Health IT Oversight Council (HITOC)
Health Information Exchange (HIE) Workgroup Charter
Approved by HITOC on April 7, 2022. All HIE Workgroup meetings are open to the public – for meeting information see: https://www.oregon.gov/oha/HPA/OHIT-HITOC/Pages/HIEworkgroup.aspx

Overview

Objective: The Health Information Exchange (HIE) Workgroup is chartered to provide recommendations to the Health Information Technology Oversight Council (HITOC) and the Oregon Health Authority (OHA) on strategies to accelerate, support, and improve HIE across the state. Recommendations should reflect perspectives from all interested parties and partners, specifically including those serving communities who face health inequities. The HIE Workgroup recommendations will inform HITOC's Health Information Technology (IT) Strategic Plan for Oregon and OHA efforts.

Definitions: HIE refers to the electronic transfer of health-related information between two or more distinct health IT systems. HIE can refer to both the activity of electronic information sharing (the "verb") as well as the organizations that facilitate this data sharing (the "noun"). Discussions of HIE typically include the concept of interoperability, which is the ability for a distinct health IT system to communicate and exchange data meaningfully to other systems without significant human intervention.

Problem statement: Oregon has made significant strides as a state in digitizing health care information and adopting electronic health records (EHRs) to capture and share electronically health information relevant to patient care. An important downstream effort enabled by this accomplishment is the facilitation of information sharing between these EHRs and other electronic systems to ensure that the "right information is available to the right end user at the right moment"— which often occurs at the point of care. As OHA seeks to eliminate health inequities due to structural racism and other factors, having accurate information at the point of care enables providers to give the best possible, culturally appropriate care and target interventions for Oregon's most vulnerable populations.

Significant efforts to promote HIE have already occurred in Oregon. Today, there is a public-private collaborative that governs statewide HIE initiatives, the HIT Commons, which is co-sponsored by OHA and the Oregon Health Leadership Council. Oregon's health and human services systems benefits from statewide hospital event notifications via Collective Medical. The state also has successful efforts around integrating key public health information into HIEs and EHRs, including prescription drug monitoring program (PDMP) data and COVID-19 related data from the state's ALERT Immunization Information System. Oregon also benefits from a regional community HIE - - Reliance eHealth Collaborative; national and vendor-driven HIE initiatives such as Epic CareEverywhere, eHealthExchange, Carequality, and Commonwell; and emerging community information exchange efforts (which are being addressed through a complementary workgroup under HITOC).

Despite these successes, there are still urgent needs that rely in part on improved HIE statewide, including more robust clinical data exchange at the individual and population levels. One important example is the proposed 2022-2027 1115 Medicaid Waiver, which anticipates better integrated, coordinated care for individuals across care settings and those experiencing transitions between systems, such as children moving into foster care or adults entering or leaving corrections. This coordination cannot be as successful if there continue to be gaps in information sharing. Behavioral

health, oral health, post-acute care, and other sites of care do not have equitable access to robust EHRs. There are gaps in data flowing between the health care system and public health, human services such as child welfare, justice/corrections systems, county efforts, and others that would be valuable to providers as they continue to drive more whole-person care strategies with the patients they serve.

Purpose: The HIE Workgroup will bring together representatives from across the state and those who participate in and benefit from the sharing of information related to the health and well-being of individuals in Oregon. Workgroup members will identify how to better support and facilitate HIE in Oregon.

Authority: The HIE Workgroup is established by HITOC, which reports to the Oregon Health Policy Board (OHPB), to provide recommendations to HITOC and OHA. This charter defines the objectives, responsibilities, and scope of activities of the HIE Workgroup. The Workgroup may identify additional areas of inquiry or otherwise can modestly expand the scope as additional input is received. The HIE Workgroup will deliver recommendations in writing to HITOC, which may have legislative implications.

The HIE Workgroup is advisory and not a decision-making body. Recommendations will be consensus-based where possible. Identifying areas where consensus is not reached will also be informative to HITOC and OHA. This group is not tasked with the details of HIE implementation, creating technical solutions, or identifying funding streams.

Additional Partner Engagement: prior to the formation of the HIE Workgroup, OHA and consultants engaged in a series of interviews with 25 organizations and representatives from across Oregon and representing other states and jurisdictions. The information collected from these sessions will be made available to the HIE Workgroup as they meet to discuss the questions detailed in the scope below. Other work anticipated may include additional interviews that shed light into the current and future HIE implications for groups that may face barriers to HIE like tribal organizations and clinics, behavioral health, rural communities, organizations that serve communities who face health inequities, etc. All documents will be made available for public comment and targeted discussion with communities in advance of any strategy being finalized and approved by HITOC.

Panel	
Sponsor: • Susan Otter, Director of Health IT, OHA **HITOC Liaison(s):** • Manu Chaudhry, Interdent/Capitol Dental Care	**Key Staff:** • Ashley Ashworth, Lead Policy Analyst, Office of Health IT, OHA • Luke Glowasky, HIE Programs Manager, Office of Health IT, OHA **Consultant(s):** • Justin Keller, HIT Commons
Scope	
The HIE Workgroup will provide recommendations to HITOC and OHA on strategies to support, accelerate, and improve HIE. For purposes of the Workgroup, HIE will include both the "verb" and the "noun" (see Definitions above).	

The HIE Workgroup will discuss the following questions and provide recommendations that complement existing HIE efforts in Oregon:

Current state of HIE (Note: given the extensive work involved, and already completed, in defining the current state of HIE in Oregon, this section will be relevant to, but not the focus of, this Workgroup):
- What are the current strengths of HIE in Oregon? What are the current HIE assets and efforts the state can leverage?
- What use cases are currently supported by HIE in Oregon, and who have they benefitted? Who has been left behind?
- How does HIE currently in place support better care for populations that face health inequities, coordination of care across sectors, and transitions between systems such as those called out in the proposed 1115 waiver?
- What key challenges or barriers exist to further adoption of HIE in Oregon?

Future state of HIE:
- What should the goals be for HIE in Oregon for the next 5 years?
- What specific activities can improve trust and relationship building among data sharing partners in Oregon?
  - E.g., How should statewide HIE efforts in Oregon be governed or managed?
- Use case compendium – what are the key use cases that could:
  - Support coordination of care and the elimination of health inequities
  - Address public health and emergency preparedness in the future
  - Promote broad adoption or acceleration of HIE functionality statewide?

Gaps and Strategies:
- What are the major gaps between the goals and future state of HIE for Oregon and the current state?
- What are the best strategies to address gaps in our current HIE landscape?
  - Leverage existing efforts and policy:
    - How can the state leverage current HIE assets?
    - How should the state leverage federal efforts, including the Trusted Exchange Framework and Common Agreement (TEFCA) and the recent CMS interoperability Rules requiring health plans to invest in data sharing solutions?
    - How should the state promote national standards (e.g. USCDI, FHIR, etc.)?
  - How can the state support organizations that have historically been left behind physical health care with regard to HIE efforts, such as behavioral health and oral health providers?
  - How can the state address HIE needs related to quality metrics reporting, value-based payment, and other use cases related to health system transformation goals?
  - Are there changes needed in how HIE governance bodies are structured, particularly to promote equity?
  - Legislation and funding: are there funding pathways, legislation or other state levers that would be needed to support HIE efforts?
  - State participation: How can OHA benefit from participation in statewide HIE and how can HIE goals be supported by OHA participation? Other state agencies?

- What are the "next three things" that Oregon should do to promote more robust use of HIE to address Oregon's health care goals?

Out of Scope: Efforts tied specifically to community information exchange (CIE), including social determinant of health (SDOH) screening and referrals and the technologies that support CIE, are more appropriately addressed by the CIE Workgroup chartered under HITOC and working in parallel to the HIE Workgroup. The HIE Workgroup will interface, as necessary, with the CIE Workgroup to provide recommendations around SDOH data sharing with clinical data tools.

In addition, it is anticipated that issues related to EHR adoption will come up in the HIE Workgroup. These issues are closely tied to HIE efforts. However, the HIE Workgroup will not be responsible for developing recommendations on EHR adoption in Oregon, these issues will be directed back to HITOC and the Workgroup will interface with HITOC accordingly.

Guiding Principles

- **Leverage current resources; anticipate changes**. Consider investments and resources already in place when making decisions. Promote national standards, and monitor and adapt to changing federal, state, and local HIT environments
- **Protect Oregonians' health information**. Ensure sharing is private, secure, and complies with HIPAA and other federal and state protections.
- **Democratize the data**. Patients have the right to have their key health data available to all their providers to support continuity of care, safety, and quality.
- **Consider provider needs**. Focus on high-value use cases and incorporate solutions into workflows.
- **Be inclusive**. Successful exchange requires everyone's participation. Pay attention to gaps in health information sharing, especially resource limitations, geographical differences, and health equity issues.
- **Address the need for governance**. Competition makes coordination and collaboration difficult. A neutral, trusted entity is needed to align efforts and ensure that data is available for appropriate use.

Membership and Meetings

The HIE Workgroup will include representatives from Oregon's diverse landscape of community and health care partners. We expect to have up to 12-15 representatives, including:
- Representatives from multiple regions of the state including rural and frontier communities
- Representatives of organizations that advocate for or serve communities who face health inequities
- Consumers of health care/social services or representatives from organizations that advocate for consumers of health care
- Representatives of health plans and Medicaid coordinated care organizations (CCOs)
- Representatives of health care, such as health systems, hospitals, medical groups, clinics, and/or providers
- Representatives of behavioral health, such as behavioral health providers or behavioral health organizations
- Representatives of oral health, such as oral health providers or oral health organizations
- Representatives of long-term care, such as skilled nursing facilities or long term post-acute care facilities
- Representatives from tribal health

- Representatives from local public agencies or public health professionals
- Representatives of organizations implementing or using HIE

In addition, up to two HITOC members will be designated to serve as HITOC liaisons to the HIE workgroup. State agency staff will be engaged in this work as determined by the workgroup. *Technology vendors are not eligible to participate as HIE Workgroup members.*

Monthly meetings will begin in late spring 2022, contingent upon HITOC approval, and will meet at least monthly until the group or HITOC decides its work is concluded under the scope (see above). All meetings will be available virtually.

Meetings will be open to the public, will include opportunities for public comment, and follow public meeting and public records rules. Meeting materials and recordings will be posted on the OHA HIE Workgroup website.

Members are expected to review materials ahead of the meeting and come prepared to discuss and participate.

Additional Resources
Current HIT/HIE Strategic Plan
2019 Health IT Data Report to HITOC
HIE Overview
HITOC Education Session: HIE Basics
HITOC Education Session: Oregon's HIE Programs