

1. Principles – I applaud the state for highlighting “Accountability” as a stand-alone principle.

2. Funding – This has been a critical component throughout the proposal. Funding for EHRs, HIE onboarding and capacity building for public health and human services data exchange organizations are key. CHCF is looking into other sources of funding at both state and federal resources to assist these efforts. However, for broad participation in HIE, other non-government entities could and should participate. Our research¹ shows that states use federal funding initially to start building infrastructure and shift to involving the broader delivery system, including commercial entities, in several ways:
 - a. Pooled incentive funding through contribution by multiple payers
 - b. Fees for services rendered that are value-added to their businesses, such as for value-based care or quality initiatives

3. Qualifying HIE - It is important to include a range of vendors or networks in the definition of a qualifying HIE to meet future data exchange requirements set forth by the Data Exchange Framework. Our research² shows that there can be a local predominate form of HIE (EHR based vs HIO vs WPC for example) that works well for the community, depending on local dynamics and IT availability. It’s important to consider these prior local investments in the definition of qualifying HIEs.

¹ Designing a Statewide Health Data Network: What California Can Learn from Other States. <https://www.chcf.org/publication/designing-statewide-health-data-network-california-learn-other-states/>

² Health Information Exchange in California: Assessment of Regional Market Activity and Overview of Network Types and Characteristics. <https://www.chcf.org/publication/health-information-exchange-california-overview-network-types-characteristics/>