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

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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.

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.

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

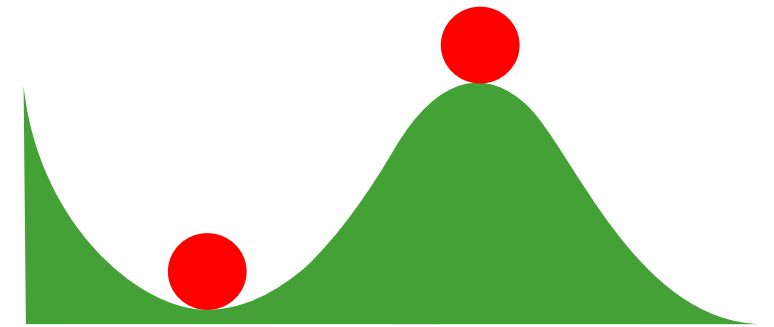
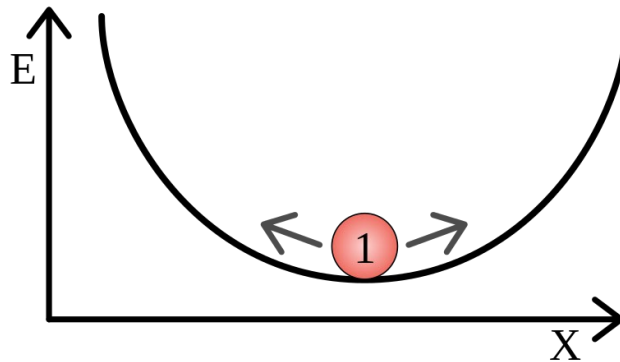
The need for training and marketing our product

- 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



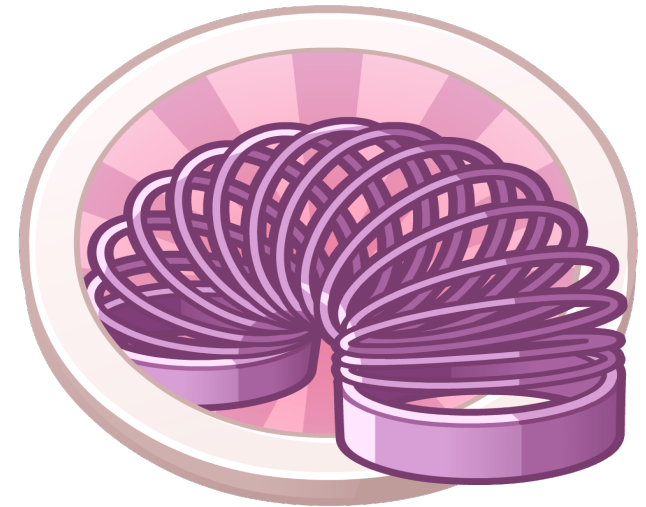
The need for system stability

- 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



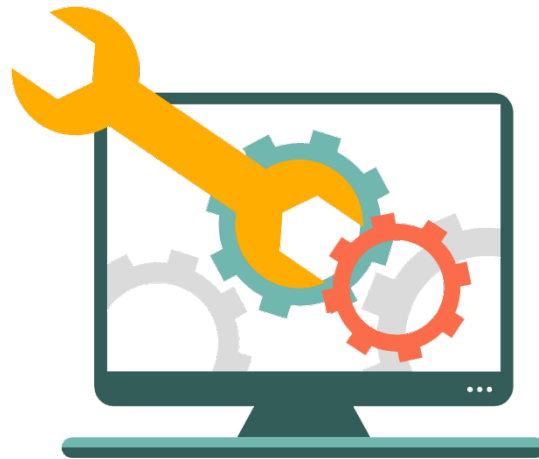
The need for system adaptability

- 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



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



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



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



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!

