California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee and Data Sharing Agreement Policies & Procedures Subcommittee
Meeting Public Comment Log (12:00PM – 2:30PM PT, March 21, 2023)

The table below shows public comments that were made verbally during the March 21 meeting. Additional public comments can be found in the meeting's "Q&A Log" posted on the CalHHS Data Exchange Framework website.

Count	Name	Comment
1	Mohit Ghose	Thank you very much, and hello to the committee there. Thank you for hosting, John, always very informative. This is Mohit Ghose with Anthem, and I just wanted to raise a couple of points. One is to just back up the whole QHIO discussion with the required submission. I think it's very important that especially for companies like us who are working statewide in CalAIM and other efforts that if hospitals and QHIOs can be connected, and if QHIOs can be connected to downstream providers, with a single easier connection, rather than having to have one-off connections with multiple hospitals, that would make everyone's lives easier, to the point of PCP alerts, as well as anything within an IPA situation as Bill Barcelona has pointed out, as well. So I wanted to just raise that really quick as a comment. The other piece that I am very interested in, because we're getting questions as our teams try to operationalize the data flows here. Very important to understand what real time means, and I can't, I can't emphasize that enough. Because, you know, is it an ADT real-time submission that qualifies? Or what if it's a point of service from real time? Or what does that, you know, does it have to flow on a push basis? Or does it have to be queried for and it's available when it's queried for? So those types of issues as we work through, I think, given that we are already technically in

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		implementation, even as we try to build out the rest of these policies and procedures, I hope the committee recognizes that companies like ours have to build entire systems. And for the level of interactions that we have across the State of California. So we're hopeful that some of these definitions can be hammered out cleanly, quickly, so that we can take it back to our operations teams as well. So wanted to make those 2 comments. There's several more thoughts and questions emanating from the P&Ps that are currently being implemented, as well as the drafts that we will come back to the committee and to the staff on separately. But I appreciate the time.
2	Robby Franceschini	Thank you. This is Robby Franceschini. Just calling on behalf of the Connecting For Better Health Coalition. Just in regards to the ADT event notification item, where we've had a lot of discussions around this issue at our meetings, and in addition to the idea of requiring submission of ADTs to a QHIO, other ideas have been floated too around potentially creating an ADT Hub similar to what other states have done. Or an adaptation of what Civitas is pursuing with Velatura. So I would just love to emphasize the need to continue to continue discussion on this topic, and really help solve this problem for providers in particular, those participating in CalAIM, ECM, and community supports where I think we've heard the need, for, you know, increased proactive ADT data sharing. So thank you for your consideration of our comments, and looking forward to providing further input.
3	Lucy Johns	Yes, thank you. This is Lucy Johns. I want to call attention to a question I raised early in the meeting. I don't hear a lot of consumer patient input in this conversation. So I want to call attention to my question: What if a patient who is conscious does not want query for information about her broadcast all over the place? Only to providers she specifies? Is that going to be allowed for? And I really am not interested in an answer which says QHIOs will deal with this. Nobody knows

Count	Name	Comment
		yet, based on the information I've heard from this meeting, what a QHIO is going to look like, or be, or be able to do. These are new entities, and whoever they turn out to be, who knows whether they will be able to handle narrowing queries, not to mention ADTs, to what the patient wants to happen. So how are we going to deal with, how are you going to deal with enabling patients to dictate what they want to happen with their own PHI? Thank you.
4	Janette Ruz	Hi! Good afternoon. My name is Jeanette. I am from Central Neighborhood Health Foundation, representing 8 clinics throughout the L.A. and Inland Empire. I'm coming from the other side here, and stating that ADTs are essential and crucial to our foundation and our company. Members of the Inland Empire provider community have a greatly benefited from being able to receive properly matched ADTs for our patient panels. Our patients experience much better follow-up care and overall health improvements as a result. This was made possible through all of our community hospitals, regularity, contribution to ADTs and to the local HI HIO. Otherwise we would have been able left — we would have been left to try to locate and manage these ADTs on our own, which is virtually impossible with such a large foundation, with over 2,000 patients that we have to manage. We support this --- making this a requirement in the date of sharing agreement. So the QHIOs across the State can help their participants reduce burden while improving patient care, and the manner that we've been able to do in the Inland Empire, and also LA County. Thank you.
5	Gavin White	Thank you so much, and thank you to the other speakers. I'm representing Aledade in California. I'm the Market President of Aledade in California. We work with about 1,700, over 1,700 primary care physicians over a 180 practices, and about a quarter of a 1 million patients. We currently contract with about 5 different

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		organizations right now for our ADT notifications from various California hospitals, and despite contracting with 5 different organizations today, all of whom are wonderful, we're still missing about a third of the notifications, that we need to help. Manage the patients when they are transferred back to the home, or a sniff or other location. Now, what does that represent? Well, a lot of readmissions and millions of dollars lost in revenue for practices and for those 1,700 doctors in lost potential saving to the overall accountable care organizations that we work for so you know what it's also robbing is the patient's ability to have a seamless transfer to another location and to be cared for appropriately. I think that, reversing this requirement would be, you know, quite a mistake. I don't think it's a solution to trust 400 hosts to figure out with Aladdin one on one, how to send ADTs to about 10,000 ambulatory providers, and you know what we're trying to avoid is letting a 1,000 flowers whither and eventually see this tragedy of the Commons playout, where only the you know the most greedy, the most egregious, the most -- You know the ones who take or withhold the most are the winners. Thank you so much for your opportunity to comment.
6	Victoria Worthy	Hello everyone, Victoria Hertado here from Health Plan of San Joaquin in California. We support everyone else's comments as well. It's really important that we do have that ADT data for the management of our members, and really leveraging the QHIOs to do so. Right now, with all of the different programs we're having to coordinate data exchanges with providers, CBOs, the H.I.E. hospitals directly, and with the additional data sets that we plan on sharing to support CalAIM initiatives, we're really going to need some centralized collaboration and standards around how we get this setup, otherwise it's going to be nearly impossible, and a detriment to resources to be able to get that done both on the Provider side, hospital side, and our side with resources. So, I also agree with all the other comments that were made around ADT data. Thank you for allowing us to comment.

Count	Name	Comment
7	Lori Hack	Hi, I'm Lori Hack with the California Association of HIEs, and I just wanted to follow all the commenters, it's fantastic. But I wanted to suggest that we do another joint meeting between the IAC and the P&P subcommittee, because I found it really helpful to talk policy and then follow up rapidly with technology and procedures. So, I would just recommend looking at our schedule that we do this one more time.
8	John Helvey	Yeah, I included it in the chat, but I will address it. CalAIM and the BHQIP program, HIOs are working with NCDs and counties, and the CalAIM objectives and the need to support the counties and reaching their objectives requires us to notify them of hospitalization as it relates to certain diagnosis. We cannot do that without the hospital ADTs. We can do it, but it will be too late, and it won't meet the requirement of their timeline in order to meet those agendas. So, reversing this is going to put a huge barrier in front of us in helping support the county behavioral health with those notifications and their ability to proactively or actively help the patients.
9	Steven	Yes, I just generally wanted to call attention to something that I put in the chat, you know. I don't want it to be thought that I am against ADT notifications, I support it. I'm a little concerned about the way we're trying to sort of shoe-horn that in before all the other requirements are clarified, especially who's going to be a QHIO and why. One way to approach this would be that you leverage the fact that HIO is going to exchange it between themselves, and then maybe start with the requirement of requiring hospitals to become an HIO, and then once we know what a QHIO is going to be, and which of our HIOs will be QHIOs, then consider narrowing it to that smaller group of the – leverage the technology that we have for known entities that we have to do that.
10	Mark Savage	I know that I don't necessarily have to respond to public comment here, so I wanted to add to Lucy Johns' example with the situation she had mentioned a line in

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		the conscious broadcast query. There's a lot of concern in the post about the world and what that information could mean. So, I just wanted to lift up – I know you're not answering it – it's a very important question.

Total Count of public comments: 10