CCO 2023 HIT Roadmap

# Guidance, Evaluation Criteria & Report Template, **Option C**



|  |  |
| --- | --- |
| **Contract or rule citation** | Exhibit J, Section 2 d. |
| **Deliverable due date** | March 15, 2023 |
| **Submit deliverable to:** | CCO.MCODeliverableReports@odhsoha.oregon.gov and cc: CCO.HealthIT@odhsoha.oregon.gov |

**Please be sure to:**

1. **Submit both Word and PDF versions of your Roadmap and**
2. **Use the following file naming convention for your submission: CCOname\_2023\_HIT\_Roadmap**

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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 (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]](#footnote-2)
* HIT to support social determinants of health (SDOH) needs, including social needs screening and referrals (Contract Years 3-5 only)[[2]](#footnote-3)

For Contract Year 1 (2020), CCOs’ responses to the [HIT 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 HIT Roadmap. For Contract Years 2-5 (2021-2024), CCOs are required to submit an annual 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 2022 HIT Roadmap as the foundation for completing their 2023 HIT Roadmap.

**Reminders for Contract Year 4 (2023):**

1. Limit the Progress sections to 2022 activities and accomplishments and include planned activities for 2023 and 2024 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, CCO may be asked to Revise and Resubmit their Roadmap.
3. Add all CCO-collected HIT data to the HIT Data Reporting File prior to submitting it with your Roadmaps on 3/15/2023. Data reported in the Roadmaps should align with Data Reporting File.

**Changes for Contract Year 4 (2023):**

1. Expanded scope for HIT to Support SDOH Needs. CCOs are now required to report on all strategies involving HIT to support SDOH needs, including but not limited to social needs screening and referrals.
2. Strategy checkboxes have been added to the HIT to Support SDOH Needs Progress and Plans sections.
3. To limit redundancy in reporting, Support for HIE – Care Coordination section will now exclude hospital event notification and community information exchange (CIE) tools and strategies, which instead will be included in the Support for HIE – Hospital Event Notifications and HIT to Support SDOH Needs sections, respectively.

**Template Option C highlights:**

Template Option C is the least structured template which allows CCO to report on HIT progress and plans by strategy (e.g., HIT training and/or technical assistance) rather than by HIT area (e.g., EHR Adoption). CCO is responsible for reviewing the HIT Roadmap Approval Criteria below (pgs. 6-9) and ensure their submission meets criteria; if criteria are not met, CCO will be required to revise and resubmit.

When using this template, please be sure to:

1. Select/mark an ‘x’ for all strategies being implemented by the CCO.
2. List and describe all tools being used and supported and/or provided by the CCO.
3. Use the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File to report on the data completeness and HIE tool adoption rates for contracted physical, oral, and behavioral health organizations.
4. Do the following for each individual strategy:
	1. Identify the strategy number you’re reporting on (from the *Strategy List*)
	2. Provide a descriptive title for the strategy (can be the same as OHA’s wording)
	3. Provide a description of the strategy
	4. Select/mark an ‘x’ to indicate which HIT area(s) strategy supports
	5. Select/mark an ‘x’ to indicate which provider type(s) are supported by the strategy
	6. Describe the 2022 progress CCO made, including accomplishments/successes and challenges
	7. Describe the 2023-24 planned activities and milestones for the strategy
5. *HIT Roadmap Approval Criteria* (pgs. 6-9) remain the same.
6. In addition to following the instructions provided above, be sure to review and follow the instructions provided in the template.

## Overview of Process

Each CCO shall submit its 2023 HIT Roadmap to OHA for review on or before **March 15** of Contract Years 4 and 5. CCOs are to use the *2023 HIT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their 2022 HIT Roadmap if it’s still applicable. Please submit the completed HIT Roadmap to the CCO deliverables mailbox at CCO.MCODeliverableReports@odhsoha.oregon.gov and cc: CCO.HealthIT@odhsoha.oregon.gov.

OHA’s Office of Health IT staff will review each CCO’s HIT Roadmap and send a written Approval or a request to Revise and Resubmit. 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 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 HIT Roadmap. Additional information about this process will be provided to any CCO that does not receive an immediate HIT Roadmap approval from OHA.

Please refer to the timeline below for an outline of steps and action items related to the 2023 HIT Roadmap submission and review process.



##  HIT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA’s expectations for responses to the required HIT Roadmap questions. Modifications for Contract Year 4 (2023) 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 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 HIT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the *2023 HIT Template* for the complete question when crafting your responses.

|  **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. | 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
 | 1. 2022 Progress supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers
 | * Description of progress includes:
	+ Strategies used to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2022
	+ Specific accomplishments and successes for 2022 related to supporting EHR adoption
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. 2023-2024 Plans for supporting increased rates of EHR adoption for contracted physical, oral, and behavioral health providers
 | * 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 already-existing processes
	+ Additional strategies for 2023-2024 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 2023-2024 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. Support for HIE – Care Coordination ***(excluding hospital event notifications and community information exchange (CIE))***
 | 1. 2022 Progress supporting increased access to HIE for Care Coordination ***(excluding hospital event notifications and CIE)*** among contracted physical, oral, and behavioral health providers
 | * Description of progress includes:
	+ Specific HIE tools CCO supported or made available to support contracted physical, oral, and behavioral health providers’ access to HIE for Care Coordination
	+ Strategies CCO used to support increased access to HIE for Care Coordination, excluding hospital event notifications and CIE, for contracted physical, oral, and behavioral health providers in 2022
	+ Specific accomplishments and successes for 2022 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)
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. 2023-2024 Plans for supporting increased access to HIE for Care Coordination ***(excluding hospital event notifications and CIE)*** among contracted physical, oral, and behavioral health providers
 | * Description of plans includes:
	+ The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations)
	+ Additional HIE tools CCO plans to support or make available
	+ Additional strategies for 2023-2024 related to supporting increased access to HIE for Care Coordination, excluding hospital event notifications and CIE, among contracted physical, oral, and behavioral health providers
	+ Specific activities and milestones for 2023-2024 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)
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. Support for HIE – Hospital Event Notifications (Progress)
 | 1. 1. 2022 Progress using timely Hospital Event Notifications within CCO
 | * Description of progress includes:
	+ 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 2022
	+ Specific accomplishments and successes for 2022 related to CCO’s use of timely Hospital Event Notifications
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. 2. 2022 Progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers
 | * Description of progress includes:
	+ 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 2022
	+ Specific accomplishments and successes for 2022 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)
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. Support for HIE – Hospital Event Notifications (Plans)
 | B. 2. 2023-2024 Plans using timely Hospital Event Notifications within CCO  | * Description of plans includes:
	+ Additional tool(s) (if any) CCO is planning to use for timely Hospital Event Notifications
	+ Additional strategies for 2023-2024 to use timely Hospital Event Notifications within the CCO’s organization
	+ Specific activities and milestones for 2023-2024 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible
 |
| B. 1. 2023-2024 Plans for supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers | * Description of plans includes:
	+ The number of organizations (by provider type) that have not adopted an HIE for 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 2023-2024 related to supporting increased access to timely Hospital Event Notifications contracted physical, oral, and behavioral health providers in 2022
	+ Specific activities and milestones for 2023-2024 related to each strategy (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)
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. HIT to support social determinants of health needs (Progress)
 | A.1. 2022 Progress using HIT to support SDOH needs, ***including but not limited to social needs screening and referrals*** | * Description of progress includes:
	+ Current tool(s) CCO is using for social needs screening and referrals.
	+ Strategies for using HIT to support SDOH needs, including but not limited to social needs screening and referrals in 2022
	+ Any accomplishments and successes for 2022 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| A.2. 2022 Progress supporting contracted physical, oral, and behavioral health providers as well as, social services and CBOs with using HIT to support SDOH needs, ***including but not limited to social needs screening and referrals*** | * Description of progress includes:
	+ 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 HIT to support SDOH needs, including but not limited to screening and referrals in 2022
	+ Any accomplishments and successes for 2022 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible
 |
| 1. HIT to support social determinants of health needs (Plans)
 | B.1. 2023-2024 Plansfor using HIT to SDOH needs, ***including but not limited to social needs screening and referrals*** | * Description of plans includes:
	+ 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 using HIT to support SDOH needs, including but not limited to social needs screening and referrals
	+ Specific activities and milestones for 2023-2024 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| B.2. 2023-2024 Plans for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using HIT to support SDOH needs, ***including but not limited to social needs screening and referrals*** | * Description of progress includes:
	+ 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 HIT to support social needs screening and referrals beyond 2022
	+ Specific activities and milestones for 2023-2024 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |

# 2023 HIT Roadmap Template

Please complete and submit to CCO.MCODeliverableReports@odhsoha.oregon.govand cc: CCO.HealthIT@odhsoha.oregon.govby **March 15, 2023.**

**CCO:** Add your text

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

## Instructions & Expectations

Please respond to all of the required questions included in the following 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 Determinants of Health (SDOH) Needs, including but not limited to social needs screening and referrals
6. Other HIT Questions (optional section)

Each required topic includes the following:

* Narrative sections to describe your **2022 progress, strategies, accomplishments/successes, and barriers**
* Narrative sections to describe your **2023-2024 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’ HIT 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 HIT environment evolves and changes, and that plans from one year may change to the next. For the purposes of the 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 2023). **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.

***HIT Roadmap Template Strategy Checkboxes***

To further help CCOs think about their HIT strategies as they craft responses for their 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*
* *HIT to Support SDOH Needs*

The checkboxes represent themes that OHA has compiled from strategies listed in CCOs’ previous HIT 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 Updated HIT Roadmap template to CCO.HealthIT@odhsoha.oregon.gov

## **HIT Partnership**

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.  |

## **CCO HIT Strategies**

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| --- |
| In the space below, please report on all CCO HIT tools and strategies being implemented to support CCO and contracted physical, oral, and behavioral health providers. Note: CCO is required to report on each HIT area to meet the *Approval Criteria* above. Be sure to include descriptions of how CCO is supporting all provider types across HIT areas. CCO must clearly report meaningful 2022 progress and 2023-24 plans. If responses are incomplete, CCO may be required to revise and resubmit.Please be sure to:1. Select/mark an ‘x’ for all strategies being implemented by the CCO.
2. List and describe all tools being used and supported and/or provided by the CCO.
3. Use the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File to report on the data completeness and HIE tool adoption rates for contracted physical, oral, and behavioral health organizations.
4. Do the following for each individual strategy:
	1. Identify the strategy number you’re reporting on (from the *Strategy List*)
	2. Provide a descriptive title for the strategy (can be the same as OHA’s wording)
	3. Provide a description of the strategy
	4. Select/mark an ‘x’ to indicate which HIT area(s) strategy supports
	5. Select/mark an ‘x’ to indicate which provider type(s) are supported by the strategy
	6. Describe the 2022 progress CCO made, including accomplishments/successes and challenges
	7. Describe the 2023-24 planned activities and milestones for the strategy
5. *HIT Roadmap Approval Criteria* (pgs. 6-9) remain the same.
6. In addition to following the instructions provided above, be sure to review and follow the instructions provided in the template.

**Notes:** 1. Six strategy sections have been provided. Please copy and paste additional strategy sections as needed.
2. If CCO is not pursuing a strategy beyond 2022, note ‘N/A’ in Planned Activities and Planed milestones sections.
3. If CCO is implementing a strategy beginning in 2023, please indicate ‘N/A’ in the progress section for that strategy.
4. If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
 |
| **Strategy List**Using the boxes below, please select which strategies CCO employed during 2022 and plan to implement during 2023-24. Elaborate on each strategy and your progress/plans in the sections below.  |
| Across all HIT areas:[ ]  1. HIT training and/or technical assistance[ ]  2. Assessment/tracking of HIT adoption and capabilities[ ]  3. Outreach and education about the value of HIT adoption/use[ ]  4. Collaboration with network partners[ ]  5. Incentives to adopt and/or use HIT[ ]  6. Enhancements to HIE tools (e.g., adding new functionality or data sources)[ ]  7. Integration of disparate information and/or tools with HIE[ ]  8. Financial support for HIT implementation or maintenance (including incentives)[ ]  9. Requirements in contracts/provider agreements[ ]  10. Offer hosted EHR productHospital Event Notifications within CCO: [ ]  11. Exchange of care plans and care information[ ]  12. Supporting financial forecastingHIT for Support of SDOH Needs within CCO:[ ]  13. Use HIT to monitor/manage contracts/programs [ ]  14. Engage in governance of CIE[ ]  15. Implementation of HIT tool/capability for social needs screening and referrals | Hospital Event Notifications & HIT for Support of SDOH Needs within CCO:[ ]  16. Care coordination and care management[ ]  17. Risk stratification and population segmentation [ ]  18. Integration into other system[ ]  19. Utilization monitoring/management[ ]  20. Supporting CCO metrics[ ]  21. Engage in governance[ ]  22. Use data to identify/prioritize members for support/follow-upHIT for Support of SDOH Needs for providers:[ ]  23. Sponsor CIE for the community[ ]  24. Support participation in HIT collaboratives, education, convening, and/or governance[ ]  25. Support sending of referrals[ ]  26. support payments to community-based organizationsOther Strategies:[ ]  27. Other strategies for using hospital event notifications within CCO[ ]  28. Other strategies for using HIT to support SDOH needs within CCO[ ]  29. Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)[ ]  30. Other strategies for supporting HIT access, adoption, and/or use (please list here): |
| **Completeness of EHR information**  |
| Using the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File, please 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 already-existing processes: |
| **Adoption of HIE for Care Coordination Tools** |
| Using the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File, please report on the number of contracted physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool: |
| **Adoption of HIE for hospital event notifications** |
| Using the Data Completeness Table in the OHA-provided CCO HIT Data Reporting File, please report on the number of contracted physical, oral, and behavioral health organizations that do not currently have access to HIE for hospital event notifications: |
| **HIT tools:** |
| **List and describe all HIT tools** CCO uses and/or provides/supports among contracted physical, oral, and behavioral health providers as well as community-based and social service organizations: |
| **Strategy list number(s)**:**Strategy title**:  |
| **Strategy description**:  |
| **Which HIT area(s) does this strategy support?** |
| [ ]  EHR |  | [ ]  HIE for Care Coordination |
| [ ]  HIE for Hospital Event Notifications: Support for providers | [ ]  HIE for Hospital Event Notifications: within CCO |
| [ ]  HIT for SDOH Needs: Support for Providers | [ ]  HIT for SDOH Needs: within CCO |

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| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Community-based organizations [ ]  Social Service organizations |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| **Planned Activities** | **Planned Milestones** |

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| --- |
| **Strategy list number(s)**:**Strategy title**:  |
| **Strategy description**:  |
| **Which HIT area(s) does this strategy support?** |
| [ ]  EHR |  | [ ]  HIE for Care Coordination |
| [ ]  HIE for Hospital Event Notifications: Support for providers | [ ]  HIE for Hospital Event Notifications: within CCO |
| [ ]  HIT for SDOH Needs: Support for Providers | [ ]  HIT for SDOH Needs: within CCO |

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| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Community-based organizations [ ]  Social Service organizations |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| **Planned Activities** | **Planned Milestones** |

|  |
| --- |
| **Strategy list number(s)**:**Strategy title**:  |
| **Strategy description**:  |
| **Which HIT area(s) does this strategy support?** |
| [ ]  EHR |  | [ ]  HIE for Care Coordination |
| [ ]  HIE for Hospital Event Notifications: Support for providers | [ ]  HIE for Hospital Event Notifications: within CCO |
| [ ]  HIT for SDOH Needs: Support for Providers | [ ]  HIT for SDOH Needs: within CCO |

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| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Community-based organizations [ ]  Social Service organizations |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| **Planned Activities** | **Planned Milestones** |

|  |
| --- |
| **Strategy list number(s)**:**Strategy title**:  |
| **Strategy description**:  |
| **Which HIT area(s) does this strategy support?** |
| [ ]  EHR |  | [ ]  HIE for Care Coordination |
| [ ]  HIE for Hospital Event Notifications: Support for providers | [ ]  HIE for Hospital Event Notifications: within CCO |
| [ ]  HIT for SDOH Needs: Support for Providers | [ ]  HIT for SDOH Needs: within CCO |

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| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Community-based organizations [ ]  Social Service organizations |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| **Planned Activities** | **Planned Milestones** |

|  |
| --- |
| **Strategy list number(s)**:**Strategy title**:  |
| **Strategy description**:  |
| **Which HIT area(s) does this strategy support?** |
| [ ]  EHR |  | [ ]  HIE for Care Coordination |
| [ ]  HIE for Hospital Event Notifications: Support for providers | [ ]  HIE for Hospital Event Notifications: within CCO |
| [ ]  HIT for SDOH Needs: Support for Providers | [ ]  HIT for SDOH Needs: within CCO |

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| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Community-based organizations [ ]  Social Service organizations |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| **Planned Activities** | **Planned Milestones** |

|  |
| --- |
| **Strategy list number(s)**:**Strategy title**:  |
| **Strategy description**:  |
| **Which HIT area(s) does this strategy support?** |
| [ ]  EHR |  | [ ]  HIE for Care Coordination |
| [ ]  HIE for Hospital Event Notifications: Support for providers | [ ]  HIE for Hospital Event Notifications: within CCO |
| [ ]  HIT for SDOH Needs: Support for Providers | [ ]  HIT for SDOH Needs: within CCO |

|  |
| --- |
| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Community-based organizations [ ]  Social Service organizations |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| **Planned Activities** | **Planned Milestones** |

## **Other HIT Questions (Optional)**

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

|  |
| --- |
| 1. Describe CCO HIT tools and efforts that support **metrics**, both within the CCO and with contracted providers. Include CCO challenges and priorities in this work.
 |
|  |
| 1. Describe CCO HIT tools and efforts that **patient engagement**, both within the CCO and with contracted providers.
 |
|  |
| 1. How can **OHA support** your efforts in accomplishing your HIT Roadmap goals?
 |
|  |
| 1. What have been your organization’s **biggest challenges** in pursuing HIT strategies? What can OHA do to better support you?
 |
|  |
| 1. 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 CCO progress and 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 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.

1. 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
	1. Specific HIE tools you supported or made available in 2021
	2. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2021
	3. 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. |

|  |  |
| --- | --- |
| [x]  HIE training and/or technical assistance[x]  Assessment/tracking of HIE adoption and capabilities[x]  Outreach and education about value of HIE[x]  Collaboration with network partners[x]  Enhancements to HIE tools (e.g., adding new functionality or data sources)[ ]  Integration of disparate information and/or tools with HIE[ ]  Requirements in contracts/provider agreements | [x]  Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding[ ]  Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)[x]  Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)* *Implemented Patient Access API*

[x]  Other strategies for supporting HIE access or use (please list here)* *Assisted with the development of best practice standards for hospital EDs*
 |

|  |
| --- |
| [ ] **. 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.
 |
| 1. **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.
 |
| 1. **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
 |
| 1. **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.
 |
| 1. **Please describe any barriers that inhibited your progress.**
 |
| Our initial plans for developing a technical assistance strategy to supportand 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. |

1. 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
	1. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies
	2. Any additional HIE tools you plan to support or make available.
	3. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2021.
	4. 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. |

|  |  |
| --- | --- |
| [x]  HIE training and/or technical assistance[x]  Assessment/tracking of HIE adoption and capabilities[x]  Outreach and education about value of HIE[x]  Collaboration with network partners[x]  Enhancements to HIE tools (e.g., adding new functionality or data sources)[x]  Integration of information and/or disparate tools with HIE[ ]  Requirements in contracts/provider agreements | [x]  Financially supporting HIE tools, offering incentives to adopt or use HIE, and/or covering costs of HIE onboarding[ ]  Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)[x]  Other strategies that address requirements related to federal interoperability and patient access final rules (please list here)* *Maintain Patient Access API*

[ ]  Other strategies for supporting HIE access or use (please list here) |

|  |
| --- |
| [ ] **. 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 support2023: 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 phaseQ4 2022-Q4 2023: Implementation phase; onboard CCO care coordinators, 12 physical, 7 behavioral, and 3 oral health providers  |
| 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, developmentQ4 2022: Pilot closed-loop referral mechanism with 8 behavioral health and 4 oral health providers |
| 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** |
| Determine best means for collecting information from various provider types | Q1 2022: Process for data collection identified and implemented |
| Collect HIE information from physical, behavioral, oral health providers | Q2-Q3 2022: HIE information collected from a range of provider types including at least 15 physical, 10 behavioral, and 5 oral health providers |
| 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.

|  |  |
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| **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: expand process to additional 10 providers |
| 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 |

 |

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. [↑](#footnote-ref-2)
2. New HIT Roadmap requirement beginning Contract Year 3 (2022) [↑](#footnote-ref-3)