

Oregon's Strategic Plan for Health IT 2024-2028: Existing Community Engagement and Input Report 2018-2022

Purpose

This document serves as an overview of community input the Office of Health Information Technology & Analytics Infrastructure (OHITAI) and the Oregon Health Authority (OHA) received between 2018 and 2022 and analyzed as part of the work to update Oregon's Strategic Plan for Health IT 2024-2028 (Strategic Plan) by the Health Information Technology Oversight Council (HITOC). OHITAI staff analyzed and organized community and partner input from recent years into eight themes at the highest level and 44 subthemes, which are outlined below. This document is intended to help HITOC and OHA understand and leverage existing community input regarding experiences with health information technology (health IT). Using this summary as a foundation, HITOC will continue the cycle of community engagement in the development of the Strategic Plan. Sources analyzed as part of this work appear at the end of the document, with the majority of input provided before the COVID-19 pandemic.

Background

Beginning in late 2019, initial work began to update the Strategic Plan. An aspect of this work involved significant community engagement to hear about needs, challenges, and successes related to health IT. Engagement consisted of listening sessions, meetings with organizations and associations, individual interviews, written input, and more. This work paused in March 2020 due to COVID-19.

Community engagement continued across OHA in a reduced capacity with engagement for the Medicaid 1115 waiver, the publication of the State Health Improvement Plan, and community information exchange (CIE) outreach, including a webinar and support for COVID wraparound grantees. Efforts regained traction in OHITAI in fall 2021 with interviews with health system and community partners to aid in scoping HITOC's Health Information Exchange (HIE) and CIE Workgroups, participation in a behavioral health learning collaborative, and continued broad community and health care partner input on OHA's 1115 Medicaid waiver application.

Between June and November 2022, OHITAI staff partnered with Collective Health Strategies to generate a Community-Engaged Strategic Planning Process that centers health equity. This document is the outcome of the first phase of that Community Engagement Plan. Leveraging existing input avoids duplication of efforts and overburdening community members, patients, and equity-focused organizations that are regularly asked to provide input on statewide strategies and plans.

Methods

The OHITAI staff team reviewed community input collected from hundreds of individuals across 40 different input opportunities and sources over five years, including reports, interviews, listening sessions, meetings, presentations, and verbal and written public comments during state facilitated meetings. Community input included comments, questions,

recommendations, and feedback from any individual or organizational representative impacted by or using health IT. In the context of this report, community means all those using and impacted by health IT.

Staff reviewed written and transcribed verbatim input, notes from meetings and presentations, and recommendations and input from reports across OHA, to identify themes relating to health IT. After an initial review of the input, members of the staff team identified subthemes and categorized them into overarching themes, developing an initial codebook. Staff met regularly to analyze content across input types, refine existing themes, and develop new themes as needed. Using a finalized codebook, staff reviewed theme and subtheme application across input excerpts and summarized findings from each set of applied themes.

Themes and subthemes

The eight themes within the report are sorted in alphabetical order. Their associated subthemes, which total 44, are organized within each section in order of most frequent occurrence. The eight themes and 44 subthemes are summarized in the table below:

Data	Landscape/ Environment	Metrics and Quality	Patients and Consumers
Right data, right place, right time Data privacy, security, transparency is a priority Need increased interoperability between systems Data silo/extraction/format challenges Centralized/valid data sources useful Need increased access to information Accuracy of records needs consideration/confirmation Data gaps need to be identified, reviewed, prioritized, and filled Uncertainty on federal requirements around handling of patient data Value of data sharing Consider policy drivers	Opportunities for relationship building, collaboration, and sharing are needed Digital divide needs addressing Flexibility needed in dynamic health IT environment Health IT vendors play a key role in landscape Existing infrastructure Governance/oversight Open communication across care team is needed	Challenges around data needed for value-based payment environment Coordinated care organizations support data analytics and metrics Financial incentives influence priorities Data quality/metrics	Patient portals/access to information need improvement Patient rights; patients should inform health IT policies Helping patients connect to resources Disparities in patient access to technology Specific populations Increased patient input needed

Providers	Social Determinants of Health and Health Equity	State Role	Support Needed
Consider provider burden Tools need to integrate into workflow Health IT challenges in behavioral health Health IT challenges in oral health Provider voice needed	Social determinants of health considerations Interest in CIE Health equity Health IT needs of the Nine Federally Recognized Tribes of Oregon	Desire for state to standardize requirements State guidance/leadership needed on health IT State support alignment with federal standards	Additional financial resources Education is needed across the spectrum Buy-in needed to support adoption Technical assistance implementation support needed

Data

Data was mentioned throughout community input, touching on how data is critical, yet challenging in its extraction, format, and access. Community input highlighted what is needed for health IT to support the collection and sharing of data in order to support care provision and coordination.

Right data, right place, right time

Partners shared the necessity of data availability, emphasizing that it's important to have the correct data at the point of care. In order to have data that is correct and timely, it should be collected and shared efficiently. They noted the benefits of the functionalities that health IT systems such as HIE, CIE, and electronic health records (EHRs) can have in supporting care coordination. Some emphasized that statewide HIE and CIE systems can transform care delivery, particularly for complex patients, and that EHR use can support streamlined care coordination. Respondents also noted for proper care coordination, tracking down information or data on a patient across different systems and providers can result in lost time and poorer outcomes.

We want data and we want to be able to use it. Timely. [We] don't get data from payers at the right time or the right way. [We] can't coordinate care or deliver in right way. – Healthcare association interview, 2020

Data privacy, security, transparency are priorities

The privacy and security of patient information was a priority across partners. Partners shared the importance of proper protection for data exchange, and for patients to maintain their rights, autonomy, and privacy as technology advances. Partners shared concerns over how patient data is used and shared, the associated security risks, and what app developers might do with patient data, such as sell it. As broader and more sensitive types of data are collected, privacy needs careful consideration.

The science is moving toward collecting more participant data from other sectors such as criminal justice and foster care, other consumer data... [this] raises

important privacy issues that need to be fully addressed. – Oregon Health Policy Board feedback to HITOC, 2020

Need increased interoperability between systems

Partners emphasized the need for interoperability to ensure communication and data exchange between different health IT systems. They noted that a lack of interoperability can result in unnecessary duplication of efforts and increase workload, ultimately burdening health systems and providers. They also noted that a lack of interoperability can impair the ability to track patient care across providers and health systems, and even hinder patients' ability to share their own records across their different providers. One partner noted that federal rules and new interoperability requirements have drawn providers' and health systems' attention to promoting interoperability to comply with future standards.

Data silo/extraction/format challenges

Partners expressed challenges around required or requested data, noting that even if the data has been collected, often format issues can prevent data sharing. One respondent stated data silos exist in part due to the resources required to extract data from systems and convert it to the needed format. Different entities, such as payers and providers, don't speak the same data "language", which contributes to challenges in the processing, understanding, and utilization of data.

Centralized/valid data sources useful

Several partners explained that a single centralized place to access valid data would benefit patient care. Centralized patient records, registries of critical health information, and emergency department (ED) visits are just a few examples respondents said would be helpful to have available in a centralized source or registry. One partner suggested there would be benefits to the state developing a registry to hold critical health information that could be accessed by all users.

Need increased access to information

Access to information emerged repeatedly as a theme from partners. They explained that access to the full medical record supports care provision and patient management. Information sharing across providers should not be difficult, it needs to be more seamless. Outside of the medical setting, they noted that access to certain information such as race, ethnicity, language, and disability (REALD) data can be beneficial for coordinated care organizations (CCOs). Partners acknowledged the protections for certain information types, such as behavioral health data, but noted that behavioral health agencies could benefit from opportunities to participate in HIE. Additional themes included an interest in viewing information to support logistics, such as bed availability.

Accuracy of records needs consideration/confirmation

Partners shared that while promoting data sharing through HIE is important, the quality and accuracy of data that is contributed and shared must also be considered. Partners also emphasized that patients need a way to contest or correct their medical records, as inconsistent, outdated, and inaccurate diagnosis or medication lists can be frustrating

and/or dangerous for patient care. Respondents noted that technology itself can create inaccuracies in data, such as with auto-assignment of patients to a provider, or EHR updates altering information.

Data gaps need to be identified, reviewed, prioritized, and filled

Partners shared a range of data gaps, meaning there are types or levels of information needed to provide or coordinate care, or for analysis or reporting, that require consideration. Some gaps include tracking uncompensated care and the continuity of care while incarcerated. Others shared that lack of patient level data makes it difficult to assess differences in health outcomes by social and demographic data. One partner stated that having the ability to look at metrics by clinic and having robust member geographical and demographic data may improve decision making for resource allocation.

Uncertainty on federal requirements around handling of patient data

Federal rules, policy, and regulations contribute to the complexities of accessing and sharing patient data, specifically rules on interoperability and 42 CFR Part 2 (which serves to protect patient records for the treatment of substance use disorders [SUD]). Because of the different compliance requirements for SUD, behavioral¹ and mental health data, disconnect is created among care providers, resulting in inconsistent information sharing. Partners also stated the need for clarity on information blocking.

Value of data sharing

Sharing of data is crucial to patient care. One provider shared time and resources are spent tracking down what happens to patients once they leave their clinic, as behavioral health information is disconnected from the primary care team. While providers are aware of information sharing complexities, there is a desire to collaborate among the care team through use of shared data to make informed patient decisions. One partner suggested better, more open information sharing between OHA and CCOs would be valuable. Another partner stated that moving toward value-based payment (VBP) has helped people begin to understand the value of using data and trying to provide the correct medical activities at the right time to the right degree (For more details and VBP definition, see subtheme [Challenges around data needed for VBP environment](#)).

Consider policy drivers

A few partners specifically called out the impacts of policy on health IT, with one noting that policy and regulatory barriers between the health care and social services sectors can present a challenge to supporting social determinants of health (SDOH). Another noted that using data aggregated through a shared information system can support policy makers on making informed decisions about areas of greatest need and how to address them.

¹Per [OAR 309-008-0200](#) “Behavioral Health” means mental health, mental illness, addictive health, and addiction and gambling disorders. “Behavioral Health Treatment Services” means mental health treatment, substance use disorder treatment, and problem gambling treatment services.

Landscape/Environment

Partners highlighted the complexities, uncertainties, and digital divide present in the health IT environment. These challenges create the need to build on existing infrastructure, collaborate and build relationships, and engage in open communication with one another.

Opportunities for relationship building, collaboration, and sharing are needed

Partners shared they would like more spaces for communication and collaboration with each other to coordinate and share best practices. Partners favored collaboration and relationship building, noting there is no need to duplicate efforts, and instead they should look where progress is already occurring. Additionally, partners find value in shared learning opportunities across a variety of topic areas, such as EHR adoption and use, HIE connectivity and use, and privacy and security.

Digital divide needs addressing

Partners highlighted that behavioral health and oral health organizations are not as far along as physical health organizations in technology adoption or maturity around technology use. Respondents stated that behavioral and oral health do not have the necessary infrastructure and are often unable to make the investments due to historical underfunding and lack of resources. Support was expressed for providing additional resources to support health IT for behavioral and oral health. These resources could help improve the exchange of comprehensive health information (see [Support needed](#) and [Providers](#) themes for more details).

Oral health and behavioral health areas are not nearly as far along as physical health organizations are, either in technology adoption or maturity around how they use technology. There's some very large number of dental offices that are not part of large dental systems, they're small, might have 2 or 3 providers. So, trying to get them engaged and to participate in a meaningful way around information exchange, even to accept claims data or aggregated data we have for them, is tough. – CCO listening session, 2020

Partners also expressed a need for health IT to integrate behavioral and dental health information more efficiently with physical health information to aid in care coordination. One physical health provider commented that trying to determine what happens to patients outside their clinic can be difficult, for example seeing there was a behavioral health referral, which is often relevant to providing care. Results of a survey of Oregon behavioral health agencies indicated most are investing in health IT, however the systems often do not adequately support the full spectrum of health IT and information exchange needs.

Likewise, disparities exist between large and small health systems in their access and use of health IT. Some small and/or rural providers have not yet adopted an EHR, and are not using electronic methods of information exchange, for example sending referrals through paper forms or faxing. One respondent noted that the investment needed for the right IT skillset is not a reasonable expense for their clinic. These resource limitations contribute to disparities between small and large clinics/health systems. This detrimentally impacts smaller clinics' reporting abilities and can hinder their participation in efforts such as VBP.

Flexibility needed in dynamic health IT environment

Health IT is ever evolving, and partners provided their perspectives on the changing environment, sharing that Oregon's health IT infrastructure needs to stay compatible with modern technology or risks falling behind. Both technology and the underlying strategies must be adaptable as the landscape changes. Others stated uncertainty around which is the "right" health IT to adopt or invest in, either due to waiting for others to adopt and see what buy-in or success looks like, or because of uncertainty regarding national standards and/or federal requirements.

Developments in technology, advances in patient care, and the impact of COVID-19 exemplify the need for health care communities to stay flexible and innovative. Care coordination requires an improved and expanded IT infrastructure which requires change in the tools providers and clinics use. One example of change in the health IT landscape is CIE; partners acknowledged that integrating SDOH into patient care will take time and be an iterative process (see [SDOH and Health Equity](#) theme for more details).

The one thing our team has talked about multiple times is that no matter what we do we still need to remain innovative and be able to remain flexible and nimble in a lot of ways.
– Technology partner listening session, 2020

Health IT vendors play a key role in landscape

Health IT vendors create, update, and maintain technology which impacts the landscape for the health care system. One partner stated that every organization they've interacted with selects their EHR vendor by prioritizing billing functionality over other functions, such as clinical or patient priorities. EHR vendors are involved in the availability of various reporting functionalities within EHRs which impact clinics' abilities to participate in VBP. Some partners identified factors that could facilitate or impede EHR usage, including cost, data reporting, and ability to customize. Another partner shared that small and medium sized groups have no power with their vendor which creates challenges for them. In addition, some format and standardization barriers remain.

Existing infrastructure

Across the health IT landscape, partners expressed the need to build off existing infrastructure and continue work that is already underway. HIE specific examples include leveraging and building upon existing infrastructure present in the public/private partnership with OHA and HIT Commons and expanding on the Reliance platform. CIE specific examples included consideration for work underway with the Medicaid 1115 Waiver and building upon existing regional and early adopter efforts.

Governance/oversight

Partners highlighted that health IT governance should include community participation at multiple levels. They identified a need to achieve broad buy-in in health IT efforts by strategically engaging leaders, different entities, and sectors in order to build collaboration and trust. In one input opportunity, partners discussed the role of regional collaboratives and their potential value for oversight of a collaborative community of HIE users.

Open communication across care team is needed

Open communication across provider types is needed to complement and support data sharing, interoperable technology, and the sharing of best practices across the health care system. Better communication among providers, for example between specialists and primary care providers, supports goals related to availability of patient information and improves coordination. This coordination and communication are necessary to deliver whole person and person-centered care.

Metrics and Quality

Unique challenges exist for payers and providers using health IT to meet and report on quality metrics. Also, specific data needs were highlighted related to VBP.

Challenges around data needed for value-based payment environment

Partners shared that barriers to effective VBP are created when limited clinical information is entered by providers. Respondents noted it is important to have the most accurate data available to know what care patients have already received, and a need to bring in correct data to be able to risk adjust.

Others shared that VBP will be a big change for providers from a technology and data perspective. Moreover, assigning members to a primary care provider is a challenge; patients need to be associated with a primary care provider for metrics, but patients may move or change providers often. One partner expressed that providers feel pressure to engage in VBP, but do not know how they are doing on cost or health outcomes for different populations. Partners also shared that value-based incentive metrics need careful consideration as they may inadvertently incentivize unintended behaviors.

Value based payments (VBP) are payments to a provider that explicitly reward value, by moving away from traditional volume-based health care payments to payments based on value that support positive member health outcomes and cost savings.

Providers are feeling more pressure to sign onto VBP. They are looking for more information on how they are doing on cost. They have no idea how they're doing compared to peers. So a baseline, establishing where they're doing well on populations and where there are gaps, is important before they sign on. – Quality organization interview, 2020

Dental care organizations (DCOs) shared they do not see how long a patient was enrolled with the CCO if they were with a different DCO partner, which impacts their calculation of value-based metrics. Lastly, less is known about how VBP will work with specialty care as there have been fewer use cases than with primary care.

Having accurate data to know what levels of care people already have, as accurate as you can get it, is super helpful. – Oral health listening session, 2020

Coordinated care organizations support data analytics and metrics

Partners noted the various ways that CCOs support clinics and providers in data analysis by contributing and analyzing data and providing reports. Many partners noted the benefits of

CCO funding and participation in regional HIEs and the value of claims data, encounter data, and other non-clinical information contributed by CCOs in supporting care coordination. For example, CCO data can indicate provider assignment for members to facilitate follow up or transitions of care. One partner noted that in efforts to support care coordination for people exiting incarceration, their organization sought county-level booking and release data to identify where their members are post-release. One partner described the value of developing an organization’s capability to analyze data internally in the absence of external programs.

Having really robust member level data for the metrics, we can pair that together to do geographic analyses, demographic analyses for the metrics, we have trends. See if that will allow us to make better decisions on how we are spending our resources. – CCO listening session, 2020

Financial incentives influence priorities

Some partners noted that use of incentives to support providers in meeting metrics requirements or health IT adoption can be beneficial and assist in making the value of such tools or metrics clear to providers. Some partners noted that shifts in funding or incentives may unintentionally impact provider focus or workflow in ways that misalign with care provision priorities. For instance, provider focus may be directed towards particular treatments or activities that may not be as efficient a use of their time.

I do work at the admin level around some of these measures and trying to engage the care teams around meeting them. I think you need to be mindful of the type of value-based goal you’re trying to achieve, because when you spread that to frontline staff it can create incentives you may not intend. – Oral health listening session, 2020

Data quality/metrics

To meet certain metrics, partners shared that providers are accountable for having quality information to receive payments; having quality data is critical, as providers must be able to show payers they have met certain quality measures. One opportunity partners identified for HIE included supporting VBP with more robust source-of-truth data.

Patients and Consumers

Across engagement types, partners advocated for patient and consumer needs, including increasing and elevating their input to shape and engage with the health IT environment. Community members shared concerns over patient resource accessibility and availability, including the complexities and challenges of patients accessing their own health information and the use of patient portals.²

Patient portals/access to information need improvement

Partners advocated for patient engagement in their care through the use of patient portals and emphasized the importance of ensuring patient-facing data are easily accessible and understood. Many patients have a desire to engage with their health information. One

² [Consumer listening session, 2020, transcript](#). This and all other sources are linked in the “Sources analyzed for health IT engagement” section.

identified way to increase the ease of portal use is to make them available on mobile devices and ensure they are mobile-friendly.

However, challenges exist that need attention. Patients are burdened by the amount of patient portals and multiple logins, especially those coordinating the care of their family members; one partner shared that caregivers and proxies navigate additional complexities in accessing information for those they are caring for due to health information protections.

I don't have experience with it, but I have three different families- how do I integrate accounts so I can look at all of my children's portals? – Consumer listening session, 2020

A respondent shared the duality of increased access to patient information through consumer apps, in particular: while this technology may increase people's access to their information, there are fewer protections, which may increase security risks. In 2020, some partners expressed that patient portal adoption has been slow, and that portals lacked both provider and patient buy-in. Additionally, there was uncertainty about what information to provide in portals, with some unclear on what the best approach was for patient access to their information. One respondent noted that clinics had mixed feelings on portal features (e.g., some want medication/appointment request capability, some do not).

Respondents also shared that more direction and education in this space would be helpful. Partners stated with increased use comes increased support needs, and providers and organizations would benefit from in-house expertise to better support patients with portal use.

Some of the health care apps like My Chart are pretty limited to storing letters, referrals, lab results. It would be nice for clients to have a bit more access to notes written about them and how to correct errors. – Survey respondent for State Health Improvement Plan, 2019

Patient rights; patients should inform health IT policies

Partners and consumers reiterated the importance of patients' rights, the need for sensitivity when collecting consumers' information, and for patients and consumers to have access to their own information stored in health IT platforms. Consumers shared they want the ability to annotate or correct their records.

First of all, the person needs the right to access and review, and if they find something is inconsistent, they should be able to enter an annotation. That feature should be built into the systems created so the consumer perspective shows, maybe the consumer wants to enter a document that counters what was said or done or shows the error. At least you can annotate if you can't change the original but can show what should be allowed to be included in the record. – Consumer listening session, 2020

A few partners and consumers also suggested that patients should have a say in what measures are collected about them and tracked in their records. Lastly, more clarity is necessary around length of record retention.

Nothing about me without me. Making sure there is transparency for the patient as much as possible. It will require a culture shift. – Consumer listening session, 2020

Helping patients connect to resources

Partners emphasized the importance of and work necessary to connect patients to resources. Examples include connecting individuals with community resources through CIE, and self-navigation of CIE; this allows for individuals to search for help without needing someone else to use the system for them. One partner suggested that health IT should help notify patients of their healthcare gaps and could aid in incentivizing and/or alerting patients to these needs so they can follow through and better engage in their care. These alerts could also be related to metrics that are set to improve care and health outcomes.

That's one thing that we've wanted to see, to ensure that consumers are given the information that peer support exists and they can have access to it. Something as subtle as the data system collection form might have an impact in that kind of way.

– Technology focused consumer advisory committee interview, 2020

Disparities in patient access to technology

Lack of access to the internet and to the technology that connects to the internet itself (e.g., computers, tablets, smartphones) also impacts individuals' abilities to access their data and patient portals. One partner highlighted the access issues experienced in rural areas, including lack of internet availability.

Another thing to consider for behavioral health especially, a lot of folks can't afford a computer, or maybe even good food. This is a concern of this committee, we call it a digital divide, and it's a very real issue for many people. – Technology focused consumer advocacy group interview, 2020

One partner highlighted that the use of telehealth had created challenges for communities with technology barriers, language barriers, and for communities of color, one of these barriers being a lack of broadband access. Others noted a need to expand the use of telehealth, particularly for rural areas, and to extend coverage of telehealth services indefinitely.

Specific populations

Community partners shared that additional considerations should be given to specific populations and their health IT needs. Specific populations mentioned by partners included people experiencing houselessness, the intellectual or developmental disability community, individuals who are incarcerated, and persons living with or experiencing mental illness.

Increased patient input needed

Partners expressed the importance of patients participating in discussions on how they access their own information as well as engaging in their care. These conversations should include diverse patient voices that represent different needs and circumstances. Consumers also highlighted the need for their input on what terminology should be used to refer to them, as there may be power differentials associated with certain terms.

Providers

Partners shared that provider input is needed in health IT discussions and decision making. Additionally, efforts should be made to reduce or avoid adding burden wherever possible.

Engagement responses highlight that several provider types face unique challenges, including behavioral and mental health, oral health, and small providers.

Consider provider burden

Data collection, reporting, and using health IT platforms can be burdensome for providers according to input from partners. They expressed concern that existing provider fatigue around data collection and reporting could cause resistance to using health IT platforms and highlighted a need to consider ways to ease demands on providers.

...there's a myriad of EHRs. Some are the big ones like Epic and Cerner, Allscripts and eClinical works, and then there are the little ones that have a harder time reporting. The providers get really frustrated, then they get frustrated with [the CCO], and say we just can't do this, just find something else. So, having that level of flexibility and figuring out how we can help them report on those measures and maintain that working relationship that's positive and doesn't make the providers more frustrated. – CCO listening session, 2020

Tools need to integrate into workflow

Integration of health IT tools into existing workflows was identified by partners as a means to support adoption and use of health IT tools. Partners noted that requiring providers to log into and use multiple platforms has resulted in pushback and been a barrier to adoption. They recommended supporting single platforms or single sign on options. One partner emphasized the need to integrate tools into workflows not just for healthcare providers but also for social services providers. Yet another highlighted that a lack of clarity around which provider types are responsible for collecting specific information, such as SDOH information, can be a workflow challenge that health IT tool integration could help resolve.

From the health side, it has to be embedded in the workflow, and on the community benefit side it has to be embedded in the workflow. It's likely to be mobile, a lot of these orgs might have more up to date phones than they do PCs. It's going to be challenging because these two worlds have never connected in this way. I think the other piece is we need to not drive the community benefit orgs crazy like patients, where they have 4 different portals, so make sure the food bank doesn't have 3 different systems it has to use because 3 different providers want to connect with them. – Technology partner listening session, 2020

Health IT challenges in behavioral health

Challenges adopting and/or using health IT among behavioral health providers were highlighted by several partners. They noted that although behavioral health organizations are investing in health IT, they have fewer resources to do so as compared to physical health organizations. They also noted that health IT systems do not adequately support the full range of needs that behavioral health providers have. In addition, lack of resources, and concerns about privacy and security of information are barriers to behavioral health providers using health IT and exchanging information. One partner highlighted the challenge that 42 CFR Part 2 presents specifically for managing and sharing data related to substance use disorder (see [Uncertainty on federal requirements around handling of patient data](#) subtheme for related information about 42 CFR Part 2).

A lot of what we do is customize it [our EHR] to fit a square peg in a round hole.

As much as we pay for it, plus our system support costs, I could hire another physician.

– Report on Health Information Technology and Health Information Exchange Among Oregon’s Behavioral Health Agencies, 2019

Health IT challenges in oral health

Partners identified specific challenges for oral health providers. These challenges include a lack of efficient health IT, an absence of EHR use in many dental offices, difficulty with HIE adoption, and differing needs across dental provider types. One partner also noted that data fields in dental care and medical care differ, creating challenges for developing HIE that functions well across provider types.

I had mentioned about data fields not matching up well between medical and dental platforms and that being a barrier to properly constructing or consuming a continuity of care document that might be shared in a HIE... – Oral health listening session, 2020

Provider voice needed

Partners indicated a need to incorporate provider perspectives and needs in planning for health IT. They emphasized the importance of eliciting information from providers about how to improve their health IT experiences, means to make their workflows more efficient, and ways to help them meet metrics. One partner suggested undertaking gap analyses and providing implementation support to providers as ways to include providers.

I really think that if we had more of a provider voice, and what they need, and what is going to make their lives easier, more productive, more efficient, and meet those metrics, meet those measures they are held accountable to I think that would really help. – Technology partner listening session, 2020

Social Determinants of Health and Health Equity

Partners highlighted themes relating to social determinants of health (SDOH). Input from these partners focused on health equity as well as the need to consider SDOH and the value of SDOH information in the context of health IT. Partners were also interested in CIE as a tool for connecting individuals with SDOH needs to appropriate services and Tribal representatives and partners lifted up the health IT needs of the Nine Federally Recognized Tribes of Oregon.

Social determinants of health: The social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

Social determinants of equity: Systemic or structural factors that shape the distribution of the social determinants of health in communities.

Health-related social needs: An individual’s social and economic barriers to health.

Definitions per OAR 410-141-3735

Social determinants of health considerations

Partners expressed interest in using health IT to track SDOH information, highlighting the importance of SDOH for care coordination and for social services, for example through CIE (see also subtheme: [Interest in CIE](#)). Partners also raised the need to use SDOH data if collecting it, and to improve clarity of SDOH information by developing shared definitions and standardizing SDOH data collection. Respondents noted the importance of ensuring interoperability between health IT systems like HIE and CIE to leverage SDOH data across platforms. Challenges identified by partners included knowledge gaps around available SDOH services and sources of SDOH data, as well as the lack of provider compensation for documenting or addressing SDOH needs.

[I] also echo the call for better clarity and/or access around SDOH. Whether it's how information is going to flow, how are we going to use SDOH to make it actionable, to help people get access to those services, whether that's knowing inventory at food locations, or availability of housing, or ability to engage those community organizations.
– CCO listening session, 2020

Some partners highlighted the important roles of state agencies and CCOs in SDOH data collection and reporting. In particular, a few noted the need to identify SDOH data already collected by state agencies to determine whether existing data sources could be used. There was also interest in learning more about future requirements for REALD data collection and reporting.

Partners and consumers highlighted the need for care to be patient and community centered and had interest in how the 1115 Medicaid waiver could support that focus. They also characterized whole person care as inclusive of SDOH needs assessment and connecting people to relevant resources when visiting their physician. Partners noted that making these connections requires an improved and expanded health IT infrastructure and supporting CIE is one important component of this.

Interest in community information exchange³

During input in 2020, partners expressed a general interest in CIE with several identifying it as an important tool for supporting SDOH. A few characterized CIE as an opportunity, with one framing it as an opportunity for partners in the state to come together and standardize around collection of data, for example identifying key elements that must be collected. This could then be leveraged for population health analysis. There was also a specific recommendation for CIEs to connect with other health IT systems such as the Homeless Management Information System (HMIS) and the ONE eligibility system. One person noted CIE could link dental providers and social services. Another partner highlighted that CIE technology does not itself address SDOH, but rather is one tool, and should be built with broader SDOH and health equity goals in mind.

³ See [House Bill 4150 Final Report: Supporting Statewide Community Information Exchange](#) and [Community Engagement Findings and Recommendations](#) for recent work on CIE.

Health equity

Partners shared support for inclusion of health equity and SDOH goals in the Strategic Plan. Partners provided recommendations for supporting health equity in health IT, such as: building relationships with culturally-specific communities, ensuring diverse representation in leadership of advisory and decision making bodies like HIT Commons or the CIE Workgroup, using a health equity facilitator to conduct surveys and interviews with CBOs, ensuring health equity is centered throughout all aspects of CIE, and translating materials into a variety of languages. Community input related to health equity also highlighted the health equity activities that partners' organizations are engaging in, such as regular reporting and provider training on health equity. Partners also had questions about sharing state-level health equity data.

...as you're developing these new systems, you're bringing in those folks, it can take a while, it's sort of like, build the relationship, bring in the right folks, make sure they're available. Figuring out a way to do that on the front end while you're developing this will lead to a much better result than later down the line trying to figure out how to make this fit into health equity when you've already built a system or framework. – Oregon Health Policy Board feedback to HITOC, 2020

Health IT needs of the Nine Federally Recognized Tribes of Oregon

Representatives from the Nine Federally Recognized Tribes of Oregon and other partners emphasized that Tribes are an important part of health IT conversations in Oregon and their health IT and HIE needs should be considered. Tribal participation in health IT conversations and activities should be as they deem necessary. In particular, Tribal representatives recommended an assessment of Tribal organizations' health IT capabilities, barriers, and needs. Tribal representatives also identified a need for access to comprehensive medical information for Tribal healthcare providers. One Tribal representative noted the need to provide education on health IT platforms to Tribal organizations.

...to be honest we can do paper pencil faster than spend thousands of dollars on these systems that don't work for us to count what we need to do. Tribes, we multitask, really dependent on collaboration, and our court system can't access our system, because we don't have a system to allow them. We can't do simple things like this in 2020 where there should be programs out there, but everything costs money, and people should get paid for their expertise, but \$300,000, \$100,000 that's something Tribes are not going to be able to afford. – Tribal listening session, 2020

Additional themes from Tribal representatives included: Interest in the use of a single EHR platform, a desire for direction from the state regarding EHR platform selection, and a need for consultation with experts around health IT rather than relying on vendors. One Tribal representative suggested engaging a Tribal organization for a pilot program, given that Tribal organizations have historically been left out of engagement. Another noted a need to clarify what health IT information from the state is pertinent for Tribal organizations given access and capacity challenges.

State Role

The role of state government was explored throughout community engagement, with support expressed for Oregon aligning with existing federal standards, standardizing requirements where possible, and setting direction for health IT use.

Desire for state to standardize requirements

Partners suggested the need for state agencies to standardize and align across state requirements around data collection, access, quality, and metrics. Even when the state cannot mandate the use of particular standards, supporting or encouraging alignment with standards could be beneficial for IT systems across the state.

I think the biggest thing the state could really help with is defining the standards, because then it doesn't become about the tool, but that we're all using the same thing.
– CCO listening session, 2020

Partners highlighted specific measures for which the state should support standardization including those for SDOH and quality. Themes also emerged around the need for the state to support alignment around technical standards and supporting interoperability across platforms and/or tools.

[It] all comes back to choosing and implementing standards for data, both for how the data is encoded and how the interfaces through which data are accessed, and then openness of data access, and maybe consolidation and centralization of data. – Patient centered primary care homes (PCPCH) representatives interview, 2020

While many partners supported the state's role in aligning standards for health IT, a few noted the need to recognize the unique environments and needs of individual CCOs as well as smaller providers. They may be using different platforms, facing different challenges, and meeting different community needs. As one partner noted:

Each community has its own challenges, partners, players, whether it be tech, human resources, providers, etc., networks or what have you, and there does need to remain a certain amount of flexibility for the CCO to navigate that environment and the constraints that is has. – CCO listening session, 2020

State guidance/leadership needed on health IT

Across partner input, themes emerged related to the role of state agencies in facilitating or advancing health IT adoption and utilization. Specifically, partners expressed a desire for communication from the state about future direction and requirements in order to appropriately align their efforts and investments, enable them to meet standards, and to “not go it alone.” They also noted a need for state direction around policy issues such as consent, particularly for minors and the foster care system, as well as a desire for the state to set guidelines around data privacy. They noted that the state taking a lead role in communicating guidance would help ground organizations and allow them to conserve efforts. Finally, state efforts to describe the health IT landscape in Oregon, including strengths and gaps, would be valuable.

Understanding on an aggregated level where those [health IT] gaps are across the state, and focus resources and dollars as a collective on that gap if there was a pattern,

instead of each person trying to do that themselves... – HIT Commons Governance Board interview, 2020

State support alignment with federal standards

Partners recommended that state standards should align with federal standards. Specifically, partners desire the state to align measures, data standards, and data reporting requirements with federal programs and standards, as even slight variations cause barriers. Additionally, the state should align data privacy efforts with federal law and policies. Some emphasized that the state should support or require use of federal standards in lieu of creating their own, which would also support reporting.

The data being requested by the state is perhaps in 3 different areas of the database that is required to meaningful use. So if you could align with federal programs, the vendors have to provide the data. If you could align with that it makes life for the clinics so much easier. The vendors are aligning their data extraction with these federal programs. If the state is different, the only way to capture the data is to capture it in two different places to get it into the format the state wants. This opens up room for data issues, quality issues, and providers refuse to input twice. – Technology partner listening session, 2020

Support Needed

Partners identified multiple types of support to use health IT, including resources to support adoption and use of tools and platforms, financial incentives, and a need to provide education and support buy-in for various tools.

Additional financial resources

The cost of adopting and using health IT platforms was repeatedly identified as a barrier, as was the need for dedicated staff to support platform use and data analysis. The need for funding emerged across many types of partner input. Some partners specifically called out the financial needs of smaller organizations, independent clinics, and behavioral and oral health providers, given that those organizations have not historically been funded to adopt health IT at the same level as large healthcare systems (e.g., through federal Medicare and Medicaid EHR incentive programs). Partners also identified a need for resources to support health IT tools for SDOH, such as funding and staff resources.

Some of these folks really don't have the necessary infrastructure or are hesitant to make the investments, because of where they've been historically funded or the struggle they've always had with resources. I think it's a good reminder for us, I've heard time and time again from some behavioral health providers, these folks aren't just serving Oregon Health Plan (OHP) members, some of them are OHP members because of how they're funded today. – CCO listening session, 2020

Education is needed across the spectrum

Education on health IT for provider organizations, providers, and patients emerged from partner input as important areas of need. Partners suggested that providers need education on a range of topics including health IT and platform functionality, privacy standards and what information can be legally accessed and shared, shifts in the landscape that may impact health

IT, and existing resources and costs. They also recommended education on measures and metrics, specifically how SDOH information should be captured and the role of historical trauma in the context of eliciting SDOH information from individuals.

Some might be a question of antiquated medical practice about who can touch the EHR, cultural stuff that has to change. I think education around what legally, social workers, vs CHWs [community health workers], vs nurses, around what they can and are allowed to do so they can say, ok if this is allowed maybe we can tweak our workflows. – Health association interview, 2020

Partners also noted that educating patients on how to use health IT systems may be challenging and may be particularly needed in rural areas. Patients may need education on where their information is stored so they can access it across different provider visits.

...there's a patient accessibility part – they don't know we have this information, so it would be nice for them to know their providers can access it. In our system, there's [Epic] Care Everywhere, to import meds and allergies from wherever they're being seen. A lot of them don't know that, don't have the knowledge to tell a dentist they can obtain that. – Oral health listening session, 2020

Buy-in needed to support adoption

Partners highlighted challenges with adoption of health IT tools as well as strategies to address those challenges. Some acknowledged a lack of buy-in for tool adoption and use among providers and noted that buy-in from some providers spurs and supports others to adopt technology, having a cumulative effect. One partner noted the benefit of incentives in supporting adoption of health IT tools among providers and another emphasized that adoption challenges may be related to change management issues, i.e., a need to shift attitudes rather than technical deficits.

It seems like we're still struggling, at least in [our region], on the right platform and buy-in in terms of is this the real deal, is this going to stick, is this going to be fully integrated with EHRs and HIEs and the CIE landscape. It's still a lot of what-ifs and people go down rabbit holes around what if others don't adopt, what if it doesn't work with others. They see the value in coordinated care, but what about another avenue, what if that's not the avenue another chooses. So it's kind of like everyone has to jump at once and no one wants to be the first one. – Technology partner listening session, 2020

Technical assistance implementation support needed

Beyond support for adoption of health IT, partners noted a need for implementation support such as technical assistance for health IT users. Limited and/or shifts in funding for technical assistance were cited as challenges by several partners.

Sources analyzed for health IT engagement

The following list outlines the sources of engagement analyzed by OHITAI staff to identify themes. Engagement sources span from 2018, pre COVID-19, all the way through 2022, with some engagement spanning multiple years. Some engagement efforts were conducted by OHITAI, while others were led by different OHA divisions. This summary and list are not

exhaustive of every conversation or engagement opportunity OHA has had related to health IT. Resource links are provided where available.

2018

- [Health IT CCO 2.0 Concepts Listening Sessions](#)
- HITOC's [Behavioral Health HIT Workgroup](#)

2019

- [Community Input for OHA Strategic Plan 2019](#)
- [State Health Improvement Plan/Healthier Together Oregon \(HTO\): Community feedback for priority identification](#)
- OHA [Report on HIT and HIE Among Oregon's Behavioral Health Agencies: Survey and interviews of licensed behavioral health agencies](#)
- [HIT Commons Community Information Exchange Advisory Group](#)

2020

- [State Health Improvement Plan/Healthier Together Oregon \(HTO\)](#)
- Interviews with organizations for the purposes of HITOC Strategic Planning between OHITAI and:
 - Patient-Centered Primary Care Home (PCPCH) representatives
 - Oregon Medical Association (OMA)
 - Tools Technology and Access Committee of the Oregon Consumer Advisory Council (CAC)
 - Oregon Primary Care Association (OPCA)
 - HIT Commons Governance Board
 - Comagine Health
 - Oregon Association of Hospitals and Health Systems (OAHHS)
 - InterCommunity Health Network CCO (IHN)
- Written public comment sent in as contribution for Strategic Planning
- OHITAI conducted listening sessions with:
 - Consumers/patients: [Slides](#) and [transcript](#)
 - CCOs: [Slides](#)
 - Technology partners: [Slides](#) and [recording](#)
 - Oral health partners: [Slides](#) and [recording](#)
- Presentations with:
 - Tribal Monthly Meeting
 - Oregon Health Policy Board (OHPB): [Slides](#)

- CAC Learning Collaborative
- Miscellaneous CIE educational outreach (e.g., COVID wrap around, community workers, CIE webinar)

2021

- Presentation to the Oregon Health Policy Board (OHPB): [Slides](#) and [recording](#)
- Presentation to the Medicaid Advisory Committee (MAC): [Slides](#) and [recording](#)
- [Public testimony on HB 3039 on CIE and HIE](#)
- [Input from community and partners on 1115 waiver components](#)
- Interviews with health system and community partners on:
 - CIE Workgroup scoping
 - [EHR and information exchange among dental offices](#)
- [Broad community and health care partner input on 2022-2027 1115 Medicaid waiver application](#)
- Feedback gathered from [HIT Commons Behavioral Health Collaborative](#)

2022

- Presentation at Tribal Monthly Meeting
- [Informational interviews on Health Information Exchange and the Strategic Direction in Oregon](#)

Additional resources not incorporated into this report

- Surveys of CCO- and DCO-contracted health care organizations culminating in the [2022 Health IT Report to Oregon's HITOC](#)
- [Health IT Roadmaps from Oregon's Coordinated Care Organizations \(CCOs\)](#)
- HITOC Workgroups: Statewide Workgroups convened to provide recommendations and strategies on CIE and HIE
 - Interviews and survey on [Community Information Exchange: Community Engagement Findings and Recommendations](#)
- [Public testimony on HB 4150](#) establishing CIE Workgroup

Contributions

This document was prepared by Shannon Cengija and Laura Fix, with contributions from Hope Peskin-Shepherd and Marta Makarushka.

Accessibility Statement

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