



TO: California Health and Human Services Agency
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FROM: Alameda County Health Care Services Agency

DATE: March 1, 2022

RE: Data Sharing Agreement Subcommittee Meeting #4 Comments

Thank you for the opportunity to provide comment on the discussion at the Data Sharing Agreement (DSA) Subcommittee Meeting #4 on 2/23/22. The Alameda County Health Care Services Agency (HCSA) wishes to share the following comments, informed by our experience setting up a Social Health Information Exchange (SHIE) and Community Health Record (CHR) as a part of Whole Person Care under the Medi-Cal 2020 Waiver. We are happy to share additional information to support the work of the subcommittee or the DxF workgroup.

Please reach out to Jennifer Martinez at jennifer@wellbrookpartners.com if you have any questions or if you need additional information.

- On the topic of Data Quality, we affirm the idea of sharing the data source with the data recipient. We have found that users can manage handling different levels of data completeness and accuracy when they know the context from which the data comes. They prefer getting access to more data with a somewhat lower bar on quality than not having access to that data. Pieces of that data can hold the key for a care manager's next step.
- On the topic of uses and disclosures, Alameda County's SHIE and CHR implementation has successfully included non-HIPAA-covered entities by requiring those providers to operate in line with HIPAA requirements. Specifically, this has included 1) requiring the consumer to have signed a consent, and 2) requiring that those staff who will have data access go through HIPAA training. We also carry out additional readiness assessment checks to ensure that those organizations have the structures in place to steward and protect data appropriately. Alameda County HCSA would be glad to share more details if that would be useful.
- On the topic of specially protected information, Alameda County's CHR is structured so that if a user sees certain information, they are permitted to receive it. That said, we have left the responsibility of what those organizations can further do with that data, including redisclosure, to each organization according to our local Data Sharing Agreement. We have noted that additional technical assistance for our participating organizations on redisclosures would be useful, but the County has not had the resources to do it. We would strongly affirm the idea of providing technical assistance to participants, as was mentioned in last week's meeting.
- On the topic of minimum necessary, we would strongly discourage setting the stage for subjective arguments between participants about what is or is not necessary for them to do their job on behalf of a consumer. Different organizations and sectors have different scopes and

practices, and what seems irrelevant to one is core to another. It would be acceptable to require the requestor to state the purpose of the request. However, there would be too much subjectivity and inconsistency if the data provider can arbitrate the validity of the requestor's purpose.

- On the topic of Authorization, Alameda County has benefited greatly from having a single integrated Information Sharing Authorization (consent) as a part of the system. This avoids any one organization from having to evaluate the legality of a different organization's consent, and each user is able to see if any other provider has collected consent for that consumer, essentially operating like a consent registry. This has been a key component to our system. We could not have accomplished the level of data exchange without one universal consent with visibility across data sharing participants, and we strongly encourage CalHHS to implement a similar standard consent and registry. Alameda County HCSA would be glad to share more details if that would be useful.