

Health Information Exchange (HIE) Overview

HIE is critical to informed, coordinated care

People receive better-informed, more coordinated care when their health information is available wherever they receive medical attention. Oregon health care providers need relevant information about their patients to deliver services and to operate their organizations. To make that possible, electronic health information sharing, or health information exchange (HIE), is a critical part of the coordinated care model. It allows providers from different organizations to share health information securely and efficiently, so that a patient's providers can see their health record and provide coordinated, whole-person care.

As the Oregon Health Authority (OHA) seeks to eliminate health inequities due to structural racism and other factors, having accurate information enables providers to give the best possible, culturally appropriate care and target interventions for Oregon's most vulnerable populations.

While there are many ways to share health information electronically, there are also gaps that create burdens for patients, providers, Medicaid Coordinated Care Organizations (CCOs), and health insurance companies. Oregon's Health Information Technology Oversight Council (HITOC) is responsible for ensuring that the right strategies for health IT are in place to support Oregon's health equity and health system transformation goals. Starting in August 2021, HITOC began updating Oregon's Strategic Plan for Health IT for 2022 and beyond.

Learn more about HITOC and the strategic plan here:

<https://www.oregon.gov/oha/HPA/OHIT-HITOC/Pages/SP21-Home.aspx>

Principles HITOC uses when defining HIE strategies

Leverage current resources; anticipate changes. Consider investments and resources already in place when making decisions. Promote national standards, and monitor and adapt to changing federal, state, and local HIT environments.

Protect health information. Ensure sharing is private, secure, and complies with HIPAA and other protections.

Oregon's Path to Statewide Health Information Exchange

Oregon providers, hospitals, health systems, Medicaid CCOs, health insurance companies, and other users connect to a variety of health information exchange tools and networks. Each organization chooses the tools that work best for them and their community.

When possible, health information exchange tools and networks connect or coordinate, so information moves seamlessly between them.

HITOC sets Oregon's strategic path to support statewide exchange, and monitors progress. This path includes a few key statewide resources to help users share information.

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Democratize the data. Patients have the right to have their key health data available to all their providers to support continuity of care, safety, and quality.

Consider provider needs. Focus on high-value use cases and incorporate solutions into workflows.

Be inclusive. Successful exchange requires everyone's participation. Pay attention to gaps in health information sharing, especially resource limitations, geographical differences, and health equity issues.

Address the need for governance. Competition makes coordination and collaboration difficult. A neutral, trusted entity is needed to align efforts and ensure that data is available for appropriate use.

Types of HIE Efforts

HIE takes many forms. Some common examples relevant to Oregon include:

- Connecting one health care organization's system to another system directly: **point-to-point interfaces** between two distinct electronic systems (the backbone of HIE in many areas)
- Sending **alerts/notifications** such as to a primary care provider when their patient is admitted, discharged, or transferred (ADT) from the emergency room, driven by standardized HL7 ADT feeds from the Electronic Health Record (EHR)
- Searching for information on a patient across one or more health care organizations' systems: **query-based exchange**, particularly leveraging standards like the HL7 comprehensive clinical document architecture (C-CDA) standard
- Developing **community health records**, which aggregate clinical data from many sources (see above) and create a unique patient record, accessible by community end-users
- Sending secure email for health care purposes: **Direct secure messaging**, a highly secure, HIPAA-compliant message standard
- Implementing **shared EHRs** like Epic Community Connect and **EHR-based HIE** like Epic CareEverywhere

Priority Use Cases and Participants for Statewide HIE

Reasons for sharing ("use cases")

- Exchanging care summaries
- Closed-loop referrals
- Complex care coordination
- Alert notifications
- Data for value-based payment models
- Public health and emergency response

Main participants who share information

- Hospitals and health systems
- Medicaid CCOs
- Health plans (health insurance companies)
- Physical, behavioral, oral, and long-term care providers
- Emergency medical services
- Skilled nursing facilities
- Social services providers
- Public health, corrections health, school-based health centers, and other state/local agencies

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- Implementing **national sharing frameworks** or networks like Carequality, Commonwell, eHealthExchange
- Sharing information through **apps on smartphones** and other apps - emerging exchange via application programming interfaces (APIs), including Fast Healthcare Interoperability Resources (FHIR) standard, which addresses interoperability needs of health IT
- Facilitating the seamless **exchange of health data to public health agencies**, such as for COVID-19 reporting or other disease surveillance and tracking

Most of these tools and networks can share only certain types of health information, so many organizations use multiple forms of HIE to be able to share information in different ways.

Oregon HIE programs

Below are current Oregon efforts that support HIE:

Type of HIE Effort	Oregon Program
ADT-driven alerting and notifications	<p>Emergency Department Information Exchange (EDIE)</p> <p>EDIE provides real-time notifications that allow Emergency Department (ED) clinicians to identify individuals who are frequent utilizers of the ED or who have complex care needs. EDIE brings critical information to the attention of ED clinicians in the form of alerts and care recommendations from the individual's own health care team for better informed care. All hospitals in Oregon with an ED (except the Veterans Affairs hospital) have adopted EDIE and ED clinicians report finding significant value in receiving these notifications.</p> <p>Collective Platform (formerly known as PreManage)</p> <p>The Collective Platform expands the notifications of ED utilization and inpatient admissions to other users such as health plans, CCOs, primary care, behavioral health, dental, post-acute, and specialty providers. The result is improved communication and information sharing between hospitals, providers and health plans to provide higher quality care to patients, identify patients at risk for hospital readmission, reduce burdensome duplication of tests, and ultimately reduce reliance on costly ED services through better cross organizational coordination of care. OHA supports the costs of the Collective Platform for all CCOs and other key Medicaid partners.</p>

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Point-to-point integrations	<p>Prescription Drug Monitoring Program Integration initiative</p> <p>Oregon’s PDMP Integration initiative connects EDIE, HIEs, EHRs, and pharmacy management systems to Oregon’s PDMP, which includes prescription fill information on controlled substances, and is administered by OHA’s Public Health Division. PDMP Integration allows prescribers and pharmacists to access relevant narcotics prescription data within their regular electronic workflows saving them time. Access to accurate and timely PDMP information at the point of care can help health care professionals make better informed clinical decisions and improve patient care.</p>
Addressing trust through shared governance model	<p>HIT Commons</p> <p>This public-private collaboration is designed to accelerate and advance HIT adoption and use across the state, leverage public and private investments, and expand access to high value data sources (see EDIE and PDMP Integration initiatives). HIT Commons is co-sponsored by the Oregon Health Leadership Council (OHLIC) and the OHA, and is jointly funded by OHA, hospitals, and health plans.</p>
Support robust networks of health information exchange	<p>HIE Onboarding Program (ended 9/30/2021)</p> <p>The HIE Onboarding Program launched in January 2019 and concluded September 30, 2021 with the sunset of federal funding. The Program leveraged significant federal funding to increase Medicaid providers’ ability to exchange health information by supporting the initial costs of connecting (onboarding) priority Medicaid providers to Reliance eHealth Collaborative, a community-based HIE. Provider participation in the program was voluntary and required CCO involvement. By the end of the Program, over \$2.4 million had been spent successfully connecting 72 unique entities (109 individual sites), including: 11 behavioral health practices, four oral health clinics, 50 critical physical health entities, and seven major trading partners (hospital/health system/major referral center). For more information, please see the Program Closure Summary.</p>

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Type of HIE Effort	Oregon Program
Other work that supports HIE goals	HITOC and OHA supporting work Guidance, technical assistance, leveraging policy <ul style="list-style-type: none">Confidentiality Tool Kit for Providers, a resource to help navigate some of the applicable confidentiality laws that may protect a patient's behavioral health information while allowing appropriate information sharing to coordinate care. Convening, aligning stakeholders <ul style="list-style-type: none">CCO HIT Advisory Group (HITAG)Community Information Exchange workgroup

More information on HIE landscape and gaps in Oregon

There are many electronic health information exchange efforts active in Oregon. However, gaps remain. For more in depth look at the Oregon HIE landscape and gaps, see the [2019 Health IT Report to HITOC](#).

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