

California's Health and Human Services Data Exchange Framework — An Essential Next Step Toward Equitable, Affordable, Whole Person Care

CONNECTING CALIFORNIA

THE KEY TO ACHIEVING A HEALTHY CALIFORNIA FOR ALL

California has big, bold plans for transforming health care, expanding coverage, and improving connections between health care and social services. To be truly successful, all of these initiatives will require reliable, secure, trusted data exchange so patients and providers can access the health information they need, wherever they are and whenever they need it:

- CalAIM
- Children and Youth Behavioral Health Initiative
- Cradle to Career
- Master Plan for Aging
- Housing & Homelessness
- And many others ...

Every Californian, no matter where they live, should be able to walk into a doctor's office, a pharmacy, a county social service agency, or an emergency room and be assured that they, and the health and human services providers who serve them, can access the information they need to provide safe, effective, whole person care—while keeping patients' data private and secure.

This is the goal of **California's Health and Human Services Data Exchange Framework**, a first-ever, statewide data sharing agreement that will accelerate and expand the exchange of health information among health care entities, government agencies, and social service programs beginning in 2024.

addiction, and mental health issues, and provide consumers with full access to their own medical records. It also remains one of California's biggest public health challenges: The lack of a clear data sharing policy between payers, providers, hospitals, and public health systems proved to be a major obstacle to the state's response to COVID—and is likely to do so again during the next public health emergency.

Last year, with the passage of AB 133, the Governor and Legislature agreed it was time to change that—by breaking down the information siloes that make it difficult for millions of Californians to access effective care. The legislation directed the California Health and Human Services Agency (CalHHS) to develop a Data Exchange Framework, by July 1, 2022, that would include a single Data Sharing Agreement and common set of Policies and Procedures for governing the exchange of electronic health information across the state. Beginning January 2024, health care entities are required to participate.

Over the last year, dozens of experts representing a broad spectrum of California's health and human services systems, organizations, and public agencies—along with more than 600 members of the public—have helped shape the development of these new "rules of the road" for facilitating timely and

While there are parts of California's health care system that rely on connected, interoperable systems for exchanging health data—and some regions are beginning to successfully share information between health and social services providers—these systems do not yet come close to reaching every Californian. The state's mostly voluntary, patchwork approach to data exchange makes it hard to provide whole person care, address rising homelessness,

secure access to electronic health information. This new framework does not create new technology or a central infrastructure for managing all data exchange. Its intent is to create a flexible, secure environment for providers to develop their own approaches to seamlessly sharing information with California residents and each other to empower patients and improve their health.

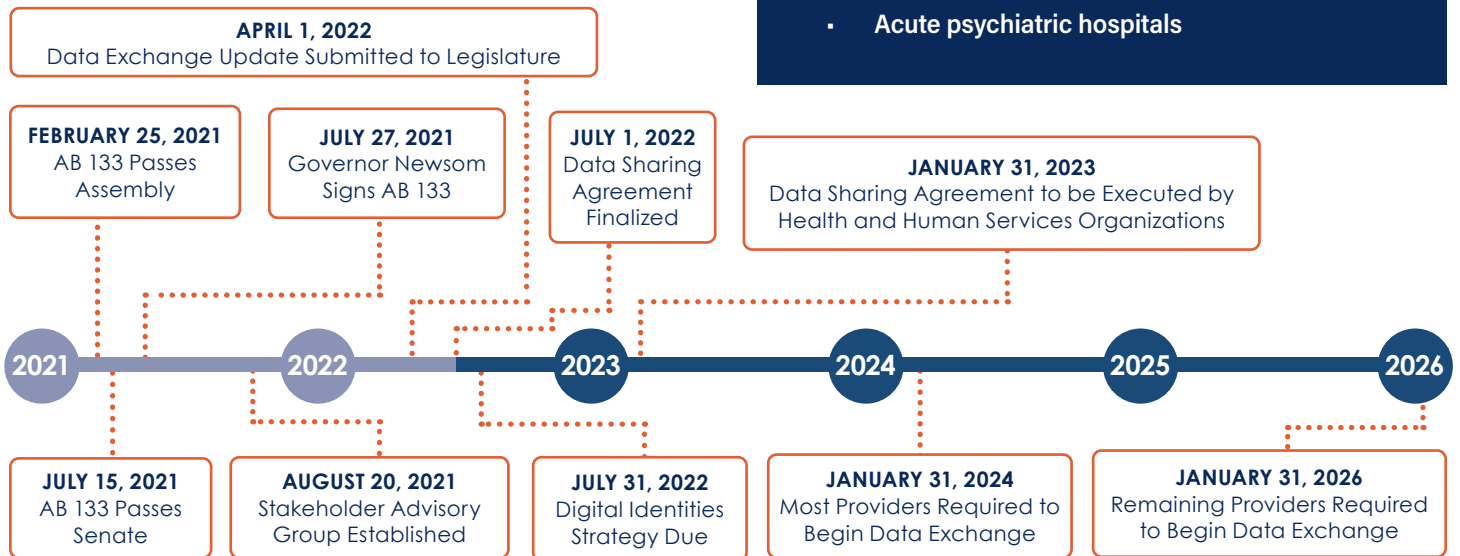
"As a pediatrician, if I treat a child, but the child has food and housing insecurities, then the benefits of that health care have been erased. California needs much more robust connections between health care and social services—and we can't build them without data exchange that allows patients and providers to access this information, wherever they are and whenever they need it. It's the only way we will be to treat the whole person, in every community, from the beginning."

- Dr. Mark Ghaly, Secretary, California Health and Human Services Agency



DATA EXCHANGE – TIMELINE:

The Governor and Legislature established several phases for implementing these new data exchange rules, starting with the adoption by CalHHS of the Data Sharing Agreement and Policies and Procedures by July 1, 2022. Health care entities will execute this agreement by January 2023. The following year, in January 2024, health care entities will be required to begin exchanging health information in real time—with each other and with public health and social services—for treatment, payment, or health care operations.



SUMMER 2022: KEY MILESTONES

DATA SHARING AGREEMENT: By July 1, 2022, in consultation with members of the Stakeholder Advisory Group, CalHHS will finalize a Data Sharing Agreement defining the parties that will be subject to these new data exchange rules and setting forth a common set of terms, conditions, and obligations to support secure, real-time access to and exchange of health and social services information, in compliance with applicable federal, state, and local laws, regulations, and policies.

POLICIES AND PROCEDURES: Included with the Data Sharing Agreement will be an additional set of detailed guidance on which data elements will be exchanged, privacy and security safeguards, individual access issues, processes for modifying these rules, and other policies.

More information on the Data Exchange Framework and guidance provided the by Stakeholder Advisory Group is here:
chhs.ca.gov/data-exchange-framework

HEALTH CARE ENTITIES REQUIRED TO PARTICIPATE

- General acute care hospitals
- Physician organizations and medical groups
- Skilled nursing facilities
- Health service plans
- Disability insurers
- Medi-Cal managed care plans
- Clinical laboratories
- Acute psychiatric hospitals

NEXT STEPS: 2022-2023

STATE BUDGET INVESTMENTS: The Governor and Legislature agreed in the 2022-23 budget to invest \$250 million over the next several years to support data exchange adoption:

- **\$50 million** for the CalHHS Center for Data Insights and Innovations (CDII) to provide technical assistance to small or under-resourced providers, particularly small physician practices, rural hospitals, and community-based organizations.
- **\$200 million** for grants and technical assistance to allow small physician practices to upgrade their clinical infrastructure, such as electronic health record systems, data collection and reporting capabilities, implementation of care management systems, and other activities that will allow the adoption of value-based and other payment models that improve health care quality while reducing costs.

GOVERNANCE: Building trust in reliable, secure data exchange will be one of the keys to its success.

- CalHHS will establish a governance structure within the Agency to oversee data exchange across California over the long term, recommend policy changes, promote transparency and accountability, and help the state remain aligned with federal law.
- The Administration intends to have this governance structure in place in 2023.