

MEMORANDUM

To: John Ohanian, Chief Data Officer, CHHS

From: DeeAnne McCallin, Director HIT

Date: March 28, 2022

Re: CPCA Feedback on Data Exchange Framework Advisory Group Leg Report

On behalf of the California Primary Care Association, please accept our comments on the March 18, 2022, draft Legislative Report slide deck on the Data Exchange Framework (DxF). CPCA appreciates the opportunity to provide feedback.

Approach & Style

CPCA recommends that CalHHS include a DxF written Legislative Summary, akin to an Executive Summary, if the format of the report submitted is to be a slide deck. A deck of nearly 70 pages/slides is likely not one that members of the Legislature will read.

AB 133 requires the creation of a DxF that is built upon the components listed below. CPCA recommends a written summary on each of the requirements laid out in AB 133 Ch. 143. See draft Table approach suggestion, attached.

- An Advisory Group (AG)
- Creation of a Data Sharing Agreement (DSA)
- Health Information Technology Issues Information and Advice from the AG (see accompanying Table)
- CalHHS Tasks (see accompanying Table)

Content

It is CPCA's opinion that the proposed Legislature Report slides often misrepresent the Advisory Group's involvement. Examples include slide 12 "endorse recommendations" and slide 23 "the model that was reviewed with the AG". The draft deck does not convey the numerous verbal comments shared during the monthly meetings nor the submitted written comments. Attending a meeting, as was committed to by members appointed to the Advisory Group, does not infer endorsement.

CPCA appreciates the work that CalHHS' Center for Data Insights and Innovation is spearheading so as to see AB 133's vision to fruition. The goal, enabling real time access to health information among health care providers and payers, via a Framework that promotes safety and useability of health information of all Californians is a massive undertaking. If achievable within AB133's timeline, report that to the Legislature. If there are barriers that may challenge meeting the prescribed timelines, report those. The development of California's DxF is well underway. A lot of work to do yet but more than a foundation has been laid. Looking forward to the DSA and P&Ps!

AB 133 Ch 143	Requirement - The AG shall provide information and advice to CalHHS on health information technology issues including the following: (some below cells are excerpts)	Status
130290. (c)(3)(A) page 200	Identify which data beyond health information should be shared for specified purposes between the entities outlined in this subdivision and subdivision (f).	Will be included in the DSA
130290. (c)(3)(B) page 200	Identify gaps, and propose solutions to gaps, in the life cycle of health information	Cite AG meeting numbers Brief overview/summary of and then cite where AG written comments reside Cite Slide number(s)
130290. (c)(3)(C) page 200	Identify ways to incorporate data related to social determinants of health, such as housing and food insecurity, into shared health information.	Cite planned AG meeting #/date or that the DSA Subcommittee is covering (and if so, summarize, cite, etc)
130290. (c)(3)(D) page 200	Identify ways to incorporate data related to underserved or underrepresented populations, including, but not limited to, data regarding sexual orientation and gender identity and racial and ethnic minorities.	ditto
130290. (c)(3)(E) page 200	Identify ways to incorporate relevant data on behavioral health and substance use disorder conditions.	ditto
130290. (c)(3)(F) page 200	Address the privacy, security, and equity risks of expanding care coordination, health information exchange, access, and telehealth in a dynamic technological, and entrepreneurial environment, where	ditto

	data and network security are under constant threat of attack.	
130290. (c)(3)(G) page 200	Develop policies and procedures consistent with national standards and federally adopted standards in the exchange of health information and ensure that health information sharing broadly implements national frameworks and agreements consistent with federal rules and programs.	Cite status via Subcommittee (which seems to be a task assigned to the DSA Subcommittee)
130290. (c)(3)(H) page 200	Develop definitions of complete clinical, administrative, and claims data consistent with federal policies and national standards.	Will be included in the DSA
130290. (c)(3)(I) page 200	Identify how all payers will be required to provide enrollees with electronic access to their health information, consistent with rules applicable to federal payer programs.	Status? Should cite Payer requirements that are within the 21st Century Cures Act's Interoperability Rule
130290. (c)(3)(J) page 200	Assess governance structures to help guide policy decisions and general oversight.	A governance model was presented to the AG during meeting #X on March 3, 2022. A number of AG members spoke independently on having the authority to assess versus recommend or promote a governance model
130290. (c)(3)(K) page 201	Identify federal, state, private, or philanthropic sources of funding that could support data access and exchange.	Status? Plans?

AB 133 Ch 143	Requirement - The California Health and Human Services Agency shall	Status
130290. (g) page 201 & 202	Technical Assistance - 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)	Status? Plans?
130290. (h) page 202	Develop Digital Identity Strategy - On or before July 31, 2022, shall develop in consultation with the stakeholder advisory group in subdivision (c) a strategy for unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations in California.	Cite status via Subcommittee (which seems to be a task assigned to the DSA Subcommittee)