SACVALLEY MEDSHARE

The Health Information Exchange of Northern California

June 1st, 2022

John O'hanian
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RE: Comments regarding Data Exchange Framework DSA Draft V2

Sir John,

SacValley MedSahre appreciates the opportunity to provide comments based on expertise and experience in the Health Information Exchange Industry since 2013.

The utmost importance is the mission to close the gaps in health equity and outcomes for Californians. To accomplsih this we need to share data in an effective and efficient manner that can be used or consumed in conjuction with healthcare operations when needed. It is time to identify and qualify HIO's in CA an charge us with carrying out the technical assistance and implementation of state wide Health Information Exchange components on belhalf of all current stakeholders that are currently not sharing data in accordance with AB133. We have endorsed the legislation calling for a $95M budget to implement the infrastructure requirements outlined in the policies and procedures of the DSA.

Data Exchange Governance: HIOs serve diverse communities of providers, linking community health centers and small practices with commercial payers and health systems. Over the past 15 years, SacValley MedShare has successfully created an HIO for rural Northern California that can reach beyond our regionand gain access to health information data for participant healthcare operations . The governance model option that includes an appointed board of directors with no experience or insight into health information exchange is, in my humble opinion, an ineffective method to manage a complex legal, technical and medical resource. Unlike an insurance company, or political organization, health information exhange relies on rapidly evolving technical solutions that meet complex health care and social needs in a multi-facted legal framework that drives constant attention and expertise. An appointed official with no experience in this landscape could be significantly disruptive to our industry. I recommend at a minimum that CAHIE have some role in this governance model in order to bring experieince, collective expertise, and balance to governance.

Minimum requirements to data sharing: USCDI versions 1 and 2 provide elements that should be shared and when coupled with the expecations that all providers, hospitals, RHC's, FQHC's, Public Health, Behavioral Health, and Payers share this data in the technical formats of HL7 v2 or HL7 v3 format with a qualified HIO allows us to close the gap in health equity and transforms our ability to support health outcomes.

On a final note, there is no governance over the data that is being entered in these Electornic Medical Records, thus, making human error a huge obstacle to overcome in the patient matching and digital identity of the people we all serve. Continuing the exploration of the digital identity concept can significantly support the highest level of patient matching that is critical for the consumption of health information by healthcare professionals.

SacValley MedShare stands in support of the DxF and the DSA. Leveraging economies of scale is critical to our collective success in achieving the objectives of DxF and CALAIM.

Kindest Regards,

Executive Director