Cross Map of Health Information Technology Strategies for CCO 2.0 (5/27/18)

	BH	SDOH/ E	VBP	Cost	Notes
EHR/HIT Incentives for Behavioral Health Agencies -- CCOs would prioritize providers for this proposed, OHA-led incentive program to support licensed behavioral health agencies' investments in electronic health records and health information technology.	x				This is included in the BH policy options. Incentives are contingent upon legislative budget approval
Expand CCO role in EHR adoption to include behavioral and oral providers – *Adjust current CCO contract expectations around supporting EHR adoption* -- CCOs must support EHR adoption across physical, behavioral and oral health contracted providers. CCOs must establish targets or process for assessing EHR adoption by provider type across physical, behavioral, oral health providers.	x				This is included in the BH policy options, but the concept is broader than BH – includes oral health and physical health
Expand CCO role in HIE to include behavioral and oral providers, and specify hospital event notifications – *Adjust current CCO contract expectations around supporting HIE* -- CCOs must ensure contracted physical, behavioral and oral providers have access to technology that enables sharing patient information for care coordination. In addition, CCOs must ensure contracted clinics have access to timely hospital event notifications, and must use notifications within CCO.	x				This is included in the BH policy options, but the concept is broader than BH – includes oral health and physical health
Shift financial role for statewide HIT public/private partnership from OHA to CCOs to cover their fair share – *Add new contract requirement* that CCOs must participate in HIT Commons, (including paying dues for the Emergency Department Information Exchange (EDIE) and Prescription Drug Monitoring Program (PDMP) Integration project)	x			x	Not reflected in CCO 2.0 policy options, but has been explicitly discussed with CCOs who currently participate without cost
Continue CCO role in using HIT for patient engagement and link to health equity – *Adjust current CCO contract expectations* -- CCOs must describe how they use HIT to engage patients as a component of their health equity plan		x			The health equity plan is included in the SDOH/E, but may not reflect this level of detail
Standardize CCO coverage for telehealth services -- *Add contract requirement* to reduce barriers to access for health services through standardization of telehealth coverage requirements across all CCO		x			Reflected in the SDOH/E policy options
Further specify CCO expectations to use HIT for value based payment (VBP) and population management – *Adjust current contract expectations around using HIT for analytics and quality improvement* -- CCOs must utilize HIT to risk stratify populations and manage population health efforts, as well as to manage VBPs with contracted providers. CCOs must demonstrate ability to collect, analyze, and manage clinical quality metric data as a component of VBP arrangements.			x		VBP policy options don't specifically call out the role of HIT, but OHA anticipates including HIT in CCO 2.0 procurement and contract

*Governor's Priority Areas for CCO 2.0: Behavioral Health (BH), Social Determinants of Health and Equity (SDOH/E), Value Based Payment (VBP), Containing Costs