

COHIE 2026 Grant Program Information

The Central Oregon Health Information Exchange (COHIE) has recently partnered with the Central Oregon Health Quality Alliance (COHQA) to be a fiscal sponsor, allowing COHIE to wind down their 501-c3. In partnership, COHIE and COHQA will host a small grant program for 2026. The grant application will open on February 23, 2026. **Grant applications must be submitted via email to info@cohqa.org by 5:00pm on April 6, 2026.**

About COHIE

The Central Oregon Health Information Exchange's (COHIE) mission is to provide the framework to enable the comprehensive management of health information and its secure exchange between consumers, providers, government, quality entities and insurers.

Total Funding Available: \$86,500

Note: There is no cap for grant requests.

Grant Program Timeline:

- Monday, February 23, 2026 – Grant Cycle Opens
- Monday, April 6, 2026 – Grant Cycle Closes
- Friday, May 29, 2026 – Awards Announced
- Friday, June 19, 2026 – Checks Mailed
- Friday, January 29 – Mid Year Report Due
- Friday, August 6 – Final Report Due

Eligibility

To be eligible for this grant opportunity, grant applicants must:

- Be an independent healthcare provider, clinic, public health agency or community-based organization directly working in healthcare.
- Be directly serving patients or demonstrate collaboration with a provider or clinic who is serving patients through a letter of commitment.
- Be located within Deschutes, Crook, Jefferson and Northern Klamath counties.
- Grant applicants DO NOT need to be a 501-c3 to apply.

COHIE and COHQA recommend that you meet the executive director before you complete an application. However, it is not a requirement.

The purpose of this informal meeting is to:

- *Discuss COHIE's funding priorities*
- *Confirm eligibility*
- *Answer any questions applicants may have*

COHQA has found this helps save applicants time and effort, as well as strengthen proposals. Grant applicants can schedule an appointment here: https://calendly.com/ppritchard_cohqa

Funding Priorities

Funds will be used to support community-based HIT initiatives aligned with COHIE's mission, including but not limited to:

Technical assistance

- Is your clinic interested in improving revenue, streamlining patient intake, and making referrals more accurate and efficient? Funding is available to help cover evaluation and consultation support related to exploring your technological needs, including how your technology connects with each other, protect patient data, use clinical and operational data, and support health or community information exchange workflows.
- Other technical assistance examples include: optimizing electronic medical record (EMR) utilization to ease administrative burdens, relieving clinic processes reliant on faxes, assessment of security.

Interoperability projects

- Examples include: electronic closed-loop referrals standards adoption between two or more entities, interfaces between EMRs, and other platforms, patient portal optimization.

Data security and informatics policy development

- Examples include: data policy governance initiatives, secure information exchange development, zero-trust security posture implementation.

Support for Health Information Exchange (HIE) or Community Information Exchange (CIE) efforts

- Examples include: CIE function, education, gap analysis and change management, HIE data governance and interface efforts, community workflows that support information exchange and quality reporting.

● Provider-Led Health Care Innovation:

- Projects that strengthen care delivery, clinical practices, or patient experience. Strong proposals will demonstrate:
 - The project is innovative nature, meaning it has not been done before and differs from day-to-day operations.
 - Clear benefits for communities experiencing the greatest barriers to health and wellbeing.
 - Inclusion of patient, caregiver, or frontline staff feedback in project design.
 - Contributions toward the Quadruple Aim: Improved quality, reduced cost, improved patient experience, and improved provider and staff wellbeing.

● Community-Led Health Care Innovation:

- Projects that are created, shaped, or led by consumers of healthcare. COHIE encourages:
 - Community-driven problem identification and solution design.
 - Equitable partnerships between patients, community-based organizations and healthcare partners (independent providers, clinics, hospitals, social service, public health, EMS, etc.).
 - Approaches that elevate community voice, honor lived experience, and address inequities in access, trust, and care.

● Clinical Integration and Multi-Sector Coordination:

- Projects that strengthen collaboration across clinics, hospitals, social service, public health, EMS and community sectors. Priority considerations include:

- Efforts that close gaps for patients experiencing the greatest barriers to health and wellbeing.
- Coordination models that reduce fragmentation and improve continuity of care.
- Use of reliable data, resources, and shared decision-making in ways that support equitable outcomes.

Other Considerations

- Grant applicants must align with COHIE's mission and reasonably complete the project within one year.
- The healthcare community WILL be able to learn from or replicate this project.
- The project will have a significant community health impact and/or significant impact on health care delivery. It is evident return on investment would be high.
- The proposal has clear goals and presents a solid strategy for achieving them (i.e. Necessary infrastructure/organizational capacity is in place to successfully complete the project within one year).
- The proposal has a clear and realistic explanation on how data will be collected to measure results.
- The project is cost effective and expenses are directly linked to activities and outcomes.

Funding WILL be made available for expenses related to:

- Personnel salaries are directly attributed to designing, implementing, and/or evaluating the project
- Training
- Improved patient care processes, including program development and designated clinic and/or provider time
- Data collection and analysis
- Computer software/hardware, if integral and in support of initiative
- General supplies, in support of initiative
- Patient care is not otherwise reimbursable by government or private insurance coverage
- Up to 10 percent indirect or overhead costs which include expenses that are not directly part of the project but necessary for the implementation of grant activities. For example, administrative salaries, facility costs, utilities, maintenance, general office supplies, software licenses, IT support, legal fees, insurance, depreciation costs

Funding WILL NOT be made available for expenses related to:

- Capital campaigns or infrastructure remodeling
- Long term studies or research
- Medical equipment

Review Process

COHIE's grant review committee is made up of folks from various backgrounds. They are paid a stipend for their participation and expertise. Applications are first scored using a numerical rubric and then ranked based on their score. The review committee meets to discuss each application and is given the opportunity to seek additional information from the applicant. The executive director takes the committee's questions and gathers additional information from the

applicants. The additional information is shared back with the review committee. The committee meets for a second time to discuss and finalize their selection of grant applicants. The grant applicants are then notified via email if they were awarded or not.

We acknowledge that sometimes the best ideas are from people who simply don't have time to fill out grant applications, are unfamiliar with grant application processes, or face other barriers. We are here to help you make this as easy as possible. If any part of this application process is a hurdle for you, please let us know and we will find a way to support you. This could be through grant writing support, fleshing out an idea into a plan, budget planning, facilitating partnerships for a project, language translation, or whatever needs you identify.

If you would like support, reach out to COHQA's Executive Director, Penny Pritchard at ppritchard@coipa.org.