

REALD Data Collection and Reporting

Frequently asked questions related to House Bill 4212 implementation requirements

Introduction

Since the Legislature passed [House Bill 2134 \(2013\)](#), the Oregon Health Authority (OHA) has promoted Race, Ethnicity, Language, and Disability (REALD) data collection standards across the OHA and the Oregon Department of Human Services.

The COVID-19 public health emergency has re-affirmed that communities of color and people living with disabilities experience significant health disparities. To support Oregon's COVID-19 response and better identify health disparities due to differences in race, ethnicity, language, and disability, [House Bill 4212 \(2020\)](#) requires OHA to establish requirements for the health providers identified below, to collect REALD data for all COVID-19 encounters and provide that information to OHA when reporting positive or negative COVID-19 cases, COVID-19 hospitalizations or deaths, or MIS-C.

Who do the rules apply to?

An individual licensed or certified by the:

- State Board of Examiners for Speech-Language Pathology and Audiology;
- State Board of Chiropractic Examiners;
- State Board of Licensed Social Workers;
- Oregon Board of Licensed Professional Counselors and Therapists;
- Oregon Board of Dentistry;
- State Board of Massage Therapists;
- Oregon Board of Naturopathic Medicine;
- Oregon State Board of Nursing;
- Oregon Board of Optometry;
- State Board of Pharmacy;
- Oregon Medical Board;
- Occupational Therapy Licensing Board;
- Oregon Board of Physical Therapy;
- Oregon Board of Psychology; or
- Board of Medical Imaging

An emergency medical services provider licensed by the Oregon Health Authority under [Oregon Revised Statute \(ORS\) 682.216](#).

A clinical laboratory licensed under [ORS 438.110](#).

A health care facility as defined in [ORS 442.015 \(includes hospitals and long-term care facilities\)](#).

When do providers need to start collecting and reporting REALD data?

For Phase 1 providers, October 1, 2020. Phase 1 providers are:

- Hospitals except for licensed psychiatric hospitals.
- Health care providers within a health system (“health system” means “an organization that delivers health care through hospitals, facilities, clinics, medical groups, and other entities that are under common control or ownership”).
- Health care providers working in a federally qualified health center.

Providers should 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.

For Phase 2 providers, March 1, 2021. Phase 2 providers are:

- [Health care facilities](#).
- Health care providers working in or with individuals in a congregate setting.

On or after October 1, 2021, all health care providers must comply with the REALD collection and reporting requirements.

How does this change what providers report to OHA now?

Providers may be used to relying on laboratories to report positive and negative COVID-19 test results to OHA. Providers are now responsible for collecting REALD information from patients and reporting both the REALD information and the test results to OHA through the COVID-19 Reporting Portal at healthoregon.org/howtoreport. The portal is configured to collect REALD information. The Portal is how providers have been reporting hospitalizations, deaths, and MIS-C to OHA, and now in addition to reporting that information, must report REALD data.

Providers may submit REALD information and COVID-19 cases, hospitalizations, deaths and MIS-C through a CSV file submission if such submission is approved by OHA’s eCR coordinator in conformance with OHA’s specification. CSV specifications are available at the [Electronic Case Reporting page](#). To establish CSV reporting, reach out to ELR.project@dhsosha.state.or.us. **At this time, electronic laboratory reporting (eLR) and electronic case reporting (eCr) does not include REALD information and will not suffice for the REALD requirement for Phase 1 providers.**

Do providers have to collect and submit REALD information to OHA after every encounter?

Providers are not required to collect and report REALD data if they:

- Previously collected and reported the data within the last year (consecutive 365 days); or
- Know that another health care provider has collected and reported the data within the last year (consecutive 365 days); or
- Know that the patient has provided this data directly to OHA within the last year (consecutive 365 days).

REALD information does not need to be submitted to OHA after every COVID-19 encounter, just if there is a disease reporting obligation. Only positive and negative COVID-19 test results, hospitalizations, deaths and MIS-C are reportable.

OHA will not be confirming for a provider whether OHA has already received REALD information for an individual. It is up to the provider to determine whether the information was submitted within the last year.

What are the benefits of collecting REALD data, and how will OHA use the reported REALD data?

Comprehensive collection of REALD data will allow OHA to unmask inequities and institutional structures that propel inequities. REALD data is a critical building block to eliminate health inequities in order to achieve full health equity and rectify the root causes related to racism, discrimination and oppression. With REALD data, OHA can:

- Use information to improve access to testing, medical care and vaccinations (when they are available),
- Design culturally appropriate and accessible interventions to improve testing, prevention and medical care, and
- Reallocate resources and power needed to effectively address these inequities.

Why begin collecting and reporting REALD data now?

There is increasing evidence that some communities of color and people living with disabilities are being disproportionately affected by COVID-19. In response to COVID-19, OHA has released daily updates and weekly reports of the state's COVID-19 cases by demographic groups with missing race or ethnicity data for COVID-19 related testing, test results, and hospitalizations.

Nationally, Black, indigenous, and people of color represent a higher percent of COVID-19 confirmed cases compared to the general population.

- According to the Centers for Disease Control and Prevention, one-third of people hospitalized by the virus nationwide are African American: two and a half times greater than the proportion of Black people in the overall U.S. population.
- In Oregon, one-third of COVID-19 cases identify as Hispanic (while 12% of Oregon's population identify as Hispanic); and more than one-third of cases identify as communities of color and tribal members

Data collection and standardization of demographic data is an important public health tool to assess and address the disproportionate effects of COVID-19 on communities of color and people living with disabilities in Oregon.

Where can I read the full rules?

You can view the full rules about REALD data collection standards on the [Office of Equity and Inclusion website](#).

You can view Oregon's COVID-19 reporting rules, with updates to incorporate REALD reporting requirements, on the [Public Health Division website](#).

How is OHA supporting providers in making this transition?

OHA is hosting [REALD learning sessions](#), developing how-to guidance and other resources to help providers during this transition. Resources will be posted to [the REALD website](#) as they become available.

House Bill 4212 says OHA may provide incentives to providers to help defer costs. What does this mean?

While the bill allows OHA to provide incentives, OHA did not receive any funding to implement the requirements or to assist providers. Should funding become available, OHA will work with interested parties on developing incentives.

Collection Details

Which data must be collected?

Information must be collected from individuals during a COVID-19 encounter on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status, in accordance with the REALD standards adopted by the authority under [ORS 413.161](#) (OHA's [Oregon Administrative Rules 943-070-0000 through 943-070-0070](#)).

The current REALD questions are found in [OHA's REALD data collection templates](#).

- REALD standards require asking all questions on the template.
- The [REALD Response Matrix](#) provides helpful information on what to say if a patient does not understand, or is reluctant to answer, some questions.
- Refer to the [REALD Implementation Guide](#) for additional requirements and guidance.

OHA is in the process of updating the templates with the 2020 REALD standards and these should be available for use no later than November 1, 2020.

What is an “encounter” for purposes of REALD data collection?

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.

When must REALD data be collected and reported?

Collecting: Providers must collect REALD data from a patient at the time of an encounter or as soon as possible thereafter.

Reporting: Data must be reported to OHA when reporting COVID-19 information, as required in OAR 333-018-0016.

REALD information does not need to be submitted to OHA after every COVID-19 encounter, just if there is a disease reporting obligation. Only positive and negative COVID-19 test results, hospitalizations, deaths and MIS-C are reportable.

May clinic staff collect REALD data on behalf of providers?

Yes. 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 (and/or entities) are responsible for meeting the requirement and may face penalties if the requirement is not met.

Reporting Requirements

How should providers report the data?

In accordance with rules adopted under [ORS 433.004](#) for the reporting of diseases, found on the [Oregon Disease Reporting Rules page](#).

At this time, reporting is only available through the COVID-19 Reporting Portal/online reporting at healthoregon.org/howtoreport or through CSV file approved by OHA's eCR coordinator and conforming to OHA's specification. CSV specifications are available at the [Electronic Case Reporting page](#). To establish CSV reporting, reach out to ELR.project@dhsosha.state.or.us.

If the portal is unavailable or not operable, OHA will make fax reporting available. OHA is currently exploring whether it will be possible in the future to report through electronic case reporting or electronic laboratory reporting, but neither option is available at this time. OHA will update these FAQs and materials/instructions as the methods for reporting evolve.

The reporting rules lay out the following parameters for reporting:

Until October 1, 2021, providers under Phase 1 (and Phase 2 starting March 1, 2021) must report REALD data to OHA at when reporting COVID-19 information as required in OAR 333-018-0016:

- Through online reporting at healthoregon.org/howtoreport; or
- By facsimile but only if online reporting is not operable; or
- Through another means, if approved by OHA (see CSV information below); or
- Through electronic case reporting, if approved by OHA; or
- To a clinical laboratory that can submit the data at the time COVID-19 test results are reported. The option should only be utilized if the provider knows that the laboratory has a system that can capture and report REALD information electronically, to OHA.

By October 1, 2021, health care providers must report the data by submitting an Electronic Initial Case Report (eICR) in accordance with OHA's Electronic Case Reporting (eCR) Manual. **At this time, eCR reporting does not include REALD information and will not suffice for the REALD requirement for Phase 1 providers.** OHA is currently exploring whether it will be possible in the future to report through electronic case reporting or electronic laboratory reporting, but neither option is available at this time.

Does COVID-19 electronic laboratory reporting (eLR) or electronic case reporting (eCR) include REALD reporting?

No. REALD information is not currently submitted in either electronic laboratory nor electronic case reports (eLR and eCr). Phase 1 providers subject to disease reporting rules must begin submitting REALD data and the associated COVID-19 encounters (positive and negative test results, hospitalizations, deaths, and MIS-C) through the COVID-19 Reporting Portal or CSV file if approved by OHA (see next question). **At this time, eLR and eCR reporting does not include REALD information and will not suffice for the REALD requirement for Phase 1 providers.**

Are there other ways providers can report the data?

In addition to reporting through the COVID-19 Reporting portal, Phase 1 providers can report through CSV file approved by OHA's eCR coordinator in a manner that conforms to OHA's specification. CSV specifications are available at the [Electronic Case Reporting page](#). To establish CSV reporting, reach out to ELR.project@dhsosha.state.or.us.

For more information on eCR, see the [Electronic Case Reporting page](#), which provides information to help providers implement eCR in their systems, such as:

- Data specifications
- Naming conventions
- Mapping tables

- Readiness assessments
- Supported secure transmission technologies

How should laboratories report the data?

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 collection requirement a laboratory would have to comply with the same reporting standards as any other provider.

There are no current methods for laboratories to report REALD data. REALD information is not currently submitted in either electronic laboratory nor electronic case reports (eLR and eCr). OHA is currently exploring whether it will be possible in the future to report through electronic case reporting or electronic laboratory reporting, but neither option is available at this time.

How do I find out more info about an extension?

The rule says “a health care provider who for reasons outside of their control cannot meet the collection and reporting requirements in this rule by the deadlines established in this rule, may submit to the Authority in writing, a request for an extension of time.”

OHA has made a form available to submit a request for extension. You can read more about extension requests [here](#) and download the extension form [here](#).

To learn more:

A variety of implementation guides and tools are available on OHA’s [REALD website](#). Tools include webinars, REALD templates, and resources to help providers incorporate REALD questions into their data systems.

For additional information, please see our [REALD for Health Care Providers page](#).

Questions?

Please reach out to Belle Shepherd at belle.shepherd@dhsoha.state.or.us.