



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,

SacValley MedShare is writing 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. This ADT should not be limited to Acute Care and should include ADT events that represent a visit to the Emergency Department Unit, Acute Care Unit, and Observation Unit of a hospital or stand-alone ED. As a mission driven non-profit organization SVMS is committed to improving the health and well-being of the people of California, we believe that QHIOs can play a crucial role in supporting the achievement of better outcomes, closing disparities, improving quality, serving to improve the healthcare ecosystem of California.

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 key 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 that could serve as the beginning of a push technology model for improving interoperability in the workflow of the provider. It is key to allow the QHIOs to support its participants in the manner the participants would prefer to be served.

Through a PCDH model we can work together to achieve **real** interoperability serving Californians respective providers with meaningful data that fits into the providers workflow regardless of the chosen EMR. This will be a significant step forward in improved health equity. Serving as a conduit for sharing patient information through a QHIOs can work with its participant healthcare providers in the circle of care providing quick, easy access comprehensive patient longitudinal record. which can help ensure that patients receive timely, appropriate care, regardless of their location or the providers they have seen in the past. This can help reduce health disparities and increase access to care for vulnerable populations, which is a critical component of improving health equity.

Thank you for your inclusive leadership.

Sincerely,

John Helvey
Executive Director
SacValley MedShare