

2021 Updated HIT Roadmap

Guidance Document & Template



December 12, 2020

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Guidance Document

Purpose & Background

Per the [CCO 2.0 Contract](#), CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (HIT) Roadmap. As described in the HIT Questionnaire ([RFA Attachment 9](#)), the HIT Roadmap must describe how the CCO currently uses HIT to achieve desired outcomes and support contracted providers, as well as outline the CCO's plans for the following areas throughout the course of the five-year contract:

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

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

Overview of Process

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

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

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

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

Updated HIT Roadmap Timeline

March - May 2021

June - July 2021

July - Sept. 2021

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

OHA anticipates that all 15 CCOs will have an approved Updated HIT Roadmap by **10/1/21**.

Updated HIT Roadmap Approval Criteria

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

Updated HIT Roadmap Section	Question(s) – Abbreviated *Please see template for complete question.	Approval Criteria
1. HIT Partnership	CCO attestation to the four areas of HIT Partnership.	CCO meets the following requirements: <ul style="list-style-type: none"> • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU • Served, if elected on the HIT Commons governance board or one of its committees • Participated in OHA's HITAG at least once during the previous Contract Year
2. Support for EHR Adoption	a. 2020 Progress supporting EHR adoption for contracted physical, oral, and behavioral health providers? b. 2021 – 2024 Plans for supporting EHR adoption for contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. <ul style="list-style-type: none"> • Description of progress includes <ul style="list-style-type: none"> ○ Strategies used to support EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2020 ○ Specific accomplishments and successes for 2020 related to EHR adoption • Description of plans includes <ul style="list-style-type: none"> ○ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) ○ Additional strategies for 2021 – 2024 to support increased rates of EHR adoption and address barriers to adoption among the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different EHR needs for different provider types
3. Support for HIE – Care Coordination	a. 2020 Progress supporting access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. <ul style="list-style-type: none"> • Description of progress includes <ul style="list-style-type: none"> ○ Specific HIE tools supported or made available in 2020 ○ Strategies used to support HIE for Care Coordination access for contracted physical, oral, and behavioral health providers in 2020 ○ Specific accomplishments and successes for 2020 related to HIE for Care Coordination access

Updated HIT Roadmap Section	Question(s) – Abbreviated *Please see template for complete question.	Approval Criteria
3. Support for HIE – Care Coordination	b. 2021 – 2024 Plans for supporting access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> • Description of plans includes <ul style="list-style-type: none"> ○ The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional HIE tools supported or made available ○ Additional strategies for 2021 – 2024 to support increased rates of access to HIE for Care Coordination among the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO’s understanding of different HIE needs for different provider types
4. Support for HIE – Hospital Event Notifications	<p>1. a. 2020 Progress ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?</p> <p>1. b. 2021 – 2024 Plans for ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?</p>	<p>Sufficient detail and clarity to establish that activities are meaningful and credible.</p> <ul style="list-style-type: none"> • Description of progress includes <ul style="list-style-type: none"> ○ Current tool CCO is providing and making available/planning to make available to providers for Hospital Event Notifications ○ Strategies used to support access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health in 2020 ○ Specific accomplishments and successes for 2020 related to Hospital Event Notification access • Description of plans includes <ul style="list-style-type: none"> ○ The number of organizations (by provider type) that have not adopted an HIE for Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional tool CCO planning to make available to providers for Hospital Event Notifications ○ Additional strategies for 2021 – 2024 to support increased rates of access to timely Hospital Event Notifications for the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO’s understanding of different Hospital Event Notification needs for different provider types
4. Support for HIE – Hospital Event Notifications	<p>2. a. 2020 Progress using timely Hospital Event Notifications within your organization?</p> <p>2. b. 2021 – 2024 Plans using timely Hospital Event Notifications within your organization?</p>	<p>Sufficient detail and clarity to establish that activities are meaningful and credible.</p> <ul style="list-style-type: none"> • Description of progress includes <ul style="list-style-type: none"> ○ Current tool CCO is using within their organization for Hospital Event Notifications ○ Strategies used for timely Hospital Event Notifications within CCO’s organization for 2020 ○ Specific accomplishments and successes for 2020 related to CCO’s use of Hospital Event Notifications • Description of plans includes <ul style="list-style-type: none"> ○ Additional tool CCO is planning to use for Hospital Event Notifications ○ Additional strategies for 2021– 2024 to use timely Hospital Event Notifications within the CCO ○ Specific activities and milestones for 2021 – 2024

Updated HIT Roadmap Section	Question(s) – Abbreviated *Please see template for complete question.	Approval Criteria
6. Health IT for VBP and Population Health Management <i>a. HIT Tools and Workforce</i>	HIT capabilities for the purposes of supporting VBP and population management?	Sufficient detail and clarity to establish that activities are meaningful and credible. <ul style="list-style-type: none"> • Description of capabilities includes <ul style="list-style-type: none"> ○ HIT Tools used for VBP and population management <ul style="list-style-type: none"> ▪ HIT tool(s) to manage data and assess performance ▪ Analytics tool(s) and types of reports generated routinely ○ Clear details around CCO staffing model for VBP and population management analytics
6. Health IT for VBP and Population Health Management <i>b. HIT to Administer VBP Arrangements</i>	2021 – 2024 Plans and 2020 Progress around using HIT to administer VBP arrangements?	Sufficient detail and clarity to establish that activities are meaningful and credible. <ul style="list-style-type: none"> • Description includes <ul style="list-style-type: none"> ○ Clear strategies for 2021 – 2024 for using HIT to administer VBP arrangements, including a description of the CCO's plan to scale VBP arrangements over the course of the Contract and spread VBP arrangements to different care settings and enhance or change HIT. ○ Specific activities and milestones related to using HIT to administer VBP arrangements ○ Progress in 2020 using HIT for administering VBP arrangements
6. Health IT for VBP and Population Health Management <i>c. Support for Providers with VBP</i>	2021 – 2024 Plans and 2020 Progress around using HIT to support Providers so they can effectively participate in VBP arrangements?	Sufficient detail and clarity to establish that activities are meaningful and credible. <ul style="list-style-type: none"> • Description includes <ul style="list-style-type: none"> ○ Clear strategies for 2021 – 2024 for using HIT to support Providers so they can effectively participate in VBP arrangements and support Providers with: <ul style="list-style-type: none"> ▪ timely information on measures used in VBP arrangements ▪ accurate and consistent information on patient attribution ▪ information to identify patients who needed intervention, including risk stratification data and Member characteristics ○ Specific activities and milestones for 2021 – 2024 related to supporting Providers in VBP arrangements ○ Specific HIT tools used to deliver information ○ The percentage of Providers with VBP arrangements at the start of the year who had access to the above data ○ Progress in 2020 related to this work

Updated HIT Roadmap Template

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

CCO: AllCare Health CCO

Date: 3/2/2021

Instructions

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

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

Each topic includes the following:

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

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

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

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

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

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

A note about the template:

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

1. HIT Partnership

Please attest to the following items.

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

2. Support for EHR Adoption

a. 2020 Progress

Please describe your progress supporting EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In your response, please describe

1. The strategies you used to support EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2020.
2. Accomplishments and successes related to your strategies

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

i. Progress Across Provider Types

Among the various payers in the service area, AllCare is the leader in providing resources to the contracted provider community for the adoption, support, and meaningful use of electronic health record systems. AllCare is the only payer in the community making available to providers a certified electronic health record system. AllCare has invested heavily and subsidized support of our community providers since 2007.

In 2020, our CCO supported EHR adoption and addressed barriers experienced by contracted physical, oral, and behavioral health providers through the implementation of several best practice strategies.

STRATEGY 1: TRACKING OF CONTRACTED PROVIDERS EHR ADOPTION AND UTILIZATION

- Quarterly distributed and evaluated survey results from Primary Care Providers; and
- Tracked EHR adoption and utilization rates for Primary Care, Specialty Care, Oral Health and Behavioral Health practices through contract activities.

STRATEGY 2: TECHNICAL ASSISTANCE BY PROVIDER PROGRAM COORDINATOR (PPC)

- Engaged offices that had not adopted an EHR and encouraged participation through discussion of the importance and benefits associated with utilizing CEHRT and the potential impact of EHR utilization on patient and clinic outcomes;
- Engaged practices through face-to-face interaction, mail and emails, and/or making phone calls;
- Connected with offices and provided technical assistance;
- Partnered with AllCare eHealth Services to provide a regionally available, fully supported EHR product as a Value Added Reseller (VAR);
- Partnered with AllCare eHealth Services to offer training and education for new and existing providers and office staff for the AllCare CCO hosted EHR; and
- Provided education regarding additional incentives for patient portal implementation and utilization.

STRATEGY 3: EHR CONVERSION

- Supported converting multiple clinics in 2020 from Greenway's PrimeSuite product to Allscripts.

STRATEGY 4: ADDITION OF EHR ADOPTION TO SUBCONTRACTOR CONTRACTS

- Added our EHR adoption requirements to subcontractor contracts, which affected Oral, Behavioral, and IPA subcontractors; and
- Included Medical Loss Ratio (MLR) provisions that would allow the delegate to utilize Health Related Services (HRS) funding to encourage EHR adoption.

ii. Additional Progress Specific to Physical Health Providers

Much of 2020 was a discovery phase to identify Network gaps. No additional information beyond those listed in the *Progress Across Provider Types*.

iii. Additional Progress Specific to Oral Health Providers**STRATEGY 5: TECHNICAL ASSISTANCE BY THE DIRECTOR OF ORAL HEALTH SERVICES**

- Monitored progress of Capitol Dental conversion to EHR in their Grants Pass clinics; and
- Provided collaboration with dental partners regarding tracking of ED visits in EDIE.

iv. Additional Progress Specific to Behavioral Health Providers**STRATEGY 6: TECHNICAL ASSISTANCE BY THE BEHAVIORAL HEALTH CARE COORDINATION SUPERVISOR**

- Provided collaboration with behavioral health partners regarding tracking of ED visits and in-patient stays via the Collective Platform (EDIE); and
- Supported Options for Southern Oregon as they moved to Credible as our new Electronic Health Records (EHR) system on July 1st, 2021. After 9 years on their previous EHR, Harris' Pro-Filer, staff began to show its age. Credible significantly decreases the amount of time staff spends on data entry, allowing them focus more on their clients. Additionally, it provides reporting of the agency's Meaningful Use information.

v. Please describe any barriers that inhibited your progress.**BARRIER 1: PROVIDER PERCEPTION OF VALUE OF EHR ADOPTION AND UTILIZATION**

- Though few in number, Providers without EHRs did not believe making the transition was worth the time, energy, and costs;
- Expense was too much for smaller practices; and
- Though few in number, Providers that are nearing retirement were not motivated to shift their workflows.

BARRIER 2: ADDITIONAL BARRIERS FOR ORAL HEALTH PROVIDERS

- In addition to the items listed in Barrier 1, OH providers had difficulty finding an EHR system that integrated with physical health provider systems and provides Meaningful Use reporting;
- There is not a standard EHR utilized across dental clinics; and

- EHR adoption is cost prohibitive, especially for small practices.

BARRIER 3: ADDITIONAL BARRIERS FOR BEHAVIORAL HEALTH PROVIDERS

- In addition to the items listed in Barrier 1, BH providers had difficulty finding an EHR system that integrated with physical health provider systems and provides Meaningful Use reporting; and
- EHR adoption is cost prohibitive, especially for individual practitioners.

BARRIER 4: COVID-19 PANDEMIC

- During 2020, patient care delivery was significantly more difficult due to the implementation of public health safety protocols to address the COVID-19 Pandemic;
- Many offices were shut down due to the Governor’s Executive Orders and when they were able to reopen, they had a back log of patients to focus on and experienced increased reluctance from Patients to access care;
- Plans for EHR adoption and increased utilization by new Providers were largely stalled in 2020 given the need to prioritize responses to the pandemic; and
- Closure of AllCare’s Training Room, which was designed to facilitate skills building workshops for local clinic staff due to pandemic protocols requiring closure of our building.

b. 2021 - 2024 Plans

Please describe your plans for supporting EHR adoption among contracted physical, oral, and behavioral health providers. In your response, please include

- The number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO HIT Data File CCOs are expected to use this information to inform their strategies.
- Additional strategies you will use to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers beyond 2020.
- Associated activities and milestones related to each strategy.

Notes:

- Strategies described in the 2020 Progress section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy.
- If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Additional Strategies Across Provider Types, Including Activities & Milestones

According to AllCare’s HIT Data File (provided by OHA, 12/12/2020), the number of organizations for which no EHR information is available is as follows:

Provider Group	Number of Organizations for which No EHR Information is Available
Physical Providers* (Ancillary not included in count.)	69 / 128 (54%) with 59 Additional indicating “Unknown” or Blank
Oral Health Providers*	13 / 55 (24%) with 42 Additional indicating “Unknown” or Blank
Behavioral Health Providers*	34 / 83 (41%) with 49 Additional indicating “Unknown” or Blank

From 2021-2024, our CCO will continue to ensure adoption rates remain stable and that meaningful use continues to rise through the implementation of the following Strategies and Activities:

STRATEGY 1: TRACKING OF CONTRACTED PROVIDERS EHR ADOPTION AND UTILIZATION

Activities	Milestones and/or Contract Year
Track general EHR adoption and utilization rates for Primary Care and Specialty Care vendors through our Network Adequacy Monitoring.	Quarterly, 2021-2024
Evaluate number of certified EHRs being utilized against the list included at https://www.healthit.gov/topic/certification-ehrs/2015-edition and formulate specific targets and metrics based on this information.	Complete in 2Q2022
Review and utilize the results of the OHA sponsored HIT Survey for all contracted providers (medical, specialty, dental and behavioral health) in their Value Based Payment arrangements to incentivize the collection of HIT information and will award bonus points for the completion of a narrative on how EHR, HIE, CIE and HEN are utilized in the clinic as well as identifying any barriers that prevent the usage of such systems.	Annually, 2021-2024

STRATEGY 2: TECHNICAL ASSISTANCE BY PROVIDER PROGRAM COORDINATOR (PPC)

Activities	Milestones and/or Contract Year
Review the internal tracking on a quarterly basis and makes updates as needed so that the AllCare CCO network EHR-HIE tracking file accurately reflects current EHR adoption and utilization rate information.	Annually, 2021-2024
Review utilization of services quarterly by all providers to identify any high volume providers that do not yet have a CEHRT.	Annually, 2021-2024
Utilizes internal quality data to compare average scores of APM participants who are utilizing various types of systems and who have dedicated staff attending to quality metrics. The goal is to establish and share best practices and to identify those clinics who would benefit from plan provided quality monitoring and program development within clinics.	Quarterly, 2021-2024
In conjunction with the QI department, PPCs monitor appeals and grievances for potential trends and outcomes.	Quarterly, 2021-2024

STRATEGY 3: INCENTIVE PAYMENT MODEL FOR EHR UTILIZATION

Activities	Milestones and/or Contract Year
Review of APM/PCPCH funding to determine value of adding EHR as a component.	If included, contracts executed January 2023.
Continue hosting of an EHR system that is available to any provider in the community who wishes to utilize AllCare's community EHR option.	Ongoing, 2021-2024
As both barriers and best practices are identified, AllCare will share best practices with clinics that have identified barriers.	Ongoing, 2021-2024

STRATEGY 4: EHR CONVERSION

Activities	Milestones and/or Contract Year
AllCare's conversion timeline will complete the transition for the remaining 20 clinics by summer 2022. Transition existing clinics from Greenway Primesuite to Allscripts: Summer 2022.	3Q2022
Review of an alternate version of the Allscripts EHR more suitable for small behavioral health providers. AllCare has identified two small behavioral health clinics to pilot the product to determine suitability and affordability. By end of 2022, AllCare will have information to determine if this service will add value for small behavioral health practices.	4Q2022
Preparing a strategic plan which encompasses a marketing plan to engage independent practices on the availability and utility of the	Completion in 2024

Allscripts hosted EHR system. This strategic plan will be completed at end of 2022 with the goal of increasing use of the community hosted EHR system to 100 providers by end of 2024, from its current level of 55 providers.	
Increase the providers using the AllCare community EHR to 100 vendors by end of 2024.	Completion in 2024
Increase the Non AllCare IPA providers using a certified EHR to 100 providers by end of 2024.	Completion in 2024
Increase adoption of the AllCare eHealth cost effective solution (LITE EMR) by 10% each year.	2022-2024

ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones

No additional Strategies beyond what is included in the *Additional Strategies Across Provider Types, Including Activities & Milestones* section above.

iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones

STRATEGY 5: TECHNICAL ASSISTANCE BY THE DIRECTOR OF ORAL HEALTH SERVICES

Activities	Milestones and/or Contract Year
Support Providers in Curry County with their implementation of Tele-Dentistry.	Ongoing, 2021-2024
Track general EHR adoption and utilization rates for Oral Health vendors through our Network Adequacy Monitoring.	Quarterly, 2021-2024
Continued focus to ensure interoperability between OH and BH EHR systems.	Ongoing, 2021-2024

iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones

STRATEGY 6: TECHNICAL ASSISTANCE BY THE BEHAVIORAL HEALTH CARE COORDINATION SUPERVISOR

Activities	Milestones and/or Contract Year
Support Providers with their implementation of Telehealth services.	Ongoing, 2021-2024
Track general EHR adoption and utilization rates for Oral Health vendors through our Network Adequacy Monitoring.	Quarterly, 2021-2024
Continued focus to ensure interoperability between OH and BH EHR systems.	Ongoing, 2021-2024

Optional Question

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

AllCare CCO's provider network of primary care has consistently held a saturation level of EHR adoption. The remainders are less than a percentage point. EHR is largely adopted as a standard tool of the trade in practices. Other than offsetting that cost for providers, OHA could consider reducing EHR metrics as seeing any significant progress is unlikely and is unnecessarily administratively burdensome to track and report.

3. Support for HIE – Care Coordination

a. 2020 Progress

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

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

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

i. Progress Across Provider Types

In 2020, our CCO and clinic partners leveraged a wide variety of health information exchange tools and other HIT platforms that support care coordination. Below is a list of the platforms supported by our CCO and in use by us and our Network.

Reliance: Reliance is a multi-community partner communication platform that allows real-time communication of member events. This tool promotes seamless care coordination efforts and assists with management of various interventional modalities. Reliance is particularly beneficial in the management of behavioral health events. Additionally this platform has been successful in Maternity tracking and care coordination efforts. The platform is a separate log-in system by which you can enter in specific elements (i.e. anyone presenting with SPMI, in a cohort, meet criteria) that trigger and flag notifications to Population Health staff. Communication efforts are bi-directional and allow for community partners to view and relay information from care coordination treatment plans. AllCare participates in Reliance HIEs data, funding, and governance. Reliance remains the largest regional HIE available to contracted providers. AllCare CCO tracks provider access to HIE and continues to advocate and educate the provider network on HIE tools and functionality.

Provider Portal: The Provider Portal is a means for AllCare CCO contracted providers to send member referrals, access pertinent plan and clinical guideline information, and respond to requests for additional information for a variety of services. Contracted providers often use this electronic modality for requesting Prior Authorizations and viewing the status of their member requests. Quarterly education is utilized within the provider network to encourage the use of the provider portal.

Collective Medical: Collective Medical is a collaborative healthcare software utilized by care providers and community partners to improve health outcomes of members. This platform connects care settings across the country including: Hospitals & Health Systems, ACOs and RBOs, Post-Acute Providers, Health Plans, and Primary and Specialty Care Physicians. Collective Medical allows users to evaluate member encounters such as ED visits, inpatient hospitalizations, and incidents of behavioral health or substance abuse concerns. Users of the platform can also review current care teams, hospitalizations by history, and add or modify ED care guidelines in real-time. Collective Medical also provides the most comprehensive and time-sensitive notifications for occurrences of out-of-area hospitalizations.

STRATEGY 1: SURVEYING PROVIDERS REGARDING USE OF RELIANCE HIE

- Inquired with providers about their utilization of Reliance and addressing concerns about use.

STRATEGY 2: PROVISION OF PROVIDER PORTAL

- Made available a provider portal with relevant care coordination data including: Eligibility (both individual and bulk searches), Member Language Access needs, Authorization status (Provider to Provider Communication and Provider to Plan Communication), NEMT Coordination, PCP Assignment facilitation, Value Based Payment Reporting and Gap lists.
- Provided easy access for Providers and their staff to view AllCare's Policies and Procedures in the following areas: Utilization Management, Compliance, HIPAA Privacy and Security, and Fraud Waste and Abuse Alerts.

ii. Additional Progress Specific to Physical Health Providers

No additional Strategies beyond what is included in the *Progress Across Provider Types* section above.

iii. Additional Progress Specific to Oral Health Providers

No additional Strategies beyond what is included in the *Progress Across Provider Types* section above.

iv. Additional Progress Specific to Behavioral Health Providers

No additional Strategies beyond what is included in the *Progress Across Provider Types* section above.

v. Please describe any barriers that inhibited your progress.

The same issue identified for providers with EHR adoption also applies to HIE adoption. Providers primarily utilize their core systems for daily work. The use of an external system from their core systems is a significant barrier to overcome. If the HIE data was incorporated into daily production systems, user adoption would increase.

b. 2021 - 2024 Plans

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

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

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Additional Strategies Across Provider Types, Including Activities & Milestones

According to AllCare's HIT Data File (provided by OHA, 12/12/2020), the number of organizations that have not adopted an HIE for Care Coordination is as follows:

Provider Group	Number of Organizations that have Not Adopted an HIE for Care Coordination
Physical Providers* (Ancillary not included in count.)	74 / 128 (58%)
Oral Health Providers*	6 / 55 (11%)
Behavioral Health Providers*	18 / 83 (22%)

STRATEGY 1: INCREASE UTILIZATION OF RELIANCE HIE

Activities	Milestones and/or Contract Year
Develop and evaluate survey results from contracted Providers across service type regarding their utilization of Reliance HIE.	2Q Annually, 2021-2024
Based on survey results, plan for and engage in outreach to identified clinics where an opportunity to increase utilization exists.	3Q Annually, 2021-2024
AllCare CCO continues to share Reliance's Outreach Strategy to increase HIE utilization. The outreach strategy includes: 1 st Priority – Organizations where a relationship already exists; 2 nd Priority – Organizations with no relationship or those with a larger potential impact to overall community; 3 rd Priority – All other organizations.	Ongoing, 2021-2024
AllCare CCO encourages non-HIE participating organizations to take advantage of the Monthly Informational Sessions hosted by Reliance to learn about: Financial Support, Technical Support, Data access on demand, and Common HIE Barriers. Barriers include, but are not limited to: Administrative Gatekeeper, Misconceptions of an HIE, Competing priorities, Financial, and Available resources.	Ongoing, 2021-2024
Continue to monitor clinics' EHR and HIE utilization status by reviewing the internally developed AllCare tracking system and the Reliance HIE website.	Ongoing, 2021-2024
Focus on increased understanding of organizational conditions and workflow improvement activities of high performing clinics.	Ongoing, 2021-2024
Continue to pursue non-EHR and HIE clinics for recognition by: Face to face meetings, sending letters/emails and making phone calls to explain the role of the PPC and the impact of EHR and HIE utilization on patient and clinic outcomes; and, offering technical assistance by working with Reliance HIE staff to assess clinic needs, barriers, and areas of improvement needed to help practices successfully implement HIE.	Ongoing, 2021-2024

STRATEGY 2: INCREASE UTILIZATION OF PROVIDER PORTAL

Activities	Milestones and/or Contract Year
Distribute and evaluate survey results from contracted Providers across service type regarding their utilization of the Provider Portal.	2Q Annually, 2021-2024
Based on survey results, plan for and engage in outreach to identified clinics where an opportunity to increase utilization exists.	3Q Annually, 2021-2024
Enhance functionality of the Provider Portal to: indicate CCO Care Coordination Enrolled on member record, provide ability to refer to CCO Care Coordination, List Diagnosis, and Single Sign On (SSO) linking to HIE/Collective records.	Ongoing, 2021-2024

STRATEGY 3: INCREASE UTILIZATION OF COLLECTIVE MEDICAL (EDIE)

Activities	Milestones and/or Contract Year
Distribute and evaluate survey results from contracted Providers across service type regarding their utilization of the Collective Medical (EDIE) platform.	2Q Annually, 2021-2024
Based on survey results, plan for and engage in outreach to identified clinics where an opportunity to increase utilization exists.	3Q Annually, 2021-2024

ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones

STRATEGY 4: FOCUS ON SPECIALTY CARE PROVIDERS

Activities	Milestones and/or Contract Year
Focus on engagement of specialty care offices in 2021 and complete surveys related to HIE usage among contracted specialists. The goal will be to have 100% of specialty care providers surveyed and documented by end of 2021.	Completed by 2022
AllCare CCO will engage specialists how HIE can be used to improve the care provided by specialty care providers.	2022-2024

iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones

No additional Strategies beyond what is included in the *Additional Strategies Across Provider Types, Including Activities & Milestones* section above.

iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones

No additional Strategies beyond what is included in the *Additional Strategies Across Provider Types, Including Activities & Milestones* section above.

Optional Question

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

Providing specifics on what providers of various types (primary care, specialty care, behavioral care, and oral care) are best utilizing HIE in the improvement of care. OHA organizing and hosting learning collaboratives that allow plans and providers to witness best practices for use would be helpful.

4. Support for HIE – Hospital Event Notifications

a. 2020 Progress

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

Notes:

- If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.
- If you participated in the 2020 HIT Commons interviews regarding the use of the Collective Platform, feel free to use that information in this section

i. Progress Across Provider Types

AllCare CCO has encouraged and assisted in the use of the Collective Platform tools to assist in the notification of hospital events among the provider network and via Reliance, the community HIE. AllCare CCO has established survey tools to track adoption as displayed in the HIE section and AllCare CCO Provider Program Coordinators are available for training and implementation at provider offices.

AllCare CCO has focused on encouraging provider adoption of Collective Technology tools and will be circling back to providers who use the system for examples of successful adoption.

Many of the local primary care providers receive electronic notifications of emergency room visits and hospital admissions via direct connections between local hospital systems and the outpatient electronic records. AllCare CCO facilitates those secure connections between primary care and local hospitals by supporting interfaces that import hospital events from the facility to primary care providers.

STRATEGY 1: AllCare will explore with Physical Health practices that have implemented this feature, the feasibility of measuring those appointments that had a follow-up Office Visit.

STRATEGY 2: AllCare will explore with Oral Health practices that have implemented this feature, the feasibility of measuring those appointments that had a follow-up Office Visit.

STRATEGY 3: AllCare will explore with Behavioral Health practices that have implemented this feature, the feasibility of measuring those appointments that had a follow-up Office Visit.

ii. Additional Progress Specific to Physical Health Providers

STRATEGY 4: If feasible, development of an Alternative Payment Model to analyze ED follow-up. (Quarterly, 2022-2024)

iii. Additional Progress Specific to Oral Health Providers

STRATEGY 5: If feasible, development of an Alternative Payment Model to analyze ED follow-up. (Quarterly, 2022-2024)

iv. Additional Progress Specific to Behavioral Health Providers

STRATEGY 6: If feasible, development of an Alternative Payment Model to analyze ED follow-up. This strategy may not apply, as this may be double incentivized with the Initiation and Engagement measure of some organizations.

v. Please describe any barriers that inhibited your progress.

Adoption of hospital event notification system at provider offices is a significant challenge. AllCare CCO has many providers who practice in small clinics where staffing and incorporation of external systems into the daily care process is very challenging. Consistent use of the tools that are available is a challenge in smaller clinics as employee turnover can impact use.

2. Please describe how you used timely Hospital Event Notifications within your organization. In your response, please include

- a. The HIE tools you are using
- b. The strategies you used in 2020
- c. Accomplishments or successes related to your strategies

Within our organization, AllCare CCO monitors Hospital Events through daily monitoring of data provided directly from regional hospitals and from the Collective Platform (EDIE).

STRATEGY 1: DAILY REVIEW OF DATA REPORT FROM HOSPITALS

- Reviewed daily data reports from regional hospitals of any AllCare Member that utilizes the ED. Reports are reviewed by cross-departmental teams of subject matter and care coordination experts. Teams utilized this

data to populate reporting tools for Care Coordinators and the Population Health department to assist in discharge planning and transitions of care.

STRATEGY 2: DAILY MONITORING OF COLLECTIVE PLATFORM (EDIE) DATA

- Substance Abuse Case Manager used the Collective Platform daily to determine hospital usage for patients identified with substance abuse disorders or in case management. Reports of hospital events are reported to case managers and traditional health workers for follow-up. Soft referrals are made to contracted SUD partners so outreach to members for initiation of alcohol and/or drug services can be performed.
- Utilized 12-14 reports from the Collective Platform related to hospital events. These reports were distributed to pertinent staff to identify frequent users of hospital services as well as any person engaged in care coordination.
- The Collective Platform reports are used to assist case managers in identifying patients' utilization who have been discharged from their primary care provider or have yet to engage their primary care provider.

b. 2021 – 2024 Plans

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

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Additional Strategies Across Provider Types, Including Activities & Milestones

According to AllCare's HIT Data File (provided by OHA, 12/12/2020), the number of organizations that have not adopted an HIE for Hospital Event Notification (HEN) is as follows:

Provider Group	Number of Organizations that have Not Adopted an HIE for Hospital Event Notification (HEN)
Physical Health Providers* (Ancillary not included in count.)	58 / 128 (45%) with 70 additional indicating "Unknown" or Blank
Oral Health Providers*	8 / 55 (15%) with 47 additional indicating "Unknown" or Blank
Behavioral Health Providers*	24 / 83 (29%) with 59 additional indicating "Unknown" or Blank

From 2021-2024, AllCare will continue working with the HIE tools to our providers for Hospital Event Notifications:

In additional, the following strategies will be used to support increased access to timely Hospital Event Notifications among contracted physical health providers beyond 2020:

STRATEGY 1: AllCare will explore with Physical Health practices that have implemented this feature, the feasibility of measuring those appointments that had a follow-up Office Visit.

STRATEGY 2: AllCare will explore with Oral Health practices that have implemented this feature, the feasibility of measuring those appointments that had a follow-up Office Visit.

STRATEGY 3: AllCare will explore with Behavioral Health practices that have implemented this feature, the feasibility of measuring those appointments that had a follow-up Office Visit.

STRATEGY 4: If feasible, development of an Alternative Payment Model to analyze ED follow-up for Physical and Oral Health Providers. (Quarterly, 2022-2024)

STRATEGY 5: If feasible, development of an Alternative Payment Model to analyze ED follow-up for Behavioral Health Providers. This strategy may not apply, as this may be double incentivized with the Initiation and Engagement measure of some organizations.

ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones

No additional information beyond those listed in the *Additional Strategies Across Provider Types, Including Activities & Milestones* section above.

iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones

No additional information beyond those listed in the *Additional Strategies Across Provider Types, Including Activities & Milestones* section above.

iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones

No additional information beyond those listed in the *Additional Strategies Across Provider Types, Including Activities & Milestones* section above.

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

Internally, AllCare will continue utilizing data reports sent directly from regional hospitals, Reliance HIE, and gleaned from the Collective Platform (EDIE) to monitor Hospital Event Notification between 2021-2024.

STRATEGY 1: HEN API WITH CASE MANAGEMENT SYSTEM

- AllCare CCO's case management system vendor has a release on its roadmap that would allow some amount of HEN import through an API into the production system. This will provide real time notifications within the AllCare CCO production systems and will facilitate broad use within established work flows.

STRATEGY 2: ENHANCED TRAINING

- AllCare CCO will enhance training to new staff and incorporate work flows into daily use of hospital event notifications until such time that the electronic transmission populates the case management system.

STRATEGY 3: IMPORT OF ADT TRANSMISSIONS INTO ALLCARE PRODUCTION SYSTEM

- AllCare CCO's goal by end of 2022 is the import of ADT transmissions into the AllCare production system. The goal for 2023 and beyond is to facilitate the ADT transmissions into the production systems at primary care, behavioral care and oral care, such that alerts and reminders from hospital event notifications can be incorporated more easily into daily work flow systems.

Optional Question

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

Understand the challenges small clinics have incorporating the use of separate systems in the everyday work flow of clinic operations. This hurdle cannot be understated. Provider clinics should be able to incorporate this valuable information inside their systems without requiring complex data mapping and validation.

5. Health IT and Social Determinants of Health and Health Equity (Optional)

This section is optional, however OHA would encourage CCOs to share their efforts here. Please describe how you are using HIT and plan to use HIT to support addressing social determinants of health (SDOH) and health equity (HE), including Community Information Exchange (CIE) or other tools.

i. Overall Strategy in Supporting SDOH & HE with HIT

AllCare CCO currently has a multi-faceted strategy for supporting Social Determinants of Health and Health Equity (SDOH-E) with Health Information Technology (HIT). As a frame of reference, our organization utilizes the definition of SDOH-E in Oregon Administrative Rule (OAR 410-141-3735). Per OHA guidance documents, this SDOH-E definition encompasses three different and interrelated terms as defined below:

- ✓ **Social Determinants of Health:** The social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the Social Determinants of Equity. These conditions significantly impact length and quality of life and contribute to health inequities.
- ✓ **Social Determinants of Equity:** Systemic or structural factors that shape the distribution of the Social Determinants of Health in communities. Examples include the distribution of money, power and resources at local, national and global levels, institutional bias, discrimination, racism and other factors.
- ✓ **Health-Related Social Needs:** An individual's social and economic barriers to health, such as housing instability or food instability.

Source: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-SDOH-E-Guide.pdf>

AllCare CCO utilizes HIT to understand the SDOH-E needs of our community by identifying disparities within quantitative data, such as claims, referral and authorization, and patient demographic data. We partner with Culturally Specific and other Community Based Organizations, such as Regional Health Equity Coalitions and Early Learning Hubs, to gather qualitative data to inform strategies or additional quantitative data to validate disparities identified through our internal processes. This analysis is further by our participation in the periodic updating of a Community Health Assessments, the collaborative development and ongoing monitoring of Community Health Improvement Plans, and participation in work on the State Health Improvement Plan.

Our main HIT efforts center on the utilization of Essette (internal care management platform for staff), our Provider Portal (Contracted Providers and Social Care Organizations), our Member Portal, and Community Information Exchange (internal staff, Contracted Providers and Social Care Organizations, and Community Based Organizations.) Details on each of these tools are include in Section 5.ii.

ii. Tools for Addressing SDOH, including identifying social supports and making referrals, such as CIE

Essette: AllCare CCO's staff use a care management platform called Essette. This platform is able to capture assessment data on Members' SDOH-E needs through a Health Risk Survey. Health Risk Surveys are conducted when a Member joins our plan, annually, or when there is a triggering event to the Member's health. Essette then enables the tracking of referrals to SDOH-E Providers to address the identified Member needs. The system also records information from the Member relating to components of REAL-D and SOGI data, as well as the barriers to care related to those components. This not only helps us provide the Member with to identify additional Health Equity interventions that may need to occur (e.g., LGBTQ+ Culturally Competence, Language Access Services, etc.)

Provider Portal: AllCare CCO's Contracted Providers have access to our Provider Portal. This portal provides the opportunity for making referrals to other medical professionals, submit and check on status of prior authorization requests, and send secure communications to AllCare CCO's Care Coordination team to request Intensive Care Coordination services or the use of Health Related Services-Flexible funds to support Members. We recognize that: 1) not all Contracted Providers have the technical capabilities or access controls for this system; and, 2) the portal's capabilities to facilitate supporting SDOH-E is limited at this time. Similar to Contracted Providers, many of our Contracted Social Care Providers (e.g., ReadyRide, APD-AAA, Maslow Project, etc.) either currently have access to our Provider Portal or are in the process of being approved for access.

Community Information Exchange: Beginning in 2020, AllCare CCO invested in the Unite Us Community Information Exchange (CIE) platform to enhance our utilization of HIT to support SDOH-E. This innovation is moving forward in partnership with Jackson Care Connect. The platform will be utilized by a comprehensive network of Contracted Providers, Contracted Social Care, Community Based Organizations and internal CCO staff. The technology of CIE will make it possible for our partners and internal staff to securely screen and make enhanced referrals with client consent in real time.

Phase 1 of the CIE's rollout will bring Southern Oregon (Jackson and Josephine Counties) on to the Connect Oregon network. The scope of our Phase 1 contract includes: 1) support of a locally based Unite Us Community Engagement Manager (CEM at 1.0 FTE); and, 2) user licenses at no cost to organizations. By creating a cross-sector, community-wide platform for referrals between health care and social service entities, we anticipate that Connect Oregon will markedly increase our service area partners' ability to contribute to the Quadruple Aim. We also recognize that the CIE will enhance the ability for CBOs to communicate with each other resulting in upstream interventions that reduce downstream utilization and costs.

AllCare CCO's contribution to this effort has been endorsed by our Board of Governors and OHA as an approved Health Related Service – Community Benefit Initiative. This investment will ensure that not only all Medicaid recipients, but also all community members in Jackson and Josephine Counties will have access to the advantages that this systems provides.

AllCare CCO is commitment to building on our deep partnerships with community partners and applying lessons learned from previous HIT projects in this space. We are invested in community engagement to support the Unite Us team as they work to establish a meaningful level of CIE adoption across the service spectrum. Staff are also actively participating on the Local Network Implementation Group, Community Network Advisory Board, and State Funders Advisory Committee (convened by the Oregon Health Leadership Council) to ensure this new strategy develops, measures, maintains a sustainable, long-term HIT solution.

Planning is already underway for an updated Scope of Work with Unite Us in 2022 and beyond. Next iterations of this project are likely to include:

- ✓ Prioritization of developing interoperability and or integration with other established record systems including widely used Electronic Health Records and social service databases (e.g., HMIS and VisionLink);
- ✓ Expansion of the network into Curry and Southern Douglas Counties;
- ✓ Continued participation on regional and state level advisory committees to monitor network health, encourage broad platform adoption, and advocate for enhancements to the functionality of the CIE.

iii. What plans, if any, do you have for collecting and aggregating data on SDOH/HE that may come from sources other than claims, such as data reported by members, by community-based organizations, or from providers' EHRs? Can you match other sources of demographic and SDOH/HE-related data with claims data?

REAL-D and SOGI Data: AllCare CCO as part of our internal Health Equity Data work group, analyzes eligibility data compared to Health Information Exchange data, case management data, and reporting from CBOs. This is largely used to identify the Members within the "Unknown" category in the eligibility data. This is expected though,

as REAL-D identifiers are proxy for an individuals' experience. Individuals may identify differently in a space once they feel supported in their identity, or have choices that more accurately reflect their identity.

ArcGIS Mapping: In 2020, Southern Oregon experienced an unprecedented wildfire season. This presented an opportunity for AllCare CCO's IT team to partner with the State's Office of Emergency Management and local First Responders. This partnership leveraged the IT staff's expertise in the area of ArcGIS mapping. AllCare CCO was able to identify the Level 3 burn areas and actual ash areas in Josephine and Jackson Counties. This information was then correlated with AllCare CCO's member data (for both Medicare Advantage and CCO) and that data (address, phone number, age, county of residence, frailty) was given to the Care Coordination Team to make outreach calls. This happened within 48-hours of the fire event. It is the hope of AllCare CCO that the lessons learned through this event can be integrated into future HIT efforts, including the CIE.

Community Information Exchange: Many of AllCare CCO's Contracted Social Care Providers gather demographic information of the Member; however, the sharing of this data has been difficult and unreliable (see more detailed information on root causes of these challenges in Section 5.iv.) AllCare CCO anticipates the reporting functionality that will be made available through the launch of the Unite Us CIE in Southern Oregon will help with these many of these challenges, but also recognizes that several key milestones will need to be accomplished to scale these capabilities:

1. Ability to cross-reference client identifiers within the CIE with Member Status information from MMIS to validate eligibility status at the time of service;
2. Ability to cross-reference and clean up data on Member addresses using the United States Postal Service elements to enhance ArcGIS mapping;
3. 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;
4. Technical assistance for Contacted Social Care Providers and Community Based Organizations to enter into the necessary legal agreements with AllCare to enable the sharing of de-identified information; and,
5. The addition of functionality within the CIE to capture REAL-D and SOGI data.

Looking to the future, AllCare CCO views two developing CCO Incentive Metrics as likely leading to additional capacity for collecting and aggregating data on SDOH-E from sources other than claims, such as data reported by Members, by Community Based Organizations, or from providers' EHRs.

- ✓ **Kindergarten Readiness Incentive Metric:** AllCare CCO has been highly engaged in the development of the current Kindergarten Readiness Incentive Metric, as well as Pilot work in partnership with OHA, OPIP, the Children's Institute and other CCOs in preparation for its next iteration. We anticipate that in 2022, a CCO level attestation metric will ask CCOs to focus on mapping community assets, as well as data on the service needs for social-emotional supports of young children and their families. This metric CCO level attestation metric will likely be in place for 2022 and 2023, before moving to a Member level metric in 2024. AllCare's work with Unite Us places our organization well ahead of this timeline to have needs of Members clearly understood, community resources accurately mapped, workflows for referral in place with all applicable privacy rules accounted for, and new payment methodologies established.

SDOH Screening and Referral Incentive Metrics: The OHA SDOH Measurement Workgroup is proposing a metric that would put in place a glide path for CCOs to work with Contracted Providers and Social Care Organization, as well as an extended network of Community Based Organizations to ensure comprehensive screening and referral practices for SDOH. Similar to our work on the Kindergarten Readiness Metric, AllCare CCO's work with Unite Us places our organization well ahead of this timeline to have needs of Members clearly understood, community resources accurately mapped, workflows for referral in place with all applicable privacy rules accounted for, and new payment methodologies established.

iv. Please describe any barriers or challenges you faced using HIT to support SDOH/HE.

For many of our Contracted Social Care and Community Based Organizations, the reality is that they are providing services within the confines of inadequate budgets or at a financial loss.

These entities are often held to reporting requirements in myriad platforms according to the funding streams they receive and, almost without exception, these systems do not currently have the ability to connect.

Given the reality that our Contracted Social Care and Community Based Organizations do not generally have access to the financial resources or internal technical staff to build or maintain HIT systems on their own, the cost burden of supporting the rollout of the CIE is currently falling to regional CCOs or health systems.

It is difficult to ask a CBO to utilize a Community Information Exchange, when the organization may not have a single electronic device committed to the non-profit.

Interoperability may help as a big step towards utilizing phone apps, for tracking of data. Training of Social Determinants of Health providers related to the reason for data collection is a large barrier.

Allowing for SDOH providers to bill services as an encounter, would also be beneficial. This would allow for true spend and Medical Loss Ratio tracking on an individual Member basis.

AllCare CCO is excited about new functionality in the Unite Us CIE that facilitate the generation of encounter records. This product is scheduled for released in Q3 of 2021.

Optional Question

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

Even with the advanced in the Unite Us CIE Payment module, much work still remains to develop a quality set of credentialing and billing guidelines for SDOH-E providers. AllCare CCO would encourage OHA to support work to enhance the OHP enrollment process to collect demographic data that can help inform the plans and lower the effort of data collection and allow for more energy spent on solutions rather than data collection. We would also ask OHA to prioritize the ability for the Unite Us CIE to cross-reference member status from MMIS.

6. Health IT for VBP and Population Health Management

a. HIT Tools and Workforce

Describe your HIT capabilities for the purposes of supporting value-based payment (VBP) and population management. In your response, include information about the following items:

1. Tools: Please identify the HIT tools you use for VBP and population management including:
 - a. HIT tool(s) to manage data and assess performance
 - b. Analytics tool(s) and types of reports you generate routinely
2. Workforce: Please describe your staffing model for VBP and population management analytics, including in-house, contractors or a combination, who can write and run reports and help other staff understand the data.

i. HIT Tools for VBP and Population Management

AllCare CCO administers VBP programs in several care delivery areas. Data extracts for each incentive measure that is based on administrative data (claims, eligibility) are generated by querying the core processing system using SQL. The extracts that are created via SQL are exported to Excel and then the files are imported into a reporting template. The reporting template is Excel based and has programmed macros that convert the imported data into a provider level quality report. The quality reports are exported to PDF files and distributed to program participants.

AllCare CCO hosts an EHR platform for a number of the primary care clinics in our service area. The service agreement with the clinics includes support of their required metric reporting. Reporting for incentive measures

from the EHR is exported to Excel files and then imported into the reporting template using the same process as described for the administrative data extracts.

Population Management: AllCare CCO utilizes a care management platform, HMS' Essette. Essette can import data from outside sources to support population health reporting. In addition, AllCare CCO utilizes Milliman MedInsight for risk stratification, predictive modeling and support for VBP.

ii. Workforce for VBP and Population Management Analytics

AllCare CCO has a VBP/Population health department headed by the Value Based Payment Manager and supported by Quality Analysts, Health System Analysts and Provider Network Management. This position is supported by the Chief Operations Officer and Director of Provider Contracting and Director of Health Equity. The VBP department interfaces with virtually every department within AllCare CCO including Claims, eHealth Services, Health Information Technology and Clinical Areas. This department regularly interfaces with Providers in supporting their success with VBP and Population Health.

b. HIT to Administer VBP Arrangements: 2021 – 2024 Plans and 2020 Progress

Describe your plans for using HIT to administer VBP arrangements (for example, to calculate metrics and make payments consistent with its VBP models). In your response, please include

1. Strategies for using HIT to administer VBP arrangements, including how you will ensure you have the necessary HIT as you scale your VBP arrangements rapidly over the course of the Contract and spread VBP to different care settings each strategy. Additionally, include plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the Contract.
2. Specific activities and milestones related to using HIT to administer VBP arrangements

Additionally, describe

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

Note: If preferred, you may submit a separate document detailing each strategy's activities and milestones.

i. Strategies for administering VBP arrangements, including activities and milestones

AllCare CCO currently has the capability to generate quality reporting for our current VBP arrangements with a frequency of quarterly updates. The current process in place is as described above in the response to HIT Tools for VBP and Population Management.

We began a transition of the data capture for the VBP programs in 2020 to consolidate it under a single platform. In developing the VBP programs over the prior several years we ended up with a situation where the administrative data used in support of the programs was derived from multiple sources. The goal of the consolidation initiative is to house the data extraction exclusively within our HIT team. With that change we feel we will be better positioned with the resources needed to keep the measure coding up-to-date, and to maintain more reliable support with a higher level of confidence in the accuracy and consistency of the data.

AllCare CCO planned on getting the data extraction consolidation completed in time for 2021 reporting. Progress on that front didn't proceed according to plan and we are now looking at a 2022 timeframe to get that work completed. Once we have all of the programming for the measures transitioned to HIT we will focus on building a reporting module that is directly linked to the measure level data. This enhancement will reduce the amount of manual intervention currently involved in the generation of quality incentive reports. Another desired outcome of the more automated approach in reporting will be a change in frequency of reporting from quarterly to at least monthly, with the ultimate desire to achieve real-time reporting.

ii. Progress in 2020 in using HIT for administering VBP arrangements, as well as any accomplishments and successes.

VBP Analytics Staff worked with HIT staff throughout 2020 on the project of coding development for the administrative data based measures. There are 27 distinct deliverables with this phase of the project, 5 of them have been completed, with partial completion on several others. The combined progress represents about a 25% overall completion rate currently.

With the VBP and HIT teams working closely in tandem on the measure development project we have tightened up the coding on some measures. The expertise HIT has regarding our data capabilities has brought solid recommendations to the table on how the data can be queried to maximize accuracy.

A significant program enhancement in 2020 was setting up gap list distribution to VBP participants through our provider portal. Previously we sent the gap lists out via secure email in PDF files. By using the portal the risk of sending member level data to the wrong clinic is eliminated. Also, the data is stored in a known location so the information is more easily found by clinic staff at time of need.

AllCare began an EHR transition from PrimeSuite to AllScripts in 2020. Data migration from the old to new platform didn't occur successfully. Our EHR reporting specialist has developed a process to merge the member level reporting from the two systems to produce an aggregate report for the full measurement year. This requires manual intervention but with several clinics yet to begin the transition to AllScripts this process will allow us to continue reporting for those clinics during the transition.

v. Please describe any challenges you face related to using HIT to administer VBP arrangements.

Our biggest challenge has been the fragmentation of our administrative data sets across multiple platforms. As described above we have undertaken a project with HIT to consolidate the data extraction under a single point of contact.

A couple challenges surfaced during our work with HIT in 2020 that have slowed down the project:

- HIT developers have good coding skillsets but aren't familiar with the business end of the measures. This knowledge gap can lead to delays due to multiple iterations of development and quality assurance required to get to an accurate result.
- HIT resources are a finite quantity and the business demands are ever increasing for their services. Thus, higher priority projects took resources away from our project at times limiting the ability to stay on track with the project.
- Response to the pandemic temporarily derailed important feedback between developers, providers and VBP staff. Resources were re-deployed to support COVID guidelines.
- Aggressive timelines related to Interoperability Final Rules proved to be significant HIT resource consumer.

c. Support for Providers with VBP: 2021 – 2024 Plans and 2020 Progress

Please describe your plans for using HIT to support Providers in the following areas (i. – iv.) so they can effectively participate in VBP arrangements. In your response, please include

1. Strategies for using HIT to support Providers so they can effectively participate in VBP arrangements
2. Activities and milestones related to using HIT to support Providers so they can effectively participate in VBP arrangements
3. If used, specific HIT tools used to deliver information

Additionally, please describe

1. The percentage of Providers with VBP arrangements at the start of the year who had access to the following data

- a. timely information on measures used in VBP arrangements
 - b. accurate and consistent information on patient attribution
 - c. information to identify patients who needed intervention, including risk stratification data and Member characteristics
2. Progress in 2020 related to this work, including accomplishments and successes
 3. Challenges related to this work

Note: If preferred, you may submit a separate document detailing each strategy's activities and milestones.

i. How you provide Providers with VBP arrangements with timely (e.g. at least quarterly) information on measures used in the VBP arrangements applicable to the contracted Providers.

AllCare CCO provides quarterly reporting to the contracted providers that are participating in our VBP programs. Quality reports are produced that reflect measurement year-to-date progress relative to established targets. Quality reports are distributed via secure email. Gap lists are also distributed on a quarterly basis that provide member level detail on numerator compliance for each of the measures. Gap lists are loaded to the provider portal for access.

ii. How you provide Providers with VBP arrangements with accurate and consistent information on patient attribution.

AllCare CCO has transitioned to an attribution methodology that is based on member assignment as of the end of the reporting period. This applies for the programs where member assignment occurs – Primary Care, Pediatrics, Oral Health. For VBP programs where provider assignment doesn't occur (i.e. Behavioral Health, Specialty – maternity, medical, surgical) attribution is based on the provider who renders services to a member.

iii. How you use data for population management – to identify specific patients who need intervention, including data on risk stratification and Member characteristics that can inform the targeting of interventions to improve outcomes.

In 2020, AllCare CCO began to produce and distribute to our primary care network a risk stratification report. With the disruption of normal operations in the industry due to Covid-19 the impact and value of that data was minimized. We are gathering feedback from the provider community on their perceived utility of the risk stratification report and will develop an outreach campaign designed to address the themes that emerge from that feedback.

The risk stratification data reported to the primary care network has also been shared with AllCare CCO's Care Coordination department. Targeted reporting of specific patient populations (e.g. non-compliant A1c patients) is referred to Care Coordination with their associated risk stratification data to help them identify those patients that need priority intervention.

iv. How you share data for population management with Providers with VBP arrangements – so providers can take action with respect to specific patients who need intervention, including data on risk stratification and Member characteristics that can inform the targeting of interventions to improve outcomes.

AllCare CCO provides rosters of patients where VBP measures are identified as a gap to participating providers. This information helps them target patient outreach to achieve better VBP results and to increase the number of patients getting those targeted preventive services. Gap lists are housed on the provider portal and reflect current member level compliance status by measure.

Risk Stratification reports have been sent via secure email during 2020 on a quarterly basis to our primary care providers. Beginning with 2021 reporting we are planning on uploading these reports to our provider portal. This enhancement will improve the timing of delivery and provide for a consistent home for the data.

v. Please identify the percentage of Providers (e.g., clinics or groups) with VBP arrangements at the start of the year who had access to these above data. If not all providers with VBP had access to this information, please describe why not.

Total number of clinics/groups with VBP arrangement at start of the year: Primary Care/Pediatrics: 37 Clinics, Specialty Care (maternal care, medical and surgical) – 32 Clinics, Oral Health – 3 Dental Care Organizations representing all Oral Care Providers, Behavioral Health – 5 Agencies

Total number and proportion of those clinics/groups with access to:

- a) Performance metrics (at least quarterly): 100%
- b) Patient attribution data: 100%
- c) Actionable member-level data: 100%

If not all providers with VBP had access to this information, please describe why not:

N/A

vi. Please describe your progress in 2020 with this work, as well as any accomplishments or successes.

AllCare CCO now is able to upload gap list files to the provider portal enabling the clinics to access more current information than the prior process in place that involved emailing secure files on a quarterly basis.

AllCare CCO has taken the lead in supporting EHR reporting for those clinics that are transitioning from our hosted platforms. This eases the burden on those clinics in producing credible reporting across two different EHR platforms. We also have representation on the CQM technical assistance program and will cascade information from that forum out to our contracted entities.

vii. Please describe any challenges you face related to this work.

The most significant challenge we're facing is in developing an efficient methodology to bridge CQM reporting across two platforms as we transition EHR systems for the clinics we host and support EHR services. Clinics are migrating platforms throughout the year and the patient history is not transferring properly. Thus, reporting is being pulled from both systems and then we merge that data that requires more manual effort that is optimal.

Optional Questions

a. Describe how you educate and train providers on how to use the HIT tools and VBP-related data (e.g., performance metrics, patient attribution, member characteristics) they will receive from the CCOs.

AllCare CCO APM Provider Relations and Quality Analytics staff routinely meet with providers and clinic staff to provide updates on progress, to provide technical assistance in understanding the quality specifications and to assist in the integration of AllCare CCO quality data and individual patient gaps at the point of care.

b. How can OHA support your efforts related to data/HIT and VBP?

Providing feedback on best practices from CCO's around the State and Country. Hosting virtual trainings and partnering with CCO's in advancing VBP's into facilities and more broadly specialty service providers.

7. Other HIT Questions (Optional)

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

a. How can OHA support your efforts in accomplishing your HIT Roadmap goals?

Allow for course corrections. Trust that AllCare CCO has the ability to balance the unique needs and circumstances of rural providers with that of OHA's overall HIT vision.

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

The pandemic and associated lock-downs eliminated the very effective and important face-to-face interactions with our provider offices. That, along with the change in focus from having clinics gain in functionality, investing in systems, expending resources such as incorporation of HIE and HEN was replaced by a focus on survival and basic sustainability of their business. Focus on telehealth incorporation and how to serve their patients in a pandemic shifted focus away from other technology adoptions and investment. OHA supported these realities by putting expectations around distribution of available funds. OHA can further support the "new normal" by eliminating, wherever possible, mandates related to HIT for clinics and plans to providing an environment of support, understanding, and patience.

As AllCare CCO transitioned to a Business Continuity / Infectious Disease Response model at the onset of the pandemic that it is still operating under today, IT resources are strained to respond to the organizational wide Work From Home (WFH) model. At the time of this writing, positioned in Josephine Co, AllCare HQ is still located in a county with an "Extreme" level COVID risk.

In the same way OHA turned down its own projects to respond to COVID-19, AllCare CCO and its Providers suffered project setbacks or stalls. OHA could release some of the HIT pressure in order for healthcare entities to recapture some of their resources in response to a still active pandemic.

Appendix

Example Response: Support for HIE – Care Coordination

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

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

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

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

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

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

a. 2020 Progress

In your response, please describe

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

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

i. Progress Across Provider Types

In 2020, our CCO and clinic partners leveraged a wide variety of health information exchange tools and other HIT platforms that support care coordination. Below is a list of platforms currently supported by our CCO and in use by us and our network.

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

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

EDIE - All hospitals in Oregon have adopted EDIE. In addition, the HIT Commons has been working to bring PDMP information to Emergency Departments through integration of the Oregon PDMP registry with the EDIE platform.

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

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

Telehealth - Our CCO supports telemedicine in the behavioral health setting to access adult and child psychiatry support and coordinate care with providers outside of our service area.

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

Our 2020 progress centered around the following strategies our CCO implemented. The 2020 accomplishments and successes related to our strategies are listed below each strategy.

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

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

- Identifying HIT/HIE priorities
- Educating providers and provider staff on existing HIE capabilities and benefits

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

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

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

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

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

Strategy 4: Support new solutions to exchange information between EHRs and other organizations

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

Strategy 5: Engage with state committees/entities

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

- Clinical Quality Metrics Registry, Subject Matter Expert Workgroup – helps define rules and technical assistance for providers to electronically submit data to CQMR in 2020.
- Oregon Health Leadership Council - EDIE Steering Committee
- HIT Commons Workgroup
- Metrics & Scoring Committee
- Health Information Technology Advisory Group

ii. Additional Progress Specific to Physical Health Providers

Strategy 6: Provide workflow TA

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

iii. Additional Progress Specific to Oral Health Providers

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

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

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

In 2020, our CCO implemented the following strategies specific to oral health providers and achieved the listed accomplishments/successes:

Strategy 7: Explore oral health HIE

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

Strategy 8: Pursue improvement of the dental request referral process

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

iv. Progress Specific to Behavioral Health Providers

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

In 2020, our CCO implemented the following strategies specific to behavioral health providers and achieved the listed accomplishments/successes:

Strategy 9: Assess the state of behavioral health HIE

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

Strategy 10: Develop and implement a 5-year plan

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

Strategy 11: Provide workflow TA

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

v. Please describe any barriers that inhibited your progress.

Our initial plans for developing a technical assistance strategy to support and expand existing technology solutions that provide timely patient information to providers and care coordinators were unable to be fully realized due to the COVID-19 pandemic. The original strategy had included conducting site visits to providers identified in initial physical, oral, and behavioral health use cases in order to better understand their current systems and workflows around HIE for Care Coordination; however, we were unable to complete any onsite walk-throughs. While we did meet with some providers virtually, we were unable to meet with all providers we identified during initial use cases. Our plan is to continue our virtual meetings in 2021.

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

b. 2021 - 2024 Plans

In your response, please include

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

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Strategies Across Provider Types, Including Activities & Milestones

Using the Data Completeness Table in the OHA-provided HIT Data File, we can see that (including the Collective Platform) 69 physical health, 36 oral health, and 61 behavioral health contracted organizations have not adopted a known HIE tool. We will use this information to develop our 2021-2024 HIE for care coordination strategies.

We will continue to use and support all HIT/HIE tools listed in the *2020 Progress* section and continue to build upon all the strategies we previously described. Additionally, we will monitor national and local HIT/HIE initiatives to stay apprised of any developments in HIE tools or opportunities.

For 2021 – 2024, our CCO will implement and support the following strategies across providers types:

Strategy 1: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

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

Strategy 2: Enhance coordination between physical, behavioral, oral and SDOH organizations

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

Strategy 3: Understand HIE technology adoption and use among network physical, behavioral, and oral health providers

We will pursue data collection via an online Health IT survey (in conjunction with OHA’s Office of Health IT) that will be distributed to contracted organizations currently using as well as not using HIE technology to determine

- Real and perceived barriers to adoption
- Modules, features, and functions that would increase value to Providers
- Technical barriers to adoption

- Financial barriers to adoption (technology costs and labor costs)
- Opportunities and hopes for HIE technology utilization

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

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

ii. Strategies Specific to Physical Health Providers, Including Activities & Milestones

See *Across Provider Types* section.

iii. Strategies Specific to Oral Health Providers, Including Activities & Milestones

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

Strategy 1: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Our CCO will encourage further utilization of the one-way electronic referrals to DCO portals for improved care coordination.

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

Strategy 2: Engage with state committees/entities

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

iv. Strategies Specific to Behavioral Health Providers, Including Activities & Milestones

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

Strategy 1: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

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

Strategy 2: Engage with state committees/entities

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

Strategy 3: Establish an HIE workgroup specifically for behavioral health workflows

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