February 10, 2022

The Honorable Maxine Dexter
Oregon House of Representatives
900 Court St. NE, H-283
Salem, Oregon 97301

Re: HB 4150, Statewide Community Information Exchange

Dear Representative Dexter,

On behalf of OCHIN, I appreciate the opportunity to offer comment on HB 4150, which would require the Health Information Technology Oversight Council, in coordination with stakeholders, to undertake a study and make recommendations to the Legislature regarding two distinct, important, and complex topics: health information exchanges (HIE) and community information exchanges (CIE).

OCHIN is an Oregon based national health research network and continuous learning health system collaborative that offers technology solutions, informatics, evidence-based research, and policy insights. OCHIN network members in Oregon provide care to more than 580,000 patients and had more than 2.3 million visits in 2021. For over two decades, OCHIN has advanced equitable health care solutions by leveraging the strength of our network’s unique data set and the practical experience of our members to drive technology innovation at scale for patients and providers in underserved communities.

OCHIN welcomes the opportunity to dialogue on this complex and important topic. OCHIN and our network members have been a pioneer in advancing the standard collection and electronic documentation of social determinant of health information (SDOH) that is relevant to both clinical care and community information exchange.¹ (OCHIN network members have collected over 1 million electronically documented SDOH evaluations and 30,000 more each month.) This includes both technical considerations as well as the workflow and staff training for collection as part of clinical care. In addition, OCHIN is integrating Social Service Resource Locators (SSRLs) into the EHR to connect patients to community resources based on their identified needs. Further, OCHIN has worked with the Centers for Medicare and Medicaid Services Accountable Healthcare Communities grantees to exchange SDH information from the EHR to receive lists of community resources matched to a patient’s location and needs.

Drawing on learnings from OCHIN’s experience advancing technology and community connection among our network of members, we offer the following recommendation:

- Both types of systems should leverage national health data standards as duplicate or conflicting requirements impose a heavy burden on community clinics, local public health agencies, and community service providers, particularly in underserved communities and also undermines public health capabilities and research efforts.

¹ See, for example, Collection and Utilization of Social Determinants of Health Through the EHR; Screening Patients for Social Risk in Community Health Centers; and, Telehealth, COVID-19, and Social Determinants of Health: Using Technology to Advance Social Care.
• Expanding the stakeholders who should be engaged to include representatives with expertise and experience with health information technology networks serving community clinics in Oregon and working with SSRLs.

I appreciate the opportunity to comment and look forward to working with you. Please contact me at stollj@ochin.org if you have any questions or would like to discuss further.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs