CALIFORNIA MEDICAL ASSOCIATION

November 10, 2020

The Honorable Jim Wood
Chair, Assembly Health Committee
State Capitol, Room 6005
Sacramento, CA 95814

Dear Chair Wood:

On behalf of the more than 50,000 members of the California Medical Association (CMA), thank you for scheduling the November 10th hearing on "The HIE Landscape in California." CMA strongly believes that robust, accessible health information exchange (HIE) is one of the central components of a high-functioning health care system. We look forward to continuing to work with you to develop California's HIE capability more fully.

This hearing comes at an important moment in the history of HIE in California. The federal funding associated with the Health Information for Economic and Clinical Health (HITECH) Act is set to expire on September 30, 2021, less than a year away. In order to sustain the gains the state has made in this arena, many stakeholders will need to work together.

As the committee continues to explore HIE, CMA asks you to consider the following:

1. **Providers use many technologies and platforms for HIE. Any solutions the state considers should be inclusive of all of them.**
   Over the 11 years since the onset of the federal HITECH Act, physicians have found many different means of exchanging data between themselves. The traditional regional HIO (RHIO) model is only one of them. For example, many physicians in California utilize the national exchange networks (Carequality[i] and Commonwell) that have been developed by electronic health record (EHR) vendors. Moving forward, as the federal Data Blocking Rules are implemented, there will be increased use of app-based exchange. Rather than attempt to pick a winner among these models, California should look at approaches that can be inclusive of all of them.

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Other states – Michigan[ii] and New York to name two – have had success by utilizing a "network of networks" approach, also known as a health information network (HIN). Under this model, the HIN acts as the hub that assists multiple HIOs and other platforms to communicate with one another. In some states the HIN also acts as a unified source for data exchange with state agencies, holding one interface for multiple departments. CMA believes that California should consider these models to advance HIE.

2. **California should provide additional support to small and safety net practices through additional funding and technical assistance.**
   Small and safety net practices face a unique set of challenges in data exchange. Many of them are on less robust EHR systems that may not be connected to national networks or regional HIOs. Add to that, with the coming end of HITECH funding, the federally funded technical assistance that was provided through the regional extension centers will soon be gone. The state should look at developing new mechanisms to provide that support. That could include alternative federal funding lines (see below) or private funding.

3. **The California Health and Human Services Agency (CHHS) can play an important role in advancing HIE by acting as a facilitator and convenor.**
   In the early days of the implementation of the HITECH Act, the State of California played an essential role as the facilitator and convenor for many discussions and decisions in health IT. There was, at the time, a Deputy Secretary of Health Information Technology within CHHS[iii]. That Deputy Secretary convened an eHealth Coordinating Committee comprised of senior leaders from many stakeholder groups. As time went on, however, other competing priorities arose and the Deputy Secretary position was dissolved.

   Now, with the coming end of the HITECH Act, the State of California can play an important role in continuing the work of promoting HIE in this state. A good start would be naming a new Deputy Secretary of Health IT who can coordinate functions across multiple departments and convene outside stakeholders.

4. **There is a possibility to leverage federal funding to advance HIE.**
   In order to support this work, CMA believes that the state should consider accessing Medicaid Information Technology Architecture (MITA) funding[iv]. This line of funding provides an enhanced federal match – 90% for build out, 75% for maintenance – for systems to support enhanced data

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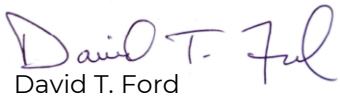
sharing for Medicaid programs and providers. Other states have accessed MITA funding to support the development of systems like what is proposed above.

Thank you in advance for your consideration of testimony. If you have any questions, please do not hesitate to contact me at (916) 444-5532.or dford@cmadocs.org.

Sincerely,



David T. Ford
Vice President, Health Information Technology

cc: The Honorable Chad Mayes, Vice-Chair, Assembly Health Committee
The Honorable Members of the Assembly Health Committee

[i] Carequality: https://carequality.org/; Commonwell: https://www.commonwellalliance.org/
[ii] Michigan: https://mihin.org/; New York: https://www.nyehealth.org/
[iii] Jonah Frohlich, who will testify at the hearing, held the Deputy Secretary position from 2009-2011.
iv For more information on MITA funding, see https://www.medicaid.gov/medicaid/data-systems/medicaid-information-technology- architecture/index.html and https://www.healthit.gov/sites/default/files/2019-01/MedicaidHIEfunding2018.pdf

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