Oregon’s Strategic Plan for Health Information Technology 2024-2028:

Health Information Technology Oversight Council

May 7, 2024

Contents

Acknowledgements

We want to thank the many people and organizations who supported the development and writing of Oregon’s Strategic Plan for Health IT 2024-2028.

- The **Health Information Technology Oversight Council (HITOC)** members who dedicate their time to develop these priorities and guide Oregon health IT efforts.[1] Special thanks to Chair David Dorr, Vice-Chair Amy Henninger, and outgoing Chair Erick Doolen.
- **Partners** in the health IT landscape, especially the **Nine Federally Recognized Tribes of Oregon** and **community partners**, including patients, consumers, peers, providers, and community leaders; partners in behavioral health, oral health, carceral settings, and long-term care; coordinated care organizations and technology partners; and organizations that serve rural, culturally specific communities for their time and energy providing input.
- **Staff at the Office of Health Information Technology & Analytics Infrastructure** who led the preparation of this project, including Hope Peskin-Shepherd, Laurel Moffat, Shannon Cengija, and Ashley Ashworth.
- **HITOC’s CIE and HIE Workgroup** members who dedicated their time to in depth investigation and development of concept papers and reports to inform this document.[2]
- Consultants who contributed to this work: Sean Carey, eSSee Consulting; Nancy Goff, Michael Anderson-Nathe, and Dana Hiniker, Collective Health Strategies; and Justin Keller, HIT Commons.

Suggested Citation

Please cite this publication as follows: Health Information Technology Oversight Council. Oregon’s Strategic Plan for Health IT 2024-2028. Portland, Oregon. May 2024. https://www.oregon.gov/oha/HPA/OHIT-HITOC/Documents/OregonStrategicPlanforHealthIT2024-2028.pdf

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[1] See Appendix A: HITOC Members

[2] See the member rosters for the CIE Workgroup and HIE Workgroup

Executive Summary

Oregon’s Health Information Technology (IT) Strategic Plan 2024-2028 (Strategic Plan) provides high-level priorities, guidance, and direction for health IT over the next five years. It outlines the overall vision and the focus areas for everyone using or impacted by health IT in Oregon (referred to as “partners”). Partners include, but are not limited to:

- Individuals (consumers/patients)
- Providers and clinic staff
- The Nine Federally Recognized Tribes of Oregon
- Community-based organizations (CBOs)
- Hospitals
- Health systems
- Coordinated care organizations (CCOs) and health insurance plans
- Technology partners
- State agencies

The Strategic Plan was developed by the Health Information Technology Oversight Council (HITOC) over a multi-year process involving HITOC meetings, extensive community engagement, two workgroups, and staff support from the Oregon Health Authority (OHA).

HITOC: HITOC brings together partners across Oregon for health IT strategic planning, policy work, oversight, and landscape assessment to ensure health IT supports health equity and improves the health system. HITOC was established by Oregon’s legislature in 2009 and reports to the Oregon Health Policy Board.

Vision: *HITOC’s overall future direction for health IT in Oregon.*

Health IT empowers individuals and communities to reach their full health potential and well-being.

Principles: *Values that guide and inform each aspect of the Strategic Plan.*

1. Health IT must **advance health equity** and avoid reinforcing or worsening inequities.
2. **Privacy and security** of people’s health information is expected.
3. Ensure **individuals and communities understand how their data is stored, shared, and used** to provide transparency and grow trust.
4. Leverage existing resources and **align with national standards**.
5. **Improve efficiency** and avoid adding burden.
6. Ensure efforts are **sustainable** with thoughtful **intentional progress.**

Goals: *High-level desired outcomes for health IT long-term.*

A. People can be actively involved in their care through access to health IT. Individuals, and those they designate, contribute, access, and use their information to understand and improve their health and collaborate with their care team and social services.

B. Individuals' information is electronically available, exchanged securely and seamlessly between, and able to be understood by, individuals, their care team, and social services, to support high-quality and person-directed care.

C. Health IT supports efficient and accurate data collection, sharing, and use for policy development, quality improvement, population health, value-based care, and public health, leading to improved health outcomes and reduced health inequities.

D. Health IT design, implementation, and use must center health equity, especially to support social determinants of health (SDOH) efforts as part of whole-person care, care coordination, social services, and more, to achieve health equity.

Strategies and Activities: *Strategies are a general plan, policy, or area of focus to achieve multiple long-term goals. Activities are the 25 steps and actions to achieve the Strategies. Some Activities are summarized below; see the full Strategic Plan for all Activities.*

1. Strengthen engagement, access, and rights of **patients and consumers**
    - Increase patient and consumer agency over their health information by including them in decision-making and facilitating more engagement opportunities.
    - Strengthen accessibility of health IT for patients by ensuring content is culturally and linguistically appropriate and providing more supports like education.
2. Close remaining **electronic health record (EHR)** gaps
    - Prioritize resources for groups that have lower EHR adoption rates, such as behavioral health, oral health, providers in rural areas, long-term care, carceral settings, school-based clinics, and small independent physical health providers.
    - Advocate for regulatory alignment and supportive policies at state and national levels to reduce provider burden and costs.
3. Spread **health information exchange (HIE)** across the state
    - Encourage more participation in HIE networks and make more data available for HIE, especially state data.
    - Provide funding and support for HIE adoption and use, especially for providers facing barriers, like oral, behavioral, and rural health.
    - Clarify standards, provide clear guidance, and share best practices on data sharing priorities and HIE options.
4. Support, accelerate, and improve statewide **community information exchange (CIE)** efforts
    - Provide support for CBOs and additional partners to participate in CIE.

- OHA and the Oregon Department of Human Services (ODHS) should support and participate in statewide CIE efforts by using CIE where appropriate and supporting CIE advancement efforts.
- Use aggregated data for policy recommendations and resource allocation and align privacy and security efforts with principles of community/individual decision-making.

5. Improve **interoperability** and encourage broad sharing of valuable data

- Create opportunities to facilitate interoperability.
- Identify which data is useful for which providers and prioritize that data for sharing.
- Utilize state and federal policy levers to support data standardization, interoperability, and data sharing.
- Promote public/private partnership and shared funding, and study and address gaps in data and interoperability.

6. Evolve **governance** of health IT efforts

- Clarify and define governance and develop governance principles.
- Explore new models of governance for CIE, HIE, and other cross-sector health IT governance in Oregon.

How to provide feedback

To provide feedback to HITOC on this plan or other topics, please email HITOC.info@odhsoha.oregon.gov or provide public comment at a HITOC meeting.

Strategic Plan Infographic

VISION **Health IT empowers individuals and communities to reach their full health potential and well-being.**

GOALS

A	B	C	D
People can be actively involved in their care through access to health IT	Individuals' information is electronically available and exchanged securely and seamlessly	Health IT supports efficient data collection, sharing, and use	Health IT supports health equity and social determinants of health

STRATEGIES

1	Strengthen engagement, access, and rights of patients and consumers
2	Close remaining EHR gaps
3	Spread HIE across the state
4	Support, accelerate, and improve statewide CIE efforts
5	Improve interoperability and encourage broad sharing of valuable data
6	Evolve governance of health IT efforts

PRINCIPLES

- Health Equity
- Privacy & Security
- Transparency, people understand how their data is used
- Leverage existing resources, national standards
- Efficiency, avoid burden
- Sustainability, thoughtful progress

Letter from the Chairs

In our increasingly digital world, we are using more and more technology to manage our health information. This type of technology—known as health information technology or health IT—is used daily by patients, providers, healthcare organizations, and others to store and use health information. Health IT includes software that providers enter information into (an electronic health record or EHR), online patient portals and apps that patients use to manage their care, and technology that shares health information between providers, hospitals, insurers, and other organizations involved in care (health information exchange or HIE). It also includes the systems that send referrals for social supports, like housing and nutrition, that are important for staying healthy (community information exchange or CIE).

> "[HITOC is] interested in the ways that health IT can bring us together and improve health and well-being. Our work will focus in part on the exchange of information across health and social settings and how it can address gaps in health." - David Dorr, MD, MS; HITOC Chair

Health IT has the potential to make our lives easier through quick access to needed health information and reliable ways to share it. When we're sick, making sure our provider has our information is the last thing we want to worry about. We need to know that health IT will keep our information safe and also make it easily accessible to us and our care team. For everyone to benefit from quick and secure data sharing, we need health IT systems that are high-quality, innovative, and easy to use and that can communicate with each other (interoperability).

> "As a primary care provider, I believe it is so important to be able have patient information from hospitals and specialists readily available. I need to get that information efficiently so that I can spend more of that precious visit time with my patients. I also love being able to share a personal note with patients when sharing results through our patient portal. This has greatly improved the quality of care that I provide." - Amy Henninger, MD; HITOC Vice Chair

This five-year **Strategic Plan is important** because it focuses efforts. Everyone in Oregon is involved with health IT in some way, as patients seeking care, providers offering it, or others using data and technology that make the care possible. The Strategic Plan lays out the priorities and steps that should be taken by groups working to improve health IT over the next five years. By coming together around these shared goals, health IT can continue to empower more individuals and communities across Oregon to reach their full health potential and well-being.

In this Strategic Plan, **the guiding principles emphasize access, privacy, and health equity**. While health IT has expanded rapidly across Oregon in the past decade, these changes have not reached everyone equitably. Some gaps remain, and they have a disproportionate impact on the people in Oregon most likely to face health inequities, due to racism, for example. To improve health outcomes for everyone in Oregon, improvements in health IT are necessary. For example, the Strategic Plan prioritizes patients' and consumers' engagement, access to data, and rights; as well as providers that have not had as much support for health IT, namely those in behavioral health, oral health, and rural settings.

HITOC developed the Strategic Plan carefully and chose the final focus areas because they are the best ways for health IT to make life better for the people of Oregon in the next five years. To get started, we recommend everyone involved in health IT in Oregon read through the Strategic Plan recommendations and think through what you can do to contribute.

With gratitude,

Chair David Dorr, MD, MS
Chief Research Information Officer
Oregon Health & Science University

Vice Chair Amy Henninger, MD
Primary Care Medical Director
Multnomah County Health Department ICS

Introduction

Oregon's Health Information Technology (IT) Strategic Plan 2024-2028 (Strategic Plan) provides high-level priorities, guidance, and direction for health IT over the next five years. It outlines the overall vision and the focus areas for partners across the health IT landscape in Oregon. The Strategic Plan is for everyone using or impacted by health IT in Oregon. The Health Information Technology Oversight Council (HITOC) is responsible for creating the Strategic Plan. HITOC developed it over multiple years based on community input, workgroup recommendations, and member expertise. Through the Strategic Plan, HITOC sets expectations for partner entities and organizations in the health IT landscape. It supports HITOC and the Oregon Health Authority (OHA)'s work to improve the health care system and make health care more equitable. Effective use of health IT is critical to support these efforts.

What is health information technology?

Health IT is technology that individuals, health care providers, health systems, and health plans use to collect, store, access, organize, and share health information. This Strategic Plan primarily refers to the following technology:

- **Patient portals**: A secure online website that gives patients convenient, 24-hour access to personal health information from anywhere with an internet connection. Using a secure username and password, patients can view health information like test results, notes from recent doctor visits, discharge summaries, and medications.[3]
- **Electronic health records (EHRs)**: A digital version of a patient's health record, or "chart". EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider's office and can include a broader view of a patient's care. EHRs are a vital part of the health IT landscape. One of the key features of EHRs is that health information is digitally stored and managed and can be shared more easily with other providers and organizations involved in health care.[4]
    - "Certified EHR Technology" meets specific national standards set forth by the federal Health IT Certification Program. The benefits of standard data capture and interoperable exchange of information include enhanced patient safety, usability, privacy, and security.[5]
- **Health information exchange (HIE)**: Exchanging health information electronically between separate systems like EHRs. It also refers to organizations that facilitate the electronic sharing of health information between systems.[6]

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[3] What is a patient portal?
[4] What is an electronic health record?
[5] Certified Health IT
[6] Health Information Exchange (HIE) Overview

- **Community information exchange (CIE)**: A network of collaborative partners using technology to exchange information to connect people to services and supports they need. Functions must include closed loop referrals, a shared resource directory, and consent. A closed loop referral is the process of exchanging information so that referring organizations can see when a person is connected to services from receiving organizations.

Effective use of Health IT supports patient-centered care, ensuring that the right health information is available to health systems, providers, and patients at the right time and place. Timely access to health information improves communication, coordination, and efficiency across care providers and settings. Health IT can help:

- Patients and consumers, and those they designate, access their own health information and engage in their care. In addition to patient portals, common health IT tools that patients use may include health apps and wearable health/activity monitors.
- Health care providers, such as physical, behavioral, and oral health, improve patient care through access to up-to-date health information. Common health IT tools for providers are EHRs that store and display health information and HIE that shares health information from one health care organization to another.
- Care teams and community-based organizations (CBOs) (1) coordinate patient care, sharing information and working together to improve health outcomes and reduce barriers, and (2) use CIE to connect people to services and resources for social needs like housing, food, and transportation.
- Identify health disparities and improve care quality and public health by providing data for coordinated care organizations (CCOs), health plans, providers, public health agencies, policymakers, researchers, community leaders, and others working to understand what's needed to improve the health care system.

What is HITOC?

The Health Information Technology Oversight Council (HITOC) is a committee of the Oregon Health Policy Board (OHPB). It is responsible for setting health IT strategies for Oregon that advance health equity and improve the health system. HITOC brings together partners across Oregon for centralized policy work, strategic planning, oversight of health IT efforts, and landscape assessments. The committee makes policy recommendations and provides oversight for OHA. HITOC also provides health IT expertise to OHPB and Oregon lawmakers, so they are informed about health IT in Oregon when making policies and laws about health care. The Oregon legislature created HITOC in 2009 to ensure that health system improvement efforts were supported by health IT.

HITOC members are appointed by OHPB. Members must have expertise in health care delivery, health IT, health informatics, or health care quality improvement. Members represent a broad range of people and organizations that are impacted by health IT in Oregon, including consumers and patients, providers, hospitals, health plans, CCOs, academic research, Tribes, oral health providers, behavioral health providers, and CBOs. HITOC members represent organizations that use a wide array of health IT tools and systems, and HITOC strives to represent the diversity of people living in Oregon. Technology vendors are not eligible to serve on HITOC. HITOC is comprised of 11-15 members and has 12 members currently.[7]

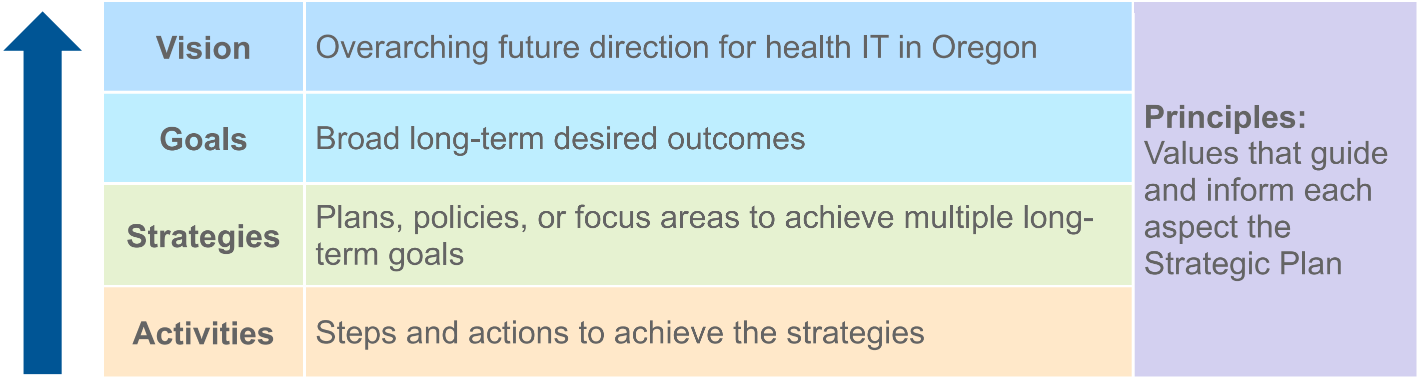
What is the Health IT Strategic Plan?

Oregon’s Health IT Strategic Plan provides high-level priorities, guidance, and direction for health IT over the next five years. It outlines the overall vision and the focus areas for partners across the health IT landscape in Oregon. HITOC is responsible for creating the Strategic Plan to coordinate statewide efforts around priority issues in health IT. Coordinating health IT efforts at the state level is important because health IT is complex and is most effective when coordinated across organizations, regionally, or statewide.

The Strategic Plan is for everyone using or impacted by health IT in Oregon (referred to as “partners”). As the author of the Strategic Plan, HITOC sets expectations for these partner entities and organizations in the health IT landscape. Partners include, but are not limited to:

- Individuals (consumers/patients)
- Providers and clinic staff
- The Nine Federally Recognized Tribes of Oregon
- CBOs
- Hospitals
- Health systems
- CCOs and health insurance plans (payers)
- Technology partners
- State agencies

The Strategic Plan is comprised of a Vision, Principles, Goals, Strategies, and Activities. The Vision is HITOC’s overarching future direction for health IT in Oregon. The Principles are values that guide and inform each aspect of the Strategic Plan. They should guide partners’ work and always inform planning and implementation across all levels of the Strategic Plan. The Goals are HITOC’s high-level outcomes for health IT in Oregon long-term. They are necessary to reach the Vision. The Strategies are general plans, policies, or areas of focus to achieve multiple long-term Goals, and the Activities outline steps and actions to achieve the Strategies.



Vision	Overarching future direction for health IT in Oregon	**Principles:** Values that guide and inform each aspect the Strategic Plan
Goals	Broad long-term desired outcomes	
Strategies	Plans, policies, or focus areas to achieve multiple long-term goals	
Activities	Steps and actions to achieve the strategies	

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[7] See Appendix A: HITOC Members

As author of the Strategic Plan, HITOC is responsible for identifying the highest priority work to help all partners coordinate health IT efforts at the state level and focus their strategies and activities for the benefit of statewide progress. HITOC is not responsible for carrying out all Strategies and Activities directly. The committee instead provides direction and guidance to the landscape through the Strategic Plan. In some cases, HITOC has identified roles for specific partners in the Activities, but in most cases, Activities apply to all partners in the landscape.

Development of the Strategic Plan

The Strategic Plan was developed over a multi-year process involving HITOC meetings, workgroups, staff support from the OHA Office of Health IT and Analytics Infrastructure, and extensive community engagement. Work on this Strategic Plan began in late 2019, paused in March 2020 due to COVID-19, and fully resumed in 2022.

Throughout the development process, HITOC members discussed the Strategic Plan components at their meetings, which typically occur the first Thursday of even-numbered months. Meetings included presentations, full group discussions, breakout small group discussions, virtual whiteboard exercises, polling, and public comments. Outside of meetings, members prepared for discussions with email communication, reading materials, and member surveys. All HITOC meetings, workgroup meetings, and educational webinars were, and continue to be, open to the public. All recordings and materials can be found on HITOC's meeting website.[8]

HITOC chartered the HIE Workgroup[9] (completed August 2023) and the CIE Workgroup[10] (completed November 2022) to explore specific topics in more depth. These groups recommended strategies to HITOC and OHA to accelerate, support, and improve HIE and CIE in Oregon. HITOC and the CIE Workgroup submitted recommendations in the House Bill 4150 Report to the state legislature in January 2023.[11] The recommendations from these workgroups inform HITOC's Strategic Plan.

OHA staff supported the Strategic Plan development by providing (1) background and landscape on health IT topics, (2) slides and documents describing health IT challenges and opportunities, and (3) updates on state and federal policy. Staff facilitated HITOC meetings and community engagement, and they synthesized HITOC's discussions in meeting materials.

Extensive community engagement informed HITOC's discussions and strategic planning. Engagement was ongoing, with HITOC hosting listening sessions at different points throughout the Strategic Plan process and incorporating relevant engagement from past sessions as work developed. HITOC's process was informed by input from hundreds of individuals across 51 engagement opportunities. It drew from sources collected over five years, including reports, interviews, listening sessions, meetings with organizations and associations, presentations,

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[8] HITOC Meetings

[9] Health Information Exchange (HIE) Workgroup

[10] Community Information Exchange (CIE) Workgroup

[11] House Bill 4150 Final Report: Supporting Statewide Community Information Exchange

and verbal and written public comments during state facilitated meetings. OHA staff reported the input to HITOC in the Community Engagement and Input Report 2018-2023.[12]

The Strategic Plan is publicly available on HITOC's website and will be shared with everyone who participated in engagement opportunities. Engagement will be a cycle: HITOC will continue periodic community engagement to inform its work and to inform future Strategic Plans. Please submit comments at any time to HITOC.info@odhsoha.oregon.gov or attend a HITOC meeting to provide public comment.[13]

Oregon Health IT Landscape

Oregon is transforming health care to improve health outcomes, health equity, and quality of care, and to reduce costs for people in Oregon. Health IT supports complex care coordination, including addressing SDOH and helping to eliminate health inequities. When providers and health plans (including CCOs) share information about care goals, plans of care, and risks and social factors, they can improve health outcomes. Connecting health care and social services sectors through health IT can support better health outcomes and help decision-makers better understand health and social needs gaps so resources can be allocated to meet these needs. Information sharing can help organizations better understand and address disparities for populations facing health inequities. Additionally, there are new drivers for electronic information sharing, including value-based payment, Oregon’s 1115 Medicaid Waiver, and the need to modernize the public health system.

Use of various health IT tools has increased in Oregon since 2009.[14]

- Patient portal value and use have both increased, but engagement with the information, understandability, and accessibility can vary greatly for patients and across tools.
- Oregon’s EHR adoption rates are generally high, but gaps remain in the availability, adoption, and use of high-quality EHRs with interoperability capabilities, especially among behavioral health and dental providers. The federal Medicaid EHR Incentive Program has ended. It provided incentives for EHR adoption that were primarily suited for physical health providers.
- HIE has also grown significantly in Oregon, with hospitals and health systems having the highest adoption rates. However, providers typically need multiple HIE tools to meet their needs, and significant gaps remain, particularly for behavioral health, oral health, small providers, rural providers, and long-term post-acute care. Examples of HIE in Oregon include:
    - National network and vendor-driven HIE (e.g., Carequality)
    - Community-based or regional HIE (e.g., Reliance eHealth Collaborative)

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[12] Community Engagement and Input Report 2018-2023
[13] HITOC Meetings
[14] See Appendix C: Background and Current State and the 2022 Health IT Landscape Report to HITOC

    - Other specialized HIE solutions (e.g., the Emergency Department Information Exchange [EDIE]/Collective Platform [aka PointClickCare] and the Prescription Drug Monitoring Program [PDMP] Integration Initiative).
- Although CIE efforts are still in development, they have grown rapidly across Oregon. All 16 CCOs contract with one of the two CIE vendors with a presence in Oregon (Connect Oregon (powered by Unite Us) and findhelp); adoption and use by providers, CBOs, and other partners varies.

There are multiple efforts to coordinate health IT, for example:

- Health IT governance in Oregon has largely focused on implementation of specific tools, and patients and consumers have not been well represented. Oregon’s landscape has no single centralized structure or coordination across different health IT efforts to exchange information.
- Federal rules, new interoperability requirements, state policies, and value-based payment requirements have increased the need for data sharing and interoperability. National HIE networks such as Carequality and Commonwell require EHR vendor participation, which excludes providers using smaller EHRs or using EHRs for behavioral health or specialty providers. Integration of HIE and CIE into provider EHRs or electronic workflow is often limited.
- HIT Commons is a public-private collaboration designed to accelerate and advance health IT adoption and use across the state, leverage public and private investments, and expand access to high-value data sources (see EDIE/Collective and PDMP Integration initiatives). HIT Commons is co-sponsored by the Oregon Health Leadership Council and OHA, and it is jointly funded by OHA, hospitals, as well as CCOs and health plans.
- Some partners are exploring the emerging concept of a health data utility (HDU) which is a statewide model or entity with advanced technical capabilities to combine, enhance, and exchange electronic health data across care and services settings for treatment, care coordination, quality improvement, and public and community health purposes.

Health IT-Related Policy Priorities

State Level Health Policy Priorities

Health equity is the main priority for Oregon state health policy, and Oregon has set a goal to eliminate health inequities by 2030.

OHA is the state's primary administrative body focused on health and includes most of the state's health care programs. OHA's strategic goal for 2030 is to eliminate health inequities in the state of Oregon. OHA is working to fundamentally improve how health care is delivered and paid for. OHA is also working to reduce health disparities and to broaden the state's focus on prevention because poor health is only partially due to lack of medical care.[15] Health IT is essential to OHA's efforts to improve care quality, reduce costs, improve health outcomes and health care access, and achieve health equity.

OHA and the Oregon Health Policy Board's Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Current state health policy priorities that inform HITOC's priorities for health IT in Oregon are:

Policy Topic	Description and Impact
2022-2027 Medicaid 1115 Waiver and health-related social needs[16]	Oregon's groundbreaking 1115 Waiver aims to test improvements in coverage, access, and quality with innovative approaches to ensure more eligible people retain their Medicaid coverage. Approaches include approving Oregon's demonstration to keep children enrolled in Medicaid up to age six. The initiatives also take steps to address unmet health-related social needs. For example, they give Oregon new authority to test coverage for food,

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[15] About OHA
[16] OHA: 2022-2027 Medicaid 1115 Demonstration Waiver

	housing, and climate-related resources for certain groups of Medicaid members when there is a clinical need. This initiative will require connections and referrals between new types of organizations, as well as monitoring and evaluation for outcomes and impacts.
Social Determinants of Health (SDOH), including housing security	Social determinants of health (SDOH), like access to stable housing, nutritious food, and transportation, affect a person's health outcomes and quality of life. In addition to the new housing, food, and climate benefits in the waiver, OHA supports many SDOH initiatives, including CCO work to screen and address SDOH.[17] Health IT opportunities include capturing and sharing high-value data, such as social needs screening data, that can be useful in addressing SDOH. At the same time, work is needed to ensure patient confidentiality and address issues around stigma and privacy. Promoting health equity is crucial, and high-value data can be used to ensure people in Oregon receive high-quality care regardless of race, ethnicity, socioeconomic status, or other socially determined circumstances.
Improving behavioral health (including mental health and substance-use disorder) treatment and supports	In 2021, the Oregon Legislature appropriated $1.35 billion to transform Oregon's behavioral health system. These investments represent a turning point for behavioral health in Oregon. The investments recognize the impact of the pandemic, the need for improved services, and the need to transform the way we do things to meet our goal of achieving health equity by 2030.[18]
REALD & SOGI	Oregon has state-specific demographic standards for race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity (SOGI). REALD & SOGI data help to reveal the diversity of the people living in Oregon, which helps identify and address health disparities

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[17] See OHA's Social determinants of health (SDOH) incentive metric and Social Determinants of Health Programs pages for examples

[18] OHA: Behavioral Health Services

	and support data justice in communities most affected by health disparities. Work is underway related to providers, CCOs, and payers' collection and use of REALD & SOGI, which impacts health IT systems like EHRs.[19]
Reducing health care costs, improving quality, and increasing health coverage	OHA has many efforts focused on improving quality of care, increasing coverage, and ensuring health care costs do not outpace wages or the state's economy, including opportunities to reduce waste and inefficiency, resulting in better care at a lower cost.[20] Health IT is a critical support for many of these efforts, including supporting management of patient populations most at risk for poor outcomes and high costs.
Improving health care workforce, especially in behavioral health	OHA programs support recruiting and educating health care professionals and retaining a quality workforce. Focused efforts seek to address significant workforce shortages and a lack of health care professionals who can provide culturally responsive care to diverse individuals, particularly in behavioral health.[21] Effective health IT can improve efficiencies and help reduce burden and burnout of providers.
Value-based payment	Health IT can support the shift from fee-for-service models of payment to alternative payment models that reward value and outcomes, which is crucial for health system transformation. These new payment models create requirements to track and report outcomes and incentivize efforts to improve care coordination and health across populations.

HITOC is a committee of the Oregon Health Policy Board (OHPB), the citizen policymaking oversight body of OHA. OHPB guides health care policy in Oregon with a goal of increasing access to quality, affordable health care and improving population health.[22] As a committee of OHPB, HITOC is charged with making specific recommendations related to health IT to the Board.

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[19] OHA: Using REALD and SOGI to Identify and Address Health Inequities
[20] One example is the Cost Growth Target program
[21] OHA: The Behavioral Health Workforce Initiative
[22] Oregon Health Policy Board

The Board's 2024-25 Priority Framework identifies four priority areas for their work, centering health equity,[23] and aligning with Governor Kotek's priorities for health system improvements.[24] Health IT improvements outlined in the Strategic Plan support each of these areas.

OHPB 2024 Priority Area	Strategic Plan Alignment
Reduce health care costs and increase affordability.	Improved data exchange, alignment of standards, and technical assistance for health IT users can reduce duplicative or otherwise avoidable services and support population health and value-based care, which help contain health care costs.
Lead public engagement for CCO procurement	The Strategic Plan was informed by significant public engagement and includes many recommendations that impact CCOs' planning and use of health IT. CCOs are critical partners throughout the Strategic Plan. They have important expectations in their contracts for using and supporting health IT, in alignment with Strategic Plan priorities. CCOs play a major role in supporting community adoption of health IT across provider types to increase care coordination and improve patient care. As OHPB engages the public around CCO procurement, HITOC will monitor public input, reflect on the Strategic Plan, and may advise on CCO health IT expectations.
Continue metrics alignment.	Health IT supports metrics reporting by improving data quality and making it easier to collect and provide information where needed. Health IT supports payer and provider use of metrics in quality improvement and population management activities.
Influence a more responsive and culturally reflective behavioral health system.	The Strategic Plan outlines specific activities to improve health IT for behavioral health, including addressing disparities for behavioral health organizations related to adopting high quality EHRs and improving interoperability, which will support a more responsive behavioral health system.

Federal Level Health IT Policy Priorities

The Office of the National Coordinator for Health Information Technology (ONC) leads federal coordination of health IT efforts.[25] ONC's mission is to create systemic improvements in health

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[23] Oregon Health Policy Board 2024-25 Priority Framework
[24] OHPB Priorities: Governor's Letter
[25] About ONC

and care through the access, exchange, and use of data. It creates national standards for health data exchange and health IT certification, and it coordinates activities between various organizations to support more and improved health data exchange. ONC collaborates with the Centers for Medicare & Medicaid Services (CMS) on efforts to support interoperability, including federal rules. Health IT in Oregon follows federal rules, guidance, and standards from ONC, CMS, and other applicable federal agencies.

ONC develops and sets standards and certifications that support interoperability between health IT tools, such as:

- Trusted Exchange Framework and Common Agreement (TEFCA) is a set of voluntary principles and legal terms for information sharing between health information networks (HINs). It launched January 2022.[26]

    - TEFCA supports the creation of a "network of networks" that links existing health information exchanges across the U.S. The first five Qualified Health Information Networks (QHINs) were approved December 12, 2023, and began supporting data sharing between QHIN participants (e.g., Health Systems A and B in the diagram).[27]
    - In the next iteration of the Common Agreement, ONC plans to require support for HL7 Fast Healthcare Interoperability Resources (FHIR)-based data exchange, expecting the approach will accelerate FHIR adoption.[28]
- ONC's Cures Act Final Rule[29], which went into effect June 2020, includes updates to EHR certification criteria and exceptions to information blocking. The updates support giving patients and their health care providers secure access to health information, and they empower patients by putting them in charge of their health records, which ensures patients can access their own electronic health information.
- United States Core Data for Interoperability (USCDI) is a list of the core data elements needed for interoperability. Recent updates to the USCDI support equity and public health data interoperability.[30]

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[26] What Is the Trusted Exchange Framework and Common Agreement℠?
[27] Trusted Exchange Framework and Common Agreement (TEFCA) and User's Guide to the Trusted Exchange Framework and Common Agreement - TEFCA
[28] HL7 is Health Level Seven International®; FHIR® Roadmap for TEFCA Exchange: Version 2.0
[29] Cures Act Final Rule
[30] USCDI+

- Health IT Certification Program[31] is voluntary and applies to a variety of health IT, including EHRs. Products that have been certified have been reviewed and are guaranteed to perform reliably and be interoperable with other health IT, making it easier to share needed health data.
- The CMS Interoperability and Patient Access final rule also went into effect June 2020. It includes requirements for CMS-regulated payers to implement a Patient Access API and Provider Directory API and to participate in Payer-to-Payer Data Exchange.[32] Goals include putting patients first, giving patients access to their health information when they need it most and in a way they can best use it, and moving the health care system toward greater interoperability.

ONC seeks to bring partners together from the national health IT landscape to focus on emerging issues. In its 2023 annual meeting[33], ONC focused on:

- Efforts to make better data exchange accessible to more groups, particularly those that were left out of previous supports, such as public health agencies, behavioral health providers, pharmacies, ambulatory providers, payers (insurance providers), the Veterans Health Administration, the Indian Health Service, and researchers.
- Improving patients' access to their health information and addressing disparities in access.
- Advancing whole-person care by connecting more social health elements to data exchanges, including SDOH data, CIE, and interoperability with government services like the Supplemental Nutrition Assistance Program (SNAP).
- Addressing issues related to how health IT and data exchange can contribute to provider burnout through high documentation demands and information overload.
- Appropriate use of artificial intelligence (AI) in health IT, exploring how AI can support data usability, and warning against the risk of AI reinforcing racial bias.

These focus areas are reflected in the Strategic Plan.

Strategic Plan for Health IT Components

Vision

The Vision is HITOC's overall future direction for health IT in Oregon. HITOC's Vision is that:

Health IT empowers individuals and communities to reach their full health potential and well-being.

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[31] Certified Health IT
[32] Interoperability and Patient Access Fact Sheet
[33] ONC Annual Meeting

Principles

The Principles are values that guide and inform each aspect the Strategic Plan. The following principles should guide partners' work and should always be considered as they look to implement the Strategies and Activities:

1. **Health IT must advance health equity and avoid reinforcing or worsening inequities.**[34] All health IT must ultimately support and advance health equity. This approach requires considering how health IT efforts can improve health equity and avoid worsening inequities at each stage, from planning to implementation to ongoing use. Supporting health equity reinforces HITOC's Strategic Plan Vision that health IT empowers individuals and communities to reach their full health potential and well-being.
2. **Privacy and security**[35] **of people's health information is expected**. Partners are expected to always adhere to applicable privacy and security laws and practices.
3. **Ensure individuals and communities understand how their data is stored, shared, and used to provide transparency and grow trust.** Partners should be open and clear about what will happen with the data people provide. Information on how data will be protected and shared needs to be understandable and accessible. These practices make it easier for individuals and communities to trust in the health system, which is necessary to ultimately improve health outcomes.
4. **Leverage existing resources and align with national standards**. Consider investments and resources already in place and align with national standards to support ease of use and interoperability. Lack of alignment raises costs and makes connections between organizations more complex and challenging.
5. **Improve efficiency and avoid adding burden**. Health IT efforts should improve efficiency, reduce duplication of information and efforts, and avoid adding burden to individuals, providers, and organizations. It is important to understand what information is most needed, and not inundate people with extra information.
6. **Ensure efforts are sustainable with thoughtful intentional progress**. Consider long-term sustainability of health IT efforts and seek broad partner involvement and buy-in. Efforts should demonstrate value, start with a manageable scope, and then expand.

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[34] OHA Health Equity definition

[35] Privacy: The policies and processes by which health information is protected, kept confidential, and only shared with appropriate parties.
Security: The technical and operational processes by which electronic information is collected, stored, and transmitted across different technology systems to control access and protect information. This includes whether information is stored via onsite servers or in the cloud, how information is encrypted in transit and at rest, and how organizations safeguard information from accidental or intentional disclosure. (Sometimes called "cybersecurity".)

Goals

The Strategic Plan Goals are HITOC's high-level, long-term outcomes for health IT in Oregon. They are necessary to reach the Vision. For each goal, HITOC describes what success looks like. HITOC's 2024-2028 Goals for health IT in Oregon are:

A. **People can be actively involved in their care through access to health IT**. Individuals, and those they designate, contribute, access, and use their information to understand and improve their health and collaborate with their care team and social services.

- People (patients and consumers) receive and understand relevant health information through health IT from their providers, then use this information to engage in their care.
- Patients and consumers know where to go for their information. They can quickly access their information across siloed providers, systems, and/or agencies without investing significant time or energy.
- Patients understand their rights and have agency in their data.
- Informed consent is clear and easy to give or revoke. Patients understand the risks, benefits, and alternatives to sharing their data through health IT.
- Barriers due to broadband or technology access or literacy are overcome.

B. **Individuals' information is electronically available, exchanged securely and seamlessly** between, and able to be understood by, individuals, their care team, and social services, to support high-quality and person-directed care.

- All providers have access to real-time, usable health information needed to provide care.
- Data exchange is seamless and without significant effort. The same technical languages and formats are used across services and provider types allowing discrete data to be exchanged through interoperability.
- Information shared is useful and appropriate for the setting or provider and facilitates the clinical process and care.

C. **Health IT supports efficient and accurate data collection, sharing, and use** for policy development, quality improvement, population health, value-based care, and public health, leading to improved health outcomes and reduced health inequities.

- Data is used appropriately, supporting improved health outcomes and health equity while avoiding harm.
- Data collection and format standards are used to facilitate this goal.
- Data is accurate. There are clear rules for updating data across systems and making changes to avoid spreading inaccurate data.

- Organizations across sectors have equitable access to data and know how to collect, use, and provide or share data.
- Population health data is used to guide health care and IT decisions.
- Providers and organizations have the data they need to succeed in value-based care.

D. **Health IT design, implementation, and use must center health equity**, especially to support social determinants of health (SDOH) efforts as part of whole-person care, care coordination, social services, and more, to achieve health equity.

- Health equity and SDOH are centered in health IT efforts, including in technology design and data sharing decisions.
- Data can easily be used to identify inequities and support taking action to address them through informing research and health care decisions as well as resource allocation and policy.
- SDOH data is uniform, standardized, and easily available when appropriate.
- Community-based organizations (CBOs) are supported to address inequities, incentivized to engage in relevant data sharing efforts, and centered in the development of health IT tools.
- Vendors and businesses prioritize health equity and SDOH.

Strategies list

A Strategy is a general plan, policy, or area of focus to achieve multiple long-term Goals. The Strategies are organized to build from the individual level growing to a systemic level.

Strategy 1: Strengthen engagement, access, and rights of **patients and consumers**

Strategy 2: Close remaining **electronic health record (EHR)** gaps

Strategy 3: Spread **health information exchange (HIE)** across the state

Strategy 4: Support, accelerate, and improve statewide **community information exchange (CIE)** efforts

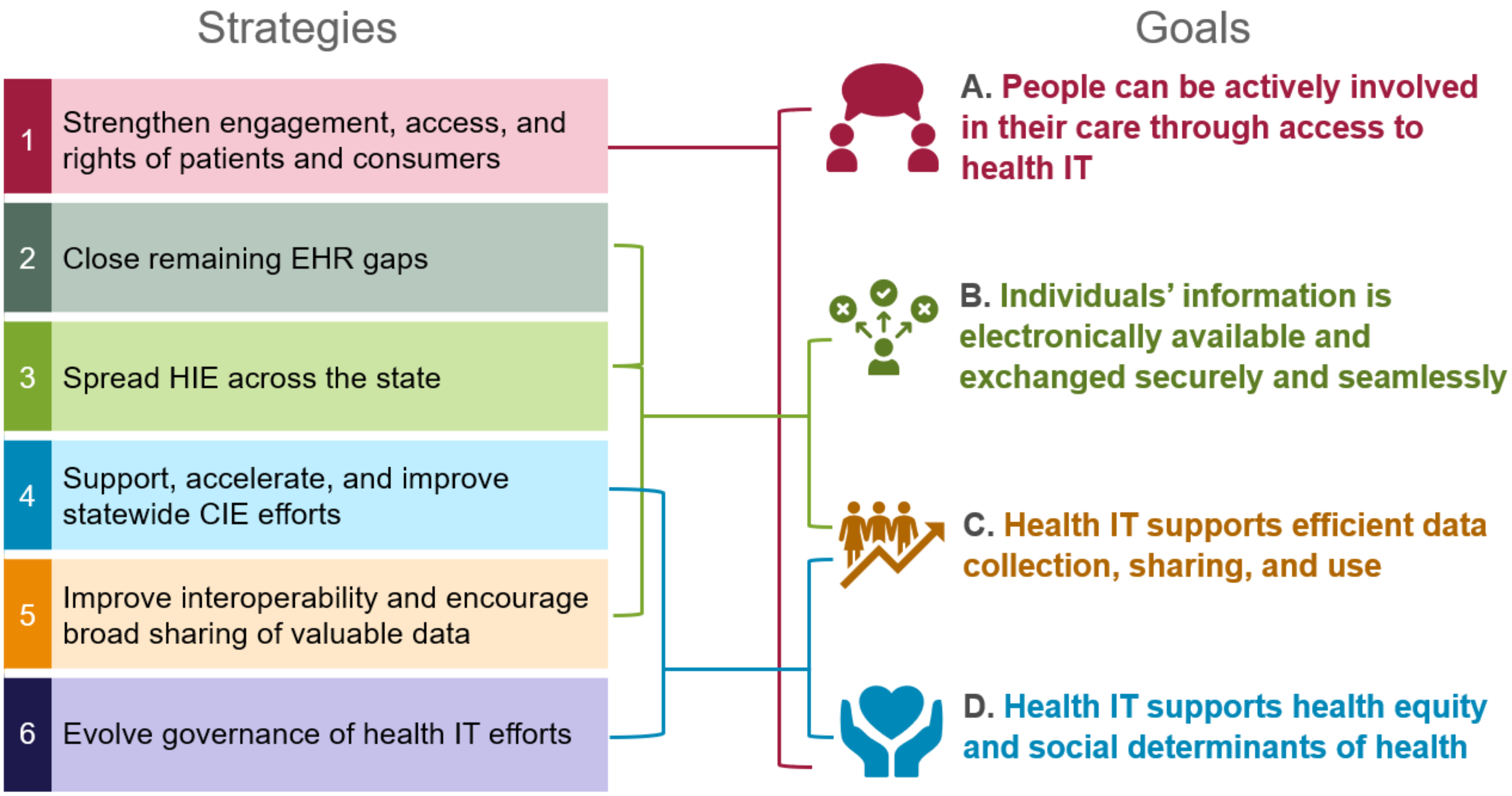
Strategy 5: Improve **interoperability** and encourage broad sharing of valuable data

Strategy 6: Evolve **governance** of health IT efforts

Strategy to Goal connections

Each Strategy supports all four Goals, which all support the Vision. However, there are strong links between certain Strategies and their support for specific Goals. The list and graphic below outline the two Goals a Strategy most directly connects to:

- Strategy 1 is strongly linked to Goal A, involving people in their care, and Goal D, supporting health equity and SDOH.
- Strategies 2, 3, and 5 are strongly linked to supporting Goal B, electronically available securely exchanged information, and Goal C, data collection, sharing, and use.
- Strategies 4 and 6 are strongly linked to Goal C, data collection, sharing, and use, and Goal D, supporting health equity and SDOH.



Strategic Plan Infographic

VISION **Health IT empowers individuals and communities to reach their full health potential and well-being.**

GOALS

A	B	C	D
People can be actively involved in their care through access to health IT	Individuals' information is electronically available and exchanged securely and seamlessly	Health IT supports efficient data collection, sharing, and use	Health IT supports health equity and social determinants of health

STRATEGIES

1	Strengthen engagement, access, and rights of patients and consumers
2	Close remaining EHR gaps
3	Spread HIE across the state
4	Support, accelerate, and improve statewide CIE efforts
5	Improve interoperability and encourage broad sharing of valuable data
6	Evolve governance of health IT efforts

PRINCIPLES

- Health Equity
- Privacy & Security
- Transparency, people understand how their data is used
- Leverage existing resources, national standards
- Efficiency, avoid burden
- Sustainability, thoughtful progress

Strategies and Activities

Activities are steps and actions to achieve the Strategies, which are areas of focus to achieve the Goals. With these 25 Activities, HITOC identified the priority work for partners in the health IT landscape for the benefit of statewide progress.

Strengthen engagement, access, and rights of patients and consumers	**Close remaining EHR gaps**	**Spread HIE across the state**
1. Prioritize the rights and needs of patients and consumers in health IT decision-making and governance. 2. Strengthen accessibility of health IT. 3. Facilitate engagement opportunities to better understand the health IT needs of patients and consumers. 4. Promote education that increases awareness and understanding of how health IT works. 5. Advocate for policies that support patients’ rights and improved access to information.	1. Prioritize resources to support groups with lower EHR adoption rates and to close the gaps that contribute to health inequities. 2. Advocate for regulatory alignment and supportive policy changes at state and national levels. 3. Fill gaps in data on EHR adoption and usability and support actions to address barriers.	1. Encourage more participation in HIE networks and broader use of HIE solutions and provide funding and support. 2. Clarify standards, provide clear guidance, and share best practices on data sharing priorities and HIE options to make interoperability easier. 3. Make more data available for HIE, especially state data. 4. Promote data sharing models and approaches that are compatible across all systems (i.e., vendor agnostic). 5. Improve insight into HIE adoption and continue to monitor the landscape.
Support, accelerate, and improve statewide CIE efforts	**Improve interoperability and encourage broad sharing of valuable data**	**Evolve governance of health IT efforts**
1. Provide support for CBOs and additional partners to participate in CIE. 2. OHA and ODHS should support and participate in statewide CIE efforts (see description). 3. Aggregate CIE data so it can be used for policy recommendations and resource allocation. Ensure communities have access to the data and inform how it is managed and analyzed. 4. Align privacy and security efforts with principles of community/individual decision-making around their information, applicable laws and standards, equity, transparency, and inclusivity.	1. Create opportunities to facilitate interoperability. 2. Identify key high-value data and activities to support access and sharing. 3. Utilize state and federal policy levers to support data standardization, interoperability, and data sharing. 4. Promote public/private partnership and shared funding for technology adoption initiatives. 5. Study and address gaps in data and interoperability.	1. Clarify and define governance scope, authority, structure(s), goals, and responsibilities. 2. Develop governance principles. 3. Explore new models of governance for CIE, HIE, and other cross-sector health IT governance in Oregon.

1. Strengthen engagement, access, and rights of patients and consumers

Strategy Overview

Centering patients and consumers in health IT improves care quality, trust, and equity. This strategy calls for strengthening people's agency over their health information in two areas:

- **Centering patients and consumers in decision-making around their health information.** Their needs and priorities should guide health IT efforts to support the overall goals of improving health outcomes and health equity in Oregon. The activities in this strategy outline actionable steps toward person-centered and person-directed data.
- **Improving patients' and consumers' access to, knowledge of, and understandability of health information and IT** to support people's engagement in their care and empower them to take action to impact their health outcomes. When referring to access, this strategy applies to patients and consumers as well as those they designate.

Patients' access to their own health information has increased in recent years. For example, electronic health record (EHR) patient portals have increased in use and value, and provider notes that summarize information after medical visits have become more available to patients. Coordinated care organizations (CCOs) have consumer advisory boards that centralize patients' input on decision-making.

Despite improvements in patient engagement, ongoing accessibility and security concerns continue to limit people's access to their health information.[36] Some people in Oregon do not have reliable high-speed internet or technology to access portals, and some lack the health or technology literacy to engage. Some people have the added challenge of managing multiple patient portals.

HIPAA[37] and other privacy laws exist to protect health information, but people may not know of or understand them. Likewise, even when privacy and consent statements are provided, they can be difficult to understand. This concern is particularly relevant for accessing health information on mobile apps. Recent federal policy changes[38] require more information sharing with patients, such as sharing information to mobile apps on patients' request. However, many apps are not subject to HIPAA, and many people skip over the terms and conditions related to protection of their health information.

Patients and consumers may want their data to be person-directed, meaning the person controls their health information including which providers can view their data, what data

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[36] See Appendix C: Background and Current State for more detail.

[37] HIPAA explanation: HIPAA, a federal law to protect sensitive patient health information from being disclosed without the patient's consent or knowledge

[38] Refers to Interoperability and Patient Access Final Rule. See Health IT Policy Priorities: Federal Level section for more information.

different providers can see and, in some cases, how long that data is viewable within their record.

Activities to accomplish the strategy

1. **Prioritize the rights and needs of patients and consumers in health IT decision-making and governance.** Increase opportunities for patients and consumers to play active roles in deciding how their health information is used by:
    a. Ensuring patients and consumers have “a seat at the table” during decision-making and governance. Increasing representation of people most impacted by health inequities on advisory committees and requesting their input in health IT efforts.
    b. Supporting ways for people to annotate their health record or request changes to their information.
    c. Using equity frameworks to assess health IT design and investment decisions.
    d. Considering the impact of each decision on patients and consumers most likely to face health inequities or other health IT challenges, such as low technology literacy, lack of high-speed internet, language access, etc.
    e. Promoting patient privacy and security in health IT and data systems.

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

2. **Strengthen accessibility of health IT** by:
    a. Ensuring content is culturally relevant, available in plain language, multiple languages, and modes that are accessible for people with disabilities (e.g., braille, screen readers).
    b. Prioritizing user experience in design and providing technical assistance for improving user experience.
    c. Providing patient advocates and peer tech support at point of service.
    d. Promoting the consolidation of personal health records and/or patient portals.
3. **Facilitate engagement opportunities to better understand the health IT needs of patients and consumers,** then use the input to inform decisions and patient education.
    a. Leverage existing patient or consumer advisory councils to weigh in on health IT decisions.
    b. Prioritize engaging people who face challenges with health IT, such as older adults, culturally and linguistically specific populations, and people with chronic health conditions or complex needs.

4. **Promote education that increases awareness and understanding of how health IT works.**
    a. Develop education opportunities. Topics should include risks and benefits of health IT; patient rights, privacy, security, and confidentiality; and other topics identified from engagement in Activity #3.
    b. Promote improved informed consent processes related to sharing data.
    c. Promote individual and caregiver awareness and understanding of data in health IT.
    d. Combine health IT education with other health education where appropriate. For example, train peer educators and patient navigators to assist with both health IT and counseling patients on their conditions.
    e. Education should be in multiple languages and focus on populations more likely to experience barriers due to systemic inequity.
5. **Advocate for policies that support patients' rights and improved access to information** at state and federal levels, including efforts to close broadband gaps, improve privacy labeling in consumer-facing apps, and promote policies that focus on equity.

2. Close remaining electronic health record (EHR) gaps

Strategy Overview

EHRs improve patient care. They make it easier for providers to electronically collect, store, and use health 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 (like REALD & SOGI[39]). This data can help identify inequities and help patients receive care from culturally or linguistically appropriate providers. Finally, EHRs can help providers share information with patients, their designees, their families, and their caregivers. However, not all EHRs support the same capabilities, and EHR quality can vary.

High-quality EHRs meet many providers' needs for information sharing, care coordination, quality reporting, population health efforts, and value-based payment arrangements, and support patient access and engagement via a patient portal. They are interoperable, meaning they can exchange information with other systems easily while maintaining data quality and security. Certified EHRs[40] typically, but not always, support these functions. Some providers do not have access to Certified EHRs appropriate for their practice. High-quality is inclusive of

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[39] Oregon developed state-specific demographic standards for race, ethnicity, language, disability, sexual orientation, and gender identity reporting (abbreviated REALD & SOGI) for OHA and ODHS programs. For more information, visit https://www.oregon.gov/oha/ei/pages/demographics.aspx

[40] Certified EHR Technology meets specific national standards set forth by the Office of the National Coordinator for Health Information Technology (ONC), the federal body that oversees the Health IT Certification Program. The benefits of standard data capture and interoperable exchange of information include enhanced patient safety, usability, privacy, and security.

certified and meant to provide flexibility, while noting that not all certified EHRs are high quality. Without high-quality EHRs, it is harder for providers to get complete, up-to-date information about their patients, and it is harder for them to share information with patients, other providers, and outside organizations.

Although Oregon's EHR adoption rates are generally high, there are wide gaps by provider size and type.[41] All Oregon hospitals and most physical health providers use a certified EHR. However, behavioral health providers, oral health providers, smaller clinics and individual providers, and those in rural areas are less likely to use EHRs and are more likely to face increased barriers to using EHRs.

Providers face a variety of barriers to EHR adoption and use:

- Many EHRs were developed for physical health providers and do not adequately support the needs of other provider types (behavioral health, oral health, etc.).
- EHRs are expensive, especially high-quality options. Federal financial incentives for EHR adoption and meaningful use have ended, and some provider types were not eligible for the incentives.
- Providers may not have capacity to learn a new system and adapt workflows. EHRs can cause information overload when providers cannot easily access relevant information for each patient interaction, possibly contributing to decreased use of information exchange features.
- In rural areas in particular, providers may not have reliable access to broadband internet. Other providers that use an EHR may choose not to use data sharing functions if there are too few services and providers present in their local exchange networks.

Activities to accomplish the strategy

1. **Prioritize resources to support groups with lower EHR adoption rates and to close the gaps that contribute to health inequities.**
    a. Provide resources for EHR adoption with a focus on behavioral health, oral health, providers in rural areas, long-term care, carceral settings, school-based clinics, small independent physical health providers and other groups that have low EHR adoption and have had fewer resources for EHRs.
    b. Expand technical assistance, convening, education, and guidance.
        i. Inform providers about EHR technology and functionalities. Share information on available EHR products so providers can better understand the options.

> *[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

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[41] 2022 Health IT Report to Oregon's Health IT Oversight Council (HITOC)

    ii. Encourage providers to adopt certified and/or high-quality, interoperable EHRs and leverage interoperability functions within their EHRs allowing them to participate in minimum viable HIE solutions.
    iii. Help providers leverage existing systems. Show providers how to optimize the use of their EHRs and get more functionality out of their existing systems.
    iv. Encourage and support shared learning opportunities on EHR adoption and use and highlight the value of specific uses for different provider types.

2. **Advocate for regulatory alignment and supportive policy changes at state and national levels.**
    a. Increase alignment on data standards and reporting between state and federal requirements, and between public health and health care. This improvement will reduce provider burden and decrease the overall cost of health care. In addition, increased alignment of data standards will support interoperability.
    b. Advocate for and seek federal funds to incentivize adoption and full use of EHRs (i.e., providers using all relevant functions available in their EHR, particularly data exchange functionality).
    c. Support policy and regulatory initiatives to improve the usability of EHRs and reduce provider burden.
    d. Promote legislative and policy changes that remove policy barriers, improve data standards/reporting alignment, reduce burden, or add helpful programs or authority.
3. **Fill gaps in data on EHR adoption and usability and support actions to address barriers.** Prioritize groups affected by the digital divide, particularly behavioral and oral health. Compile data to understand which providers and organizations use which EHR vendor.

3. Spread health information exchange (HIE) across the state

Strategy Overview

HIE definition

HIE means exchanging health information electronically between separate systems like EHRs. It also refers to organizations that facilitate the electronic sharing of health information between systems.

Efficient HIE improves care and care coordination. It can reduce burden, duplication, and inconsistencies in managing health data.

Providers need relevant clinical information at the point of care to make the best clinical decisions. CCOs and public health departments need efficient access to health data to support their operations and population health initiatives. Patients also benefit from HIE when it supports improved care coordination and when it makes it easier to access their information spread across different systems. When these groups cannot electronically access valuable and usable information when and where it is needed, it creates delays, duplication of work, and new burdens on providers and patients who must re-share information or move their own data.

The past decade has seen meaningful spread in the adoption and use of HIE, but significant gaps remain, particularly for behavioral health, oral health, small provider clinics, rural providers, and long-term post-acute care. Additionally, there are new drivers for this need, including expansion of value-based payment, Oregon's 1115 Medicaid Waiver, and the need to modernize the public health system. Examples of HIE in Oregon include:

- National network and vendor-driven HIE (e.g., Carequality)
- Community-based or regional HIE (e.g., Reliance eHealth Collaborative)
- Other specialized HIE solutions (e.g., the Emergency Department Information Exchange [EDIE]/Collective Platform [aka PointClickCare] and the Prescription Drug Monitoring Program Integration Initiative [PDMP]).[42]

HITOC convened the HIE Workgroup[43] in 2022-2023 to develop strategies and recommendations to accelerate, support, and improve HIE across Oregon. Informed by the work of the HIE Workgroup, HITOC identified the following major barriers to HIE expansion in Oregon:

- Lack of understanding and clarity around the complex HIE landscape.
- Lack of resources. Updating systems or joining new ones is expensive. Training and change management are also needed, and the cost often outweighs perceived value.
- Different requirements from federal, state, and other jurisdictional levels do not always align, creating burdens on organizations to reconcile their compliance and potentially requiring some providers to use multiple health IT systems.
- Lack of interoperability between different systems providers use.
- Privacy complexities.
- Lack of options to enable patients to exercise agency over how their information is shared via HIE.

Activities to accomplish the strategy

1. **Encourage more participation in HIE networks and broader use of HIE solutions and provide funding and support.**
    a. Fund and support HIE adoption and use by providers facing digital inequities, e.g., oral, behavioral, and rural health; long-term post-acute care; and health services at correctional organizations.

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[42] See the HITOC HIE Workgroup's HIE Overview and Statewide Vision for HIE concept paper, and the 2022 Health IT Report to Oregon's HITOC, for more information on HIE efforts underway in Oregon.
[43] Refer to the HIE Workgroup website for detailed concept papers and full recommendations.

   b. Promote broad contribution of data by all partners. Closing data sharing gaps is necessary to realize the care coordination benefits of HIE and support equity initiatives.
   c. Support efforts to improve data sharing between providers and health plans with a goal of bidirectional data exchange.
   d. Provide funding and support for priority HIE SDOH use cases, including prioritizing SDOH data sharing via HIE.
   e. Explore funding opportunities to pilot electronic, closed loop clinical referrals projects.

> *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. [Readable means it] 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. [This] is the ideal vision.* – Long-term post-acute care interviewee, 2023

2. **Clarify standards, provide clear guidance, and share best practices on data sharing priorities and HIE options to make interoperability easier.**
   a. Promote knowledge of HIE. Publicly provide clear concise information on HIE solutions in Oregon for consumers, HIE decision-makers, and others.
   b. Support communication of existing case studies and best practices, particularly regarding SDOH data sharing in HIE.
   c. Promote consistent and ongoing data quality practices across HIE solutions in Oregon, particularly those leveraging national data standards.
   d. Identify and prioritize standard and non-standardized data to include in HIE efforts.
   e. Prioritize who should contribute data, how, and when.
   f. Prioritize privacy and security of people's health information in HIE, in accordance with applicable privacy and security laws.
3. **Make more data available for HIE, especially state data.**
   a. Identify and address barriers to information sharing, e.g., data silos.
   b. Support HIE efforts in improving access to high-value data for population health use cases, such as data on demographics, risk, care team, missing labs and orders, patient/provider assignment, criminal justice information, and data from OHA, Oregon Department of Human Services (ODHS) and other agencies.
   c. Promote broad sharing of health care claims data with providers to support population health activities in Oregon.
4. **Promote data sharing models and approaches that are compatible across all systems (i.e., vendor agnostic).**

5. **Improve insight into HIE adoption and continue to monitor landscape.**
    a. Provide transparency into HIE efforts including data quality and scope of exchange in the state.
    b. Monitor progress of electronic, closed loop clinical referrals functionality, implementation, and use.
    c. Seek a greater understanding of why providers with EHR systems may or may not participate in HIE.
    d. Expand state reporting on health IT/HIE adoption and include data from long-term post-acute care organizations and consumers.

4. Support, accelerate, and improve statewide community information exchange (CIE) efforts

Strategy Overview

CIE improves communication between service providers, which helps health care, social services, and community-based organizations (CBOs) better meet people's needs. This is important because people in Oregon have significant unmet social needs, such as housing, food, and transportation; health outcomes improve when these needs are met. CIE helps address SDOH, which is critical for eliminating health inequities. When organizations participate in CIE, they can send referrals to other service providers and hear back about the status of those referrals more efficiently. These connections reduce duplication of work, meaning providers can spend more time with people, and people can spend less time repeating personal, potentially traumatic information to different providers. In addition, aggregated data from CIE can help policymakers and communities better understand needs and service gaps in their communities. This can inform policy and resource planning, especially for efforts to address SDOH and support upstream drivers of health equity.

CIE definition

CIE means a network of collaborative partners using technology for the exchange of information to connect people to the services and supports they need. Functions must include closed loop referrals, a shared resource directory, and consent to the use of technology by the person being connected to services.

Communities across Oregon are implementing CIE. Existing efforts have been largely sponsored by CCOs, health systems, and health plans. Adoption varies for different CBOs, providers, and other typical CIE partners.[44]

This strategy stems from HITOC's CIE Workgroup recommendations and extensive community engagement, which also informed HITOC's report to the legislature on CIE for House Bill 4150

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[44] See Appendix C: Background and Current State for details

(2022).[45] These groups identified barriers that must be addressed to support, accelerate, and improve CIE efforts, including:

- Limited resources and capacity, particularly for CBOs
- Lack of centralized governance or coordination of efforts; lack of CBO voice in decision-making
- Complex privacy laws
- Lack of interoperability with other health IT tools and between different CIE systems
- Few language options for users

Activities to accomplish the strategy

1. **Provide support for CBOs[46] and additional partners[47] to participate in CIE**, including ongoing sustainable funding and grants, technical assistance, coordination and convening, and education. CBOs are the priority partner in CIE, and other entities have a responsibility to support them.

> *There has been quite a lot of investment in health, and not all health, but many health related partners, to be able to take on a change from paper form to electronic medical record, there's some federal dollars investing in those entities becoming stronger at that electronic transition, that hasn't happened for CBOs. And so for this to be successful… the focus really does have to be in many ways on CBOs to get them to the same place that we see hospital systems, clinics, things like that who have had that investment. –* HITOC member, HITOC meeting, August 2022

2. **OHA and ODHS should support and participate in statewide CIE efforts, including:**
    a. Using CIE where and when appropriate such as in the agencies' social support programs.
    b. Participating in neutral statewide governance and supporting the development and sustainability of this governance as needed.
    c. Leveraging policy and contractual levers, such as the 1115 Medicaid waiver, to advance the use of CIE where appropriate. This includes incentivizing use of CIE as part of

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[45] House Bill 4150 Report: Supporting statewide CIE
[46] In this context, community-based organizations (CBOs) are generally non-profit organizations working to support social needs and advance health equity across Oregon particularly in communities of color, Tribal communities, disability communities, immigrant and refugee communities, undocumented communities, migrant and seasonal farmworkers, LGBTQIA2S+ communities, faith communities, older adults, houseless communities, and others. This definition is not meant to be limiting. HITOC and the CIE Workgroup note not to mandate that CBOs use CIE.
[47] In this context additional partners include but are not limited to behavioral health, oral health, and physical health organizations, safety net clinics (e.g., federally qualified health centers, rural health centers, free clinics), coordinated care organizations (CCOs), city or county government (e.g., local public health or county social services), and others (e.g., early childhood, school-based social supports).

    contracts or grants, strengthening policies around care coordination and SDOH to encourage use of CIE, and utilizing data to further inform policy decisions.
    d. Supporting participation in CIE by CBOs and additional partner organizations. Support may include activities such as funding, technical assistance, and helping CBOs navigate legal barriers.
    e. Supporting and participating in convening and coordination of CIE efforts. Priority roles include assuring a focus on health equity, facilitating collaboration and best practice sharing, and helping CBOs participate in convenings.
3. **Aggregate CIE data so it can be used for policy recommendations and resource allocation. Ensure communities have access to the data and inform how it is managed and analyzed.**
    a. Consider health equity impacts in the aggregation and use of this data as this data includes communities disproportionately affected by health inequities.
    b. Data activities should include data governance, technical assistance, community-informed evaluation, and publicly available datasets, dashboards, and reports.
    c. Data aggregation and use should be guided by principles that center transparency, access to understandable data, neutral oversight, a data equity framework, accountability, security, and community/individual data ownership and decision-making.
4. **Align privacy and security efforts with principles of community/individual decision-making around their information, applicable laws and standards, equity, transparency, and inclusivity**. Activities should also include:
    a. Provide training on privacy and security including:
        i. Informed consent.
        ii. Capabilities, compliance, and risks specifically for CBOs. This includes impacts to consumers and CBOs if there is a breach.
        iii. Guidance on how to communicate with individuals about privacy, data justice, and individual ownership of their data.
        iv. Support navigating legal barriers.
    b. Further investigation into governance (see Strategy 6) and oversight of privacy and security and types of information valuable and appropriate for CIE.
    c. Encourage efforts to avoid harm to people in the use of their data in CIE.

5. Improve interoperability and encourage broad sharing of valuable data

Strategy Overview

This strategy seeks to help health IT systems and tools connect –or be more interoperable[48]– so they can share needed data quickly and easily. Interoperability poses a risk of information overload if too much data is shared or the data is too disorganized. Efforts to standardize file and data formats and identify the high-value data for each provider type can help address this risk by making it easier to share only the right information in each use case. As the use of Fast Healthcare Interoperability Resources (FHIR)[49] standards expand, it should improve the ability for health IT systems to easily separate incoming data and take in only what is valuable.

Interoperability definition

The ability for a distinct health IT system to communicate and exchange data meaningfully to other systems without significant human intervention.

Health information is collected and stored in a variety of systems used by providers, payers, and others involved in patient care. Typically, this care involves multiple organizations and providers who must exchange information to coordinate. Although there have been significant improvements, often the systems they use cannot "talk to each other" well, making it difficult to share useful information quickly. These disconnects in data sharing increase burden and can impact treatment decisions: providers may not have the information they need to serve patients, health IT users often must enter data manually or into multiple systems, and patients may need to share their stories multiple times or need to provide their own health records.

Federal rules (including new interoperability requirements), state policies, and value-based payment arrangements have increased the need for data sharing and interoperability. Interoperability and data sharing improved over the past decade, but significant gaps remain.[50]

- Lack of standardization in data collection and format creates challenges in sharing, processing, understanding, and using data, both increasing the difficulty of sharing and decreasing the value of data when shared.
- Resource constraints and limited control: Making systems interoperable is expensive, and health IT vendors often control interoperability approaches. Some provider types (e.g., behavioral and oral health) have a limited EHR market.
- Ongoing confusion around data policies (e.g., 42 CFR Part 2, HIPAA, FERPA, and some public health data sharing protections) results in restrictions and hesitance to share allowable data for fear of violating policies.

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[48] Interoperability Fact Sheet
[49] FHIR Fact Sheets
[50] See Appendix C: Background and Current State for details

Activities to accomplish the strategy

1. **Create opportunities to facilitate interoperability.**
    a. Standardize data: Seek and promote opportunities to standardize data so it is easier to share, for example improving standardization of claims/administrative and patient assignment data shared from payers to providers.

> *The more we can adopt standards, even standards with how we transmit things, with how we communicate things. If the state helps with that I think that one it will help get greater adoption, and two with the other barrier but providers are transient, and they have all these things coming at them all different ways, and every time something new comes up it has to be done as a new process in their office. So the more we can make it [data] standard then the tools become less important.* - CCO Listening Session 2020

    b. Provide education to partners on federal regulations and provide guidance to support providers, care teams, and system users in proactively sharing data (where appropriate and in alignment with privacy standards and requirements).
    c. Prioritize use cases and support sharing of high-value data already identified, and advocate that external data sources be integrated into EHRs and other systems already used by providers and care team members.
    d. Explore new opportunities like the health data utility (HDU) concept to facilitate interoperability.
    e. Align expectations for vendors on interoperability, design, and SDOH data.
    f. Continue statewide health IT/HIE services enabled by the HIT Commons.[51] Clarify the value of these platforms and share the performance and outcomes metrics related to HIT Commons' efforts more widely.
2. **Identify key high-value data and activities to support access and sharing.**
    a. Identify which data is useful for which providers and prioritize that data for sharing to their systems. Shared data need to be relevant to the clinical process and facilitate a clinical workflow, it is not sufficient to just move data back and forth. Identified high-value data includes public health and other state-held data, claims and administrative data (such as patient assignment), and data needed for evaluating clinical quality and value-based payment.
    b. Identify when certain data is not appropriate to share. Leverage improved interoperability to better protect sensitive information and only share what is needed.

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[51] EDIE/Collective Platform shares high-value data, such as hospital/emergency department admit, discharge, and transfer information. The Prescription Drug Monitoring Program Integration initiative supports interoperable access to controlled substance prescriptions. See Appendix C for more information

3. **Utilize state and federal policy levers to support data standardization, interoperability, and data sharing.** This activity supports population health management and identifying inequities.
    a. State agencies should standardize data and reporting requirements in alignment with any applicable federal and/or industry standards.
    b. Encourage state agencies to make data more available when appropriate.
    c. Advocate for policy changes to support interoperability.
    d. Monitor federal regulation around interoperability and implementation of TEFCA and impact on interoperability in Oregon.
    e. Use policy levers to encourage data sharing.
4. **Promote public/private partnership and shared funding for technology adoption initiatives:** Learn from the success of the HIT Commons public-private partnership which provides a space to coordinate health IT activities and leverage shared funding for sustainable investments. Explore future strategies that include this model of partnership and shared expense.
5. **Study and address gaps in data and interoperability.**
    a. Prioritize studying and addressing gaps for behavioral, oral, and rural health as these groups have traditionally lacked the same level of resources and incentives to adopt and use interoperable health IT as physical health and those in urban areas.
    b. Focus on gaps in equity and gaps identified by communities.

6. Evolve governance of health IT efforts

Strategy Overview

Clear, consistent governance of health IT efforts improves alignment and efficiency by developing shared expectations, addressing common concerns, and supporting sustainability. The need for cross-sector information sharing is growing rapidly, yet lack of clarity about federal, state, and organizational efforts and policies makes it harder to coordinate efforts and create systems that connect to each other. Centralized decision-making bodies or coordination between decision structures can fill gaps between efforts and support better alignment and more effective and efficient efforts.

Governance is the process of bringing groups together for decision-making, direction setting, evaluating progress, and/or norm setting.

Health IT governance efforts in Oregon are largely focused on implementation of specific tools. Historically, HITOC's governance strategy focused on HIT Commons, a public-private partnership that has implemented governance for specific HIE tools and use cases. HITOC also recognizes Connect Oregon (CIE), the Reliance eHealth Collaborative (regional HIE) governance board, national governance of HIE frameworks like the TEFCA, Carequality, and

Commonwell, and local or regional HIE collaborative and governance efforts such as the Central Oregon HIE.[52] In a landscape like Oregon's, with multiple health IT efforts to exchange information, and no single centralized structure (like some states), coordination and potentially new governance efforts will be critical for success. Current gaps and barriers include:

- Lack of clarity, understanding, and agreement of what health IT governance is needed and where it should focus.
- Gaps in cross-tool and cross sector governance and a lack of centralization that can be confusing to partners.
- Perspectives left out of governance resulting in decision-making that does not represent the needs and priorities of all people using *and* impacted by health IT efforts. In particular, patients/consumers and patient advocates and CBOs are often not involved in governance.
- Limited resources have been allocated to governance efforts.

This strategy seeks to further approaches to governance that improve coordination and consistency among health IT efforts in Oregon, starting with clarifying and defining governance.

Activities to accomplish the strategy

> *I think governance certainly needs to be emphasized. And maybe even defined. So when you, when you have so many groups trying to go ahead and have trusted relationships with each other, governance and accountability, I think, really fall short sometimes*. – HITOC Member, HITOC meeting, August 2022

1. **Clarify and define governance scope, authority, structure(s), goals, and responsibilities.** This step should come first. HITOC should play a role in this work.
    a. Put resources toward clarifying and defining governance. Resources are needed to move governance forward.
    b. Initial areas to explore include:
        i. Scope of what needs governing. This could include all HIE and CIE efforts, or a subset. It could be specific to certain implementations or use cases. It could be governance of overall goals and/or the design of systems. It could also include data governance, or governance of privacy and security principles, agreements, and/or oversight.
        ii. Authority or how the governance body/bodies will have power and over what. Also, how governance will be held accountable. Legislative involvement may be needed in the future for the authority to govern private entities.
        iii. Structure(s) of governance bodies, such as local, regional, and/or statewide structures and how different bodies coordinate or interact with each other.

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[52] See Appendix C: Background and Current State for details

        iv. Aims or goals of governance. More equitable governance that includes underrepresented voices is a priority, but other goals need further clarity.
        v. Purposes and responsibilities such as developing shared expectations, coordinating across efforts for common goals or use cases, addressing conflict areas in standards or policies, and/or creating data sharing agreements.
        vi. Creating sustainable funding structures to support ongoing governance without relying solely on initial one-time funding.

2. **Develop governance principles**. Initial principles for consideration include:
    a. Support equity in governance: Governance should represent the needs and priorities of all people using and impacted by health IT efforts with inclusive input in decision-making.
        i. Expand participation in governance to ensure everyone is at the table. Broaden and diversify representation in governance boards and committees.
        ii. Include community participation at multiple levels: strategically engage leaders, different entities, and sectors as members of governance groups and as expert consultants.
        iii. Build collaboration and trust to achieve broad buy-in for health IT efforts.
        iv. Governing bodies should operationalize health equity in their context (e.g., using an equity framework to assess decisions).
        v. Ensure sufficient stipends or other supports to support ongoing and equitable participation of people served and community members.
    b. Promote governance that is iterative, flexible, and driven by the priorities of patients and consumers.
    c. Look to current governance for examples and leverage what is working, while also being open to new models. Consider existing regional collaboratives and implementation work focusing on high-priority use cases. Consider models outside of health care. Approaches can include both establishing governing bodies and developing ways to coordinate between existing governing bodies.

3. **Explore new models of governance for CIE, HIE, and other cross-sector health IT governance in Oregon.** New models with new partners are needed as more sectors are involved in exchanging information to improve health outcomes.[53]
    a. Advance inclusive, neutral statewide CIE governance, using a neutral convener or public/private partnership, driven by priorities of individuals and communities with representation across social service, health, and government sectors with equal CBO to non-CBO representation and a multi-tiered structure.

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[53] Refer to House Bill 4150 Final Report: Supporting Community Information Exchange and the Statewide Vision for Health Information Exchange for more details.

b. Explore centralized governance of HIE in Oregon to convene partners to identify priority use cases and remaining gaps and needs, then develop and prioritize actions to address HIE governance needs.
c. Consider and explore the emerging community Health Data Utility (HDU) effort for cross-sector (HIE, CIE, etc.) governance, seek to leverage lessons from other states, and focus on high-priority use cases.

Health IT priorities of the Nine Federally Recognized Tribes of Oregon[54]

Oregon maintains a government-to-government relationship with the Nine Federally Recognized Tribes of Oregon (Tribes). Federally Recognized Tribes are separate sovereign nations with powers to protect the health, safety, and welfare of their members and to govern their lands. This section of the Strategic Plan focuses on the health IT needs and priorities of the Tribes that were received during HITOC's Strategic Plan outreach and engagement process, which included two Tribal Monthly Meetings in 2020 and 2022. Additional landscape and context information was provided by a nonprofit advisory organization, the Northwest Portland Area Indian Health Board, that serves the 43 Federally Recognized Tribes in Oregon, Washington and Idaho.

Highlights of the needs and recommendations identified by Tribal representatives are included below[55]:

- Assessment of each Tribal organization's health IT capabilities, barriers, and needs
- Access to comprehensive medical information for Tribal health care providers
- Education on health IT platforms to Tribal organizations
- Interest in the use of a single EHR platform
- 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
- Engage Tribal organizations in pilot programs, given that Tribal organizations have historically been left out of engagement
- Clarification on what health IT information from the state is pertinent for Tribal organizations given access and capacity challenges

Suggested activities

In addition to the Tribal needs and recommendations identified above, HITOC offers the following suggested activities for how the committee and other partners in the landscape could support the Tribes' priorities.

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[54] This section is under review through OHA Tribal Affairs processes and is in draft until this footnote is removed.
[55] A full summary of this feedback can be found in the Community Engagement and Input Report 2018-2023, pg. 24.

1. HITOC can support Tribes' priorities by:
    a. Elevating Tribes' priorities to OHPB and other partners through this Strategic Plan.
    b. Monitoring the impact of the Indian Health Service's (IHS) selection of a new EHR vendor on the Tribes in Oregon.
2. Partners in the landscape can support these priorities by considering health IT solutions that are capable of being interoperable with the new EHR selected by IHS, and other systems used by Tribal health clinics.

Future topics

HITOC identified two topics outside of the focus of the Strategic Plan that merit further consideration. HITOC will explore these topics in future meetings.

Artificial Intelligence (AI)

HITOC members identified artificial Intelligence (AI) in health IT as an important area to investigate further in their upcoming work. AI includes a range of applications in which computers "think" like humans, enabling computer systems to perform tasks normally requiring human intelligence.[56] AI is already present in health IT and has been an emerging federal focus area for at least 6 years.[57] It is used in some EHRs to write clinician notes, which has implications for billing and patient rights. It has the potential to improve elements of health IT, such as accessibility, capacity, and cost. Consumer advocates hope that AI can process health data to make it more understandable for patients, and provider advocates hope it can do the same for time-strapped care providers. However, AI also has the potential to cause harm by reinforcing systemic inequities. HITOC will continue to monitor developments in the use of AI in health IT and will continue to follow conversations on how AI can be used to improve patient and provider experiences while avoiding harm.

Health IT Workforce

The health IT workforce is critical to, but broader than, the Strategic Plan and HITOC's work. The efforts described in the Strategic Plan will require the combined effort of many people. Without a trained, engaged, diverse workforce, many of the changes will be limited. Oregon continues to face challenges growing its health IT workforce, and the need only continues to grow. For these reasons, HITOC will monitor developments in the Oregon health IT workforce and explore opportunities to support its growth, such as highlighting that the health IT workforce could be a consideration for other OHA committees that look at workforce issues or a consideration for other collaborations with OHA committees.

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[56] Artificial Intelligence (AI) at HHS
[57] Artificial Intelligence for Health and Health Care

Conclusion

Exchanging information through health IT is critical to advancing health equity and improving the health system. The Strategic Plan envisions that health IT empowers individuals and communities to reach their full health potential and well-being. The overall aim is a health system connected by health IT where useful data can be easily accessed and understood by patients and consumers, providers, and organizations alike. This direction aligns with Oregon's main priority for state health policy: health equity, and it aligns with state and federal policy priorities. Additionally, the Strategic Plan focuses on groups left behind in health IT efforts, and it prioritizes moving Oregon toward stronger consumer input and patient agency over health information. Partners in the Oregon health IT landscape should look to the Strategic Plan when planning and implementing health IT efforts.

Appendix A: HITOC Members

Current HITOC members as of February 2024:

Bill Bard

Title: Retired

Organizational affiliation: Consumer

Bill Bard retired after a long career in IT in the airline industry when he developed a disability and became a 24/7 caregiver for his mother. Following her death, he volunteered at Providence Hospice and as a Certified Long-Term Care Ombudsman, advocating for the residents of long-term care facilities for over a decade. He served two terms on the Residential Ombudsman and Public Guardian Advisory Board, as both chair and vice-chair, and completed a term on the National Consumer Voice for Quality Long-term Care Leadership Council. He continues to advocate for quality and equity for residents of Oregon's long-term care system. He has received the Governor's Senior Volunteer of the Year award and the National Consumer Voice for Quality Long-Term Care Leadership award.

Maili Boynay

Title: Vice President of Information Services Applications

Organizational affiliation: Legacy Health

Maili Boynay has over 17 years of experience with health IT and has worked in the health care field for over two decades. She has project managed dozens of electronic health record implementations and led health IT strategic planning for ambulatory care delivery, including electronic health information sharing, interoperability, population/risk management, network collaboration, claims and clinical integration, and data warehouse strategies. She is a member of the implementation committee of the Unity Center for Behavioral Health and was instrumental in extending Legacy's electronic health record to Albertina Kerr. She regularly presents to health IT groups about connecting communities, governance, and program growth. She also chaired Legacy's patient portal steering committee, which explored how to ensure patients can communicate with their providers and access their own medical records.

Manu Chaudhry, MS DDS

Title: President

Organizational affiliation: Capitol Dental Care

Dr. Manu Chaudhry has dedicated his career to the pursuit of improving clinical quality and access to care and transforming delivery of care to improve overall health outcomes. He is a dynamic and visionary leader with extensive leadership experience over multi-region dental practices and has also founded multiple collaborative organizations that reduce oral and overall health disparities. Dr. Chaudhry serves as Vice Chair of OHA's Metrics and Scoring Committee, a member of OHA's Health IT Oversight Council, a member of OHA's Healthcare Workforce Committee, and a board member of Healthier Kids Foundation. He holds a Master of Science in Biomedical Engineering from the University of California, San Diego and earned his Doctor of Dental Surgery from University of the Pacific.

Romney Cortes

Title: Director of Clinical Applications

Organizational affiliation: Central City Concern

Romney Cortes (he/him) has worked in health care for 14 years, with 10 of those years in the Clinical Application/ information technology space. Over the years, Romney has worked with various hospital and ambulatory-based systems, both in and out of Oregon, working to understand and improve their unique IT systems and challenges. More recently at Central City Concern, which provides health care, housing and employment services under a single umbrella, he is partnering with other members of the organization to integrate IT systems between all services to provide a better client experience and health outcomes. In his spare time, while Romney continues as a dedicated member at Central City Concern, he also operates as an EHR consultant for other health organizations.

Erick Doolen

Title: Chief Operating Officer and Executive Vice President

Organizational affiliation: PacificSource

Erick Doolen leads PacificSource’s operational areas across lines of business including customer service, claims, enrollment and billing, information technology, analytics, human resources, and facilities. PacificSource serves commercial and Medicare Advantage members in Oregon, Idaho, and Montana as well as Oregon Health Plan members. Erick joined PacificSource in 2005 as the Chief Information Officer and served in the role until taking on broader operational responsibilities in 2010. During that time, PacificSource had several acquisitions and expansions that took the company into Medicare Advantage and Medicaid as well as new states. Erick was responsible for the successful integration of systems and operations. Prior to PacificSource, Erick spent 11 years working at Hewlett-Packard in several manufacturing and technology leadership roles. Erick is the co-chair of the Oregon Health Leadership Council's Administrative Simplification Executive Committee, leading efforts across health plans and providers to simplify the administrative aspects of health care in Oregon.

David Dorr, MD; Chair

Title: Chief Research Information Officer

Organizational affiliation: Oregon Health & Science University

Dr. David A. Dorr, an internal medicine doctor, is OHSU’s Chief Research Information Officer. He focuses on improving capabilities and use of innovations to manage data, information, and knowledge in research and in translating it to health care. David has significant strategic and policy experience, particularly in the design, evaluation, and implementation of health IT intended to improve the health and well-being of populations impacted by systemic inequities. His interests lie in collaborative care, chronic disease management, quality and what clinical information systems need to support these areas. He also is interested in patient safety. David wants to provide the best care for older adults and people with chronic diseases. He has worked on longitudinal care management systems, which are holistic, patient-centered plans. They help keep better track of patients' needs and goals, help them manage their conditions better, and make them feel like a valued member of the team.

Amy Henninger, MD; Vice-Chair

Title: Primary Care Medical Director

Organizational affiliation: Multnomah County Health Department

Dr. Amy Henninger has worked in Multnomah County's primary care clinic for the last 15 years, serving as the site medical director for 6 years and the primary care medical director for the last 4 years. She still sees patients and understands the day-to-day experiences of health care providers as they navigate health IT and health information sharing. She also has experience in clinic operations and works closely with the population and community services side of the health department. She was involved in the startup of the county's electronic health record and has continued to play a leadership role in system maintenance and upgrades. She was also a leader in rolling out My Chart, which allows patients to access their own health records. She is involved in the Care Oregon Metro Clinical Work Group, including work around population health and the use of data for quality improvement.

Mark Hetz; Ex Officio

Title: Executive Director

Organizational affiliation: HIT Commons

Mark Hetz has thirty years of health care IT experience and is currently the executive director for the HIT Commons. He is the former chief information officer at Asante and has served on numerous statewide committees, including HIT Commons Governance Board, Emergency Department Information Exchange/Pre-Manage Governing Board, Reliance eHealth Collaborative (formerly Jefferson Health Information Exchange) Governing Board, Health Future CIO Council, Oregon Association of Hospitals and Health Systems Health IT Technical Advisory Committee, Apprise/Information Network For Oregon Hospitals Data Governance Committee, Oregon Health Information Management Systems Society Advisory Council, Oregon Health IT Extension Center Advisory Council, and the Oregon Health Leadership Council Administrative Simplification Task Force.

Carly Hood-Ronick, MPA, MPH

Title: Executive Director

Organizational affiliation: Project Access NOW

Carly Hood-Ronick is the Executive Director at Project Access NOW. Project Access NOW works to improve communities' health and well-being by creating access to care, services, and resources. They partner with care providers, hospitals, clinics, and other community-based organizations to address health care and social determinants of health needs to support under and uninsured people. Over the past decade, Carly has worked at the intersection of policy and public health in multiple states and countries to develop innovative upstream programs, establish measurable, community-driven priorities, and publish best practices in financing social care efforts. Through participation and leadership on a variety of state-level and national Boards and committees, Carly is called upon as a leader in systems-level equity efforts, including past Co-Chair and current member of the Oregon Health Policy Board's Health Equity Committee, supporting Medicaid metric and measurement development with regard to upstream investments, and advising on community and social health data sharing efforts. Prior to joining PANOW, Carly led strategy and implementation of social determinants of health and Medicaid engagement efforts alongside community health centers across Oregon, as a Director at the Oregon Primary Care Association.

Ann Kasper

Title: Mental Health Senior Digital Peer Outreach Specialist

Organizational affiliation: Global Mental Health Peer Network

Ann Kasper (she/hers) MA, CPSS, has over 30 years of mental health care experience including hospital program design planning, statute drafting, and pioneering police crisis training. She now administers older adult digital peer support statewide with a focus on Eastern Oregon and serves as an executive committee member of the Global Mental Health Peer Network based in South Africa. She procured sponsorships for more than 800 refugees, taught English to Speakers of Other Languages including English for Engineers and U.S. citizenship preparation as adjunct faculty for 20 years while not being allowed to have any health insurance in Oregon. She worked in county quality assurance, digital academic research, and special education with technology devices. She runs The WiseCrackers, a 50+ international advocacy group and instructs Japanese language to very active preschoolers.

Kristina Martin

Title: Chief Information Officer

Organizational affiliation: Curry Health

Kristina Martin has worked in health IT for the last 26 years, holding both technical and management positions. Since 2015 she has served as Chief Information Officer (CIO) of Curry Health Network on the southern Oregon Coast. As CIO she wants to have a positive impact on the lives of patients in the communities her health system serves.

Dave Perkins

Title: Chief Information Officer

Organizational affiliation: Yakima Valley Farm Workers Clinic

David Perkins is the CIO for Yakima Valley Farm Workers Clinic (YVFWC), a federally qualified community health center headquartered in Eastern Washington, with clinics and other service locations throughout Eastern Washington and Western Oregon. Offering medical, dental, mental/behavioral health, pharmacy, and other social and community-based health services, YVFWC's mission targets the underserved in both rural and urban settings. Dave has worked in health IT, helping mission-driven provider organizations like YVFWC to design systems and processes that ensure access to quality care and promote health equity for the most vulnerable populations for 18 years.

Prior HITOC members with significant contributions to Strategic Planning work

These member biographies were accurate during the terms they served and may have since changed.

Amy Fellows

Term: 2017-2022

Title: Executive Director

Organizational affiliation: We Can Do Better

Amy Fellows has cumulative experience of more than 15 years in health care and health care IT efforts. She is the Executive Director of We Can Do Better, which has been convening the Northwest OpenNotes Consortium since 2014 and has brought together most of the health systems in Oregon to open their provider notes to patients so that they can better engage in their own health care. We Can Do Better's mission is to create opportunities for nonpartisan civic education and engagement, bringing people together who share the values of better health care and health for all. Previously, she worked for over 10 years installing Epic in safety net clinics for OCHIN. She continues consulting with other non-profit health organizations.

Valerie Fong, MSN RN

Term: 2015-2023

Title: Executive Director of Regional Informatics and Chief Nursing Informatics Officer

Organizational affiliation: Providence Health & Services

Valerie Fong, MSN RN provides executive and strategic informatics oversight in her role as Executive Director of Regional Informatics and Chief Nursing Informatics Officer for the Oregon Region of Providence St. Joseph Health. She serves as an expert clinical transformation catalyst and translator to ensure clinical standards are incorporated into relevant systems technologies, data, workflow, and processes. Her clinical knowledge paired with business and technological experience in electronic health record design and implementation, information systems governance, and transitions of care enables her to lead diverse teams in partnership with clinical and business operations to manage and align nursing and information services strategies that improve and transform health care. She has presented at regional, national, and international conferences and contributed to numerous educational webinars and publications on clinical informatics topics.

Kellen Joseph

Term: 2020-2023

Title: Information Systems Manager, Clinical App Coordinator

Organizational affiliation: Yellowhawk Tribal Health Center

Kellen Joseph has been with the Yellowhawk Tribal Health Center, which provides wraparound services including primary care, behavioral health, oral health, optometry, and community wellness, for ten years. He currently serves as the Information Systems Manager, Clinical App Coordinator, and a member of the Yellowhawk Executive Management Team. He joined

Yellowhawk at the beginning of its EHR implementation efforts and has seen the impacts of health IT on providers and community members. Kellen is also an enrolled member of the Confederated Tribes of the Umatilla Indian Reservation, and he and many of his family members are also patients at Yellowhawk.

Abdisalan Muse, MS

Term: 2021-2022

Title: Data and Reporting Manager

Organizational affiliation: Multnomah County Health Department

Abdisalan Muse is a Data and Reporting Manager with Multnomah County Health Department, where he has been for 20 years. Abdisalan’s experience spans various programs and different state and federal jurisdictions. He has coordinated the implementation, use, modifications, and complex integrations of information systems for Multnomah County public health programs. Abdisalan sees opportunities where platforms can integrate in our siloed health care system. He also served on the Immigrant and Refugee Community Organization (IRCO) and Neighborhood House boards, co-founded an African House that serves African immigrant and refugee communities, and co-chaired a diversity and quality team for the county’s public health division

Appendix B: Community Engagement and Input Report 2018-2023

The Community Engagement and Input Report 2018-2023 incorporates community input from 2018-2023 obtained through a variety of engagement opportunities. OHA staff used qualitative analysis to review hundreds of comments and identify themes relating to health IT. The analysis identified eight high-level themes and 47 subthemes:

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

Appendix C: Background and Current State

The following is a description of the current state and gaps in the Oregon health IT landscape, organized by related Strategy. The information was used by HITOC at their December 2023 Retreat to refine Strategies and Activities.

Strategy 1: Strengthen engagement, access, and rights of patients and consumers

Current state:

There is room to improve patient and consumer involvement in decision-making. **Health IT decisions** are often made from the perspective of health care systems and organizations. Hospitals, CCOs, health plans, and other health care organizations may have a patient or consumer advisory council that provides input on services more generally, but input may not be included in health IT decisions. Further, health IT governance boards often lack a patient advocate perspective. There is support for improvements: the Oregon Health Policy Board has urged state policy committees to increase consumer- and community-based representation and improve demographic diversity amongst committee members.

In terms of patient and consumers' access, knowledge, and understandability of health information, the current state has improved in several ways over recent years. Patient portals have grown in value, and use has increased. The Open Notes movement has been largely successful in ensuring that full clinician notes are available within patient portals. However, patient access to and engagement with their information still varies greatly. Although HIPAA and other privacy laws exist to protect sensitive information, people may not know of or understand them. Privacy and consent statements may be provided, but presentation and accessibility can vary. Some patients and consumers have multiple patient portals, which is challenging to manage and is also more likely when the patient has complex or chronic health conditions. Some patients may not have high-speed internet or technology to access portals; and some lack the health or technology literacy to engage. There have been efforts to encourage access and patient engagement, but challenges remain.

Recent federal policy (2020 final rule[58]) put patients first by giving them access to their health information when they need it most, and in a way that they can best use it. The rule requires many payers (for example, CCOs) to share information with patients via an application programming interface (API). The API allows patients to access their information more easily via apps on their smartphones. The use of health care apps and subsequent demand for access via APIs will likely grow in the coming years, requiring additional attention to address privacy and security concerns of consumer-facing

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[58] CMS Interoperability and Patient Access Final Rule (CMS-9115-F)

applications. For example, many apps are not subject to HIPAA, and many consumers skip the review of the terms and conditions related to protection of health information.

Gaps

- **Power sharing and patient input are lacking.** Organizations and institutions still hold more decision-making power than people who use health care and social services. Patients and patient advocates need further engagement in leadership and decision-making about health IT.
- **Access challenges further disparities and health inequities.** Patients who do not speak English well, have low technology or health literacy, or lack access to technology are less able to access and engage in health IT. Additionally, patient portals can be hard to use, and patients are often frustrated by needing multiple log ins to access their records from different providers.
- **Privacy, consent, and personal agency vary.**
    - Privacy laws can be confusing, so patients and consumers may not know how their data is shared. At times, information is used in ways they do not expect or in ways that cause harm.
    - Transparency of data use is inconsistent across providers. The types of information considered especially sensitive has changed; for example, concerns have increased around data sharing for reproductive health given the overturning of Roe v. Wade and changes in laws across various states and given the new requirements about collecting demographic information like sexual orientation and gender identity.
    - Understanding privacy and security takes time and energy patients may not have. Confusion, the amount of sensitive information collected, and lack of personal agency contribute to patients' mistrust of sharing their data.
    - There is rarely a clear way for patients to influence their data or the applicable data use policies. Patients currently face barriers when they seek to modify incorrect notes or information about themselves within health systems, which can lead to harm or can negatively impact the care they receive.
    - Often, individuals grant consent or sign forms with little to no understanding of what they are agreeing to. This is especially prevalent in consumer-facing apps, which are not required to abide by HIPAA protections.
    - Patients in crisis may have concerns over data sharing but also may feel pressured to consent to data sharing to access services.

Strategy 2: Close remaining electronic health record (EHR) gaps

Current state:

Although Oregon's EHR adoption rates are generally high, gaps remain in the availability, adoption, and use of high-quality EHRs with interoperability capabilities, especially among behavioral health and dental providers.[59] All Oregon hospitals and most physical health providers use a certified EHR[60]; however, more data is available for primary care providers than specialists. In general, EHR adoption data remains somewhat limited; efforts to improve data collection continue. The federal Medicaid EHR Incentive Program has ended. It provided incentives for EHR adoption (mostly for physical health providers). Providers that were ready to adopt EHRs likely adopted them while the financial incentives were available.

EHR gaps are widest for behavioral health providers, although adoption has improved over the past few years for larger organizations. Many solo-practice and small behavioral health providers have entered the landscape, most of whom likely do not use an EHR. Oral health providers, smaller clinics and individual providers, and those in rural areas also face significant EHR gaps and challenges. Oral health providers still use EHRs less often than behavioral and physical health providers. Some oral health providers question whether they need an interoperable EHR when their practice management systems have what they need for their clinical setting.

While federal incentives ended, OHA continues to support EHR adoption with:

- CCO support and reporting requirements for EHR adoption
- Technical assistance to CCOs via the Health IT Advisory Group
- Ongoing landscape monitoring
- Advocating for additional financial support, such as behavioral health EHR incentives, at a state and federal level
- Tracking and participating in national efforts to support EHR access

Gaps

- **Low EHR adoption rates among certain provider types.** HITOC ranked behavioral health as the highest priority provider gap, with oral health, rural health, and skilled nursing facilities tied for second most important gap in EHR adoption and use. Behavioral health providers track different information and face varying reporting requirements and privacy laws. An increasing amount of activities must be tracked but are not considered billable treatment. As a result, providers may use no EHR or use paper processes for some of their business, and some must use multiple systems, often requiring staff to enter data into each platform manually.
- **Lack of sufficient financial support.** Most providers that offer care and services other than physical health have been left behind in federal incentives for EHR adoption. Small

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[59] 2022 Health IT Report to Oregon's Health IT Oversight Council (HITOC)

[60] Certified EHR Technology meets specific national standards set forth by the Office of the National Coordinator for Health Information Technology (ONC), the federal body that oversees the EHR Certification Program. The benefits of standard data capture and interoperable exchange of information include enhanced patient safety, usability, privacy, and security. For more information, visit https://www.healthit.gov/playbook/certified-health-it/.

physician offices have fewer resources and so face barriers to EHR adoption, requiring additional support.

- **Lack of appropriate EHR products.** Most certified EHRs were developed for physical health providers, so many are not compatible with other providers' needs.
- **Information overload** prevents some providers from taking advantage of EHR capabilities.
- **Limited infrastructure in some areas.** Rural health systems may not have the infrastructure needed to support an EHR. In places where internet is not reliable, EHRs may not be reliable/viable.
- **Lack of robust integration with Emergency Medical Services (EMS).**
- **High cost of EHRs** is a barrier to adoption, especially for small organizations and carceral settings. Non-certified EHRs are more affordable, so some providers choose options that may not have HIE or interoperability functionality.
- **Missing EHR adoption data across various provider types.**
- **Workforce and staff capacity limitations.** Even when an EHR is adopted, providers and staff often feel burdened by learning a new technology and by the disruption to existing workflows. Organizations face a lack of health IT workforce and need more technical assistance. Provider organizations are under-resourced and do not have enough staff capacity, particularly behavioral and oral health, small practices, and long-term post-acute care (LTPAC).

Strategy 3: Spread health information exchange (HIE) across the state

Current state:

The past decade has seen substantial improvement in spreading HIE, but significant gaps remain, particularly for behavioral health, oral health, small providers, rural providers, and long-term post-acute care.[61] Additionally, there are new drivers for this need, including value-based payment, Oregon's 1115 Medicaid Waiver, and the need to modernize the public health system.

HIE takes many forms, including regional and national efforts. National efforts include eHealth Exchange, Carequality, Care Everywhere, Commonwealth, and Direct Secure Messaging. Some EHRs participate in national efforts, and some do not. Additionally, a large move to Epic across Oregon hospitals has improved cross-hospital data sharing through Epic Care Everywhere, while also reducing the value to hospitals/health systems of participating in local HIE efforts. In Oregon:

- The Emergency Department Information Exchange (EDIE)/Collective Platform provides real-time notifications to Emergency Department (ED) clinicians from an individual's care team and provides notifications of ED utilization and inpatient

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[61] 2022 Health IT Report to Oregon's Health IT Oversight Council (HITOC)

admissions to other users such as health plans, CCOs, state programs, primary care, behavioral health, dental, LTPAC, and specialty providers. EDIE/Collective Platform is administered by HIT Commons.

- The Prescription Drug Monitoring Program (PDMP) Integration Initiative connects EDIE, HIEs, EHRs, and pharmacy management systems to Oregon's PDMP, which includes information on prescription fills for controlled substances. The PDMP Integration Initiative is administered by the HIT Commons, in partnership with OHA's Public Health Division, and allows prescribers and pharmacists to access relevant narcotics prescription data within their regular electronic workflows, saving them time.
- Reliance eHealth Collaborative (Reliance) is a regional, community-based HIE organization with participants in two thirds of Oregon's counties. Reliance offers various services that enable the electronic sharing of information across providers, care settings, and payers, including its Community Health Record tool, which aggregates clinical data from many sources and creates a unique patient record accessible by end-users.
- HIT Commons is a public-private collaboration designed to accelerate and advance health IT adoption and use across the state, leverage public and private investments, and expand access to high-value data sources (see EDIE/Collective and PDMP Integration initiatives). HIT Commons is co-sponsored by the Oregon Health Leadership Council and OHA, and it is jointly funded by OHA, hospitals, as well as CCOs and health plans.

Gaps

- **Lack of understanding and clarity.** The landscape is complex, so organizations may not know how or where to connect. Others may be unfamiliar with HIE solutions or options and not know that some of their current tools offer HIE functionalities. There can be overlap between what different HIE solutions offer, and a lack of clarity around which functionalities are included in each solution.
- **Lack of resources.** HIE is expensive: it is expensive to update systems or join new ones, and the change management and training also cost time and money.
- **Cost vs. value.** Tension between the cost of HIE and its perceived value for participants and funders (the return on investment) can be a disincentive for organizations to invest.
- **Lack of interoperability between systems** providers use (e.g., EHRs vs. non-certified EHR like practice management systems). Different EHRs have different data types that may not transfer well to other EHRs.
- **Multiple HIE systems.** There is not a single statewide centralized HIE: health care entities must participate in multiple HIE systems that meet different needs.

- **Lack of alignment between efforts at different levels.** Organizations struggle to reconcile the differences between federal, state, and other jurisdictional efforts and requirements.
- **Privacy complexities.** Lack of understanding of, or fear of violating, privacy laws that govern data sharing, like HIPAA or 42 CFR Part 2 for substance use disorder (SUD) treatment information, can disincentivize organizations from participating in HIE.
- **Patient agency**. Many solutions lack options for patients to determine how their information is shared or do not explain how they can influence that sharing.

Strategy 4: Support, accelerate, and improve statewide community information exchange (CIE) efforts

Current state:

CIE efforts are now operating statewide; although they have grown rapidly across Oregon, organizations still need help and support to use this technology. Community-based organizations (CBOs) in particular need support. New relationships also need to be built to support collaboration between organizations.

CIE is being implemented in communities across Oregon. CIE efforts in Oregon are largely sponsored by CCOs, health systems, and health plans. All 16 CCOs contract with CIE vendors, but their use varies. Adoption and use by providers, CBOs, and other partners is variable due to existing barriers. There are two main CIE efforts in Oregon: Connect Oregon (powered by Unite Us, sponsored by 15 CCOs) and findhelp (formerly Aunt Bertha, sponsored by one CCO and known locally as Healthy Klamath Connect). Among state agencies, only the ODHS Office of Resilience and Emergency Management uses CIE (as of January 2024).

Gaps

- **Insufficient community resources**: There are not enough services and resources to meet people’s needs currently. The social services system is fragmented and historically underfunded. Implementing CIE in an under-resourced health and social care system will be difficult if the broader need for more services and resources is not also addressed. There is a lack of data on service gaps, but providers are also concerned about collecting data that is not actionable or receiving referrals they cannot fulfill.
- **Limited resources**: CIE is a large investment in systems change, and it will take time and sufficient funding to see the intended value. Widespread and consistent use is needed for success.
- **CBO capacity and buy-in**: CBO participation is critical for the value of CIE. However, CBOs reported that they experience significant barriers to using new technology, including financial, capacity, workflow, and other challenges. Connecting with the health

care system will be new for many CBOs. Other partner organizations and provider types also face similar barriers.

- **Lack of centralized governance** or coordination of efforts: CIE has primarily been implemented using a health care system first approach; CBOs and other critical partners have not had power in decision-making. Proper governance with equitable power is critical to fully achieve the benefits of CIE. There are separate CIE efforts underway without coordination.
- **Privacy laws are complex**: There is confusion and lack of clarity on the impact of privacy laws for different types of organizations. Federal changes to HIPAA privacy laws are also expected. CBOs that provide services may have no knowledge of HIPAA and 42 CFR Part 2 stipulations that could impact their work. Other laws, such as FERPA, could also impact certain partners.
- **Interoperability with health IT and between CIE systems**: Lack of interoperability in systems adds further burden if patients get asked the same questions over and over. Interoperability between CIEs, with other health IT or data systems, or with CBOs' current systems is lacking or expensive, as are integrations with EHRs. There is also little integration of health/SDOH data, and a lack of data standardization between systems.
- **Language options**: There is limited availability of CIE systems for CBO users who primarily speak languages other than English.

Strategy 5: Improve interoperability and encourage broad sharing of valuable data

Current state:

Interoperability and data sharing improved in the past decade, but significant gaps remain. The vast majority of Oregon providers have adopted an EHR, and adoption of HIE has significantly increased. National HIE networks such as Carequality and Commonwell require EHR vendor participation, which excludes providers using smaller EHRs or EHRs for behavioral health or specialty providers.[62] Integration of HIE and CIE into provider EHRs or electronic workflow is often limited.

Federal rules, new interoperability requirements, state policies, and value-based payment arrangements have increased the need for data sharing and interoperability. Federal policy has targeted improvements as well, including the 21st Century Cures Act and Information Blocking Final Rule and the Trusted Exchange Framework Common Agreement (TEFCA). State Medicaid policies have included increased expectations related to value-based payment as well as the new 1115 Medicaid waiver requiring closed loop referrals to housing, nutrition, and climate benefits for certain Medicaid members.

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[62] 2022 Health IT Report to Oregon's Health IT Oversight Council (HITOC)

Gaps

- **Lack of standardization** across data collection process and formats can reduce the value of data that are collected and make it harder to share data. Data are not often readily shareable across different health IT platforms and across different care types, (e.g., behavioral and oral health), which contributes to challenges in accessing, processing, understanding, and using data. Challenges exist around required or requested data: even if the data has been collected, often format issues can prevent data sharing. 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, do not speak the same data "language".
- **Resource constraints.**
  - Lack of access to interoperability networks.
  - High cost.
  - Disparities related to EHRs. Some provider types (e.g., oral and behavioral health, corrections) have specific documentation and workflow needs, and face a limited EHR market. These EHR gaps often limit sharing of valuable data.
- **Limited control.** Health IT vendors often control decisions around interoperability approaches, limiting options.
- **Lack of clarity around data sharing policies.** There is ongoing confusion around data protections (e.g., 42 CFR Part 2, HIPAA, FERPA, and some public health data sharing restrictions), resulting in restrictions and hesitance to share valuable data. Partners need clarity around data protection policies and how they apply to each setting where health IT is used.

Strategy 6: Evolve governance of health IT efforts

Current state:

Health IT governance efforts in Oregon is largely focused on implementation of specific tools. Some governance efforts are statewide, such as HIT Commons and Connect Oregon, and Reliance eHealth Collaborative is cross-regional. In most cases, patients and consumers (or patient/consumer advocates) are not represented in governance boards or advisory committees.

Historically, HITOC's governance strategy focused on HIT Commons, a public-private partnership. HIT Commons has successfully implemented governance for specific HIE tools and use cases: the EDIE/Collective Platform and the PDMP Integration Initiative, and use cases focused on expanding and improving these tools. The HIT Commons Governance Board has representation from funders and focused users, OHA, CCOs, health plans, hospitals, emergency department providers, physicians, behavioral health, public health, and community members. Although the HIT Commons is focused largely on specific tools, the governance structure has the potential to expand to support additional health IT tools, use cases, strategies, etc. as directed by the Board.

There is active governance in specific regions and vendor networks, such as

- Reliance eHealth Collaborative governing board oversees a cross-regional HIE.
- Regional HIE governance sponsored by CCOs, such as the Central Oregon HIE Board.
- Governance structures for national HIE networks like Carequality, Commonwell, and eHealthExchange.
- Connect Oregon governance for Oregon implementers of the Unite Us CIE platform.

HITOC's CIE Workgroup found that Oregon's CIE governance efforts have been vendor-specific and vendor/health system led. They found a lack of statewide coordination across CIE efforts and a need to improve representation in decision-making by CBOs.

HITOC's HIE Workgroup identified a new national model for cross-sector information exchange called a "Health Data Utility" model by Civitas and recommended HITOC explore this model in future work. Several Oregon organizations are exploring a Community Health Data Utility focused on data sharing across four sectors: claims, CIE, HIE, and state/local government systems (like public health). This group has begun engaging community partners such as CBOs and Federally Qualified Health Centers (FQHCs) to generate a strategic vision and priorities; and have plans to engage OHA and other health system and payer partners in future stages.

Gaps

- **Lack of clarity.** There is lack of agreement and understanding of what health IT governance is needed and where governance should focus.
- **Lack of coordinated/centralized governance.** Oregon has a complex ecosystem of governance entities and gaps. There are various tool-specific governance bodies but gaps in cross-tool and cross-sector governance. This patchwork set of governance entities can be confusing for patients and consumers, and for organizations exchanging data with multiple partners.
- **Many voices and perspectives have been left out of governance,** which results in a lack of power for those left out and limits the impact of health IT efforts. There has been a consistent lack of involvement of patients/consumers and patient advocates, culturally and linguistically specific populations, and people with disabilities. Other gaps in health IT governance can include CBOs, county government and/or public health, social service agencies, and some provider types such as oral and behavioral health providers or specialists.
- **Limited resources** have been allocated to governance efforts.

Appendix D: Resources referenced from Office of Health IT and Analytics Infrastructure

- Community Engagement and Input Report 2018-2023
- CIE Workgroup website
- HIE Workgroup website
- 2022 HITOC Report on Oregon's Health IT Landscape
- 2017-2020 Oregon Strategic Plan for Health IT

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