

# Yamhill CCO 2022 Updated HIT Roadmap

Original: April 28, 2022

Updated: September 29,2022

**CCO:** Yamhill Community Care

**Date:** 4/28/2022

To whom it may concern:

YCCO is pleased to submit our 2022 Updated HIT Roadmap. We've based this document on OHA's Guidance, Evaluation Criteria & Report Template received January 27, 2022. Some responses cited below include excerpts from YCCO's HIT Strategic Plan which establishes goals, strategies, and tactics collectively aimed at meeting CCO 2.0 HIT requirements and related objectives during the term of the CCO 2.0 contract.

## 1. HIT Partnership

Please attest to the following items.

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

## 2. Support for EHR Adoption

### A. 2021 Progress

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

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

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

#### Overall Progress

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

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

### **Strategy: Assessment/tracking of EHR adoption and capabilities**

During 2021 and prior, we investigated and documented HIT adoption and use among all contracted hospitals, the top 17 PCPs to whom the majority of YCCO's members are assigned, the top 13 behavioral health providers who collectively serviced all members receiving behavioral healthcare services, all contracted oral health providers, and two contracted specialty providers providing women's healthcare services to YCCO members.

In light of the COVID-19 pandemic and its impact to healthcare providers and our members, we limited our focus to these entities so as not to introduce unnecessary distraction, disruption, or burden. We were successful in confirming HIT adoption and usage across all but one hospital, all 17 PCPs, all but two of the top 13 behavioral health providers, all oral health providers, and one of the two specialty providers.

We acquired additional information through the partnership with OHA in the context of the CCO HIT Data Reporting File resulting from the HIT Survey administered by OHA in 2021 (delivered Jan 31, 2022).

The COVID-19 pandemic also led us to suspend strategies aimed at encouraging and supporting EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers that haven't yet adopted an EHR. We expect to resume these strategies as described below as the impact of the COVID-19 pandemic lessens in our community.

### **Strategy: Requirements in contracts/provider agreements**

YCCO has acknowledged the value of including EHR adoption as a component of contract language and is considering various methods of incorporating this component into the contracting/re-contracting process with minimal adverse impact on our network of contracted providers.

### **Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption**

During 2021, YCCO engaged our provider and CBO community to gauge interest in implementation of the Connect Oregon (CIE/HIE) tool. Based on the positive response to those conversations, in Q4 of 2021 we engaged with Unite Us and ultimately negotiated and signed a licensing agreement to implement their solution, utilizing 100 licenses initially with the option to increase when necessary. We are pleased to be joining the Connect Oregon collaborative. That project is currently underway with a go-live target of Q2 2022.

## ii. Additional progress specific to physical health providers

### **Strategy: Assessment/tracking of EHR adoption and capabilities**

The results of our own HIT investigation coupled with information shared by OHA in the context of CCO HIT Data Reporting File resulting from the HIT Survey administered by OHA in 2021 (delivered Jan 31, 2022) shed additional light on EHR adoption and usage across YCCO's contracted providers. Overall, 92% (28.7K/31.3K) of YCCO members are assigned to primary care providers utilizing an EHR.

**Strategy: Requirements in contracts/provider agreements** see *Progress Across Provider Types*

**Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption** see *Progress Across Provider Types*

## iii. Additional progress specific to oral health providers

### **Strategy: Assessment/tracking of EHR adoption and capabilities**

The results of our own HIT investigation coupled with information shared by OHA in the context of CCO HIT Data Reporting File resulting from the HIT Survey administered by OHA in 2021 (delivered Jan 31, 2022) shed additional light on EHR adoption and usage across YCCO's contracted oral health providers. Of the 8 oral health providers surveyed 63% (5/8) responded or were previously identified in our internal investigation, and of those providers 80% have adopted and use EHRs.

**Strategy: Requirements in contracts/provider agreements** see *Progress Across Provider Types*

**Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption** see *Progress Across Provider Types*

#### iv. Additional progress specific to behavioral health providers

**Strategy: Assessment/tracking of EHR adoption and capabilities**

The results of our own HIT investigation coupled with information shared by OHA in the context of CCO HIT Data Reporting File resulting from the HIT Survey administered by OHA in 2021 (delivered Jan 31, 2022) shed additional light on EHR adoption and usage across YCCO's contracted behavioral health providers. Of the 34 behavioral health providers surveyed 44% (15/34) responded, and of those providers 93% have adopted and use EHRs; this is a change from our prior year reporting of 85%.

**Strategy: Requirements in contracts/provider agreements** see *Progress Across Provider Types*

**Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption** see *Progress Across Provider Types*

#### v. Please describe any barriers that inhibited your progress

As is true for numerous of our strategies, the COVID-19 pandemic led us to slow some strategies and efforts across our contracted network. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on our mission. To some degree, the focus and timing on these initiatives have impacted progress as well.

## B. 2022-2024 Plans

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

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

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

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

#### Overall Plans

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

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

YCCO is fortunate that of the PCPs contracted with YCCO who have adopted and use Certified Electronic Health Record Technology (CEHRT) have collectively been assigned 92% of YCCO’s membership. These providers’ respective EHR vendors obtained certification for their EHRs in 2014 or 2015 and most providers are using the latest version of their respective EHRs. All other PCPs contracted with YCCO individually have less than 0.3% of YCCO’s membership assigned to them.

All of the hospitals contracted with YCCO have EHRs that obtained CEHRT in 2015.

Most, of the behavioral health providers contracted with YCCO utilize EHRs, and most, if not all, are CEHRT. Similarly, all but 2 of the oral health providers employed by or contracted with Capitol Dental Care, YCCO’s oral health provider, utilize EHRs.

Given the high rate of members assigned to PCP’s utilizing an EHR solution (92%), YCCO is able to focus efforts on supporting providers to optimize the use of their EHRs to improve health outcomes.

Contracted providers currently lacking a confirmed EHR status, as documented in the YCCO HIT Data Reporting file consist of the following:

- Physical Health - 73 (37%)
- Behavioral Health – 19 (56%)
- Oral Health – 3 (38%)

**Strategy: Assessment/tracking of EHR adoption and capabilities**

YCCO’s Strategic Plan includes a commitment to encourage all providers who’ve not yet adopted an EHR to do so with the goal of achieving a 90% adoption rate by the end of year 2024.

The manner and timing of data collection will include contracting, credentialing, auditing, and direct surveys. We will look at various other touchpoints with providers as opportunities to gather additional HIT adoption data.

As mentioned in the 2021 HIT Roadmap, YCCO will track the rate of survey completions year-over-year and will consider the execution of this strategy a success if / when the information cited in the HIT Data File is complete with regards to primary care providers (PCPs), behavioral health providers, Capitol Dental Care’s employed dentists and Capitol Dental Care’s contracted dentists as follows:

- **Year 2022:** YCCO’s top 25 PCPs, 100% of hospitals, 75% of behavioral health providers, 75% of Capitol Dental Care’s employed dentists, and 75% of Capitol Dental Care’s contracted dentists
- **Year 2023:** YCCO’s top 30 PCPs, 100% of hospitals, 90% of behavioral health providers, 90% of Capitol Dental Care’s employed dentists, and 90% of Capitol Dental Care’s contracted dentists
- **Year 2024:** YCCO’s top 35 PCPs, 100% of hospitals, 100% of behavioral health providers, 100% of Capitol Dental Care’s employed dentists, and 100% of Capitol Dental Care’s contracted dentist.

Specific activities and milestones to support this strategy include:

Executing a data collection plan aimed at assessing EHR adoption and use of HIT among YCCO's contracted providers.

**Design:** Utilizing the original OHA survey format, design and implement a survey aimed at soliciting/confirming YCCO's contracted providers' adoption and use of HIT, including identification/confirmation of the most suitable contact for YCCO to communicate with each provider regarding HIT-related topics.

**Distribute:** Electronically distribute the survey to known contacts at each contracted provider. Enlist YCCO's provider relations team to assist with completion of the survey when engaging with YCCO's contracted providers.

**Collect:** Monitor the response rate, provide customer support, appropriately log and save the completed survey responses.

**Record:** Incorporate survey results into OHA's HIT Data File consistent with existing format.

**Maintain:** Submit HIT Data File to OHA as required. Adjust strategy as needed based on response rate and customer support experience.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design												
Distribute												
Collect												
Record												
Maintain												

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

**Strategy: Outreach and education about the value of EHR adoption/use**

With regards to the providers who've not yet adopted EHRs, we intend to:

- Determine why
- Identify challenges
- Collaboratively determine whether, how, and when challenges can be overcome
- Encourage, support, and assist their adoption and use of EHRs as appropriate

These tactics will begin in 2022 and continue as warranted thereafter.

Specific activities and milestones to support this strategy include:

Utilizing results from the EHR/HIT data collection plan described in the previous section, develop an outreach program designed to collect information defining the challenges and barriers to EHR/HIT adoption for those contracted providers yet to be actively utilizing EHR/HIT technology.

**Design:** Design and implement a survey aimed at soliciting barriers to HIT adoption directed at those contracted providers yet to engage in use of EHR/HIT tools.

**Distribute:** Electronically distribute the survey to known contacts at each contracted provider. Enlist YCCO's provider relations team to assist with completion of the survey when engaging with YCCO's contracted providers.

**Collect:** Monitor the response rate, provide customer support, appropriately log and save the completed survey responses.

**Record:** As needed, incorporate survey results into OHA's HIT Data File consistent with existing format.

**Outreach:** Based upon survey results, perform targeted outreach and work collaboratively via YCCO's provider relations team to address identified challenges and develop strategies to assist with EHR adoption.

**Maintain:** Submit HIT Data File to OHA as required. Adjust strategy as needed based on response rate and customer support experience.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design												
Distribute												
Collect												
Record												
Outreach												
Maintain												

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

**Strategy: Requirements in contracts/provider agreements**

YCCO has acknowledged the value of including EHR adoption as a component of contract language and is considering various methods of incorporating this component into the contracting/re-contracting process for 2022 and forward with minimal adverse impact on our network of contracted providers.

Specific activities and milestones to support this strategy include:

Utilizing results from the EHR/HIT data collection plan described in a previous section, develop a plan for inclusion of contract language that will either recommend or require EHR adoption by contracted providers.

**Design:** Develop contractual language requiring or recommending EHR adoption by contracted providers. Determine strategic sequence of provider contracts to be modified.

**Distribute:** Include developed language into new and renewal contract language.

**Maintain:** Strengthen/revise language as needed.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design												
Distribute												
Maintain												

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

**Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption**

YCCO is currently engaged with Unite Us to implement their platform for YCCO and our partners. That project is currently underway with a go-live target of Q2 2022. We will be measuring adoption and use, setting targets utilizing the Unite Us reporting tools as well as our own reporting, based on their data feed, to set targets and goals in 2022 and future years.



Specific activities and milestones to support this strategy include:

Implement Unite Us (Connect Oregon) platform to support YCCO, our contracted providers, and community partners in providing members with the resources they need. Coordinate and host community events to promote awareness and collect information to assist in promoting adoption and integration with EHR's

**CIE Implementation:** Complete the implementation of the Unite Us platform initiated in late 2021. Target for production go-live is April 2022.

**Data integration:** Develop required data feeds to the Unite Us platform to enable YCCO specific reporting and analytics. This will be a weekly data feed from Unite Us to YCCO of activity within the Unite Us platform specific to YCCO members.

**Reporting/Analytics:** Utilizing YCCO internal analytics tools (Tableau), develop tracking and analytics tools to inform strategic decisions, monitor engagement, and show the value of HIE/EHR integration.

**Community Engagement:** Organize and host community and provider engagement sessions focused on HIE experience and workflows. These sessions will inform our strategies going forward.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CIE Implementation	●	●										
Data Integration		●	●	●	●	●	●	●	●	●	●	●
Reporting/Analytics				●	●	●	●	●	●	●	●	●
Community Engagement		●	●	●	●		●		●		●	

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

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

**Strategy: Assessment/tracking of EHR adoption and capabilities** see *Plans Across Provider Types*

**Strategy: Outreach and education about the value of EHR adoption/use** see *Plans Across Provider Types*

**Strategy: Requirements in contracts/provider agreements** see *Plans Across Provider Types*

**Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption** see *Plans Across Provider Types*

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

**Strategy: Assessment/tracking of EHR adoption and capabilities** see *Plans Across Provider Types*

**Strategy: Outreach and education about the value of EHR adoption/use** see *Plans Across Provider Types*

**Strategy: Requirements in contracts/provider agreements** see *Plans Across Provider Types*

**Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption** see *Plans Across Provider Types*

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

**Strategy: Assessment/tracking of EHR adoption and capabilities** see *Plans Across Provider Types*

**Strategy: Outreach and education about the value of EHR adoption/use** see *Plans Across Provider Types*

**Strategy: Requirements in contracts/provider agreements** see *Plans Across Provider Types*

**Strategy: Leveraging HIE programs and tools in a way that promotes EHR adoption** see *Plans Across Provider Types*

### C. Optional Question

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

We'd appreciate OHA guidance, advice, and recommendations on how to leverage federal and/or state funds, programs, or other initiatives and strategies to incentivize providers to adopt and effectively use EHRs.

## 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 (please list here)

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

### **Strategy: Assessment/tracking of HIE adoption and capabilities**

Based on our efforts to identify HIT utilization and HIE adoption, YCCO provides and/or utilizes the following systems to facilitate health information exchange to enable care coordination among internal and external care team members:

PH TECH's Community Integration Manager (CIM) Provider Portal – YCCO staff, strategic partners, and contracted providers utilize CIM to:

- Verify member enrollment and eligibility
- Determine the PCP to whom a member is assigned
- Determine members assigned to a PCP
- View claims status
- Submit prior authorizations and view related status
- Submit referrals and view related status
- Add / view flags, documents and notes pertaining to a member

Care Advance – YCCO's strategic partner, Providence Plan Partners (PPP), uses Cognizant's Care Advance system to perform utilization management and care management functions. Points of integration between CIM and Care Advance permit users of both systems to collaborate in these functions.

The Collective Platform – As described in the sections pertaining to the adoption and use of HIE and Hospital Event Notifications systems, YCCO staff, strategic partners, and contracted providers utilize the Collective Platform to become aware of members visiting emergency departments and/or being admitted or discharged from a hospital so that appropriate follow-up actions occur in a timely, coordinated, and appropriate manner. Some stakeholders document information within the Collective Platform (e.g. alerts, care plan) intended for the coordination of care among care team members.

Connect Oregon/Unite Us - During 2021, YCCO engaged our provider and CBO community to gauge interest in implementation of the Connect Oregon (CIE/HIE) tool. Based on the positive response to those conversations, in Q4 of 2021 we engaged with Unite Us and ultimately negotiated and signed a licensing agreement to implement their solution, utilizing 100 licenses initially with the option to increase when necessary.

EDIE – All of YCCO's contracted hospitals convey admit, discharge, and transfer event notifications to the Emergency Department Information Exchange (EDIE) and utilize EDIE when servicing members in an emergency department.

Secure Messaging – YCCO staff, strategic partners, and contracted providers use various secure messaging solutions to share personal health information (PHI) regarding a member for whom they're collaboratively managing and/or providing care.

Secure File Transport Protocol (SFTP) – On occasion, documents, reports, and data extracts containing PHI are shared with privileged stakeholders via SFTP.

Fax and Telephone – On occasion, information regarding members is shared via facsimile and telephone among individuals collaboratively coordinating or managing a member's care.

In addition, some of our contracted providers utilize HIE systems integral to or integrated with their respective EHRs – e.g., Reliance, Commonwell, eHealthExchange, Carequality, and Epic CareEverywhere.

As a component of YCCO's HIT Data Collection efforts (contracting, credentialing, audits, surveys), YCCO will gather data related to HIE adoption and usage. These efforts will occur throughout 2022 as there have not been significant updates to the data received via the CCO HIT Data Reporting File resulting from the HIT Survey administered by OHA in 2021 (delivered Jan 31, 2022).

**Strategy: Enhancements to HIE tools**

YCCO is currently engaged with Unite Us to implement their platform for YCCO and our partners. That project is currently underway with a go-live target of Q2 2022. We will be measuring adoption and use, setting targets utilizing the Unite Us reporting tools as well as our own reporting, based on their data feed, to set targets and goals in 2022 and future years.

Also, during 2021, we actively participated in the design and development of Tableau analytical dashboards that will ultimately become available to YCCO staff and providers accessing CIM. These dashboards provide analysis on primarily on assigned membership and claims and are targeted for availability in Q2 2022, with ongoing enhancements going forward.

**ii. Additional progress specific to physical health providers**

**Strategy: Assessment/tracking of HIE adoption and capabilities** see *Progress Across Provider Types*

**Strategy: Enhancements to HIE tools** see *Progress Across Provider Types*

**iii. Additional progress specific to oral health providers**

**Strategy: Assessment/tracking of HIE adoption and capabilities** see *Progress Across Provider Types*

**Strategy: Enhancements to HIE tools** see *Progress Across Provider Types*

**iv. Additional progress specific to behavioral health providers**

**Strategy: Assessment/tracking of HIE adoption and capabilities** see *Progress Across Provider Types*

**Strategy: Enhancements to HIE tools** see *Progress Across Provider Types*

**v. Please describe any barriers that inhibited your progress**

As is true for numerous of our strategies, the COVID-19 pandemic led us to slow some strategies and efforts across our contracted network. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on our mission. To some degree, the focus and timing on these initiatives have impacted progress as well.

**B. 2022-2024 Plans**

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

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

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

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

**Overall Plans**

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

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

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

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

YCCO continues efforts to implement and/or improve HIE tools and strategies in support of our members and providers, including use of the Collective Medical Technology (CMT) platform, CIM/CareAdvance integration for care management, and implementation of the UniteUs/Connect Oregon community referral program. YCCO will focus on building collaborative relationships with HIE vendors, our provider network, and our community to improve service to YCCO members.

Contracted providers currently lacking a confirmed HIE for Care Coordination status, as documented in the YCCO HIT Data Reporting file consist of the following:

- Physical Health - 112 (57%)
- Behavioral Health - 28 (82%)
- Oral Health - 7 (87%)

Strategies for increased HIE adoption include:

**Strategy: Assessment/tracking of HIE adoption and capabilities**

Six of the seventeen PCPs (35%) to which most of YCCO's members are assigned acknowledge using HIE technology to obtain/view members' health information residing in another provider's EHR. 56% of YCCO's membership is assigned to these six PCPs. Most of these 17 PCPs utilize the Collective Platform to receive and view notifications regarding emergency department (ED) visits and hospital admits and discharges and leverage the integrated use of OHA's Prescription Drug Monitoring Program (PDMP).

All hospitals contracted with YCCO acknowledge using HIE technology, including Emergency Department Information Exchange (EDIE) to which they not only contribute information – i.e. admits, discharges, and transfers

– but also utilize when providing care to patients in the ED and hospital settings. All hospitals leverage the integrated use of OHA’s Prescription Drug Monitoring Program (PDMP).

Very few behavioral health providers contracted with YCCO acknowledge using HIE technology to obtain/view members’ health information residing in another provider’s EHR. Only a few behavioral health providers acknowledge using the Collective Platform and, at that, only in limited contexts (e.g. assertive community treatment (ACT)). With few exceptions, when personal health information (e.g. treatment/care plan) is shared by behavioral health providers with other care providers, the mode of sharing is via Fax or secure email. Except for Virginia Garcia, it’s unclear whether any oral health providers employed by or contracted with Capitol Dental Care use HIE technology to obtain/view members’ health information residing in another provider’s EHR. None of the other oral health providers use the Collective Platform; rather they rely upon Capitol Dental Care plan staff to inform them of hospital and ED events when appropriate.

As most of YCCO’s contracted hospitals and PCPs have adopted some form of HIE technology, including the Collective Platform, YCCO will work with its contracted behavioral health and oral health providers to adopt HIE technology thereby enabling more effective, seamless care coordination to occur between providers and related healthcare settings. YCCO members receiving behavioral healthcare services engage primarily with Yamhill HHS (81%) and Lutheran Community Services (11%) and the PCPs to which the majority of these members are assigned are Virginia Garcia, Providence Medical Group, and Physician’s Medical Center.

Specific activities and milestones to support this strategy include:

These activities will occur as a component of the HIT Data Collection plan as described in section 2.B (Strategy: Assessment/tracking of EHR adoption and capabilities), consisting of executing a data collection plan aimed at assessing HIE adoption and use of HIT among YCCO’s contracted providers. As such, much of the following is will coincide with the previously stated activities and timelines.

**Design:** Design and implement a survey aimed at soliciting/confirming YCCO’s contracted providers’ adoption and use of HIT, including identification/confirmation of the most suitable contact for YCCO to communicate with each provider regarding HIT-related topics.

**Distribute:** Electronically distribute the survey to known contacts at each contracted provider. Enlist YCCO’s provider relations team to assist with completion of the survey when engaging with YCCO’s contracted providers.

**Collect:** Monitor the response rate, provide customer support, appropriately log and save the completed survey responses.

**Record:** Incorporate survey results into OHA’s HIT Data File consistent with existing format.

**Maintain:** Submit HIT Data File to OHA as required. Adjust strategy as needed based on response rate and customer support experience.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design												
Distribute												
Collect												
Record												
Maintain												

- Active initiation and development efforts
- Recurring activity and ongoing maintenance



**Strategy: Enhancements to HIE tools**

Following the successful efforts in 2021 to negotiate and sign a licensing agreement to implement the Unite Us software, our implementation project will be a major focus in 2022. That project is currently underway with a go-live target of Q2 2022. We are pleased to be joining the Connect Oregon collaborative.

As documented in YCCO’s HIT Strategic Plan, YCCO will also evaluate the merits of pro-actively engaging its members in digital health solutions. Integral to YCCO’s efforts, evaluate the merits of:

- launching a member portal;
- encouraging its members to engage in curated digital health solutions; and
- licensing and promoting the use of a remote monitoring solution among targeted cohorts of YCCO’s members

Specific activities and milestones to support this strategy include:

Enhance YCCO and appropriate sub-contractor capabilities to support and share data between the plan, providers, Community-based organizations (CBO’s), and members.

**Server/SFTP enhancements:** YCCO has traditionally relied on our PHTECH partner to supply secure file transfer capabilities between the plan and external organizations. YCCO recognized the need to enhance our own IS infrastructure to facilitate our internal ability to provide and participate in HIE efforts.

**CIM Analytics metrics updates:** Work with our PHTECH partners to update Metrics Manager (CIM analytics tool) to reflect 2022, 2023, and 2024 metric requirements.

**Electronic rosters EHR integration:** Engage with our PHTECH partners to create and deliver clinic system member (patient) rosters that can be ingested into clinic EHR system(s). The current project is a joint YCCO/OCHIN effort. Initially this will be full rosters, but future iterations may consist of metric specific needs-based subsets of members.

**Connect Oregon:** Implement the Unite Us platform for closed loop community resource referrals.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Server/SFTP enhancements												
CIM Analytics metrics updates												
Electronic roster EHR integration												
Connect Oregon												

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

**Strategy: Other Strategies that address requirements related to federal interoperability**

During 2021, YCCO contracted with Change Healthcare to implement solutions addressing the federal requirements related to interoperability, specifically as it relates to the Provider Directory API, Patient Access API, and payer-to-payer data exchange.

- The Provider Directory API was completed and implemented into the Change Healthcare production environment in December 2021.
- The Patient Access API efforts continued into 2022 and are targeted for production implementation in May 2022.
- The payer-to-payer data exchange is currently on hold pending additional information/guidance from CMS.

Specific activities and milestones to support this strategy include:

2022 and beyond will be a continuation of our work with Change Healthcare to fulfill the requirements of CMS interoperability as it pertains to the Provider Directory API, the Patient Access API, and Payer-to-Payer data exchange.

**Provider Directory API monitoring:** Develop a consistent plan to monitor and address any issues related to provider data exchange between YCCO (utilizing PHTECH) and Change Healthcare.

**Patient Access API implementation:** Complete the effort, initiated in 2021, to implement the Patient Access API in the production environment at Change Healthcare.

**Patient Access API monitoring:** Develop a consistent plan to monitor and address any issues related to patient data exchange between YCCO (utilizing PHTECH) and Change Healthcare. This will include providing customer service resources for members.

**Payer to Payer data exchange (on hold):** Prepare, where possible, for payer to payer data exchange.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Provider Directory API monitoring	Active	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
Patient Access API implementation	Active	Active	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
Patient Access API monitoring	Recurring	Recurring	Active	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
Payer to Payer data exchange (hold)	Recurring	Recurring	On hold		Active	Active	Active	Recurring	Recurring	Recurring	Recurring	Recurring

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

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

**Strategy: Assessment/tracking of HIE adoption and capabilities**

YCCO is focused on optimizing the use of HIE, including that which is seamlessly integrated with their respective EHRs as well as the Collective Platform and Unite Us, among two specific physical health providers, Virginia Garcia and Providence Medical Group, and two behavioral health providers, Yamhill HHS and Lutheran Community Services, who collectively service a large percentage of YCCO’s members. Thereafter, YCCO intends to encourage and assist the PCPs to whom 92% of YCCO’s members are assigned, inclusive of Virginia Garcia and Providence Medical Group, to optimize their respective and collective use of HIE.

**Strategy: Enhancements to HIE tools** see *Plans Across Provider Types*

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

**Strategy: Assessment/tracking of HIE adoption and capabilities**

As few of the oral health providers contracted with YCCO use HIE technology today, YCCO will encourage use of HIE technology within the oral health setting. Specifically, YCCO will encourage all oral health providers to utilize the Collective Platform and the Oregon PDMP program with the following targets:

- Year 2022:** 27% of Capitol Dental Care’s employed dentists and contracted dentists.
- Year 2023:** 36% of Capitol Dental Care’s employed dentists and contracted dentists.
- Year 2024:** 45% of Capitol Dental Care’s employed dentists and contracted dentists.

**Strategy: Enhancements to HIE tools** see *Plans Across Provider Types*



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

##### **Strategy: Assessment/tracking of HIE adoption and capabilities**

As few of the behavioral health providers contracted with YCCO use HIE technology today, YCCO will encourage use of HIE technology within the behavioral healthcare setting. Specifically, YCCO will encourage all<sup>1</sup> behavioral health providers to utilize the Collective Platform and the Oregon PDMP program with the following targets:

**Year 2022:** 66% of YCCO's top 3 behavioral health providers.

**Year 2023:** 100% of YCCO's top 3 behavioral health providers.

**Year 2024:** 100% of YCCO's top 3 behavioral health providers plus one additional behavioral health provider.

**Strategy: Enhancements to HIE tools** see *Plans Across Provider Types*

### C. Optional Question

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

We'd appreciate continued guidance, advice, and recommendations on how to leverage federal and/or state funds to incentivize providers to adopt and effectively use HIEs. We'd also appreciate OHA (e.g. HIT Commons) collaborating with relevant stakeholders to establish a statewide HIE in which key stakeholders are contractually required to submit and receive/use data to/from the statewide HIE to optimize specific care coordination use cases of importance to all concerned.

## 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.

<sup>1</sup> Although YCCO will encourage all behavioral health providers to utilize the Collective Platform and integration to PDMP, YCCO will focus the majority of its attention toward encouraging and supporting Yamhill HHS and Lutheran Community Services use of these and other useful HIE technologies in order to optimize care management and the coordination of care between them and the PCPs to whom members being serviced are assigned.

<input type="checkbox"/> Hospital Event Notifications training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of Hospital Event Notification access and capabilities <input type="checkbox"/> Outreach and education about the value of Hospital Event Notifications	<input type="checkbox"/> Financially supporting access to a Hospital Event Notification tool(s) <input type="checkbox"/> Offering incentives to adopt or use a Hospital Event Notification tool(s) <input type="checkbox"/> Requirements in contracts/provider agreements <input type="checkbox"/> Other strategies for supporting access to Hospital Event Notifications (please list here)
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**i. Progress across provider types, including specific tools supported/made available**

**Strategy: Assessment/tracking of Hospital Event Notification access and capabilities**  
YCCO staff, strategic partners, and various contracted providers utilize the Collective Platform to become aware of members visiting emergency departments and/or being admitted or discharged from a hospital so that appropriate follow-up actions occur in a timely, coordinated, and appropriate manner. Some stakeholders document information within the Collective Platform (e.g. alerts, care plan) intended for the coordination of care among care team members.

Looking forward, YCCO and PPP staff expect to utilize the Collective Platform even more to coordinate care as the platform’s user community expands to include skilled nursing facilities, long-term acute care hospitals, and more primary care, behavioral health, and oral health providers servicing our members.

The COVID-19 pandemic led us to suspend strategies aimed at encouraging and supporting access to and use of the Collective Platform among contracted physical, oral, and behavioral health providers that don’t currently access or use the Collective Platform. We expect to resume these strategies as the impact of the pandemic lessens in our community.

**ii. Additional progress specific to physical health providers**

**Strategy: Assessment/tracking of Hospital Event Notification access and capabilities** see *Progress Across Provider Types*

**iii. Additional progress specific to oral health providers**

**Strategy: Assessment/tracking of Hospital Event Notification access and capabilities** see *Progress Across Provider Types*

**iv. Additional progress specific to behavioral health providers**

**Strategy: Assessment/tracking of Hospital Event Notification access and capabilities** see *Progress Across Provider Types*

**v. Please describe any barriers that inhibited your progress**

As is true for numerous of our strategies, the COVID-19 pandemic led us to slow some strategies and efforts across our contracted network. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on our mission. To some degree, the focus and timing on these initiatives have impacted progress as well.

2. Please describe your (CCO) progress using timely Hospital Event Notifications within your organization. In the spaces below, please

- a. Select the boxes that represent strategies pertaining to your 2021 progress
- b. Describe the following in the narrative section
  - i. The tool(s) that you are using for timely Hospital Event Notifications
  - ii. The strategies you used in 2021
  - iii. Accomplishments and successes related to each strategy.

**Overall Progress**

Please select which strategies you employed during 2021.

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

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

**Strategy: Care coordination and care management**

YCCO's use of the Collective Platform aligns with three general categories:

- Tracking specific visit types;
- Following target populations;
- Using data to facilitate the coordination of care.

Notification of inpatient facility admissions can be received via the Collective Platform, facility census, phone, fax, or mail. The Collective Platform is used by YCCO to actively monitor and coordinate care for members with complex health conditions and related needs. Strategies used in 2020-2022 include:

- Our partner, Providence Plan Partners (PPP), to whom we've outsourced utilization management (UM) and care management (CM) services utilizes the Collective Platform daily. Inpatient admission notifications prompt care management staff to create a case within CareAdvance, the HIT system enabling UM and CM functions, which initiates the inpatient review process immediately upon admission and, thereby, relieves facilities of manually notifying PPP of an admission. In addition, discharge notifications and emergency department visit notifications allow for immediate knowledge of member discharge that may not have been reported by the facility otherwise and, when warranted, timely follow-up to occur.
- PPP has a robust event notification process using the Collective Platform to track member movement between settings. PPP works directly with our network Skilled Nursing Facilities and Primary Care Provider Groups to coordinate the utilization of the Collective Platform and align goals for shared members' transitions. Additionally, mental health and dental care have adopted the Collective Platform to wrap members in coordinated services. This allows for pro-active, timely coordinated care across multiple disciplines.
- A multidisciplinary team (MDT) comprised of YCCO Medical Management and Health Services staff, PPP Care Management personnel, YCCO's behavioral health partner, Yamhill HHS, and local AAA/APD personnel meet twice monthly to review and discuss complex members identified within specific cohorts (e.g. COVID-19 diagnosis; Avoidable ED Visits driven by specific ICD 10 diagnostic codes; Occurrence of ED visits with ED Disparity Measure for BH members; and # of ED visits in 1/3/12 month time periods) defined within the Collective Platform. Members of the MDT collaboratively craft treatment plans for individuals identified in these cohorts based on hospital event notifications to ensure appropriate referrals are made to care management programs and community health workers and coordinated follow-up occurs.

**Strategy: Risk stratification and population segmentation**

On a monthly basis, YCCO Medical Management and Health Services staff review hospital event notifications to evaluate for trends within our hospital systems and changes in activity level for improved community awareness. Over utilization of the emergency department has occasionally identified members disenrolled from their assigned

PCP due to missed appointments prompting referrals to our care management team to reestablish PCP assignments and address reasons leading to missed appointments. This staff also uses the Collective Platform to improve oversight of YCCO’s delegated partners – e.g. PPP, Yamhill HHS, Capitol Dental Care – pertaining to the achievement of intensive care coordination (ICC) goals related to CCO 2.0 contractual requirements.

## 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

YCCO recognizes the usefulness and power to affect member lives in the sharing and communicating ADT events as documented and shared via the Collective Medical Technology (CMT) platform. YCCO contracted

providers currently lacking a confirmed adoption of the CMT hospital event notification technology, as documented in the YCCO HIT Data Reporting file, consist of the following:

- Physical Health - 157 (81%)
- Behavioral Health - 28 (82%)
- Oral Health - 7 (87%)

**Strategy: Assessment/tracking of Hospital Event Notification access and capabilities**

In 2022, utilizing the information shared by OHA in the context of CCO HIT Data Reporting File delivered 1/31/2022 resulting from the HIT Survey administered by OHA in late 2021, we intend to:

- Assess, encourage, and assist specific providers servicing our members to further optimize their use of the Collective Platform;
- Explore opportunities for the Collective Platform to be seamlessly integrated with other complementary HIT systems to increase adoption and use of the platform; and

Collaborate with other CCOs to share best practices, showcase successful use cases, brainstorm solutions to common problems, and identify creative strategies aimed at increasing adoption and use of the Collective Platform by emergency departments and contracted providers.

Specific activities and milestones to support this strategy include:

Although YCCO has an established interface and use of ADT notifications utilizing the CMT software, we recognize the need to establish a more collaborative relationship between our IS department and the CMT team to learn more about the CMT tool and look for opportunities to better serve our members.

**Establish CMT collaboration:** Set a consistent and re-occurring meeting series designed to strengthen our collaboration, understand the available analytics, and establish a plan for data extracts from the CMT system. These data will inform analytics to be developed by the YCCO team.

**Data exchange:** Design and implement a data extract cadence from the CMT platform for YCCO.

**Develop analytics:** Manage data receipt with guidance and direction from the YCCO Data Governance team. Establish Tableau-based analytic dashboards to support monitoring the use of CMT and produce information designed to guide strategic direction.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Establish CMT/IS collaboration		■	■	■	■	■	■	■	■	■	■	■
Data exchange				■	■	■	■	■	■	■	■	■
Develop analytics					■	■	■	■	■	■	■	■

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

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

**Strategy: Assessment/tracking of Hospital Event Notification access and capabilities** see *Plans Across Provider Types*

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

**Strategy: Assessment/tracking of Hospital Event Notification access and capabilities** see *Plans Across Provider Types*

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

**Strategy: Assessment/tracking of Hospital Event Notification access and capabilities** see *Plans Across Provider Types*

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

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

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

**Overall Plans**

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

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

**Strategy: Care coordination and care management**

Looking forward, YCCO and Providence Plan Partner staff expect to utilize the Collective Platform even more to coordinate care as the platform's user community expands to include skilled nursing facilities, long-term acute care hospitals, and more primary care, behavioral health, and oral health providers servicing our members.

Specific activities and milestones to support this strategy include:

YCCO has an established process for communicating ADT notifications from the CMT platform to our sub-contracted Care Management team at Providence Plan Partners utilizing Care Advance as a CM software platform. We recognize this as a great starting point, and also desire to expand the usefulness of these notifications to include key providers in our network, including behavioral health providers, and potentially community partners. Our focus will be monitoring and refining our current notification processes and expanding our network of ADT event notification partners.

**Identify PCP opportunities:** Utilizing available CMT data and reporting, determine specific PCPs to engage in a notification process. Gain commitment to engage in ADT notification receipt.



**Identify BH opportunities:** Utilizing available CMT data and reporting, determine specific Behavioral Health organizations to engage in a notification process. Gain commitment to engage in ADT notification receipt.

**Implement notifications:** Based on findings (PCP and BH opportunities) and commitment to participate, implement a data notification method and cadence acceptable to recipients and YCCO processing capabilities.

**Develop Analytics:** Develop a consistent plan to monitor and address any issues related to the notification rules and processes. Create analytic dashboards designed to inform strategic decisions.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Identify PCP opportunities												
Identify BH opportunities												
Implement notifications												
Develop Analytics												

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

**Strategy: Collaboration with external partners**

YCCO and PPP staff expect to collaborate with:

- other CCOs to share best practices, showcase successful use cases, brainstorm solutions to common problems, and identify creative strategies aimed at increasing adoption and use of the Collective Platform by YCCO and PPP staff, emergency departments and contracted providers; and
- the top PCPs to whom 92% of YCCO’s members are assigned to adopt and utilize the Collective Platform in order to optimize care transition, care coordination, and care/case management use cases in which these parties participate to achieve targeted health objectives and optimize related health outcomes.

In addition, YCCO and PPP staff intend to stay abreast of and, when appropriate, engage in HIT Commons-initiated activities aimed at increasing adoption and use of the Collective Platform.

Specific activities and milestones to support this strategy include:

The following activities and timelines are admittedly not specific to ADT events but are inclusive of ADT and various other opportunities for collaboration around data and information between YCCO and external partners.

**HIT Commons:** YCCO recognizes the value of and intends to incorporate internal IS resources in HIT/HIE committees and boards. HIT Commons and HITAG participation are two primary examples. In early 2022, our IS Director applied for and was recommended by OHA to become an active member of the HIT Commons Board of Managers. His nomination was approved.

**Develop external contacts:** Perform outreach and collaboration desire to key HIT/IS contacts in most or all other CCO’s, as well as other key organizations that support our members and providers.

**Develop external collaboration:** Define and develop 1-2 specific IS/HIE-related collaborative efforts with other CCO’s.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HIT Commons												
Develop external contacts												

CCO collaboration													
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● Active initiation and development efforts  
● Recurring activity and ongoing maintenance

**Strategy: Supporting CCO metrics**  
 YCCO and PHTECH will continue our combined efforts to provide data and analytical dashboards that are easily accessible to our provider network via the CIM platform to inform and address provider status related to metrics performance.

Specific activities and milestones to support this strategy include:

YCCO’s partnership with PHTECH includes a provider portal which allows providers access to various reporting and analytics tools, particularly within the Metrics Manager analytics tool. YCCO sees the value in this established tool and will investigate methods for delivering additional, meaningful reporting to providers, including ADT events.

**Assess ADT/CIM feasibility:** Under guidance and advisement of YCCO’s Data Governance team, assess the feasibility to incorporate ADT data into the PHTECH Metrics Manager tool or other provider accessible analytics.

**CIM Analytics metrics updates:** Incorporate ADT analytics into annual updates of the PHTECH analytics tool metrics into Provided CIM analytics is the Work with our PHTECH partners to update Metrics Manager (CIM analytics tool) to reflect 2022, 2023, and 2024 metric requirements.

Timeline:

Activity Timeline	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Assess ADT/CIM feasibility												
CIM Analytics metrics updates												

● Active initiation and development efforts  
● Recurring activity and ongoing maintenance

**C. Optional Question**

How can OHA support your efforts in supporting your contracted providers with access to Hospital Event Notifications?
<p>We’d appreciate guidance, advice, and recommendations on how to leverage federal and/or state funds to incentivize providers to adopt and effectively use the Collective Platform, particularly to better support care transitions and to engage in collaborative care coordination/management activities targeting specific population cohorts of mutual interest to CCOs, PCPs, and other providers servicing these members.</p>

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

**A. 2021 Progress**

<p>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</p> <ol style="list-style-type: none"> <li>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).</li> <li>b. The strategies you used in 2021.</li> <li>c. Any accomplishments and successes related to each strategy.</li> </ol>
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## Overall Progress

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

Many of the HIT systems enabling YCCO's health plan operations have incomplete or inaccurate demographic data elements regarding YCCO's members which negatively impacts YCCO's ability to:

- analyze and report upon health outcomes based on REALD, and/or SDH characteristics of its assigned membership;
- share these demographic data elements with its strategic partners, contracted providers, and key community-based organizations (CBOs) to inform their respective and, at times, coordinated population health and risk efforts; and
- identify and prioritize partnerships with CBOs and related investments.

Race, ethnicity, language, and disability (REALD) demographic data elements conveyed to CCOs, from OHA via daily and monthly enrollment and eligibility data files, are often missing or inaccurate.

YCCO encourages care and case managers, contracted providers, county agencies, and key CBOs to solicit and confirm the accuracy of REALD demographic data elements stored within the HIT used to document member/patient encounters when providing services to YCCO members.

As these initiatives have only recently been put into action, we have not performed an analysis of the success of these strategies but are encouraged by OHA's interest and intent to improve the REALD data collection via OHA enrollment systems and the subsequent transmission of that data via the daily and monthly enrollment and eligibility data files.

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**

As the execution of the strategies and tactics contained within YCCO's HIT Strategic Plan and cited in our 2021 HIT Roadmap (engage YCCO customer service representatives, care/case managers, contracted providers, COBs, etc.) are in the early stages, we've not yet faced serious barriers or challenges; however, if/when faced, we'll have to determine how best to overcome them.

In 2021, YCCO engaged our provider and CBO community to gauge interest in implementation of the Connect Oregon (CIE/HIE) tool. Based on the positive response to those conversations, in Q4 of 2021 we engaged with Unite Us and ultimately negotiated and signed a licensing agreement to implement their solution, utilizing 100

licenses initially, with the option to increase when necessary. We are pleased to be joining the Connect Oregon collaborative. That project is currently underway with a go-live target of Q2 2022.

**ii. Additional progress specific to physical health providers**

See *Progress across provider types*

**iii. Additional progress specific to oral health providers**

See *Progress across provider types*

**iv. Additional progress specific to behavioral health providers**

See *Progress across provider types*

**v. Additional progress specific to social services and CBOs**

See *Progress across provider types*

**vi. Please describe any barriers that inhibited your progress**

As is true for numerous of our strategies, the COVID-19 pandemic led us to slow some strategies and efforts across our contracted network. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on our mission. To some degree, the focus and timing on these initiatives have impacted progress as well.

**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.

Given its impact on health, the equitable provision of healthcare among all Oregonians, and health outcomes, YCCO intends to enhance our efforts and systems involved in collecting, assimilating, and utilizing member demographic attributes surrounding SDOH. The use of SDOH information will inform many aspects of YCCO’s operations including:

- data analysis and reporting;
- calculation of risk scores and stratification of members;
- care and case management priorities;
- care coordination efforts;
- population health and risk management; and investments – e.g. grants, grant awardees and partnerships established by YCCO aimed at addressing SDH and related health impacts.

Included in the YCCO Strategic plan and cited in the 2021 Roadmap, in addition to REALD data collection efforts briefly described in Overall Progress above, are strategies to:

- Improve processes to solicit, confirm, and store REALD demographic data elements
- Convey REALD demographic data elements to YCCO and incorporate as “secondary” member demographic data elements within CIM (PHTECH’s core administrative system and provider portal)
- Incorporate REALD demographic data elements into YCCO Data Warehouses
- Convey REALD demographic data elements to OHA
- Assimilate SDH demographic attributes into CIM, YCCO’s Data Warehouses, Care Advance, and Ayin Quality Insights
- Implement Unite Us CIE in Yamhill County

All of these strategies, including any dependencies, will continue to move forward during 2022-2024, along with our coordination and collaboration with OHA on their efforts to enhance REALD data and their accurate delivery of that data via daily and monthly eligibility files.

In addition, YCCO is currently engaged with Unite Us to implement their platform for YCCO and our partners. That project is currently underway with a go-live target of Q2 2022. We will be measuring adoption and use, setting targets utilizing the Unite Us reporting tools as well as our own reporting, based on their data feed, to set targets and goals in 2022 and future years.

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**

YCCO intends to ensure deliver of SDOH analytics and operational data to contracted providers, social services, and CBOs based upon their need and the appropriate level of disclosure utilizing:

- CIM (provider portal) analytics and reporting
- Ayin Quality Insights (PHTECHs analytics platform)
- YCCO-developed analytics and reporting utilizing internal tools (Tableau)

To accomplish this, we will continue to work closely with Ayin Quality Insights and PHTECH on their platforms to deliver meaningful and actionable data to YCCO contracted providers. We will also build out YCCO capabilities to develop and deliver analytics that is unique to YCCO and reflects the entirety of our organization. These data and analytics in the operations of YCCO as a health plan, as well as serve our local community.

**ii. Additional plans specific to physical health providers**

See *Plans across provider types*

**iii. Additional plans specific to oral health providers**

See *Plans across provider types*

**iv. Additional plans specific to behavioral health providers**

See *Plans across provider types*

**v. Additional plans specific to social services and CBOs**

See *Plans across provider types*

**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?

We look forward to continued collaboration with OHA for guidance, advice, and recommendations on how to leverage federal and/or state funds to incentivize providers to adopt and effectively use the HIT, particularly to better support care transitions and to engage in collaborative care coordination/management activities targeting specific population cohorts of mutual interest to CCOs, PCPs, CBOs, and others servicing these members.

**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?**

YCCO desires to remain active and engaged with OHA and other CCO's related to HIT efforts. We appreciate the efforts by OHA to facilitate engagement of CCO's and recognize that there are likely opportunities for OHA to provide/advise on funding and grant opportunities that will support CCO's in their HIT initiatives.

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

As is true for numerous organizations, the COVID-19 pandemic and the associated staffing stress and hiring challenges has led us to slow some strategies and HIT efforts. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on our mission. To some degree, the focus and timing on these initiatives have impacted progress as well.

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.

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

- Engaged with Reliance to ensure CCO providers had the opportunity to participate in the OHA HIE Onboarding Program
- Encouraged our provider partners to participate in OHA's HIE Onboarding Program. An additional 7 organizations (4 physical and 3 behavioral health) participated before the program ended.

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

**Strategy 6: Engage with state committees/entities**

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

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

**Strategy 7: HIE Data collection**

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

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

**ii. Additional Progress Specific to Physical Health Providers**

**Strategy 8: Provide workflow TA**

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

**iii. Additional Progress Specific to Oral Health Providers**

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

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

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

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



**Strategy 9: Explore oral health HIE**

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

**Strategy 10: Pursue improvement of the dental request referral process**

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

**iv. Progress Specific to Behavioral Health Providers**

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

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

**Strategy 11: Assess the state of behavioral health HIE**

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

**Strategy 1: Develop and implement a 5-year plan**

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

**Strategy 8: Provide workflow TA**

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

**v. Please describe any barriers that inhibited your progress.****B. 2022-2024 Plans**

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

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

- oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies
- b. Any additional HIE tools you plan to support or make available.
  - c. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2021.
  - d. Activities and milestones related to each strategy. (Please include the number of organizations of each provider type you expect will gain access to HIE for Care Coordination as a result of your support, as applicable)

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

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

**Overall Plans**

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

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

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

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

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

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

Activities	Milestones and/or Contract Year
Evaluate opportunities to extend telemedicine technology for members, including mobile applications that support member's ability to communicate with their care team via mobile technology.	2022: Identify mobile applications to support 2023: If mobile application identified, disseminate application along with relevant patient education

Evaluate, design, develop, and implement HIE interoperability solutions with Reliance.	Q1-Q3 2022: Evaluation and development phase Q4 2022-Q4 2023: Implementation phase; onboard CCO care coordinators, <u>12 physical, 7 behavioral, and 3 oral health providers</u>
Explore ways to reduce implementation costs, such as subsidizing purchase and maintenance costs for providers and providing technical assistance and training in appropriate use of application.	2022-2024: Realize cost reduction

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

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

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

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

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

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

Activities	Milestones and/or Contract Year
Determine best means for collecting information from various provider types	Q1 2022: Process for data collection identified and implemented
Collect HIE information from physical, behavioral, oral health providers	Q2-Q3 2022: HIE information collected from a range of provider types including at least <u>15 physical, 10 behavioral, and 5 oral health providers</u>
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
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**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.

<b>Activities</b>	<b>Milestones and/or Contract Year</b>
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.

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

**Strategy 6: Engage with state committees/entities**

<b>Activities</b>	<b>Milestones</b>
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**

<b>Activities</b>	<b>Milestones and/or Contract Year</b>
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**

<b>Activities</b>	<b>Milestones and/or Contract Year</b>
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**

<b>Activities</b>	<b>Milestones and/or Contract Year</b>
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