



LANES HIO

Comments on Technical Requirements for Exchange Draft P&P – Requested Notifications

#2 Technical Requirements for Exchange P&P

Comment #	Applicable text from draft P&P	Applicable page #	Brief title or summary of your comment	Full text of your comment
1	<p>d. Requested Notifications</p> <p>The P&P requires that hospitals send admission, discharge, and transfer (ADT) messages to a Qualified Health Information Organization (QHIO).</p>	2	Support for hospital ADT Notifications to QHIOs	<p>We are writing to express our strong support for the requirement of hospital submission of Admit/Discharge/Transfer (ADT) messages to a QHIO as part of the Data exchange framework. As a mission driven non-profit organization deeply committed to improving the health and well-being of the people of California, we believe that QHIOs can play a crucial role in achieving better outcomes, closing disparities, improving quality and generally Improving the healthcare ecosystem of California.</p> <p>One of the most important benefits of QHIOs should be improved health equity. By being a conduit for sharing patient information, Hospitals sending ADT messages, through an QHIO, healthcare providers in the circle of care can quickly and easily access comprehensive patient records, which can help ensure that patients receive timely,</p>



				<p>appropriate care, regardless of their location or the providers they have seen in the past. This can help reduce health disparities and increase access to care for vulnerable populations, which is a critical component of improving health equity.</p> <p>In addition to improving health equity, this can also contribute to significant cost savings. Sharing ADT messages through an QHIO can help hospitals avoid manual data entry and reduce the risk of data errors, which can result in more efficient operations and lower costs. As the circle of care widens taking into account added emphasis on Equity, Quality, and better outcomes, the submission of ADTs by all hospitals can help close the information gap for organizations, providers, and Care management personnel who operate outside of the traditional EHR environment. This data can and has supported quality focused activities in support of population health and health equity, when this information is missing the quality-of-care is what suffers.</p> <p>Previous data policies have not considered the full spectrum of the data available for those delivering/managing/supporting the care received by Californians. The guiding principles of this requirement all point to a framework that will benefit all Californians. The inclusion of the requirement for all hospitals to submit ADTs to a QHIO is another step in the right direction to make sure that the right data, gets to the right people, at the right time,</p>
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				<p>no matter where the care is being delivered and the resources available which will continue contribute to more equitable care in California.</p> <p>Given the over 400 Hospitals in California with different systems, process, structures and Governance a submission to a QHIO and the solution of a network of networks sharing data freely would be the best option at this time, making sure that all hospitals and regions are covered and the proposed approach would garner earliest positive results.</p> <p>ADT messages don't have any value unless delivered to the healthcare organizations in that the patients have a relationship. These organizations include payors/health plans, primary care providers, specialists, behavioral health, and other care teams. QHIOs are the only intermediary that can facilitate delivering ADT notifications to the organizations that provide patient care so they can intervene if/when necessary to follow up with the patient. This is especially important for the CalAIM program and ECM providers to track eligible/enrolled patients and high-risk/high utilizers. In addition, QHIOs can standardize all sections of the ADT messages for uniformity and usefulness by recipients, whether a provider or another QHIO. Distributing ADT messages to all other QHIOs is burdensome and inefficient. We recommend Patient Center Data Home (PCDH) model for sending ADT messages to another QHIO.</p>
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				<p>California HIOs are currently collaborating to develop the PCDH exchange.</p> <p>We applaud CDII for the revised policy and believe that all hospitals being required to submit ADT messages to an QHIO is a valuable investment for our state, it would be yet another step forward in improving the care for all Californians and we emphatically support the policy. The benefits include improved health equity, cost savings, better outcomes for patients, and the improved performance on California DHCS and CMS quality measures, are too great to ignore.</p> <p>Thank you for the opportunity to provide comments on this crucial policy. We are eager to support CalHHS in the implementation phase of the DSA.</p>
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