



**California Health & Human Services Agency  
Center for Data Insights and Innovation  
Data Exchange Framework Stakeholder Advisory Group  
Meeting 8 Public Comment (10:00AM – 1:00PM PT, May 18, 2022)**

The table below shows public comments that were made verbally during the May 18<sup>th</sup> meeting. Additional public comments can be found in the meeting’s “Q&A Log”, as well as in other documentation submitted and posted on the CalHHS Data Exchange Framework [website](#).

Count	Name	Comment
1	Katie Webber, Advocate for Older Adults and People with Disabilities	Okay. Katie Webber. I'm an Advocate for Older Adults and People with Disabilities. Basically, I'm gonna advocate to really flesh out the SDOH exchange standards. I think a lot of the things we're discussing today can be addressed, you know? I think from authorizations with the registration, as well, a way to look at that, I know it's starting to flesh out through the data exchange scenarios. I think one of the scenarios that should be added to this is a session for older adults, or rather for those that are institutionalized. [Inaudible.] institutionalization. But there's [inaudible] incorporating services on SDOH funding or [inaudible] funding, looking at, um, looking out how to do an [inaudible] alignment. Also, for part of a long-term care. I think [inaudible].
2	Lucy Johns	Thank you. Can you hear me? Great. Thank you for all this incredible work. My comment relates to something that was addressed way back at the beginning of the meeting, so forgive me if everybody listening can't possibly remember what I'm talking about. I would like to propose that there's going to be enormous interest in – by the public, by the legislature, by other states, by the media, in how this law is going to influence exchange in California. There – so, I think there needs to be accountability on the part of participants to be reporting as required by the governance entity. So, I'm think about Section 11 way back in the DSA concerning cooperation, and Section 13 about monitoring. Is it understood in those drafts that the governance entity can require reporting, can specify what needs to be reported, and potentially have enforcement authority if what it wants reports isn't. And I would say that reporting should be at least semi-annual. If I were in the legislature, I would want to know about this frequently, and I would expect some of my constituents who pay attention to these things to want to know about this, at least semi-annually. So, could you please clarify about reporting by participants to the governance entity as it may specify?

Count	Name	Comment
3	Delores Green, Executive Director Riverside County Medical Association	<p>Good afternoon. Thank you. This is Delores Green. I am the Executive Director of Riverside County Medical Association, which represents over 1900 physicians in Riverside County, and we are committed to the success of the Data Exchange Framework in CalAIM. RCMA was very glad to see the administration support funding to assist small and safety-net practices in meeting the requirements to connect to an HIE. We feel this is a very important step to robust data a sharing exchange among all providers in California. Also, the DSA rightly recognizes HIOs as a backbone for sharing data in California. However, the May revised proposal did not fund the actual infrastructure to transform data into timely usable information through California HIOs. RCMA has been working for over 15 years in assisting physicians in utilizing their EHRs for population health. In order to be successful, it is not only – it is necessary to not only share data to treat patients at the point of care, but to also know what care their patients received outside of their four walls, or to even know when their patients are being discharged from the hospital to ensure appropriate follow-up care and prevent readmissions. RCMA has been involved in the formation and support of an HIO in order to share data across our region and throughout California. We all know these are very expensive endeavors, and with the hundreds of EHRs currently being used in California, it is imperative that we have robust HIOs to deliver these data-sharing services. We strongly support that the equity investment request also be funded in the budget, which would also set the Data Exchange Framework up for success. California needs to make a real investment in HIO infrastructure, and we strongly support the Data Sharing Equity's Coalition 95 million budget request for this purpose, which is also eligible for substantial federal match. Thank you.</p>
4	John Halvey, SacValley MedShare & Data Sharing Equity Coalition	<p>Thank you. This is John Halvey from SacValley MedShare, also speaking as a stakeholder of a Data Sharing Equity Coalition. We at SacValley MedShare and the Equity Coalition are very supportive of the data exchange framework. CalAIM and all the other priorities in health and wellness for all of Californians. The May revised proposal does not fund our most critical needs for these priorities. It's turned into the Wild West as its SDOH has come forward. And many or – many regions are doing things that we have learned over the years not to do. Everybody's trying to recreate the wheel. Supporting the ask, the requested \$95 million budget ask, will help us, the HIOs, support the CalAIM initiatives. We are very proud to have the leadership of Jim Wood, Chair of the Assembly Health</p>

Count	Name	Comment
		Committee, as our sponsor for this request. And we're asking this administration to also support the request – to support HIOs in providing quality data for healthcare. Thank you.
5	Tiffany Mathews, Inland Empire Health Plan & Data Sharing Equity Coalition	Hi, this is Tiffany Mathews. I'm calling on behalf of the Inland Empire Health Plan, and I'm also calling on behalf of the Data Sharing Equity Coalition that my previous colleagues spoke of. As the state expands its focus on quality and equity through our population health management strategy, we need to fund the infrastructure to accomplish this. Through HIE connectivity, health plans like Inland Empire Health Plan and practitioners have a critical tool that provides timely, actionable clinical data to improve treatment options, including safe discharges, timely follow-up, and preventing avoidable readmissions, while also identifying clinical care gaps and improving preventive care outreach and treatment for individual Medi-Cal beneficiaries, addressing local population health management needs. We are glad to see that the administration is taking steps to address resources for data exchange, but there was no amount in the May Revise to support factual infrastructure. So, in February, our coalition requested this \$95 million budget ask for the purpose – to meet these goals, and it would also take down some matching federal funds. So, we appreciate the conversations that we've had so far, and we would like to continue those as we move forward. Thank you.
6	Bill Barcelona, America's Physician Groups	Thank you. This is Bill Barcelona with America's Physician Groups. I want to agree with the statements from my colleagues in the Equity Coalition about the necessity of getting this funding to build the infrastructure so that we can comply. You know, as you see the P&Ps today that have come out of the subcommittee and that have been discussed by this body, our large physician groups, whom I represent, will have to be ready to fully comply with the infrastructure requirements in a couple of years. We need this infrastructure funding for HIOs in order to, to meet that requirement. And so, we would urge the Administration to consider this very carefully as we move through the final budget process. Thank you.

**Total Count of public comments: 6**