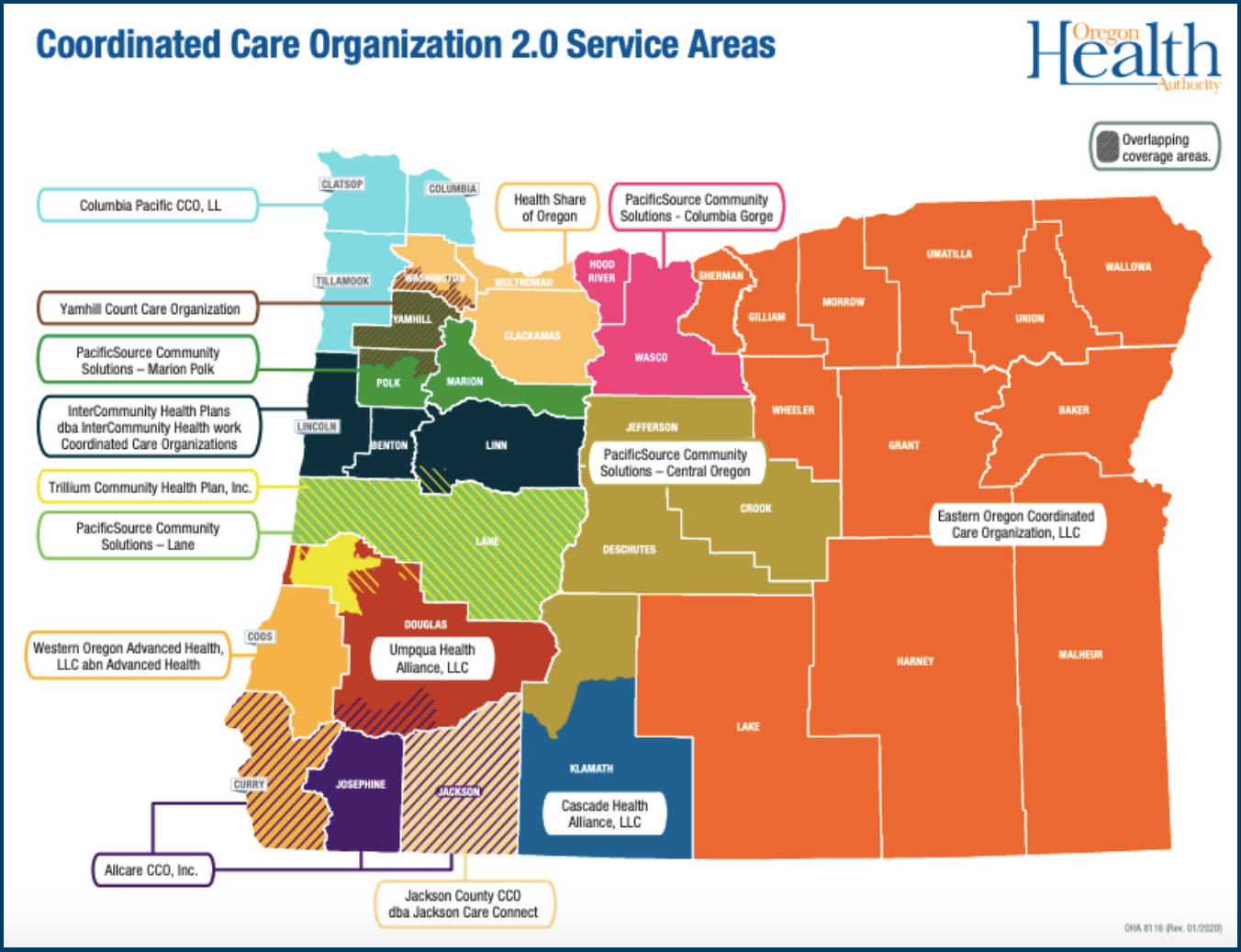
CCO Collective Platform Use Project Report

SEPTEMBER 2020



Report prepared for:

Office of Health Information Technology
Health Policy & Analytics
Oregon Health Authority

Health Information Technology Commons

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Contents

Executive Summary

The Oregon Health Authority (OHA) is transforming the healthcare system [1]. At the core of this effort is the coordinated care model. A coordinated care organization (CCO) is a network of all types of healthcare providers (physical, behavioral, and oral healthcare) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). This model relies on Health Information Technology (HIT) to succeed [1].

HIT Commons is a unique public/private partnership to accelerate and advance the adoption and spread of HIT in Oregon. HIT Commons is responsible for overseeing two core initiatives: Oregon Emergency Department Information Exchange (EDIE)/Collective Platform and Oregon Prescription Drug Monitoring Program (PDMP) Integration. This report will focus on the EDIE/Collective Platform initiative and its relationships with CCOs across the state of Oregon. The OHA, the Oregon Health Leadership Council (OHLC), HIT Commons and Collective Medical currently partner to support the Collective Platform in Oregon.

EDIE connects hospital emergency departments (EDs) across the state of Oregon to provide a comprehensive snapshot of high risk, high need individuals in real time. When a patient registers in any emergency department (ED) in Oregon, EDIE is alerted and pushes back a real time EDIE notification to the emergency department if certain patient criteria are met. The Collective Platform provides this hospital event notification to healthcare organizations outside of the hospital system that includes CCOs, providers, clinics, and health plans, in real time when a patient or a member has a hospital event [2].

The Collective Platform is in use statewide in Oregon. All hospitals with EDs in Oregon are live with the Collective Platform [2]. All of Oregon's CCOs receive hospital notifications through the Collective Platform, as do most major Oregon health plans, many ambulatory clinics, several tribal clinics, long-term care providers, and all of Oregon's Dental Care Organizations [3]. Behavioral health providers and Skilled Nursing Facilities are increasing their number of Collective Platform users. EDIE and the Collective Platform services provide critical care coordination links across all these organizations as well as data to improve population health and analytics efforts.

Key Questions

1. HOW ARE CCOS USING THE COLLECTIVE PLATFORM TODAY?
2. WHAT IS THE VALUE CCOS FIND FROM USING THE PLATFORM?
3. WHAT DO CCOS WANT AND NEED FOR FUTURE COLLECTIVE PLATFORM USE?

The goal of this CCO Collective Platform Use Project is to assess CCO use cases and value gained from using the Collective Platform. Three key questions are answered in this report: 1) How are CCOs using the Collective Platform today? 2) What is the value CCOs find from using the Collective Platform? 3) What do CCOs want and need for future Collective Platform use?

Executive Summary

The data for this report was collected over 10 weeks during the summer of 2020. First, a document review occurred to analyze and summarize the following: 1) CCO responses to the Oregon Health Authority's (OHA) RFA OHA-4690-19 - CCO 2.0 Attachment 9, HIT Roadmaps section (HIT Roadmap) and 2) An inventory of cohorts, reports, tags, and flags in use by CCOs, provided by Collective Medical. Collective Medical also provided a demo on the Collective Platform as well as written responses to questions about CCO Collective Platform use. Findings, quotes, and summaries from the document review are largely located in the CCO profiles. Second, we conducted semi-structured, in-depth interviews with individuals that use EDIE/Collective Platform from within CCOs across Oregon. CCO interviews were voluntary with 12 out of the 15 CCOs in Oregon participating. For those unable to participate, this report reflects their HIT roadmap responses and information shared from the Collective Platform vendor, Collective Medical. Descriptive coding was used to analyze interview transcripts for content and themes [4].

Using qualitative methods, this report identifies:

1 Taxonomy of Use Cases

Overall, the top five most mentioned use cases of the Collective Platform by CCOs include:

1. Real-time alert notifications of patient hospital events.
2. Care Coordination and Care Management.
3. Exchange of care plans and care information.
4. Designing workflows in response to data.
5. Risk stratification and population segmentation.

2 Operationalization of the Collective Platform

- Across CCOs, three general categories of Collective Platform use emerged from the data:
  - Tracking specific visit types;
  - Following target populations;
  - Using data to facilitate the coordination of care.
- CCOs are using **346 cohorts and 93 reports** to track and respond to specific visit types, target populations, and facilitate care coordination.
- CCOs have created targeted cohorts, reports, tags, and flags that allow them to design workflows, highlight patients' needs, and identify gaps in care.

Executive Summary

Operationalization of the Collective Platform Continued

Collective Platform Cohorts

- The three most highly used cohorts across all CCOs include:
  - 5+ ED visits in 12 months;
  - ED Disparity Cohort (EDMI);
  - Any Inpatient (IP) discharge event.
- CCOs are also keeping track of target populations via the Collective Platform, with Behavioral Health being the largest general category of cohorts in relation to target populations.
- Other populations that are being tracked include chronic disease, maternal health, substance use disorders, dental visits, severe and persistent mental illnesses, respiratory diseases (including COVID-19), and other categories.
- A majority of CCOs are creating cohorts for care management teams to monitor all activity and coordinate care for their members.

Collective Platform Reports

- The most popular scheduled reports for Oregon CCOs include:
  - ED Disparity metric;
  - High utilizing members;
  - High risk care management panels;
  - IP admits & discharges for follow up;
  - Chronic disease management;
  - Behavioral health related encounters;
  - Opioid related encounters;
  - Intensive Care Coordination (ICC);
  - COVID-19.

Collective Platform Tags

- In general, CCOs are primarily utilizing tags to assist with care coordination activities (91% of tags) and tracking specific populations of patients (9% of tags).

Collective Platform Flags

- All CCOs are utilizing the ED disparity measure global flag that is provided by OHA.
- Most are also using Pending COVID-19 Lab Result and Positive COVID-19 Lab Result.
- Health Share has created their own flag to share with users of the Collective Platform and contracted provider organizations leveraging their CCO-provided subscriptions.
- PacificSource and Trillium are currently finalizing flags to use in a way similar to Health Share.
  - These flags will allow providers and contracted provider organizations to easily find the designated CCO for any given member in regions where there are multiple CCOs.

Executive Summary

3 Common Barriers to Collective Platform Use

The following were the most common barriers shared across all CCOs throughout the interviews.

1. Invest in strategies and tools to increase ED and Network provider buy-in.
2. Create standards or minimum requirements for hospital ADT feeds from facilities to ensure all diagnoses are going into the file.
3. Enhance technical assistance, transparency, and quality of data from Collective Medical.
4. Explore more opportunities for integration between Collective Platform and other platforms.
5. Facilitate opportunities for CCOs to engage with each other, share best practices, showcase creative use cases and workflows, brainstorm solutions to common problems, and create a culture of shared success.

4 Value or Return on Investment of Collective Platform

Overwhelmingly, CCOs found the Collective Platform brought value to the work they were trying to accomplish, particularly with the goals of CCO 2.0 in mind. In summary, the Collective Platform helps to support the triple aim of healthcare in Oregon and this is valuable to CCOs. CCOs described five key themes in regard to the value that Collective Platform brings. These five themes include:

1. Access to real-time data.
2. Provides the opportunity for cross-sector partners and community interchange.
3. Saves time and reduces costs.
4. Increasesmember-centered care.
5. Shifting the focus from reactions to preventions.

5 Wish List from CCO Perspective

The interviews gave CCOs an opportunity to express ideas and considerations for future Collective Platform use. CCOs identified the following wish list of needs as well as priorities for changes, enhancements, and functionality in the Collective Platform.

1. Strategies and tools to increase buy-in from ED and network providers.
2. Increased transparency and visibility with data and technical assistance from Collective Medical. Some suggested areas include:
    a. Ability to create own reports and not have to rely on Collective Medical or put in a support ticket which is burdensome and takes too much time for CCOs and their network;
    b. Error reports;
    c. Ability to track support ticket submissions and resolve history;
    d. Utilization Map of users and their contributions.
3. Address ADT Feed inconsistencies and missing data from hospital facilities.

Wish List from CCO Perspective Continued

4. Call for more data to be available and actionable:
    a. Discharge summaries;
    b. Increased medication lists;
    c. Lab values (specifically A1C);
    d. Updates when member accesses PCP after hospital event;
    e. POLST data and access to pdf Advanced Directives.
    f. More demographic data such as REAL-D data, preferred name, preferred language.
5. Need for more Social Determinant of Health Data.
    a. Housing, food insecurity, transportation, and patient education opportunities.

Future Collaborations with OHA or Collective Medical

The greatest number of requests for future collaborations with OHA or Collective Medical included:

- Behavioral Health engagement.
- Global flags and creative solutions by OHA for specific populations.
    - Some suggested populations include:
        - Members in need of long-term support services;
        - Identification of children in foster care;
        - Area Agencies on Aging (AAA), Aged, Blind, or Disabled (ABD) and other DHS Department populations.
- Collective Platform demo site and other "Teach-the-teacher" opportunities.

Other ideas for collaboration included:

- Standardization of risk categories across the state;
- Creative solutions for those in the criminal justice system;
- Social Determinant of Health data;
- Public Health Contact Tracing efforts via the Collective Platform;
- Pain management.

Technical Assistance and Webinars

CCOs described a variety of technical assistance and webinars that are needed to increase Collective Platform use cases and workflows. The top requests included:

- Collective Platform use for Behavioral Health Providers and 42 CFR.
- Best practices and creative use case examples for CCOs and providers.
- How to better engage PCP clinics with platform and workflow examples.
- Listening session for end-users to describe their needs.
- Workflow examples for the EDMI cohort and ICC members for CCOs and providers.
- Creating and requesting cohorts and reports for specific incentive populations.

Executive Summary

6 Future Considerations for Collective Platform Use

Based on the findings of this project, the following areas for future considerations are provided.

1. Follow up interviews with additional stakeholders to gain their perspective on the Collective Platform:
    a. CCOs who were unable to interview at the time this report was being compiled.
    b. End users of the Collective Platform such as: primary, behavioral, oral health providers, community and traditional healthcare workers, care managers.
    c. ED providers and hospital systems.
    d. Members and patients about their experiences since CCO 2.0 began.
2. Use the findings from this report as a starting point for other data collection activities to confirm the results of this qualitative study and provide additional insights.
3. Consider opportunities for CCOs to collaborate, brainstorm, and design creative solutions to the obstacles they are experiencing.
4. Other suggested areas that may provide value for future work include:
    a. Strategies for increasing Collective Platform buy-in from end-users (physical, behavioral, oral health providers, ED providers, CHWS, THWs, SNFs).
    b. Ability for CCOs to create and adjust cohorts and scheduled reports.
    c. Strategies for implementing Collective Platform use as a network strategy for CCOs
    d. Ability for CCOs to access network health reports to assist with network strategy.
    e. Increasing functionality of pdf attachment support within the Collective Platform and supporting increased sharing of care plans.
    f. Hospital data and ADT feed improvement effort.
    g. Risk stratification and Population Segmentation best practices and standards.
    h. Incorporating social determinant of health and other data (discharge summaries, medication lists, lab values) into the Collective Platform.
    i. Integration of Collective Platform with other IT systems.

It's important to note that this project was conducted during the COVID-19 pandemic as well as an unprecedented catastrophic fire event. It is recognized that there were a variety of competing priorities at the time this report was written. The time, knowledge, and resources shared by all who were involved in this voluntary project are acknowledged and appreciated. If you have any questions about the methodology, findings, or analysis for this report, please reach out to Britteny Matero in OHA's Office of Health Information Technology at BRITTENY.J.MATERO@dhsoha.state.or.us.

Terminology

Since the inception of Coordinated Care Organizations, EDIE, and the Collective Platform in the state of Oregon, there have been many changes in terminology and definitions. For clarity, transparency, and reporting purposes, many acronyms and terminology that are used throughout this report are defined as follows.

ADT: patient Admit, Discharge, Transfer data from a hospital electronic health record or a Skilled Nursing facility or health IT system.

Alerts: pushing information about a patient or set of patients to a certain provider or other entity (like a CCO). This can take many forms, from individual ADTs to mining back-end data to provide notifications about specific health issues [5].

Care Coordination: the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services [6]. Care coordination requirements for CCOs are outlined in OAR 410-141-3865 and OAR 410-141-3860.

Care Guidelines: Within the Collective Platform, the recommendations given by providers to guide patient care in the emergency department; presented on—and often the reason for—notifications. It is part of the Insights section and found on the Patient Overview page [7].

Care History: Within the Collective Platform, the Care History section organizes a patient's medical, substance abuse, behavioral, social, and radiology details into bite-sized pieces. The information in this section is included in Collective notification sent for a patient to provide historical context to an ED provider treating a patient [7].

Care Plan: a patient-centered health record designed to facilitate communication among members of the care team, including the patient and providers. Rather than relying on separate medical and behavioral health care (treatment) plans, a shared plan of care combines both aspects to encourage a team approach to care. In integrated care settings, it is vital that all members of the care team have access to the same information and can build upon the shared care plan. Team members must act in coordination toward a common goal to provide quality integrated care and avoid errors [8].

Care Team: Within the Collective Platform, the care team section is found on the Patient Overview page. It displays a list of care providers and other care team members involved in the care of the patient [7].

CCO: Coordinated Care Organization. A coordinated care organization is a network of all types of healthcare providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid) [9].

CMHP: Certified Mental Health Professional. CMHPs are publicly-funded outpatient programs that provide mental health care for people with moderate to severe mental health conditions. In addition to affordable therapy, CMHPs provide specialized and intensive services that aren't available anywhere else or that are hard to find in private clinics [10].

Cohort: Within the Collective Platform, a cohort is a set of patients who have 'met criteria' in a specific time frame. The terms criteria and cohorts are used interchangeably as a 'cohort' of patients is simply a visual representation of who met 'criteria' during that specific time frame [7].

Collective Medical: vendor of the Collective Platform and EDie.Collective Medical is a fast-growing Salt Lake City based company determined to prove that exceptionally crafted software and passionate health care providers and health plans together can make a powerful difference in patients' lives [7,11].

Collective Platform: Across many interviews, individuals working with the Collective Platform have referred to this tool as Premanage, Collective Tool, Collective, Collective Medical and EDie. For the purposes of this report, we will refer to this important tool as the Collective Platform. The Collective Platform is a web-based platform with two applications. EDie is the first application. The other application, often generally referred to as the Collective Platform or Collective Ambulatory, is the second application which is used in non-hospital facility types including primary care clinics, behavioral health organizations, CCOs, health plans, and others. When we refer to the Collective Platform in this report, we are referring to this application and not EDie. Users can only see information on a patient with whom they have an established HIPAA-TPO relationship. This relationship is identified through an eligibility file provided by each organization to the Collective Platform. This information provides the ability to rapidly identify at risk patients or members and support them in getting the right care through improved care coordination [7.11].

EDie: Emergency Department Information Exchange. Edie is one of two applications of the Collective Platform, provided through Collective Medical. EDie provides hospital facilities key care summaries for patients with high utilization of emergency department services and/or who have been identified to have complex care needs with care guidelines. EDie queries for hospitals to see if a patient is in the system and meets criteria for a notification. The goal is to reduce unnecessary hospital services and improve outcomes [12].

EDie Utility: A public/private partnership initiative under the HIT Commons which governs statewide use of EDie and the adoption and spread of the Collective Platform in Oregon. All Oregon hospitals, health systems, and most health plans contribute annual dues to support the statewide functionality of EDie and hospital continued participation [12].

EDMI: Emergency Department Disparity Cohort. A cohort in the Collective Platform and provided by Oregon Health Authority. Based on CCO incentive metric for reducing emergency department (ED) visits amongst those with mental health issues visiting the ED for physical health reasons [13].

EHR: Electronic Health Record. A system for collection and storage of relevant patient health information electronically. EHRs can help improve the quality and coordination of care across settings and provide patients with immediate access to their complete and secure health records. They are foundational to other critical HIT functions like electronic health information exchange, data analytics for population health, and value-based payment [14].

Terminology

HEN: Hospital Event Notification. An electronic notification that a patient has a hospital or Emergency Department (ED) event (such as an admission or discharge) sent to the patient's treating provider and/or health plan/CCO. Hospital event notifications help CCOs, primary care, behavioral health, and oral health providers provide the right care at the right time by supporting real-time hospital interventions, discharge planning, and follow-up after hospital events. Hospital event notifications also help organizations understand and manage populations at risk for hospital and ED use. Oregon has statewide hospital event data available through the Emergency Department Information Exchange (EDIE) [11].

High Utilizer: An individual who visits the emergency department five or more times in a 12 month period [15].

HIE: Health Information Exchange. Secure electronic exchange of patient health information between providers or other health care organizations, protected under HIPAA [11].

HIT Commons: A public/private governance model developed to coordinate investments in HIT, leverage funding opportunities, and advance health information exchange across the State [12].

ICC: Intensive Care Coordination. Under Oregon Rule 410-141-3870, CCOs are responsible for ICC services for individuals who are older adults, individuals who are hard of hearing, deaf, blind, or have other disabilities; have complex or high health care needs, or multiple or chronic conditions, or SPMI, or are receiving Medicaid-funded long-term care services and supports (LTSS); are children ages 0-5 showing early signs of social/emotional or behavioral problems or have a SED diagnosis; are in medication assisted treatment for SUD; are women who have been diagnosed with a high-risk pregnancy; are IV drug users, have SUD in need of withdrawal management; have HIV/AIDS or have tuberculosis; are veterans and their families; and are at risk of first episode psychosis, and individuals within the Intellectual and developmental disability (IDD) populations [16]. These requirements are in addition to the general care coordination requirements and health risk screenings described in OAR 410-141-3860 and 410-141-3865 (Care Coordination Requirements).

Insights: Within the Collective Platform, sourced by healthcare professionals, insights are made up of Care Recommendations and Care History. The Insights section is where healthcare providers may record specific, important information that is necessary for providers in the ED setting to have access to when a patient presents. These insights may be added, edited, and deleted in the Collective platform and show up on the Collective notification [7].

Member: refers to eligible individuals that are covered by CCOs.

Notifications: The document containing the aggregated information from within the Collective platform that is delivered to a specified destination (e.g., direct to EMR, print, fax—not email or text) as part of a provider being notified when previously defined encounter-based criteria are met. The Collective notification includes identifying patient information, Care Team, Insights, Background, Security and Safety, and Recent Visits sections [7].

Patient: a person receiving or registered to receive treatment from a physical, behavioral, or oral health provider, hospital system, or clinic [14].

Risk Stratification: Identifying patient populations that are low-risk, high-risk, and rising-risk [11].

Scheduled Reports: Within the Collective Platform, scheduled reports are based on the visits by a member population in a specific time frame. Various columns can be included to help identify the patient, as well as show the services accessed and service-related information. Common report types are A 24-hour census of ED patients for a managed population, a 24-hour census of all patient activity for a population, and a 72-hour discharge summary of patients common report requests. Daily admit reports, discharge reports, and chronic disease cohort reports are all common types of scheduled reports [7].

SPMI: Severe and Persistent Mental Illness. Members with mental health diagnosis on a claim in any position on two or more separate dates during 36 months prior to Dec 31, 2016 [13].

Social Determinants of Health: The social, economic, political, and environmental conditions in which people are born, grow, work, and age. Social determinants of equity (structural factors such as racism, sexism, ableism, and others) determine how different groups of people experience the social determinants of health [17].

Tags: Within the Collective Platform, the term tag and group have been used interchangeably. This feature is located on the Patient Overview page at the bottom of the demographics panel and allows a facility to 'tag' a patient with a specific identifier (i.e. case management program, risk category, etc.) that is meaningful to the organization. These tags are ONLY visible to that specific organization and are not seen by other providers on the Collective network. All patients who have the same tag are a defined group of patients that do not change over time unless the tag is specifically added or removed by the organization. Additionally, tags can be configured in the following ways. They can be visible to the user on the groups and/or single patient overview page, or can be configured to be invisible on the platform but still used as foundational criteria for creating cohorts or reports off of these groups [7].

TOC: Transitions of Care. The Centers for Medicare & Medicaid Services (CMS) defines a transition of care as the movement of a patient from one setting of care to another. Settings of care may include hospitals, ambulatory primary care practices, ambulatory specialty care practices, long-term care facilities, home health, and rehabilitation facilities [18]. Transition of care requirements for CCOs are outlined in Oregon Rule 410-141-3850.

Value Based Payment: Payment system based on health outcomes for patients rather than volume and type of health care services rendered [11].

Background and Purpose

In January 2020 CCO 2.0 began. Over the next five years, CCOs will focus on the governor's four priority areas: improve the behavioral health system, increase value and pay for performance, focus on social determinants of health and health equity, and maintain sustainable cost growth [19]. In a previous Health Information Technology Oversight Council meeting [5], they outlined the key goals of CCO 2.0 as follows:

Overall Goals of CCO 2.0 [5]

- Accelerate efforts to improve care, lower costs, and improve health.
- Prioritize outcomes over methods and capabilities over specific tools.
- More defined requirements.
- Balance CCO/provider burden with necessary data collection and monitoring.

CCO 2.0 HIE and Care Coordination [5]

- Participate in HIT Commons.
- Provide hospital event notifications.
- Ensure contracted physical/ behavioral/ oral health providers have access to HIE for care coordination – set targets/ benchmarks for priority provider types.

CCO 2.0 Transformation Efforts [5]

- Use HIT to support value-based payment, risk stratify populations and management population health efforts.
- Collect, analyze and manage clinical quality metrics to improve care.
- Provide technical assistance to contracted providers to support adoption and use of HIT/ HIE, BH info sharing, CQM data collection.

CCO 2.0 SDoH and Patient Engagement [5]

- Support HIT for SDoH efforts.
- Support HIT for patient engagement Establish targets/ benchmarks for contracted clinic use of patient engagement efforts through HIT.

Based on HIT Roadmaps, provided to OHA as part of their RFP responses for CCO 2.0, many CCOs are moving towards supporting some of the CCO 2.0 goals via use of the Collective Platform. Although it is important to keep CCO 2.0 goals in mind in any work we are doing with CCOs, the purpose of this report is to gain a deeper understanding of how CCOs are leveraging the Collective Platform today. We will not be analyzing the results of this report in reference to their alignment with CCO 2.0 goals and objectives.

EDie and Collective Platform services seek to improve care coordination and reduce ED use for patients with frequent ED visits. EDie queries for hospitals to see if a patient is in the system and meets the criteria for a notification. Collective Platform is a web-based tool. Users of the Collective Platform can only see information on a patient with whom they have an established HIPAA-TPO relationship with. This relationship is identified through an eligibility file provided by each organization to Collective Medical.

Frequent ED users disproportionately utilize healthcare resources [20]. Systematic reviews examining interventions aimed at ED use reductions found that case management was a particularly successful strategy [21]. Additionally, use of hospital event notifications for healthcare organizations outside of the hospital system demonstrated that alerting providers of hospital events may be an effective tool for improving the quality and efficiency of care among high risk populations [22]. Finally, a recent study suggests that CCOs in Oregon demonstrated a reduction in unscheduled, preventable hospitalizations for Medicaid enrollees and can provide lessons to other states regarding the triple aim of better health, better care and lower cost [23].

Background and Purpose

Utilizing qualitative methods, this report identifies:

- A taxonomy of use cases, including break out of common categories and inclusive ways CCOs use the Platform.
- Catalog of frequently used reports, cohorts, tags, flags by CCO and commonalities across CCOs.
- Value or Return on Investment of Collective Platform Use.
- Wish list from CCO perspective and priorities for changes in the Collective Platform.
- Considerations for future use of the Collective Platform.

The data for this report was collected over 10 weeks during the summer of 2020. First, a document review occurred analyzing and summarizing the following: 1) CCO responses to OHA's Office of Health Information Technologies RFA OHA-4690-19 - CCO 2.0 Attachment 9, HIT Roadmap section; and 2) An inventory of cohorts, reports, tags, and flags in use by CCOs, provided by Collective Medical. Collective Medical also provided a demo on the Collective Platform as well as written responses to questions about CCO Collective Platform use. Findings, quotes, and summaries from the document review are largely located in the CCO profiles.

Second, we conducted voluntary semi-structured, in-depth interviews with individuals that utilize Collective Platform from within CCOs across Oregon. Eight interviews in total were conducted (representing 12/15 CCOs). Quotes found throughout the report are from these interviews and have been edited for clarity and length. Three CCOs were not able to participate. Data that was received in writing from the HIT Roadmaps of CCOs that could not participate has been included in the CCO profiles section of this report. This information was reported in context for other CCOs. Interview questions can be found in Appendix A. Transcripts of eight interviews were analyzed using descriptive coding methods which summarizes in a word or short phrase the topic of a passage of text [4]. A copy of the final codebook can be found in Appendix B. Interview participants included:

- **Advanced Health** [24]
- **Cascade Health Alliance** [25]
- **Columbia Pacific*** [26]
- **Eastern Oregon (EOCCO)** [27]
- **Health Share of Oregon** [28]
- **InterCommunity Health Network** [29]
- **Jackson Care Connect*** [30]
- **PacificSource Community Solutions (Central Oregon, Gorge, Lane, Marion/Polk)** [31]
- **Yamhill Community Care** [32]

**One interview was conducted with joint participants from Columbia Pacific and Jackson Care Connect, both of which are part of the CareOregon [33] family.*

In addition to assessing how CCOs are currently leveraging the Collective Platform, we hope this report also provides a starting point for future CCO collaborations, questions that need asking, and a guide for resources for the future. Current resources for CCO Collective Platform use can be found in Appendix C. This report provides a snapshot in time of Collective Platform use by CCOs. The report may not be representative of all of the inclusive ways that CCOs are using the Collective Platform. Even still, this report demonstrates the value that CCOs find from using the Collective Platform and the impact it has on patients, providers, hospitals, and healthplans working within the Oregon healthcare landscape today.

Taxonomy of Uses

Each CCO serves diverse communities and regions that have their own unique demographics and needs. The goal of this section of the report is to showcase the unique community responses and needs by various CCOs while also highlighting the commonalities across them. It's important to point out that as CCOs serve vastly different regions, their Collective Platform use strategies necessarily differ. What is working for a large CCO that accommodates a densely populated region perhaps should not be the same strategy for a small CCO that serves a rural setting. Although this section primarily highlights the commonalities of CCO Collective Platform use, it may be important to compare strategies of similar sized CCOs. A breakdown of use by each CCO that was discussed during the interviews can be found in the CCO Profiles.The top five use cases and how they manifest across various CCOs will be discussed in this section of the report.

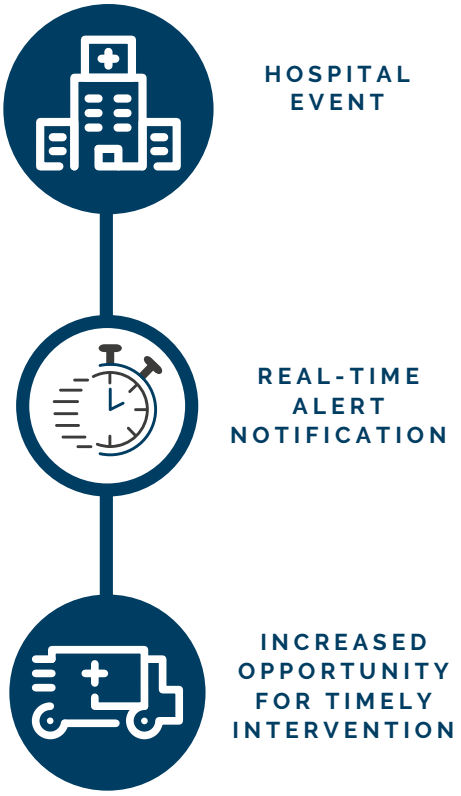
In general, CCOs are receiving real time alert notifications of patient hospital events and designing workflows to respond in unique and creative ways. Future opportunities exist in designing strategies to increase Collective Platform use as a network strategy, integrating the Collective Platform with social determinant of health data and using the Collective Platform as a data source for value based payment arrangements and strategies.

Taxonomy of Uses

1. **Real-time Alert Notifications of Patient Hospital Events**

Every CCO mentioned the use of Collective Platform for real-time alert notifications of patient hospital events. CCOs are primarily using the Collective Platform to fill the need that this platform was designed to address: real-time notifications. Each CCO receives hospital event information (ED and inpatient admissions, discharges, and transfers) for specified member or patient populations.

Prior to Collective Platform use, CCOs only obtained this data after a three month lag time once a claim was processed for the ED visit or inpatient stay. Access to real-time event monitoring allows immediate insight to patient needs and opportunities for timely interventions. This information provides the ability to rapidly identify at risk patients or members and support them in getting the right care through improved care coordination. CCOs can funnel these real-time alert notifications into targeted cohorts and reports that are visible through the Collective Platform. CCOs are particularly focused on designing use cases and work flows for patients with complex care needs or comorbidities.



ENGAGE THE UNENGAGED

Jackson Care Connect utilizes real-time notifications to engage unengaged members when they show up to the emergency room and get them connected with a primary care physician.

"From our crosswalking or unengaged list (people who haven't been seen in primary care for over 24 months), [when they] go into the emergency room [we are] engaging them [in the ED] using the real time notification."

-Jackson Care Connect

Taxonomy of Uses

2. Care Coordination and Care Management

The next step after receiving an alert notification is to adequately respond to it. This is where cohorts and reports come in. CCOs can funnel these real-time alert notifications into targeted cohorts and reports that are visible through the Collective Platform. Cohorts are presented in the platform as a report, with links to individual patients that CCOs can research, coordinate, and follow-up after a hospital event. CCOs are particularly focused on responding to notifications by designing use cases and workflows for patients with complex care needs, comorbidities, or incentive populations.

All CCOs described how they are using the Collective Platform to support care coordination. CCOs use the hospital event notifications to facilitate care coordination across organizations. CCOs are working with Collective Medical to create use cases and design workflows with care coordination in mind. Specifically, the following use cases were mentioned by many CCOs:

- Utilizing cohorts and reports as tools for addressing care coordination and population health management.
- Accessing member history and demographic data, including for new members and members who are transitioning from other CCOs.
- Leveraging Collective Platform as a central location for communicating patient data across network providers, hospital systems, and CCOs.
- Identifying complex needs, trends, and correlations via the Collective Platform to coordinate the most appropriate care. Specifically for:
  - Patients with Diabetes;
  - Addressing behavioral health;
  - ICC patients.
- Integrating Collective Platform data with care management platforms to better coordinate care.
- Collaborating with Community and Traditional Health Workers.
- Collaborating and building relationships with community and social support providers to prevent coordination of services.
- Partnering with local ED providers to identify what is appropriate to include in care recommendations to inform their intervention in the emergency department and promote continuity of care post discharge.

Care Coordination After a Suicide Attempt or Ideation

"One thing we noticed is that when [members] present to the ED with some kind of suicide attempt or ideation (whether that's intentional or poisoning) that, especially the under 18 population, they're frequently discharged to home. We're not seeing an observation stay or transfer to an inpatient psychiatric facility or anything like that. This situation accidentally created this beautiful process where we're able to connect the [member] to that behavioral health care coordination staff on our Regional Care Team.

[The team is] able to proactively outreach to that member and whoever their guardian or caregiver is to make sure that they are connected to some kind of behavioral health support and follow-up.[This] helps [the patient] navigate that [transition] and make sure there's a safety plan in place. I think that's been a really beautiful kind of accidental outcome that's been great."

-Columbia Pacific

Taxonomy of Uses

Finally, almost every CCO described wanting to increase buy-in and/or address perceptions of the Collective Platform in order to facilitate better care coordination. The more that network partners support and use the Collective Platform, the more streamlined care coordination can be. Examples of network partners described by CCOs include providers in all settings (EDs, physical health, behavioral health, oral health), Community Health Workers (CHWs), Traditional Health Workers (THWs), skilled nursing facilities, criminal just system providers, and Department of Human Service (DHS) programs such as Aging and People with Disabilities, Aging, Blind, or Disabled, and child welfare. Designing network strategies that specifically target and incentivize Collective Platform use within a CCOs network may be a strategy to consider for the future.

ADDRESSING HIGH-RISK PREGNANCIES

"We put together an intense case management service called Rosebud that manages high-risk pregnancies. We probably get roughly 35-50 pregnant women on any given day, show up and trigger an ADT feed that comes into PacificSource. Going through 35-50 files, one at a time, it's obviously prohibitive. It can't even be done.

Collective [Medical] and I chatted and [...] we were able to create two cohorts. We have some running passively that funnel into one report. That [report] is sortable by only people who hit both cohorts. Basically, we can take our huge Medicaid footprint and narrow it down. In the end, from not even having the system open to getting in and seeing this report, we can narrow down this huge population down to one or two people in about 39 seconds.

When you realize you can create visibility like that, that would take hours and hours, in about 39 seconds, everyday, and just have it show up...that's pretty spectacular. It allows us to increase value, decrease costs and have better outcomes in these really vulnerable populations. I think that's really wonderful."

-PacificSource

3. Exchange of Care Plans and Care Information

Every CCO that we spoke to described a workflow that included entering care plan information into the care insights/care summary section of the Collective Platform. However, there were various levels to what these workflows looked like. Some CCOs are just adding notes here and there, others are manually inputting extensive care plans created through interdisciplinary team meetings, and one CCO (Health Share) is currently uploading pdf care plans to the platform to share across their network through a pilot program. There is an opportunity to address the care plan functionality of the Collective Platform. This could be done by standardizing the data that is entered in the Collective Platform through a partnership with providers and increasing the visibility of when the care plan is updated and by whom. All CCOs expressed interest in increasing the functionality of care plans within the Collective Platform.

Taxonomy of Uses

DISCHARGE PLANNING AND COORDINATING CARE

"For me the [Collective Platform] is very helpful if I have a baby that's been hospitalized a hundred plus days. To be able to know where they're at and follow them so that I can coordinate with the hospital staff for discharge planning. To set up if it's equipment that they need, if it's home health that they need, a public health nurse for Babies First or CaCoon and so, in coordinating all of that, [the Collective Platform] is helpful.

That works not just with each of those entities of public health, home health, and the hospital but then back with the primary care provider to let them know what the plan of care is leaving the hospital and trying to ensure it gets worked out. It could get tweaked from primary care once they get home but that's just helpful."

-Cascade Health Alliance

Even with the wide range of CCO workflows, the use of the care plan function with the Collective Platform is a tremendous increase in functionality. The 2019 Health IT Report to the Health Information Technology Oversight Committee, described zero network platforms as using care plan sharing for complex care coordination [2 p.23]. While care coordination needs may be too complex to be met by a single tool, the increase in functionality of the Collective Platform up to now and planned for the future should be acknowledged. The following use cases should be highlighted as they relate to care coordination.

- **Care Plans**
  - For almost every CCO that we spoke to, plans of care were visible within the Collective Platform and accessible on a need-to-know basis.
  - However, only Health Share is currently uploading pdf care plans to the platform.
  - The remaining CCOs are manually inputting care plan information into the care plan section within the Collective Platform.
  - All CCOs expressed interest in increasing the functionality of care plans within the Collective Platform.
- **Transitions of Care**
  - CCOs are using the Collective Platform to help facilitate the movement of patients from one setting to another.
  - For Health Share's TOC 2.0 Pilot Project, the Collective Platform is being used as a care plan document repository to further facilitate these transitions.
- **Discharge Planning**
  - CCOs are using the Collective Platform to assist with discharge planning through the care plan section.
- **PDMP Integration**
  - Collective Platform is a great resource for understanding a patient's medications.

As the care plan functionality continues to improve within the Collective Platform, a reasonable next step would be to consider how to increase patient engagement and access to the information found within the care plan. Increased patient participation has been found to contribute to higher patient satisfaction and better health outcomes [34]. Finding ways to engage patients in the sharing of data about their care should be considered alongside care plan functionality.

Taxonomy of Uses

4. Designing Workflows in Response to Data from the Collective Platform

Because of the real-time data aspect of the Collective Platform, CCOs design daily workflows around the prioritization of patients that are experiencing hospital events. For example, once an alert notification is received, Case Managers can follow up with physical, behavioral, or oral health providers to schedule follow up with the goal of preventing future ED visits. The use cases below were discussed by multiple CCOs throughout the interviews.

- **Addressing ED Utilization.**
  - Case managers following up for PCP or DCO appointments after ED visits to prevent future ED visits.
  - Identifying and tracking ED high utilizers.
  - Identifying easy solutions to ED usage.
    - Receiving hospital event notifications allows CCOs to identify situations that may not meet the level of needing intervention but when summed up collectively across all members, can account for significant cost and resources.
  - Identifying gaps in care.
    - ED use often manifests due to a gap in care. CCOs are analyzing a member's history to identify gaps in care such as lack of primary care provider engagement, preventative dental care, behavioral health screenings, etc.
- **Addressing inpatient stays.**
  - Identifying and tracking IP admissions and discharges.
  - Creating plans to address barriers to follow up care.
  - See Jackson Care Connect's Mercy Flights' Community Paramedic Transitions example in CCO profiles.
- **Targeted follow-up based on Collective Platform notification.**
- **Creating community standards and community norms for Collective Platform use.**
  - Interdisciplinary team meetings to decide who is point and which teams are responsible for different aspects of care.
  - Helps to prevent duplication of services and outreach.

"We have a pilot where we have embedded a specialty behavioral health case manager into a primary care [clinic]. They worked closely together to monitor a shared cohort of patients or clients.

[Together they] created insights or care recommendations [...] and they actually ended up doing shared medical visits with the folks that they identified as high utilizers. [These members] often had a substance use disorder or a variety of things that would deem them as high risk.

Through this process, they had an over 50% reduction in ED utilization with that cohort. It's a pretty amazing success story. We are trying to duplicate that elsewhere."

–Jackson Care Connect

Taxonomy of Uses

"I use the [Collective Platform] to identify members who have multiple or complex needs. [Also] members with multiple ED visits in a specific amount of time for conditions that fall under ICC. I use it to monitor members who are already in ICC. I use it as a tool to interact with other agencies. If I see members come up that I know are connected with specific clinics, then I can discuss with [the clinic] ways to better meet the [member's] needs.

I have lots of stories from individuals where I've noticed patterns of ED visits from Collective Platform and worked to implement an intervention with whoever else they are connected with, to best meet their needs."
-Advanced Health

5. Risk Stratification and Population Segmentation

Care coordination models have been linked to lower spending and improved health outcomes [35]. However, the question remains of how to best distribute limited resources to those who may benefit the most. The use of risk stratification has been found to increase care coordination [36]. The purpose of risk stratification is not to simply assign a risk score but to gain a fuller, more integrated view of patients and manage them accordingly [37]. Implementing risk stratification allows CCO resources to be allocated to those with the highest risk and greatest needs. Nine out of the twelve CCOs interviewed are either actively communicating patient risk via the Collective Platform or have plans in place for risk stratifications to be implemented very soon.

Some CCOs are working on their own proprietary algorithms for determining member risk scores and communicating them via the Collective Platform. Other CCOs are utilizing the risk scores that are calculated by Collective Medical. However, CCOs that are using Collective Medical's risk scores requested more transparency into how the scores were calculated. CCOs described how population specific cohorts can be very large and separating members by risk scores helped to allocate resources appropriately. CCOs also expressed interest in alignment work with other CCOs around risk scores. Having different risk score definitions creates challenges for providers and care coordinators who may work with more than one CCO.

CCOs are not simply identifying risk scores but also responding to them. Some use cases by the nine CCOs that are implementing risk stratification as a strategy include:

- Interdisciplinary team meetings or "high-risk huddles."
  - Sourcing members for these huddles from ED cohorts and reports (see Figure 2. And Figure 3.).
  - Assessing their risk scores.
  - Discussing these members and implementing targeted solutions such as shared cared plans, patient education, or access to additional resources.
- Focusing on specific populations of patients.
  - Assigning care managers to target these "high-risk" patients.
  - Some example populations include: ICC, SPMI, patients with diabetes, high-risk pregnancies, and substance use disorders.

In summary, CCOs expressed excitement surrounding the potential benefits of increased risk stratification and population segmentation strategies and will continue to develop use cases and work flows to implement this strategy. Opportunity exists for clarity on Collective Medical's risk score work and alignment across CCOs.

Taxonomy of Uses

Other Notable Use Cases

The following use cases are highlighted as examples of places where CCOs are being inventive in their Collective Platform use. This is not an exhaustive list. Please see CCO Profiles for every use case discussed in the interviews.

- Alternative Payment Strategies and moving towards Value Based Payment Arrangements.
  - Some CCOs described strategies for alternative payment arrangements based on data from the Collective Platform.
  - Examining ED Disparity Measure as a quality metric.
- Incorporating Social Determinants of Health.
  - Community Information Exchange Integration by Advanced Health gives visibility to more data.
  - CCOs have used data from the Collective Platform to inform interventions for social barriers to care.
- Collective Platform as an easy starting point for creative solutions.
  - COVID-19 crisis.
  - Some hospitals and Reliance HIE implemented COVID-19 global flags that were quickly utilized by CCOs, hospitals, and providers.
  - This is an example of the functionality of the Collective Platform to quickly and efficiently intervene and streamline data sources.
- TOC Pilot.
  - Pilot program by Health Share through the Collective Platform. The program includes:
    - Automated upload of pdfs;
    - Transitioning Flag;
      - Advises that member is transitioning and that there is a care plan;
    - Categorical Risk Level Flag;
      - Helps further prioritize finite care management resources and care coordination efforts.

Time of Day Analysis

Yamhill Community Care Organization (YCCO) wanted to better understand when their members were utilizing the ED. They used the Collective Platform to help them understand what was happening with their high utilizing members.

"We learned that a lot of the uptake of the high volume of admits that were happening for ED were actually in the afternoon time and sometimes peeked out at about 7. It wasn't just the weekends and evenings like you would think. That was an assumption that we had going in and we were able to use data to help inform us. [As a result] of that, some clinics decided to expand their hours an additional hour. They keep staff on until 6 to be able to create access points. We have used some of the data from Collective [Platform] to help us with whether [we need to] address access or structural changes within the delivery system."

-Yamhill Community Care Organization

Collective Platform and CIE

- Advanced Health completed the first Community Information Exchange Integration between Activate Care and the Collective Platform earlier this year.
- Health Share is also in the process of integration with CIE Unite Us.

Alternative or Value Based Payment Strategies

See the following CCO Profiles for examples of using data from the Collective Platform for Alternative or Value Based Payment Strategies:

- **EOCCO**: CMHP VBP Program
- **Jackson Care Connect:** Network Health Report
- **Yamhill Community Care Organization:** Behavioral Health Neighborhood and DCO Contracts

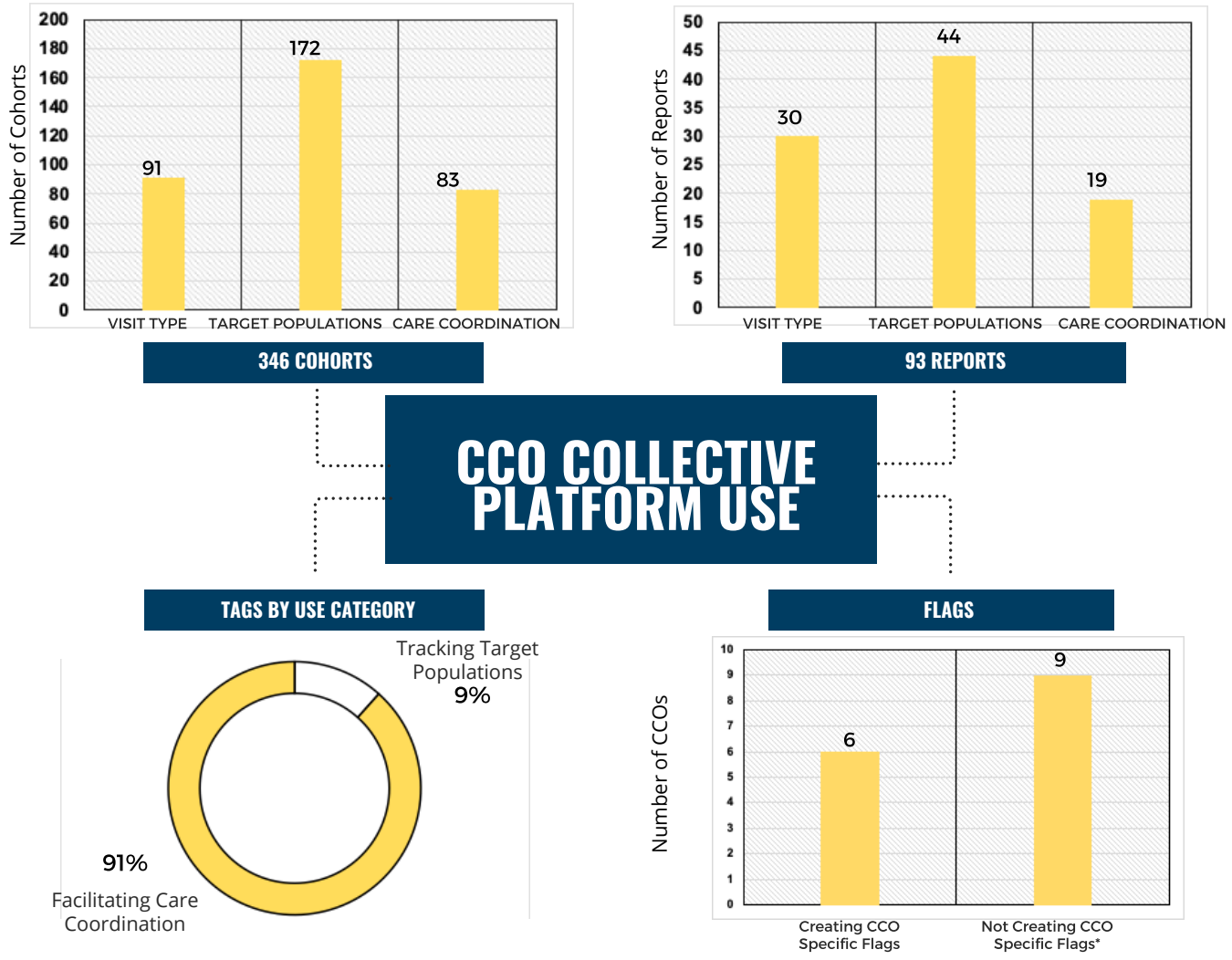
Operationalizing the Collective Platform

Summary of Operationalization of Collective Platform Use by CCOs

Real time alert notifications trigger a cascade of responses from CCOs to address patient events. This section of the report will address how CCOs are operationalizing the Collective Platform through cohorts, reports, tags, and flags. These tools within the Collective Platform provide a quick snapshot of how members are showing up in the system. CCOs then design workflows to respond to specific populations and scenarios. A catalog of commonalities across CCOs can be found in Table 1.

Across CCOs three general categories of Collective Platform use emerged from the data: tracking specific visit types, following target populations, and using data to facilitate the coordination of care.

Figure 1. Total Number of Reports, Cohorts, Tags, and Flags across all CCOs



Source: Collective Medical Technologies. Number of reports, cohorts, tags, and flags, received via Collective Medical as of July 2020. Numbers and trends represent a snapshot in time and may not reflect current usage of Collective Platform.

Table 1. Collective Platform Use Commonalities across CCOs

CCO	Care Plan Documents (pdf) Uploaded to Platform	Care Plan Data Entered Manually into Platform	Utilizes Care Management Panels	Communicates Risk Levels via the Platform	ICC Cohorts, Reports, or Tags	Actively Tracking ED Disparity Measure	Total Number of Reports*	Total Number of Cohorts*	Creating Their Own Flags*
Advanced Health		X			X	X	2	20	
AllCare CCO		X				X	2	15	
Cascade Health Alliance		X	X			X	1	17	
Columbia Pacific		X	X	X	X	X	10	64	
EOCCO		X	X	X		X	6	20	
Health Share of Oregon	X			X		X	4	19	X
Intercommunity Health Network		X				X	10	19	
Jackson Care Connect		X		X		X	9	42	
PacificSource		X		X		X	17	36	X
Trillium Community Health Plan		X	X	X		X	17	25	X
Umpqua Health Alliance		X	X			X	12	48	
Yamhill Community Care Organization		X	X			X	3	24	

*Number of reports, cohorts, tags, and flags, received via Collective Medical as of July 2020. Numbers and trends may not reflect current usage of Collective Platform.

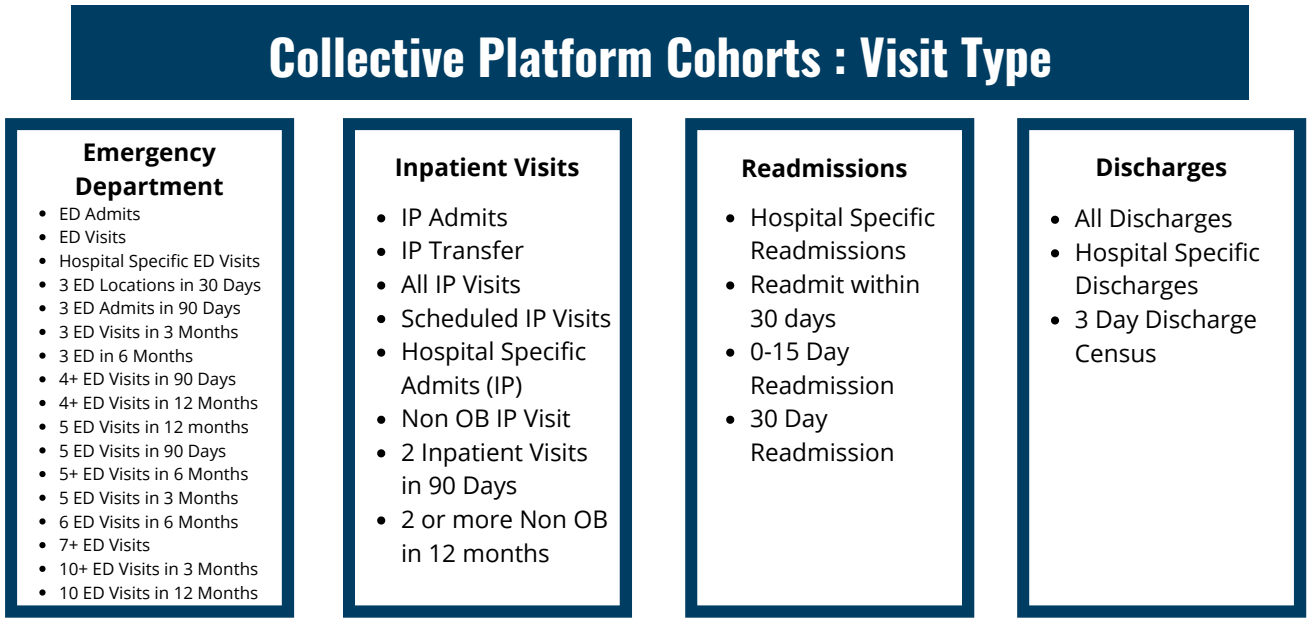
Operationalizing the Collective Platform

Collective Platform Cohorts

Cohorts are segments of members who meet defined criteria within a specific time frame to draw attention to a certain subset of a population. CCOs can customize cohorts for their needs. There are two ways to access cohorts: 1) Logging into the Collective Platform and viewing the cohort page or 2) Setting up notifications to know when members meet a cohort criteria in real time. It's important to note that established cohorts can only function based on the information that the Collective Platform receives. The quality of encounters added to a cohort depends on accuracy of the data that a facility inputs into their EMR [7].

CCOs are tracking members through cohort categories such as visit types (Figure 2.), tracking target populations (Figure 3.), and cohorts to facilitate care coordination (Figure 4). The three most highly used cohorts across all CCOs include: 1) 5+ ED visits in 12 months, 2) ED Disparity Cohort (EDMI), 3) Any Inpatient discharge event.

Figure 2. CCO Collective Platform Cohorts: Visit Types



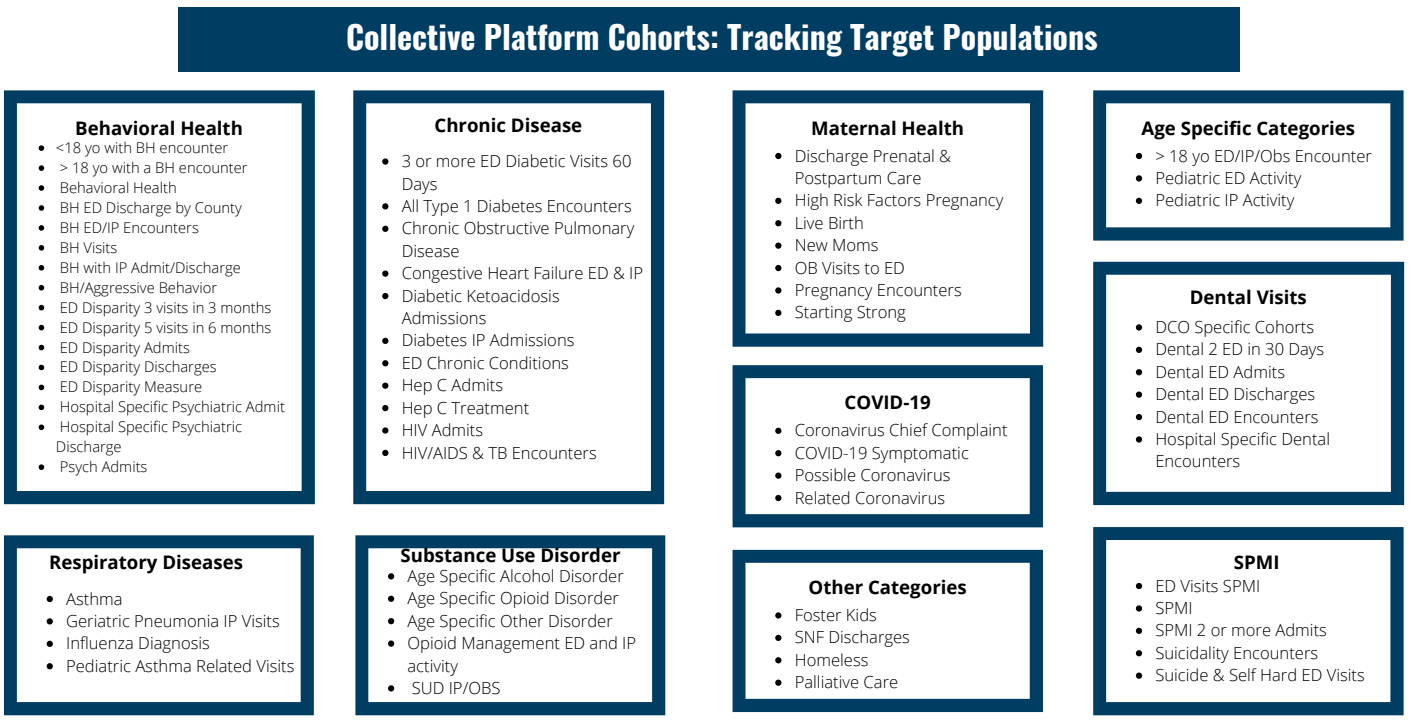
Source: Collective Medical Technologies. July 2020. Cohorts listed represent a snapshot in time and may not reflect current usage of Collective Platform.

CCOs are actively tracking ED events, inpatient events, readmissions, and discharges. Within each of these broad categories, CCOs have created targeted cohorts that allow them to track patients that hit certain measures. These cohorts are used to design workflows, highlight patient needs, and identify gaps in care.

CCOs are also keeping track of target populations via the Collective Platform. The largest general category of cohorts in relation to target populations fall under the Behavioral Health category. As Behavioral Health is a focus of CCO 2.0, CCOs have been working to implement new ways of tracking this specific population. Other populations that are being tracked include chronic disease, maternal health, substance use disorders, dental visits, severe and persistent mental illnesses, respiratory diseases (including COVID-19), and other categories.

Operationalizing the Collective Platform

Figure 3. CCO Collective Platform Cohorts: Target Populations



Source: Collective Medical Technologies. July 2020. Cohorts listed represent a snapshot in time and may not reflect current usage of Collective Platform.

Finally, CCOs are also designing cohorts with care coordination in mind. A majority of CCOs are creating cohorts for care management teams to monitor all activity with their members. Intensive Care Coordination (ICC) is a developing area within CCOs, with many of them implementing or planinng to implement workflows to address this new metric. Creating cohorts based on varying levels of risk is a way that CCOs are being inventive with their Collective Platform use.

Collective Platform Reports

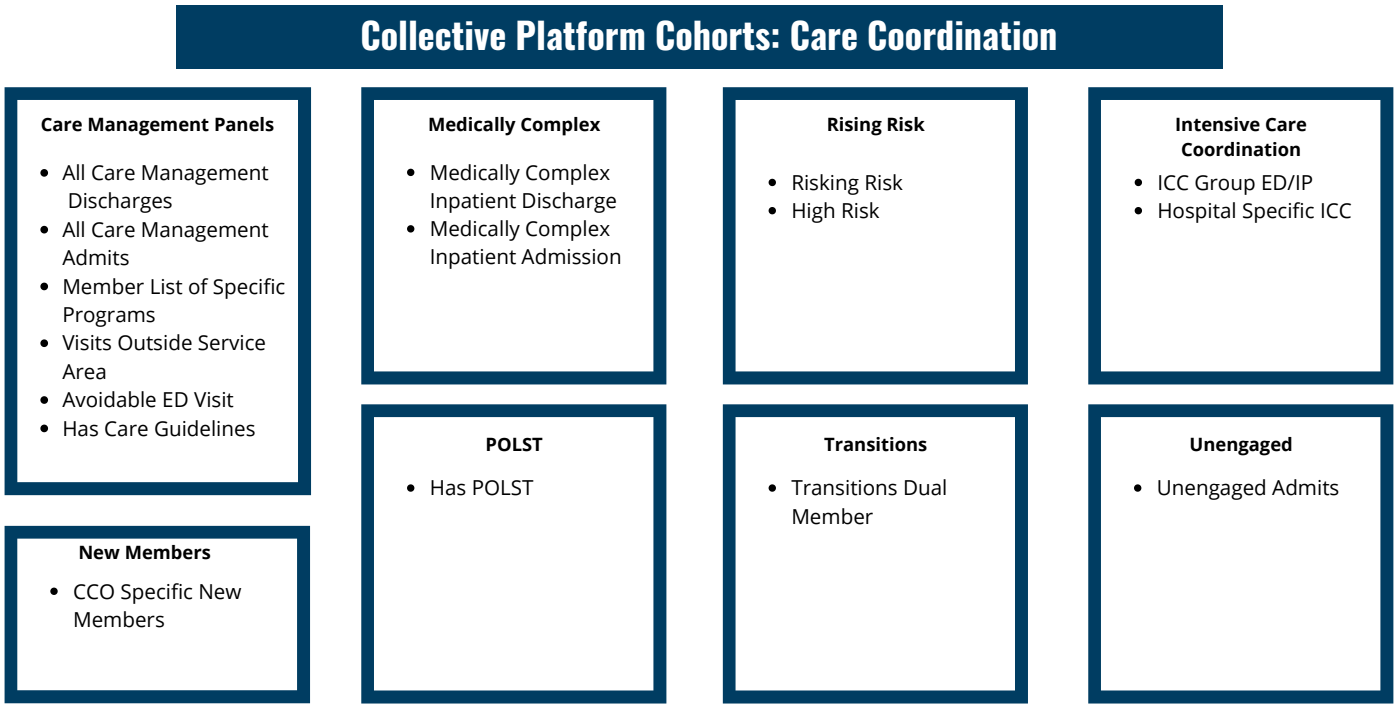
Reports are an integral part of CCO Collective Platform workflows. Reports are similar to cohorts in that they showcase members with hospital encounters in a specific timeframe. Reports are run either daily, weekly, or monthly. According to Collective Medical, reports can either be a census report, which shows all activity for a specific event in a certain timeframe, or can be created for predefined groups. It is also possible to turn a cohort into a scheduled report. Many CCOs have chosen to track cohorts by turning them into scheduled reports [7].

The most popular scheduled reports for Oregon CCOs include: ED Disparity metric, high utilizing members, high risk care management panels, IP admits & discharges for follow up, chronic disease management, behavioral health related encounters, opioid related encounters, ICC, and COVID-19.

Similar to cohorts, scheduled reports fall into three general categories: visit types (Figure 5.), tracking target populations (Figure 6.), and reports to facilitate care coordination (Figure 7.).

Operationalizing the Collective Platform

Figure 4. CCO Collective Platform Cohorts: Care Coordination



Source: Collective Medical Technologies. July 2020. Cohorts listed represent a snapshot in time and may not reflect current usage of Collective Platform.

Figure 5. CCO Collective Platform Reports: Visit Type

Source: Collective Medical Technologies. July 2020. Cohorts listed represent a snapshot in time and may not reflect current usage of Collective Platform.

Operationalizing the Collective Platform

Collective Platform Tags

According to Collective Medical, tags (also known as groups) allow a CCO to 'tag' a member with a label (i.e. case management program, risk category, etc.) that is meaningful to the organization. Tags are only visible to those inside of the organization that originally created the tag. All patients who have the same tag are a defined group of patients that do not change over time unless the tag is specifically added or removed by the organization [7].

CCOs are utilizing many tags. An exhaustive list of tags was not available for this report, however a list of the tags with the greatest use by CCO was provided by Collective Medical for review to inform this report. Further analysis should be done on the tags in use by CCOs and how they are being operationalized. In general, CCOs are primarily utilizing tags to assist with care coordination activities and tracking specific populations of patients.

Collective Platform Flags

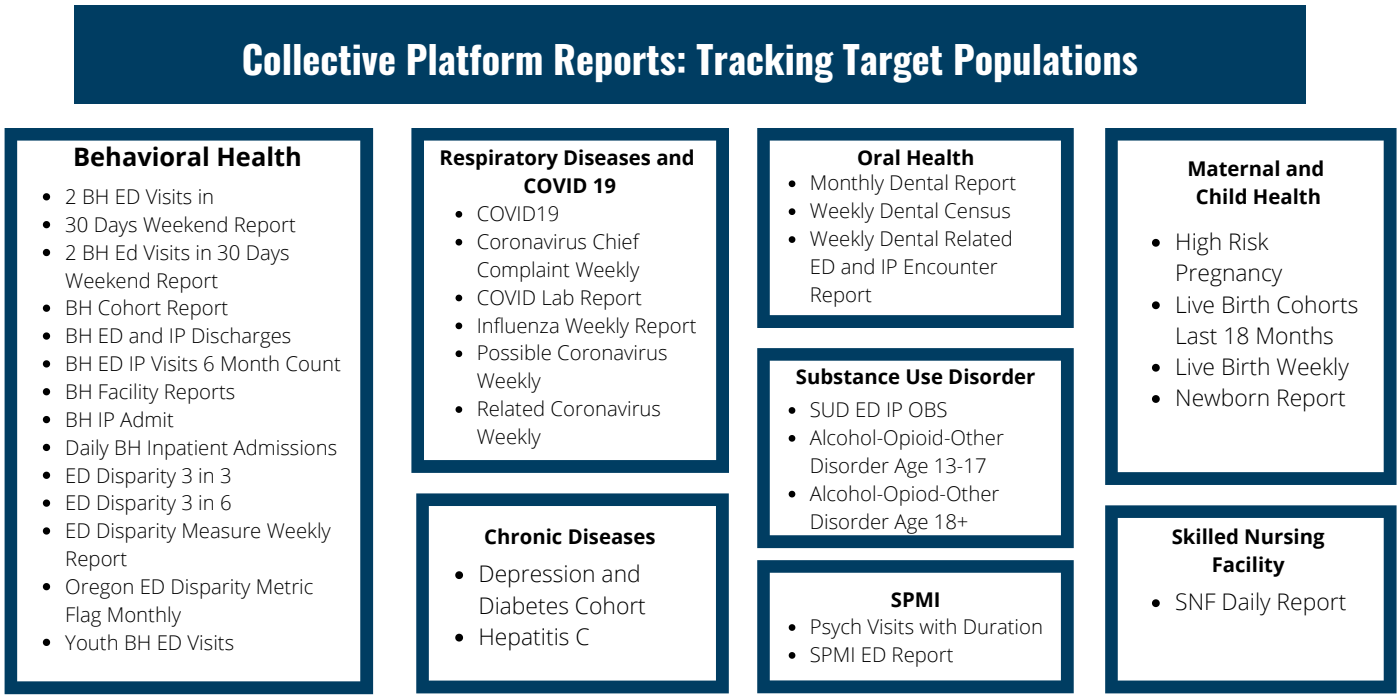
Flags are another important part of CCO Collective Platform use. According to Collective Medical, flags are separate from tags as tags are only seen internally at an organization while flags are broadcast to any user of the Collective Platform who has an established relationship with the client [7].

Most CCOs are only utilizing the three global flags: Oregon ED disparity measure (provided by OHA), Pending COVID-19 Lab Results (built off hospital ADT), and Positive COVID-19 Lab Results (provided by Providence Health System and Reliance eHealth Collaborative). However, Health Share has implemented categorical risk level flags and flags for transitioning members as part of a Transitions of Care Pilot Program. In addition, PacificSource and Trillium are currently finalizing flags to use in a similar way to Health Share. These flags will ensure that in regions where there are multiple CCOs, the designated CCO for any given member is readily available and easy to find.

> “The biggest benefit that we have seen with the Collective Platform has definitely been the reporting capability. There has been some focus reports that have given each of our subgroup teams (such as our mental health teams) [the ability] to request personalized reports. [This has] allowed them to combine a lot of data and have one touch point. We have a mental health high ED utilizer report that is used on a daily basis. We have an advantage report that is used on a weekly basis for med reconciliation. I would say the biggest benefit we’ve seen [from the Collective Platform] has been the individual reporting.”
>
> *-InterCommunity Health Network*

Operationalizing the Collective Platform

Figure 6. CCO Collective Platform Reports: Tracking Target Populations



Source: Collective Medical Technologies. July 2020. Cohorts listed represent a snapshot in time and may not reflect current usage of Collective Platform.

Figure 7. CCO Collective Platform Reports: Care Coordination

Source: Collective Medical Technologies. July 2020. Cohorts listed represent a snapshot in time and may not reflect current usage of Collective Platform.

Barriers to Collective Platform Use

CCOs are looking to future Collective Platform use and how to use it to its capacity. Through the interviews, five key barriers to Collective Platform use emerged. These barriers are described below as opportunities for future action.

01 Invest in strategies and tools to increase ED and Network provider buy-in.

CCOs described the number one barrier in using the Collective Platform as the need to increase provider buy-in. CCOs are searching for strategies that help to communicate the value of the Collective Platform. If CCOs are inputting relevant care information into the Collective Platform, yet their network is not accessing it, this becomes a barrier to use. CCOs mentioned the challenge of adding workflows, staff and time for providers to implement the Collective Platform and consistently submit eligibility files; particularly in rural areas or offices with limited staff. CCOs would like strategies and support from OHA, HIT Commons and Collective Medical in addressing this barrier.

"Over the past 5 years we have found that the number of barriers really on this work has been fairly low. If you are going to take a look at this model, [the Collective Platform] is ADT driven from a collection primarily of hospitals with the expansion of SNF and others. It has always done what it's expected to do, which is deliver that [hospital event notification].

I think, at times, really the barriers are around, how do we know? What are the audit capabilities that we have to see that our membership is our membership, that not just that we sent a file but that it is loaded, it is loaded accurately, it is returning results, and that nothing from the EHR systems that are feeding to Collective are somehow lost in the process."

-PacificSource

"We've been fortunate enough to be able to build our own cohorts and our own reporting. That has been tremendously valuable to our understanding of how to really leverage this tool in our operations and how we can target some of our vulnerable patients and members to ensure that we're giving them access to care. I think that might be a barrier here pretty soon when we lose that access. But it has been really valuable for us and we're hoping that Collective Medical could broaden that access or that resource to provider networks as well as other health plans."

-CareOregon during the Columbia Pacific and Jackson Care Connect Interview

Barriers to Collective Platform Use

02 Create standards or minimum requirements for ADT feeds from facilities.

Multiple CCOs described frustration when finding discrepancies between EMRs and the Collective Platform. When CCOs design their workflows to respond to Collective Platform notifications and data is missing, this becomes a barrier to use. CCOs would like to collectively work towards strategies to ensure that all diagnoses are going into the hospital ADT feed.

HIT Commons 2020 EDIE Utility Initiative's priorities seeks to address this barrier through their Hospital Data (ADT feed) improvement effort.

> ***"Our region, it's a rural area, and one of our major hospitals in the region, the way that they're submitting their data into the ADT feed, it's not capturing anything in the diagnosis field.***
>
> *Therefore, when we're running these really important reports and cohorts and trying to do these proactive work flows, we're missing a pretty large segment of the population because it shows a blank [where there should be data]."*
>
> *-Columbia Pacific CCO*

03 Enhanced technical assistance, transparency, and quality of data from Collective Medical.

Related to ADT feeds, CCOs described the need for increased visibility of data quality from Collective Medical. Particularly audit capabilities when it comes to merging and unmerging data files and ensuring that when data is shared that it is loaded accurately and returning accurate results.

Multiple CCOs also expressed the time intensive process of working with Collective Medical in creating population specific cohorts and reports. Giving CCOs the ability to create their own cohorts and reports would enable CCO processes to be streamlined and ensure they are able to use the Platform to its fullest capabilities. CCOs need the flexibility to adjust reports in a timely manner when they are not functioning in the way they were intended or if there is a need within the CCO to make a report/cohort adjustment. This is often the case when new or exploratory cohorts are loaded to support a new initiative or program. CCOs expressed the criticality of this function within the Collective Platform.

> *"To your other point around what is the content within the messages and how complete is that at the hospital level, we are only seeing that right now at an aggregate level. We as a CCO don't have the ability to engage our local hospital system to say the ADT going to Collective could be better. I think if there is a way to plug CCOs into that work, we would go there, certainly. Given there is pretty little visibility at the actual facility level at this stage, that is something to keep in mind."*
>
> *-PacificSource*

Barriers to Collective Platform Use

04 **Create more opportunities for integration between Collective Platform and other platforms.**

CCOs described managing multiple sign-ins as well as entering information into multiple platforms. This work can feel duplicative, depending on the platforms in use by CCOs and their network providers. CCOs are searching for ways to better integrate these processes.

05 **Facilitate opportunities for CCOs to engage with each other, share best practices, showcase creative use cases and workflows, and brainstorm solutions to common problems.**

Many CCOs described similar challenges with tracking target populations and managing Collective Platform processes. CCOs described a desire to know how other CCOs are tackling these challenges with a need to discuss best practices for Collective Platform use and CCO 2.0.

Commons situations that could be introduced for discussion:

- Babies often aren't named immediately after birth, making it challenging to track via Collective.
- Tracking children in DHS custody.
- Tracking members who are moving in and out of the criminal justice system.
- Managing members with long-term support needs.
- Value-based payment arrangements.
- Workgroups for Collective Platform cohorts and incentive populations:
  - EDMI disparity measure.
  - Behavioral Health.
  - ICC population.
  - Transitions of Care.
  - Chronic Diseases.

"Collective medical does a network report. It just kind of shows the last time they logged in and eligibility file. Really, support on getting Collective Medical to enhance their reporting to CCOs. Especially where clinics and facilities sign up under a CCO.

It would be nice to have the privilege of looking at, are they logging in everyday? Are ten people logging in? More granular data [from Collective Platform]."

-Advanced Health

Value of the Collective Platform

Overwhelmingly, CCOs described the Collective Platform as bringing value to the work they were trying to accomplish, particularly with the goals of CCO 2.0 in mind. In summary, the Collective Platform helps to support the triple aim of healthcare in Oregon and this is valuable to CCOs. CCOs described five key themes in regards to the value that Collective Platform brings. These five themes are discussed below.

01 ACCESS TO REAL-TIME DATA

- Streamlines operational pieces (ex: inpatient stays and census files).
- Provides the ability to identify and approve authorizations in real time so there isn't a barrier for patient care.

"[The Collective Platform] is really useful, especially the high ED utilization cohort. We've been using that and coordinating with our case managers in the ED. We've had some great success stories of intervention and prevention of hospitalizations and getting members the care that they need. It's so helpful to have a shared care plan and tool."

-IHN-CCO

03 SAVES TIME AND COST

- Reduces overhead in managing hospital event notification data and providers.
- On the way to eliminating the need for faxes.
- Entry point for targeting unnecessary ED visits.
- Ensures members are receiving correct benefits.
  - Ex: Patients with end-stage renal disease switching from Medicaid to Medicare coverage.
- Decreases duplication of care coordination services (care team, who's point, who's on first, etc).

"The [Collective Platform] is valuable to the CCO. Part of what we've done is fund and ensure the entire region has access to it. That's not something we want to see go away.

It just enables so many different things and becomes a natural solution for people to think about. What can we use for transitions of care? Can we use this for COVID-19 or X, or Y, or Z? The [Collective Platform] becomes an early conversation starter for problems that are out there."

-Health Share

02 OPPORTUNITIES FOR CROSS-SECTOR PARTNERS AND COMMUNITY INTERCHANGE

- Improves visibility of data, communication, and trust.
- Allows coordination to occur on a large scale.
- Functions as a state-based solution and is used by some as a form of HIE.

"We have daily interactions with behavioral health providers. Just making sure we have the same information and an appropriate care plan is developed. We have a daily back and forth because of what we can get from the Collective [Platform]."

-Cascade Health Alliance

Value of the Collective Platform

"We have a team that emails me each week so I can track the number of faxes that have been saved versus the number that went out so we can keep track of that history.

We have averaged about 100 or so faxes saved each week. We only send 1-2 faxes each week now. [Collective Platform] has really saved a lot of time. Very super useful and helpful in that way."

-EOCCO

04 INCREASES MEMBER-CENTERED CARE

- Makes visible gaps in care that manifest as ED or hospital use.
- Enables targeted follow up to help ensure members are getting appropriate, sustainable care.
- Creates population specific cohorts and reports that assist in streamlining member-centered care.

05 SHIFTING THE FOCUS FROM REACTIONS TO PREVENTIONS

- Shifts in costs from acute care and episodes to primary care provider visits and other preventative care.
- Coordinates care and promotes cross-sector communication, instead of operating in silos.
- Highlights correlations in data to address before an acute episode occurs.

"Coming back to the TOC Project. That's a concrete example. The cost savings were big but not as big as [the fact that] we couldn't do it without [the Collective Platform].

We couldn't have created all of the information exchange that quickly...it was priceless."

-Health Share

"We have seen, the 6 month pre-post kind of cost shifting away from more high-cost acute and acute care to more preventative or stabilizing care (behavioral health services, primary care services).

We do believe that over time, being able to recognize shifting away from acute care utilization will have an impact. Not only on our members lives but also in terms of long-term care costs associated with that member."

-Yamhill CCO

Value of the Collective Platform

Success Stories

Advanced Health

"I noticed an elderly member had high ED utilization. They were going to the ED via ambulance at least twice a week, sometimes more, with chest pain and anxiety. I looked them up in Collective Platform, found their primary care doctor and mental health provider and connected them to start coordinating to better treat what was actually going on.

I then spoke with the case manager to try and figure out what was happening environmentally. They decided to do home visits. While the case manager was there, this individual received many spam phone calls. These phone calls set off their anxiety and chest pain. Because they are a part of ICC, the flex funds allowed for Advanced Health to purchase a call blocker. The threatening phone calls decreased and patient's ED use declined from two to three times a week to once a month. I wouldn't have known about this situation without the Collective Platform."

IHN-CCO

"We discontinued our work for our regional health information collaborative (Health Information Exchange). In part we were able to do that because of this data repository we have with Collective [Platform]. It [has] inpatient, ED, EHR data. That's one of the reasons we were able to sunset our health information exchanges because we have this source of information."

Columbia Pacific

"The work that we all have done around skilled nursing facilities has been a huge win. You may or may not know but skilled nursing facilities admits, discharges and what's happening there has been a black box for many, many people within the healthcare world.

Just being able to see what activity is happening has been really key. I've worked really closely with a lot of partners as well in terms of showing the care team piece so that they know who the care coordinator is or who the care team is, and it has been super vital for them, too.

I think we're seeing some mutual benefit with those pieces. which has been tremendously helpful."

HealthShare

"The TOC project is part of HealthShare 2.0 which says for our highest risk members we need to have a transition of care plan for them when they move from one to another.

It was a brilliant suggestion to say all of our partners are able to access the Collective Platform so why don't we use that as basically document repository so we have our providers seeing in real time all of that care coordination information.

Instead of uploading care plans to web sites or emailing them out, we uploaded care plans to Collective Platform and providers could see them immediately."

PacificSource

"Instead of orienting the tool around the people or around what we are looking for, we orient around where there is already an actual intervention that is taking place. We've already done that internally with the Rosebud referrals. There's also another program that we have for comorbid diabetes and depression with our Medicare patients. We created a fun, exciting, cohort. We are trying to tweak that and give it more visibility.

I think once you get out there and we see that multiple places are looking for this one thing or having difficulty seeing this one thing, I think we can start building our results, our responses, around something that is an actual identified need in a community. I think that will also drive engagement, which will drive innovation and questions. It can kind of snowball in a positive way."

Value of the Collective Platform

Success Stories

Jackson Care Connect

"Then the other use case is the mobile paramedic team that I mentioned before, Mercy Flights. For several years now we've been having them outreach to folks in the inpatient setting using a Collective Platform cohort that has exclusions in there to get really fine tuned about making sure it's not a scheduled surgery, making sure it's not a crisis where they're going into the unit, making sure it's not a delivery of a baby, etc.

[They are] sitting side by side in a hospital to offer some support post-discharge, but connecting pre-discharge, which is really the point and really an example of how that time sensitive notification makes or breaks engagement. People are sitting bedside before you at the hospital."

Yamhill CCO

"A couple of years ago, we as a CCO, tried to reduce the Emergency Department Measure. We put a lot of effort into trying to reduce ED use. Unfortunately, we were highest in the state. Meaning, we had the highest Emergency Department visit rate per 1000 members.

We have really worked to understand the root causes and how we can address them. Whether those are through provider contracting, workflows, or availability of data or patient education.

[We] really did spend time understanding the utility of Collective Platform [and] how it could address some of the various root causes that we were identifying and why we thought Emergency Department use was so high in our region.

That work has paid off. I think the last two years we were able to meet the Emergency Department targets, in the terms of our individuals performance, which was significant for us. We are improving in terms of being able to reduce that rate."

Cascade Health Alliance

"We're also tasked from OHA to work on our out-of-hospital births, to reach out to those members.

For those members that are seeking to deliver out of the hospital we're reaching out to offer them all their other services of Behavioral Health, medical, and dental while they're still doing that.

If they end up in the hospital delivering and not delivering out-of-hospital that shows up in the [Collective Platform] where we can assist them and their babies for potential risks and needs."

EOCCO

"We have a very robust CHW program for EOCCO. We don't actually employ them at the plan level, we provide some relief on the cost side and get trainings out to Eastern Oregon on becoming a certified CHW. All of the CHWs either work for a local clinic, the CMHPs, or community organizations that are integrated throughout EOCCO.

The clinics in Baker County utilize their CHWs only in the ED to connect patients to resources. I think [CHWs] have been proven to be extremely successful and we are trying, as part of the new CCO 2.0 requirements, to have a focus on all traditional health workers, not just CHWs."

Future Considerations

"Behavioral health integration is probably the biggest envisioned use I have for Collective Platform over the next five years. Trying to raise the skills and capabilities to engage that."
-Health Share

The interviews gave CCOs an opportunity to express ideas and considerations for future Collective Platform use. CCOs identified a wish list of needs as well as priorities for changes, enhancements, and functionality in the Collective Platform. A few suggestions for improvement are already outlined in HIT Commons EDIE Utility 2020 priorities [38]. In this section of the report you will find the following: a CCO Wish list, ideas for future collaborations with OHA or Collective Medical, and requests for webinars or technical assistance.

"I think another, we may have kind of touched on this, but I think another barrier is the reporting is not easy. I think that we have to engage Collective [Medical] to get reports. I think that is also a barrier, the difficulty in getting reports, just a process difficulty I should say."

-IHN-CCO

"We would like to see better information around, who is on [the Collective Platform] and here is what they are contributing from an eligibility perspective. If they are feeding data to it, what data they are feeding to it? Maybe, when new [information is contributed], we have some visibility towards when that happens."

-PacificSource

CCO Wish List

1. **ED and network provider buy in**
    a. 42 CFR and Behavioral Health Training.
    b. Standardization of risk categories across the state (easier for providers that work with multiple CCOs and/or health plans).
    c. Access to a "Train the trainer" webinar without logging in to Collective Medical.
    d. Collective Platform Demo Site.
        i. CCOs want to show the value to their network for buy-in without communicating PHI data.
    e. Look for opportunities to expand Collective Platform to the criminal justice system.
    f. Ability for CCOs to create reports and cohorts internally rather than rely on a help desk ticket.
    g. Ability for CCOs to have access to Network Health Dashboards from Collective Medical to assess network needs and support their use of the Collective Platform.
2. **Increased transparency and visibility from Collective Medical**
    a. Error reports when merging/unmerging data files.
    b. Support tickets and be able to track submission and resolve history.

"One of the challenges I have, as somebody who is promoting [the Collective Platform] in the community, is I can't log in and show anybody anything. It's all protected health information and I have no way to kind of cover that up. We have had clinics share experiences, I have had clinics share their workflows, or testimony, but I think the thing that would be [helpful] for those of us that are out trying to promote [the Collective Platform] or extend the use of it, is to have the kind of Platform to show [without protected health information]. I think it would be really beneficial. "

-Yamhill CCO

Future Considerations

CCO Wish List Continued

"For us, [it can be] inconsistent. Sometimes things will show up in the hospital report that don't show up in Collective. And that's the difficulty of stopping [all faxes] for us is that we [may] miss some information."

-Cascade Health Alliance

"Everyone comes to me for issues and updates. It definitely keeps me very occupied. Because I need to oversee everything, issues that our team is working on and why they are working on it.

To be able to see something [and give] the teams more autonomy to be able to submit [help tickets] and I can just monitor it, that would be really great to see.

I know Collective does have a feature with our health plan account manager, she just shows me any tickets that we have submitted. She sends it via an excel format and she can say whether [the ticket is] still open or closed and what it was about. To be able to not have to wait for a report like that but to be able to see it in real time [and] check on those kinds of things, would be great."

-EOCCO

3. Hospital data and ADT feed improvement.

4. Call for more data to be available and actionable.

- Discharge summaries.
- Increased medication lists.
- Lab values (specifically A1C).
- Updates when member accesses PCP after hospital event.
- More demographic data to address existing gaps.
  - CCOs value the access to last known demographic data and would like to see more data that addresses known gaps.
  - Some suggestions include:
    - REAL-D data, preferred name, preferred language.
- POLST data and access to pdf Advanced Directives
- Enhanced dashboard overview.
  - Adding in actions that can be taken based on that data.
  - Access to trends and insights on the dashboard instead of only on the census page with all of the data.

5. Need for more Social Determinant of Health Data.

- Housing, food insecurity, transportation, patient education opportunities.

"I'm explicitly not thinking about having the ED being on the hook for gathering this info. But we know that we have [demographic data] gaps especially around ethnicity, diversity, inclusion that would be incredibly helpful [to know]. This is just one of those touch points where we might be able to bolster the demographic data that we have."

-Columbia Pacific

"[A wish list is] the REAL-D data piece. Really putting the gas on the need to get more accurate data would really inform more culturally linguistic services we could provide. I would underscore that one. That is a collaboration. We all play a part in that. I think highlighting that there are gaps [in demographic data], big gaps."

-Jackson Care Connect

Future Considerations

Future Collaborations with OHA or Collective Medical

In addition to the wish list, there were other specific requests for future collaborations with OHA, HIT Commons, or Collective Medical. The top requests included:

- Engaging CMHPs and behavioral health applications of the Collective Platform.
- Global flags and creative solutions by OHA for specific populations.
  - Those with long term support services.
  - Foster care.
  - Aging/blind/disabled populations.
- Integrating Collective Platform with other platforms.

Other ideas for collaboration included:

- Standardization of risk categories across the state.
- Creative solutions for those in the criminal justice system.
- SDoH data.
- Contact Tracing.
- Pain management.
- Access to materials to promote buy-in from end users (before they are users).
  - "Teach the teacher" opportunities.

"I think the only other [wish list item is] the integration piece between behavioral/physical/oral health. Maybe having a webinar that highlights some processes for that integration piece. I think everyone does it a little differently or isn't doing it on the provider side, so I think that would be really beneficial."

-EOCCO

"CCOs are charged with social determinants of health. I can imagine a world where some form of information about housing status or other social need is included in the Collective Platform. That would then flag for clinicians or somebody doing care management that referral to a certain type of service.

We're engaging with Unite Us as a community information exchange. We're jumping into that head first. It's probably the game changer that starts to address cost curves and making sure needs are being addressed in the right areas and not all pushed into the clinical system.

Collective Medical has been a forward thinker in terms of how they can engage with the other large data systems.

Starting to fold that in would raise the consciousness about these systems. And even as health systems trying integration, you have this layer of system overlap. Continuing to explore the scenarios could be useful."

-Health Share

Technical Assistance and Webinars

Finally, CCOs described a variety of technical assistance and webinars that are needed to increase Collective Platform use cases and workflows. The top requests included:

- Behavioral Health and CFR 42.
- Best practices and creative use case examples.
- How to better engage PCP clinics with platform and workflow examples.
- Integrating physical, behavioral, and oral health workflows.
- Listening session for end-users to describe their needs.
- Workflow examples for the EDMI cohort and ICC members.
- Creating and requesting cohorts and reports for specific incentive populations.
- Refresher: back to basics for Collective Medical.

Conclusion

This report assessed CCO use cases and value gained from using the Collective Platform through interviews, qualitative data analysis, and document reviews by asking three key questions 1) How are CCOs using the Collective Platform? 2) What is the value CCOs find from using the Collective Platform? 3) What do CCOs need for future Collective Platform use?

CCOs are using the Collective Platform to coordinate care and population health management through the use of tools within the Collective Platform. Cohorts, reports, tags, and flags allow for the design of population specific workflows and creative use cases for target populations. In addition, risk stratification and the resulting care coordination help to allocate resources to populations that will benefit the most. Future opportunities exist for CCOs to expand their network strategies to incentivize the use of and increase buy-in for the Collective Platform. With increases in CCO network partners' Collective Platform use, there is an increase in shared information and care coordination, as well as a decrease in the duplication of services. All of which can provide timely and efficient care for members. Finally, the Collective Platform is contributing to CCO business operations and efficiencies by shifting costs from acute care to preventative services, increasing visibility to target population for innovative approaches to interventions and streamlining processes for increased efficiency.

Real-time alert notifications are still the primary use case of the Collective Platform by CCOs. Other top use cases include: exchange of care plans and care information, care coordination and care management, designing workflows in response to data, and increasing operationalization of risk stratification and population segmentation. To make all of this happen, CCOs are using 346 cohorts and 93 reports to track and respond to specific visit types, target populations, and facilitate care coordination. CCOs find value in the access to real-time data, increased opportunities for care coordination and cross-sector partners, the time and cost savings that the Collective Platform presents, increases in member-centered care, and the beginnings of a cultural shift from reactionary care to preventative care.

The greatest needs for future use of the Collective Platform include: more transparency, communication, and visibility from Collective Medical, increase the type of data available on the Collective Platform, strategically address buy-in from network partners and providers, and providing opportunities to incorporate social determinants of health. Through the use of the Collective Platform, CCOs are responding to the requirements of CCO 2.0 through creative interventions and innovative solutions.

Limitations to the findings of this report

The data for this report was collected over 10 weeks through in-depth interviews and a document review. This report is a snapshot in time of Collective Platform use and may not be representative of every component of use by CCOs or their network partners. In addition, there was only one person conducting both the data collection and analysis for this project. There were over 500 pages analyzed for the document review, over 13 hours of face to face interview time with CCOs, and over 200 pages of interview transcripts, all of which are visualized and summarized in this report in a short amount of time.

Conclusion

Limitations to the findings of this report continued

To assist with some of these limitations, two strategies were implemented: respondent validation and constant comparison. Respondent validation includes allowing participants to read through the data and analyses and provide feedback on the interpretation of their responses [39]. CCOs had the opportunity to provide feedback on the analyses from both the document review and interviews. Constant comparison includes comparing each new interview with previous interviews and not considering it on its own and was a strategy that was implemented for this project [39]. In addition, the time frame for this project impacted the depth and type of analysis available. The descriptive coding method chosen for this project, simply summarizes the basic topics rather than identifying specific nuances of use [4]. The rich dataset created by this project provides future opportunities to apply more in-depth qualitative and quantitative analyses and coding methods.

Future Recommendations

1. **Follow up interviews with the following stakeholders to gain their perspective on the Collective Platform:**
    a. CCOs who were unable to interview at the time this report was being compiled.
    b. End users (primary, behavioral, oral health providers, community and traditional healthcare workers, care managers).
    c. ED providers and hospital systems.
    d. Members and patients about their experiences since CCO 2.0 began.
2. **Use the findings from this report as a starting point for other data collection activities and to confirm the findings from this report.**
    a. Potential opportunities may include:
        i. Analyzing and assessing the shift in cost from acute care to preventive care.
        ii. Examining the number of care plans or care insights being uploaded to the Collective Platform and hospital events.
        iii. Tracking hospital event trends for target populations and corresponding CCO cohorts.
        iv. Tracking ADT feed inconsistencies and impacts on care coordination.
3. **Consider opportunities for CCOs to collaborate, brainstorm, and design creative solutions to the obstacles they are experiencing.**
    a. Make space for feedback and evaluation of processes.
4. **Other suggested areas that may provide value for future work include:**
    a. Strategies for increasing Collective Platform buy-in from end-users (physical, behavioral, oral health providers, ED providers, CHWS, THWs, SNFs).
    b. Strategies for implementing Collective Platform use as a network strategy for CCOs.
    c. Hospital data and ADT feed improvement effort.
    d. Risk stratification and Population Segmentation best practices and standards.
    e. Incorporating social determinant of health and data (discharge summaries, medication lists, lab values) into the Collective Platform.
    f. Increasing functionality of pdf attachment support within the Collective Platform and supporting increased sharing of care plans.

Conclusion

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Appendices

Appendix A: Sample Interview Questions

1. **Background: Please tell me a little bit about yourself--name, background, and current role with your CCO.**
2. **Personal Experience: Can you tell me about your first hand experiences and use of the Collective Platform?**
    a. In your opinion, what is the value that the Collective Platform brings to your CCO? What are some barriers to using the Collective Platform?
3. **Collective Platform use at CCO: Has your CCO updated its use of the Collective Platform since the HIT Roadmap was submitted? If so, how?**
    a. **How is your CCO using the Collective Platform for internal population health management, i.e. care coordination or supporting quality metrics?**
        i. Your CCO utilizes many tags within the Collective Platform. Which are the most useful?
        ii. Your CCO uses many cohorts within the Collective Platform. What is your most interesting cohort that you have built? Which one gets the greatest use?
        iii. What is the most useful tool from within the Collective Platform that helps your CCO better identify, track, and coordinate the care of members?
        iv. What are some of the ways that you coordinate with other stakeholders and providers to ensure effective and efficient use of the platform?
    b. **How is your CCO using the Collective Platform as part of your network strategy?**
        i. Does it help your CCO facilitate better member-provider communication?
        ii. Does it allow care to be more member-centered?
        iii. Does it help to address social determinants of health? If so, how?
        iv. What is your CCO hoping their providers (physical, behavioral, and oral) are doing with the Collective Platform?
            1. Does your CCO actively convene (even virtually) network partners to support the use of the tool?
            2. Does your CCO outreach to its regional hospitals to coordinate around the use of the tool?
    c. **Does your CCO use the Collective Platform for business operations/efficiencies? If so, how?**
        i. Does data from the Collective Platform help your CCO decide who qualifies for care management services?
        ii. Is your CCO doing any work extracting information from the Collective Platform and using that data in another platform, such as analytics platforms?
        iii. Are there any technologies that your CCO has been able to eliminate because you are using the Collective Platform i.e., hospital census data via electronic fax?
        iv. When is the Collective Platform the most valuable: when it's integrated with other tools or as a standalone tool?
    d. **Does your CCO use the Collective Platform to support VBP strategies or arrangements? If so, please describe (for instance, some CCOs develop VBP around specific cohorts of focus).**
        i. Are the VBP strategies or arrangements just for ED utilization? Or are you utilizing the data in other ways?
    e. **Are there any other valuable or creative use cases of your CCO's use of the Collective Platform that you would like to share?**
4. **Value of Collective Platform or Return on Investment**
    a. Do you have any member success stories where the use of the Collective Platform facilitated better care coordination, transition of care, or other markers of success?
    b. Do you have any examples of where the Collective Platform resulted in cost savings i.e., time saving for personnel, member cost savings, CCO cost savings, reduction in ED use, increase in PCP use?
5. **Wish List**
    a. What are some current needs or ideas surrounding Collective Platform use that would be good to collaborate with OHA or Collective Medical on?
    b. Do you have any suggestions on priorities for changes, enhancements, or functionality of the Collective Platform?
    c. Is there a topic you would like to see a webinar on for technical assistance?
    d. How does your CCO envision Collective Platform use in the future?

Appendices

Appendix B: Descriptive Codebook

Code	Definition
Taxonomy	Descriptions of inclusive ways that CCOs and CCO staff use the Collective Platform. This can include creative/interesting use cases, work flows, patient event notifications, care coordination/care management, document repository, support for VBP arrangements, etc. Does not include descriptions of patient or provider use. Does not include support (technical assistance, education, funding) provided for use.
Network providers	Descriptions of network providers that engage with the Collective Platform to support members and coordinate care. Does not include CCO staff that engage with network providers.
Support	Descriptions of support provided by CCOs to network partners for Collective Platform use. This can include education, technical assistance, community partnerships, funding, Does not include actual use of Collective Platform.
Report	Descriptions of reports and CCO's use of them within the Collective Platform.
Cohort	Descriptions of Cohorts and CCO's use of them within the Collective Platform.
Tag	Descriptions of Tags and CCO's use of them within the Collective Platform.
Flag	Descriptions of Flags and CCO's use of them within the Collective Platform.
Value	Descriptions of Collective Platform value to CCOs. May include patient success stories, time saving for personnel, member cost savings, CCO cost savings, reduction in ED use, increase in PCP use.
Wish List	Description of wants, needs, and ideas for collaboration with OHA/HIT Commons/Collective Medical, priorities for changes/enhancements/functionality in the Platform, webinar topics. Does not include descriptions of wants, needs, and ideas that are not related to the Collective Platform.
Facilitators	Descriptions of facilitators to collective platform use. This could include staff, resources, networks, processes, providers, etc. that CCOs describe as contributing to more effective Collective Platform use.
Barriers	Descriptions of barriers to collective platform use. This could include lack of staff, resources, networks, processes, providers, etc. that CCOs describe as hindering more effective Collective Platform use.

Appendices

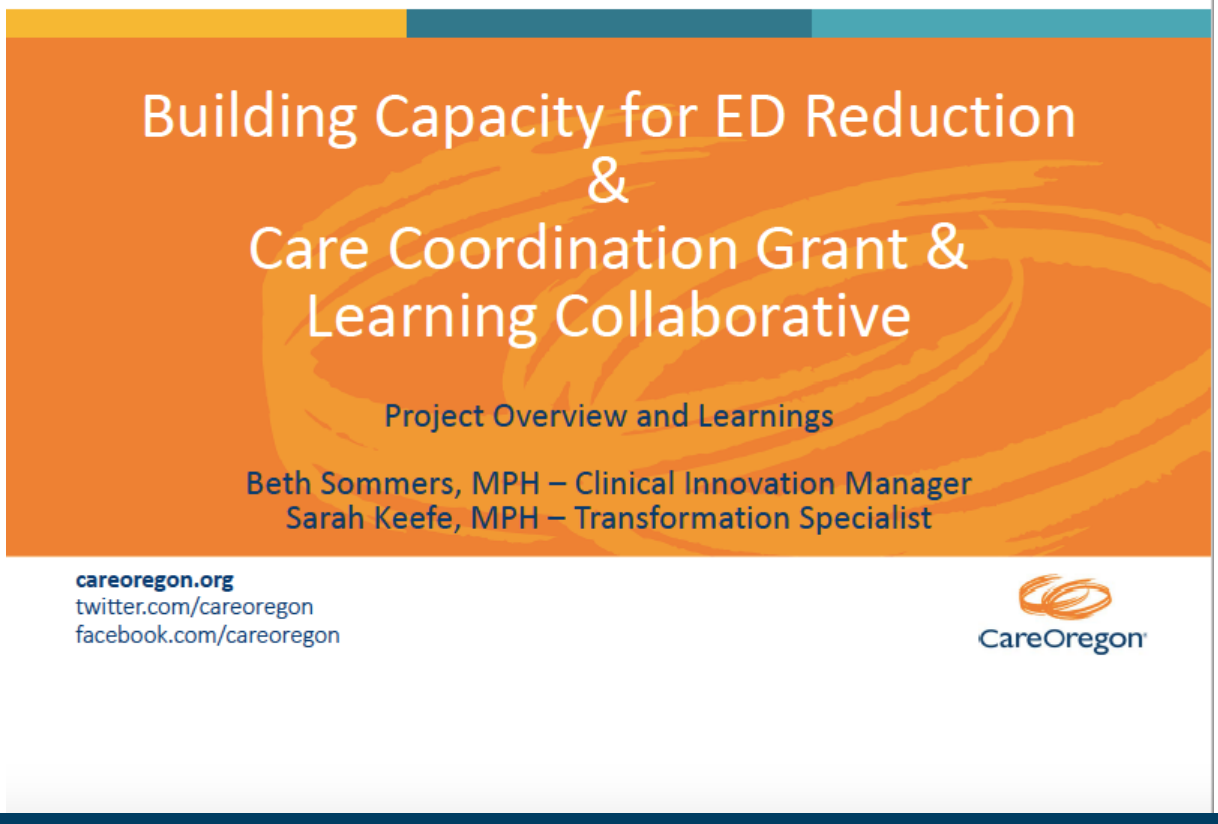
Appendix C: Collective Platform Resources for CCOs

For more information on HIT Commons EDIE Utility, please contact Liz Whitworth at liz@orhealthleadershipcouncil.org.

- Oregon Health Leadership Council Website (OHLC)
- 2020 EDIE Utility Priorities
- HIT Commons EDIE Utility Website
- HIT Commons Learning Resources and Workshops
- HIT Commons Announcements and Upcoming Events
- HIT Commons EDIE Utility Data and Reports
- HIT Commons EDIE Steering Committee
- Collective Medical Learning Path for Health Plans
- Collective Platform Implementation Guide for Oregon Clinics
- List of the Collective Medical Network in Oregon

Building Capacity for ED Reduction Project [40]

In 2017, CareOregon aimed to reduce ED utilization through clinic level, capacity building interventions. The following information includes slides from a presentation about their project, *Building Capacity for ED Reduction & Care Coordination Grant & Learning Collaborative.* CareOregon shared these slides as a resource for this report.



Background – The year was 2017…

- ED utilization was a CCO incentive metric we were consistently challenged in meeting
- In 2016, the average ED utilization across all CCO members was a rate 47.2; CareOregon's ED utilization rate was 51.2
- CO was addressing a small portion of ED utilization through HRS program that was focused on high utilizers, and RNs focused on transitions of care from the inpatient setting for duals
- Developed more sophisticated mechanisms for understanding cost and utilization and how to we can support the network in addressing these areas.
- Led to the idea of a performance-based grant

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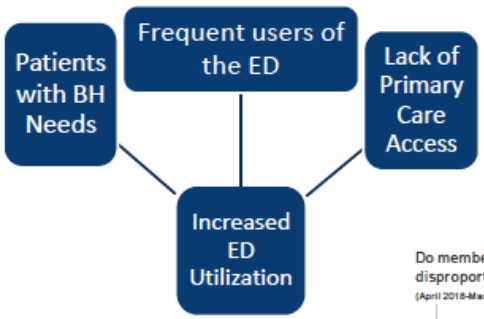
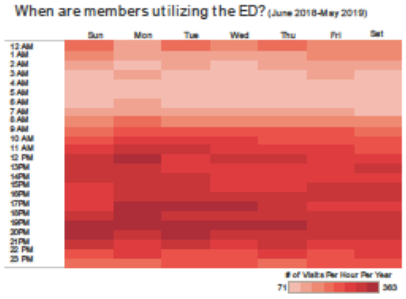
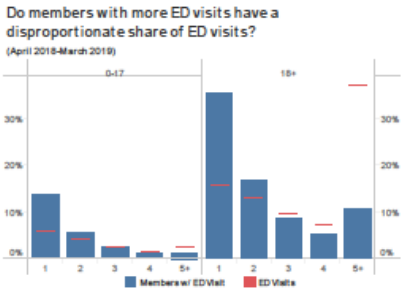
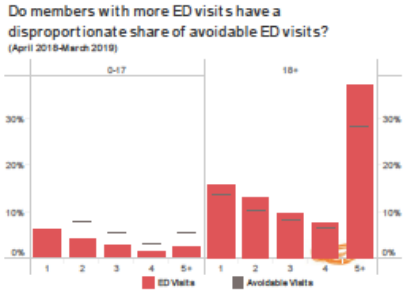
What Can Primary Care Do?









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Vision

Aims: Reduce ED utilization through clinic level, capacity building interventions

Goals:

- Meet the CCO ED utilization metric in 2018
- Improve coordination of care, outcomes, and total cost of care using PCPCH model
- Better target services for specific populations in need
- Be patient-centered and trauma-informed

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Program Overview

- $1.4m grant funded 13 clinic sites in nine health care systems to reduce ED utilization of their CO population by 4% within 15 months.
- Clinics asked to select 1 or more areas of focus shown to be effective in meeting this reduction goal

Broaden access to primary care	• Clackamas County Health Dept. • Legacy Randall Children's Clinic • OHSU Richmond Clinic • Oregon City Medical
Case management support for frequenters of the ED	• Multnomah County Health Dept. – Rockwood • Neighborhood Health Center • OHSU Pediatrics & Adolescent Health • Rose City Urgent Care & Family Practice
Focused support for behavioral health needs	• Central City Concern • Multnomah County Health Dept. – Southeast • Outside In

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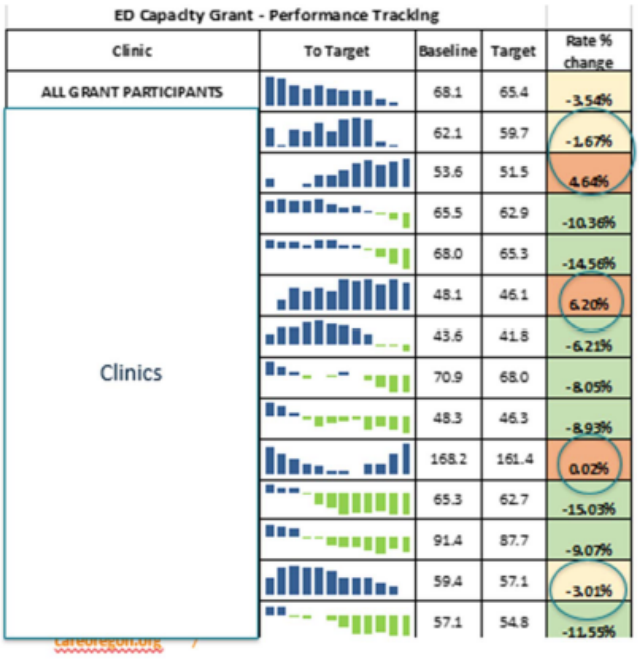
Appendices

Utilization Performance

- 8 of 13 sites achieved well over the 4% rate reduction target for overall ED utilization!
- Themes of successful projects:
  - Multi-modal methods used for raising awareness of practice hours and contact info. Simply sharing phone number and hours in several ways likely impactful.
  - Implemented a combination of interventions from all three areas of focus.
  - Optimized use of PreManage to learn about population, to support outreach post-ED visit, and to build relationships with community.



Utilization Performance

- 5 of 13 sites did not meet the 4% rate reduction target.
- Reflections from these projects:
  - **Major turnover** in staff supporting the project.
  - Lack of leadership engagement to focus efforts and triage barriers.
  - Project was not truly implemented/operationalized.
  - Lack of project management and infrastructure support (IT and data).

Learnings – CO Reflection

- First foray into ED utilization reduction with network, ALSO first performance-based grant by CareOregon
- Metro Expansion (FamilyCare transition) was unanticipated and blew up our plans for delivery of robust quarterly data reporting to clinics on their progress with grant
- Changed how we approached calculating the baseline

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Learnings – CO Reflection

- Implementing a new technology is **always harder** than you think
- Many interventions worked similarly to those in the published evidence, but a few didn't
- Working on access is important regardless of area of focus; low barrier access when people need it is helpful for behavior change and trust
- Staffing and institutional knowledge/turnover were significant issues in getting the project started in a reliable way
- Data needs were more than we originally thought
- Need for continued support for trauma-informed care

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Learnings – CO Reflection

- Consider supporting clinics in making decision to participate through a robust assessment of current state and resources available to support work.
- Create individualized TA plans and check-ins tailored to each site very early on, and modify as needed throughout.
- Bring community partners to the table consistently. Primary Care one part of larger system touching the patients.

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Horizon

- Integration of our learnings from this project into a regional plan to spread what works
- CCO 2.0 provides great opportunities to re-frame the way we are doing advanced team based care, and also shores up more sustainable care model and funding for things like THWs and other care coordination that can continue enhancing the models piloted and learned from in this grant activity
- Continued improvement on usage of Collective/PreManage and care coordination around IP and ED, especially starting with Ambulatory Care Sensitive Conditions (already in the payment model)

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