2023 Annual California DxF Summit

Cultivating Connections: Expanding Health and Human Services Data Exchange to Advance Health Equity

SEPTEMBER 28 – 29, SAN FRANCISCO

DATA EXCHANGE FRAMEWORK

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

California Health Care Foundation

Connecting for Better Health

Manifest MEDEX

Welcome

Erica Galvez
Chief Executive Officer,
Manifest MedEx

Welcome Remarks

Marko Mijic, MPP
Undersecretary,
California Health and
Human Services Agency

Welcome

Erica Galvez
Chief Executive Officer,
Manifest MedEx

THANK YOU TO OUR SPONSORS!

Blue Shield of California
An independent member of the Blue Shield Association

OPENING KEYNOTES:

Views from D.C. and Sacramento

Micky Tripathi, PHD
National Coordinator for Health Information Technology,
Office of the National Coordinator for Health Information Technology (ONC)

Marko Mijic, MPP
Undersecretary,
California Health and Human Services Agency

Lisa Bari, MBA, MPH
Chief Executive Officer,
Civitas Networks for Health

Views from D.C.

Micky Tripathi, PhD
National Coordinator for Health Information Technology,
Office of the National Coordinator for Health Information Technology (ONC)

Office of the National Coordinator for Health Information Technology

TEFCA Update

September 28, 2023

Key Areas of Focus

Build the digital foundation

- Data standards
- Health IT gaps
- HHS Health IT Alignment policy

Make interoperability easy

- TEFCA
- APIs

Promote information sharing

- Enforce information-blocking rules
- Partner with federal partners (CMS, CDC, VA, etc)

Ensure proper use of digital information and tools

- Health-equity-by-design principles
- Transparency in areas such as AI use

Key Policy Levers

HHS Health IT Alignment Policy (8/22)

HTI-1 (draft 3/23)

HTI-2 (draft 11/23)

IB Appropriate Disincentives (draft 10/23)

TEFCA (go-live 2023)

CMS Interoperability Rule (draft 12/22)

OIG IB Enforcement Rule (final 6/23)

Why TEFCA?

Nation-wide and state/local networks have made considerable progress, but there is much unfinished business:

- Individual access
- Less well-resourced providers, behavioral health, LTPAC
- Payers (government and commercial)
- Public health (Provider-PHA, CDC-STLT, STLT-STLT)
- Social services
- Research
- FHIR API scalability
- State/local HIE connectivity

Federal government involvement required to spur the further evolution of nationwide network interoperability

TEFCA℠

Timeline to Operationalize TEFCA

2021
- Public engagement
- Common Agreement Work Group sessions
- RCE and ONC use feedback to finalize TEFCA

First QHINs go-live with IHE document exchange

Q1 of 2022
- **Publish Common Agreement Version 1**
- **Publish QHIN Technical Framework (QTF) Version 1 and FHIR Roadmap**
- Initiate work to enable FHIR-based exchange
- Public education and engagement

Q1/Q2 of 2023
- **First QHINs approved for implementation**
- Onboarding of initial QHINs
- Additional QHIN applications processed
- Establish Transitional Council
- Launch TEFCA FHIR-based exchange pilot
- Payment & Operations SOP
- Public Health SOP

First QHINs go-live with FHIR exchange

Timeline to Operationalize TEFCA

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First QHINs go-live with IHE document exchange

First QHINs go-live with FHIR exchange

TEFCA Launch Event: February 13, 2023

HHS Secretary Becerra

President’s Science Advisor
Dr Prabhakar

CMS Deputy Administrator Blum

CDC Director
Dr Walensky

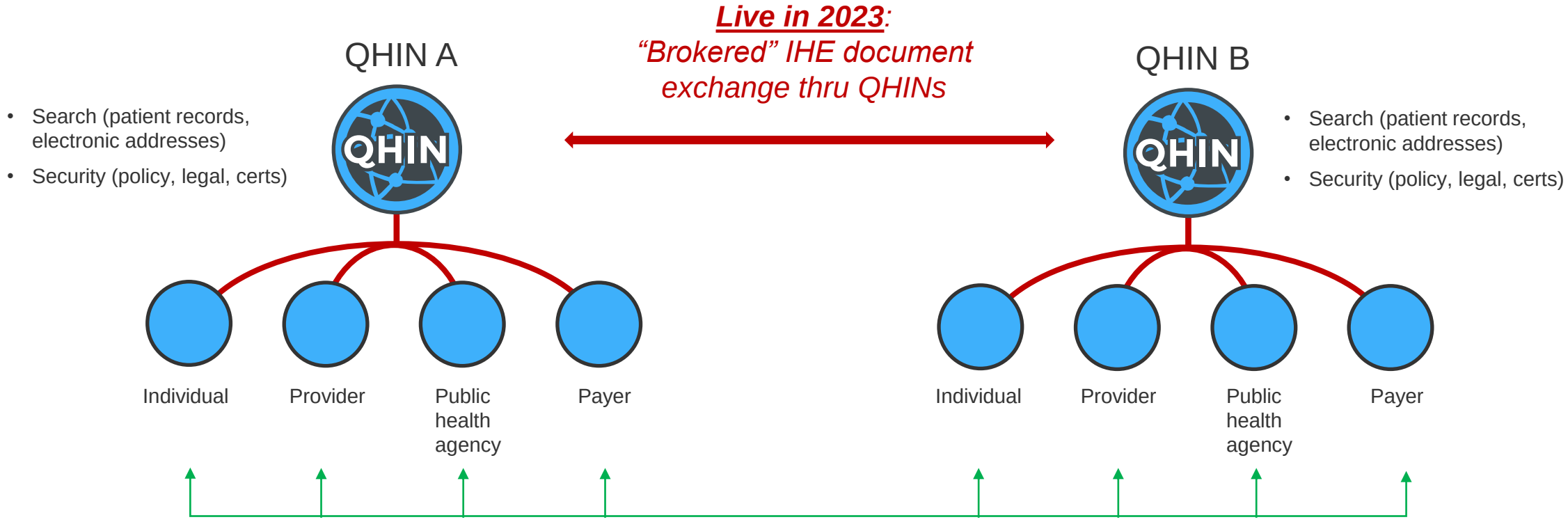
Under Secretary of Veterans Affairs for Health
Dr Elnahal

Approved QHINs (as of February 13, 2023)

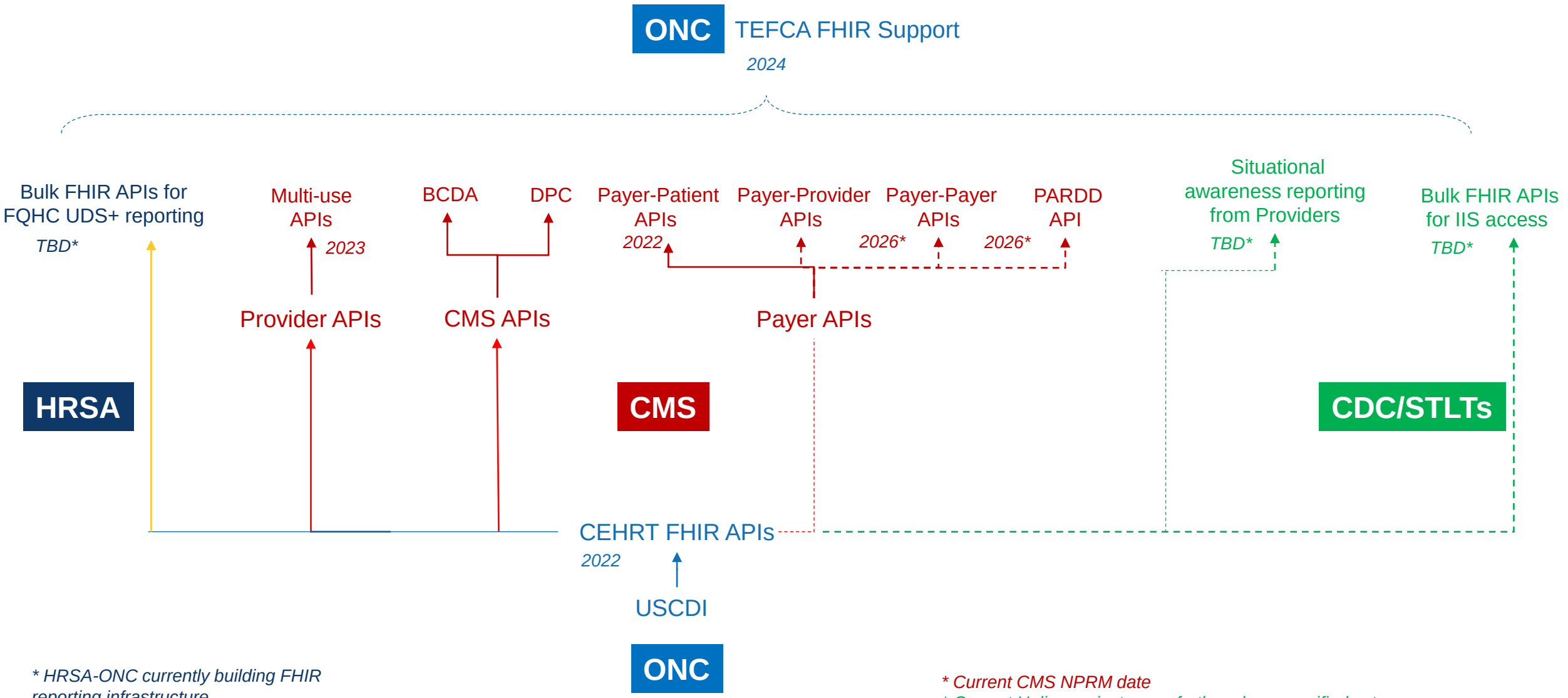
Kno2 Epic HEALTH GORILLA KONZA HIE eHealth Exchange commonwell HEALTH ALLIANCE

+ MedAllies

TEFCA will support both IHE and FHIR Exchange



HHS FHIR Initiatives



** HRSA-ONC currently building FHIR reporting infrastructure*

** Current CMS NPRM date*
** Current Helios projects – no further plans specified yet*

Exchange Purposes

TEFCA℠

- The Exchange Purpose identifies the reason for which information could be requested or shared through QHIN-to-QHIN exchange
- Only these six Exchange Purposes are currently authorized under the Common Agreement
- Additional Exchange Purposes may be added over time

Permitted Exchange Purposes


Treatment


Payment


Health Care Operations


Public Health


Government Benefits Determination


Individual Access Services

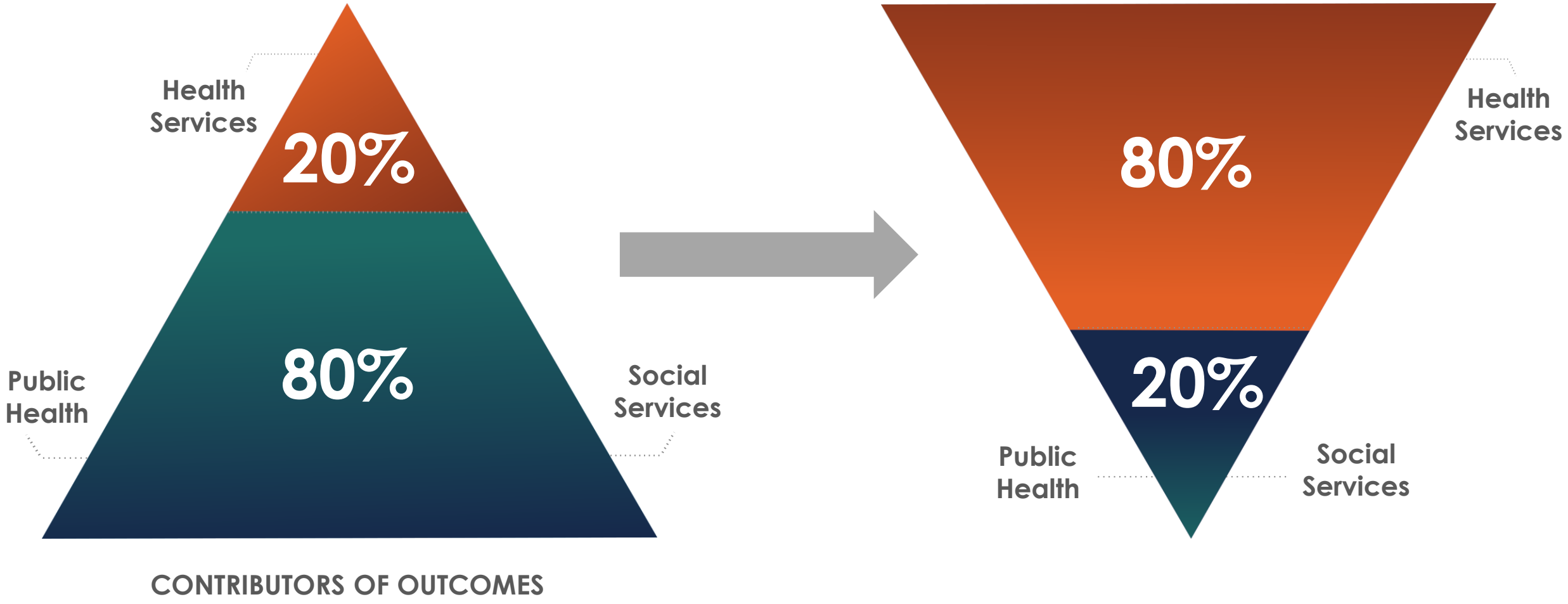
Views from Sacramento

Marko Mijic, MPP
Undersecretary,
California Health and
Human Services Agency

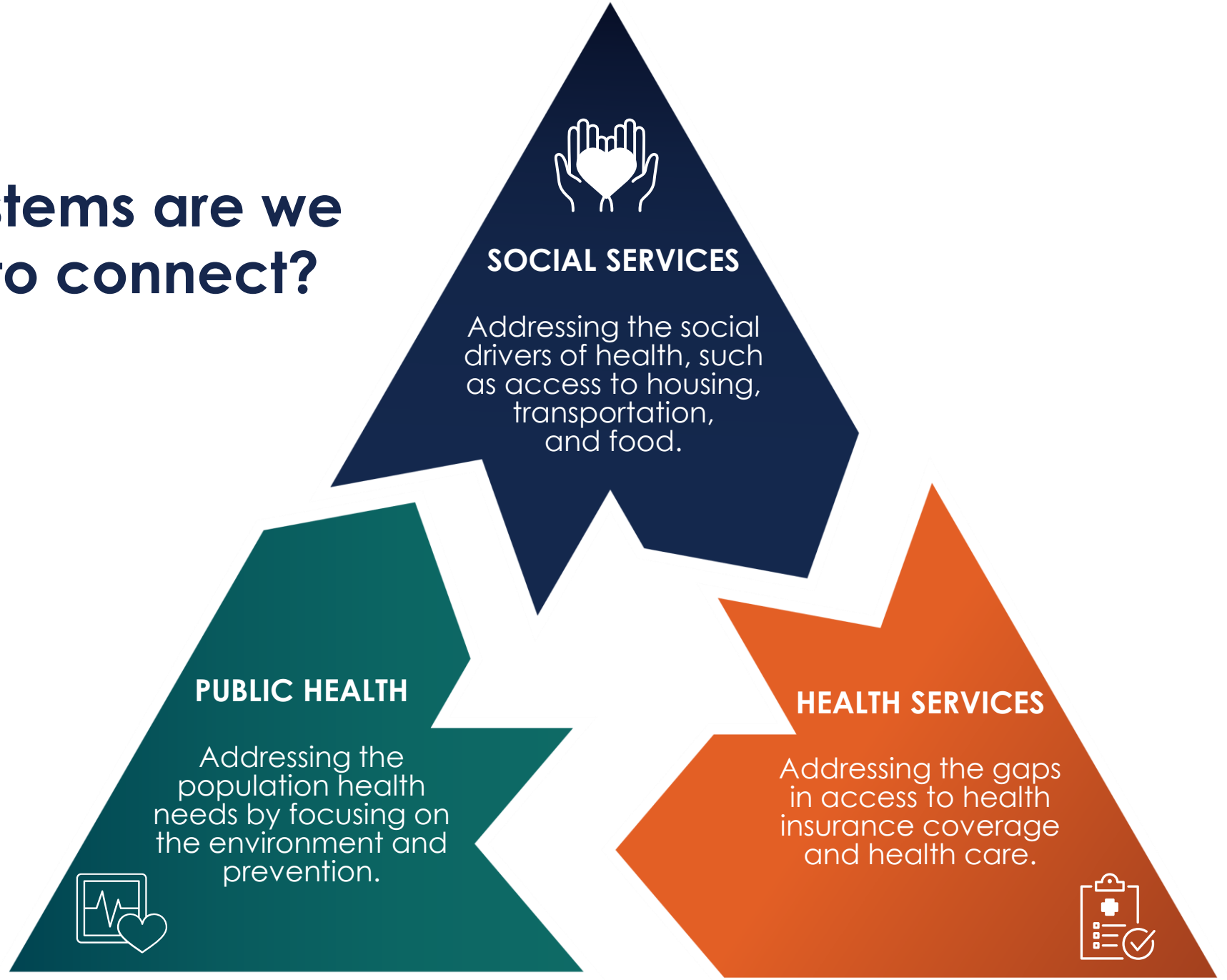
CONNECTING THE DOTS

Public Health, Health Care Services, and Social Services

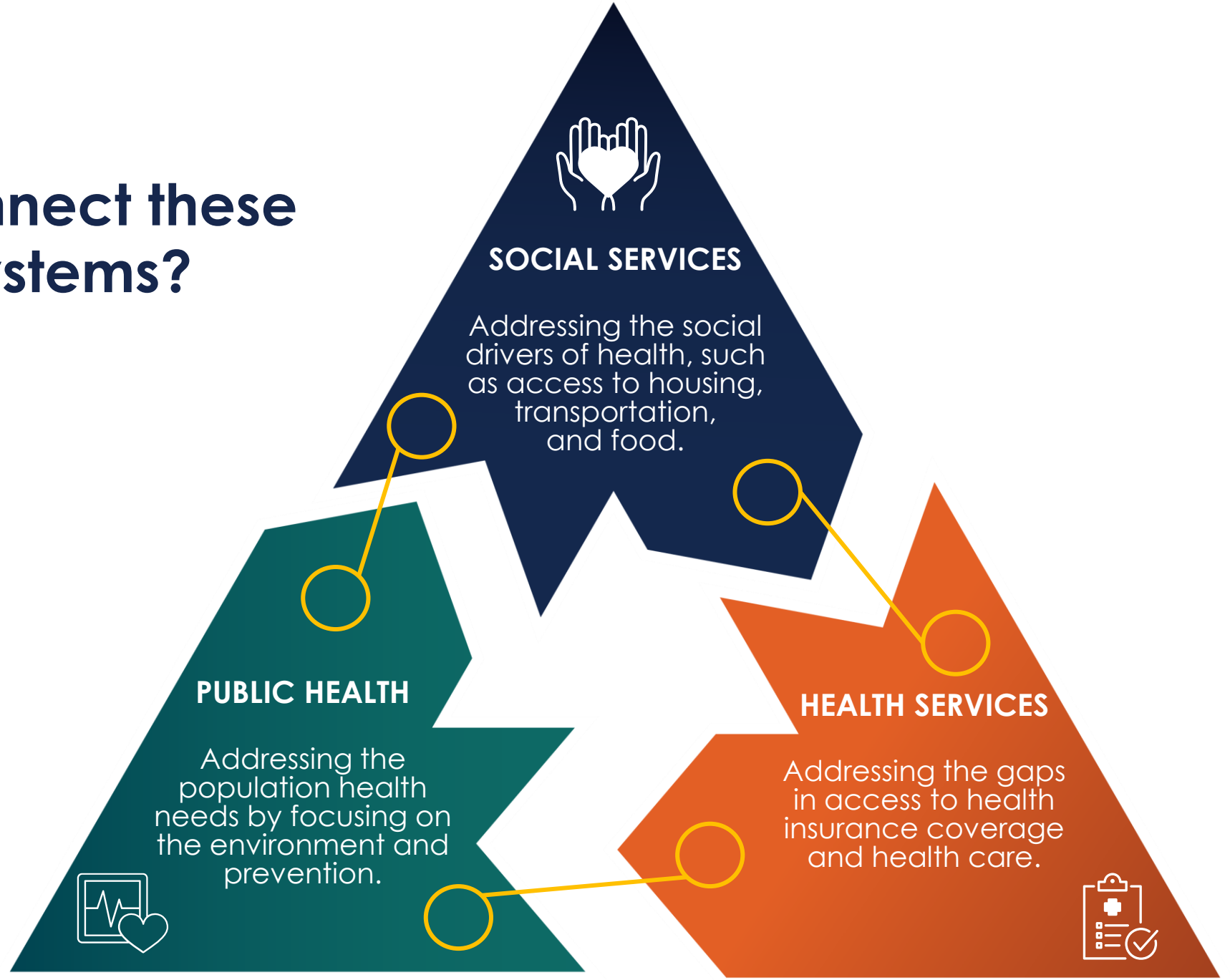
Marko Mijic
CalHHS Undersecretary


Health Services
20%
80%
Public Health
Social Services
CONTRIBUTORS OF OUTCOMES
FUNDING OF SYSTEMS
80%
Health Services
20%
Public Health
Social Services

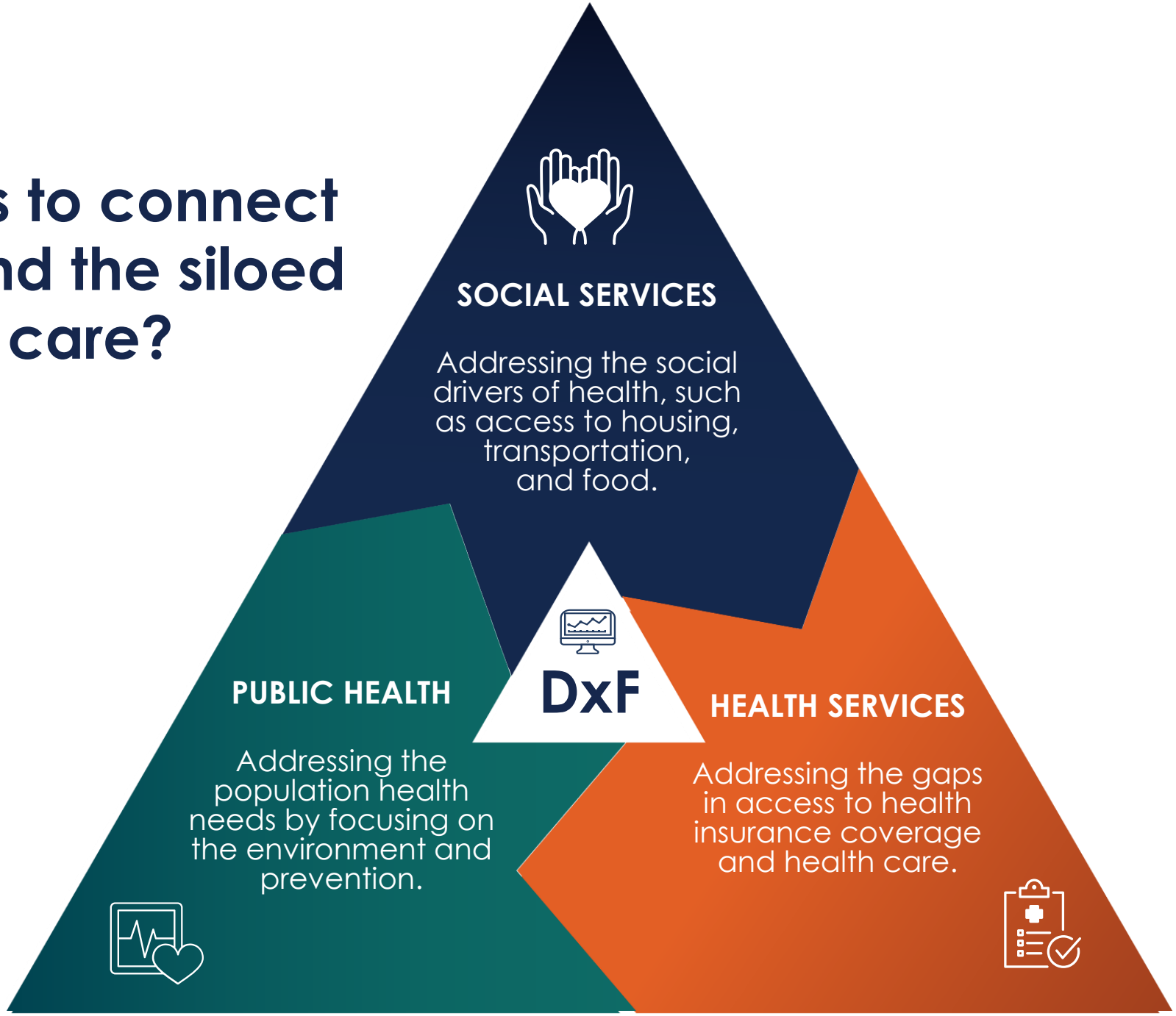
What systems are we looking to connect?

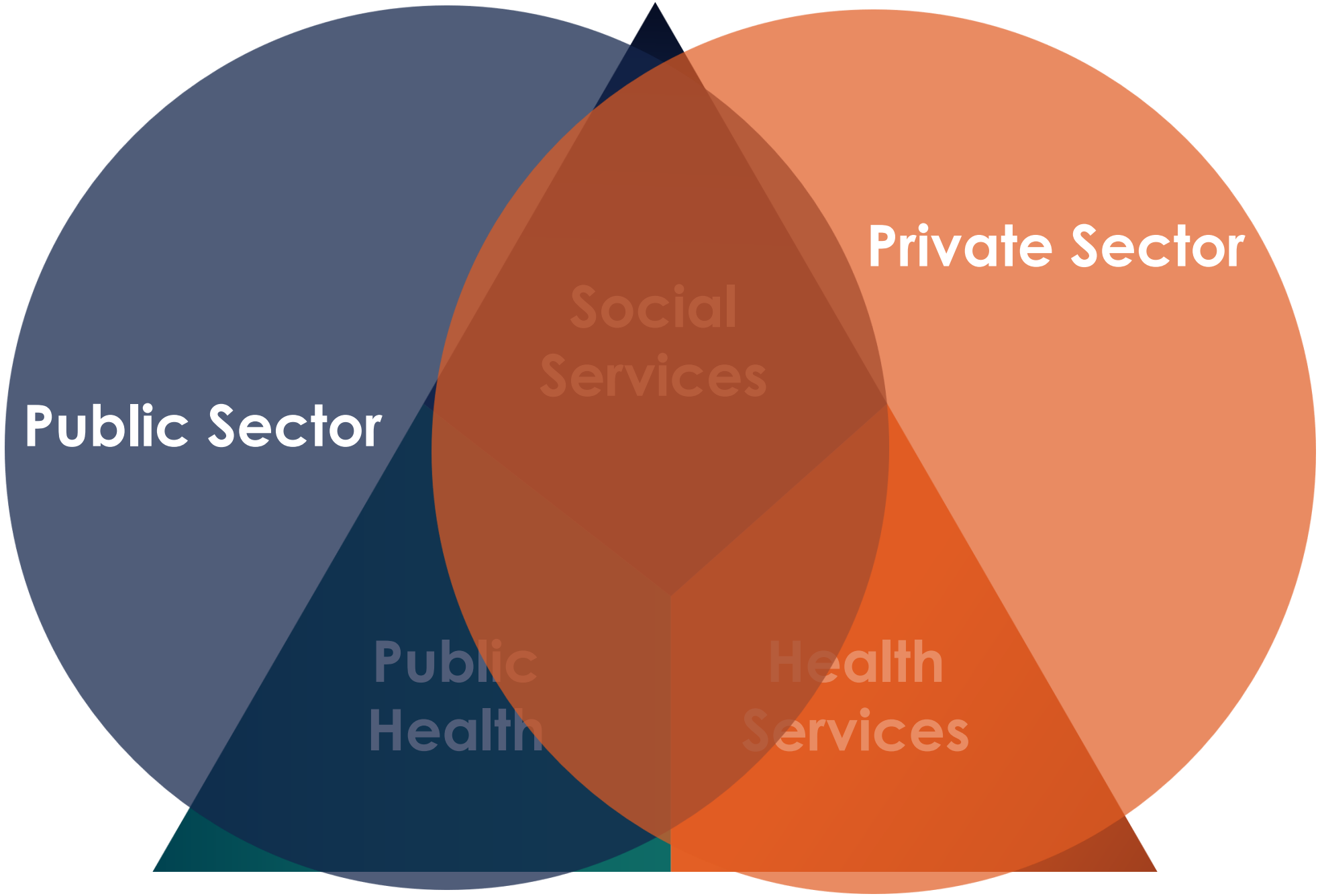


Why connect these siloed systems?



What helps to connect the dots and the siloed systems of care?




Public Sector
Private Sector
Social Services
Public Health
Health Services

What can YOU do to help connect the dots and serve as the Chief Dot Connector?

CalHHS

California Health & Human Services Agency

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Civitas Networks for Health

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BREAK: 10:00 – 10:20 A.M.

The Data Exchange Framework Update and Roadmap

John Ohanian
Chief Data Officer,
California Health and Human Services Agency

Director,
CalHHS Center for Data Insights and Innovation

CalAIM:
Vision and Progress to Leverage Health and Human Services Data to Advance Health Equity

Palav Babaria, MD
Chief Quality Officer and Deputy Director of Quality & Population Health Management,
California Department of Health Care Services

From CalAIM Policy to Practice: Leveraging Health and Human Services Data to Advance Health Equity and Population Health

Palav Babaria, MD, MHS

Chief Quality & Medical Officer

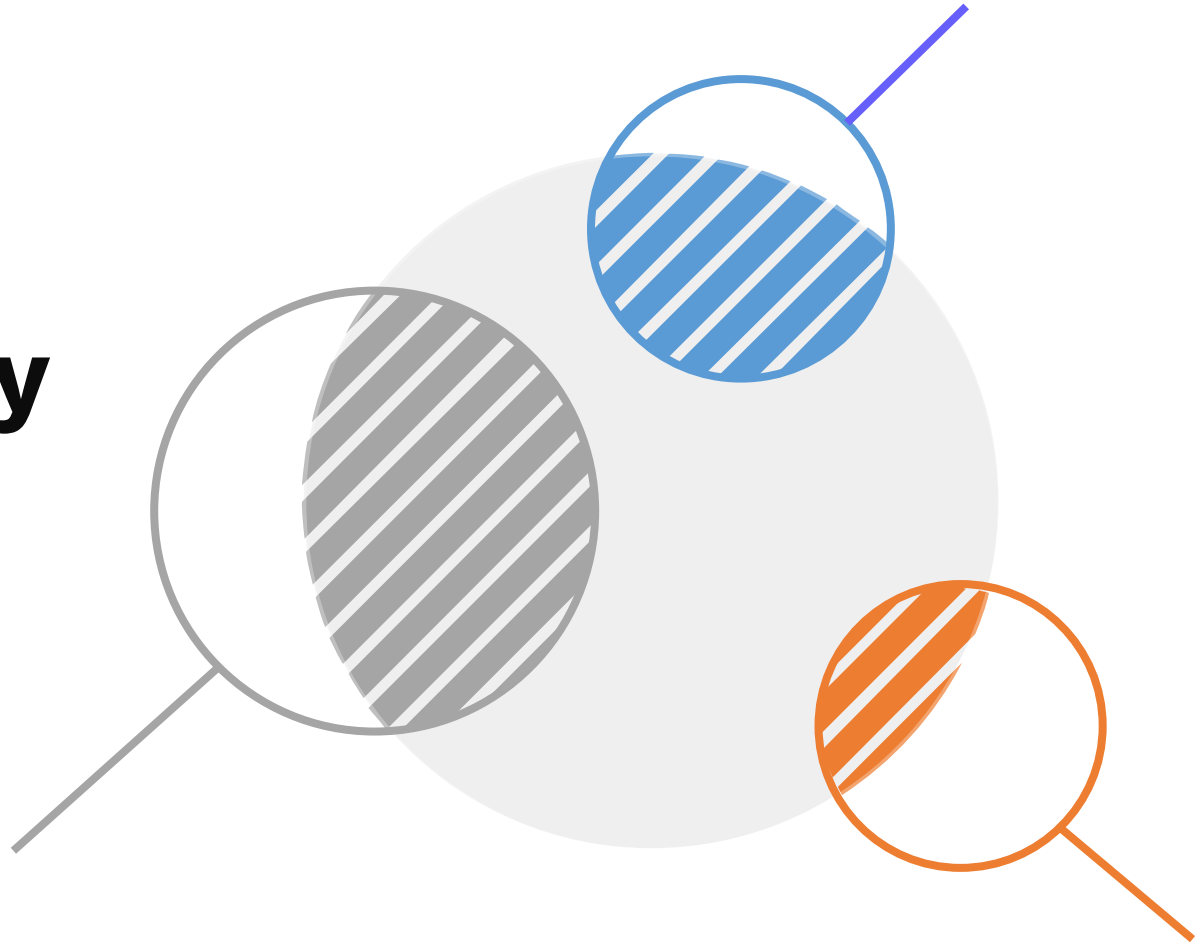
Deputy Director, QPHM

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Quality and Population Health Management

Healthcare today is fragmented

With bits and pieces of data,
we cannot see the full picture



CalAIM Initiative

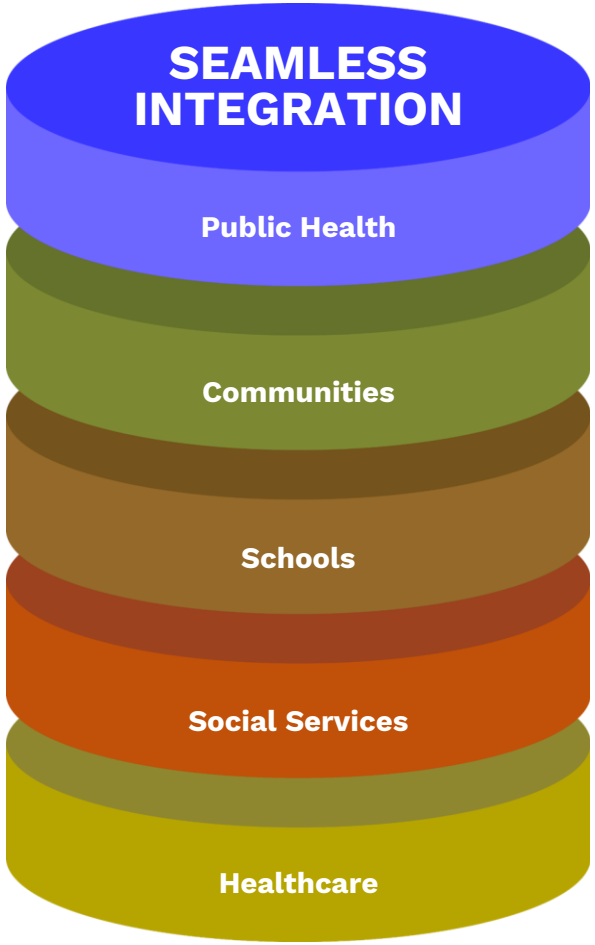
CalAIM's bold Medi-Cal transformation expands on the traditional notion of "the health care system." It is much more than a doctor's office or hospital; it also includes community-based organizations and non-traditional providers that together can deliver equitable, whole-person care.

CalAIM Transformation Means:

- Meeting the needs of the whole person
- Engaging health providers who are trusted and relatable
- Expanding Community Supports and proactive upstream services
- Promoting community engagement
- Making the best use of partners and resources

The future of healthcare

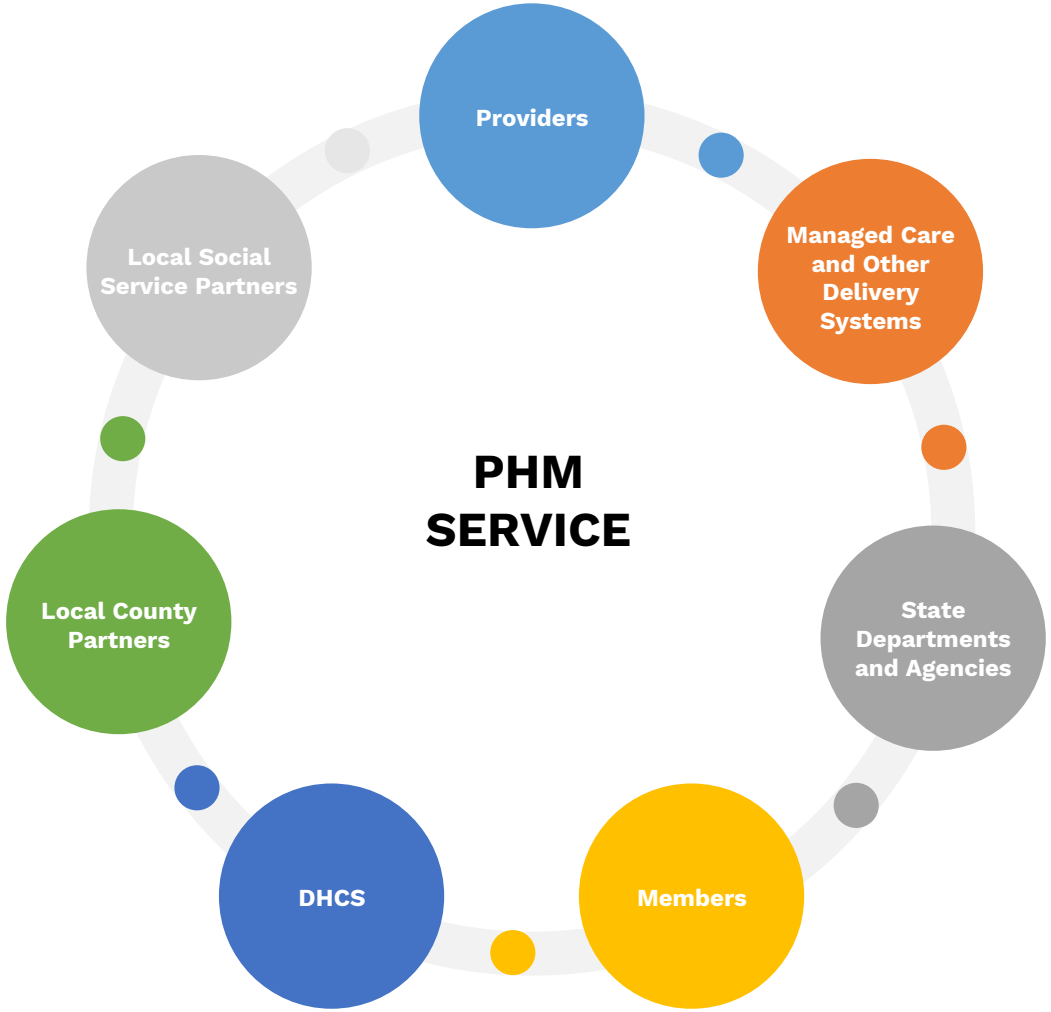
- Breaking out of healthcare's four walls
- DHCS' Population Health Management Service
  - The PHM Service will aggregate, link, and provide access to a variety of data types and support key population health functions.



PHM SERVICE:

Meeting the needs of diverse users

Allowing integrated access for all the parts of our healthcare system



Member ownership and equity

Giving users health data autonomy looks like:

01
Easy access to see their data

02
Power to edit on this platform as needed

03
Owning the data about them

04
Power over how their data is used and shared

Why is this so important?

BOLD GOALS:
50x2025

STATE LEVEL

- Close racial/ethnic disparities in well-child visits and immunizations by 50%
- Close maternity care disparity for Black and Native American persons by 50%
- Improve maternal and adolescent depression screening by 50%
- Improve follow up for mental health and substance use disorder by 50%

- Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Member Vignette: PHM in Action

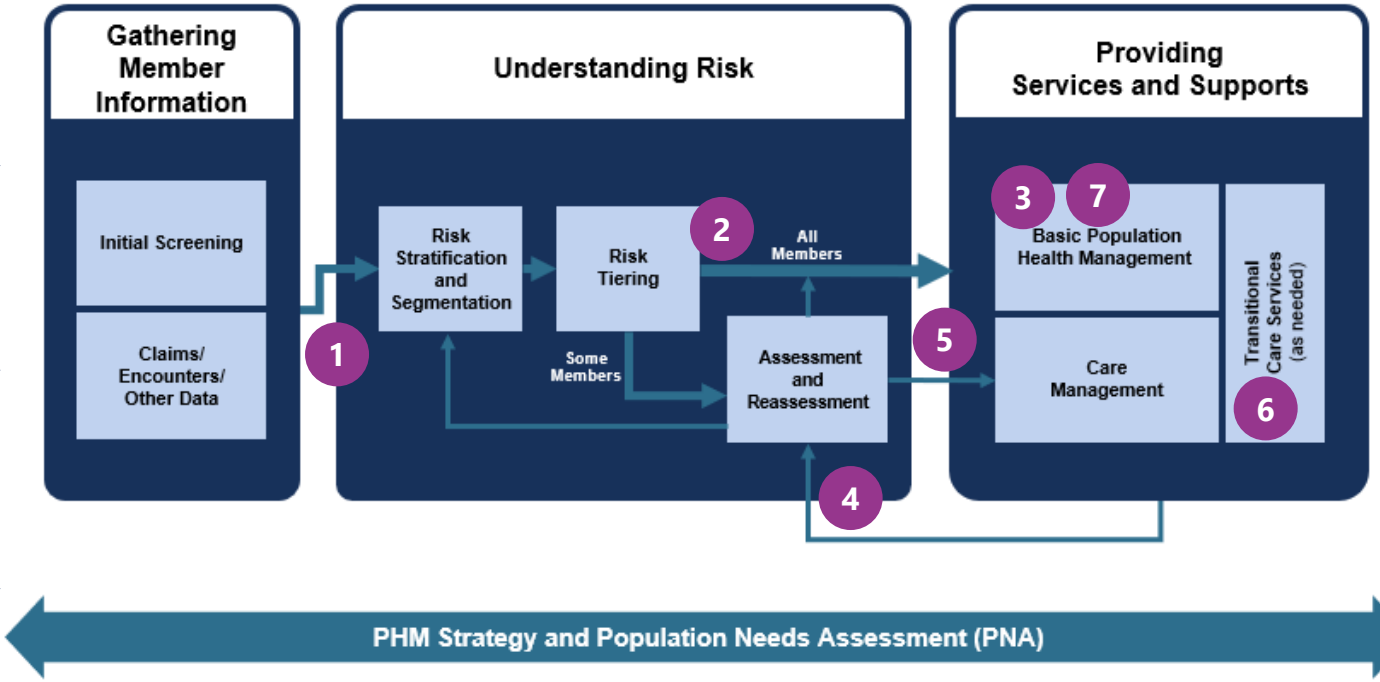
1 2 Linda has her first prenatal appointment; Her provider does a history and physical, diagnosing her with gestational diabetes. Her health plan receives the information.

3 A care coordinator from Linda's health plan reaches out and connects Linda to WIC services and a doula

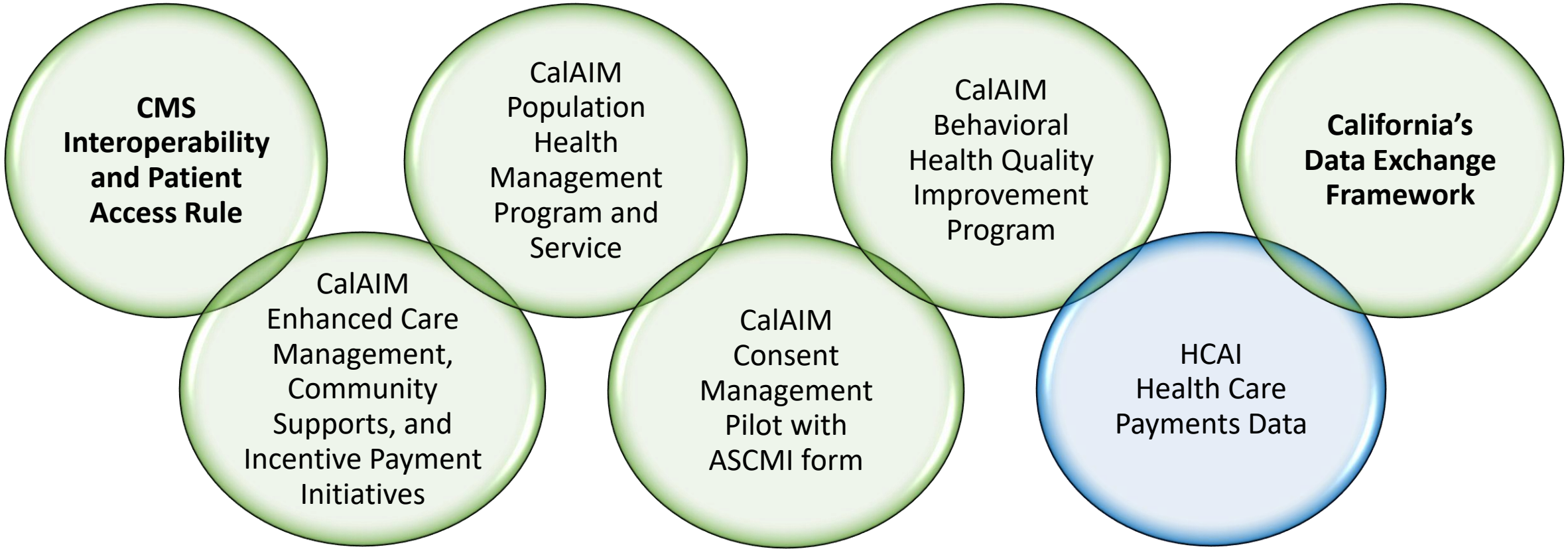
4 5 At 28 weeks, Linda is diagnosed with high blood pressure and depression, referred to high risk pregnancy specialist and is enrolled in CCM.

6 At 37 weeks pregnant, Linda is diagnosed with preeclampsia and admitted for labor induction. Supported by her doula, she delivers her healthy son, Jacob. Her CCM care manager helps with the transitions from hospital

7 Linda's health conditions have resolved. Linda and Jacob receive dyadic services during Jacob's well child visits. Linda no longer needs support from CCM. Her plan continues to monitor and support her family through BPHM.



How does the Data Exchange Framework fit in?



HITECH Initiatives Created a Base: 2009-2021

HIE Cooperative Program Promoting Interoperability Program CTAP Cal-HOP

The time is Now.
Questions?

References

- California Advancing and Innovating Medi-Cal (Cal-AIM)
- Authorization to Share Confidential Medi-Cal Information (ASCMI) Form Pilot
- Health Information Technology for Economic and Clinical Health (HITECH) Act - Medi-Cal Promoting Interoperability Program
  - California Technical Assistance Program (CTAP)
  - California Health Information Exchange Onboarding Program (Cal-HOP)
- Department of Health Care Access and Information (HCAI) Health Care Payments Data (HPD) Program
- CalHHS Data Exchange Framework (DxF)

Fireside Chat and Q&A

John Ohanian
Chief Data Officer,
California Health and Human Services Agency
Director,
CalHHS Center for Data Insights and Innovation

Palav Babaria, MD
Chief Quality Officer and Deputy Director of
Quality & Population Health Management,
California Department of Health Care Services

THANK YOU TO OUR SPONSORS!

BREAK: 11:20 – 11:40 A.M.

The First Steps in the Last Mile

Larry Loo, MPH
Chief Executive Officer,
Chinese Community Health Plan
(CCHP)

Johanna Liu, MBA
President and
Chief Executive Officer,
San Francisco Community Clinic
Consortium

Leslie Witten-Rood
Chief of the Office of Health
Information Exchange,
California Emergency Medical
Services Authority

Melora Simon, MPH
(Moderator)
Associate Director,
People-Centered Care,
California Health Care Foundation

The First Steps in the Last Mile

Larry Loo, MPH
Chief Executive Officer,
Chinese Community Health Plan (CCHP)

CCHP Health Plan

“The First Steps in the Last Mile”

Presented by:
Larry Loo, MPH
CEO

September 28, 2023

System History

1899 Tung Wah Dispensary opened in Chinatown.

1906 Tung Wah Dispensary burned in the Great SF Earthquake.

1923 Chinese Hospital Association created by 15 community organizations.

1925 Chinese Hospital opened its doors.

1982 Chinese Community Health Care Association

1996 – Now Expanded neighborhood clinics including East-West clinics

2016 New Patient Tower Replaces the 1925 Building

Jade Medical Group Founded

1986 Chinese Community Health Plan was founded

1994 Medicare HMO for members w/ Part A & B

2005 Full Dual Special Needs (Medicare/Medi-Cal **SF only**)

2006 Implemented Medicare Part D

2013 CCHP selected as one of 11 Qualified Health Plan partners in Covered California exchange.

2016 Network expansion including more Medical Groups – One Medical , Hill Physicians, Jade Medical

2022 Access Primary Medical Group

CCHP Health Plan

CCHP Senior Program HMO

CCHP Senior Select Program HMO

MedicareRx Prescription Drug Coverage

COVERED CALIFORNIA

Hill Physicians one

ACCESS PRIMARY CARE Medical Group

Balance by CCHP

Our Mission

The mission of Chinese Community Health Plan (CCHP) is to improve the health of our community by delivering high-quality, affordable healthcare through culturally competent and linguistically appropriate services.

An Integrated Delivery System
“Caring For Generations”

- Conceived out of necessity
- United by Mission
- Evolving to meet the future healthcare needs of **everyone** in the community

Thank You.

The First Steps in the Last Mile

Johanna Liu, MBA
President and Chief Executive Officer,
San Francisco Community Clinic Consortium

SFCCC
Community Clinic Consortium

Johanna Liu, MBA
President & CEO


BROOKLYN
Outreach


STREET OUTREACH
SERVICES
STREET OUTREACH
SERVICES


HUSTLE
ECCC
Vet SOS


"Why Should I Get Screened?"
Colorectal Cancer Screening Saves Lives
"¿Por qué debo hacerme un examen para el cáncer colorrectal?"
Los exámenes de detección salvan vidas
¿CIERTO o FALSO?
TRUE or FALSE?
154


South of Market
HEALTH CENTER
NATIVE AMERICAN
HEALTH CENTER
Serving the community since 1972
health RIGHT 360
A FAMILY OF PROGRAMS
Planned Parenthood
Care. No matter what.
Planned Parenthood Northern California
MARIN CITY
Health & Wellness Center
BAART
Community HealthCare
Curry Senior Center
NEMS
NORTH EAST MEDICAL SERVICES
NORTH EAST
MEDICAL SERVICES
東 北 醫 療 中 心
ST. ANTHONY'S
Hope Served Daily
SAN FRANCISCO
COMMUNITY
HEALTH CENTER
San Francisco Free Clinic
An ounce of prevention . . .
MNHC
Mission Neighborhood
Health Center


BEST BUY
SFCCC
Community Clinic Consortium
Connecting unhoused San Franciscans with health care
STREET OUTREACH
SERVICES
SFCCC
Community Clinic Consortium
Connecting the pets of unhoused San Franciscans with veterinary care
Vet SOS

South of Market
HEALTH CENTER


STREET OUTREACH
SERVICES
STREET OUTREACH
SERVICES


154


Vet SOS

SFCCC
Community Clinic Consortium

Johanna Liu, MBA
President & CEO

The First Steps in the Last Mile

Leslie Witten-Rood
Chief of the Office of
Health Information Exchange,
California Emergency
Medical Services Authority

2023 Annual California DxF Summit

“The First Steps in the Last Mile”
Ted-Talks
Fort Mason, San Francisco, CA
September 28, 2023
11:40 AM – 12:30 PM

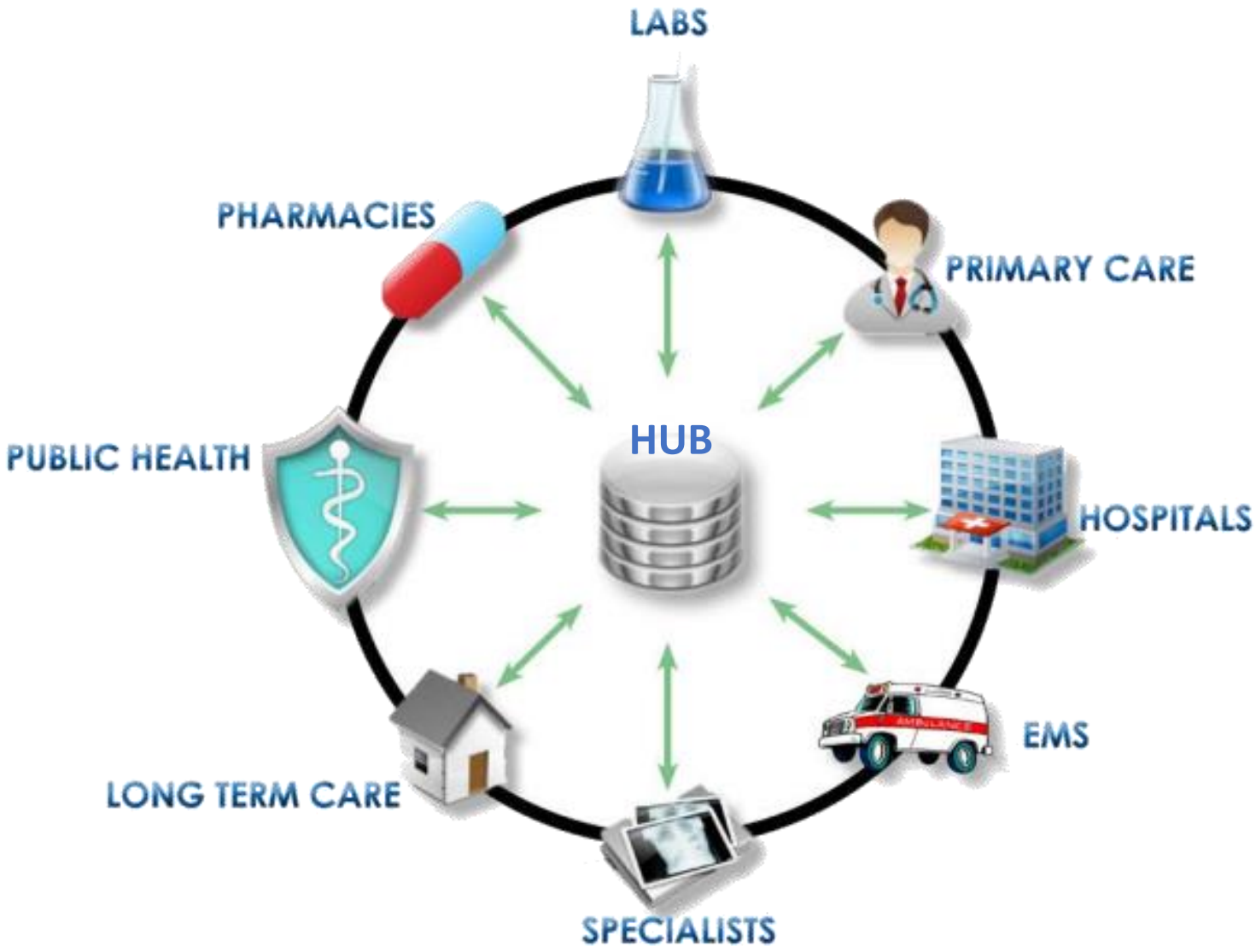
California Emergency Medical Services Authority

Presenter: Leslie Witten-Rood, MA
Chief of the Office of Health Information Exchange

HIE Background at EMSA

EMS implementation began in 2015 and continues to develop, expand, and implement an interoperable system that EMS providers can on-board with hospitals, Medi-Cal providers, and public health entities.

To encourage the development of technology processes to enable bi-directional information flow between ePCRs, and EHRs, and to routinely integrate EMS data into hospital and clinic EHRs throughout the American health system.



EMSA HIE

+EMS Search, Alert, File, and Reconcile (SAFR)

Enables providers on the scene to exchange patient health information with local hospitals.

Patient Order for Life Sustaining Treatment (POLST)

1) Established the ePolst Alert to an ePCR to provide the POLST Form to EMS in the field and the Hospital.

2) The development of the ePolst Registry.

Patient Unified Look Up System for Disaster (PULSE)

PULSE was activated during an emergency via the DHV System used generally in an Alternative Care Facility (ACF)

California EMS Data Resource System (CEDRS)

Will create a data portal that will enable EMS Services and stakeholders the ability to access patient and EMSA data .

+EMS SAFR

+Emergency Medical Services
Search, Alert, File, Reconcile (SAFR)

SEARCH

Allows EMS to find the vital patient information needed to provide appropriate and effective care.

ALERT

Notifies EDs of incoming patients, patient status, and care provided in the field.

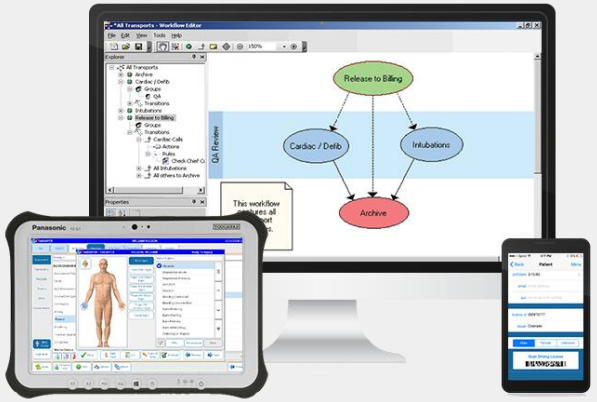
FILE

Provides EMS with hospital outcome data, which is then used to analyze policies and protocols.

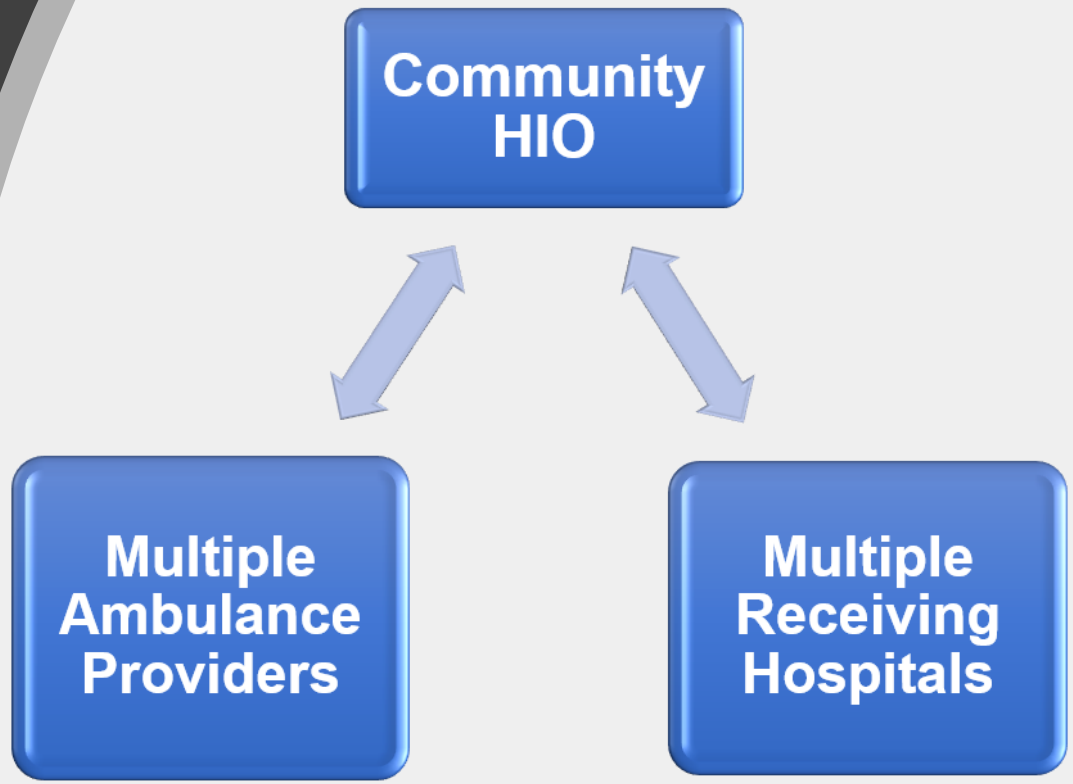
Reconcile

Provides EMS with hospital outcome data that is then used to analyze policies and protocols.

+EMS SAFR Connections



EMSA was able to expand +EMS SAFR with HITEMS funding to onboard a total of 14 counties providing +EMS SAFR (SEARCH, ALERT, FILE, RECONCILE) functionality for paramedics and hospital emergency room staff to be available for daily use.



+EMS Success Story

STEMI from San Diego

On May 17, 2017, 911 was called for a middle-aged man with left shoulder pain. Paramedics found the patient pale, cool, diaphoretic and hypotensive with a blood pressure of 60/40 mmHg. An ECG in the field demonstrated a potential heart attack (ST elevation myocardial infarction or STEMI). Through SAFR, this information including the ECG was sent to UCSD-Hillcrest medical center and was in the hands of the Emergency physician and cardiologist before the patient arrived. Staff were prepared and pre-activated personnel such that the patient was in the cardiac catheterization unit within 16 minutes of arrival! The patient was found to have a severe coronary artery thrombosis, underwent angioplasty and stenting at that time.

- ED cost savings of $250,000 in the first quarter of SAFR use

Community Paramedicine

- A locally determined community-based, collaborative model of care that leverages the skills of paramedics and EMS systems to address gaps in access to care identified through a community-specific health care needs assessment.

- Community paramedicine complements policy makers' interest in whole person care; linking community and medical resources including Public Health and Social Services.

- Community paramedicine leverages an existing health care resource to meet community needs.

Community Paramedicine Concepts

- Post hospital discharge short-term follow-up
- Frequent EMS user case management
- Directly Observed Therapy for tuberculosis, public health department collaboration
- Hospice support
- Alternate destination to Mental Health Crisis Centers
- Alternate destination to Sobering Centers

Community Paramedicine Projects

PD **Post-Discharge.** Provide short-term, home-based follow-up care for persons recently discharged from a hospital due to a serious health condition to decrease hospital readmissions within 30 days.

TB **Directly Observed TB Therapy.** Collaborate with local public health services to provide directly observed therapy to persons with tuberculosis (i.e., dispense medications and observe patients taking them to assure effective treatment) to prevent its spread.

HO **Hospice.** In response to 911 calls, collaborate with hospice agency nurses, patients, and family members to treat patients in their homes, according to their wishes, instead of transporting them to the ED.

EM **Frequent EMS Users.** Provide case management services to persons who are frequent 911 callers or frequent visitors to EDs to reduce their use of the EMS system by connecting them with primary care, behavioral health, housing, and social services.

Alternate Destinations

MH **Mental Health.** In response to 911 calls, offer patients who have mental health needs but no emergent medical needs transport to a mental health crisis center instead of an ED.

SC **Sobering Center.** In response to 911 calls, offer patients who are acutely intoxicated but have no emergent medical needs transport to a sobering center instead of an ED.

- 6 Concepts
- 9 Sites
- 6 California -Counties

Public Health: Directly Observed TB Treatment - Findings

- **Community paramedics dispensed appropriate doses of TB medications, and their TB patients did not experience any greater frequency of side effects or symptoms beyond those typically associated with taking TB medications.**

Source: Janet, Coffman, MPP, Ph.D., Lead Evaluator, University of California, San Francisco Philip R. Lee Institute for Health Policy Studies and Healthforce Center, Community Paramedicine Pilot Program Evaluation Summary, PowerPoint 2021.

911 Hospice Calls - Findings

- The Hospice project reduced the percentage of hospice patients transported to an ED from 80% to 28%, increasing the number of patients whose wishes were to remain at home were honored.

- Community paramedics also alerted hospices to patients' unmet needs for additional assistance.

Source: Janet, Coffman, MPP, Ph.D., Lead Evaluator, University of California, San Francisco Philip R. Lee Institute for Health Policy Studies and Healthforce Center, Community Paramedicine Pilot Program Evaluation Summary, PowerPoint 2021

The Data Exchange Framework (DxF)

"The Data Exchange Framework will create new connections and efficiencies between Health Care Providers, Public Health, and Social Services Providers, improving whole-person care."

DxF

Because of the DxF statewide bidirectional data that will be available, we will be able to increase the social determinants of healthcare equity for all patients in California.

Questions

Contact Information:

Leslie Witten-Rood, MA
Chief of the Office of Health Information Exchange at EMSA
Leslie.wittten@emsa.ca.gov

The First Steps in the Last Mile

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Information Exchange,
California Emergency Medical
Services Authority

Melora Simon, MPH
(Moderator)
Associate Director,
People-Centered Care,
California Health Care Foundation

THANK YOU TO OUR SPONSORS!

LUNCH: 12:30 – 2:00 P.M.

Health Data Programs at HCAI

Michael Valle
Chief Information Officer and
Deputy Director, Information Services
CA Department of Health Care Access
and Information

Health Data Programs at HCAI

Annual California DxF Summit

September 2023

California Department of Health Care Access and Information

Our mission is to expand equitable access to health care for all Californians—ensuring every community has the health workforce they need, safe and reliable health care facilities, and health information that can help make care more effective and affordable.

Established in 1978 as OSHPD – the Office of Statewide Health Planning and Development – the department transitioned to become the Department of Health Care Access and Information (HCAI) in 2021 to reflect a growing portfolio and a more descriptive name.

HCAi
Department of Health Care Access and Information

HCAI Program Areas

- **Facilities**: monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities
- **Financing**: provide loan insurance for non-profit healthcare facilities to develop or expand services
- **Workforce**: promote a culturally competent and diverse healthcare workforce.
- **Affordability:** improve health care affordability through data analysis, spending targets, and measures to advance value; enforce hospital billing protections and provide generic drugs at a low, transparent price
- **Data**: collect, manage, analyze and report actionable information about California's healthcare landscape

HCAI Healthcare Data Programs

Healthcare Utilization

- Patient-level administrative data abstracted from patient records for inpatient, emergency department, and ambulatory settings
- Facility-level utilization data on healthcare services from hospitals and other healthcare facilities

Healthcare Quality

- Outcomes studies, quality indicators, and other reporting based on healthcare utilization data

Cost Transparency

- Hospital financials, Chargemasters, community benefits plans, discount payment policies, and supplier diversity disclosures
- Long-term care financial statements and related party and ownership disclosures
- Prescription drug price increases over time and prices for new drugs introduced to market

Healthcare Facility Attributes

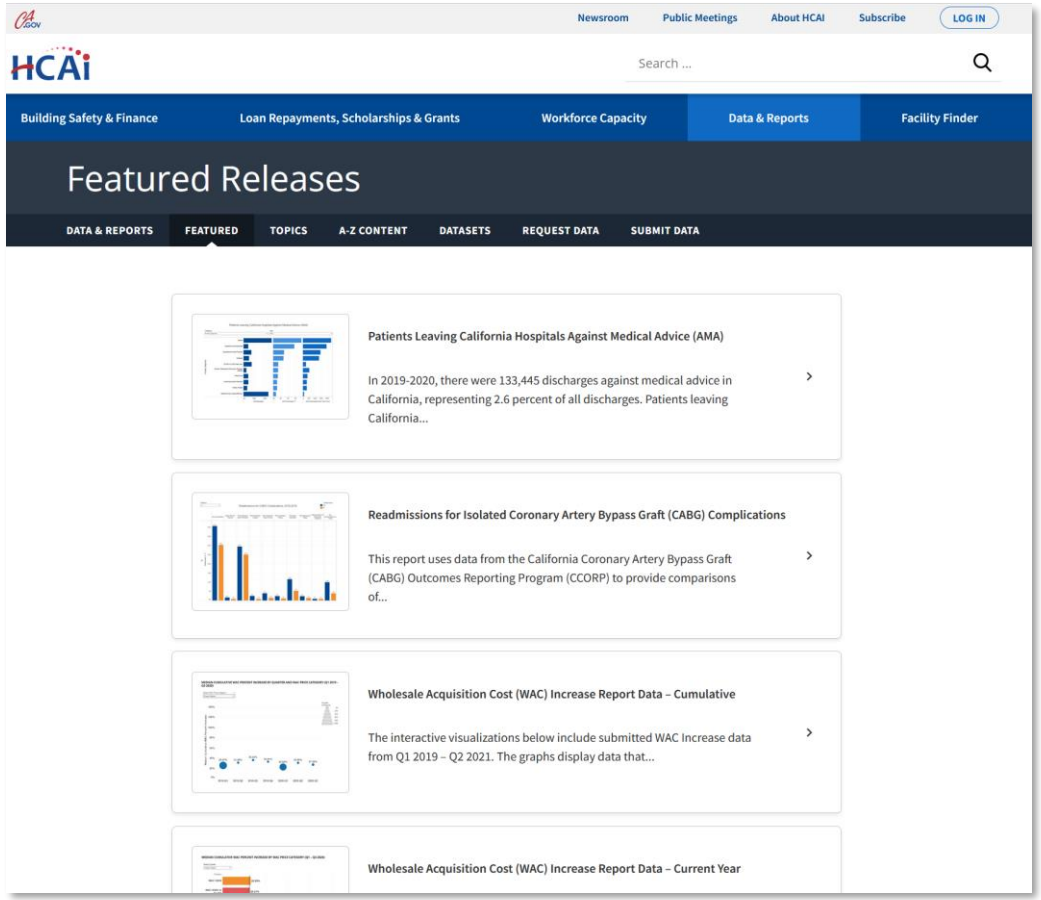
- Summary, license, safety, construction, and other reference information about California hospitals and other healthcare facilities

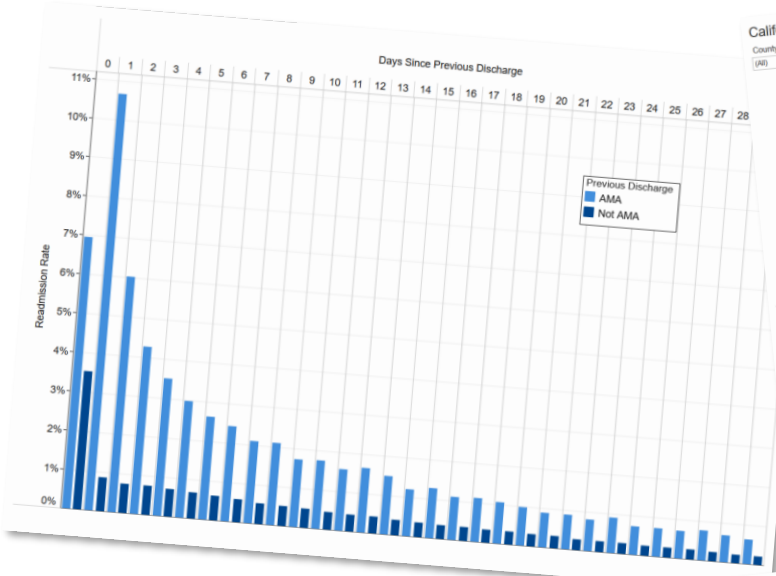
Health Workforce

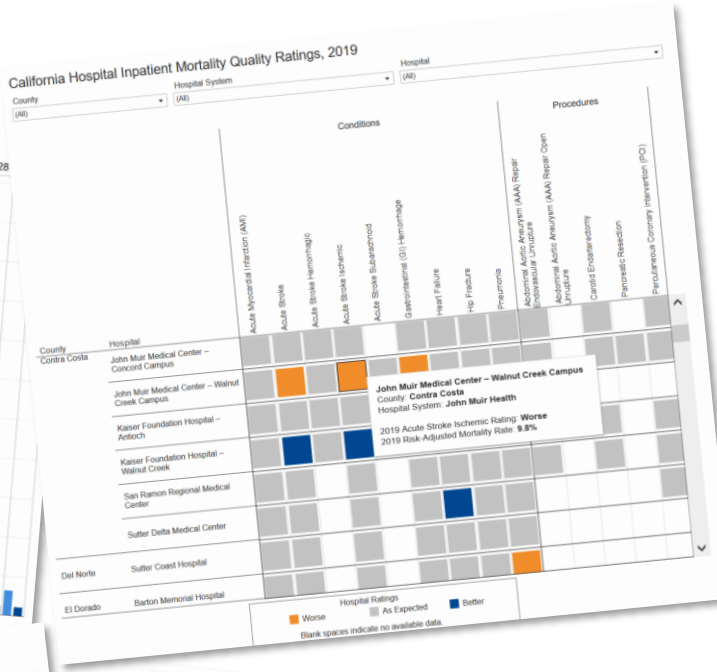
- Information about healthcare professionals and colleges, shortage areas, and workforce capacity and cultural concordance

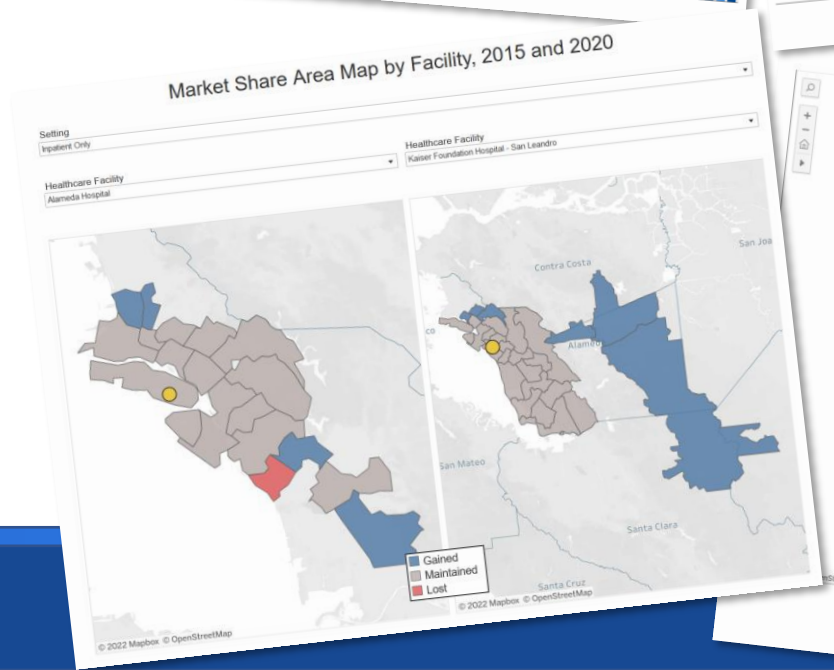
For more information, visit hcai.ca.gov/data-and-reports/

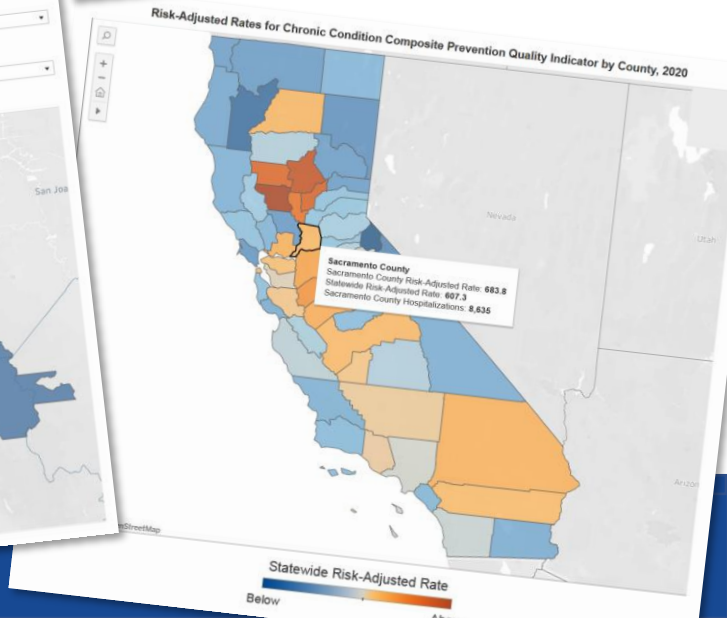
Featured Data Visualizations











For more information, visit hcai.ca.gov/visualizations

Researchers use HCAI data to answer important questions of healthcare administration and population health.

NEWS • Daily News

Hospital Stays for Meth-Related HF Skyrocket, as Do Costs

American Heart Association.

Diabetes Tied to a Third of California Hospital Stays, Driving Health Care Costs Higher

UCLA CENTER FOR HEALTH POLICY RESEARCH

Police Use of Force and Misconduct in California

PPIC

Wildfire smoke impacts respiratory health more than fine particles from other sources: observational evidence from Southern California

nature

Racial and ethnic disparities in outcomes through 1 year of life in infants born prematurely: a population based study in California

Journal of Perinatology

Babies Born Too Early Likely to Face Educational and Lifelong Behavioral Setbacks

Stanford | Freeman Spogli Institute for International Studies

Associations between historical redlining and birth outcomes from 2006 through 2015 in California

NIH National Library of Medicine
National Center for Biotechnology Information

***HCAI does not independently verify or endorse** study methodology or results.*

Why administrative data?

“Administrative data is the data that organizations collect about their operations and clients. It includes data for routine purposes and is frequently used to perform and evaluate the administration of programs.

Administrative data is often collected for non-statistical reasons, such as registration, billing, and record keeping.

Using administrative data is an efficient way to collate large volumes of information to study populations and systems at scale, while minimizing administrative burden on data suppliers.

The Healthcare Payments Database (HPD) is California's APCD – a large research database of healthcare administrative data.

All-Payer Claims Databases collate information from healthcare payers generated in the transactions among providers for payment on behalf of insured individuals.

The first public analytic report was released from the database in June 2023.

ALL PAYERS

Commercial, Medi-Cal, Medicare

OVER 5 BILLION CLAIMS & ENCOUNTERS

From 2018 to 2021

OVER 30 MILLION COVERED LIVES

As represented from data submitters

HPD Program Overview

- The HPD collects four core file types:
  1. Medical claims and encounters
  2. Pharmacy claims
  3. Member eligibility
  4. Provider
- The HPD collects data from:
  1. Commercial and Medicare Advantage health plans and insurers
  2. Department of Health Care Services (Medi-Cal)
  3. Centers for Medicare and Medicaid Services (Medicare Fee-For Service)
- HPD uses the National Association of Health Data Organizations APCD Common Data Layout data file format

The HPD Program will develop:

- Approaches to incorporate other data, beyond claims
- Approaches to accept data from voluntary submitters
- Policies and procedures for access to non-public data
- A report for the Legislature by March 2024 that outlines the quality and completeness of the database
- Long-term, sustainable funding

For more information, visit hcai.ca.gov/hpd

Abbreviated HPD Program Goals

1. Provide a **public benefit**, while protecting **individual privacy**.
2. Increase **transparency**.
3. Inform **policy decisions**.
4. Support **cost-effective** care **responsive to** Californians needs.
5. Support a **sustainable healthcare system** and more **equitable access** to care.

How Can I Use HPD Data?

- **HCAI continues to produce de-identified public analytic reports from the HPD**

  HCAI has published two analytic reports to date and will be discussing 2024 reporting priorities with the HPD stakeholder advisory committee at its October 26 meeting.

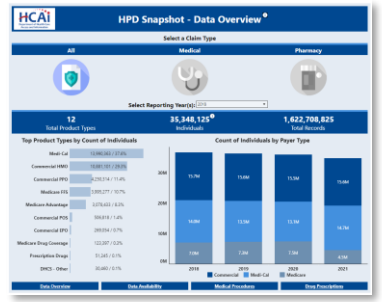
- **HCAI is developing policies and procedures for requesting access to non-public HPD data**

  HCAI expects to begin accepting requests for non-public HPD data in Q1 of 2024 from eligible researchers, healthcare entities, government agencies, and others.

2023 Public Reporting Priorities

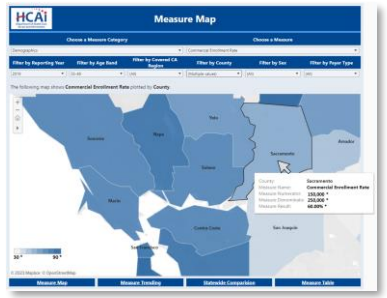
1. HPD Snapshot

- High-level views of data available in HPD
- Volume of medical procedures and pharmacy claims by payer type and year
- Visualization and underlying data released June 2023: hcai.ca.gov/snapshot



2. HPD Measures

- Chronic conditions, demographics, and utilization dashboards
- User-controlled filters for location, payer, and additional demographics, such as age and sex
- Visualization and underlying data released September 2023: hcai.ca.gov/measures



3. Pharmaceutical Cost Report

- Presenting pharmacy claims data on price and spending
- Starting point for HPD reporting on cost
- Planned release in December

Thank You!

- **View all of HCAI's featured data visualizations:** hcai.ca.gov/visualizations
- **Request to receive eligible non-public HCAI hospitalization data:** hcai.ca.gov/data-and-reports/request-data
- **Join the public discussion on HPD:** hcai.ca.gov/hpd/#hpd-stakeholder-engagement

Join The Discussion

Accelerating Data Exchange Framework Adoption: Demonstrating Value

Linnea Koopmans, MSW
(Moderator)
Chief Executive Officer,
Local Health Plans of California

Bill Barcellona
Executive Vice President
of Government Affairs,
America's Physician Groups

Dana Moore, MPH
Deputy Director, Chief Data Officer,
State Registrar,
California Department of Public Health

Sristi Sharma, MD, MPH
Informatics Medical Consultant with the Enterprise Data and Information Management Program,
California Department of Health Care Services

S. Monica Soni, MD
Chief Medical Officer and
Chief Deputy Executive Director,
Covered California

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BREAK: 3:10 – 3:30 P.M.

Start-Stop-Continue:

Implementing the Data Exchange Framework

Timi Leslie
(Moderator)
Founder & President,
BluePath Health;
Connecting for Better Health

Seth Bokser, MD
American Academy of Pediatrics
California Chapter 1

William Isenberg, MD
Vice President and
Chief Medical & Quality Officer,
Sutter Health

Tom Schwaninger, MBA
Senior Executive Advisor,
Digital Interoperability,
L.A. Care Health Plan

Patient-Centered Perspectives

Cary Sanders, MPP
(Moderator)
Senior Policy Director,
California Pan-Ethnic Health Network

Kristine McCoy, MD, MPH
Senior Consultant,
Stewards of Change

Deven McGraw, JD, MPH
Lead, Data Stewardship & Data Sharing,
Invitae

Anwar Zoueihid
Vice President, Long Term Services & Supports,
Partners in Care Foundation

Lisa Santora
Deputy Public Health Officer,
County of Marin, Department of Health and Human Services

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County of Marin, Department of Health and Human Services

2023 Annual California DxF Summit

Cultivating Connections: Expanding Health and Human Services Data Exchange to Advance Health Equity

SEPTEMBER 28 – 29, SAN FRANCISCO

DATA EXCHANGE FRAMEWORK

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

California Health Care Foundation

Connecting for Better Health

Manifest MEDEX

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California Health Care Foundation

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Welcome

Erica Galvez
Chief Executive Officer,
Manifest MedEx

FRIDAY KEYNOTE PANEL:

Accelerating California's Health Evolution for All

Andrew Bindman, MD
Executive Vice President
and Chief Medical Officer,
Kaiser Permanente

Sandra Hernández, MD
President and Chief
Executive Officer,
California Health Care Foundation

Asm. Jim Wood
2nd Assembly District,
State of California

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BREAK: 9:15 – 9:30 A.M.

QHINs, QHIOs, and CIEs, Oh My!

Erica Galvez
(Moderator)
Chief Executive Officer,
Manifest MedEx

Aneeka Chaudry
Assistant Agency Director,
Alameda County
Health Care Services Agency

Dan Chavez
Executive Director,
Serving Communities Health
Information Exchange (SCHIO)

David Horrocks, MBA, MPH, DrPH
Chief Executive Officer,
New York eHealth Collaborative

Jay Nakashima
Executive Director,
eHealth Exchange

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BREAK: 10:05 – 10:20 A.M.

Public Health is Health for All: Supporting Public Health with Health Information Exchange

Tomás Aragón, MD, DrPH
(Moderator)
State Public Health Officer and Director,
California Department of Public Health

Emily Chung, MPH, MCHES
Public Health Director,
County of Santa Cruz
Health Services Agency

Wayne Enanoria, PhD, MPH
Chief Science Officer,
Santa Clara County
Public Health Department

Eric Sergienko, MD, MPH
County Health Officer,
Mariposa County Health and Human Services Agency and
President-Elect,
California Conference of Local Health Officers

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The Final Frontier: Modernizing Behavioral Health, Substance Disorder, and Social Services Data Sharing

William York
(Moderator)
President & Chief Executive Officer,
211 San Diego

Beau Hennemann
Regional Vice President of Local Engagement and Plan Performance,
Anthem Inc.

Amie Miller, Psy.D
Executive Director,
California Mental Health Services Authority

Neil Solomon, MD
Co-founder, Chief Strategist, and Chief Medical Officer,
MedZed

Paula Wilhem
Assistant Deputy Director,
Behavioral Health,
California Department of Health Care Services

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Closing Remarks

Timi Leslie
Founder & President,
BluePath Health;
Connecting for Better Health

Newsletter

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Thank You for Attending!

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