

AB 133: Overlapping Needs, Siloed Funding

AB 133, the Health Omnibus Trailer Bill, which implements and adds policy detail to S.B. 129, the Budget Act of 2021, includes a number provisions aimed at improving California's health care system. The aspirations of this legislation are laudable and range from increased public health monitoring to bettering youth behavioral health services. In this fact sheet, we have identified a number of initiatives in AB 133 that would be well-served by a statewide health information exchange network.

California Neurodegenerative Disease Registry Program

This provision earmarks \$8.4 million over the next four years to expand the California Department of Public Health (CDPH) California Parkinson's Disease Registry to include other neurodegenerative diseases. The registry collects data on disease instances, along with information about the patient's age, race, location, and disease history. Qualifying entities report cases to the Parkinson's Disease Registry either manually through a web portal, or through automated electronic transfer of case files from the electronic health record (EHR). This bill requires CDPH to collect data on neurodegenerative diseases by requiring either a hospital, a facility, or the health care provider diagnosing or providing treatment to a patient to report each case as prescribed.

California POLST eRegistry Act

A Physician Order for Life Sustaining Treatment (POLST) is a request from a physician regarding resuscitative and life-sustaining measures for seriously ill patients that reflects both a patient's preferences and the physician's judgment based on prior medical evaluation. In California, POLST forms have been physical documents signed by the patient and their provider. Because there is no centralized registry, during an emergency, the POLST form may not be readily available, in which case emergency medical services (EMS) personnel are required by law to do everything possible to save a patient's life, regardless of the patient's specified wishes. This provision

- Provides \$10,000,000 to the California Emergency Medical Services Authority (EMSA) from the General Fund for the 2021–22 fiscal year to support the planning, development, and implementation of the POLST eRegistry; and
- Continuously appropriates \$750,000 from the General Fund annually thereafter.

Children and Youth Behavioral Health Initiative

Acknowledging the stress and increased need for behavioral health services because of the COVID-19 pandemic, AB 133 provides \$4 billion in funding and directs the California Health and Human Services Agency (CHHS) to establish and administer the Children and Youth Behavioral Health Initiative. The stated goal of the program is “to transform the state's behavioral health system into an innovative ecosystem in which all children and youth 25 years of age and younger, regardless of payer, are screened, supported, and served for emerging and existing behavioral health needs.” These provisions

- Provides funding for the Department of Health Care Services (DHCS) to procure a vendor to create and maintain a virtual platform that could integrate screenings, direct services and online tools; and
- Provides funding for competitive grants to hire more staff, help build partnerships, and create infrastructure to support school-linked behavioral health services for individuals 25 and younger.

1. A.B. 133 (2021), https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB133; S.B. 129 (2021), https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB129.

DHCS CalAIM Enhanced Care Management and In Lieu of Services

As part of the California Advancing and Innovating Medi-Cal (CalAIM) plan, DHCS has included in lieu of services and enhanced care management as two programs to better support care for Medi-Cal beneficiaries with complex needs. These provisions

- Grants the authority to Medi-Cal Managed Care plans to elect to cover in lieu of services that are deemed by DHCS to be cost-effective and medically appropriate;
- Requires DHCS to develop an annual monitoring plan and publish an annual report on in lieu of services utilization data, populations served, and stratified demographic data;
- Requires Medi-Cal Managed Care Plans to cover an enhanced care management benefit to promote more community and home-based care for beneficiaries with chronic or long-term care needs.

DHCS Population Health Management Program

AB 133 provides \$315 million in one time funding for DHCS to implement the Population Health Management Program for the Medi-Cal Managed Care delivery system. These provisions

- Requires each Medi-Cal managed care plan to establish a population health management program that can help manage social determinants of health, reduce health disparities, and evaluate member risk; and
- Directs DHCS to develop a Population Health Management Service that expands access to available medical behavioral, and social service data by providing necessary administrative and clinical data to authorized entities.

DMHC Equity and Quality Measures and Benchmarks

This provision requires DMHC to evaluate health care service plans' performance with regard to health care equity and quality. These provisions

- Outlines a process for DMHC to establish and enforce new quality and equity standard measures and annual benchmarks;
- Lists a range of suggested measures, including health outcomes, consumer satisfaction, cultural competence, health literacy, exposure to discrimination, social and cultural connectedness and social determinants of health;
- Calls for a stakeholder advisory committee to provide recommendations to DMHC about which data to collect and what standards to implement; and
- Requires DMHC to stratify these data by various demographic and identity information including race, ethnicity, gender, sexual orientation, language, age, income, and disability in order to evaluate equity.



Understanding how a statewide health information network can support these initiatives' data sharing use cases, and what functionalities could be offered

AB 133 presents state health agencies with an opportunity to develop a clear strategy on how these programs can work together. With the recent advent of the CHHS Data Exchange Stakeholder Advisory Group, CHHS and its partner agencies CDPH, DHCS and DMHC have an opportunity think boldly about how various data sharing and aggregation efforts can be woven together to create efficiencies and cost savings, prevent duplication and fragmentation, and support patient and population health. A statewide health information network can help state health agencies to leverage existing data sharing infrastructure of health information organizations (HIOs) and Managed Care Plans across the state that have already received significant financial investment.



Initiative Name	Data sharing use case(s) supported with an HIE	Key functionalities supported by an HIE
California Neurodegenerative Disease Registry Program	<ul style="list-style-type: none"> Sharing and submission of disease diagnoses to support disease surveillance 	<ul style="list-style-type: none"> Push disease diagnoses from the provider EHR to the state registry Allow providers to easily query the registry
California POLST eRegistry Act	<ul style="list-style-type: none"> Sharing and submission of electronic POLST forms to support patient end-of-life wishes 	<ul style="list-style-type: none"> Push standard ePOLST form data to ambulatory providers Allow hospitals to easily query the POLST eRegistry through HIE portal
Children and Youth Behavioral Health Initiative	<ul style="list-style-type: none"> Access to real-time information on youth health screenings to prevent duplication of screenings Integration of school-based providers into the data sharing ecosystem to support care coordination and continuity of care 	<ul style="list-style-type: none"> Query/ push clinical data related to screenings to pediatricians, behavioral health providers and CBOs Query/push clinical and claims data related to school-based health services to PCPs and other community providers
DHCS CalAIM Enhanced Care Management and In Lieu of Services	<ul style="list-style-type: none"> Message delivery among hospitals, health plan care managers, prior authorization systems, primary care providers, and other community providers like long-term care to support continuity of care and care coordination 	<ul style="list-style-type: none"> Push clinical and claims data among providers and Medi-Cal Managed Care Plans
DHCS Population Health Management Program	<ul style="list-style-type: none"> Submission and analysis of claims and other health data to the Population Health Management Program to support DHCS population health planning 	<ul style="list-style-type: none"> Push claims data from Medi-Cal Managed Care Plans to the PHM Program solution Push additional clinical data from providers, including behavioral health and social services, that MCPs may not have ready access to, to the PHM Program solution
DMHC Equity and Quality Measures and Benchmarks	<ul style="list-style-type: none"> Development of population-level dashboards to gain state- and plan-level insights into health inequities 	<ul style="list-style-type: none"> Push claims and clinical data, coupled with up-to-date demographic information, to the DMHC