February 13, 2023

John Ohanian
Chief Data Officer, CalHHS
Director, Center for Data Insights and Innovation
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RE: Comments regarding Policies and Procedures for Data Exchange

Dear John,

On behalf of the California Association of Health Information Exchanges, the Board of Directors has asked that I submit the following recommendations regarding the Policies and Procedures related to the Technical Requirements for data exchange, the policies on Information blocking prohibition, and the Real Time exchange.

CAHIE and its members support the policies generally – including the proposed Technical Requirement for every hospital to send requested ADTs to at least one QHIO – and are comitted to the robust, real time exchange of data to support patient centered data where ever and whenever it is needed in the state. All of the HIOs already manage this process within their service areas, and many provide this service to county and state agencies to "clean" the data received through their participants. CAHIE's members support data sharing among its members and are developing a data "gateway" in which the HIOs (existing and new) can share data with each other. We recommend that the state fund this utility as a means to ensure real time data exchange is governed and processed in an agnostic way.

This gateway would alleviate the issues raised concerning ADT distribution regardless of applicability to a given HIO or Signatory while ensuring that QHIOs can receive all requested notifications on behalf of their users, either directly from the hosptial or via the gateway. CAHIE believes that the policy should specify that "ADT" means "all ADT events" and that the ADTs must be sent by all who are capable of generating them. This includes hospitals, emergency departments, EHR networks (e.g., OCHIN-EPIC), and ADT-capable EHRs (e.g., NextGen). The policy would ideally prescribe specific ADT event messages to be transmitted, using the ADT envelope to send specific data beyond the basic admission or discharge messages.

CAHIE recommends that the following ADT event messages be transmitted:

1. ADT1 = Consent
2. ADT2 = Demographics
3. ADT3 = Encounters
4. ADT4 = Problems
5. ADT5 = Primary Diagnosis
6. ADT6 = Allergies
7. ORU1 = Lab Results
8. ORU2 = Progress Notes
9. ORU3 = Discharge Summaries
10. ORU4 = Imaging Narratives

11. VXU = Immunizations
12. RDE = Medications (prescribe?)

A number of the CAHIE members would be happy to discuss this selection and to assist in further message enumeration.

Included in the Technical Requirements policy are the beginnings of a process to create the Digital Identity for Person Matching; the HIOs have technical resources already deployed for this process and would be able to set up the identify mechanism as part of the ADT gateway they are already working to create.

While the current policies and procedures available for public comment do not specifically address person matching or a statewide person index, CAHIE supports a separate policy and procedure to expand on the beginnings (attributes) shown in the Technical Requirements policy. CAHIE supports prioritizing ADT feeds from hospitals but wants to ensure that the relevant patient information be sent to the patient's medical home rather than randomly sent across the state without purpose. *ADT messages don't have any value unless delivered to the healthcare organizations in that the patients have a relationship*. These organizations include payors/health plans, primary care providers, specialists, behavioral health, and other care teams. QHIOs are the only intermediary that can facilitate delivering ADT notifications to the organizations that provide patient care so they can intervene if/when necessary to follow up with the patient. This is especially important for the CalAIM program and ECM providers to track eligible/enrolled patients and high-risk/high utilizers.

In addition, QHIOs can standardize all sections of the ADT messages for uniformity and usefulness by recipients, whether a provider or another QHIO. Distributing ADT messages to all other QHIOs is burdensome and inefficient. We recommend Patient Center Data Home (PCDH) model for sending ADT messages to another QHIO. California HIOs are currently collaborating to develop the PCDH exchange.

We also believe that the state should give equal weight to governance and funding considerations, since active governance is required to oversee the development and management of a statewide data exchange hub. In addition, governance will play an important role in standards management including advocating, tracking, aligning, and communicating updates to consumers and DSA participants.

CAHIE's members are enthusiastic supporters and implementers of a statewide approach to data exchange. Over the past 20 years, our nonprofit HIOs have governed and executed data sharing with a wide variety of community stakeholders. We appreciate the opportunity to contribute this effort.

Thank you for your consideration, and best regards,

Lori Hack
Interim Executive Director
CAHIE