2021 Updated HIT Roadmap

# Guidance Document & Template



December 12, 2020

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# Guidance Document

## Purpose & Background

Per the [CCO 2.0 Contract](https://www.oregon.gov/oha/OHPB/CCODocuments/Final-CCO-contract-terms-for-5-year-contract-awardees.pdf), CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (HIT) Roadmap. As described in the HIT Questionnaire ([RFA Attachment 9](https://www.oregon.gov/oha/OHPB/CCODocuments/08-CCO-RFA-4690-0-Attachment-9-HIT-Questionnaire-Final.pdf)), the HIT Roadmap must describe how the CCO currently uses HIT to achieve desired outcomes and support contracted providers, as well as outline the CCO’s plans for the following areas throughout the course of the five-year contract:

* Support for Electronic Health Record (EHR) adoption for physical, behavioral, and oral health providers
* Support for Health Information Exchange (HIE) for Care Coordination and Hospital Event Notifications for physical, behavioral, and oral health providers, and CCO use of Hospital Event Notifications
* Health IT for Value-Based Payment (VBP) and Population Health Management

For Contract Year One, CCOs’ responses to the HIT Questionnaire formed the basis of their draft HIT Roadmap. For Contract Years Two through Five, CCOs are required to submit an annual Updated HIT Roadmap to OHA reporting the progress made on the HIT Roadmap from the previous Contract Year, as well as any new information, activities, milestones, and timelines which were not included in the HIT Roadmap for the previous Contract Year. OHA expects CCOs to use their approved 2019 HIT Roadmap as a foundation/starting point when completing their 2020 Updated HIT Roadmap.

## Overview of Process

The Updated HIT Roadmap shall be submitted to OHA for review and approval on or before **March 15** of Contract Years Two through Five. CCOs will use the Updated HIT Roadmap Template for Contract Years Two through Five reporting, rather than resubmit the original HIT Roadmap submitted with the CCO 2.0 application. Please submit the completed Updated HIT Roadmap to Jessi Wilson at CCO.HealthIT@dhsoha.state.or.us.

Similar to Contract Year One, OHA will review each CCO’s Updated HIT Roadmap and will send a written approval or a request for additional information and discussion. If immediate approval is not received, the CCO will need to participate in an Updated HIT Roadmap Work Plan to achieve an approved Updated HIT Roadmap for Contract Year Two. The aim of the Work Plan will be for CCOs to

1. Communicate with OHA to better understand how to achieve an approved Updated HIT Roadmap for Contract Year Two
2. Revise Updated HIT Roadmap and resubmit to OHA for review and approval

Additional information about the Updated HIT Roadmap Work Plan will be provided to any CCO that does not receive an immediate Updated HIT Roadmap approval from OHA. Please refer to the timeline below for an outline of steps and action items related to the Updated HIT Roadmap submission and review process.

|  |  |
| --- | --- |
|   | Updated HIT Roadmap Timeline |
|   |

|  |
| --- |
| Phase 1 |

 | Phase 2 | Phase 3 |
|

|  |
| --- |
|   |

 | Updated HIT Roadmap Submission and Review | CCO/OHA Communication and Collaboration | CCO HIT Response Resubmission to OHA for Review  |
|  | List of activities | List of activities | List of activities |
| Activity | CCOs submit completed Updated HIT Roadmap Templates to OHA by **3/15/21**. | If approved, no further action required of CCOs on Updated HIT Roadmap for Contract Year 2. | CCO submits revised Updated HIT Roadmap to OHA for review by **7/30/21**. |
| Activity | OHA reviews Updated HIT Roadmaps. | If not approved, CCO contacts OHA by **6/11/21** to schedule the Updated HIT Roadmap Work Plan meeting. | OHA reviews CCO's resubmitted Updated HIT Roadmap. |
| Activity | OHA sends Updated HIT Roadmap result letter to CCO by **5/31/21**. | Collaborative meeting(s) occur between CCO and OHA by **7/02/21**. | OHA sends second Updated HIT Roadmap Review result letter to CCO by **9/10/21**. |
|   |   |   |   |
|   | OHA anticipates that all 15 CCOs will have an approved Updated HIT Roadmap by **10/1/21**. |
|   |

## Updated HIT Roadmap Approval Criteria

The table below contains high-level criteria outlining OHA’s expectations for responses to the required Updated HIT Roadmap questions. Please review the table to better understand the content that must be addressed in each required response. Please note, approval criteria for Updated HIT Roadmap optional questions are not included in this table because optional questions are for informational purposes only and do not impact the approval of an Updated HIT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the Updated HIT Template for the complete question when crafting your responses.

| **Updated HIT Roadmap Section** | **Question(s) – Abbreviated** **\*Please see template for complete question.** | **Approval Criteria** |
| --- | --- | --- |
| **1. HIT Partnership** | CCO attestation to the four areas of HIT Partnership. | CCO meets the following requirements:* Active, signed HIT Commons MOU and adheres to the terms
* Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU
* Served, if elected on the HIT Commons governance board or one of its committees
* Participated in OHA’s HITAG at least once during the previous Contract Year
 |
| **2. Support for EHR Adoption** | **a.** 2020 Progress supporting EHR adoption for contracted physical, oral, and behavioral health providers? **b.** 2021 – 2024 Plans for supporting EHR adoption for contracted physical, oral, and behavioral health providers? | Sufficient detail and clarity to establish that activities are meaningful and credible. * Description of progress includes
	+ Strategies used to support EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2020
	+ Specific accomplishments and successes for 2020 related to EHR adoption
* Description of plans includes
	+ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations)
	+ Additional strategies for 2021 – 2024 to support increased rates of EHR adoption and address barriers to adoption among the three provider types
	+ Specific activities and milestones for 2021 – 2024 representative of the CCO’s understanding of different EHR needs for different provider types
 |
| **3. Support for HIE – Care Coordination****3. Support for HIE – Care Coordination** | **a.** 2020 Progress supporting access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?**b.** 2021 – 2024 Plans for supporting access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers? | Sufficient detail and clarity to establish that activities are meaningful and credible. * Description of progress includes
	+ Specific HIE tools supported or made available in 2020
	+ Strategies used to support HIE for Care Coordination access for contracted physical, oral, and behavioral health providers in 2020
	+ Specific accomplishments and successes for 2020 related to HIE for Care Coordination access
* Description of plans includes
	+ The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations)
	+ Additional HIE tools supported or made available
	+ Additional strategies for 2021 – 2024 to support increased rates of access to HIE for Care Coordination among the three provider types
	+ Specific activities and milestones for 2021 – 2024 representative of the CCO’s understanding of different HIE needs for different provider types
 |
| **4. Support for HIE – Hospital Event Notifications** | **1. a.** 2020 Progress ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers? **1. b.** 2021 – 2024 Plans for ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?  | Sufficient detail and clarity to establish that activities are meaningful and credible. * Description of progress includes
	+ Current tool CCO is providing and making available/planning to make available to providers for Hospital Event Notifications
	+ Strategies used to support access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health in 2020
	+ Specific accomplishments and successes for 2020 related to Hospital Event Notification access
* Description of plans includes
	+ The number of organizations (by provider type) that have not adopted an HIE for Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations)
	+ Additional tool CCO planning to make available to providers for Hospital Event Notifications
	+ Additional strategies for 2021 – 2024 to support increased rates of access to timely Hospital Event Notifications for the three provider types
	+ Specific activities and milestones for 2021 – 2024 representative of the CCO’s understanding of different Hospital Event Notification needs for different provider types
 |
| **4. Support for HIE – Hospital Event Notifications** | **2. a.** 2020 Progress using timely Hospital Event Notifications **within** your organization?**2. b**. 2021 – 2024 Plans using timely Hospital Event Notifications within your organization? | Sufficient detail and clarity to establish that activities are meaningful and credible. * Description of progress includes
	+ Current tool CCO is using within their organization for Hospital Event Notifications
	+ Strategies used for timely Hospital Event Notifications within CCO’s organization for 2020
	+ Specific accomplishments and successes for 2020 related to CCO’s use of Hospital Event Notifications
* Description of plans includes
	+ Additional tool CCO is planning to use for Hospital Event Notifications
	+ Additional strategies for 2021– 2024 to use timely Hospital Event Notifications within the CCO
	+ Specific activities and milestones for 2021 – 2024
 |
| **6. Health IT for VBP and Population Health Management***a. HIT Tools and Workforce* | HIT capabilities for the purposes of supporting VBP and population management? | Sufficient detail and clarity to establish that activities are meaningful and credible. * Description of capabilities includes
	+ HIT Tools used for VBP and population management
		- HIT tool(s) to manage data and assess performance
		- Analytics tool(s) and types of reports generated routinely
	+ Clear details around CCO staffing model for VBP and population management analytics
 |
| **6. Health IT for VBP and Population Health Management***b. HIT to Administer VBP Arrangements* | 2021 – 2024 Plans and 2020 Progress around using HIT to administer VBP arrangements? | Sufficient detail and clarity to establish that activities are meaningful and credible. * Description includes
	+ Clear strategies for 2021 – 2024 for using HIT to administer VBP arrangements, including a description of the CCO’s plan to scale VBP arrangements over the course of the Contract and spread VBP arrangements to different care settings and enhance or change HIT.
	+ Specific activities and milestones related to using HIT to administer VBP arrangements
	+ Progress in 2020 using HIT for administering VBP arrangements
 |
| **6. Health IT for VBP and Population Health Management***c. Support for Providers with VBP* | 2021 – 2024 Plans and2020 Progress around using HIT to support Providers so they can effectively participate in VBP arrangements? | Sufficient detail and clarity to establish that activities are meaningful and credible. * Description includes
	+ Clear strategies for 2021 – 2024 for using HIT to support Providers so they can effectively participate in VBP arrangements and support Providers with:
		- timely information on measures used in VBP arrangements
		- accurate and consistent information on patient attribution
		- information to identify patients who needed intervention, including risk stratification data and Member characteristics
	+ Specific activities and milestones for 2021 – 2024 related to supporting Providers in VBP arrangements
	+ Specific HIT tools used to deliver information
	+ The percentage of Providers with VBP arrangements at the start of the year who had access to the above data
	+ Progress in 2020 related to this work
 |

# Updated HIT Roadmap Template

**\*Please complete and submit to OHA at** CCO.HealthIT@dhsoha.state.or.us **by March 15, 2021.**

**CCO:** Add your text **Date:** Click or tap to enter a date.

## Instructions

Please complete all of the required questions included in the following Updated HIT Roadmap Template. Topics and specific questions where responses are not required are labeled as optional. The layout of the template includes questions across the following seven topics:

1. HIT Partnership
2. Support for EHR Adoption
3. Support for HIE – Care Coordination
4. Support for HIE – Hospital Event Notifications
5. Health IT and Social Determinants of Health and Health Equity (optional section)
6. Health IT for VBP and Population Health Management
7. Other HIT Questions (optional section)

Each topic includes the following:

* Narrative sections to describe your 2020 progress, accomplishments/successes, and barriers
* Narrative sections to describe your 2021 – 2024 plans, strategies, and related activities and milestones. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you to attach a second document outlining their planned activities and milestones as was required for Contract Year One. However, you may attach your own documents in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones and specifies the corresponding Contract Year).

Responses should be concise and specific to how your efforts support the relevant HIT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with HIT, as well as any challenges/barriers experienced, and how OHA may be helpful. CCOs are expected to support physical, behavioral, and oral health providers with HIT. That said, CCOs’ Updated HIT Roadmaps and plans should be informed by OHA-provided HIT data. Updated HIT Roadmaps should be strategic, and activities may focus on supporting specific provider types or specific use cases. OHA expects Updated HIT Roadmaps will include specific activities and milestones to demonstrate the steps CCOs expect to take. OHA also understands that the HIT environment evolves and changes, and that plans from one year may change to the next. For the purposes of the Updated HIT Roadmap responses, the following definitions should be considered when completing responses.

*Strategy*: CCO’s approach and plan to achieve outcomes and support providers

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

*Milestones*: Significant outcomes of activities or other major developments in CCO’s overall strategy, with indication of when the outcome or development will occur (e.g. Q1 2022).

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

**A note about the template***:*

This template has been created to help clarify the information OHA is seeking in CCOs’ Updated HIT Roadmaps. The following questions are based on the CCO Contract and HIT Questionnaire (RFA Attachment 9); however, in order to help reduce redundancies in CCO reporting to OHA and target key CCO HIT information, certain questions from the HIT Questionnaire have not been included in the Updated HIT Roadmap template. Additionally, at the end of this document, examples have been provided to help clarify OHA’s expectations for reporting progress and plans. For questions about the Updated HIT Roadmap template, please contact Jessi Wilson at CCO.HealthIT@dhsoha.state.or.us

## HIT Partnership

Please attest to the following items.

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes [ ]  No  | Active, signed HIT Commons MOU and adheres to the terms. |
|  | [ ]  Yes[ ]  No  | Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU. |
|  | [ ]  Yes [ ]  No [ ]  N/A | Served, if elected, on the HIT Commons governance board or one of its committees. *(Select N/A if CCO does not have a representative on the board or one of its committees)* |
|  | [ ]  Yes[ ]  No  | Participated in OHA’s HITAG, at least once during the previous Contract year.  |

## Support for EHR Adoption

### **2020 Progress**

|  |
| --- |
| Please describe your progress supporting EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In your response, please describe 1. The strategies you used to support EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2020.
2. Accomplishments and successes related to your strategies

**Note:** If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section. |
| **i. Progress Across Provider Types** |
|  |
| **ii. Additional Progress Specific to Physical Health Providers** |
|  |
| **iii. Additional Progress Specific to Oral Health Providers** |
|  |
| **iv. Additional Progress Specific to Behavioral Health Providers** |
|  |
| **v. Please describe any barriers that inhibited your progress.**  |
|  |

### **2021 - 2024 Plans**

|  |
| --- |
| Please describe your plans for supporting EHR adoption among contracted physical, oral, and behavioral health providers. In your response, please include1. The number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information). CCOs are expected to use this information to inform their strategies.
2. Additional strategies you will use to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers beyond 2020.
3. Associated activities and milestones related to each strategy.

**Notes:** * Strategies described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy.
* If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
* If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies* *Across Provider Types* section.
 |
| **i. Additional Strategies Across Provider Types, Including Activities & Milestones** |
|  |
| **ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones** |
|  |
| **iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones** |
|  |
| **iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones** |
|  |

#### **Optional Question**

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

## Support for HIE – Care Coordination

### **2020 Progress**

|  |
| --- |
| Please describe your progress supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers. In your response, please include 1. Specific HIE tools you supported or made available in 2020
2. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2020
3. Accomplishments and successes related to your strategies

**Note:** If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section. |
| 1. **Progress Across Provider Types**
 |
|  |
| 1. **Additional Progress Specific to Physical Health Providers**
 |
|  |
| 1. **Additional Progress Specific to Oral Health Providers**
 |
|  |
| 1. **Additional Progress Specific to Behavioral Health Providers**
 |
|  |
| 1. **Please describe any barriers that inhibited your progress.**
 |
|  |

###

### **2021 - 2024 Plans**

|  |
| --- |
| Please describe your plans for supporting increased access to HIE for Care Coordination for contracted physical, oral, and behavioral health providers. In your response, please include1. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies
2. Any additional HIE tools you plan to support or make available.
3. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2020.
4. Associated activities and milestones related to each strategy.

**Notes:** * Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
* If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
* If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies* *Across Provider Types* section.
 |
| 1. **Additional Strategies Across Provider Types, Including Activities & Milestones**
 |
|  |
| 1. **Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones**
 |
|  |
| **iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones** |
|  |
| **iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones** |
|  |

#### **Optional Question**

|  |
| --- |
| How can OHA support your efforts in HIE for Care Coordination? |
|  |

##

## Support for HIE – Hospital Event Notifications

### **2020 Progress**

|  |
| --- |
| 1. Please describe your progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers in 2020. In your response, please include
	1. A description of the tool that you are providing and making available to your providers for Hospital Event Notification
	2. The strategies you used to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers in 2020
	3. Accomplishments and successes related to your strategies

**Notes:** * If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.
* If you participated in the 2020 HIT Commons interviews regarding the use of the Collective Platform, feel free to use that information in this section
 |
| 1. **Progress Across Provider Types**
 |
|  |
| **ii. Additional Progress Specific to Physical Health Providers** |
|  |
| **iii. Additional Progress Specific to Oral Health Providers** |
|  |
| **iv. Additional Progress Specific to Behavioral Health Providers** |
|  |
| **v. Please describe any barriers that inhibited your progress.**  |
|  |

|  |
| --- |
| 1. Please describe how you used timely Hospital Event Notifications within your organization. In your response, please include
	1. The HIE tools you are using
	2. The strategies you used in 2020
	3. Accomplishments or successes related to your strategies
 |
|  |

### **2021 – 2024 Plans**

|  |
| --- |
| 1. Please describe your plans for ensuring increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In your response, please include
	1. The number of physical, oral, and behavioral health organizations that do not currently have access to HIE for hospital event notification using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g. Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations do not have access to HIE for hospital event notifications). CCOs are expected to use this information to inform their plans.
	2. Any additional HIE tools you are planning to make available to your providers for Hospital Event Notifications
	3. Additional strategies you will use to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers beyond 2020.
	4. Associated activities and milestones related to each strategy.

**Notes:** * Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
* If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
* If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies* *Across Provider Types* section.
 |
| 1. **Additional Strategies Across Provider Types, Including Activities & Milestones**
 |
|  |
| **ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones** |
|  |
| **iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones** |
|  |
| **iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones** |
|  |

|  |
| --- |
| 1. Please describe your strategies for using timely Hospital Event Notifications within your organization beyond 2020. In your response, please describe
	1. Additional HIE tools you plan on using
	2. Additional strategies you will use
	3. Activities and milestones related to your strategies
 |
|  |

#### **Optional Question**

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| --- |
| How can OHA support your efforts in HIE related to hospital event notifications? |
|  |

## Health IT and Social Determinants of Health and Health Equity (Optional)

|  |
| --- |
| This section is optional, however OHA would encourage CCOs to share their efforts here. Please describe how you are using HIT and plan to use HIT to support addressing social determinants of health (SDOH) and health equity (HE), including Community Information Exchange (CIE) or other tools. |
| 1. **Overall Strategy in Supporting SDOH & HE with HIT**
 |
|  |
| **ii. Tools for Addressing SDOH, including identifying social supports and making referrals, such as CIE** |
|  |
| **iii. What plans, if any, do you have for collecting and aggregating data on SDOH/HE that may come from sources other than claims, such as data reported by members, by community-based organizations, or from providers’ EHRs? Can you match other sources of demographic and SDOH/HE-related data with claims data?**  |
|  |
| 1. **Please describe any barriers or challenges you faced using HIT to support SDOH/HE.**
 |
|  |

#### **Optional Question**

|  |
| --- |
| How can OHA support your efforts using HIT to support SDOH/HE? |
|  |

## Health IT for VBP and Population Health Management

### **HIT Tools and Workforce**

|  |
| --- |
| Describe your HIT capabilities for the purposes of supporting value-based payment (VBP) and population management. In your response, include information about the following items:1. Tools: Please identify the HIT tools you use for VBP and population management including:
	1. HIT tool(s) to manage data and assess performance
	2. Analytics tool(s) and types of reports you generate routinely
2. Workforce: Please describe your staffing model for VBP and population management analytics, including in-house, contractors or a combination, who can write and run reports and help other staff understand the data.
 |
| * + 1. **HIT Tools for VBP and Population Management**
 |
|  |
| * + 1. **Workforce for VBP and Population Management Analytics**
 |
|  |

### **HIT to Administer VBP Arrangements: 2021 – 2024 Plans and 2020 Progress**

|  |
| --- |
| Describe your plans for using HIT to administer VBP arrangements (for example, to calculate metrics and make payments consistent with its VBP models). In your response, please include* + - 1. Strategies for using HIT to administer VBP arrangements, including how you will ensure you have the necessary HIT as you scale your VBP arrangements rapidly over the course of the Contract and spread VBP to different care settings each strategy. Additionally, include plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the Contract.
			2. Specific activities and milestones related to using HIT to administer VBP arrangements

Additionally, describe 1. Progress you made in 2020 using HIT for administering VBP arrangements, including any accomplishments and successes.
2. Challenges related to using HIT to administer VBP arrangements

**Note:** If preferred, you may submit a separate document detailing each strategy’s activities and milestones. |
| 1. **Strategies for administering VBP arrangements, including activities and milestones**
 |
|  |
| 1. **Progress in 2020 in using HIT for administering VBP arrangements, as well as any accomplishments and successes.**
 |
|  |
| 1. **Please describe any challenges you face related to using HIT to administer VBP arrangements.**
 |
|  |

### **Support for Providers with VBP: 2021 – 2024 Plans and 2020 Progress**

|  |
| --- |
| Please describe your plans for using HIT to support Providers in the following areas (i. – iv.) so they can effectively participate in VBP arrangements. In your response, please include* + - 1. Strategies for using HIT to support Providers so they can effectively participate in VBP arrangements
			2. Activities and milestones related to using HIT to support Providers so they can effectively participate in VBP arrangements
			3. If used, specific HIT tools used to deliver information

Additionally, please describe1. The percentage of Providers with VBP arrangements at the start of the year who had access to the following data
	1. timely information on measures used in VBP arrangements
	2. accurate and consistent information on patient attribution
	3. information to identify patients who needed intervention, including risk stratification data and Member characteristics
2. Progress in 2020 related to this work, including accomplishments and successes
3. Challenges related to this work

**Note:** If preferred, you may submit a separate document detailing each strategy’s activities and milestones. |
| 1. **How you provide Providers with VBP arrangements with timely (e.g. at least quarterly) information on measures used in the VBP arrangements applicable to the contracted Providers.**
 |
|  |
| 1. **How you provide Providers with VBP arrangements with accurate and consistent information on patient attribution**.
 |
|  |
| 1. **How you use data for population management – to identify specific patients who need intervention, including data on risk stratification and Member characteristics that can inform the targeting of interventions to improve outcomes.**
 |
|  |
| 1. **How you share data for population management with Providers with VBP arrangements – so providers can take action with respect to specific patients who need intervention, including data on risk stratification and Member characteristics that can inform the targeting of interventions to improve outcomes.**
 |
|  |
| 1. **Please identify the percentage of Providers (e.g., clinics or groups) with VBP arrangements at the start of the year who had access to these above data. If not all providers with VBP had access to this information, please describe why not.**
 |
| Total number of clinics/groups with VBP arrangement at start of the year: \_\_\_\_\_\_\_\_\_\_\_\_Total number and proportion of those clinics/groups with access to:1. Performance metrics (at least quarterly): \_\_\_\_\_\_\_\_
2. Patient attribution data: \_\_\_\_\_\_\_\_
3. Actionable member-level data: \_\_\_\_\_\_

If not all providers with VBP had access to this information, please describe why not: |
| 1. **Please describe your progress in 2020 with this work, as well as any accomplishments or successes.**
 |
|  |
| 1. **Please describe any challenges you face related to this work.**
 |
|  |

#### **Optional Questions**

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| 1. Describe how you educate and train providers on how to use the HIT tools and VBP-related data (e.g., performance metrics, patient attribution, member characteristics) they will receive from the CCOs.
 |
|  |
| 1. How can OHA support your efforts related to data/HIT and VBP?
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|  |

## Other HIT Questions (Optional)

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

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| 1. How can OHA support your efforts in accomplishing your HIT Roadmap goals?
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|  |
| 1. How have your organization’s HIT strategies changed or otherwise been impacted by COVID-19? What can OHA do to better support you?
 |
|  |

# Appendix

## Example Response: Support for HIE – Care Coordination

The examples below are meant to help CCOs understand the level of detail and type of content OHA is looking for in responses detailing 2020 progress and 2021 – 2024 plans. The examples are based on submitted 2019 CCO HIT Roadmaps and include specific tools and/or strategies. OHA edited original submissions for the sake of providing a concise example, but CCOs may wish to provide more context or detail in some cases. Please note, these examples are not exhaustive. Through these examples, OHA is not endorsing specific products or tools, but merely highlighting the level of specificity for meaningful and credible content and providing clarity on how the responses may be formatted. Even though the examples are specific to HIE for care coordination, the level of detail and format should be modeled in other topic responses as well.

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

*Strategy*: CCO’s approach and plan to achieve outcomes and support providers.

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

*Milestones*: Significant outcomes of activities or other major developments in CCO’s overall strategy, with indication of when the outcome or development will occur (e.g. Q1 2022).

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

**a. 2020 Progress**

|  |
| --- |
| In your response, please describe 1. Specific HIE tools you supported or made available in 2020
2. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2020
3. Accomplishments and successes related to your strategies

**Note:** If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section. |
| **i. Progress Across Provider Types**  |
| In 2020, our CCO and clinic partners leveraged a wide variety of health information exchange tools and other HIT platforms that support care coordination. Below is a list of platforms currently supported by our CCO and in use by us and our network.**Collective Platform (FKA PreManage)** - Our CCO has been a leader in the implementation and spread of the Collective Platform in our region. The tool supports care coordination among providers and between providers and our CCO, through real-time event communication as well as a shared care plan. The shared use of the Collective Platform between primary care, EDs and CMHPs is intended to bring attention and coordinated intervention to those members who present in emergency service and hospital settings.**Epic’s Care Everywhere** - The majority of contracted physical health providers in our service area are on Epic, including the hospital systems, FQHCs, rural health clinics and our school-based health centers. This allows providers in our community to communicate directly through Epic or through “look in” functionality through Epic’s Care Everywhere, which provides clinical data for providers who use Epic and other affiliated electronic health systems. **EDIE** - All hospitals in our service area have adopted EDIE. In addition, the HIT Commons has been working to bring PDMP information to Emergency Departments through integration of the Oregon PDMP registry with the EDIE platform. **CCO Provider Portal** - Our CCO provider portal supports referrals among primary care and DCOs.**Care Coordination Platform** - Our CCO has implemented a robust Care Coordination Platform that delivers a care plan to the provider portal so the provider is aware of what is happening for the member.**Telehealth** - Our CCO supports telemedicine in the behavioral health setting to access adult and child psychiatry support and coordinate care with providers outside of our service area.**Secure Messaging** - Our CCO Care Team communicates/coordinates with providers using Secure messaging through their email and directly from our Care Coordination platform.Our 2020 progress centered around the following strategies our CCO implemented. The 2020 accomplishments and successes related to our strategies are listed below each strategy.**Strategy 1: Develop and implement a 5-Year HIT plan** In partnership with the Clinical Advisory Panel, our CCO developed the a 5-Year HIT plan that includes the following components that will help guide our strategies for the duration of the Contract:* Identifying HIT/HIE priorities
* Educating providers and provider staff on existing HIE capabilities and benefits
* Developing a regional workplan called for by the HIE Onboarding Program to identify priority Medicaid providers that would benefit from participation.
* Identifying opportunities in care transition
* Increasing and streamlined referral automated workflows
* Optimizing the use of the HIEs functionality
* Promoting interoperability of HIEs to simplify end-user environment
* Monitoring mechanisms to ensure continued improvement in HIE utilization and resulting patient care coordination

**Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators** * Our CCO helped remove barriers to adoption for some of our providers by paying for Collective licenses and partnering with the vendor to help our clinics design workflows that leverage the tool.
* We coordinated with the emergency department Medical Directors at the hospitals to develop best practice standards for Care Recommendations and workflows to enhance cross-system care coordination. To further support successful adoption and use of Collective, we covered the costs for provider partners to attend statewide collaboratives to share with their peers and learn about best practices.
* Referrals to our CCO’s care team come from providers and from our CCO’s triage coordinator, who utilizes targeted cohorts in Collective to identify members who would benefit from a collaborative, multi-disciplinary care plan and subsequent outreach and wraparound services in an effort to prevent future inappropriate costly emergency department visits and inpatient stays.
* As a CCO we monitored the volume of care recommendations developed by each organization and offered technical assistance to each system in order to tailor the support to meet their specific needs, from workflow development to IT support to advance their adoption of the tool.
* Our CCO supported adoption of PDMP/EDIE integration among our hospitals; to date, one hospital is actively using this tool.

**Strategy 3: Enhance coordination between physical, behavioral, oral and SDOH organizations** * Expanded functionality of closed loop referrals via CCO Provider Portal
* Researched and implemented a tool to capture and share SDOH (e.g., Unite Us, Bertha, Clara)
* Expanded use of CCO Care Coordination Platform to create an electronic mechanism for tri-directional referrals in which providers from physical, behavioral, or oral health can request service navigation and care coordination services from our care coordination team.
* Expanded use of the Collective Platform for care coordination

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

**Strategy 5: Engage with state committees/entities**To ensure we stay abreast of and inform OHA’s HIT priorities, members of our team actively engaged in several state workgroups, including: * Clinical Quality Metrics Registry, Subject Matter Expert Workgroup – helps define rules and technical assistance for providers to electronically submit data to CQMR in 2020.
* Oregon Health Leadership Council - EDIE Steering Committee
* HIT Commons Workgroup
* Metrics & Scoring Committee
* Health Information Technology Advisory Group
 |
| 1. **Additional Progress Specific to Physical Health Providers**
 |
| **Strategy 6: Provide workflow TA** * Provided technical assistance to physical health providers and their teams to integrate Provider Portal workflow into their clinic’s care coordination processes.
 |
| 1. **Additional Progress Specific to Oral Health Providers**
 |
| Our dental partners continue to work directly with their contracted providers to identify opportunities to engage in HIE and share information across the continuum of health care providers. All of our CCO’s delegated dental plan partners have implemented and receive notifications via Collective for their members going to the emergency department for non-traumatic dental issues. They have also implemented a care coordination process whereby each member who goes to emergency department for dental issues receives outreach, care coordination, and support in scheduling a visit. Our CCO is working with dental care partners to increase the percentage of members completing a dental visit within 30 days of an emergency department visit for non-traumatic dental issues.Our CCO has invested in tools to support enhanced communication between our primary care, oral health and other providers. We have created a dental request within the provider portal that allows primary care providers to submit a request for dental navigation and coordination by our dental care coordinators. In 2020, our CCO implemented the following strategies specific to oral health providers and achieved the listed accomplishments/successes:**Strategy 7: Explore oral health HIE*** We worked with CCOs, DCOs and HIE vendors to examine existing dental health information exchange.
* We explored strategies to expand and connect to other HIEs and platforms (e.g., Reliance, Epic).
* We identified the types of information that will be useful to exchange. Our assessment focused on data needed to fuel workflows, the abilities of Electronic Dental Records (EDRs) to hold and display that data, and the HIE methods supported by vendor systems.

**Strategy 8: Pursue improvement of the dental request referral process*** We evaluated the efficacy of the dental request referral process by cross-walking claims data with those members who had a request through the portal to follow up with members and analyze “connection” success rates
* We encouraged further utilization of the one-way electronic referrals to DCO portals for improved care coordination
 |
| 1. **Progress Specific to Behavioral Health Providers**
 |
| We understand how health information sharing is critical to ensuring effective care management across physical health and behavioral health and to supporting behavioral health integration efforts. The behavioral health organizations within CCO vary in their capacity to develop the necessary infrastructure and workflows to support health information exchange. In 2020, our CCO implemented the following strategies specific to behavioral health providers and achieved the listed accomplishments/successes:**Strategy 9: Assess the state of behavioral health HIE*** Assessed behavioral health provider interest and determined best way to support their engagement with the OHA HIE Onboarding Program
* Identified HIE elements that need to be modified, eliminated or added due to special behavioral health requirements

**Strategy 1: Develop and implement a 5-year plan** * Included elements specific to behavioral health providers
* Identified a group to focus specifically on behavioral health workflows and privacy issues
* Ensured behavioral health providers were a priority in the HIE Onboarding Program, including small providers’ use of HIE portals
* Evaluated the Reliance Consent Module and other HIE workflows

**Strategy 6: Provide workflow TA** * CCO staff continued to provide workflow redesign support to further adoption and use of Collective Platform, specifically related to increasing the number of members who have care plans generated after presenting at emergency department and being flagged by Collective.
* Provided technical assistance to physical health providers and their teams to integrate Provider Portal workflow into their clinic’s care coordination processes.
 |
| 1. **Please describe any barriers that inhibited your progress.**
 |
| Our initial plans for developing a technical assistance strategy to supportand expand existing technology solutions that provide timely patient information to providers and care coordinators were unable to be fully realized due to the COVID-19 pandemic. The original strategy had included conducting site visits to providers identified in initial physical, oral, and behavioral health use cases in order to better understand their current systems and workflows around HIE for Care Coordination; however, we were unable to complete any onsite walk-throughs. While we did meet with some providers virtually, we were unable to meet with all providers we identified during initial use cases. Our plan is to continue our virtual meetings in 2021.Also, due to COVID, OHA postponed HIT Data Collection efforts until 2021. |

**b. 2021 - 2024 Plans**

|  |
| --- |
| In your response, please include 1. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies
2. Any additional HIE tools you plan to support or make available.
3. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2020.
4. Associated activities and milestones related to each strategy.

**Notes:** * Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
* If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
* If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies* *Across Provider Types* section.
 |
| **i. Strategies Across Provider Types, Including Activities & Milestones** |
| Using the Data Completeness Table in the OHA-provided HIT Data File, we can see that (including the Collective Platform) 347 physical health, 51 oral health, and 58 behavioral health contracted organizations have not adopted a known HIE tool. We will use this information to develop our 2021-2024 HIE for care coordination strategies.We will continue to use and support all HIT/HIE tools listed in the *2020 Progress* section and continue to build upon all the strategies we previously described. Additionally, we will monitor national and local HIT/HIE initiatives to stay apprised of any developments in HIE tools or opportunities.For 2021 – 2024, our CCO will implement and support the following strategies across providers types: **Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators**

|  |  |
| --- | --- |
| **Activities**  | **Milestones and/or Contract Year** |
| Evaluate opportunities to extend telemedicine technology for members, including mobile applications that support member’s ability to communicate with their care team via mobile technology. | 2021: Identify mobile applications to support |
| Evaluate, design and develop HIE interoperability solutions with Reliance. | Q1-Q3 2021 |
| If approved, deploy, monitor, and optimize Reliance referral module for our CCO Care Coordinators  | 2022 – 2024  |
| Explore ways to reduce implementation costs, such as subsidizing purchase and maintenance costs for providers and providing technical assistance and training in appropriate use of application. | 2022 - 2024: Realize cost reduction |

**Strategy 3: Enhance coordination between physical, behavioral, oral and SDOH organizations**

|  |  |
| --- | --- |
| **Activities**  | **Milestones and/or Contract Year** |
| Explore the ability to transition to a closed loop referral mechanism from our care coordination platform. In our next phase of development, we will create the functionality to allow our oral health or behavioral health providers to request care coordination and navigation support. | 2021 |
| In conjunction with State efforts, evaluate mechanisms to incorporate SDOH service providers into referral and care coordination workflows.  | Q3 2021 |
| Support a closed loop referral process to create a tri-directional navigation and referral system that can support or augment future and more robust HIE development and implementation. | 2022 – 2024: Closed-loop referral process achieved |
| Focus on solutions for incorporating SDOH service providers into care coordination and referral workflows.  | 2022 – 2024 |
| Develop robust systems for the integration of claims and EHR data in order to share insights about members to improve outcomes. This exchange will add patient detail which may not be present in either system alone. | 2022 – 2024  |

**Strategy 10: Understand HIE technology adoption and use among network physical, behavioral, and oral health providers**We will pursue data collection via an online Health IT survey (in conjunction with OHA’s Office of Health IT) that will be distributed to contracted organizations currently using as well as not using HIE technology to determine* Real and perceived barriers to adoption
* Modules, features, and functions that would increase value to Providers
* Technical barriers to adoption
* Financial barriers to adoption (technology costs and labor costs)
* Opportunities and hopes for HIE technology utilization

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

|  |  |
| --- | --- |
| **Activities**  | **Milestones and/or Contract Year** |
| Coordinate with OHA staff on the development and distribution of an online HIT survey | Q1-Q2 2021: HIT information collected from providers currently using/not using HIE technology |
| Analyze results and explore opportunities for further support and develop workplan | Q3-Q4 2021: Identification of future strategies for supporting providers with HIE for care coordination |
| Meet with HIE vendors operating in our service area | Q3 2021: Identification of available solutions/tools |
| Compare quality and performance metrics of providers utilizing HIE technology to those providers that have not adopted HIE technology. Use this analysis to determine the value of HIE adoption efforts. | 2022 - 2024: Value of HIE technology illuminated |

 |
| **ii. Strategies Specific to Physical Health Providers, Including Activities & Milestones** |
| See *Across Provider Types* section. |
| **iii. Strategies Specific to Oral Health Providers, Including Activities & Milestones** |
| Based on the results of the 2021 survey/data collection, CCO will determine if the barriers to HIE adoption for oral health providers differ significantly from those of the physical health providers. If so, CCO will develop a separate HIE adoption strategy.**Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators** Our CCO will encourage further utilization of the one-way electronic referrals to DCO portals for improved care coordination.

|  |  |
| --- | --- |
| **Activities**  | **Milestones and/or Contract Year** |
| Promote further use of EDIE for emergency department and urgent care event notifications for oral health related diagnosis  | 2021  |
| Explore expansion of current pilots within DCOs using the Collective Platform for high risk oral health conditions and/or members  | 2021 |
| Expand existing electronic dental referral process with physical and oral health providers  | 2021 |
| Support efforts identified in years 1 and 2 to further health information exchange between oral health and others  | 2022 – 2024  |
| We will continue to expand explore ways to improve electronic communication between oral health and other types of providers through our provider portal (e.g., support bi- or tri-directional communication by allowing any kind of provider to request services and care coordination from any other health discipline. This tri-directional ability will alleviate some of the system complexity from the various provider groups to assure a provider friendly mechanism to connect a patient to care.)  | 2022 – 2024 |
| Work with the DCOs to integrate closed-loop electronic referrals and/or preauthorization's within their providers’ EDR workflows | 2022 – 2024 |

**Strategy 5: Engage with state committees/entities**

|  |  |
| --- | --- |
| **Activities**  | **Milestones** |
| Continue to engage with State entities to ensure our CCO efforts align with oral health-specific initiatives  | 2021 |
| Work with OHA and HIT Commons, explore ways to integrate PDMP information into HIE tools/services and downstream to Electronic Dental Record systems  | Q2 2021: Begin collaboration with HIT Commons |

 |
| **iv. Strategies Specific to Behavioral Health Providers, Including Activities & Milestones** |
| Based on the results of the 2021 survey/data collection, CCO will determine if the barriers to HIE adoption for behavioral health providers differ significantly from those of the physical health providers. If so, CCO will develop a separate HIE adoption strategy.**Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators**

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| --- | --- |
| **Activities**  | **Milestones and/or Contract Year** |
| Implement Behavioral Health Consent Module, as appropriate | 2021  |
| Focus on solutions for connecting behavioral health Providers to SDOH service providers for care coordination.  | 2022 – 2024  |
| Support data sharing and exchange through data aggregation, reporting and distribution tools | 2022 - 2024 |
| Adapt for behavioral health providers as necessary, implement the elements identified in the physical health plan. | 2022 – 2024 |

**Strategy 5: Engage with state committees/entities**

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| --- | --- |
| **Activities**  | **Milestones and/or Contract Year** |
| Continue to engage with State entities to ensure CCO efforts align with behavioral health-specific initiatives | 2021 |
| Work with the HIT Commons to evaluate expanded use of EDIE to inpatient behavioral health facilities  | Q2 2021: Begin collaboration with HIT Commons |

**Strategy 11: Establish an HIE workgroup specifically for behavioral health workflows**

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| --- | --- |
| **Activities**  | **Milestones and/or Contract Year** |
| Identify subject matter experts, establish group charter and goals | Q1 2021: First meeting  |
| Develop workplan with priority use cases | Q2 2021: Identify use cases for initial workflow improvement |
| Continue to utilize workgroup for evolving behavioral health HIE workflow needs | 2022 - 2024 |

 |