

2024 CCO Health IT Roadmap

2024 Guidance, Evaluation Criteria & Reporting Template



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

Please:

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

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

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Guidance Document

1. Purpose & Background

Per the [CCO 2.0 Contract](#), CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (IT) Roadmap. The Health IT Roadmap must describe how the CCO (1) currently uses and plans to use health IT (including hospital event notifications) to achieve desired outcomes and (2) supports contracted physical, behavioral, and oral health providers throughout the course of the Contract in these areas:

- Electronic health record (EHR) adoption
- Access to health information exchange (HIE) for care coordination and access to timely hospital event notifications
- Health IT for value-based payment (VBP) and population health management (Contract Years 1 & 2 only)¹
- Health IT to support social determinants of health (SDOH) needs, including social needs screening and referrals (Starting in Contract Year 3)²

For Contract Year 1 (2020), CCOs' responses to the [Health IT Questionnaire](#) formed the basis of their draft Health IT Roadmap. For remaining Contract Years, CCOs are required to submit an annual Health IT Roadmap to OHA reporting the progress made from the previous Contract Year, as well as plans, activities, and milestones detailing how they will support contracted providers in future Contract Years. OHA expects CCOs to use their approved 2023 Health IT Roadmap as the basis for their 2024 Health IT Roadmap.

Changes for Contract Year 5 (2024):

1. Given the success of the 2023 'Template B' from both the CCO and OHA perspectives, only one Health IT Roadmap template will be provided in 2024, following the 2023 'Template B' format and structure. Roadmap TA sessions will be provided to assist CCOs with completion, as needed.
2. In support of OHA's effort to align CCO deliverables, the scope of the 2024 Health IT Roadmap is focused on health IT in support of care coordination. Strategies in support of VBP and metrics (except for support of the SDOH metric) are to be reported in other deliverables (e.g., VBP Questionnaire).
3. In response to CCO input and to align with previously reported efforts, the EHR section has been expanded to be inclusive of support for EHR 'use' and 'optimization', with a focus on care coordination. This expansion recognizes that though CCOs continue supporting EHR adoption, in order to support care coordination, some organizations need CCO support for EHR use and optimization.
4. To limit redundancy in reporting, Support for HIE – Care Coordination and Support for HIE – Hospital Event Notifications section have been combined. The section is now called 'Use of and Support for HIE' to more accurately reflect the reporting expectations (CCO use of HIE and CCO support of HIE among contracted providers). The HIE section has also been expanded to include support of HIE use.
5. An optional section has been added to help inform OHA of CCO's current and planned EHR access and use for care coordination purposes.
6. In response to CCO previous submissions, optional sections/boxes have been added to create space for overview descriptions of CCO efforts/approaches (e.g., Overview of CCO Health IT Approach, Overview of EHR Support, Overview of strategy plans).
7. Strategy categories and strategy status checkboxes have been added for each CCO strategy.

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

² New Health IT Roadmap requirement beginning Contract Year 3 (2022)

Reminders for Contract Year 5 (2024):

1. Limit the Progress sections to 2023 activities and accomplishments and include planned activities for 2024 through 2026 in the Plans sections.
2. In each Plans section, be sure to include activities and milestones for each strategy. If some strategies are missing activities and milestones, CCOs may be asked to revise and resubmit their Roadmap.
3. Add all CCO-collected health IT data to the Health IT Data Reporting File prior to submitting it with your Roadmaps on 3/15/2024. Data reported in the Roadmaps should align with the Data Reporting File.

2. Overview of Process

Each CCO shall submit its 2024 Health IT Roadmap to OHA for review on or before **March 15th** of each Contract Year. CCOs are to use the *2024 Health IT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their previous Health IT Roadmap if it's still applicable. Please submit the completed 2024 Health IT Roadmap via the [CCO Contract Deliverables Portal](#).

OHA's Health IT staff will review each CCO's Health IT Roadmap and provide written notice of the approval status, along with a separate document with detailed evaluation results (the Results Report). If the CCO's Health IT Roadmap is not approved, then the CCO must make the required correction/s and resubmit it. OHA requests the CCO participate in a meeting to discuss the results and required correction/s prior to resubmission, as follows:

1. CCO is to review the available meeting days/times included in the Results Report and contact OHA by 6/21/24 with their top two meeting choices.
 - a. These meetings are only available from 6/20/2024 through 7/10/2024.
 - b. CCO is expected to have thoroughly reviewed its results prior to the meeting and to be prepared for an in-depth discussion.
2. CCO resubmission is due 7/17/2024.
3. OHA will complete its review of all resubmissions and provide written notice of the approval status within 30 days of resubmission receipt, by 8/16/2024.

The aim of this process is for CCOs and OHA to work together to better understand how to achieve an approved Health IT Roadmap.

Please refer to the timeline below for an outline of steps and action items related to the 2024 Health IT Roadmap submission and review process.

2024 Health IT Roadmap Timeline

Last Revised 12/15/2023

March - June 2024

June - July 2024

Aug - Sep 2024

2024 HIT Roadmap Submission and Review

CCO/OHA Communication and Collaboration

Revised 2024 HIT Roadmap Submission to OHA for Review

Activities	List of activities	List of activities	List of activities
	CCOs submit <i>2024 HIT Roadmap</i> and HIT Data Reporting File to OHA by 3/15/24	If not approved, CCO contacts OHA by 6/21/24 to schedule a meeting to discuss required revisions	CCO submits Revised 2024 HIT Roadmap to OHA by 7/17/24 CCOs with approved 2024 Roadmaps meet with OHA by 9/20/24
	OHA reviews <i>2024 HIT Roadmap</i>	If approved, CCO contacts OHA by 7/10/24 to schedule a Roadmap follow-up meeting	OHA reviews CCO <i>Revised 2024 HIT Roadmap</i>
	OHA sends initial <i>2024 HIT Roadmap</i> result letter to CCO by 6/17/24	Collaborative meeting(s) occur between OHA and CCOs required to revise and resubmit their <i>2024 HIT Roadmap</i> by 7/10/24	OHA sends <i>Revised 2024 HIT Roadmap</i> result letter to CCO by 8/16/24

OHA expects all CCOs will have an approved 2024 HIT Roadmap by 8/30/24.

3. Health IT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA's expectations for responses to the required Health IT Roadmap questions. Modifications for Contract Year 5 (2024) are in ***bold italicized font***. Please review the table to better understand the content that must be addressed in each required response. Approval criteria for Health IT Roadmap optional questions are not included in this table; optional questions are for informational purposes only and do not impact the approval of a Health IT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the *2024 Health IT Roadmap Template* for the complete question when crafting your responses.

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
1. Health IT Partnership	CCO attestation to the four areas of health IT Partnership.	<p>CCO meets the following requirements:</p> <ul style="list-style-type: none"> • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons Memorandum of Understanding (MOU) • Served, if elected on the HIT Commons governance board or one of its committees • Participated in an OHA's HITAG meeting at least once during the previous Contract Year
2. Support for EHR Adoption, <i>Use, and Optimization</i>	A. 2023 Progress supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, <i>use, and optimization in support of care coordination</i>	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ◦ Strategies used to support increased rates of EHR adoption, <i>use, and optimization in support of care coordination</i>, and address barriers among contracted physical, oral, and behavioral health providers in 2023 ◦ Specific accomplishments and successes for 2023 related to supporting EHR adoption, <i>use, and optimization in support of care coordination</i> • Sufficient detail and clarity to establish that activities are meaningful and credible.
	2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, <i>use, and optimization in support of care coordination</i>	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ◦ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) ◦ Plans for collecting missing EHR information via CCO existing processes ◦ Additional strategies for 2024-2026 related to supporting increased EHR adoption, <i>use, and optimization in support of care coordination</i>, and addressing barriers to adoption among contracted physical, oral, and behavioral health providers ◦ Specific activities and milestones for 2024-2026 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
3. Use of and support for HIE	A. 2023 Progress using HIE for care coordination and timely hospital event notifications <u>within the CCO</u>	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ HIE tool(s) CCO is using within their organization for care coordination and timely hospital event notifications ○ HIE strategies used for care coordination and timely hospital event notifications within the CCO ○ Specific accomplishments and successes for 2023 related to CCO's use of HIE for care coordination and timely hospital event notifications • Sufficient detail and clarity to establish that activities are meaningful and credible.
	2024-2026 Plans using HIE for care coordination and timely hospital event notifications <u>within CCO</u>	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ Additional tool(s) (if any) CCO is planning to use for care coordination and timely hospital event notifications ○ Additional strategies for 2024-2026 to use HIE for care coordination and timely hospital event notifications within the CCO ○ Specific activities and milestones for 2024-2026 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
	B. 2023 Progress supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO provided or made available to support providers' access to HIE for care coordination and timely hospital event notifications ○ Strategies CCO used to support increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers in 2023 ○ Specific accomplishments and successes for 2023 related to increasing access to and use of HIE for care coordination and timely hospital event notifications (including the number of organizations of each provider type that gained increased access or use as a result of CCO support, as applicable) • Sufficient detail and clarity to establish that activities are meaningful and credible.
	2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ The number of organizations (by provider type) that have not adopted an HIE for care coordination or hospital event notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional HIE tool(s) CCO plans to support or make available to providers for care coordination and/or timely hospital event notifications

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
		<ul style="list-style-type: none"> ○ Additional strategies for 2024-2026 related to supporting increased access to and use of HIE for care coordination and timely hospital event notifications among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2024-2026 related to each strategy (including the number of organizations of each provider type expected to gain access to or use of HIE for care coordination and hospital event notifications as a result of CCO support, as applicable ● Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Health IT to support social determinants of health needs	A. 2023 Progress using health IT to support SDOH needs within the CCO, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Current health IT tool(s) CCO is using to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality ○ Strategies for using health IT within the CCO to support SDOH needs, including but not limited to social needs screening and referrals in 2023 ○ Any accomplishments and successes for 2023 related to each strategy ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	2024-2026 Plans for using health IT to support SDOH needs within the CCO, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ● Description of plans includes: <ul style="list-style-type: none"> ○ Additional health IT tool(s) CCO plans to use to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for using health IT to support SDOH needs, including but not limited to social needs screening and referrals ○ Specific activities and milestones for 2024-2026 related to each strategy ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2023 Progress supporting contracted physical, oral, and behavioral health providers as well as, social services and community-based organizations (CBOs) with using health IT to support SDOH needs, including but not limited to	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Health IT tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs, for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality ○ Strategies used for supporting these groups with using health IT to support SDOH needs, including but not limited to screening and referrals in 2023 ○ Any accomplishments and successes for 2023 related to each strategy

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	social needs screening and referrals	<ul style="list-style-type: none"> ○ Any planning and/or preparation CCO has done in anticipation of 2024 requirement to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers. ● Sufficient detail and clarity to establish that activities are meaningful and credible
	2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using health IT to support SDOH needs, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Health IT tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for supporting these groups with using health IT to support social needs screening and referrals beyond 2023 ○ Specific activities and milestones for 2024-2026 related to each strategy ○ Specific plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals during Contract Years 2024-2026, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers. ● Sufficient detail and clarity to establish that activities are meaningful and credible.

2024 Health IT Roadmap Template

Please complete and submit this template via [CCO Contract Deliverables Portal](#) by **March 15, 2024**.

Instructions & Expectations

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

1. Health IT Partnership
2. Support for EHR Adoption, Use, and Optimization
3. Use of and Support for HIE for Care Coordination and Hospital Event Notifications
4. Health IT to Support Social Determinants of Health (SDOH) Needs, including but not limited to social needs screening and referrals
5. Other health IT Questions (optional section)

Each required topic includes the following:

- Narrative sections to describe your 2023 strategies, progress, accomplishments/successes, and barriers
- Narrative sections to describe your 2024-2026 plans, strategies, and related activities and milestones. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you attach a separate document outlining your planned activities and milestones. However, you may attach your own document(s) in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones for each strategy and specifies the corresponding Contract Year).

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

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

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

- *Health IT to support care coordination:* While CCOs use health IT to support many different functions that relate to care coordination,* for the purposes of the HIT Roadmaps, OHA is focused on health IT to support care coordination activities between organizations caring for the same person. Note: This definition is not a change from previous Roadmap expectations. What has changed is that CCO is now encouraged not to include strategies in the Roadmap specific to VBP, population health, or metrics, unless they are specifically called out (as in the Health IT to Support SDOH Needs section).

* OHA's Care Coordination proposed rules (410-141-3860, 410-141-3865, and 410-141-3870) provide more detail around broader care coordination activities.

- *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 2024). **Note**: Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A note about the template:

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

HIT Roadmap Template Strategy Checkboxes

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

- *Support for EHR Adoption*
- *Support for HIE for Care Coordination and Hospital Event Notifications*
- *Health IT to Support SDOH Needs*

The checkboxes represent themes that OHA compiled from strategies listed in CCOs' previous Health IT Roadmap submissions.

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

Please send questions about the Health IT Roadmap template to CCO.HealthIT@odhsoha.oregon.gov

1. Health IT 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. (Optional) Overview of CCO Health IT Approach

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

As mentioned throughout the 2023 HIT Roadmap for Yamhill Community Care, our organizational priority for last year was the selection and implementation of a care management, utilization management, and appeals and grievances platform, Helios. The vast majority of our IS staff and efforts in 2023 were dedicated to this project. This included hiring, infrastructure improvements, multiple technical integrations, application configuration, workflow definition, reporting and analytics, etc. The value this project brings is in our ability to serve our members in a more personal and meaningful way, enhance the data and information necessary to make meaningful decisions, and meet state goals and requirements for our CCO within our community. As targeted from the start of the project, we successfully went live on 1/1/2024! We are currently in the 90-day post go-live support phase of this project.

In addition (and this was not mentioned in our initial 2023 Roadmap) in late Q1 of 2023, we were advised that our vendor providing CMS interoperability functionality was discontinuing their product in January 2024. This announcement was quite unexpected and caused us to pivot and include this as another critical IS project for 2023. We performed a vendor search and ultimately selected 1up Health as our new partner/vendor. This project also required significant IS resources throughout Q2 2023 through Q1 2024.

These two projects, appropriately, were the primary focus of our IS effort throughout the entirety of 2023 and into 2024. This of course had an impact on other work that we might otherwise have accomplished in 2023.

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

A. Support for EHR Adoption, Use, and Optimization: 2023 Progress and 2024-26 Plans

Please describe your 2023 progress and 2024-26 plans for supporting increased rates of EHR adoption, use, and optimization in support of care coordination, and addressing barriers among contracted physical, oral, and behavioral health providers. In the spaces below (in the relevant sections), please:

1. Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT 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.
2. Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
3. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
4. (Optional) Provide an overview of CCO's approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.
5. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. The strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including number of organizations, etc., where applicable)
 - challenges related to each strategy, as applicable
 - f. (Optional) An overview of CCO 2024-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

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

Using the updated 2023 Data Completeness and Adoption Rates Table, Yamhill Community Care Organization (YCCO) has:

- 111 (43%) Physical health organizations without EHR information
- 46 (46%) Behavioral health organizations without EHR information
- 2 (33%) Oral Health Organizations without EHR information

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

YCCO plans to collect missing EHR information by sending targeted HIT surveys via e-mail in the third quarter of 2024 to all contracted physical, oral and behavioral health organizations, focusing on those with an EHR status of “unknown”. In addition to the surveys, the YCCO Provider Relations team will collect EHR information during site visits, share the survey weblink directly with provider organizations, and include the Health Information Technology (HIT) survey link in the monthly provider newsletter during the third quarter of 2024. In Addition:

- YCCO is consulting with our network adequacy and accuracy vendor, Quest Analytics, to hopefully include key HIT data collection and validation as a component of their provider accuracy process. This process goes directly to providers where key data is confirmed, updated, and gathered at least annually.
- Provider contract language added in prior years will be reviewed and enhanced as needed.
- Provider contract language will be included in all contracts, including behavioral health, during our 2024 re-contracting efforts.
- We’ve also defined a small number (less than 5) HIT data collection questions that are under consideration for inclusion in our 2024 re-contracting efforts.
- HIT data gathering will be incorporated into our collaborative effort to establish a BH chart audit process.

Strategy category checkboxes

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

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

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

The majority of Primary Care Providers (PCPs) contracted with YCCO have adopted and use Certified Electronic Health Record Technology (CEHRT). According to the updated 2023 Health IT Data Reporting file, 92% of YCCO’s membership is assigned to a PCP organization with an EHR. Roughly 81% (21/26) of those primary care provider organizations respective EHR vendors have obtained certification (CEHRT) for their Electronic Health Record platform.

100% of the hospitals contracted with YCCO have Electronic Health Record systems that have obtained CEHRT status.

46% of the behavioral health providers contracted with YCCO utilize EHRs. 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, YCCO will focus efforts on supporting PCPs to optimize the use of their EHRs to improve health outcomes, including the following efforts:

- Revisiting our joint venture with OCHIN to support the Epic HEDIS module.

- Working with Wakely to provide access to their Cost and Utilization Analytic platform and data to key clinics and systems.
- Use of the Johns Hopkins ACG tool to create clinic profiles related to YCCO membership and claims experience.

Understanding EHR provider adoption, use, and optimization across provider types will aid YCCO in formulating strategies for use of HIT in support of member care coordination. YCCO will also gather information on Health Information Exchange (HIE) use and adoption and Community Information Exchange (CIE) use and adoption in the 2024 HIT Survey that is distributed to contracted providers.

Strategy 1 title: Assessment/tracking of EHR adoption and capabilities

Assessment/tracking of EHR adoption and capabilities falls under the YCCO strategic plan focus area of health systems transformation and engaging our provider network by encouraging EHR adoption.

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

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

Strategy status:

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

Provider types supported with this strategy:

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

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

As planned in 2023, YCCO conducted an HIT survey with all contracted physical, behavioral, and oral health providers with valid e-mail addresses on file. We received 44 organizational responses via survey and have incorporated those responses into the updated 2023 Data Reporting File.

With regards to the providers who've not yet adopted EHRs, some of the survey responses helped us better understand barriers and challenges of EHR adoption. One oral health organization responded that they were currently in the EHR selection stage. Two behavioral health organizations don't have an EHR and have no plans to implement an EHR due to cost and the organizations don't see the need to adopt an EHR.

We discussed the potential of partnering with Quest Analytics for HIT data collection and validation via their provider accuracy survey process. Progress was minimal in 2023, but interest persists and YCCO will re-engage with Quest regarding this opportunity in 2024.

The results of our own HIT investigation coupled with information shared by OHA in the context of the CCO HIT Data Reporting File has shed additional light on EHR adoption and usage across YCCO's contracted providers in 2023. Overall:

- 92% (36K/39K) of YCCO members are assigned to primary care providers utilizing an EHR.
- 67% (4/6) of contracted oral health providers have adopted and use EHRs.
- 50% (50/101) of contracted behavioral health providers have adopted and use EHRs.

Challenges with this approach are typical of most surveys: Getting the survey into the appropriate hands at the recipient organization, response rate, and staff resources at the recipient organization.

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

YCCO's Strategic Plan includes a commitment to encourage all providers who've not yet adopted an EHR to do so. We have a goal for collecting EHR data on 70% of all required for reporting organizations by the end of 2024 to assist with data completeness. We currently have EHR data completeness for 57% of physical health provider organizations, 54% of Behavioral Health, and 67% of Oral Health required for reporting provider organizations.

The manner and timing of data collection will include contracting, credentialing, auditing, and collecting direct survey data...see examples in Planned Activities. We will look at various other touchpoints with providers as opportunities to gather additional HIT adoption data.

Our primary method of HIT data collection is the annual survey of providers. The timeline is below:

Activity Timeline	2023			2024				2025				2026			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design/refine															
Distribute															
Collect															
Record															
Maintain															

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

In Addition: We will continue to pursue the potential for partnering with our network adequacy and accuracy vendor, Quest Analytics, to include some or all of the data collections and validation as a component of their provider accuracy process. This provides a promising potential for gathering and affirming the data collected from providers. If successful in partnering with Quest Analytics, their provider accuracy survey process occurs quarterly which will allow us to confirm/update data collection on a regular basis.

Planned Activities

Contracting, Credentialing, and Auditing opportunities for data collection.

- **Contracting:** As YCCO takes on direct contracting activities in 2024, we will include contract language in all contracts, and are considering 5 or fewer HIT questions during the contracting process.
- **Credentialing:** As YCCO takes on credentialing responsibilities in 2024 (previously sub-contracted to Providence), we will consider the same 5 or fewer questions mentioned above during the credentialing process.
- **Auditing:** As we have recently established a chart auditing process for behavioral health providers, include HIT questions in the during the build of that collaborative site/capability.

In Addition: We will continue to pursue the potential for partnering with our network adequacy and accuracy vendor, Quest Analytics, to include some or all of the data collections and validation as a component of their provider accuracy process. This provides a promising potential for gathering and affirming the data collected from providers. If successful in partnering with Quest Analytics, their provider accuracy survey process occurs quarterly which will allow us to confirm/update data collection on a regular basis.

Planned Milestones

We included these goals in our 2023 Roadmap and include them here, with slight revisions to the physical health provider definition (was PCP's only). Our targets for EHR Data Completeness and Adoption Rates as shown in the HIT Data Reporting file are as follows:

Year 2024: Provider EHR status is known for 70% of Physical Health providers, 70% of Behavioral Health providers, and 70% of Oral Health providers.

Year 2025: Provider EHR status is known for 75% of Physical Health providers, 75% of Behavioral Health providers, and 75% of Oral Health providers.

Year 2026: Provider EHR status is known for 80% of Physical Health providers, 80% of Behavioral Health providers, and 80% of Oral Health providers.

If deemed feasible, data gathering as a component of contracting and credentialing will commence in Q2/Q3 of 2024.

Data gathering as a component of BH auditing will commence in Q2 of 2024.

Strategy 2 title: Outreach and education about the value of EHR adoption/use Outreach and education about the value of EHR adoption/use falls under the YCCO strategic plan focus area of health systems transformation and is one of the strategies under engaging our provider network by optimizing the use of CEHRT by top contracted providers.	
Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other:	
Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy: <input checked="" type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): We successfully distributed and received responses to our HIT provider survey during Q3-Q4 of 2023. Along with additional specific data points for individual providers (incorporated into the HIT Data Reporting File), we gathered additional information. In particular, with regards to the providers who've not yet adopted EHRs, in 2023 we were able to continue our efforts to: <ul style="list-style-type: none"> • Determine some of the challenges/barriers of EHR adoption • Encourage and support the use of EHRs. For example, YCCO set up a process to securely transfer EHR information (electronically) from behavioral health providers to make chart audits easier. YCCO is hopeful that other behavioral health providers that don't have EHRs will want to explore this data sharing method vs. traditional chart audits. The option of electronic chart audits has been shared with providers during site visits and via individual outreach. Some of the challenges to EHR adoption included: <ul style="list-style-type: none"> • Difficulty finding the right EHR • Cost/resources One organization stated that "We like to manage our physical files as this has worked best for us through the years." Having this feedback from our contracted providers helps us understand their challenges and know how to support them with EHR adoption/use. Due to our organizational focus on other critical large projects, our efforts on this front consisted largely of activities and encouragement of the value for EHR adoption during site visits and other direct interactions.	
Overview of 2024-26 plans for this strategy (Optional): We'll continue our efforts to gather information through our various interactions with providers regarding EHR adoption and formulate appropriate strategies to support EHR adoption. We'll continue to collect data and provide organizations with the opportunity to share successes, challenges, and barriers to EHR/HIT adoption. Due to our organizational focus on other critical large projects and the simple truth that 92% of our overall membership is assigned to a PCP with an EHR, and 99% (35,674/35,898) of our members that have a PCP assignment are actually assigned to a PCP with an EHR, our efforts to create a strategy has not been a focus point.	
Planned Activities Continue our efforts to collect data via our HIT data survey now distributed on an annual cadence as documented above.	Planned Milestones Survey milestones: 1. Design/adjust - Q1/Q2 2024 2. Distribute - Q3 2024

Utilize additional opportunities to gather EHR status data via site visits, as well as via credentialing, contracting activities, and audit activities as described above.	3. Collect - Q3 2024 4. Record - Q4 2024 5. Outreach - Q1 2025 6. Maintain - Q2 2025 and ongoing Credentialing and Contracting milestones - HIT data language in all contracts - Q2 2024 - Determine appropriate HIT question - Q1 2024 Audit activities milestones - Determine appropriate HIT question - Q1 2024 - Incorporate into BH chart audits - Q2 2024
Strategy 3 title: <i>Requirements in contracts/provider agreements</i> YCCO has updated and incorporated language into provider contracts to include data gathering as a component of the contract.	
Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input checked="" type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other:	
Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
Provider types supported with this strategy: <input checked="" type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): In late 2022, YCCO updated and incorporated language into provider contracts for key APM partners to include data gathering as a component of the contract. Based on feedback from OHA, we will also work to gather information from non-APM partners and explore how we can leverage the lessons learned from the work with APM partners and apply it to other clinic contracts. We acknowledge the value of expanding the use of that language to include all provider contracts in 2024. We will continue activities to incorporate this component into the contracting/re-contracting process with minimal adverse impact on our network of contracted providers.	
Overview of 2024-26 plans for this strategy (Optional): We acknowledge the value of including key HIT adoption and data gathering as component(s) of contract language. And, as we are in-sourcing our contracting activities in 2024 for contracts effective in 2025 (formerly sub-contracted to Providence), we have the opportunity and ability to more closely control the content of our contracts. We will make incremental changes to our contracts as we move through the in-sourcing project in 2024 and beyond, determining the appropriate changes and timelines to ensure minimal adverse impact on our network of contracted providers. The in-sourcing of provider contracts project (a significant undertaking) will be completed in Q4 of 2024 with contract effective dates of Jan 2025.	
Planned Activities Define and incorporate data collection into provider contract templates for all provider types. This will occur before any contracts are distributed to our network for consideration.	Planned Milestones Our major milestone is to have all contracts in place in late Q3/early Q4 for 2025 effective dates.

B. EHR Support Barriers: (Optional)

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

We are still in the process of building our Information Systems (IS) team capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing our mission. Please see mention of our organizational focus in “2. Overview of CCO Health IT Approach” on page 12.

C. OHA Support Needs: (Optional)

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

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.

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

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

Please describe your 2023 progress and 2024-26 plans for using HIE for care coordination AND timely hospital event notifications within your organization. In the spaces below (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
2. List and describe specific tool(s) you currently use or plan to use for care coordination and timely hospital event notifications.
3. (Optional) Provide an overview of CCO's approach to using HIE for care coordination and hospital event notifications.
4. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 for using HIE for care coordination and hospital event notifications within the CCO include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including number of organizations, etc., where applicable)
 - challenges related to each strategy, as applicable
 - f. (Optional) An overview of CCO 2024-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (within CCO)

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

Progress	Plans		Progress	Plans	
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Care coordination and care management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Enhancements to HIE tools (e.g., adding new functionality or data sources
<input type="checkbox"/>	<input type="checkbox"/>	2. Exchange of care information and care plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Collaboration with external partners
<input type="checkbox"/>	<input type="checkbox"/>	3. Integration of disparate information and/or tools with HIE	<input type="checkbox"/>	<input type="checkbox"/>	6. Other strategies for supporting HIE access or use (please list here):

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

In 2023, YCCO utilized a number of tools, both in-house and through vendor partners, to manage care of our members, including:

CareAdvance: a robust care management system utilized by our contracted partner, Providence Plan Partners, to provide care management services.

Collective Medical Technology, aka Point Click Care (PCC): a hospital event notification system that monitors activities in hospital systems throughout Oregon and provides admit, discharge, and transfer notifications to YCCO of those events that occur for YCCO members.

CIM (Ayin): A comprehensive health plan administration system utilized by our contracted partner, Ayin Health Solutions, which includes Utilization Management functionality for receipt and management of authorization requests.

As noted previously (see 2. Overview of CCO Health IT Approach on page 12), we embarked on an implementation project to bring care management, utilization management, and appeals and grievance responsibilities in-house. To that end, beginning January 1, 2024, care management responsibilities transitioned from Providence Plan Partners to YCCO. As a result, supporting software functionality transitioned from CareAdvance to Helios, A product of Virtual Health.

Helios: a comprehensive and flexible care management, utilization management, and appeals and grievances management system that YCCO will utilize for these functions. The acquisition of this system will allow us to improve the care and services we provide to our membership.

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

In 2023, YCCO's use of the Collective Platform aligned with three general categories:

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

There are opportunities for increased usage and value of the Collective Platform. YCCO currently uses the reporting and monitoring tools to track member activity, including:

Reporting:

- 30-day lookback of IP admits and discharges
- 5 in 12 report (5 events in 12 months)
- COVID-19 Vaccine report
- Daily YCCO IET encounters
- All ED visits report

Cohorts - total of 36 defined, examples:

- ED/IP Diabetes
- Avoidable ED visits
- Dental
- ACT team ED notifications
- 0-15 day readmissions

- Post-partum ED encounters

Strategy 1 title: *Care coordination and care management*

Under the YCCO strategic plan focus area of health systems transformation, one of the strategies is engaging our provider network through encouraging HIE Adoption for care coordination and management.

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

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

Strategy status:

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

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

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

We have a re-occurring meeting series (monthly) designed to strengthen our collaboration, understand the available analytics, and establish a plan for data extracts from the CMT system. During the monthly meetings the YCCO and CMT teams review the list of contracted providers that are utilizing the CMT software, and which contracted providers are not utilizing the software. Tracking provider organization utilization of the CMT software provides CMT and YCCO with a better understanding of which organizations may need additional assistance with using this tool. We will continue the meetings with the CMT team in 2024. We also plan to continue building on data exchange and developing analytics.

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

In 2023, YCCO made progress with accessing some member data from Care Advance, but getting access to all member data was still a challenge. As a result, YCCO decided to do a thorough search for a new care management platform to enable our staff to take on direct responsibility of care management, utilization management, and appeals and grievances. Following the search and licensing negotiations, we kicked off the implementation of Virtual Health's Helios platform in Q1 2023. Much of our 2023 IS efforts were focused on this project with a go-live date of 1/1/2024. We are excited that we were able to go live with Helios on 1/1/2024 as planned and now have direct responsibility for member care management activities and engaging more directly with our membership.

Working closer with CMT and the integration has been helpful in understanding YCCO membership utilization so that care managers are able to follow up with the member for care coordination. We struggled to get timely information in the past, so the integration with CMT and Helios should continue to improve YCCO access to member data.

Automating the integration of ADT notifications into the system is a 2024 priority. This functionality will automatically send notifications from CMT and automatically generate tasks and notifications within the Helios platform for care management and member service purposes. Target for completion of this integration is late Q2 2024.

Timeline:

Activity Timeline	2023				2024				2025 -2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Data exchange												
Develop analytics												

● Active initiation and development efforts

Planned Activities

Data exchange: Design and implement a data extract cadence from the CMT platform for YCCO, particularly hospital Admit, Discharge, Transfer notifications on a frequent (at least daily) cadence for automated ingestion into our care management platform.

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.

Planned Milestones

Data exchange (as described in Planned Activities) established - Q1 & Q2 2024

Develop analytics (as described in Planned Activities) - Q3 & Q4 2024. Additional analytic needs are anticipated to be defined over the course of 2024 and into 2025.

Strategy 2 title: *Enhancements to HIE tools (e.g., adding new functionality or data sources)*

Under the YCCO strategic plan focus area of health systems transformation, one of our strategies is engaging our provider network by improving the use of HIE by providers.

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

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

Strategy status:

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

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

In 2023, we worked to enhance YCCO and appropriate sub-contractor capabilities to support and share data between the plan, providers, community-based organizations (CBO's), and members.

Some accomplishments and challenges with the 2023 activities included:

Helios Case Management system: A major focus for the entire YCCO organization in 2023 was the implementation of a comprehensive Care Management, Utilization Management, Appeals and Grievances system from Virtual Health (Helios). We are excited to have the Helios platform implemented and will continue to enhance and adapt using this new platform.

SQL Server enhancements: YCCO recognized the need to enhance our own IS infrastructure to facilitate our internal capability to provide and participate in HIE efforts. In particular, we implemented a cloud-based SQL Server instance providing YCCO with a robust Database Management System (DBMS). This significantly enhances our ability to create and maintain data integrations, curate and manage data from multiple sources, automate and schedule jobs, and create the infrastructure to support data-driven operational and strategic decisions.

CIM Analytics metrics updates: We worked with our Ayin Health Solutions (formerly PHTECH) partners to update Metrics Manager (CIM analytics tool) to reflect 2023 and 2024 metric requirements. Providers have access to these metrics' reports, specific to their organization, via the CIM provider portal.

Electronic rosters EHR integration: We engaged with our Ayin Health Solutions (formerly PHTECH) partners to create and deliver clinic system member (patient) rosters that can be ingested into clinic EHR system(s). This project, currently delayed due to resources allocations, 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.

Quest Analytics implementation: In 2023, YCCO continued working with Quest on an implementation of a comprehensive provider network management (adequacy and accuracy) system. The accuracy component is especially useful as Quest performs direct outreach to providers to confirm and enhance data relative to their

specific profile (demographics, hours, language support, contact info, etc.). This outreach effort occurs on a regular basis and significantly enhances our ability to maintain accurate provider information.

Tableau Server implementation: In 2023, we continued to grow YCCO analytical capabilities through implementation of Tableau Server, enhancing the quality and availability of tools to support data driven decisions at YCCO. Although access to Tableau server is for internal YCCO staff only, analytics from this platform can be used and shared during in-person clinic/provider visits.

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

Some planned timelines of activities and milestones for this strategy are listed below.

Timeline:

Activity Timeline	2024				2025				2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SQL Server												
CIM Analytics												
Electronic Roster												
Helios CM												
Quest Analytics												
Tableau Server												

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

Planned Activities

SQL Server enhancements: YCCO will continue with enhancements in 2024 focusing on data collection from various partners (UniteUs, Collective Medical Technologies, Ayin Health Solutions, OHA, and others). Data collection is only useful if it is managed and accurate...through our Data Governance committee and other oversight structures, we focus on providing reliable and timely data that is meaningful to the organization.

CIM Analytics metrics updates: We will continue our collaboration with our Ayin Health Solutions (formerly PHTECH) partners to update Metrics Manager (CIM analytics tool) to reflect annual updates reflecting metric requirements.

Electronic rosters EHR integration: We hope to re-engage with OCHIN on this project. Resource restrictions prevented this from moving forward in 2023.

Helios Case Management system: We will continue to enhance and adapt using our new care management platform. We recognize that as new services such as Health Related Service Needs (HRSN) are implemented, YCCO will need to make enhancements in Helios to support this work and adapt our workflow to accommodate the new services.

Quest Analytics: We will continue working with Quest on the implementation of a comprehensive provider

Planned Milestones

Server infrastructure enhancements:

Ingest SOGI data - Q1 & Q2 2024
Ingestion of UniteUs data - Q1 & Q2 2024
Ingestion of CMT data - Q3 & Q4 2024

CIM Analytics metrics updates:

Annual updates/metrics adjustments - Q1 2024, Q1 2025, Q1 2026

Electronic rosters EHR integration:

Re-engage with OCHIN - Q3 2024
Roster generation and delivery – Q4 2024 & Q1 2025
Ongoing maintenance - Q2 2025 and ongoing

Helios Case Management system:

UniteUs integration: Q1 & Q2 2024
CMT ADT notification integration: Q2 & Q3 2024
Provider portal: TBD
Member portal: TBD
Mobile app implementation: TBD

Quest Analytics implementation:

Automate data feeds - Q1 & Q2 2024
Ongoing maintenance - Q3 2024 and ongoing

Tableau Server:

No specific milestones for our Tableau Server implementation other than a commitment to providing meaningful data and analytics to internal YCCO staff. Priorities are guided by our Data Governance committee. We intend to take advantage of data as it becomes available (for example, SOGI).

<p>network management (adequacy and accuracy) system.</p> <p>Tableau Server: We will continue to grow YCCO analytical capabilities through implementation of Tableau Server and enhancing the quality and availability of tools to support data driven decisions.</p>	
<p>Strategy 3 title: <i>Collaboration with external partners</i> One of the YCCO strategies is to build cross-sector partnerships through committees.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: Care Coordination <input type="checkbox"/> 2: Exchange care information <input type="checkbox"/> 3: Integration of disparate information <input type="checkbox"/> 4: HIE tool enhancements <input checked="" type="checkbox"/> 5: Partner collaboration <input type="checkbox"/> 6: Other:</p>	
<p>Strategy status: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped</p>	
<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>The following collaboratives and activities are opportunities for collaboration around data and information exchange between YCCO and external partners.</p> <p>HIT Commons: YCCO recognizes the value of and incorporated internal IS resources in HIT/HIE committees and boards. The YCCO Information Systems Sr Director served as a member of the HIT Commons Board of Managers in 2023 and that will continue in 2024.</p> <p>HITAG: YCCO served as an active member of HITAG and has been a participant in every meeting over the course of 2023.</p> <p>Helios User Group: In 2023 YCCO participated/joined a monthly meeting of a nationwide collaborative of Helios users, including but not limited to the University of Pittsburgh Medical Center in PA, CommunityCare in NC, and PacificSource in OR.</p>	
<p>Overview of 2024-26 plans for this strategy (Optional):</p> <p>YCCO plans to serve in the technical-focused meetings and committees listed below throughout 2024.</p>	
<p>Planned Activities</p> <p>HIT Commons: YCCO will continue to serve in 2024.</p> <p>HITAG: YCCO will continue to serve in 2024.</p> <p>Helios User Group: YCCO will continue to participate in this user group throughout 2024. This includes a potential in-person mini-conference that is under consideration.</p>	<p>Planned Milestones</p> <p>HIT Commons: Active involvement and participation in all 2024 meetings.</p> <p>HITAG: Active involvement and participation in all 2024 meetings.</p> <p>Helios User Group: Active involvement and participation in all 2024 meetings.</p>

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

Please describe your 2023 progress and 2024-26 plans for supporting increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health

providers. Please include any work to support clinical referrals between providers. In the spaces below (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
2. List and describe specific HIE tool(s) you currently or plan to support or provide for care coordination and hospital event notifications. CCO-supported or provided HIE tools must cover both care coordination and hospital event notifications. Please include an overview of key functionalities related to care coordination.
3. Report the number of physical, oral, and behavioral health organizations that have not currently adopted HIE tools for care coordination or do not currently have access to HIE for hospital event notifications using the Data Completeness Table in the OHA-provided CCO Health IT 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.
4. (Optional) Provide an overview of CCO's approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers.
5. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including the number of organizations of each provider type that gained access to HIE for care coordination tools and HIE for hospital event notifications as a result of your support, where applicable)
 - challenges related to each strategy, as applicable

Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.
 - f. (Optional) An overview of CCO 2024-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (supporting providers)

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

Progress	Plans		Progress	Plans	
<input type="checkbox"/>	<input type="checkbox"/>	1. HIE training and/or technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	8. Financially support HIE tools and/or cover costs of HIE onboarding
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Assessment/tracking of HIE adoption and capabilities			

<input type="checkbox"/>	<input type="checkbox"/>	3. Outreach and education about value of HIE	<input type="checkbox"/>	<input type="checkbox"/>	9. Offer incentives to adopt or use HIE
<input type="checkbox"/>	<input type="checkbox"/>	4. Collaboration with network partners	<input type="checkbox"/>	<input type="checkbox"/>	10. Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Enhancements to HIE tools (e.g., adding new functionality or data sources)			
<input type="checkbox"/>	<input type="checkbox"/>	6. Integration of disparate information and/or tools with HIE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Other strategies that address requirements related to federal interoperability and patient access final rules (please list here):
<input type="checkbox"/>	<input type="checkbox"/>	7. Requirements in contracts / provider agreements			1upHealth implementation
<input type="checkbox"/>	<input type="checkbox"/>	12. Other strategies for supporting HIE access or use (please list here):			

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

YCCO continues efforts to implement and/or improve HIE tools and strategies in support of our members and providers. This includes use of the Collective Medical Technology (CMT) platform, UniteUs, CIM provider portal, and Helios for care management, utilization management, and appeals and grievances.

YCCO utilizes a number of tools, both in-house and through vendor partners, to manage care of our members, including:

CareAdvance: a robust care management system utilized by our contracted partner, Providence Plan Partners, to provide care management services. This tool was replaced with Helios (see below) starting 1/1/2024.

Collective Medical Technology, aka Point Click Care (PCC): a hospital event notification system that monitors activities in hospital systems throughout Oregon and provides admit, discharge, and transfer notifications to YCCO of those events that occur for YCCO members.

CIM (Ayin): A comprehensive health plan administration system utilized by our contracted partner, Ayin Health Solutions, which includes Utilization Management functionality for receipt and management of authorization requests.

As noted previously (see 2. Overview of CCO Health IT Approach on page 12), we embarked on an implementation project to bring care management, utilization management, and appeals and grievance responsibilities in-house. To that end, beginning January 1, 2024, care management responsibilities transitioned from Providence Plan Partners to YCCO. As a result, supporting software functionality transitioned from CareAdvance to Helios, A product of Virtual Health.

Helios: a comprehensive and flexible care management, utilization management, and appeals and grievances management system that YCCO will utilize for these functions. The acquisition of this system will allow us to improve the care and services we provide to our membership.

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

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

<p>Contracted providers currently lacking a confirmed HIE for Care Coordination status, as documented in the YCCO HIT Data Reporting file consist of the following:</p> <ul style="list-style-type: none"> • Physical Health – 142/258 (55%) • Behavioral Health - 80/101 (79%) • Oral Health - 5/6 (83%) 	
<p>Strategy 1 title: <i>Assessment/tracking of HIE adoption and capabilities</i> Under the YCCO strategic plan focus area of health systems transformation, one of our strategies is engaging our provider network by improving the use of HIE by providers.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p> <input type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other: </p>	
<p>Strategy status:</p> <p> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped </p>	
<p>Provider types supported with this strategy:</p> <p> <input checked="" type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health </p>	
<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>In 2023, of the 27 PCPs to which most of YCCO's members were assigned, 23/27 (85%) acknowledged using some type of HIE technology to obtain/view members' health information. 18/27 (67%) PCPs utilized 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).</p> <p>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).</p> <p>21% of the YCCO required for reporting behavioral health organizations use an HIE for care coordination. Very few behavioral health providers contracted with YCCO acknowledge using HIE technology to obtain/view members' health information residing in another provider's EHR. With a 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.</p> <p>As most of YCCO's contracted hospitals and PCPs have adopted some form of HIE technology, including the Collective Platform, YCCO continued to 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 and Lutheran Community Services and the PCPs to which the majority of these members are assigned are Virginia Garcia, Providence Medical Group, and Physician's Medical Center.</p> <p>Specific activities and milestones to support this strategy included activities that were listed in 3A – Support for EHR Adoption, Use, and Optimization.</p>	
<p>Overview of 2024-26 plans for this strategy (Optional):</p> <p>The activities for this strategy will occur as a component of the HIT Data Collection plan as described in section 3A (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. We will focus more on HIE utilization information since OHA provides us with valuable HIE adoption information. As such, much of the following will coincide with the previously stated activities and timelines.</p>	
<p>Planned Activities</p>	<p>Planned Milestones</p>

See 3A Strategy 1 Planned Activities	See 3A Strategy 1 Planned Milestones																																																																										
Strategy 2 title: <i>Enhancements to HIE tools (e.g., adding new functionality or data sources)</i> Under the YCCO Focus Area of Health Systems Transformation, one of the strategies under engaging our provider network is improving the use of the HIE by providers.																																																																											
Strategy categories: Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input checked="" type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:																																																																											
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Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): YCCO recognizes that 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. For providers that utilize or have an opportunity to utilize CMT, YCCO continued building on CMT collaboration efforts in 2023...although most efforts were in the context of our care management in-sourcing project and implementation of the Helios care management platform, we: <ul style="list-style-type: none"> Trained incoming internal care management staff on the Collective Platform and generated workflows to take advantage of the notification and reporting available from CMT. Established operational workflows to take advantage of the data and email notifications included with the CMT platform. Established an integration effort to automatically ingest ADT events into the Helios platform to initiate appropriate tasks for Helios users (YCCO care managers and UM staff). Plans established in 2023 and will go into effect in 2024. 																																																																											
Overview of 2024-26 plans for this strategy (Optional): Specific activities and milestones to support this strategy include CMT collaboration, data exchange and developing analytics. Timeline: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">Activity Timeline</th> <th colspan="2">2023</th> <th colspan="4">2024</th> <th colspan="4">2025</th> <th colspan="4">2026</th> </tr> <tr> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Establish CMT collab</td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> </tr> <tr> <td>Data exchange</td> <td></td> <td></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> </tr> <tr> <td>Develop analytics</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> </tr> </tbody> </table> <div style="margin-top: 5px;"> Active initiation and development efforts Recurring activity and ongoing maintenance </div>		Activity Timeline	2023		2024				2025				2026				Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Establish CMT collab															Data exchange															Develop analytics														
Activity Timeline	2023		2024				2025				2026																																																																
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Data exchange																																																																											
Develop analytics																																																																											
Planned Activities CMT collaboration: Continue with the re-occurring meeting series designed to strengthen our collaboration, understand the available analytics, and establish data extracts from the CMT system into the new Helios platform. These data will inform	Planned Milestones CMT collaboration: Continue collaborative series of meetings and interactions established in 2023 with the CMT team throughout 2024 and ongoing. Data exchange:																																																																										

<p>analytics to be developed by the YCCO team. In 2024, YCCO will implement automated ADT feeds from CMT into the Helios platform.</p> <p>Data exchange: Design and implement a data extract cadence from the CMT platform.</p> <p>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 that can be shared with contracted providers.</p>	<p>Establish ADT feed from CMT to Helios - Q2 & Q3 2024 Establish informational data feed from CMT to YCCO SQL Server – Q3 & Q4 2024</p> <p>Develop analytics: Develop internal analytics based on CMT data extracts – Q4 2024, Q1 2025, Q2 2025</p>
<p>Strategy 3 title: <i>Other strategies that address requirements related to federal interoperability and patient access final rules (please list here):</i></p> <p>Under the YCCO focus area of health systems transformation, one of the strategies is delivering and coordinating quality services for individual members while satisfying the CMS interoperability and patient access final rule.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p><input type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input checked="" type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:</p>	
<p>Strategy status:</p> <p><input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped</p>	
<p>Provider types supported with this strategy:</p> <p><input checked="" type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health</p>	
<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>During 2023, YCCO utilized 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.</p> <ul style="list-style-type: none"> The Provider Directory API was previously completed and implemented into the Change Healthcare production environment in December 2021. The Patient Access API was completed and implemented into the Change Healthcare production environment in May 2022. The Change Healthcare production site was monitored on a regular basis to ensure file transfer success and customer support procedures were in place to support members as they utilize the patient access API. The payer-to-payer data exchange was on hold in 2023 pending additional information/guidance from CMS. CMS also released new guidance re: prior authorization data that will need to be exchanged by 2027. <p>In March of 2023, Change Healthcare notified all customers that they would no longer be offering a CMS Interoperability solution, including Provider Directory and Patient Access API services, after January 2024.</p> <p>YCCO conducted a search for an alternate solution and selected another vendor, 1upHealth, that offers these services. YCCO dedicated a significant amount of effort in 2023 and early 2024 to replace the Change Healthcare solution with the 1Up solution.</p>	
<p>Overview of 2024-26 plans for this strategy (Optional):</p> <p>Timeline:</p>	

Activity Timeline	2024				2025				2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Provider Directory/Patient Access API												
Data exchange monitoring												
Patient Access API applications												
Payer to Payer data exchange (hold)		On hold										
<div><div></div> Active initiation and development efforts</div> <div><div></div> Recurring activity and ongoing maintenance</div>												
Planned Activities Provider Directory and Patient Access API: Planned go live in Q1 2024. 1upHealth offers a live dashboard to review data exchange processes and notification of any data issues identified during that process. Data exchange monitoring: Planned go live in Q1 2024. 1upHealth offers a live dashboard to review data exchange processes and notification of any data issues identified during that process. Patient Access Applications: YCCO members are able to access their data through various different 3 rd party applications that are integrated with 1upHealth. Instructions for patients and a list of the 3 rd party applications are on the YCCO website. Payer to Payer data exchange and prior auth rules (on hold): Prepare for payer-to-payer data exchange and prior auth rules.						Planned Milestones Provider Directory API: go-live in Q1 2024 Patient Access API: go-live Q1 2024 Data exchange monitoring: Q1 & Q2 2024 Patient Access Applications: Q1 & Q2 2024						

C. HIE for Care Coordination Barriers: (Optional)

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

We are still in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing our mission. Additionally physical, oral and behavioral health providers have been slow to adopt HIE tools if HIE systems don't integrate well into their existing workflow.

D. OHA Support Needs (Optional)

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

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 and 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

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

Optional: Please describe CCO current or planned access to contracted provider EHRs. Please include which EHRs CCO has or plans to have access to including how CCO accesses or will access them (e.g., Epic Care

Everywhere, EpicCare Link, etc.), what patient information CCO is accessing or will access and for what purpose, whether patient information is or will be exported from the EHR and imported into CCO health IT tools.

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

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

Is/will patient information being/be exported from the EHR and imported into CCO health IT tools? If so, which tool(s)?

5. Health IT to Support SDOH Needs

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

Please describe CCO 2023 progress and 2024-26 plans for using health IT within your organization to support social determinants of health (SDOH) needs, including but not limited to screening and referrals. In the spaces below (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
2. List and describe the specific health IT tool(s) you currently use or plan to use for supporting SDOH needs. Please specify if the health IT tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE).
3. (Optional) Provide an overview of CCO's approach to using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals.
4. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 for using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals, include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including number of organizations, etc., where applicable)
 - challenges related to each strategy, as applicable
 - f. (Optional) An overview of CCO 2024-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned Milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the Progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (within CCO)

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

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

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

Helios - YCCO has created and implemented six health risk assessment tools, social needs screening tools such as PRAPARE, a Community Health Worker (CHW) screening tool, and a Pathways screening tool in our new Helios platform.

UniteUs - In 2022, YCCO implemented the UniteUs platform and engaged our provider and community-based organizations in adoption of this platform to assist in providing our members with the appropriate resources. YCCO is also utilizing the UniteUs platform for SDOH screening. The UniteUs tool has closed-loop referral functionality. YCCO managed 20 cases in UniteUs (Connect Oregon) in 2023. 80% of the YCCO cases were resolved (closed the loop) within the UniteUs platform. 20% of our cases were unresolved in the platform, mainly due to partners not working within the UniteUs platform. Many times, YCCO has to reach out to partners and ask partners to check UniteUs for the referral or YCCO works with the partners on the referral through traditional methods, such as phone or fax, etc.

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

We continue to work with UniteUs to measure YCCO adoption and use of Connect Oregon. Our goal is to utilize the UniteUs reporting tools as well as our own reporting, based on the UniteUs data feed, to set targets and goals.

Strategy 1 title: *Implementation/use of health IT tool/capability for social needs screening and referrals*

Under the YCCO Focus Area of Health Systems Transformation, one of the YCCO strategies is maintaining continuous quality improvement (CQI) structures and supports and increase the ability to collect SDOH data.

Strategy categories: Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: Health IT Implementation <input type="checkbox"/> 2: Care coordination <input checked="" type="checkbox"/> 3: Use data to ID SDOH <input type="checkbox"/> 4: Risk stratification <input type="checkbox"/> 5: Contracts <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Collaboration <input type="checkbox"/> 8: Metrics support <input type="checkbox"/> 9: CIE Enhancements <input type="checkbox"/> 10: Governance <input type="checkbox"/> 11: Other CIE Use: <input type="checkbox"/> 12: Other SDOH data:																																																																																							
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Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): <p>YCCO completed implementation of the UniteUs (Connect Oregon) platform in 2022. Throughout 2023, YCCO adoption has been slower than desired due to many YCCO referral partners not being enrolled in Connect Oregon or not actively using the tool. We are actively involved in sponsoring listening sessions with our referral partners to help facilitate sharing of challenges and successes among community resources. We are currently receiving data from UniteUs of YCCO-based activity and are in the process of determining analytics opportunities.</p> <p>In 2023, we managed 20 cases in Connect Oregon and YCCO was one of the top 10 receiving organizations in our region (Yamhill, Polk and Washington counties). The top two referral requests to YCCO were for education (early learning) and individual and family support.</p>																																																																																							
Overview of 2024-26 plans for this strategy (Optional): <p>YCCO recognizes the value of enhancements to CIE tools and intends to stay abreast of new functionality within the UniteUs platform and promote enhancements that are of value to our providers and community partners. The Helios platform also allows for configuration of a variety of assessment tools that will be very useful in creating targeted SDOH assessments. Although our initial focus will be on the clinical assessments that are necessary for implementation of the platform, we will likely find other new opportunities for data collection.</p> <p>Specific activities and milestones to support this strategy include data receipt, reporting/analytics, and community promotion.</p> <p>Timeline:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Activity Timeline</th> <th colspan="2">2023</th> <th colspan="4">2024</th> <th colspan="4">2025</th> <th colspan="4">2026</th> </tr> <tr> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Data receipt</td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="background-color: #d9e1f2;"></td> <td></td> <td style="background-color: #d9e1f2;"></td> <td></td> </tr> <tr> <td>Reporting/Analytics</td> <td></td> <td></td> <td></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td></td> <td></td> <td></td> <td></td> <td style="background-color: #d9e1f2;"></td> <td></td> <td style="background-color: #d9e1f2;"></td> <td></td> </tr> <tr> <td>Community promo</td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td style="background-color: #d9e1f2;"></td> <td></td> <td style="background-color: #d9e1f2;"></td> <td></td> <td style="background-color: #d9e1f2;"></td> <td></td> </tr> </tbody> </table> <p> <input type="radio"/> Active initiation and development efforts <input type="radio"/> Recurring activity and ongoing maintenance </p>														Activity Timeline	2023		2024				2025				2026				Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Data receipt															Reporting/Analytics															Community promo														
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Planned Activities <p>Data receipt: Develop and stabilize a process to streamline receipt of weekly data feed from UniteUs. YCCO would like to track CIE referral activity such as: sending organization, referral status (accepted, rejected, etc.) and referral category (education, food, individual support, etc.)</p> <p>Reporting/Analytics: Utilizing YCCO internal analytics tools (Tableau), develop tracking and analytics tools to inform strategic decisions. For example, as YCCO accepts certain requests that come through Connect Oregon, it helps us to track the trends so that we have data to support our investments.</p>							Planned Milestones <p>Data receipt - Q1 & Q2 2024</p> <p>Reporting/Analytics - Q2-Q4 2024</p> <p>Community promotion - recurring and ongoing 2024</p>																																																																																

<p>Community Promotion: Promote adoption of the UniteUs (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. Organize and host community and provider engagement sessions focused on HIE experience and workflows. These sessions will inform our strategies going forward.</p>	
<p>Strategy 2 title: <i>Participate in SDOH-focused health IT collaboratives, convening, and/or governance</i></p> <p>Under the YCCO strategic focus area of health systems transformation, one of our strategies is convening system and community partners to find ways to maintain healthy lives.</p>	
<p>Strategy categories: Select which category(ies) pertain to this strategy</p> <p> <input type="checkbox"/> 1: Health IT Implementation <input type="checkbox"/> 2: Care coordination <input type="checkbox"/> 3: Use data to ID SDOH <input type="checkbox"/> 4: Risk stratification <input type="checkbox"/> 5: Contracts <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Collaboration <input type="checkbox"/> 8: Metrics support <input type="checkbox"/> 9: CIE Enhancements <input checked="" type="checkbox"/> 10: Governance <input type="checkbox"/> 11: Other CIE Use: <input type="checkbox"/> 12: Other SDOH data: </p>	
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<p>Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):</p> <p>Strategy: Engage in governance of CIE: YCCO is actively engaged in multiple arenas in support of CIE, including the Board of Managers of the HIT Commons, active HITAG membership, Advisory committee of the OHLC-sponsored UCSF Siren evaluation of the Connect Oregon (UniteUs) implementation in Oregon. We are also active sponsors of collaborative sessions with CBO's and other utilizers of the CIE to encourage utilization and learn best practices from/between participants.</p>	
<p>Overview of 2024-26 plans for this strategy (Optional):</p>	
<p>Planned Activities</p> <p>HIT Commons: YCCO will continue to serve in 2024.</p> <p>HITAG: YCCO will continue to serve in 2024.</p> <p>OHLC Sponsored feedback: YCCO will continue to participate in 2024.</p> <p>Other CIE collaborative sessions: YCCO will continue to participate in 2024.</p>	<p>Planned Milestones</p> <p>HIT Commons: 2024 Board representation and active participation.</p> <p>HITAG: 2024 active participation.</p> <p>OHLC Sponsored feedback: 2024 active participation.</p> <p>Other CIE collaborative sessions: 2024 participation.</p>

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

<p>Please describe your 2023 progress and 2024-26 plans for <u>supporting contracted physical, oral, and behavioral health providers</u> with using health IT to support SDOH needs, including but not limited to screening and referrals. Additionally, describe any progress made supporting social services and community-based organizations (CBOs) with using health IT in your community. In the spaces below, (in the relevant sections), please:</p> <ol style="list-style-type: none"> 1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
--

2. List and describe the specific tool(s) you currently or plan to support or provide to your contracted physical, oral, and behavioral health providers, as well as social services, and CBOs. Please specify if the tool(s) have screening and/or closed-loop referral functionality (e.g., CIE).
3. (Optional) Provide an overview of CCO's approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals.
4. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals, include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported
 - e. A description of 2023 progress, including:
 - accomplishments and successes (including the number of organizations of each provider type that gained access to health IT to support SDOH needs as a result of your support, where applicable)
 - challenges related to each strategy, as applicable
 - f. (Optional) An overview of CCO 2024-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones

Strategy category checkboxes (supporting providers)

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

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Sponsor CIE for the community	<input type="checkbox"/>	<input type="checkbox"/>	8. Requirements in contracts/provider agreements
<input type="checkbox"/>	<input type="checkbox"/>	2. Financial support for CIE implementation and/or maintenance	<input type="checkbox"/>	<input type="checkbox"/>	9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Training and/or technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	10. Integration or interoperability of health IT systems that support SDOH with other tools
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Assessment/tracking of CIE/SDOH tool adoption and use	<input type="checkbox"/>	<input type="checkbox"/>	11. Support CBOs sending of referrals to clinical providers (i.e., to physical, oral, and behavioral health providers)
<input type="checkbox"/>	<input type="checkbox"/>	5. Outreach and education about the value of health IT adoption/use to support SDOH needs	<input type="checkbox"/>	<input type="checkbox"/>	12. Utilization of health IT to support payments to community-based organizations

<input type="checkbox"/>	<input type="checkbox"/>	6. Support participation in SDOH-focused health IT collaboratives, education, convening, and/or governance	<input type="checkbox"/>	<input type="checkbox"/>	13. Other strategies for supporting adoption of <u>CIE</u> or other health IT to support SDOH needs (please list here):
<input type="checkbox"/>	<input type="checkbox"/>	7. Incentives and/or grants to adopt and/or use health IT that supports SDOH	<input type="checkbox"/>	<input type="checkbox"/>	14. Other strategies for supporting access or use of <u>SDOH-related data</u> (please list here):

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

UniteUs: In 2022, YCCO completed the UniteUs implementation project with the signing of an agreement for 100 licenses initially (with the option to increase when necessary). As is somewhat typical, adoption was slower than initially anticipated, but enough volume had been realized by Q4 2022 to fulfill the suggested volume of transactions to support generation of the weekly UniteUs activity data extract. The UniteUs tool has been made available to our contracted physical, oral, and behavioral health providers, as well as social service partners, and CBOs. The tool has screening and closed-loop referral functionality.

Helios: The Helios care management system includes robust health risk assessment (HRA). State-required HRA configuration was the focus during the 2023 implementation phase, but additional HRA functionality will be explored as we move past the go-live phase and start to use the robust configuration functionality included in the system.

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

Supporting and Incentivizing HRSN Service Providers

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

YCCO supports and encourages HRSN service providers to use Connect Oregon (UniteUs) for closed loop referrals. YCCO purchased 100 licenses for contracted and/or approved providers, Community Based Organizations (CBOs) and social service organizations to utilize the UniteUs licenses if needed. YCCO also encourages HRSN providers to utilize community capacity building funding (CCBF) to build out the infrastructure and support needed to use technology like Connect Oregon for the closed loop referral process.

The YCCO RFP is open to any CBO or social service agency to apply. The YCCO team has been proactively providing outreach, technical assistance, and education to CBOs and social service agencies that meet the HRSN criteria to host individual education meetings and webinars. We have hosted about five of these meetings thus far in 2024.

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

For the years 2024 through 2026, YCCO will continue to provide technical assistance, outreach, and education to encourage the use of technology for closed loop referrals. YCCO is incorporating an HRSN configuration in our Helios care management system as we develop our HRSN workflow. YCCO is working closely with our partner Ayin on the HRSN implementation. We anticipate approved providers will be set up as encounter only providers in Helios. As we define this workflow, we recognize that HRSN providers will need training through webinars and

other outreach mechanisms. We are working collaboratively with Ayin on defining the HRSN workflow and provider training.

Strategy 1 title: Sponsor CIE for the community

Under the YCCO strategic focus area of operations, one of our strategies is supporting data driven decisions and actions by improving SDOH data collection.

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

☒ 1: Sponsor CIE ☐ 2: Financial ☐ 3: TA ☐ 4: Assessment ☐ 5: Outreach/Education ☐ 6: Participation
☐ 7: Incentives ☐ 8: Contracts ☐ 9: Enhancements ☐ 10: Integration ☐ 11: Clinical referrals: ☐ 12: Payments
☐ 13: Other adoption: ☐ 14: Other data access/use:

Strategy status:

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

Provider types supported with this strategy: ☒ Across provider types OR

specific to: ☐ Physical health ☐ Oral health ☐ Behavioral health ☐ Social Services ☐ CBOs

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

YCCO receives a monthly report from UniteUs that shows the top 10 sending organizations on the UniteUs platform in Yamhill, Polk, and Washington counties. The report highlights the top 10 Receiving Organizations on the platform in the aforementioned counties.

YCCO also receives a report of YCCO managed cases and the status of the case (unresolved, open, resolved) and all cases in Yamhill, Polk, and Washington with status. Receiving the regular reports from UniteUs is a great accomplishment that allows YCCO to ensure that we are tracking our own internal case management on the platform. The report also helps us to recognize contracted organizations that are sending and receiving referrals.

By the end of 2023, 52/100 licenses were being utilized by contracted providers and CBOs.

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

Planned Activities

YCCO will continue to sponsor CIE licenses for the community and promote adoption of Connect Oregon.

Planned Milestones

No specific milestones, but will continue outreach efforts throughout 2024.

Strategy 2 title: Training and/or technical assistance

Under the YCCO strategic focus area of community needs, one of the YCCO strategies is enhancing SDOH data collection.

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

☐ 1: Sponsor CIE ☐ 2: Financial ☒ 3: TA ☐ 4: Assessment ☐ 5: Outreach/Education ☐ 6: Participation
☐ 7: Incentives ☐ 8: Contracts ☐ 9: Enhancements ☐ 10: Integration ☐ 11: Clinical referrals: ☐ 12: Payments
☐ 13: Other adoption: ☐ 14: Other data access/use:

Strategy status:

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

Provider types supported with this strategy: ☒ Across provider types OR

specific to: ☐ Physical health ☐ Oral health ☐ Behavioral health ☐ Social Services ☐ CBOs

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

Upon completion of our project to implement the UniteUs platform and joining the Connect Oregon collaborative, YCCO utilized training events, videos, and other collaborative meetings and tactics to communicate the value of the platform to promote adoption. The UniteUs team has been very collaborative, available, and supportive during our outreach efforts.

Overview of 2024-26 plans for this strategy (Optional):																																																												
Planned Activities 1. YCCO will continue to partner with UniteUs to provide Connect Oregon training and technical assistance with our network and CBOs.	Planned Milestones 1. All of 2024																																																											
Strategy 3 title: Assessment/tracking of CIE/SDOH tool adoption and use Under the YCCO strategic focus area of community needs, one of our strategies is supporting member and community social needs by encouraging CIE adoption.																																																												
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Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): <p>The UniteUs platform provides some level of adoption and usage analytics, but in 2023 we worked towards implementation of the data extracts from UniteUs to generate our own internal analytics. As mentioned earlier in this document, YCCO has embarked on a Tableau Server implementation to grow YCCO analytical capabilities to enhance the quality and availability of tools to support data driven decisions. The monthly reports from UniteUs provides YCCO with some of the adoption utilization metrics, so this assisted YCCO and UniteUs with tracking progress in 2023.</p> <p>In 2023, YCCO had 20 managed cases in the Unite Us platform. There were 1070 managed cases in Yamhill, Polk and Washington counties combined in the UniteUs platform.</p>																																																												
Overview of 2024-26 plans for this strategy (Optional): <p>YCCO plans to continue meetings with the UniteUs team to assess/track adoption and use of the platform by YCCO contracted providers and CBOs. YCCO will also work on integrating the data extract from UniteUs into the YCCO Tableau analytics dashboard. This data will help YCCO track adoption and use of the platform.</p> <p>Specific activities and milestones to support this strategy include data exchange and developing analytics.</p> <p>Timeline:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Activity Timeline</th> <th colspan="2">2023</th> <th colspan="4">2024</th> <th colspan="4">2025</th> <th colspan="4">2026</th> </tr> <tr> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Data exchange</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Develop analytics</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p> <input checked="" type="radio"/> Active initiation and development efforts <input type="radio"/> Recurring activity and ongoing maintenance </p>		Activity Timeline	2023		2024				2025				2026				Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Data exchange															Develop analytics														
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<p>Data exchange: Design and implement a data extract cadence from the UniteUs platform for YCCO.</p> <p>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 UniteUs and produce information designed to guide strategic direction.</p>	Develop analytics - Q1&Q2 2025
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C. Health IT to Support SDOH Needs Barriers (Optional)

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

We are making good process in building our internal IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing our mission. As we continue to build our capabilities with UniteUs and improve our data management processes, we will be able to better analyze adoption and growth of SDOH tools. Also, to the degree that SDOH tools can seamlessly integrate into providers workflow, it seems we may see better adoption and utilization.

D. OHA Support Needs (Optional)

How can OHA support your efforts in using and supporting the use of health IT to support SDOH needs, including social needs screening and referrals?

6. Other Health IT Questions (Optional)

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

A. Describe CCO health IT tools and efforts that support **patient engagement**, both within the CCO and with contracted providers.

YCCO made the decision to perform a thorough search for a new care management platform to facilitate building our internal staffing structure to take on full direct responsibility of care management, utilization management, and appeals and grievances. We are happy that Virtual Health's Helios platform is now live on time and on budget!

We are excited to take on direct responsibility for member care management activities by implementing this by product and engaging more directly with our membership as well as access to the detailed data underlying the platform. This change will enable our collection and analysis of these data to support several HIT strategies more completely going forward.

YCCO will continue to evaluate the merits of pro-actively engaging its members in digital health solutions. Integral to YCCO's efforts by:

- launching several applications that provide members access to their data through the 1upHealth interoperability project;
- encouraging its members to engage in curated digital health solutions; and
- licensing and promoting the use of a remote monitoring solutions among targeted cohorts of YCCO's members

B. How can **OHA support** your efforts in accomplishing your Health IT Roadmap goals?

We appreciate OHA's support through continued flexibility as we all navigate this together, and OHA's continued advice in regard to HIT opportunities and strategies.

C. What have been your organization's **biggest challenges** in pursuing health IT strategies? What can OHA do to better support you?

Understandably, there is resistance to new technologies that disrupt workflows in the provider community. There is space for continued improvement in communication, training, and collaboration with our community partners.

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 SDOH 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.

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.

D. How have your organization's health IT strategies supported **reducing health inequities**? What can OHA do to better support you?

YCCO has multiple policies in place requiring the incorporation of REALD data into all forms of member-level reporting and has been actively working to implement these policies over the last several years to reduce health inequities. REALD data is now incorporated into internal dashboards that track a wide variety of member-level data, including member demographics, grievances and appeals, care utilization, member access to interpreter services, and both current and historic incentive metrics performance. In addition, now that SOGI data is being delivered on an ongoing basis and YCCO has completed an automated process for decoding it, work is underway to incorporate elements of this data into our existing data systems by the end of Q1 2024.

With these in place, work has begun in 2024 to use these sources to better understand and address disparities among our members. A newly created committee was tasked with identifying these disparities and working with relevant parties to develop strategies to address them, with the goal of demonstrating measurable progress by the end of this year.

In regard to how OHA can better support CCOs and clinics, a consistent response among YCCO staff and partner clinics is that OHA goals and implementation timelines for health equity-related initiatives, particularly language access and SDOH data collection, are severely hampered due to staffing and financial limitations at the clinic level. This is especially true for those in more rural areas of the state which don't have access to the resources of clinics in Oregon's urban centers.

Note: For an example response to help inform on level of detail required, please refer to the [2023 Health IT Roadmap Guidance](#) on the [HITAG webpage](#).

For questions about the CCO Health IT Roadmap, please contact CCO.HealthIT@odhsoha.oregon.gov.