2021 Updated HIT Roadmap

Guidance Document & Template

March 29, 2021

Contents

Guidance Document

Purpose & Background

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

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

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

Overview of Process

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

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

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

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

Updated HIT Roadmap Timeline

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

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

Updated HIT Roadmap Approval Criteria

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

Updated HIT Roadmap Section	**Question(s) – Abbreviated *Please see template for complete question.**	**Approval Criteria**
1. HIT Partnership	CCO attestation to the four areas of HIT Partnership.	CCO meets the following requirements: • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU • Served, if elected on the HIT Commons governance board or one of its committees • Participated in OHA's HITAG at least once during the previous Contract Year
2. Support for EHR Adoption	**a.** 2020 Progress supporting EHR adoption for contracted physical, oral, and behavioral health providers? **b.** 2021 – 2024 Plans for supporting EHR adoption for contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes o Strategies used to support EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2020 o Specific accomplishments and successes for 2020 related to EHR adoption • Description of plans includes o The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) o Additional strategies for 2021 – 2024 to support increased rates of EHR adoption and address barriers to adoption among the three provider types o Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different EHR needs for different provider types
3. Support for HIE – Care Coordination	**a.** 2020 Progress supporting access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes o Specific HIE tools supported or made available in 2020 o Strategies used to support HIE for Care Coordination access for contracted physical, oral, and behavioral health providers in 2020 o Specific accomplishments and successes for 2020 related to HIE for Care Coordination access • Description of plans includes

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?	○ The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional HIE tools supported or made available ○ Additional strategies for 2021 – 2024 to support increased rates of access to HIE for Care Coordination among the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different HIE needs for different provider types
4. Support for HIE – Hospital Event Notifications	**1. a.** 2020 Progress ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers? **1. b.** 2021 – 2024 Plans for ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes ○ Current tool CCO is providing and making available/planning to make available to providers for Hospital Event Notifications ○ Strategies used to support access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health in 2020 ○ Specific accomplishments and successes for 2020 related to Hospital Event Notification access • Description of plans includes ○ The number of organizations (by provider type) that have not adopted an HIE for Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional tool CCO planning to make available to providers for Hospital Event Notifications ○ Additional strategies for 2021 – 2024 to support increased rates of access to timely Hospital Event Notifications for the three provider types ○ Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different Hospital Event Notification needs for different provider types
4. Support for HIE – Hospital Event Notifications	**2. a.** 2020 Progress using timely Hospital Event Notifications **within** your organization? **2. b**. 2021 – 2024 Plans using timely Hospital Event Notifications within your organization?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes ○ Current tool CCO is using within their organization for Hospital Event Notifications ○ Strategies used for timely Hospital Event Notifications within CCO's organization for 2020 ○ Specific accomplishments and successes for 2020 related to CCO's use of Hospital Event Notifications • Description of plans includes ○ Additional tool CCO is planning to use for Hospital Event Notifications ○ Additional strategies for 2021– 2024 to use timely Hospital Event Notifications within the CCO ○ Specific activities and milestones for 2021 – 2024

Updated HIT Roadmap Section	Question(s) – Abbreviated *Please see template for complete question.	Approval Criteria
6. Health IT for VBP and Population Health Management *a. HIT Tools and Workforce*	HIT capabilities for the purposes of supporting VBP and population management?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of capabilities includes o HIT Tools used for VBP and population management ▪ HIT tool(s) to manage data and assess performance ▪ Analytics tool(s) and types of reports generated routinely o Clear details around CCO staffing model for VBP and population management analytics
6. Health IT for VBP and Population Health Management *b. HIT to Administer VBP Arrangements*	2021 – 2024 Plans and 2020 Progress around using HIT to administer VBP arrangements?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description includes o 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. o Specific activities and milestones related to using HIT to administer VBP arrangements o Progress in 2020 using HIT for administering VBP arrangements
6. Health IT for VBP and Population Health Management *c. Support for Providers with VBP*	2021 – 2024 Plans and 2020 Progress around using HIT to support Providers so they can effectively participate in VBP arrangements?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description includes o Clear strategies for 2021 – 2024 for using HIT to support Providers so they can effectively participate in VBP arrangements and support Providers with: ▪ timely information on measures used in VBP arrangements ▪ accurate and consistent information on patient attribution ▪ information to identify patients who needed intervention, including risk stratification data and Member characteristics o Specific activities and milestones for 2021 – 2024 related to supporting Providers in VBP arrangements o Specific HIT tools used to deliver information o The percentage of Providers with VBP arrangements at the start of the year who had access to the above data o Progress in 2020 related to this work

Updated HIT Roadmap Template

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

CCO: Umpqua Health Alliance (UHA)
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@dhsoha.state.or.us

1. HIT Partnership

Please attest to the following items.

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

2. Support for EHR Adoption

a. 2020 Progress

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

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

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

i. Progress Across Provider Types

Umpqua Health Alliance (UHA) used two main strategies to support EHR adoption for network providers.
1) Assist providers with migrating from a legacy EHR to new cloud-based EHRs. This includes project management, contracting support, provider education, vendor liaising and data migration.
UHA was successful with implementing this strategy. The transition from the legacy EHR was completed in December 2020 and we are currently assisting with the migration of historical EHR data into a cloud-based archive. The EHR transition was initially delayed due to the COVID-19 Pandemic, however after working with the EHR vendors and deploying additional staff and consultants to assist partners in the transition, UHA was successful in supporting these provider practices in their transition. We are also continuing to migrate the historical data and anticipate the most recent 7 years' worth of data will be available by the end of Q1 2021, and the remaining data is expected to be available in the archive by the end of Q2. The Cloud archive system will serve as an important asset, as it contains over 15 years of historic clinic information. UHA supported our partners in learning and implementation through multiple webinars and training sessions in mid-December 2020.

These sessions focused on training clinic based support staff and providers in the use of the Cloud archive system.

Timeline for EHR Adoption

Strategy: eClinicalWorks Migration	2019		2020				2021				2022				2023				2024			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Tactic 1.a: Project Management	O					X																
Tactic 1.b: Contracting Support		O		X																		
Tactic 1.c: Provider Education	O					X																
Tactic 1.d: Vendor Liaison	O					X																
Tactic 1.e: Data Migration	O					X																

O Start Date
X Completion Date
Ongoing Effort

2) Offer an HIT Stipend for providers to incentivize and support providers to connect with a certified EHR, along with other systems including Reliance HIE, Collective Medical Technologies hospital event notification program, and the continual and timely submission of clinical data.
The 2020 HIT Stipend Program was a significant success. Through this program, over 35% of our network received some form of financial incentive. UHA awarded over $500,000 to providers for their efforts. Realizing that some of our providers had limited capacity due to the pandemic, UHA made some adjustments to recognize incremental success. In order to reward providers for progress made, the HIT Stipend Program provided partial incentives to practices that were able to make partial progress within the Program. UHA will continue to work with provider offices to encourage participation, technology adoption and continued engagement. We anticipate continued progress.

Timeline for Strategy 2

Strategy: HIT Stipend	2019		2020				2021				2022				2023				2024			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Tactic 2.a: Provider Education			O																			
Tactic 2.b: Financial Support				O																		
Tactic 2.c: Technical Assistance			O																			

O Start Date
X Completion Date
Ongoing Effort

ii. Additional Progress Specific to Physical Health Providers

see the *Progress Across Provider Types*

iii. Additional Progress Specific to Oral Health Providers

see the *Progress Across Provider Types*

iv. Additional Progress Specific to Behavioral Health Providers

see the *Progress Across Provider Types*

v. Please describe any barriers that inhibited your progress.

1) The Covid-19 pandemic slowed down progress for all aspect of our programs. Providers were seeking telehealth solutions, and some were hesitant to implement a new EHR during this time. The pandemic created new urgent priorities for our clinics which included PPE and televisit functionality. 2) Limited in-person meetings made it more difficult to keep providers engaged. This was particularly an issue with the EHR migration, as the EHR vendor could only deliver remote onboarding support
3) Many smaller practices lacked technical IT resources. This was one-way UHA was able to significant support our network through the deployment of our IT and consultant team to provide "boots on the ground" technical support to assist providers with their EMR transitions.
4) Many provider offices had trouble with submitting clinical data to UHA for a variety of reasons. This includes EMR vendor limitations, lack of qualified local IT resources, staff turnover, etc. Each situation required its own evaluation to identify the bottleneck, and subsequent strategies/tactics to address.
5) One of UHA's larger behavioral health provider office was not able to connect to Reliance HIE and fully participate in the Stipend Program because they were in the process of transitioning to a new EHR. We will continue to support their full participation in the Reliance HIE in the future.

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

One additional strategy UHA will deploy to support EHR adoption is surveying smaller provider offices to assess their EHR capabilities. UHA is in the process of collecting EHR information using a provider questionnaire form, however the remaining providers are small in size and see only a small percentage of UHA members. Nonetheless, we expect to have an updated list by the end of Q1 2021. Currently, the number of organizations without EHR information is:

- 12 physical health (4 of which have no EMR)

- 13 behavioral health (2 of which have no EMR)
- 0 oral health

UHA will continue to engage with providers through the following outreach efforts:

1) Quarterly provider meetings. This is a general overview covering the HIT Stipend program, EHR adoption requirements and criteria used to qualify.
2) Bi-annual provider town hall meetings which is a forum to have an in-depth discussion on different EHR technologies, vendor solutions and benefits of adopting an EHR. This allows UHA to discuss various topics in an open Q&A session.
3) Direct Outreach efforts include contacting providers by email, in-person site visits, phone, and Zoom. These are done monthly for PCPs and quarterly for all other providers and facilities.
4) Monthly Provider Newsletter
5) Monthly Talking Points

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

See the *Strategies across provider types*

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

See the *Strategies across provider types*

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

See the *Strategies across provider types*

Optional Question

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

Smaller "independent" behavioral health providers still struggle with connecting and partnering on broader EHR and HIT Programs. These providers are essential for access and choice for our members, but the limited connectivity can be a barrier. UHA would suggest OHA provides technical advisory, and even possibly financial assistance to move some smaller behavioral health provider on to modern EHRs.

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

UHA used two main strategies to support increased access to HIE for Care Coordination:

- Assist with onboarding onto the Reliance HIE.
- Offer a HIT stipend for providers that meet certain benchmarks such as connecting to Reliance HIE.

UHA is wholly committed to working to maximize Care Coordination. To that end, in 2020 UHA has supported the adoption of the Reliance HIE in many ways:

- Provided claims data to Reliance.
- Regular dialogues with Reliance to remove barriers and strategize which providers to connect with.
- Actively promote Reliance and the HIE Onboarding Program.
- Invited Reliance to present at numerous events to UHA's network.
- Assisted Reliance with practice prioritization.
- Assisting clinics with provider education.
- Work with new EHR vendors on having Reliance connectivity as part of the implementation process.
- Provider financial reward through the HIT Stipend Program for Reliance connectivity.

As to supporting other HIEs, UHA has supported the implementation of a new cloud-based EMR in the community that has access to not only the Reliance but Commonwell as well as the Carequality platforms. Additionally, as will be covered in more detail in the hospital notification section, UHA has supported the adoption and use of the Collective Medical Health Information Hospital Notification System. Lastly, with the introduction of the Interoperability Rule, UHA has taken steps to implement this new and potentially valuable way of exchanging health information via HL7's FHIR spec and the USCDI spec.

Strategy: HIE Onboarding through Reliance	***2019***		***2020***				***2021***				***2022***				***2023***				***2024***			
	Q3	*Q4*	*Q1*	*Q2*	*Q3*	*Q4*	*Q1*	*Q2*	*Q3*	*Q4*	*Q1*	*Q2*	*Q3*	*Q4*	*Q1*	*Q2*	*Q3*	*Q4*	*Q1*	*Q2*	*Q3*	*Q4*
Tactic 1.a: CCO Participation through Data Feeds	*O*																					
Tactic 1.b: CCO Participation through System Utilization		*O*																				
Tactic 1.c: Practice Prioritization	*O*	*X*																				
Tactic 1.d: Provider Education		*O*				*X*																
Tactic 1.e: Contract Requirement							*O*															

O *Start Date*
X *Completion Date*
Ongoing Effort

ii. Additional Progress Specific to Physical Health Providers

see the *Progress Across Provider Types*

iii. Additional Progress Specific to Oral Health Providers

see the *Progress Across Provider Types*

iv. Additional Progress Specific to Behavioral Health Providers

see the *Progress Across Provider Types*

v. Please describe any barriers that inhibited your progress.

1) The Covid-19 pandemic slowed down progress on all IT fronts, including HIE adoption, making it more challenging to get participation.
2) Limited in-person meetings made it more difficult to keep providers engaged.
3) Many smaller practices lack technical IT resources to support this type of effort.
4) Provider education continues to be challenging because the value proposition of Reliance is tenuous until there is broad adoption and data availability.
5) Reliance's financial struggles in 2019 and into 2020 made it difficult to achieve buy-in throughout the network.
5) The adoption of the Interoperability Rule has created an additional challenge for provider education and implementation in this already somewhat crowded Information Exchange landscape.

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

UHA will continue to engage providers and provide its HIT Stipend Program to engage and adopt the Reliance HIE. UHA implemented a HIT Stipend program to incentivize providers to adopt EHR and HIE technology, as well as submit clinical data for the calculation of CCO Metrics. Providers have to meet certain criteria to qualify for the HIT bonus payments and it includes the following:

1. Use a certified EHR
2. Connecting to Reliance HIE
3. Using Collective Medical for hospital event notifications
4. Submitting clinical data to UHA for CCO Metrics

Clinical data submission is more difficult to achieve for a variety of reasons such as EHR system limitations, limited IT support for smaller practices and technical challenges with data extracts to meet OHA specs. However, UHA continues to provide education/awareness training and continues to act as liaison to assist and facilitate onboarding. This includes the following:

- Monthly Provider Newsletter
- One-on-one Provider meetings
- Direct Outreach efforts including contacting providers by email, in-person visits, phone and Zoom
- Bi-annual Provider Townhall meetings

UHA servers as a conduit to introduce providers to Reliance and provide onboarding assistance to clinics on the necessary actions the provider will take to connect to the HIE. Reliance delivers the formal training as part of the onboarding process.

UHA has quarterly meetings with Reliance to discuss progress and strategize on outreach efforts. Reliance provides UHA with a clinic status report on a regular basis which is used to help prioritize and drive engagement strategies. For example, UHA prioritizes primary care providers and providers who see a higher percentage of the population. Additionally, UHA is actively engaging providers to ensure they leverage the opportunity to utilize the HIE Onboarding program before the funds expire at the end of summer 2021.

Adapt/Compass is the largest mental health provider in Douglas County and they have recently changed their EHR platform to Epic. Adapt has the majority of providers that provide care in the behavioral health space. UHA plans to work closely with Adapt to onboard them on Reliance and our goal is to have them implemented by Q2 of 2022.

UHA continues to work with many solo practices but those are more challenging to adopt EHR and HIE technologies for several reasons. Many of them are small practices and don't have the desire or the resources/infrastructure to implement the necessary systems. There are some providers that are close to retirement and have little interest in adopting technology solutions. UHA serves a rural area which means there is limited ability to draw more providers into the area. If providers retire, our ability to recruit becomes challenging.

UHA is prioritizing larger clinics that see a lot of members and focusing in on trying to encourage specialists and behavioral health providers to participate. Activities that have supported success have been direct outreach and onboarding funds support. UHA has taken numerous steps to engage its network across specialty types in advocating for the adoption of an HIE for care coordination. This has taken in the form of newsletters, meet-and-greets, as well as provider Town Halls in which UHA brings along representatives from vendors to discuss their tools (e.g. CMT, Reliance). This strategy allows providers to ask additional questions to the vendors and have active dialogue on how systems have been deployed in other parts of the state.

Although the data completeness table shows only a 42% HIE penetration, the actual penetration rate is much higher because larger clinics employ more providers that see a large percentage of our members. 77% of members are currently going to a clinic that is connected to Reliance.

Another way Umpqua Health plans to support Health Information Exchange is through it's Population Health and Care Management platform, Arcadia. The Care Management functionality is live and Umpqua Health is in the process of implementing modules within Arcadia that will both provide Care Management data and also Population Health information to the providers in the community. The deployment of Arcadia is a multi-year process. For 2021, UHA started the year by deploying Arcadia within its Care Coordination Department. In the Spring of 2021, UHA achieved its first significant milestone by being able to digest provider clinical information into Arcadia. Using its related rural health clinic, Umpqua Health Newton Creek, UHA was able to successfully test and pilot the intake of a providers clinical data into the platform. Currently, UHA is working with two of its larger primary care clinics to take in their clinical data as well. It is hopeful that this work will be completed by mid 2022. To achieve that milestone, UHA has had to have frequent dialogue with these clinics to discuss use-cases and establish buy-in. Once those clinics begin provider data to Arcadia, roughly 65% of UHA membership will have clinical data within its Care Coordination and Population Health system, Arcadia.

Another strategy UHA will deploy in 2022, to increase provider utilization of care coordination tools, will be through the launch of "Desktop" within the Arcadia platform. For providers that are submitting clinical data to UHA, The Desktop functionality in Arcadia will allow providers to collect real-time data of gaps in care, care plans, assessments, etc. As more providers participate in Arcadia, UHA will broaden its use of Desktop in future years,

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

see the *Progress Across Provider Types*

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

see the *Progress Across Provider Types*

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

see the *Progress Across Provider Types*

Optional Question

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

The current HIE Onboarding Program through Reliance has been a very useful tool to encourage participation. We believe the program is expected to sunset in September 2021. We would strongly advocate for OHA to look at extending this program for at least another year, considering the COVID-19 Pandemic did create barriers for adoption.

4. Support for HIE – Hospital Event Notifications

a. 2020 Progress

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

Notes:

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

i. Progress Across Provider Types

Collective Medical is the tool UHA has chosen to make available to our network providers for Hospital Event Notification. Collective operates the largest real-time care collaboration network in the United States. The platform unifies the patient's care team - including hospitals, primary and specialty care, behavioral health, dental, and health plans allowing collaboration for better patient outcomes.

UHA used three strategies in 2020 to encourage all provider types to gain access to and utilize use of Collective Medical as the platform of choice for Hospital Event Notifications. These strategies included:

- Provide access to Collective Medical for providers at no cost to them.
- Outreach to providers to introduce Collective Medical and assist those interested with the onboarding process.
- Offer a HIT stipend for certain benchmarks, including the connection to Collective Medical.

At the beginning of 2020, UHA had only four network providers connected to collective medical. UHA's efforts in 2020 resulted in the onboarding of:

- 12 – Primary Care Clinics (89% of UHA members are assigned to a PCP that is connected with Collective Medical)
- 6 – Specialty Care Clinics
- 3 – Behavioral Health Clinics (MH and SUD)

- 1 – Dental Network
- 1 - Hospital

ii. Additional Progress Specific to Physical Health Providers

See the *Progress Across Provider Types* section

iii. Additional Progress Specific to Oral Health Providers

See the *Progress Across Provider Types* section

iv. Additional Progress Specific to Behavioral Health Providers

See the *Progress Across Provider Types* section

v. Please describe any barriers that inhibited your progress.

- COVID-19 pandemic decreased the ability to meet with providers on a face-to-face level making engagement challenging.
- Clinics must provide Collective Medical with patient panel reports on a regular basis. Frequency and accuracy of this report is dependent on the clinic staff assigned to the task.
- Difficulties in demonstrating the values of the platform for certain provider types (e.g., specialists)

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

UHA utilizes Collective Medical for Hospital Event Notifications.
Strategies used in 2020

- ED visits, hospital admission and discharge alerts are used by Care Coordinators to reach out to members to ensure they are getting the appropriate follow up care.
- Assigned Care Coordinators' name and contact information is entered into the members' profile to share with providers and community partners utilizing Collective Medical which streamlines collaboration.
- At the end of 2020 UHA Care Coordinators began uploading member assessments and care plans for those that have Special Health Care Needs or have received transitional care services after transitioning home from another care setting.
- Identify members that impact quality metrics through cohorts as they move in and out of the hospital setting.

The use of the Collective Medical platform allows UHA to easily share information with providers, hospitals and community partners enhancing our ability to collaborate on members with complex medical needs.

b. 2021 – 2024 Plans

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

c. Additional strategies you will use to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers beyond 2020.
d. Associated activities and milestones related to each strategy.

Notes:

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

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

UHA will continue to encourage providers of all types to incorporate the use of Collective Medical Hospital Event Notifications in their daily practice and assist in the onboarding process. Provide education, support, and training while provider clinics are fine-tuning their Collective Medical cohorts to best fit the needs of the practice. This will be done using various methods of outreach to include:

- Monthly Provider Newsletters and Talking Points
- Outreach via email, phone or Zoom meetings
- Quarterly Provider Meetings
- Bi-Annual Provider Town hall Meetings
- Office visits

UHA will also look to identify at least three new cohorts that it can roll out to 75% of its primary care providers in 2021.

In Q2 2020, UHA began introducing and discussing best practices, so providers understand how they can maximize the solution. UHA has engaged practices through numerous touch points, including provider meetings, office manager meetings, provider newsletter, etc.

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

See the *Strategies Across Provider Types* section

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

See the *Strategies Across Provider Types* section

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

See the *Strategies Across Provider Types* section

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

UHA will review and revise Collective Medical cohorts during Q1 of 2021 to ensure they align with 2021 goals for care coordination, quality metrics and reporting.
UHA has identified these potential cohorts for 2021:
Intensive Care Coordination – Engaged
2 or more Hospital Readmissions in 12 months
All Skilled Nursing Facility Discharges

Care Coordination staff will begin uploading assessments and care plans for members that engage in intensive care coordination, and agree to share these plans, with their primary and specialty care providers, APD case managers and Medicare Advantage case managers. The use of Collective Medical for information sharing
1) Facilitates collaboration of the care team
2) decreases duplication of services and
3) protects member information as users only see information on an individual whom they have an established HIPAA-TPO relationship.
Increase utilization of the Care Team section to alert providers of the Care Coordinator assigned to the members' case. Assist UHA Care Coordinators in connecting with providers actively involved in the member's physical, mental, or oral healthcare.
Implement use of care guidelines following the resource guide for sharing information on the Collective Platform provided by HIT Commons.

Optional Question

How can OHA support your efforts in HIE related to hospital event notifications?
None at this time.

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

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
The Strategy is to select and deploy a robust CIE platform for Douglas County. We are committed to a community vetting process where CBO and healthcare partners have opportunity to review, view and participate in a process to select the most appropriate platform for our region.
ii. Tools for Addressing SDOH, including identifying social supports and making referrals, such as CIE
UHA is working with community partners to select a single CIE for the county; once this process is completed and the CIE is implemented then all PCPCH providers along with CBOs will utilize the platform. Within the county there are pseudo-CIEs in use that perform some functions such as data aggregation and closed loop referrals, however none of them meet the complete definition established by the CIE Advisory Group. The community approach in selecting a complete CIE will help bring alignment for the CBO and provider community.
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?
SDOH data from Clinics and Reliance HIE. UHA will continue to identify avenues to cross-walk SDoH/E data with claims data to inform a variety of initiatives including: SHARE based programmatic efforts, HRS and FLEX strategies to better support our members. For example; we are currently undergoing a process to mine from several sources any data we have pertaining to our houseless population and identifying where these members are attributed in our network. The purpose of this is to inform better outreach strategies for this particular sub-population in accessing CoVid-19 vaccines.

UHA continues to refine our HIT strategies for collection of SDoH/E and is hopeful to develop more robust data through the implementation of Arcadia, the adoption and usage of a community-based CIE, and through more robust SDoH/E screening mechanisms in our network EHR system.

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

Establishing a single CIE and standardization of data collection processes at the micro-system level.

Optional Question

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

Technical assistance in SDoH/E/Claims cross-walking and population health information and subsequent initiatives would be of great assistance. In addition, identifying minimum elements required for a true CIE, AND technical support in the community vetting process would also be helpful.

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

UHA utilizes the Umpqua Health Business Intelligence (UHBI) software platform for purposes of measuring and reporting VBPs along with measuring CCO Quality Metrics in real time for claims-based measures. UHA's provider portal on the UHBI platform allows participating providers secure, direct access to their CCO Quality Metrics performance as well as UHAs more recent VBP program; the Member Attribution Cost Summary that summarizes PCP performance for members assigned to them.
In December 2020 UHA implemented their new care management platform, Arcadia. This new population health management platform will provide additional HIT tools to better manage population health such as development of provider specific reports delivered through Arcadia's Bindery functionality

ii. Workforce for VBP and Population Management Analytics

UHA has doubled its programming and analytics workforce by bringing the programming department in-house, as well as new staffing hires to deepen its technical expertise that allows for SQL database reporting for all claims data, including pharmacy and dental as well as all membership files. UHAs investment in workforce and training of its analytics team allows UHA to maintain and excel at reporting and increasing their VBPs and population management into the future.

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

UHAs HIT analytics software, Umpqua Health Business Intelligence (UHBI), through its secure provider portal, allows providers to review their status on all claims based CCO quality metrics at any time throughout the year. UHA continues to expand transparency to providers for better care coordination and improve health outcomes through its HIT analytics software UHBI.

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

In 2020, UHA spent a considerable amount of time developing reports to support providers' VBP. Through a multidimensional workgroup, UHA was able to develop a report that provides clarity on the 'whole' member cost of care. Partnering with external actuaries and incorporating their recommendations to avoid unfairly penalizing or rewarding providers who have an overall relative prevalence of higher costs or lower cost members. After the reports were developed, UHA brought them to a large provider stakeholder group to review and provide feedback. The feedback was immensely important as it further allowed UHA to craft a report that providers could speak to, and say they had a role in its development.

Through the work of UHAs programming department, UHA is prepared to roll-out, on the UHBI secure provider portal, the Member Attribution Cost Summary (MACS) report as mentioned in 6.a above during the first quarter 2021. The provider portal of the MACS report allows providers to compare their performance to other clinics at a summary level.
Clinics also have availability to drill down to their specific attributed members:

- Risk score
- Months of eligibility
- Claims level detail (excluding those protected by 42CFR) by health care category
- Pharmacy claims

This HIT Platform allows providers to not only monitor to achieve their VBPs but also allows providers to develop care coordination for members through better understanding of the members' overall healthcare.

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

None at this time.

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.

UHAs provider portal, through their Umpqua Health Business Intelligence (UHBI) software platform, allows providers to securely access their CCO Quality Metrics, based on claims data, at their convenience. UHA has also expanded this program to allow Primary Care Providers secure access their performance of the Member Attribution Cost Summary (MACS) with the goal of collaborating amongst the provider network to achieve the triple aim. The MACS report includes costs associated to members from all network providers such as Dental, Facilities, SUD, MH, NEMT, PCP, Pharmacy, and Specialists. Each PCP clinic is measured based on the premiums received for attributed members and their associated costs for all healthcare service categories.

UHA socializes VBP reports and other health plan related reports with its provider network through its monthly Quality Metrics Workgroup and Delivery System Advisory Committee meetings. UHA will be socializing VBP reports through quarterly Provider Network meetings in 2021, this includes the MACS and NPR reports as discussed above. Based on provider feedback we've expanded our report library shared at these meetings as illustrated in part below:

Member Attribution Cost Summary

For claims with dates of service: 11/01/2019 to 10/31/2020 -- Including Terminated Members

Report is displaying normalized values.

Preliminary Report – Subject to Year-End Reconciliation

UMPQUA HEALTH

[redacted]

Umpqua Health Alliance, LLC

Network Performance Report

For the twelve months ending October 31, 2020

Preliminary Report – Subject to Year-End Reconciliation

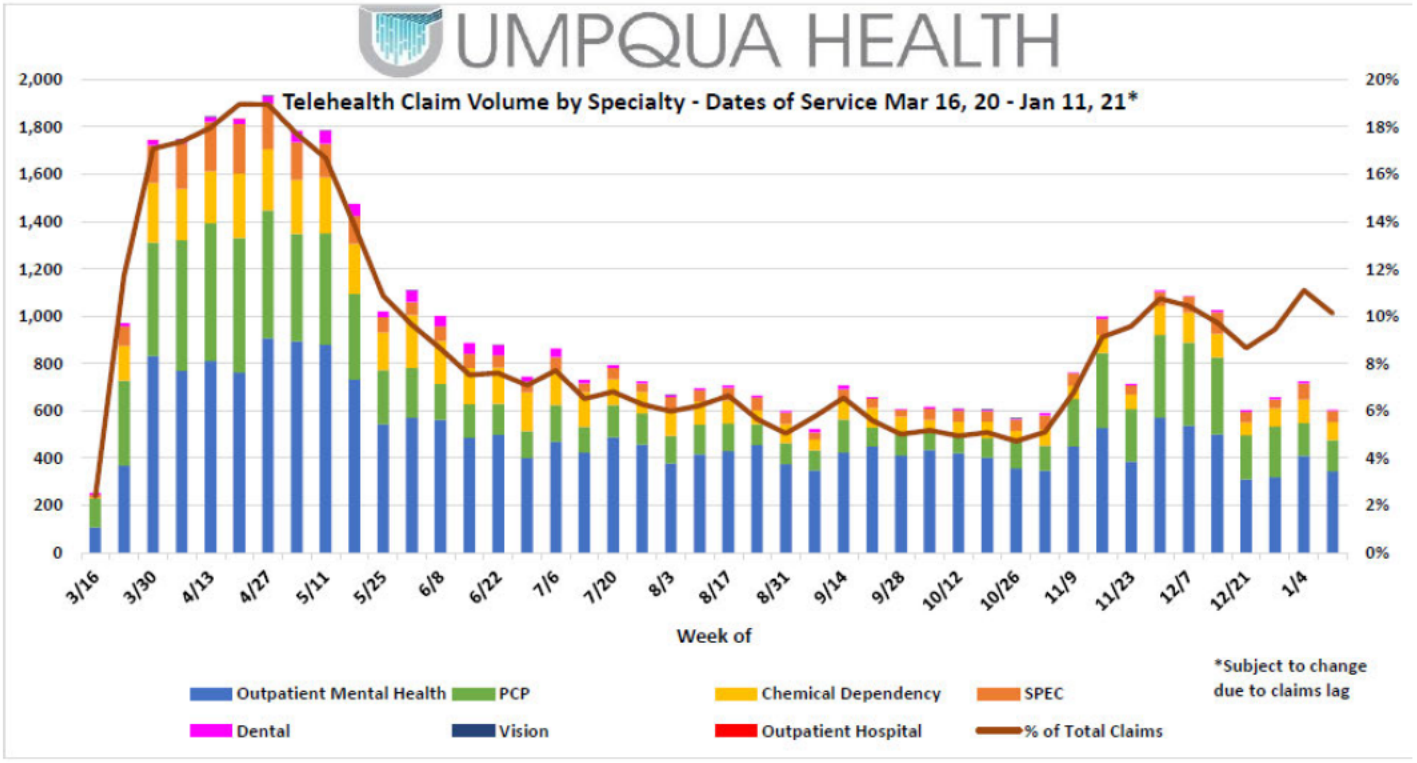
[redacted]

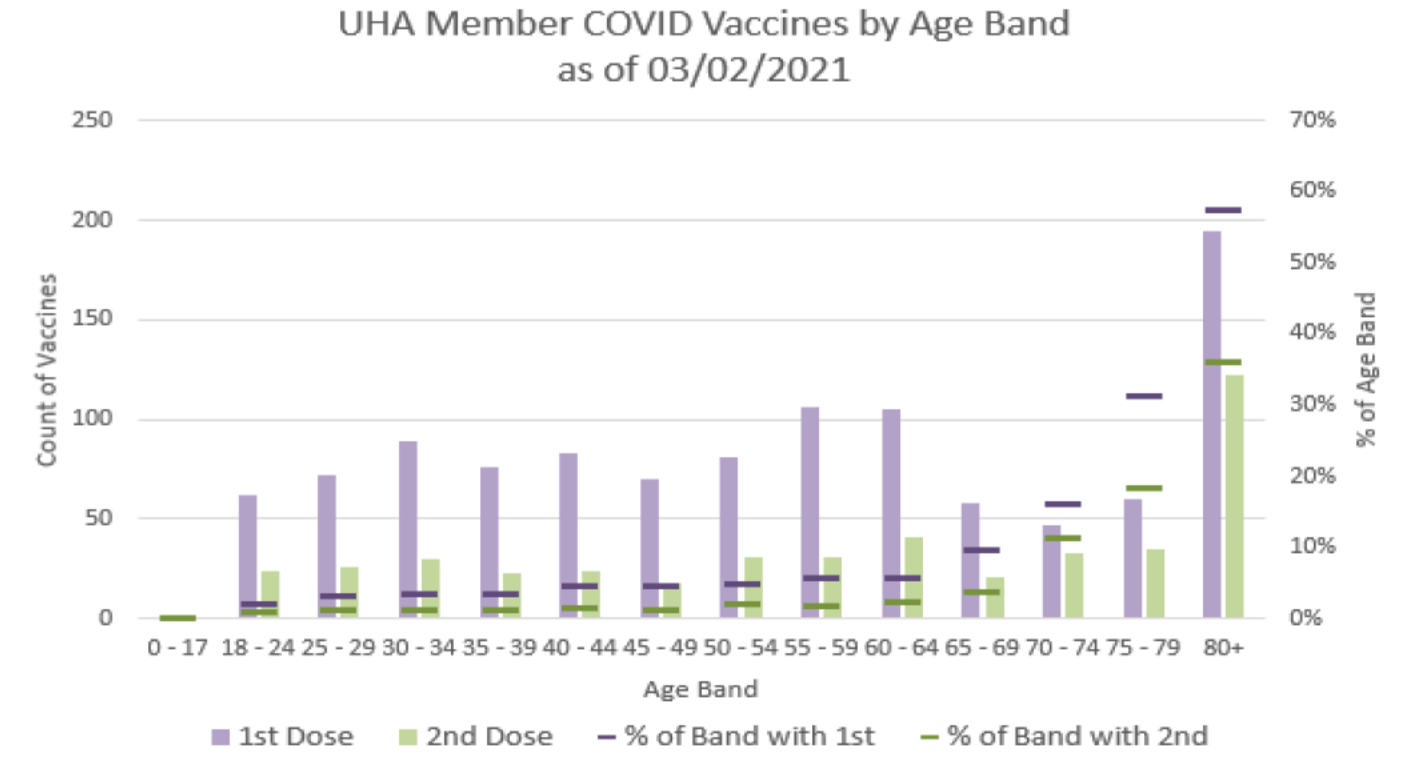
UMPQUA HEALTH ALLIANCE

Monthly Membership Trend by Cohort

Month/Year	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Jan 2020 to current increase /decrease	%
1 - ACA Adults Ages 19-44	6,631	6,577	6,590	6,671	6,907	7,126	7,173	7,247	7,415	7,495	7,574	7,752	7,863	8,081	8,175	1,544	37%
2 - ACA Adults Ages 45-54	2,003	1,990	1,993	2,020	2,082	2,141	2,156	2,185	2,204	2,204	2,234	2,261	2,288	2,313	2,355	352	8%
3 - ACA Adults Ages 55-64	2,197	2,185	2,207	2,217	2,270	2,322	2,361	2,400	2,408	2,418	2,436	2,482	2,525	2,563	2,565	368	9%
5 - CAK 06-18	22	21	22	22	19	19	19	21	21	23	23	23	24	27	27	5	0%
9 - CAK 01-05	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	0%
A - Blind & Disabled w/ Medicare	1,133	1,118	1,113	1,103	1,126	1,134	1,150	1,151	1,166	1,168	1,177	1,166	1,186	1,215	1,224	91	2%
B - Blind & Disabled w/out Medicare	1,691	1,690	1,691	1,699	1,706	1,716	1,711	1,721	1,798	1,834	1,855	1,867	1,858	1,906	1,889	198	5%
C - SCF Children	768	760	767	777	774	784	785	786	785	783	778	780	772	787	766	-2	0%
E - Poverty Level Medical-Pregnant	104	123	124	132	145	160	163	174	165	174	187	181	195	169	171	67	2%
F - Old Aged w/ Medicare B only	0	0	0	0	0	1	0	0	0	0	1	2	2	2	1	1	0%
I - TANF Adults	2,741	2,742	2,768	2,810	2,862	2,890	2,893	2,906	2,927	2,944	2,950	2,957	2,962	2,988	2,981	240	6%
M - Old Age w Medicare Parts A & AB	1,263	1,244	1,241	1,233	1,235	1,216	1,226	1,219	1,224	1,226	1,236	1,283	1,322	1,361	1,392	129	3%
O - Old Aged w/out Medicare	17	17	17	18	17	20	19	17	17	17	23	20	30	34	33	16	0%
Q -PLM,CHIP,TANF Children <1 year	259	290	336	398	452	591	532	561	565	553	566	579	583	581	587	328	8%
R - CHIP Eligibles < 1 year of age	5	8	9	12	13	17	16	18	16	15	15	18	15	14	11	6	0%
S - PLM,CHIP,TANF Children Age 1-5	2,785	2,783	2,768	2,755	2,859	2,905	2,914	2,913	2,944	2,969	2,994	2,999	2,993	2,999	3,026	241	6%
T - OLM,CHIP,TANF Children Age 6-18	6,493	6,405	6,385	6,420	6,630	6,706	6,765	6,782	6,822	6,850	6,930	6,961	7,029	7,078	7,127	634	15%
X - Special Needs Rate Group	4	4	3	4	4	5	4	4	4	6	6	5	6	6	5	1	0%
Total Membership	28,117	27,958	28,035	28,292	29,102	29,754	29,888	30,106	30,482	30,680	30,986	31,337	31,654	32,126	32,337	4,220	100%
Month over month increase (decrease)		(159)	77	257	810	652	134	218	376	198	306	351	317	472	211	0.75%	

Increase from January 2020	**4,220**	**15.01%**
Increase from February 2021	211	0.66%





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

Each week, UHAs Customer Care team securely distributes member attribution reports to each of its PCP network providers. This allows providers to identify new members and provides opportunities for direct outreach and care coordination. Beginning in March 2021, from information on the member attribution reports providers will be able to log onto UHAs HIT secure provider portal UHBI - MACS report and review healthcare claims (except those protected under 42 CFR) for their attributed members as well as pharmacy claims history.

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.

UHA incorporates Milliman MARA concurrent risk scores at the member level, on a monthly basis into its business intelligence platform UHBI to provide member level risk stratification reports for various cohorts or categories of need to identify for case management with the purpose of improving outcomes. UHA also uses the state MEPP fka Prometheus database for purposes of targeted area of potentially avoidable costs (PACs).

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.

Collaborating through external actuaries, UHAs VBP for all network providers under the Member Attribution Cost Summary (MACS) report incorporates Milliman MARA concurrent risk scores. Through the calculations illustrated below, incurred actual costs are calculated to account for cost neutrality, effect of large claims, capitated payments and applies a credibility adjustment. Through this process, UHA avoids unfairly penalizing or rewarding providers who have an overall relative prevalence of higher costs or lower cost members. The result is the MACS report that is shared with the Providers through the secure provider portal and quarterly town hall meetings, monthly quality metrics meetings, etc.

Calculation	Population Information	Provider A	Provider B	Total

1. Eligibility-weighted blend of provider-specific amounts
2. Maximum value of 100% (This is determined based on number of members)
3. The cost neutrality balancing factor is calculated based on total costs across all providers before and after risk normalization and credibility adjustment are applied. The single factor is applied uniformly to all 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: 75%
Total number and proportion of those clinics/groups with access to:

a) Performance metrics (at least quarterly): 75%
b) Patient attribution data: 75%
c) Actionable member-level data: 75%

If not all providers with VBP had access to this information, please describe why not:
It is UHA's goal to have the MACS report available by the end of Q1 2021 for primary care providers online at any time, through the secure UHBI provider portal.

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

Each month we have opportunities to engage our providers through various committees and workgroups. In 2020, we shadowed the MACS report for each participating PCP to allow them to become familiar with the program before it became part of their 2021 contracts. Through this process we held one-on-one meetings with providers to allow them to ask specific questions to their clinics performance or how the report impacts other providers in UHA's network. Their feedback was taken and vetted through our external actuaries and collectively we implemented additional modifications to the MACS report based on their feedback. An example of that was the exclusion of costs over $120,000 per member per year. As mentioned above, UHA's programming department automated the MACS report calculations and will be allowing providers to access attributed members claim specific data with exception to those claims protected under 42CFR.

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

UHA does not foresee any challenges to achieve our goals as related to VBPs.

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.

UHAs Provider Relations teams hosts quarterly meetings with the provider network where we socialize the VBPs and CCO quality metrics. UHA also offered 1:1 meetings with individual provider/clinics to allow for a personalized session to go over the VBP MACS report so that they could better understand the report to their advantage. UHA will continue to offer 1:1 meetings with participating providers throughout 2021, as well as monthly Quality Metrics, Delivery System Advisory Committee monthly meetings.

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

None at this time.

7. Other HIT Questions (Optional) - Mike

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 can support our HIT Roadmap by continuing to fund and support the HIE Onboarding Program and providing clear definition of what is a CIE.
b. How have your organization's HIT strategies changed or otherwise been impacted by COVID-19? What can OHA do to better support you?
COVID-19 forced all organizations participating in our HIT Roadmap to redeploy resources elsewhere. While UHA believes it was quite successful in accomplishing what it did in 2020, the long-term impact is still yet to be determined.

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 work plan 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 provider 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 provider 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 work plan	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 work plan 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