Implementing new REALD* data collection for providers

October 14, 2020

*Race, Ethnicity, Language and Disability

While we wait to get started...

- We are recording this webinar.
- To access captioning, click on captions – show subtitles.
- For ASL interpreter access, you can “pin” the video on your screen to keep the interpreter view at all times.
- Private chat to Tom Cogswell if you are having technical challenges.
- If your name is not visible / clear, please rename yourself for clarity if possible.
Welcome

Presenters and Staff:

- Marjorie McGee, Ph.D., OHA Equity and Inclusion Division
- Belle Shepherd, MPH, OHA External Relations
- Michelle Barber, Interoperability Director, Acute & Communicable Disease Prevention, Public Health Division, OHA
- Stephen Ladd-Wilson, Electronic Reporting, Infectious Waste, & Administrative Rules Manager, Public Health Division, OHA
- Susan Otter, Director of Health IT, OHA
- Karen Hale, Oregon Provider Directory Program Manager and Certified EHR Technology standards lead, Office of Health IT
- Tom Cogswell, OHA Transformation Center
- Guest speakers: Amanda Gordon, Legacy and Jenna Wilson-Crain, Neighborhood Health Center
Structure for today

Structure: Brief Q & A after each section (use Chatbox)

• Today is Implementing REALD Data Collection for Providers

REALD webinar series:

• 10/9/2020: REALD 101 – Introduction – What and Why (recorded*)
• 10/16/2020: How to ask the questions
• 11/20/2020: Using REALD Data to Advance Health Equity
• Please save questions about how to ask REALD questions and analysis of REALD data for the upcoming webinars.

*Webinar registration, materials/recordings: https://www.oregon.gov/oha/OEI/Pages/REALD.aspx
Learning objectives

At the end of this training, participants will be able to:

1. Explain what REALD is, the purpose of REALD and how it came to be

2. Understand the requirements for providers reporting COVID-19 test results, including who needs to report, what needs to be reported, timing, and reporting mechanisms

3. Compare reporting options and plan for implementing REALD for their organization

4. Know how to access REALD resources on the OHA website – including templates and provider-specific resources
Agenda

• Welcome
• REALD: What, why, history
• REALD reporting requirements for providers
• Methods for reporting
  • Portal
  • CSV
  • Future options: ELR, ECR
• REALD – Stakeholder Perspectives
• Resources, wrap up, Q&A
REALD: What, why, history

Marjorie McGee
REALD – What?
(Race, Ethnicity, and Language, Disability)

Statute: In 2013 House Bill (HB) 2134 was passed
• HB 2134 came from communities most impacted by health inequities
  • Asian Pacific American Network of Oregon (APANO)
  • Oregon Health Equity Alliance (OHEA)
• HB 2134 required ODHS and OHA to develop data collection standards in all programs that collect, record, or report demographic data.

Rules: In 2014, REALD standards were codified in Oregon Administrative Rules after an extensive rulemaking process with much stakeholder input.
• OARs 943-070-0000 through 943-070-0070
• These rules were recently updated in 2020 – effective 11/1/2020
• Rules are based upon local, state, and national standards and best practices
REALD – Why?

“The goal of eliminating disparities in health care in the United States remains elusive…”

- (Ulmer et al., 2009, p. 1; Institute of Medicine)

The lack of granularity in race/ethnicity can “...mask important inequities in health and health care.”

- (Ulmer et al., 2009, p. 31)

Lack of standards = inconsistent and insufficient data collection

- Can not assess how racism, disablism and lack of language access impact individual and community health
- Makes services more expensive and less effective

“The goal of eliminating disparities in health care in the United States remains elusive…”
- (Ulmer et al., 2009, p. 1; Institute of Medicine)
REALD – Why?

REALD:
- Helps ensure access and equity in services, processes and outcomes
- Provides consistency in data collection

With REALD data, together we can:
- Use information to improve client/patient/member services and reduce inequities
- Identify inequities; determine what groups are most impacted
- Address identified inequities through policy and legislative efforts
- Reallocate resources and funds needed to effectively address these inequities
- Design culturally appropriate and accessible interventions
Questions?
REALD reporting requirements for providers

Belle Shepherd
Karen Hale
HB 4212 REALD data collection and reporting for providers

House Bill 4212: COVID-19 legislation passed in June 2020

- Requires OHA to establish rules related to REALD collection and reporting for COVID-19 encounters (OAR 333-018-0011)
- REALD data are required when reporting COVID-19 encounters that are reportable under Oregon Disease Reporting rules.
- Temporary rules in place, final rules – March 2021
Who is subject to report and when?

October 1, 2020:
- Hospitals, except for licensed psychiatric hospitals
- Providers within a health system
- Providers working in an FQHC

Enforcement starting December 31, 2020

March 1, 2021:
- Health care facilities*
- Health care providers working in or with individuals in a congregate setting

October 1, 2021:
- All providers, using electronic method

*ORS 442.015(12)(a) “Health care facility” means:
(A) A hospital;
(B) A long term care facility;
(C) An ambulatory surgical center;
(D) A freestanding birthing center;
(E) An outpatient renal dialysis facility; or
(F) An extended stay center.
https://www.oregonlaws.org/ors/442.015
How often are data collected and reported?

• Annual REALD data collection is required
  • If a provider has collected REALD data from a patient within the last year and
    the patient has a subsequent encounter, providers may use the REALD data
    previously collected to report to OHA
  • Otherwise, providers must collect REALD data from a patient at the time of an
    encounter or as soon as possible thereafter
  • Providers are not required to collect and report REALD data if data were
    reported to OHA within the last year (prior 365 days)
Who can collect the data?

- Providers subject to REALD data requirements can design their workflows to use clinic staff or others to collect and submit the REALD data to OHA
  - Providers or their staff may conduct a REALD interview
  - Patients may also fill out a REALD questionnaire

Resources:
- For REALD templates in multiple languages: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0074.pdf
- REALD Response matrix – how to address questions from patients about REALD: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721b.pdf
What’s a COVID-19 Encounter?

An encounter is an interaction:
- between a patient, or the patient’s legal representative, and a health care provider,
- whether in-person or through telemedicine,
- for the purpose of providing health care services related to COVID-19.

Health care services related to COVID-19 include, but are not limited to, ordering or performing a COVID-19 test.

REALD information does not need to be submitted to OHA after every COVID-19 encounter, just if there is a disease reporting obligation.
When is REALD reported?

REALD data is required when reporting COVID-19 encounters that are reportable under Oregon Disease Reporting rules. These include:

- COVID-19 tests (positive and negative)*
- COVID-19 cases^
- COVID-19 hospitalizations^
- COVID-19 deaths^
- MIS-C (Multisystem Inflammatory Syndrome in Children)^

* Within one local public health authority working day
^ Within 24 hours (including weekends and holidays)
What is the REALD reporting requirement for labs?

• Typically providers have a patient encounter and order lab testing. In this case, the provider is responsible for REALD collection and reporting to OHA, not the lab.

• It is unlikely that a laboratory will have an “encounter” with a patient that will trigger the REALD collection requirement.

• If a laboratory does have an encounter that triggers the REALD collection requirement, a laboratory would have to comply with the same reporting standards as any other provider.
Are there updated REALD standards coming? Will REALD be extended to other reportable conditions?

Yes, there are updated 2020 standards for REALD beginning November 1, 2020
- Draft changes have been included in the English versions of the REALD template, subject to change with Tribal consultation 10/14
- Phase 1 providers may collect REALD data for COVID-19 encounters using the 2014 standards for the month of October
- Providers must use the updated 2020 standards beginning November 1, 2020

At this time, collection and reporting is only required on COVID-19 encounters
- Legislation may be passed in the future to expand REALD requirements beyond COVID

Resources: REALD templates:
https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0074.pdf
Are extensions to the Phase 1 reporting deadline available?

• OHA has made a form available to submit a request for extension.

• OHA will not grant an extension on the basis that a health care provider lacks the current capability of capturing REALD data in their electronic health records.

• A detailed explanation of why the health care provider cannot meet the deadlines must be provided in the extension request.

• Enforcement begins 12/31/2020

Resources: Extension requests process/forms
How do the REALD data match up to national standards?

• National standards exist for certified EHR technology (e.g., OMB, CDC) and electronic case and lab reporting (e.g., HL7). FQHCs are subject to required federal reporting for demographics (HRSA/UDS).

• REALD aligns with some of the national standards, but not all of them

• OHA has created crosswalks to national standards for race, ethnicity, and language; there are no national standards for disability
  • **REALD and CDC Race and Ethnicity Cross-Map (Code Set Version 1.0)**
  • **REALD to HRSA Cross-Walk Excel File**
REALD and National Standards

Certified EHR Technology (CEHRT) requirements: §170.315 (a)(5) Demographics—Enable a user to record, change, and access patient demographic data including race, ethnicity, preferred language, sex, sexual orientation, gender identity, and date of birth.

Although these categories overlap, the underlying data do not always match.
Technical Workgroup on REALD Implementation

- OHA is convening a technical workgroup of stakeholders and technical experts to develop coordinated REALD implementation approaches so that maximum efficiencies are realized
  - EHR implementation - system updates to incorporate REALD (e.g., data collection, data feeds)
  - Reporting to OHA/Public Health – options for electronic reporting

- In addition, OHA is convening a subgroup to align REALD data to existing data reporting requirements (e.g., HRSA and NIH) and structures
  - May include creating crosswalks/data specifications

Contact Susan.Otter@dhsoha.state.or.us or Karen.Hale@dhsoha.state.or.us for more information about the workgroup
Questions?
Methods for reporting

Karen Hale
Stephen Ladd-Wilson
Michelle Barber
Susan Otter
## Provider Reporting Options

<table>
<thead>
<tr>
<th>Current options</th>
<th>Future options being analyzed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enter it in the COVID-19 Reporting Portal</td>
<td>• Electronic Lab reporting</td>
</tr>
<tr>
<td>• Use Public Health approved CSV with secure transport</td>
<td>• Electronic Case reporting</td>
</tr>
</tbody>
</table>

Providers - Workflows – Enter in Oregon COVID-19 Reporting Portal (OCRP)

1. Collect the REALD data using paper template or other template developed by the provider
2. Submit through OCRP
3. Manage documentation - Scan and load REALD data into EHR or file as per clinic’s workflow/protocol
4. Retain collection dates so individuals are not asked for info again within 12 months

COVID-19 Reporting Portal at healthoregon.org/howtoreport
Walk Through of Portal Data Entry

Portal entry includes:
• Provider/submitter information
• Patient information
• REALD data
• Sexual Orientation and Gender Identity (SOGI) – optional
• COVID-19 clinical details, test information, and MIS-C
• Opportunity to print report

• Skip patterns are built in: certain fields only display based on the answer to a previous question
• Portal will be updated to match the new REALD template by 11/1/2020

COVID-19 Reporting Portal at healthoregon.org/howtoreport
Entering REALD data

The following screen will display. The Race, Language and Disability tabs must be completed to continue with reporting.

Click to each tab to begin entering data from the completed REALD template.
Race information

At least one box under question 2 must be completed.
Language information

Questions 6a, 6b and 7 will only display if an answer other than English is provided for Question 5a or 5b.

The “Interpreter type” field will only display if “Other” is selected for Question 6b.
Disability information

Questions 10 through 14 will only display if the patient is older than 5 years old.

Questions 15 & 16 will only display if the patient is older than 15 years old.

For all questions, the “At what age?” question is hidden unless the answer to the preceding question is “Yes.”
Printing a Report Copy

The following dialog box will appear:

If you click “Yes,” you will see a summary page like the one shown at right.

If you do not print a copy at this point, you cannot get another copy later.
Confirmation Page

This screen will display a unique confirmation code and the email address provided in the Submitter Information section.

From here, if you choose to submit another report, you will be taken back to the Submitter/Provider Information page, with your previously entered information displayed.
Email Confirmation

OHA will also send a secure email to the submitter’s email address that includes the confirmation code and the patient’s MRN.

---

**Receipt Acknowledgement of Confidential Oregon Data Submission**

From: Oregon Public Health Division  
To:  
Cc:  
Sent: 10/6/2020 7:12:33 AM

Thank you very much for your report. Please keep this email for your records.

---Report Details---
Confirmation Code: 480884832A6F  
Reporting Entity:  
Patient ID / MRN: asdf  
Patient REALS Data was submitted on 10/6/2020  
Timestamp (Pacific): 10/6/2020 7:12:28 AM  
IP Address:  

Please call the Acute & Communicable Disease Section of the Oregon Public Health Division at 971-673-1111 with any questions or concerns.
CSV File options:

Full REALD and COVID data:
  CSV file that includes REALD + case reporting, including lab reportable data

REALD-only - Complements ELR or other case reporting:
  CSV file that includes REALD + patient and provider identifying data

Resources:
Find file specifications on the [Electronic Case Reporting page](#)
To establish CSV reporting, reach out to [ELR.project@dhsoha.state.or.us](mailto:ELR.project@dhsoha.state.or.us)
Provider Workflows: CSV

Precondition Steps

• Onboard with public health
• May include customization of EHR to collect and store REALD data, or development of other format

To establish CSV reporting, reach out to ELR.project@dhsoha.state.or.us
Provider Workflows: CSV

Workflow
1. Collect patient’s REALD data in EHR or other format developed by the provider
2. Extract REALD and case reporting data from own system into CSV
3. Submit CSV to public health using SFTP, Direct, or PHIN-MS
4. Manage documentation – If collected on paper, scan and load into EHR or file as per clinic’s workflow/protocol
5. Retain collection dates so individuals are not asked for info again within 12 months
Walk Through of CSV Specification

The current specifications describe the data elements expected for sending CSV case reports.

Spec includes:
- **Seq**: Field order.
- **Use**: Describes whether the field is required (R), conditional (C), or optional (O).
- **Name**: The name of the field.
- **Guidance**: Instructions for how to populate that field.
<table>
<thead>
<tr>
<th>Seq</th>
<th>Use</th>
<th>Name</th>
<th>Guidance</th>
</tr>
</thead>
</table>
| 1   | R   | MessageDate      | Date of message creation  
Format: **YYYYMMDD**                                                      |
<p>| 2   | R   | FacilityName     | Name of the facility where testing was done                              |
| 3   | R   | FacilityID       | Unique identifier for the facility (e.g., CLIA, NPI). If no unique identifier exists, one must be assigned by the eCR Coordinator prior to testing. |
| 4   | R   | FacilityAddress  | Include number, direction, and street name only                          |
| 5   | O   | FacilityAddress2 | May include PO Box, Suite, etc.                                          |
| 6   | R   | FacilityCity     |                                                                           |
| 7   | R   | FacilityState    | Two characters (e.g., <strong>OR</strong>).                                            |
| 8   | R   | FacilityZip      | Five digits required, additional four optional (separated by hyphen)     |
| 9   | R   | FacilityPhone    | Formatted as ###-###-####. Extension may be included in parentheses ()    |
| 10  | R   | ProviderID       | National Provider Identifier (NPI) preferred                             |
| 11  | R   | ProviderFirstName|                                                                           |
| 12  | R   | ProviderLastName |                                                                           |
| 13  | R   | ProviderPhone    | Format: ###-###-####. Extension may be included in parentheses ()          |
| 14  | R   | PatientID        | Patient identifiers may include medical record number, account number, etc. <strong>Do not use patient’s social security number.</strong> |
| 15  | R   | PatientFirstName|                                                                           |</p>
<table>
<thead>
<tr>
<th>Seq</th>
<th>Use</th>
<th>Name</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>R</td>
<td>PatientLastName</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>R</td>
<td>PatientDOB</td>
<td>Patient date of birth. Format: YYYYMMDD</td>
</tr>
<tr>
<td>18</td>
<td>R</td>
<td>PatientSex</td>
<td>Female (F), Male (M), Non-Binary (X), Other (O), Refused (R), Unknown (U)</td>
</tr>
<tr>
<td>19</td>
<td>R</td>
<td>PatientAddress</td>
<td>Include house number, direction, and street name</td>
</tr>
<tr>
<td>20</td>
<td>O</td>
<td>PatientAddress2</td>
<td>May include PO Box, Suite, etc.</td>
</tr>
<tr>
<td>21</td>
<td>R</td>
<td>PatientCity</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>R</td>
<td>PatientState</td>
<td>Oregon (OR) residents only. Out of state residents must be reported to the appropriate jurisdiction by the facility.</td>
</tr>
<tr>
<td>23</td>
<td>R</td>
<td>PatientZip</td>
<td>Five digits required, additional four optional (separated by hyphen)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Format: ###### or ######-#####</td>
</tr>
<tr>
<td>24</td>
<td>O</td>
<td>PatientCounty</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>O</td>
<td>PatientPhone</td>
<td>Format: ####-###-####</td>
</tr>
<tr>
<td>26</td>
<td>R</td>
<td>RaceEthnicityOpen</td>
<td>Free text entry. Do not include punctuation or special characters.</td>
</tr>
<tr>
<td>27</td>
<td>R</td>
<td>RaceEthnicityDiscrete</td>
<td>Value set: REALD_CDC RaceEthnicityCross_Walk_2020-5-5.xlsx</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>See Appendix A if not implementing the full value set</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Separate multiple values with tilde (~)</td>
</tr>
<tr>
<td>28</td>
<td>R</td>
<td>RaceEthnicityPrimary</td>
<td>Value set: REALD_CDC RaceEthnicityCross_Walk_2020-5-5.xlsx</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>See Appendix A if not implementing the full value set</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Separate multiple values with tilde (~)</td>
</tr>
<tr>
<td>Seq</td>
<td>Use</td>
<td>Name</td>
<td>Guidance</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>--------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>29</td>
<td>R</td>
<td>LanguageSpeak</td>
<td>Value set: <a href="#">PHVS_Language_ISO_639-2_Alpha3</a> See <a href="#">Appendix B</a> if not implementing the full value set Separate multiple languages with tilde (~)</td>
</tr>
<tr>
<td>30</td>
<td>R</td>
<td>LanguageWrite</td>
<td>Value set: <a href="#">PHVS_Language_ISO_639-2_Alpha3</a> See <a href="#">Appendix B</a> if not implementing the full value set Separate multiple languages with tilde (~)</td>
</tr>
<tr>
<td>31</td>
<td>R</td>
<td>InterpreterNeeded</td>
<td>Yes (Y), No (N), Declined (D), Unknown (U)</td>
</tr>
<tr>
<td>32</td>
<td>R</td>
<td>InterpreterType</td>
<td>Spoken language, American Sign Language, Deaf Interpreter for DeafBlind and Deaf with additional barriers, Contact Sign Language (PSE), Other Separate multiple interpreter types with tilde (~)</td>
</tr>
<tr>
<td>33</td>
<td>R</td>
<td>EnglishProficiency</td>
<td>Very Well (V), Well, Not Well, Not at all, Unknown, Declined</td>
</tr>
<tr>
<td>34</td>
<td>R</td>
<td>Deaf</td>
<td>Yes (Y), No (N), Declined (D), Unknown (U)</td>
</tr>
<tr>
<td>35</td>
<td>C</td>
<td>DeafAge</td>
<td>If answer to Deaf is Y Age in years (if since infancy, enter 0)</td>
</tr>
<tr>
<td>36</td>
<td>R</td>
<td>Blind</td>
<td>Yes (Y), No (N), Declined (D), Unknown (U)</td>
</tr>
<tr>
<td>37</td>
<td>C</td>
<td>BlindAge</td>
<td>If answer to Blind is Y Age in years (if since infancy, enter 0)</td>
</tr>
<tr>
<td>38</td>
<td>R/C</td>
<td>DifficultyStairs</td>
<td>Required for persons 5 years or older Yes (Y), No (N), Declined (D), Unknown (U)</td>
</tr>
<tr>
<td>Seq</td>
<td>Use</td>
<td>Name</td>
<td>Guidance</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>39</td>
<td>C</td>
<td>DifficultyStairsAge</td>
<td>If answer to DifficultyStairs is Y Age in years (if since infancy, enter 0)</td>
</tr>
<tr>
<td>40</td>
<td>R/C</td>
<td>DifficultyConcentrating</td>
<td>Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)</td>
</tr>
<tr>
<td>41</td>
<td>C</td>
<td>DifficultyConcentratingAge</td>
<td>If answer to DifficultyConcentrating is Y Age in years (if since infancy, enter 0)</td>
</tr>
<tr>
<td>40</td>
<td>R/C</td>
<td>DifficultyDressing</td>
<td>Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)</td>
</tr>
<tr>
<td>41</td>
<td>C</td>
<td>DifficultyDressingAge</td>
<td>If answer to DifficultyDressing is Y Age in years (if since infancy, enter 0)</td>
</tr>
<tr>
<td>42</td>
<td>R/C</td>
<td>DifficultyLearning</td>
<td>Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)</td>
</tr>
<tr>
<td>43</td>
<td>C</td>
<td>DifficultyLearningAge</td>
<td>If answer to DifficultyLearning is Y Age in years (if since infancy, enter 0)</td>
</tr>
<tr>
<td>44</td>
<td>R/C</td>
<td>DifficultyCommunicating</td>
<td>Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)</td>
</tr>
<tr>
<td>45</td>
<td>C</td>
<td>DifficultyCommunicatingAge</td>
<td>If answer to DifficultyCommunicating is Y Age in years (if since infancy, enter 0)</td>
</tr>
<tr>
<td>48</td>
<td>R/C</td>
<td>DifficultyErrands</td>
<td>Required for persons 15 years or older Yes (Y), No (N), Declined(D), Unknown (U)</td>
</tr>
<tr>
<td>Seq</td>
<td>Use</td>
<td>Name</td>
<td>Guidance</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>--------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>49</td>
<td>C</td>
<td>DifficultyErrandsAge</td>
<td>If answer to DifficultyErrands is Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Age in years (if since infancy, enter 0)</td>
</tr>
<tr>
<td>50</td>
<td>R/C</td>
<td>DifficultyMoods</td>
<td>Required for persons 15 years or older Yes (Y), No (N), Declined(D),</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unknown (U)</td>
</tr>
<tr>
<td>51</td>
<td>C</td>
<td>DifficultyMoodsAge</td>
<td>If answer to DifficultyMoods is Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Age in years (if since infancy, enter 0)</td>
</tr>
</tbody>
</table>
Frequency of CSV submissions

- Daily submission is preferred, although weekly is acceptable
- Data for the preceding week must be received by OHA/Public Health Division not later than 10 pm each Sunday
- These data will be included in OHA’s Weekly COVID report, which is published at noon on Wednesdays.
Can we pause reporting if we are going to report using the CSV option?

Yes, provider groups **may** pause REALD portal reporting while in process to establish CSV reporting as follows:

- To be considered “in process” for establishing CSV reporting, a provider group must have received permission from OHA to do so
  - Onboarding of CSV reporting for REALD is expected to take 1 week or less (if an SFTP data exchange process is already in place for the submitter)

- It is incumbent upon the provider group to continue to collect REALD data and proceed promptly with the steps to establish CSV reporting
  - If there is an issue that impedes timeliness, OHA may require provider group to enter REALD data in the portal

- This does not pause any other COVID reporting requirement (i.e., cases, test results, hospitalizations, deaths or MIS-C)
Future Options

Electronic Laboratory Reporting (ELR) via Ask on Order Entry

Electronic Case Reporting (eCR) by adding REALD to EiCR
Electronic Lab Reporting: AOE

Precondition Steps
• Codes created for AOE in conjunction with APHL/HL7 expert
  • Jurisdiction-specific fields can be added in AOE segments to the payload
• OHA creates specification to include new REALD fields in a lab order entry
• Vendors need to update lab/EHR systems to collect/store REALD data

Notes:
• COVID-19 case reporting is handled outside this process
• Gap: COVID-19 reporting of hospitalizations, deaths, MIS-C must include REALD
Electronic Case Reporting

Precondition Steps

• Coding created and balloted with HL7 for EICR
  • There are no easy ways to add jurisdiction specific fields to the payload
• OHA would need to create specification or implementation guide
• Vendors need to update eCR feed/EHR systems to collect/store REALD data

Notes

• COVID ELR reporting is handled outside this process
Questions?
REALD – Stakeholder perspectives

Amanda Gordon, Legacy Health System
Jenna Wilson-Crain, Neighborhood Health Center
Final Questions?
Resources, Wrap up
REALD learning sessions

REALD 101 – Introduction – What and Why. 10/9/2020 (recorded)*

Strategies for Asking REALD questions. 10/16, noon-1 p.m.

Using REALD Data to Advance Health Equity. 11/20, noon-1 p.m.

*Webinar registration, materials/recordings: https://www.oregon.gov/oha/OEI/Pages/REALD.aspx
REALD Resources

HB 4212 implementation resources:
https://www.oregon.gov/OHA/OEI/Pages/REALD-Providers.aspx

- FAQ (will be updated regularly)
- Implementation guide
- Extension request information
- REALD data crosswalk to national standards

Reporting:
COVID-19 Reporting Portal - healthoregon.org/howtoreport
CSV File Specifications are available at the Electronic Case Reporting page.
- To establish CSV reporting, reach out to ELR.project@dhsoha.state.or.us
Whom to contact

For questions on implementing REALD, use of REALD tools and data:
Contact Marjorie McGee at marjorie.g.mcgee@dhsoha.state.or.us

For questions on collection and reporting of REALD for COVID-19 encounters:
To establish CSV reporting:
Email ELR.project@dhsoha.state.or.us.
For other HB 4212 implementation questions:
Email Belle Shepherd at belle.shepherd@dhsoha.state.or.us.
Thank you!