

2022 Updated HIT Roadmap

Guidance, Evaluation Criteria & Report Template



Contract or rule citation	Exhibit J, Section 2 d.
Deliverable due date	April 28, 2022 (extended from March 15, 2022)
Submit deliverable to:	CCO.MCOTDeliverableReports@dhsoha.state.or.us and cc: CCO.HealthIT@dhsoha.state.or.us

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Guidance Document

Purpose & Background

Per the [CCO 2.0 Contract](#), CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (HIT) Roadmap. The HIT Roadmap must describe how the CCO currently uses HIT and plans to use HIT to achieve desired outcomes and support contracted physical, behavioral, and oral health providers throughout the course of the Contract in the following areas:

- Electronic Health Record (EHR) adoption and use
- Access to Health Information Exchange (HIE) for Care Coordination
- Access to timely Hospital Event Notifications, as well as CCO use of Hospital Event Notifications
- HIT for Value-Based Payment (VBP) and Population Health Management (Contract Years 1 & 2 only)¹
- **New requirement for 2022:** HIT to support social needs screening and referrals for addressing social determinants of health (SDOH) needs (Contract Years 3-5 only)²

For Contract Year One (2020), CCOs' responses to the [HIT Questionnaire](#) formed the basis of their draft HIT Roadmap. For Contract Years Two through Five (2021-2024), 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 plans, activities, and milestones detailing how they will support contracted providers in future Contract Years. OHA expects CCOs to use their approved 2021 Updated HIT Roadmap as foundation when completing their 2022 Updated HIT Roadmap.

Other changes for Contract Year Three (2022):

1. Within the *Support for EHR Adoption and Use: 2022-2024 Plans* section, CCOs are now required to include a description of their plans to collect missing EHR information via already-existing processes (e.g., contracting, credentialing, Letters of Interest).
2. Within the *Support for HIE – Care Coordination* and *Support for HIE – Hospital Event Notifications* sections, CCOs are now asked to include the number of organizations of each provider type that gained /are expected to gain increased access to HIE for Care Coordination and HIE for Hospital Event Notifications as a result of CCO support.
3. CCOs are now required to submit their HIT Data Reporting File with their Updated HIT Roadmaps. CCOs are expected to use available data to inform the HIT strategies described in their Updated HIT Roadmap. For example, if the data reveal that across its network, oral health providers have a low rate of EHR adoption, the CCO should leverage that information for strategic planning and relevant strategies should be detailed in the 2022 Updated HIT Roadmap.

Overview of Process

Each CCO shall submit its 2022 Updated HIT Roadmap to OHA for review on or before **April 28** of Contract Year Three³, and **March 15** of Contract Years Four and Five. CCOs are to use the *2022 Updated HIT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their 2021 Updated HIT Roadmap if it's still applicable. Please submit the completed Updated HIT

¹ Starting in Contract Year 3 (2022), CCOs' VBP reporting will include their HIT efforts; therefore, this content will not be part of the HIT Roadmap moving forward.

² New HIT Roadmap requirement for Contract Year 3 (2022)

³ Due date was extended from March 15, 2022, to April 28, 2022, in the [memo](#) dated January 10, 2022.

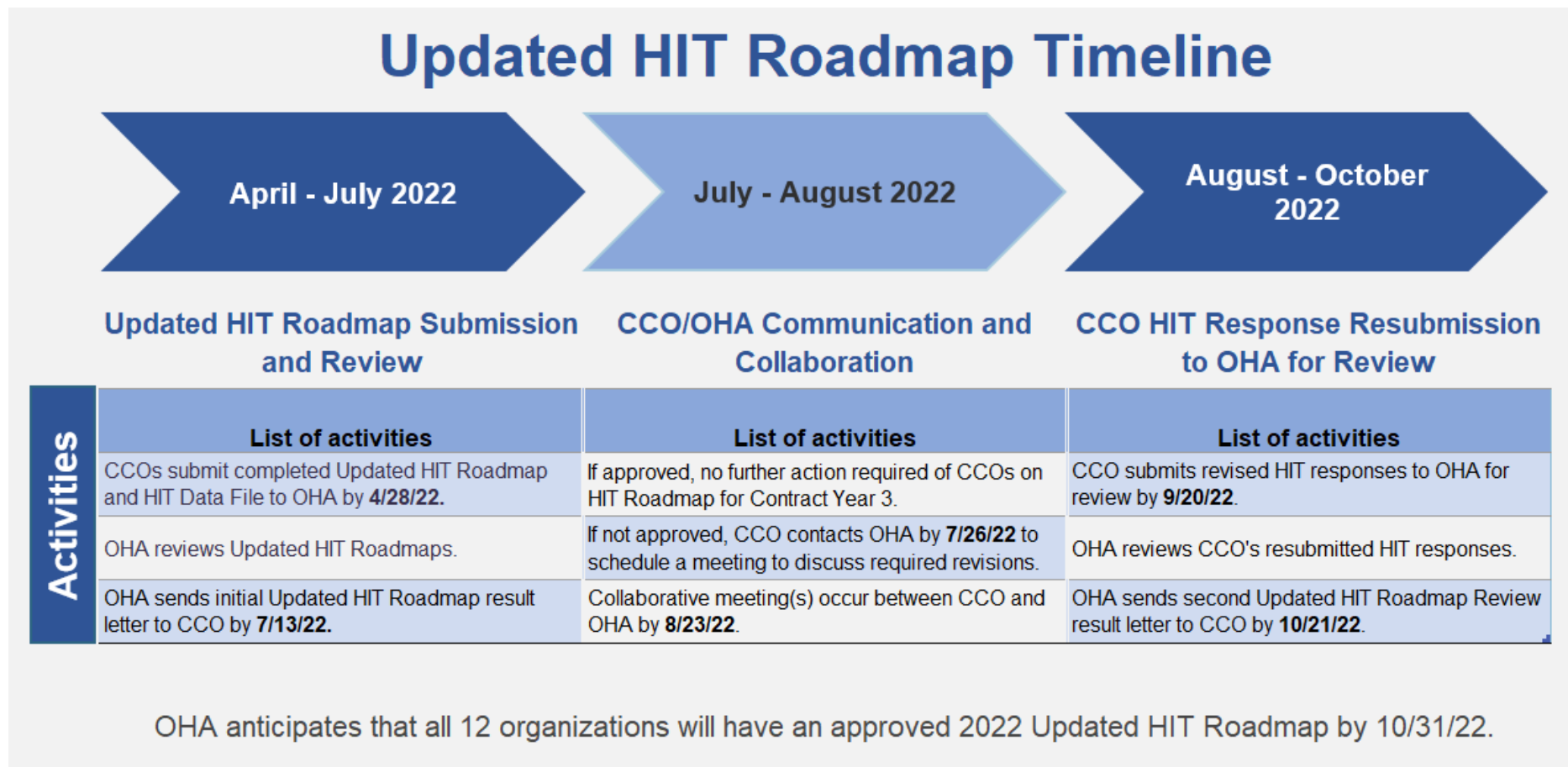
Roadmap to the CCO deliverables mailbox at CCO.MCOTDeliverableReports@dhsosha.state.or.us and cc: CCO.HealthIT@dhsosha.state.or.us.

OHA's Office of Health IT staff will review each CCO's Updated HIT Roadmap and send a written approval or a request for additional information. If immediate approval is not received, the CCO will be required to

1. Meet with OHA's Office of Health IT staff to discuss required revisions; and
2. Make revisions to their Updated HIT Roadmap and resubmit to OHA

The aim of this process is for CCOs and OHA to communicate to better understand how to achieve an approved Updated HIT Roadmap. Additional information about this process 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 2022 Updated HIT Roadmap submission and review process.



Updated HIT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA’s expectations for responses to the required Updated HIT Roadmap questions. New requirements for Contract Year Three (2022) are in **bold italicized font**. Please review the table to better understand the content that must be addressed in each required response. Approval criteria for Updated HIT Roadmap optional questions are not included in this table; 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 *2022 Updated HIT Template* for the complete question when crafting your responses.

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
1. HIT Partnership	CCO attestation to the four areas of HIT Partnership.	<p>CCO meets the following requirements:</p> <ul style="list-style-type: none"> • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons Memorandum of Understanding (MOU) • Served, if elected on the HIT Commons governance board or one of its committees • Participated in an OHA’s HITAG meeting at least once during the previous Contract Year
2. Support for EHR Adoption	A. 2021 Progress supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Strategies used to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to supporting EHR adoption • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2022-2024 Plans for supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) ○ <i>Plans for collecting missing EHR information via CCO already-existing processes</i> ○ Additional strategies for 2022-2024 related to supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
3. Support for HIE – Care Coordination	A. 2021 Progress supporting increased access to HIE for Care Coordination	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Specific HIE tools CCO supported or made available to support contracted physical, oral, and behavioral health providers’ access to HIE for Care Coordination

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	among contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> ○ Strategies CCO used to support increased access to HIE for Care Coordination for contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to increasing access to HIE for Care Coordination (including number of organizations of each provider type that gained access to HIE for Care Coordination as a result of CCO support, as applicable) <ul style="list-style-type: none"> ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2022-2024 Plans for supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> ● Description of plans includes: <ul style="list-style-type: none"> ○ The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional HIE tools CCO plans to support or make available ○ Additional strategies for 2022-2024 related to supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2022-2024 related to each strategy (including the number of organizations of each provider type expected to gain access to HIE for Care Coordination as result of CCO support, if applicable) <ul style="list-style-type: none"> ● Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Progress)	A.1. 2021 Progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO provided or made available to support providers' timely access to Hospital Event Notifications ○ Strategies used to support increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers in 2021 ○ Specific accomplishments and successes for 2021 related to supporting increased access to timely Hospital Event Notifications (including the number of organizations of each provider type that gained increased access to HIE for Hospital Event Notifications as a result of CCO support, as applicable) <ul style="list-style-type: none"> ● Sufficient detail and clarity to establish that activities are meaningful and credible.

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	A.2. 2021 Progress using timely Hospital Event Notifications within CCO's organization?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO is using within their organization for timely Hospital Event Notifications ○ Strategies used for timely Hospital Event Notifications within CCO's organization for 2021 ○ Specific accomplishments and successes for 2021 related to CCO's use of timely Hospital Event Notifications • Sufficient detail and clarity to establish that activities are meaningful and credible.
4. Support for HIE – Hospital Event Notifications (Plans)	B.1. 2022-2024 Plans for supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ The number of organizations (by provider type) that have not adopted an HIE for Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) ○ Additional tool(s) CCO is planning to support or make available to providers for timely Hospital Event Notifications ○ Additional strategies for 2022-2024 related to supporting increased access to timely Hospital Event Notifications contracted physical, oral, and behavioral health providers in 2021 ○ Specific activities and milestones for 2022-2024 related to each strategy (<i>including the number of organizations of each provider type expected to gain access to HIE for Hospital Event Notifications as a result of CCO support, as applicable</i>) • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B.2. 2022-2024 Plans using timely Hospital Event Notifications within CCO's organization?	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ Additional tool(s) (if any) CCO is planning to use for timely Hospital Event Notifications ○ Additional strategies for 2022-2024 to use timely Hospital Event Notifications within the CCO's organization ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
5. <i>HIT to support social needs screening and referrals for addressing social determinants of</i>	A.1. 2021 Progress using HIT to support social needs screening and referrals addressing SDOH needs?	<ul style="list-style-type: none"> • <i>Description of progress includes:</i> <ul style="list-style-type: none"> ○ <i>Current tool(s) CCO is using for social needs screening and referrals.</i> ○ <i>Strategies for using HIT to support social needs screening and referrals in 2021</i> ○ <i>Any accomplishments and successes for 2021 related to each strategy</i> • <i>Sufficient detail and clarity to establish that activities are meaningful and credible.</i>

Updated HIT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
<i>health needs (Progress)</i>	A.2. 2021 Progress supporting contracted physical, oral, and behavioral health providers, social services, and CBOs with using HIT to support social needs screening and referrals for addressing SDOH needs?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, social services, and CBOs, for social needs screening and referrals for addressing SDOH needs for, including a description of whether the tool(s) have closed-loop referral functionality ○ Strategies used for supporting these groups with using HIT to support social needs screening and referrals in 2021 ○ Any accomplishments and successes for 2021 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
5. <i>HIT to support social needs screening and referrals for addressing social determinants of health needs (Plans)</i>	B.1. 2022-2024 Plans for using HIT to support social needs screening and referrals for addressing SDOH needs?	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ Tool(s) CCO will use for social needs screening and referrals for addressing SDOH needs, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for social needs screening and referrals for addressing SDOH needs ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
	B.2. 2022-2024 Plans supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using HIT to support social needs screening and referrals for addressing SDOH needs?	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, social services, and CBOs for social needs screening and referrals for addressing SDOH needs, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for supporting these groups with using HIT to support social needs screening and referrals beyond 2021 ○ Specific activities and milestones for 2022-2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.

2022 Updated HIT Roadmap Template

Please complete and submit to CCO.MCOTDeliverableReports@dhsosha.state.or.us and cc: CCO.HealthIT@dhsosha.state.or.us by **April 28, 2022**.

CCO: Umpqua Health Alliance

Date: 4/25/2022

Instructions & Expectations

Please respond to all of the required questions included in the following Updated HIT Roadmap Template using the blank spaces below each question. Topics and specific questions where responses are not required are labeled as optional. The template includes questions across the following six topics:

1. HIT Partnership
2. Support for EHR Adoption
3. Support for HIE – Care Coordination
4. Support for HIE – Hospital Event Notifications
5. HIT to Support Social Needs Screening and Referrals for Addressing SDOH Needs
6. Other HIT Questions (optional section)

Each required topic includes the following:

- Narrative sections to describe your **2021 progress, strategies, accomplishments/successes, and barriers**
- Narrative sections to describe your **2022-2024 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 attach a separate document outlining your planned activities and milestones. However, you may attach your own document(s) in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones for each strategy and specifies the corresponding Contract Year).

Narrative 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 adoption of and access to HIT. That said, CCOs' Updated HIT Roadmaps and plans should

- be informed by the OHA-provided HIT Data Reporting File,
- be strategic, and activities may focus on supporting specific provider types or specific use cases, and
- 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.

Strategies: CCO's approaches and plans to achieve outcomes and support providers.

Accomplishments/successes: Positive, tangible outcomes resulting from CCO's strategies for supporting 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 each CCO's Updated HIT Roadmap. 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 original HIT Questionnaire have not been included in the Updated HIT Roadmap template. Additionally, at the end of this document, some example responses have been provided to help clarify OHA's expectations on the level of detail for reporting progress and plans.

New for 2022 Updated HIT Roadmap Template

To further help CCOs think about their HIT strategies as they craft responses for their 2022 Updated HIT Roadmap, OHA has added checkboxes to the template that may pertain to CCOs' efforts in the following areas:

- *Support for EHR Adoption*
- *Support for HIE – Care Coordination*
- *Support for HIE – Hospital Event Notifications*

The checkboxes represent themes that OHA has compiled from strategies listed in CCOs' 2021 Updated HIT Roadmaps.

Please note, the strategies included in the checkboxes do not represent an exhaustive list, nor do they represent strategies CCOs are required to implement. It is not OHA's expectation that CCOs implement all of these strategies or limit their strategies to those included in the template. OHA recognizes that each CCO implements different strategies that best serve the needs of their providers and members. The checkboxes are in the template to assist CCOs as they respond to questions and to assist OHA with the review and summarizing of strategies.

Please send questions about the Updated HIT Roadmap template to CCO.HealthIT@dhsosha.state.or.us

1. HIT Partnership

Please attest to the following items.

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

2. Support for EHR Adoption

A. 2021 Progress

Please describe your progress supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In the spaces below, please

1. Select the boxes that represent strategies pertaining to your 2021 progress.
2. Describe the progress of each strategy in the appropriate narrative sections.
3. In the descriptions, include any 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.

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.

<input checked="" type="checkbox"/> EHR training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of EHR adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about the value of EHR adoption/use <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Incentives to adopt and/or use EHR	<input checked="" type="checkbox"/> Financial support for EHR implementation or maintenance <input checked="" type="checkbox"/> Requirements in contracts/provider agreements <input checked="" type="checkbox"/> Leveraging HIE programs and tools in a way that promotes EHR adoption <input type="checkbox"/> Offer hosted EHR product <input checked="" type="checkbox"/> Other strategies for supporting EHR adoption (please list here) Migrate legacy EHR data
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i. Progress across provider types

To support EHR Adoption, Umpqua Health Alliance (UHA) used the following strategies:

Strategy 1 - EHR training and/or technical assistance

UHA worked closely with a large RHC clinic to explore additional EHR capabilities such as using kiosks and mobile check-in for patients. In addition, we took a very active role in assisting this clinic with their PCPCH incentive program. The clinic was going through a staffing and management change and didn't have the in-house technical expertise. UHA deployed technical resources and provided the following:

- Held weekly meetings to review PCPCH program criteria with the clinic
- Coordination with subject matter experts
- Assist with updating EHR templates to capture required data elements
- Review available reports and train staff on how to use them
- Implement new workflows for both front and back office
- Create and update PCPCH tracking spreadsheet

Strategy 2: Support and expand existing solutions to exchange clinical data

UHA provides technical assistance with clinical data feeds which helps provider offices meet CCO metrics and qualify for the Umpqua Health HIT Bonus program. UHA uses an in-house developed app for analyzing and reporting on CCO incentive measures and we receive clinical data feeds from many of our contracted providers. We have regular meetings to discuss data feeds, provider outreach, and opportunities for improvement. As we identify gaps in these data feeds, we will either work directly with the EHR vendor or follow up with each individual clinic to address any missing data.

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

Strategy 3 - Assessment/tracking of EHR adoption and capabilities

- Using the OHA-provided data completeness table, only one physical health provider lacks EHR information. This does not include providers who are still using paper records that only see a very small percentage of our member population.
- UHA added a survey to our provider onboarding packet so that we can collect the information at the beginning for newly enrolled providers.
- For existing providers, UHA collects data and tracks progress annually as part of the HIT Bonus Program.

Strategy 4 – Outreach, Education and Collaboration with network partners




- Outreach to providers, including:
 - Provider Monthly Talking Points
 - Direct outreach via email, in-person site visits, phone or Zoom meetings
 - Quarterly Provider Meetings
 - In-person office visits
- In 2021 UHA placed 26 outreach calls and attended ten individual meetings with the clinics. The outreach calls were made to engage providers in the HIT Bonus Program and to answer any specific questions. The Zoom calls/meetings were held to provide further support and to answer additional questions (typically involved wide range of folks within the organization).
- Updated HIT Bonus FAQ available on the Umpqua Health website

Strategy 5 - Incentives to Adopt, Financial Support and Requirements in Contracts

- Promote HIT bonus program in provider communications (meetings, newsletters, etc.)

- Quarterly provider meetings. This is a general overview covering the HIT Bonus program, EHR adoption requirements and criteria used to qualify.
- This program is offered annually to all contracted providers that meet specific criteria, including EHR adoption and clinical data feeds
- Include the program in all provider contracts.
- Through this program, over 40% of our network received some form of financial incentive which is an increase of 5% over the previous year. UHA awarded over \$700,000 to providers for their efforts.
- Provide partial incentives to practices that were able to make partial progress within the Program.

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

Strategy 6 - Leveraging HIE Programs and Tools

- UHA encourages the use of local and national HIEs for accessing patient health information. This not only includes Reliance HIE but Commonwell as well as the Carequality platforms.
- UHA works with community providers to streamline access to HIE data by incorporating it within the EHR workflows. For example, we trained providers at Umpqua Health Newton Creek on how to access HIE information from within the eClinicalWorks EHR.
- Participated in a pilot project between Reliance HIE, CCO and a large RHC clinic. The goal was to evaluate the possibility of a data feed between Reliance and the CCO that would support CCO metrics.

Strategy 7 – Migrate legacy EHR data to cloud-based archive

- UHA successfully migrated clinical data from a legacy EHR system to a cloud-based archive system. This helped providers maintain continuity of care as they transitioned to new EHRs.
- UHA continues to pay for the hosting fees, manages access and provide technical support for the archive.
- The Cloud archive system serves as an important asset, as it contains over 15 years of historical clinic information.

Strategy 8: Engage with OHA committees and workgroups

To ensure we stay well informed of OHA’s HIT programs and priorities, our CCO participates in several workgroups, including:

- Health Information Technology Advisory Group (HITAG)
- Pharmacy committee
- Behavioral Health workgroup
- Appeals and Grievances workgroup
- Language Access workgroup
- Quality health outcomes committee
- Primary care payment reform collaborative
- Transitions of Care collaborative
- MEPP – Prometheus User group
- Community Information Exchange (CIE) Workgroup

ii. Additional progress specific to physical health providers
<i>See progress across provider types</i>
iii. Additional progress specific to oral health providers
<i>See progress across provider types</i>
iv. Additional progress specific to behavioral health providers
<i>See progress across provider types</i>
v. Please describe any barriers that inhibited your progress
<ol style="list-style-type: none"> 1) Older providers that are close to retirement have expressed very little interest in adopting a certified EHR 2) Single provider behavioral health practices have limited technical and financial resources; therefore, they have a difficult time justifying the cost of an EHR system 3) Many provider offices continue to have 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.

B. 2022-2024 Plans

<p>Please describe your plans for supporting increased rates of EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In the spaces below, please</p> <ol style="list-style-type: none"> 1. Select the boxes that represent strategies pertaining to your 2022-2024 plans. 2. Describe the following in the appropriate narrative sections: <ol style="list-style-type: none"> a. 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. b. Plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest). c. 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 2021. d. Activities and milestones related to each strategy. <p>Notes: Strategies described in the <i>2021 Progress</i> section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy; however, please make note of these strategies in this section and include activities and milestones for all strategies you report.</p> <ul style="list-style-type: none"> - If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones. - If a strategy and its 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 <i>Strategies Across Provider Types</i> section and make a note in each provider type section to see the <i>Strategies Across Provider Types</i> section.
<p>Overall Plans</p> <p>Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy (if not previously described in the <i>Progress</i> section) and include activities and milestones in the sections below.</p>

- EHR training and/or technical assistance
- Assessment/tracking of EHR adoption and capabilities
- Outreach and education about the value of EHR adoption/use
- Collaboration with network partners
- Incentives to adopt and/or use EHR

- Financial support for EHR implementation or maintenance
- Requirements in contracts/provider agreements
- Leveraging HIE programs and tools in a way that promotes EHR adoption
- Offer hosted EHR product
- Other strategies for supporting EHR adoption (please list here)

i. Plans across provider types, including activities & milestones

UHA plans to use several strategies to support increased EHR adoption and further enhance EHR utilization.

Strategy 1 – Create a community forum for clinics using a common EHR

- Create a framework for providers to share how they’re using the system, what they found to be most effective and share best practices.
- Opportunity to foster innovation and knowledge sharing.
- UHA can help facilitate the provider meetings.

Activities/Milestones

Strategy 1: EHR Community Forum	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Provider Outreach to determine interest	O	X										
Facilitate and host 1 st meeting		O	X									
Discuss meeting frequency and plan future meetings		O	X									
Facilitate and host Quarterly EHR provider meetings			O									
EHR Survey - System Satisfaction, Usefulness, Utility to inform future provider meetings and CCO Support							O	X				

Legend

- O Start Date
- X Completion Date
- Ongoing Effort

Strategy 2 – Implement additional technology for patient engagement and clinical data sharing.

- UHA plans to work closely with one of the largest clinics in the area to explore tools such as using kiosks and mobile apps for patient check-in, as well as EHR specific tools for data sharing.
- Evaluate an EHR feature (P2P) that provides a mechanism for provider-to-provider communication and patient data exchange, while enabling practices to retain their autonomy from outside integrations or HIEs. P2P is a secure provider-to-provider communication network that facilitates improved quality, safety, and quality of care.
- Design new UHA website and explore member portal functionality and mobile app

Activities/Milestones

	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategy 2: Patient Engagement												
Research EHR specific kiosk functionality	O	X										
Review features and benefits with clinic	O	X										
Project approval	O	X										
Collaborate with clinic on a deployment strategy	O	X										
Provide Technical Assistance for creating EHR specific forms and questionnaires		O	X									
Deploy several kiosks for a pilot program		O	X									
Deploy all kiosks		O	X									
Clinic Feedback – monthly Zoom meetings with the clinic		O										
Research P2P functionality				O	X							
Engage with providers on feasibility and deployment strategy of P2P – discuss at EHR forum meetings					O	X						
Provide technology assistance (end user documentation, quarterly EHR forum)					O							
Monitoring and Feedback					O							
Launch internal website workgroup to design new website and explore member portal functionality				O	X							
Build website						O				X		
Explore development of member mobile app				O		X						

Legend

- O Start Date
- X Completion Date
- Ongoing Effort

Strategy 3 – Support and expand existing tools for clinical data exchange

- Work with two primary care offices on receiving a clinical data feed from their respective EHR that include data elements for CCO Metric calculations
- Clinical data feed is a requirement for the Umpqua Health HIT Bonus program
- Creates a richer data set which will improve reporting capabilities

Activities/Milestones

Strategy 3: Clinical Data Exchange	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Clinic outreach to discuss and promote HIT Bonus program (quarterly provider meetings, newsletter, direct outreach)	O	X										
Provide technical specs for data exchange	O	X										
Review technical specifications with individual clinics and their EHR vendor	O	X										
Create SFTP site for receiving files		O	X									
Receive test file		O		X								
Clinical Data File Review and Feedback		O		X								
Validation of clinical data import		O		X								
Go-Live approval			O	X								
Receive production file			O	X								
Provide Ongoing Technical Assistance												

Legend

- O Start Date
- X Completion Date
- Ongoing Effort

ii. Additional plans specific to physical health providers, including activities & milestones

See plans across provider types

iii. Additional plans specific to oral health providers, including activities & milestones

See plans across provider types

iv. Additional plans specific to behavioral health providers, including activities & milestones

See plans across provider types

C. Optional Question

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

Last year we reported that smaller independent behavioral health providers struggle with connecting and partnering on broader EHR and HIT Programs. This was still a common theme in 2021. Although these providers only see a small percentage of our members, they are essential for access and choice for our members, but the limited connectivity can be a barrier. 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. 2021 Progress

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

1. Select the boxes that represent strategies pertaining to your 2021 progress
2. Describe the following in the appropriate narrative sections
 - a. Specific HIE tools you supported or made available in 2021
 - b. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2021
 - c. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained access to HIE for Care Coordination as a result of your support, as applicable).

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.

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIE training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of HIE adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about value of HIE <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Enhancements to HIE tools (e.g., adding new functionality or data sources) <input type="checkbox"/> Integration of disparate information and/or tools with HIE <input checked="" type="checkbox"/> Requirements in contracts/provider agreements | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding <input type="checkbox"/> Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) <input checked="" type="checkbox"/> Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) Provider Directory API and Patient Access API <input type="checkbox"/> Other strategies for supporting HIE access or use (please list here) |
|--|---|

i. Progress across provider types, including specific HIE tools supported/made available

In 2021, UHA implemented the following strategies to support increased access to HIE for Care Coordination:

Strategy 1: Reliance HIE Onboarding Support

- Promote Reliance HIE in provider communications (meetings, newsletters, etc.)
- Encourage participation and technology adoption
- Continued engagement with providers that have not adopted an HIE
- Implementation assistance for the local hospital and a large specialty clinic

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
<i>Tactic 1.a: CCO Participation through Data Feeds</i>	0																					

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

Strategy 2: Support new solutions to exchange clinical data between EHRs, CCO and Reliance

- Participated in pilot project between Reliance HIE, CCO and a large RHC clinic. The goal was to evaluate the possibility of a data feed between Reliance and the CCO that would support CCO metrics.
- Evaluate tools for sharing information among EHRs (i.e. Carequality, Commonwell, P2P, etc.)
- Regular meetings with Reliance HIE
 - o Review current level of adoption
 - o Discuss progress on active implementations
 - o Discuss future implementations
 - o Evaluate additional data feeds for enhanced care coordination (i.e. 837 files)

Strategy 3: Support and expand existing tools and technology solutions

- Developed Tableau dashboard to track user activity in our case management system (Arcadia)
- Implemented additional reporting modules in our case management system
- Enhanced data reporting capabilities allow our analysts to query the data and create customized reports. For example, one report shows care plan goals and interventions that are still active so users can find those currently assigned to them and take appropriate steps.

Strategy 4: Offer financial incentives through the Umpqua Health HIT Bonus program.

- Promote HIT bonus program in provider communications (meetings, newsletters, etc.)
- This program is offered annually to all contracted providers that meet specific criteria, including HIE adoption
- Include the program in all provider contracts.
- Through this program, over 40% of our network received some form of financial incentive which is an increase of 5% over the previous year. UHA awarded over \$700,000 to providers for their efforts.
- Provide partial incentives to practices that were able to make partial progress within the Program.

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

Strategy 5: Provider Engagement and Education

- Promote Reliance HIE in provider communications (meetings, newsletters, etc.)
- Outreach to providers to introduce Reliance and assist those interested with the onboarding process. This includes:
 - Provider Monthly Talking Points
 - Direct outreach via email, in-person site visits, phone or Zoom meetings
 - Quarterly Provider Meetings
 - In-person office visits
- Updated HIT Bonus FAQ available on the Umpqua Health website

Strategy 6: Assessment/Tracking of HIE Adoption and Capabilities

- Using the OHA-provided data completeness table, UHA identified a prioritized list of practices
- UHA added a survey to our provider onboarding packet so that we can collect the information at the beginning for newly enrolled providers.
- For existing providers, UHA collects data and tracks progress annually as part of the HIT Bonus Program.
- Reliance provides UHA with a clinic status report on a quarterly basis which is used to help prioritize and drive engagement strategies

Strategy 7: Provider Directory API and Patient Access API

- Researched and evaluated vendor solutions for a patient access API
- Coordinated with delegated entities and third-party vendors on data access and integration
 - Completed a member registration workflow and provided member roster to the vendor hosting the identity management services (Edifecs)
 - Translated pharmacy benefit manager (PBM) formulary file into a json format that is provided to patient access API vendor (PhTech) on a quarterly basis.
 - Worked with our PBM and PhTech to process pharmacy claims information
 - Worked with legal to provide an end user license agreement and privacy policy presented to members upon registration
- Completed work with third-party vendor to host provider directory API.
 - The data feeds are provided by UHA and include provider information from provider credentialing database and pharmacy benefit manager pharmacy providers.
- Successful implementation of provider directory API

Strategy 8: Engage with OHA committees and workgroups

To ensure we stay well informed of OHA's HIT programs and priorities, our CCO participates in several workgroups, including:

- Health Information Technology Advisory Group (HITAG)
- Pharmacy committee
- Behavioral Health workgroup
- Appeals and Grievances workgroup
- Language Access workgroup
- Quality health outcomes committee
- Primary care payment reform collaborative
- Transitions of Care collaborative
- MEPP – Prometheus User group
- Community Information Exchange (CIE) workgroup

ii. Additional progress specific to physical health providers

See progress across provider types

iii. Additional progress specific to oral health providers

See progress across provider types

iv. Additional progress specific to behavioral health providers

Strategy 9: Reliance HIE Onboarding Support for large behavioral health provider group (Adapt)

- Provide onboarding assistance to an integrated health care group
- Address barriers to adoption around confidentiality issues related to Substance Use programs that are protected by 42 CFR, part II. Substance use data submitted to Reliance will be flagged and siloed until Reliance implements their Release Authorization feature.
- Clinical data integration with Reliance for all entities that are part of the same group
 - Physical Health
 - Behavioral Health
 - Substance Use
- Successful implementation of Reliance HIE in December 2021

v. Please describe any barriers that inhibited your progress

- Data available in the HIE is dependent on EHR vendor capabilities and do not generally include a complete EHR chart
- EHR integrations often lack certain data elements that providers find useful (i.e. progress notes)
- Providers are not as likely to utilize the HIE unless it's integrated with the EHR and easily accessible
- Workflows for accessing HIE data are highly dependent on the EHR platform and office staff willingness and expertise. It takes continued effort for an effective change in workflow and utilization of available HIE information.
- Smaller independent providers often lack the technical and financial resources to implement an HIE

B. 2022-2024 Plans

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

1. Select that boxes that represent strategies pertaining to your 2022-2024 plans.
2. Describe the following in the appropriate narrative sections
 - a. 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.
 - b. Any additional HIE tools you plan to support or make available.
 - c. Strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2021.
 - d. Activities and milestones related to each strategy (Please include the number of organizations of each provider type you expect will gain access to HIE for Care Coordination as a result of your support, as applicable)

Notes: Strategies and tools described in the 2021 Progress section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its 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.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and include activities and milestones in the sections below.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIE training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of HIE adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about value of HIE <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Enhancements to HIE tools (e.g., adding new functionality or data sources) <input type="checkbox"/> Integration of disparate information and/or tools with HIE <input checked="" type="checkbox"/> Requirements in contracts/provider agreements | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding <input type="checkbox"/> Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) <input checked="" type="checkbox"/> Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) Patient Access API <input type="checkbox"/> Other strategies for supporting HIE access or use (please list here) |
|--|--|

i. Plans across provider types, including additional tools you will support/make available, and activities & milestones

Using the OHA-provided Data Completeness Table, 23 physical health and 21 behavioral health organizations have not adopted an HIE for Care Coordination tool. Although it looks like it's a high percentage of contracted providers, the reporting table does not accurately reflect the penetration rate of using HIE for care coordination. Most of the providers that are not currently using an HIE are single provider practices that see a small percentage of our members. These providers have additional barriers to adoption, namely cost and limited technical resources for implementation and ongoing support. UHA plans to continue outreach efforts through various means (monthly talking points, direct outreach, quarterly provider meetings and in-person office visits). Additionally, UHA offers the HIT Bonus Program to all providers as a way to incentivize technology adoption, including HIE for care coordination.

Strategy 1: Support new solutions to exchange clinical data between EHRs, CCO and Reliance

- Partner with Reliance and two large primary care clinics (RHC and FQHC) to facilitate clinical data exchange between two of the clinics and UHA.
- Clinical data will include elements needed for CCO Metrics reporting
- Reliance will serve as a conduit between clinics and UHA
- Local hospital (Mercy Medical Center) will provide lab results to Reliance if order was placed by a provider from a participating clinic

Activities/Milestones

Strategy 1: Clinical Data Exchange	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Clinic outreach to discuss new solution for sending clinical data to UHA	O	X										
Provide technical specs for data exchange	O	X										

Review technical specifications with Reliance and individual clinics		O	X															
Weekly meetings with clinic and Reliance to review progress and address issues		O		X														
Clinic sends data to Reliance		O		X														
Reliance validation of clinical data import		O		X														
UHA to create SFTP site for receiving files from Reliance		O	X															
UHA receives test file from Reliance		O		X														
Clinical Data File Review and Feedback		O		X														
UHA validation of data received from Reliance		O		X														
Go-Live approval for 2021 Data		O	X															
Receive production file (2021)		O	X															
Discuss technical specs for 2022 data due to workflow changes at the clinic		O	X															
Clinic to start sending sample files with 2022 data			O	X														
Reliance works with clinic to validate 2022 data			O	X														
UHA receives 2022 data file from Reliance			O	X														
UHA validation of 2022 data received from Reliance			O	X														
Production Data Feed to UHA for 2022 data			O	X														
Provide Ongoing Technical Assistance																		

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

Strategy 2: Reliance HIE Onboarding Support

- Implementation assistance for the local hospital (Mercy Medical Center) and a large hospital owned specialty clinic (CMG) with a go-live scheduled in 2022
- Explore opportunity to re-engage with our DCO (Advantage Dental) on connecting to Reliance as they've had recent changes in leadership.

Activities/Milestones

Strategy 2: Reliance HIE Onboarding Support	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Clinic/hospital outreach to discuss Reliance HIE and EHR integration	O	X										
Review technical specifications with Reliance, local hospital and clinic	O	X										
Project Approval		O	X									
Create SFTP site for receiving files		O	X									
Receive test file		O	X									
Clinical Data File Review and Feedback		O	X									
Validation of clinical data import – weekly update meetings between Reliance and Mercy		O	X									
Go-Live approval		O	X									
Mercy Hospital – ADT/CCD Production Files		O	X									
Mercy Hospital – Lab and Imaging Results			O	X								
CMG – ADT Production Files		O	X									
CMG – CCD Production Files			O	X								
Reliance to start receiving production files			O	X								
DCO outreach to discuss connecting to Reliance (email and in-person/Zoom meeting)				O	X							
Continued engagement with DCO and Reliance												
Provide Ongoing Technical Assistance												

Legend

- O Start Date
- X Completion Date
- Ongoing Effort

Strategy 3: Patient Access API / Payer to Payer data exchange

- Implementation of patient access API, scheduled for go-live early 2022
- Collaborate with OHA and third-party vendors on “payer to payer” exchange of information where the data in the patient access API can be shared with other payers.

Activities/Milestones

Strategy 3: Payer to Payer data exchange	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Participate in OHA Payer Interoperability collaborative meetings		O		X								
Review technical specifications and regulatory guidance			O	X								
Research and evaluate vendor solutions				O	X							
Coordinated with delegated entities and third-party vendors on data access and integration				O	X							
Establish trusted relationships with other payers through established FHIR security mechanisms				O	X							
Work with vendor to implement API and member workflow					O		X					
Test and validate data flow					O		X					
Go-Live					O		X					

Legend

- Start Date
- Completion Date
- Ongoing Effort

Strategy 4: Support and expand existing tools and technology solutions

- Develop Tableau report for program enrollments by referral source/status
- Develop Tableau report based on triggering events and making sure they have an HRA assessment within a certain time period, depending on their current program enrollments (ICC/MAT/etc.)
- Expand Tableau adoption at the enterprise level

Strategy 4: Support and expand existing tools and technology solutions	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Develop proof of concept, including HRA assessments following trigger events or program enrollments	O	X										
Introduce platform to UHA staff		O	X									
Identify UHA departmental needs			O	X								
Collect requests			O	X								
Acquire additional licensing to expand user base				O	X							
Develop and validate content					O	X						
Internal User Training					O	X						

Legend

O Start Date

X Completion Date

Ongoing Effort

ii. Additional plans specific to physical health providers, including activities & milestones

See plans across provider types

iii. Additional plans specific to oral health providers, including activities & milestones

See plans across provider types

iv. Additional plans specific to behavioral health providers, including activities & milestones

See plans across provider types

C. Optional Question

How can OHA support your efforts in supporting your contracted providers with access to HIE for Care Coordination?

4. Support for HIE – Hospital Event Notifications

A. 2021 Progress

1. Please describe your progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In the spaces below, please
 - a. Select the boxes that represent strategies pertaining to your 2021 progress
 - b. Describe the following in the appropriate narrative sections
 - i. The tool(s) you supported or made available to your providers in 2021
 - ii. The strategies you used to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers in 2021
 - iii. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained increased access to HIE for Hospital Event Notifications as a result of your support, as applicable)

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.

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.

<input checked="" type="checkbox"/> Hospital Event Notifications training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of Hospital Event Notification access and capabilities <input checked="" type="checkbox"/> Outreach and education about the value of Hospital Event Notifications	<input checked="" type="checkbox"/> Financially supporting access to a Hospital Event Notification tool(s) <input checked="" type="checkbox"/> Offering incentives to adopt or use a Hospital Event Notification tool(s) <input checked="" type="checkbox"/> Requirements in contracts/provider agreements <input type="checkbox"/> Other strategies for supporting access to Hospital Event Notifications (please list here)
---	--

i. Progress across provider types, including specific tools supported/made available

UHA used the following strategies in 2021 to encourage all provider types to gain access to and utilize Collective Medical as the platform of choice for Hospital Event Notifications. These strategies included:

Strategy 1: Offer financial incentives through the Umpqua Health HIT Bonus program.

- Promote bonus program in provider communications (meetings, newsletters, etc.)
- This program is offered annually to all contracted providers that meet specific criteria, including HIE adoption
- Include the program in all provider contracts.
- Through this program, over 40% of our network received some form of financial incentive in 2021 which is an increase of 5% over the previous year. UHA awarded over \$700,000 to providers for their efforts.
- Provide partial incentives to practices that were able to make partial progress within the Program.

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

Strategy 2: Support and expand existing technology solutions

- Provide access to Collective Medical at no cost to the providers
- UHA works closely with Collective Medical to identify opportunities for improvement within UHA's own internal utilization and find ways to use the system more effectively. For example, adding or updating cohort groups based on current needs.
- Internal key performance indicators (KPIs) for Advantage Dental showed they were more than 5% from the threshold for members receiving emergency access within 24 hours. UHA worked with Advantage Dental, Collective Medical and Mercy Medical Center to update the cohort group to include hospital visits in the reports.

UHA 2021				Quarter 1			Quarter 2
	Requirements	Threshold	Source	January	February	March	April
Emergency Dental Care, Advantage	Within 24 hours.	100%	CCO Contract, Exhibit B, Part 2, Section 8 (d)(2)(b) OAR 410-141-3515(11)(b)(A) OAR 410-123-1510(2)(a)	98.01%	100%	98.15%	93.54%

- UHA identified a cohort group for “dental follow-up after ED visits” did not include 49 diagnosis codes that we were expecting to see in the report. We worked with Advantage Dental to add the appropriate codes and ensure that our cohort groups were properly aligned.
- UHA’s care coordination department receives a monthly engagement dashboard from Collective Medical and this allows our team to see how providers are using the platform. For instance, we can identify gaps in data submission, and we can see how often the clinics are logging into the Collective Medical system. This provides an opportunity for UHA to reach out to provider offices and have a meaningful conversation about using this tool for improved care coordination.
- Monthly meetings with Collective Medical
 - Review current level of adoption
 - Strategies for future growth
 - Discuss best practices for provider engagement
 - Discuss progress on active implementations
 - Discuss future implementations
 - Best practices for provider engagement
 - Improvement opportunities

Strategy 3: Provider Training

- In collaboration with Collective Medical, UHA facilitated a provider training session in August 2021 which had several objectives:
 - Provide a forum to promote collaboration and best practice sharing
 - To present an overview and demonstration by a representative of Collective Medical
 - To give clinics an opportunity to share how they are making use of Collective Medical
 - To share how Umpqua Health Alliance is making use of the platform
 - To identify staff members who currently use or plan to use Collective Medical, to outline their interventions along with the cohorts of focus

Strategy 4: Provider Engagement

- Promote Collective Medical in provider communications (meetings, newsletters, etc.)
- Outreach to providers to introduce Collective Medical and assist those interested with the onboarding process. This includes:
 - Provider Monthly Talking Points
 - Direct outreach via email, in-person site visits, phone or Zoom meetings
 - Quarterly Provider Meetings
 - In-person office visits
- Updated HIT Bonus FAQ available on the Umpqua Health website

Strategy 5: Onboarding Support

- Identified prioritized list of practices
- Encourage participation and technology adoption
- Continued engagement with providers that are not currently using Collective

- Assist the Community Cancer Center with the onboarding process with a successful go live at the end of December 2021

Strategy 6: Assessment/Tracking of Collective Medical Adoption and Capabilities

- Using the OHA-provided data completeness table, UHA identified a prioritized list of practices
- UHA added a survey to our provider onboarding packet so that we can collect the information at the beginning for newly enrolled providers.
- For existing providers, UHA collects data and tracks progress annually as part of the HIT Bonus Program.
- Collective provides UHA with a monthly dashboard which is used to help prioritize and drive engagement strategies

Strategy 7: Participate in the IMPACTS grant program

Another accomplishment in 2021 is that UHA participated in the IMPACTS grant program that was established by the Oregon Legislature in recognition of the shortage of comprehensive community support and services for individuals with mental health or substance use disorders that lead to their involvement with the criminal justice system, hospitalizations, and institution placements. UHA was not funded through the grant but rather we are donating/providing all the data analytics for it, including facilitating the one-way jail feed to Collective Medical for bookings and releases for the IMPACTS cohort (I.e. Douglas County residents booked 4 or more times into the Jail who were also Umpqua Health Alliance members).

Strategy 8: Engage with OHA committees and workgroups

To ensure we stay well informed of OHA’s HIT programs and priorities, our CCO participates in several workgroups, including:

- Health Information Technology Advisory Group (HITAG)
- Pharmacy committee
- Behavioral Health workgroup
- Appeals and Grievances workgroup
- Language Access workgroup
- Quality health outcomes committee
- Primary care payment reform collaborative
- Transitions of Care collaborative
- MEPP – Prometheus User group

ii. Additional progress specific to physical health providers

See *Progress Across Provider Types*

iii. Additional progress specific to oral health providers

See *Progress Across Provider Types*

iv. Additional progress specific to behavioral health providers

See *Progress Across Provider Types*

v. Please describe any barriers that inhibited your progress

- Clinics must provide Collective Medical with patient panel reports on a regular basis. The 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 your (CCO) progress using timely Hospital Event Notifications within your organization. In the spaces below, please
- Select the boxes that represent strategies pertaining to your 2021 progress
 - Describe the following in the narrative section
 - The tool(s) that you are using for timely Hospital Event Notifications
 - The strategies you used in 2021
 - Accomplishments and successes related to each strategy.

Overall Progress

Please select which strategies you employed during 2021.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Care coordination and care management | <input checked="" type="checkbox"/> Utilization monitoring/management |
| <input checked="" type="checkbox"/> Risk stratification and population segmentation | <input checked="" type="checkbox"/> Supporting CCO metrics |
| <input checked="" type="checkbox"/> Integration into other system | <input checked="" type="checkbox"/> Supporting financial forecasting |
| <input checked="" type="checkbox"/> Exchange of care plans and care information | <input type="checkbox"/> Other strategies for using Hospital Event Notifications (please list here) |
| <input checked="" type="checkbox"/> Collaboration with external partners | |

Elaborate on each strategy and the progress made in the section below.

UHA uses Collective Medical for Hospital Event Notifications.

Strategies used in 2021 include:

Strategy 1 – Utilize daily reports to provide care coordination support

- Transitional care staff utilize the daily ED and IP admissions and discharges report daily. The report facilitates outreach to the member within 1 business day of discharge to schedule a home visit within the week of discharge, leading to an increased likelihood of post discharge PCP appointments. UHA transitional care staff can successfully follow up with members that are admitted to OON hospitals within the same timeframe as those admitted to the local hospital.
- Care coordination specialists monitor the daily ER visits for members that have 10 or more ER visits within the current year. The member is sent to an assigned care coordinator to complete an assessment and create a care plan to decrease further ER visits.

Strategy 2 – Facilitate information sharing

- Case Manager/Care Coordinator adds their information to the care team in the patient's overview when they are actively working with the patient. Completed care plans and transitional care assessments are uploaded as attachments. Advanced care plans are uploaded in the Advance Care Plan section.
- UHA care coordination staff uses the patient overview to locate updated demographics for members that are difficult to reach, identify other members of the patient's care team (i.e., APD case worker), review care guidelines and uploaded advanced care plans, or other attachments.
- Information sharing through Collective Platform had enhances care team collaboration while protecting member information as users only see information on an individual whom they have an established HIPAA-TPO relationship

Strategy 3 – Develop cohorts to improve case management delivery

- UHA created and began utilizing a cohort titled "Top 50 ED Utilizers Encounters" to enable engagement of those members while in the ED. This cohort is updated monthly for accuracy and efficiency in managing utilization and cost.
- UHA works in collaboration with Vituity ED navigators to follow the Top 50 ED Utilizers. These navigators have access to the Collective Platform and the cohort above enabling them to be alerted when one of the top utilizers are in the ED. When the navigator is onsite at the hospital, they visit the member at bedside in attempt to identify barriers and facilitate a follow up appointment with the member's PCP.
- Two cohorts were developed to assist care coordination of UHA's TANF population.
 - TANF Admissions
 - TANF Discharges

Strategy 4 – Integrate Collective Medical hospital event notifications with Arcadia to automate notifications of “triggering events.”

- UHA had custom automation built in Arcadia’s case management platform to utilize a connector with Collective Medical that places members with a hospital event in a triggering event queue. The queue facilitates timely outreach to members to screen for intensive care coordination eligibility.

B. 2022-2024 Plans

1. Please describe your plans for ensuring increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In the spaces below, please
 - a. Select the boxes that represent strategies pertaining to your 2022-2024 plans.
 - b. Describe the following in the appropriate narrative sections
 - i. 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.
 - ii. Any additional HIE tools you are planning to support or make available to your providers for Hospital Event Notifications
 - iii. Additional strategies for supporting increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers beyond 2021. Activities and milestones related to each strategy (Please include the number of organizations of each provider type that will gain increased access to HIE for Hospital Event Notifications as a result of your support, as applicable).

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
- If a strategy and its 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.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy (if not previously described in the *Progress* section) and the include activities milestones in the sections below.

- Hospital Event Notifications training and/or technical assistance
- Assessment/tracking of Hospital Event Notification access and capabilities
- Outreach and education about the value of Hospital Event Notifications

- Financially supporting access to Hospital Event Notification tool(s)
- Offering incentives to adopt or use a Hospital Event Notification tool(s)
- Requirements in contracts/provider agreements
- Other strategies for supporting access to Hospital Event Notifications (please list here)

i. Plans across provider types, including additional tools you will support/make available, and activities & milestones

UHA reviewed the hospital event notification adoption rates using the OHA-provided Data Completeness Table. We found that 20 physical health and 20 behavioral health organizations have not adopted Collective Medical for hospital event notifications. Although it looks like it's a high percentage of contracted providers, the reporting table does not accurately reflect the penetration rates. There's a large number of specialists included as physical health providers and their use of the Collective platform is somewhat limited in scope. Specialists have a different use case than a PCP so it's more difficult to gain wider adoption. For example, specialists will not typically follow up with patients post hospitalization, unless it's related to a specific procedure or surgery. The remaining providers that are not currently using Collective Medical are single provider practices that see a small percentage of our members. These providers have additional barriers to adoption, namely cost and limited technical resources for implementation and ongoing support. UHA plans to continue outreach efforts through various means (monthly talking points, direct outreach, quarterly provider meetings and in-person office visits). Additionally, UHA offers the HIT Bonus Program to all providers as a way to incentivize technology adoption, including hospital event notifications.

Strategy 1 – Create a Collective Medical workgroup

- UHA will build upon the success of previous training sessions and plans to create a workgroup that will promote and support the Collective Medical platform. The goal is to have an open forum for provider offices to engage with each other, the CCO and the local hospital Mercy Medical Center.
- This will provide an opportunity for providers to share how they're using the system, what's helpful for them and what they want to see for coordinating care.
- This will help the provider offices use Collective more efficiently and find ways to improve the care coordination in the community.

Strategy 1: Collective Medical Workgroup	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Provider Outreach to determine interest	O	X										
Engage with Collective Medical to collaborate on strategy		O	X									
Facilitate and host 1 st meeting		O	X									
Discuss meeting frequency and plan future meetings		O	X									
Facilitate and host Quarterly provider meetings			O									
Follow up with Collective Medical on any action items as needed			O									
Survey - System Satisfaction, Usefulness, Utility to inform future provider meetings and CCO Support							O	X				

Strategy 2 – Additional reporting for IMPACTS Cohort group

- UHA will develop a Tableau report using the IMPACTS Grant Cohort from Collective Medical. The IMPACTS program offers comprehensive community support and services for individuals with mental health or substance use disorders that lead to their involvement with the criminal justice system, hospitalizations, and institution placements. UHA facilitated the one-way data feed from the jail to Collective Medical. We are planning to use the data from this cohort group for data analysis and reporting.
- This will help our CCO and network partners better visualize the data and provide additional insights that can improve member outcomes.

Strategy 2: Additional reporting for IMPACTS Cohort Group	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Data Use Agreement with Douglas County jail	O			X								
Licensing and hardware acquisition for additional Tableau instance			O	X								
Setup infrastructure			O	X								
Develop content for the platform, first report scheduled Q2 2023					O	X						
Grant secure access to local hospital and CMHP to the IMPACTS Tableau instance						O	X					
Facilitate initial training for Mercy Hospital and Adapt (offer multiple sessions via Zoom)						O	X					
User Education and Training												

Legend

- O Start Date
- X Completion Date
- Ongoing Effort

ii. Additional plans specific to physical health providers, including activities & milestones

See Plans Across Provider Types

iii. Additional plans specific to oral health providers, including activities & milestones

See Plans Across Provider Types

iv. Additional plans specific to behavioral health providers, including activities & milestones

See Plans Across Provider Types

2. Please describe your (CCO) plans to use timely Hospital Event Notifications within your organization. In the spaces below, please
- a. Select the boxes that represent strategies pertaining to your 2022-2024 plans
 - b. Describe the following in the narrative section
 - i. Any additional tool(s) that you are planning on using for timely Hospital Event Notifications
 - ii. Additional strategies for using timely Hospital Event Notifications beyond 2021
 - iii. Activities and milestones related to each strategy

Notes: Strategies and tools described in the 2021 Progress section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Care coordination and care management
<input checked="" type="checkbox"/> Risk stratification and population segmentation
<input type="checkbox"/> Integration into other system
<input checked="" type="checkbox"/> Exchange of care plans and care information
<input checked="" type="checkbox"/> Collaboration with external partners | <input checked="" type="checkbox"/> Utilization monitoring/management
<input type="checkbox"/> Supporting CCO metrics
<input type="checkbox"/> Supporting financial forecasting
<input type="checkbox"/> Other strategies for supporting access to Hospital Event Notifications (please list here) |
|---|---|

Elaborate on each strategy (if not previously described in the *Progress* section) and include activities and milestones in the section below.

Strategy 1 – Develop a cohort for UHA members receiving Long Term Services and Supports

- Develop and maintain the cohort monthly. UHA’s intensive case managers will utilize the cohort to track their assigned members as they move in and out of the hospital setting. Real time notification of hospital admission will ensure the assigned care coordinator outreaches to the member and hospital staff to facilitate a successful transition back home. Decreasing the likelihood of hospital readmission.

Strategy 1: Develop a cohort for UHA members receiving Long-Term Services and Supports	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Create cohort in the Collective Medical Platform		O		X								
Develop workflow for Intensive Case Managers to utilize the cohort.			O	X								
Educate Intensive Case Managers on the workflow and implement new processes.				O	X							
Track readmission rates for the Long-Term Services and Supports population to monitor program effectiveness.					O							

Legend

- O Start Date
- X Completion Date
- Ongoing Effort

Strategy 2 – Develop a daily report for Skilled Nursing Facility admissions and discharges

- This report would be utilized by the transitional care staff daily to facilitate connection with the member while admitted; allowing the transitional care nurse to be involved in discharge planning. Discharge notifications will facilitate connection with the member within 1 business day of discharge to schedule a home visit that will increase the successful transitions between settings.

Strategy 2: Develop a daily report for Skilled Nursing Facility admissions and discharges.	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Create daily report in the Collective Medical Platform	O	X										
Develop workflow for Transitional Care staff to utilize the daily report.	O	X										
Educate Transitional Care staff on the workflow and implement new processes.	O	X										
Track Skilled Nursing Facility admissions, discharges, and number of home visits post discharge to monitor program effectiveness.		O										




Legend

- Start Date
- Completion Date
- Ongoing Effort

Strategy 3 – Implement use of care guidelines

- Develop a workflow for case managers to enter care guidelines to facilitate information sharing with providers, specialists, caseworkers, and hospitals that participate in Collective Medical and have a member in common with UHA.
- Implement the use of care guidelines in the daily workflow for UHA case managers.

Strategy 3: Develop a workflow for case managers to enter care guidelines to facilitate information sharing with providers, specialists, caseworkers, and hospitals that participate in Collective Medical and have a member in common with UHA. Implement the use of care guidelines in the daily workflow for UHA case managers.	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Revise current UHA case manager workflow to include care guidelines.			O	X								
Provide care coordination staff education on developing care guidelines.				O	X							

Implement new processes.					O	X							
Track the number of members with care guidelines to monitor program effectiveness.						O							
Legend  Start Date  Completion Date  Ongoing Effort													

C. Optional Question

How can OHA support your efforts in supporting your contracted providers with access to Hospital Event Notifications?

5. HIT to Support Social Needs Screening and Referrals for Addressing SDOH Needs

A. 2021 Progress

<p>1. Please describe any progress you (CCO) made using HIT to support social needs screening and referrals for addressing social determinants of health (SDOH) needs. In the space below, please include</p> <ol style="list-style-type: none"> A description of the tool(s) you are using. Please specify if the tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE). The strategies you used in 2021. Any accomplishments and successes related to each strategy.
<p>Overall Progress Elaborate on each strategy and the progress made in the section below.</p> <p>Strategy 1 – Actively capture SDOH information through our Behavioral Health Access and Health Equity Awareness program</p> <ul style="list-style-type: none"> Program began on Jan 1, 2021 and has expanded to a majority of our PCP clinics participating in collecting SDOH data. Our analytics team uses eligibility files from the State along with the Community Behavioral Health Report to match demographic and SDOH related data with claims data. The data generated from these reports is used to better inform outreach strategies and future initiatives for specific sub-populations. <p>Strategy 2 – Research Community Information Exchange (CIE) platforms In 2021, UHA invested a significant time in evaluating various CIE platforms and getting community buy-in. In UHA's service area, Douglas County, there were established "CIE-like" technologies that were previously deployed to address community issues. To ensure alignment, UHA spent 2021 evaluating those technologies to understand the strengths and limitations of the platforms. What UHA found was that the currently deployed platform lacked some CIE functionality, however, did an exceptional job in advocating for community buy-in.</p>

UHA began to have active dialogues with Unite Us on the deployment of Connect Oregon in Douglas County. UHA and Unite Us partnered to educate the community on Connect Oregon in how it was making steady progress to be a state-wide CIE. The parties discussed the solution with many local healthcare partners and CBOs, and received overwhelming support to move forward with the solution. In late 2021, UHA executed an agreement with Unite Us to fund and deploy the Connect Oregon platform in 2022.

2. Please describe any progress you made in 2021 supporting contracted physical, oral, and behavioral health providers with using HIT to support social needs screening and referrals for addressing SDOH needs. Additionally, describe any progress supporting social services and community-based organizations (CBOs) with using HIT in your community. In the spaces below, please include
- A description of the tool(s) you supported or made available to your contracted physical, oral, and behavioral health providers, social services, and CBOs. Please specify if the tool(s) have closed-loop referral functionality (e.g., CIE).
 - The strategies you used to support these groups with using HIT to support social needs screening and referrals.
 - Any accomplishments and successes related to each strategy.

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, including social services and CBOs, and tool(s) supported/made available

As discussed earlier, UHA spent 2021 in evaluating current CIE-like technologies that were already being used in the community as well as identifying broader solutions through Unite Us. Once it was determined that current solution would not be as effective, UHA spent the second half of 2021 engaging with local providers and CBO in demonstrating the capabilities of Unite Us. This was accomplished by having individual meetings with provider groups, presentations to CBO board, through UHA's Community Advisory Committee (CAC) as well through UHA's Health Equity committee.

ii. Additional progress specific to physical health providers

UHA demonstrated the effectiveness of the Connect Oregon solution to numerous provider committees to which many of them approved the adoption in late 2021.

iii. Additional progress specific to oral health providers

UHA confirmed that its current DCO, Advantage Dental, had been a participant in Connect Oregon in other areas of the State. Advantage expressed the desire to have the technology deployed in Douglas County as well.

iv. Additional progress specific to behavioral health providers

The local Community Mental Health Program (CMHP) was engaged to understand the utility of the system. Fortunately, the local CMHP had utilized Connect Oregon in other communities and therefore was a strong advocate of the solution.

v. Additional progress specific to social services and CBOs

UHA's leadership presented information on CIE technologies and Connect Oregon to various CBO constituents. Such interactions included presentations as community boards, CACs, and Health Equity committee.

vi. Please describe any barriers that inhibited your progress

Understanding the current deployed community solution took time. Additionally, because of the ownership and passion of those "home-grown," solutions, UHA had to be extra sensitive in how it evaluated and offered an

alternative solution. This required significant engagement from UHA's leadership to discuss the benefit of a Connect Oregon solution, as a means to further broaden and enhance the community's CIE programs.

B. 2022-2024 Plans

1. Please describe your plans for using HIT for social needs screening and referrals for addressing SDOH needs within your organization beyond 2021. In your response, please include
- Any additional tool(s) you will use. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
 - Additional strategies you will use beyond 2021.
 - Activities and milestones related to each strategy.

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its 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.

Overall Plans

Elaborate on each strategy (if not previously described in the *Progress* section) and the include activities milestones in the section below.

Strategy 1 – Capture SDOH information in EHRs

- Encourage clinics to adopt a data collection tool such as PRAPARE
- Begin a pilot project to implement PRAPARE in a large RHC clinic
- Explore data feeds from community EHRs to UHA's Case Management system that would include SDOH data

Activities/Milestones

Strategy 1: Capture SDOH Information from EHRs	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Review SDOH data collection requirements with clinic		O	X									
Provide Technical Assistance for creating EHR specific forms and questionnaires			O	X								
Begin a pilot program to use kiosks to collect SDOH information			O	X								
Engage with EHR vendor on back-end data extract (SQL based and Pop Health adapters)			O	X								
Pilot Clinic submits data extract to UHA that includes SDOH				O	X							
UHA Performs Data Validation				O	X							
Pilot Clinic sends production file to UHA on a regular basis					O	X						

Update technical specs to include SDOH data						O	X						
Deliver new specs to all clinics						O	X						
Clinic outreach to discuss SDOH data collection requirements – Bi-Monthly Tiger Team meetings and Quarterly eCW forum						O	X						
Clinics send test files to UHA							O	X					
UHA Performs Data Validation							O	X					
Clinics sends production file to UHA on a regular basis							O	X					

Legend

- Start Date
- Completion Date
- Ongoing Effort

Strategy 2 – Implement Unite Us as the Community Information Exchange (CIE)

- UHA has begun the implementation of Unite Us in 2022. The current plan is for initial go-live to be on May 24. UHA will be engaging healthcare partners and CBOs in identifying readiness for CIE utilization. Key healthcare partners and CBOs will be first priority, and then other organizations will continue to enroll post go-live.
- 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.

Activities/Milestones

Strategy 2: Unite Us (CIE) Implementation	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Engage with Unite Us to discuss implementation and roll-out strategy	O	X										
Implementation Kickoff	O	X										
Community Partner Identification (Providers and CBOs)	O	X										
Platform Demonstration for UHA implementation team	O	X										
Discuss Prioritization and Outreach Strategy	O	X										
Schedule Engagement Kickoff Sessions with providers and CBOs	O	X										
Outreach to priority populations (incl. Cow Creek Band of Indians and Umpqua Tribe of Indians)	O	X										
Introductory session for UHA staff	O	X										
Collaboration meeting with UHA, All Care and Unite Us	O	X										
Unite Us workflow planning sessions with clinics and CBOs	O	X										
UHA User Training	O	X										

Community Go-Live – Douglas County Launch Event -May 24th	O	X											
Unite Us to send sample data file to UHA		O	X										
UHA performs data validation		O	X										
UHA starts receiving data on a regular schedule			O	X									
Data Analysis and Reporting – explore using data to create Tableau reports and sharing this with UHA staff and community partners				O	X								

Legend

O Start Date

X Completion Date

Ongoing Effort

2. Please describe your plans for supporting contracted physical, oral, and behavioral health providers with using HIT to support social needs screening and referrals for addressing SDOH needs. Additionally, describe your plans for supporting social services and CBOs with using HIT in your community. In the spaces below, please include
- A description of any additional tool(s) you will support or make available to contracted physical, oral, and behavioral health providers, social services, and CBOs. Please specify if the tool(s) will have closed-loop referral functionality (e.g., CIE).
 - Additional strategies for supporting contracted physical, oral, and behavioral health providers, social services, and CBOs with using HIT for social needs screening and referrals for addressing SDOH needs beyond 2021.
 - Activities and milestones related to each strategy.

Notes: Strategies and tools described in the 2021 Progress section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please make note of these strategies and tools in this section and include activities and milestones for all strategies you report.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its 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. Plans across provider types, including social services and CBOs, and tool(s) you will support/make available

UHA will be the financial sponsors for Unite Us. It will provide applicable licenses to various providers and their staff to ensure broad participation.

Activities/Milestones

Strategy 2: Social needs screening and referrals for SDOH	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Unite Us (CIE) – Initial Deployment and Go-Live	O	X										
License Acquisition – determine number of required licenses	O	X										

User Training and Ongoing support for community partners as they navigate the platform		O												
Establish Care Coordination Grant Program		O	X											
Communicate Grant Program availability to providers and CBOs – direct email outreach, quarterly provider meetings, provider newsletter			O	X										
UHA to attend Southern Oregon CIE forum			O	X										
Collaborate with community stakeholders to create a Community Network Advisory Board			O	X										

Legend
O Start Date
X Completion Date
Ongoing Effort

ii. Additional plans specific to physical health providers

See plans across provider types

iii. Additional plans specific to oral health providers

See plans across provider types

iv. Additional plans specific to behavioral health providers

See plans across provider types

v. Additional plans specific to social services and CBOs

In addition to supporting and engaging CBOs on the platform, in 2022 UHA will be deploying a Care Coordination Grant Program in which CBOs can apply for funding for staff to support the deployment of the solution. Knowing that resource constraints are a primary barrier, the Grant Program hopes to provide additional funding to CBOs to deploy and hire (if needed), additional staff to support the engagement.

C. Optional Question

How can OHA support your efforts in supporting the use of, and using HIT to support social needs screening and referrals for addressing SDOH needs?

6. Other HIT Questions (Optional)

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

A. How can OHA support your efforts in accomplishing your HIT Roadmap goals?
B. How have your organization's HIT strategies changed or otherwise been impacted by COVID-19? What can OHA do to better support you?
C. How have your organization's HIT strategies supported reducing health inequities? What can OHA do to better support you?

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 2021 progress and 2022-2024 plans. The examples are based on content in past CCO HIT Roadmaps and include specific tools and/or strategies reported by CCOs. 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.

Strategies: CCO's approaches and plans to achieve outcomes and support providers.

Accomplishments/successes: Positive, tangible outcomes resulting from CCO's strategies for supporting 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. 2021 Progress

<p>Please describe your progress supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers. In the spaces below, please</p> <ol style="list-style-type: none"> 1. Select the boxes that represent strategies pertaining to your 2021 progress 2. Describe the following in the appropriate narrative sections <ol style="list-style-type: none"> a. Specific HIE tools you supported or made available in 2021 b. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2021 c. Accomplishments and successes related to your strategies (Please include the number of organizations of each provider type that gained access to HIE for Care Coordination as a result of your support, as applicable)

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.

Overall Progress

Using the boxes below, please select which strategies you employed during 2021. Elaborate on each strategy and the progress made in the sections below.

<input checked="" type="checkbox"/> HIE training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of HIE adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about value of HIE <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Enhancements to HIE tools (e.g., adding new functionality or data sources) <input type="checkbox"/> Integration of disparate information and/or tools with HIE <input type="checkbox"/> Requirements in contracts/provider agreements	<input checked="" type="checkbox"/> Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding <input type="checkbox"/> Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) <input checked="" type="checkbox"/> Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) <ul style="list-style-type: none"> • <i>Implemented Patient Access API</i> <input checked="" type="checkbox"/> Other strategies for supporting HIE access or use (please list here) <ul style="list-style-type: none"> • <i>Assisted with the development of best practice standards for hospital EDs</i>
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i. Progress across provider types, including HIE specific tools supported/made available

In 2021, 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/or 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.

EDIE - All hospitals in our service area have adopted EDIE. EDIE connects hospital ED's across the state to provide a comprehensive snapshot of high risk, high need individuals in real time. When a patient registers in any ED in Oregon, EDIE is alerted and can push back an EDIE notification. Providers and care coordinators outside the hospital system can receive timely notifications when their patients or members have a hospital event via the Collective Platform.

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.

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.

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

Our 2021 progress centered around the following strategies our CCO implemented. The 2021 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 a 5-Year HIT plan that includes the following components to help guide our strategies for the duration of the Contract:

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

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

- Our CCO helped remove barriers to adoption for some of our providers by paying for Collective licenses and partnering with the vendor to help our clinics design workflows that leverage the tool. We increased access for an additional 8 physical health and 6 behavioral health providers.
- 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.

Strategy 3: Support patient access to their health information: implement Patient Access API

- In 2021, we began implementation of a secure, standards-based (HL7 FHIR Release 4.0.1) API that allows patients to easily access their claims and encounter information, including cost, as well as a defined subset of their clinical information through third-party applications of their choice.

Strategy 4: 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
- 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.
- Convened multidisciplinary team meetings where primary care, Community Mental Health Programs, and dental come together to develop shared care plans for specific members who have complex needs that are then entered into the Collective Platform.

Strategy 5: 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. An additional 7 organizations (4 physical and 3 behavioral health) participated before the program ended.

- 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 6: 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:

- HIT Commons - EDIE Steering Committee
- Metrics & Scoring Committee
- Health Information Technology Advisory Group

Strategy 7: HIE Data collection

As further described in the EHR Adoption section, we partnered with OHA to implement the 2021 Oregon HIT Survey to assess HIE adoption, use, needs, and barriers among our contracted providers. Unfortunately, data collection did not start until October 2021, delaying our access to the results until January 31, 2022.

- We provided OHA with email contacts for 64% of our assigned organizations.
 - Through the process of compiling email addresses for OHA we came to learn that we are missing contacts for many organizations. We have since instituted a process to gather emails from all contracted organizations
- We assisted with survey outreach to encourage our providers to submit a survey.

ii. Additional Progress Specific to Physical Health Providers

Strategy 8: 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 the emergency department for dental issues receives outreach, care coordination, and support in scheduling a follow-up dentist 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 2021, our CCO implemented the following strategies specific to oral health providers and achieved the listed accomplishments/successes:

Strategy 9: 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 10: 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 2021, our CCO implemented the following strategies specific to behavioral health providers and achieved the listed accomplishments/successes:

Strategy 11: 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 8: 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 2022.

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

B. 2022-2024 Plans

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

1. Select that boxes that represent strategies pertaining to your 2022-2024 plans.
2. Describe the following in the appropriate narrative sections
 - a. 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
 - b. Any additional HIE tools you plan to support or make available.
 - c. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2021.
 - d. Activities and milestones related to each strategy. (Please include the number of organizations of each provider type you expect will gain access to HIE for Care Coordination as a result of your support, as applicable)

Notes: Strategies and tools described in the *2021 Progress* section that remain in your plans for 2022-2024 do not need to be described again in this section unless there is new information around how you are implementing/supporting the strategy and/or tool; however, please include activities and milestones for each strategy you will use.

- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and its 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.

Overall Plans

Using the boxes below, please select which strategies you plan to employ 2022-2024. Elaborate on each strategy and include activities and milestones in the sections below.

<input checked="" type="checkbox"/> HIE training and/or technical assistance <input checked="" type="checkbox"/> Assessment/tracking of HIE adoption and capabilities <input checked="" type="checkbox"/> Outreach and education about value of HIE <input checked="" type="checkbox"/> Collaboration with network partners <input checked="" type="checkbox"/> Enhancements to HIE tools (e.g., adding new functionality or data sources) <input checked="" type="checkbox"/> Integration of information and/or disparate tools with HIE <input type="checkbox"/> Requirements in contracts/provider agreements	<input checked="" type="checkbox"/> Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding <input type="checkbox"/> Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) <input checked="" type="checkbox"/> Other strategies that address requirements related to federal interoperability and patient access final rules (please list here) <ul style="list-style-type: none"> • <i>Maintain Patient Access API</i> <input type="checkbox"/> Other strategies for supporting HIE access or use (please list here)
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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 2022-2024 HIE for care coordination strategies.

We will continue to use and support all HIT/HIE tools listed in the *2021 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 2022-2024, 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.	2022: Identify mobile applications to support 2023: If mobile application identified, disseminate application along with relevant patient education
Evaluate, design, develop, and implement HIE interoperability solutions with Reliance.	Q1-Q3 2022: Evaluation and development phase Q4 2022-Q4 2023: Implementation phase; onboard CCO care coordinators, <u>12 physical, 7 behavioral, and 3 oral health providers</u>
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 4: 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.	Q1-Q3 2022: Exploration, research, development Q4 2022: Pilot closed-loop referral mechanism with <u>8 behavioral health and 4 oral health providers</u>
In conjunction with State efforts, evaluate mechanisms to incorporate SDOH service providers into referral and care coordination workflows.	Q3 2022
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 11: Understand HIE technology adoption and use among network physical, behavioral, and oral health providers

We will continue pursuing HIE adoption and use data collection leveraging already existing opportunities to continue to learn about

- Real and perceived barriers to HIE 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 data collection will provide us with additional information to modify our plan to appropriately support different providers types with care coordination needs.

Activities	Milestones and/or Contract Year
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Determine best means for collecting information from various provider types	Q1 2022: Process for data collection identified and implemented5n
Collect HIE information from physical, behavioral, oral health providers	Q2-Q3 2022: HIE information collected from a range of provider types including at least <u>15 physical, 10 behavioral, and 5 oral health providers</u>
Analyze results and explore opportunities for further support and develop workplan	Q3-Q4 2022: Identification of future strategies for supporting providers with HIE for care coordination
Meet with HIE vendors operating in our service area	Q3-Q4 2022: 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.	2023-2024: Value of HIE technology illuminated

Strategy 12: Support patient access to their health information: maintain Patient Access API

In 2021, we began implementation of a secure, standards-based (HL7 FHIR Release 4.0.1) API that allows patients to easily access their claims and encounter information, including cost, as well as a defined subset of their clinical information through third-party applications of their choice. In 2022, we will maintain the API and monitor patient use. We will also gather patient input on their experience using the API.

Activities	Milestones and/or Contract Year
Maintain Patient Access API and monitor patient use.	Q1-4 2022: Patient Access API remains active. Patient use is monitored quarterly.
We will gather patient input on their experience, needs, challenges, and barriers via existing opportunities (e.g., CAC, patient satisfaction surveys).	Patient input is collected and adjustments to API functionality/patient education are made in response, as needed.
Continue maintaining Patient Access API	2023-2024

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	2022
Explore expansion of current pilots within DCOs using the Collective Platform for high risk oral health conditions and/or members	2022
Expand existing electronic dental referral process with physical and oral health providers	Q2 2022: <u>expand process to additional 10 providers</u>
Support efforts identified in years 1 and 2 to further health information exchange between oral health and others	2022-2024
We will continue to explore and expand 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 6: Engage with state committees/entities

Activities	Milestones
Continue to engage with State entities to ensure our CCO efforts align with oral health-specific initiatives	2022
Work with OHA and HIT Commons, explore ways to integrate PDMP information into HIE tools/services and downstream to Electronic Dental Record systems	Q2 2022: 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	2022
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 6: 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	2022
Work with the HIT Commons to evaluate expanded use of EDIE to inpatient behavioral health facilities	Q2 2022: Begin collaboration with HIT Commons

Strategy 13: 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 2022: First meeting with at least 5 SMEs
Develop workplan with priority use cases	Q2 2022: Identify use cases for initial workflow improvement
Continue to utilize workgroup for evolving behavioral health HIE workflow needs	2022-2024