

Health Information Technology Oversight Council (HITOC) Strategic Plan Consumer and Community Listening Session: Anonymized Comments

Thursday, September 14, 2023; Virtual webinar, 12:30-2:00pm

This transcript has been anonymized for comments by all non-Oregon Health Authority (OHA) participants.

Responses from OHA Office of Health Information Technology Analytics Infrastructure (OHITAI) Staff: Hope Peskin-Shepherd, Lead Policy Analyst (HPS); Laurel Moffat, Lead Policy Analyst (LM); and Shannon Cengija, Policy Analyst, (SC) are identified.

HITOC members in attendance/participating: Ann Kasper

For questions about this transcript, please contact HITOC.INFO@odhsoha.oregon.gov

See meeting materials posted on the [Strategic Plan website](#) for [presentation slides](#). OHA staff presentation prior to participant discussion is not included in this transcript.

Participant:

One of the things that I wanted to mention with this is recently, we think there was a health information movement to make people's lab results readily available instantly in their My Chart or My Health. And although that sounds amazing, because it gives them real time information. They're not waiting, they're not nervous. What was happening, though, is it caused so much disruption because patients were getting this information, sometimes family members who had access to their parents or children while the person was in surgery, maybe and you know, like, really in real time. So there was no ability for the provider to connect and discuss. And so it was kind of alarming. So just wanted to throw that out as something to think about with access and improving access.

Shannon Cengija (SC):

Did you find in your experience that people were alarmed by that?

Participant:

Exactly. It was extremely alarming for the patients and families. And it was disturbing for the providers because they felt like they couldn't advocate properly for their patients and connect with them as much as they would like to because you know, there's only so much time and maybe they're in appointments with other people while these things are resulting. So yeah, it was it was really it took a lot of discussion, but I love that you're having these listening sessions with the community because these are some important points to bring up for, for humans to be consumers of health, right? It's like, it's like what's the human experience and the result of increased access, but we have to teach just the everyday lay people who aren't in the health system, how to receive that information and maybe interpret it. So giving them what's that called? Like, like health intelligence? I can't find the phrase I'm looking for. But I think you know what I mean.

Participant:

Hello, I wanted to know, if the patient can access My Chart using another language rather than English?

Hope Peskin-Shepherd (HPS)

I am not sure if the specific languages that various patient portals are available in but I think that's a really good flag that it's helpful for them are not just helpful, but we should note that it's necessary for them to be available in the person's language.

Participant:

I can answer that technically, from an epic perspective, if that'd be helpful. It is all configured based on the instance of your EMR, your instance of Epic. It's the instance specific. And so for instance, OCHIN has our instance in about 12 languages for my chart for patient engagement. But that's not consistent throughout all my chart engagement. So happy to take this offline and provide any more technical assistance, if that's helpful.

HPS:

Thank you. That's helpful to flag that it can be different for different people and different instances. So we don't so we know that it needs to be elevated, and not everyone necessarily is having the access to the same thing. Okay, I see another hand.

Participant:

I use the portals. I'm a severely disabled person and senior. And they do work? Well. I understand the benefits of them. And it helps for me to communicate, though I am impressed with that part of it. Speaking for the people I work with and no, they are not working well working at all. Because people don't understand how to use them have a horrible time gaining access. Most either don't have the knowledge, the skills that it takes, nor do they have devices. I think they're probably some solutions for access. But I think they would come with a great deal of capacity. I don't know how well equipped your office is I suspect not well enough to teach people skills in rural parts of Oregon such as mine. I think there's some trust issues that were probably maybe barriers between even gaining skills and valuing the whole information technology scene because I have those people who aren't using the technology are very well aware of hacks and failures, system failures and poor system development and Long long list goes.

HPS:

Um, do we want to also bring up the next question? I think we're hitting on. Helpfully we're hitting on what's working well, and challenges at the same time?

SC:

What would you say is like the number one thing, that needs to change? In the space of patients interacting, or their patient portals or health apps?

Participant:

I think that would be that would depend on what your goal is. Change for what? To what end? So what is the oh, your aspiration? I don't know what that might be. But if you're trying to get an increased usage

of this technology, I think you're gonna have a great education, I would think that probably education is going to be the top of your list as far as the it itself. I think if you have more responsive system, that's probably a challenge. That's, and I don't think that's a systemic issue. It's not in your wheelhouse. It's more on the provider and trying to make sure that you have free exchange of information, and a quick exchange of information, because health needs are often urgent, or important.

SC:

I think what you mentioned, like what are what is the goal, like I'm thinking back to the way HITOC is sort of drafted, the goal is that folks can be involved in their care. So if people want to be involved using health IT wonderful, how do we help them be involved, and if people don't want to be involved and don't want to use tech, then, you know, we don't want to make it. We don't want it to be forced upon people, you know, it should be something that they can feel you have the option to engage in.

Participant :

I think you need to acknowledge the fact that there's a large population, I guess, a pretty large segment of the population I represent that will not get to the level of skill set that they are able to access and appreciate the information.

SC:

Thanks for sharing.

Laurel Moffat (LM)

Shannon, I wanted to share from the chat: Yes, great call out. Maybe we can create partnerships with local community centers, such as library or community colleges and community centers to provide lunch and learns for people who would like tech support to navigate the health apps and patient portals or start peer support programs for health literacy and people's IT usage.

Participant:

Good ideas.

SC:

Great ideas, thank you.

Participant:

If I can add in what we heard at the meeting, and my heard subsequently, from peers who are at that meeting, they're very worried about other people writing about them, and having no access to report that's the truth or not the truth. So people in addictions and mental health if they go to a food bank, and someone writes a note about them about the behavior as they perceive it, they have no way to, to tell the truth as they see it or the people around them. So how is not just being spoken about? How do they actively get involved to be able to talk about it in those records? No, right in those records. So and that goes also for psychiatric care if everything is shared. And it's not correct, which happens quite a bit in psychiatric hospitals. How do how does the patient and how does the family say hey, that's not true? Because right now, there's no way to do that.

HPS:

Thank you. I was wondering if we could go to the next slide, please. We have the goal here again. And we thought that now that we've discussed some benefits and what can work better and also challenges. We'd like to know what do you want HITOC to know or prioritize about this goal. From what you've said today, if you want to highlight anything, or if you have additional thoughts. And here we have the full goal again, and I'll just read it out that people can be actively involved in their care, through access to health at individuals, and those designate contribute access and use their information to understand and improve their health and collaborate with their care team and social services.

Participant:

I have a thought on that. Someone just made that comment about people feeling boxed or judged or represented, maybe misrepresented. And I think that really contributes. What is it's the age old, you know, the provider perspective and caregivers perspective and their documentation to communicate with each other. And then there's, you know, the people like all of us who, who partake in that system, and sometimes those episodes, define the people. And to have a way for people to respond or reiterate, that would be incredible, because I know, some of the My Charts, you can message your, your provider immediately and you have a conversation and then there's a record of that conversation. I'm thinking, doing something like that, where we're you know, like, in any job you've ever had, when you've been evaluated, you have that little part where you get to read the evaluation and reflect back on it. And so maybe for those populations, incorporating some field like that into the standard. It templates could give them that voice. And so the caregivers are not going to change maybe what they're sharing, but at least the person could say, you know, this was a moment in time. And that is not always what the situation is. But I recognize that they saw this and here's how I feel something like that, to make it a little bit more collaborative.

SC:

Thank you.

HPS:

I'm wondering, I guess, do we have to move on in a sec. But do you see that reflected here in this goal in a way that resonates with you? Or not at this time?

Participant:

I sure do. I think it looks amazing.

Participant:

I would add in it's not enough. But that's just me Hope and Shannon, Laurel, you know me? Yes, I want to make sure that the data is self directed. And not person centered. There's a difference between self direct and person centered. So let's go from C to D. Person directed.

SC:

Thank you.

LM:

And Hope to round us out. I'd like to share a comment from the chat: my priority would be an educational program to build skills. And is there a way for it to be free?

HPS:

Thanks. It sounds like we are ready to move on to the next one.

SC:

Sure, oh, that's back to me. Oh, yes. So we sort of touched on some of the some of what this goal was about in our conversation just now. But we can expand upon it here. HITOC's second draft goal is that individuals information is electronically available and exchanged securely and seamlessly between individuals, their care team, and social services to support high quality and person directed care. And we're going to go to the next slide. For a little bit of context. The aim of this goal is that the right people are helping you and that they have the right information at the right time of your care. And so that could look like your information being shared securely between the different groups on the screen here. Health Systems Specialist, labs doctors, pharmacy, payers and social services. And we'll hop to the next slide. So following a similar format to last time reflecting on how your information is shared your health information using health IT, what's working well? And what are the benefits of information being shared securely between providers? I know we did Kiari, you can also hit the next question just to have it on the screen, we did touch on some challenges or barriers you're experiencing. But is there anything positive about providers having your information that you've experienced?

Participant:

I want to hear something from the other folks in the call too, but I can say that I enjoy having ready, communication online, testing information, so that it's important to me to get timely results back, I don't have to wait for a subsequent appointment. And it's there on my chart. And it's also got cool graphs. And then of course, the communication piece of it, being able to talk or communicate with your providers. Also good. I should point out, though, that not all, my of my providers have this kind of it.

Participant:

There's an assumption that the care is good, and the people are there to really help you. And that all health systems, is that true. So in some health systems, it is I would say, in the health systems that I am connected with the people I'm connected with, there's a lot of questions on this. And sometimes it is, doesn't turn out to be to our benefit. So like, for example, if you're in a psychiatric hospital, you can see you know, records, it'd be wonderful if you could like read your records at the right time, when it's appropriate. But you have no people writing about you all the time observing you 24 hours a day, you have no access to that. And so just trying to think, is that beneficial or not? Is that for the best of healing or not? So thinking about the realm, if there's an assumption in the last slide, I can't remember where it all was that all providers are working for you. Not all providers, in our experiences are working for our best health goals, as we've defined them. Just wanted to add that in, because that's an assumption there that doesn't always come in reality.

SC

Thanks for sharing. And Kiari, you can pop up the last question to me, thinking back to the health IT tools that we mentioned, way back at the beginning, your electronic health records, patient portals,

health information exchange, what would make these tools work better to reach this goal? And sorry, I'm thinking about how we've gotten some good information on like challenges and barriers in this area. Reflecting on that.

Participant:

I've got one that comes to mind. I think that it can't solve the IT tools can't solve some of the fundamental issues that we're discussing as far as intent and care. I wish it could. But I don't think it can. But what I was thinking is some of the challenges and barriers are a lot of times the documentation and information in the patient portals that are being written are to meet codes, quality codes, criteria, like CMS guidelines, and you know, all the different guidelines so they're checking the boxes and they're using the smart phrases to communicate with each other but maybe missing the person centered care person directed care, as another participant was saying, and but I don't know that there's an IT fix for that.

HPS:

Thank you. It does connect, potentially connect back to what you were both saying on the previous goal about, you know, being to make being able to make notes in your own portal. So I do see a connection there. I also had a follow up question from a little bit earlier, when you were saying that not all of your providers have technology like this, and I wanted to ask, how does that impact you? What, what's your experience? Like when that's when there's different technology or different levels of technology between your providers?

Participant:

Okay, well how does it affect me think there's delay in when you talk about systems that aren't able to communicate quickly with one another, you're going to be relegated to other forms of communication that are not as quick and you that's often a compounding of time. So by the time an issue is addressed, it might, well, whatever, if you're looking at health and outcomes, you might have concerns about that. I think that's one, you know, the all the my provider uses the system that one hospital uses, and another doesn't. My home health, nurses do not have access to that system that my doctor uses, and information that my various case managers, you know, should probably be tuned into Wow, isn't accessible and their ability to feed systems. So it seems like there's a lot of disconnected. And it causes delay, which can cause me harm if the issue is urgent.

HPS:

Thanks so much for elaborating on that.

Participant:

I just wanted to add into because I typed it in the texts, it goes to are great. And I love what another participant said that it can't fix the problems. I did want to add an exhibit a lot of national talk around us all over United States in the mental health field, about 988, which is the National phone line. And people are being tracked right now where the locations and sometimes police and other people are showing up. So there's a lot of concern about that would work is that you would know you're being tracked or not. It would be open communication about what these systems are doing, how they work and what they're being used for. That would help. So just being open to everybody, what's what's going

on, or even like Facebook, if that's become health it in a way too, because people have when they're writing things. It was happening a couple of months ago that looks like they're having a mental health crisis. They had authorities who show up at their door. So I think a lot of is transparency if we're going to have this health at do this and quote unquote, help us let us know what's going on. And let us know. Yeah, that's it just be real transparent about it. There's so much going on so fast, right? Even we have these community information changes happening in Oregon. Now. We don't know about most people don't know about they may not even know that part of it. So it's fast. So keep us up with the news. That's gonna help.

SC:

Thanks. I like that call out for transparency. I think that is that is really important in these conversations. And I appreciate people's comments about tech, being unable to solve everything. It's a good tool, but I can't do all the things. Thanks for sharing everyone.

LM:

I want to share a comment from the chat, where it says our local private providers offices cannot afford the Epic packages that the big hospital systems use. Can they get grants to supplement those fees? Or can there be a cap placed by local governments on how much the epic monopoly on EHI platforms?

Participant:

One more idea that's coming up with a lot of younger generation and also with apps is gaming, how to use gaming to help your health. And just adding that in, because that has been mentioned so far. But that's a real positive thing for a lot of people.

SC:

All right, we can probably hop to the next slide. Which, similar to what we asked earlier, is there anything specific about the goal here that you want high tech to prioritize in this area, we've gotten great feedback on this. But anything you really just want to drive home for HITOC? Hope, maybe we can go to our next goal. I think we have exhausted this one for now. But we are certain we can certainly hop back to things as they come to your mind or if you just want to share more, but we're gonna go to goal three and pass it back to Hope.

HPS:

Certainly, thank you. Um, can everyone hear me I'm getting a message that my connection is unstable.

Yep, you're good.

HPS:

Okay, thank you. So the next goal here is that health it supports efficient data collection, sharing and use for policy development, quality improvement, population health, value based care, and public health, leading to improved health outcomes and reduced health inequities. Next slide, please. So, here's an example of what this goal might look like when collecting, sharing and using data for population health. So first, using health IT, data's collected on how heat is impacting people's health, then analyzing the data can show that the impact of extreme heat is higher in some communities, or for

certain people who are suffering negative health outcomes. A program is then created to distribute air conditioners, and data through health, it then shows that health outcomes improve, and people are safer during extreme heat. So essentially, this goal is about bringing all that together to use it for these various examples ultimately, to improve health outcomes and reduce health inequities. Next slide, please. And, again, now we want to hear about your experiences with data collection, collecting, sharing, and use. And this can be personal experience, professional experience, whatever you want to share on this. So first, generally, what's your experience? Or what's working well? What are the benefits of using health IT to collect, share and use data in these ways?

Participant:

I was thinking one thing was sharing data during COVID. It was really rampant. And it really helped out to know where the most COVID cases were, and things like that, and where are they going? So that was very positive.

Participant:

I'm probably a little less positive. I work in quality and patient safety, and there's so much data overload. It's overwhelming to mine it to curate it, and to use it well, and consistently and then data sources change and shift and so so yeah, having a system that gets reevaluated on regular intervals for what data you're taking out and how you're using that information and and kind of how you validate that day. Yeah, is probably the biggest concern and benefit or not benefit depending on what you're doing with it.

HPS:

Thank you. Um, let's bring up the second question about what challenges or barriers you experience with data collection, sharing and use.

Participant:

The first one if I could add in has to do with who is making the questions. What data are you collecting? does it relate to what the population wants and needs that an individual's want to need or the families want to need? A lot of the data is used for, let's say, insurance or something like that for payments. But that doesn't necessarily mean that's good for the health of the person to get better. Also, let's say in public policy, and the Portland Street response, which is supposed to be a mental health program, they have this huge data program, this huge study through Portland State University, they ask no mental health questions, they ask no questions of the people that they pick up and do that they only ask questions about being homeless or things like that. So you've got a program that says it's data driven, but it's not data driven for mental health. So we have policy people using data driven, quote, unquote, to get more money for programs that actually are not for the purpose of the original purpose. So I want to add into I am actually a part of this called lived experience. So as people who've been in out the psychiatric systems, lived researchers program listserv, so I'm with talking to researchers all over the globe who have experience. And we asked different questions. So how do we ensure that those kinds of questions are being asked and research as well? And not just from the general people who get hired into government? Because these people, these researchers are not hired in government yet, as a whole. So thinking about alternative questions, and even from populations that are not generally representative government.

HPS:

Thanks. So I guess, that I have a follow up question for the group. So um, you've mentioned some, but what issues are important to you and information is collected and shared for these the reasons in these goals, which were policy development, quality improvement, population, health, and other reasons to be analyzed to improve health outcomes overall? So are there any other issues that you'd want to highlight related to that?

Participant:

Well, as another has said, quality assurance, and part of it has to do with people not trusting people in addictions and mental health as their the data that they're receiving them, they may not take this as much as safe from a quote unquote, professional doctor. So are we getting for if you have a complaint in the hospital? They may do nothing about it, because they don't see as credible. Right? And so getting that data, and maybe you need it population to population, so not the data experts so much, but the community health workers, the peer support specialists, those asking the questions, because in asking the questions that the population comes up with, with their needs, because outside people are not going to get as much input and there's not much trust, I guess it comes down to trust as well. And part of it barriers to everything is becoming data driven in a way. But who's driving that data? Who's making that data? And decisions are being made at a high level that we're looking at the data like, that's not us? So how do you connect the population with the data? And it's good idea to be data driven, but how do we do it with people driven as well at the same time?

HPS:

Thank you. That's those are really good points. It does make me want to bring up the last two questions at the same time. Which are what changes are needed to reach this goal? And what information is important to you to determine what happens in your community?

Participant:

Okay, I've got an idea on the last one. Or maybe it's a combination, like you said of the two is, is there a way to gather information from all the official pathways but then also to have like, the community voice? Literally the people, the individuals voices And then match up what? What the mainstream data driven outcomes and processes are talking about, and then hear from the lay person, you know what their experience of it is, and to see where the discrepancies are, where they mirror each other. And then use that like kind of almost like, what do you call that? When you analyze the worst, the current state future state or a gap analysis between the two, to really identify where are the places where they're totally not matching up or on the same page. So that I guess that would be it to create some sort of gap analysis between what we currently use to make all of these decisions, and then to do just, you know, a lay version of that from people. And then my other thought was doing something where you create kind of like patient advocates, but not just for people who have undergone a trauma, but to have a patient advocate. In general, like, I know, I'm the nurse in my family. So they always want even though, that's not my area of care at all, they'll be like, Yeah, but we just want to know, you just know how to ask certain questions that we wouldn't think of. So that kind of advocacy for people to understand and participate in their care. I don't know where that fits in with technical stuff, but just thought of that.

HPS:

Thank you.

Participant:

That's wonderful. And you're making up new jobs. So good. We do that every 20 years. Let's do that. Another thing I wanted to add in is that there's my I used to teach them in a house course with somebody and she said, numbers can lie. No, it was it. figures can lie and liars Configure. So be careful. Are these numbers really speaking the human conditions? Are they speaking what the human is going through? And I also think about the cultures I'm really tied with or the not not they're not linear, they don't go from ABCD 12345 They go for 120 137 So how do you make data to reflect nonlinear thinking? And those cultures that are nonlinear which is a bunch of them? Are western style of thinking is more linear? But how do we as diverse and bring everybody together

HPS:

That's really good point. Well, so what are thinking about what information is important what are important ways to use the health information that is collected? I know we've mentioned some of them but if there's others not reflected here

Participant:

So I do checkups and things like that. And and also if I had it for example of my parents or grandparents in the future, then I can pair with begin with me at a certain age we edge of of that or even my population, what am I, for example, a lot of heart attacks in a certain population. I'd like to know that for my own care and the care of my children future on so generational... So anything you can get privacy and security, please privacy. Privacy, security, you know, are you saying that? How do we keep ours our own.

HPS:

Thanks. Your sound cut out for a little but I think that we heard a lot of it and we can also circle back with you on this topic. as well. So thank you again. Um, let's go to the next slide. So, you know, now that we've discussed some benefits, what could work better challenges? What kinds of information are important? What kind of, you know, data we'd like to know, what do you want HITOC to know or prioritize about this goal?

Participant:

I think I would only have one thing to add, because this looks pretty incredible. And it's the reality of all of the I don't know how to put it eloquently, staffing deficiencies in all areas of healthcare. So nursing, we know is horrific right now, as far as ratios and, and but lab techs, pharmacy techs, respiratory, respiratory therapists, even physicians, primary care providers, pas and nursing, nurse practitioners, with even specialties in anesthesia and pediatric anesthesia, areas like that. It's so limited right now that we're having to figure out how to do things that we've done before. But with this, it's kind of like, we have a new health model, but we haven't caught up to it yet. It's the business model. And it's not the people model, and they're totally out of sync. So something about acknowledging in all of this, that, that those numbers aren't going to improve in the next five years, for the staff providing, and so people receiving information and trying to get care in a timely manner is, is going to always be based on on how many people are available to service them. And that's limited across the country.

HPS:

Thank you. So that kind of again, takes it back to similarly to the similarly to the like, connecting the gap between the people view of the data and the I guess, current data driven view of the data, there's like there's also this gap in the people being able the amount of people being there to serve people who are coming for care. Thank you.

Participant:

And what's happening now, too is I will find out AI is doing some of that note taking. So what I like to add if AI is doing any of the note taking and help it that's that's the new medical programs that are coming up in that they're making to make notes easier for doctors and foster, it's happening, that we also have human eyes on that at some point, including our own eyes, to make sure that it is relevant and appropriate. And that and best and are interested in care. That's that's happening right now with some doctors.

Participant:

Thank you.

HPS:

So if we can move to the next slide. So now we're coming back to the overarching area here of health IT and social determinants of health. Again, I just want to remind everyone from earlier that HITOC is still working through where this falls on the strategic plan, but it's a clear priority area for them. So please feel free to share input on that aspect if you have thoughts. And so this one reads health IT design implementation, in end use must center health equity, especially to support social determinants of health efforts as part of whole person care, care coordination, social services, and more to achieve health equity. Next slide please. And here's an example of one aspect of this goal and how it might play out. So a person might be at a health care or social service provider or a community based organization. And they might be screened or having a discussion with a provider about their social needs. such as housing, rent, or utilities, transportation, food or nutrition. And a screening is also something that could happen in a health IT tool. And then with the person's consent the healthcare or social service provider could use health IT to refer the person to services that helped meet those social needs. Next slide please. Now we want to open it up for your experiences with health equity and social determinants of health and health it so well It's working well, what are the benefits of health IT supporting health equity and social determinants of health?

Participant:

Well, I think having that kind of information technology wise be great. So for example, my doctor just gave me a handout on some banks, because she didn't have it like that. So that'd be really helpful. I just wanted to first with consent, of course, definitely consent, and people understand that consent is there, to put that information out there. I also wanted to add, I'm so proud to be in Oregon, because I think we were forefront of thinking about this, as I go to other states, they're not even there yet. So good work and bringing this in, and we can make it better. And as we hear more from more populations, make it even better, say good work.

Participant:

Hi, I forgot to introduce myself earlier, but I am with Healthy Families of Oregon , and I'm also with the community's [inaudible] program. And I don't know if this is the right time to address it. But the main reason for this meeting is because I was hoping I could advocate OHA to create a system that they could, that that the patient who wanted to engage in activities that are related to mental health, and community connections that they could use, use the Ride Line benefits. Like for example, you know, a mother going to postpartum group. So I deal with mothers, they are postpartum. There are postpartum groups that they could go, but they can't go -- they have no transportation, and they can not use, Ride Line even though it is medical. right now. None of those services, you know, none of those services that people can use, Ride Line for that. And it's not only for healthy families. that Like in my community, there's so many programs that support mental health and social connections that could use transportation paid by OHA. Just like they do, you know, for to go to the doctor's visits. That activity related to mental health would be treated just as a doctor's visits. And probably this is not the participation today. But these are my two cents. And of course, I may not be able to stay to the end, but I did not want to leave without letting you know that. So thanks very much for the space.

HPS:

Thank you for sharing. I see your hand is up.

Participant:

I guess I can speak to others, but I think that will be the second question. But the what works well for me is that I do get a timely reference referral, excuse me to things like nutrition. And I am, in know tickles regularly about on disaster preparedness and things like that. So yeah, it works out well for me, but that's because I'm plugged in.

HPS:

And so are you saying that you feel like or maybe you know, people that it's different for that aren't plugged in?

Participant:

Yes. And I think that's going to your second question is not what's not working.

HPS:

Yeah, we can bring that up about challenges or barriers that you experienced or that you have seen others experience?

Participant:

Okay, well, no, I applaud my and I think it's great that we have agencies now Network, an industry integrating so that referrals can be made across systems. So I think that's wonderful. But too many people I know, just aren't I guess savvy with technology, don't have access to it or just aren't to a point where they are able to I guess Have you had those kinds of referrals back by we have however, I think the phone call is working? Well, I think people are, as long as you folks can do your jobs, inter agency and interdiscipline, I think that's going to be helpful, especially if the insurance companies, especially the Oregon Health, oh, well, OHP is in a part of that. So, you know, I think you have a great idea here

that's working, starting to work. But I think you do have ways to go for integration, and you have a long way to go. Incorporating or including some folks who are really participating in the systems that are collecting the data.

HPS:

Thank you. And when you're saying the phone call, are you saying to the person who is being served and needing help, so as long as the organization's are communicating with each other, the person can still be reached via phone? Okay,.

Participant:

Yes, I think the system is the one that's working the best. So it's kind of moving backwards instead of forwards. Or from it. And I don't know if that's a good thing. I don't know Phil's still on the call, I want to give a shout out to the Oh, Aging and Disability Resource Connection, which is the one call kind of a system where you call with your issue or your friends issue or your family members issue and up off all of the resources as the person who answered the phone enters the data in all these resources pop up and then a person is put in touch with those pieces. I know that there might be a disconnect between the ADRC and what is it called? Unite, Unite Us I can't even remember the the integrated, you know, multi disciplinary kind of system. But I'm just speaking from my experience, it seems to be a great idea and moving in the right direction, but probably slow.

HPS:

Yeah. Thank you. Yeah, unite us is one example of Community Information Exchange or CIE and it sounds like but it sounds like what you're saying is that the ability to call a place that can connect you to resources in some way and they make that connection for you is helpful.

Participant:

Yes, and even if they can't having a live person is probably superior because we get people my age you know, they're going to lean on systems where you have an a person as an interpersonal cannon instead of the robot that's you know, on the call trying to help you

HPS:

Thank you.

Participant:

I'd like to add into the like ADRC or some kind of...

HPS:

We lost your sound again.

SC:

Yeah, we lost her. If you want to share in the chat, if you have that ability, what you wanted to say cause I can't hear you.

HPS:

In the meantime, can we bring up the next question? So how could health it better support health equity and social determinants of health to reach this goal?

Participant:

I had a thought on this question, how it could better support health equity, with the social determinants of health. I'm thinking if to what someone was saying, because this is so true, even. I'm definitely old enough that I prefer a person too, still. And, and so one of the things would be when you're creating whatever programs are going to turn up, or when you're making recommendations, to maybe have a telephone icon, by things beside things that actually have a person or a call line that you could get to, because sometimes you're like looking and looking and you're trying to find common contact information. But if it was that some tool that you had for icon versus a telephone icon, then you know, okay, if I'm choosing between these three, I'm probably going to lean towards the one that works best for me. And I see there will be a person here, something like that.

HPS:

Yeah, thank you. So it sounds like clarity in like, what the person is reaching out for and who they're going to get whether it's a computer or a person is helpful. And we have one more question on this slide that we could bring up? How might communities and consumers or people being served, be more involved in health IT strategy and decision making?

Participant:

I can speak to this one. Because I serve on a number of advisory councils. And all of them struggle to find all the people in the communities and consumers that. So informing your strategies and decisions. Yeah, this, you know, this real challenge. I'm glad you asked question. Oh, I don't have any solutions for you. We're struggling ourselves.

HPS:

Thank you. But we'll certainly keep making the effort. This definitely connects back to the community the feedback that Shannon shared earlier, about increasing input and patients informing health IT policies. And so we wanted to ask the question about how you on this call, how would you want to provide input and guidance, unhealth at end do you want? Do you want to get involved in giving guidance? I heard you mentioned being on some committees?

Participant:

You're inviting me to be on your advisory council, is that what you're doing?

HPS:

Well, I guess I was more asking that. As a general. Is this something that people are? You know, I mean, the people on this call are interested, but how do people want to be engage in this way? How might people want to be engaged? But that does connect you to something.

Participant:

You're talking about the mechanism? To make?

HPS:

I think so, you know, you know, committees are one way. And but you even highlighted that it's hard to that can be a time commitment. And it can be hard to provide guidance in that way. So I think while we had people here who were giving input, we wanted to ask about ideas. And what's the what are some of the best ways to get input from communities and people being served on these topics?

Participant:

Well, if you want to set up a table at any Walmart, in a rural community and put a sign on it saying, you know, where it helps, and we're broken out, how can what can you ask for their input in some fashion that invites or engages them? I think, you know, you'll probably find the folks that I'm advocating for when you're talking about other folks who have a hole. Well, I guess you'd probably get a good cross section at Walmart, because, you know, it's heavily trafficked by all strata. So I, you know, but I would think that when you're trying to reach out to communities and consumers, it's hard to get people to give up on their time and provide as input, and when you're talking about it health light tea to how you're assuming some level of sophistication that might not be there. So, again, I think it's a good, good idea. It's good question. It's a big challenge.

HPS:

Thank you.

LM:

Hope I want to jump in, in the chat someone shared an idea for connecting with members of communities locally across the state, to tap into each hospitals patient advisory councils.

HPS:

Thank you.

Participant:

Yeah, it's like they've done the work for you in having these, you know, because there's so few people they rotate. You know, it's already in place, maybe as a state of Oregon, you know, I sit on the Oregon State Board of Nursing. And we always have a two representatives from the community also. And so like, this is just the perfect ideas, what John said is tap into all these wonderful councils that are already existing. And then yeah, figure out how to how to orally.

HPS:

Thank you. And I see a hand raised,

Participant:

But I could say something like feedback, like feedback forms, or whatnot to just get a general like opinion from continuing like patients and whatnot. And in if applicable, they could do so anonymously. More like someone said, already, like, have someone that advisory councils, PTA advisory councils, hand them something like such as a feedback form and whatnot to see how they think the program's working, potentially.

HPS:

Thank you.

Participant:

If you want to get people out, offer food, serve a cookie and drink.

HPS:

That's a good tip. So we are getting close to the end here. We've had such an amazing and engaged conversation, which I want to thank you for. But I also do want to make sure that we let you know how to stay involved or follow up. If you have anything else that comes up for you just kind of have to slide 34. And, Shannon, you can go ahead.

SC:

Yes. So in our last couple minutes here, I wanted to share a couple of ways. If something comes to you at a later time or you're talking to someone else about health IT and you know a casual conversation, feel free to email us other thoughts at the email address on the screen

HITOC.INFO@ODHSOHA.oregon.gov. Laurel just popped in the chat. The way to sign up for our newsletter, where we'll share more opportunities like this, we will have one more listening session next Thursday, from 2 to 3:30 similar format and flow. But if you want to show up again, something else you want to share, please do. We also have our HITOC meetings that are open to the public. The next one is on October 5, it is virtual. And we will have the HITOC Strategic Plan retreat this December, where what you shared today and what folks share have shared with us. Our engagement this year will be put into a report for high tech to receive and then they'll digest that and incorporate it into their strategic plan. Again, on the slide is our website, how to sign up for our newsletter, HITOC meetings. There will be HITOC recruitment coming in the coming months so stay tuned for information on that if you sign up for our newsletter, and I really want to say thank you to everybody that provided input and showed up today it is supremely helpful to shaping Oregon's health IT Strategic Plan. Thank you all.