

### Data Exchange Framework

Information is Power Webinar Series

April 18, 2023

### **Webinar 8**

Applying for Data Exchange Framework (DxF) Grants & Other DxF Program Updates





### **Q&A Procedure**

- Please submit your questions through the Zoom Q&A function.
- CDII will select questions to be answered live during the webinar as time allows.
- If your question was not answered during the session and you would like to follow up with CDII, please submit it to <a href="mailto:cdii@chhs.ca.gov">cdii@chhs.ca.gov</a>.



### **Additional Opportunities to Ask Questions**

### Attendees will have additional opportunities to ask questions related to the DxF Grant Program through several different channels:

- Attend an upcoming DSA Signatory Grants Webinar (May 16, 2023, 10:00 AM 12:00 PM PT)
- Review CDII's forthcoming DxF Grants Program FAQ that specifically addresses DxF Grant related questions
- Reach out to one of the <u>DxF Educational Initiative Grantees</u>
- Submit your question(s) to the CDII Inbox: <a href="mailto:cdi@chhs.ca.gov">cdii@chhs.ca.gov</a>.



### **Speaker Introductions**



**DeeAnne McCallin** 

Deputy Director,
Data Exchange Framework,
CDII



**Juliette Mullin** 

Senior Manager, Manatt Health Strategies



### Agenda



Vision for Data Exchange in California

Data Exchange Framework (DxF) Program Updates

DSA Signatory Grant Program Update

Wrap-up & Q&A



# Vision for Data Exchange in California



### The Vision for Data Exchange in California

Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care.

The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.





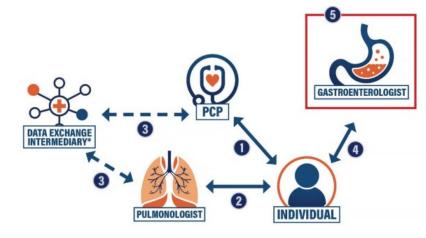
### DxF - Data Exchange Scenarios

Between Sept. 2021 and June 2022, the DxF Advisory Group reviewed gaps in the life cycle of health information and published the "Data Exchange Scenarios". Today, we highlight 1 of 6.

**Scenario 1:** Acute or Chronic Health Needs: Addressing the health and social needs of individuals with acute or chronic health conditions.

#### **Data Exchange & Process Steps**

- Individual engages primary care provider (PCP) for treatment of hypertension and general health needs.
- 2. Individual engages pulmonologist (specialist) for treatment of COPD.
- PCP and pulmonologist are engaged in data sharing with a data exchange intermediary.
- Individual engages gastroenterologist (specialist) for treatment of newly diagnosed IBD.
- 5. Gastroenterologist is not engaged in data sharing with a data exchange intermediary.



\*Data exchange intermediary may include a health information organization (HIO), national network, EHR vendor network, or another intermediary

Found under the <u>Data Exchange Framework</u>, <u>Data Exchange Scenarios (document #4)</u>, July 2022

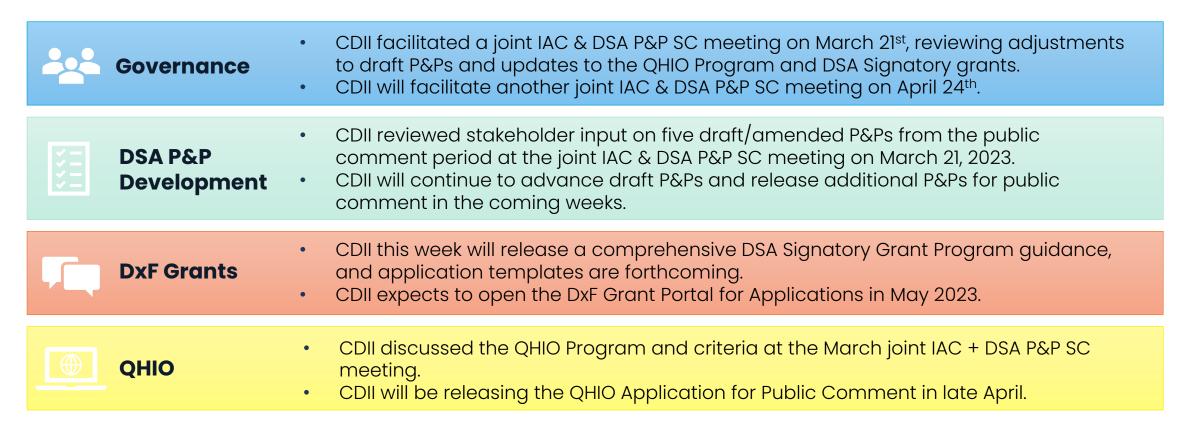


### DxF Program Updates



### **DxF** this Month

Since our last *Information is Power* webinar on March 23, 2023, CDII and stakeholders have continued to advance DxF implementation across several domains.





### Who Must Sign the DSA?

#	Required Signatory Type*
1	General acute care hospitals, as defined by Health and Safety Code (HSC) section 1250.
2	Physician organizations and medical groups.
3	Skilled nursing facilities, as defined by HSC section 1250, that currently maintain electronic records.
4	Health care service plans and disability insurers that provide hospital, medical, or surgical coverage that are regulated by the Department of Managed Health Care or the Department of Insurance. This section shall also apply to a Medi-Cal managed care plan under a comprehensive risk contract with the Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code that is not regulated by the Department of Managed Health Care or the Department of Insurance.
5	Clinical laboratories, as that term is used in Section 1265 of the Business and Professions Code, and that are regulated by the Department of Public Health.
6	Acute psychiatric hospitals, as defined by HSC section 1250.

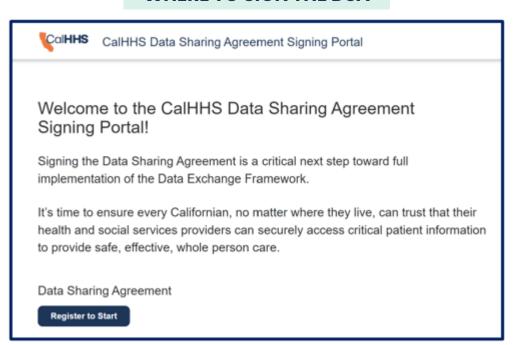
<sup>\*</sup>Organizations are required to sign by January 31, 2023 regardless of whether they must begin sharing data by January 31, 2024 or January 31, 2026.



### Mandatory Signatories Should Sign the **DSA Immediately**

Mandatory signatories were required to execute the DSA by January 31, 2023. We encourage those who have not yet signed the DSA to do so as soon as possible.

#### WHERE TO SIGN THE DSA



#### WHERE TO FIND MORE INFORMATION

More information is available on the CalHHS DxF website, including:

- Final DSA
- Draft & Final P&Ps
- FAQs on the DSA, P&Ps, and Signing Portal
- Historical Meeting Materials & Recordings
- List of DSA Signatories

Contact CDII if your organization has questions or concerns about signing.



**CDII Mailbox:** 

cdii@chhs.ca.aov

### I signed the Data Sharing Agreement...now what?

#### **Apply for DSA Signatory Grants**

 DxF DSA Signatories that require additional support and capabilities to meet their DSA requirements will be eligible to apply for a DSA Signatory Grant to subsize relevant TA or QHIO onboarding investments.

#### Reach out to Educational Grantees

- CDII is working with stakeholders to develop processes to support signatories in meeting DxF DSA requirements.
- We recommend you reach out to one of our DxF Education Grantee organizations, as referenced in FAQ number 16, found <a href="here.">here.</a>

#### Prepare to Meet Data Exchange Expectations

- After signing, DxF DSA signatories should prepare to exchange health and social services information (HSSI) or provide access to health information to and from every other signatory in real time as specified in the DSA and its Policies and Procedures (P&Ps).
- Most entities required to sign the DSA will be required to begin exchanging HSSI on or before January 31, 2024 (Note: Some organizations will have until Jan 31, 2026 to implement)



Join the CDII Mailing List

Email <u>cdii@chhs.ca.gov</u> to be added to the DxF Community mailing list

### **DxF Grant Program**



### **About the DxF Grant Program**

In the 2022-23 California Budget, Governor Newsom and the California Legislature allocated \$50 million over two years to support the implementation of the Data Exchange Framework

The funding establishes the **DxF Grant Program** to provide funding to external entities to support:

- Health information exchange onboarding for organizations who do not actively share information through health information intermediaries
- Technical assistance for small/under-resourced providers
- Technical assistance and education for organizations who are new to health information exchange, especially those who are required by AB133 to sign the Data Sharing Agreement



### **DxF Grant Listening Session**

To ensure that the DxF Grant Program addresses the critical barriers to DxF implementation, CDII in October 2022 hosted two "DxF Grant Program Listening Sessions."



#### **Purpose**



#### **Format**



#### **Participants**

coll sought to
understand barriers
to implementation for
signatories and
identify opportunities
to address those
barriers

Sessions were hosted virtually and provided participants the opportunity for written and verbal feedback

Sessions were open to the public and **326 individuals** attended one of the two Listening Sessions.



### **DxF Grant Program Goals**

CDII will administer \$50 million in funding over two years to provide education, technical assistance, and QHIO onboarding support for DxF signatories to implement the DxF.

#### **Key Program Goals**



Support DxF implementation among DxF signatories in under-resourced geographies and/or serving historically marginalized populations and underserved communities



Address significant barriers to DxF implementation (operational, technical, or other) for DxF signatories



Align across other grant programs and promote activities ineligible for funding by other grant programs (past or present)



### **DxF Grant Types**

#### DxF Educational Activities (\$3 Million)



Educational Initiative Grants

Educational Initiative Grants **provided funding to associations and their partners** for educational initiatives designed to provide information about the Data Exchange Framework and the Data Sharing Agreement to signatories.

#### Supporting DSA Signatories (Up to \$47 Million)



DSA Signatory Grants (Forthcoming)

The DSA Signatory Grants are **designed to provide direct support to Signatories** to subsidize their implementation efforts. This grant will fund activities for Signatories to meet their DSA requirements



### **Educational Initiative Grantees**

Eight grantee associations are providing direct and tailored education to various DxF participant groups.

Educational Initiatives Grantees		Signatory Type
Multi-Association Initiative led by America's Physician Groups (APG)	DxFeducation@connectingforbe tterhealth.com	Physicians (Group Practices/Family Physicians/etc.), Aging Providers, Skilled Nursing Facilities (includes nursing homes and ICFs), Health Information Exchanges
California Medical Association	DxFQuestions@cmadocs.org	Physician Organizations, Medical Groups
California Primary Care Association	grants@cpca.org	FQHCs
The County Health Executives Association of California	mgibbons@cheac.org	Local health departments
California Association of Health Plans	info@calhealthplans.org	Health insurance plans
Leading Age California Foundation	info@leadingageca.org	Skilled Nursing Facilities, Health Plans, Community-Based Organizations
American Academy of Pediatrics, California Chapter I	projectcoordinator@aapcal.org	General acute care hospitals, Physician organizations and medical groups, Acute psychiatric hospitals, Community-based organizations providing social services, Behavioral health providers, County health, social services, and public health, Other health care entities
California Council of Community Behavioral Health Agencies	response@cccbha.org	Community-Based Organizations Behavioral Health Providers



# The Multi-Association DxF Education Initiative



#### Partner Associations













**Consulting Supports** 





### Our Objectives



Develop targeted initiatives educating physicians, physician organizations, medical groups, skilled nursing facilities, HIE/HIOs, and aging providers on the DxF, its execution, and subsequent implementation



Create a broad, comprehensive, multistakeholder platform for educating and supporting other required and optional signatories in the health and social services space

#### What are people saying about the DSA?

"...whether physical, social, or behavioral, the reality is data exchange is a tool for the ages. Through the DxF, the rapid exchange of health care information will be critical in advancing broader public health."



Regional Director, California Association of Health Facilities



Data Exchange Framework Information Hub: A Multi-Association Initiative

### Our Work

#### **Leverage Existing Forums**

Identify existing webinars, conferences, and forums to educate members about the DxF

#### **Information Hub**

Created an information hub "one-stop-shop" to uplift CDII and Multi-Association resources and trainings.

#### Storybank and Speaker's Bureau

Collect stories, data sharing supporters and signatories, and identify speakers that partner associations can request to speak at events/webinars



#### **Tailored Materials**

Develop tailored materials for associations, including monthly newsletter content, fact sheets, and more

### Coordinating Council and Office Hours

Host bimonthly meetings with representatives from each partner association and monthly office hours for association members

#### **Engagement Managers**

Each partner association has an assigned engagement manager to regularly check-in about implementation supports they might need

# From the DxF Educational Initiative Grantees

#### **New Resources**

- <u>LeadingAge FAQ</u>
- Multi-Association DxF Resource Microsite
- California Medical Association Data Exchange Explainer Series #2 Data Exchange Policy & Legal Environment
- California Medical Association DxF Fact Sheet
- California Primary Care Association DxF Resource Microsite
- California Council of Community Behavioral Health Agencies DxF Factsheet

### **Upcoming Events**

Date	Event
4/19/2023	49th CMA Annual Legislative Advocacy Day
4/19/2023	CPCA DxF and Policy and Procedures 101
4/26/2023	CHEAC Webinar #3: Key Considerations for LHDs
5/10/2023	LeadingAge CA DxF Forum: Key Considerations for HIPAA Covered Signatories
5/10/2023	LeadingAge CA DxF Forum Webinar: Key Considerations for non-HIPAA Covered Signatories
5/17/2023	CPCA DxF Bootcamp
5/18/2023	CHEAC DxF Policies & Procedures Office Hours
5/22/2023	CMA Health IT Conference: Powering Value-Based Care



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#### Supporting DSA Signatories (Up to \$47 Million)



DSA Signatory Grants (Forthcoming)

The DSA Signatory Grants are **designed to provide direct support to Signatories** to subsidize their implementation efforts. This grant will fund activities for Signatories to meet their DSA requirements



### **DSA Signatory Grants Administration**



CDII has contracted with **Public Consulting Group (PCG)** to be the Third-Party Grant Administrator for the DSA Signatory Grants. PCG will support the administration and management of the DSA Signatory Grant initiative.

#### Working closely with CDII, PCG will:

- Develop and manage the DSA Signatory Grant Application Portal.
- Review applications and funding requests.
- Manage milestone attestations and funding disbursements.



CDII has contracted with the **California Association of Health Information Exchanges (CAHIE)** to provide <u>application writing support</u> for organizations interested in applying for the QHIO Onboarding Grant.

#### Working closely with CDII, CAHIE will:

- Assist organizations to complete and submit QHIO Onboarding Grant applications.
- Support targeted outreach efforts for eligible signatories.



### DSA Signatory Grants: Funding Rounds

Up to \$47 million in funding will be allocated to applicants across at least three rounds of funding.

CDII will reserve funding to ensure at least three rounds of funding are available to applicants,
ensuring that organizations with limited resources have sufficient time to complete and submit a
grant application while still beginning to award grants as early as possible.



<sup>\*</sup> Timeline is subject to change pending application volume experience from early rounds.

- Additional rounds may be held based on application volumes and scoring in Rounds 1-3.
  - CDII will provide notice before the last round of grant applications closes.



### DSA Signatory Grant: Application Template & Guidance Document



#### **Application Templates**

Planned release by end of April

The **Application Templates** gives potential applicants a preview of what to expect in the upcoming DxF Grant Portal (anticipated to go live mid-May).

#### **Guidance Document**

The **Guidance Document** provides additional information on the DSA Signatory Grant Program, including details specific to each of the grant domains.

Will be released this week





## DSA Signatory Grant Overview for Applicants



### **Key Concepts**

**Signatory** 

A <u>Signatory</u> is defined as an organization that has signed the DSA. Organizations may sign the DSA directly, or a "parent organization" may sign the DSA on their behalf as a "subordinate organization."

A subordinate organization is considered a Signatory for the purpose of the DSA Signatory Grant Program.

**Applicant** 

An <u>Applicant</u> is the organization that submits the Application for a DSA Signatory Grant. An Applicant may be a Signatory applying on its own behalf, or it may be an organization apply on behalf of one or multiple Signatories (referred to as an Umbrella Applicant).

Applicants are referred to as "Grantees" if they receive a DSA Signatory Grant.

Instance

An <u>Instance</u> represents a singular configuration for an electronic record system product -- which may be an electronic health record (EHR) or otherwise\* -- that may exist within and/or across multiple DSA Signatories included in the Application.

\*Organizations that do not have an EHR should consider their current electronic record system.

QHIO

A Qualified Health Information Organization (QHIO) is an HIO that has been "qualified" by CDII based on its ability to meet DxF data exchange requirements.

TA

Technical assistance is technological or operational support for an organization and can comprise a range of activities.



### **DSA Signatory Grant Domains**

Eligible DSA Signatories may apply for <u>one</u> of the following grant opportunities:

	Qualified Health Information Organization (QHIO) Onboarding Grant	Technical Assistance (TA) Grants
	The " <b>assisted</b> " pathway.	The " <b>build your own</b> " pathway.
Required Grant Outcomes	Complete onboarding with QHIO that enables Signatories to meet DSA requirements	<ul> <li>Achieve at lest one of the following required outcomes:</li> <li>Identified and contracted with a technology solution</li> <li>Implemented a technology solution capable of supporting real-time data exchange</li> <li>Adjusted, upgraded, or adopted an electronic documentation system</li> <li>Created or provided training for new workflows</li> </ul>
Activities	QHIO identifies technical or operational solutions to complete onboarding. CDII will publish a list of QHIO options, and Signatories select from the list.	Applicants are responsible for identifying technical or operational solutions to achieve DSA requirements.
Application Process	Applications are submitted by <b>CAHIE</b> on the Applicant's behalf.	Applications are submitted by the <b>Applicant</b> .
Grant Management	The Grantee's contracted <b>QHIO</b> receives and manages grant funds.	The <b>Grantee</b> receives and manages the funds directly.



### **Eligibility Criteria**

#### To be eligible for <u>either</u> the QHIO Onboarding or TA Grants, Applicants must:



- A. All Signatories included in the Application must sign the CalHHS Data Sharing Agreement (DSA) prior to submitting the Grant Application.
- B. All Signatories included in the Application must require additional support and capabilities to meet their DSA requirements. Eligible Applicants would need to complete one of the following to achieve their DSA requirements:
  - i. Connect to a QHIO that can conduct the real-time data exchange required by the DSA and its P&Ps; or
  - ii. Implement another technology solution or service that achieves the real-time data exchange required by the DSA and its P&Ps.
- C. For the first two rounds only: Signatories in Applications for the first two rounds of DSA Signatory Grants are limited to specific organization types, outlined below:
  - General acute care hospitals;
  - Physician organizations and medical groups;
  - Skilled nursing facilities;

- Health care services plans and disability insurers;
- Clinical laboratories; and
- Acute psychiatric hospitals.





### Uses of **QHIO Onboarding** Grant Funding

#### Permissible Uses

QHIOs and signatories must agree on how funds will be used to support onboarding.

#### QHIOs may use funding to offset QHIO costs:

- The QHIO's costs to connect to a DSA Signatory's EHR or other electronic documentation system (i.e. initial QHIO fees); and
- ✓ The QHIO's costs to develop capabilities to perform the HIE capabilities outlined in the DSA and its P&Ps.

#### QHIOs may use funding to offset other costs:

- Configuration costs for the DSA Signatory's EHR or other electronic documentation system to enable their connection to the QHIO (i.e., fees paid to the EHR vendor); and
- DSA Signatory's cost to retain a technology consultant or IT staff for onboarding.

### **Impermissible Uses**

Reminder: Organizations that already complete the real-time data exchange required by DSA are not eligible for DSA Signatory Grants.

Grantees may not use the funding in the following ways:

- × For **ongoing HIE operations** (i.e., funds can only be used for initial QHIO onboarding activities).
- × For purchasing new EHR technology.
- × For onboarding to a non-qualified HIO.
- × For changing from one QHIO to another.
- × For connecting to multiple QHIOs.
  - × Signatories can opt to connect to multiple QHIOs but a QHIO Onboarding Grant may only be used for one QHIO.





### Uses of <u>TA Grant</u> Funding

#### **Permissible Uses**

Grantees may apply for one or more of the following funding uses:

- For identifying/contracting with a vendor providing a technology solution (QHIO or otherwise) for meeting DSA requirements
- For **onboarding costs to implement a technology solution** (QHIO or otherwise) that establishes real-time data exchange as required by the DSA
- For adjusting, upgrading, or adopting an **EHR or other technology systems** (including HIO or other documentation system) necessary to achieve real-time data exchange as required by the DSA
- ✓ For creating and providing training on new workflows and processes needed to achieve DSA requirements

### **Impermissible Uses**

Reminder: Organizations that already complete the real-time data exchange required by DSA are not eligible for DSA Signatory Grants.

Grantees may not use the funding in the following ways:

- × For activities that do not support the signatory in achieving its DSA requirements or establishing data exchange with other health and human services organizations
- × For activities other than those specified in their application
- For ongoing subscription or recurring costs for a HIO, EHR, or other health IT system

**Change Request:** Applicants in the TA Grant Domain may discover mid-implementation that they need to re-prioritize their investments in order to achieve their DSA requirements. Applicants can submit a <u>change request</u> for their grant, depending on their proposed change in activities.



### **Funding Maximums**

An applicant can request up to the funding maximum for every **Instance** in its application.

Type of Primary Signatory Using the Instance	Baseline Funding Maximums
<ul><li>General Acute Care Hospitals</li><li>Acute Psychiatric Hospitals</li><li>Skilled Nursing Facilities</li></ul>	\$50,000
Physician Organizations and Medical Groups	\$35,000
Health Insurance Plans	\$25,000
Clinical Laboratories	\$15,000
Other DSA Signatories	\$25,000

### How were funding maximums set?

Maximums were informed through stakeholder engagement, consultation with the DxF Implementation Advisory Committee (IAC), and previous funding maximums identified through the <u>Cal-HOP</u> program.

Funding is intended to **subsidize investments** in achieving DSA
requirements and **may not cover total investment costs**.



### Opportunity for Enhanced Funding

CDII recognizes that some Signatories may require additional funding due to limited resources. To address this need, some **Instances** may be eligible for **enhanced funding maximums** if the Primary Signatory in that Instance meets certain criteria.

Type of Primary Signatory Using the Instance	Enhanced Funding Maximum
<ul><li>General Acute Care Hospitals</li><li>Acute Psychiatric Hospitals</li><li>Skilled Nursing Facilities</li></ul>	\$100,000
Physician Organizations and Medical Groups	\$50,000
Health Insurance Plans Clinical Laboratories	Not Eligible
Other DSA Signatories	\$50,000

#### Primary Signatory Meets the Following Enhanced Funding Criteria

Primary Signatory serves Californians in marginalized populations (as measured by volume of Medi-Cal, dual, and uninsured) and/or underserved and/or underfunded geographic areas (as measured by the Healthy Places Index).

✓ No Cal-HOP Funding Primary Signatory has <u>never</u> received Cal-HOP Funding.





### **QHIO Onboarding Grant: Application Process**

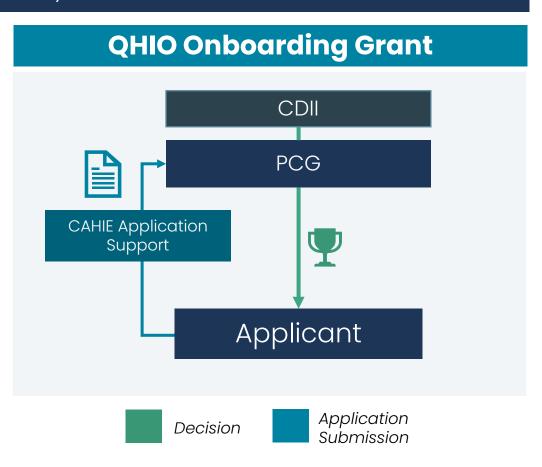
#### The "assisted" pathway.

- Signatory decides it wants to onboard with a QHIO to achieve its DSA requirements and determines it is eligible for a QHIO Onboarding Grant.\*
- Signatory submits a request for CAHIE to complete and submit an application on their behalf to CDII through PCG's DxF Grant Portal.

  Note: Signatory can apply on their own behalf or as part of an Umbrella Application.
- PCG and CDII score the application, make an award determination, and announce the award decision.

<sup>\*</sup>Prior to the announcement of QHIOs, Signatories do not need to select a specific QHIO in order to apply for a QHIO Onboarding Grant.







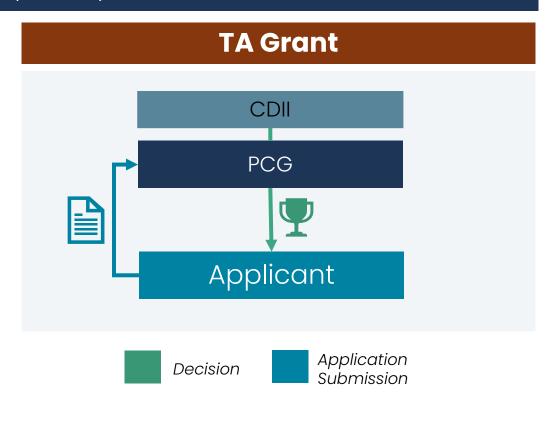
### **TA Grant: Application Process**

#### The "build your own" pathway.

- Signatory decides it needs TA to achieve its DSA requirements and determines it is eligible for a TA Grant.
- Signatory identifies its specific TA needs and resources to address those needs, and signatory submits a grant application through PCG's DxF Grant Portal.

Note: Signatory can apply on their own behalf or as part of an Umbrella Application.

PCG and CDII score the application, make an award determination, and announce the award decision.







### **QHIO Onboarding Milestones & Payments**

#### The "assisted" pathway.



Grantee and QHIO sign a contract to onboard signatories included in the Application to the QHIO.

**Milestone Reporting:** QHIO submits quarterly report attesting to Milestone 1 within 12 months of grant award.\*

Funds Disbursement: PCG releases funding to QHIO when Milestone 1 is achieved.



QHIO successfully completes onboarding of Grantee, and realtime data exchange begins.

**Milestone Reporting:** QHIO submits quarterly report attesting to Milestone 2, cosigned by applicant, within 24 months of grant award.

Funds Disbursement: PCG releases funding to QHIO when Milestone 2 is achieved.



#### Milestone 1

Contract Signed between Signatory & QHIO\*



#### Milestone 2

Attestation of Completed QHIO Onboarding

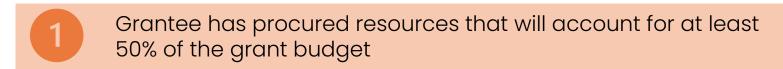


<sup>\*</sup> Grantees can select and contract with a QHIO at any point between January 1, 2023, and one year after their grant award is announced. Organizations that contract with HIOs prior to the announcement of QHIOs understand that they will not be able to use a QHIO Onboarding Grant to onboard to that HIO if it is not qualified by CDII.



### TA Grant Milestones & Payments

#### The "build your own" pathway.



**Quarterly Report:** Grantee submits quarterly report attesting to Milestone 1 within 12 months of grant award.

Funds Disbursement: PCG releases funding to Grantee if Milestone 1 is achieved.

Grantee has achieved one of the four potential Outcomes of a TA Grant.

**Quarterly Report:** Grantee submits quarterly report attesting to Milestone 2 within 24 months of grant award.

Funds Disbursement: PCG releases Milestone 2 funding to Grantee.



#### Milestone 1

Demonstration that grantee has procured resources that will account for at least 50% of the grant budget



#### Milestone 2

Demonstration that grantee has achieved one of the four required outcomes of a TA Grant



### **DSA Signatory Grants: Next Steps**



### **QHIO Onboarding Grant**

Connect with CAHIE today to learn more about upcoming QHIO Onboarding Grant Application Support:

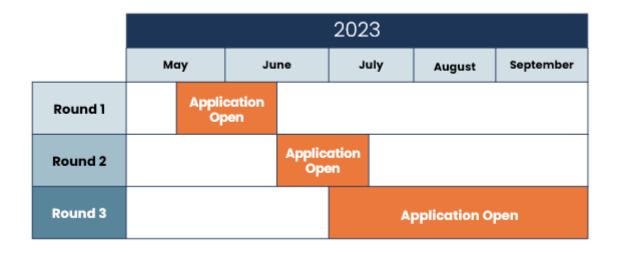
grantsupport@cahie.org



### **TA Grant**

- 1. Review the application guidance document and determine the kinds of TA your organization will need.
- 2. Sign up for the CDII Mailing List and look out for the announcement of the DSA Signatory Grant Portal opening: <a href="mailto:cdii@chhs.ca.gov">cdii@chhs.ca.gov</a>

#### **Upcoming Application Windows**





### Wrap-up & Q&A



### **Question & Answer**





### **Stay Involved**

- Join our next *Information is Power* webinar on May 16, 2023 from 10:00 AM 12:00 PM PT
- Participate in IAC and DSA P&P SC meetings.
  - Joint IAC and DSA P&P SC Meeting #6: April 24, 2023, 10:30 AM to 12:30 PM

Meeting materials, participant information, and recordings will be posted on the CalHHS DxF website

Join the mailing list by emailing <a href="mailto:cdi@chhs.ca.gov">cdii@chhs.ca.gov</a>

CDII welcomes suggestions for future webinar topics.



# Highlighted Study: The Impact of Community Health Information Exchange Usage on Time to Reutilization of Hospital Services

Information exchange is critical to supporting health and wellbeing. One 2023 study found that the use of Health Information Exchanges by primary care physicians following their patients' discharge from inpatient settings significantly reduced the patient's likelihood of visiting the emergency department and being re-hospitalized.

#### Key Findings

- This study showed that physician lookup in the HIE reduced a recently discharged patient's likelihood of admittance to the emergency department and being rehospitalized by 52% and 61%, respectively.
- The results indicate that the utilization of HIEs by primary physicians may dramatically increase the time until inpatient or ED reuse.



**Source:** The Impact of Community Health Information Exchange Usage on Time to Reutilization of Hospital Services | Annals of Family Medicine (annfammed.org)

### **DxF Website Resources**

For more information on the DxF, please visit our <u>Website</u>.

### There you can find:

- The DxF, DSA, and P&Ps.
- Information about the QHIO and DxF Grant programs.
- Materials from previous and upcoming meetings, webinars, and listening sessions.
- FAQs on the DxF Data Sharing Agreement and the DSA Signing Portal.

