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# 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.

Oregon  
Health  
Authority

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# 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

# 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

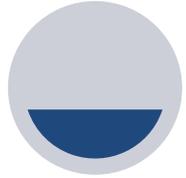
Karen Hale

# 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?



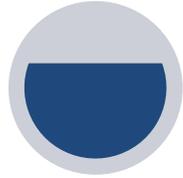
October 1, 2020:

Hospitals, except for licensed psychiatric hospitals

Providers within a health system

Providers working in an FQHC

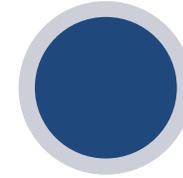
*Enforcement starting December 31, 2020*



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

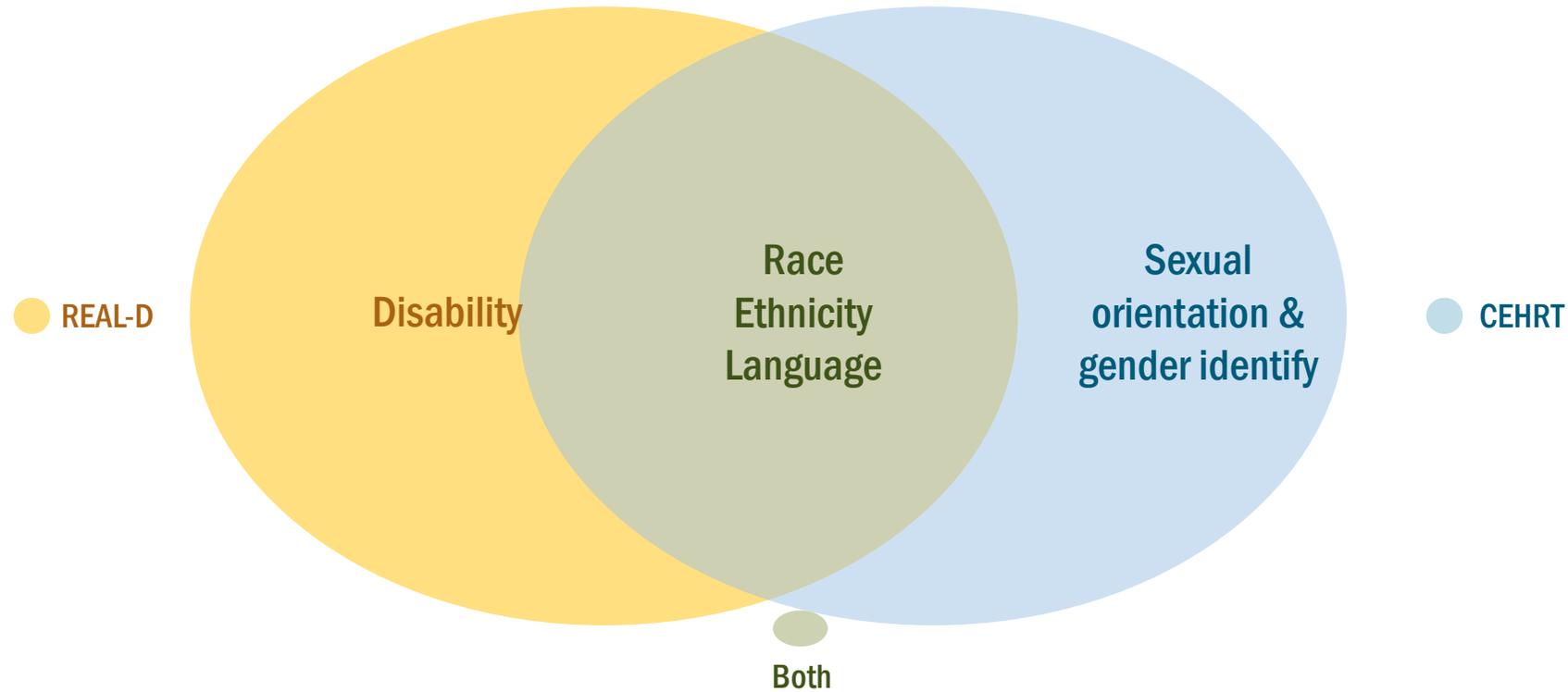
<https://www.oregon.gov/oha/OEI/REALD%20Documents/HB-4212-Extension-Requests.pdf>

# 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](mailto:Susan.Otter@dhsoha.state.or.us) or [Karen.Hale@dhsoha.state.or.us](mailto: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

## Current options

- Enter it in the COVID-19 Reporting Portal
- Use Public Health approved CSV with secure transport

## Future options being analyzed

- Electronic Lab reporting
- Electronic Case reporting

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

1. Collect the REALD data using paper template or other template developed by the provider
2. Submit through OCRCP
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](https://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](https://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.

The screenshot shows a web form titled "Patient Information" with the Oregon Health Authority logo. The form has four tabs: "REALD", "Race \*", "Language \*", "Disability \*", and "SOGI". The "REALD" tab is selected. The main content area contains a red warning message: "Starting October 1, 2020, REALD data are required." Below this is a section titled "What is REALD?" with explanatory text. At the bottom of the form are "Back" and "Continue" buttons.

**Patient Information**  
Race Ethnicity Language Disability (REALD)  
Sexual Orientation Gender Identity (SOGI)

REALD    Race \*    Language \*    Disability \*    SOGI

**Starting October 1, 2020, REALD data are required.**

**What is REALD?**  
REALD is an effort to increase and standardize Race, Ethnicity, Language, and Disability data collection across the Department of Human Services (DHS) and the Oregon Health Authority (OHA). REALD (sometimes referred to as REAL+D, as the original effort focused on race, ethnicity and language) was advanced through the passage of House Bill 2134 passed by the Oregon legislature in 2013.

HB 2134 required DHS and OHA to develop a standard for collection of race, ethnicity, language, and disability (REALD) data in conjunction with community stakeholders. The statutory authority for these rules is codified in the Oregon Revised Statutes (ORS 413.042 and 413.161). In 2014 the administrative rules detailing the data collection standards were completed (OARs 943-070-0000 thru 943-070-0070).

<https://www.oregon.gov/oha/OEI/Pages/REALD.aspx>

Back    Continue

# Race information

At least one box under question 2 must be completed.

**Oregon Health Authority**

**Patient Information**  
Race Ethnicity Language Disability (REALD)  
Sexual Orientation Gender Identity (SOGI)

REALD      Race \*      Language \*      Disability \*      SOGI

\* 1. How does the patient identify their race, ethnicity, tribal affiliation, country of origin, or ancestry?

\* 2. Which of the following describes the patient's racial or ethnic identity? Please check ALL that apply.

<b>Hispanic or Latino/a/x</b> <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic or Latino/a/x	<b>American Indian or Alaska Native</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis, or First Nation <input type="checkbox"/> Indigenous Mexican, Central American, or South American	<b>Asian</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Communities of Myanmar <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian
<b>Native Hawaiian or Pacific Islander</b> <input type="checkbox"/> Chamoru (Chamorro) <input type="checkbox"/> Marshallese <input type="checkbox"/> Communities of the Micronesian Region <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<b>Black or African American</b> <input type="checkbox"/> African American <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somali <input type="checkbox"/> Other African (Black) <input type="checkbox"/> Other Black	<b>Other Categories</b> <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Declined
<b>White</b> <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White	<b>Middle Eastern/Northern African</b> <input type="checkbox"/> Northern African <input type="checkbox"/> Middle Eastern	

# 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.

 **Patient Information**  
Race Ethnicity Language Disability (REALD)  
Sexual Orientation Gender Identity (SOGI)

REALD	Race *	Language *	Disability *	SOGI
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\* 5a. In what language does the patient want to communicate in person, on the phone, or virtually?

\* 5b. In what language does the patient want to receive written communication?

\* 6a. Does the patient need an interpreter for us to communicate with you?  
 Yes  No  Unknown  Declined

\* 6b. If you need or want an interpreter, what type of interpreter is preferred?  
 Spoken language interpreter  
 American Sign Language interpreter  
 Deaf Interpreter for DeafBlind and with additional barriers  
 Contact sign language (PSE) interpreter  
 Other (please list)

\* 7. How well does the patient speak English?  
 Very Well  Not Well  Unknown  
 Well  Not at all  Declined

# 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.”

**Oregon Health Authority**

**Patient Information**  
Race Ethnicity Language Disability (REALD)  
Sexual Orientation Gender Identity (SOGI)

REALD   Race \*   Language \*   Disability \*   SOGI

Your confidential answers to the questions below help us find health and service differences among people with disabilities or limitations.

**Questions for all ages:**

- \* 8. Is the patient deaf or do they have serious difficulty hearing?  
 Yes  No  Unknown  Declined  
If yes, at what age did this condition begin?
- \* 9. Is the patient blind or do they have serious difficulty seeing, even when wearing glasses?  
 Yes  No  Unknown  Declined  
If yes, at what age did this condition begin?

**Questions for ages 15 and up:**

- \* 15. Because of a physical, mental, or emotional condition, does the patient have serious difficulty doing errands alone such as visiting a doctor's office or shopping?  
 Yes  No  Unknown  Declined  
If yes, at what age did this condition begin?
- \* 16. Does the patient have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?  
 Yes  No  Unknown  Declined  
If yes, at what age did this condition begin?

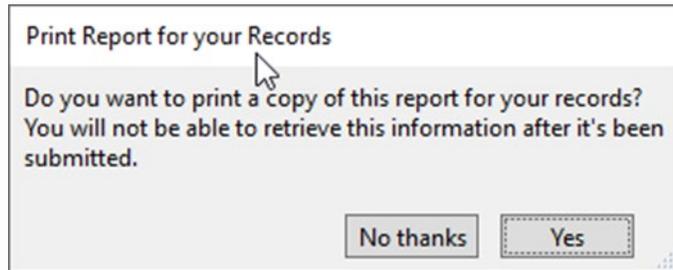
**Questions for ages 5 and up:**

- \* 10. Does the patient have serious difficulty walking or climbing stairs?  
 Yes  No  Unknown  Declined  
If yes, at what age did this condition begin?
- \* 11. Because of a physical, mental, or emotional condition, does the patient have serious difficulty concentrating, remembering or making decisions?  
 Yes  No  Unknown  Declined  
If yes, at what age did this condition begin?
- \* 12. Does the patient have difficulty dressing or bathing?  
 Yes  No  Unknown  Declined  
If yes, at what age did this condition begin?
- \* 13. Does the patient have serious difficulty learning how to do things most people their age can learn?  
 Yes  No  Unknown  Declined  
If yes, at what age did this condition begin?
- \* 14. Using the patient's usual (customary) language, do they have serious difficulty communicating?  
 Yes  No  Unknown  Declined  
If yes, at what age did this condition begin?

**Back**   **Continue**

# 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.

## Confidential Oregon COVID Report

Patient Name: Sally McCoughsalot  
DOB: 10/7/2000  
Address: , OR 97211  
Phone:  
MRN: 123456

Reported to OPHD on 10/7/2020 5:46:21 PM by Fancy lab  
Reporter: Doe Jane 555-555-5555  
Positive lab result  
Patient is not aware of these results

Lab Info:  
Specimen collected: 10/7/2020  
Test: antigen

Clinical Info:  
Hospitalized: 10/7/2020  
ICU: No  
Symptomatic: No  
Died: No  
Patient Classification: Resides in Congregate Setting

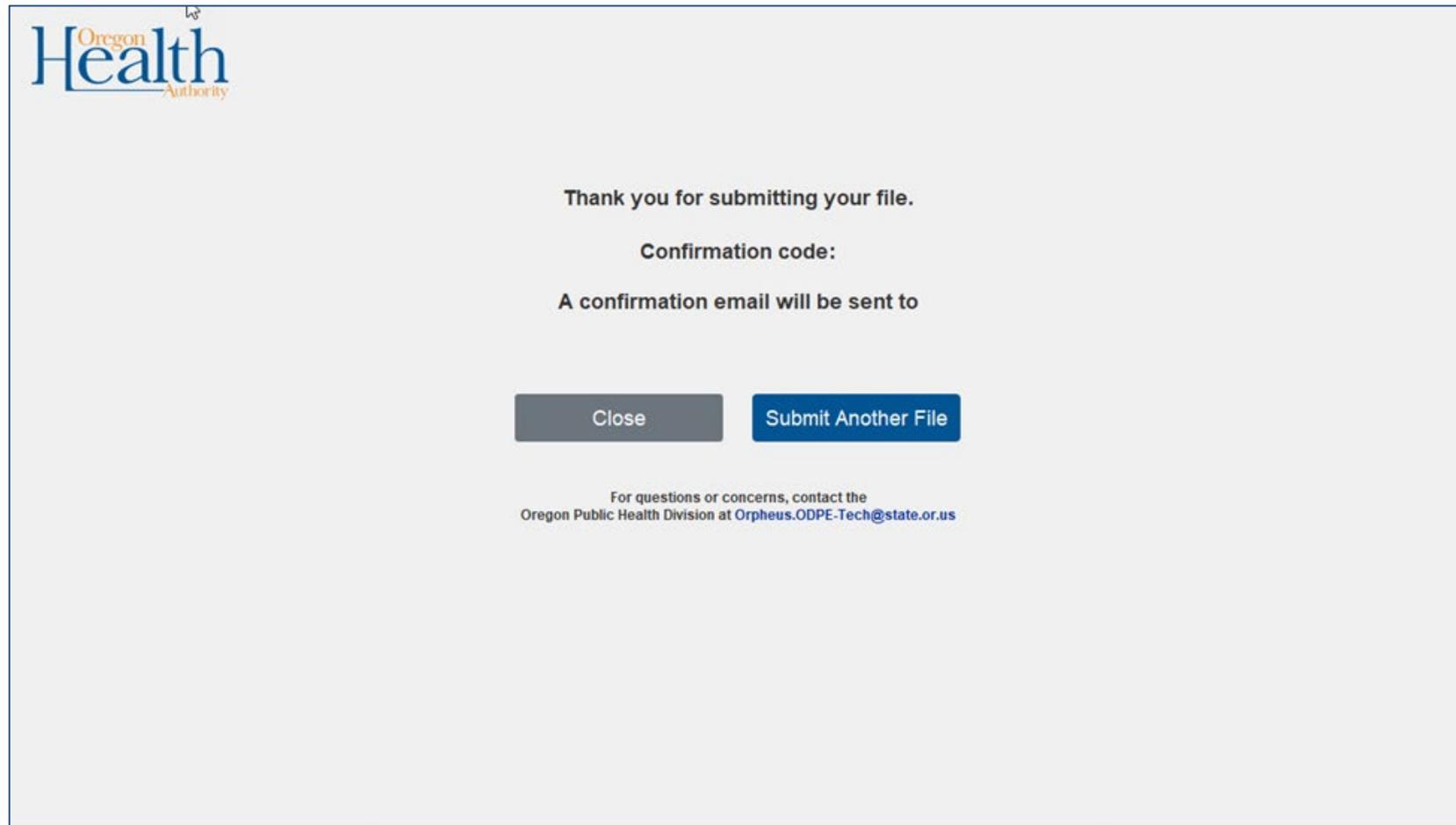
REALD:  
Race (Self-Identified): Don't know  
Race (Selections):  
Language: Prefers spoken English, written English  
Disability and Age of Onset: none

SOGI:  
Gender: Woman or Girl  
Sexual Orientation:  
Pronouns:  
Preferred Name: Sally McCoughsalot

# 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: 480848E32A6F  
Reporting Entity:  
Patient ID / MRN: asdf  
Patient REALD 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@dhsosha.state.or.us](mailto:ELR.project@dhsosha.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.

Seq	Use	Name	Guidance
1	R	MessageDate	Date of message creation Format: <b>YYYYMMDD</b>
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., <b>OR</b> )
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. <b><i>Do not use patient's social security number.</i></b>
15	R	PatientFirstName	

Seq	Use	Name	Guidance
16	R	PatientLastName	
17	R	PatientDOB	Patient date of birth. Format: <b>YYYYMMDD</b>
18	R	PatientSex	Female ( <b>F</b> ), Male ( <b>M</b> ), Non-Binary ( <b>X</b> ), Other ( <b>O</b> ), Refused ( <b>R</b> ), Unknown ( <b>U</b> )
19	R	PatientAddress	Include house number, direction, and street name
20	O	PatientAddress2	May include PO Box, Suite, etc.
21	R	PatientCity	
22	R	PatientState	Oregon ( <b>OR</b> ) residents only. Out of state residents must be reported to the appropriate jurisdiction by the facility.
23	R	PatientZip	Five digits required, additional four optional (separated by hyphen) Format: ##### or #####-####
24	O	PatientCounty	
25	O	PatientPhone	Format: ###-###-####
26	R	RaceEthnicityOpen	Free text entry. Do not include punctuation or special characters.
27	R	RaceEthnicityDiscrete	Value set: <a href="#">REALD_CDC RaceEthnicityCross_Walk_2020-5-5.xlsx</a> See <a href="#">Appendix A</a> if not implementing the full value set Separate multiple values with tilde (~)
28	R	RaceEthnicityPrimary	Value set: <a href="#">REALD_CDC RaceEthnicityCross_Walk_2020-5-5.xlsx</a> See <a href="#">Appendix A</a> if not implementing the full value set Separate multiple values with tilde (~)

Seq	Use	Name	Guidance
29	R	LanguageSpeak	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 (~)
30	R	LanguageWrite	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 (~)
31	R	InterpreterNeeded	Yes (Y), No (N), Declined(D), Unknown (U)
32	R	InterpreterType	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 (~)
33	R	EnglishProficiency	Very Well (V), Well, Not Well, Not at all, Unknown, Declined
34	R	Deaf	Yes (Y), No (N), Declined(D), Unknown (U)
35	C	DeafAge	If answer to Deaf is Y Age in years (if since infancy, enter 0)
36	R	Blind	Yes (Y), No (N), Declined(D), Unknown (U)
37	C	BlindAge	If answer to Blind is Y Age in years (if since infancy, enter 0)
38	R/C	DifficultyStairs	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)

<b>Seq</b>	<b>Use</b>	<b>Name</b>	<b>Guidance</b>
39	C	DifficultyStairsAge	If answer to DifficultyStairs is Y Age in years (if since infancy, enter 0)
40	R/C	DifficultyConcentrating	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)
41	C	DifficultyConcentratingAge	If answer to DifficultyConcertrating is Y Age in years (if since infancy, enter 0)
40	R/C	DifficultyDressing	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)
41	C	DifficultyDressingAge	If answer to DifficultyDressing is Y Age in years (if since infancy, enter 0)
42	R/C	DifficultyLearning	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)
43	C	DifficultyLearningAge	If answer to DifficultyLearning is Y Age in years (if since infancy, enter 0)
44	R/C	DifficultyCommunicating	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)
45	C	DifficultyCommunicatingAge	If answer to DifficultyCommunicating is Y Age in years (if since infancy, enter 0)
48	R/C	DifficultyErrands	Required for persons 15 years or older Yes (Y), No (N), Declined(D), Unknown (U)

<b>Seq</b>	<b>Use</b>	<b>Name</b>	<b>Guidance</b>
49	C	DifficultyErrandsAge	If answer to DifficultyErrands is Y Age in years (if since infancy, enter 0)
50	R/C	DifficultyMoods	Required for persons 15 years or older Yes (Y), No (N), Declined(D), Unknown (U)
51	C	DifficultyMoodsAge	If answer to DifficultyMoods is Y Age in years (if since infancy, enter 0)

# 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](https://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](mailto: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](mailto: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](mailto:ELR.project@dhsoha.state.or.us).

For other HB 4212 implementation questions:

Email Belle Shepherd at [belle.shepherd@dhsoha.state.or.us](mailto:belle.shepherd@dhsoha.state.or.us).

**Thank you!**