



**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.

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**Submitted by: Linnea Koopmans, CEO, Local Health Plans of California**

December 20, 2021

Good morning –

Below are LHPC’s comments on the HIT gaps and opportunities. Look forward to continuing the conversation in 2022. Happy holidays.

Best,  
Linnea

**Gap #1 – EHR Adoption**

*Opportunities: A. EHR incentive program, B. EHR implementation training and TA, and C. promoting certified EHR requirements*

LHPC Comments:

- The biggest gap in EHR adoption for plan providers is individual providers, particularly mental health providers, and other small provider groups (particularly in rural areas). This gap has existed despite efforts by some plans to incentivize adoption, so making strict policies that require incorporating EHR requirements into Medi-Cal Managed Care could be a challenge if it would result in restricting plan networks. Additional incentives or support at a state level would be welcome, however, considerations/cautions regarding CalAIM funding are outlined below.
- To the extent it is appropriate for providers to adopt EHRs, it makes sense to require that they be federally certified EHR technologies (CEHRT).
- If additional incentives are available for EHR adoption, it should be clear that the purpose of those funds is for those providers that do not have an EHR rather than providers that would like to change EHRs.
- With respect to the idea to utilize CalAIM incentive payment programs and PATH funds to support a EHR incentive program, there are several important considerations:

- The biggest gap EHR gap for plan contracted providers may not be CalAIM ECM providers, and a core purpose of the CalAIM funding is to support capacity and infrastructure to grow ECM and Community Supports (which are addressed below).
- While many Community Supports providers may lack EHRs, an EHR may not be necessary for all CS provider types given that many CS are more social services/supports (e.g., housing navigators). In this case, incentive funds would be more appropriate to support data exchange platforms and/or capabilities more broadly rather than EHRs more specifically. We believe the CalAIM incentives and what we know of the PATH program already have the flexibility to support investments in data exchange.
- There are many other purposes of both the CalAIM incentive funds and the PATH funds and they are time-limited, so we should be cautious to make the programs more prescriptive and less flexible. Additionally, while they have a focus on data exchange, EMRs may not always be the right solution.

## **Gap #2 Data Exchange Capacity at Many Health Care and Human Services Orgs**

*Opportunities: A. HIE onboarding program, B. qualifying information exchange intermediary policies*

### **LHPC Comments:**

- We are very supportive of an HIE onboarding program. Funding and technical support to adopt HIEs are two of the most significant barriers to broader adoption. We believe HIE adoption/on-boarding can be a solution for entities that can capture and store data, but have no ability to upload or exchange it.
- Requiring connection with national health information networks is good, however, not sufficient to meet the vision of the DxF. This should be accompanied by requirements to utilize the available data. In particular, that model does not allow for the aggregation and analysis of individual or population level data to accomplish the goals of population health, reducing disparities and other key goals of the DxF.

## **Gap #3 Event Notifications**

*Opportunities: A. Policies that expand event notification requirements*

### **LHPC Comments:**

- While expanded event notifications for the entities identified in the slides (e.g., housing agencies, SNFs, justice-involved entities) is a good long-term objective, it does not make sense to impose this as a requirement until these entities have the capability to provide encounter and other data on a real time basis to allow such notifications to be sent to plans, other providers, etc. The first step is implementing real time data upload/exchange from those providers to an HIE or other system capable of providing those notifications to the relevant entities.

#### **Gap #4 Intra- & Inter- Sector Data Exchange**

*Opportunities: A. Upgrades to county health IT infrastructure, B. develop public agency data exchange policy and contracting requirements*

#### **LHPC Comments:**

- We are generally supportive of efforts to modernize and improve county data exchange infrastructure and requirements given the significant limitations that exist today, though request further details about the scope and what is envisioned.