

HITOC EHR Exercise Summary

Overview

Oregon's health system transformation relies on health IT, and electronic health records (EHRs) are the foundational health IT tool. EHRs allow providers to electronically collect, store, and use clinical information. This helps providers participate in information sharing and care coordination, contribute clinical data for quality reporting and population health efforts, and engage in value-based payment arrangements. EHRs also collect other data, including screening, assessment, and demographic information. Finally, EHRs can help providers share information with patients, their families, and their caregivers.

Oregon has made significant progress in increasing EHR adoption among physical health providers, yet many gaps remain, such as behavioral health, oral health, and tribal clinics. At the June Health Information Technology Oversight Council (HITOC) meeting, HITOC members reflected on the current state of EHR adoption and use in Oregon. HITOC discussed EHR functions and critical uses, followed by identifying any gaps in adoption and effective use of EHRs, then transitioned to brainstorming strategies to address the gaps. Staff guided members through the discussion using a Jamboard to provide insight into EHRs in the following areas:

- Critical Uses: What do we rely on EHRs for?
- Adoption and Usability Gaps: Who's been left behind?
- Adoption and Usability: Strategies and policies

Note: Bullet points are taken verbatim from the Jamboard with minimal edits for spelling or clarification.

EHRs and Health Equity

EHRs are the foundational tool of health IT, and as such are essential in supporting health equity in health care. Health IT's role in supporting health equity/ addressing health inequity includes:

- Health IT and health information exchange (HIE) supports care coordination for vulnerable populations. For example, real-time hospital event data can help care managers quickly identify and take action to support individuals who may be falling through the cracks of our health care system;
- Collecting data on an individuals' race, ethnicity, language, disability, sexual orientation and gender identity allows for inequities to be identified and can help patients to receive care from culturally or linguistically appropriate providers;
- HIE supports better informed care for individuals who are transitioning across systems (e.g., foster care, psychiatric facilities, corrections);

ensuring the information about a person is available when it's needed.
EHRs enable this cross system sharing.

Strategies identified for the Strategic Plan should reduce the digital divide by increasing EHR adoption by those left behind by previous initiatives and improve EHR usability for existing systems.

EHR Critical Uses: What do we rely on EHRs for?

HITOC members spent the first part of their discussion focused on the many ways EHRs are used and the benefits they create. Staff sorted all the use cases into five categories: coordination, patient experience, population health, provider experience, and payer/system improvements. This initial part of the exercise highlighted just how foundational EHRs are to modern health care.

Statements in **blue** are verbal additions made by members

Coordination

- Keep track of numerous providers
- Integrate with other platforms (**Holistic care by all providers [full body care across the whole body/removing clinical silos [pathology, oral pathology, radiology]. Integrated EHR in which all providers can review health data]**)
- Health care team member coordination of care
- Care coordination across the team
- Communication with the patient and with care team members (*also listed in Patient Experience*)
- Cross-team member communication
- Referral coordination
- Referral orders
- Chronic care management
- Health patient homes

Patient Experience

- Patient and disease education
- Patient education (Pre visit summaries, after visit summaries, education handouts)
- Patient experience: To know what doctors and others state about them in documentation
- Patient safety (**Order entry, clinical documentation, medication reconciliation**)
- Patient self service (appointments, medication refills, asking questions, triaging)
- Telehealth: Care the way patients want it

- Telling patient story (Information transparency – gets released because of information blocking. Allows for potential for relationships building)
- Enable standardization with patient education
- Communication w/the patient and with care team members (*also listed in Coordination*)
- Reduce duplication burden (on patient having to repeat information)
- EHR reduces and eliminates health disparity
- EHR saves lives

Population Health

- Social determinants of health documentation
- Trending
- Analytics
- Ability to pull data on community population needs (population health)
- Pandemics?

Provider Experience

- Clinical calculations and algorithms and scoring (Based on clinical assessment and documentation and nursing assessments. If your EHR has this, it can be very powerful. Population based versions where you identify risks)
- Decision support
- Diagnostic driven care (Focus on diagnosing, then using that to drive treatment planning and recommendations)
- Discover new knowledge on approaches to care and health
- Alerts (evidence)
- Historical context
- Improve adherence to best practices and clinical protocols
- Improved quality and legibility of documentation
- Predicative modeling
- Reporting
- Safer prescribing of medications (interactions, etc.)

Payer/System Improvements

- HEDIS/QIM (Healthcare Effectiveness Data and Information Set/Quality Incentive Measures)
- Insurance
- Quality improvement
- Revenue throughput (Having a certified EHR enabled allows for clean, clear data that translates into clinical data, which then translates to appropriate charges attached to then help get a proper claim and get patient's bill paid)
- Risk adjustment
- Scheduling

EHR Adoption and Usability Gaps: Who's been left behind

After discussing the many uses of EHRs, HITOC members listed gaps around EHR adoption and usability, which refers to the design and use of the technology and how individuals interact with it. These gaps fell into three categories: specific patient populations, specific provider groups, and efficiency, cost, and complexity. Members were subsequently asked to mark their highest priority gaps, listed here:

- More robust integration with Emergency Medical Services (EMS)****
- Patients without broadband or devices****
- Maintenance agreements and cost to adopt an EHR****
- Oral health****
- Aging populations***
- Small physician offices***
- High cost of EHRs for small organizations and jails/prisons***
- Too many different systems for one patient***
- Behavioral health ***

*Members starred items that they ranked as highest priority to them

Statements in **blue** are verbal additions made by members

Specific patient populations

- Patients without broadband or devices****
- Aging populations***
- New Americans and people who speak a language other than English* (Immigrants, refugees, those who speak a language other than English. Not understanding how to navigate the system) (Even on Epic, there has been push to get patient facing documentation into as many languages as possible, and Epic has a ton of gaps and lack of functionality; gaps exist within the vendor level in this area)
- People identified as having an intellectual or developmental disability*
- “Nomadic” patients/consumers

Specific provider groups

- More robust integration with EMS**** (Disconnects with EMS being the first responder to a lot of medical/behavioral health situations, yet a lot of that information is still paper based and get input via scan. It is not integrated in a way the healthcare team can access it easily)
- Oral health****
- Small physician offices***
- Behavioral health***
- Oral health and behavioral health EHRs not frequently certified*

- Small, independent clinics*
- Tribal clinics*
- Skilled nursing facilities*
- Oral health providers use Dental Practice Management Software (DPMS), not EHR – therefore the DPMS is not used as an HIT tool*
- Behavioral health EHRs lack functionality
- Effective mental health EHR (gaps) for providers and patients
- Providers with high staff turnover or low staff
- Schools
- Health promotion and prevention, Special Supplemental Nutrition Program for Women, Infants, and Children

Efficiency, cost and complexity

- Maintenance agreements and cost to adopt an EHR****
- High cost of Epic for small organizations and jails/prisons***
- Too many different systems for one patient***
- Integration with other specialty care*
- EHRs are complex, requiring both technology and health literacy *
- Digestible information
- Easy access to patients
- Expensive to access copies of EHR/own records
- Number of clicks – time spent documenting versus patient care

EHR Adoption and Usability: Strategies and Policies

Finally, HITOC members shifted their focus to strategies and policies that can improve access to and use of EHRs. They again marked their priority areas that hold promise for future exploration.

Top priority strategies

- Provide financial resources only to where the gaps are and where the change will decrease health inequities****
 - When funds are available to support health IT efforts, The Oregon Health Authority (OHA) should ensure that support goes to the areas of greatest need, with specific focus on groups that have been economically and socially marginalized and organizations with insufficient resources or infrastructure.
- Partnership and shared expense***
 - OHA has had success in its initial health IT public-private partnership, HIT Commons, led by OHA and the Oregon Health Leadership Council, which provides a neutral convening space to coordinate health IT activities, leverages shared funding for sustainable investments, and accelerates the spread and use of HIT. HITOC will explore future strategies that include this model of partnership and shared expense.

- Regulatory alignment (State/federal/public) – data standards and reporting***
 - There are known challenges with varying regulations at the state and federal level and even between health care and public health data standards and reporting. This lack of regulatory alignment places stress on providers and organizations and increases the overall cost of health care. In addition, increased alignment of data standards will promote interoperability. HITOC highlighted the need to align existing regulations and reporting where possible.

HITOC will be further exploring these strategies as part of the Strategic Plan.

Patient level strategies

- Being able to correct your own records until Open Notes is adopted
- Patients being informed of security and how it works in their systems
- Customer choice on how far to go back to access* ([Who gets to see your records; a patient having control over what certain providers can see, i.e., patient goes to the emergency room with a heart problem, doctor sees they have a mental health condition and dismisses their heart issue](#))
- Use language and vocabulary preferred by patients and family/natural supports in EHRs
- Legislation to give patients control over their data, with specific ways to help achieve that (integration of patient voice)
- Introduce/familiarize “EHR” concepts into grade level or above curriculum

Organization level strategies

- TA to help provider organizations optimize the use of their EHRs in the modern era*
- Provide TA to help provider organizations understand required functions and make educated choices (about EHRs)*
- Comparison of prices of vendors, and possible legislation to address and find solutions to some Oregon’s systems’ inability to purchase platforms
- [Dental health providers only use dental practice management software, getting them any Certified EHR Technology would be a step in the right direction](#)

State level strategies

- Give financial resources only to where the gaps are and where the change will decrease health inequities****
- Regulatory alignment (State/fed/public) – data standards and reporting***
- Partnership and shared expense***
- Federal funds** (federal funds used to incentivize full use of EHRs)
- Communicate and align*
- Leverage existing infrastructure*
- Legislative changes- new authority, new program, removing policy barriers*
- Set direction
- TA, convening, education, guidance

- State population health/analytics system that can break down regionally
- Security measures, assessments at local and state levels
- Measuring effectiveness of technical assistance programs (including cost analysis)
- Being able to have all systems all across Oregon criminal justice and hospitals, clinics to communicate with customer choice – legislation and budgeting
- Public and private collaboration (Critical to collaborate so that were not creating another disparate system. Streamlined EHR that must be affordable, able to integrate with existing infrastructure)
- Support innovation ecosystem/incubator (using FHIR) that can help reduce inequities and bring new capabilities