

Health Information Exchange (HIE) Workgroup

Meeting Summary

September 30, 2022; Oregon; Virtual Zoom Meeting

9:00 am – 12:00 pm

Workgroup Members Present: Manu Chaudhry (Co-Chair), Brian Wetter (Co-Chair), John Gaede, Lavinia Goto, Jennifer Gulzow, Stacey Melnick, Christian Moller-Andersen, Myron Peng (left early), David Perkins, Rob Reinhardt, Deborah Rumsey, Sonney Sapra, Jessica Turner

Workgroup Members Absent: Micaiah Fifer, Jennifer Levy

Staff Present: Justin Keller (consultant), Ashley Ashworth, Kristin Bork, Shannon Cengija, Luke Glowasky, Marta Makarushka, Christopher McFetridge, Lisa Parker

Guests: HIT Commons: Mark Hetz, Reliance eHealth Collaborative: Erick Maddox, Paula Weldon, Scott Tse

Meeting materials and recording on [HIE Workgroup Website](#)

HIE Workgroup Meeting Summaries focus on the main points of discussions had by Workgroup Members. Please refer to the agenda, slides, meeting materials, and/or recording for additional details.

Welcome and Introductions

Workgroup members introduced themselves and the Workgroup reviewed progress toward the existing roadmap for the strategic plan update and the HB 4150 legislative report.

Legislative Recommendations Next Steps

The Workgroup reviewed the draft materials provided to HITOC at its August meeting, including the draft HIE vision and the list of priority focus areas for further study. During the vision discussion, Co-Chair Manu Chaudhry asked if the group was leaning in one direction or another on the concept of “interoperable health records” versus a “single health record system”. The group used Zoom reactions to share their preference and most of the responding Workgroup members were leaning toward “interoperable health records”. Members acknowledged that while a single system might be a more ideal state, it was unrealistic to now expect the health care system to “rip and replace” all the technology infrastructure already in place.

More conversation was sought on the vision and so it will be discussed further during the October HIE Workgroup meeting.

State HIE Infrastructure: HIT Commons

Mark Hetz, Director of HIT Commons, presented on the history and scope of the HIT Commons, including its support and governance of the Collective Medical platform and the Prescription Drug Monitoring Program (PDMP) electronic health record (EHR)/HIE integration work. Discussion focused on why Collective evolved separately from other HIE solutions and how systems could be better integrated now. Workgroup members raised questions about what data is included and not within Collective, particularly around behavioral health facilities, and how that data overlaps with what is included in Oregon’s only regional HIE, Reliance eHealth Collaborative. Lastly, there was a question from co-chair

Manu Chaudhry about how the initiatives of HIT Commons support bridging the digital divide for HIE between those who have access to interoperable EHRs and those who do not. Mark spoke about how these systems are leveraged by behavioral health as an alternative to having access to fully interoperable EHRs.

Mark also touched on how the work of HIT Commons connects to priority focus areas of the HIE Workgroup, namely: value-based payment, increasing data quality, and eliminating fragmentation between health and human services systems.

State HIE Infrastructure: Reliance eHealth Collaborative

Erick Maddox, Paula Weldon, and Scott Tse joined the discussion to present on the work of Reliance eHealth Collaborative. The Workgroup asked about their query & retrieve functionality which is actively seeking to supplement clinical data (via comprehensive clinical documents or CCDs) for EHR users and actively filters out data that would be duplicative (from other Epic sites).

The Reliance team was asked about the Trusted Exchange Framework and Common Agreement (TEFCA) and Erick responded that it will be unlikely to impact them for the next few years until the developing quality health information network (QHIN) network is more mature. He also emphasized all of the use cases that Reliance supports that are going to be outside of the scope of what TEFCA will accomplish.

The Reliance team was also asked about social services and Erick mentioned that in Southern Oregon they are working with the Rogue hub initiative to support community-based organization (CBO) use of the Reliance electronic referrals platform (from social service provider to health care provider, not the opposite which is typically happening via community information exchange, or CIE). Co-chair Brian Wetter also mentioned that Reliance collects data on social determinants of health that PacificSource are ingesting into their analytics environment.

Members also discussed public health data and Rob Reinhardt asked why all immunization data from the ALERT registry was not available to HIEs. This question will be addressed by OHA at a future meeting. Another question was related to prior authorizations and Erick responded that the system is not currently being used for this and mentioned the standards that do assist with that (x12 vs. HL7). The team also mentioned that they are almost ready to launch their revised 42 CFR Part 2 functionality that will allow users to share Part 2-covered data that is compliant with the federal regulation.

The Reliance team mentioned that most providers do not get charged to access Reliance, but it was acknowledged that some providers have costs coming from their EHR vendor for the integration work. Finally, the Reliance team provided a slide on how their referral solution is complementary to CIEs like Connect Oregon.

Public Comment: No verbal or written comment was given.

Next meeting: October 21, 2022, 9:00 am – 12:00 pm
Zoom link and materials will be available on the [HIE Workgroup website](#)