2024 CCO Health IT Roadmap

2024 Guidance, Evaluation Criteria & Reporting Template



|  |  |
| --- | --- |
| **Contract or rule citation** | Exhibit J, Section 2, Paragraph d. |
| **Deliverable due date** | March 15, 2024 |
| **Submit deliverable via:** | [CCO Contract Deliverables Portal](https://oha-cco.powerappsportals.us/) |

**Please:**

1. **Submit a Microsoft Word version of your Health IT Roadmap and**
2. **Use the following file naming convention for your submission: CCOname\_2024\_HealthIT\_Roadmap**

**For questions about the CCO Health IT Roadmap, please send an email to** [**CCO.HealthIT@odhsoha.oregon.gov**](mailto:CCO.HealthIT@odhsoha.oregon.gov)

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# Guidance Document

## Purpose & Background

Per the [CCO 2.0 Contract](https://www.oregon.gov/oha/HSD/OHP/Documents/2022-CCO-Contract-Template.pdf), CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (IT) Roadmap. The Health IT Roadmap must describe how the CCO (1) currently uses and plans to use health IT (including hospital event notifications) to achieve desired outcomes and (2) supports contracted physical, behavioral, and oral health providers throughout the course of the Contract in these areas:

* Electronic health record (EHR) adoption
* Access to health information exchange (HIE) for care coordination and access to timely hospital event notifications
* Health IT for value-based payment (VBP) and population health management (Contract Years 1 & 2 only)[[1]](#footnote-2)
* Health IT to support social determinants of health (SDOH) needs, including social needs screening and referrals (Starting in Contract Year 3)[[2]](#footnote-3)

For Contract Year 1 (2020), CCOs’ responses to the [Health IT Questionnaire](https://www.oregon.gov/oha/OHPB/CCODocuments/08-CCO-RFA-4690-0-Attachment-9-HIT-Questionnaire-Final.pdf) formed the basis of their draft Health IT Roadmap. For remaining Contract Years, CCOs are required to submit an annual Health IT Roadmap to OHA reporting the progress made 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 2023 Health IT Roadmap as the basis for their 2024 Health IT Roadmap.

**Changes for Contract Year 5 (2024):**

1. Given the success of the 2023 ‘Template B’ from both the CCO and OHA perspectives, only one Health IT Roadmap template will be provided in 2024, following the 2023 ‘Template B’ format and structure. Roadmap TA sessions will be provided to assist CCOs with completion, as needed.
2. In support of OHA’s effort to align CCO deliverables, the scope of the 2024 Health IT Roadmap is focused on health IT in support of care coordination. Strategies in support of VBP and metrics (except for support of the SDOH metric) are to be reported in other deliverables (e.g., VBP Questionnaire).
3. In response to CCO input and to align with previously reported efforts, the EHR section has been expanded to be inclusive of support for EHR ‘use’ and ‘optimization’, with a focus on care coordination. This expansion recognizes that though CCOs continue supporting EHR adoption, in order to support care coordination, some organizations need CCO support for EHR use and optimization.
4. To limit redundancy in reporting, Support for HIE – Care Coordination and Support for HIE – Hospital Event Notifications section have been combined. The section is now called ‘Use of and Support for HIE’ to more accurately reflect the reporting expectations (CCO use of HIE and CCO support of HIE among contracted providers). The HIE section has also been expanded to include support of HIE use.
5. An optional section has been added to help inform OHA of CCO’s current and planned EHR access and use for care coordination purposes.
6. In response to CCO previous submissions, optional sections/boxes have been added to create space for overview descriptions of CCO efforts/approaches (e.g., Overview of CCO Health IT Approach, Overview of EHR Support, Overview of strategy plans).
7. Strategy categories and strategy status checkboxes have been added for each CCO strategy.

**Reminders for Contract Year 5 (2024):**

1. Limit the Progress sections to 2023 activities and accomplishments and include planned activities for 2024 through 2026 in the Plans sections.
2. In each Plans section, be sure to include activities and milestones for each strategy. If some strategies are missing activities and milestones, CCOs may be asked to revise and resubmit their Roadmap.
3. Add all CCO-collected health IT data to the Health IT Data Reporting File prior to submitting it with your Roadmaps on 3/15/2024. Data reported in the Roadmaps should align with the Data Reporting File.

## Overview of Process

Each CCO shall submit its 2024 Health IT Roadmap to OHA for review on or before **March 15th** of each Contract Year. CCOs are to use the *2024 Health IT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their previous Health IT Roadmap if it’s still applicable. Please submit the completed 2024 Health IT Roadmap via the [CCO Contract Deliverables Portal](https://oha-cco.powerappsportals.us/).

OHA’s Health IT staff will review each CCO’s Health IT Roadmap and provide written notice of the approval status, along with a separate document with detailed evaluation results (the Results Report). If the CCO’s Health IT Roadmap is not approved, then the CCO must make the required correction/s and resubmit it. OHA requests the CCO participate in a meeting to discuss the results and required correction/s prior to resubmission, as follows:

1. CCO is to review the available meeting days/times included in the Results Report and contact OHA by 6/21/24 with their top two meeting choices.
   1. These meetings are only available from 6/20/2024 through 7/10/2024.
   2. CCO is expected to have thoroughly reviewed its results prior to the meeting and to be prepared for an in-depth discussion.
2. CCO resubmission is due 7/17/2024.
3. OHA will complete its review of all resubmissions and provide written notice of the approval status within 30 days of resubmission receipt, by 8/16/2024..

The aim of this process is for CCOs and OHA to work together to better understand how to achieve an approved Health IT Roadmap.

Please refer to the timeline below for an outline of steps and action items related to the 2024 Health IT Roadmap submission and review process.



## Health IT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA’s expectations for responses to the required Health IT Roadmap questions. Modifications for Contract Year 5 (2024) 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 Health IT Roadmap optional questions are not included in this table; optional questions are for informational purposes only and do not impact the approval of a Health IT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the *2024 Health IT Roadmap Template* for the complete question when crafting your responses.

| **Health IT Roadmap Section** | **Question(s) – Abbreviated**  **(Please see report template for complete question)** | **Approval Criteria** |
| --- | --- | --- |
| 1. Health IT Partnership | CCO attestation to the four areas of health IT Partnership. | CCO meets the following requirements:   * Active, signed HIT Commons MOU and adheres to the terms * Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons 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 |
| 1. Support for EHR Adoption, ***Use, and Optimization*** | 1. 2023 Progress supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, ***use, and optimization in support of care coordination*** | * Description of progress includes:   + Strategies used to support increased rates of EHR adoption, ***use, and optimization in support of care coordination***, and address barriers among contracted physical, oral, and behavioral health providers in 2023   + Specific accomplishments and successes for 2023 related to supporting EHR adoption, ***use, and optimization in support of care coordination*** * Sufficient detail and clarity to establish that activities are meaningful and credible. |
| 2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, ***use, and optimization in support of care coordination*** | * Description of plans includes:   + 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)   + Plans for collecting missing EHR information via CCO existing processes   + Additional strategies for 2024-2026 related to supporting increased EHR adoption, ***use, and optimization in support of care coordination***, and addressing barriers to adoption among contracted physical, oral, and behavioral health providers   + Specific activities and milestones for 2024-2026 related to each strategy * Sufficient detail and clarity to establish that activities are meaningful and credible. |
| 1. Use of and support for HIE | 1. 2023 Progress using HIE for care coordination and timely hospital event notifications within the CCO | * Description of progress includes:   + HIE tool(s) CCO is using within their organization for care coordination and timely hospital event notifications   + HIE strategies used for care coordination and timely hospital event notifications within the CCO   + Specific accomplishments and successes for 2023 related to CCO’s use of HIE for care coordination and timely hospital event notifications * Sufficient detail and clarity to establish that activities are meaningful and credible. |
| 2024-2026 Plans using HIE for care coordination and timely hospital event notifications within CCO | * Description of plans includes:   + Additional tool(s) (if any) CCO is planning to use for care coordination and timely hospital event notifications   + Additional strategies for 2024-2026 to use HIE for care coordination and timely hospital event notifications within the CCO   + Specific activities and milestones for 2024-2026 related to each strategy * Sufficient detail and clarity to establish that activities are meaningful and credible |
| 1. 2023 Progress supporting contracted physical, oral, and behavioral health providers with increased access to ***and use of*** HIE for care coordination and timely hospital event notifications | * Description of progress includes:   + Tool(s) CCO provided or made available to support providers’ access to HIE for care coordination and timely hospital event notifications   + Strategies CCO used to support increased access to ***and use of*** HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers in 2023   + Specific accomplishments and successes for 2023 related to increasing access to ***and use of*** HIE for care coordination and timely hospital event notifications (including the number of organizations of each provider type that gained increased access ***or use*** as a result of CCO support, as applicable) * Sufficient detail and clarity to establish that activities are meaningful and credible. |
| 2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications | * Description of plans includes:   + The number of organizations (by provider type) that have not adopted an HIE for care coordination or hospital event notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations)   + Additional HIE tool(s) CCO plans to support or make available to providers for care coordination and/or timely hospital event notifications   + Additional strategies for 2024-2026 related to supporting increased access to ***and use of*** HIE for care coordination and timely hospital event notifications among contracted physical, oral, and behavioral health providers   + Specific activities and milestones for 2024-2026 related to each strategy (including the number of organizations of each provider type expected to gain access to ***or use of*** HIE for care coordination and hospital event notifications as a result of CCO support, as applicable * Sufficient detail and clarity to establish that activities are meaningful and credible. |
| 1. Health IT to support social determinants of health needs | A. 2023 Progress using health IT to support SDOH needs within the CCO, including but not limited to social needs screening and referrals | * Description of progress includes:   + Current health IT tool(s) CCO is using to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality   + Strategies for using health IT within the CCO to support SDOH needs, including but not limited to social needs screening and referrals in 2023   + Any accomplishments and successes for 2023 related to each strategy * Sufficient detail and clarity to establish that activities are meaningful and credible. |
| 2024-2026 Plansfor using health IT to support SDOH needs within the CCO, including but not limited to social needs screening and referrals | * Description of plans includes:   + Additional health IT tool(s) CCO plans to use to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality   + Additional strategies planned for using health IT to support SDOH needs, including but not limited to social needs screening and referrals   + Specific activities and milestones for 2024-2026 related to each strategy * Sufficient detail and clarity to establish that activities are meaningful and credible. |
| B. 2023 Progress supporting contracted physical, oral, and behavioral health providers as well as, social services and community-based organizations (CBOs) with using health IT to support SDOH needs,including but not limited to social needs screening and referrals | * Description of progress includes:   + Health IT tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs, for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality   + Strategies used for supporting these groups with using health IT to support SDOH needs, including but not limited to screening and referrals in 2023   + Any accomplishments and successes for 2023 related to each strategy   + Any planning and/or preparation CCO has done in anticipation of 2024 requirement to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers. * Sufficient detail and clarity to establish that activities are meaningful and credible |
| 2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using health IT to support SDOH needs, including but not limited to social needs screening and referrals | * Description of progress includes:   + Health IT tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality   + Additional strategies planned for supporting these groups with using health IT to support social needs screening and referrals beyond 2023   + Specific activities and milestones for 2024-2026 related to each strategy   + Specific plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals during Contract Years 2024-2026, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers. * Sufficient detail and clarity to establish that activities are meaningful and credible. |

# 2024 Health IT Roadmap Template

Please complete and submit this template via [CCO Contract Deliverables Portal](https://oha-cco-uat.powerappsportals.us/)by **March 15, 2024.**

## Instructions & Expectations

Please respond to all of the required questions included in the following Health IT 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 five topics:

1. Health IT Partnership
2. Support for EHR Adoption, Use, and Optimization
3. Use of and Support for HIE for Care Coordination and Hospital Event Notifications
4. Health IT to Support Social Determinants of Health (SDOH) Needs, including but not limited to social needs screening and referrals
5. Other health IT Questions (optional section)

Each required topic includes the following:

* Narrative sections to describe your 2023 strategies, progress, accomplishments/successes, and barriers
* Narrative sections to describe your 2024-2026 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 health IT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with health IT, 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 health IT. That said, CCOs’ Health IT Roadmaps and plans should:

* be informed by the CCO’s 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 health IT environment evolves and changes, and that plans may change from one year to the next. For the purposes of the Health IT Roadmap, the following definitions should be considered when completing responses.

* *Health IT to support care coordination*: While CCOs use health IT to support many different functions that relate to care coordination,\* for the purposes of the HIT Roadmaps, OHA is focused on health IT to support care coordination activities between organizations caring for the same person.  Note: This definition is not a change from previous Roadmap expectations. What has changed, is that CCO is now encouraged not to include strategies in the Roadmap specific to VBP, population health, or metrics, unless they are specifically called out (as in the Health IT to Support SDOH Needs section).

\* OHA’s Care Coordination proposed rules (410-141-3860, 410-141-3865, and 410-141-3870) provide more detail around broader care coordination activities.

* *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 2024). **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 Health IT Roadmap. The following questions are based on the CCO Contract and Health IT Questionnaire (RFA Attachment 9); however, in order to help reduce redundancies in CCO reporting to OHA and target key CCO Health IT information, certain questions from the original Health IT Questionnaire have not been included in the Health IT 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.

***HIT Roadmap Template Strategy Checkboxes***

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

* *Support for EHR Adoption*
* *Support for HIE for Care Coordination and Hospital Event Notifications*
* *Health IT to Support SDOH Needs*

The checkboxes represent themes that OHA compiled from strategies listed in CCOs’ previous Health IT Roadmap submissions.

Please note: the checkboxes do not represent an exhaustive list of strategies, 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 Health IT Roadmap template to [CCO.HealthIT@odhsoha.oregon.gov](mailto:CCO.HealthIT@dhsoha.state.or.us)

## **Health IT Partnership**

**CCO:** Add your text

**Date:** Click or tap to enter a date.

Please attest to the following items.

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

## (Optional) **Overview of CCO Health IT Approach**

|  |
| --- |
| **This will be read by all reviewers.** This section is optional but can be helpful to avoid repetitive descriptions in different sections. Please provide an overview of CCO’s internal health IT approach/roadmap as it relates to supporting care coordination. This might include CCO’s overall approach to investing in and supporting health IT, any shift in health IT priorities, etc. Any information that is relevant to more than one section would be helpful to include here and referenced as needed (rather than being repeated in multiple sections). |
|  |

## **Support for EHR Adoption, Use, and Optimization** **in Support of Care Coordination**

### Support for EHR Adoption, Use, and Optimization: 2022 Progress and 2023-24 Plans

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please describe your 2023 progress and 2024-26 plans for supporting increased rates of EHR adoption, use, and optimization in support of care coordination, and addressing barriers among contracted physical, oral, and behavioral health providers. In the spaces below (in the relevant sections), please:   1. Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., ‘Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information’). CCOs are expected to use this information to inform their strategies. 2. Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialling, Letters of Interest). 3. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans. 4. (Optional) Provide an overview of CCO’s approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination. 5. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:    1. A title and brief description    2. Which category(ies) pertain to each strategy    3. The strategy status    4. Provider types supported    5. A description of 2023 progress, including:       * accomplishments and successes (including number of organizations, etc., where applicable)       * challenges related to each strategy, as applicable   Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.   * 1. (Optional) An overview of CCO 2024-26 plans for each strategy   2. Activities and milestones related to each strategy CCO plans to implement in 2024-26   **Notes:**   * Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted). * If CCO is not pursuing a strategy beyond 2023, note ‘N/A’ in Planned Activities and Planned milestones sections. * If CCO is implementing a strategy beginning in 2024, please indicate ‘N/A’ in the progress section for that strategy. * If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones. | | | | | |
| Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, **report on the number of contracted physical, oral, and behavioral health organizations without EHR information** | | | | | |
|  | | | | | |
| **Briefly describe CCO plans for collecting missing EHR information via CCO existing processes** | | | | | |
|  | | | | | |
| **Strategy category checkboxes**  Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below. | | | | | |
| **Progress** | **Plans** |  | **Progress** | **Plans** |  |
|  |  | 1. EHR training and/or technical assistance |  |  | 7. Requirements in contracts/provider agreements |
|  |  | 2. Assessment/tracking of EHR adoption and capabilities |  |  | 8. Leveraging HIE programs and tools in a way that promotes EHR adoption |
|  |  | 3. Outreach and education about the value of EHR adoption/use |  |  | 9. Offer hosted EHR product |
|  |  | 4. Collaboration with network partners |  |  | 10. Assist with EHR selection |
|  |  | 5. Incentives to adopt and/or use EHR |  |  | 11. Support EHR optimization |
|  |  | 6. Financial support for EHR implementation or maintenance |  |  | 12. Other strategies for supporting EHR adoption (please list here) |

|  |
| --- |
| (Optional) **Overview of CCO approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination** |

|  |
| --- |
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|  |  |
| --- | --- |
| **Strategy 1 title**:  [Brief description] | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: TA  2: Assessment  3: Outreach  4: Collaboration  5: Incentives  6: Financial support  7: Contracts  8: Leverage HIE  9: Hosted EHR  10: EHR selection  11: Optimization  12: Other: | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | |
| **Provider types supported with this strategy:**  Across provider types OR specific to:  Physical health  Oral health  Behavioral health | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | |
| **Overview of 2024-26 plans for this strategy** (optional): | |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 2 title**:  [Brief description] | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: TA  2: Assessment  3: Outreach  4: Collaboration  5: Incentives  6: Financial support  7: Contracts  8: Leverage HIE  9: Hosted EHR  10: EHR selection  11: Optimization  12: Other: | |
| **trategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | |
| **Provider types supported with this strategy:**  Across provider types OR specific to:  Physical health  Oral health  Behavioral health | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | |
| **Overview of 2024-26 plans for this strategy** (Optional): | |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 3 title**:  [Brief description] | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: TA  2: Assessment  3: Outreach  4: Collaboration  5: Incentives  6: Financial support  7: Contracts  8: Leverage HIE  9: Hosted EHR  10: EHR selection  11: Optimization  12: Other: | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | |
| **Provider types supported with this strategy:**  Across provider types OR specific to:  Physical health  Oral health  Behavioral health | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | |
| **Overview of 2024-26 plans for this strategy** (Optional): | |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 4 title**:  [Brief description] | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: TA  2: Assessment  3: Outreach  4: Collaboration  5: Incentives  6: Financial support  7: Contracts  8: Leverage HIE  9: Hosted EHR  10: EHR selection  11: Optimization  12: Other: | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | |
| **Provider types supported with this strategy:**  Across provider types OR specific to:  Physical health  Oral health  Behavioral health | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | |
| **Overview of 2024-26 plans for this strategy** (Optional): | |
| **Planned Activities** | **Planned Milestones** |

### EHR Support Barriers: (Optional)

|  |
| --- |
| **Please describe any barriers that inhibited your progress to support EHR adoption, use, and/or optimization among your contracted providers.** |
|  |

### OHA Support Needs: (Optional)

|  |
| --- |
| **How can OHA support your efforts to support your contracted providers with EHR adoption, use, and/or optimization?** |
|  |

## **Use of and Support for HIE for Care Coordination and Hospital Event Notifications**

### CCO Use of HIE for Care Coordination and Hospital Event Notifications: 2023 Progress & 2024-26 Plans

|  |  |  |  |  |  |  |
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| Please describe your 2023 progress and 2024-26 plans for using HIE for care coordination AND timely hospital event notifications within your organization. In the spaces below (in the relevant sections), please:   * 1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.   2. List and describe specific tool(s) you currently use or plan to use for care coordination and timely hospital event notifications.  1. (Optional) Provide an overview of CCO’s approach to using HIE for care coordination and hospital event notifications. 2. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 for using HIE for care coordination and hospital event notifications within the CCO include:    1. A title and brief description    2. Which category(ies) pertain to each strategy    3. Strategy status    4. Provider types supported    5. A description of 2023 progress, including:       * accomplishments and successes (including number of organizations, etc., where applicable)       * challenges related to each strategy, as applicable    6. (Optional) An overview of CCO 2024-26 plans for each strategy    7. Activities and milestones related to each strategy CCO plans to implement in 2024-26   **Notes:**   * Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted). * If CCO is not pursuing a strategy beyond 2023, note ‘N/A’ in Planned Activities and Planned milestones sections. * If CCO is implementing a strategy beginning in 2024, please indicate ‘N/A’ in the progress section for that strategy. * If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones. | | | | | | |
| **Strategy category checkboxes (within CCO)**  Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below. | | | | | | |
| **Progress** | **Plans** |  | **Progress** | | **Plans** |  |
|  |  | 1. Care coordination and care management |  | |  | 4. Enhancements to HIE tools (e.g., adding new functionality or data sources |
|  |  | 2. Exchange of care information and care plans |  | |  | 5. Collaboration with external partners |
|  |  | 3. Integration of disparate information and/or tools with HIE |  | |  | 6. Other strategies for supporting HIE access or use (please list here): |
| **List and briefly describe tools used by CCO for care coordination and timely hospital event notifications** | | | | | | |
|  | | | | | | |
| (Optional) **Overview of CCO Approach to using HIE for care coordination and hospital event notifications** | | | | | | |
|  | | | | | | |
| **Strategy 1 title**:  [Brief description] | | | | | | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Care Coordination  2: Exchange care information  3: Integration of disparate information  4: HIE tool enhancements  5: Partner collaboration  6: Other: | | | | | | | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | | | | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | | | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | | | | | | |
| **Planned Activities** | | | | | | **Planned Milestones** | | |
| **Strategy 2 title**:  [Brief description] | | | | | | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Care Coordination  2: Exchange care information  3: Integration of disparate information  4: HIE tool enhancements  5: Partner collaboration  6: Other: | | | | | | | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | | | | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | | | | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | | | | | |
| **Planned Activities** | | | | | | **Planned Milestones** | | |
| **Strategy 3 title**:  [Brief description] | | | | | | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Care Coordination  2: Exchange care information  3: Integration of disparate information  4: HIE tool enhancements  5: Partner collaboration  6: Other: | | | | | | | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | | | | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | | | | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | | | | | | |
| **Planned Activities** | | | | | | **Planned Milestones** | | |
| **Strategy 4 title**:  [Brief description] | | | | | | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Care Coordination  2: Exchange care information  3: Integration of disparate information  4: HIE tool enhancements  5: Partner collaboration  6: Other: | | | | | | | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | | | | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | | | | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | | | | | |
| **Planned Activities** | | | | | | **Planned Milestones** | | |

### Supporting Increased Access to and Use of HIE Among Providers: 2023 Progress & 2024-26 Plans

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| Please describe your 2023 progress and 2024-26 plans for supporting increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers. Please include any work to support clinical referrals between providers. In the spaces below (in the relevant sections), please:   1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans. 2. List and describe specific HIE tool(s) you currently or plan to support or provide for care coordination and hospital event notifications. CCO-supported or provided HIE tools must cover both care coordination and hospital event notifications. Please include an overview of key functionalities related to care coordination. 3. Report the number of physical, oral, and behavioral health organizations that have not currently adopted HIE tools for care coordination or do not currently have access to HIE for hospital event notifications using the Data Completeness Table in the OHA-provided CCO Health IT 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. 4. (Optional) Provide an overview of CCO’s approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers. 5. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers include:    1. A title and brief description    2. Which category(ies) pertain to each strategy    3. Strategy status    4. Provider types supported    5. A description of 2023 progress, including:       * accomplishments and successes (including the number of organizations of each provider type that gained access to HIE for care coordination tools and HIE for hospital event notifications as a result of your support, where applicable)       * challenges related to each strategy, as applicable   Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.   * 1. (Optional) An overview of CCO 2024-26 plans for each strategy   2. Activities and milestones related to each strategy CCO plans to implement in 2024-26   **Notes:**   * Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted). * If CCO is not pursuing a strategy beyond 2023, note ‘N/A’ in Planned Activities and Planned milestones sections. * If CCO is implementing a strategy beginning in 2024, please indicate ‘N/A’ in the progress section for that strategy. * If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones. | | | | | |
| **Strategy category checkboxes (supporting providers)**  Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below. | | | | | |
| **Progress** | **Plans** |  | **Progress** | **Plans** |  |
|  |  | 1. HIE training and/or technical assistance |  |  | 8. Financially support HIE tools and/or cover costs of HIE onboarding |
|  |  | 2. Assessment/tracking of HIE adoption and capabilities |  |  |
|  |  | 3. Outreach and education about value of HIE |  |  | 9. Offer incentives to adopt or use HIE |
|  |  | 4. Collaboration with network partners |  |  | 10. Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) |
|  |  | 5. Enhancements to HIE tools (e.g., adding new functionality or data sources) |  |  |
|  |  | 6. Integration of disparate information and/or tools with HIE |  |  | 11. Other strategies that address requirements related to federal interoperability and patient access final rules (please list here): |
|  |  | 7. Requirements in contracts / provider agreements |
|  |  | 12. Other strategies for supporting HIE access or use (please list here): | | | |
| **List and briefly describe tools supported or provided by CCO that facilitate care coordination and/or provide access to timely hospital event notifications.** HIE tools must cover both care coordination and hospital event notifications. | | | | | |
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| (Optional) **Overview of CCO approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted providers** | | | | | |
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| Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, **report on the number of contracted physical, oral, and behavioral health organizations that do not currently have access to an HIE tool for care coordination or for hospital event notifications**: | | | | | |
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| **Strategy 1 title**:  [Brief description] | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: TA  2: Assessment  3: Outreach  4: Collaboration  5: Enhancements  6: Integration  7: Contracts  8: Financial support  9: Incentives  10: Hosted EHR  11: Other (requirements):  12: Other: | | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | |
| **Provider types supported with this strategy:**  Across provider types OR specific to:  Physical health  Oral health  Behavioral health | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | |
| **Planned Activities** | | **Planned Milestones** | |
| **Strategy 2 title**:  [Brief description] | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: TA  2: Assessment  3: Outreach  4: Collaboration  5: Enhancements  6: Integration  7: Contracts  8: Financial support  9: Incentives  10: Hosted EHR  11: Other (requirements):  12: Other: | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | |
| **Provider types supported with this strategy:**  Across provider types OR specific to:  Physical health  Oral health  Behavioral health | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | |
| **Planned Activities** | | **Planned Milestones** | |
| **Strategy 3 title**:  [Brief description] | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: TA  2: Assessment  3: Outreach  4: Collaboration  5: Enhancements  6: Integration  7: Contracts  8: Financial support  9: Incentives  10: Hosted EHR  11: Other (requirements):  12: Other: | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | |
| **Provider types supported with this strategy:**  Across provider types OR specific to:  Physical health  Oral health  Behavioral health | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | |
| **Planned Activities** | | **Planned Milestones** | |
| **Strategy 4 title**:  [Brief description] | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: TA  2: Assessment  3: Outreach  4: Collaboration  5: Enhancements  6: Integration  7: Contracts  8: Financial support  9: Incentives  10: Hosted EHR  11: Other (requirements):  12: Other: | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | |
| **Provider types supported with this strategy:**  Across provider types OR specific to:  Physical health  Oral health  Behavioral health | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | |
| **Planned Activities** | | **Planned Milestones** | |

### HIE for Care Coordination Barriers: (Optional)

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| **Please describe any barriers that inhibited your progress to support access to and use of HIE for care coordination and/or timely hospital even notifications among your contracted providers** |
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### OHA Support Needs (Optional)

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| **How can OHA support your efforts to support your contracted providers with access to and use of HIE for care coordination and/or Hospital Event Notifications?** |
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### CCO Access to and Use of EHRs (Optional)

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| **Optional**: Please describe CCO current or planned access to contracted provider EHRs. Please include which EHRs CCO has or plans to have access to including how CCO accesses or will access them (e.g., Epic Care Everywhere, EpicCare Link, etc.), what patient information CCO is accessing or will access and for what purpose, whether patient information is or will be exported from the EHR and imported into CCO health IT tools. |
| **Which EHRs does CCO have or will have access to and how does or will CCO access them (e.g., Epic Care Everywhere, EpicCare Link, etc)?** |
|  |
| **What patient information is CCO accessing or will CCO access and for what purpose?** |
|  |
| **Is/will patient information being/be exported from the EHR and imported into CCO health IT tools? If so, which tool(s)?** |
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## **Health IT to Support SDOH Needs**

### CCO Use of Health IT to Support SDOH Needs: 2023 Progress & 2024-26 Plans

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| Please describe CCO 2023 progress and 2024-26 plans for using health IT within your organization to support social determinants of health (SDOH) needs, including but not limited to screening and referrals. In the spaces below (in the relevant sections), please:   1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans. 2. List and describe the specific health IT tool(s) you currently use or plan to use for supporting SDOH needs. Please specify if the health IT tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE). 3. (Optional) Provide an overview of CCO’s approach to using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals. 4. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 for using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals, include:    1. A title and brief description    2. Which category(ies) pertain to each strategy    3. Strategy status    4. Provider types supported    5. A description of 2023 progress, including:       * accomplishments and successes (including number of organizations, etc., where applicable)       * challenges related to each strategy, as applicable    6. (Optional) An overview of CCO 2024-26 plans for each strategy    7. Activities and milestones related to each strategy CCO plans to implement in 2024-26   **Notes:**   * Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted). * If CCO is not pursuing a strategy beyond 2023, note ‘N/A’ in Planned Activities and Planned Milestones sections. * If CCO is implementing a strategy beginning in 2024, please indicate ‘N/A’ in the Progress section for that strategy. * If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones. |

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| **Strategy category checkboxes (within CCO)**  Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26, within your organization. Elaborate on each strategy and your progress/plans in the sections below. |

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| --- | --- | --- | --- | --- | --- | --- |
| **Progress** | **Plans** |  | **Progress** | | **Plans** |  |
|  |  | 1. Implementation/use of health IT tool/capability for social needs screening and referrals |  | |  | 6. Integration or interoperability of health IT systems that support SDOH with other tools |
|  |  | 2. Care coordination and care management of individual members |  | |  | 7. Collaboration with network partners |
|  | |  | 8. CCO metrics support |
|  |  | 3. Use data to identify individual members’ SDOH experiences and social needs |  | |  |  |
|  | |  | 9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources) |
|  |  | 4. Use data for risk stratification |  | |  | 10. Participate in SDOH-focused health IT collaboratives, convening, and/or governance |
|  |  | 5. Use health IT to monitor and/or manage contracts and/or programs to meet members’ SDOH needs |  | |  | 11. Other strategies for supporting CIE use within CCO (please list here): |
|  |  | 12. Other strategies for CCO access or use of SDOH-related data within CCO (please list here): | | | | |
| **List and briefly describe Health IT tools used by CCO for supporting SDOH needs**, including but not limited to screening and referrals | | | | | | |
|  | | | | | | |
| (Optional) **Overview of CCO approach to using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals** | | | | | | |
|  | | | | | | |
| **Strategy 1 title**:  [Brief description] | | | | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Health IT Implementation  2: Care coordination  3: Use data to ID SDOH  4: Risk stratification  5: Contracts  6: Integration  7: Collaboration  8: Metrics support  9: CIE Enhancements  10: Governance  11: Other CIE Use:  12: Other SDOH data: | | | | | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | | | | |
| **Planned Activities** | | | | **Planned Milestones** | | |
| **Strategy 2 title**:  [Brief description] | | | | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Health IT Implementation  2: Care coordination  3: Use data to ID SDOH  4: Risk stratification  5: Contracts  6: Integration  7: Collaboration  8: Metrics support  9: CIE Enhancements  10: Governance  11: Other CIE Use:  12: Other SDOH data: | | | | | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | | | | |
| **Planned Activities** | | | | **Planned Milestones** | | |
| **Strategy 3 title**:  [Brief description] | | | | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Health IT Implementation  2: Care coordination  3: Use data to ID SDOH  4: Risk stratification  5: Contracts  6: Integration  7: Collaboration  8: Metrics support  9: CIE Enhancements  10: Governance  11: Other CIE Use:  12: Other SDOH data: | | | | | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | | | | |
| **Planned Activities** | | | | **Planned Milestones** | | |
| **Strategy 4 title**:  [Brief description] | | | | | | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Health IT Implementation  2: Care coordination  3: Use data to ID SDOH  4: Risk stratification  5: Contracts  6: Integration  7: Collaboration  8: Metrics support  9: CIE Enhancements  10: Governance  11: Other CIE Use:  12: Other SDOH data: | | | | | | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | | | | | | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | | | | | | |
| **Overview of 2024-26 plans for this strategy** (Optional): | | | | | | |
| **Planned Activities** | | | | **Planned Milestones** | | |

### CCO Support of Providers with Using Health IT to Support SDOH Needs: 2023 Progress & 2024-26 Plans

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| --- | --- | --- | --- | --- | --- |
| Please describe your 2023 progress and 2024-26 plans for supporting contracted physical, oral, and behavioral health providers with using health IT to support SDOH needs, including but not limited to screening and referrals. Additionally, describe any progress made supporting social services and community-based organizations (CBOs) with using health IT in your community. In the spaces below, (in the relevant sections), please:   1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans. 2. List and describe the specific tool(s) you currently or plan to support or provide to your contracted physical, oral, and behavioral health providers, as well as social services, and CBOs. Please specify if the tool(s) have screening and/or closed-loop referral functionality (e.g., CIE). 3. (Optional) Provide an overview of CCO’s approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals. 4. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals, include:    1. A title and brief description    2. Which category(ies) pertain to each strategy    3. Strategy status    4. Provider types supported    5. A description of 2023 progress, including:       * accomplishments and successes (including the number of organizations of each provider type that gained access to health IT to support SDOH needs as a result of your support, where applicable)       * challenges related to each strategy, as applicable    6. (Optional) An overview of CCO 2024-26 plans for each strategy    7. Activities and milestones related to each strategy CCO plans to implement in 2024-26   **Notes:**   * Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted). * If CCO is not pursuing a strategy beyond 2023, note ‘N/A’ in Planned Activities and Planned milestones sections. * If CCO is implementing a strategy beginning in 2024, please indicate ‘N/A’ in the progress section for that strategy. * If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones | | | | | |
| **Strategy category checkboxes (supporting providers)**  Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below. | | | | | |
| **Progress** | **Plans** |  | **Progress** | **Plans** |  |
|  |  | 1. Sponsor CIE for the community |  |  | 8. Requirements in contracts/provider agreements |
|  |  | 2. Financial support for CIE implementation and/or maintenance |  |  | 9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources) |
|  |  | 3. Training and/or technical assistance |  |  | 10. Integration or interoperability of health IT systems that support SDOH with other tools |
|  |  | 4. Assessment/tracking of CIE/SDOH tool adoption and use |  |  | 11. Support CBOs sending of referrals to clinical providers (i.e., to physical, oral, and behavioral health providers) |
|  |  | 5. Outreach and education about the value of health IT adoption/ use to support SDOH needs |  |  | 12. Utilization of health IT to support payments to community-based organizations |
|  |  | 6. Support participation in SDOH-focused health IT collaboratives, education, convening, and/or governance |  |  | 13. Other strategies for supporting adoption of CIE or other health IT to support SDOH needs (please list here): |
|  |  | 7. Incentives and/or grants to adopt and/or use health IT that supports SDOH |  |  | 14. Other strategies for supporting access or use of SDOH-related data (please list here): |
| **List and briefly describe health IT tools supported or provided by CCO that support SDOH needs,** including but not limited to screening and referrals**.** | | | | | |
|  | | | | | |
| (Optional) **Overview of CCO approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals** | | | | | |
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| **Supporting and Incentivizing HRSN Service Providers** | | | | | |
| **Any planning and/or preparation CCO has done in anticipation of 2024 requirement to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers.** | | | | | |
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| **Specific plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals during Contract Years 2024-2026, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers.** | | | | | |
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| **Strategy 1 title**:  [Brief description] | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Sponsor CIE  2: Financial  3: TA  4: Assessment  5: Outreach/Education  6: Participation  7: Incentives  8: Contracts  9: Enhancements  10: Integration  11: Clinical referrals:  12: Payments  13: Other adoption:  14: Other data access/use: | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | |
| **Provider types supported with this strategy:**  Across provider types OR  specific to:  Physical health  Oral health  Behavioral health  Social Services  CBOs | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | |
| **Overview of 2024-26 plans for this strategy** (Optional): | |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 2 title**:  [Brief description] | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Sponsor CIE  2: Financial  3: TA  4: Assessment  5: Outreach/Education  6: Participation  7: Incentives  8: Contracts  9: Enhancements  10: Integration  11: Clinical referrals:  12: Payments  13: Other adoption:  14: Other data access/use: | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | |
| **Provider types supported with this strategy:**  Across provider types OR  specific to:  Physical health  Oral health  Behavioral health  Social Services  CBOs | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | |
| **Overview of 2024-26 plans for this strategy** (Optional): | |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 3 title**:  [Brief description] | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Sponsor CIE  2: Financial  3: TA  4: Assessment  5: Outreach/Education  6: Participation  7: Incentives  8: Contracts  9: Enhancements  10: Integration  11: Clinical referrals:  12: Payments  13: Other adoption:  14: Other data access/use: | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | |
| **Provider types supported with this strategy:**  Across provider types OR  specific to:  Physical health  Oral health  Behavioral health  Social Services  CBOs | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | |
| **Overview of 2024-26 plans for this strategy** (Optional): | |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 4 title**:  [Brief description] | |
| **Strategy categories:** Select which category(ies) pertain to this strategy  1: Sponsor CIE  2: Financial  3: TA  4: Assessment  5: Outreach/Education  6: Participation  7: Incentives  8: Contracts  9: Enhancements  10: Integration  11: Clinical referrals:  12: Payments  13: Other adoption:  14: Other data access/use: | |
| **Strategy status:**  Ongoing  New  Paused  Revised  Completed/ended/retired/stopped | |
| **Provider types supported with this strategy:**  Across provider types OR  specific to:  Physical health  Oral health  Behavioral health  Social Services  CBOs | |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): | |
| **Overview of 2024-26 plans for this strategy** (Optional): | |
| **Planned Activities** | **Planned Milestones** |

### Health IT to Support SDOH Needs Barriers (Optional)

|  |
| --- |
| **Please describe any barriers that inhibited your progress to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support SDOH needs, including but not limited to screening and referrals.** |
|  |

### OHA Support Needs (Optional)

|  |
| --- |
| **How can OHA support your efforts in using and supporting the use of health IT to support SDOH needs, including social needs screening and referrals?** |
|  |

## **Other Health IT Questions (Optional)**

The following questions are optional to answer. They are intended to help OHA assess how we can better support the health IT efforts.

|  |
| --- |
| 1. Describe CCO health IT tools and efforts that support **patient engagement**, both within the CCO and with contracted providers. |
|  |
| 1. How can **OHA support** your efforts in accomplishing your Health IT Roadmap goals? |
|  |
| 1. What have been your organization’s **biggest challenges** in pursuing health IT strategies? What can OHA do to better support you? |
|  |
| 1. How have your organization’s health IT strategies supported **reducing health inequities**? What can OHA do to better support you? |
|  |

**Note**: For an example response to help inform on level of detail required, please refer to the [2023 Health IT Roadmap Guidance](https://www.oregon.gov/oha/HPA/OHIT/Documents/2023%20HIT%20Roadmap%20Guidance,%20Evaluation%20Criteria,%20and%20Report%20Template_OptionB.docx) on the [HITAG webpage](https://www.oregon.gov/oha/hpa/ohit/pages/hitag.aspx).

For questions about the CCO Health IT Roadmap, please contact [CCO.HealthIT@odhsoha.oregon.gov](mailto:CCO.HealthIT@odhsoha.oregon.gov).

1. Starting in Contract Year 3 (2022), CCOs’ VBP reporting will include their health IT efforts; therefore, this content will not be part of the Health IT Roadmap moving forward. [↑](#footnote-ref-2)
2. New Health IT Roadmap requirement beginning Contract Year 3 (2022) [↑](#footnote-ref-3)