AMERICA'S PHYSICIAN GROUPS

February 13, 2023

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

RE: Comments regarding Technical Requirements for Exchange – Section (d) Requested Notifications

Dear John,

America's Physician Groups represents over 180 physician organizations that operate in the California health care environment. They range from very large multimillion-life medical groups to smaller, under 5,000-life IPAs that serve the Medi-Cal population. Some are affiliated with integrated delivery system models, others are completely independent of any hospital affiliation. However, they are all in one form or another, risk-bearing organizations that possess multiple contracts with payers in the Medicare, Medi-Cal and employer sponsored HMO markets. As we have long said at APG – "when you've seen one RBO, you've seen one RBO."

Given that variation in structure, size, geography and market, APG strives to obtain policies that will facilitate the successful compliance by as many of our members as possible. As you are aware, there is a difference in opinion about the DxF at the current time among providers. APG believes in the goals of the DxF and supports its implementation. Thus, our comments reflect that position, and those of our members that have signed the DSA.

We want to express our strong support for the requirement of hospital submission of Admit/Discharge/Transfer (ADT) messages to a QHIO as part of the Data exchange framework. We have urged the CDII many times to adopt a policy that will aid smaller, Medi-Cal based physician organizations that are independent of hospital affiliation to rely upon the development of robust local QHIOs. There are approximately 90 such physician organizations across California that serve 6 million Medi-Cal beneficiaries. Most of them are the independent, non-affiliated IPA models. Without the support of a local QHIO intermediary our

smaller physician organization members will never be able to contribute to the data exchange requirements of the DxF and CalAIM. They simply do not have the resources that exist in larger integrated system models that share common EHR platforms to exchange patient information in a timely, cost-efficient manner.

We join in the comments provided by other entities in the conclusion that previous federal data policies have not considered the full spectrum of the data available for those providers responsible for delivering the care received by Californians. The inclusion of the requirement for all hospitals to submit ADTs to a QHIO is another step in the right direction to make sure that the right data, gets to the right people, at the right time, no matter where the care is being delivered and the resources available which will continue contribute to more equitable care in California.

For the benefit of our membership and the patients that they care for in underserved communities, we conclude that QHIOs are necessary intermediaries to structure and standardize ADT notifications for efficient use by smaller physician organizations that are not part of larger EHR integrated system networks.

We appreciate that CDII has revised this specific policy and believe that all hospitals being required to submit ADT messages to a QHIO is a valuable investment for our state, it would be yet another step forward in improving the care for all Californians and we emphatically support the policy. The benefits include improved health equity, cost savings, better outcomes for patients, and the improved performance on California DHCS and CMS quality measures, are too great to ignore.

Thank you for the opportunity to provide comments on this crucial policy. We are eager to support CDII in the implementation phase of the DSA.

Respectfully submitted,

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Executive Vice President of Government Affairs