Potential Opportunities

Addressing Health Information Technology Capacity Gaps

Note: Red text indicates the revisions that were made through January 19, 2022, in response to stakeholder comments submitted after the December 14, 2021, Data Exchange Framework Stakeholder Advisory Group meeting. Discussion questions have been deleted without tracking.

CalHHS California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

Gaps: Technical Infrastructure - HIT

1. **EHR Adoption.** EHR adoption is limited among some health care organizations, particularly those without access to HITECH and other federal and state modernization funding opportunities (e.g., behavioral health, long term care facilities, correctional facility health providers); not all EHRs are certified or have capacity to share data using national standards.

2. **Data Exchange Capacity at Many Health Care and Human Service Organizations.** Many human service organizations have limited technological capacity to store, electronically share, and use health and human service information.

3. **Event Notifications**. Alerts and notifications today are mostly limited to transitions from acute care facilities and are not widespread for housing, incarceration status and other important events.

4. **Intra- & Inter- Sector Data Exchange.** Some state, county, and other local government public health and human service organization information systems have limited capabilities to electronically exchange timely and usable health information with health care organizations.

Gaps and Opportunities

1. **EHR Adoption**
   - **Opportunity 1:** Consider a Multi-Payer EHR Incentive Program

2. **Data Exchange Capacity at Many Health Care and Human Service Organizations**
   - **Opportunity 2a:** Consider a HIE On-Boarding Program
   - **Opportunity 2b:** Consider Qualifying Information Exchange Intermediary and Data Sharing Policies

3. **Event Notifications**
   - **Opportunity 3a:** Consider Policies that Expands Event Notification Requirements

4. **Intra- & Inter-Sector Data Exchange Capabilities**
   - **Opportunity 4a:** Consider Developing a Public Health and Human Services Data Exchange Capacity Building Program
   - **Opportunity 4b:** Consider Policies that Expand Human Service Data Reporting Requirements

Gaps and Opportunities: **EHR Adoption**

Gap #1: EHR adoption is limited among some health care organizations, particularly those that did not have access to HITECH and other federal/state modernization funding (e.g., behavioral health, long term care facilities, correctional facility health, and small physical health providers); not all EHRs are certified or have capacity to exchange data using national standards.

Relevant AB 133 Provision(s): *Identify gaps, and propose solutions to gaps, in the life cycle of health information, incl. gaps in the:*

- *Storage, maintenance, and management of health information. [§130290(c)(3)(B)(iii)]*
- *Linking, sharing, exchanging, and providing access to health information. [§130290(c)(3)(B)(iv)]*

Opportunities:

A. Consider EHR Incentive Program: Build on investments being made by the state to private payers to incentivize adoption of ~~interoperable~~ certified EHR technology (CEHRT) and, for non-HIPAA covered entities, qualifying clinical documentation technologies that support the collection, exchange, and use of electronic health information in accordance with state requirements.

- ***Models***: U.S. HHS HITECH, NC EHR Incentive Program for BH/IDD Providers, NJ Substance Use Disorder Promoting Interoperability Program

B. Consider EHR Implementation Training & Technical Assistance: Incentive programs can be coupled with technical assistance to support health care organizations adoption of EHRs.

- ***Models***: HITECH Regional Extension Centers, DHCS CA Technical Assistance Program

C. Consider Promoting Certified EHR Requirements in State Programs: Certified EHR technology requirements can be incorporated into state contracting (e.g., Covered California, DHCS managed care, CalPERS QHP contracts); may be particularly important for advancing integrated behavioral health (see MACPAC June 2021 reporting).

- ***Models***: Medicare Quality Payment Program (QPP)

Opportunities: Technical Infrastructure | Technical Standards | Financing & Business Ops | Regulatory & Policy

Opportunity #1: **Multi-Payer EHR Incentive Program**

(1a) Consider a Multi-Payer EHR Incentive Program that incentivizes health care organizations to adopt EHR technology capable of collecting, exchanging, and using electronic health information pursuant to AB-133. The scope of the incentive program would include health care organizations required by AB-133 to execute the DxF Data Sharing Agreement that were not previously eligible for HITECH funding, and who have a demonstrated financial need – including acute psychiatric hospitals and certain behavioral health providers.

Potential EHR incentive program funding could be directed towards adoption of CEHRT for HIPAA-covered entities, clinical documentation technologies that are not CEHRT could be supported for non-HIPAA covered entities, as long as those technologies are capable of and implemented to support California's DxF goals and objectives and DSA requirements.

Public and private payers may allow potential EHR incentive program funding to be used to upgrade providers' existing EHRs as long as in doing so, providers meet specified DxF goals and objectives and DSA requirements. Guidance should be developed to support provider selection of technology and services that meet state data sharing requirements.

The state is making significant investments over the next three years in this priority area, including through CalAIM, which will provide funding through the Incentive Payment Program, PATH and the Behavioral Health Quality Incentive Program that support adoption of interoperable electronic health records and care management documentation systems. Additional resources and funding sources - particularly for small and solo-community providers, providers serving underserved populations and communities and behavioral health providers – should be investigated by public and private payers.

Public and private purchasers including Covered California, Medi-Cal, and CalPERS, and commercial health plans should establish value-based payment arrangements that align with these public requirements and advance use of ~~interoperable EHRs~~ CEHRT for HIPAA-covered entities and qualifying clinical documentation technologies that support information exchange. The program should be coupled with efforts to advance federal policy to provide funding to providers that were ineligible for incentive payments under the HITECH Act. It can be further reinforced through proposals leveraging the federal SUPPORT Act (P.L. 115-271) which authorized the Center for Medicare and Medicaid Innovation (CMMI) to test EHR incentive payments for behavioral health providers that contract with state Medicaid plans (*note: CMMI has yet to implement this demonstration*).

Gaps & Opportunities: **Data Exchange Capacity at Many Health Care and Human Service Organizations**

Gap #2: Many health care and human service organizations have limited technological capacity to store, electronically share, and use health and human service information.

Relevant AB 133 Provision(s): *Identify which data beyond health information as defined in paragraph (4) of subdivision (a), at a minimum, should be shared for specified purposes between the entities outlined in this subdivision and subdivision (f). [§130290(c)(3)(A)]* Minimum "health information" sharing requirements in AB-133 are defined for specific health care organization, but broadly include provider sharing of USCDI and "electronic health information" per Section 171.102 of Title 45 of Code of Federal Regulations, and payer sharing of data per federal Interoperability regulations.

Opportunities:

A. Consider a Health and Human Service Organization HIE Onboarding and Technical Assistance Program. A program can be established to provide funding, incentives, and technical assistance to help health and human service organizations securely exchange electronic health information to support onboarding to a qualifying data exchange intermediary ~~data collection, exchange, and use~~ in accordance with AB 133, DxF priorities and state requirements.

- ***Models*:** CA DHCS California HIE Onboarding Program (Cal-HOP), TNC Tailored Care Management Capacity Building Program

B. Consider a Data Sharing Intermediary and Data Sharing Requirements Policy. Policy can be established that leverages national programs that define data sharing intermediary qualifications and further specify additional state data sharing requirements pursuant to AB-133 that should be incorporated into the DxF Data Sharing Agreement.

Opportunity #2: **HIE On-Boarding Program, Qualified Networks and State Data Sharing Requirements**

(2a) Consider an HIE Onboarding Program that provides incentives to health and human service organizations to participate in information exchange in accordance with AB-133, including ~~but not limited to connections~~ supporting onboarding to qualified information exchange intermediaries. Potential HIE onboarding program funding should be used to support onboarding, not to defray ongoing costs associated with connecting to a qualifying information exchange intermediary. The state's commitment to support information exchange through the Incentive Payment Program, PATH, and the Behavioral Health Quality Incentive Program should be coupled with private sector investments that support HIE onboarding.

The program should include establishing a technical assistance "Center of Excellence" to provide support for implementation, potentially through a statewide program funded by philanthropic investments and/or private and public payers.

Lessons learned from other HIE Onboarding Programs (e.g., Cal-HOP) should be explored to identify participation and technical barriers and lessons learned, with a focus on behavioral health agencies (e.g., identifying challenges navigating data sharing consent related to 42 CFR Part 2), and other under-resourced providers, small provider organizations and practices.

(2b) Consider Qualifying Information Exchange Intermediary and Data Sharing Policies that adopt national programs that qualify health information networks (i.e., Sequoia Project Regional Coordinating Entity and TEFCA), and specify additional California DxF requirements that Qualified Intermediaries must meet to participate in state-sponsored data sharing programs. The state's qualification processes, requirements and criteria should be established and overseen by data exchange governance processes supported by the state. State policies would further specify how federal data exchange requirements (CMS-9115-F, 85 FR 25510) and additional state-specified data sharing requirements and use cases should be incorporated into the DxF Data Sharing Agreement.

Gaps and Opportunities: **Event Notifications**

Gap #3: Event notifications today are mostly limited to transitions from acute care facilities and are not widespread for housing, incarceration status and other important events.

Relevant AB 133 Provision(s): *Identify gaps, and propose solutions to gaps, in the life cycle of health information, incl. gaps in:*

- *Linking, sharing, exchanging, and providing access to health information. [§130290(c)(3)(B)(iv)]*

Opportunities:

A. **Consider Expanding Federal Alert Notification Requirements:** State policy and contracting requirements can be developed, extending the scope and scale of federal Interoperability and Patient Access Final Rule (CMS-9115-F) notification requirements to additional health and human service organizations.
   - ***Models*:** FL Medicaid managed care plan contracts with required linkages to pre-booking sites for behavioral health assessments and potential diversion; AZ Medicaid managed care plan/justice system data connections and Medicaid requirements to support transitions; MI Medicaid pilot to identify homeless individuals by HMIS matching; CA WPC Pilot program lessons learned

Opportunity #3: **Expand California Alert Notification Requirements**

(3a) Consider Policies that Expand Event Notification Requirements, specifying how the DxF Data Sharing Agreement should build on federal data exchange requirements (CMS-9115-F, 85 FR 25510) to expand the scope of event notification requirements in California and envisioned by AB-133. Policies may:

- Expand event notification requirements described in CMS-9115-F to: ~~additional entities (e.g., human service providers, housing agencies, justice facilities, etc.).~~
  - Require notifications to be sent to a beneficiary's health plan/payer; and,
  - Establish a goal to expand alert notification requirements to additional entities (e.g., housing agencies, jails, youth correctional facilities, state prisons and state hospitals) to alert care team members to changes in a client's incarceration, housing and other statuses.
- Establish state licensing requirements for entities required to provide event notifications.
- Establish contracting requirements for entities required to provide event notifications through public and privately financed coverage programs.
- Provide additional guidelines for event notification requirements from incarceration settings (jails, youth correctional facilities and state prisons) to ensure timely notifications related to individuals with physical and behavioral health needs that include the type of information useful to managing care transitions, and to ensure that the appropriate Releases of Information (ROIs) are provided to physical, behavioral, social service and other care team members where appropriate.

Opportunities: Technical Infrastructure | Technical Standards | Financing & Business Ops | Regulatory & Policy

Gaps & Opportunities: **Intra- & Inter-Sector Data Exchange Capabilities**

Gap #4: Some state, county and other local government public health and human service organization information systems have limited capabilities to electronically exchange timely and usable health information with health care organizations.

Relevant AB 133 Provision(s): *Identify gaps, and propose solutions to gaps, in the life cycle of health information, incl. gaps in…Linking, sharing, exchanging, and providing access to health information.[§130290(c)(3)(B)(iv)]*

[By] January 31, 2023, [CalHHS] shall work with the [CA] State Association of Counties to encourage the inclusion of county health, public health, and social services, to the extent possible, as part of the [DxF] in order to assist both public and private entities to connect through uniform standards and policies. It is the intent of the Legislature that all state and local public health agencies will exchange electronic health information in real time with participating health care entities… [§130290(c)(5)(E)]

Opportunities:

A. **Consider Upgrades to California County Health IT Infrastructure**: Leverage and expand federally funded programs to upgrade state and local public health IT infrastructure and to provide a glidepath for county health, public health, and social service entities to participate in information exchange.
   - ***Models***: CDC Data Modernization Initiative nationally and CA's ~$300m allocation for public health modernization

B. **Consider Developing Public Agency Data Exchange Policy and Contracting Requirements.** Through policy (e.g., statewide HMIS reporting to centralized Homeless Data Integration System [HDIS] via AB977), procurement processes and contract amendments, public agencies could contractually obligate vendors to share information with health and human service organizations to advance goals envisioned by AB-133.
   - ***Models***: Merced and San Joaquin County contracts with EHR vendors serving their county jails

Opportunity #4: **Public Data Exchange Capacity Building Program**

(4a) Consider Developing a Public Health and Human Services Data Exchange Capacity Building Program that leverages and aligns with federally-funded modernization efforts to support local health, public health, justice-involved, housing, and social service organization data exchange capacity to advance priority health data exchange use cases envisioned by AB-133 and outlined by the DxF. The program would seek funding from federal sources to support upgrades to technology that can support data sharing with stakeholder groups referenced in AB-133.

(4b) Consider Policies that Expands Human Service Data Reporting Requirements. Establish policies requiring public funded programs to incorporate data sharing requirements into procurements and vendor contracts. Policies would apply to use cases defined pursuant to the DxF and include flow-down requirements for vendor contracting (e.g., HMIS vendors, prison/jail EHR vendors).