



June 1, 2022

John Ohanian
Chief Data Officer, CalHHS
Director, Center for Data Insights and Innovation

RE: Comments regarding Data Exchange Framework DSA Draft May 12 Version

Dear John,

We appreciate the inclusion of the Qualified Health Information Organizations (HIOs) in the latest draft of the DSA. However, while CalHHS can rely on the HIOs to achieve the vision of data exchange in California, we strongly recommend the following resources and policies.

- **Investment in Qualified HIOs**

California HIOs are willing and ready to implement the statewide DSA requirements within the timeframe set by AB 133. Leveraging the existing HIO infrastructure and their relationship with diverse providers is the right approach to jump-start the statewide interoperability. We believe the qualified regional HIOs can accelerate the statewide data exchange and enhance the data quality as the raw data goes through their systems, like a data refinery. Enhancing data quality will help improve health equity and provide better insight for treating patients, which are the premise of the Framework Guiding Principles. However, HIOs need direct funding from the state to plan and maintain or enhance infrastructure to scale for rapid expansion of the provider network and covering the whitespace. We call for an ongoing funding model that supports Qualified HIOs directly, similar to other large states such as New York and Michigan. We commend the Administration for recognizing our role as critical infrastructure and now urge you to appropriately fund the public data services we provide by adopting the EQUITY Coalition's \$95 million budget request.

- **Qualified HIO Minimum Requirements**

To avoid delays or confusion, we recommend that CalHHS publish the qualification criteria for Qualified Health Information Organizations (HIOs) before the final release of the DSA. Qualified HIOs shall sign the DSA and meet its terms and conditions and be subject to all Policies and Procedures associated with the DSA. The minimum qualification requirements should include status as a non-profit organization or local government agency based in California; openness to participation by any provider or health plan in their service region; the ability to facilitate data exchange between Participants for all Required Purposes, and using all Standards set forth by the DSA, within timeframes established by CalHHS; signing the DSA and meeting its terms and conditions, as well as being subject to all Policies and Procedures associated with the



DSA, and to any special amendments to the DSA specific to Qualified HIOs as determined by CalHHS; and exchanging data with each other to create a statewide data exchange network, in a manner and timeframe to be determined by CalHHS as it conforms to the legislative requirements outlined in AB133.

- **Minimum Data Requirements**

We recommend including a minimum set of data requirements in the appropriate section of Policy and Procedure. Designating a minimum set of data would ensure completeness of patient information and will help providers make an informed decision in treating patients. We recommend including the below set of minimum requirements:

- Hospitals should be required to share ADT notifications and discharge summaries proactively
- Providers and hospitals should be required to share CDAs.
- The Health system should be required to share specialist consult notes.
- Health plans should be required to share claims.

Thank you for the opportunity to provide comments on these crucial issues. We are eager to support CalHHS in the implementation phase of the DSA.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "A. Modaressi". The signature is written in a cursive style and is underlined with a blue line.

Ali Modaressi

Chief Executive Officer