

2021 Updated HIT Roadmap

Guidance Document & Template



December 12, 2020

Contents

Guidance Document.....	3
Purpose & Background.....	3
Overview of Process.....	3
Updated HIT Roadmap Approval Criteria.....	5
Updated HIT Roadmap Template	8
Instructions.....	8
1. HIT Partnership.....	9
2. Support for EHR Adoption	9
a. 2020 Progress	9
b. 2021 - 2024 Plans	11
3. Support for HIE – Care Coordination.....	13
a. 2020 Progress	13
b. 2021 - 2024 Plans	15
4. Support for HIE – Hospital Event Notifications.....	17
a. 2020 Progress	17
b. 2021 – 2024 Plans	19
5. Health IT and Social Determinants of Health and Health Equity (Optional).....	22
6. Health IT for VBP and Population Health Management.....	23
a. HIT Tools and Workforce	23
b. HIT to Administer VBP Arrangements: 2021 – 2024 Plans and 2020 Progress	25
c. Support for Providers with VBP: 2021 – 2024 Plans and 2020 Progress	27
7. Other HIT Questions (Optional).....	31
Contact	Error!
Bookmark not defined.	
Appendix.....	31
Example Response: Support for HIE – Care Coordination.....	31
a. 2020 Progress	31
b. 2021 - 2024 Plans	35

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.	<p>CCO meets the following requirements:</p> <ul style="list-style-type: none"> • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons 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	<p>a. 2020 Progress supporting EHR adoption for contracted physical, oral, and behavioral health providers?</p> <p>b. 2021 – 2024 Plans for supporting EHR adoption 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"> ○ 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?	<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"> ○ 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: Eastern Oregon CCO

Date: 3/15/2021

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Served, if elected, on the HIT Commons governance board or one of its committees. <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

See individual responses by provider type below.

ii. Additional Progress Specific to Physical Health Providers

EOCCO continues to work closely with its contracted physical health providers as they adopt and upgrade their EHRs. EOCCO has a dedicated quality improvement team that has expanded from two staff to four staff in 2020. This team works regularly with clinics to ensure that their EHRs have reporting capabilities for the incentive measure program. If clinics aren't able to report on specific metrics, the EOCCO quality improvement team will work with the clinic to modify clinic workflows to align with improved EHR extraction and assess usability and reliability of data. The team also facilitates conversations with EHR vendors to improve reporting capabilities or encourage upgrades to new versions of their EHR. Often times this process leads to discussions around shifting EHR vendors to improve tracking and reporting capabilities. During the 2020 calendar year, EOCCO had three clinics switch EHR vendors and 7 clinic systems (16 total clinics) upgrade their EHR versions. EOCCO collected

EHR adoption, vendor, and version data in Q1 2021 for the 2020 measurement year. This data has been updated on EOCCO's HIT Data File.

Due to the pandemic, EOCCO released a large portion of quality funds to its primary care providers based on membership and 2019 incentive measure performance instead of holding providers accountable for achieving performance-based rewards using 2020 data. However, to support EHR adoption and improvement efforts in 2020, EOCCO is providing a reporting bonus incentive to primary care providers who can report on quality metrics using their certified EHR for the 2020 measurement year.

Additionally, EOCCO provided per member per month (PMPM) payments to physical health providers based on their Patient Centered Primary Care Home (PCPCH) tier in 2020. EHR adoption and use allows for more PCPCH requirements to be attained, and combined with additional coordinated care efforts, the clinic is eligible to meet the criteria for a higher tier. This increased tier capability allows for additional dollars allotted to their clinic on a monthly basis to help sustain their EHR and coordinated services offered to their patients.

Lastly, as part of EOCCO's Community Benefit Initiative Reinvestment (CBIR) program, EOCCO funded a grant project to support EHR implementation at the Morrow County Public Health Department. This application by the Morrow County Health Department described the department's need for a new electronic health record (EHR) system. With the new system, the health department plans to have the ability to run reports on EOCCO members, as well as facilitate the completion of forms and reduce duplication of records in order to focus on improving services for maternal, child and family health. The grant project is part of an overall goal of EOCCO to increase funding support specifically for EHR adoption to further address the cost barrier that so many of our EOCCO providers face.

Through the support that EOCCO's Quality Improvement team provides and the financial incentives, EOCCO was able to report on more incentive measures than in years prior. In 2019 EOCCO providers reported on a total of 196 measures and in 2020, EOCCO providers were able to report on a total of 205 measures. This means that eight clinics improved their EHR reporting capabilities, seven added one additional measure, and one clinic added two additional measures.

iii. Additional Progress Specific to Oral Health Providers

ODS has started to collect information about EHR use among our dental providers, including what vendor is used and the year of certification, at least annually to better understand what percentage of our providers currently utilize EHRs. Last year we conducted phone surveys to try and gather this information and learned that limited resources contributed to reasons why providers had not considered adoption. To address this ODS has included EHR adoption as part of our incentive measures in some of our provider agreements. This means that providers that adopt an EHR will have an opportunity to earn additional funding.

Advantage Dental has started collecting EHR vendor/product/version along with CEHRT certification status of the EHRs. Advantage Dental collects this information through a bi-annual survey and creates metrics based on this information. They also have a written policy that encourages (but does not require) the adoption of CEHRT certified EHRs.

iv. Additional Progress Specific to Behavioral Health Providers

Over the past year, EOCCO has worked to document and update the EHR adoption status of each of our non-Community Mental Health Program (CMHP) behavioral health providers and residential treatment facilities to drive technical assistance prioritization efforts. Through this process, EOCCO has identified multiple behavioral health providers for whom additional technical assistance is needed for adoption and who also represent a growing proportion of our behavioral health service array. Additionally, in 2020, EOCCO has supported multiple CMHPs to begin transitioning to new EHR platforms, or new versions of existing EHR technologies, by providing technical assistance and aiding in planning activities.

v. Please describe any barriers that inhibited your progress.

ODS Community Dental identified barriers to EHR adoption among dental providers due to limited resources related to staffing and funding.

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

EOCCO updated the CCO HIT Data File that OHA provided to only include providers that are located within the 12 Eastern Oregon counties that EOCCO serves. EOCCO's Date File includes 26 physical health, 18 oral health, and 6 behavioral health organizations without EHR information. Among the physical health providers, EOCCO has a 96% EHR adoption rate for PCPCH clinics. EOCCO is only missing EHR information from one PCPCH clinic.

EHR Adoption Strategy 1: EOCCO plans to develop a Community Benefit Initiative Reinvestment (CBIR) fund specifically for EHR adoption and technology support. This will be open to physical health, behavioral health, and oral health providers. EOCCO will work with the Oregon Rural Practice-based Research Network (ORPRN) to develop an RFA to be released for the next funding period in 2022. Additionally, EOCCO plans to increase EHR adoption among public health departments in the EOCCO service area by providing funding and technical assistance.

Milestones:

By 3/31/2022, EOCCO will release a CBIR RFA focused on EHR adoption that is open to all providers.

By 3/31/2022, provide funding for EHR adoption to one additional public health department in the EOCCO service area.

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

EHR Adoption Strategy 2: EOCCO plans to increase data collection techniques for non-PCPCH providers including specialists who don't typically participate in other data reporting requirements with the CCO. EOCCO will look to OHA for assistance with creating a survey to collect this data to utilize in future HIT Roadmap and HIT Data File submissions. This data will help EOCCO narrow down specific strategies related to non-primary care clinics.

Milestone:

By 3/31/2022, collect EHR data on 75% of EOCCO's non-PCPCH providers.

EHR Adoption Strategy 3: EOCCO is working on incorporating a quality component into its existing PCPCH payment program. Instead of paying providers a PMPM based solely on assigned membership, providers would be eligible to receive a portion of the funding based on performance on specific pre-identified measures. This will further support EHR adoption and version upgrades to increase reporting capabilities.

Milestone:

By 4/30/2023, implement a quality component into EOCCO's PCPCH payment program that includes pay for performance measures that require clinical data submissions.

EHR Adoption Strategy 4: EOCCO plans to increase support to clinics to improve EHR reporting capabilities. By providing this assistance, EOCCO primary care providers will start to move away from custom query data submissions to more national standard reports. We plan to increase our conversations related to EHR solutions with both the clinic staff and their EHR vendor staff. We would like to encourage clinics to move to EHRs with Fast Healthcare Interoperability (FHIR) standards in place.

Milestone:

By 12/31/2022, EOCCO will provide support to two additional EOCCO clinics who plan to upgrade their EHR to one with FHIR standards that will increase the clinic's standardized reporting capabilities.

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

For ODS and Advantage Dental, encouraging certified EHR adoption has been challenging because transitioning a dental practice to an EHR is extremely disruptive to the practice's business. Many dental practices have very limited technical resources and no in-house IT staff to manage the system and maintain security. The dental EHR market also has a low adoption rate of EHR certification standards. The ideal path to progress in the dental care space is to incentivize dental EHR vendors to pursue CEHRT certification but it is not clear how DCOs and CCOs can help move this forward. For ODS specifically, given our network construct, EHR adoption is cost prohibitive especially for small individual practices.

EHR Adoption Strategy 5: ODS and Advantage will implement an education campaign on why EHR adoption is important. This would include the provision of resources and tools as they become available.

Milestone:

By 3/31/2022, Advantage Dental and ODS will implement an education campaign on why EHR adoption is valuable to contracted dental providers.

EHR Adoption Strategy 6: ODS and Advantage plan to identify available incentives to help encourage EHR adoption among our dental providers.

Milestone:

By 3/31/2023, Advantage Dental and ODS will explore additional funding resources to provide to dental practices for EHR adoption.

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

EHR Adoption Strategy 7 - Exploration and Potential Implementation of Common CCO EHR for BH Providers: From the OHA provided HIT data file, we see that 80% of EOCCO behavioral health providers have adopted the use of an EHR. The primary barriers identified for most remaining contracted behavioral health providers in EOCCO are two-fold; limited financial resources to support implementation and ongoing EHR costs as well as limited in-house tech infrastructure/expertise. A potential model to address these barriers would be for EOCCO to administer EHR services for a network of providers who would otherwise have difficulties supporting that infrastructure on their own. In 2019, EOCCO explored expanding the use of GOBHI's Netsmart platform to providers in this group but unfortunately identified insurmountable barriers for scaling that particular product. EOCCO plans to explore other vendor options for this service and the viability of this model in the coming year.

EHR Adoption Strategy 8 - Technical Assistance Plan for Non-CMHP BH Providers: EOCCO is working to develop a technical assistance plan for those behavioral health providers identified in the HIT data file and analysis. The plan will look to identify which providers should be prioritized based on volume of services provided and potential for the organization to viably sustain independent EHR adoption. Additionally, the CCO will compile documentation of EHR resources/best practices to include in the technical assistance plan and to help provide a framework for these efforts.

Optional Question

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

EOCCO would like help from OHA with gathering data on non-PCPCH providers. EOCCO would appreciate it if OHA provided more EHR technical assistance opportunities – there are some, but they are exclusive to specific EHRs. Additionally, we would appreciate support from OHA in the dental space including advocating for the dental EHR vendor market to adopt CEHRT certification standards and incentivize dental providers to onboard.

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

See individual responses by provider type below.

ii. Additional Progress Specific to Physical Health Providers

EOCCO supports and utilizes the Collective Platform tool. This is a real-time technology hospital event notification system to those who are on the Collective network. Users who monitor their patient's ED activity, can utilize this information to triage coordination to established/existing workflows.

Strategies that EOCCO has implemented in 2020 to aid in care coordination using the Collective Platform include:

- EOCCO Quality Improvement staff worked with primary care clinic staff to optimize utilization of the Collective Platform by sharing best practices and discussing workflows for care coordination.
- EOCCO engaged in discussions around adding pertinent information into Collective's Insight section on a member's page within the tool. Short, yet descriptive information on the member's care history and any guidelines can help ED providers and others who provide care for the EOCCO member. If either of these sections have active information, it alerts ED providers when the member is at the ED.
- EOCCO created new groups, cohorts, and reports from the Collective Platform to track and monitor members of the EOCCO population for care coordination strategies.
 - o Specific Case Management Cohorts tied to a Case Manager were created. Members are assigned to a Case Manager by manually attaching their Case Manager tag to the member within the platform. When the member goes to the ED and/or is discharged from the ED, the Case Manager's cohort is triggered.
 - o An EOCCO Umatilla County cohort was created to monitor and provide coordinated care for Umatilla Hep. C members.
- EOCCO implemented County Level Multidisciplinary Team (MDT) Meetings where clinics, CMHPs, Dental, and Public Health all come together to discuss specific members who have complex needs. The goal of this team is to partner within the systems of care to create better member health outcomes while reducing duplication of services. We aim to reduce costs and improve health by exploring innovative options and sharing accountability and responsibility.

EOCCO also supports and utilizes the Arcadia Analytics HIE tool. EOCCO covers the cost of this platform for 10 of EOCCO's largest clinic systems. Arcadia Analytics is a population health management tool that integrates claims data and Electronic Health Record (EHR) data. This interactive web tool provides Eastern Oregon clinic

partners with real time data to provide coordinated patient care. Clinic staff can view gap lists, monitor quality measure performance, prepare for upcoming visits, and compare performance by provider. The tool also includes a full patient registry with condition history, risk scores, and cost saving data. The pre-visit planning report allows providers to prepare for upcoming appointments by viewing risk and condition gaps, quality gaps, recent utilization, and recent medication fills.

Strategies that EOCCO has implemented in 2020 to aid in care coordination using the Arcadia Analytics platform include:

- EOCCO Quality Improvement staff provided technical assistance to all onboard primary care clinics to increase utilization of the platform.
- EOCCO Quality Improvement staff met weekly with staff from Arcadia Analytics to work through issues that arise, discuss new clinics to onboard, update clinic workflows to capture data more accurately, and integrate new quality measures.
- EOCCO evaluated an additional care management tool within the Arcadia Analytics platform.

iii. Additional Progress Specific to Oral Health Providers

ODS uses the Collective platform for care coordination. The ODS case management team receives notifications every time one of our members visits the ED for a dental related reason. Outreach is conducted to these members to educate them on their dental benefit and how to access care, especially for an emergent situation. Case managers assist the member with scheduling an appointment and establish them with a dental home. As a result of this work we have seen a decline in repeat visits to the ED for dental reasons.

Advantage has had a direct connection to Collective since 2015 to monitor ED utilization for dental related reasons. Upon receiving a notification, Advantage care coordinators generally provide next day follow-up with members to coordinate dental appointments, to address the member's dental needs, and to educate the member on Advantage's 24/7 Emergency Call system. All members with ED notifications are also sent an informational letter and a "cling" to keep in an easily accessible spot (like their refrigerator) so they know how to access emergency dental services.

Similar to EHRs, ODS & Advantage Dental have started surveying dental providers to learn how many of them are utilizing other kinds of HIE tools. Based on the information collected to date and our industry knowledge, we've gathered that HIEs are not very common in the dental space. Thus, we believe that education on HIEs along with support and resources for adoption is needed before we begin to see expansion of the use of HIEs in our network. ODS is currently seeking to further our understanding of various HIE platforms such as Reliance so that we can better educate our providers on the benefits and reasons for adoption. ODS also plans to collaborate with the CCO and would benefit greatly from additional support and resources that would help advance these efforts. ODS has also included HIE adoption as part of our incentive measures in some of our provider agreements. This means that providers that adopt an HIE will have an opportunity to earn additional funding.

iv. Additional Progress Specific to Behavioral Health Providers

In 2020, EOCCO made significant progress towards subsequent expansion of HIE technology across the behavioral health service array. We did this through establishing a sustainable funding framework for connections in EOCCO's Arcadia Analytics platform, renewing and updating data sharing agreements with contracted CMHPs, and engaging providers in the initial stages of data review. EOCCO engaged with all of the CMHPs in its network by facilitating learning sessions and kickoff events centered on the use of Arcadia Analytics for care coordination and quality improvement, laying the groundwork for full participation with the platform in the coming year.

EOCCO's utilization management team has a process in place for the daily monitoring of the Collective Medical system specifically looking at behavioral health hospital admissions. A GOBHI care management specialist, on behalf of EOCCO, receives the report and enters the patient into our utilization management tracking system. The care management specialist utilizes these daily reports to ensure a seven day follow up with community mental health programs and warm hand offs occur. Care plans for high-risk behavioral health members, including those with an SPMI diagnosis and/or are engaged in ACT services, are entered into Collective Medical by this team throughout the year.

v. Please describe any barriers that inhibited your progress.

Due to the pandemic, many practices were forced to temporarily close or were not available to engage in collaborative efforts around care coordination and increased utilization of HIE tools.

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

EOCCO's Data File includes 32 physical health, 11 behavioral health, and 28 oral health providers who have not adopted an HIE tool for Care Coordination.

HIE for Care Coordination Strategy 1: EOCCO is exploring the implementation of a community information exchange platform to assist with care coordination and closed loop referrals for social needs. EOCCO applied for an NIH grant to support the implementation of the Unite Us platform in two Eastern Oregon counties. EOCCO is currently developing four community engagement presentations with Unite Us in the remaining regions to gauge community interest and buy-in. If there is interest, then a proposal will be bought to the EOCCO Board for approval. The Unite Us tool would be utilized across the delivery system among primary care, behavioral health, and dental providers as well as community-based organizations.

Milestone:

By 6/30/21, evaluate community interest in a community information exchange platform across the 12 Eastern Oregon counties.

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

HIE for Care Coordination Strategy 2: EOCCO's provider network currently has 7.7% of its sponsored providers in the highly engaged category meaning that users have logged in and edited patient content in the past month. EOCCO plans to increase this percentage by 5% each year and ultimately have 30% of onboarded clinics in the highly engaged category by the end of 2024. EOCCO's quality improvement team and clinical integration specialist will provide technical support through regular meetings with clinics to increase engagement rates for use of the Collective Medical platform for care coordination. EOCCO will share workflows and best practices with primary care clinics. EOCCO will also continue to work on creating new groups, cohorts, and reports from the Collective Platform to track and monitor members of the EOCCO population for care coordination strategies. These will be shared with the primary care clinics as well.

Milestone:

By 12/31/2024, EOCCO will increase engagement rates of the Collective Platform among primary care providers in EOCCO's network to 30% highly engaged.

HIE for Care Coordination Strategy 3: EOCCO will provide additional training to primary care practices and providers on how to utilize Arcadia Analytics for care coordination. Arcadia Analytics combines the most complete view of the patient with workflows for outreach, documentation, tasking, and care coordination. EOCCO will highlight use cases for the pre-visit planning tool to review quality and risk gaps ahead of scheduled appointments.

Milestone:

By 3/31/2022, EOCCO will provide one virtual training for all participating clinics to highlight workflows in the Arcadia Analytics platform for care coordination to increase engagement.

HIE for Care Coordination Strategy 4: EOCCO will continue to evaluate integrating data from the Collective Platform into the Arcadia Analytics HIE tool to decrease provider fatigue related to multiple platform logins. EOCCO will engage in conversations with both Arcadia and Collective to determine feasibility.

Milestone:

By 12/31/2023, integrate the data feed from Collective Medical into the Arcadia Analytics platform.

HIE for Care Coordination Strategy 5: EOCCO is also evaluating a new care management/health coaching vendor to implement across our service area to increase access. This vendor would focus on conducting health risk assessments and providing care to members with special health care needs. The goal is to identify the rising risk population and provide them with access to a health coach or case manager. Once we select a vendor, we will communicate data through the Collective and Arcadia platforms to the EOCCO provider network to coordinate care.

Milestone:

By 3/31/2020, EOCCO will implement a new care management/health coaching vendor and establish data feeds to the existing technology platforms for care coordination.

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

HIE for Care Coordination Strategy 6: Similar to EHRs, our dental providers and DCOs lack the understanding of what HIEs are and use cases in dental. Advantage Dental and ODS will implement an educational campaign on HIE tools that highlights workflows and benefits specific to dental practices. This would include a review of current HIE tools in the community and how they could plug into them. Additionally, resources and incentives would be needed to encourage adoption as this would disrupt current workflows and is costly to implement. For Advantage Dental's model specifically, it would make sense for things like electronic referrals to go to our DCO for care coordination as opposed to the individual dental provider, whereas patient level clinic data would be beneficial to providers.

Milestone:

By 3/31/2022, Advantage Dental and ODS will implement an educational campaign on what HIE tools are available and the related benefits for dental practices.

HIE for Care Coordination Strategy 7: EOCCO has been working on integrating dental claims data into the Arcadia Analytics platform. With that, we hope to engage more oral health providers in the use of the HIE tool. EOCCO will prioritize implementation among the integrated dental clinics such as the FQHCs and then look to additional dental clinics for implementation.

Milestone:

By 3/31/2023, integrate dental EHR data into the Arcadia Analytics platform with at least one integrated primary care clinic.

HIE for Care Coordination Strategy 8: EOCCO plans to implement depression screenings in five dental offices as part of a pilot project and connect them with Care Managers who will follow-up with patients who screen positive. The five dental offices will implement the Patient Health Questionnaire (PHQ)-9 and track the

administration of the screening. Pilot dental offices will have direct access to EOCCO's Behavioral Health (BH) Case Management (CM) staff. EOCCO's BH CM staff can immediately determine whether a member is already receiving behavioral health services or has in the past and collaborate with the dental office to plan the best way to initiate a behavioral health referral. ODS and Advantage staff will be the point-persons for their select dental offices and responsible for liaising between dental providers and EOCCO staff. Additionally, EOCCO staff will be responsible for training the dental offices on depression screening protocols and establishing workflows between the BH CM team and dental providers.

Milestones:

By 12/31/2021, identify five dental offices to pilot depression screenings and implement workflow trainings.

By 12/31/2023, implement the PHQ-9 at the five pilot sites with 25% of EOCCO patients ages 12 and older, at least annually. All patients who screen positive on a PHQ-9 will be referred to EOCCO's BH CM team for follow-up.

By 12/31/2024, dental practices will send the depression screening data to EOCCO through HIE tools such as Arcadia Analytics.

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

HIE for Care Coordination Strategy 9 - Expansion of CMHP Participation with Arcadia Analytics: EOCCO is currently focused on getting all of its contracted CMHPs fully connected and utilizing the Arcadia Analytics platform by the first quarter of 2022. All of the CMHPs in EOCCO are past users of Arcadia's HIE service and we are hopeful that this process of reengagement will shorten timelines as a result. As previously referenced, EOCCO data sharing agreements have been updated and all CMHPs have agreed to future participation and project timelines.

HIE for Care Coordination Strategy 10 - HIE Engagement with Non-CMHP Providers: While current Arcadia Analytics expansion in EOCCO is focused on CMHP adoption, the CCO will look at the potential of prioritizing adoption by other behavioral health providers in the future. Following the slated adoption by CMHPs, EOCCO will assess the viability of expanding adoption to larger substance use providers and residential treatment facilities as well. Regardless of connection status, EOCCO will be providing regular reporting sourced from the Arcadia Analytics HIE to non-CMHP providers to support quality improvement and care coordination efforts.

Optional Question

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

EOCCO would appreciate it if OHA could provide example workflows for providers to use the Collective Platform for care coordination. EOCCO would also welcome assistance with the educational campaign for dental providers on available HIE tools and how they could benefit dental practices.

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

EOCCO provides the Collective Medical Technology Platform tool to all our contracted physical, oral, and behavioral health providers to access timely Hospital Event Notifications. See individual responses by provider type below for more details.

ii. Additional Progress Specific to Physical Health Providers

EOCCO sponsors primary care practices that would like to onboard to the platform and covers the associated costs. The EOCCO Quality team was able to assist one additional physical health provider (Strawberry Wilderness Community Clinic) in onboarding with the Collective platform in 2020. This was accomplished as a result of scheduling one on one calls with clinics who expressed interest in improving their workflows related to ED utilization incentive measures.

The EOCCO Quality team developed an ED Utilization for Individuals Experiencing Mental Illness Workgroup in 2020. This workgroup brings a variety of stakeholders together to address ED Utilization for individuals experiencing mental illness. Through this workgroup, EOCCO distributed a survey to all primary care clinics to assess their use of the Collective platform. The team used the results of this survey to identify primary care clinics that may benefit from additional technical assistance with the platform as well as clinics that are interested in onboarding with the platform.

The EOCCO Clinical Integration Quality Improvement Specialist created a sample workflow guide providing sample case studies indicating how the Collective platform can be used in different patient use cases, for example high ED utilizers, hospital readmissions, etc.

The Clinical Integration Quality Improvement Specialist has met with a member of the Collective Medical team on a weekly basis. A member of the EOCCO Quality team began joining these calls on a monthly basis in order to discuss Collective platform utilization, onboarding, and other issues relevant to EOCCO clinics.

In addition to the Collective Platform, EOCCO provides Emergency Department and Inpatient notification reports to providers twice a week if they are not connected to the platform.

iii. Additional Progress Specific to Oral Health Providers

ODS Community Dental and Advantage Dental have access to Collective Medical and receive hospital event notifications for all members. The dental case management teams conduct outreach to those patients who have been to the ED for dental reasons to ensure they are educated on their oral health benefits and to help connect them to a doctor for an appointment. Since adoption of Collective Medical and implementation of our intervention strategies, we have seen a decline in the number of patients returning to the ED. ODS has also started surveying our providers to learn how many of them have access to timely hospital event notifications at the clinic level. Based on the information collected and industry knowledge, we know that most dentists receiving this information are utilizing EDIE/Collective Medical. However, adoption of this platform is not yet widespread. ODS would like to better understand what the barriers are for adoption. Providing education on this tool and additional support would be a next step to help towards increasing adoption rates. Advantage Dental also implemented COVID-19 event notifications through Collective Medical Technologies to ensure the safety of our patients and providers during the pandemic.

iv. Additional Progress Specific to Behavioral Health Providers

EOCCO continues to provide ongoing technical support to its CMHPs, and other contracted behavioral health providers, in the use and uptake of the Collective Medical platform for the purpose of care coordination and quality improvement. EOCCO staff have focused efforts in 2020 on increasing utilization of Collective Medical for individual users within the CMHPs and to continue to expand behavioral health care plan creation for high-risk populations. Two of the primary focus areas for EOCCO's behavioral health care coordination efforts are surrounding discharge planning and providing support to members with severe or persistent mental illness

diagnoses. EOCCO care coordination and IT staff have worked with our contracted CMHPs throughout the year to increase the number of active Collective Medical users and ensure care plans are loaded/updated on a regular basis.

v. Please describe any barriers that inhibited your progress.

Due to the pandemic, many practices were forced to temporarily close or reduce staffing. The practices had their attention focused on other higher priority needs which reduced the ability to connect with clinics to onboard them to the Collective Platform.

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

EOCCO also utilizes the Collective Platform Technology tool within our organization. This is a real-time technology hospital event notification system to those who are on the Collective network.

EOCCO created specific cohorts and reports for coordinated care monitoring and outreach.

- Discharge planning: EOCCO collaborates with Community Mental Health Programs in discharge planning involving all members moving between levels of care and Episodes of Care. EOCCO Utilization Management monitors the Collective Platform daily and notifies the CMHP the same day of an admission. The Enhanced Need Coordinator (ENCC) immediately begins the discharge planning process and communicates the plan with EOCCO Care Managers (CM) within one to two days.
- Member Demographics History: Member demographics and history facilitate care coordination and follow up by EOCCO case managers.
- Transitions Cases and ICC Eligibility: EOCCO uses the Collective Platform notifications and reports to begin transition cases (a member with a trigger diagnosis who needs a one-month follow-up with a case manager). The idea is to prevent re-hospitalization and identify members appropriate for intensive case management enrollment. EOCCO evaluates members for eligibility for ICC (Tier 2) or intensive case management (Tier 3) within: 30 days of enrollment, 10 days of completion of the health risk assessment survey for prioritized populations, and after 3 or more hospital/ED admissions within 6 months.
- Targeting patients with multiple chronic conditions: Through the use of cohorts EOCCO identifies ED utilization and IP stays by patients with multiple chronic conditions. EOCCO utilizes the diagnosis noted in admissions daily and weekly in reports to make sure that we are reaching out to the most vulnerable populations with diagnoses that have potentially avoidable costs.

EOCCO has seen a decrease in ED utilization as a result of these strategies. The EOCCO Utilization Management group leads ED rounds on a daily basis using discharge reports from Collective Medical. This group has experienced a significant decline in caseload over the past year since many patients are getting connected to specific case management or behavioral health programs. During the last week of February 2020, EOCCO members had a total of 847 ED encounters with an average of 121 encounters per day. In comparison, the last week of February 2021 saw a total of 648 ED encounters with a daily average of 94. This decrease occurred despite EOCCO enrollment growing by more than 7,500 members during that time period.

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
- 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

EOCCO’s Data File includes 36 physical health, 11 behavioral health, and 28 oral health providers who do not currently have access to an HIE tool for hospital event notifications.

See individual responses by provider type below.

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

HIE for Hospital Event Notification Strategy 1: The EOCCO Quality team plans to onboard at least two more primary care clinics per year to the Collective platform from 2021 to 2024. The Quality team discusses HIT options with primary care clinics during regular check-in meetings that occur on an annual, monthly, or biweekly basis. The team will add an “HIT Check-In” as a standing agenda item for all calls and trainings with primary care clinics. This will provide a designated time to address barriers to using the platform and provide any necessary technical assistance to completing the onboarding process. The Quality team will also participate in quarterly business reviews with representatives from Collective to discuss clinic integration with and utilization of the platform. The Quality Improvement Specialists are also developing sample workflows to distribute to clinics using the Collective platform to educate users on how they can best use the platform to improve member health and positively impact ED incentive measure performance.

Milestones:

By 12/31/2021, the EOCCO Quality team will incorporate an “HIT Check-In” as a standing agenda item for all standing meetings with primary care clinics.

By 12/31/2022, EOCCO will develop a portfolio of sample workflows to distribute to clinics to increase utilization of the Collective platform for hospital event notifications.

By 12/31/2024, EOCCO will onboard eight additional primary care clinics to the Collective platform bringing the percentage of clinics utilizing an HIE for hospital event notifications to 54% instead of 41%.

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

HIE for Hospital Event Notification Strategy 2: Advantage Dental and ODS will implement provider education and outreach around HIE utilization for hospital event notifications. Currently not many dental providers utilize the Collective Medical Technology platform and instead the outreach is done by the DCO case management teams. Advantage Dental and ODS will outreach to the integrated FQHCs and Rural Health Clinics in EOCCO’s service area to learn how they are utilizing the Collective platform and share best practices/workflows with the dental clinics who are interested in adopting the tool.

Milestones:

By 12/31/2022, Advantage Dental and ODS will outreach to the integrated FQHCs and Rural Health Clinics to gather best practices for use of the Collective platform for hospital event notifications related to dental emergencies.

By 12/31/2023, Advantage Dental and ODS will share the best practices and workflows learned with 10 of its largest dental practices to encourage HIE adoption.

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

HIE for Hospital Event Notification Strategy 3 - Engagement of Non-CMHPs in the Use of Collective Medical:

In 2021, EOCCO will look to expand use of Collective Medical among the 37% of behavioral health providers not currently utilizing the platform. EOCCO currently offers behavioral health providers in its network support in setting up access either through an EOCCO instance or through independent provider instances. The CCO will be reaching out to each of the behavioral health providers identified in the HIT data file in 2021 to assess current barriers to adoption and develop a plan for future use.

HIE for Hospital Event Notification Strategy 4 - Develop and Offer Training Modules Focused on Integrating Collective Medical Data into Behavioral Health Clinical Workflows:

EOCCO care coordination teams provide ongoing individual technical assistance and training throughout the year to behavioral health providers utilizing Collective Medical. In striving to expand the reach of that assistance, the CCO is looking to create a series of training modules designed to engage providers in best practices in the use of Collective Medical including: identifying at high risk populations, outlining care plans, pulling reports centered on CCO priorities, and how to integrate the use of the platform into clinical workflows. EOCCO will be convening a workgroup in Q2 2021 with CCO staff and behavioral health practitioners to develop content for the trainings get insights into experiences and use cases. With these training offerings, EOCCO staff aim to create further buy-in from currently participating providers, aid in recruitment of new providers to the platform, and optimize current care coordination efforts for our most vulnerable in the behavioral health service array.

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

EOCCO's Case Management team will continue to use Collective Medical to notify the team of hospitalizations for their case managed members. Collective allows us to receive timely notifications of the ED and Inpatient admissions in EOCCO's service area.

HIE for Hospital Event Notification Strategy 5: EOCCO has just started adding the case managers' names and contact information into the care team section of Collective. This will allow better collaboration between providers and the case managers who are working closely with members. This also shows providers that the case managers that are calling the clinics are truly involved in the members case and reduces the concern for HIPAA violations. This also meets part of our MOU with APD by providing contact information on members who are not just involved in our MDT program.

Milestone:

By 3/31/2022, EOCCO will integrate case manager's contact information into the care team section of Collective.

HIE for Hospital Event Notification Strategy 6: EOCCO case managers pull three primary trigger diagnoses from the Collective Medical Platform: Sepsis, Diabetes and COPD to address high ED Utilization. Due to the high amount of potentially avoidable costs associated with hypertension coupled with an additional chronic disease, EOCCO will implement a targeted intervention using the Collective Platform data in partnership with the primary care providers. These conditions put the members at a very high risk for hypertensive crises and ED visits. Members will be identified through Collective to create a list of patients who will receive outreach and education on red flag symptoms and where urgent care can be accessed outside of the ED in each EOCCO community. These educational materials will be distributed to primary care practices as well as training on how to view the specific cohort in Collective. Primary care providers will conduct outreach based on the cohort to ensure follow-up appointments are scheduled. Additionally, SDoH data will be evaluated as it becomes available through the

Accountable Health Communities (AHC) grant project that EOCCO is going to participate in. This data will be uploaded into EOCCO's data warehouse for use in reporting as well as the Arcadia Analytics tool.

Milestones:

By 12/31/2021, EOCCO will conduct outreach to primary care providers to train them how to utilize the primary trigger diagnoses in the Collective Medical Platform and conduct outreach to patients.

By 12/31/2022, EOCCO will integrate the SDoH data from the AHC grant project into EOCCO's data warehouse and Arcadia Analytics.

Optional Question

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

OHA could assist by providing workflows and best practices for use of the Collective platform for hospital event notifications among dental providers.

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

EOCCO is participating in a CMS funded grant project called Accountable Health Communities (AHC) in partnership with the Oregon Rural Practice-based Research Network (ORPRN). A team of individuals at ORPRN will utilize hospital event notifications from Collective Medical to initiate phone calls to EOCCO members to screen them for social needs using the Accountable Health Communities screening tool. This SDOH data will be provided back to EOCCO. We plan to integrate this data into our data warehouse and the Arcadia Analytics tool for use in care coordination. ORPRN will also provide technical assistance to clinics who would like to implement the AHC tool themselves and help them integrate the screening into their EHR.

EOCCO recently applied for an NIH grant opportunity in partnership with Oregon State University (OSU), Oregon Health Sciences University (OHSU), and Greater Oregon Behavioral Health Incorporated (GOBHI) called Digital Health Platform to Address COVID-19 Impacts in Frontier Communities. This grant project would support the implementation of the Unite Us platform in two Eastern Oregon counties to assist with SDOH screening and referrals to social needs. The participating clinic practices will utilize Community Health Workers to lead the screening and referral process. Unite Us will also be integrating within the clinic's Electronic Health Record (EHR). EOCCO is exploring how to implement the Unite Us platform in the remaining 10 counties in our service area using a phased approach. EOCCO is in the process of gathering community buy-in prior to implementation. EOCCO is also working with Advantage Dental who already has access to the Unite Us platform in other regions of the state.

Lastly, EOCCO recently sent out a survey to collect data from primary care practices on utilization of SDOH screening tools and HIE platforms. EOCCO will provide support to clinics to implement SDOH screenings if they haven't already done so and work through the available options above to capture the data.

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

EOCCO plans to utilize Unite Us and Arcadia Analytics to address SDoH and make referrals for social needs. EOCCO will also use internal reporting capabilities to disseminate SDoH data to the provider network.

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?

We are working on matching health equity demographic data from Arcadia Analytics that pulls from our provider's EHRs to our claims data. We plan to incorporate this data into our internal claims system and our data warehouse to supplement the data that we receive from OHA upon enrollment.

We also plan to incorporate the SDOH/HE data from the AHC grant project into our data warehouse and the Arcadia Analytics platform. Eventually we would also like Arcadia Analytics to aggregate SDOH/HE data from the EHRs of the onboarded clinics. Lastly, we plan to collect SDOH/HE data from the Unite Us platform and integrate that into our data warehouse to match with our claims data.

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

One barrier that we face is the cost of implementing a Community Information Exchange platform across our service area with so many other competing priorities. Our large service area also provides barriers to implementing an HIE tool CCO-wide

Optional Question

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

OHA can help encourage primary care practices to implement SDOH/HE screenings tools. OHA can also continue to provide financial assistance/discounts for onboarding with a CIE platform.

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

HIT Tools

EOCCO utilizes the Arcadia Analytics Population Health Management tool to manage data and assess performance on VBP measures. Arcadia Analytics is a health information exchange (HIE) platform that integrates EHR data with pharmacy, medical, behavioral, and oral health claims as well as EOCCO eligibility files to create a single patient record to be shared across the exchange. The platform provides a quality performance dashboard, care gap lists, condition history, utilization history, upcoming appointments, medications, problem lists, demographics, provider attribution, and risk scores.

Analytics Tools

EOCCO's Analytics team provides an electronic monthly reporting package through a provider reports portal for all primary care clinics who have assigned members and participate in EOCCO's VBP arrangements. In addition, we provide quarterly reporting to hospitals and specialty care groups who participate in shared savings/shared risk VBP arrangements. The available reports and frequency are outlined below.

Report	Description	Use Cases	Frequency
Member Roster	A complete list of all assigned members for which a VBP applies, plus risk stratification, diagnosis history, recent	Identification of members most likely to benefit from PCP outreach	Monthly

	utilization, assigned PCP, and contact information.	Outreach to high-risk members who utilize the ED and/or are admitted Connect members to primary care	
Quality and Care Gap Report	Performance statistics on all quality measures that are part of VBPs administered by EOCCO. Also includes list of potential care gaps.	Outreach to members with a care gap Track clinic performance toward quality bonuses	Monthly
Pharmacy Opportunity Report	Specific evidence-based pharmacy management opportunities for all VBP members, such as low medication adherence, low-cost (generic) drug alternatives, polypharmacy, and high-risk opioid prescribing.	Discuss potential opportunities with patients, to: <ul style="list-style-type: none"> - Lower patient expense - Increase adherence - Reduce opioid risk Manage pharmacy spend to increase shared risk or total cost of care bonus	Monthly
ER-IP Notification Report	Frequent updates on any member admitted for an inpatient stay or to a hospital emergency department.	Follow up with members to ensure continuity of care Manage ED/IP to increase shared risk or total cost of care bonus	2x/week
EOCCO Shared Risk Report	For participating EOCCO providers, shows the amount of shared risk / shared savings bonus accrued under the EOCCO shared risk/shared savings model.	Track performance on cost of care and estimated bonus	Quarterly

ii. Workforce for VBP and Population Management Analytics

EOCCO has two distinct teams who provide support for VBP and population management analytics. First, EOCCO has an in-house analytics team who produces, maintains, and distributes reports. This team has a deep knowledge and experience in health care data and VBP reporting through the use of analytics tools such as SAS, Tableau, and Power BI. The analytics team uses a robust data warehouse that is built on SQL Server technology, updated daily, which includes all medical, pharmacy, vision, dental, behavioral health, enrollment, and demographic data needed to support VBP administration.

The analytics team produces and maintains the recurring reports described above, often adjusting the content or design based on provider feedback, to make sure the data is as clear and actionable as possible. In addition, the team responds to various provider and internal EOCCO requests for data and analysis. For example, some providers have detailed questions about how they can succeed under their VBPs, and some additional ad hoc analysis on their specific member panel is often helpful.

Additionally, EOCCO has a quality improvement team who communicates regularly with the provider network regarding VBP arrangements and population health management. This team serves as data translators between the analytics team and the clinic staff in EOCCO's provider network. The quality improvement team reviews the monthly reports with clinic staff, identifies opportunities for improvement, works to integrate workflows that may impact their quality performance, and discusses additional resources available to them. Lastly, EOCCO's quality improvement team works with Arcadia Analytics and providers who are onboarded to ensure that data is being captured accurately and transmitted correctly. This includes validating information, working as a liaison when there are issues, and providing technical assistance when providers need to make workflow updates in their EHR.

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

EOCCO has had advanced VBP arrangements for several years, with most primary care practices already converted to HCP-LAN category 4A reimbursement methodologies. In addition, a shared savings/shared risk (3B) model captures most other spending, including prescription drugs. EOCCO maintains robust HIT infrastructure for administering these arrangements which will prepare us to scale our VBP arrangements over the course of the contract with OHA. This includes, for example:

1. Arcadia HIE platform enabling providers to identify and close care gaps, to improve performance on quality measure VBPs
2. Robust analytics and reporting infrastructure capable of producing customized VBP reports for each participating provider in an automated way
3. Monthly automated VBP and care gap reports accessible to all providers, even those not connected to Arcadia
4. Provider reports platform through which participating providers can browse and access information on their own VBP performance, in a secure manner
5. Member assignment processes to accurately connect members to PCPs, which is the foundation of most VBPs
6. Dedicated VBP analytics team, which can track and report on all aspects of EOCCO's VBPs – for example calculating the percent of payments that are in the form of a VBP as required throughout the contract.

EOCCO is committed to investing in additional HIT solutions across care delivery areas as needed.

HIT to Administer VBP Strategy 1 - Use HIT to inform how EOCCO develops new VBP models: Throughout 2021 EOCCO will be working with our provider partners to implement the three new care delivery areas including hospital care, maternity care, children's health care, behavioral health care, and oral health care over the next four years. This includes the reporting necessary to inform and ultimately administer these new VBP arrangements. EOCCO will select measures from the HPQMC aligned measure set for each category. These measures will be integrated into the current reporting systems including Arcadia Analytics and EOCCO's internal data warehouse to be included in current/future reporting packages. Currently, EOCCO is working on implementing a behavioral health integration VBP arrangement with integrated primary care practices. EOCCO will incorporate quality performance metrics and reporting requirements into this arrangement.

Milestones:

By 12/31/2022, implement behavioral health integration VBP arrangement with 4 integrated primary care practices and collect VBP quality data using Arcadia Analytics and standardized reporting mechanisms.

By 12/31/2024, EOCCO will integrate the metrics outlined in the new VBP arrangements for hospital, maternity, and behavioral health into Arcadia Analytics and EOCCO's internal reporting packages.

HIT to Administer VBP Strategy 2 - Onboard additional EOCCO primary care practices to the Arcadia Analytics platform:

Clinic System Name	EOCCO Population <i>(as of 12/16/20)</i>	EHR/Version	Arcadia Live Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

EOCCO currently has 10 large clinics systems onboarded with Arcadia Analytics, this makes up approximately 57% of EOCCO’s membership. EOCCO plans to onboard additional clinic systems over the course of the next four years as outlined in the table below to get to 80% membership representation by 2024. This will provide opportunities for reporting on quality measures outlined in the primary care VBP arrangements as well as future arrangements including a behavioral health integration model that is under development.

Milestones:

By 12/31/2024, onboard four additional primary care practices to Arcadia Analytics to achieve goal of 80% membership representation in the platform.

HIT to Administer VBP Strategy 3 - Onboard Community Mental Health practices and utilize the platform to administer VBP arrangements: EOCCO recently updated its contract with Arcadia Analytics to include the Community Mental Health Programs (CMHPs) under the same platform. This will provide further opportunities for

care coordination and improve the HIT tool. Additionally, EOCCO will be able to utilize Arcadia Analytics to calculate performance on behavioral health metrics and initiatives using integrated EHR and claims data to establish VBP arrangements.

Milestones:

By 6/30/2021, onboard first CMHP to Arcadia Analytics.

By 3/30/2022, onboard all contracted CMHPs to Arcadia Analytics.

By 12/31/2022, implement VBP arrangements with CMHPs tied to behavioral health metrics tracked through Arcadia Analytics.

Community Mental Health Practice Name	Tentative Live Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Over the past few years, EOCCO has worked to enhance the Arcadia Analytics tool in order to meet VBP requirements. This includes the addition of dental claims data, behavioral health claims data, new quality metrics, and a data extract to integrate into EOCCO’s data warehouse. EOCCO also works with clinics who change EHRs and have to reconnect to the Arcadia Analytics platform. EOCCO is prepared to change its HIT solution if needed to administer VBP arrangements for the remainder of its contract with OHA.

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

Due to the pandemic, EOCCO had to adjust its VBP arrangement specifically related to quality. In alignment with OHA, EOCCO released quality pool funds to the delivery system early which meant that we couldn’t include quality components for 2020. EOCCO distributed partial payments based on 2019 performance in which EOCCO utilized Arcadia Analytics to calculate EHR based quality measures for the connected clinics.

EOCCO implemented a reporting bonus using quality funds to incentivize clinics to report on the EHR based quality measures for 2020. Many clinics who are connected to Arcadia Analytics plan to report that way. EOCCO will extract numerator, denominator, exclusion, and exception data from the platform on behalf of the clinics for calendar year 2020.

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

EOCCO has a large provider network with clinics of varying sizes that each utilize different EHR vendors. EOCCO currently has 13 different EHR vendors in our service area. This makes it challenging to onboard every clinic with a Health Information Exchange platform such as Arcadia Analytics.

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.

EOCCO provides monthly reports to all primary care providers and quarterly reports to all other providers who participate in VBP arrangements. These reports include, for example:

1. Year to date performance data on VBPs, such as current numerators/denominators of quality measures and cost vs. budget for shared savings/shared risk models
2. Care gap data on specific members that providers can use to improve VBP performance
3. Specific action items that providers can use to improve chronic condition management, such as highlighting members with low medication adherence
4. Identification of members most likely to benefit from PCP outreach to improve performance on quality and total cost of care targets – such as high-risk members with a history of ED/Inpatient utilization but no primary care connection
5. Member attribution lists to help providers understand the specific patient population they will be measured on, including warning flags for chronic conditions, care gaps, high utilization, demographic data, etc.

For the IET quality measure, we are in beta testing of a weekly report showing members in urgent need of drug/alcohol treatment, which is intended to help providers improve performance on that measure. The EOCCO quality team will conduct outreach to providers on a weekly basis to encourage utilization of the report.

Support for Providers with VBP Strategy 1: Providers utilize the monthly reports regularly to outreach to members and track clinic performance toward quality bonus payments. EOCCO plans to implement enhancements and improvements to the existing reports as well as integrate additional clinical data into existing HIT tools.

Milestones:

By 8/31/21, roll out a package of enhancements to existing reporting, such as identification of some care gaps on clinical measures that can be determined from claims, even for providers who have not yet been submitting clinical data.

By 12/31/21, integrate EHR data from data sharing agreements and Arcadia extract.

By 12/31/23, integrate ALERT data into the Arcadia Analytics tool to view more comprehensive gap lists for immunization measures included in VBP arrangements.

Additionally, the providers outlined in the table in section 6.b.i. have access to Arcadia Analytics which provides real time data on quality measure performance for all claims, EHR, and hybrid quality measures. Clinic staff can view gap lists, prepare for upcoming visits, and compare performance by provider. The tool also includes a full patient registry with condition history, risk scores, and cost saving data. The pre-visit planning report allows providers to prepare for upcoming appointments by viewing risk and condition gaps, quality gaps, recent utilization, and recent medication fills. The milestones for increased onboarding and support for providers is also outlined in section 6.b.i.

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

EOCCO provides monthly member rosters to providers that includes a complete list of all assigned members for which a VBP applies, plus risk stratification, diagnosis history, recent utilization, assigned PCP, and contact information. In addition, the reports show a summary of all credentialed PCPs at each clinic, so that clinics can have complete visibility into the results of member attribution processes and notify EOCCO of any problems. EOCCO also sends patient attribution and provider hierarchy data files to Arcadia on a monthly basis.

Support for Providers with VBP Strategy 2:

Milestone:

By 8/31/21, EOCCO will implement a patient attribution audit process that evaluates utilization to ensure that the patient is assigned to the provider that they are seeking care from. This will then get updated in the member roster report that is available on a monthly basis.

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.

Support for Providers with VBP Strategy 3: EOCCO utilizes a CCO level quality performance report to monitor performance towards VBP measures. EOCCO's analytics team produces a quarterly cost and utilization report that informs targeted interventions, for example the implementation of a primary care utilization roster. EOCCO also utilizes Arcadia Analytics for population management to view complete gap lists for all EOCCO members represented in the platform (57%) for each quality measure. This data includes demographic information, risk score, risk percentage, and open risk categories as well as provider and appointment information. Additionally, we have access to COVID-19 risk outreach lists to inform targeted interventions in response to the pandemic. EOCCO plans to develop a full member roster and complete gap list within the CCO level quality performance reports that includes all EOCCO members, not just those represented in Arcadia Analytics.

Milestone:

By 12/31/21, integrate a full member roster and full gap list of all EOCCO members for the EOCCO quality team to utilize to identify patients/populations who need interventions.

Support for Providers with VBP Strategy 4: EOCCO's data infrastructure has enabled staff to carry out analytics functions focused on health equity, such as: compiling and analyzing our membership's linguistic preferences and ethnic/racial backgrounds estimating service needs relative to current membership demographic profiles, anticipating preventive, specialty, and critical care needs and developing dashboards with the disaggregation of metrics by key demographic identifiers, such as race and ethnicity. EOCCO's quality team is working on analyzing incentive measure data using REAL D (race/ethnicity, language and disability) stratifications as well as gender, age, county/zip code, primary care provider, and service utilization patterns to find overarching trends in data. Once trends are identified, EOCCO's quality team will develop novel targeted interventions that address the health disparities.

Milestones:

By 12/31/21, identify a health disparity among one of the incentive measures using internal data infrastructure and Arcadia Analytics.

By 12/31/22, implement a targeted intervention that addresses the disparity and improves health outcomes.

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.

The monthly member rosters that EOCCO's analytics team provides to all clinics who participate in VBP arrangements includes risk stratification data. Providers are able to use this data to outreach to high-risk members. Additionally, the quality and care gap reports provide care gap lists for the majority of the quality measures to assist with population management.

Arcadia Analytics provides data on risk stratification to the onboarded EOCCO clinic systems. The risk scores are calculated using the HCC algorithm. Providers are also able to view a full risk and condition gap list that are weighted based on severity so providers can prioritize and target interventions to improve health outcomes.

Support for Providers with VBP Strategy 5: Some EOCCO clinics have expressed interest in implementing a more interactive risk module where they are able to dismiss certain conditions that may be included in a given risk score. This would help them prioritize which conditions to focus on and which are weighted higher in the risk calculation.

Milestone:

By 12/31/23 EOCCO will explore additional risk module solutions to share interactive risk data on EOCCO members with providers.

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: 55 clinic systems

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.

EOCCO has provided monthly quality and care gap reports for years however, they were recently redesigned to include more pertinent information and data points centered around VBP models. This milestone was completed in Q3 2020 and the access was streamlined to a centralized portal.

EOCCO has worked with four clinics systems to improve workflow mapping for two specific VBP quality measures in the Arcadia Analytics portal over the course of 2020. This included many meetings with the clinics, Arcadia Analytics, EOCCO staff, and the EHR vendors. EOCCO has also worked to optimize data resources within the Arcadia Analytics tool to assist with VBP arrangements such as dental claims data, behavioral health claims data, and improved backend EHR data collection.

Most clinic systems who participate in the VBP arrangements are engaged and actively use the HIT and population health resources that EOCCO provides however, there are a handful of clinics who are less engaged due to leadership decisions. One clinic system in particular has declined to participate in our VBP arrangement in the past but in 2020 we were able to get them involved, this was a huge success as they hold a large portion of our membership.

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

Integrating all of the data sources into one platform has always been a challenge. We are very fortunate to have a robust analytics team and data warehouse to create our own in-house reporting packages. However, we don't have access to every clinic's EHR data therefore there are gaps in reporting capabilities. When it comes to implementing HIT tools such as Arcadia Analytics, the platform isn't particularly useful to clinics who don't have a large portion of our membership or who have less advanced EHRs that are unable to integrate with the tool. We also run into barriers with clinic or hospital systems that have parent companies out of state. There is often pushback to utilize the HIT tools that EOCCO provides. We have worked really hard to address these barriers and will continue to do so throughout the next four years.

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.

EOCCO has a quality improvement team with four staff members who visit with contracted providers on a regular basis to educate and train providers on how to use Arcadia Analytics and the VBP data reporting package available to them. These staff members work directly with EOCCO providers on data issues such as the interpretation and use of reports, resolution of data quality issues, identification of opportunities for intervention, and measurement of performance on VBPs. EOCCO also has an analytics team who provides additional support and equips the quality improvement team with data resources.

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

OHA could set up some learning collaboratives on how other CCOs are utilizing HIT to support VBP especially in the dental and behavioral health space.

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?

OHA could assist with sharing efforts between CCOs and providing opportunities for more collaboration and statewide efforts as well as assist with data collection.

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

Some of the impacts that COVID-19 has caused on EOCCO's HIT strategies include competing priorities, shift in financial priorities and VBP structure, strain on provider network, clinics had to put off EHR upgrades and changes, and providers were less engaged overall since they were so focused on the 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 our service area have adopted EDIE. In addition, the HIT Commons has been working to bring PDMP information to Emergency Departments through integration of the Oregon PDMP registry with the EDIE platform.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Strategy 5: Engage with state committees/entities

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

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

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 1: Develop and implement a 5-year plan

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

Strategy 6: Provide workflow TA

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

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

Notes:

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

i. Strategies Across Provider Types, Including Activities & Milestones

Using the Data Completeness Table in the OHA-provided HIT Data File, we can see that (including the Collective Platform) 347 physical health, 51 oral health, and 58 behavioral health contracted organizations have not adopted a known HIE tool. We will use this information to develop our 2021-2024 HIE for care coordination strategies.

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

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

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

Activities	Milestones and/or Contract Year
------------	---------------------------------

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

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

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

Strategy 10: Understand HIE technology adoption and use among network physical, behavioral, and oral health providers

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

- Real and perceived barriers to adoption
- Modules, features, and functions that would increase value to Providers
- Technical barriers to adoption
- Financial barriers to adoption (technology costs and labor costs)
- Opportunities and hopes for HIE technology utilization

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

Activities	Milestones and/or Contract Year
Coordinate with OHA staff on the development and distribution of an online HIT survey	Q1-Q2 2021: HIT information collected from providers currently using/not using HIE technology

Analyze results and explore opportunities for further support and develop workplan	Q3-Q4 2021: Identification of future strategies for supporting providers with HIE for care coordination
Meet with HIE vendors operating in our service area	Q3 2021: Identification of available solutions/tools
Compare quality and performance metrics of providers utilizing HIE technology to those providers that have not adopted HIE technology. Use this analysis to determine the value of HIE adoption efforts.	2022 - 2024: Value of HIE technology illuminated

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

See *Across Provider Types* section.

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

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

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

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

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

Strategy 5: Engage with state committees/entities

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

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

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

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

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

Strategy 5: Engage with state committees/entities

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

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

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