



Health Information Technology Update

Presented to ACCMA

December 1, 2022

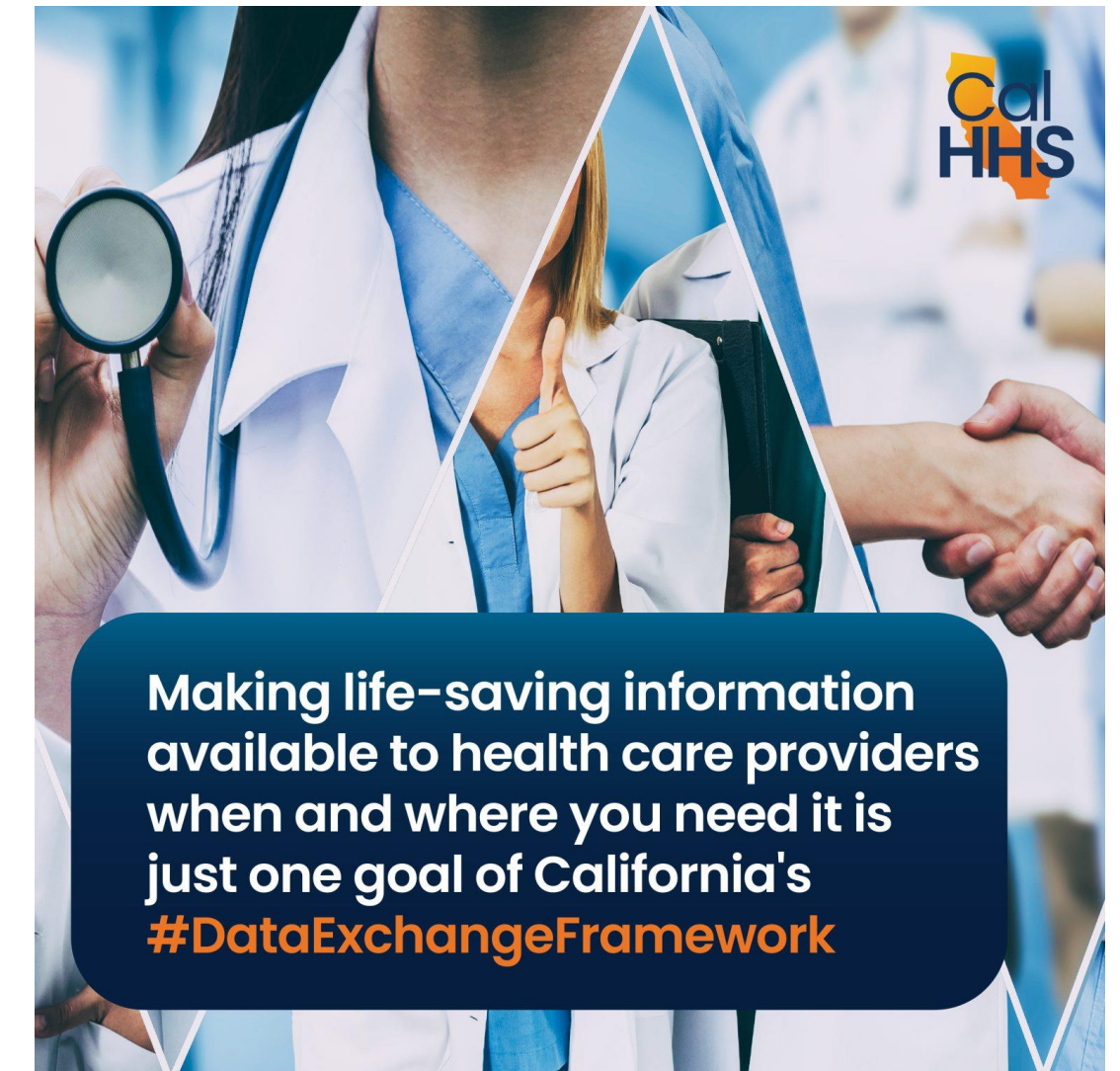


Agenda



- CHHS Data Exchange Framework
- Consumer-Driven Health Care
- CMA Legislative Advocacy
- Open Discussion

The California Data Exchange Framework (DxF)



DxF: What it is. What it is not.



- **What the DxF is:** A legal framework intended to facilitate the exchange of health and human services data
- **What it is NOT:** A statewide health information exchange (Don't believe everything you [read!](#))



Assembly Bill (AB) 133

- Health Trailer Bill to the 2021-22 State Budget

(b) (1) On or before January 31, 2024, the entities listed in subdivision (f), except those identified in paragraph (2), shall exchange health information or provide access to health information to and from every other entity in subdivision (f) in real time as specified by the California Health and Human Services Agency pursuant to the California Health and Human Services Data Exchange Framework data sharing agreement for treatment, payment, or health care operations.

(2) The requirement in paragraph (1) shall not apply to physician practices of fewer than 25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 acute care beds, state-run acute psychiatric hospitals, and any nonprofit clinic with fewer than 10 health care providers until January 31, 2026.

Who Has to Comply and When*



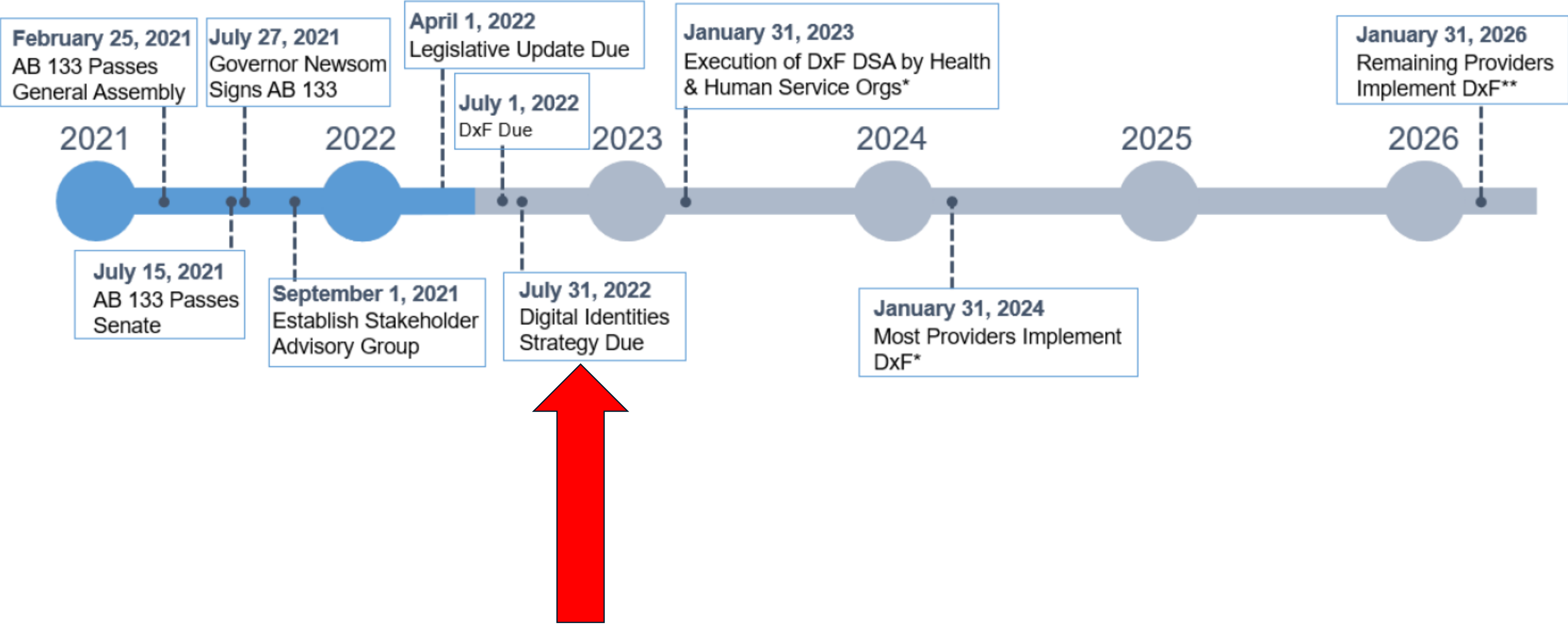
January 31, 2024	January 31, 2026
General Acute Care Hospitals	Physician practices of fewer than 25 physicians
Physician Organizations and Medical Groups	Rehabilitation Hospitals
Skilled Nursing Facilities (that currently maintain EHRs)	Long-Term Care Acute Hospitals
Health Plans (including Medi-Cal managed care plans)	Rural Hospitals (<100 beds)
Clinical Laboratories	State-run acute psychiatric hospitals
Acute Psychiatric Hospitals	Non-profit clinics (<10 health care providers)

***All listed entities must execute the agreement by January 31, 2023**

Timeline



AB 133 Implementation Timeline



Components of the DxF

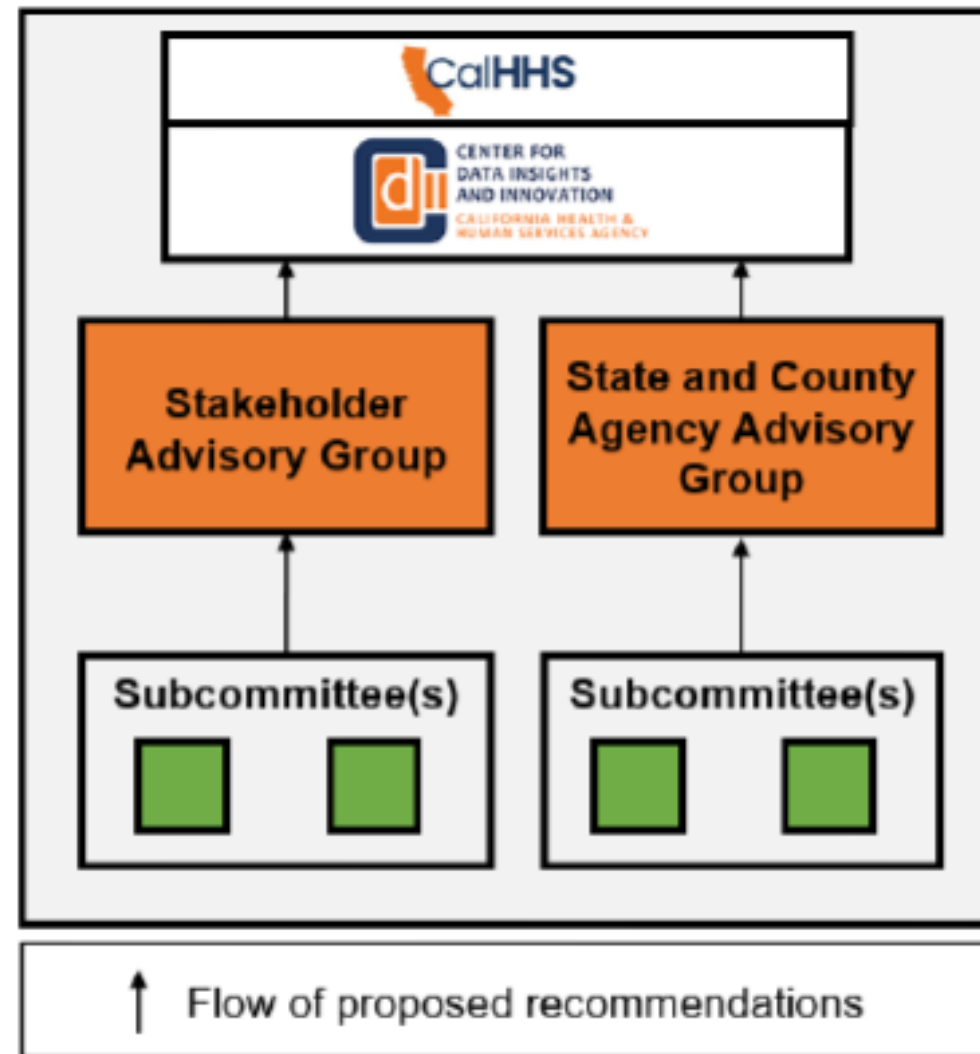


1. Governance Entity – A “Covered California-like” body that will administer the DSA and update Policies and Procedures as needed
https://www.chhs.ca.gov/wp-content/uploads/2022/05/5_CalHHS_DxF_Governance_Draft_05-12-2022.pdf
2. Single Data Sharing Agreement – Common data sharing agreement that all organizations will be required to execute
<https://www.chhs.ca.gov/data-exchange-framework/#stakeholder-advisory-group-past-meeting-materials>

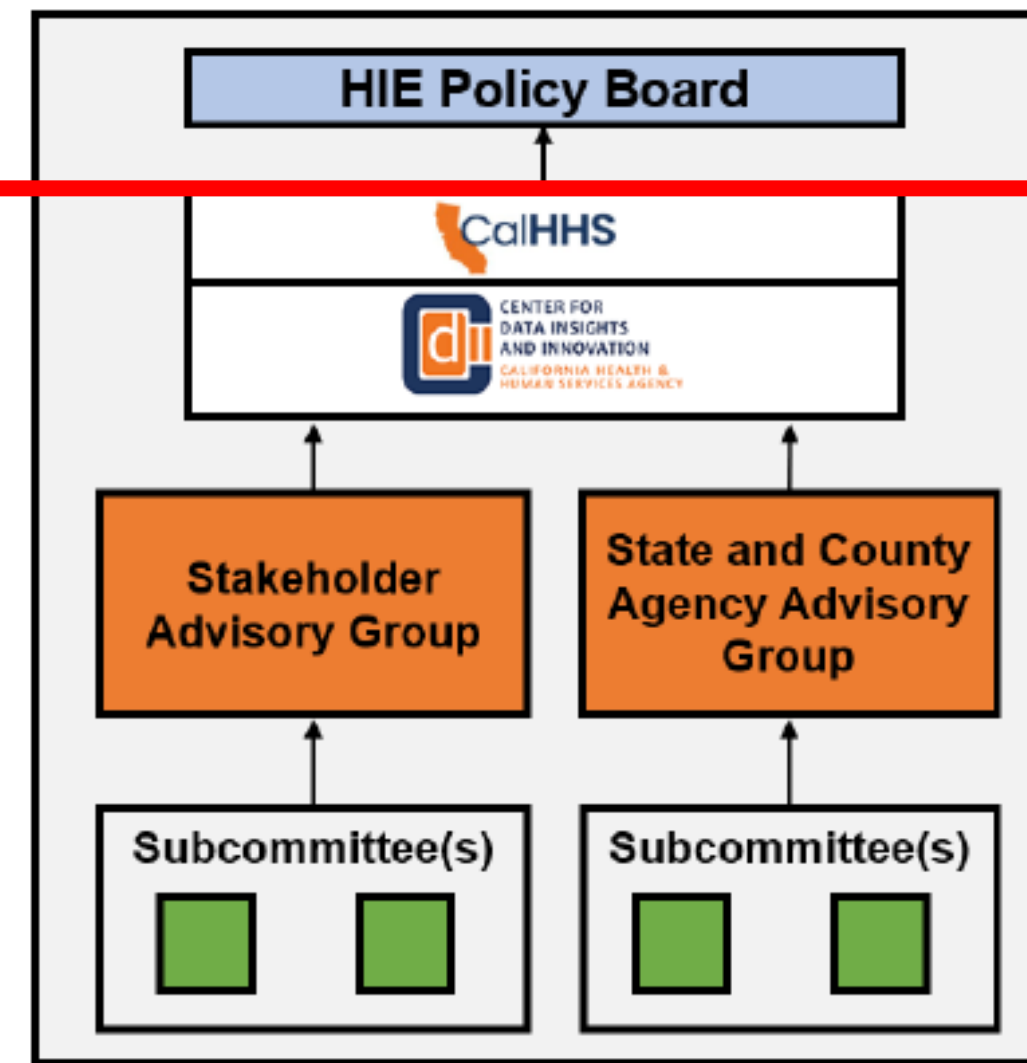
Component #1: Governance Entity

Governance Model Recommendation

July 1, 2022: Launch the DXF Framework with CDII managing & overseeing all aspects of Governance¹



January 2023: Establish HIE Policy Board with oversight role & CDII administrator role¹



Component #2: Single Data Sharing Agreement



California Health and Human Services
Data Exchange Framework:
Single Data Sharing Agreement

Template Data Sharing Agreement

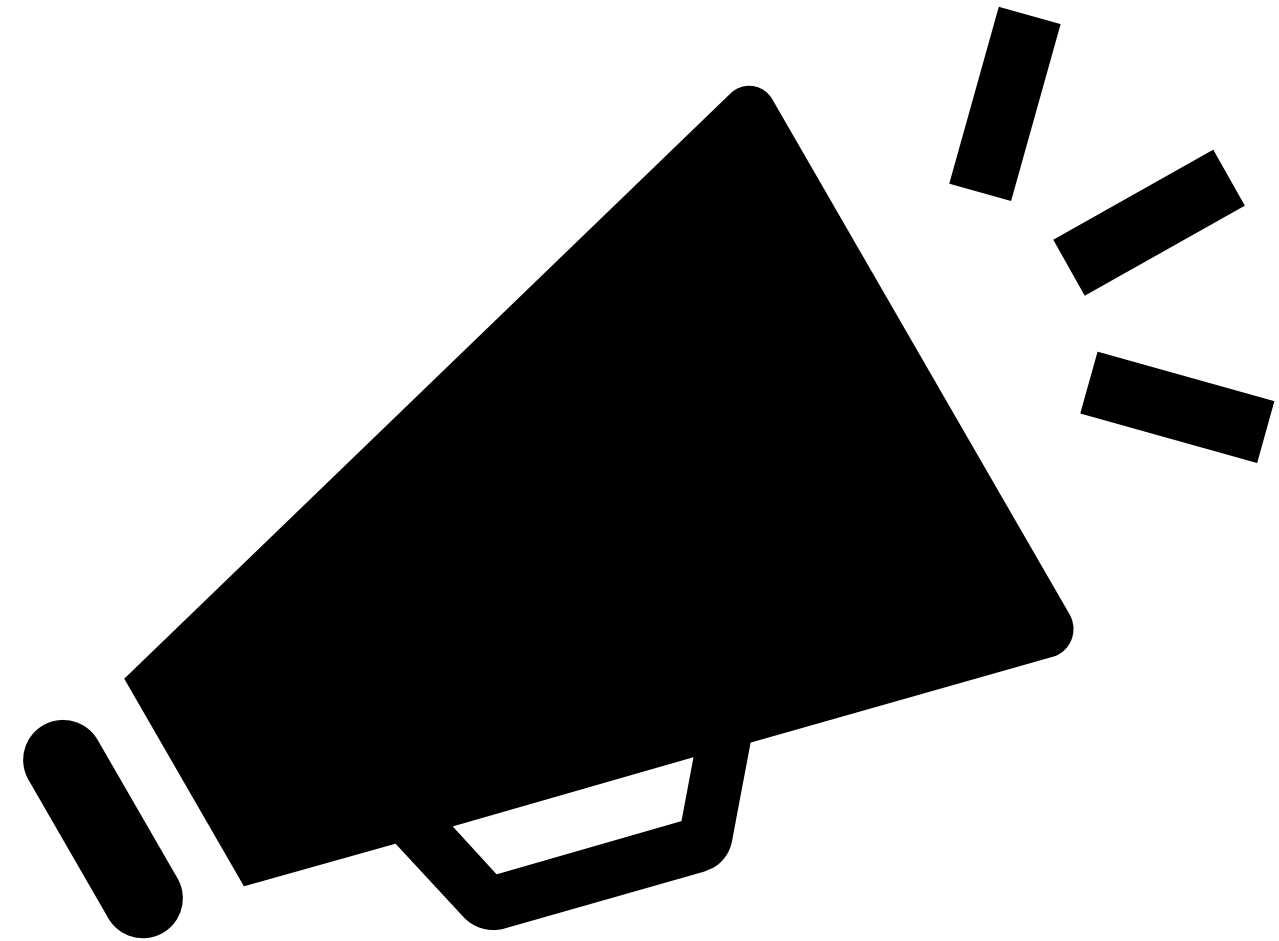


- Comprised of DSA and 8 “Policies and Procedures”
- Must be executed by “health and human services organizations” by January 31, 2023
- For medical groups, signed by the entity (not individual physicians)
- Loosely based on TEFCA & CalDURSA

Breaking News



- CDII Launched the Online Portal for Practices to Begin Signing the DSA
- Available here:
<https://bit.ly/DxFPortal>



CMA Publications and Activities



- Data Exchange Framework [Fact Sheet and FAQs](#)
- DxF [Webinar](#) for Medical Groups
- Successfully advocated for \$50 million for technical assistance to small/safety net practices
- Application submitted for a CDII Outreach and Education Grant

Consumer-Driven Health Care





By the Numbers

- + 350,000 mHealth apps available in the major App stores
- + 87 million Americans used a health or fitness app monthly in 2020
- + The mHealth apps market was valued at \$47.7 billion in 2021, and is expected to grow by 17-18% per year for the next 5 years

"11 surprising mobile health statistics," mobius.md. October 25, 2021.

The Fast-Changing World of Health IT



Less Important	More Important
EHRs	Remote Patient Monitoring
HIEs	Patient Access to Health Data
Electronic Prescribing	Consumer Health Tech & mHealth Apps
Telehealth (practice level)	Telehealth (corporate)

Factors Driving Change



1. Patient Choice
2. COVID-19 Pandemic
3. Patient Access to Data
4. Big Tech



21st Century Cures Act Final Rule



“The rule includes a provision requiring that patients can electronically access all of their electronic health information (EHI), structured and/or unstructured, at no cost.”

- healthit.gov/curesrule

California Law – Health and Safety Code

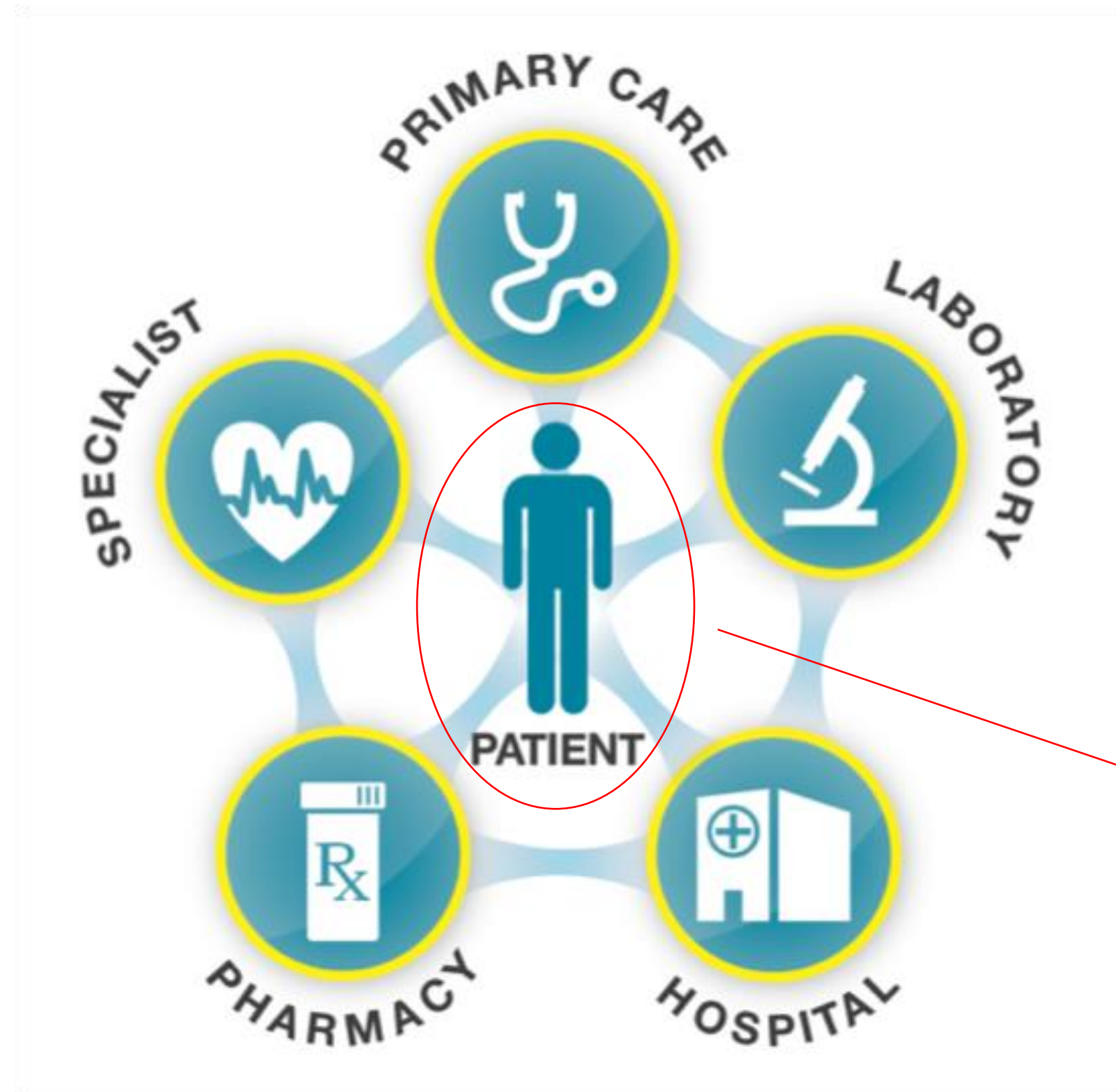


The Legislature finds and declares that every person having ultimate responsibility for decisions respecting his or her own health care also possesses a concomitant right of access to complete information respecting his or her condition and care provided.....

- California Health and Safety Code §123110



The Flow of Health Data



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From the Headlines.....



“Apple Argues It’s Now a Major Force in the Health-Care World”

Bloomberg, July 20, 2022

“Amazon Wants to Be Your Doctor, Too”

New York Times, July 22, 2022

“Alphabet's Q2 revenue up 16% as Google deepens healthcare ties”

Becker’s Hospital Review, July 27, 2022

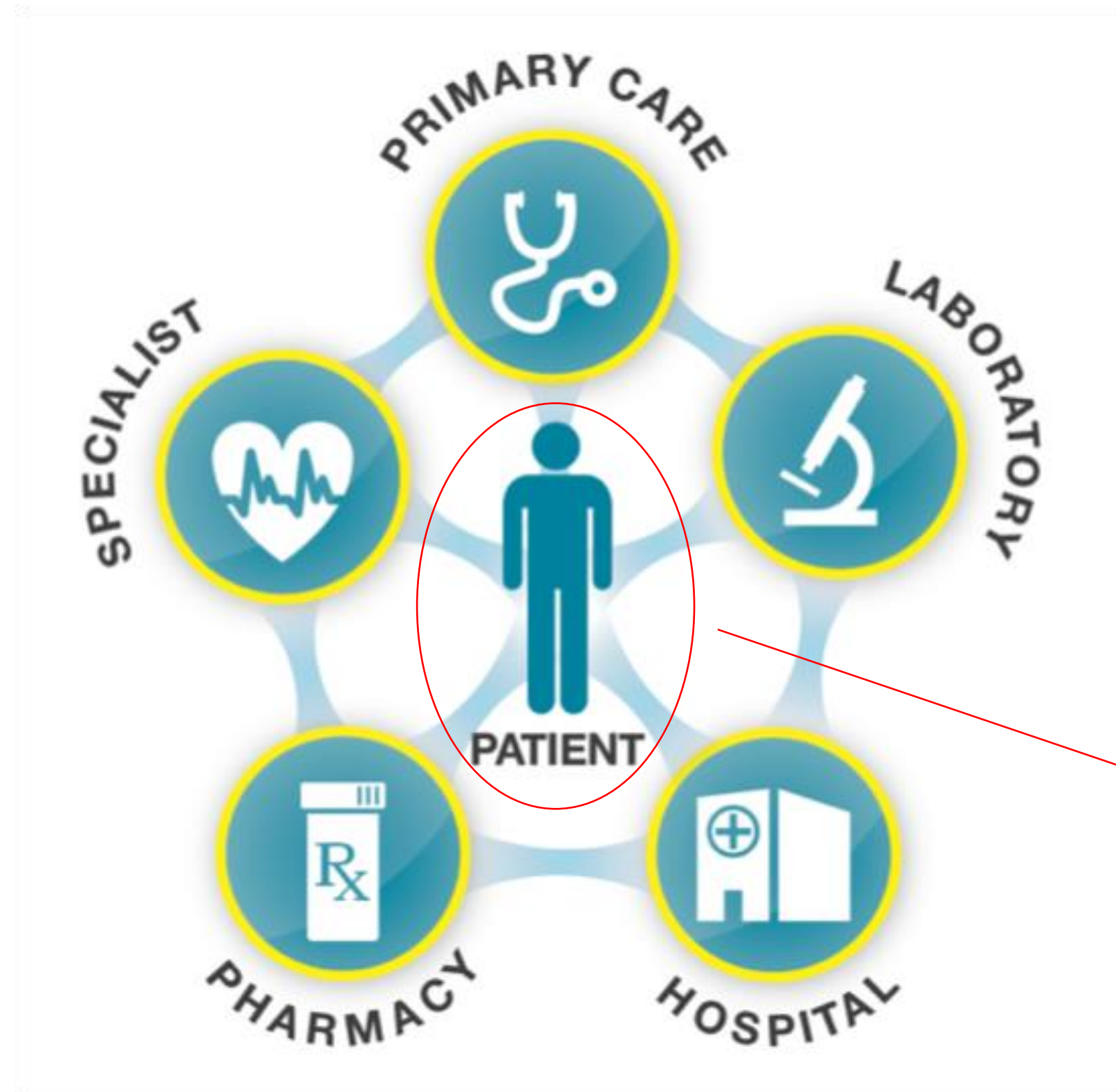


Why is Big Tech in Health Care?

Health Care.....

- + Is big (> \$4 trillion nationally)
- + Is ripe for disruption (expensive and inefficient)
- + Has generally low tech adoption levels
- + Touches almost every other facet of the economy
- + They understand how to appeal to consumers

The Flow of Health Data



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Where Does the Data Go?

“As required by law [company] will never share...customers’ personal health information...for advertising or marketing purposes of other... products and services

without clear permission from the customer.”

- [Company] Spokesperson, quoted on CNBC, July 23, 2022 (emphasis added)



In Summary

- + Consumers are demanding virtual care;
- + The Pandemic accelerated the growth of virtual care;
- + Patients have more access to their data than ever before; and
- + Big Tech companies are moving in quickly

CMA Legislative Advocacy



CMA Wins in Health IT - 2022



- SB 1419 (Becker): California's Implementation of Information Blocking
 - Allows physicians to review test results before sharing
 - Protects sensitive information in clinical notes
- AB 852 (Wood): Electronic Prescribing
 - Exempts low-volume prescribers from California's eRx mandate
- AB 133 (Budget Committee) and AB 32 (Aguiar-Curry): Telehealth in Medi-Cal
 - Guarantees that Medi-Cal will continue to pay telehealth at parity

Future Advocacy Efforts



- Data Exchange Framework
 - January Budget Proposal from the Administration
 - Development of Governance Entity
- Privacy
 - CMIA predates the advent of home internet, let alone smart phones
 - Post-Dobbs effects

CMA Needs to Hear from You!



- Questions and comments on this webinar are logged & compiled
- Brief survey after today's presentation
- We might reach out to schedule a 1:1 phone call





QUESTIONS?



May 22, 2023 * Kimpton Sawyer Hotel (Sacramento) * <https://www.cmadocs.org/healthit>



**CALIFORNIA
MEDICAL
ASSOCIATION**

Thank You

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