



December 23, 2021

John Ohanian
Chief Data Officer
Center for Data Insights and Innovation (CDII's)

Re: LANES feedback and comments on the data exchange gaps and opportunities

Dear Mr. Ohanian,

Thank you for the opportunity to provide feedback and comments on the December 14th Advisory Group (AG) presentation. We applaud you and your team for your efforts in addressing the infrastructure gaps for sharing health data and appreciate your openness in considering ideas from the stakeholders. It is certainly a privilege to work with you and the stakeholders on the proposed initiatives to deliver on the promise of AB 133.

Your agency has done an excellent job identifying the interoperability gaps and opportunities. Therefore, we support the listed options in the deck and propose the following policy recommendations on the issues that are critical to the providers in Los Angeles County:

Opportunity #1: Multi-Payer EHR Incentive Program

1. We support incentive programs for providers adopting certified EHRs. The solo and small practices need a significant amount of Technical Assistance (more than CTAP offered) for EHR adoption and privacy and security matters related to digital charts.
2. The Cal-HOP HIE onboarding program was a success. We encourage and support a similar program to onboard all provider types to HIOs, including behavior health clinics, long-term care, skilled nursing facilities, and Independent Physician Associations (IPAs). We recommend that these programs evolve and include funds in the governor's budget over several years.
3. The state should offer a Technical Assistance program for onboarding solo and small practices to a qualified HIO. The state should allow HIOs to participate in the HIE onboarding Technical Assistance program.

Opportunity #2: HIE On-Boarding Program, Qualified Networks and State Data Sharing Requirements

1. We support the concept of a "qualified" information exchange intermediary, like the Cal-HOP qualification program. In addition, we recommend qualified HIOs develop FHIR



capability by the end of 2022. We do not recommend the TEFCA QHEN qualifications at this time for CA.

2. Supporting the existing network infrastructure and regional HIOs is a core tenant of AB133. The state should provide funds and incentives to the Medi-Cal providers that sign up and onboard with their qualified regional HIOs. If an organization operates in multiple regions, the state should fund the connections to more than one HIOs (like the Cal-HOP program). Providers can sign up with more than one qualified HIO but only receive funds and incentives when onboarding with the regional HIO. This approach would avoid creating an island of providers not connected to their local community, which is the current situation in Los Angeles.
3. Qualified exchange intermediaries should share patient data in compliance with HIPAA and permissible use (treatment, payment, operation). To exchange patient data efficiently among the qualified HIOs, we recommend that the California qualified HIOs produce an exchange model based on FHIR. CTEN framework can be the vehicle for creating such a model. The state should provide funding for this effort to create a more efficient and secure backbone infrastructure among the qualified HIOs that can expand to exchanging other types of data, such as SDoH, in the future. The alternative for exchanging data among qualified HIOs is leveraging national networks like eHealth Exchange and CareQuality. However, these networks have patient matching issues and other shortcomings with respect to data usability. We think CA can do better with an FHIR enabled exchange among qualified HIOs.
4. Event notification is essential to improving health outcomes and curbing healthcare costs. The state and health plans should consider incentives for the providers that take action on the alerts/notifications. Many providers don't have the human resources to act on the alerts or follow up with patients. Although we support expanding the scope of event notification beyond the transition from acute care, the state should first consider incentives to providers and IPAs to address the resource issue.
5. We would like the state to consider an ongoing funding model for HIOs to support the evolving technology infrastructure. Therefore, we recommend the HIO funding be included in the governor's budget.

In conclusion, we are encouraged by the opportunities and the bold options the state proposes to address the critical gaps in the health data ecosystem.

We agree with a multi-payor incentive EHR program but caution you that this is a heavy lift. The state should not underestimate the challenges and significant funds needed for technical assistance to guide and hand-hold small ambulatory practices. The incentive program should



prioritize a more common and widely adopted EHR system and an effective program that delivers the desired outcome.

We strongly support an HIE onboarding incentive program, like Cal-HOP. Based on our experience with the Cal-HOP, we reiterate that the small ambulatory providers need significant technical assistance for connecting to a qualified HIO. We recommend the new program and incentives include the Independent Physician Associations (IPAs). The IPAs play a vital role in care coordination and transition of care planning. So, their connection to HIOs, and receiving event notifications will be essential to act on the admit and discharge alert and notifications.

We believe the qualified regional HIOs can accelerate data exchange and enhance the data quality as the raw data goes through their systems, like a data refinery. Enhancing data quality will help improve health equity and provide better insight for treating patients, which are the premise of the Framework Guiding Principles.

We call for a funding model that prioritizes Medi-Cal providers connecting to the qualified regional HIOs to avoid a fragmented environment. This federated approach is essential for the success of the CalAIM as the regional HIOs can better serve the unique need of each community's managed care health plans, Medi-Cal providers and community services. Finally, we ask for ongoing public investment to sustain the health utility infrastructure.

Thank you for the opportunity to provide comments on these crucial issues. As always, let me know if you have any questions or need additional information.

Sincerely,

A handwritten signature in blue ink that reads "A. Modaressi". The signature is written in a cursive style and is underlined with a blue line.

Ali Modaressi
Chief Executive Officer