



OREGON
HEALTH
AUTHORITY

HIMSS Oregon May 2025

State of the State: Health IT

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Strategic Goal
Eliminate health inequities
in Oregon by 2030



OHA is working to advance health equity through:

- 2022-2027 Medicaid 1115 Waiver and health-related social needs
- Addressing social determinants of health (SDOH)
- Better demographic data (REALD & SOGI)
- Improving health care workforce
- Expanding Value-based payment
- Reducing health care costs, improving quality and increasing access to care and health insurance/Medicaid coverage

2024 Oregon REALD SOGI updated standards

OHA finalized rules July 2024

- Updates Oregon's standards for collecting data on race, ethnicity, language, and disability (REALD)
 - Increases the number of race and ethnicity subgroups from 39 to 72
 - Other changes to language, disability sections including accommodations
- Adds sexual orientation and gender identity (SOGI) questions
- Applies to OHA programs, contractors and subcontractors
- OHA's registry for payer/provider annual reporting, estimated go live: 2027

For more information: <https://www.oregon.gov/oha/EI/Pages/REALD-Providers.aspx>

Templates: https://www.oregon.gov/oha/EI/Documents/ServiceBasedvsNonServiceBasedTemplate_OnePager.pdf

Oregon Strategic Plan for Health IT 2024-2028

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

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

For more information: <https://www.oregon.gov/oha/hpa/ohit-hitoc/pages/index.aspx>

**HIT Oversight Council (HITOC)
2025 priority topics:**

- Behavioral Health
- Patients, Consumers
- SDOH Data
- Governance

Annual CCO Health IT Roadmaps

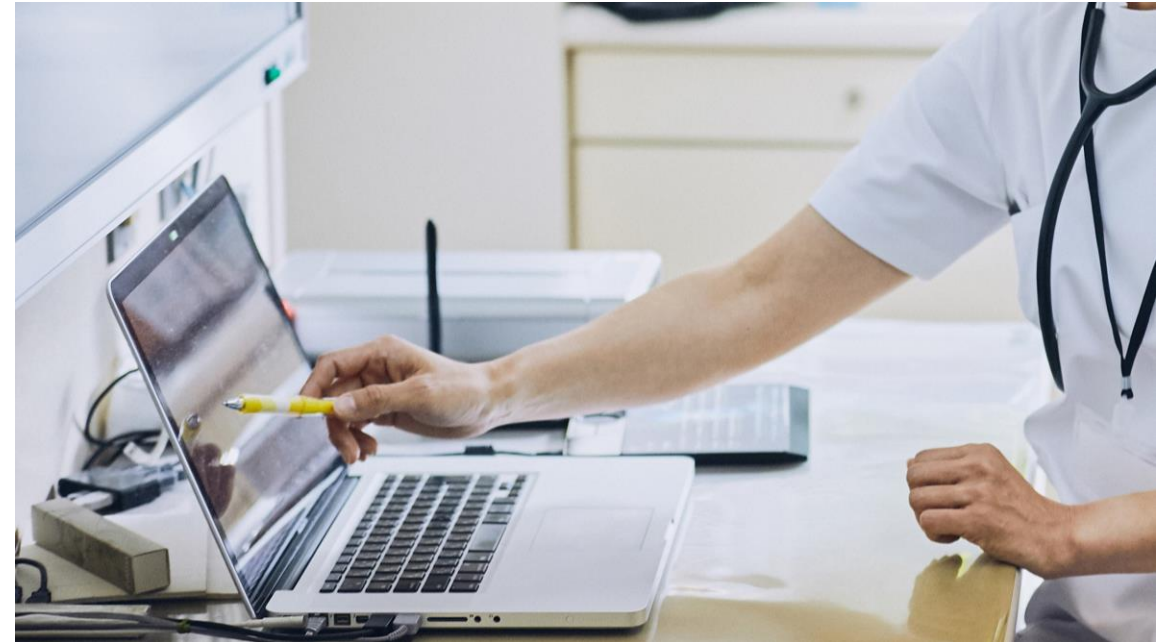
- Reporting on strategies for using health IT and supporting CCO contracted providers with health IT, including:
 - EHR adoption and use
 - HIE for care coordination and hospital event notifications
 - Health IT to support SDOH needs
- Includes a Health IT Data Reporting File
- Roadmap Summaries are compiled annually and discussed at CCO Health IT Advisory Group meetings

For more information: <https://www.oregon.gov/oha/HPA/OHIT/pages/hitag.aspx>

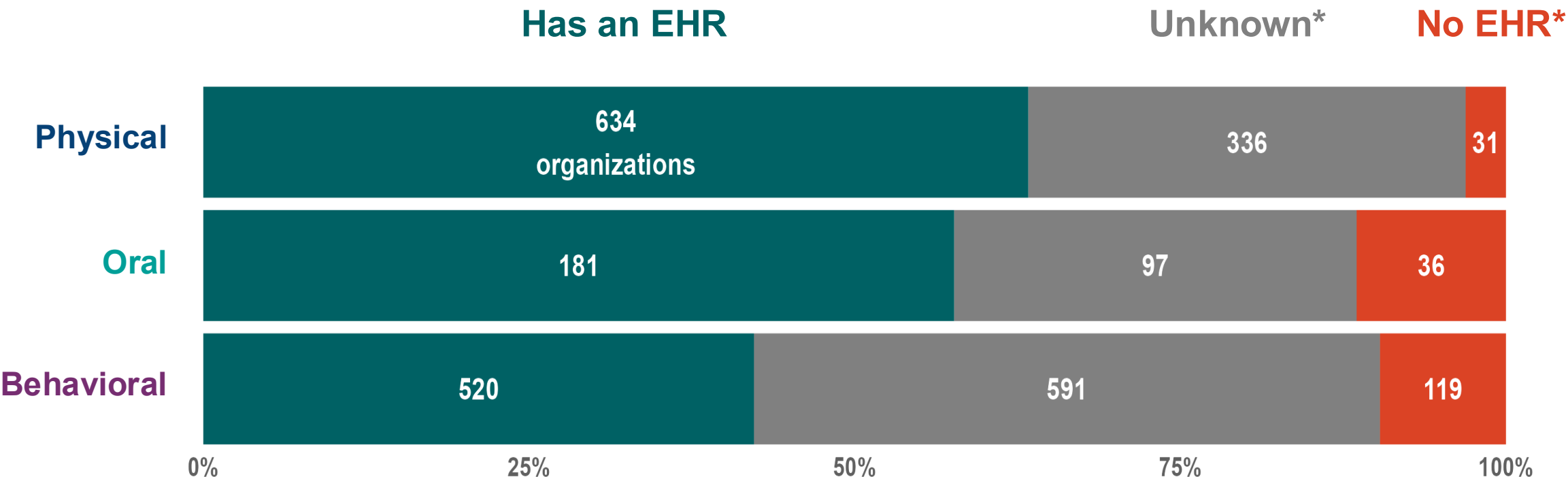


Electronic health record (EHR) adoption highlights

- EHR adoption rates among **hospitals, key clinics** have remained **high**
- EHR adoption rates for **CCO-contracted providers** have **improved**
- **Epic serves a large set** of hospitals, key clinics, and physical health providers

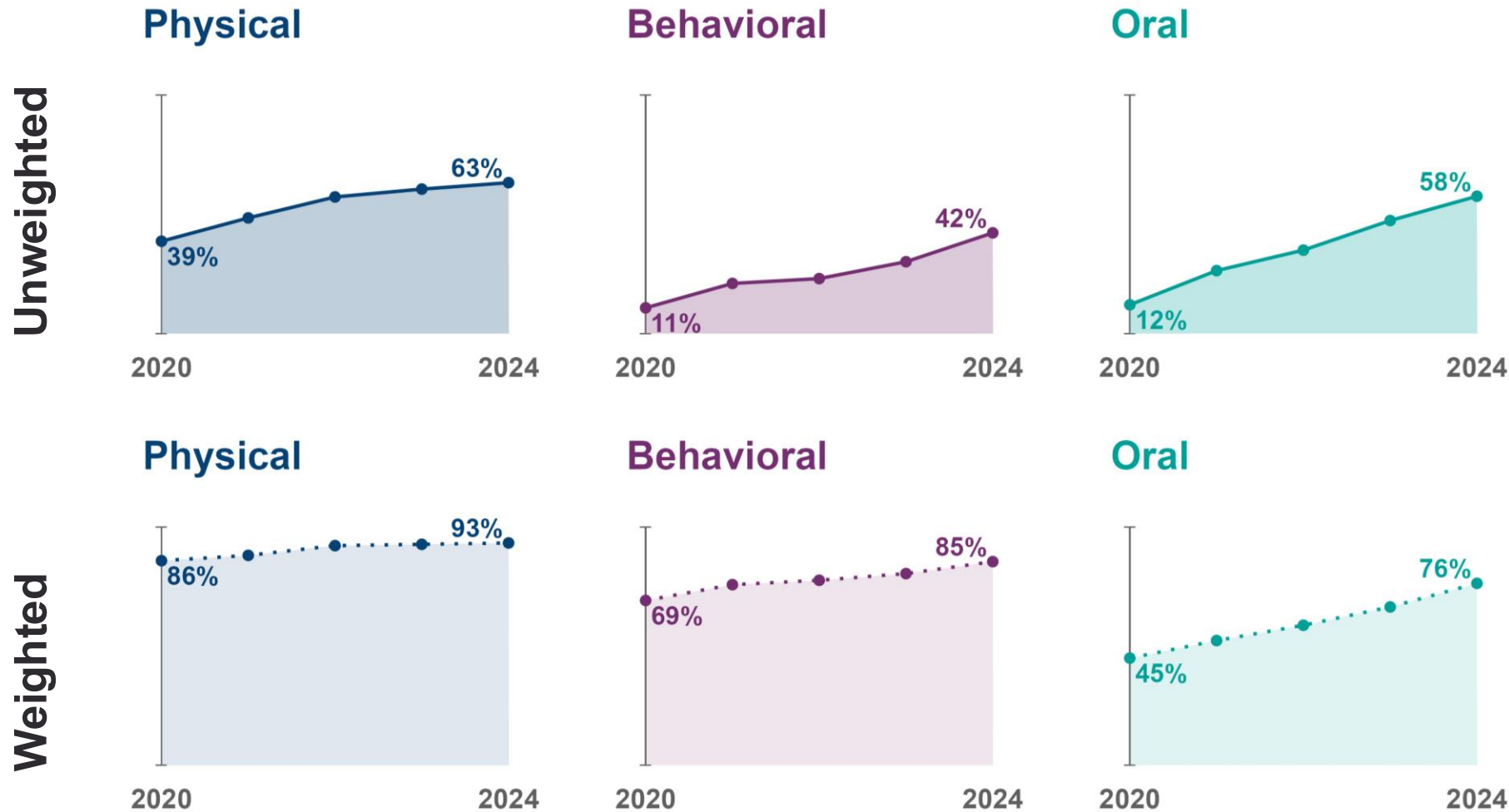


CCO providers: EHR adoption and gaps



* 69-77% of Unknown or No EHR have only a single provider
EHR adoption by CCO-contracted organizations in 2023 Q2. N: 1001 Physical, 1230 Behavioral, 314 Oral.

EHR adoption floors for CCO-contracted organizations



- EHR adoption floors among CCOs' contracted networks have improved markedly over the last five years, especially for behavioral and oral health providers
- Combination of higher adoption and more complete data

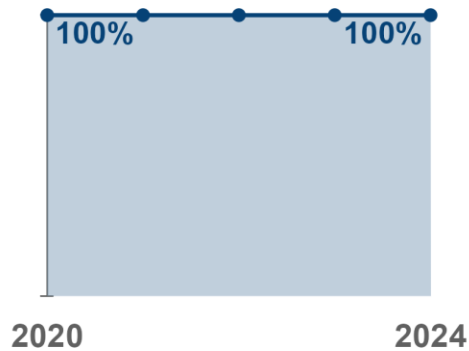
Rates are weighted by number of unique NPIs on CCO DSN tables

NPI: National Provider ID
DSN: Delivery System Network

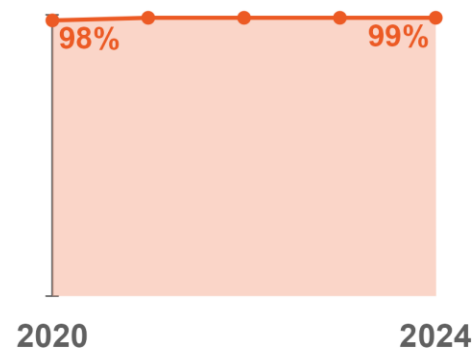
Analysis of EHR adoption by organizations contracted in 2023 Q2. N: 1001 Physical, 1230 Behavioral, 314 Oral.

EHR adoption floors for hospitals and key clinics

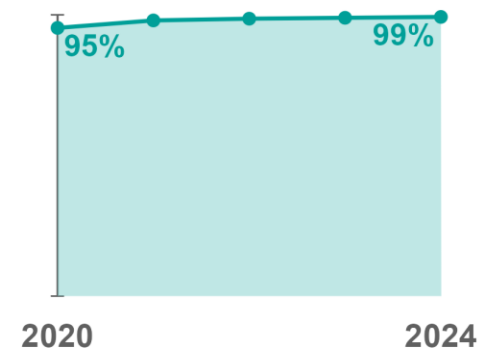
Hospital



RHC

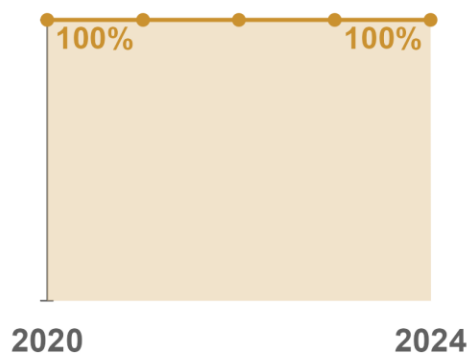


PCPCH

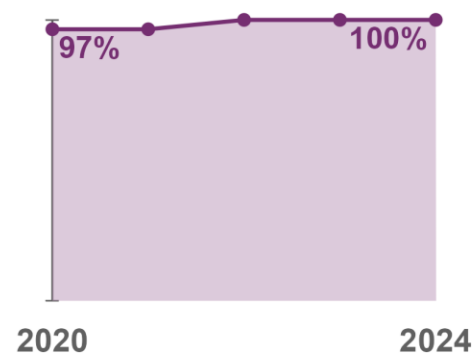


- EHR adoption has been consistently high among hospitals and key clinics

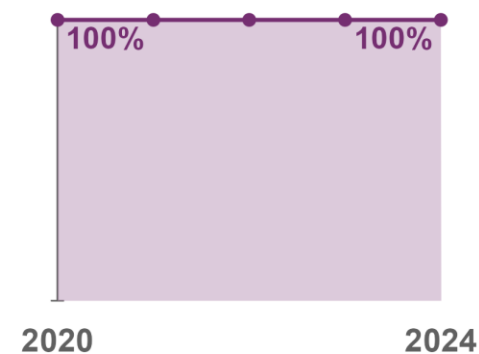
FQHC



CMHP



CCBHC



Key Clinics

RHC – Rural Health Clinic
PCPCH – Patient-Centered Primary Care Home
FQHC – Federally Qualified Health Center
CMHP – Community Mental Health Program
CCBHC – Certified Community Behavioral Health Clinic

N: 61 hospitals; 107 RHCs; 640 PCPCHs; 34 FQHCs; 30 CMHPs; 12 CCBHCs

Most of CCO members' health information is in Epic

Of the CCO members assigned to a clinic
participating in incentive metrics reporting in 2023

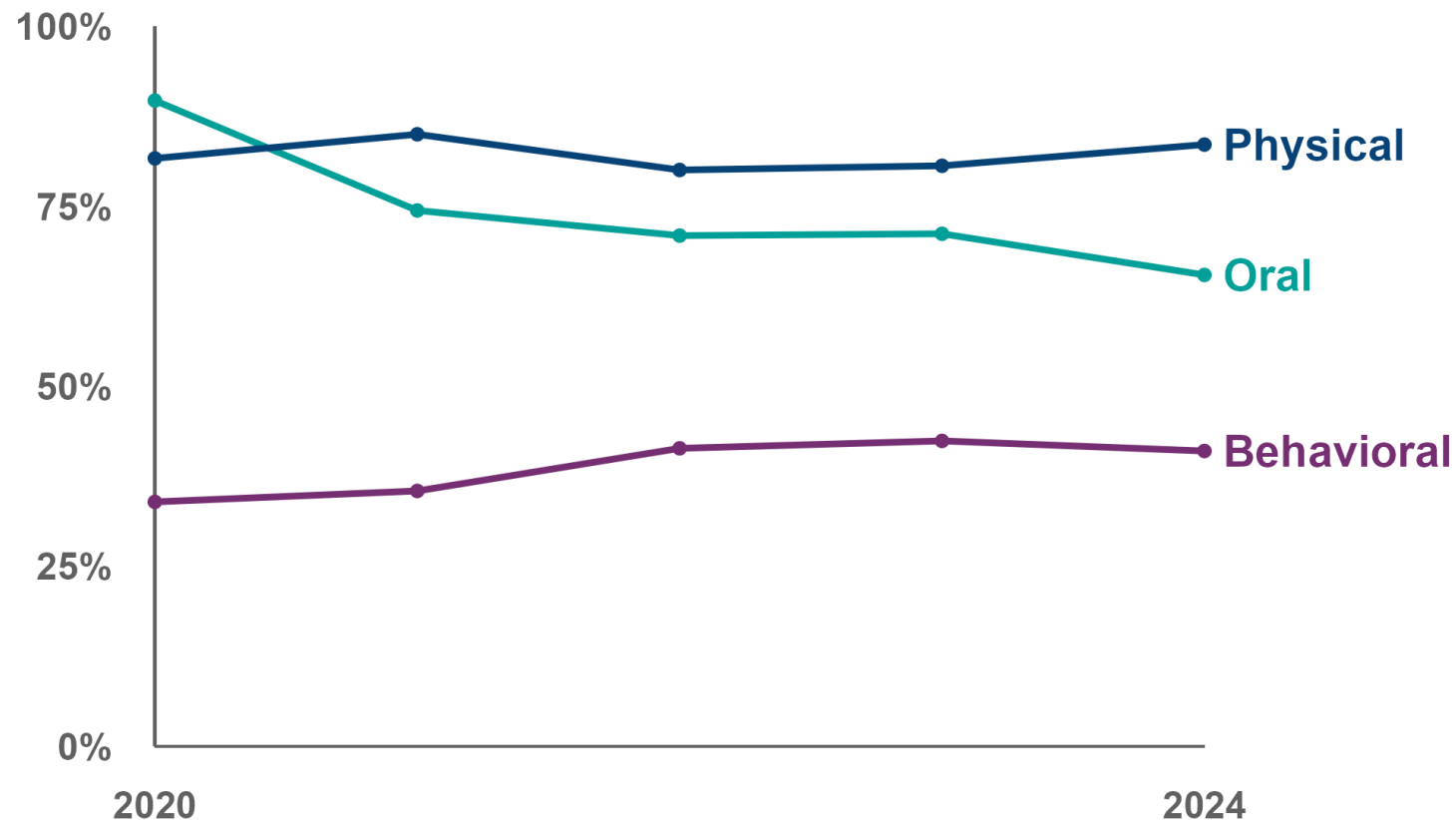
4 out of 5

are assigned to a PCP who uses Epic

Based on 1,086,206 member assignments reported for incentive metrics in 2023

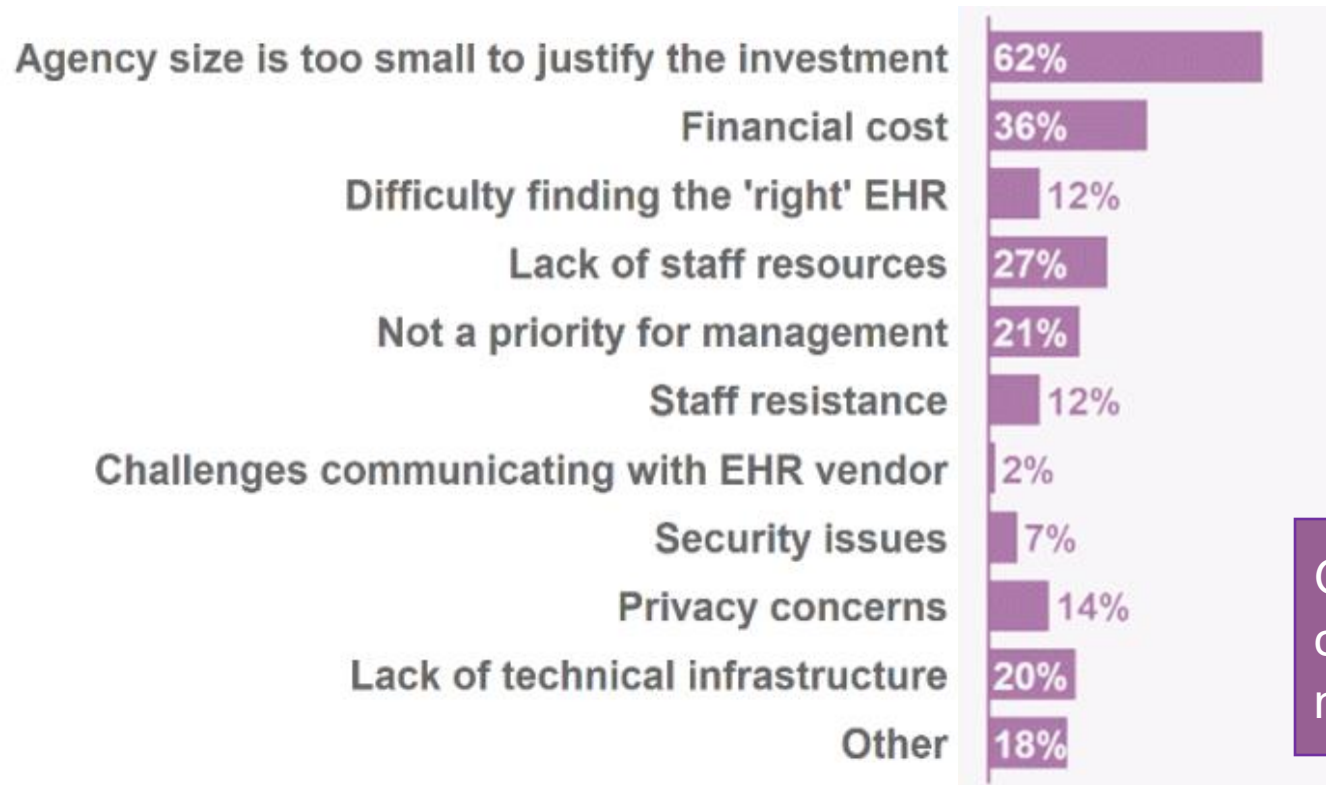
Behavioral health vendor landscape least consolidated

Market share of top 5 EHRs for CCO-contracted organizations
Weighted by number of providers



- Physical health has just 5 vendors serving more than 80% of providers
- Oral health has experienced decreasing concentration in its EHR market
- Less than 50% of behavioral health organizations use the top 5 vendors;
- CCO contracted behavioral health organizations use 68 different vendors

Behavioral health provider barriers to EHR adoption



A lot of what we do is customizing [our EHR] to fit a square peg in a round hole.

Getting an EHR as comprehensive as we need is challenging ...

As much as we pay for it, plus our system support costs, I could hire another physician.

If you want a system to function correctly, it needs a lot of maintenance... You need somebody with expertise...

Total behavioral health organizations = 56

Source: 2021 Oregon Health IT Survey

Community Information Exchange (CIE)

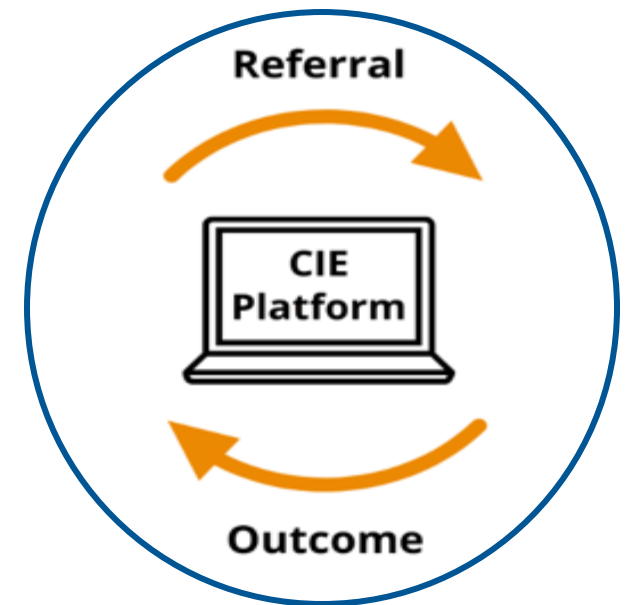
Partners can use CIE technology to share information and connect people to the services and supports they need.

CIE includes:

- Closed loop referrals
- Shared resource directory
- Client consents to the use of technology

There are two CIE vendors in Oregon:

- Unite Us also called Connect Oregon
- Findhelp known in Klamath County as Healthy Klamath Connect



“We started using Connect Oregon during the pandemic to make it easier for community partners to refer people to us for the wraparound quarantine services we were providing to primarily Spanish-speaking families in Central Oregon. Our team loved the platform, and **everyone benefited by knowing—thanks to the closed-loop referral system—that the client had been served.**

While Connect Oregon did add another database we needed to interact with, the benefits outweighed the costs because it **facilitated a smooth referral** with preliminary data about the person needing services and gave direct feedback to the referring partner about what services the person received.

We are often left in the dark as to whether or not a referral we make actually leads to a person being served or not. So, **it's a huge motivator to know when your referral leads to a successful outcome.**”

CIE Uses in Oregon

- Screen and refer for services and supports, including:
 - Housing/shelter, food, utilities, physical & behavioral health, legal, transportation, employment, family supports*
 - Medicaid 1115 Waiver health-related social needs (HRSN) services
- Share necessary client information across organizations
- Invoice for services to payers

Examples of users: Community based-organizations (CBOs), social services, health clinics, CCOs, behavioral health, public health, schools, paramedics, counties, jails

“One of our HRSN members ... was **facing imminent homelessness** due to a series of unfortunate circumstances following a hospital stay. The prospect of losing her long-term housing while also battling significant health issues was understandably terrifying. Her electricity was days from being shut off, and despite reaching out to numerous agencies, she felt unheard and helpless. Her landlord, while initially understanding, had unfortunately moved forward with an eviction filing in March.

When her referral reached United Way, our team recognized the urgency.... Because of [our] swift action, she did not have to appear in court, and we were also able to prevent the disconnection of her essential utilities – electricity and phone. **Today, she is safely recovering in her home.** We have connected her with resources to apply for long-term disability and are committed to supporting her stability through June and beyond, as long as funding allows.

Her words say it best: ‘Thank you so much for your help. **I thought I was going to lose my housing, and at my age, that’s a frightening thing.** I don’t know what you said to them to let me stay but thank you for everything you did to help me.’”

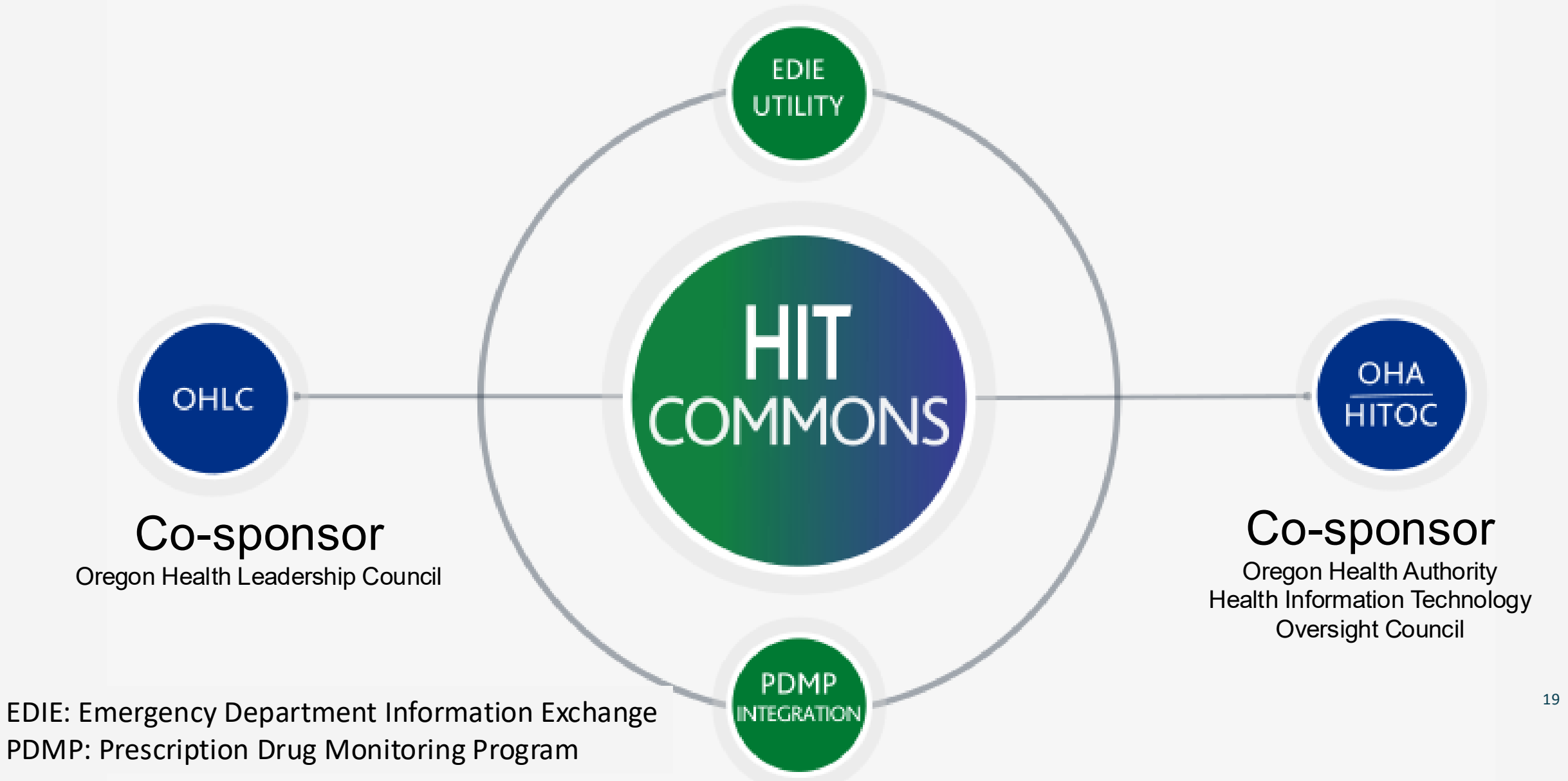
HIT Commons Progress in Oregon

HIMSS Oregon Annual Meeting
May 29, 2025

Learn more at hitcommons.org



HIT Commons is a public-private collaborative in Oregon that makes strategic community investments in Health IT as a public good



Success Story: PointClickCare, 10 Years Later

“Notifications reliably come in real time which provides the opportunity to just call the hospital when the person is there, ... we can engage the patient to help connect them to outside the ED care”

HIT Commons User Advisory
Group Member, 2025

2014: EDs begin sharing data

- 61 hospitals commit to participating

2015: CCOs and clinics start joining network

- Annual assessments established to sustain the network

2020: COVID-19 data flowing

- PointClickCare acquires Collective Medical Technologies

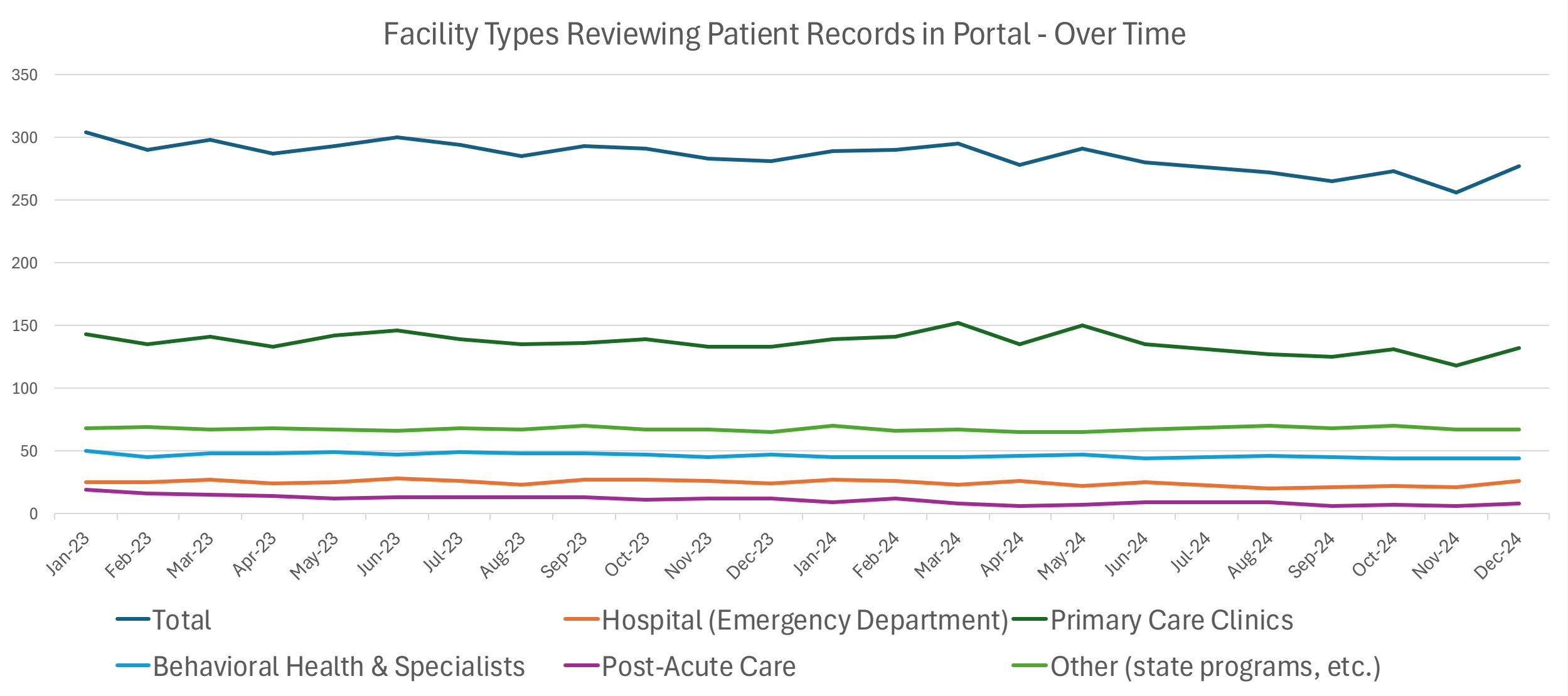
2021: First HMIS data for housing goes live

- Unite Us referrals for housing/food; other social care information available

2024: Oregon State Hospital live

- Advancing several use cases with non-traditional providers

Oregon healthcare entities consistently log in to view data



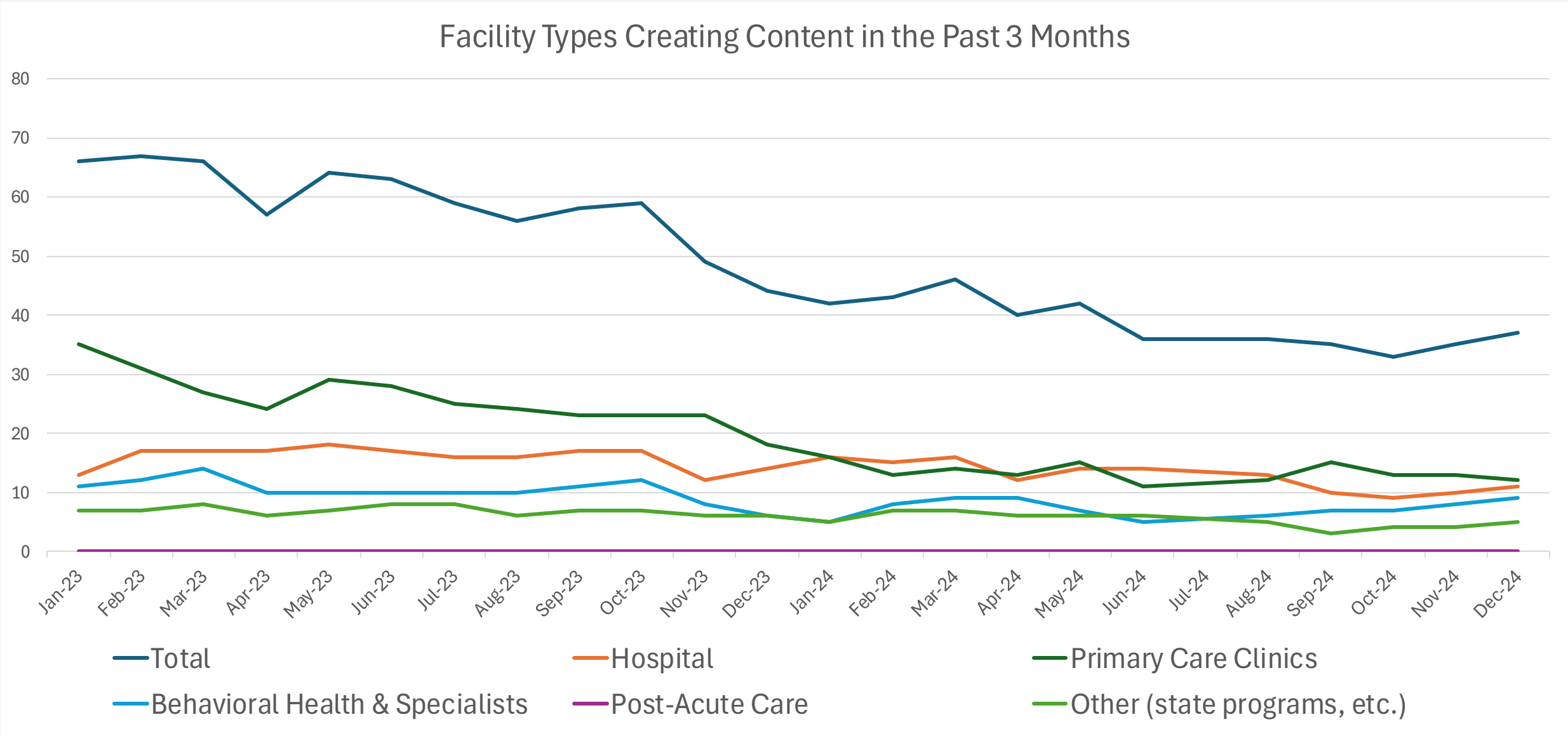
Exciting Use Cases

The HIT Commons Governance Board drives new use cases and helps us continue to develop the network

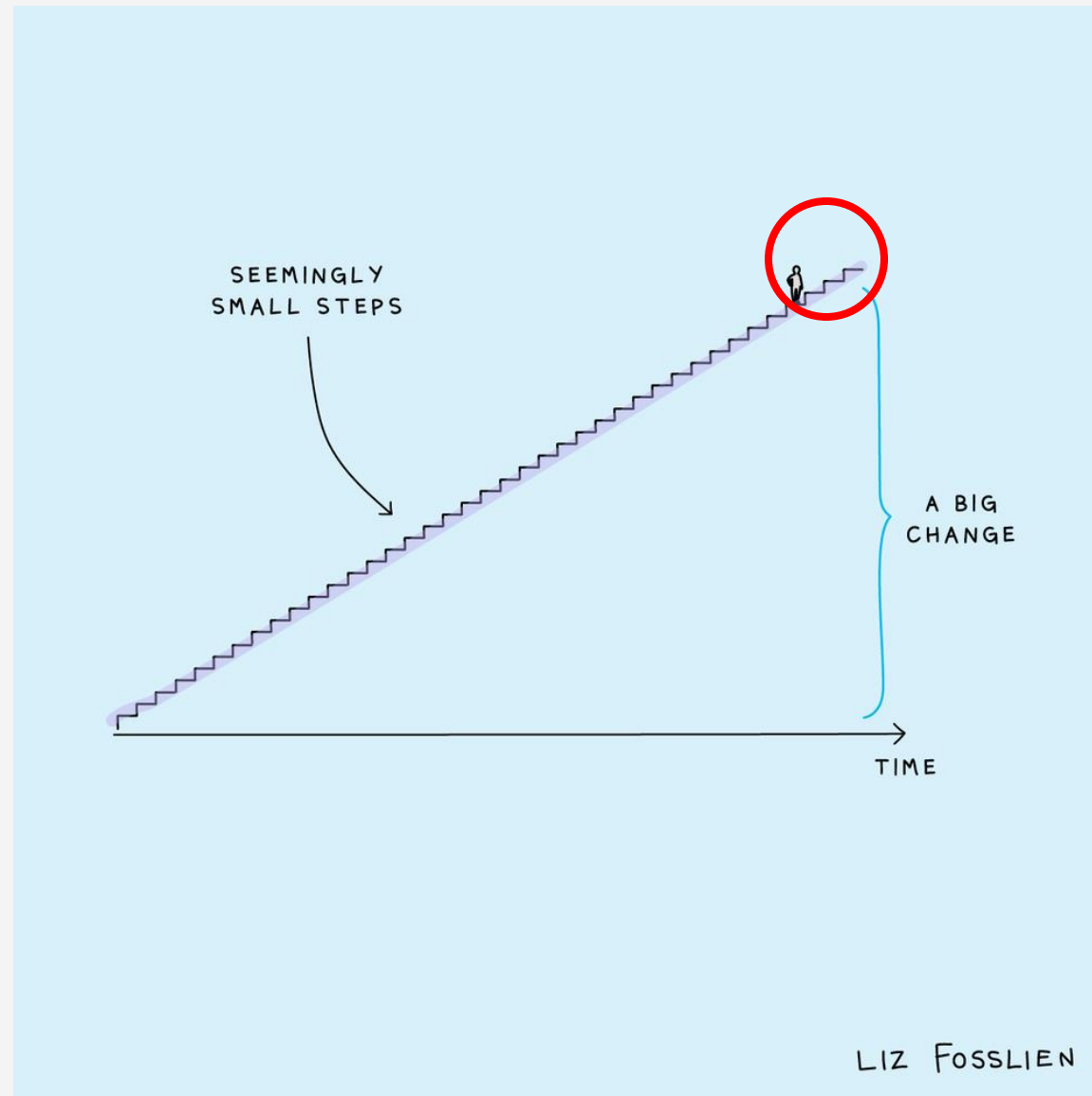
- The two **Oregon State Hospital** campuses are now sending encounters
- The Oregon **Department of Corrections** now has PCC access and we are working on CCO notifications for prison booking/release
- One **school district** currently has access and is piloting use for engaging school-aged youth after hospitalization
- **Value-Based Payment** support: Assigned & Not Established List being piloted by one CCO and clinic partners

Manual entry is down within the network—a sign of the times

Facility Types Creating Content in the Past 3 Months



Relentless incrementalism works... until you lack capacity to step



What we're hearing

- Workforce Shortages and Burnout
- Financial Pressures and Sustainability
- Fragmented and Uncoordinated Care
- Coverage Gaps and Access Issues
- Policy and Regulatory Uncertainty
- Market Failures in Providing Interoperable Technology

Free educational resources available on OHLC.org

Oregon Health IT Playbook

This playbook was written as an “HIE for dummies” style reference and is designed to benefit those that are less familiar with health technology or those that might understand one system (e.g., your EHR), but need to better understand the complex web of systems that make up our health IT landscape. Clinical staff, executive leadership, administrative staff, care coordination staff, and even IT staff may benefit from different components of this guide.

Download Playbook →

<https://ohlc.org/partner-initiatives/hit-commons/education-training/>

Designed for clinics but a useful primer for many roles

Healthcare data aggregators

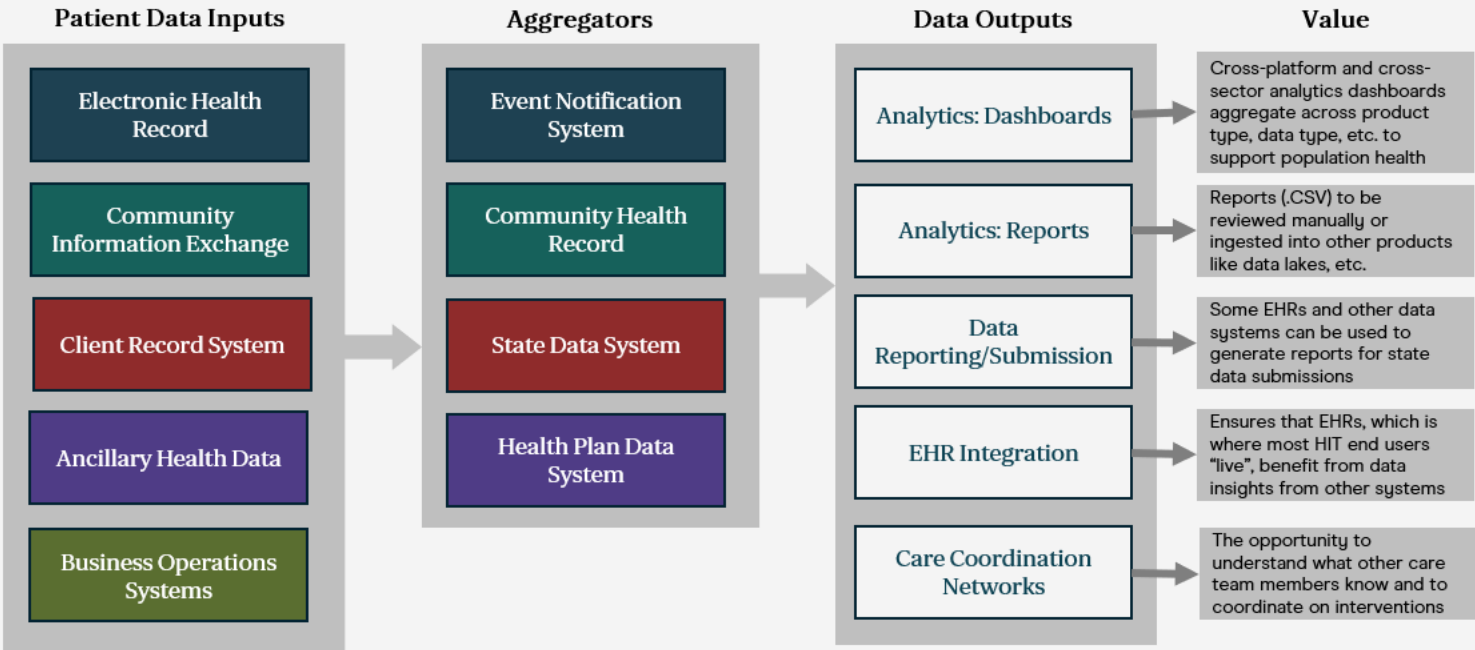
Healthcare data aggregators **take data from direct sources and combine them to create reports or supplemental information to drive action** related to patient care, quality improvement, risk identification, regulatory requirements, cost trends, etc. Data aggregators may also receive data via manual entry.

Some data available via data aggregators can be integrated back into an organization's system. For example, Oregon EDIE reports can be viewed in the emergency department through the EDIE interface.


Note that this list is not exhaustive but is representative of the most common ones.

	Event Notification System	Community Health Record
Acronym	ENS	CHR
Definition/Purpose	Aggregates admit, discharge, and transfer (ADT) data to drive targeted notifications that inform care team workflow	Aggregates data across electronic health records (EHRs) from multiple organizations
Examples	<ul style="list-style-type: none">EDIE notifications (PointClickCare)	<ul style="list-style-type: none">Epic CareEverywhereReliance eHealth CollaborativePointClickCare

Putting it all together—defining the “toolbox”



EpicCare Link resource – easier way to access hospital records

 **EPICCARE LINK: HOW TO ACCESS CRITICAL PATIENT INFO FROM HOSPITALS** ly 20

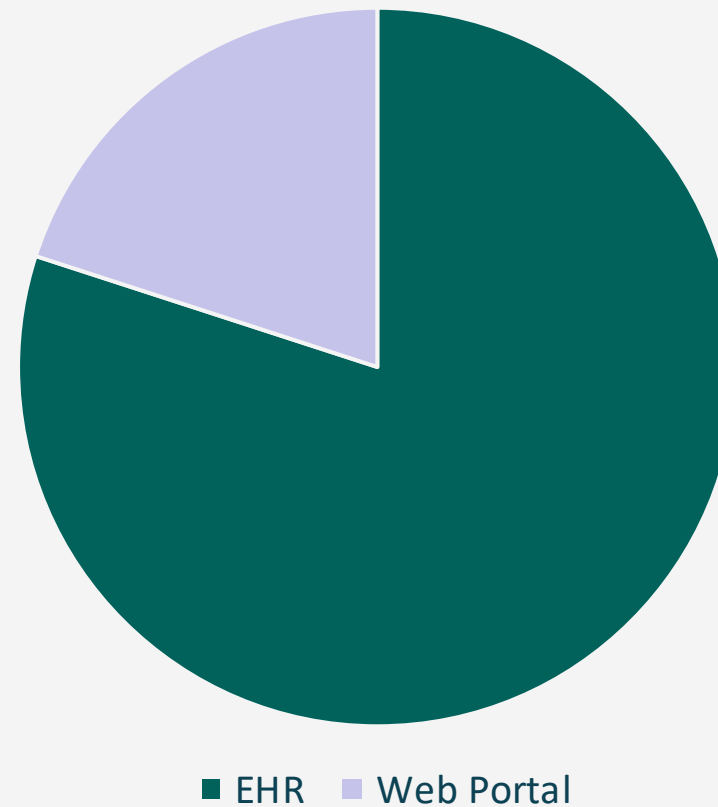
Providers can quickly look at all EpicCare instances available across the country by clicking this [Epic Community Link](#). For specific instances see below

Hospital	Location	Module			Contact	How to Connect
		EpicCare Link	Healthy Planet	Happy Together		
Adventist Health	Portland, OR Tillamook, OR	X		X		Go to this Link then select request access for a new site or multiple users.
Asante Health	Grants Pass, OR Medford, OR	X		X		For a new request, go to this Link . Complete the Electronic Access Request form and email it to ROI@asante.org. Then, submit the clinic request form.
Bay Area Hospital	Coos Bay, OR	X		X		Go to this Link and request a new site.
Centennial Medical Group	Roseburg, OR	X				Link
Curry General Hospital	Gold Beach, OR	X			Providence IT Help Desk 503-216-4584 epiccarelinkaccess@providence.org	Go to this Link . Submit a request through the intake form (link provided on the website).
Grand Ronde Hospital	La Grande, OR	X			Providence IT Help Desk 503-216-4584 epiccarelinkaccess@providence.org	Go to this Link . Submit a request through the intake form (link provided on the website).
Harney District Hospital	Burns, OR	X				Go to this Link and request a new site.

<https://ohlc.org/partner-initiatives/hit-commons/other-hit-commons-projects/epiccare-link/>

The Importance of Last Mile Integration

Total queries to the Prescription Drug
Monitoring Program (PDMP) by method
(EHR integration vs. web portal)



POLST available in national interoperability networks

POLST = Portable Orders for
Life-Sustaining Treatment

- Oregon POLST Registry is now connected to Carequality via partner MyDirectives/ AD Vault
- EHR users can query validated POLST and map it into Epic where POLST is typically reviewed by clinician
- Ensures that patient end-of-life goals are known and honored

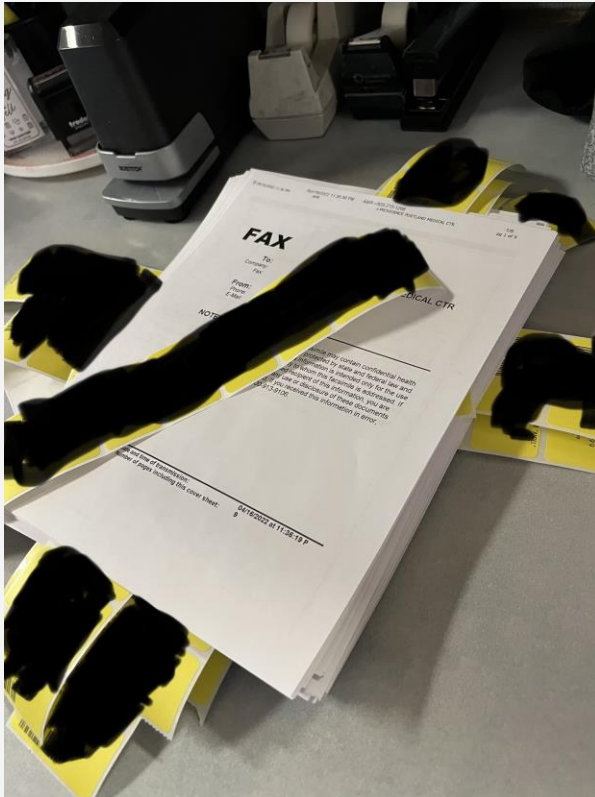
Connect Oregon integration

- Demand growing for closed-loop referrals to social care providers within the EHR workflow
- HIT Commons and OHLC are partnering with Unite Us and OCHIN on better integration options for FQHCs and other clinical partners
- Alignment across many end users in different regions of Oregon can help ensure an aligned, quality product for all

Connect Oregon is powered by
the Unite Us platform

<https://uniteus.com/>

What's next: tackling common sense problems



- HIT Commons is currently looking at supporting improved interoperability between EMS and hospital record systems
- Goal: scale-able statewide options to improve data sharing and promote bi-directionality

Thank you!

Where leaders meet to influence health
care transformation in Oregon.

hitcommons.org





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Questions?