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Via email

Re: APG Comments on Draft Data Exchange Guiding Principles

Thank you for the opportunity to comment on the draft Data Exchange Guiding Principles. America's Physician Groups strongly believe that the guiding principles can be streamlined and clarified through an amended group of five principles, listed below. We also agree with the current draft of Principle No. 7, without change.

Comments on Draft Principle number 1: This language conflates the concept of health equity with the concept of data standardization. The need for data standardization goes far beyond the purpose of furthering health equity. Indeed, its primary purpose is to enable a healthcare system in which the data that is collected can be used in an actionable manner to improve equal access to care, improve quality, reduce cost, etc.

Therefore, we would propose the following amended Principle No. 1:

Principle 1: Standardization of data formats

- Recognize that the standardization of data collection, aggregation and dissemination is a process to create more usable and actionable information for government, payers, providers, and patients to increase understanding, and improvement of health outcomes
- Promote the adoption of standardized collection, aggregation, and dissemination of health information so that data is relatable and actionable for the purposes of quality improvement, identification of gaps in care and health disparities, increased access to care, and cost reduction
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Comments on Draft Principle number 2: By unpacking and clarifying the concept of data standardization under Principle #1, the need for a separate Principle on actionability is moot. Principle #2 can now be focused on health equity priorities.

New Principle 2: Equal Access to Data across the Care Continuum

- Prioritize the collection and analysis of health information to focus on the reduction of health disparities within our California population and increase health equity

- Enable access to the necessary patient health information for all health care payers and providers in the care continuum
- Enable access to clear and understandable personal health information at the patient level to achieve better patient outcomes through informed choice

Comments on Draft Principle number 3: The support of whole person care as a delivery model is facilitated through a variety of factors – one of which is improved provider access to patient information through data exchange that is standardized and actionable. Other factors include provider payment reform, development of clinical coordinated care infrastructure, and transparent performance measurement. Where data is standardized under Principle #1 and health equity is prioritized under Principle #2, there is less need to this current draft Principle #3 on Whole Person Care, which is a potential priority of overall health care delivery policy in the California health care system.

Therefore, we suggest a new Principle #3 to address what is currently set forth under draft Principles 5 and 8, which focus on privacy, security, and accountability issues. We wish to underscore in this new suggested principle that government bears a responsibility to provide access to its information in an actionable manner to improved health system outcomes and provider performance.

Principle 3: Shared Responsibility and Accountability for Health Information Exchange

- Recognize that government, payers, providers, and patients all play a vital role in the creation, maintenance, and use of patient health information and its exchange and that each participant bears a shared responsibility to fulfill the goal of achieving ready access to necessary health information
- Specify the responsibilities of each player within the health care system to create, maintain, authorize, and exchange necessary patient health information

Comments on Principle number 4: The prioritization of patient access to personal health information has already been covered under our revised Principles 1, 2 and 3. Therefore, the existing draft Principle can be eliminated.

We suggest a new Principle #4 as follows, that focuses on a crucial factor not cited in the current draft, which is funding for HIE infrastructure.

Principle 4: Funding to Implement Infrastructure

- Recognize that development of critical infrastructure is necessary to accomplish the goal of the Data Exchange Framework and this it is dependent upon adequate funding through a variety of mechanisms
- Prioritize the pursuit of federal and other funding sources to develop health information exchange infrastructure

Comments on Principle number 5: The current draft of Principles 5 and 8 seem focused on patient privacy, security, and accountability issues. The federal CURES ACT, and impending changes to HIPAA address much of what is cited in these two draft Principles. We suggest that the real issue in play here is the balancing act between the need for individual privacy and security against the need for governmental, payer and provider access to that personal health information.

Therefore, we suggest the following amended Principle #5:

Principle 5: Balance Patient Privacy Against Broader Payer/Provider Access to Data

- Recognize the fundamental right of individual users within the health care system to privacy and security and prioritize the standardization and clarity of federal and state policy, law, and regulation on individual privacy rights
- Prioritize the adoption of infrastructure and rules for safe and secure health information exchange
- Balance the need for privacy against the need of providers to access patient health information for the purpose of care delivery, quality improvement and population health management

Comments on Principle number 6: Establishing clear and simple data access and information policies seems to be the chief undertaking of this Stakeholder effort. Thus, each adopted principle should further that outcome. Accordingly, there is no need to call this out as a separate Principle within the document.

Comments on Principle number 7: We agree with the language of this draft Principle, which prioritizes the adherence to federal, state and industry recognized standards. No change is necessary.

Comments on Principle number 8: We struggle to understand the purpose or necessity of this draft Principle on Accountability. It appears redundant to the language in the draft Principle #5. We have incorporated the concept of shared responsibility and accountability into our suggested Principle #3, above.

Thank you for the opportunity to provide comment.

For America's Physician Groups:



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