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# Rapidly changing role of ALERT IIS during the COVID-19 Pandemic in Oregon

**Michael Day**

ALERT IIS Deputy Director  
michael.r.day@dhsoha.state.or.us

**Jenne McKibben**

ALERT IIS Director  
jenne.mckibben@dhsoha.state.or.us



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# Oregon Health Authority's 10-year goal: Eliminate Inequities in Oregon by 2030

- In 2020, the Oregon legislature passed a law that requires health care providers to:
  - Collect REALD (race, ethnicity, language, disability) information at health care visits related to COVID-19, and
  - Share this information with the Oregon Health Authority (OHA).
- It quickly became clear that ALERT IIS data was insufficient regarding race, ethnicity, disability, gender, and language spoken.

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# Oregon Health Authority's 10-year goal: Eliminate Inequities in Oregon by 2030

- OIP Epidemiologists work with ALERT IIS data and Social Vulnerability Index and other data sources to fill in the gaps.
- The pandemic has highlighted the need for updated national standards on these data elements.

## OHA Mission

Ensuring all people & communities can achieve optimum physical, mental & social well-being through partnerships, prevention & access to quality, affordable health care.

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# The need for training and marketing our product

- Managing new partner expectations
  - What is IIS
  - What type of data is in the system
  - Do you have all immunization data
  - How come you don't have data from other states
  - Why can't share data with whomever needs it
  - How come you don't have what I need
  - Who can have access to the system, UI or backend, why and why not
  - How fast do you get data from providers
  - How do we submit data, we must do it NOW
  - Why is training required to access the UI

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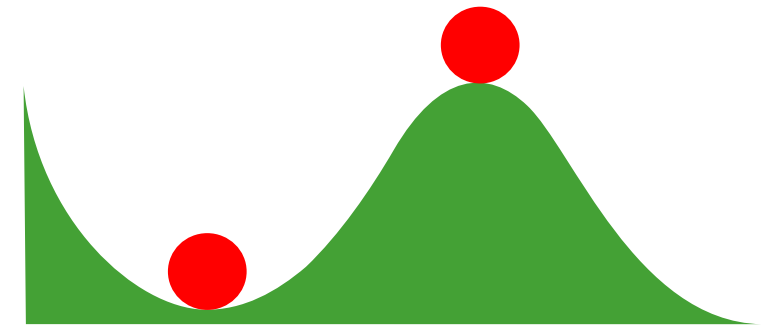
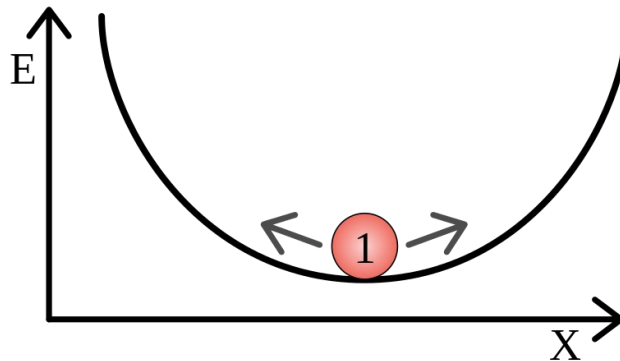
# The need for training and marketing our product

- Managing ongoing partner expectations
  - Why do I have to now use the inventory module
  - How can we get COVID-19 vaccination records on my entire patient population...now
  - Do we really have to enroll again for all our providers who now want to provide immunizations
  - Why do we need to test and go through the entire HL7 onboarding processes



# The need for system stability

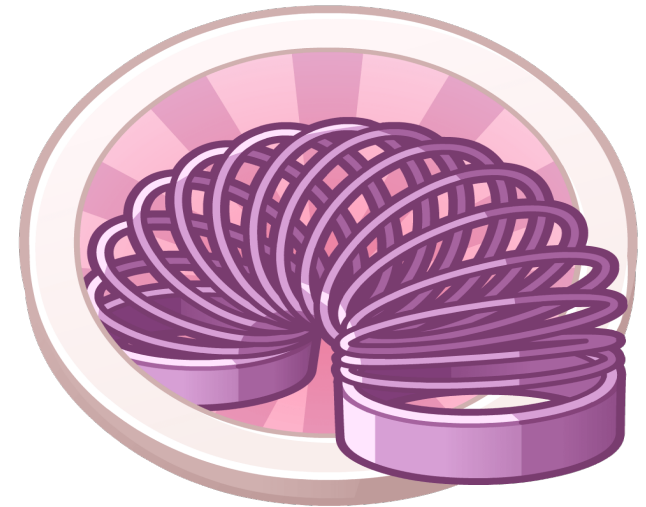
- In Oregon, we have enrolled over 1,300 COVID 19 organizations with about 50% new to ALERT IIS.
- Our system is hosted and supported by Gainwell Technologies utilizing their virtual cloud.
- Previous ability to rapidly add vaccine codes to system and forecaster very helpful.
- Minimizing system down time essential



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# The need for system adaptability

- Prebook module utilized for vaccine ordering
  - Push model originally, with OHA staff making orders for providers
  - Pull model ultimately, with providers requesting vaccine and OHA staff allocating as available



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# The need for system enhancements

- IIS is population-based data source, but not population-based reporting system
  - significant hardware and software improvements needed
    - Received funding
    - But takes time to develop, test, implement
  - Workarounds developed for interim reporting usable by insurers, others
- New roster reporting functionality
- Increased system hardware



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# The need for data sharing

- Between daily data sharing with CDC, state leadership, new community partners, and the media, we have had the opportunity to showcase the strengths of IIS.
- Data source for various COVID dashboards, including doses administered data
- Daily file uploading needed 365
- Local Public Health Authority access to jurisdictional-level data
- New interfaces
  - PPRL
  - IZ Gateway
  - DCH API

# The need for data sharing

- Everyone wants data all the time
  - Data stewardship
  - Separate team to review and respond to COVID data requests
  - Not all data available
    - Federal partners
    - OOS vaccinations
- State of Oregon partners including our Medicaid program and Oregon's Collective Platform
  - Leverage common vendor to send COVID data to MMIS system
- Reliance HIE
  - COVID only at this time



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# The need for data quality

- Data quality
  - Sheer volume meant rapid data entry, and increased errors naturally
  - New providers with limited vaccine experience
- Record Merging
  - Significant increase, exacerbated by prior DQ issues
  - No barrier events
- Reconciling IIS and Tiberius data



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# The need to think outside the box

- Immunization Program Staff as SMEs for CRRU and VPU
  - Can't do it all
  - Need to rely on so many others and train them along the way
- Combined provider mass vax site reporting
  - Provider-led initiative, worked well with IIS staff for inventory and data exchange
  - Participating providers may not get info into their EHRs automatically
- Take Your Shot Oregon vaccine lottery campaign (10 weeks)
  - Cooperation between agencies – DOJ, Lottery, Treasury, OHA, DAS, LPHAs, GO
  - IIS team responsible for technical data management and stewardship
- REALD Oregon
  - <https://www.oregon.gov/oha/OEI/Pages/REALD.aspx>



# Questions?

**We live here and would be happy to chat...**

**...at a distance with masks on.**

**Oh, and if you have proof of immunization, even better!**