**California Health & Human Services Agency**
**Center for Data Insights and Innovation**
**Data Exchange Framework Stakeholder Advisory Group**
**Public Comments: Letters and Other Correspondence**
**October 7, 2021 – November 9, 2021**

The Center for Data Insights and Innovations received the following public comment letters and other correspondence between the second and third meetings of the Data Exchange Framework Stakeholder Advisory Group (October 7, 2021 – November 9, 2021).

**Contents**

**1. CA HIE TF OCHIN involvement letter**

Transmitted via electronic mail to CDII@chhs.ca.gov

October 20, 2021

Honorable Mark Ghaly, MD
Chair
Data Exchange Framework Stakeholder Advisory Group
California Health and Human Services
1215 O Street
Sacramento, CA 95814

Re: Recommendations on Advancing Equity, Interoperability and Health Information Exchange to the California Health and Human Services Data Exchange Framework Stakeholder Advisory Group

Dear Chair Ghaly,

On behalf of OCHIN and the California Telehealth Network (CTN), I appreciate the opportunity to offer recommendations concerning equity, interoperability, and health information exchange to support the ongoing efforts of the Stakeholder Data Exchange Framework Advisory Group (Advisory Group). California's health information exchange strategy and requirements should support continuity of care, care coordination, effective local, state, and federal public health measures, and reduction in costs and administrative burdens for community-based providers and the patients they serve. In short, with focus and intention the Advisory Group can offer a roadmap for health information exchange that drives 21st Century digital infrastructure changes that dismantle structural inequality, improve health outcomes, activate patient engagement, and strengthen public health by leveraging and building on existing national digital health terminology and technical standards as well as national frameworks for trusted data exchange. Fragmentation and varied standards not only undermine public health capabilities, as demonstrated by the COVID-19 public health emergency, but also impose costly and burdensome requirements on providers in underserved communities that must divert limited resources away from patient care. We strongly urge the Advisory Group to avoid conflicting and/or duplicative requirements that will harm patients and drive cost.

**OCHIN CAPABILITIES DRIVING EQUITY, INTEROPERABILITY AND HEALTH INFORAMTION EXCHANGE**

OCHIN leads a health information technology innovation and research network committed to improving the integration and delivery of health care services across a wide variety of practices, with an emphasis on community clinics and small practices in historically underserved and marginalized communities, as well as critical access and

rural hospitals. OCHIN's network of community providers includes over 30 California members including 29 federally qualified health centers (FQHCs) serving nearly 1 million network patients, half of whom are covered under Medi-Cal. Nationally, the OCHIN network includes over 137 FQHCs, FQHC lookalikes, rural health centers, public health departments, and other primary care practices vital to underserved communities; these members include over 1,000 locally controlled community-based health care sites with 21,000 providers in 47 states serving nearly 6 million patients in rural and other underserved communities.

Through the OCHIN network's data exchange capabilities, we are driving our health care system towards interoperability by connecting community-based health centers to each other, as well as the broader delivery system, to ensure that underserved communities have access to the highest quality health care while improving public health capabilities, research, and next generation informatics that will benefit patients, providers, public health, while informing the work of policymakers. Our network members:

- Have securely exchanged over 200 million clinical summaries across all 50 state and the District of Columbia, including 11 million exchanged annually with non-Epic organizations.
- Are electronically connected to over 21 regional health information exchanges; over 28 state prescription drug monitoring programs, 24 immunization registries (15 bi-directional), and 50 laboratories (all bi-directional).
- Successfully exchange data with the Social Security Administration (25,000 annually), the Department of Veterans Affairs (93,000 annually) and over 17 members exchange community referrals with over 8 partners.
- Triggered over 1 million COVID-19 electronic case reports since 2020.
- Partnered to exchange data through the Carequality Framework and the eHealth Exchange HUB two-way participant.

Further, OCHIN is the only national research network that systematically includes data on the uninsured and under-insured. Leveraging existing national standards for health information exchange is essential to drive learning health care systems, particularly among the nations providers in underserved communities.

**RECOMMENDATIONS**

OCHIN respectfully urges the Advisory Group to:

1. Align California's data exchange framework to that of the national standards for health-related data collection and exchange and other national technical standards that support interoperability. Duplicate or conflicting requirements impose a heavy burden on providers in underserved communities and undermine public health capabilities and research efforts. In addition, we strongly urge the Advisory Group to include a roadmap for engagement with Office of the National

Coordinator for Health Information Technology (ONC) to advance the U.S. Core Data for Interoperability (USCDI) process that is already underway and to ensure equity and public health elements and domains are prioritized.

2. Urge Congress and actively engage the Biden Administration to advance a national unique patient identifier. The varied patient identifiers and methods currently in use impede electronic exchange, increase administrative complexity, and cost, and negatively impact patient safety, public health, and clinical research. Multiple "unique" identifiers for patients who move among states, providers, health plans, and public health jurisdictions undermine efforts to improve interoperability as well as privacy, security, patient safety, and equity. For example, in the OCHIN network mismatching and duplication disproportionately affects communities of color, thus undermining health equity and contributing to structural inequality:

   - Hispanic/Latinx patients make up 21% of the populations that our members serve, yet they make up 35% of the duplications.
   - Black patients represent 13.6% of patients, 22% of the duplicates.

3. Urge the Newsom Administration to target funding that allows health care providers, public health agencies, state agencies, and community providers to modernize and update to health information technology systems that are able to electronically exchange data. In California there remain too many providers, particularly those in underserved areas who are not participating or are getting left behind and are not able to onboard to health information exchanges, either through national networks, vendor-based/electronic health record-based exchanges, or health information exchange organizations (HIOs). While there is significant health information exchange happening today in the state, data transport through the health information exchange is stymied where there are antiquated systems. As a result, it is critical that providers have the resources to adopt or upgrade electronic health record systems that facilitate data exchange. Many providers do not have "operable" systems including public health agencies and a range of providers including those, for example, providing mental health and hospice services.

Please contact me at stollj@ochin.org to work together to improve California's health information exchange framework and provide the highest possible quality care to Californians.

Sincerely,
Jennifer Stoll
Executive Vice President
Government Relations & Public Affairs