Oregon

Kate Brown, Governor

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June 10, 2022

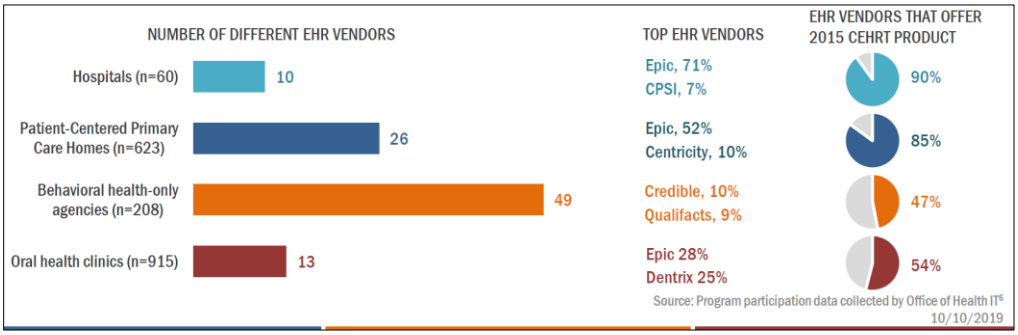
The Honorable Rachel Armitage, Co-Chair
The Honorable Nancy Nathanson, Co-Chair
Joint Committee on Information Management and Technology
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

RE: Responses to questions asked during presentation on June 3, 2022

Dear Co-Chairpersons:
Thank you for the opportunity to provide information related to the Oregon Department of Corrections (DOC) and the electronic health record (EHR) project. The following supplemental information is being provided to address questions and concerns shared during the presentation to the Joint Interim Committee on Information Management and Technology.

EHR Community

The Oregon EHR community is very diverse (see figure 1 below; 2019 Health IT Report to Oregon's Health IT Oversight Council) with about 88 different solutions serving clinicians across the continuum of care. The industry best practice for driving standardization of clinical data exchange is to utilize Health Information Exchanges (HIEs).



HIEs also vary, but to a much lesser extent, and usually include a partnership with state governments. Oregon Health Authority (OHA) partners with the Reliance eHealth HIE to support 337 data connections across 37 EHRs. The attached table shows membership across the exchange.

Reliance eHealth data contributors.pdf

By working with HIEs, DOC avoids data standardization and reconciliation challenges that would come with a traditional interface approach.

Vendor Selection

To ensure the best possible selection, DOC engaged the vendor community early, starting in 2020, with a broad-based "request for information" which included 21 EHR providers. Beyond that very early "heads up," the vendor community also benefitted from the Department of Administrative Services' (DAS) standardized procurement process which included a vendor information conference, two rounds of question and answer, and a due date extension. These and other aspects of the procurement ensured all vendors had fair and equal opportunities to participate. Six vendors met the minimum qualifications and requirements. All six were evaluated by a multidisciplinary team that included OHA.

Data Sharing and Continuity of Records

Communication with external care providers will be clinician-driven and computer-assisted. Since EHRs do not often talk directly together even when of the same brand, DOC's care model keeps the clinician involved throughout care transitions be it for hospitalization or other. DOC clinicians are always available for care conferences with external providers when needed. An EHR will enhance that service by making data available to the receiving clinician via the HIE.

DOC included 49 requirements pertaining to HIE and standardized data. A solution that satisfies those requirements will meet or exceed the community standard for sharing and communicating clinical data. DOC will use standard data formats like Health Level Seven (HL7) and has required the vendor to implement modern application programming interfaces (APIs) which will support the agency in connecting with any partner not able to utilize HIE. The DOC EHR will be based on a modern API framework that supports clinical care well into the future.

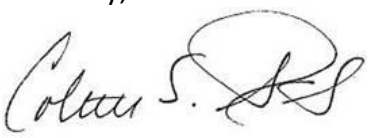
DOC is assisted by the EHR in conducting population health reporting, which is an evidence-based practice for reducing care gaps and improving health outcomes. DOC has required the EHR to have various disease management and outcome-reporting capabilities. DOC will utilize its existing clinical network, such as nursing huddles and provider meetings, to transmit findings from those report-outs to individual clinicians.

Aspects Unique to a Correctional Environment

The best-fitting system for DOC would cover 331 distinct requirements and include various services like technical support and maintenance. Of those, several unique aspects of care could impact an EHR's fit for DOC. DOC medicine distribution is rapidly completed across groups of patients with no time to open and close charts. In addition, not all patients are treated within Health Services clinics. On a regular basis, patients are cared for in congregate, high-security settings outside of an exam room. As one final example, EHRs are often built around revenue-cycle billing, which would disrupt DOC in delivering patient care and is not applicable to DOC.

Thank you for the opportunity to respond to your questions and concerns. If you wish to further discuss the information above, we would be happy to schedule a time to meet.

Sincerely,



Colette S. Peters
Director