Oregon Community Information Exchange
Fact Sheet

Overview

The HIT Commons, a public/private partnership co-sponsored by the Oregon Health Leadership Council (OHLC) and the Oregon Health Authority (OHA) is beginning new work in the evolving landscape of Social Determinants of Health (SDoH). Earlier this year, the HIT Commons Governance Board directed staff to begin exploration and conceptual development of an Oregon Community Information Exchange (Oregon CIE) – to connect the health care and social service sectors. This exploration will involve scanning the landscape including other states' experiences, engaging stakeholders and developing a proposal for HIT Commons Board consideration later this year.

Why are we doing this?

- Studies show that addressing Social Determinants of Health (SDoH) can have a major impact on health outcomes. Where SDOH account for approximately 40% of overall health outcomes; traditional health care accounts for 20% of overall health outcomes.[i]
- Currently there is no standard or scalable method to connect vulnerable at-risk populations in our communities with social needs to available social service resources in our communities.
- One of Oregon's health system transformation top priorities is addressing Social Determinants of Health – this is a major focus for the Oregon Health Policy Board, CCO 2.0, and the HIT Oversight Council's strategic planning work.
- The time is ripe for a coordinated approach. Several Oregon health systems and communities have already begun investing in infrastructure to connect health and social services to address SDoH.
- Pursuing this work collaboratively through HIT Commons could ensure all statewide efforts are pooled and standardized to accelerate progress, reduce variation and improve effectiveness.

What are the potential features of an Oregon Community Information Exchange?

- A searchable, regularly-updated directory of community-based organizations and agencies providing services that can help address patients' social needs.
- The ability to send referrals to community organizations and to track outcomes (i.e., close the loop).
- Bidirectional exchange of information between social service and health care providers.
- The ability to seamlessly move from the referral platform to the electronic health record (EHR) and vice versa, and to automatically transfer data between the two systems.
- Longitudinal needs and care tracking, ability to define care goals and see referrals, services and activities.
- The capacity to analyze social needs screening and referral activities and outcomes.

Why HIT Commons?

The HIT Commons was formed to accelerate and advance health information technology adoption and use across the State of Oregon. The Commons' projects work in conjunction with HITOC's strategic planning work to ensure that statewide HIT efforts provide the necessary supports for health system transformation. To date, the partnership has launched Oregon's Emergency Department Information Exchange (hospital event notification system connecting hospitals, CCOs, health plans, clinics, behavioral health and others), the Prescription Drug Monitoring Program (PDMP) Integration initiative, and is assisting with the Oregon Provider Directory testing and soft launch phase. Given our broad stakeholder base and history of leveraging needed technology platforms in a utility-type model—where all contribute and all benefit—we are excited about playing a foundational role in creating a coordinated community information exchange for Oregon.

As part of this Oregon CIE development work, HIT Commons will work with our broad stakeholder base to determine potential roles and responsibilities for a statewide network, such as a technology funding model, governance structure, community engagement, development of a resource network, and adoption/spread efforts.

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HIT Commons *is a public/private partnership designed to accelerate and advance health information technology adoption and use across the state. It is co-sponsored by the Oregon Health Leadership Council and the Oregon Health Authority (OHA), and is jointly funded by OHA, hospitals, and health plans. For more information, visit* ***orhealthleadershipcouncil.org/hit-commons***.

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[i] County Health Rankings Model. University of Wisconsin Public Health Institute. 2014. This model does not include biology/genetics.