



California Association of Health Information Exchanges

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Chief Data Officer
Director, Center for Data Insights and Innovation (CDII)
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Re: Comments on Draft Qualified Health Information Organization (QHIO) Application and Draft QHIO Program Policy and Procedure (P&P)

Dear John:

On behalf of the California Association of Health Information Exchanges, we thank CDII for its leadership in advancing California’s Data Exchange Framework (DxF). The DxF is one of the state’s most essential initiatives in achieving the CalHHS North Star vision of a [Healthy California For All](#), “Where equity is not just a word or concept but *the* core value.” A number CAHIE Health Information Organization representatives serve as members of the DxF Implementation Advisory Committee (IAC) and have contributed to the development of the QHIO Program Guiding Principles, including that of equity.

The comments summarized below are:

1. Grounded in the *QHIO Program Guiding Principles* developed by CDII in consultation with the Implementation Advisory Committee (IAC); and,
2. Guided by the overarching goal of the DxF that, “Every Californian, no matter where we live, should be able to walk into a doctor’s office, a county social service agency, or an emergency room and be assured health and human services providers can access the information they need to provide safe, effective, whole person care—while keeping our data private and secure.”

Require that QHIOs be Non-Profit or Public Organizations

It is profoundly concerning that the Qualified HIO Application and program does not require every QHIO to be incorporated as a 501c3 non-profit corporation or a public entity. Non-profit HIOs and public entities, by definition, serve a charitable purpose for the public good, with missions that align with that of the Data Exchange Framework (DxF). On the other hand, private, for-profit platforms, by definition are driven by business models that must serve their bottom line.

California should look to efforts across the nation and align the QHIO program with the Health Data Utility (HDU) model. Through statute or regulation, AZ, DC, DE, NY, and WI expressly require non-profit status as a condition of HIO designation/certification. At least 13 other states have purposefully selected non-profit HIOs to provide statewide health information exchange, demonstrating the importance of these organizations' established trust with health care, social service, and consumer stakeholders in their public mission and stewardship of data privacy and security.

The [American Legislative Exchange Council Statewide Health Data Utility Model Policy](#) recommends language to establish a public-private partnership to operate a state-designated health data utility for statewide Health Information Exchange. Specifically, the model policy states, "The [STATE] HDU shall be administered and governed by the Designated Entity operating as a public-private partnership. The Designated Entity shall be established as a nonprofit corporation."

Similarly, [Civitas Networks for Health HDU Framework](#), intended to guide states, regions, HIEs, and community partners in the design and implementation of an HDU, calls out a key characteristic of a HDUs as serving, "in a neutral capacity as a nonprofit, network, or independently governed state recognized entity. HDUs are flexible and nonpartisan with technical capabilities that support public health agencies and health care partners with comprehensive patient information to achieve health equity, better outcomes, and lower costs."

Furthermore, the Consortium of State and Regional Interoperability has adopted the [Health Data Utility Maturity Model](#) which states HDUs must be "a not-for-profit entity responsible for basic connectivity and designated by the state to operate a...network which everyone can access, like an electric or water utility model."

Require QHIOs to Serve All Mandatory DSA Signatories

It is evident that DSA Signatories that are large, well-resourced health systems will be among the easier and more profitable entities to which QHIOs may connect. For this reason, the marketplace already demonstrates that private, for-profit platforms are not providing data-sharing services to health plans, safety-net practices that lack advanced EHRs, or county departments. These are the DSA Signatories experiencing the widest data gaps and challenges confronting CalAIM and other Healthy California for All initiatives, and the Californian's they serve as the state's struggling safety net, will be left behind if the QHIO program will not assure equitable access to Dx/F compliance. If the QHIO program opens the door to organizations whose focus on profitability competes with the equity principle, the state will not have created a data sharing ecosystem that addresses the current digital inequities experienced across safety net organizations. Instead, for-profit entities' focus on their bottom lines will result in a Dx/F that only further deepens the digital divide.

The latest draft of the Application invites this inequity to take hold, by rolling back previous language that "QHIOs should not limit or restrict their services to signatories on the basis of organization size, type,...or geography" in favor of mere disclosure requirement from applicants that wish to exclude signatories in this manner. We urge CDII to restore the original requirement

that QHIOs be open to serving at all Participants—at the very least, those that are required under law to exchange and make data available.

Maintain QHIO Program Sustainability and Reduce Uncertainty

To build and maintain public confidence in the QHIO program, it is necessary to address two key areas of the QHIO Application related to acquiring and maintaining QHIO status. First, replacing the annual application process with an annual renewal or attestation would provide the thousands of participants in the DxF with assurance that the QHIO program and the designation of QHIOs is both stringent and durable. Second, the draft QHIO Application and P&P should allow for remediation and a 6-month probationary status as an option to correct minor issues, rather than the current penalties of suspension and termination of qualified status.

A full annual application process creates a false perception amongst DSA Signatories that QHIO designation could be in question each year, undermining confidence in the QHIO program. Along the same lines, a QHIO program that allow for administrative actions proportionate to the seriousness of issues helps to maintain continuity in the QHIO program.

The CalHHS vision of a Healthy California For All is truly the North Star that drives all of our efforts. CAHIE and its member HIOs are proud to have missions in close alignment with that of CDII and the DxF. We stand united in the pursuit of a connected California where no individual, provider, organization or community suffers from the digital health divide. Furthermore, we believe CDII has a remarkable opportunity, through both the DxF and the QHIO program, to fully embrace and demonstrate the pursuit of equity by setting a strong foundation for a health data safety net that ensures every boat is lifted in a manner that none are left behind.

Sincerely,



Lori L. Hack
Interim Executive Director