Oregon’s Strategic Plan for Health IT 2024-2028: Community Engagement and Input Report 2018-2023

Purpose

This document serves as an overview of community input the Office of Health Information Technology & Analytics Infrastructure (OHITAI) and the Oregon Health Authority (OHA) received between 2018 and 2023 and analyzed as part of the work to update Oregon’s Strategic Plan for Health IT 2024-2028 (Strategic Plan) by the Health Information Technology Oversight Council (HITOC). OHITAI staff analyzed and organized community and partner input from recent years into eight themes at the highest level and 47 subthemes, which are outlined below. This document is intended to help HITOC and OHA understand and leverage existing community input regarding experiences with health information technology (health IT). Sources analyzed as part of this work appear at the end of the document, with the majority of input provided before the COVID-19 pandemic, and with new focused engagement in fall of 2023.

Background

Beginning in late 2019, initial work began to update the Strategic Plan. An aspect of this work involved significant community engagement to hear about needs, challenges, and successes related to health IT. Engagement consisted of listening sessions, meetings with organizations and associations, individual interviews, written input, and more. This work paused in March 2020 due to COVID-19.

Community engagement continued across OHA in a reduced capacity with engagement for the Medicaid 1115 waiver, the publication of the State Health Improvement Plan, and community information exchange (CIE) outreach, including a webinar and support for COVID wraparound grantees. Efforts regained traction in OHITAI in fall 2021 with interviews with health system and community partners to aid in scoping HITOC’s Health Information Exchange (HIE) and CIE Workgroups, participation in a behavioral health learning collaborative, and continued broad community and health care partner input on OHA’s 1115 Medicaid waiver application.

Between June and November 2022, OHITAI staff partnered with Collective Health Strategies to generate a Community-Engaged Strategic Planning Process that centers health equity. This document is the outcome of the first phase of that Community Engagement Plan. Leveraging existing input avoids duplication of efforts and overburdening community members, patients, and equity-focused organizations that are regularly asked to provide input on statewide strategies and plans.

In June 2023, HITOC reviewed the draft engagement report and identified areas for additional focused engagement. Staff led listening sessions and interviews focused on HITOC’s draft Strategic Plan vision, goals, and strategies. These results are summarized as “New in 2023” under the corresponding subthemes. 2023 sessions included input from consumers, providers, and community leaders; partners in behavioral health, carceral settings, and long-term care; and organizations that serve rural, culturally specific communities, and tribal health clinics. See the list of sources at the end of this document for specifics.

Methods

The OHITAI staff team used a two-phase approach to review and analyze community input. Staff initially reviewed input collected from hundreds of individuals across 40 different input opportunities and sources over five years, including reports, interviews, listening sessions, meetings, presentations, and verbal and written public comments during state facilitated meetings. Community input included comments, questions, recommendations, and feedback from any individual or organizational representative impacted by or using health IT. In the context of this report, community means all those using and impacted by health IT.

Staff reviewed written and transcribed verbatim input, notes from meetings and presentations, and recommendations and input from reports across OHA, to identify themes relating to health IT. After an initial review of the input, members of the staff team identified subthemes and categorized them into overarching themes, developing an initial codebook. Staff met regularly to analyze content across input types, refine existing themes, and develop new themes as needed. Using a finalized codebook, staff reviewed theme and subtheme application across input excerpts and summarized findings from each set of applied themes.

OHITAI staff collected community input from 11 additional opportunities and sources in 2023 to obtain additional input from sources with limited representation in the initial engagement. Using the codebook finalized during the first phase of analysis, staff members analyzed content across input types and refined and added to existing themes as needed. Staff then applied themes from the refined codebook. Summarized findings from analysis of the 2023 input are indicated throughout this report by “New in 2023.”

Themes and subthemes

The eight themes within the report are sorted in alphabetical order. Their associated subthemes are organized within each section in order of most frequent occurrence from input from 2018-2022. Three new subthemes emerged from 2023 input and are listed at the bottom of their corresponding theme. The eight themes and 47 subthemes are summarized in the table below:

Data	Landscape/ Environment	Metrics and Quality	Patients and Consumers
Right data, right place, right time Data privacy, security, transparency is a priority Need increased interoperability between systems Data silo/extraction/format challenges Centralized/valid data sources useful Need increased access to information Accuracy of records needs consideration/confirmation Data gaps need to be identified, reviewed, prioritized, and filled Uncertainty on federal requirements around handling of patient data Value of data sharing Consider policy drivers	Opportunities for relationship building, collaboration, and sharing are needed Digital divide needs addressing Flexibility needed in dynamic health IT environment Health IT vendors play a key role in landscape Existing infrastructure Governance/oversight Open communication across care team is needed	Challenges around data needed for value-based payment environment Coordinated care organizations support data analytics and metrics Financial incentives influence priorities Data quality/metrics	Patient portals/access to information need improvement Patient rights; patients should inform health IT policies Helping patients connect to resources Disparities in patient access to technology Specific populations Increased patient input needed Patient trust*
Providers	**Social Determinants of Health and Health Equity**	**State Role**	**Support Needed**
Consider provider burden Tools need to integrate into workflow Health IT challenges in behavioral health Health IT challenges in oral health Provider voice needed Health IT challenges in carceral settings* Health IT challenges in long term post-acute care*	Social determinants of health considerations Interest in CIE Health equity Health IT needs of the Nine Federally Recognized Tribes of Oregon	Desire for state to standardize requirements State guidance/leadership needed on health IT State support alignment with federal standards	Additional financial resources Education is needed across the spectrum Buy-in needed to support adoption Technical assistance implementation support needed
New subthemes from 2023 input are indicated with an asterisk*			

New for 2023: Strategic Plan feedback

Partners expressed overall support for HITOC's draft Strategic Plan vision, goals, and strategies and support the aim of secure, efficient, and transparent transfer of information between individuals, providers, health systems, social services organizations, and more. They conveyed it is critical to center people served by health IT, including patients, consumers, and communities, and want to see this reflected in the Strategic Plan. Others shared the goals align with existing activities in their organizations' work. Some emphasized thinking statewide, as many health IT issues may be out of reach for individual organizations.

There was also support for the strategies that were shared on the widespread adoption and use of electronic health records (EHRs), HIE, and CIE. Feedback included a need for more specificity in some areas, such as for closing EHR gaps, with the suggestion to focus on closing EHR gaps for behavioral and dental providers.

Partners were asked what HITOC should prioritize in the Strategic Plan. Responses included:

- The ability to assess and understand the health of people in Oregon and the impact of variables such as treatment, location, socioeconomic status and more.
- Accessible health information for providers and people served, for example through statewide HIE.
- Defining valuable data for different provider types to include in exchange, including defining and standardizing social determinants of health (SDOH) data.
- Education for patients and consumers to build health IT related skills and literacy.
- Prioritizing people's privacy while also balancing privacy laws, federal requirements to share data, and data sharing needed for care provision.
- Leveraging existing platforms, infrastructure, and standards.

See additional 2023 responses under specific themes throughout this document.

Data

Data was mentioned throughout community input, touching on how data is critical, yet challenging in its extraction, format, and access. Community input highlighted what is needed for health IT to support the collection and sharing of data in order to support care provision and coordination.

Right data, right place, right time

Partners shared the necessity of data availability, emphasizing that it's important to have the correct data at the point of care. In order to have data that is correct and timely, it should be collected and shared efficiently. They noted the benefits of the functionalities that health IT systems such as HIE, CIE, and EHRs can have in supporting care coordination. Some emphasized that statewide HIE and CIE systems can transform care delivery, particularly for complex patients, and that EHR use can support streamlined care coordination. Respondents also noted for proper care coordination, tracking down information or data on a patient across different systems and providers can result in lost time and poorer outcomes.

> *We want data and we want to be able to use it. Timely. [We] don't get data from payers at the right time or the right way. [We] can't coordinate care or deliver in right way.* – Health care association interview, 2020

New in 2023: Partners affirmed that data availability remains an important theme. For example, during the COVID-19 pandemic, health IT was successfully used to share important case location data.

Data privacy, security, transparency are priorities

The privacy and security of patient information was a priority across partners. Partners shared the importance of proper protection for data exchange, and for patients to maintain their rights, autonomy, and privacy as technology advances. Partners shared concerns over how patient data is used and shared, the associated security risks, and what app developers might do with patient data, such as sell it. As broader and more sensitive types of data are collected, privacy needs careful consideration.

> *The science is moving toward collecting more participant data from other sectors such as criminal justice and foster care, other consumer data… [this] raises important privacy issues that need to be fully addressed.* – Oregon Health Policy Board feedback to HITOC, 2020

New in 2023: 2023 engagement confirmed these themes. Partners shared that privacy and information blocking concerns should be equally balanced and suggested looking to European privacy and policy standards. One partner shared concerns on balancing the protection of substance use disorder (SUD) information covered under 42 CFR Part 2 (which serves to protect patient records for the treatment of SUD) with the need to share this information. It is critical for making informed medical decisions, yet the regulations create data sharing challenges.

Need increased interoperability between systems

Partners emphasized the need for interoperability to ensure communication and data exchange between different health IT systems. They noted that a lack of interoperability can result in unnecessary duplication of efforts and increase workload, ultimately burdening health systems and providers. They also noted that a lack of interoperability can impair the ability to track patient care across providers and health systems, and even hinder patients' ability to share their own records across their different providers. One partner noted that federal rules and new interoperability requirements have drawn providers' and health systems' attention to promoting interoperability to comply with future standards.

New in 2023: Increasing interoperability remains important to partners across all setting types, including tribal clinics, carceral settings, small and large health systems, rural providers, and community-based organizations (CBOs), who were part of the priority groups for this focused input. Some partners emphasized that information exchange can be challenging across organizations using different health IT. Lack of standardization can result in lost data or missing context when data is exchanged, making the data less valuable. This potential for quality loss reduces motivation to use interoperable systems.

> *Providers say, “I don’t know why I would hook up to this HIE because none of the other providers in this area are sharing data either."*
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> *When we send data through [our EHR’s HIE], we get rich data back and know everything we need to know. But if it crosses into another HIE that doesn’t have a standard, then it breaks down.* – Interviewee, clinic serving rural and culturally specific populations, 2023

For effective care coordination, information needs to flow bidirectionally. Lack of interoperability can cause delays, negatively impacting patient care. Partners say all systems need to "speak the same language.”

Data silo/extraction/format challenges

Partners expressed challenges around required or requested data, noting that even if the data has been collected, often format issues can prevent data sharing. One respondent stated data silos exist in part due to the resources required to extract data from systems and convert it to the needed format. Different entities, such as payers and providers, don’t speak the same data “language”, which contributes to challenges in the processing, understanding, and utilization of data.

New in 2023: These challenges continue. The more platforms, systems, and applications that exist, the less standard data collection, sharing and use become, despite existing data standards. Partners shared the need to standardize data so it can be successfully exchanged through HIE. Improved standards would help maintain data quality as data is extracted and moved through different tools and platforms. One partner called for looking into technology to mine data from the various sources to bring together useful data.

> *I work in quality and patient safety, and there's so much data overload. It's overwhelming to mine it, to curate it, and to use it well and consistently. And then data sources change and shift…* – Community & Consumer listening session, 2023

Behavioral health partners shared they must meet multiple reporting requirements, and often have to input data into separate systems that are not connected to their health IT systems. The data cannot be easily extracted, so providers duplicate work entering the same information into different systems. When systems have different criteria, they spend time adapting information for each one. This issue is further compounded for organizations that use multiple health IT systems to pull together a solution for their needs.

Centralized/valid data sources useful

Several partners explained that a single centralized place to access valid data would benefit patient care. Centralized patient records, registries of critical health information, and emergency department (ED) visits are just a few examples respondents said would be helpful to have available in a centralized source or registry. One partner suggested there would be benefits to the state developing a registry to hold critical health information that could be accessed by all users.

New in 2023: Partners continue to support the usefulness of centralized valid data sources, saying it could help effectively share data, alleviate burden for people with multiple patient portals, and improve affordability.

Need increased access to information

Access to information emerged repeatedly as a theme from partners. They explained that access to the full medical record supports care provision and patient management. Information sharing across providers should not be difficult, it needs to be more seamless. Outside of the medical setting, they noted that access to certain information such as race, ethnicity, language, and disability (REALD) data can be beneficial for coordinated care organizations (CCOs). Partners expressed appreciation for closed loop referrals, where providers and members of a care team hear back on the status of a referral. Partners also acknowledged the protections for certain information types, such as behavioral health data, but noted that behavioral health agencies could benefit from opportunities to participate in HIE. Additional themes included an interest in viewing information to support logistics, such as bed availability.

New in 2023: Access to information continues to be a resounding need for partners across the health IT landscape. Partners shared they need access to information on care and services people have received, pharmacy data, state hospital records, and both individual and population health data. Specific organizations that need increased access to information include CBOs, CCOs, and carceral settings. Access is further hindered when providers do not use health IT, causing delays and gaps in data.

> *Where [CCOs] need help is we need access to the clinical record when these individuals are still incarcerated. I have nurses who want to see the medical problem list. They want to see medication list. Are there any behavioral health concerns? Because the probation officer is limited in their understanding of the presentation of that member, they rely heavily on our team to understand and process the clinical information so we can be more prepared because a lot of the individuals, when they're released a lot of times they can be released onto the street. And so we're scrambling and we make it work the best we can, but I would prefer to be prepared before they're released and we have access to records so we understand what we're going to be facing when that individual comes out. –* Carceral listening session, 2023

Accuracy of records needs consideration/confirmation

Partners shared that while promoting data sharing through HIE is important, the quality and accuracy of data that is contributed and shared must also be considered. Partners also emphasized that patients need a way to contest or correct their medical records, as inconsistent, outdated, and inaccurate diagnosis or medication lists can be frustrating and/or dangerous for patient care. Respondents noted that technology itself can create inaccuracies in data, such as with auto-assignment of patients to a provider, or EHR updates altering information.

New in 2023: The need for accurate data remains important to partners, who shared that data collection needs improvement, citing the example of outdated medication lists. Another shared concerns that proposed state or regional dashboards may not reflect what is happening on the ground due to the disparate ways organizations must gather and report data to meet varying reporting requirements and the need for longer term strategies to validate data.

Data gaps need to be identified, reviewed, prioritized, and filled

Partners shared a range of data gaps, meaning there are types or levels of information needed to provide or coordinate care, or for analysis or reporting, that require consideration. Some gaps include tracking uncompensated care and the continuity of care while incarcerated. Others shared that lack of patient level data makes it difficult to assess differences in health outcomes by social and demographic data. One partner stated that having the ability to look at metrics by clinic and having robust member geographical and demographic data may improve decision making for resource allocation.

New in 2023: Data gaps remain for partners, who shared data is often so disconnected it cannot be understood. Additionally, particular settings still face many data gaps, or struggle to share data, such as carceral settings. Community voice needs to be a stronger part of determining which data is collected; ultimately, collected data should support people's health. Examination is needed on the gaps between current quantitative data driven approaches to decision making, and what people and communities say are their issues, needs, and priorities.

Uncertainty on federal requirements around handling of patient data

Federal rules, policy, and regulations contribute to the complexities of accessing and sharing patient data, specifically rules on interoperability and 42 CFR Part 2. Because of the different compliance requirements for SUD, behavioral[1] and mental health data, disconnect is created among care providers, resulting in inconsistent information sharing. Partners also stated the need for clarity on information blocking.

New in 2023: Partners confirmed that challenges remain around interpreting federal rules, notably 42 CFR Part 2. Variation in interpretation and application of this rule between organizations creates complications. Providers that treat both mental health and SUD face additional challenges navigating the different rules that apply to managing these data.

> *There's also a divide still between mental health and SUD services and how those rules are interpreted depending on if you're certified in both spaces… if you're providing mental health services but you're addressing co-occurring issues but you're not a certified [alcohol and drug] provider, it gets complicated quickly, which is also why we don't have a universal legal interpretation. So all of our agencies have a slight variation on how their counsel will interpret what their practices have to [do]* - Behavioral health interviewee, 2023

Value of data sharing

Sharing of data is crucial to patient care. One provider shared time and resources are spent tracking down what happens to patients once they leave their clinic, as behavioral health information is disconnected from the primary care team. While providers are aware

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[1] Per OAR 309-008-0200 "Behavioral Health" means mental health, mental illness, addictive health, and addiction and gambling disorders. "Behavioral Health Treatment Services" means mental health treatment, substance use disorder treatment, and problem gambling treatment services.

of information sharing complexities, there is a desire to collaborate among the care team through use of shared data to make informed patient decisions. One partner suggested better, more open information sharing between OHA and CCOs would be valuable. Another partner stated that moving toward value-based payment (VBP) has helped people begin to understand the value of using data and trying to provide the correct medical activities at the right time to the right degree (For more details and VBP definition, see subtheme Challenges around data needed for VBP environment).

New in 2023: Data sharing through health IT remains important and assists providers in making informed care decisions; however, when providers use different health IT systems, data sharing can be inhibited. Partners called for clearer definitions of priority data for sharing, outlining the need for sharing only the most “valuable” data for care.

Consider policy drivers

A few partners specifically called out the impacts of policy on health IT, with one noting that policy and regulatory barriers between the health care and social services sectors can present a challenge to supporting SDOH. Another noted that using data aggregated through a shared information system can support policy makers on making informed decisions about areas of greatest need and how to address them.

New in 2023: Partners highlighted that data should be aggregated to direct policy and systems change and see the overall “health” of the state. However, communities may lack access to data to make decisions about themselves, and the current state of policy and data collection may not reflect their needs.

> *We believe that data collection serves a greater purpose beyond the care and delivery of services to the individual. Policy and systems change should be directed by aggregated data.* – Written comment, 2023

Landscape/Environment

Partners highlighted the complexities, uncertainties, and digital divide present in the health IT environment. These challenges create the need to build on existing infrastructure, collaborate and build relationships, and engage in open communication with one another.

Opportunities for relationship building, collaboration, and sharing are needed

Partners shared they would like more spaces for communication and collaboration with each other to coordinate and share best practices. Partners favored collaboration and relationship building, noting there is no need to duplicate efforts, and instead they should look where progress is already occurring. Additionally, partners find value in shared learning opportunities across a variety of topic areas, such as EHR adoption and use, HIE connectivity and use, and privacy and security.

New in 2023: One partner highlighted the challenges to creating a unified system since CCOs work in different regions with varying needs, thus choosing different health IT.

Digital divide needs addressing

Partners highlighted that behavioral health and oral health organizations are not as far along as physical health organizations in technology adoption or maturity around technology use. Respondents stated that behavioral and oral health do not have the necessary infrastructure and are often unable to make the investments due to historical underfunding and lack of resources. Support was expressed for providing additional resources to support health IT for behavioral and oral health. These resources could help improve the exchange of comprehensive health information (see Support needed and Providers themes for more details).

> *Oral health and behavioral health areas are not nearly as far along as physical health organizations are, either in technology adoption or maturity around how they use technology. There's some very large number of dental offices that are not part of large dental systems, they're small, might have 2 or 3 providers. So, trying to get them engaged and to participate in a meaningful way around information exchange, even to accept claims data or aggregated data we have for them, is tough.* – CCO listening session, 2020

Partners also expressed a need for health IT to integrate behavioral and dental health information more efficiently with physical health information to aid in care coordination. One physical health provider commented that trying to determine what happens to patients outside their clinic can be difficult, for example seeing there was a behavioral health referral, which is often relevant to providing care. Results of a survey of Oregon behavioral health agencies indicated most are investing in health IT, however the systems often do not adequately support the full spectrum of health IT and information exchange needs.

Likewise, disparities exist between large and small health systems in their access and use of health IT. Some small and/or rural providers have not yet adopted an EHR, and are not using electronic methods of information exchange, for example sending referrals through paper forms or faxing. One respondent noted that the investment needed for the right IT skillset is not a reasonable expense for their clinic. These resource limitations contribute to disparities between small and large clinics/health systems. This detrimentally impacts smaller clinics' reporting abilities and can hinder their participation in efforts such as VBP.

New in 2023: Digital inequities persist, creating disparities in access to health IT tools. Partners highlighted a variety of reasons for the disparities:

- Lack of internet or broadband access
- Limited support for use of health IT tools in rural areas
- Concerns from behavioral health providers about the value of entering client information into HIE platforms and whether hospitals/emergency department staff are using the information
- Persistent gaps in certain providers adopting health IT tools, including specialty practices who have not adopted an EHR and still rely on fax or email

Partners called out the need to address EHR gaps for behavioral health and oral health providers specifically.

Flexibility needed in dynamic health IT environment

Health IT is ever evolving, and partners provided their perspectives on the changing environment, sharing that Oregon's health IT infrastructure needs to stay compatible with modern technology or risks falling behind. Both technology and the underlying strategies must be adaptable as the landscape changes. Others stated uncertainty around which is the "right" health IT to adopt or invest in, either due to waiting for others to adopt and see what buy-in or success looks like, or because of uncertainty regarding national standards and/or federal requirements.

Developments in technology, advances in patient care, and the impact of COVID-19 exemplify the need for health care communities to stay flexible and innovative. Care coordination requires an improved and expanded IT infrastructure which requires change in the tools providers and clinics use. One example of change in the health IT landscape is CIE; partners acknowledged that integrating SDOH into patient care will take time and be an iterative process (see SDOH and Health Equity theme for more details).

> *The one thing our team has talked about multiple times is that no matter what we do we still need to remain innovative and be able to remain flexible and nimble in a lot of ways.*
> – Technology partner listening session, 2020

New in 2023: Partners continued to highlight the challenges inherent in changing large health IT systems. Technology needs to remain flexible so it can adapt quickly to changing requirements. One partner suggested that HITOC share updates on changes in Oregon's health IT landscape to raise public awareness.

Health IT vendors play a key role in landscape

Health IT vendors create, update, and maintain technology which impacts the landscape for the health care system. One partner stated that every organization they've interacted with selects their EHR vendor by prioritizing billing functionality over other functions, such as clinical or patient priorities. EHR vendors are involved in the availability of various reporting functionalities within EHRs which impact clinics' abilities to participate in VBP. Some partners identified factors that could facilitate or impede EHR usage, including cost, data reporting, and ability to customize. Another partner shared that small and medium sized groups have no power with their vendor which creates challenges for them. In addition, some format and standardization barriers remain.

New in 2023: Health IT vendors continue to influence the landscape. When quality or reporting requirements change, organizations must request changes to EHR or other health IT systems, which can be costly, slow, or not possible. One partner shared that behavioral health organizations face constant changes in reporting and documentation requirements. Some behavioral health EHRs tend to be more flexible to these needs than large physical health EHRs, which change slowly. However, this can cause barriers sharing information between behavioral and physical health providers. Multiple partners called for holding vendors accountable for interoperability. Partners also noted a need for Oregon to align with the federal interoperability roadmap, as EHRs align with the federal direction.

> *[I]t's a massive, massive system and change is not easy to make, yet the constant, constant need for changes in our space about what we're documenting and what reporting we need causes us to be having to be as nimble as possible. And big systems*

> *like that, that would interact better with our physical health partners and with each other don't move quick enough. –Behavioral health organization interview, 2023*

Existing infrastructure

Across the health IT landscape, partners expressed the need to build off existing infrastructure and continue work that is already underway. HIE specific examples include leveraging and building upon existing infrastructure present in the public/private partnership with OHA and HIT Commons and expanding on the Reliance platform. CIE specific examples included consideration for work underway with the Medicaid 1115 Waiver and building upon existing regional and early adopter efforts.

New in 2023: Partners continue to recommend leveraging existing infrastructure, platforms, and standards to meet health IT goals.

Governance/oversight

Partners highlighted that health IT governance should include community participation at multiple levels. They identified a need to achieve broad buy-in in health IT efforts by strategically engaging leaders, different entities, and sectors in order to build collaboration and trust. In one input opportunity, partners discussed the role of regional collaboratives and their potential value for oversight of a collaborative community of HIE users.

Open communication across care team is needed

Open communication across provider types is needed to complement and support data sharing, interoperable technology, and the sharing of best practices across the health care system. Better communication among providers, for example between specialists and primary care providers, supports goals related to availability of patient information and improves coordination. This coordination and communication are necessary to deliver whole person and person-centered care.

New in 2023: Communication challenges between members of the care team remain a priority for partners. They highlighted the importance of communication between health care providers and CBOs, as well as the need to improve communication in rural settings. Sharing behavioral health information remains a challenge because 42 CFR Part 2 is a barrier to data sharing. In carceral settings, communicating about medical care and transitions of care is a challenge because some facilities have outdated or poorly maintained health IT systems and some have no health IT system at all.

> *We have some ways to communicate. Mostly it's we're talking on the phone with folks, but there isn't a system connection. There isn't a like an IT linkage there, but medical care while incarcerated is a big overlap for us because we're going to have those folks before and after that period of incarceration…* – Behavioral health organization interview, 2023

Metrics and Quality

Unique challenges exist for payers and providers using health IT to meet and report on quality metrics. Also, specific data needs were highlighted related to VBP.

Challenges around data needed for value-based payment environment

Partners shared that barriers to effective VBP are created when limited clinical information is entered by providers. Respondents noted it is important to have the most accurate data available to know what care patients have already received, and a need to bring in correct data to be able to risk adjust.

Others shared that VBP will be a big change for providers from a technology and data perspective. Moreover, assigning members to a primary care provider is a challenge; patients need to be associated with a primary care provider for metrics, but patients may move or change providers often. One partner expressed that providers feel pressure to engage in VBP, but do not know how they are doing on cost or health outcomes for different populations. Partners also shared that value-based incentive metrics need careful consideration as they may inadvertently incentivize unintended behaviors.

Value based payments (VBP) are payments to a provider that explicitly reward value, by moving away from traditional volume-based health care payments to payments based on value that support positive member health outcomes and cost savings.

> *Providers are feeling more pressure to sign onto VBP. They are looking for more information on how they are doing on cost. They have no idea how they're doing compared to peers. So a baseline, establishing where they're doing well on populations and where there are gaps, is important before they sign on.* – Quality organization interview, 2020

Dental care organizations (DCOs) shared they do not see how long a patient was enrolled with the CCO if they were with a different DCO partner, which impacts their calculation of value-based metrics. Lastly, less is known about how VBP will work with specialty care as there have been fewer use cases than with primary care.

> *Having accurate data to know what levels of care people already have, as accurate as you can get it, is super helpful.* – Oral health listening session, 2020

Coordinated care organizations support data analytics and metrics

Partners noted the various ways that CCOs support clinics and providers in data analysis by contributing and analyzing data and providing reports. Many partners noted the benefits of CCO funding and participation in regional HIEs and the value of claims data, encounter data, and other non-clinical information contributed by CCOs in supporting care coordination. For example, CCO data can indicate provider assignment for members to facilitate follow up or transitions of care. One partner noted that in efforts to support care coordination for people exiting incarceration, their organization sought county-level booking and release data to identify where their members are post-release. One partner described the value of developing an organization’s capability to analyze data internally in the absence of external programs.

> *Having really robust member level data for the metrics, we can pair that together to do geographic analyses, demographic analyses for the metrics, we have trends. See if that will allow us to make better decisions on how we are spending our resources.* – CCO listening session, 2020

New in 2023*:* One partner emphasized the importance of providers receiving data from CCOs about the total cost of care. Another pointed out that CCOs also need data from providers and other facilities and requested more dialogue around this.

Financial incentives influence priorities

Some partners noted that use of incentives to support providers in meeting metrics requirements or health IT adoption can be beneficial and assist in making the value of such tools or metrics clear to providers. Some partners noted that shifts in funding or incentives may unintentionally impact provider focus or workflow in ways that misalign with care provision priorities. For instance, provider focus may be directed towards particular treatments or activities that may not be as efficient a use of their time.

> *I do work at the admin level around some of these measures and trying to engage the care teams around meeting them. I think you need to be mindful of the type of value-based goal you're trying to achieve, because when you spread that to frontline staff it can create incentives you may not intend.* – Oral health listening session, 2020

Data quality/metrics

To meet certain metrics, partners shared that providers are accountable for having quality information to receive payments; having quality data is critical, as providers must be able to show payers they have met certain quality measures. One opportunity partners identified for HIE included supporting VBP with more robust source-of-truth data.

New in 2023: Partners suggested regularly evaluating which data are used in health IT systems and what approaches are used to validate data. Data quality continues to be hindered by the need to document information in multiple different ways.

Patients and Consumers

Across engagement types, partners advocated for patient and consumer needs, including increasing and elevating their input to shape and engage with the health IT environment. Community members shared concerns over patient resource accessibility and availability, including the complexities and challenges of patients accessing their own health information and the use of patient portals.[2]

Patient portals/access to information need improvement

Partners advocated for patient engagement in their care through the use of patient portals and emphasized the importance of ensuring patient-facing data are easily accessible and understood. Many patients have a desire to engage with their health information. One identified way to increase the ease of portal use is to make them available on mobile devices and ensure they are mobile-friendly.

However, challenges exist that need attention. Patients are burdened by the amount of patient portals and multiple logins, especially those coordinating the care of their family members; one

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[2] Consumer listening session, 2020, transcript. This and all other sources are linked in the "Sources analyzed for health IT engagement" section.

partner shared that caregivers and proxies navigate additional complexities in accessing information for those they are caring for due to health information protections.

> *I don't have experience with it, but I have three different families- how do I integrate accounts so I can look at all of my children's portals?* – Consumer listening session, 2020

A respondent shared the duality of increased access to patient information through consumer apps, in particular: while this technology may increase people's access to their information, there are fewer protections, which may increase security risks. In 2020, some partners expressed that patient portal adoption has been slow, and that portals lacked both provider and patient buy-in. Additionally, there was uncertainty about what information to provide in portals, with some unclear on what the best approach was for patient access to their information. One respondent noted that clinics had mixed feelings on portal features (e.g., some want medication/appointment request capability, some do not).

Respondents also shared that more direction and education in this space would be helpful. Partners stated with increased use comes increased support needs, and providers and organizations would benefit from in-house expertise to better support patients with portal use.

> *Some of the health care apps like My Chart are pretty limited to storing letters, referrals, lab results. It would be nice for clients to have a bit more access to notes written about them and how to correct errors.* – Survey respondent for State Health Improvement Plan, 2019

New in 2023: The need to improve patient portals and patient access to information remained important to partners, but patients/consumers did express benefits from information sharing through patient portals. Patients and consumers want access to their own information and to determine how their information is shared. Partners acknowledged the importance of patient navigation of health IT applications and portals which can help them engage in their care. Rapid information exchange was also highlighted as a need, but some partners noted it can be challenging for providers to connect with patients as rapidly as results can be transmitted through portals. Some patients expressed appreciation for quick access to test results, but additional work may be needed to support other patients in interpreting and receiving health results.

Themes around education also emerged in 2023 input, with some partners identifying it as a priority for improving patient portal access. Partners noted that support for health and technology literacy are needed. Additional challenges around patient portals include the large number of different portals, lack of wide adoption and use in some places, and lack of accessibility features and language availability among patient portals.

One partner reported that there may be additional barriers to sharing information via portals in behavioral health, where additional review of records prior to sharing may be required. Another indicated that because documentation and content in portals is often formatted or developed to comply with reporting rules or guidelines, it may lack a patient-centered or -directed focus. They suggested that adding fields for patients to add comments alongside or in response to provider documentation in patient portals or health records could make them more collaborative and patient-directed.

> *[S]ome of the challenges and barriers are a lot of times the documentation and information in the patient portals that are being written are to meet codes, quality codes, criteria, like CMS guidelines, and you know, all the different guidelines so they're, they're checking the boxes and they're using the smart phrases to communicate with each other but maybe missing the person centered care--person directed care.* – Community & consumer listening session, 2023

Patient rights; patients should inform health IT policies

Partners and consumers reiterated the importance of patients' rights, the need for sensitivity when collecting consumers' information, and for patients and consumers to have access to their own information stored in health IT platforms. Consumers shared they want the ability to annotate or correct their records.

> *First of all, the person needs the right to access and review, and if they find something is inconsistent, they should be able to enter an annotation. That feature should be built into the systems created so the consumer perspective shows, maybe the consumer wants to enter a document that counters what was said or done or shows the error. At least you can annotate if you can't change the original but can show what should be allowed to be included in the record.* – Consumer listening session, 2020

A few partners and consumers also suggested that patients should have a say in what measures are collected about them and tracked in their records. Lastly, more clarity is necessary around length of record retention.

> *Nothing about me without me. Making sure there is transparency for the patient as much as possible. It will require a culture shift.* – Consumer listening session, 2020

New in 2023: Respect for patient rights and privacy continued to be important in 2023. Partners called for centering patients and communities in the strategic plan. Some discussed patients' concerns about providers sharing inaccurate information. Patients need a way to correct their medical records. Partners also emphasized the importance of providing patients with understandable information around consent and privacy.

Concrete suggestions for centering patient rights and patient input in health IT policy included:

- Examining the gaps between current quantitative data driven approaches to decision making, and what people and communities say are their issues, needs, and priorities to identify areas of alignment and misalignment
- Using patient advocates to support patients in understanding and participating in their care

> *Privacy used to be the highest concern in IT, then came along information blocking issues. I think that that concern needs to be balanced. If I am a patient, I think I should be able to still restrict some of my health information. I am offended that everything could be shared everywhere and I have heard this from patients.* —General listening session, 2023

Helping patients connect to resources

Partners emphasized the importance of and work necessary to connect patients to resources. Examples include connecting individuals with community resources through CIE, and self-navigation of CIE; this allows for individuals to search for help without needing someone else to use the system for them. One partner suggested that health IT should help notify patients of their health care gaps and could aid in incentivizing and/or alerting patients to these needs so they can follow through and better engage in their care. These alerts could also be related to metrics that are set to improve care and health outcomes.

> *That's one thing that we've wanted to see, to ensure that consumers are given the information that peer support exists and they can have access to it. Something as subtle as the data system collection form might have an impact in that kind of way.*
> – Technology focused consumer advisory committee interview, 2020

New in 2023: Connecting patients with appropriate resources remains important. Multiple partners cited a lack of available resources, including services and community programs in both rural and urban settings. A few noted that the focus should be on expanding resources rather than connecting people with technology. Partners called for new ideas to address the lack of resources for SDOH and behavioral health needs. One suggestion specific to people in carceral settings was to provide tablets or kiosks for use in accessing patient portals.

> *And so my concern is we spend all this time trying to solve what are relatively acute issues with the technology comparatively to the issue of well, how do we just get more behavioral health resources, how we just get more… community based organizations to help solve, you know, food insecurity issues and transportation issues and some of those kinds of things.* – Interviewee, clinic serving rural and culturally specific populations, 2023

Disparities in patient access to technology

Lack of access to the internet and to the technology that connects to the internet itself (e.g., computers, tablets, smartphones) also impacts individuals' abilities to access their data and patient portals. One partner highlighted the access issues experienced in rural areas, including lack of internet availability.

> *Another thing to consider for behavioral health especially, a lot of folks can't afford a computer, or maybe even good food. This is a concern of this committee, we call it a digital divide, and it's a very real issue for many people.* – Technology focused consumer advocacy group interview, 2020

One partner highlighted that the use of telehealth had created challenges for communities with technology barriers, language barriers, and for communities of color, one of these barriers being a lack of broadband access. Others noted a need to expand the use of telehealth, particularly for rural areas, and to extend coverage of telehealth services indefinitely.

New in 2023: Access issues, such as lack of internet and technology, continue to be a barrier in rural areas. Partners emphasized the importance of live phone support and phone calls to connect providers and patients, especially for older patients and providers in rural areas. One noted that phones can fill internet gaps except in very remote areas that have no service. Partners noted that portals can support patients in accessing information but that people may lack the knowledge or skills to use them when they are available. Lack of language capabilities in EHRs, and lack of live phone support were also barriers to patient access to health technology. Partners saw a benefit in teaching patients how to use portals but were concerned with the amount of organizational capacity required for patient education.

> *Because people don't understand how to use them, have a horrible time gaining access. Most either don't have the knowledge, the skills that it takes, nor do they have devices. I think there are probably some solutions for access. But I think they would come with a great deal of capacity.* –Community & consumer listening session, 2023

Specific populations

Community partners shared that additional considerations should be given to specific populations and their health IT needs. Specific populations mentioned by partners included people experiencing houselessness, the intellectual or developmental disability community, individuals who are incarcerated, and persons living with or experiencing mental illness.

Increased patient input needed

Partners expressed the importance of patients participating in discussions on how they access their own information as well as engaging in their care. These conversations should include diverse patient voices that represent different needs and circumstances. Consumers also highlighted the need for their input on what terminology should be used to refer to them, as there may be power differentials associated with certain terms.

New in 2023: Partners continued to want more patient engagement for input and shared decision-making. They emphasized the importance of engaging patients in data to ensure that health data are person-directed. They suggested strategies for increasing engagement with patients and communities:

- Leverage existing hospital patient advisory councils to engage around health IT
- Distribute anonymous feedback forms through existing councils or groups
- Conduct outreach in rural areas by tabling with refreshments at major retailers
- Offer opportunities for people in carceral settings to provide input on if or how they might want to view their medical records

> *Start peer support programs for health "literacy" and people's IT usage.—Community & consumer listening session*, 2023

Patient trust

New in 2023: A subtheme emerged around patient trust in the health care system and health IT. Patient trust is important for collecting information for care provision, but patients may have had negative experiences with health care or providers. People may also have concerns regarding the amount of information collected about them. Such existing trust issues may be a barrier for patients sharing their information and using health IT such as patient portals.

> *The question to me that remains is how to consistently collect data while respecting patient privacy and… get patients to trust the methods of collections so they will share their true health issues.* – General listening session, 2023

Providers

Partners shared that provider input is needed in health IT discussions and decision making. Additionally, efforts should be made to reduce or avoid adding burden wherever possible. Engagement responses highlight that several provider types face unique challenges, including behavioral and mental health, oral health, and small providers.

Consider provider burden

Data collection, reporting, and using health IT platforms can be burdensome for providers according to input from partners. They expressed concern that existing provider fatigue around data collection and reporting could cause resistance to using health IT platforms and highlighted a need to consider ways to ease demands on providers.

> *…there's a myriad of EHRs. Some are the big ones like Epic and Cerner, Allscripts and eClinical works, and then there are the little ones that have a harder time reporting. The providers get really frustrated, then they get frustrated with [the CCO], and say we just can't do this, just find something else. So, having that level of flexibility and figuring out how we can help them report on those measures and maintain that working relationship that's positive and doesn't make the providers more frustrated.* – CCO listening session, 2020

New in 2023: Partners reiterated concern around providers' reporting burdens, calling out the large and unsustainable amount of work necessary for reporting and compliance. Changing requirements and workflows adds to provider burden, which can result in poorer care. A specific example was duplication of work in gender reporting; in one partner's organization, the data systems use four different sets of gender options related to different program requirements. Providers must spend additional time interpreting patients' answers for the different sets of criteria.

Tools need to integrate into workflow

Integration of health IT tools into existing workflows was identified by partners as a means to support adoption and use of health IT tools. Partners noted that requiring providers to log into and use multiple platforms has resulted in pushback and been a barrier to adoption. They recommended supporting single platforms or single sign on options. One partner emphasized the need to integrate tools into workflows not just for health care providers but also for social services providers. Yet another highlighted that a lack of clarity around which provider types are responsible for collecting specific information, such as SDOH information, can be a workflow challenge that health IT tool integration could help resolve.

> *From the health side, it has to be embedded in the workflow, and on the community benefit side it has to be embedded in the workflow. It's likely to be mobile, a lot of these orgs might have more up to date phones than they do PCs. It's going to be challenging because these two worlds have never connected in this way. I think the other piece is we need to not drive the community benefit orgs crazy like patients, where they have 4 different portals, so make sure the food bank doesn't have 3 different systems it has to use because 3 different providers want to connect with them.* – Technology partner listening session, 2020

Health IT challenges in behavioral health

Challenges adopting and/or using health IT among behavioral health providers were highlighted by several partners. They noted that although behavioral health organizations are investing in health IT, they have fewer resources to do so as compared to physical health organizations. They also noted that health IT systems do not adequately support the full range of needs that behavioral health providers have. In addition, lack of resources, and concerns about privacy and security of information are barriers to behavioral health providers using health IT and exchanging information. One partner highlighted the challenge that 42 CFR Part 2 presents specifically for managing and sharing data related to substance use disorder (see Uncertainty on federal requirements around handling of patient data subtheme for related information about 42 CFR Part 2).

> *A lot of what we do is customize it [our EHR] to fit a square peg in a round hole.*
>
> *As much as we pay for it, plus our system support costs, I could hire another physician.*
>
> – Report on Health Information Technology and Health Information Exchange Among Oregon's Behavioral Health Agencies, 2019

New in 2023: These challenges continue. Current health IT options do not adequately support the needs of behavioral health providers. Confusion continues around what data should be shared under 42 CFR Part 2. There are also workforce challenges in behavioral health, with both rural and urban settings facing a lack of providers. County-based behavioral health providers rarely have IT support staff specialized in health or behavioral health IT. These issues exacerbate reporting burdens. Using existing health IT for reporting and differentiating what data can be shared are also challenges.

Behavioral health records requests have additional steps and complexity, such as patient record reviews prior to sharing. An increasing amount of activities must be tracked but are not considered billable treatment, such as patient information related to civil commitment or investigations. While providers may be using a behavioral health EHR, civil commitment or pending investigation information may not be considered a medical record and therefore does not fit well in traditional EHRs.

Coordination between behavioral health and carceral settings is even more challenging. Health IT system connections are lacking, leaving phone as the best way to coordinate care. It's especially challenging to coordinate medication assisted treatment for SUD for a patient in a carceral setting.

> *More often than not, people have co-occurring disorders, that's really the challenge. It's like you're dealing with someone's mental illness and substance use disorder or something else, so it's really cumbersome if you have to separate those two all the time… most of our CMHP's provide services for both people with mental illness and substance use disorders and co-occurring disorders. So we need to be able to integrate as much as possible, but it's really hard when there are different expectations and challenges.* - Behavioral health interviewee, 2023

Health IT challenges in oral health

Partners identified specific challenges for oral health providers. These challenges include a lack of efficient health IT, an absence of EHR use in many dental offices, difficulty with HIE adoption, and differing needs across dental provider types. One partner also noted that data fields in dental care and medical care differ, creating challenges for developing HIE that functions well across provider types.

> *I had mentioned about data fields not matching up well between medical and dental platforms and that being a barrier to properly constructing or consuming a continuity of care document that might be shared in a HIE…* – Oral health listening session, 2020

New in 2023: Input received in 2023 reflected prior comments: some oral health providers do not use health IT or HIE, and some still use fax. This disconnect in technology contributes to the digital divide between oral health and physical health providers.

Provider voice needed

Partners indicated a need to incorporate provider perspectives and needs in planning for health IT. They emphasized the importance of eliciting information from providers about how to improve their health IT experiences, means to make their workflows more efficient, and ways to help them meet metrics. One partner suggested undertaking gap analyses and providing implementation support to providers as ways to include providers.

> *I really think that if we had more of a provider voice, and what they need, and what is going to make their lives easier, more productive, more efficient, and meet those metrics, meet those measures they are held accountable to I think that would really help.* – Technology partner listening session, 2020

Health IT challenges in carceral settings

New in 2023: HITOC sought input on health IT in carceral settings. Accessing patient records and coordinating care when people enter and exit a jail or prison is a persistent challenge. Information such as clinical records and medication lists is important for continuity of care. However, carceral settings often have limited funding for health IT implementation, especially in smaller facilities. Some jails outsource their health care services to an outside organization who may have health IT resource challenges as well. Partners also indicated that the Oregon Department of Corrections only recently adopted an EHR. Overall, building these connections through technology is newer in carceral settings.

Health IT challenges in long-term post-acute care

New in 2023: HITOC sought input from a long-term post-acute care (LTPAC) organization, who shared challenges related to transitions of care between hospitals and skilled nursing facilities, highlighting this as the most immediate opportunity for electronic connections. Skilled nursing facilities face extensive reporting requirements and gathering the necessary patient information is often difficult. Access and exchange of electronic health information would be beneficial to support these reporting requirements. Education to raise awareness on how health IT can help in these settings would also be beneficial. Currently, many LTPAC organizations rely on faxes for transitions of care. Workers in LTPAC are consumed with patient care, so adopting health IT is not a main priority.

> *If we had to pick a single place to start, definitely hospitals and getting that information from hospitals in a timely manner and in a readable fashion, that is not a page or documents attached to the chart, but is actually integrated into the chart and is useful*

> *for our nurses on the floor, is the ideal vision.* – Long-term post-acute care interviewee, 2023

Social Determinants of Health and Health Equity

Partners highlighted themes relating to social determinants of health (SDOH). Input from these partners focused on health equity as well as the need to consider SDOH and the value of SDOH information in the context of health IT. Partners were also interested in CIE as a tool for connecting individuals with SDOH needs to appropriate services and Tribal representatives and partners lifted up the health IT needs of the Nine Federally Recognized Tribes of Oregon.

Social determinants of health: The social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

Social determinants of equity: Systemic or structural factors that shape the distribution of the social determinants of health in communities.

Health-related social needs: An individual's social and economic barriers to health.

Definitions per OAR 410-141-3735

Social determinants of health considerations

Partners expressed interest in using health IT to track SDOH information, highlighting the importance of SDOH for care coordination and for social services, for example through CIE (see also subtheme: Interest in CIE). Partners also raised the need to use SDOH data if collecting it, and to improve clarity of SDOH information by developing shared definitions and standardizing SDOH data collection. Respondents noted the importance of ensuring interoperability between health IT systems like HIE and CIE to leverage SDOH data across platforms. Challenges identified by partners included knowledge gaps around available SDOH services and sources of SDOH data, as well as the lack of provider compensation for documenting or addressing SDOH needs.

> *[I] also echo the call for better clarity and/or access around SDOH. Whether it's how information is going to flow, how are we going to use SDOH to make it actionable, to help people get access to those services, whether that's knowing inventory at food locations, or availability of housing, or ability to engage those community organizations.* – CCO listening session, 2020

Some partners highlighted the important roles of state agencies and CCOs in SDOH data collection and reporting. In particular, a few noted the need to identify SDOH data already collected by state agencies to determine whether existing data sources could be used. There was also interest in learning more about future requirements for REALD data collection and reporting.

Partners and consumers highlighted the need for care to be patient and community centered and had interest in how the 1115 Medicaid waiver could support that focus. They also characterized whole person care as inclusive of SDOH needs assessment and connecting people to relevant resources when visiting their physician. Partners noted that making these connections requires an improved and expanded health IT infrastructure and supporting CIE is one important component of this.

New in 2023: Partners affirmed and expanded upon previous ideas. They confirmed the growing interest in collecting SDOH data and encouraged using it for policy development that focuses on community needs. Partners continued to call for shared definitions of SDOH data and urged decision-makers to consider the intent of SDOH data collection, and whether it ultimately benefits patients. Partners also noted that HITOC should determine which SDOH data are valuable and look into use cases.

Interest in community information exchange[3]

During input in 2020, partners expressed a general interest in CIE with several identifying it as an important tool for supporting SDOH. A few characterized CIE as an opportunity, with one framing it as an opportunity for partners in the state to come together and standardize around collection of data, for example identifying key elements that must be collected. This could then be leveraged for population health analysis. There was also a specific recommendation for CIEs to connect with other health IT systems such as the Homeless Management Information System (HMIS) and the ONE eligibility system. One person noted CIE could link dental providers and social services. Another partner highlighted that CIE technology does not itself address SDOH, but rather is one tool, and should be built with broader SDOH and health equity goals in mind.

New in 2023: Partners continue to demonstrate interest in CIE. One indicated support for strong statewide CIE, however it must be interoperable, and resources are needed for organizations to adopt it. Another emphasized the new developing relationship between local public health authorities and CBOs, and the need for a shared space to communicate and track services and resources people receive.

Health equity

Partners shared support for inclusion of health equity and SDOH goals in the Strategic Plan. Partners provided recommendations for supporting health equity in health IT, such as: building relationships with culturally-specific communities, ensuring diverse representation in leadership of advisory and decision making bodies like HIT Commons or the CIE Workgroup, using a health equity facilitator to conduct surveys and interviews with CBOs, ensuring health equity is centered throughout all aspects of CIE, and translating materials into a variety of languages. Community input related to health equity also highlighted the health equity activities that partners' organizations are engaging in, such as regular reporting and provider training on health equity. Partners also had questions about sharing state-level health equity data.

> *…as you're developing these new systems, you're bringing in those folks, it can take a while, it's sort of like, build the relationship, bring in the right folks, make sure they're available. Figuring out a way to do that on the front end while you're developing this will lead to a much better result than later down the line trying to figure out how to make this*

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[3] See House Bill 4150 Final Report:
Supporting Statewide Community Information Exchange and Community Engagement Findings and Recommendations for recent work on CIE.

> *fit into health equity when you've already built a system or framework.* – Oregon Health Policy Board feedback to HITOC, 2020

New in 2023: Partners emphasized the need to center health equity in health IT to support SDOH-related efforts and to ultimately achieve health equity. Access gaps persist, including for people with limited or low vision, limited or no literacy, and people who speak languages other than English. However, one partner noted that Oregon is at the forefront of thinking about IT supports for health equity and SDOH as compared to other states.

Health IT needs of the Nine Federally Recognized Tribes of Oregon

Representatives from the Nine Federally Recognized Tribes of Oregon and other partners emphasized that Tribes are an important part of health IT conversations in Oregon and their health IT and HIE needs should be considered. Tribal participation in health IT conversations and activities should be as they deem necessary. In particular, Tribal representatives recommended an assessment of Tribal organizations' health IT capabilities, barriers, and needs. Tribal representatives also identified a need for access to comprehensive medical information for Tribal health care providers. One Tribal representative noted the need to provide education on health IT platforms to Tribal organizations.

> *…to be honest we can do paper pencil faster than spend thousands of dollars on these systems that don't work for us to count what we need to do. Tribes, we multitask, really dependent on collaboration, and our court system can't access our system, because we don't have a system to allow them. We can't do simple things like this in 2020 where there should be programs out there, but everything costs money, and people should get paid for their expertise, but $300,000, $100,000 that's something Tribes are not going to be able to afford.* – Tribal listening session, 2020

Additional themes from Tribal representatives included: Interest in the use of a single EHR platform, a desire for direction from the state regarding EHR platform selection, and a need for consultation with experts around health IT rather than relying on vendors. One Tribal representative suggested engaging a Tribal organization for a pilot program, given that Tribal organizations have historically been left out of engagement. Another noted a need to clarify what health IT information from the state is pertinent for Tribal organizations given access and capacity challenges.

New in 2023: A nonprofit advisory organization that serves the federally recognized Tribes in the Pacific Northwest provided additional input in 2023. Some Tribal health clinics in Oregon use the federal Resource and Patient Management System (RPMS) EHR currently offered by the Indian Health Service, although the federal government is in process of transitioning to a new EHR vendor. They noted that patient portals are not widely used by Tribal clinic patients and are difficult to sign up for. Interoperability is a focus of Tribal health IT as well as a priority for the federal move to a new EHR. Electronic information exchange functions poorly with RPMS so clinics are instead sharing transition of care information in other ways, such as attaching documents to direct email messages. They also shared that standardized codes across state data systems would be helpful, for example with state immunization registries. These challenges generally result from federal policies and limited local level resources and infrastructure.

State Role

The role of state government was explored throughout community engagement, with support expressed for Oregon aligning with existing federal standards, standardizing requirements where possible, and setting direction for health IT use.

Desire for state to standardize requirements

Partners suggested the need for state agencies to standardize and align across state requirements around data collection, access, quality, and metrics. Even when the state cannot mandate the use of particular standards, supporting or encouraging alignment with standards could be beneficial for IT systems across the state.

> *I think the biggest thing the state could really help with is defining the standards, because then it doesn't become about the tool, but that we're all using the same thing.* – CCO listening session, 2020

Partners highlighted specific measures for which the state should support standardization including those for SDOH and quality. Themes also emerged around the need for the state to support alignment around technical standards and supporting interoperability across platforms and/or tools.

> *[It] all comes back to choosing and implementing standards for data, both for how the data is encoded and how the interfaces through which data are accessed, and then openness of data access, and maybe consolidation and centralization of data.* – Patient centered primary care homes (PCPCH) representatives interview, 2020

While many partners supported the state's role in aligning standards for health IT, a few noted the need to recognize the unique environments and needs of individual CCOs as well as smaller providers. They may be using different platforms, facing different challenges, and meeting different community needs. As one partner noted:

> *Each community has its own challenges, partners, players, whether it be tech, human resources, providers, etc., networks or what have you, and there does need to remain a certain amount of flexibility for the CCO to navigate that environment and the constraints that is has.* – CCO listening session, 2020

New in 2023: Partners continue to request that the state standardize requirements. They called for standard reporting requirements and rules for interoperability that leverage existing HIE systems. Some partners suggested avoiding prioritizing one system. However, one partner requested a statewide HIE. Finally, one partner noted that some health IT problems are beyond the authority of the state.

State guidance/leadership needed on health IT

Across partner input, themes emerged related to the role of state agencies in facilitating or advancing health IT adoption and utilization. Specifically, partners expressed a desire for communication from the state about future direction and requirements in order to appropriately align their efforts and investments, enable them to meet standards, and to "not go it alone." They also noted a need for state direction around policy issues such as consent, particularly for minors and the foster care system, as well as a desire for the state to set guidelines around data privacy. They noted that the state taking a lead role in communicating guidance would help ground organizations and allow them to conserve efforts. Finally, state efforts to describe the health IT landscape in Oregon, including strengths and gaps, would be valuable.

> *Understanding on an aggregated level where those [health IT] gaps are across the state, and focus resources and dollars as a collective on that gap if there was a pattern, instead of each person trying to do that themselves…* – HIT Commons Governance Board interview, 2020

New in 2023: Partners expressed support for the state providing direction and information on health IT platforms and EHRs. One suggested that if OHA provided an EHR for local public health authorities, it would allow counties to share data more easily and help the state access the data. Others identified specific opportunities for state guidance, including support for assessing Tribal organizations' health IT needs and EHR options, guidance for carceral settings, and promoting awareness of risks and opportunities of artificial intelligence (AI) tools for patients and providers.

> *It would be nice if there was a central tool that these entities could use, with clear identifying as to who is collecting the information. Perhaps OHA can be the provider of this central tool, which then can "interface" with other systems run by hospitals, or at least have a link to a CIE…With the increase in the much needed area of SDOH, having an OHA-sponsored (or at least through some sort of public/private collaboration) CIE in Eastern Oregon (I-84 corridor is most populated) would be very helpful.* – Written comment, 2023

State support alignment with federal standards

Partners recommended that state standards should align with federal standards. Specifically, partners desire the state to align measures, data standards, and data reporting requirements with federal programs and standards, as even slight variations cause barriers. Additionally, the state should align data privacy efforts with federal law and policies. Some emphasized that the state should support or require use of federal standards in lieu of creating their own, which would also support reporting.

> *The data being requested by the state is perhaps in 3 different areas of the database that is required to meaningful use. So if you could align with federal programs, the vendors have to provide the data. If you could align with that it makes life for the clinics so much easier. The vendors are aligning their data extraction with these federal programs. If the state is different, the only way to capture the data is to capture it in two different places to get it into the format the state wants. This opens up room for data issues, quality issues, and providers refuse to input twice.* – Technology partner listening session, 2020

New in 2023: Alignment of state and federal requirements continues to be important to partners, with one highlighting the importance of alignment around data sharing and information blocking.

Support Needed

Partners identified multiple types of support to use health IT, including resources to support adoption and use of tools and platforms, financial incentives, and a need to provide education and support buy-in for various tools.

Additional financial resources

The cost of adopting and using health IT platforms was repeatedly identified as a barrier, as was the need for dedicated staff to support platform use and data analysis. The need for funding emerged across many types of partner input. Some partners specifically called out the financial needs of smaller organizations, independent clinics, and behavioral and oral health providers, given that those organizations have not historically been funded to adopt health IT at the same level as large health care systems (e.g., through federal Medicare and Medicaid EHR incentive programs). Partners also identified a need for resources to support health IT tools for SDOH, such as funding and staff resources.

> *Some of these folks really don't have the necessary infrastructure or are hesitant to make the investments, because of where they've been historically funded or the struggle they've always had with resources. I think it's a good reminder for us, I've heard time and time again from some behavioral health providers, these folks aren't just serving Oregon Health Plan (OHP) members, some of them are OHP members because of how they're funded today.* – CCO listening session, 2020

New in 2023: Lack of funding and resources for providers and organizations continues to be a barrier. Partners repeatedly raised concerns about the high cost of health IT and the infrastructure necessary to implement it. They called for funding to upgrade existing health IT where it is insufficient. Funding challenges are greatest for smaller, non-medical clinic users. CBOs and social service settings are strongly impacted. Among carceral facilities, smaller ones have less funding, inhibiting health IT implementation and electronic communication with other providers. Partners emphasized the impacts of limited funding on local private providers, those in areas with limited provider availability, and small facilities. Funding constraints also impact data analysis: behavioral health has inadequate funding for data analyst positions. One partner also noted the high cost of patient portals for providers.

Education is needed across the spectrum

Education on health IT for provider organizations, providers, and patients emerged from partner input as important areas of need. Partners suggested that providers need education on a range of topics including health IT and platform functionality, privacy standards and what information can be legally accessed and shared, shifts in the landscape that may impact health IT, and existing resources and costs. They also recommended education on measures and metrics, specifically how SDOH information should be captured and the role of historical trauma in the context of eliciting SDOH information from individuals.

> *Some might be a question of antiquated medical practice about who can touch the EHR, cultural stuff that has to change. I think education around what legally, social workers, vs CHWs [community health workers], vs nurses, around what they can and are allowed to do so they can say, ok if this is allowed maybe we can tweak our workflows.* – Health association interview, 2020

Partners also noted that educating patients on how to use health IT systems may be challenging and may be particularly needed in rural areas. Patients may need education on where their information is stored so they can access it across different provider visits.

> *…there's a patient accessibility part – they don't know we have this information, so it would be nice for them to know their providers can access it. In our system, there's [Epic] Care Everywhere, to import meds and allergies from wherever they're being seen. A lot of them don't know that, don't have the knowledge to tell a dentist they can obtain that.* – Oral health listening session, 2020

New in 2023: The need for more education on health IT continues. When people do not understand health IT, they are less likely to use patient portals or understand why providers ask for certain information, such as REALD & SOGI demographic information. Partners suggested approaches to address patient knowledge gaps:

- Teach patients how to interpret health information in their patient portals
- Partner with local community centers for information sessions host and technical support
- Develop skill-building opportunities and peer support programs to build health literacy and knowledge of health IT
- Provide classes, instruction, and online content

Outside of patient education, one partner asked for support training and retraining staff as the health IT landscape evolves. Partners suggested educational or training programs as an OHA role and noted that would require OHA organizational capacity.

Buy-in needed to support adoption

Partners highlighted challenges with adoption of health IT tools as well as strategies to address those challenges. Some acknowledged a lack of buy-in for tool adoption and use among providers and noted that buy-in from some providers spurs and supports others to adopt technology, having a cumulative effect. One partner noted the benefit of incentives in supporting adoption of health IT tools among providers and another emphasized that adoption challenges may be related to change management issues, i.e., a need to shift attitudes rather than technical deficits.

> *It seems like we're still struggling, at least in [our region], on the right platform and buy-in in terms of is this the real deal, is this going to stick, is this going to be fully integrated with EHRs and HIEs and the CIE landscape. It's still a lot of what-ifs and people go down rabbit holes around what if others don't adopt, what if it doesn't work with others. They see the value in coordinated care, but what about another avenue, what if that's not the avenue another chooses. So it's kind of like everyone has to jump at once and no one wants to be the first one.* – Technology partner listening session, 2020

New in 2023: One partner suggested exploring why some providers chose not to adopt EHRs when federal incentives were available. This understanding should inform any future efforts to increase provider buy-in for EHR adoption.

Technical assistance implementation support needed

Beyond support for adoption of health IT, partners noted a need for implementation support such as technical assistance for health IT users. Limited and/or shifts in funding for technical assistance were cited as challenges by several partners.

New in 2023: Partners still need technical assistance and support to implement health IT. One characterized staff capacity issues and administrative burden as the main barrier to implementing CIE technology in mental health settings. In general, partners asked for:

- More resources and funding from OHA for small providers, those in rural areas, and CBOs because health IT implementation is not possible for many of these organizations at current resource levels
- CIE that can fit into existing workflows to minimize capacity and funding needs
- Technical assistance for choosing health IT tools and for using the tools

> *[What we need is] not just financial support, but consulting help for smaller orgs. Also technical assistance on what to do and how to use it.* – Rural health listening session, 2023

Sources analyzed for health IT engagement

The following list outlines the sources of engagement analyzed by OHITAI staff to identify themes. Engagement sources span from 2018, pre COVID-19, all the way through 2023, with some engagement spanning multiple years. Some engagement efforts were conducted by OHITAI, while others were led by different OHA divisions. This summary and list are not exhaustive of every conversation or engagement opportunity OHA has had related to health IT. Resource links are provided where available.

2018

- Health IT CCO 2.0 Concepts Listening Sessions
- HITOC's Behavioral Health HIT Workgroup

2019

- Community Input for OHA Strategic Plan 2019
- State Health Improvement Plan/Healthier Together Oregon (HTO): Community feedback for priority identification
- OHA Report on HIT and HIE Among Oregon's Behavioral Health Agencies: Survey and interviews of licensed behavioral health agencies
- HIT Commons Community Information Exchange Advisory Group

2020

- State Health Improvement Plan/Healthier Together Oregon (HTO)
- Interviews with organizations for the purposes of HITOC Strategic Planning between OHITAI and:
    - Patient-Centered Primary Care Home (PCPCH) representatives

    - Oregon Medical Association (OMA)
    - Tools Technology and Access Committee of the Oregon Consumer Advisory Council (CAC)
    - Oregon Primary Care Association (OPCA)
    - HIT Commons Governance Board
    - Comagine Health
    - Oregon Association of Hospitals and Health Systems (OAHHS)
    - InterCommunity Health Network CCO (IHN)
- Written public comment sent in as contribution for Strategic Planning
- OHITAI conducted listening sessions with:
    - Consumers/patients: Slides and transcript
    - CCOs: Slides
    - Technology partners: Slides and recording
    - Oral health partners: Slides and recording
- Presentations with:
    - Tribal Monthly Meeting
    - Oregon Health Policy Board (OHPB): Slides
    - CAC Learning Collaborative
- Miscellaneous CIE educational outreach (e.g., COVID wrap around, community workers, CIE webinar)

2021

- Presentation to the Oregon Health Policy Board (OHPB): Slides and recording
- Presentation to the Medicaid Advisory Committee (MAC): Slides and recording
- Public testimony on HB 3039 on CIE and HIE
- Input from community and partners on 1115 waiver components
- Interviews with health system and community partners on:
    - CIE Workgroup scoping
    - EHR and information exchange among dental offices
- Broad community and health care partner input on 2022-2027 1115 Medicaid waiver application
- Feedback gathered from HIT Commons Behavioral Health Collaborative

2022

- Presentation at Tribal Monthly Meeting

- Informational interviews on Health Information Exchange and the Strategic Direction in Oregon

2023

- Informational Session for Peers: CIE Workgroup & HB 4150 Report
- OHITAI conducted listening sessions with:
    - CCO Health IT Advisory Group (HITAG): Slides and recording
    - Community and Consumers: Slides and transcript
    - General public: Slides and recording
    - Oregon Rural Health Conference attendees: Slides
    - Partners working with and in carceral settings
- Interviews with organizations for the purposes of HITOC Strategic Planning between OHITAI and:
    - Association of Community Mental Health Programs
    - Yakima Valley Farm Workers Clinic
    - Pacific Retirement Services
    - Northwest Portland Area Indian Health Board
- Written public comment sent in as contribution for Strategic Planning

Additional resources not incorporated into this report

- Surveys of CCO- and DCO-contracted health care organizations culminating in the 2022 Health IT Report to Oregon's HITOC
- Health IT Roadmaps from Oregon's Coordinated Care Organizations (CCOs)
- HITOC Workgroups: Statewide Workgroups convened to provide recommendations and strategies on CIE and HIE
    - Interviews and survey on Community Information Exchange: Community Engagement Findings and Recommendations
- Public testimony on HB 4150 establishing CIE Workgroup

Contributions

This document was prepared by Shannon Cengija and Laura Fix, with contributions from Hope Peskin-Shepherd, Marta Makarushka, and Laurel Moffat.

Accessibility Statement

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