Connecting for Better Health

How a Health Information Exchange Network Will Support California's Health Care Priorities

Creating a statewide health information exchange (HIE) network offers direct benefit to California providers, health plans and policymakers to respond to public health emergencies, improve health equity, support care coordination, and realize health quality improvements, among other efforts. Governor Newsom noted in his budget proposal the need for investment in an HIE network to support California's health reform agenda. As the Governor noted, "The goals of improved health outcomes and affordability cannot be achieved without unified patient health records and digital infrastructure to support a more integrated provision of health and human services … " [1]

Long-standing issues like health care affordability and recent challenges like COVID-19 present California with the opportunity to strengthen our existing HIE ecosystem. Informed by key stakeholder input, these challenges were presented at the March 2 Assembly Health Informational Hearing on Health Information Exchange and include the following:

- Disaster response
- Pandemic response
- Serving patients with complex needs
- Quality reporting and value-based care[2]

National networks cannot meet all of California's data exchange needs

Across California, many providers and health systems exchange patient health records using national networks (e.g., Commonwell, Carequality and eHealth Exchange). These national networks exchange clinical records between provider organizations and health systems, using common data-sharing agreements and standards. These networks provide very useful clinical data, but lack the functionalities California's health care organizations need from health information exchange to improve health, equity and public health response:

- **Limited types of data:** National networks allow providers to query their platform to pull clinical summaries (CCDAs) for individual patients. However, they do not deliver claims,

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[1] Governor Gavin Newsom, Governor's Budget Summary 2021-22 (2021).

[2] Jonah Frohlich, Challenges, Impacts, and Policy Options for a 21st Century Health System (March 2, 2021), available at https://www.assembly.ca.gov/media/assembly-health-committee-20210302/video. This presentation was based on related published work. Jonah Frohlich, Eric Bartholet & Jonathan DiBello, Cal. Health Care Found., Why California Needs Better Data Exchange: Challenges Impacts, and Policy Options for a 21st Century Health System (2021), available at https://www.chcf.org/wp-content/uploads/2021/02/WhyCaliforniaNeedsBetterDataExchange.pdf.

additional clinical data such as real time immunization, lab and encounter data or other increasingly important information related to social determinants of health (e.g., housing, food and other social needs).

- **Fragmented data:** Although they support individual queries, national networks do not construct singular, longitudinal records for patients across a patient's various providers. This can result in disparate clinical summary documents if a patient is treated by several providers.

- **Inability to deliver population-level data:** National networks do not deliver data on a population-level, only on individual patients. Yet, to support population health, quality or value-based payment program analyses, providers need population-level data.

- **Lack of directed information sharing:** National networks enable query-based exchange. They do not deliver alerts or real-time event notifications when a patient has been admitted, discharged, or transferred from the hospital, is vaccinated or tests positive for COVID-19.

- **Lack of coverage and access across California.** Many small providers, clinics and hospitals and their electronic health record vendors do not participate in national networks, often resulting in incomplete patient data availability. Additionally, health plans cannot use the networks to access the data they need for care coordination and quality improvement.

How a statewide health information exchange network can support California in meeting our state priorities

Patient care teams should have the insights they need to provide seamless, effective and high-quality care, and patients can be assured that providers have the information they need to provide high quality treatments at the point of care. Public health departments should be able to anticipate, track and respond to health outbreaks, including analyzing clinical and claims to spot trends and respond to emergencies. Health plans should have the data and tools they need to identify the highest risk patients and provide enhanced care management in partnership with local providers. With a statewide HIE network, California can:

- **Aid state response during public health emergencies, including pandemic and other disaster responses:** A statewide HIE network can support the submission of and access to public health-related data. In concert with public health registries, a statewide HIE network can offer on-demand access to a myriad of data via one point of entry and reduce the burden for providers to submit required data.

- **Support coordination of care for Californians with complex health conditions and needs:** A statewide HIE network can push admit, discharge and transfer (ADT) alerts and other pharmacy and lab data from hospitals to health plans, primary care providers, care coordinators and prior authorization systems to ensure seamless transitions of care from the hospital to the community. A HIE network also supports the ability to share patient data among providers, allowing for improved communications and care team management provided by primary care providers, specialists and healthcare providers including payor case managers.

- **Provide better insights into health care quality:** By bringing together and integrating disparate clinical and claims data, a statewide network can support provider and health plan quality reporting, identify gaps in care that can be addressed by care coordinators, and offer views into populations such as those with chronic disease to ensure their care management is optimal. In return, higher quality care and achievement of metrics is tracked on a broad scale, reducing the burden on providers for delivery of reporting.

- **Improve population health analytics to address social determinants of health, health care affordability and integrated care delivery:** A statewide HIE network can provide visibility into drivers of health outcomes and socio-economic factors that impact their patients' health and can leverage claims data to help state policymakers understand the total cost of care. Additionally, by supporting care coordination initiatives, a statewide HIE network can support state efforts to better integrate care, particularly behavioral health, into physical health delivery.

Figure 1. Illustrating how a statewide HIE network-supported use cases can help California meet its priorities

State Priority	Use Case	Functionality	Volume Base	Statewide HIE Network Necessary?
Disaster response Pandemic response	Access to real-time information for individuals and populations that can be used to rapidly mobilize and respond to specific needs including physical and mental health needs.	Allow for disaster response teams to pull clinical pharmacy and summary data at the point of care. Push clinical and claims data to state public health registries and policy teams for reporting and needs assessment purposes (e.g., available hospital beds, test results, vaccination tracking).	Individual patient transactions. Population-level transactions.	✅
Serving patients with complex needs	Supporting continuity of care and timely follow-up by delivering messages among hospitals, health plan care managers, prior authorization systems and primary care providers.	Push ADT alerts, care plans, and pharmacy data to providers, plans, and other organizations.	Individual patient transactions.	✅

Quality/VBP	Improving quality performance with data extracts for HEDIS and other programs.	Push bulk data downloads of clinical and claims data to health plans for quality reporting purposes. Allow for plans to pull data on specific patients for quality improvement purposes.	Population-level transactions.
All four priorities	Developing population health and health equity data analyses through features like population health dashboards and risk analyses.	Push clinical and claims data to government agencies, plans and providers.	Individual patient transactions. Population-level transactions.