Dear Secretary Ghaly, Chief Data Officer Ohanian and Deputy Director Scordakis,

On behalf of the California Telehealth Network (CTN) and OCHIN, I appreciate the opportunity to offer input on the Data Exchange Framework (DxF) Grant Program. As California’s leading consortium of organizations focused on increasing access to healthcare through the innovative use of technology, CTN advances telehealth, telemedicine and health information exchange. OCHIN is a nonprofit health technology innovation and research network that partners in California with 137 organizations and over 7,600 providers that serve over 1.68 million active patients. OCHIN network members include federally qualified health centers, community health clinics, Ryan White HIV/AIDS Program Health Centers, school-based health clinics, Tribal health clinics, local public health agencies, and critical access hospitals.

CTN and OCHIN strongly support efforts to advance interoperability and the secure exchange of data across health care and human service providers in order to improve access to effective, whole person care for all in California. We applaud the Center for Data Insights and Innovation’s (CDII) stakeholder engagement.

DRIVING EQUITY AND HEALTH INFORMATION EXCHANGE

Through the OCHIN network’s data exchange capabilities, we are driving our health care system towards interoperability by connecting community-based health centers to each other, as well as the broader delivery system. This helps ensure that underserved communities have access to the highest quality health care while improving public health capabilities, research, and next generation informatics that will benefit patients, providers, public health, while informing the work of policymakers.
Our network members:

- Have securely exchanged over 200 million clinical summaries across all 50 states and the District of Columbia, including 11 million exchanged annually with non-Epic organizations.
- Are electronically connected to over 21 regional health information exchanges; over 28 state prescription drug monitoring programs, 24 immunization registries (15 bi-directional), and 50 laboratories (all bi-directional).
- Exchanged data with 46,000+ hospitals, emergency rooms, and clinics.
- Successfully exchange data with the Social Security Administration (25,000 annually), the Department of Veterans Affairs (93,000 annually) and over 17 members exchange community referrals with more than 8 partners.
- Triggered over 1 million COVID-19 electronic case reports since 2020.
- Partnered to exchange data through the Carequality Framework and the eHealth Exchange HUB.

In addition, OCHIN member clinics are connected to the most robust interoperability frameworks nationally:

- **eHealth Exchange** — Connects our members to Federal Agencies.
- **Carequality** — Connects our members to Non-Epic Partners.
- **Care Everywhere** — Connects our members to Epic Partners.
- **Surescripts** — Connects our members to Direct Secure Messaging.

OCHIN has fully enabled public facing FHIR (Fast Health Interoperability Resources) API (Application Programming Interface) functionality such that any patient selected application can be used to access their individual health information. Leveraging existing national standards for health information exchange is essential to drive learning health care systems, particularly among the nation’s providers in underserved communities.

Finally, OCHIN currently provides health IT related technical assistance to the largest Health Center Controlled Network (HCCN) funded by the U.S. Department of Health and Human Services. OCHIN’s HCCN offers no-cost support that helps the 114 participating health centers (including 46 in California) enhance clinical quality, patient-centered care, and provider and staff well-being. OCHIN also previously served as a health IT regional extension center supporting a wide range of provider practices accelerate their adoption of electronic health records (EHR) systems and to advance meaningful use.

**RECOMMENDATIONS**

We appreciate CDII’s stakeholder engagement for the DxF implementation. Our recommendations are based on OCHIN’s and CTN’s experience and long-standing relationships with health centers in communities facing persistent underinvestment. Currently, the DxF Grant Program overview highlights only DxF signatories as potential grant recipients for both Technical Assistance (TA) grants and Health Information Organization (HIO) onboarding grants.

We recommend the following:

- **Prioritize grant funding for community-based providers in the most underserved and underinvested communities.** It is essential that this grant funding is used to combat structural inequality and the
digital divide. While providers from throughout the State could benefit from this funding, the reality is that providers on the front lines of three public health emergencies (COVID-19, mental health crisis, and opioids epidemic) such as federally qualified health centers, local public health agencies, and rural clinics, that are providing care to the most diverse communities facing persistent structural inequality should be the recipients of this funding. Existing health disparities and ongoing lack of adequate payment for providers serving a high percentage of Medi-Cal covered and uninsured patients relative to providers with primarily commercially and Medicare insured patients underscores the need to make investments now in community providers that are part of the public health foundation and serve as trusted sources of care for diverse communities.

- Broaden the list of eligible applicants to include organizations that provide TA and other support to the signatory organizations.

By allowing organizations with established technical assistance track records to apply for and provide support to multiple entities, health centers and other providers in underserved communities that are already stretched thin will have access to technical experts while leveraging learnings from their peers that are similarly situated. Some participants in the October 4th webinar, for example, expressed concern that they do not have sufficient capacity to apply for and administer the grants. By opening the grant application eligibility to include TA providers, this will allow for far greater scale, impact and efficiency for the State and the participating signatories.

- Establish a regional technical assistance center model for the Technical Assistance and HIO onboarding grants to scale interoperability, cybersecurity and standard data collection, analysis and exchange.

This approach would offer several advantages (as compared to limiting grant awards to individual signatories) including:

- Reduce the administrative burden (e.g., grant writing, grant management, financial reporting, contracting and oversight of TA provider, etc.) on participating signatories.
- Achieve greater impact of State funding through economies of scale by offering trainings and TA that is customized to groups of stakeholders that share similar challenges adopting the DxF.
- Leverage learnings from the Regional Extension Center model’s impact to help drive success for California’s DxF adoption and implementation. Over a decade ago, the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act was designed to help health care providers overcome barriers, adopt electronic health records (EHRs), and meaningfully use EHRs (that is, use EHRs to improve care). As part of HITECH, the U.S. Department of Health and Human Services’ Office of the National Coordinator (ONC) established 62 regional extension centers that assisted primary care providers in the adoption and meaningful use of electronic health records as lack of resources and expertise, small provider practices historically had challenges optimizing health IT to improve the quality of care they provide to their patients. The regional extension centers successfully provided technical assistance, workforce upskilling, and training—all essential to the successful transition from paper health records to widespread adoption of electronic health records. Between 2008 and 2017, office-based physician adoption of EHRs more than doubled, from 42% to 86%. A federally commissioned comprehensive review demonstrated the importance of technical assistance as well as upskilling and professional development to optimize use of health information technology. However, funding for the regional extension centers has sunset. Yet, the need to support training and professional development remains in “low-resource”

- **Encourage grant funding to be used by participating entities in underserved communities to upgrade their Electronic Health Record (EHR) systems if possible.**

The goals of the DxF will be much more effectively achieved if signatories utilize modern IT tools rather than attempt to retrofit outdated legacy systems. The latter lack essential functionality needed to support enhanced care management and care coordination to address social risks. In addition, antiquated systems present significant cybersecurity risks.

Finally, in order for DxF adoption and ongoing implementation to be successful, it will be necessary to grow California’s operational and support staff with health IT skills and expertise. Community health clinics and public health agencies are facing widespread shortages of operational and support staff—putting at risk signatories’ abilities to optimize new health IT systems. There is a pronounced need to recruit and train the next generation of community clinic support and operational workforce, while ensuring staff have foundational health IT skills and experience. Further, community clinics and public health agencies cannot compete with technology companies and large systems for hiring. This presents an opportunity to recruit from underinvested communities and train new talent connected to the mission of community clinics and local public health agencies while providing career ladders that can drive generational change. Through our workforce development program, OCHIN+, we have created accessible training programs that respond to the urgent need to expand the pool of skilled and culturally competent community clinic operational and support staff.

We would welcome the opportunity to share more information with CDII and discuss any possibilities for collaboration to help ensure DxF’s success. Thank you for the opportunity to provide our input. Please contact me at stollj@ochin.org for any further discussion.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs