2022 CCO HIT Roadmap Summary

March 2023

Each year, Oregon's Coordinated Care Organizations (CCOs) are required to submit Health IT (HIT) Roadmaps[1] to OHA outlining their strategies for accomplishing HIT goals. In the four major sections of the Roadmap, CCOs describe how they will support their contracted physical, behavioral, and oral health providers with:

- Electronic health record (EHR) adoption and use,
- Health information exchange (HIE) for care coordination,
- HIE for hospital event notifications, and
- HIT to support social determinants of Health (SDOH) needs.

This document summarizes the HIT Roadmaps CCOs submitted in April 2022, describing their 2021 activities and plans for 2022-2024. CCO strategies and investments have potentially changed since the 2022 roadmaps where submitted. The 2022 Roadmaps include responses from 12 different CCO organizations, which represent all 16 CCOs[2]. This document is a compilation of three summaries, which cover the four sections of the CCO Roadmaps (HIE for care coordination and HIE for hospital event notifications are combined in a single section):

1. **Supporting EHR Adoption**
2. **Supporting HIE for Care Coordination and Hospital Event Notifications**
3. **HIT to support SDOH Needs**

In addition to their annual HIT Roadmaps, CCOs are also required to submit an annual Data Reporting File that includes data on HIT adoption, including EHRs and HIE tools, across their contracted provider network. This information is used to inform CCO HIT strategies as well as OHA's HIT reporting, including OHA's *2022 HIT Report to Oregon's Health IT Oversight Council (HITOC)*[3]. The *2022 HIT Report to HITOC* presents an overview of Oregon's HIT landscape, summarizing available HIT information across many sources, and helps inform HITOC's strategic planning.

[1] Redacted 2022 CCO HIT Roadmaps are posted on OHA's CCO Health IT Advisory Group website

[2] PacificSource and Trillium each submit a single Roadmap, so are each treated as a single entity in this summary.

[3] Read the report here: https://www.oregon.gov/oha/HPA/OHIT/Documents/2022ReportOnOregonsHealthITLandscape.pdf

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Supporting EHR Adoption

This section summarizes CCO strategies to support EHR adoption and use among their contracted providers and places those strategies in context. This summary document includes:

- Status of EHR data completeness
- CCO strategies for EHR data collection
- CCO strategies for supporting EHR adoption and use
- Spotlights and Honorable Mentions
- CCO-identified barriers to EHR adoption and use
- Requests for OHA support for EHR adoption and use

EHR Data Gaps, Data Collection, and Need for Ongoing Adoption Support

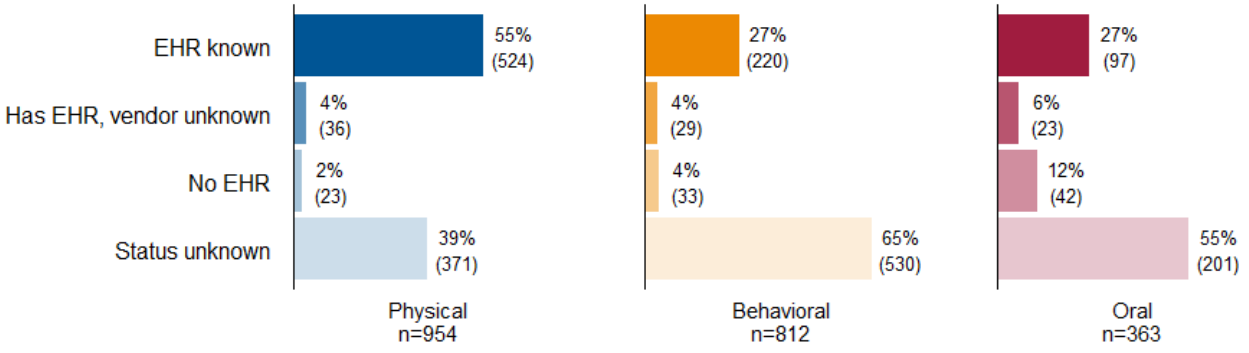
EHRs are foundational to health IT progress

Oregon's health system transformation relies on health IT, and electronic health records (EHRs) are the foundational health IT tool. EHRs allow providers to electronically collect, store, and use clinical information. This helps providers participate in information sharing and care coordination (including electronic referrals), contribute clinical data for quality reporting and population health efforts, and engage in value-based payment (VBP) arrangements. EHRs also collect other data, including screening, assessment, and demographic information. Finally, EHRs can help providers share information with patients, their families, and their caregivers.

Incomplete EHR data remains an issue, especially for oral and behavioral health providers

For CCOs to accurately understand existing EHR needs and effectively prioritize support efforts in their regions, it is important they have EHR information for all, or almost all, of their contracted organizations. Currently, however, a significant EHR data gap remains. Figure 1 below shows the completeness of EHR information for organizations across CCOs' provider networks. It represents EHR data that has been collected across various sources, including the 2021 HIT Survey[4] and other CCO data collection efforts[5]. Rates are included for each type of organization across all CCO-contracted organizations[6]. EHR information is missing for 65% of behavioral, 55% of oral, and only 39% of physical health organizations.

Figure 1: EHR data completeness by physical, behavioral, and oral health organizations

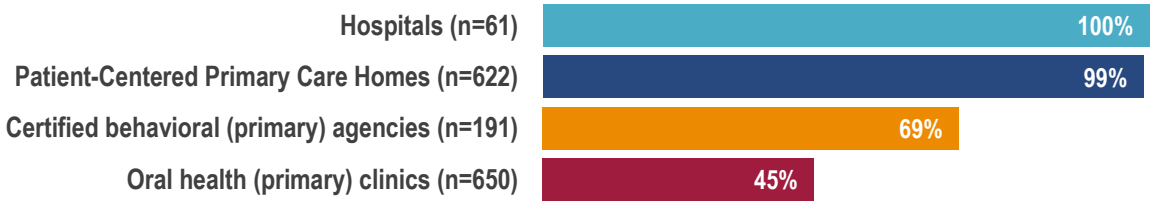


[4] A summary of the 2021 HIT Survey can be found in the 2022 HIT Report to HITOC Appendix.
[5] CCO Data Reporting File revisions, submitted with their Roadmaps, are incorporated.
[6] Per OHA instructions, CCOs' data reporting files aggregate data to the organization-level (rather than clinic- or provider-level).

This discrepancy mirrors the digital divide identified in OHA's *2022 HIT Report to HITOC*: physical health organizations have the most complete EHR information and are the most likely to use an EHR. From the report:

> **Although physical, behavioral, and oral health providers are participating in health information exchange at increasing rates, substantial digital divides persist.** These digital divides are complex but run largely along lines of access to resources, creating two "worlds." This disparity impacts some more significantly than others, but ultimately affects the whole health care system.

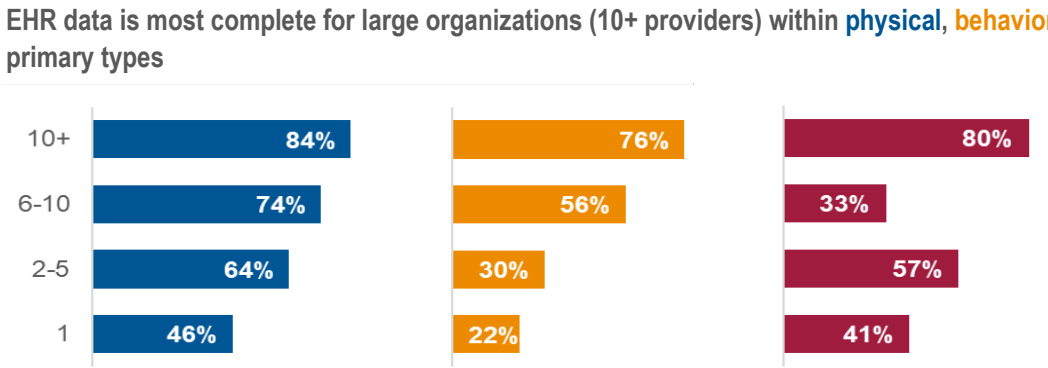
Figure 2: 2021 EHR adoption from OHA's 2022 HIT Report to HITOC



Smaller organizations and specialists have the largest data gaps.

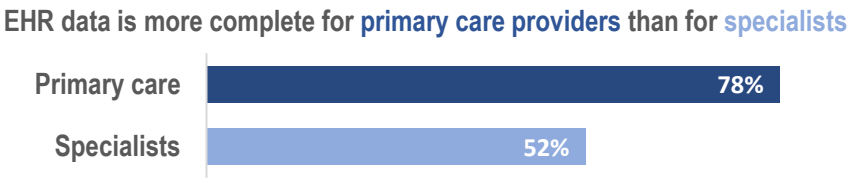
Across provider types, more complete EHR data is available for larger organizations than for smaller organizations, where size is measured using the number of unique National Provider Identifiers (NPIs) that appear on the CCO Delivery System Network (DSN) reports for each organization.

Figure 3: EHR data completeness by provider type and number of providers



Within physical health, organizations that provide primary care have more complete data than specialist organizations. Primary care organizations are typically larger than specialist organizations, but this discrepancy remains even when size is taken into consideration.

Figure 4: EHR data completeness for primary care vs. specialists

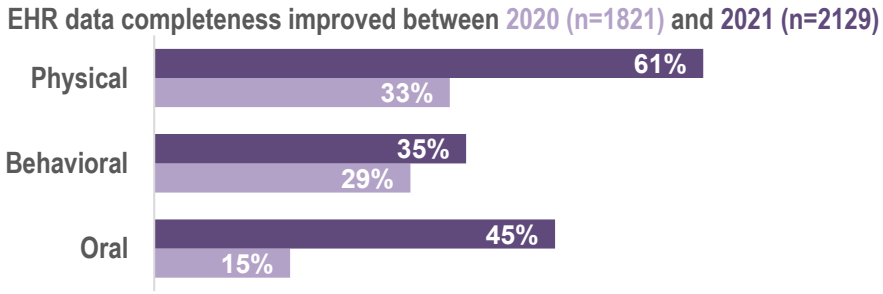


2021 data collection filled some gaps in EHR data

Beyond the data collection strategies listed in CCOs' Roadmaps, CCOs and DCOs collaborated with OHA to develop and field the 2021 Oregon Health IT Survey. This survey collected information from CCO-

contracted physical, behavioral, and oral health organizations to better understand Oregon's health IT landscape, including EHR adoption.

Figure 5: Change in EHR data completeness from 2020 to 2021

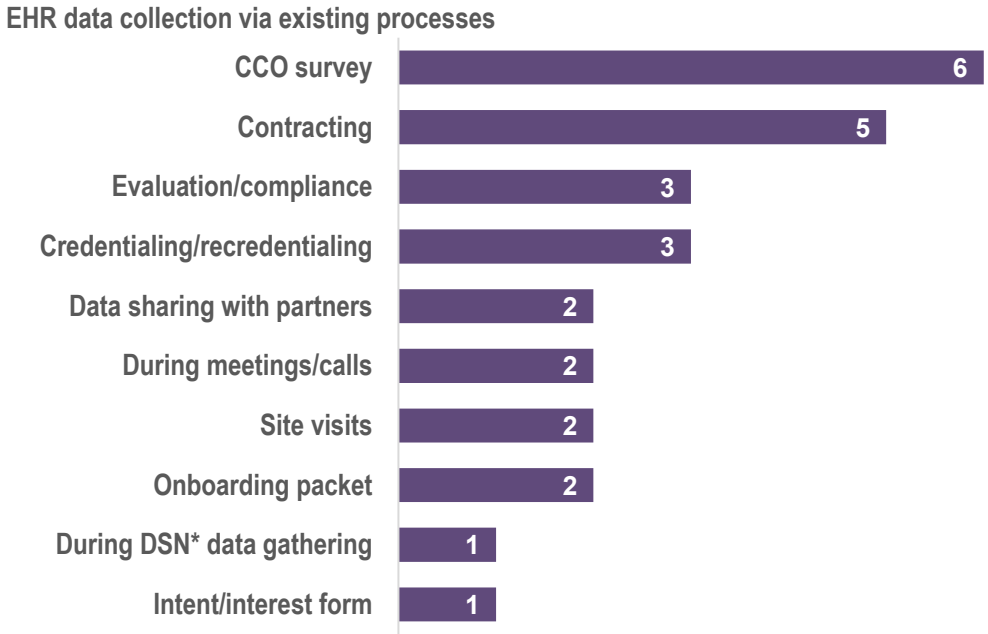


EHR data collection remains a priority

Given current data gaps, additional data collection is needed to better understand which organizations have not adopted an EHR and what their challenges and needs are. CCOs are required to collect EHR information for all contracted organizations. CCOs are encouraged to incorporate EHR data collection into existing processes, if possible, to limit the burden on both the CCO and provider organization.

Every CCO included strategies for collecting EHR data in their 2022 Roadmaps, in *both* Progress and Plans sections for Supporting EHR Adoption. The plot below summarizes the different avenues for data collection that CCOs are planning and/or undertaking.

Figure 6: EHR data collection strategies



*Delivery System Network (DSN) reports include information on every provider in a CCO's network. CCOs submit DSN reports quarterly in fulfillment of network adequacy contract requirements.

Note: CCO HIT Roadmap responses include information submitted by 12 organizations, representing 16 CCOs.[7]

[7] Trillium and PacificSource each submit a single Roadmap, so are each treated as a single entity in this summary.

EHR adoption support remains a priority

The vast majority of CCO members are assigned to a primary care provider using an EHR.[8] However, the 2021 HIT Survey and CCO Roadmaps indicate that EHR adoption rates lag for many other providers: behavioral and oral providers, specialty practitioners, and small organizations. This disparity limits the value of EHRs, both for EHR adopters and for CCO members. As a result, continued support for EHR adoption—in addition to EHR use and optimization—remains a priority.

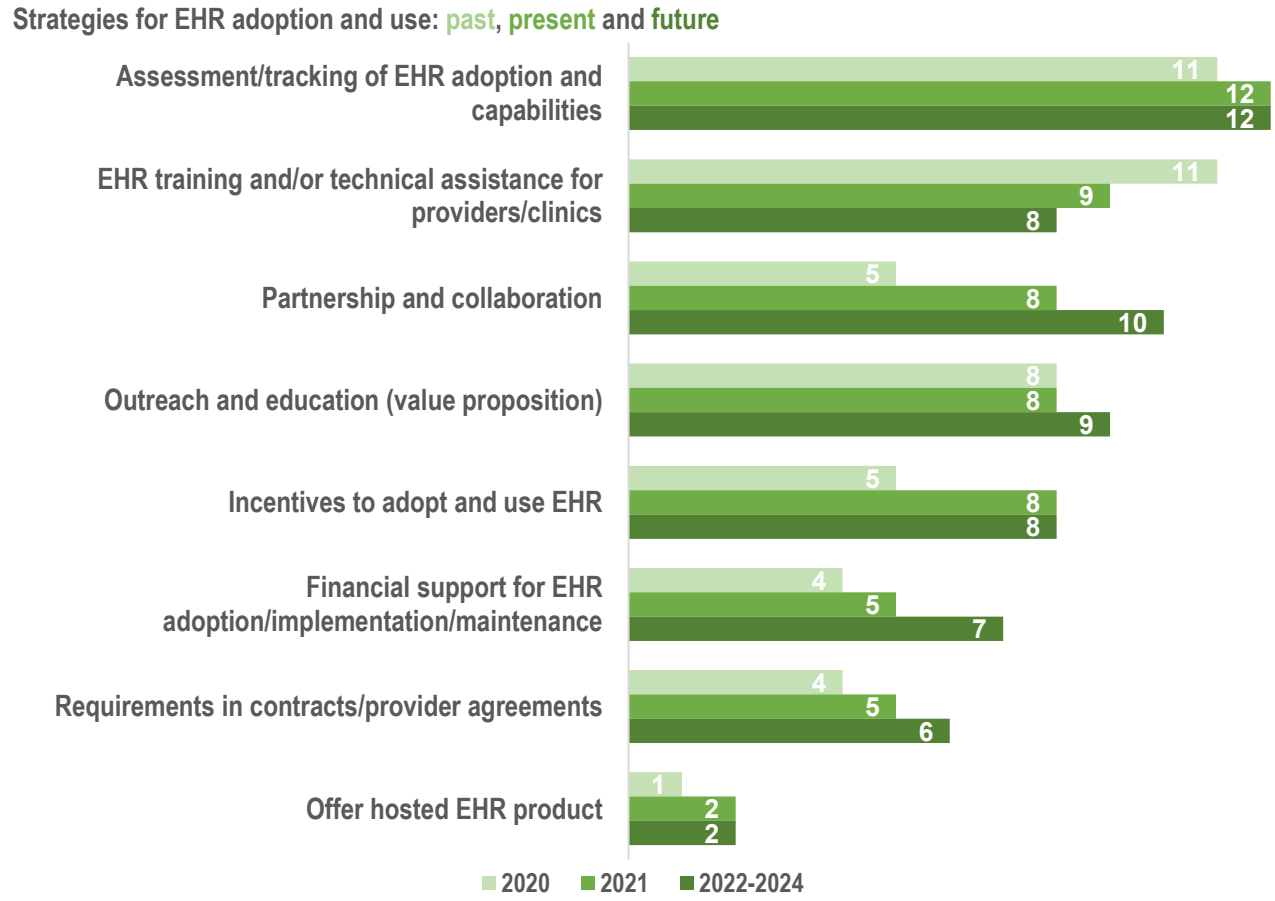
> [S]maller independent behavioral health providers struggle with connecting… Although these providers only see a small percentage of our members, they are essential for access and choice for our members, but the limited connectivity can be a barrier.
>
> -CCO Roadmap

CCO Strategies for Supporting EHR Adoption

The figure below represents the number of CCO organizations that reported using different strategies in the *Support for EHR Adoption: 2020* and *2021 Progress* and *2022-2024 Plans* sections of their HIT Roadmap. Please see the Appendix – *Table 1* for what has been included in each strategy category.

Since 2020, CCOs have moved away from EHR training and technical assistance—although these strategies remain popular—and toward financial support, incentives, and collaboration with network partners. The changing mix of strategies indicates an increasing emphasis on lowering the cost of EHR adoption and maintenance for providers. As previously noted, every CCO is pursuing strategies to collect and maintain information about EHR adoption and use.

Figure 7: 2020, 2021, & 2022-2024 Strategy Comparison



[8] 92% of CCO members were assigned to primary care homes participating in the Incentives Metrics Program, which requires EHR use.

CCO Spotlights: CCO Support of EHR Adoption

AllCare CCO

Allcare developed stratified contract rates based on EHR adoption. The goal of this program will be to ensure a sharing of financial risk under the justification that EHR adoption and utilization result in better data for patient management. This program will also allow Allcare to highlight the good work being done by the provider network toward the triple aim and to stratify outcomes by populations affected by SDOH, REALD, and SOGI categories.

Advanced Health

Advanced Health supported a community-wide Epic installation for three of its largest organizations, which provide physical and behavioral health care. Advanced Health contributed funding and technical assistance throughout implementation, ensuring integrated metrics reporting. Implementation began in 2020 and went live June 2021. Advanced Health continues to offer technical assistance and to support optimization.

Eastern Oregon CCO

EOCCO assessed provider interest in adopting a common EHR among behavioral health and residential treatment organizations. CMHPs identified significant coordination barriers related to individual EHR agreements, leading EOCCO to focus on supporting a common EHR for non-CMHP providers. EOCCO identified OpenEMR as an attractive, low-cost EHR for smaller behavioral health providers, but further efforts are on hold.

Umpqua Health Alliance

UHA assists with EHR training and provides technical support for one of the largest clinics in the area who uses the eClinicalWorks EHR (eCW). Assistance includes helping with clinical data extracts and submission, system upgrades, end user training and break/fix issues. When necessary, UHA works directly with the EHR vendor to make changes. After changes are successfully implemented, we share this information with other eCW clinics in the area and will often coordinate directly with the vendor to update their data feeds.

Honorable Mentions: CCO Support of EHR Adoption

The strategies listed below are examples of how CCOs support, or plan to support, EHR adoption and use. These strategies have been rolled up into the strategies included in *Figure 7.*

Behavioral Health

2021 CCO Accomplishments

- Included expanded questioning regarding the adoption and use of EHRs in behavioral health contract requests.
- Provided incentives to behavioral health providers for claims-based metrics and encouraged. providers to use these funds for expanded EHR capabilities.

2022 – 2024 CCO Plans

- Evaluate and offer hosted EHR product for small behavioral providers.
- Partner with behavioral health providers and identify opportunities to optimize their EHRs.
- Include quality metric distribution and participation in behavioral health contracts.

Oral Health:

2021 CCO Accomplishments

- Included EHR adoption as an incentive measure in bonus participation program for providers with capitated agreements.
- Provided technical assistance to oral health providers to improve workflows.
- Included EHR adoption as part of incentive measures in some DCO providers' agreements.
- Closely collaborated with DCOs to:
    - provide oral health-specific incentives for EHR and HIT adoption
    - identify barriers to—and opportunities for—EHR adoption.

2022 – 2024 CCO Plans

- Provide innovation grant funding to oral health providers, prioritizing HIT projects (Trillium)

Across All Provider Types

2021 CCO Accomplishments

- Convened network partners monthly to ensure alignment of HIT strategies, including promoting EHR adoption and use.
- Migrated legacy EHR data to cloud-based archive, covering hosting costs and providing technical support.
- Implemented care coordination platform with interface to CCO data warehouse that delivers care plan to provider portal as well as messages into provider EHRs to encourage EHR adoption.
- Supported integration of hosted EHR products with Reliance
- Provided technical assistance to support EHR optimization, including improving workflows, supporting CCO Quality Metric documentation, and supporting value-based payment performance.

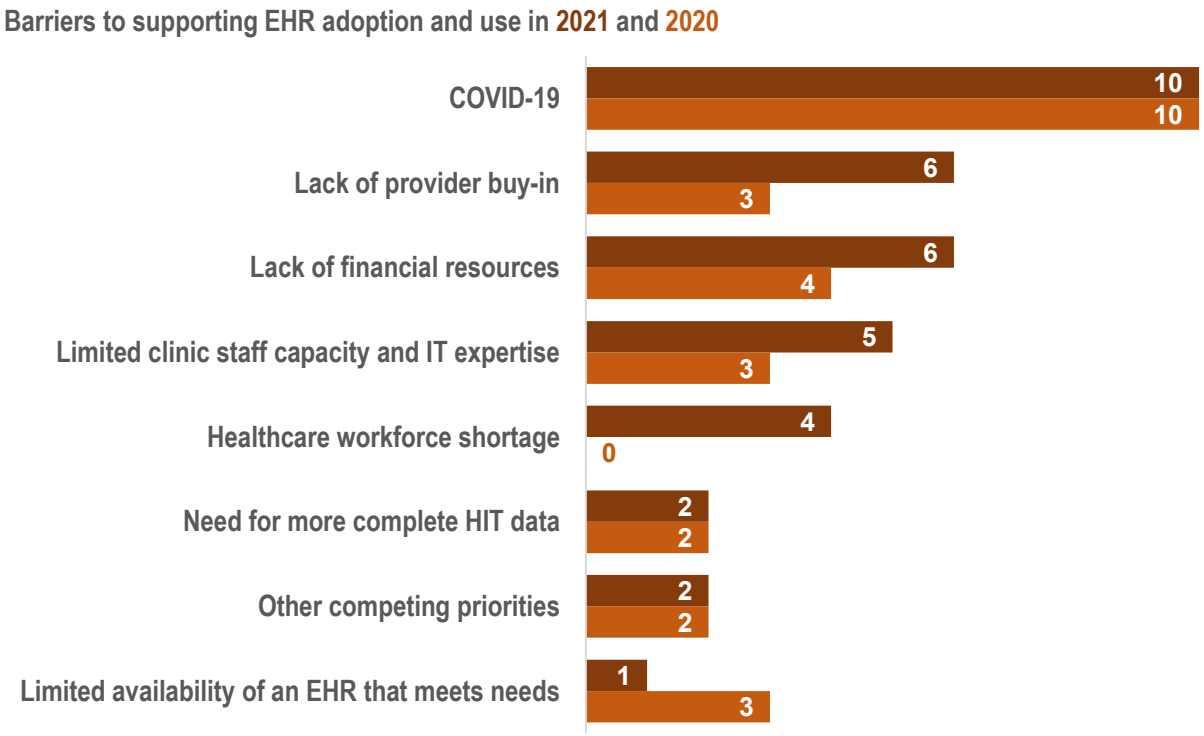
2022 – 2024 CCO Plans

- Hire consultant group to provide technical assistance to primary care providers.
- Create a community forum for clinics using a common EHR.
- Evaluate new EHR feature: provider-to-provider communication and patient data exchange

2021 Barriers to Supporting EHR Adoption

The figure below represents the number of CCO organizations that reported different barriers to supporting EHR adoption in their 2022 HIT Roadmap. COVID-19 remained the most-cited barrier to supporting EHR adoption, and several other barriers are related. Limited clinic staff capacity, the healthcare workforce shortage, and low willingness to adopt new HIT were exacerbated by the pandemic. Compared to last year, more CCOs are reporting lack of provider buy-in, lack of financial resources, and limited clinic staff capacity as barriers. Fewer CCOs are reporting limited availability of appropriate EHRs as a barrier. The healthcare workforce shortage, an incipient problem in 2020, became a significant barrier in 2021.

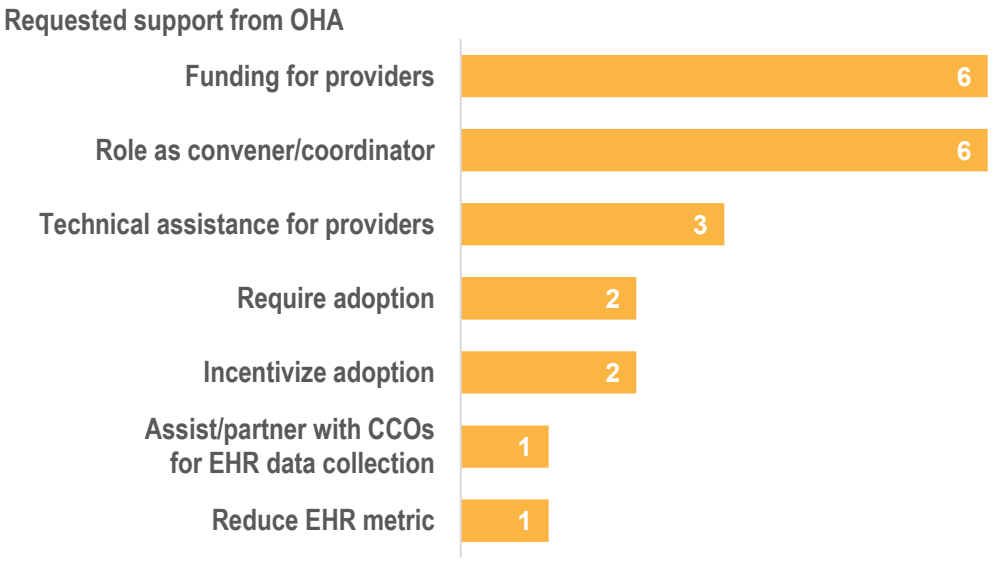
Figure 8: 2020, 2021 comparison of barriers to supporting EHR



OHA Support Requests

The figure below summarizes CCO suggestions for OHA support. By far, the top asks were additional funding for providers, including assistance identifying and securing federal funds, and a sustained or increased role for OHA as a convener for CCOs, providers, and other partners to exchange ideas and data. Unsurprisingly, these requests mirror the fastest-growing strategies CCOs are implementing: financial support and incentives, and collaboration with network partners.

Figure 9: CCO suggestions for OHA support for EHR adoption



In addition to the broad categories of support listed above, CCOs also requested support for specific provider types, including:

- Targeted technical assistance and funding for small behavioral and substance use disorder providers
- Assistance to address the low EHR adoption rates among oral health providers
- Incentives for small organizations to adopt an EHR
- Help for small providers to select a trusted, certified her
- Implement EHR-based behavioral health metrics within the incentive metrics program to assist CCOs more directly encourage providers to adopt an EHR

Appendix: Definitions and Examples of CCO Strategies for Supporting EHR Adoption

Table 1: EHR Adoption Strategies Defined

EHR Training and/or Technical Assistance for providers/clinics	CCO has staff, expertise, and resources to provide training or technical assistance (TA) to providers who are procuring or implementing an EHR, or who already have an EHR and need help learning to use or optimizing their use. Examples include: - EHR procurement, vendor liaising/navigation, and market research - EHR implementation, upgrade, or conversion - EHR user training/best practices - Data migration, capture, or extraction - Workflow optimization and improvement, including referral documentation, reporting, and closing loops - Supporting CCO Quality Metric documentation or Value Based Payment performance - Support around Federal requirements (information blocking) - Funding and marketing for external TA consultants
Assessment/ Tracking of EHR Adoption & Capabilities	CCO-facilitated activity that results in the collection of data and increased understanding of providers' EHR capabilities, gaps, and barriers and can be used to inform EHR adoption strategy, resource allocation, and targets. Examples include: - Environmental scans/HIT ecosystem investigation - Provider surveys and interviews on EHR adoption and utilization - Provider readiness assessments - Assessment of EHR products and return on investment - Defining current state and future EHR capabilities needed - EHR adoption/utilization tracking methodology - Collect data on EHR use through existing processes (e.g., letter of interest forms, onboarding, contracting, credentialing, auditing, site visits, evaluation forms) - Regular meetings with clinics and providers to identify EHR needs and barriers
Outreach and education (value proposition)	CCO-facilitated activity that encourages providers to adopt an EHR. Through various methods of outreach, CCO shares value of EHR and business cases. Examples include: - Calling, emailing, or meeting in-person with providers - Sending newsletters - Conducting webinars - Hosting town hall meetings - Inventory of resources for EHR support

Incentives to adopt and use EHR	CCO offers financial incentives to providers related to EHR adoption and use. Examples include: - Quality pool payout for organizations that adopt an EHR and can pull and submit data from their EHR - Bonus incentives to PCPs who can report on quality metrics using their CEHRT - Incentives for greater levels of designation in the PCPCH program for EHR functionality - Incentives tied to achieving results of value-based payment arrangements - HIT stipend to incentivize connecting with a CEHRT
Partnership and Collaboration	CCO-created opportunities or forums for collaboration with partners and providers on supporting EHR adoption. Examples include: - The creation of a multidisciplinary steering committee/governance body that includes providers - Collaboration with dental and behavioral partners on efforts to convert EHRs and track ED visits via the Collective Platform (Emergency Department Information Exchange – EDIE) - Hosting network partner convenings to discuss EHR needs/conversations with clinic staff - Partnership with dental plans/DCOs in efforts to increase dental provider EHR adoption rates - Partnership with CCBHCs in efforts to increase behavioral health provider EHR adoption rates
Requirements in Contracts /Provider Agreements	CCO has included requirements in provider contracts/agreements around the use of an EHR or participation in a program that leverages the use of an EHR. Examples include: - Requiring the use of a certified EHR system - Requiring participation in the HIE Onboarding Program - Subcontractor requirements around ability to share electronic information with network providers - While not an example of a contract requirement, some CCOs include contract language encouraging EHR use, informing of incentive programs, etc.
Financial support for EHR adoption /implementation /maintenance	CCOs provides funding (partial or complete) for EHR implementation and maintenance and operations. Examples include: - Funding a grant for an organization to implement an EHR - Sharing the cost to implement and/or maintain a community-wide EHR with community providers - Allocating funds through Health-Related Services (HRS) to assist with EHR adoption
Offer hosted EHR Product	CCO offers and fully supports an EHR product. Contracted providers can adopt and use the EHR and pay the CCO a monthly fee. The CCO provides training and technical support for EHR users.

Supporting HIE for Care Coordination and Hospital Event Notifications

This section is focused on CCO strategies for supporting HIE for care coordination and hospital event notifications both within the CCO and among their contracted providers and includes:

- CCO implemented and supported HIT tools
- CCO strategies for supporting contracted providers
- Spotlights and Honorable Mentions
- CCO-identified barriers
- Requests for OHA support

CCO Implemented and Supported HIE for Care Coordination Tools

Figure 1 below represents the HIE for care coordination tools and number of CCOs that reported using, supporting, or making available to their contracted providers. OHA selected one type or category for each tool, but some tools fit multiple categories.

CCOs use and support a variety of HIE tools. All CCOs use and support more than one tool, given that they have different functionality and therefore value to both the CCOs and their contracted providers. Some tools interface with other systems/tools. This list consists of tools reported on in the CCO HIT roadmaps; some CCOs may be using/supporting some of these tools but did not include them in their Roadmap. In addition, the HIT Roadmap no longer requires CCOs to report on HIT to support Value-based Payment arrangements likely leading some CCOs to exclude the population health management, data analytics tools they are using.

Figure 1: 2021 & 2022-2024 HIT Tools

Type of Tool	Tool	# of CCO organizations
Health Information Exchange	Reliance eHealth Collaborative	7
	Epic Care Everywhere	5
	Reliance eHealth Referrals	1
Care Management/ Case Management	CCO Provider Portal (not otherwise specified)	4
	Medecision	2
	Activate Care	2
	HMS Essette Provider Portal	2
	PH Tech's Community Integration Manager	1
	Cognizant's TriZetto Clinical CareAdvance	2
	Epic Payer	1
Population Health Management, Data Analytics	Arcadia Analytics	5
	Milliman PRM Analytics	1

Adoption of HIE for Care Coordination Tools Among CCO-contracted Organizations

HIE tools are critical to support care coordination across unaffiliated providers and different provider types. This section provides a summary of HIE tool adoption rates across various CCO-contracted organizations. (See Data Definitions for an explanation of the

As you can see in *Figure 2*, almost half (44%) of CCO-contracted **physical** health organizations have adopted an electronic information exchange tool that helps them share and access information from non-affiliated providers. These organizations vary in type (e.g., PCP, specialist) and size (e.g., health systems with many clinics, one site clinic). Larger organizations are more likely to adopt HIE tools. As a result, HIE adoption rates are higher when weighted by number of providers, as displayed in the dashed lines in *Figure 2*. Rates are lower for **behavioral** and **oral** health organizations, but these organizations exhibit the same pattern as **physical** health organizations, with significantly higher weighted rates of HIE adoption.

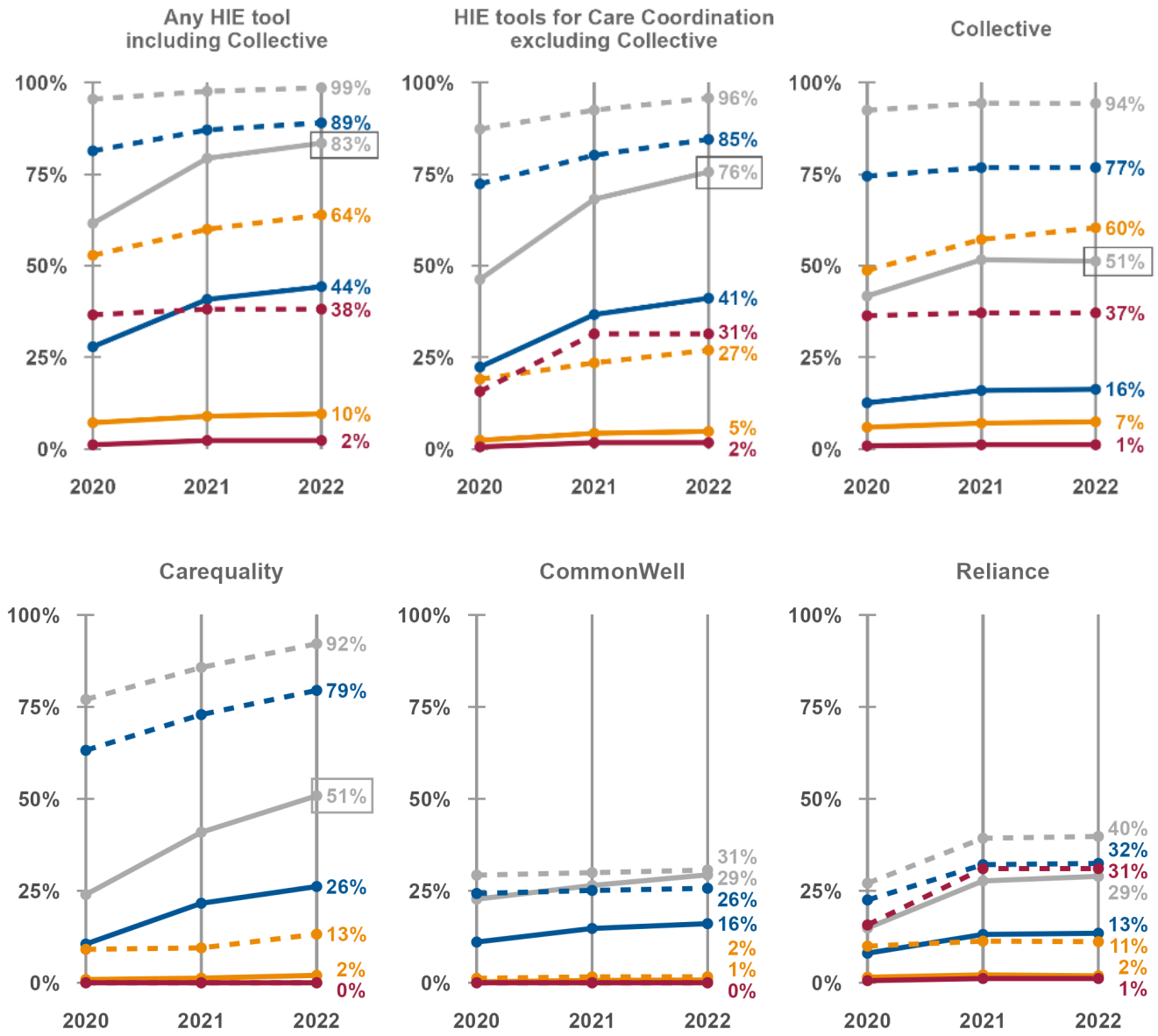
For comparison, we have also included weighted and unweighted HIE adoption rates for key clinics in light grey. Key clinics tend to be large and well-funded, and their rates of HIE adoption are high.

Figure 3 examines physical health organizations more closely, partitioning the 921 physical health organizations into three mutually exclusive groups: primary care, specialists, and key clinics. Primary care providers outperform specialists, but the two groups' unweighted HIE adoption rates are close.

DATA DEFINITIONS

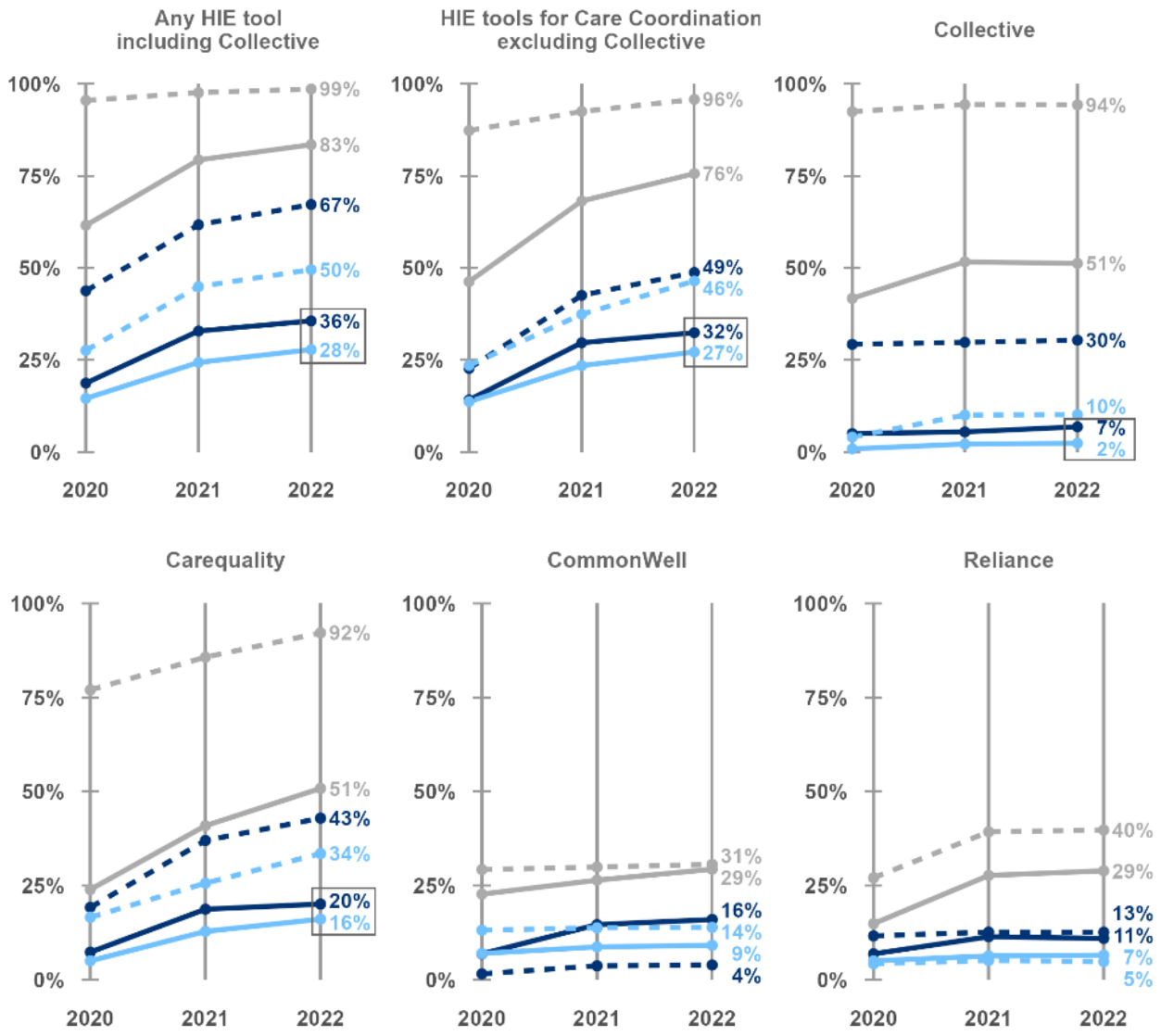
- **Physical**, **behavioral**, and **oral** health organizations are those that appear on the Data Reporting Files CCOs submitted with their 2022 Roadmaps.
- To determine **provider counts** for each organization, we use the number of unique National Provider Identifiers (NPIs) associated with each organization, as provided on CCO-submitted DSN tables. These counts are used as a loose proxy for organization size, which permits approximate calculation of HIE adoption rates weighted by size.
- **Key clinics** in *Figure 2*, and throughout this document, are physical health organizations that are, or include a site that is, a PCPCH, RHC, FQHC, or hospital. All 14 of Oregon's health systems are included as key clinics. The 242 key clinics are also among the 921 physical health organizations in Figure 2.
- **Primary care** organizations are **physical** health organizations that appear with a Primary Care (PCP) flag on DSN tables in at least one third of their rows. Because the PCP flag may be used inconsistently across CCOs, organizations are also classified as primary care if 40% of their taxonomy codes are Primary Care under California's Taxonomy Crosswalk. We differentiate between **primary care**, which includes most key clinics, and **non-key clinic primary care**, which excludes key clinics.
- **Specialists** are physical health organizations that are not classified as key clinics or primary care organizations.
- When determining whether organizations are connected to "**Any HIE tool including Collective**" or "**HIE tools for Care Coordination excluding Collective**," the set of HIEs includes Carequality, CommonWell, Reliance, eHealth Exchange, Epic Care Everywhere, Epic CareLink, and Arcadia (as well as Collective, as specified).

Figure 2: HIE Adoption Among CCO-contracted Physical, Behavioral, and Oral Health Organizations



- Across CCO-contracted organizations, physical health key clinics (i.e., PCPCH, RHC, FQHC, hospital, and health systems) have the highest HIE adoption rate.
- When weighted by number of providers, HIE adoption rates are much higher than organizational-level adoption rates across provider types.
- This can be misleading, since larger organizations with more providers tend to be better resourced and therefore more likely to adopt HIE tools; however, almost half of CCO-contracted primary care and 70% of specialist organizations have not adopted an HIE tool, indicating that ongoing CCO support is needed.

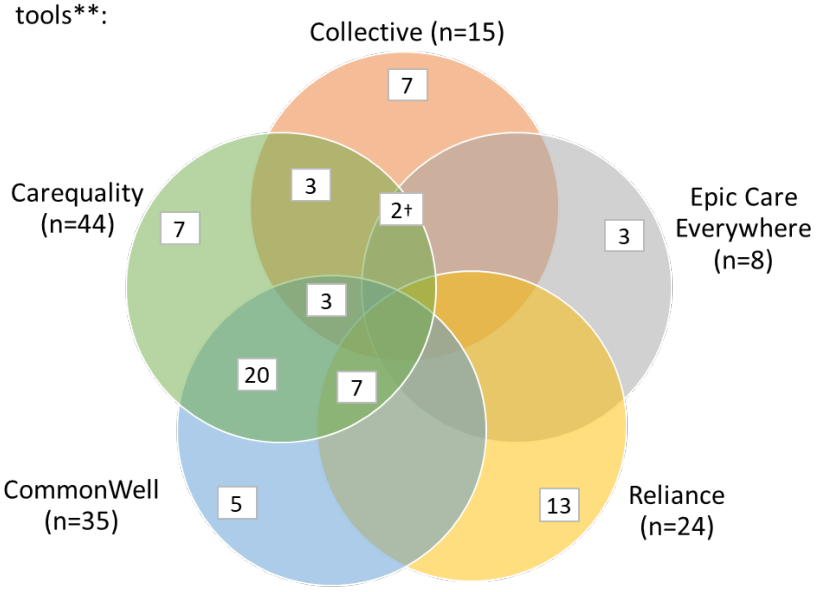
Figure 3: HIE Adoption Among CCO-contracted Non-Key Clinic Primary Care, Specialist, and Key Clinic Physical Health Organizations



- With physical health key clinics (i.e., PCPCH, RHC, FQHC, hospital, and health systems) reported as their own category, **non-key clinic primary care** are similar to **specialist** organizations in terms of HIE tool adoption rates.
- When weighted by number of providers, HIE adoption rates are much higher than organizational-level adoption rates across provider types. This can be misleading, since larger organizations with more providers tend to be better resourced and therefore more likely to adopt HIE tools; however, almost half of CCO-contracted primary care and 70% of specialist organizations have not adopted an HIE tool, indicating that ongoing CCO support is needed.

Non-Key clinic Primary Care Adoption of HIE Tools

145* (66%) non-key clinic primary care organizations do not have access to these HIE tools. The 74 organizations that **do** have access use the following tools**:

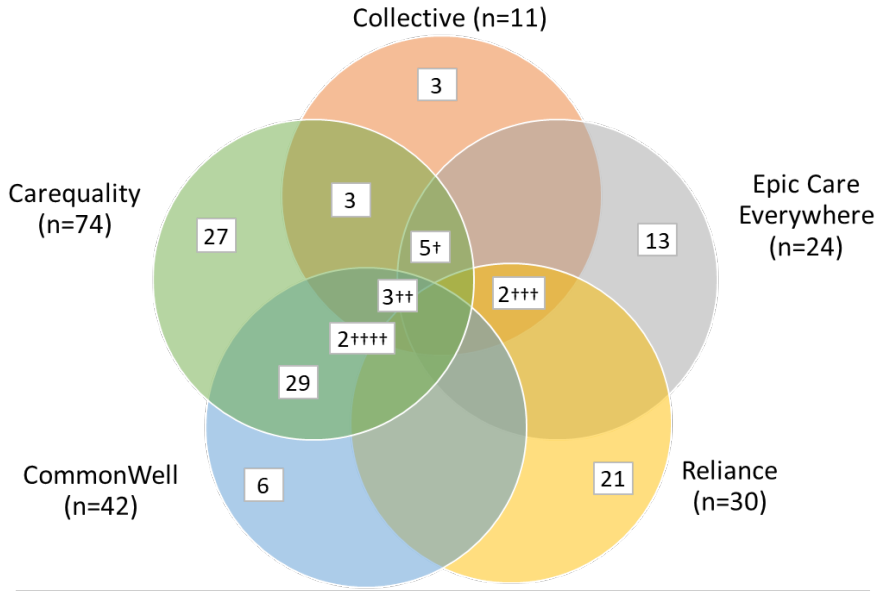


†Carequality and Epic Care Everywhere only

*Four of these primary care organizations have access to another HIE tool (Arcadia, Epic CareLink or eHealth Exchange). **4 have adopted 2 or more tools but are not represented.

Specialist Adoption of HIE Tools

340* (74%) specialist organizations do not have access to these HIE tools The 120 organizations that do have access use the following tools**:



†Carequality and Epic Care Everywhere only; ††Carequality, CommonWell and Epic Care Everywhere only; †††Collective and Reliance only; ††††All HIE tools except Epic Care Everywhere

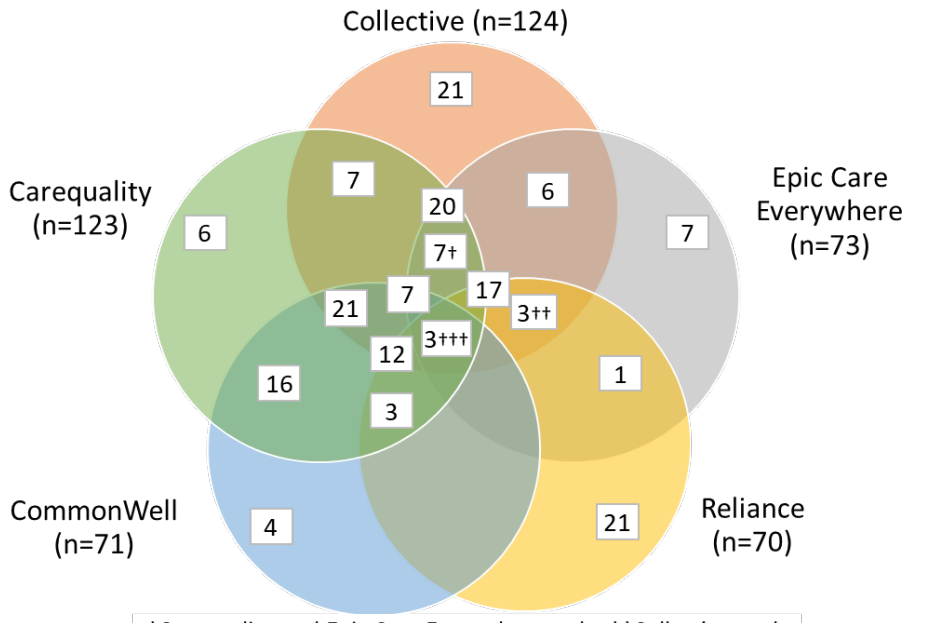
*Eight of these specialist organizations have access to another HIE tool (Arcadia, Epic CareLink or eHealth Exchange). **6 have adopted 2 or 3 tools but are not represented.

HIE TOOL ADOPTION

- The three Venn diagrams show the various HIE tools adopted by non-key clinic **primary care, specialist**, and **key clinic** organizations. These diagrams depict not only the total number of organizations using each tool, but also the number of organizations using multiple tools.
- Half (53%) of non-key clinic **primary care** compared to less than half (42%) of **specialist** organizations are **using multiple tools** to meet their HIE needs.
- Non-key clinic **primary care** have a **somewhat higher rate of CommonWell use** than **specialist** or **key clinic** organizations (47% vs 35% and 36%, respectively).

Key Clinic Adoption of HIE Tools

47* (19%) key clinic organizations do not have access to these HIE tools. The 195 organizations that **do** have access use the following tools**:



†Carequality and Epic Care Everywhere only; ††Collective and Reliance only; †††Collective, CommonWell, and Reliance only

*Seven of these key clinic organizations have access to another HIE tool (Arcadia, Epic CareLink or eHealth Exchange). **14 have adopted 2 or more tools but are not represented.

Note: If a number is located in an area of overlapping circles, that number represents how many organizations have adopted the tools represented by those circles, except where noted (e.g., 7†, though sitting on three circles, represents the 7 organizations using both Carequality and Epic Care Everywhere).

HIE TOOL ADOPTION (CONT.)

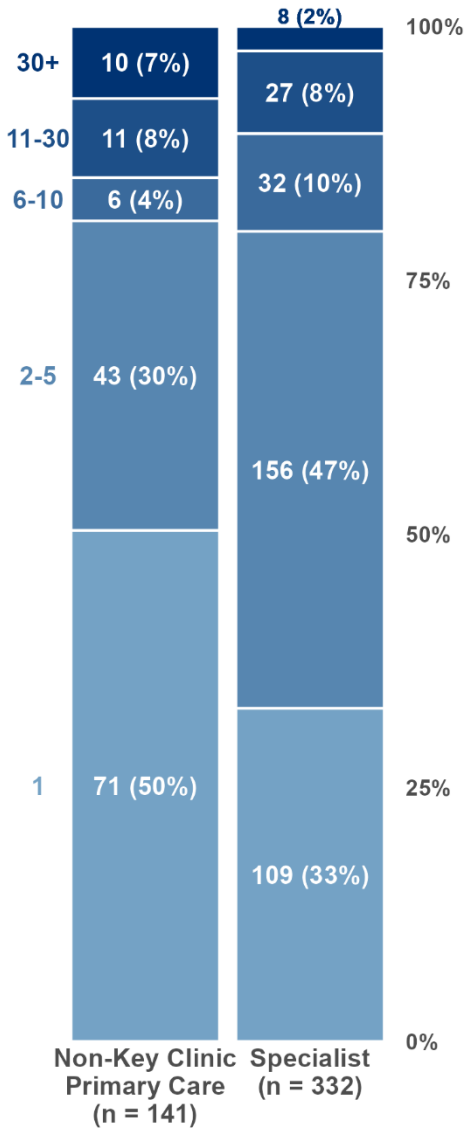
- A majority (70%) of key clinic organizations are using **multiple tools** to meet their HIE needs.
- Key clinic organizations have a:
  - **Much higher rate of Collective** (64% vs 20% and 9%)
  - **Somewhat higher rate of Epic Care Everywhere** (37% vs 11% and 20%)
- A **majority** of all three organization types **are using Carequality** (59% Non-key clinic primary care, 62% specialist, and 63% key clinics).
- About **a quarter to a third** of all three organization types **are using Reliance** (32% Non-key clinic primary care, 25% specialist, and 36% key clinics).

HIE Non-Adopters

Below are charts depicting size and EHR adoption status of **physical** health organization that have not adopted an HIE tool, including 141 (64%) **primary care** and 332 (72%) **specialist**. **Key clinics** are not included in these charts.

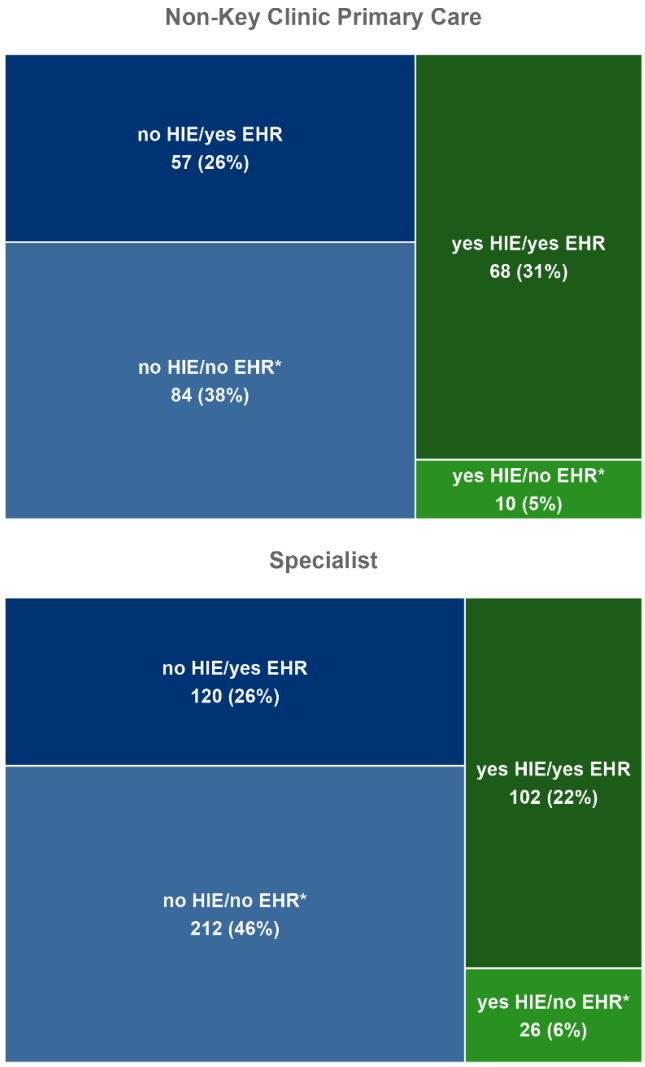
ORGANIZATION SIZE

Physical health organizations that have not adopted an HIE tool are mostly smaller organizations, with five or fewer providers.



EHR STATUS

As expected, most physical health organizations that have adopted an HIE tool (in green, below) are using an EHR. For those that have not adopted an HIE tool (in blue), more than half of primary care providers and almost two-thirds of specialists are either missing EHR information or do not have an EHR. More information is needed to understand this potential barrier to HIE use.

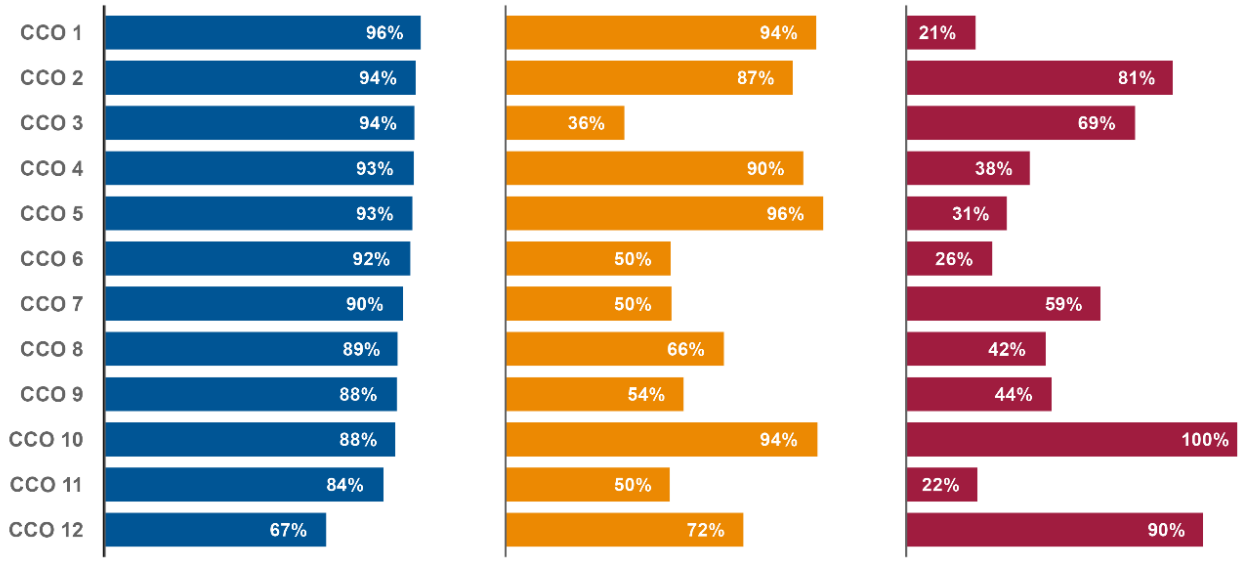


Comparing HIE Tool Adoption Rates Across CCOs

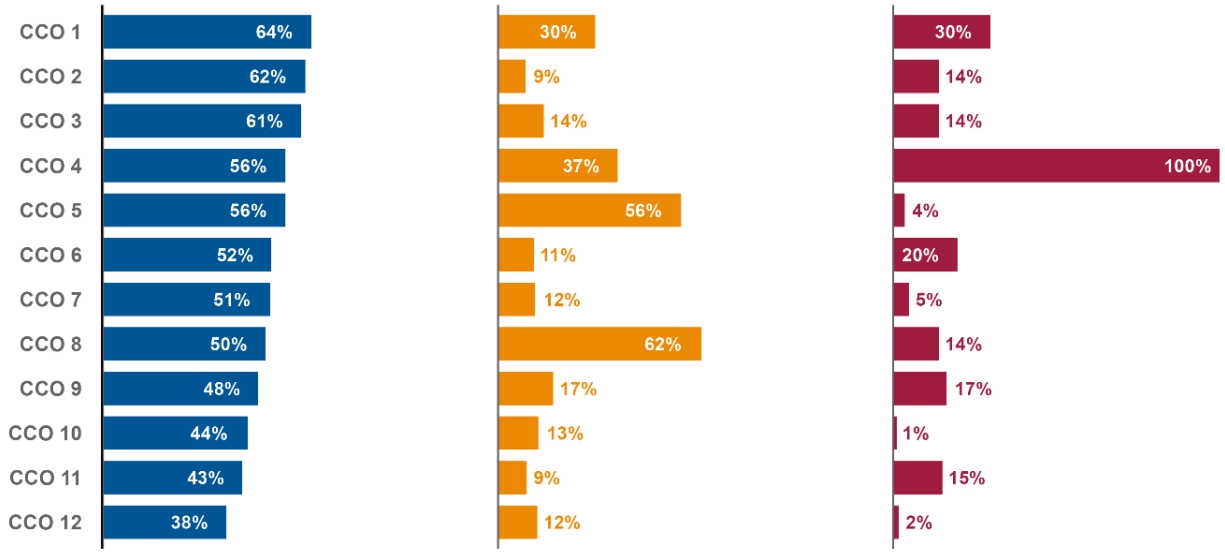
The charts below show the distribution of HIE adoption rates across CCOs for two key measures: adoption of **any HIE <u>excluding</u> Collective** and adoption of **Collective-only**, for **physical**, **behavioral**, and **oral** health, weighted and unweighted by number of providers. CCOs are anonymized, and CCO IDs are not necessarily consistent across plots (e.g., CCO 1 in the first plot may be CCO 3 in the second plot). Using either weighted or unweighted measures, wide variation appears across CCOs for both measures.

Any HIE* <u>excluding</u> Collective:

Provider-level: Weighted by number of Providers (NPIs)



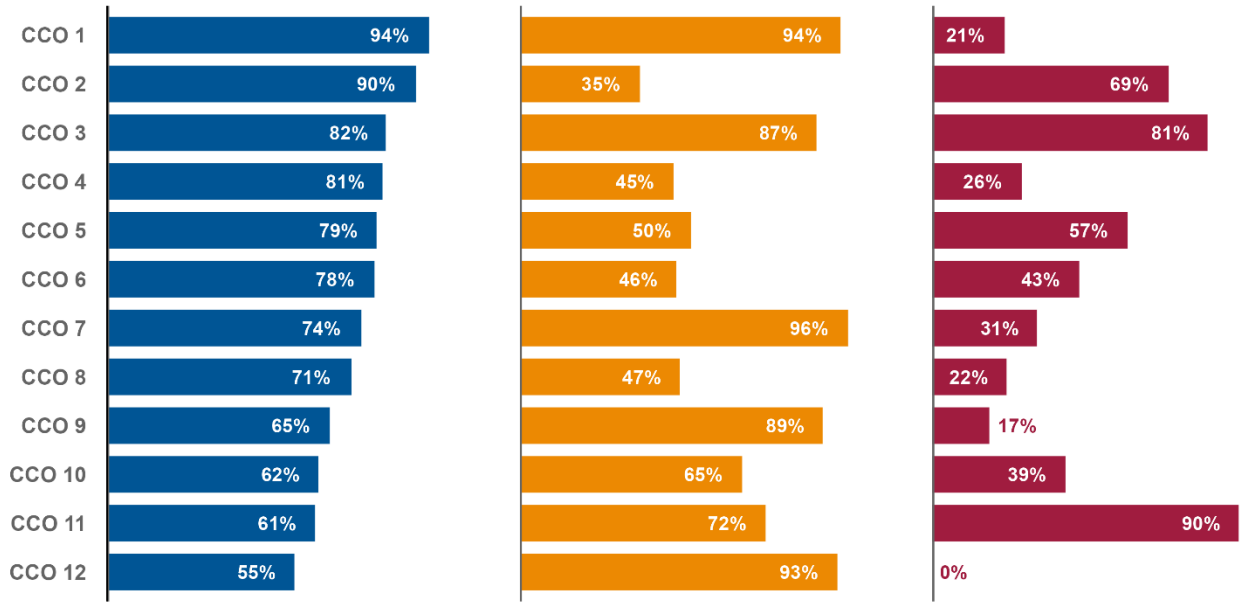
Organization-level: Each organization counts equally, regardless of size



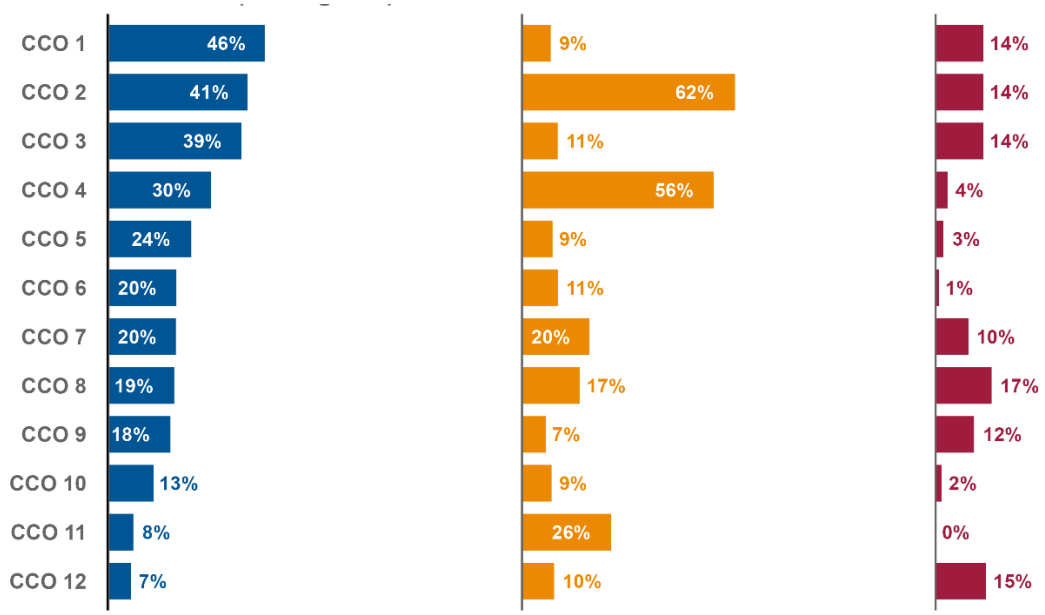
* *Any HIE* includes Carequality, CommonWell, Reliance, eHealth Exchange, Epic Care Everywhere, Epic Care Link, and Arcadia.

Collective-only:

Provider-level: Weighted by number of Providers (NPIs)



Organization-level: Each organization counts equally, regardless of size

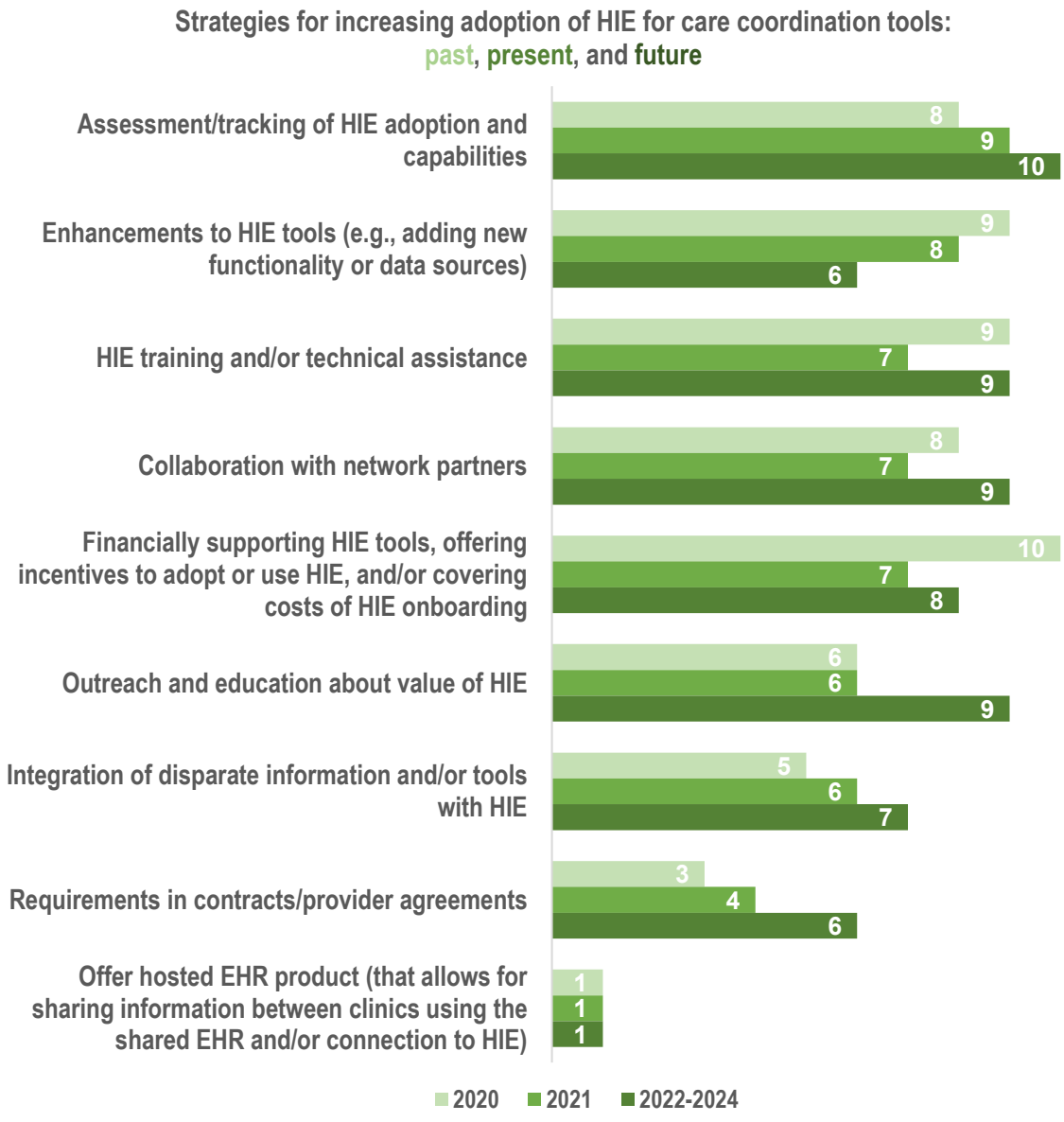


HIE for Care Coordination: Strategies to Support Increased Adoption

This section details the specific contents of CCOs' *2022 HIT Roadmaps*, covering strategies for supporting the adoption of HIE for care coordination tools.

Figure 4 below represents the strategies CCOs reported using in 2020, 2021, and CCOs' planned strategies for 2022-2024. (See *Appendix A – Table 1* for additional details on which strategies have been included in each category.)

Figure 4: 2020, 2021 and 2022-2024 Strategy Comparison for HIE for Care Coordination



CCO Implemented and Supported HIE for Hospital Event Notifications Tools

Figure 5 details the number of CCO organizations that reported either using or supporting their contracted providers to have access to various tools for timely hospital event notifications (HEN) in their *2022 HIT Roadmap*. The Collective Platform remains the most widely adopted tool for sharing HEN data.

Since the *2021 HIT Roadmaps*, there has been a significant increase in tools being leveraged for access to and sharing of hospital event notifications (from three to seven).

Figure 5: HEN Tools Used by CCOs and Providers

Tool	# of CCO organizations
Collective Platform/EDIE	12
Reliance eHealth Collaborative	3
Epic Care Everywhere EHR	3
Arcadia	2
Trizetto's Clinical CareAdvance	2
TruCare	1
Activate Care	1

HIE for Hospital Event Notifications: Strategies to Support Increased Access and Use

The figures below represent the strategies CCOs reported using in 2020, 2021, and CCOs' planned strategies for 2022-2024. *Figure 6* represents strategies CCOs implemented to increase *provider* access to hospital event notification tools. *Figure 7* represents strategies for improving access to hospital event notifications *within the CCO*. (See *Appendix A – Tables 2 and 3* for additional details on which strategies have been included in each category.)

Overall, CCOs adopted a wider range of strategies in 2021 than in 2020. CCOs are increasingly using hospital event notifications to identify members at risk for high utilization and provide care coordination with the goal of reducing unnecessary health care utilization. Increased collaboration with external partners is also planned.

Figure 6: 2020, 2021 & 2022-2024 Strategy Comparison for Increasing Provider Access to HEN

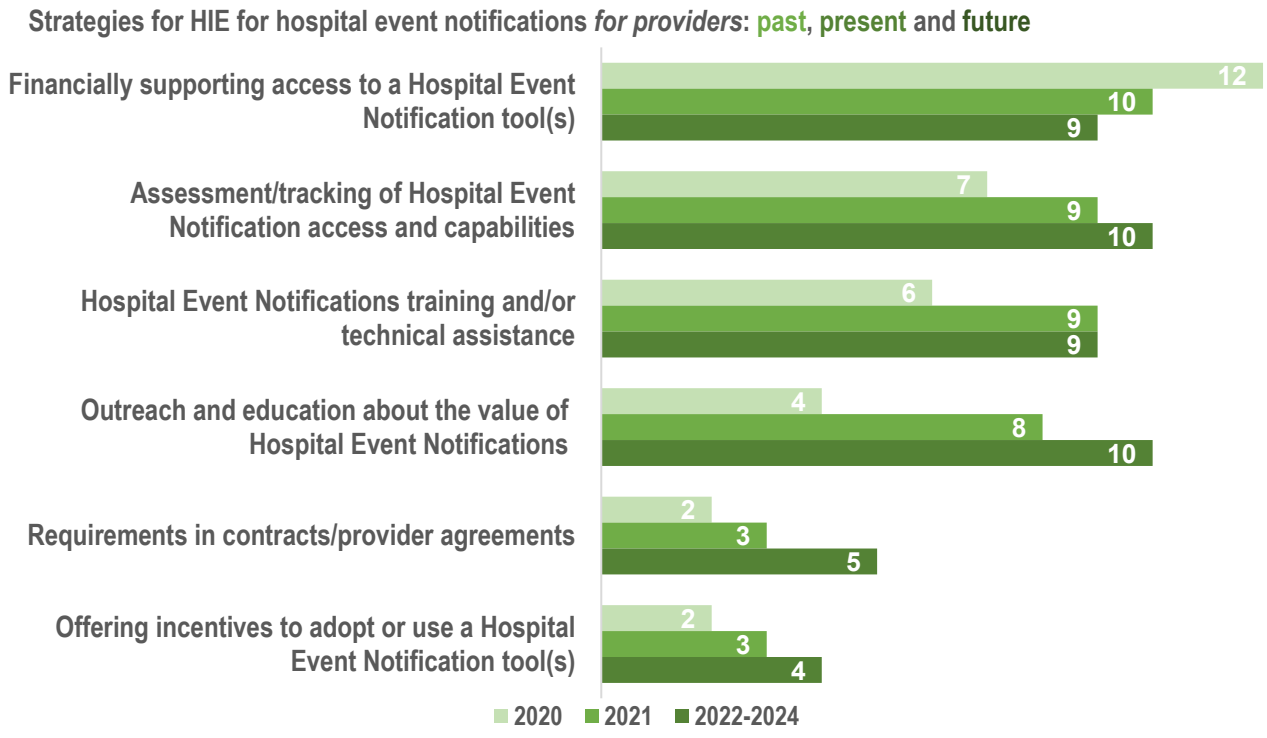
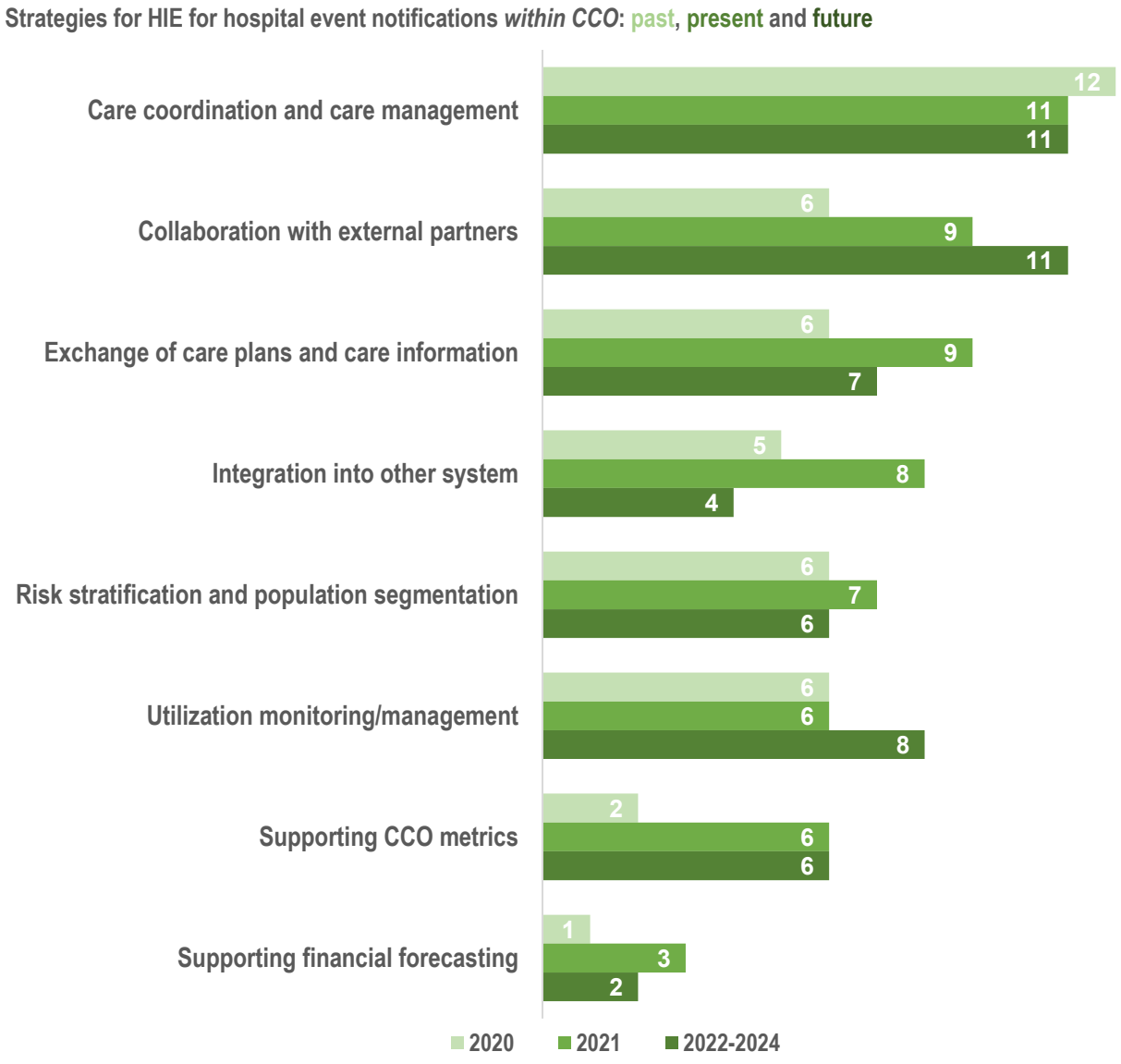


Figure 7 represents strategies for improving access to hospital event notifications *within the CCO*. (See *Appendix A – Tables 2 and 3* for additional details on which strategies have been included in each category.)

Overall, CCOs adopted a wider range of strategies in 2021 than in 2020. CCOs are increasingly using hospital event notifications to identify members at risk for high utilization and provide care coordination with the goal of reducing unnecessary health care utilization. Increased collaboration with external partners is also planned.

Figure 7: 2020, 2021 & 2022-2024 Strategy Comparison for Using HEN Within CCO



CCO Spotlights: Supporting HIE for Care Coordination and Hospital Event Notifications

Yamhill CCO

As part of their HIE tool enhancement efforts, Yamhill CCO (YCCO) is planning to evaluate the merits of pro-actively engaging its members in digital health solutions, including the merits of launching a member portal. YCCO also plans to encourage its members to engage in curated digital health solutions and license and promote the use of a remote monitoring solution among targeted cohorts of YCCO's members.

PacificSource

To explore the feasibility and utility of integrating claims data into the Collective Platform, PacificSource Community Solutions (PCS) is pursuing a pilot project to aid in the care of pediatric asthma patients. A first of its kind in the country project for Collective Medical, this pilot includes the ingestion of PCS pharmacy claims data into Collective to create an innovative report combining claims and hospital event data. This report intends to provide primary care pediatricians with visibility into what is going on with their asthma patients, specifically around medication management, e.g., is the patient adhering to their prescribed medication plan. PCS spent much of 2021 developing use cases in this novel environment to create the groundwork for this effort.

Trillium

Trillium works extensively with Dental Care Organization (DCO) partners to identify and address HIE barriers for oral health providers. DCOs participate in Trillium's CCO Incentive Program, which provides funding to reward performance on oral health measures (e.g., preventative dental services and oral evaluation for adults with diabetes measures). This additional revenue stream can help providers further integrative efforts, increase access to care, and increase the quality of care and experience of the member. This funding has been creatively used by one of the DCOs in 2021 to fund a Mobile Dental Van, designed to bring oral health services to the member.

Jackson Care Connect

With large behavioral health partners onboarded onto Collective Medical and active users of the platform to support internal care coordination activities, Jackson Care Connect (JCC) is planning to conduct an assessment of the HIE functionality and needs among all contracted behavioral health providers. Based on the results of the survey, JCC will identify any behavioral health-specific barriers to HIE adoption and will develop a separate HIE adoption strategy, as needed.

Honorable Mentions: Supporting HIE for Care Coordination and Hospital Event Notifications

The strategies listed below are examples of how CCOs support, or plan to support, increased access to HIE for Care Coordination and Hospital Event Notifications among their contracted providers. These strategies are represented in the strategies reported in *Figures 4* and *6*.

Some strategies described in CCOs' HIE for Care Coordination sections are better suited to the HIT to Support SDOH Needs section. We have withheld these strategies from this summary; where applicable, these strategies are included in the CCO Spotlights and Honorable Mentions in the HIT to Support SDOH Needs portion of the Roadmap summary.

Behavioral Health

2021 CCO Accomplishments

- Assisted two county Assertive Community Treatment teams onboard to the Collective Platform to support care coordination initiated by real-time hospital event data.
- Developed Collective Platform cohort supporting the CCO Initiation and Engagement of Substance Use Disorder Treatment (SUD-IET) quality incentive measure by helping providers to engage members in follow-up care around SUD treatment after a hospital encounter.

2022 – 2024 CCO Plans

- Explore options to give subcontracted behavioral health providers who share risk for population management better access to HIE information for full CCO membership.
- Develop and offer training modules focused on integrating Collective Medical data into behavioral health clinical workflows.

Oral Health:

2021 CCO Accomplishments

- Built provider portal functionality that allows physical health providers to send referrals to dental plan partners.
- Supported DCO use of the Collective Platform to receive real-time emergency department (ED) notifications for dental-related visits and perform follow-up case management, e.g., outreach/education to the member, scheduling a dental appointment, etc.

2022 – 2024 CCO Plans

- Continue and build on a piloted program to screen for depression (PHQ-9 and PHQ-2) in dental offices and refer members for behavioral health care coordination.
- Expand use of primary care to oral health referral technology, including education and communication about closed loop referrals.

Across All Provider Types

2021 CCO Accomplishments

- Identified priority members for care coordination using COVID lab results and vaccination status provided by Reliance.
- Financially supported integrating Reliance with provider EHRs.

- Created an internal dashboard to monitor contracted providers' engagement with the Collective Platform. The dashboard is used to identify opportunities for targeted outreach and technical assistance efforts by CCO.
- CCO case managers began adding their contact information into the Collective Platform's Care Team section, which helps allow better collaboration between providers and case managers who are working closely with members.
- Developed new algorithms to identify members experiencing social determinants of health issues using: Collective Medical data feeds, specific Reliance reports, Connect Oregon/Unite Us database copies, claims data, and eligibility files.

2022 – 2024 CCO Plans

- Explore Epic's Payer Platform, which supports communication between payers and providers.
- Evaluate HIE for care coordination as a criterion for payment stratification.
- Pilot Collective Medical's "Assigned/Not Established Patients" functionality, which provides clinics and providers a report of patients assigned to them across multiple health plans and CCOs who they have not seen, or engaged with, yet.

2021 Barriers to Supporting HIE for Care Coordination and Hospital Event Notifications

Figures 8 and 9 below represent the number of CCO organizations that reported the different barriers to supporting their contracted physical, oral, and behavioral health providers with HIE for Care Coordination and Hospital Event Notifications. As expected, COVID-19 was the most-cited barrier. The ongoing pandemic was a drag on provider staff resources and minimized providers' perception of HIE's value. Two CCOs also reported difficulty encouraging Epic users to adopt other HIE platforms, as these providers view Epic as sufficient for their needs. Barriers specific to supporting HIE for hospital event notification included CCOs' lack of access to complete data on clinic engagement with Collective. OHA has begun distributing engagement data to CCOs to address this issue. Additionally, some CCOs have noted that ambiguous federal policies (especially 42 CFR part 2), combined with clinics' differing tolerance for risk, has created an environment in which data is shared inconsistently between clinics.

Figure 8: 2021 CCO Reported Barriers to Supporting HIE for Care Coordination

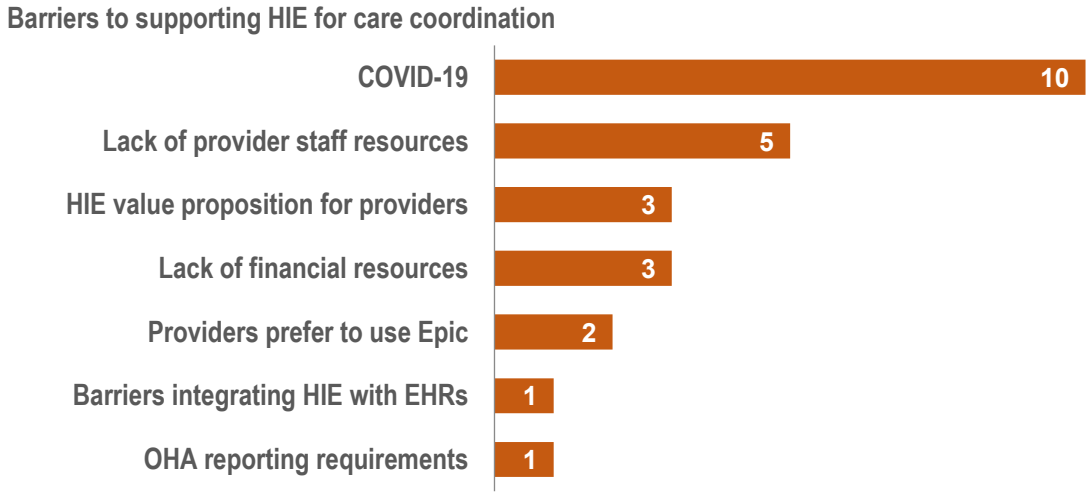
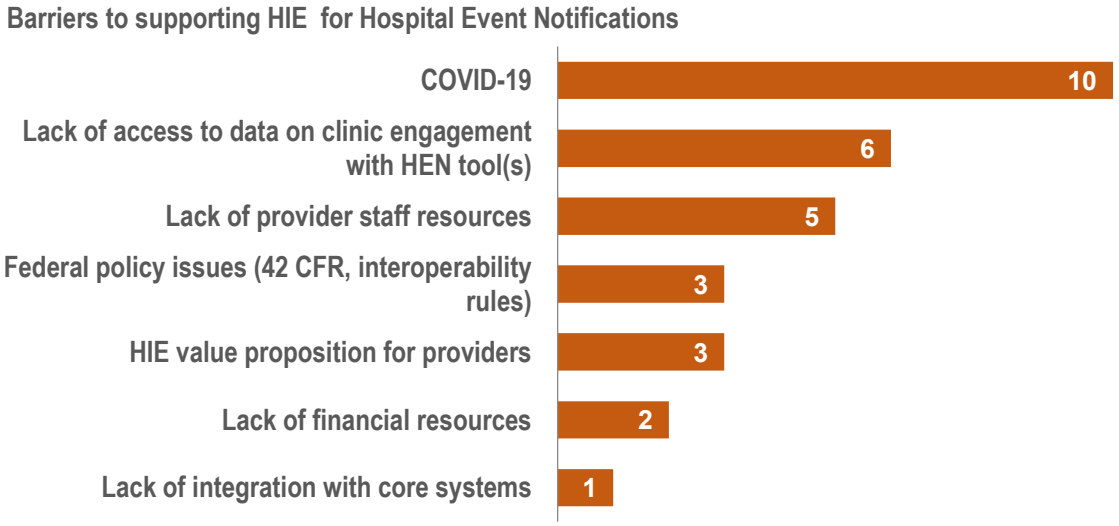


Figure 9: 2021 CCO Reported Barriers to Supporting HIE for Hospital Event Notifications



OHA Support Requests

Figures 10 and 11 below represent the number of CCO organizations that reported ways that OHA could support their efforts in supporting their contracted physical, oral, and behavioral health providers with HIE for Care Coordination and Hospital Event Notifications. Many of these requests reasonably follow from the barriers discussed above. Most CCOs expressed appreciation for OHA's role as convener and coordinator of disparate partners and groups, though some also suggested OHA reduce CCOs' reporting burden. Two CCOs also see a role for OHA to support improvements to broadband infrastructure in Oregon. Slow internet connections, a particular problem for rural providers, reduce the efficacy of any data-sharing technology.

Figure 10: 2021 CCO Requested Support from OHA for HIE for Care Coordination

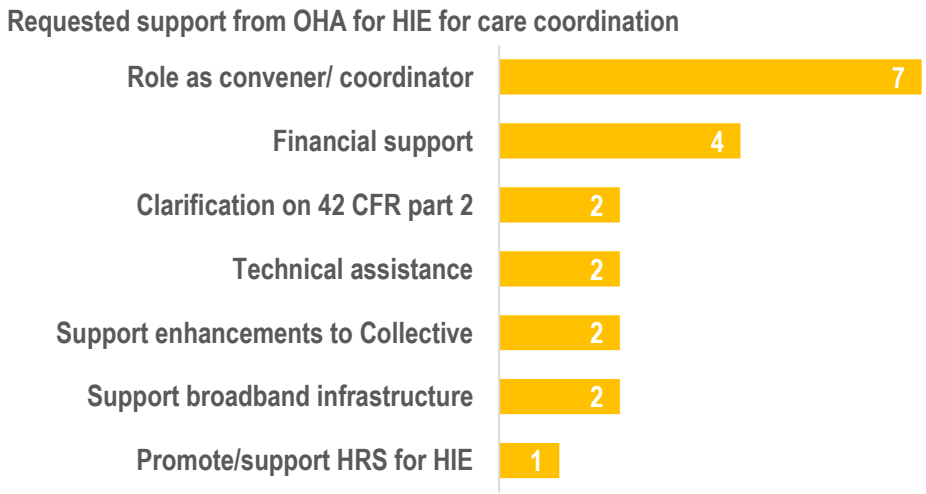
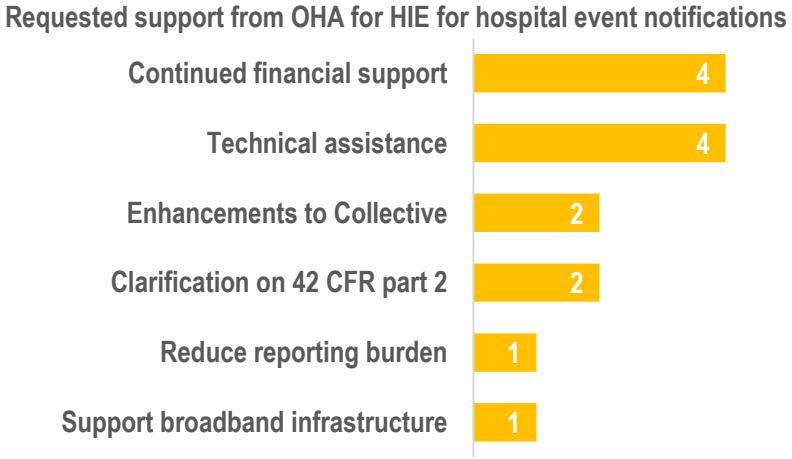


Figure 11: 2021 CCO Requested Support from OHA for HIE for Hospital Event Notifications



Appendix A: Definitions and Examples of CCO Strategies for HIE support

Table 1: Increasing Provider Access to HIE for Care Coordination Strategies Defined

Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding	CCO provides funding (partial or complete) for HIE tool implementation, access, or use. Examples include: - Supporting regular, secure exchange of physical health information to dental plan partners to promote health for prioritized populations - Supporting care management or case management tools that support member care coordination efforts - Offering an HIT stipend for providers that meet certain benchmarks (e.g., connecting to Reliance HIE) - Distributing stabilization funds to network partners to support the transition to telehealth visits - Funding a pilot to place electronic tablets in a health care organization to allow patient screening information to be shared by physical, oral, and behavioral health organizations
Enhancements to HIE tools (e.g., adding new functionality or data sources)	CCO investment or other efforts to improve HIE tools, often by enhancing functionality or adding data sources. Examples include: - HIE/provider portal functionality enhancements, such as ability to refer to CCO care coordination, referrals between primary care and dental - Adding data related to high value use cases with HIE vendor, such as adding member diagnoses to provider portal, adding SDOH insights, PERC codes to identify priority populations such as Foster Care, Long Term Services and Supports, and Member's deemed ICC Eligible - Updating/upgrading care coordination tools to implement new capabilities - Collaborating with Collective to improve system performance, speed, and adopting technical best practices like performance audits - Collaborating with providers and partners on optimizing their use and exploring enhancements
HIE training and/or technical assistance	CCO has staff, expertise, and resources to provide training or technical assistance to providers who are adopting or utilizing HIE tools. Examples include: - Assisting provider's office staff to access or onboard to an HIE tool or platform - Helping providers understand what information can be accessed through the tools they have access to, how to utilize an implemented tool for care coordination, or how to further optimize their use of current tools - Partner with HIE tool vendor to provide technical assistance to providers/clinics - Augmenting CCO staff with HIE subject matter experts/coaches - Facilitating learning sessions or virtual training to providers on HIE best practices

Collaboration with network partners and others	CCO-created opportunities or forums for collaboration with network partners and providers on supporting HIE adoption. Examples include: - Collaborating on implementing high value HIE use cases (e.g., authorizations, care plans, BH internal care coordination use cases) - Partnering with HIE vendors on meeting needs of CCO and partners - The creation of a multidisciplinary steering committee/governance body that includes providers - Developing a regional approach, visioning, and strategic alignment with CCO partners, providers, community - Sharing best practices, use cases with CCO partners, across CCOs - Collaborating with DCOs and/or BH partners to encourage HIE - Coordinating with OHA and other CCOs to enhance data sharing under the transitions of care requirements
Assessment/ tracking of HIE adoption and capabilities	CCO-facilitated activity that results in the collection of data and increased understanding of providers' HIE capabilities, gaps, and barriers and can be used to inform HIE adoption strategy, resource allocation, and targets. Examples include: - Environmental scans/HIT ecosystem investigation - Provider surveys and interviews on HIE adoption and utilization, benefits, and concerns - Provider assessments of readiness and understanding of HIE tool(s) - Assessment of HIE products, EHR sharing capabilities, evaluating success of HIE strategies, and return on investment - Defining current state and future HIE capabilities needed - Compiling HIE use cases - HIE adoption/utilization tracking, including dashboard report for tracking and monitoring provider activity/use of an HIE tool, assessing volume/types of data contributed to HIE
Outreach and education about value of HIE	CCO-facilitated activity that encourages providers to adopt or use HIE for care coordination. Through various methods of outreach, CCO shares the value of HIE and business cases. Examples include: - Conducting introductory meetings with HIE vendors and providers to share benefits of HIE - Conducting face to face meetings, sending letters/emails/newsletters, or making phone calls to providers to explain impact of HIE on patient and clinic outcomes - Developing a provider engagement plan - Educating providers and provider staff on existing HIE capabilities, benefits and successful use cases

	- DCOs implementing an educational campaign on HIE tools that highlights the workflows and benefits specific to dental practices - Encouraging the adoption of HIE technology among oral health and behavioral health providers specific to hospital event notifications and the prescription drug monitoring program
Integration of disparate information and/or tools with HIE	CCO investment or other efforts related to integrating data from or to HIE tools or improving workflow between tools. Examples include: - Integrations with EHRs, such as HIE into EHRs, ingesting EHR data into care coordination/population management tools, integrating EHRs for referrals into CIE, integrating primary care, behavioral health and DCO EHRs to connect directly - Integrating data including, ADT data from Collective into care coordination or population management tools, dental claims, COVID data, HIE data into quality programs as supplemental data - Consolidating information across systems, integrating data within our enterprise data warehouse, providing claims data to providers, developing "claims + EHR" data set for members, - Integrations between tools such as: between population management, care coordination, and/or HIE tools - Integrating data into one tool for provider use to target/reduce provider fatigue from multiple platforms, Single Sign On to HIE in Provider Portal; and - Connecting tools to community-based organizations or other partners, incorporating SDOH service providers into care coordination and referral workflows.
Requirements in contracts/provider agreements	CCO has included requirements in provider contracts/agreements around HIE or use of HIE tools. Examples include: - Adding requirements for digital authorization and claims submission for In-Network providers - Including language in our hospital contracts that set expectations for use of Collective via contribution of content via Care Insights
Offer hosted EHR product (that allows for sharing of information between clinics using the shared EHR and/or connection to HIE)	CCO supported the implementation of cloud-based EHR in the community that gives providers access to Reliance, Commonwell, and Carequality platforms.

Table 2: Increasing Provider Access to Hospital Event Notifications Strategies Defined

Financially supporting access to the Collective Platform	Through its own contract with Collective Medical Technologies, CCO pays for its contracted providers to access the Collective Platform tool, including real-time HEN for their patients.
Assessment/ tracking of Hospital Event Notification access and capabilities	CCO-facilitated activity that results in the collection of data and increased understanding of providers' access to timely HEN, use of HEN and associated tools, and gaps and barriers to adopting and utilizing HEN that can be used to inform CCO strategy, resource allocation, and targets. Examples include: - Environmental scans/HEN ecosystem investigation - Provider surveys and interviews - Tracking usage of HEN tool via reports from vendor
Hospital Event Notifications training and/or technical assistance	CCO has staff, expertise, and resources to provide training or technical assistance to provider organizations that are interested in onboarding to a HEN tool, or already have access and need help learning to use or optimize use. Examples include: - Workflow optimization and improvement - HEN tool user training/best practices
Outreach and education about the value of Hospital Event Notifications	CCO-facilitated activity that encourages providers to adopt timely HEN tools into their workflows. Through various methods of outreach, CCO shares value of HEN and business cases. Examples include: - Calling, emailing, or meeting in-person with providers - Sending newsletters - Conducting webinars
Requirements in contracts/ provider agreements	CCO has included requirements in provider contracts/agreements around the adoption and/or use of a HEN tool. For example: - Including language in hospital contracts that set expectations for using and contributing hospital data to a HEN tool
Offering incentives to adopt or use a Hospital Event Notification tool	CCO directly providing, or coordinating through partners, incentives for providers related to using HEN and/or a HEN tool. Examples include: - Coordinating with partner DCOs to include financial incentives for using HIE such as HEN into dental/oral health provider agreements - Running a program that offers stipends to providers who adopt HIE technology, including HEN tools

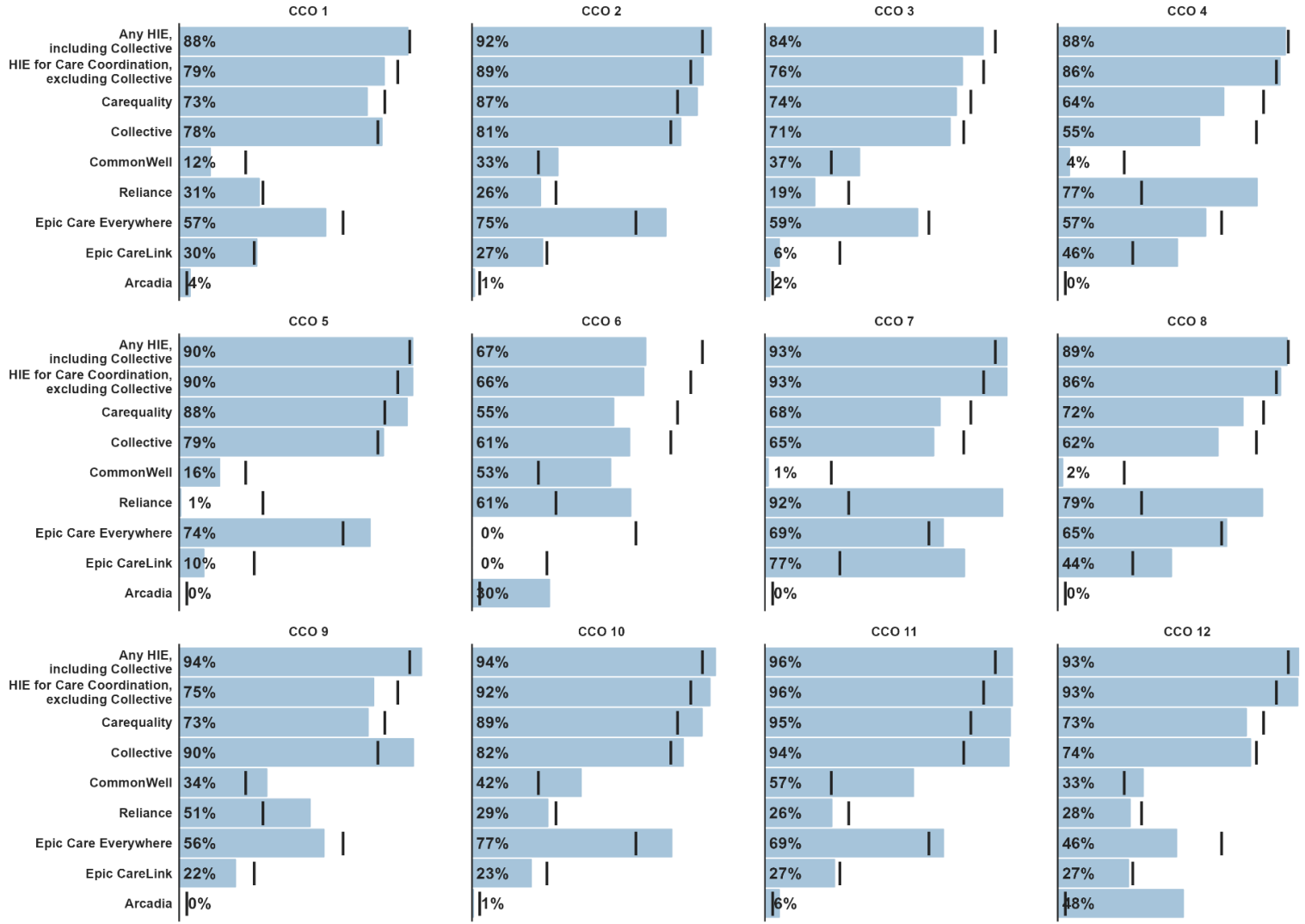
Table 3: Using Hospital Event Notifications Within CCO Organization Strategies Defined

Care coordination and care management	CCO utilizes real-time HEN or HEN tools to support care coordination, i.e., the deliberate organization of member care activities between two or more participants involved in a member's care to facilitate the appropriate delivery of health care services. Examples include: - Utilizing Collective Platform cohorts and reports as tools for addressing care coordination and population health management - Addressing member history and demographic data, including for new members and members who are transitioning from other CCOs - Leveraging the Collective Platform as a central location for communicating member data across network providers, hospital systems, and CCOs.
Risk stratification and population segmentation	CCO utilizes HEN tools to support risk stratification efforts, i.e., identifying/segmenting member populations by risk levels to support resource distribution planning and other care coordination activities. Examples include: - Incorporating member risk scores into the Collective Platform, communicating them both internally and with other health care partners using the network - Using risk scores in the Collective Platform to build cohorts to track high risk populations and provide optimal interventions after hospital encounters - Using population segmentation in the Collective Platform to assign care managers to high-risk members, e.g., Intensive Care Coordination, Severe and Persistent Mental Illness, diabetes, high-risk pregnancies, and substance use disorders
Integration into other system	CCO directly integrates real-time HENs from a HEN tool into a separate system so they are part of existing care coordination and care management workflows. Examples include: Integrating hospital ADT feeds from the Collective Platform into care management platforms like Activate Care or Medecision where HENs can be configured to trigger follow-up workflows, e.g., case manager assignment
Exchange of care plans and care information	CCO utilizes HEN tool to enter care plans and care information so that it may be shared with across the continuum of care. Examples include: - Entering "Care Insights" into the Collective Platform to communicate valuable, relevant information to clinicians that may encounter the member in an ED setting - Attaching care plans to member records in the Collective Platform so they are accessible to other providers on the member's care team
Collaboration with external partners	CCO convenes regular meetings with external partners using HEN data to help plan for the care of specific members. Examples include:

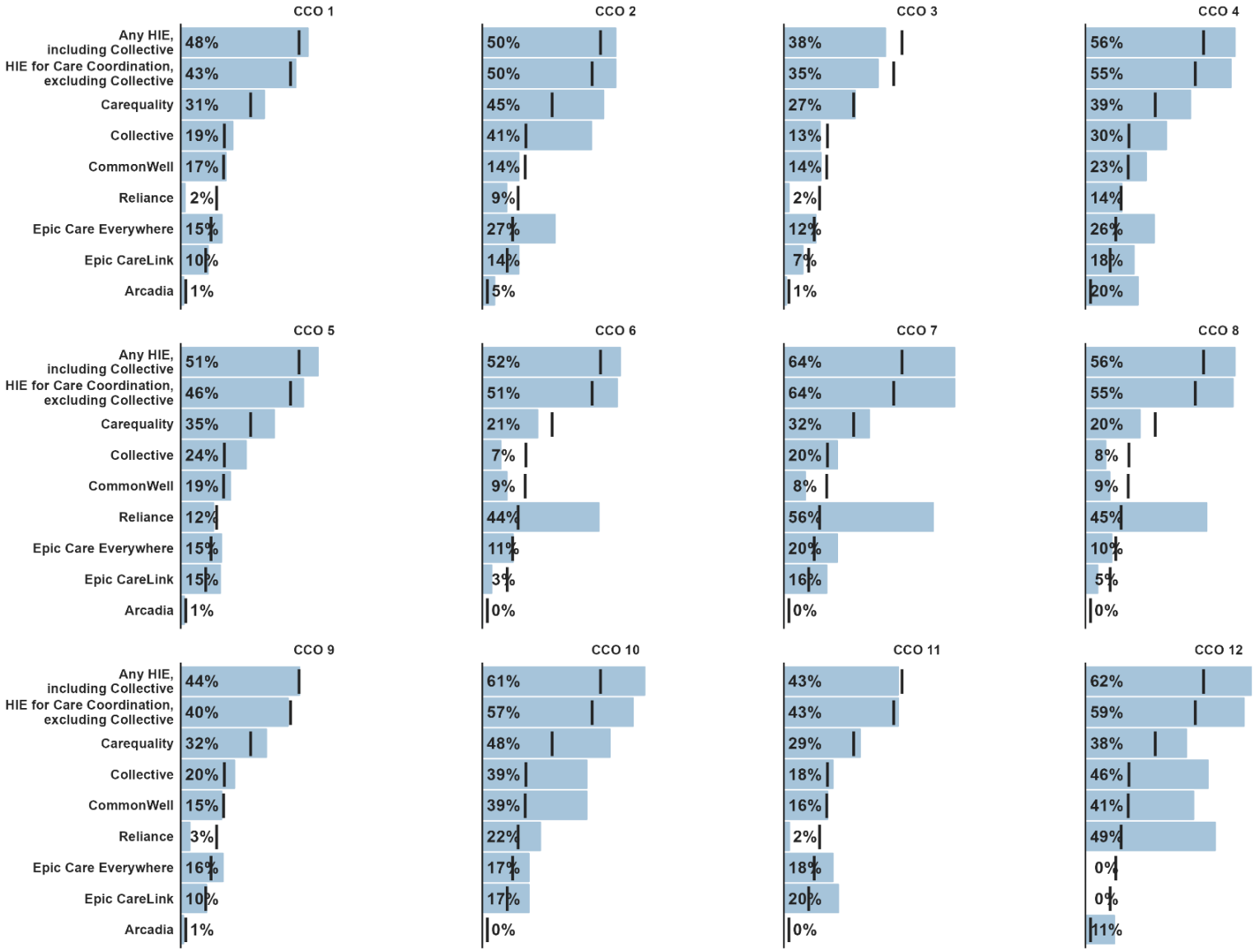
	- Multidisciplinary team meetings where primary care, Community Mental Health Programs (CMHPs), dental, and public health agencies come together to assess specific members who have complex needs (as identified by cohorts within a HEN tool) and coordinate on shared care plans, which are uploaded into the HEN tool and attached to future notifications
Utilization monitoring/ management	CCO using ED utilization data from HEN tool to proactively identify members at risk for high utilization and provide care coordination with the goal of reducing unnecessary health care utilization where appropriate. Examples include: - Integration of inpatient ADT data from HEN tool into CCO utilization management system to trigger staff follow-up tasks post discharge - Utilization management staff use daily reports in the Collective Platform to ensure timely warm hand offs to CMHPs for high-risk members with behavioral health hospital admissions
Supporting CCO metrics	CCO utilizes timely HEN to support workflows aimed at achieving goals of CCO quality metrics. For example: - Identifying members that impact CCO quality metrics, e.g., the SUD-IET measure, via cohorts within a HEN tool so staff and providers are notified of ED visits and can quickly provide care coordination outreach
Supporting financial forecasting	CCO utilizes timely hospital admission data from HEN tool in lieu of authorization data for financial forecasting

Appendix B: Additional HIE adoption charts

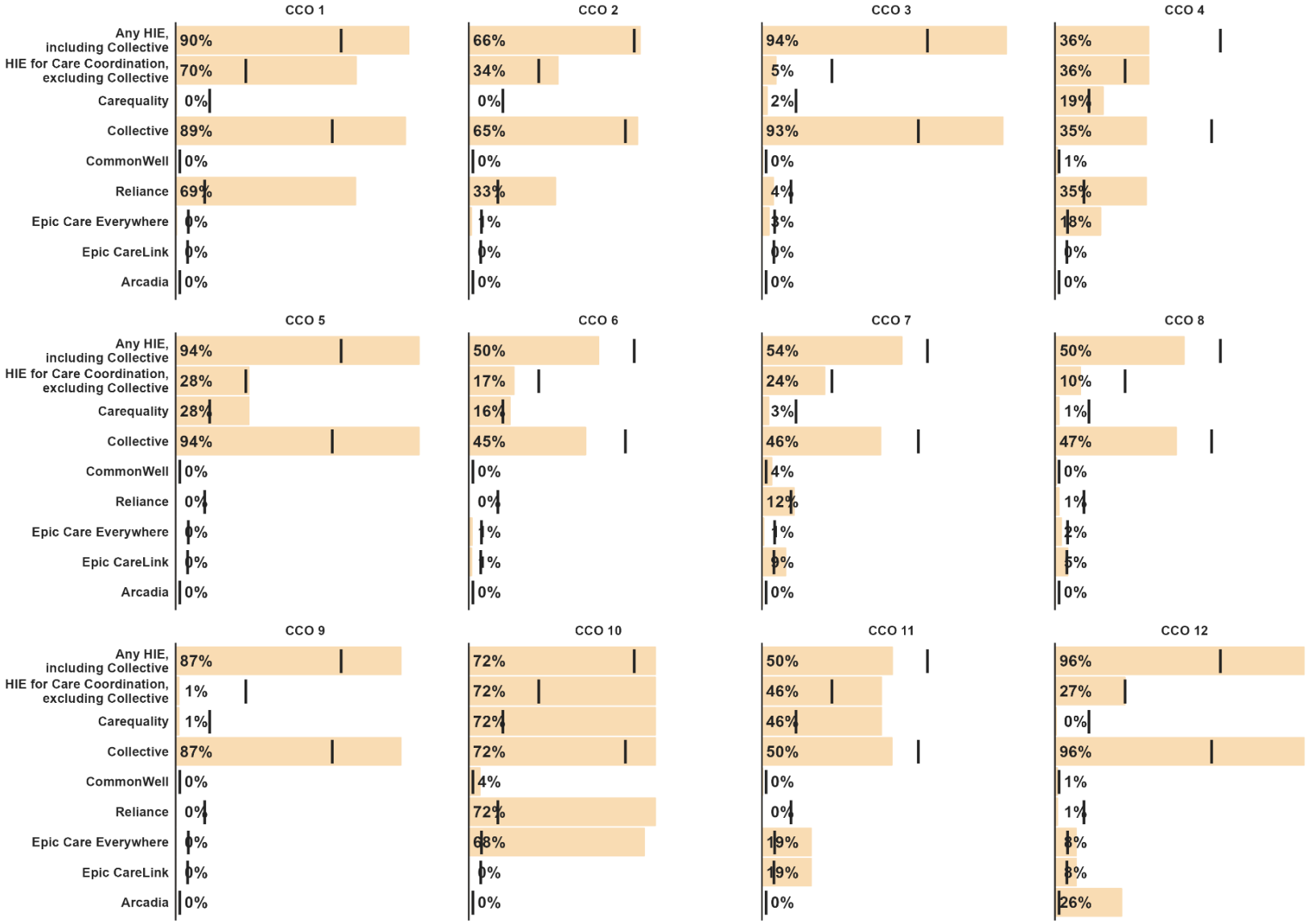
Physical health organization HIE adoption weighted by number of providers (provided in CCO DSN files) (vertical lines are overall averages)



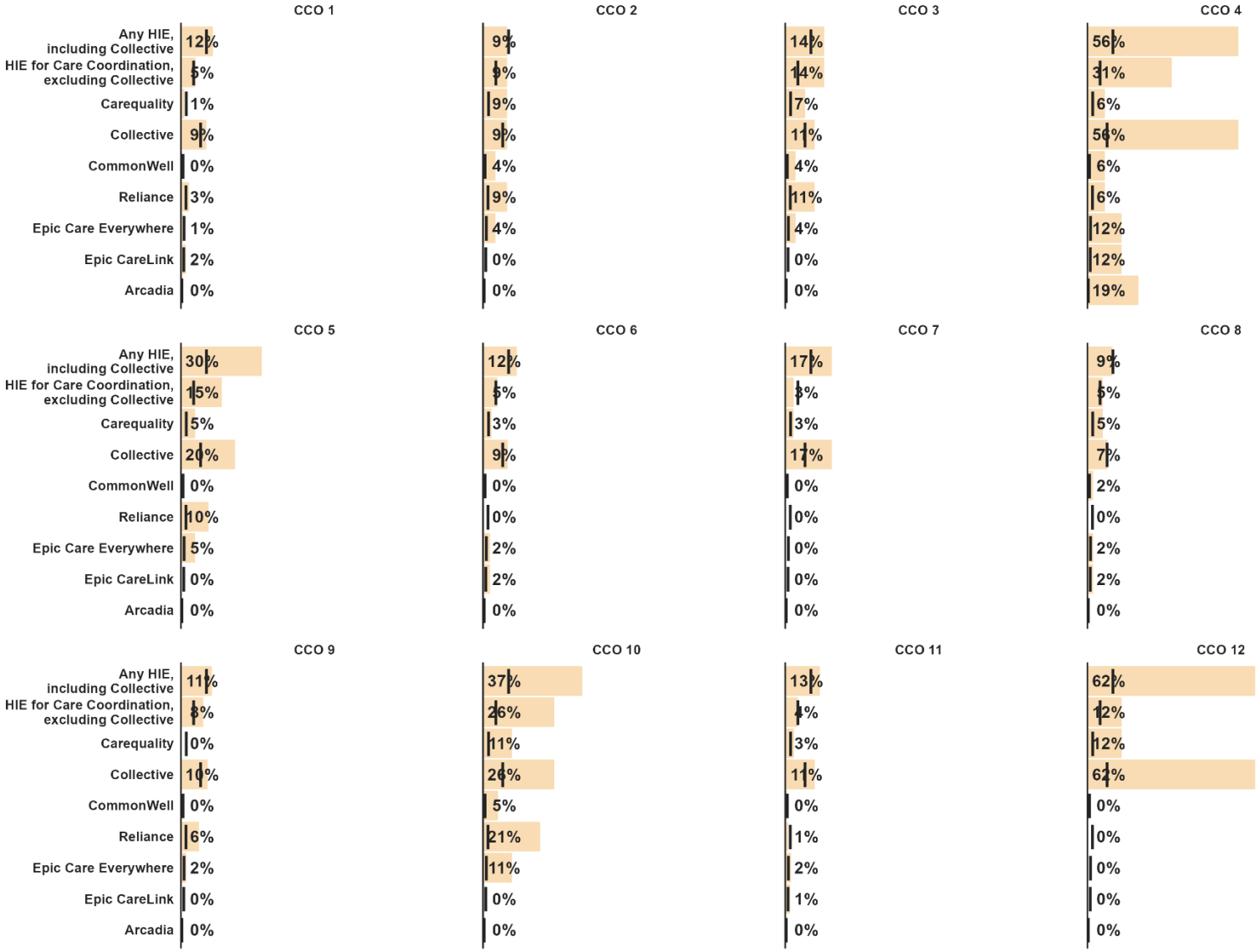
Physical health organization HIE adoption unweighted



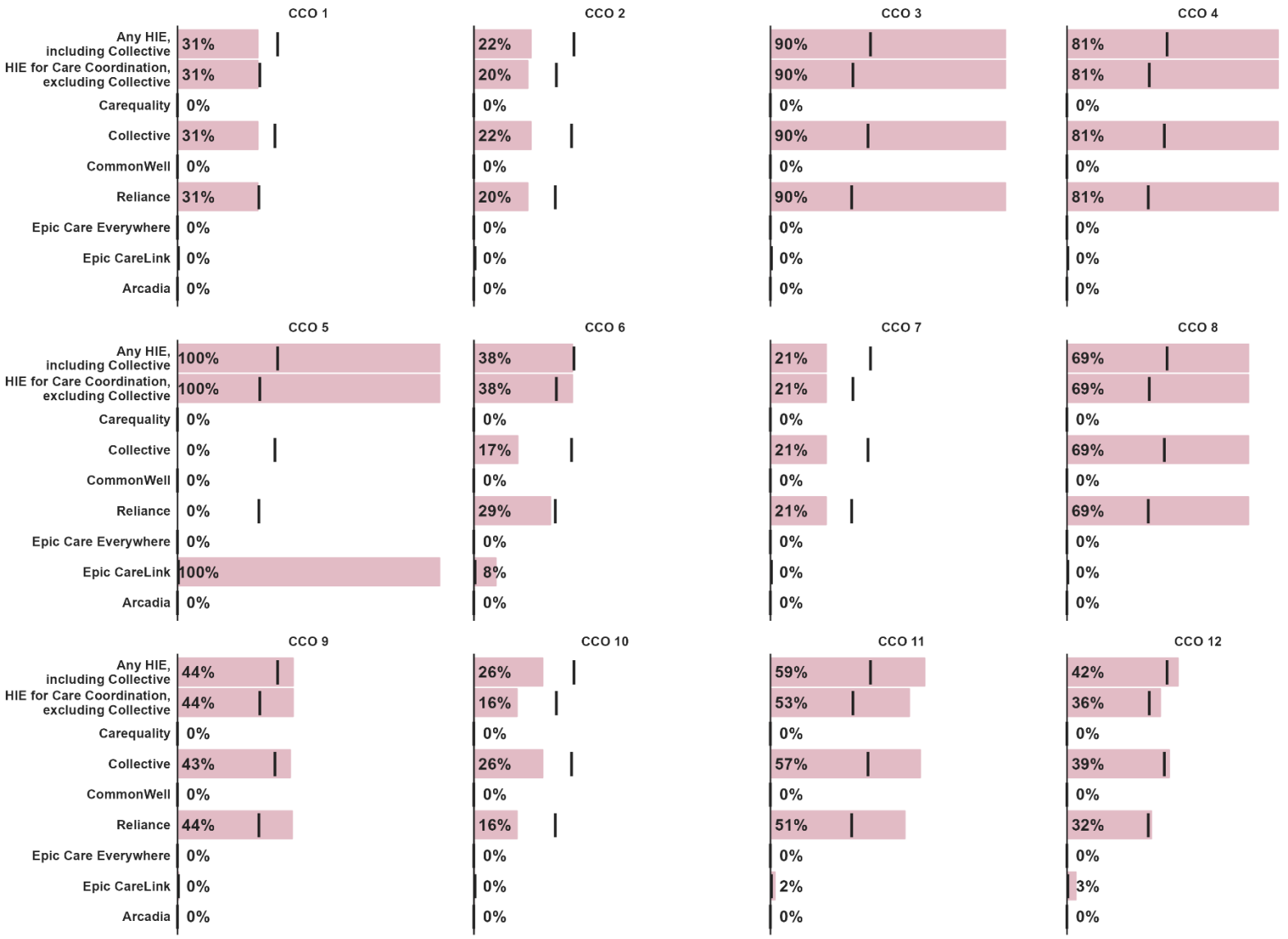
Behavioral health organization HIE adoption weighted by number of providers (provided in CCO DSN files)



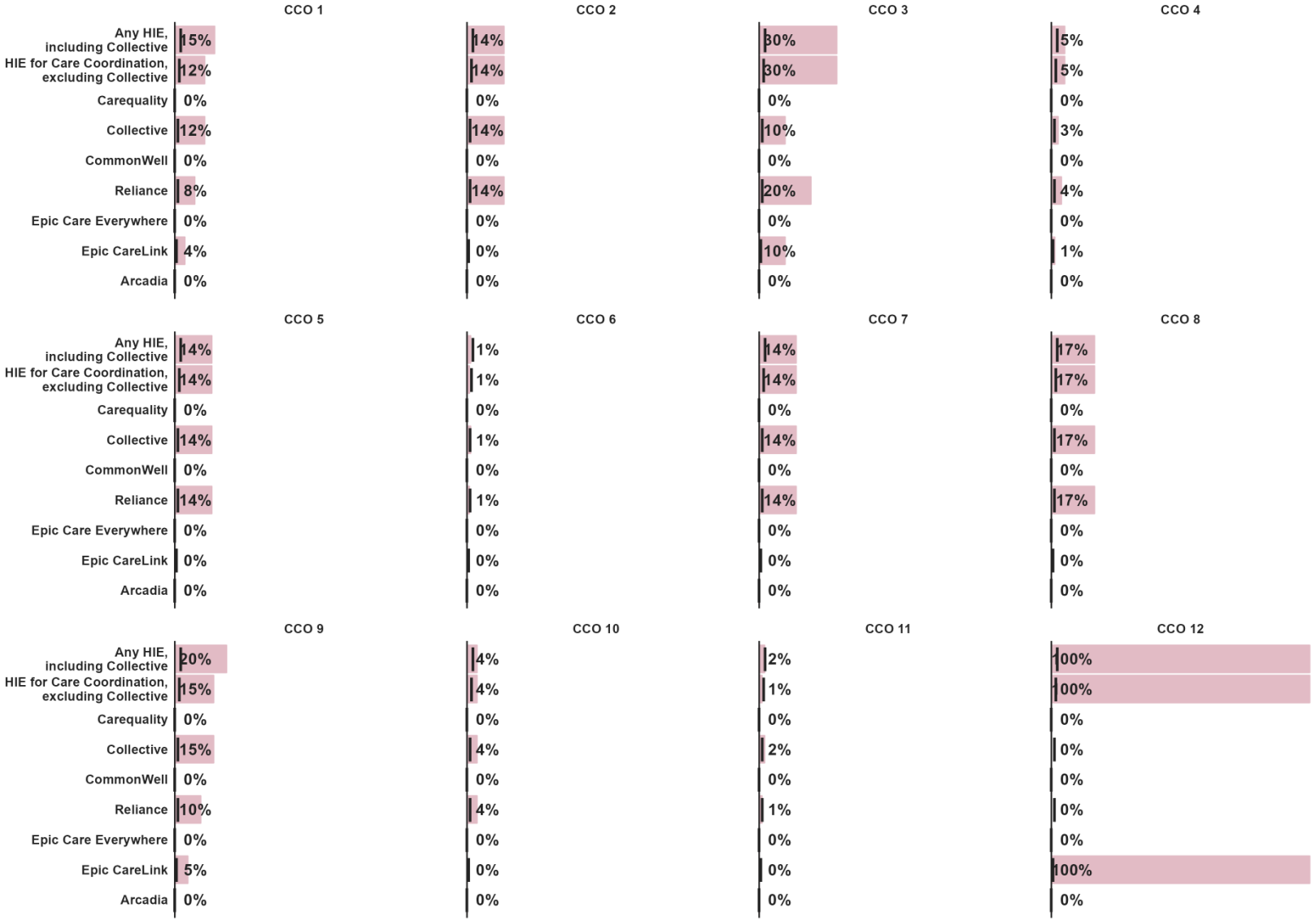
Behavioral health organization HIE adoption unweighted



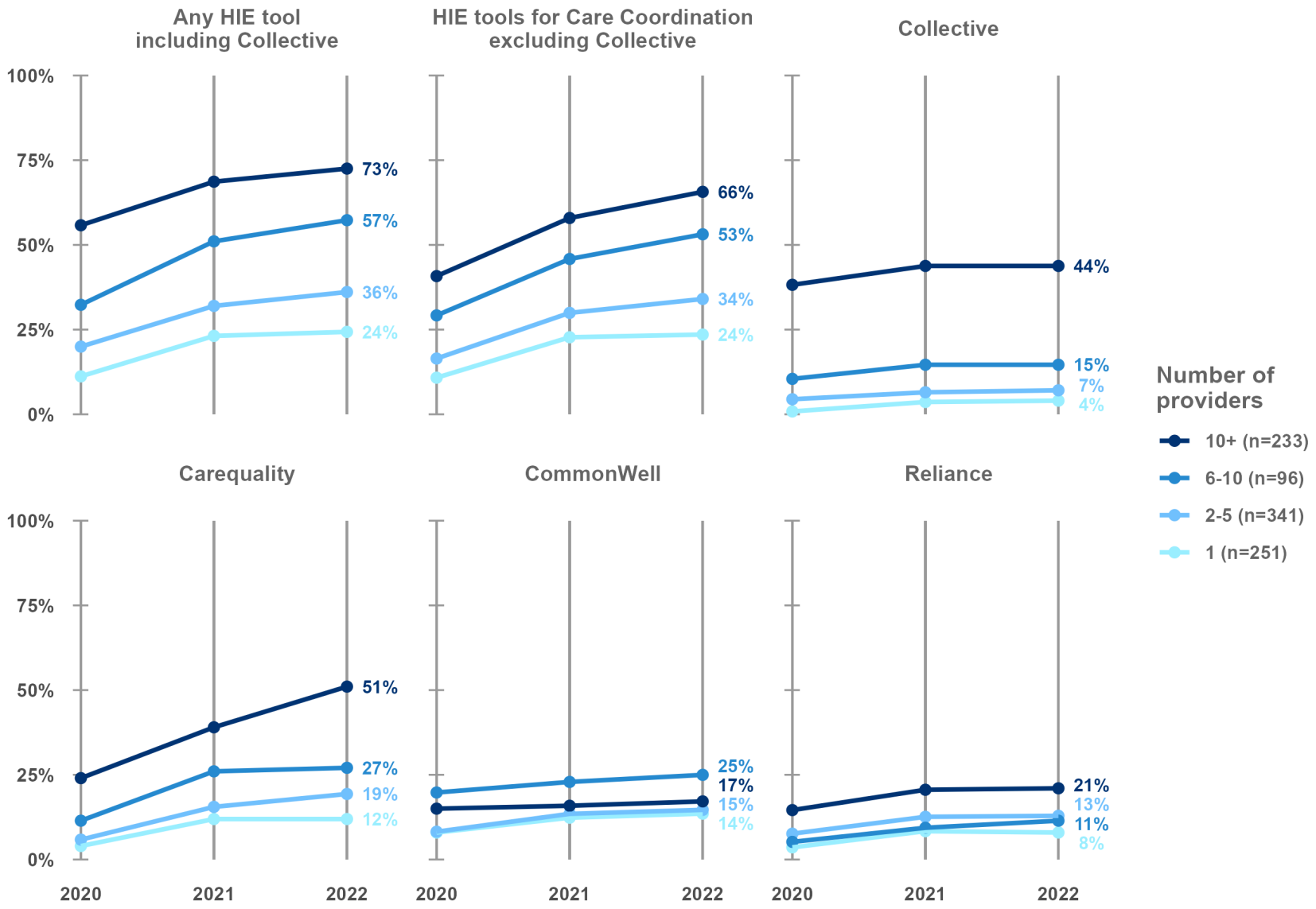
Oral health organization HIE adoption weighted by number of providers (provided in CCO DSN files)



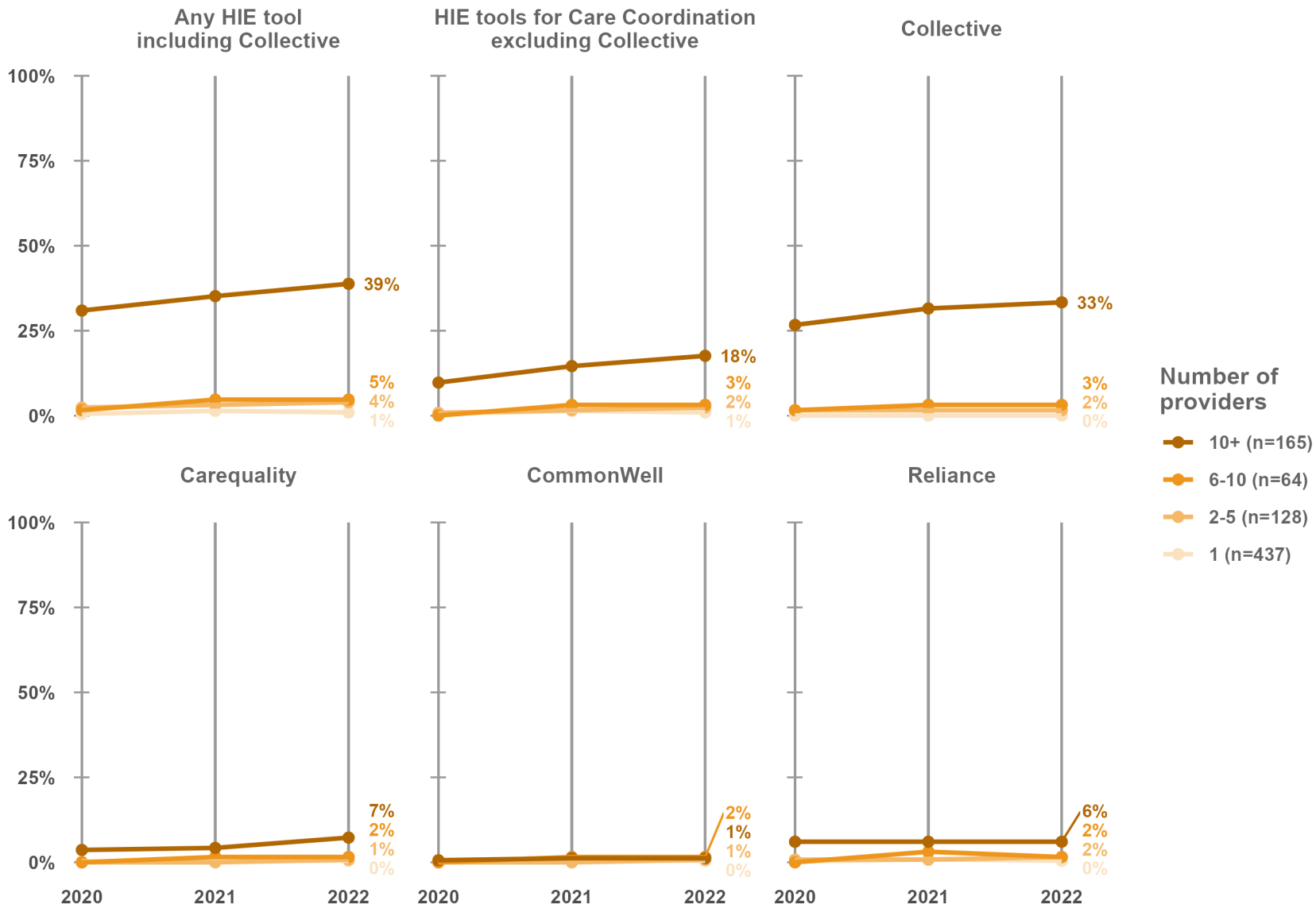
Oral health organization HIE adoption



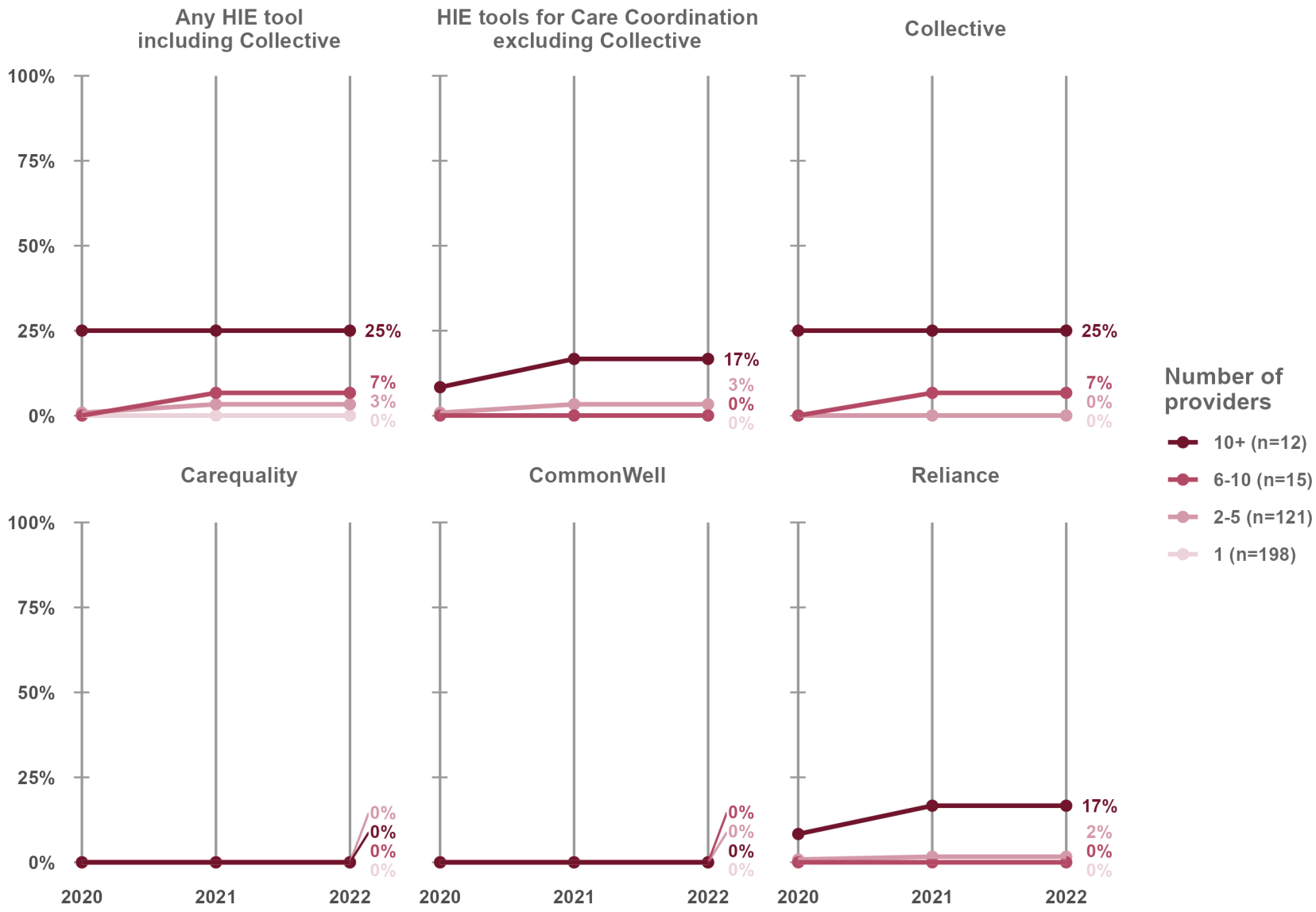
Physical health HIE adoption by size category



Behavioral health HIE adoption by size category



Oral health HIE adoption by size category



HIT to Support Social Determinants of Health Needs

This section is focused on CCO strategies for HIT to support SDOH needs both within the CCO and among their contracted providers and community-based organizations (CBOs). This summary document includes:

- CCO implemented and supported HIT tools for supporting SDOH needs
- CCO strategies for supporting contracted providers and CBOs with HIT to support SDOH needs
- Spotlights and Honorable Mentions
- CCO-identified barriers to supporting HIT to support SDOH needs
- Requests for OHA support for supporting HIT use for SDOH needs

CCO Implemented and Supported HIT Tools to Support SDOH Needs

CCOs have implemented a variety of HIT tools to support SDOH needs (see *Figure 1* below). These include community information exchange (CIE), care and case management, population health management, and data analytic tools. Each serve a different purpose and helps CCOs identify and support members' SDOH needs.

CCOs have supported contracted provider and/or CBO access to and/or implementation of some tools, and others are used to support CCO activities, including providing relevant information to providers/CBOs.

Figure 2: 2021 & 2022-2024 HIT Tools

Type of Tool	Tool	# of CCO organizations
Community Information Exchange	Connect Oregon (powered by Unite Us)	11
	findhelp (formerly Aunt Bertha)	1
Care Management/ Case Management	CCO Provider Portal (not otherwise specified)	2
	Medecision	2
	Activate Care	2
	HMS Essette Provider Portal	2
	PH Tech's Community Integration Manager	1
	Cognizant's TriZetto Clinical CareAdvance	2
HIE/Care Coordination	Reliance eHealth Collaborative	2
	Collective	7
Population Health Management, Data Analytics	Arcadia Analytics	4

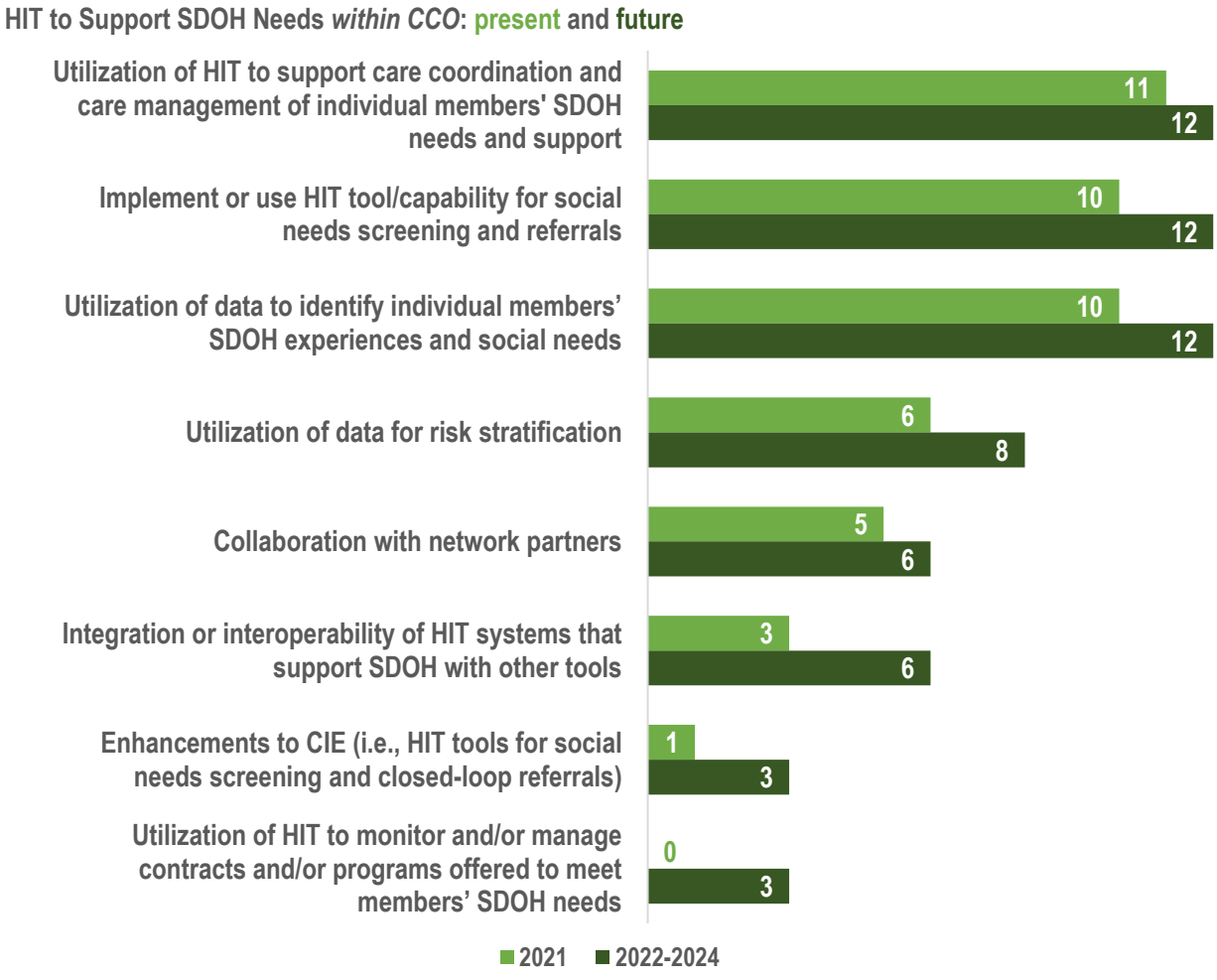
Note: Information represents CCO efforts as of April 2022; CCO strategies and investments have potentially changed since. The 2022 Roadmaps include responses from 12 different CCO organizations, representing all 16 CCOs.

CCO Strategies for HIT to Support SDOH Needs

CCOs reported on strategies for HIT to support SDOH needs in their 2022 Roadmaps across two categories: those implemented internally (within CCO) and those to support their contracted providers and CBOs. *Figures 2* and *3* below represent the numbers of CCO organizations that reported using different strategies in each of these categories in the *HIT to Support SDOH Needs: 2021 Progress* and *2022-2024 Plans* sections of their HIT Roadmap. *Tables 1* and *2* in the *Appendix* include additional details about what has been included in each strategy category.

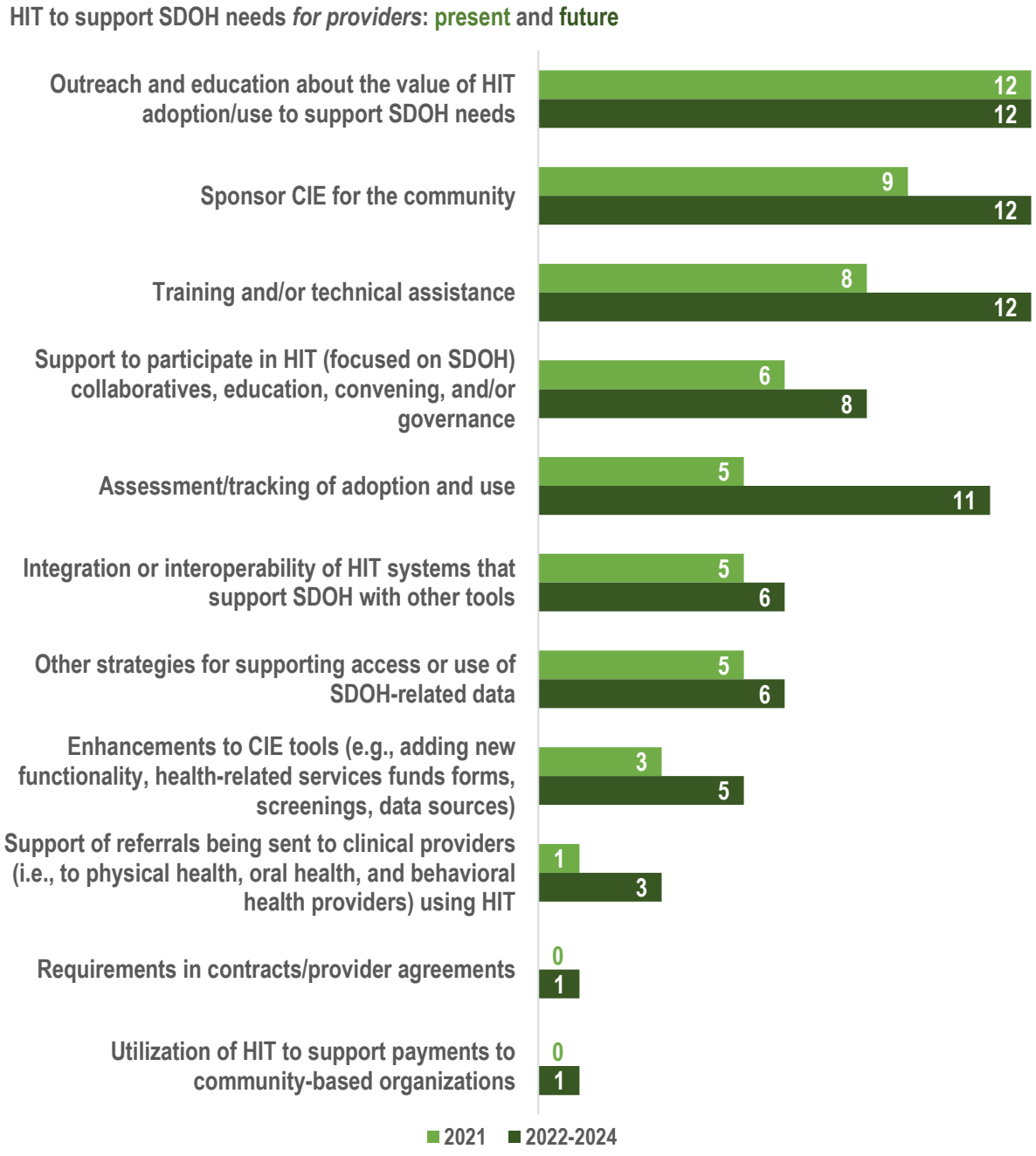
In 2021, most CCOs reported using HIT internally for care coordination and care management of individual members' SDOH needs, using HIT for social needs screening and referrals, and using data to identify members' SDOH experiences and social needs. All CCOs reported that they plan to initiate or continue these three mutually supportive strategies in 2022-2024. Half of CCOs used SDOH-related data to improve risk stratification in 2021, with two more planning to do so in 2022-2024. The number of CCOs pursuing integration or interoperability between HIT systems that support SDOH needs and other HIT tools is set to double from three in 2021 to six in 2022-2024. While this strategy is important for optimizing workflows, it may also be challenging. Two CCOs specifically mentioned difficulty integrating CIE systems with other HIT tools as a barrier to supporting HIT for SDOH needs (*Figure 4*).

Figure 2: 2021 & 2022-2024 Strategies for HIT to support SDOH needs within CCO



CCOs also pursued a broad set of strategies to improve their contracted providers' HIT to support SDOH needs (see *Figure 3*). Three quarters of CCO organizations took concrete steps to sponsor CIE for their communities in 2021, representing a significant commitment of resources and careful coordination with a range of partners. All CCOs plan to sponsor CIE for their communities going forward. To bolster adoption of CIE and other SDOH-related HIT, every CCO conducted (and plans to continue) outreach and education about the value of HIT to support SDOH needs. Other widely adopted strategies include providing training or technical assistance and supporting providers who want to participate in SDOH-related HIT collaboratives and governance.

Figure 3: 2021 & 2022-2024 Strategies for HIT to support SDOH needs for providers



CCO Spotlights: HIT to Support Social Determinants of Health Needs

Cascade Health Alliance

In Q4 2021, Cascade Health Alliance (CHA) initiated a new performance improvement project (PIP): SDOH Screening and Referral Process PIP. Through the PIP, CHA plans to evaluate, test, and update current processes for social needs screening, data capture, data sharing, and closed-loop referrals. CHA will collaborate with local organizations and providers who are already screening members to limit duplicative efforts, establish data-sharing protocols, and increase usage of the Healthy Klamath Connect (findhelp) CIE platform for referring members to resources.

Columbia Pacific CCO

Columbia Pacific CCO will continue supporting physical, oral, behavioral, and community health partners in their onboarding and successful use of Connect Oregon (powered by Unite Us). This will involve technical assistance support and, in some cases, direct funding of Connect Oregon licenses for partners. Technical assistance will focus on developing successful communication use cases for the closed loop referral functionality of the Connect Oregon network between community and clinical partners.

Health Share

In late 2020/early 2021, Health Share began community outreach efforts promoting Connect Oregon among a list of prioritized CBOs. Interest was high, but engagement was slow to develop due to factors such as: organizational capacity, insufficient funding to accept referrals, and data duplication and workflow redundancy. Upon deeper analysis of CBO partner onboarding success, the following factors contributing to success were revealed:

- *Existing funding for services and capacity-building*
- *Shared need/demand for a solution*
- *Meaningful relationship and trust*
- *Readiness for both health system and CBOs*
- *Mutually reinforcing – creates value for all partners*

IHN-CCO

IHN-CCO brought oral health providers together with primary care and behavioral health providers for community needs assessments related to SDOH-E and integration of disparate data sources, and to understand technical barriers and capacity for secure sharing of information between providers.

Honorable Mentions: HIT to Support Social Determinants of Health Needs

The strategies listed below are examples of how CCOs support, or plan to support, HIT for SDOH Needs. These strategies have been rolled up into the strategies included in *Figure 3.*

2021 CCO Accomplishments

Progress within CCO

- Began working with vendor to enhance the identification of SDOH needs to allow CCO to more easily identify improvement opportunities and better allocate resources.
- Implemented Essette's case management platform, including digital version of PRAPARE and ability to gather additional social needs info. Health Risk Assessments are stored in Essette. Implemented Salesforce to assist with capturing SDOH/HE related data during outreach.
- CCO focused on ICC pop screening with Activate Care using PRAPARE.
- CCO has a specific user interface to assist with managing members based on captured SDOH information in CIE and/or CCO Case Management platform.
- Essette used for Health Risk Survey and tracks referrals to providers to address identified needs. Essette also enabled tracking REALD and SOGI as well as barriers to care.
- Z-codes collection and tracking. Integrate data into warehouse to understand members' utilization of CBOs and identify barriers to improve health.
- CCO matches eligibility files to community BH report to demographic and SDOH related data in claims.
- Utilize Reliance to stratify populations to identify gaps, needing further assistance, and improve processes and outreach.
- Integrated member profiles into Connect Oregon (powered by Unite Us) so that someone referring a member can see they are a CCO member. Bi-directional interfaces.

2022 – 2024 CCO Plans

Plans within CCO

- Planning to integrate care coordination tool with Connect Oregon.
- Planning to integrate Connect Oregon with Active Care and Connect Oregon with Reliance.
- Expand use of Reliance to further capture SDOH and reporting
- Explore integration with Activate Care and Reliance.
- CCO will integrate data from Connect Oregon into EDW using the DMAP ID and CCO Flags that are being fed into the CIE on a weekly basis in the Member Roster File. Connect Oregon will build an outbound data feed to export data to CCO. The data will be joined with Member Demographic data in CCO Enterprise Data warehouse and will be used for analytical reporting and program development in support of PH, BH, and Dental initiatives. CCO plans to collect additional data through alternate methods such as client and provider surveys and questionnaires, Health Risk Assessments, provider data uploads (SFTP transfers) and Electronic Health Record information.
- Data integration of REALD results and social needs screening data into data warehouse; look at trends and identify areas of high need. Data eventually goes into monthly clinic level member roster reports.

2021 CCO Accomplishments

Progress Supporting Providers

- Implemented Connect Oregon in two counties by clinical providers (physical, oral, and behavioral) and CBOs; and expansion to other counties.

- TA for contracted social care providers and CBOs to enter into legal agreements to share de-identified data.
- CCO worked closely with healthcare, dental, and community partners to develop awareness of the upcoming tool, create curated workflows to streamline referrals for social care needs, and identify priority partners to use the tool.
- Worked with providers and CBOs to identify and overcome barriers. Aligned screening tools.
- Collaborated with other CCO to create a newsletter for awareness; TV ads to increase awareness.
- CCO developed a value-based payment that incentivizes the use of the Connect Oregon CIE.
- Collaborated with United Way to offer incentives to use Connect Oregon for referrals and screenings.
- Created a way for providers to upload Health Related Services pdf form into Connect Oregon.
- Integrating Connect Oregon with Epic and other EHRs, including OCHIN and SimplePractice (EHR).
- Using ArcGIS and member data, coordinated with the Oregon Department of Human Services' Office of Resilience and Emergency Management and local first responders within 48 hours of fire event to make outreach calls to members. Many contracted providers have access to the provider portal (e.g., APD-AAA, CBOs).

2022 – 2024 CCO Plans

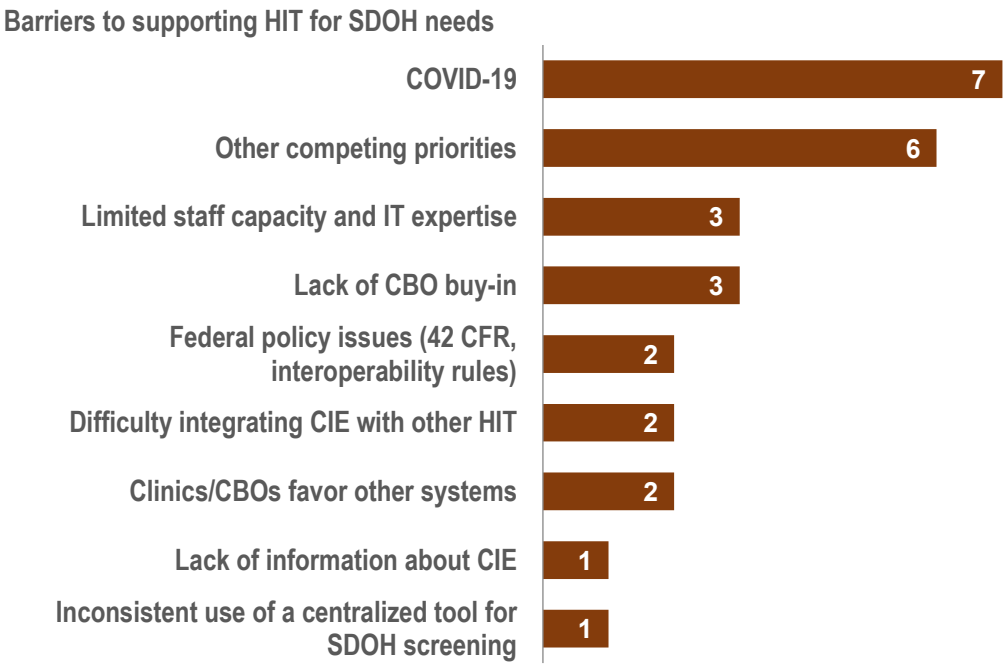
Plans Supporting Providers

- Establish path to share SDOH data through CIE, Reliance eHealth Collaborative, and other means with clinic partners and community benefit organizations (CBOs). Once established, utilize newly established path to prevent or reduce rescreen.
- Plan to launch a member portal for members to share about their SDOH-E needs and directly access providers and CBOs for support.
- Plan to enhance Provider Portal to indicate CCO Care Coordination Enrolled on member record, and provide ability to refer to CCO Care Coordination, List Diagnosis, and Single Sign-On (SSO) linking to HIE/Collective records.
- Establish a Connect Oregon member assistance request process managed by CCO's traditional health worker liaison. Develop a member assistance form in collaboration with CIE vendor to facilitate referrals for social needs and coordination of flexible service spending requests. Share successes of the member request process with clinic and community-based partners for replication.
- CCO has engaged in advocacy with Connect Oregon about further enhancements and platform integration to support adoption and utilization by physical health providers, including: Epic interoperability (bi-directional), Integration of widely-used SDOH screening tools in the platform (i.e -PRAPARE and ACH), and supplemental training resources/job aides specific to user type.
- Pilot in one county referrals to behavioral health, physical, substance use disorder and oral health providers using CIE.
- Will continue supporting physical, oral, behavioral, and community health partners in their onboarding and successful use of the Connect Oregon. This will involve technical assistance support and, in some cases, direct funding of Connect Oregon licenses for partners. Technical assistance will focus on developing successful communication use cases for the closed loop referral functionality of the network between community and clinical partners.

2021 Barriers to Implementing Strategies for HIT to Support for SDOH Needs

The figure below represents the number of CCO organizations that reported different barriers to supporting HIT for SDOH needs in their 2022 HIT Roadmap. COVID-19 was the most-cited barrier, and several other barriers are related. Limited clinic staff capacity and the need to address other competing priorities were exacerbated by the pandemic. One CCO reported that some CIE participants were using EHRs to collect SDOH screening information but were not integrating this data with CIE, increasing the likelihood members would be unnecessarily re-screened (*Inconsistent use of a centralized tool for SDOH screening* in *Figure 4*). This barrier may be related to difficulty integrating CIE with other HIT, which two other CCOs also reported as a barrier.

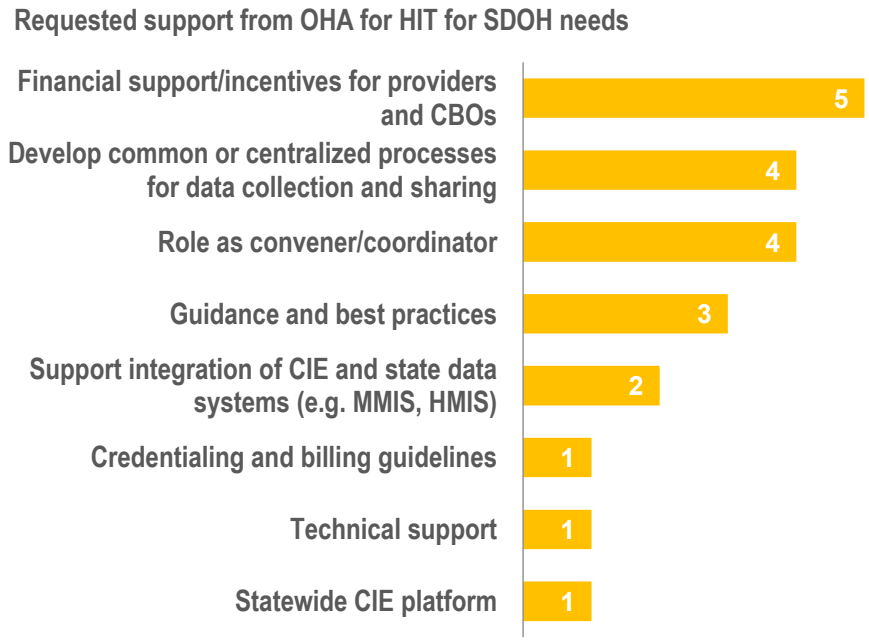
Figure 4: 2021 barriers to supporting HIT for SDOH needs



OHA Support Requests

Figure 5 below summarizes CCO suggestions for OHA support. The top ask was for additional funding for providers and CBOs. CCOs suggested targeted funding for CBOs to upgrade technology and build staff expertise and incentives for early adopters of CIE. Four CCOs proposed that OHA develop standardized screening tools and processes for collecting REALD/SDOH data. Other common requests included OHA's continued role as convener and coordinator, promoting alignment on CIE efforts, and hosting forums for CCOs and other partners to share best practices.

Figure 5: CCO suggestions for OHA support for HIT for SDOH needs



Appendix: Definitions and Examples of CCO Strategies for HIT to Support SDOH Needs

Table 1: Using HIT to Support SDOH Needs <u>Within CCO</u> Strategies Defined

Implement or use HIT tool/capability for social needs screening and referrals	CCO adoption of HIT tool(s) that supports social needs screening and referrals, such as: - Connect Oregon (powered by Unite Us) - findhelp - PRAPARE screening through Activate Care
Utilization of HIT to support care coordination and care management of individual members' SDOH needs and support	CCO uses HIT that supports care coordination and care management of individual members' SDOH needs, i.e., the deliberate organization of member care information and activities between two or more participants involved in a member's care to facilitate the appropriate delivery of health care services. Examples include: - Essette for Health Risk Survey and referral tracking - Using the GSI care coordination platform
Utilization of data to identify individual members' SDOH experiences and social needs	CCO uses member data to identify and address their individual SDOH-related needs. Examples include: - Working with data science contractor to enhance identification of SDOH-related needs - Collecting and tracking z-codes - Using Arcadia to combine EHR, REALD, social service and claims data
Utilization of data for risk stratification	CCO uses member data to support risk stratification efforts, i.e., identifying/segmenting member populations by risk levels to support resource distribution planning and other care coordination activities. Examples include: - Matching eligibility files to community behavioral health reports and claims data - Johns Hopkins ACG system for risk segmentation - Using VBP software for PCPM, CPC+ and IBH programs - Using Reliance to stratify populations
Utilization of HIT to monitor and/or manage contracts and/or programs offered to meet members' SDOH needs	CCO uses HIT and member data to monitor and evaluate ongoing efforts to address members SDOH-related needs. For example: - Compiling member information to evaluate social risk for use in determining value-based payments

Integration or interoperability of HIT systems that support SDOH with other tools	CCO integrates HIT systems or data that support SDOH with other HIT tools. For example: - Integrating member profiles into Unite Us (Bi-directional interfaces)
Enhancements to HIT tools for social needs screening and closed-loop referrals	CCO investment or other efforts to improve HIT tools for screening and closed-loop referrals, often by enhancing functionality or adding new features. Examples include: - Updating/upgrading CIE tools to implement new capabilities - Adding specific screening tools to CIE like the Accountable Health Communities' social needs screening tool - Adding a fillable health-related services funds form to CIE
Other strategies to use HIT to support SDOH needs (please list here):	CCO pursued and implemented other strategies that support internal efforts to support members SDOH-related needs with HIT. Examples include: - Participating in the CIE Workgroup - Build and maintain a data warehouse for SDOH and REALD data - Coordinated with the Oregon Department of Human Services' Office of Resilience and Emergency Management to coordinate on tools and data for emergency response
Collaboration with network partners and others	CCO-created opportunities or forums for collaboration with network partners, providers, and CBOs on supporting HIT adoption to support SDOH needs. Examples include: - Collaborating on implementing high value CIE use cases - Partnering with shared vendors on meeting needs of CCO and partners - The creation of a multidisciplinary steering committee/governance body that includes providers and CBOs - Developing a regional approach, visioning, and strategic alignment with CCO partners, providers, community - Sharing best practices, use cases with CCO partners, across CCOs - Collaborating with BH (and dental) partners to encourage HIT tools to support SDOH needs

Table 2: Using HIT to Support SDOH Needs <u>Among Contracted Providers</u> Strategies Defined

Sponsor CIE for the community	CCO supports and implements a CIE platform for clinical providers and CBOs. Examples include: - Contracting with CIE vendors and financially supporting the costs of CIE for community use, including CCO contracted providers and CBOs. - Coordinating with clinicians, CBOs, and community partners to identify a CIE platform to sponsor - Providing financial and technical support for clinical providers and CBOs - Providing guidance to providers and CBOs about data confidentiality

Training and/or technical assistance	CCO has staff or contracts with entities, expertise, and resources to provide training or technical assistance to providers and CBOs who are adopting or utilizing HIT tools to support SDOH needs. Examples include: - Training CBO staff on how to change their workflows and utilize CIE to screen and refer members - Helping providers and CBOs understand what information can be accessed through the tools they have access to, how to utilize an implemented tool, or how to further optimize their use of current tools - Partnering with CIE tool vendor to provide technical assistance to providers/clinics - Facilitating learning collaboratives or virtual training to providers and CBOs on best practices - TA for contracted CBOs to enter into legal agreements to share de-identified data
Assessment/tracking of adoption and use	CCO-facilitated activity that results in the collection of data and increased understanding of providers' and CBOs' access to HIT tools to support SDOH and gaps and barriers to adopting and utilizing those tools that can be used to inform CCO strategy, resource allocation, and targets. Examples include: - Environmental scans - Tracking usage of tools by CBOs and providers via reports from vendor - Tracking screened needs and services that are searched, referred, and provided to determine if the services available meet the needs of the individuals in the community - Provider surveys and interviews on CIE adoption and utilization, benefits, and concerns - Provider assessments of readiness and understanding of CIE tool(s) - Assessment of CIE products, EHR data sharing capabilities, evaluating success of CIE strategies, and return on investment - Defining current state and future CIE capabilities needed - Compiling current and future CIE use cases
Outreach and education about the value of HIT adoption/use to support SDOH needs	CCO-facilitated activity that encourages providers and CBOs to adopt CIE tool into their workflows. Through various methods of outreach, CCO shares value of HIT tools and use cases. Examples include: - Developing a provider/CBO engagement plan - Conducting introductory meetings with CIE vendors and providers to share benefits of CIE - Conducting face to face meetings, sending letters/emails/newsletters, or making phone calls to providers to explain impact of CIE on patient and clinic outcomes - Conducting webinars - Educating CBOs and providers on existing CIE capabilities, benefits, and successful use cases - Sharing the value and encouraging the adoption of CIE technology among oral health and behavioral health providers

Support to participate in (SDOH-focused) HIT collaboratives, education, convening, and/or governance	CCO supports and encourages provider organizations and CBOs to participate in SDOH-focused HIT collaboratives, convening, education, and/or governance. Examples include: - Facilitating community meetings - Actively encouraging partners to engage in governance - Providing stipends or grants for CBOs to participate in activities
Incentives and/or grants for providers and CBOs to adopt and/or use HIT that supports SDOH, including CIE implementation and/or maintenance	CCO directly providing, or coordinating through partners, incentives for providers and CBOS related to using CIE tools. Examples include: - Providing grants to CBOs to adopt and use CIE tools - Offering incentives for providers to use CIE for referrals and screenings - Providing incentives tied to achieving results of value-based payment arrangements - Developing a VBP that incentivizes the use of CIE
Enhancements to HIT tools for social needs screening and closed-loop referrals	CCO investment or other efforts to improve HIT tools for screening and closed-loop referrals, often by enhancing functionality or adding new features. Examples include: - Adding ability to cross-reference client identifiers within the CIE with Member Status information from MMIS to validate eligibility status at the time of service - Adding ability to cross-reference and clean up data on member addresses using the United States Postal Service elements to enhance ArcGIS mapping - Adding ability to cross-reference and clean up data on Contracted Provider, Contracted Social Care Provider, and Community Based Organization addresses using the United States Postal Service elements to enhance ArcGIS mapping
Integration or interoperability of HIT systems that support SDOH with other tools	CCO investment or other efforts related to integrating data from or to HIT systems that support SDOH tools or improving workflow between tools. Examples include: - Integration with EHR, integrating EHRs for referrals into CIE - Integrating data including - Integrations between tools such as: between care coordination and/or CIE tools - Integrating data into one tool for provider use to target/reduce provider fatigue from multiple platforms - Connecting tools to community-based organizations or other partners, incorporating SDOH service providers into care coordination and referral workflows.

Other strategies for supporting access or use of SDOH-related data	CCO implements additional efforts to support access to or use of SDOH-related data. Examples include: - Financial modeling looking at risk agreements: compiles data (eligibility, claims, risk) and incorporates alongside EHRs - Making data available in the provider portal
Requirements in contracts/provider agreements	CCO has included requirements in provider contracts/agreements around the adoption and/or use of HIT tools to support members' SDOH needs. For example: - Including language in contracts that sets expectations for using and/or contributing data to a CIE tool
Support of referrals being sent to clinical providers (i.e., to physical, oral, and behavioral health providers) using HIT	CCO supports efforts to use HIT to send referrals to clinical providers. For example: - Supporting a referral pathway for SUD treatment by leveraging community-based Peer services and using the CIE platform to facilitate and track referrals.
Utilization of HIT to support payments to community-based organizations	CCO supports the use of HIT to facilitate payments to CBOs.
Other strategies to use HIT to support SDOH needs (please list here)	CCO pursued and implemented other strategies that support internal efforts to support members SDOH-related needs with HIT. Examples include: CCOs implemented additional HIT strategies in support of meeting members' SDOH needs among their contracted providers and CBOs. Examples include: - Creating a 5-year HIT plan - Using CIE/SDOH screening to support population health management