



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Received Public Comment**

The Center for Data Insights and Innovation received the following correspondence, transmitted via electronic mail.

**Submitted by: DeeAnne McCallin, Director of Health Information Technology,
California Primary Care Association**

December 23, 2021

Do the Principals define “We”? As read, the “we” seems to imply the Advisory Group whereas I would suggest that it be the Framework, not the AG. The Framework will carry the responsibility (intentionally not using the word burden) to deliver the various components (such as standardized collection, prioritization of analysis, etc), not the “we” who comprise of the Advisory Group. Alternative suggestion if the “we” is not already defined: if not the Framework, then CHHS (as opposed to inferred AG)?

As for feedback on slides 18 – 28. Very broad strokes. In CPCA’s opinion, is too focused on certified EHR technology. EHRs have been built for clinical data capture. So many entities in the ecosystem have important information to capture, track, and exchange on the populations served. Very likely most of that information does not fit into a clinically based EHR yet is captured by the CBOs in other software platforms.

As a founding partner of CalHIPSO, the CA Regional Extension Center under the ONC, CPCA was a strong supporter of the EHR Incentive Program, aka Meaningful Use (MU), for both Medicare and Medicaid Eligible Professionals. The MU program had its shortcomings, but it successfully drove mass adoption of certified EHRs by community health centers (upper 90th percentile if not 100% today). Unfortunately CMS did not able to tailor MU’s requirements for dental and did not even begin to encompass behavioral health. The Medicare successor to MU, the CMS QPP (Quality Payment Program) was complex. A DHCS post program report on CalHOP would be beneficial to the AG for us to be able to assess the program’s successes and probable failures. Comments during DxF AG meetings on the success of CalHOP are promising to hear but should be considered anecdotal if not summarized by DHCS project leads. DHCS feedback on CalHOP would inform DxF AG while establishing Framework.

Feedback on slides. Data Exchange Framework for CA – CPCA continues to suggest the AG focus on federal rules in play (21st Century Cures Act) and CA’s initiatives already well underway, CalAIM and Population Health Mgt at the very least. Drive it from the top (HHS) and filter standards and requirements down. And fund, fund, fund



Public Health. One year into vaccinations (Dec 2021), CA was approaching having 30M Californians vaccinated, at least one shot in an arm and so reported in IIS (Immunization Information System, CAIR2 after having been fed in via CAIR, Healthy Futures, San Diego's Registry and perhaps other registries via Pharmacies, LHJs, etc). We know, in data, "who" 30M Californians are. Seems like a good starting place data wise. Can we use that as a starting point for stronger interoperability?

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