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@dhsoha.state.or.us.

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

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

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

Updated HIT Roadmap Timeline

	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: • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU • Served, if elected on the HIT Commons governance board or one of its committees • Participated in OHA's HITAG at least once during the previous Contract Year
2. Support for EHR Adoption	**a.** 2020 Progress supporting EHR adoption for contracted physical, oral, and behavioral health providers? **b.** 2021 – 2024 Plans for supporting EHR adoption for contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes o Strategies used to support EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2020 o Specific accomplishments and successes for 2020 related to EHR adoption • Description of plans includes o 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) o Additional strategies for 2021 – 2024 to support increased rates of EHR adoption and address barriers to adoption among the three provider types o 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. • Description of progress includes o Specific HIE tools supported or made available in 2020 o Strategies used to support HIE for Care Coordination access for contracted physical, oral, and behavioral health providers in 2020 o 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?	• Description of plans includes ○ The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional HIE tools supported or made available ○ Additional strategies for 2021 – 2024 to support increased rates of access to HIE for Care Coordination among the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different HIE needs for different provider types
4. Support for HIE – Hospital Event Notifications	**1. a.** 2020 Progress ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers? **1. b.** 2021 – 2024 Plans for ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes ○ Current tool CCO is providing and making available/planning to make available to providers for Hospital Event Notifications ○ Strategies used to support access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health in 2020 ○ Specific accomplishments and successes for 2020 related to Hospital Event Notification access • Description of plans includes ○ The number of organizations (by provider type) that have not adopted an HIE for Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional tool CCO planning to make available to providers for Hospital Event Notifications ○ Additional strategies for 2021 – 2024 to support increased rates of access to timely Hospital Event Notifications for the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different Hospital Event Notification needs for different provider types
4. Support for HIE – Hospital Event Notifications	**2. a.** 2020 Progress using timely Hospital Event Notifications **within** your organization? **2. b**. 2021 – 2024 Plans using timely Hospital Event Notifications within your organization?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes ○ Current tool CCO is using within their organization for Hospital Event Notifications ○ Strategies used for timely Hospital Event Notifications within CCO's organization for 2020 ○ Specific accomplishments and successes for 2020 related to CCO's use of Hospital Event Notifications • Description of plans includes ○ Additional tool CCO is planning to use for Hospital Event Notifications ○ Additional strategies for 2021– 2024 to use timely Hospital Event Notifications within the CCO ○ Specific activities and milestones for 2021 – 2024

Updated HIT Roadmap Section	Question(s) – Abbreviated *Please see template for complete question.	Approval Criteria

6. Health IT for VBP and Population Health Management
 	
a. HIT Tools and Workforce
	HIT capabilities for the purposes of supporting VBP and population management?	Sufficient detail and clarity to establish that activities are meaningful and credible.
		• Description of capabilities includes
		  ○ HIT Tools used for VBP and population management
		    ▪ HIT tool(s) to manage data and assess performance
		    ▪ Analytics tool(s) and types of reports generated routinely
		  ○ Clear details around CCO staffing model for VBP and population management analytics

6. Health IT for VBP and Population Health Management
 	
b. HIT to Administer VBP Arrangements
	2021 – 2024 Plans and 2020 Progress around using HIT to administer VBP arrangements?	Sufficient detail and clarity to establish that activities are meaningful and credible.
		• Description includes
		  ○ Clear strategies for 2021 – 2024 for using HIT to administer VBP arrangements, including a description of the CCO's plan to scale VBP arrangements over the course of the Contract and spread VBP arrangements to different care settings and enhance or change HIT.
		  ○ Specific activities and milestones related to using HIT to administer VBP arrangements
		  ○ Progress in 2020 using HIT for administering VBP arrangements

6. Health IT for VBP and Population Health Management
 	
c. Support for Providers with VBP
	2021 – 2024 Plans 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.
		• Description includes
		  ○ Clear strategies for 2021 – 2024 for using HIT to support Providers so they can effectively participate in VBP arrangements and support Providers with:
		    ▪ timely information on measures used in VBP arrangements
		    ▪ accurate and consistent information on patient attribution
		    ▪ information to identify patients who needed intervention, including risk stratification data and Member characteristics
		  ○ Specific activities and milestones for 2021 – 2024 related to supporting Providers in VBP arrangements
		  ○ Specific HIT tools used to deliver information
		  ○ The percentage of Providers with VBP arrangements at the start of the year who had access to the above data
		  ○ Progress in 2020 related to this work

Updated HIT Roadmap Template

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

CCO: Cascade Health Alliance
Date: 3/12/2021

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@dhsoha.state.or.us

1. HIT Partnership

Please attest to the following items.

a.	☒ Yes ☐ No	Active, signed HIT Commons MOU and adheres to the terms.
b.	☒ Yes ☐ No	Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.
c.	☐ Yes ☐ No ☒ N/A	Served, if elected, on the HIT Commons governance board or one of its committees. *(Select N/A if CCO does not have a representative on the board or one of its committees)*
d.	☒ Yes ☐ 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

RingCentral Video: In 2020 CHA completed virtual provider training utilizing RingCentral VOIP platform to allow providers and staff to watch the video sessions when it is convenient for them (within a designated timeframe determined by CHA). One session was dedicated to HIT and EHR capabilities and benefits for our members and providers to encourage EHR adoption.

Reliance On-Boarding Program: Although Reliance eHealth Collaborative is not an EHR, this program may encourage those providers that are cost prohibited to collaborate with Reliance eHealth Collaborative. The HIE On-Boarding Program collaboration is an incentive to encourage providers to adopt or enhance their own EHR systems. Cascade Health Alliance (CHA) has (21) local Klamath County providers identified and approved by OHA for the HIE On-Boarding Program. CHA has successfully engaged with (9) of these providers since starting the program. This 1st level includes collaboration with CHA, Reliance, and the provider, that includes products and services defined. There are (6) Providers with 2nd level of engagement, that includes agreement sent, and (5) Providers with 3rd level of engagement, that includes fully executed agreements with Reliance.

ii. Additional Progress Specific to Physical Health Providers
HIE On-Boarding Program: (7) Physical Health Providers reached 1st level of engagement, and (5) 2nd level, and (2) 3rd level. As the On-Boarding program nears its close in Sep. 2021, there are a total of (5) new physical health providers that have been completed with the Reliance interface, completed training, and agreements in place. All providers must have EHR adoption in order to take part in this program. Provider Network department is incorporating a digital EHR update survey to distribute to all in-network providers by end of 2021. This digital survey will supplement OHAs EHR survey and assist in tracking current EHR and future EHR activities for providers and clinics.

iii. Additional Progress Specific to Oral Health Providers
HIE On-Boarding Program: (5) Oral Health Providers reached 1st level of engagement, and (4) 2nd level, and (2) 3rd level. In 2020 CHA included contract language in Oral Health provider agreements to meaningfully engage in the On-Boarding program. As the On-Boarding program nears its close in Sep. 2021, there are a total of (2) new oral health providers that have been completed with the Reliance interface, completed training, and agreements in place.

iv. Additional Progress Specific to Behavioral Health Providers
HIE On-Boarding Program: (1) Behavioral Health Providers reached 1st level of engagement.

v. Please describe any barriers that inhibited your progress.
The temporary Stop Work Order of the On-Boarding program in 2020 not only lost some time but may have reduced confidence in Reliance overall. Additional state or federal funding would assist in local providers in need of financial assistance for implementing an EHR platform for smaller clinics and individual providers. In our rural community, there are a number of critical to our network providers in smaller clinics without full digital resources included EHR platforms. CHA is exploring options to coordinate with current in-network clinics and local hospital partner to leverage their platforms.

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

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

Notes:

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

i. Additional Strategies Across Provider Types, Including Activities & Milestones
CHA currently has (60) organizations listed as Required for Reporting in the OHA Data Completeness Table. Currently there are (12) Physical, (11) Behavioral, and (5) Oral Health organizations identified without EHR information. There are multiple providers that do cross-over multiple provider type categories. So, CHA has an

opportunity to gain a greater impact by working with those organizations providing multiple types of services in the provider network. Currently CHA has identified (14) Physical, (13) Behavioral, and (11) Oral Health providers without EHR information. By Q4 2022 CHA plans to work with (3) additional providers to implement an EHR solution, one in each provider type category for Physical, Oral, and Behavioral Health providers. By Q4 2024 CHA plans to add (1) more from each category of provider types.

In 2021 CHA is developing a provider engagement plan that will include updates on strategies and collaboration with providers for documenting EHR leads, their activities related to EHR and assist with identifying any barriers providers might have with EHR adoption. This plan will include all provider types.

CHA is offering internal technical support as a subject matter expert to providers and clinics that are looking to implement an EHR or upgrade from current platform. Currently, CHA is working with (1) of the major provider clinics to move from Greenway PrimeSuite to eClinical Health. This collaboration may assist with lessons learned for CHA assisting other providers or clinics in future implementations.

CHA is exploring options to coordinate with current in-network clinics and local hospital partner to leverage their EHR platforms. CHA is also considering options to provide incentives to promote the adoption and partnerships to accomplish this.

In 2022 CHA is considering including content in the annual provider training sessions specific to sharing technical capabilities internally as potential subject matter experts to assist in EHR upgrades and future implementations.

Collective Medical: In 2020 CHA implemented Collective Medical Insights and coverage for all in-network providers for access to the tool and capabilities. This access enhances the ability for the provider to intervene and monitor other activities regarding the patient. This type of access and capability encourages providers and clinics to adopt an EHR platform to have a greater holistic view of the patient's medical history.

[redacted] By Q4 2021 CHA will implement a virtual update form for providers/clinics to supply current information on EHR information. This would include updates on progress for adoption, if an EHR is not in place, current EHR and certification, and any plans to upgrade or move to another platform.

In 2021-2024 CHA is considering allocating funds through Health-Related Services (HRS) spending for providers to assist in EHR adoption when it might be cost prohibited for them. By 2023 CHA is considering adding language in future provider contracts regarding requirements for EHR adoption.

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

See the Progress Across Provider Types section

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

See the Progress Across Provider Types section

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

See the Progress Across Provider Types section

Optional Question

How can OHA support your efforts in supporting your contracted providers with EHR adoption?
Continue supporting and leading efforts for the provider surveys to update HIT Data Files.

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

RingCentral Video: In 2020 CHA completed virtual provider training utilizing RingCentral (RC) VOIP platform to allow providers and staff to watch the video sessions when it is convenient for them. One session was dedicated to HIT and EHR capabilities and benefits for our members and providers to encourage EHR adoption. Other important care coordination topics were covered utilizing RC video capabilities to record sessions that included Case Management (CM) and Intensive Care CM, sharing best practices, targeted goals, authorization management, provider HIT resources, and CM referral form imbedded in CHA's [redacted] CM platform provider portal. This tool captures referrals for CHA CM team for BH concerns, complex needs, and overutilization.

Reliance eHealth Collaborative: Community Health Record portal and eReferrals:
CHA and Reliance have continued a partnership for engagement activities such as provider education concerning HIE benefits to networked providers and encouraging adoption. These activities include removing financial barriers for ongoing adoption for those that qualify for the HIE Onboarding Program.

Collective Medical: Implemented Insights in 2020 for CHA and providing the ability for providers to join. CHA can leverage Network Health Report to provide targeted Technical Assistance (TA) for providers not utilizing EHR or not regularly signing in to Collective Medical. CHA can also utilize Collective Medical Network Health Dashboard Report for tracking and monitoring provider activity and assist when interventions are necessary. CHA has built out additional capabilities within the platform to assist with care coordination. Here is a list of population cohorts, tags, flags, and reports generated in the system now for CHA.
Cohorts:
All ED visits
ED Disparity Measure
5 ED Visits in 12 months
5+ ED visits in 6 months
Pediatric RSV Admits
Behavioral Health
COVID-19 Presumptive Coronavirus Diagnosis
Pregnancy ED, IP, and Obs Encounters
COVID-19 Symptomatic Free Text
COPD ED/IP Visits
Dental ED Encounters
ICCM Flagged Members
IP Transfer
Pediatric Asthma-Related Visits
2 In-Patient Visits in 90 Days
CHF ED and IP
DKA Admissions
Geriatric IP Visit with Pneumonia
0-15 Day Readmission
30 Day Readmission

Tags
ICCM Yes
ICCM No
Hep C Treatment
Case Manager Assignment

Flags
COVID Vaccination Dose 1
COVID Vaccination Dose 2
COVID Positive
COVID Negative
COVID Test Pending
ED Disparity Measure

Reports
Encounters from Pregnancy Cohort – Daily
Encounters from BH Cohort – Daily
COVID-19 Vaccination – Weekly
Census Report – Monthly
ED Disparity Measure Encounters – Monthly
Aunt Bertha CIE- Healthy Klamath Connect (HKC): In 2020 CHA contracted with Aunt Bertha and has implemented a new closed-loop referral system for Klamath County residents to connect with available health and social services. This new platform receives financial and technical support from CHA, and has partnered with local non-profit organization, Healthy Klamath with a branded site called Healthy Klamath Connect (HKC). There are two available user interfaces for HKC. The first site provides access to all community-based organizations, providers, and community members. The second site provides access to CHA's internal staff site for assisting specific Medicaid members with needed health and SDOH-related services available in Klamath County. CHA can track external and internal activity for search activity and closed loop referrals for members.

[redacted] For all [redacted] related providers. CM department is utilizing [redacted] access daily for checking records, treatment notes from visits and reviewing current activity for selected members to assists in care coordination efforts.

[redacted] Population Management tool to assist in risk stratification for leadership and CM assignment for intervention and care plans. This is a predictive model platform that ingests CHA claims monthly and applies patented algorithm logic models from [redacted] Reports are generated through the user interface based on cohorts built within the tool.

[redacted] Many local providers utilize [redacted] Provider Portal for submitting authorizations for timely and accurate requests. The platform is designed to capture the right information in the initial submission to reduce errors and collaboration efforts.

FHIR: CHA will be researching ways to utilize the FHIR formatted data, that is currently in development to comply with the Member Access Interoperability Rule, for assisting in care coordination. CHA is expected to have the FHIR solution in place early Q3 2021 and intend to have a strategy for utilizing this formatted data outside of the rule guidelines to assist with care coordination efforts by Q4 2022.

ii. Additional Progress Specific to Physical Health Providers

See the Progress Across Provider Types section

iii. Additional Progress Specific to Oral Health Providers

Oral Health Dashboards have been distributed to providers at least quarterly that include care gap lists to identify members in need of services.

CHA has been engaged in the HIT On-Boarding program in 2020 and now into 2021. A major focus has been on the largest area of opportunity with Oral Health Providers HIE adoption rates. (5) Oral Health Providers reached 1st level of engagement, and (4) 2nd level, and (1) 3rd level that have entered into an agreement and working

towards implementation of Reliance eHealth Collaborative. CHA expects to have (2) more fully executed agreements with Oral Health providers by July 2021.

iv. Additional Progress Specific to Behavioral Health Providers

See the Progress Across Provider Types section

v. Please describe any barriers that inhibited your progress.

The temporary Stop Work Order of the Reliance On-Boarding program in 2020 not only reduced the amount of time of the program but may have led to a lack of confidence in Reliance or the program overall.

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

CHA currently has (60) organizations listed as Required for Reporting in the OHA Data Completeness Table. Currently there are (11) Physical, (8) Behavioral, and (1) Oral Health organizations identified as having HIE for care coordination. There are multiple providers that do cross-over multiple provider type categories. So, CHA has an opportunity to gain a greater impact by working with those organizations providing multiple types of services in the provider network. Currently CHA has identified (16) Physical, (16) Behavioral, and (15) Oral Health providers without an HIE for care coordination. By Q4 2022 CHA plans to work with (3) more additional providers to add HIE care coordination capabilities. one in each provider type category for Physical, Oral, and Behavioral Health providers. By Q4 2024 CHA plans to add (3) more from each category.

In 2021 CHA is developing a provider engagement plan that will include updates on strategies and collaboration with providers for documenting EHR leads, their activities related to EHR and assist with identifying any barriers provider might have with EHR adoption. This will include all provider types. In 2021-2024 CHA is considering allocating funds through Health-Related Services (HRS) spending for providers to assist in EHR adoption when it might be cost prohibited for them. CHA also plans to add requirements for digital authorization and claims submission for In-Network providers, to reduce the number of paper and fax submissions to increase timeliness and improve quality.

In early 2021 CHA has been in communication with Collective Medical on potential future innovations. In 2022 CHA intends to partner on a pilot project with Collective Medical for SDOH for insights and improve hospital event notifications with enhanced member details.

In 2021 CHA is developing COVID-19 Vaccination reporting, consolidating information provided by OHA Alert data, Collective Medical data, Reliance eHealth Collaborative, and [redacted] of CHA claims and plans to have finalized by end of Q1 2021. In 2021 CHA is also developing a member outreach report consisting of member gap data from OHA Quality Measures [redacted] and CHA's Risk Adjustment gaps via the [redacted] platform. CHA will be utilizing this data for member outreach and working with attributed providers to assist members with needed services and vaccinations available.

CHA plans to finish implementation of new [redacted] platform and new Provider Portal by Q2 2021.

CHA is researching innovations to further develop and enhance the annual virtual provider training to allow for collaboration, hands-on HIT experience, and sharing best practices between providers and CHA's team. By end of 2021 CHA plans to roll out next generation of virtual training and will be looking to potentially utilize a new technology platform by Q4 2023 that can be utilized throughout the year moving forward, leading to enhanced collaboration and increased provider and staff attendance. CHA is considering including training specific to sharing technical capabilities internally as potential subject matter experts to assist in EHR ugrades and future implementations.

By Q4 2023 CHA intends to upgrade the current CIE platform with Aunt Bertha to Enterprise licensing, that would allow integration for direct referral from provider's EHR platforms.

By Q4 2024 CHA intends to implement an integrated member portal solution to assist in member collaboration, transparency of services available, and self-service features that would include ordering new cards and connecting with local needed social and health services.

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

See the Progress Across Provider Types section

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

See the Progress Across Provider Types section

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

See the Progress Across Provider Types section

Optional Question

How can OHA support your efforts in HIE for Care Coordination?
Extend programs like the current On-Boarding program with southern Oregon's HIE, Reliance.

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

Collective Medical: Implemented Insights in 2020 for CHA and providing the ability for providers to join. CHA can leverage Network Health Report to provide targeted TA for providers not utilizing EHR or not regularly signing in to Collective Medical. CHA can also utilize Collective Medical Network Health Dashboard Report for tracking and monitoring provider and internal CM activity and assist when interventions are necessary. CHA CM team are utilizing real-time hospital even alert notifications, Cohorts, and Flags to identify members in need of timely interventions. Notifications include ED and inpatient admissions, discharges, and hospital transfers. CHA also has an internal process within the Case Management department for outreach communications with attributed providers when care plans are updated based on the event notifications.

[redacted] CM department enters information collected form alert notification received from Collective Medical or Reliance eHealth Collaborative into CHA's care coordination tool, [redacted] to assist in member/provider interventions and coordinating care plans.

[redacted] For [redacted] and related providers. CM department is utilizing Epic access daily for checking records, treatment notes from visits and reviewing current activity for selected members to assists in care coordination efforts.

ii. Additional Progress Specific to Physical Health Providers

See the Progress Across Provider Types section

iii. Additional Progress Specific to Oral Health Providers

See the Progress Across Provider Types section

iv. Additional Progress Specific to Behavioral Health Providers

In 2020 CHA has successfully onboarded the top (2) largest behavioral health provider clinics in Klamath County with Collective Medical Insights tool.

v. Please describe any barriers that inhibited your progress.

N/A

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

Collective Medical: With the implementation of Collective Medical's Edie Insights CHA now can track and monitor internal activity related to hospital event notifications. CHA CM team can set up risk criteria for members in Collective Medical to track any future encounters. When a risk is identified from the established criteria, the tool will trigger notifications, additional workflows, or additional data analyzed, and CHA can share details with providers for additional interventions. CHA CM team are utilizing real-time hospital event alert notifications, Cohorts, and Flags to identify members in need of timely interventions. Notifications include ED and inpatient admissions, discharges, and hospital transfers.

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

CHA currently has (60) organizations listed as Required for Reporting in the OHA Data Completeness Table. Currently there are (4) Physical, (7) Behavioral, and (0) Oral Health organizations identified as having access to hospital event notifications. This leaves a great opportunity for CHA to encourage and work with providers identified without access to these notifications. There are multiple providers that do cross-over multiple provider type categories. So, CHA has an opportunity to gain a greater impact by working with those organizations providing multiple types of services in the provider network. Currently CHA has identified (22) Physical, (17) Behavioral, and (16) Oral Health providers without hospital event notifications. By Q1 2022 CHA plans to add (6) more additional providers to the Collective Medical EDie Insights tool, two in each provider type category for physical, oral, and BH providers. By Q4 2023 CHA plans to add (3) more, one from each category.

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

See the Progress Across Provider Types section

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

Unfortunately, there are (0) Oral Health providers with hospital event notification access identified. This is CHAs largest area of opportunity. In addition to the above plans, CHA plans to increase in this category by (2) additional providers by Q4 2022, and (2) more by Q4 2024.

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

See the Progress Across Provider Types section

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

Now that the Network Health Dashboard report is in place with Collective Medical, CHA CM leadership plans to monitor internal activity and ensure CM team is utilizing the tool and its notifications properly to assist in

identification of necessary intervention of care coordination efforts. In 2021-2022 CHA will encourage network providers on the benefits of real-time notifications and solidify role as a guide for its network. CHA also plans to utilize any new capabilities available from innovations with Reliance eHealth Collaborative, and with the hospital event notification merger with Collective Medical and ClickPointCare. Still unsure on EHR capabilities at this point with ClickPointCare but will continue to add to narrative as information is available during discovery process in 2021-2022.

CHA CM department plans to build (4) additional cohorts in Collective Medical for care coordination intervention strategies by Q1 2022. In early 2021 CHA has been in communication with Collective Medical on potential future innovations. In 2022 CHA intends to partner on a pilot project with Collective Medical for SDOH for insights and improve hospital event notifications with enhanced member details.

Optional Question

How can OHA support your efforts in HIE related to hospital event notifications?
Continue with funding for Collective Medical participation for all CCOs and Oregon hospitals.

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

CHA's strategy is to identify and increase the capturing of member's SDOH/HE information, by integrating assessment resources within CHA's technology platforms and other 3rd party web-based platforms, to enhance care coordination and connecting members with necessary social and health services needed within a closed-loop referral system.

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

Collective Medical: In early 2021 CHA has been in communication with Collective Medical on potential future innovations. In 2022 CHA intends to partner on a pilot project with Collective Medical for SDOH for insights and improve hospital event notifications with enhanced member details.

Reliance eHealth Collaborative: CHA is continuing to partner with Reliance eHealth Collaborative to expand its SDOH capturing and reporting capabilities. Utilizing this tool allows participating in-network providers to share captured information for other providers assisting those patients as well.

[redacted] In Q2 2021 CHA is implementing a new [redacted] platform that includes enhanced digital assessments and will include a digital version of the Prapare Survey for CM department to utilize data provided.

[redacted] By Q3 2021 CHA is Implementing a new Customer Relations Management (CRM) tool to help track outreach and connect to CM management tool [redacted], to assist in expanding the capturing of SDOH/HE related data during outreach efforts.

Aunt Bertha CIE- Healthy Klamath Connect (HKC): In 2020 CHA contracted with 3rd party vendor Aunt Bertha, and has implemented a new closed-loop referral system for Klamath County residents to connect with available health and social services. This new platform receives financial and technical support via CHA, and has partnered with local non-profit organization, Healthy Klamath with a branded site called Healthy Klamath Connect (HKC).

Healthy Klamath Organization: CHA coordinates efforts with local non-profit, Health Klamath Organization to execute a Community Health Assessment. This is a community needs assessment completed every 3-5 years.

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?
In Q2 2021 CHA is implementing a new [redacted] platform that includes enhanced digital assessments and will include a current digital version of the Prapare Survey for CM department to utilize while working with members. . By Q3 2021 CHA is Implementing a new Customer Relations Management (CRM) tool to help track outreach and connect to CM management tool [redacted] to assist in expanding the capturing of SDOH/HE related data during outreach efforts. CHA has created a new job role and intends to hire a dedicated Health Equity Manager in 2021. CHA is also currently researching some initiatives related to SDOH/HE with one of our current 3rd party vendors for utilizing SDOH data to predict adverse health events and integrate member-level SDOH data available from multiple sources into our current platform.
iv. Please describe any barriers or challenges you faced using HIT to support SDOH/HE.
N/A

Optional Question

How can OHA support your efforts using HIT to support SDOH/HE?
Include any additional SDOH/HE data captured at the state level and include in Alert data.

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
Tools: • [redacted] CHA utilizes [redacted] and run regular queries to produce the population health management and VBP details we need to disseminate internally and with contracted providers and major clinics. This reporting includes all attributed provider gap lists and current progress status towards VBP agreements. • [redacted] Utilized for visualization of Provider Dashboards. • **Reliance eHealth Collaborative:** CHA has built full capabilities internally to produce OHA quality measure reporting for progress and gap list reporting. CHA also utilizes Reliance as a validation tool for quality measure performance tracking. CHA has also been working with Reliance since 2020 to populate all claims & EHR measure data as well. This duplication between CHA and Reliance has enhanced the quality of this measure reporting. • [redacted] Population Management tool to assist in risk stratification for leadership and CM assignment for intervention and care plans. This is a predictive model platform that ingests CHA claims monthly and applies patented algorithm logic models from [redacted] Reports are generated through the user interface based on cohorts built within the tool. • [redacted] Currently, CHA utilizes provider scorecards to generate insights on providers' performance across multiple dimensions and inform the actions providers should take to improve clinical

performance. This tool also generates suspected and captured chronic condition reporting for each attributed provider. Elements of these current scorecards/reports include the following:

- Captured clinical score vs. target clinical score.
- Clinical recapture percentage.
- Condition prevalence.
- Members with captured conditions.
- Members with suspected conditions.

- **Collective Medical:** CM utilizes alert notifications, cohorts, flags, and reporting tools to assist in care coordination efforts, complex needs, and population health management.

ii. Workforce for VBP and Population Management Analytics

Workforce:

- CHA currently has a department (Decisions Support & Business Intelligence) dedicated to support writing, running reports, maintain databases and network, and assisting staff with understanding data to include: (2) Data Analysts, (1) Database Administrator, (1) IT Systems Administrator, and (1) Director of Decision Support & Business Intelligence. These team members also support administration of platforms listed above related to reporting for VBP and Population Health Management. This department also utilizes [redacted] as a 3rd party consultant for producing additional data analysis reports regarding VBP arrangements and population health management.

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

[redacted] Along with risk adjustment performance data, CHA currently utilizes provider scorecards to generate insights on providers' performance across multiple dimensions and inform the actions providers should take to improve clinical performance. CHA plans to expand the report to include additional insights and combine quality metric gaps by Q1 2022. This tool also generates suspected and captured chronic condition reporting for each attributed provider. By Q4 2024 CHA plans to integrate these Provider Scorecards and chronic condition reports within a Provider Portal for real-time access for attributed providers. Elements of these current scorecards/reports include the following:

- Captured clinical score vs. target clinical score.
- Clinical recapture percentage.
- Condition prevalence.
- Members with captured conditions.
- Members with suspected conditions.

[redacted] In 2020 CHA successfully implemented an in-house solution for creating Oral and Medical Health reporting dashboards (described above) with quality metric and VBP results to attributed providers.

CHA's current VBP agreements include some OHA quality measures and other alternative local community focused incentives. By 2023 CHA intends to expand these local community focused incentives VBP to include local needs within the Klamath Falls community related to SDOH/HE.

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

CHA utilized this tool in 2020 to produce Specialist Risk Adjustment reporting with attribution logic based on services provided to a member in that year. By Q4 2024 CHA plans to integrate these reports with a Provider Portal for real-time access.

In 2020 CHA successfully implemented an in-house solution for creating Oral and Medical Health reporting dashboards in 2020 (described above) with quality metric and VBP results to attributed providers.

In 2020 CHA conducted a Quality Metrics monthly meeting with Primary Care Physicians (PCP) to discuss the overall performance along with barriers or concerns, shared successes, and best practices. CHA was able to utilize in-house capabilities for generating the Quality Metrics Dashboard visualization and gap lists. CHA was also successful in conducting a BH Metrics monthly meeting facilitated by the CHA CM & BH Director.

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

COVID-19 related activities and extra work/guidelines/safety procedures for providers and clinics.

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.

CHA has created a specific visualization, Oral and Physical Health Metrics Dashboards monthly that includes VBP in the contracted provider agreements. By Q4 2023 CHA plans to utilize to provide web-based real-time access for Quality Measure and VBP agreements progress and results across all provider types. In 2020 CHA disseminated this information via secure emails with attributed providers.

Along with risk adjustment performance data, produces attributed Provider Scorecards described above and updated monthly and disseminated by Compliance and Provider Network Management department on a regular basis (min. Quarterly) via secure email. CHA also utilizes this tool in 2020 to produce Specialist Risk Adjustment reporting with attribution logic based on services provided to a member in that year. These results are disseminated on an annual basis since members are not assigned to a Specialist.

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

The above reporting (i) includes monthly actionable services gap lists sent by secure email that includes updated member attribution and current eligibility for each provider. Specialist attribution is based on annual progress reports of attribution logic for members who received services by the Specialist provider in that year.

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.

CHA has an internal Data Analyst team that utilizes and run regular queries to produce the Population Health Management details we need to disseminate internally and with contracted providers and major clinics. This reporting includes all attributed provider gap lists. Additional Population Health Management reporting is available to identify specific members in need of intervention based on historical data and services available within submitted claims in

Population Health Management tool to assist in risk stratification for leadership and CM assignment for intervention and care plans. This is a predictive model platform that ingests CHA claims monthly and applies patented algorithm logic models from Reports are generated through the user interface based on cohorts and specific data points built within the tool.

: In 2020 CHA completed multiple campaigns for targeted cohort text messaging for Population Health Management efforts that included: Health-Related Goals, Improving Health Literacy, Flu-Shot Education, Breast Cancer Screening, Colorectal Cancer Screening, Medical Supply Delivery, Breathing Issues, Child/Adolescent Immunizations, Telehealth, Available Benefits, PPE Distribution, Stress, Community Information Exchange, SDOH/HE Surveys, and Behavioral Health Needs.

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.

Attributed Provider Scorecards described above are updated monthly and disseminated by Compliance and Provider Network Management department on a regular basis (min. Quarterly) via secure email. There are occasions prior to the current COVID pandemic when Provider Network Management department would meet in-person to discuss current progress with an attributed provider and discuss intervention needs and how CHA can assist when necessary. During these times of provider intervention CHA may produce additional reports for Population Health Management to enhance the identification necessary interventions for those members in need of services.

Provider Network Management department conducts dissemination and collaboration at least quarterly for Physical and Oral Health Dashboards (described above), with attribution identification within gap lists for targeted provider intervention to assist in improving outcomes. CHA is currently researching technology solutions for enhancing sharing data related to VBP arrangements and Population Health Management. CHA plans to have a new HIT solution in place by Q4 2023. This solution will give providers a single web-based location with the most current data available produced by CHA and/or other data resources.

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: ___19________
Total number and proportion of those clinics/groups with access to:

a) Performance metrics (at least quarterly): ___18/19=95%_____
b) Patient attribution data: ___18/19=95%_____
c) Actionable member-level data: __18/19=95%____

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

Although our Physical, Oral, and Behavioral Health providers receive regular reporting updates, there is (1) additional agreement with [redacted] since this provider type does not have attributed membership. This annual report is disseminated via secure email to the [redacted]

[redacted] CHA also utilized this tool in 2020 to produce Specialist Risk Adjustment reporting with attribution logic based on services provided to a member in that year. Risk Sharing is monitored and calculated monthly through a [redacted] query from CHA claims processed.

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

[redacted]: In 2020 CHA successfully created new Physical and Oral Health Dashboards and disseminated to attributed providers at least quarterly.

[redacted] in 2020 CHA successfully created new Provider Risk Adjustment Scorecards for the provider and clinic level with all attributed members to include details on suspected and captured chronic conditions and other risk related details. CHA also successfully created Behavioral Health scorecards and chronic conditions reporting for the (2) major clinics with VBP arrangements for members seen in the last year.

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

N/A

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.

- Annual Provider Training
- Provider Network Management monthly collaboration efforts (virtual and in-person)
- Regular Quality Department provider meetings
- COO may reach out to specific providers to support the Provider Network Management with specific providers that in need of intervention or additional education/training

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

Supporting CCOs, by continuing support and lead efforts for the provider surveys to update HIT Data Files. Holds a lot of weight coming from OHA and shows our coordination of efforts between OHA and CCOs for improving HIT adoption across provider types.

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?

Supporting CCOs, by continuing support and lead efforts for the provider surveys to update HIT Data Files. Holds a lot of weight coming from OHA and shows our coordination of efforts between OHA and CCOs for improving HIT adoption across provider types.

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

COVID-19 related activities and extra work/guidelines/safety procedures for providers and clinics. Oral Health providers were closed for long periods of time without any services available.
How to incorporate the FHIR server Interoperability Rule outcomes for CCOs with the state's available data?