CALIFORNIA MEDICAL ASSOCIATION

MEMORANDUM

To: **John Ohanian**
From: **David Ford**
Date: **February 10, 2022**
Re: **Provider Technical Assistance for Data Exchange**

As a follow up to comments I made at the last Data Exchange Framework (DxF) Committee meeting, I am writing to reiterate CMA's request that the state engage with the committee and other stakeholders to develop a funding plan to support technical assistance (TA) for small and safety net providers, to ensure that they can participate in the DxF.

Assembly Bill (AB) 133 specifically calls for the state to undertake this effort:

> *(g) The California Health and Human Services Agency shall work with experienced nonprofit organizations and entities represented in the stakeholder advisory group in subdivision (c) to provide technical assistance to the entities outlined in subdivisions (e) and (f).*

In addition, small and safety net practices were given two additional years to comply with the mandate to allow time for this TA to take place:

> *(2) The requirement in paragraph (1) shall not apply to physician practices of fewer than 25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 acute care beds, state-run acute psychiatric hospitals, and any nonprofit clinic with fewer than 10 health care providers until January 31, 2026.*

It was an explicit part of the negotiations leading up to AB 133 that these two components of the bill are related. Supporting the small and safety net providers is a priority item for the state and the DxF Committee. Unfortunately, after five meetings of the DxF Advisory Group, it has not been discussed, and there was no mention of it in the Governor's Initial Budget proposal.

It is urgent that this plan be developed for inclusion in the final 2022-23 State Budget. As of the writing of this memo, the data sharing mandate for small and safety net providers takes effect in just under four years. The experience of similar efforts[1] shows that providing this type of technical assistance takes considerable time. Furthermore, if any of the funding to

[1] For example, consider the Regional Extension Center Program (REC), the California Technical Assistance Program (CTAP), and the California HIE Onboarding Program (CalHOP).

support this plan is to be matched by the federal government, we must include time for the state to make that request, and for federal HHS to respond.

CMA has previously provided you with our proposal for providing TA to small practices. We are attaching it here for anyone who has not yet seen it. We are also supportive of the coalition effort led by Manifest Medex to consider how federal funding might be able to support this work. The final plan likely will incorporate pieces of both proposals, depending on the availability of federal funding for various functions.

Thank you in advance for your consideration of this request. Feel free to contact me at 916-551-2556 or dford@cmadocs.org to discuss further.

CMA Proposal: HIE Technical Assistance for Small and Safety Net Practices

Summary: The California Medical Association (CMA) is requesting $80 million to provide technical assistance to small and safety net practices around health information exchange (HIE). The funding will flow to experienced technical assistance organizations to provide personalized training and support to physicians during their implementation of HIE capability in their practices.

This funding request implements a component of the Health Trailer Bill to the 2021-22 State Budget and supports the state's efforts to move to value-based care.

LEGISLATIVE HISTORY

Assembly Bill (AB) 133, the Health Trailer Bill to the 2021-22 State Budget, added Division 109.7 to the California Health and Safety Code. This section, titled the "California Data Exchange Framework," requires most health care providers to actively exchange data beginning January 31, 2024. Small and safety net practices[1] are given two additional years, to January 31, 2026.

Subsection (g) of the new Division requires CHHS to "*work with experienced nonprofit organizations and entities represented in the stakeholder advisory group in subdivision (c) to provide technical assistance to the entities outlined in subdivisions (e) and (f)*." The additional two years that small and safety net practices are allowed is intended to provide time for this technical assistance program to operate.

This funding request implements that component of AB 133 and is consistent with the intent of the subsection.

[1] Defined in the statute as "physician practices of fewer than 25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 acute care beds, state-run acute psychiatric hospitals, and any nonprofit clinic with fewer than 10 health care providers."

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COMPONENTS OF THE CMA PROPOSAL AND FUNDING BREAKDOWN

The CMA proposal seeks to provide small and safety net practices with 3 services intended to support their transition to actively exchanging data: technical assistance, infrastructure upgrades, and subsidized interfaces. The funding request is based on an assumption of providing assistance to 4,000 practices at an estimated cost of $20,000 per practice. The cost estimates are based on previous similar technical assistance efforts, as described below.

- **Technical Assistance**: $5,000 per practice. This component covers the cost of personalized expert advice and support from an experienced and trusted advisor. This support could include project planning, clinical workflow redesign, staff training, and assistance with product selection.

  $5,000 per practice was the figure used in two similar technical assistance programs – the federal Regional Extension Center (REC) project and the California Technical Assistance Program (CTAP).

- **Infrastructure Upgrades:** $5,000 per practice. As practices plan their implementation of data exchange, many will discover that their current IT infrastructure will not support their needs. This component of the proposal would provide physicians with practice grants to support some of the costs needed to complete upgrades.

- **Subsidized Interfaces:** $10,000 per practice. For many small and safety net practices, connecting for data exchange will require custom interfaces. These interfaces can be prohibitively expensive and can be recurring costs. This component of the proposal would provide state funding to help defray these costs.

  This component of the proposal is analogous to Milestone 2a of the California HIE Onboarding Program[2], which was also priced at $10,000 for ambulatory practices.

RATIONALE

CMA offers the following arguments in support of this request:

- Even with legal mandates in place (AB133 and 21st Century Cures Act), many small and safety net practices will not be able to engage in health information exchange without substantial assistance.
- This proposal supports the state's efforts to move toward value-based care.
- The CMA proposal helps small and safety net practices to recover from the pandemic and build toward the future.

[2] https://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Cal-HOP-Policies-and-Procedures.pdf

PREVIOUS SIMILAR PROJECTS

Providing publicly funded technical assistance to safety net providers is not a new concept in California. Previous similar projects include:

- The Regional Extension Center Project (REC, federal): The RECs assisted small and safety net practices to achieve Meaningful Use of electronic health records. The program largely focused on Medicare providers.
- The California Technical Assistance Program (CTAP, joint state-federal): This program was similar to the REC project but was targeted solely at high-volume Medi-Cal providers.
- The California HIE Onboarding Project (Cal-HOP, joint state-federal): This project, first funded in the 2018-19 State Budget, was intended to help providers onboard onto HIEs. However, due to delays in state processes, the project never reached small and safety net practices.

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