

Data Exchange Framework Stakeholder Advisory Group Meeting #4 – CAPH Comments

Gap #1: EHR Adoption

Opportunity: Consider a Multi-Payer EHR Incentive Program

CAPH Comments:

- We appreciate the State's clarification that CalAIM funding (Providing Access and Transforming Health funding, the Incentive Payment Program, and the Behavioral Health Quality Incentive Program) would not be a source of direct support for incentivizing EHR adoption among smaller providers. These funds are extremely limited to support CalAIM efforts underway. As stated previously, we would strongly oppose any potential dilution or broadening the scope of the funds without additional funding to support it.
- We agree that additional funding (outside of CalAIM) could be helpful to support smaller providers in their ability to adopt federally certified EHRs to participate in health information exchange. Public health care systems have reported data exchange gaps with smaller and less-resourced providers that do not have the infrastructure to participate in HIE today. Similarly, public health care systems often provide and coordinate care for justice-involved patients. Many jails do not have federally certified EHRs and cannot participate in data exchange (share or receive information), which presents significant challenges in caring for this complex patient population. Funding to incentivize the adoption of or upgrades to EHRs, as well as for technical assistance, could help improve data exchange capabilities in California.

Gap #2: HIE On-Boarding, Qualified Networks, and State Data Sharing Requirements

Opportunity: (2a) Consider an HIE Onboarding Program

CAPH comments:

- Like our above comments, separate and apart from CalAIM resources, we'd be supportive of a technical assistance/onboarding program to assist entities. Specifically, a network onboarding program, giving participants the opportunity as noted in statute, the option to choose any technology or business model that meets standards.

Gap #3: Event Notifications

Opportunity: Expand California Alert Notification Requirements

CAPH Comments:

- As a long-term goal, there could be benefits of human service providers participating in ADT notifications. For example, to understand when a patient is admitted or discharged from a hospital (or jail), to help arrange for safe transitions of care. However, these entities should first be supported in obtaining the technical capability needed to send and receive notifications and participate in real-time data exchange prior to exploring this as a new requirement.
- ADT notifications should also be designed to meet the need of providers and not simply be compelled to be sent. To be useful, the notifications must get to the right end-user who is involved in the patient's care and who is able/willing to act on the information. Expanding ADT messages would need to be considered carefully, as it can contribute to extra noise and notification fatigue if not clinically meaningful.

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Gap #4: Intra & Inter Sector Data Exchange Capabilities

Opportunity: (4a) Consider Developing a Public Health and Human Services Data Exchange Capacity Building Program

CAPH Comments:

- Overall, we would be supportive of efforts to support local/county public health, human services, jails, etc., to upgrade or expand data exchange capabilities and infrastructure. We would like additional information to better understand what the Administration is proposing/considering here so that we can provide more specific comments.

Opportunity: (4b) Consider Policies that Expands Human Service Data Reporting Requirements

CAPH Comments:

- We agree that data sharing could be within the scope of services for vendors to support clients. However, we would be concerned about the privacy of data, what gets disclosed to who, and the ability for patients to be notified and opt-out.