, (2) lack of resources/funding from the provider community to implement and administer EHRs, and (3) better HIT strategy alignment and coordination among the State/OHA, CCOs, DCOs, and the provider community, including a better understanding of the available EHRs in the community and how DCOs could/should plug in.

As part of their overall strategy to encourage EHR adoption, DCOs collected or are in the process of collecting their own data from their oral health provider network via annual provider surveys to understand what the utilization rate is within their network as well as specifics including name of platform used, certification data, etc. While the percentage reported in the 2021 CCO HIT Survey of oral health providers not using an EHR is relatively high, most DCO providers and clinics (especially the larger clinics that provide care to the majority of Trillium's members) have adopted an EHR.

Strategy: Enhance EHR Oral Health Provider Education

In addition to the individual DCO efforts on provider education, Trillium has included information on EHR in its Provider Digests that is disseminated to DCOs on a regular basis. These Trillium digests are reviewed by DCO leadership and clinical staff, and all relevant information on oral health is further passed down to oral health clinics/providers. For example, the 12/21/2021 Trillium Provider Digest disseminated to our DCOs included information on OHLC Resources for Electronic Health Records & Health Information Technology, including information on the OHLC website that compiled a set of comprehensive resources on Electronic Health Records and Health Information Technology that can help deliver improved care to patients (such as HIT Commons, and Collective Medical Platform).

Strategy: Enhance access to resources

Oral health providers and clinics' limited resources, including cost, is a barrier to increased EHR adoption, especially for small practices. One of Trillium's DCO included EHR adoption as part of its incentive measures in some of their provider agreements. This means that providers that implement/utilize an EHR have an opportunity to earn additional monies. They are also considering offering additional funding, if possible, in the future for clinics wanting to implement these technologies. Trillium will continue assessing whether our current DCO contract incentive and payment terms need to be updated to further assist in the increase of EHR adoption for oral health providers. In addition to the DCOs efforts to provide resources and incentivize the adoption of EHR tools, Trillium currently collaborates with the DCOs to identify opportunities to advance data sharing and EHR adoption. For example:

- All three of Trillium's contracted DCOs participate in Trillium's CCO Quality Incentive Program. These incentive dollars provide additional funding beyond the cost of service to reward performance on oral health measures, including preventative dental services and oral evaluation for adults with diabetes measures. CCO incentive dollars have been creatively used by one of the DCOs in 2021 to fund a Mobile Dental Van. This vehicle is designed to bring oral health services to the member. Trillium will continue to incentivize providers (both dental and physical providers when applicable) for performance on oral health CCO Metrics, including the Oral Evaluation of Adults with Diabetes and the Preventative Dental or Oral Health Services measures. This additional revenue stream can help providers further integrative efforts and increase EHR adoption, increase access to care, and increase the quality of care and experience of the member.
- Trillium's 2018 and 2019 Innovation Funds have provided funding for several oral health initiatives that were implemented throughout 2019 and 2020, including funding two projects for oral health integration in PCP clinics with Orchid Health Clinic and Oregon Integrated Health (which drove and encouraged the integration of PCP and dental EHRs) and funding a startup tech company that developed an online software that captures and shares commonly performed screenings gathered in provider clinics, aiming to capture and place into a cloud that can be accessed by other providers SBIRT, PHQ-9, SDOH screenings and demographics data. There were no innovation grant projects specific to oral health in 2021, with Trillium and the DCOs focusing on supporting COVID pandemic measures. Trillium continues to provide innovation grant funding as a pathway for transformation and considers HIT projects as high priority when determining grant allocations.

Strategy: Enhance HIT strategy alignment/coordination

Trillium meets regularly with our DCOs. Quarterly Joint Operation Committee (JOC) meetings are held with key members, such as upper-level managers and directors of the DCOs and Trillium. This is where some of the larger picture issues, such as HIE, implementing future EHR data, and overall plan performance, are discussed. These JOCs are essential in order to align Trillium and the DCO's efforts and include discussions on oral health metrics, DCO performance (versus established DCO contract, CCO Contract, and State/federal regulations), and other issues impacting oral health access and quality for our members.

In order to enhance HIT strategy alignment, beginning with Q4 2021, the DCO JOC standing Agenda items included discussions on the DCOs adoption of EHRs and usage of HIE tools (such as Collective Medical-PreManage), including current adoption rates, strategies, initiatives to encourage adoption, barriers, and how Trillium can support the DCOs in increasing EHR adoption and usage of HIE tools.

In addition, Trillium also hosts virtual monthly healthcare collaboratives with the provider network, attendees including behavioral, physical, and oral health providers and quality staff. One DCO was invited in 2021 to present to the network on his group's implementation of an A1c testing program in dental offices. The DCO, in October of 2021, began piloting a program to test diabetic patient's A1c's at their dental appointments and created a process to share this health information with the PCP/Trillium. This program is rooted in integration and Trillium helps support the project as needed by the DCO. The DCO also outlined the importance of integrating oral healthcare at the member's PCP office, including oral health screenings and fluoride varnishes. This created an open forum to discuss oral healthcare integration best practices and efforts among the provider network.

iv. Additional progress specific to behavioral health providers

Strategy: Identify Behavioral Health Providers utilizing EHRs and validate EHR adoption rates

We identified a couple barriers, including no EHR technical assistance resources provided through OHA and not having the survey data available until the end of January 2022. On December 21, 2021, we sent out a notification to all providers (PCP, BH, DCOs) including information on functionality, ways to access CMT, and OHLCs website highlighting the resources available on Electronic Health Records and Health Information Technology. Since we switched mid project to utilizing the OHA survey data and the results were not available until 2022, we were unable to validate the data.

Strategy: Ensure BH Providers are connected with OHA technical support

There are currently no EHR technical assistance resources available through OHA. On December 21, 2021, we sent out a notification to all providers (PCP, BH, DCOs) including information on functionality, ways to access CMT, and OHLCs website highlighting the resources available on Electronic Health Records and Health Information Technology.

Strategy: Expand quarterly quality meetings with BH to identify EHR barriers, adoption strategies and quality metrics collaboration

We meet regularly with many of our BH providers and are working to expand our outreach efforts. As a part of our outreach, we have three teams across the CCO including provider relations, provider network contracting, and our quality team who all have regularly scheduled meetings with our BH providers to discuss EHR barriers, quality metrics, and other operational issues. In these meetings we discuss EHR usage, identify barriers, discuss adoption strategies, and review possibilities for quality metrics collaboration. Our CCO incentive metrics methodology has an extensive set of BH-specific quality metrics. We hope in the future that OHA will incorporate EHR-based BH metrics into the incentive metrics program, which would help us more directly encourage BH providers to adopt EHR. The most relevant current limitation we face in this work is the lack of EHR-based BH metrics, which prevent us from being able to provide a platform for providers to report on their metrics. In the absence of these, similar to DCO-facing metrics, we provide incentives to BH for claims-based metrics and encourage BH providers to think creatively around the use of these funds, including expanding their EHR capabilities.

Strategy: Partner with CCBHC

In the Tri-County region, there are two large behavioral health agencies that were originally certified as CCBHCs and participated in Oregon's CCBHC demonstration award. In addition to the federal requirements for CCBHCs, OHA also established specific requirements for these integrated Behavioral Health Homes that offer both behavioral health services and limited primary care services.

In addition to documenting the full continuum of services including 24/7 access to a live person from the CCBHC to respond to enrolled consumers, the CCBHC is required to select quality measures that are reported back to OHA. Currently, OR guidelines for CCBHCs allow for EHR or paper chart metric reporting.

Trillium is currently engaged with one of the Tri-County CCBHCs for contracting and values the important data collection from these new integrated CCBHC Behavioral Health Homes. Given the large number of individuals the CCBHCs serve in the Tri-County region, Trillium will work with the provider to support meaningful use of an EHR to collect and document health metrics to show the impact of this model as compared to a traditional PCPCH Health Home. Trillium has been engaged with this Tri-County CCBHC provider during all of 2021. The provider has been slow to contract given unforeseen COVID BH workforce challenges impacting their staffing and fear that that would not be able to fully provide access and services to additional members from Trillium. Trillium continues to negotiate single case agreements with the provider. Trillium anticipates that contracting should be completed with this CCBHC by the third quarter in 2022.

We would also like to note that due to the lack of CCBHCs in the Southwest region, we have not been able to partner with anyone to support that region.

Strategy: BH VBP: Oregon has been a leader in transforming healthcare with the CCO model. Part of that transformation includes payment model changes to incentivize improvements in care delivery and outcomes for the Medicaid members we serve.

Trillium currently has a VBP initiative and VBP contracts across both primary care and behavioral health services. Those contracts are modeled off various categories of the Learning & Action Network's Alternative Payment Model Framework. These models introduce new ways to pay while including additional shared risk and incentives to achieve quality metrics with improved outcomes for members served.

One aspect Trillium has learned as we've worked with our provider network on VBPs is that there needs to be a large enough membership enrolled with a provider in order for shared risk to be a realistic business model choice for providers. Given that important service population factor that contributes to successful VBPs, primary care providers have been more interested in stepping into VBP agreements. Trillium assigns members to primary care providers leading to a designated population that a provider can treat and work on VBP quality metrics. For behavioral health (BH) providers, Trillium does not conduct automatic assignment to providers. Thus, some BH providers are in a better position to engage in a VBP based on the type of BH service they offer or the size of Trillium population they are serving.

Over the course of the pandemic, some of the shared risk factors and quality metrics built into our VBPs were challenging for providers to achieve due to COVID-19 restrictions, healthcare staffing shortages and members being hesitant to access care during peak periods of COVID community transmission. In light of that experience, Trillium continued to meet with providers to discuss future VBP arrangements with a focus on increasing those type of agreements across behavioral health contracted providers.

For BH providers, Trillium has had existing alternative payment models for intensive community-based services like Assertive Community Treatment (ACT) and Intensive In-Home BH Treatment (IIBHT). Those models include alternative payments with a monthly case rate for provision of all required services and adherence to a specific evidence and fidelity-based model of care.

Additionally, as a part of Trillium's CCO Quality Metric program, our policy has been to reimburse our BH providers for BH CCO quality metric achievement. In 2022, as we work on expanding our VBP contracts, we plan to formalize this policy and include quality metric distribution and participation in our PCP and BH contracts.

v. Please describe any barriers that inhibited your progress

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, credentialling, 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	☒ 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. Plans across provider types, including activities & milestones

Strategy: Incentivizing Providers

The OHA CCO Incentive Metrics Program includes five EHR-based metrics for which each CCO must gather and submit PCP's EHR data in order to meet the metric requirements. In this program, OHA will only accept PCP data, and the CCO acts as the validator and aggregator of the EHR data. This process involves direct outreach to each PCP to ensure they are able to successfully report data in the required manner. If needed, the CCO provides technical assistance to prepare the data. In addition, the CCO validates all data before submission. We are currently in our ninth year of participating in this program and working with providers to produce this data for OHA.

Our CCO Incentive Metrics Methodology will continue to require PCPs to participate in the EHR-based CCO metrics in order to earn incentives for those particular metrics. We will require PCPs to submit EHR data for those metrics on a quarterly basis, as well as a yearly basis for OHA's purposes. Providers who submit EHR data will be incentivized for each measure where Trillium meets the incentive target, as well as each measure that the provider meets, regardless of Trillium's performance. In this way, contributing to the CCO's overall success in the program, as well as individually meeting targets, are both incentivized.

Over time, OHA's minimum population threshold, or percent of members reported on in the EHR data, has increased in the program requirements. We have worked to increase the number of providers reporting and have been able to successfully meet the program's requirements. Over the past five years, we've increased the population included in reporting from 60% to 70% and added an additional custom measure. In the Trillium Southwest (SW) region, there are currently 17 providers submitting EHR data who represent of membership 81%, and 20 providers not submitting EHR data who represent 19% of membership. In the Trillium Tri-County (TC) region, there are currently 17 providers submitting EHR data who represent 70% of membership, and 40 providers not submitting EHR data who represent 30% of membership. We will continue to use our education and incentivization strategies to support increased rates of EHR adoption. The majority of providers not currently submitting data are small offices who do not have the staff or funds to support EHR adoption. When we have outreached in the past, they have communicated these restraints. Factoring in the providers who have expressed interest, as well as the

project scope and likely timelines, we have set what we feel is a realistic goal. We plan to onboard an additional 1 physical health providers into the program for SW and 2 physical health providers into the program for TC in each of the next 3 years.

We will also work with OHA to update the HIT data set to more accurately reflect the information we have from our outreach to providers and EHR data collection. This outreach is an ongoing project wherein the quality department reaches out throughout the year to collect EHR data from prior participants, and to encourage those who have not participated in the past to join. Providers must commit to providing data on a quarterly basis in order to earn CCO incentive funds, as explained above. Providers who do not respond to initial requests receive follow-up phone calls and emails explaining this fact and offering technical assistance. Providers who want to participate but are unable to produce the data are given personalized technical assistance. The overall requirements of the program state that if a CCO does not meet the 70% minimum population threshold, it is ineligible to even submit EHR data, let alone meet the performance goals to pass those measures. In other words, missing the threshold is an automatic disqualification from participating in that part of the program. We plan to continue working with providers in this manner to expand EHR adoption across our provider community.

We regularly validate the EHR submissions and provide technical assistance to providers to assist in their ability to report and accuracy of their reporting. The majority of our PCPs participate and regularly provide this data, and we will specifically outreach to provider groups who are currently not participating and work to address the barriers that they have. Our outreach to encourage providers to report includes regular meetings to review the return on investment in use of an EHR and participation in the EHR incentive metrics program. We also provide technical assistance to providers as they onboard new staff to the reporting requirements and we act as liaison between providers and OHA to help parse through the complex technical requirements of the quality metrics. Over the past five years, this outreach has included contact with over thirty provider groups across our service areas with all aspects of the reporting requirements. This outreach has significantly contributed to increasing our rates of EHR submission over the past five years and we anticipate it will continue to increase our rates of EHR participation.

We have interest from our BH and DCOs in participating in this program and have reached out to OHA to create a strategy to accept non-PCP data as part of the yearly EHR data reporting. Unfortunately, we were told that OHA cannot accept this data at this time. We are pursuing other strategies, particularly with DCO partners, in reporting EHR metrics in order to earn incentive funds. We will also continue to work with OHA on possible solutions to be able to accept this data in the future, as we believe it would be very helpful in encouraging EHR adoption.

Strategy: Provider Engagement

We will continue to engage widely with providers to discuss EHR training, adoption, and barriers. We will continue to enhance and refine our training that includes detailed reviews of technical specifications for each measure, explanations of state requirements, troubleshooting, and validating data. When we receive EHR data from providers, we will compare it to our own claims and performance reports, prior quarter's data, and quality assurance checks within the data such as matching denominators. If we discover an issue, we will schedule a virtual meeting to review our findings and help the provider make corrections. Adoption strategy discussions will include reviewing the potential return on investment of participating in the program, making connections to other providers using the same vendor, and helping providers with understanding workflow and reporting requirements when new EHR measures are introduced.

We anticipate providers will continue to frequently encounter barriers with their EHRs, and we will continue to help find solutions to these barriers. Some of these include startup costs, ongoing staffing costs, and additional fees owed to the vendor to obtain the required reports, upgrades which temporarily break the reporting capabilities or cause data to be lost, new staff who do not get properly trained with their predecessor, lack of ability to get discrete data out of the system due to system build, and inability to filter for the Medicaid population. A few of the CCO EHR incentive measures require custom query to accurately report the measures because they are not standard national quality measures. This means that the report has to be custom built in the EHR, rather than generated by the vendor. This requires either a

skilled employee at that providers office, or often, paying additional money and waiting weeks or months to receive these reports.

Our provider performance team will continue to add to their expertise and knowledge base in helping providers navigate all of these needs. Over the nine years of working in the program, we have gained the skills and knowledge to help providers navigate a technically challenging program and successfully adopt new EHRs and report on data using the specified requirements. During our quality touch-bases, monthly healthcare learning collaboratives, and monthly quality newsletter, we will provide education on EHR use and reporting, specifically pertaining to the CCO EHR metrics program. We will also regularly field phone calls and emails and provide technical assistance to providers, as well as connecting providers to each other and to state experts. We will essentially serve as a liaison between the provider and OHA, making sure that the EHR reporting program is successful for both, and using our expertise in guiding providers through the program to onboard new providers and staff.

We will continue offering provider orientations for new providers and refresher courses as needed for existing contracted providers. The provider orientations include information on EHR resources, instructions for how to register for our provider portal and how to access electronic member information on our portal.

Strategy: Plan for Collecting EHR Information

Trillium administers the Provider Health Equity and Technology (PHET) survey to its Medicaid provider network annually, with a focus on PCPs and Specialists (including physical and behavioral health providers across all service types), on alternating years. The purpose of this survey includes, but is not limited to, the assessment of participating provider EHR system capabilities, plans for expansion of EHR systems, and compliance with meaningful use criteria as defined by the Department of Health and Human Services. The survey is administered through an online survey platform (Qualtrics) and extends throughout the entire calendar year, with responses being reviewed monthly by the PHET committee; an analysis of the full data set will be completed in Q4 of the same calendar year or Q1 of the following year. We will also be collecting HIE vendor information from providers, as well as information from those that are not utilizing HIE to better identify barriers and increase adoption for providers. Note: the PHET survey was previously identified as the Provider Network Assessment and/or Survey.

Strategy: Financial Support for EHR Implementation or maintenance

Trillium is committed to working with providers and supporting them financially with EHR adoption and/or maintenance. Currently we are analyzing our data from OHA in combination with our data from our EHR metrics requiring submission of data to identify provider groups who would benefit from assistance. We are developing a process that will allow for direct assistance and will update our roadmap with the OHA on its completion. We expect implementation of the process by 7/1/2022.

Activities	Milestones and/or Contract Year
Identify one physical health provider for SW and two physical health providers for TC and onboard them into the CCO EHR data submission project.	2022-2024
Engage with 30 providers on EHR training, adoption, and barriers. Provide technical assistance and training to assist providers in utilizing their EHR systems in a meaningful way.	2022-2024

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

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

Strategy: Continue enhancement on HIT strategy alignment/coordination with the oral health providers

Throughout 2022, Trillium will continue its efforts to align on HIT strategy with the DCOs through engagement in the DCO quarterly JOCs, meetings between the DCOs and Trillium's Provider Performance Specialist position within the Quality Department, and Trillium's healthcare collaboratives with the provider network.

Activities	Milestones and/or Contract Year
Four Quarterly JOCs per year with 3 DCOs that include specific EHR adoption agenda items and discussions	Q1-Q4 2022 Q1-Q4 2023 Q1-Q4 2024

Strategy: Develop list of oral health providers who would benefit from EHR adoption support

By end of 2022, Trillium will work with the DCOs to develop a focused list of oral health providers without EHR adoption and validate specific EHR adoption rate details, including the percentage of Trillium membership assigned to oral health providers that have EHRs versus the providers that do not, by using both the data included in the 2021 CCO HIT Survey and data compiled by the DCOs and Trillium's own provider surveys. If oral health providers with meaningful Trillium membership assignment and no implemented EHRs are identified, Trillium will work with the DCOs to facilitate and provide education and support. If financial assistance is required, Trillium will work with the DCOs on financial support options, including considering carving out a specific amount to be allocated to provider EHR adoption support from the 2023 and 2024 Trillium Innovation Funds. Trillium will continue to provide innovation grant funding as a pathway for transformation and will consider HIT projects as high priority when determining grant allocations.

Activities	Milestones and/or Contract Year
Gather oral health Survey data administered by DCOs on EHR adoption	Q2-Q4 2022
Identify specific oral health providers with a significant membership assignment without EHR adoption	Q4 2022 - Q1 2023
Develop in collaboration with DCOs support strategy to increase adoption by 50% for the identified providers	Q1 2023 – Q2 2023
Implement above strategy	Q3 2023 – Q4 2023

Strategy: Continue efforts to enhance data sharing with the oral health providers

Sharing health information is an important part of Trillium's plan and will help bridge the gap between dentist, the primary care provider, and Trillium. Integrating and sharing health information will allow Trillium to better capture important health data. Capturing this essential data is important to better focus our efforts to make sure important services are being provided. Trillium will continue to work closely with the DCOs to establish the feasibility of a unified platform for the cross-collaboration of our members' health information.

During this time of research and development, Trillium will bridge the gap by utilizing member gap reports provided directly to dental providers, allowing the provider to outreach specific members still needing care.

Trillium will continue its collaborative efforts with the DCO in their A1c program. Current efforts to integrate A1c data, obtained from office visits with dental providers, into unified health information platforms are at the forefront of discussion. Trillium has also initiated discussion with the OHA to find secure and effective ways share health information for future collaborative and reporting use and will continue to work to streamline this process in 2022

Activities	Milestones and/or Contract Year
12 Monthly Quality Performance dashboards per year shared with DCOs with notes and follow-up discussions as needed (target 6 discussions throughout 2022)	2022-2024

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

Strategy: BH and VBP

As outlined above, Trillium has existing APM and VBP models of reimbursement with BH providers for intensive community-based treatment services. In terms of future milestones, Trillium has developed an internal team that meets every other week to discuss, assess and evaluate current VBP model progress and future targets across our provider network. Through that internal work, Trillium will continue identifying BH network providers and specific BH programs where VBPs and additional risk can be sustained while improving outcomes and member experience of care.

Activities	Milestones and/or Contract Year
Outreach 10 additional groups and meet with them on a quarterly basis	2022-2024

In 2022, as we continue to expand VBP agreements across our BH network, we are focused on development of payment models that include shared savings and downside risk. We are currently working with facility based BH providers to develop a model of shared savings and risk with quality performance metrics. We have targeted implementation of new VBP agreements for child and youth facility based residential BH services in the fourth quarter of 2022.

Activities	Milestones and/or Contract Year
Expand VBP agreements across our BH network	2022-2024

C. Optional Question

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

3. Support for HIE – Care Coordination

A. 2021 Progress

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

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

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

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

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

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

Our 2021 CCO strategy focused on engaging internal and external stakeholders to better understand access, use, capabilities, and barriers to adopting HIE.

The HIE tools included in the 2021 strategy were collective medical technologies., Unite Us, and the Trillium provider portal.

HIE Tools included in our 2021 Strategy:

Collective Medical Technologies (CMT): Collective Medical provides event notification and care collaboration across all points of care, including hospitals, payers, behavioral and physical ambulatory, and post-acute settings. The collective platform identifies at-risk and complex patients and shares actionable, Real-time information with care teams so they can make better care decisions and improve outcomes. It then enables care team members to collaborate to execute on a single, shared, and consistent plan of care for the patient.

Unite Us: Connect Oregon is a coordinated care network of health and social service providers serving Oregon. Partners in the network are connected through Unite Us' shared technology platform, enabling them to send and receive electronic referrals, address people's social needs, and improve health across communities.

Provider Portal: The Provider Portal supports several provider administrative self-service capabilities, including eligibility inquiry, authorization request submission, claim submission and status, claim payment history, care management referrals, and a growing number of clinical applications. These clinical applications include:

Strategy: Streamlined Engagement Align HIE-CC strategy with HIE - Event Notification and EHR adoption activities and outreach
Accomplishments: Explored with the internal analytics team the possibility of having (CMT) send discharge notifications to the care coordination team via our clinical record referral queues (TruCare).
Barriers: Still identifying internal process to route internal HIE notifications to care coordination teams based on risk stratification. For example, we have different levels of care coordination, such as complex case management,

behavioral health case management and intensive care coordination so until we can find a way to sort those notifications to according teams our manual process of pulling reports is just as efficient.

Strategy: Informed Engagement Obtain and evaluate data on provider HIE - CC usage and barriers to adoption
Accomplishments: Analyzed Provider Portal usage for HIE engagement levels, and 34% of Physical Health Providers surveyed have adopted HIE for Care Coordination Activities excluding CMT` and 41% including Collective medical. Behavioral Health adoption was 10%, including CMT.
Barriers: While we may have some information on adoption rates, the rate of usage of the HIE by provider groups is unclear, as it does not provide insight to whether the providers are using the tools or know how to use the tools.

Strategy: Community Engagement Build community around HIE usage with an initial focus on CMT
Accomplishments: One way we did this was by, sharing with five provider groups how our care coordination teams utilize collective medical to provide timely outreach to members after an ER visit. We took the opportunity to share this information during meetings we had already scheduled with these providers to review the Medicaid and Efficiency and Performance Program (MEPP) data. These five providers were chosen because they were identified as having the largest population of Medicaid members with Diabetes related episodes of care.
· Springfield Family Physicians
· Orchid Health
· G Street
· Oregon integrated
· Lane CHC
Goals of the Provider Meetings: Trillium engaged with providers with the largest Medicaid Diabetic populations to collaborate to improve outcomes.
· Utilized data to develop an actionable path forward to improve the lives of diabetic members.
· From Trillium (Quality/Hotspotter/CM outreach)
· From Collective Medical
Barriers: Provider resources allocation for use and understanding of HIE (CMT), Quality Metric tools, and Health Plan Population Health Reports (Hotspotter).

Strategy: Encourage Engagement Share HIE - CC value propositions and successful use cases to aid communication and provider adoption, including efficiencies that can be created (provider portal)
Accomplishments: Engaged with Centene to adopt in our Oregon Market the ability for some authorizations to complete a Medical Necessity Review when submitting through a Provider Portal to encourage adoption and utilization.
Barriers: This work is still being implemented but has not gone live yet.

Strategy: Expand Scope of Engagement Evaluate additional HIE vendors for adoption and how to bring other providers along when doing so.
Accomplishments: Utilized the data from the survey, portal usage, and other sources to determine providers to contact with messaging specific to the applicable value proposition and use cases. We are currently collaborating with vendor “Unite Us” that offers closed-loop referrals for members to receive resources needed to address social determinants of health. This vendor is recognized and utilized by other Oregon CCOs and provides a snapshot of member referrals made if the member has transferred CCOs.
Barriers: No Barriers identified at this time.

Strategy: Quality Engagement Seek feedback to improve each level of engagement around HIE-CC communication, adoption, usage, and support.
Accomplishments: Worked with our internal Quality team to gain access and education for Collective Medical. Our Quality team has regular interaction with provider groups and can now align HIE to processes surrounding quality initiatives.
Barriers: Identifying ongoing training and support for internal teams and providers.

The number of Providers that adopted HIE due to these strategies is unknown, as efforts in 2021 focused on collaboration, assessment, and receiving feedback.

ii. Additional progress specific to physical health providers

Strategy pertains to all.

iii. Additional progress specific to oral health providers

According to the 2021 CCO HIT Survey administered by OHA, a very small portion of oral health providers reported the use of HIE tools.

Strategy: Work with Dental Care Organizations to identify barriers and opportunities for HIE tools adoption

During 2021, as part of its overall HIT Strategy development, Trillium has worked with the Dental Care Organizations (DCOs) to identify barriers and opportunities that drive higher adoption of HIE tools for oral health providers. The main identified barriers/opportunities included: (1) need of additional provider education/training on HIE tools, (2) lack of resources/funding from the provider community to implement and administer HIE tools, and (3) better HIT strategy alignment and coordination among the State/OHA, CCOs, DCOs, and the provider community, including a better understanding of the available HIE tools in the community and how DCOs could/should plug in.

While the reported number of oral health clinics and providers using HIE tools is low, all our DCOs reported the use of PreManage and its ED notifications at their administrative/plan level and offices. The DCOs have processes to receive notifications when any of Trillium assigned members visit the ER and their clinical and care coordination teams follow up to schedule them to address the member's dental needs and to educate the member on the DCOs 24/7 emergency call system.

Strategy: Enhance HIE tools education for oral health providers

In addition to the individual DCO efforts on provider education, Trillium has included information on HIE in its Provider Digests that is disseminated to DCOs on a regular basis. These Trillium digests are reviewed by the DCOs leadership and clinical teams, and all oral health relevant information is further shared with oral health clinics/providers. For example, the 12/21/2021 Trillium Provider Digest disseminated to our DCOs included information on OHLC Resources for Electronic Health Records & Health Information Technology, including information on the OHLC website that compiled a set of comprehensive resources on Electronic Health Records and Health Information Technology that can help deliver improved care to your patients (such as HIT Commons, and Collective Medical Platform).

Strategy: Enhance access to resources

Oral health providers and clinics' limited resources, including cost, is a barrier to increased HIE tool usage and adoption, especially for small practices. In addition to the DCOs efforts to provide resources and incentivize the adoption of HIE tools, Trillium currently collaborates with the DCOs to identify opportunities to partner on additional support and resources that could help advance these efforts. For example:

- All three of Trillium's contracted DCOs participate in Trilliums CCO Incentive Program. These incentive dollars provide additional funding beyond the cost of service to reward performance on oral health measures, including preventative dental services and oral evaluation for adults with diabetes measures. CCO incentive dollars have been creatively used by one of the DCOs in 2021 to fund a Mobile Dental Van. This vehicle is designed to bring oral health services to the member. Trillium will continue to incentivize providers (both dental and physical providers when applicable) for performance on oral health CCO Metrics, including the Oral Evaluation of Adults with Diabetes and the Preventative Dental or Oral Health Services measures. This additional revenue stream can help providers further integrative efforts, increase access to care, and increase the quality of care and experience of the member.
- Trillium's 2018 and 2019 Innovation Fund has provided funding for various oral health initiatives that were implemented throughout 2019 and 2020, including funding two oral health integration projects in PCP clinics with Orchid Health Clinic and Oregon Integrated Health (which drove and encouraged the integration of PCP and dental EHRs) and funding a startup tech company that started placing tablets in oral health and other clinics allowing patient screening data to be stored in a cloud-based network accessible to multiple clinics and patient organizations managing physical, oral, behavioral and social health issues who can work as a team to improve individual member's health. There

were no innovation grant projects specific to oral health in 2021, as Trillium and the DCOs focused on supporting the COVID pandemic measures. Trillium continues to provide innovation grant funding as a pathway for transformation and considers HIT projects as high priority when determining grant allocations.

Strategy: Enhance HIT strategy alignment/coordination

Trillium meets regularly with our DCOs. Quarterly Joint Operation Committee (JOC) meetings are held with key members, such as upper-level managers and directors of the DCOs and Trillium. This is where some of the larger picture issues, such as HIE, implementing future EHR data, and overall plan performance, will be discussed. These JOCs are essential in order to align Trillium and the DCO's efforts. These quarterly JOCs include discussions on oral health metrics, DCO performance (versus established DCO contract, CCO Contract, and State/federal regulations), and other issues impacting oral health access and quality for our members.

In order to enhance HIT strategy alignment, beginning with Q4 2021, the DCO JOC standing Agenda items included discussions on the DCOs adoption and usage of HIE tools (such as Collective Medical-PreManage), including current adoption rates, strategies, initiatives to encourage adoption, barriers, and how Trillium can support the DCOs in increasing adoption and usage of HIE tools. Standing JOC Agenda items also included discussions on Oral Health Quality metrics, a review of current quality performance versus targets and any initiatives and data sharing opportunities between our organizations to drive oral health quality improvements.

In addition, Trillium also hosts virtual monthly healthcare collaboratives with the provider network, attendees include behavioral, physical, and oral health providers and quality staff. One DCO was invited in 2021 to present to the network on his group's implementation of an A1c testing program in dental offices. The DCO, in October of 2021, began piloting a program to test diabetic patient's A1c's at their dental appointments and created a process to share this health information with the PCP/Trillium. This program is rooted in integration and Trillium helps support the project as needed by the DCO. The DCO also outlined the importance of integrating oral healthcare at the member's PCP office, including oral health screenings and fluoride varnishes. This created an open forum to discuss oral healthcare integration best practices and efforts among the provider network.

Strategy: Enhance data sharing with the oral health providers

In 2021, Trillium introduced a new Provider Performance Specialist position within the Quality Department to work closely with contracted Dental Care Organizations (DCOs). This position uses claims' reports to update and inform DCOs of their performance on oral health quality metrics and provide quality performance reports, lists of members still needing oral healthcare, and assists the DCOs with aid in the understanding of the quality metric technical specifications published by the OHA. For example, DCOs are provided a monthly list of diabetic members (gap list), who are qualified to receive oral healthcare but have not, giving the dental providers an opportunity to more specifically target members still needing care.

Trillium has also developed a member incentive program in Q3 of 2021 which specifically targeting members, who are in the Oral Evaluation for Adults with Diabetes (OED) CCO measure, who have not had an oral evaluation as of the time of the program and rewards them for getting this service.

Another report shared between Trillium and the DCOs is the Hotspotter Report. The DCOs receive the Hotspotter report regularly, loads them in their case management tracking systems, and filters to get information about diabetics and expecting mothers, considering information such as past visits, due dates, terms dates, and risk scores. This information is used by the DCO case managers and expanded practice dental hygienists who initiate any necessary member outreach to close existing gaps in care.

iv. Additional progress specific to behavioral health providers

Strategy pertains to all.

v. Please describe any barriers that inhibited your progress

Strategy pertains to all.

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	☐ 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)
☒ Collaboration with network partners	☐ Other strategies for supporting HIE access or use (please list here)
☒ 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. Plans across provider types, including additional tools you will support/make available, and activities & milestones

Using the Data Completeness Table in the OHA-provided HIT Data File, we can see that (including the Collective Platform) 87 (TC) and 58 (SW) Physical Health, 189 (TC) of 35 (SW) Oral Health, and 132 (TC) of 119 (SW)

Behavioral Providers 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 use the same HIT/HIE tools and the strategies for both regions (Southwest and Tri-County) listed below.

HIE Tools included in our 2021 Strategy:

Collective Medical Technologies (CMT): Collective Medical provides event notification and care collaboration across all points of care, including hospitals, payers, behavioral and physical ambulatory and post-acute settings. Collective platform identifies at-risk and complex patients and shares actionable, Realtime information with care teams, so they can make better care decisions and improve outcomes. It then enables care team members to collaborate with one another to execute on a single, shared, and consistent plan of care for the patient.

Unite Us: Connect Oregon is a coordinated care network of health and social service providers serving Oregon. Partners in the network are connected through Unite Us' shared technology platform, which enables them to send and receive electronic referrals, address people's social needs, and improve health across communities.

Provider Portal: The Provider Portal supports a number of provider administrative self-service capabilities including eligibility inquiry, authorization request submission and status, claim submission and status, claim payment history, care management referrals, and a growing number of clinical applications. These clinical applications include:

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

Strategy: HIE training and technical assistance: Work with our Provider Network and Quality Team to support efforts in ensuring provider groups have access to HIE and have the knowledge and training to adopt within their practice.

Activities	Milestones and/or Contract Year
Identify two physical health, three oral health, and three behavioral health organizations to train and onboard the use of CMT and CCO Provider portal in their practice. *To include at least 1 (SW) provider for each provider type.*	Q3-Q4 2022
Identify an additional two physical health, three oral health, and three behavioral health organizations to train and onboard the use of the CMT and CCO Provider portal in their practice.	2023-2024

Strategy: Assessment/tracking of HIE adoption and capabilities: Many providers that have not adopted HIE do have access to CMT and the Provider Portal but are not accessible due to education, technical restraints, or workforce constraints.

Activities	Milestones and/or Contract Year
Identify top 3 barriers for all provider types to adopting HIT/HIE tools for Care Coordination, using the HIT Survey and plan surveys conducted with providers. In addition, identify the top 3 barriers for providers adopting HIT/HIE for providers, not onboarding HIT/HIE.	Q3-Q4 2022
Seek opportunities where CCO can support providers reporting one of the top 3 barriers.	2023

Strategy: Outreach and education about value of HIE

Activities	Milestones and/or Contract Year
Identify case examples from provider groups and CBOs actively engaged in HIE to share the value of HIE, such as Collective Medical, the Provider Portal, and Unite Us. The goal should be to reduce administrative burden and improve the quality, safety, and access to the proper care at the right time.	Q3-Q4 2022
Share HIE use case examples with providers in Provider Newsletter and during regular provider meetings with CCO.	2023

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

Activities	Milestones and/or Contract Year
Unite Us Implementation 1. Complete/Execute Contract with Unite Us 2. Prepare for Customer Engagement (CCO Staff, Members, Providers) 3. Systems Configuration/Set final offboarding date for Aunt Bertha 4. Onboard internal CCO Care Coordination Staff (Training) 5. Go Live with Unite Us	1. April 2022 2. Q2 -Q3 2022 3. Q2-Q3 2022 4. Q3 2022 5. Q4 2022
CCO Provider Portal Enhancement 1. Re-evaluate Provider Portal capabilities to support care coordination Meet with internal Clinical Systems Operation Team to Identify 1-2 capabilities within provider portal to integrate (Care management Assessments, care plans, SDOH mini screener, CCO care team, ADT, REALD information collected by CCO or to report to CCO) 2. Systems implementation 3. Prepare CCO Staff and Provider Communication 4. Go Live with new Provider Portal enhancements	1. Q3-Q4 2022 2. Q1-Q3 2023 3. Q2-Q3 2023 4. Q3-Q4 2023
CMT ADT (Admission, Discharge, Transfer) notification tasks in Care Management clinical documentation system (TruCare). ADT has the potential to maximize the effectiveness of Case Management's intervention in the discharge process. For example, the notification task allows timely acknowledgment of a recent discharge or planning for a discharge maybe a couple of days out. 1. Re-evaluate clinical systems capabilities with the internal EHR Data Exchange Team and determine to turn on ADT notifications within TruCare for Care Management. 2. If the determination is made to move forward, the next step is to plan and implement processes for care management to update current work processes and identify desired outcomes. 3. Go Live with ADT notifications and updated Care Management process for responding to ADT notifications.	1. Q3-Q4 2022 2. Q1-Q2 2023 3. Q3-Q4 2023

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

Strategy pertains to all.

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

Strategy: Continue enhancement on HIT strategy alignment/coordination with the oral health providers

Throughout 2022, Trillium will continue its efforts to align on HIT strategy with the DCOs through engagement in the DCO quarterly JOCs, meetings between the DCOs and Trillium's Provider Performance Specialist position within the Quality Department, and Trillium's healthcare collaboratives with the provider network.

Activities	Milestones and/or Contract Year
Four Quarterly JOCs per year with 3 DCOs that include specific HIT Roadmap and HIE tool adoption Agenda items and discussions	Q1-Q4 2022 Q1-Q4 2023 Q1-Q4 2024

Strategy: Continue efforts to enhance data sharing with the oral health providers

Sharing health information is an important part of Trillium's plan and will help bridge the gap between dentist, the primary care provider, and Trillium. Integrating and sharing health information will allow Trillium to better capture important health data. Capturing this essential data is important to better focus our efforts to make sure important services are being provided. Trillium will continue to work closely with the DCOs to establish the feasibility of a unified platform for the cross-collaboration of our members' health information.

During this time of research and development, Trillium will bridge the gap by utilizing member gap reports provided directly to dental providers, allowing the provider to target specific members still needing care.

Trillium will continue its collaborative efforts with the DCO in their A1c program. Current efforts to integrate A1c data, obtained from office visits with dental providers, into unified health information platforms are at the forefront of discussion. Trillium has also initiated discussion with the OHA to find secure and effective ways share health information for future collaborative and reporting use and will continue to work to streamline this process in 2022.

Activities	Milestones and/or Contract Year
12 Monthly Quality Performance dashboards per year shared with DOCs with notes and follow-up discussions as needed (target 6 discussions throughout 2022)	2022-2024

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

Strategy pertains to all.

C. Optional Question

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

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

Using the Data Completeness Table in the OHA-provided HIT Data File, we can see that (including the Collective Platform) 87 (TC) and 58 (SW) Physical Health, 189 (TC) of 35 (SW) Oral Health, and 132 (TC) of 119 (SW) Behavioral Providers contracted organizations have not adopted a known HIE tool. We will use this information to develop our 2022-2024 HIE for hospital event notification strategies.

We will use the same HIT/HIE tools and the strategies for both regions (Southwest and Tri-County) listed below.

HIE Tools included in our 2021 Strategy:

Collective Medical Technologies (CMT): Collective Medical provides event notification and care collaboration across all points of care, including hospitals, payers, behavioral and physical ambulatory, and post-acute settings. Collective platform identifies at-risk and complex patients and shares actionable, Realtime information with care teams, so they can make better care decisions and improve outcomes. It then enables care team members to collaborate with one another to execute on a single, shared, and consistent plan of care for the patient.

Unite Us: Connect Oregon is a coordinated care network of health and social service providers serving Oregon. Partners in the network are connected through UniteUs' shared technology platform, which enables them to send and receive electronic referrals, address people's social needs, and improve health across communities.

Provider Portal: The Provider Portal supports a number of provider administrative self-service capabilities including eligibility inquiry, authorization request submission and status, claim submission and status, claim payment history, care management referrals, and a growing number of clinical applications. These clinical applications include:

Strategy: Increasing Provider Access to Hospital Event Notification by Financially supporting access to the Collective Medical Platform. Through our own contract with Collective Medical Technologies, CCO pays for its contracted providers to access the Collective Platform tool, including real-time HEN for their patients.

Strategy: Collaboration with Network Partners and others. Partnering with HIE vendors on meeting needs of CCO and partners.

Strategy: Outreaching and providing education about the value of HEN. Through various methods of outreach, Trillium shared the value of HEN to providers who are connected to CMT but are not utilizing. Barriers: While we may have some information on adoption rates, it's unclear the rate of usage of the HEN by provider groups.

Strategy: Using Hospital Event Notification within CCO Organization Care Management department. Throughout the pandemic, Trillium utilized HEN tools to support care coordination utilizing Collective Platform Cohorts and reports as tools for addressing care coordination and population health management. ED notifications are used by our PH/BH care coordination team to highlight members with complex conditions, members with frequent ED readmissions and members with Serious and Persistent Mental Illness (SPMI). Allows for timely coordination of our most complex members.

Strategy: CCO integration of different platforms. Trillium was able to transition all ADT transactions were transitioned to TruCare Cloud. CCO was able to gain access to Covid-19 positive data from EDIE at the health plan.

ii. Additional progress specific to physical health providers

Trillium took a cross departmental approach in working with the two providers interested in transitioning to ADT notification. Provider network management (PNM), contracting, UM and IT were present at the initial meetings to discuss the hospital event notification process. This multi departmental approach continued throughout the implementation process. Trillium initially worked to identify which hospitals were currently utilizing ADT. After successful outreach, we were able to meet with two of our largest providers that were not using Hospital Event Notification. We successfully transitioned these two providers to ADT; one group had a go live date of 5/24/21 and the other provider's go live date was 10/4/21. Routine follow up was done post go live.

iii. Additional progress specific to oral health providers

According to the 2021 CCO HIT Survey administered by OHA, a very small portion of oral health providers reported the use of HIE tools.

Strategy: Work with Dental Care Organizations to identify barriers and opportunities for HIE tools adoption

During 2021, as part of its overall HIT Strategy development, Trillium has worked with the Dental Care Organizations (DCOs) to identify barriers and opportunities that drive higher adoption of HIE tools for oral health providers. The main identified barriers/opportunities included: (1) need of additional provider education/training on HIE tools, (2) lack of resources/funding from the provider community to implement and administer HIE tools, and (3) better HIT strategy alignment and coordination among the State, CCOs, DCOs, and the provider community, including a better understanding of the available HIE tools in the community and how DCOs could/should plug in.

While the reported number of oral health clinics and providers using HIE tools is low, all our DCOs reported the use of PreManage and its ED notifications at their administrative/plan level and offices. The DCOs have processes to receive notifications when any of the Trillium assigned members visit the ER and their clinical and care coordination teams follow up to schedule them to address the member's dental needs and to educate the member on the DCOs 24/7 emergency call system.

Strategy: Enhance HIE tools education for oral health providers

In addition to the individual DCO efforts on education, Trillium has included information on HIE in its Provider Digests that is disseminated to DCOs on a regular basis. These Trillium digests are reviewed by the DCOs leadership and clinical teams, and all oral health relevant information is further shared with oral health clinics/providers. For example, the 12/21/2021 Trillium Provider Digest disseminated to our DCOs included information on OHLC Resources for Electronic Health Records & Health Information Technology, including information on the OHLC website that compiled a set of comprehensive resources

on Electronic Health Records and Health Information Technology that can help deliver improved care to your patients (such as HIT Commons, and Collective Medical Platform).

Strategy: Enhance access to resources

Oral health providers and clinics' limited resources, including cost, is a barrier to increased HIE tool usage and adoption, especially for small practices. In addition to the DCOs efforts to provide resources and incentivize the adoption of HIE tools, Trillium currently collaborates with the DCOs to identify opportunities to partner on additional support and resources that could help advance these efforts. For example:

- All three of Trillium's contracted DCOs participate in Trilliums CCO Incentive Program. These incentive dollars provide additional funding beyond the cost of service to reward performance on oral health measures, including preventative dental services and oral evaluation for adults with diabetes measures. CCO incentive dollars have been creatively used by one of the DCOs in 2021 to fund a Mobile Dental Van. This vehicle is designed to bring oral health services to the member. Trillium will continue to incentivize providers (both dental and physical providers when applicable) for performance on oral health CCO Metrics, including the Oral Evaluation of Adults with Diabetes and the Preventative Dental or Oral Health Services measures. This additional revenue stream can help providers further integrative efforts, increase access to care, and increase the quality of care and experience of the member.
- Trillium's 2018 and 2019 Innovation Fund has provided funding for various oral health initiatives that were implemented throughout 2019 and 2020, including funding two oral health integration projects in PCP clinics with Orchid Health Clinic and Oregon Integrated Health (which drove and encouraged the integration of PCP and dental EHRs) and funding a startup tech company that started placing tablets in oral health and other clinics allowing patient screening data to be stored in a cloud-based network accessible to multiple clinics and patient organizations managing physical, oral, behavioral and social health issues who can work as a team to improve individual member's health. There were no innovation grant projects specific to oral health in 2021, as Trillium and the DCOs focused on supporting COVID pandemic measures. Trillium continues to provide innovation grant funding as a pathway for transformation and considers HIT projects as high priority when determining grant allocations.

Strategy 3: Enhance HIT strategy alignment/coordination

Trillium meets regularly with our DCOs. Quarterly Joint Operation Committee (JOC) meetings are held with key members, such as upper-level managers and directors of the DCOs and Trillium. This is where some of the larger picture issues, such as HIE, implementing future EHR data, and overall plan performance, will be discussed. These joint operation committee meetings are essential in order to align Trillium and the DCO's efforts. These quarterly JOCs include discussions on oral health metrics, DCO performance (versus established DCO contract, CCO Contract, and State/federal regulations), and other issues impacting oral health access and quality for our members.

In order to enhance HIT strategy alignment, beginning with Q4 2021, the DCO JOC standing Agenda items included discussions on the DCOs adoption and usage of HIE tools (such as Collective Medical-PreManage), including current adoption rates, strategies, initiatives to encourage adoption, barriers, and how Trillium can support the DCOs in increasing adoption and usage of HIE tools. Standing JOC Agenda items also included discussions on Oral Health Quality metrics, a review of current quality performance versus targets and any initiatives and data sharing opportunities between our organizations to drive oral health quality improvements.

In addition, Trillium also hosts virtual monthly healthcare collaboratives with the provider network, attendees include behavioral, physical, and oral health providers and quality staff. One DCO was invited in 2021 to present to the network on his group's implementation of an A1c testing program in dental offices. The DCO, in October of 2021, began piloting a program to test diabetic patient's A1c's at their dental appointments and created a process to share this health information with the PCP/Trillium. This program is rooted in integration and Trillium helps support the project as needed by the DCO. The DCO also outlined the importance of integrating oral healthcare at the member's PCP office, including oral health screenings and fluoride varnishes. This created an open forum to discuss oral healthcare integration best practices and efforts among the provider network.

Strategy: Enhance data sharing with the oral health providers

In 2021, Trillium introduced a new Provider Performance Specialist position within the Quality Department to work closely with contracted Dental Care Organizations (DCOs). This position uses claims' reports to update and inform DCOs of their performance on oral health quality metrics and provide quality performance reports, lists of members still needing oral healthcare, and assists the DCOs with aid in the understanding of the quality metric technical specifications published by the OHA. For example, DCOs are provided a monthly list of diabetic members (gap list), who are qualified to receive oral healthcare but have not, giving the dental providers an opportunity to more specifically target members still needing care.

Trillium has also developed a member incentive program in Q3 of 2021 which specifically targeting members, who are in the Oral Evaluation for Adults with Diabetes (OED) CCO measure, who have not had an oral evaluation as of the time of the program and rewards them for getting this service.

Another report shared between Trillium and the DCOs is the Hotspotter Report. The DCOs receive the Hotspotter report regularly, loads them in their case management tracking systems, and filters to get information about diabetics and expecting mothers, considering information such as past visits, due dates, terms dates, and risk scores. This information is used by the DCO case managers and expanded practice dental hygienists who initiate any necessary member outreach to close existing gaps in care.

iv. Additional progress specific to behavioral health providers

See the Progress Across Provider Types section.

v. Please describe any barriers that inhibited your progress

Physical Health: One provider that ultimately transitioned to ADT initially was interested in EDI 278N electronic hospital admission notification. We were unable to accommodate the 278N request but worked toward an agreement to move forward with ADT.

Physical Health: Manual faxes will still be required for new babies since the enrollment data will not be in CMT and available for an ADT message.

All: Public Health Emergencies.

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

Overall Progress
Please select which strategies you employed during 2021.

☒ 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.

Care Coordination/Care Management: Throughout the pandemic, CM continued to use ED notifications from CMT to highlight and outreach members with complex conditions, members with frequent ED readmissions and members with SPMI.

Integration into other systems: Trillium was able to transition all ADT transactions to TruCare Cloud Utilization monitoring/management: The tool UM uses is our authorization system, TruCare. Working with the corporate department that owns the relationship with CMT increased UM's knowledge regarding ADT/CMT, both its benefits and its areas of weakness (unable to notify regarding newborns). The UM team held monthly meetings with the CMT team to discuss barriers and receive updates. This also provided the team a point of escalation when a hospitals ADT system went down. UM could quickly identify the issues and work towards resolution.

Collaboration with external partners: Trillium supports CMT in both a financial and educational way. Continue to work to show the value in using CMT to providers that are connected to CMT but not utilizing.

B. 2022-2024 Plans

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

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

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

Overall Plans

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

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

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

Using the Data Completeness Table in the OHA-provided HIT Data File, we can see that (including the Collective Platform) 87 (TC) and 58 (SW) Physical Health, 189 (TC) of 35 (SW) Oral Health, and 132 (TC) of 119 (SW) Behavioral Providers contracted organizations have not adopted a known HIE tool. We will use this information to develop our 2022-2024 HIE for hospital event notification strategies.

We will use the same HIT/HIE tools and the strategies for both regions (Southwest and Tri-County) listed below.

HIE Tools included in our 2021 Strategy:

Collective Medical Technologies (CMT): Collective Medical provides event notification and care collaboration across all points of care, including hospitals, payers, behavioral and physical ambulatory and post-acute settings. Collective platform identifies at-risk and complex patients and shares actionable, Realtime information with care teams, so they can make better care decisions and improve outcomes. It then enables care team members to collaborate with one another to execute on a single, shared, and consistent plan of care for the patient.

Unite Us: Connect Oregon is a coordinated care network of health and social service providers serving Oregon. Partners in the network are connected through Unite Us' shared technology platform, which enables them to send and receive electronic referrals, address people's social needs, and improve health across communities.

Provider Portal: The Provider Portal supports a number of provider administrative self-service capabilities including eligibility inquiry, authorization request submission and status, claim submission and status, claim payment history, care management referrals, and a growing number of clinical applications. These clinical applications include:

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

Strategy: HIE training and technical assistance: Work with our Provider Network and Quality Team to support efforts in ensuring provider groups have access to HIE and have the knowledge and training to adopt within their practice.

Activities	Milestones and/or Contract Year
Identify two physical health, three oral health, and three behavioral health organizations to train and onboard the use of CMT and CCO Provider portal in their practice. *To include at least 1 (SW) provider for each provider type.*	Q3-Q4 2022
Identify an additional two physical health, three oral health, and three behavioral health organizations to train and onboard the use of the CMT and CCO Provider portal in their practice.	2023-2024

Strategy: Assessment/tracking of HIE adoption and capabilities: Many providers that have not adopted HIE do have access to CMT and the Provider Portal but are not accessible due to education, technical restraints, or workforce constraints.

Activities	Milestones and/or Contract Year
Identify top 3 barriers for all provider types to adopting HIT/HIE tools for Care Coordination, using the HIT Survey and plan surveys conducted with providers. In addition, identify the top 3 barriers for providers adopting HIT/HIE for providers, not onboarding HIT/HIE.	Q3-Q4 2022
Seek opportunities where CCO can support providers reporting one of the top 3 barriers.	2023

Strategy: Outreach and education about value of HIE

Activities	Milestones and/or Contract Year
Identify case examples from provider groups and CBOs actively engaged in HIE to share the value of HIE, such as Collective Medical, the Provider Portal, and Unite Us. The goal should be to reduce administrative burden and improve the quality, safety, and access to the proper care at the right time.	Q3-Q4 2022
Share HIE use case examples with providers in Provider Newsletter and during regular provider meetings with CCO.	2023

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

Activities	Milestones and/or Contract Year
Unite Us Implementation 1. Complete/Execute Contract with Unite Us 2. Prepare for Customer Engagement (CCO Staff, Members, Providers) 3. Systems Configuration/ Set final offboarding date for Aunt Bertha 4. Onboard internal CCO Care Coordination Staff (Training) 5. Go Live with Unite Us	1. April 2022 2. Q2 -Q3 2022 3. Q2-Q3 2022 4. Q3 2022 5. Q4 2022
CCO Provider Portal Enhancement 1. Re-evaluate Provider Portal capabilities to support care coordination Meet with internal Clinical Systems Operation Team to Identify1-2 capabilities within provider portal to integrate (Care management Assessments, care plans, SDOH mini screener, CCO care team, ADT, REALD information collected by CCO or to report to CCO) 2. Systems implementation 3. Prepare CCO Staff and Provider Communication 4. Go Live with new Provider Portal enhancements	1. Q3-Q4 2022 2. Q1-Q3 2023 3. Q2-Q3 2023 4. Q3-Q4 2023
CMT ADT (Admission, Discharge, Transfer) notification tasks in Care Management clinical documentation system (TruCare). ADT has the potential to maximize the effectiveness of Case Management's intervention in the discharge process. For example, the notification task allows timely acknowledgment of a recent discharge or planning for a discharge maybe a couple of days out. 1. Re-evaluate clinical systems capabilities with the internal EHR Data Exchange Team and determine to turn on ADT notifications within TruCare for Care Management.	1. Q3-Q4 2022 2. Q1-Q2 2023 3. Q3-Q4 2023

2. If the determination is made to move forward; the next step is to plan and implement processes for care management to update current work processes and identify desired outcomes. 3. Go Live with ADT notifications and updated Care Management process for responding to ADT notifications.	

Strategy: Increasing Provider Access to Hospital Event Notification: Trillium will continue to financially support access to the Collective Medical Platform. Through our own contract with Collective Medical Technologies, Trillium will pay for its contracted providers to access the Collective Platform tool, including real-time HEN for their patients.

Strategy: Collaboration with Network Partners and others: Trillium will continue Partnering with HIE vendors on meeting needs of CCO and partners.

Strategy: Outreaching and providing education about the value of HEN. Through various methods of outreach, Trillium shared the value of HEN to providers who are connected to CMT but are not utilizing.

Strategy: Using Hospital Event Notification within CCO Organization Care Management department. Trillium will continue to utilize HEN tools to support care coordination utilizing Collective Platform Cohorts and reports as tools for addressing care coordination and population health management.

Strategy: CCO integration of different platforms. Trillium will continue to use TruCare Cloud for all ADT transactions. Trillium will continue to access Covid-19 positive data from EDIE at the health plan.

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

See the Plans Across Provider Types section.

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

Strategy: Continue enhancement on HIT strategy alignment/coordination with the oral health providers

Throughout 2022, Trillium will continue its efforts to align on HIT strategy with the DCOs through engagement in the DCO quarterly JOCs, meetings between the DCOs and Trillium's Provider Performance Specialist position within the Quality Department, and Trillium's healthcare collaboratives with the provider network.

Activities	Milestones and/or Contract Year
Four Quarterly JOCs per year with 3 DCOs that include specific HIT Roadmap and HIE tool adoption Agenda items and discussions	Q1-Q4 2022 Q1-Q4 2023 Q1-Q4 2024

Strategy: Continue efforts to enhance data sharing with the oral health providers

Sharing health information is an important part of Trillium's plan and will help bridge the gap between dentist, the primary care provider, and Trillium. Integrating and sharing health information will allow Trillium to better capture important health data. Capturing this essential data is important to better focus our efforts to make sure important services are being provided. Trillium will continue to work closely with the DCOs to establish the feasibility of a unified platform for the cross-collaboration of our members' health information.

During this time of research and development, Trillium will bridge the gap by utilizing member gap reports provided directly to dental providers, allowing the provider to target specific members still needing care.

Trillium will continue its collaborative efforts with the DCO in their A1c program. Current efforts to integrate A1c data, obtained from office visits with dental providers, into unified health information

platforms are at the forefront of discussion. Trillium has also initiated discussion with the OHA to find secure and effective ways share health information for future collaborative and reporting use and will continue to work to streamline this process in 2022.

Activities	Milestones and/or Contract Year
12 Monthly Quality Performance dashboards per year shared with DOCs with notes and follow-up discussions as needed (target 6 discussions throughout 2022)	2022-2024

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

See the Progress Across Provider Types section.

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.

Care Coordination/Care Management: CM will continue to use ED notifications from CMT to highlight and outreach members with complex conditions, members with frequent ED readmissions and members with SPMI.

Utilization monitoring/management: The tool UM uses is the authorization system, TruCare. The UM team will continue to hold monthly meetings with the CMT team to discuss barriers and receive updates. This process will continue to provide the team with a point of escalation when hospitals ADT system goes down. It will also allow the UM department to quickly identify any issues and work towards resolution.

Collaboration with external partners: Trillium will continue to support CMT in both a financial and educational way. Continue to work to show the value in using CMT to providers that are connected to CMT but not utilizing.

C. Optional Question

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

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

A. 2021 Progress

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

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

This is a new measure for 2022; however, the following actions were taken previously that have enabled advancement of some aspects of the strategies being proposed for 2022-2024:

1. Centene Corporation signed an agreement with FindHelp (Aunt Bertha) in February 2017, and Trillium executed an Oregon specific Statement of Work on 3/1/2019. Primarily, the tool was used to help locate community-based resources but lacked the closed loop referral capability. While this system is being phased out to bring on a new closed loop referral tool for Social Determinants of Health, this tool did serve as a referral resource for some time leading up to 2022.
2. Centene Corporation has a Social Determinants of Health mini screen tool that has been in use for some time through our system that is used to perform risk screening questionnaires. This mini screen has captured details on members social risk based on five core health related social needs, including housing, food, transportation, utilities, and personal safety + member identified areas of desired help. In addition, Z diagnosis codes are used in our reporting for further classification of social needs for members. The availability of these details in our member data enables use in other systems.
3. Process design and system enhancements underway to fully implement the REAL+D data collection per OAR 943-070-0000 Race, Ethnicity, Language, and Disability Demographic Data Collection Standards. The call center representatives will perform complete the questions and capture for availability to support a more complete dataset within the State system, which is help in further outlining social needs and disparities that may impact health.
4. Centene Corporation established a contract with Collective Medical Technologies beginning in April 2015. This tool is an interface between hospitals, payers, and various provider settings for event notification and care collaboration. The system is designed to identify at-risk and complex patients and shares actionable, real-time information with care teams for a single, shared, and consistent plan of care for the patient.
5. The Health Plan has an ongoing system for collection of data on provider's patient-centered medical home status and has used this information historically in network analysis and strategy; however, the PCMH accreditation has not been formally used holistically as a selection criteria for member PCP assignment.
6. The Provider Portal was enhanced to share language details to ensure provider awareness of member interpreter service needs.
7. The Unite Us Connect Oregon platform was identified as a Community Information Exchange (CIE) platform that many of the current community organizations are currently using. During 2021, as part of

Trillium's efforts to better align with already used community and state-wide tools and platforms by Oregon's physical, BH, and oral health providers and community organizations, Trillium has evaluated the Unite Us (Connect Oregon) platform and conducted initial vendor Security Risk Assessment, scope definition, and contract negotiations during Q3-Q4 2021. As a result of this evaluation, Trillium has decided to move forward and align its Community Information Exchange (CIE) platform by switching from our existing platform to the Unite Us Connect Oregon platform in 2022. Current target implementation date is by end of Q2 2022.

8. In 2021, Trillium put in place processes to update and augment the race data for members with Unknown/Unreported by utilizing additional internal and external data already available. Many of the members that are reported on the 834 data files have race data categorized as "Unknown/Unreported". These enhancement activities to augment the state data reduced the unknown race data significantly. We are also in the process of updating various member facing interactions, such as the HRA phone calls, to include the required questions regarding Race, Ethnicity and Language.

   These enhancement activities included the following data sources and application of hierarchical data logic:
   •CMS race data for members that are in our dual population.
   •Data from EHR Data.
   •Data from Omni.
   •Data from HRA (health risk assessments).
   •Data from 2750 loops for disability flag and age, detailed primary and secondary race, secondary language and English proficiency code.
   •Data from additional internal sources.

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

This is a new measure for 2022; therefore, no specific progress details are available in this section.

ii. Additional progress specific to physical health providers

iii. Additional progress specific to oral health providers

Strategy: Enhance language access and interpretation vendor reporting to identify any gaps in accessing and coordinating oral health care

In 2021, part of Trillium's efforts to enhance its data collection and reporting capabilities about Language Access and interpretation services provided to Trillium members (as included in the Quarterly Language

Access Reports), Trillium noticed that a significant number of oral health appointments provided to Trillium members with an MMIS flag of needing interpretation was not available in the reporting received from our interpreter vendors. Because in many instances, DCOs work directly with interpretation vendors to cover such appointments, Trillium has worked with the DCOs to incorporate in our reporting and data the interpretation appointments provided by DCOs to Trillium members that augments the reporting provided to Trillium by the interpretation vendors. Trillium uses the data collected to analyze, monitor, identify, and address any language access issues for our Trillium membership.

Strategy: Enhance HIT strategy alignment/coordination

During HIE adoption and HIT strategy alignment conversations with the DCOs, the Unite Us Connect Oregon platform was identified as a Community Information Exchange (CIE) platform that the DCOs are currently considering implementing and interested in learning more. During 2021, as part of Trillium's efforts to better align with already used community and state-wide tools and platforms by Oregon's physical, BH, and oral health providers and community organizations, Trillium has evaluated the Unite Us (Connect Oregon) platform and conducted initial vendor Security Risk Assessment, scope definition, and contract negotiations during Q3-Q4 2021. As a result of this evaluation, Trillium has decided to move forward and align its Community Information Exchange (CIE) platform by switching from our existing platform to the Unite Us Connect Oregon platform in 2022. Current target implementation date is by end of Q2 2022.

iv. Additional progress specific to behavioral health providers

v. Additional progress specific to social services and CBOs

vi. Please describe any barriers that inhibited your progress

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.

Strategy: Unite Us: Connect Oregon is a coordinated care network of health and social service providers serving Oregon. Partners in the network are connected through Unite Us, which is a shared technology platform that enables them to send and receive electronic referrals, address people's social needs, and improve health across communities. Trillium Community Health Plan previously utilized FindHelp (Aunt Bertha) for Community Information Exchange (CIE) and resource referral with CBOs but did not have a complete closed loop referral system. Unite Us has a complete closed loop referral system on a platform that is intuitive and includes a full Social Determinants of Health screen, to be used by case managers, call center reps, community health workers, and other connected partners in the member's care management system.

Activities	Milestones and/or Contract Year
Unite Us Implementation 1. Complete/Execute Contract with Unite Us 2. Prepare for Customer Engagement (CCO Staff, Members, Providers) 3. Systems Configuration/ Set final offboarding date for Aunt Bertha 4. Onboard internal CCO Care Coordination Staff (Training) 5. Go Live with Unite Us	1. April 2022 2. Q2 -Q3 2022 3. Q2-Q3 2022 4. Q3 2022 5. Q4 2022

Strategy: Collective Medical Technologies (CMT): Collective Medical provides event notification and care collaboration across all points of care, including hospitals, payers, behavioral and physical ambulatory, and post-acute settings. Collective Medical platform identifies at-risk and complex patients and shares actionable, Realtime information with care teams, so they can make better care decisions and improve outcomes. It then enables care team members to collaborate with one another to execute on a single, shared, and consistent plan of care for the patient. Social Determinants of Health information has been added to the platform to further support information sharing on and care planning based on members specific social needs. This strategy is currently implemented.

Activities	Milestones and/or Contract Year
Identify case examples from provider groups and CBOs actively using Collective Medical. The goal should be to reduce administrative burden and improve the quality, safety, and access to the proper care at the right time.	Q3-Q4 2022
Share Collective Medical use case examples with providers in Provider Newsletter and during regular provider meetings with CCO.	2023

Strategy: PCMH PCP Assignment Preference: Per the NCQA Patient-Centered Medical Home Toolkit for Health Centers, Social Determinants of Health are part of the certification process relating to identifying, assessing, and addressing social structures, physical structures, educational systems, and economic systems that lead to inequalities in health access and health outcomes. Additionally, PCMH designation requires meaningful use of electronic health records systems and requires that they use Social Determinants of Health data in care planning and referrals. Per the PCMH Standards and Guidelines (Version 6.1) January 15, 2021, KM 07 Social Determinants of Health: Understands social determinants of health for patients, monitors at the population level and implements care interventions based on these data. The following guidance is provided, and evidence and reporting are required as part of NCQA accreditation:

> *"After the practice collects information on social determinants of health, it demonstrates the ability to assess data and address identified gaps using community partnerships, self-management resources or other tools to serve the ongoing needs of its population. Routine collection of data on social determinants of health (as required in KM 02) is an important step, but the real benefit to the population comes when the practice uses the information to continuously enhance care systems and community connections to systematically address needs."*

Trillium is currently revamping the Health Plans primary care assignment criteria to ensure provider quality is part of the tiering for preference. Additionally, PCMH accreditation by NCQA, URAC, AAAHC, or The Joint Commission will be included in the assignment criteria for preference.

Activities	Milestones and/or Contract Year
PCMH PCP Assignment Preference 1. Establish and validate Health Plan PCP selection criteria 2. IT Coding and Configuration/UAT 3. Go Live with PCMH PCP Assignment Preference	1. Q1-Q2 2022 2. Q2 2022 3. Q3 2022

Strategy: CCO Provider Portal Enhancements: In order to maximize the capabilities of providers in using member SDOH data in care planning and referral, Trillium will build out additional content on the Provider Portal to outlines member's social needs through data sharing of SDOH classification, ensuring all available REALD data is populated on the member's profile, and by making the SDOH Mini Screener available in the Assessments section of the provider portal.

Activities	Milestones and/or Contract Year
CCO Provider Portal Enhancement 1. Re-evaluate Provider Portal capabilities to support care coordination Meet with internal Clinical Systems Operation Team to Identify 1-2 capabilities within provider portal to integrate (Care management Assessments, care plans, SDOH mini screener, CCO care team, ADT, REALD information collected by CCO or to report to CCO) 2. Systems implementation 3. Prepare CCO Staff and Provider Communication 4. Go Live with new Provider Portal enhancements	1. Q3-Q4 2022 2. Q1-Q3 2023 3. Q2-Q3 2023 4. Q3-Q4 2023
Identify case examples from provider groups and CBOs actively using the Provider Portal. The goal should be to reduce administrative burden and improve the quality, safety, and access to the proper care at the right time.	Q3-Q4 2022
Share Collective Medical use case examples with providers in Provider Newsletter and during regular provider meetings with CCO.	2023

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

Unite Us has developed a proprietary software tool to coordinate electronic referrals and case management tasks between organizations on a common technology platform. The tool enables Trillium to identify authorized users that can access the Network. The tool is intuitive for users through technology that automatically identifies possible referral organizations based on the data entry. Unite Us uses an online registration form for CBOs and has developed a Connect Oregon network of multiple organizations to participate in the closed loop referral network. As part of their agreement with Trillium, Unite Us will perform CBO partner outreach and registration as well as hold community engagement sessions.

Collective Medical Technologies is currently already available and in use by providers in our network serving the most at-risk and complex cases. The objective is to perform outreach and education to increase use of Collective Medical.

CCO Provider Portal Enhancements will be available to all users of the Provider Portal. Providers will have the most current listing of members' social needs.

ii. Additional plans specific to physical health providers

iii. Additional plans specific to oral health providers

Contracting conversations with Unite Us are in advanced stages and target contract signature beginning Q2 2022, and implementation by end of Q2 2022. In addition to the 2022 planned implementation of Unite Us (Connect Oregon), Trillium will continue to work closely with the DCOs to establish the feasibility of a unified platform for the cross-collaboration of our members' health information. Currently, DCOs utilize different EMR platforms. Research into a unified platform, such as Connect Oregon (Unite US) would allow the potential of PCPs to effectively and securely share members' information with Trillium and dental providers.

During this time of research and development, Trillium will bridge the gap by utilizing member gap reports provided directly to dental providers, allowing the provider to target specific members still needing care. Trillium will also work on integrating dental provides into our provider care management software, allowing them real-time data and the ability to access care gaps and performance rates at any time.

iv. Additional plans specific to behavioral health providers

v. Additional plans specific to social services and CBOs

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?

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

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

☒ Assessment/tracking of HIE adoption and capabilities

☒ Outreach and education about value of HIE

☒ Collaboration with network partners

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

☐ Integration of disparate information and/or tools with HIE

☐ Requirements in contracts/provider agreements

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

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

☒ Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)

- *Implemented Patient Access API*

☒ Other strategies for supporting HIE access or use (please list here)

- *Assisted with the development of best practice standards for hospital EDs*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Expanded functionality of closed loop referrals via CCO Provider Portal

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

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

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

Strategy 6: Engage with state committees/entities

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

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

Strategy 7: HIE Data collection

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

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

ii. Additional Progress Specific to Physical Health Providers

Strategy 8: Provide workflow TA

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

iii. Additional Progress Specific to Oral Health Providers

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

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

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

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

Strategy 9: Explore oral health HIE

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

Strategy 10: Pursue improvement of the dental request referral process

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

iv. Progress Specific to Behavioral Health Providers

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

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

Strategy 11: Assess the state of behavioral health HIE

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

Strategy 1: Develop and implement a 5-year plan

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

Strategy 8: Provide workflow TA

- CCO staff continued to provide workflow redesign support to further adoption and use of Collective Platform, specifically related to increasing the number of members who have care plans generated after presenting at emergency department and being flagged by Collective.

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

v. Please describe any barriers that inhibited your progress.

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

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

B. 2022-2024 Plans

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

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

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

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

Overall Plans

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

☒ 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	
☒ 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	☒ 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	2022-2024

outcomes. This exchange will add patient detail which may not be present in either system alone.	

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

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

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

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

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

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

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

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

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

See *Across Provider Types* section.

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

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

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators
Our CCO will encourage further utilization of the one-way electronic referrals to DCO portals for improved care coordination.

Activities	Milestones and/or Contract Year
Promote further use of EDIE for emergency department and urgent care event notifications for oral health related diagnosis	2022
Explore expansion of current pilots within DCOs using the Collective Platform for high risk oral health conditions and/or members	2022
Expand existing electronic dental referral process with physical and oral health providers	Q2 2022: 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