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John Ohanion
Chief Data Officer, CalHHS
Director, Center for Data Insights and Innovation
☎ 916.809.4983 | ✉ john.ohanian@chhs.ca.gov

Memo regarding HIE Participation in Data Exchange Framework

On behalf of the Board of Directors of CAHIE, I am requesting that the Data Exchange Framework include a formal role, designation process and funding for HIOs, as follows:

- There should be a formal process for designating qualified HIOs. Qualified HIOs should be required to share data with each other, so each does not become its own data silo. The California Trusted Exchange Network (CTEN) – governed by CAHIE’s California Interoperability Committee (CIC) - offers a viable model for standards-based data sharing between HIOs, government agencies, and health systems in the state.
- Entities required to share data under AB 133 should be able to meet their data sharing obligations by joining and sharing data with a qualified HIO – our preferred term for the “qualifying data exchange intermediaries” referenced in the current language of the DxF. HIO stands for Health Information Organization – the organizations that make HIE happen.
- A state-level Data Sharing Agreement (DSA) should have a straightforward version, to permit signing by thousands of entities including small practices, that may be appended to existing HIO Participation Agreements for providers already engaged in HIE. Qualified HIOs, in contrast, should be required to sign a more comprehensive version of the DSA, such as an updated version of the CalDURSA (the agreement governing CTEN today).
- The Framework and Agreement should clearly and unambiguously define what data needs to be shared, and in what standards-based formats, for providers and plans to comply with AB 133. This should include clarity on which data must be shared proactively in real-time and which data can be shared in response to queries.
- Public funding should be provided to address the gaps identified throughout the Data Exchange Framework discussions over the last several months. We strongly support the \$95 million budget request advanced by our member HIOs along with health plans and provider groups. This budget request includes:
 - A statewide data sharing incentive program for Medi-Cal providers that give providers the financial resources and motivation to share complete, accurate and timely health data with qualified HIOs.



- Funding for Qualified HIOs to serve as the collective data infrastructure that refines, organizes and curates data to support Medi-Cal quality improvement and CalAIM care management and population health.
- The incentive program is eligible for 50 percent match by the federal government. Funding HIOs as core data infrastructure is eligible for 75 or 90 percent match by the federal government.

The rationale for these recommendations is simple. Many organizations will want to rely on our state's HIOs to meet their AB 133 data sharing obligations. And this data infrastructure is a key foundation to meeting Medi-Cal's urgent improvement needs. Other options, such as national networks, do not on their own come close to meeting the data exchange, data quality, or data governance needs of the state as envisioned in AB 133 or by the Stakeholder Advisory Group.

California must put its HIOs at the heart of its plan to implement the Data Exchange Framework. The HIOs have served the State of CA in some cases for more than twenty-years, exchanging health data in the community and across the state in public and private sector partnerships. As important participants and leaders of data exchange in the state, our members are a critical foundation of the framework under development by the Advisory Group.

Thank you for allowing me to provide these recommendations on behalf of the Board of CAHIE. We look forward to robust discussion at upcoming Advisory Group meetings.

Best regards,

A handwritten signature in black ink, appearing to read 'Lori Hack', written in a cursive style.

Lori Hack
Interim Executive Director
CAHIE