Connecting for Better Health Meeting

May 23, 2024

Agenda

No.	Item	Minutes
1	Welcome and Introductions	5 minutes
2	California Health and Human Services Agency (CalHHS) IT & Data Strategic Plan ● Adam Dondro, Agency Information Officer, Director of the Office of Technology and Solutions Integration, CalHHS	15 minutes
3	Draft Federal Health IT Strategic Plan & CDC Public Health Data Strategy ● Alan Katz, Associate Director of Advocacy & Public Policy, Civitas Networks for Health ● Jolie Rizzo, Vice President of Strategy & Network Engagement, Civitas Networks for Health	15 minutes
4	California Updates ● California Budget May Revision ● State Legislation Tracking	25 minutes
5	News, Events, and Announcements	5 minutes

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

About The Coalition

Our Vision: Every Californian and their care teams have the information and insights they need to make care seamless, high quality and affordable.

Policy Priorities

- **DSA Education & Implementation:** Promote awareness of the DSA and support data exchange implementation to realize the promise of AB 133

- **Funding:** Advocate for the state to dedicate continued funding for health and social services data sharing and encourage state agencies to seek federal match when and where appropriate

- **Integration of social services data:** Develop and communicate case studies and policy recommendations that support cross-sector data sharing, consent, and authorization

- **Advance DxF Governance, Enforcement, and Accountability:** Work towards the passage of DxF legislation, monitor state legislation and budgetary actions related to data sharing, and provide critical feedback to CDII and other state agencies to resolve challenges

Connecting for Better Health
Advancing data sharing to improve the health of all Californians
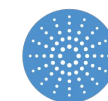
CalHHS IT & Data Strategic Plan

Adam Dondro, MPA

Agency Information Officer

California Health and Human Services Agency

Director, Office of Technology and Solutions Integration

Connecting for Better Health
Advancing data sharing to improve the health of all Californians
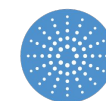
CalHHS
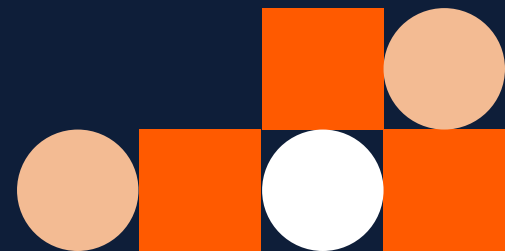# IT & Data Strategic Plan

March 2024

Adam Dondro
Agency Information Officer,
California Health and Human Services Agency
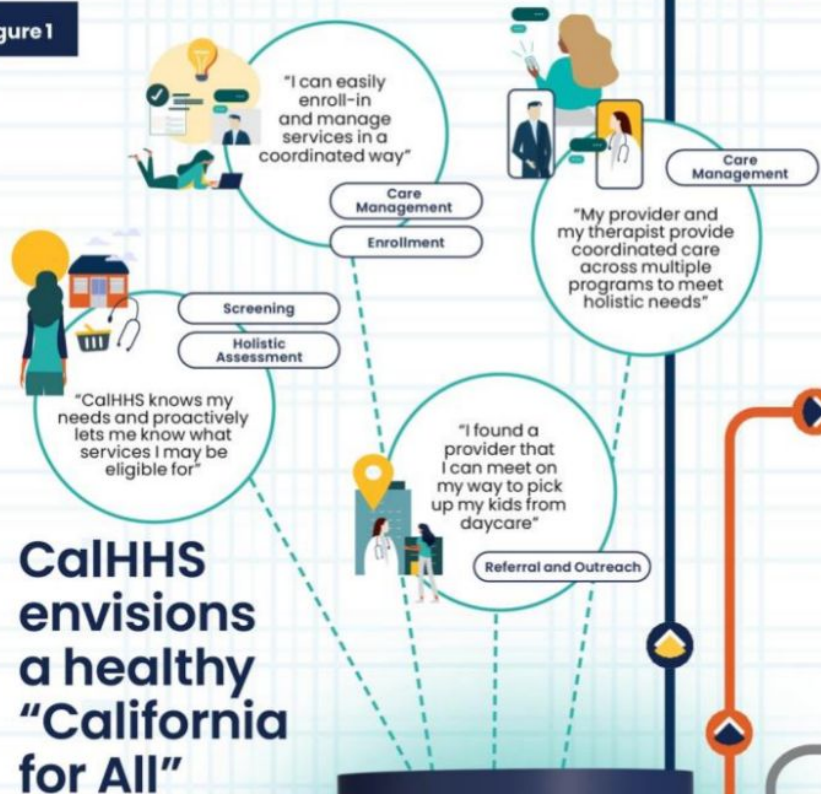Director, Office of Technology and Solutions Integration

A Healthy California for All

Envision a future where every Californian is proactively made aware of and seamlessly connected to a comprehensive, inclusive, and equitable set of health and human services matched to their holistic needs.

Overview of **CalHHS IT** and **Data Strategic Plan**
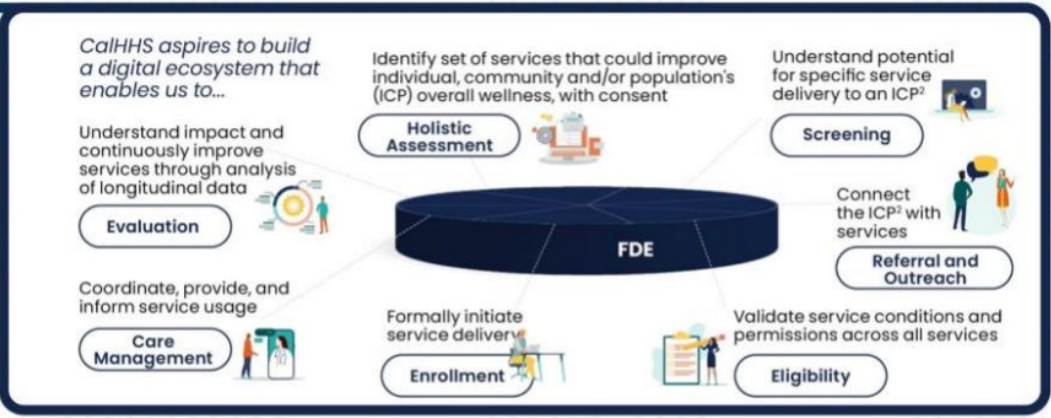
This is not (just) an IT and Data strategy

The plan is built around a partnership between:

- Program
- Data
- Information Technology
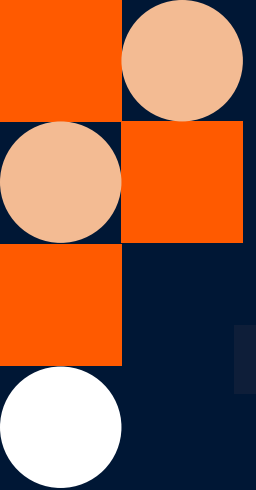
CalHHS Future Digital Ecosystem Overview
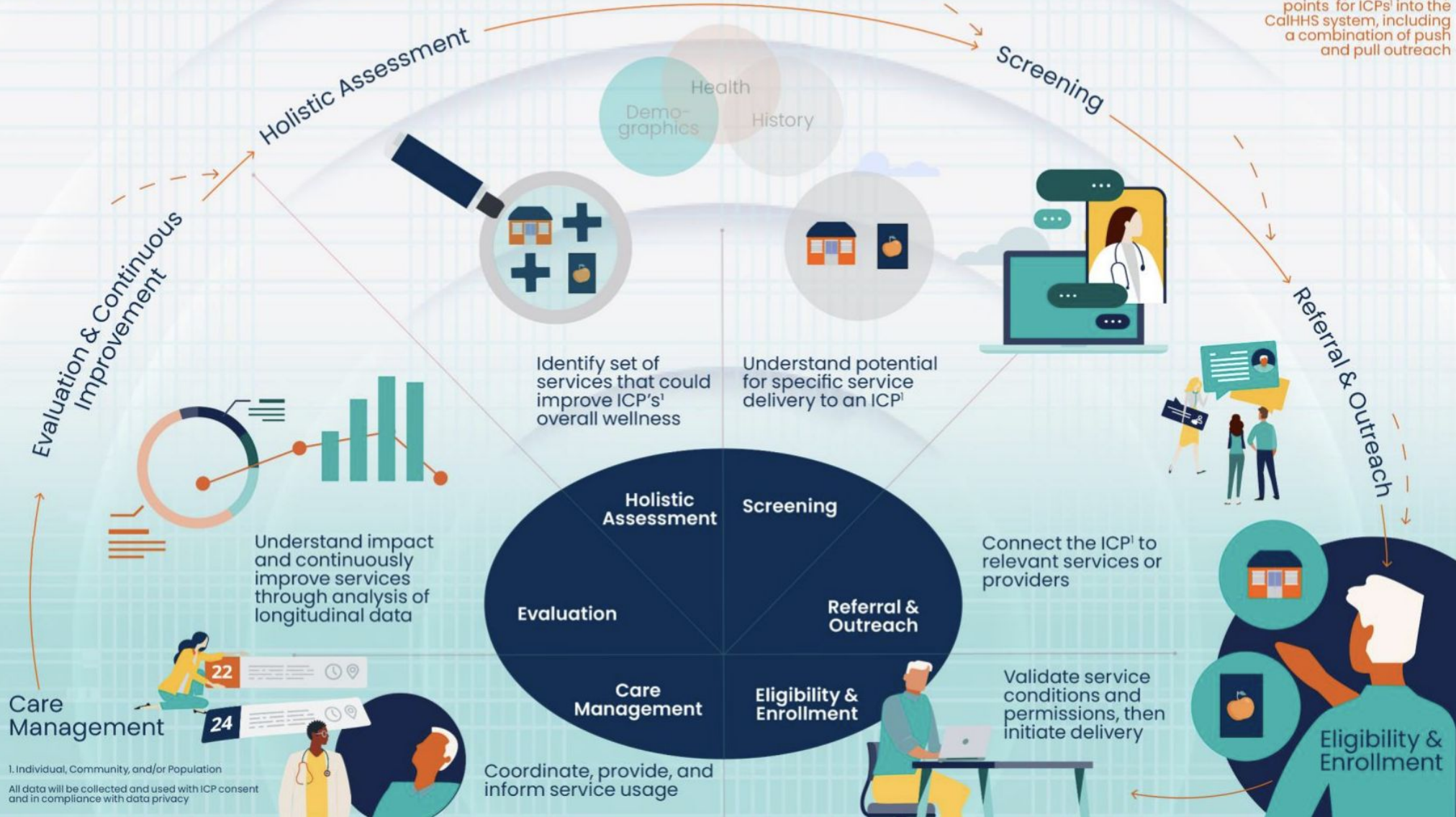
Technology and data become an essential means of enabling California's wellness, supporting a person-centered approach to service delivery, characterized by inclusivity, accessibility, and quality.

- Coordinated services
- Enterprise awareness and alignment of strategic capabilities
- Maximize solution assets through consistency, sharing and reuse
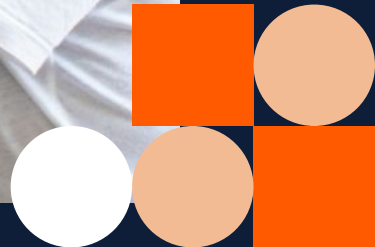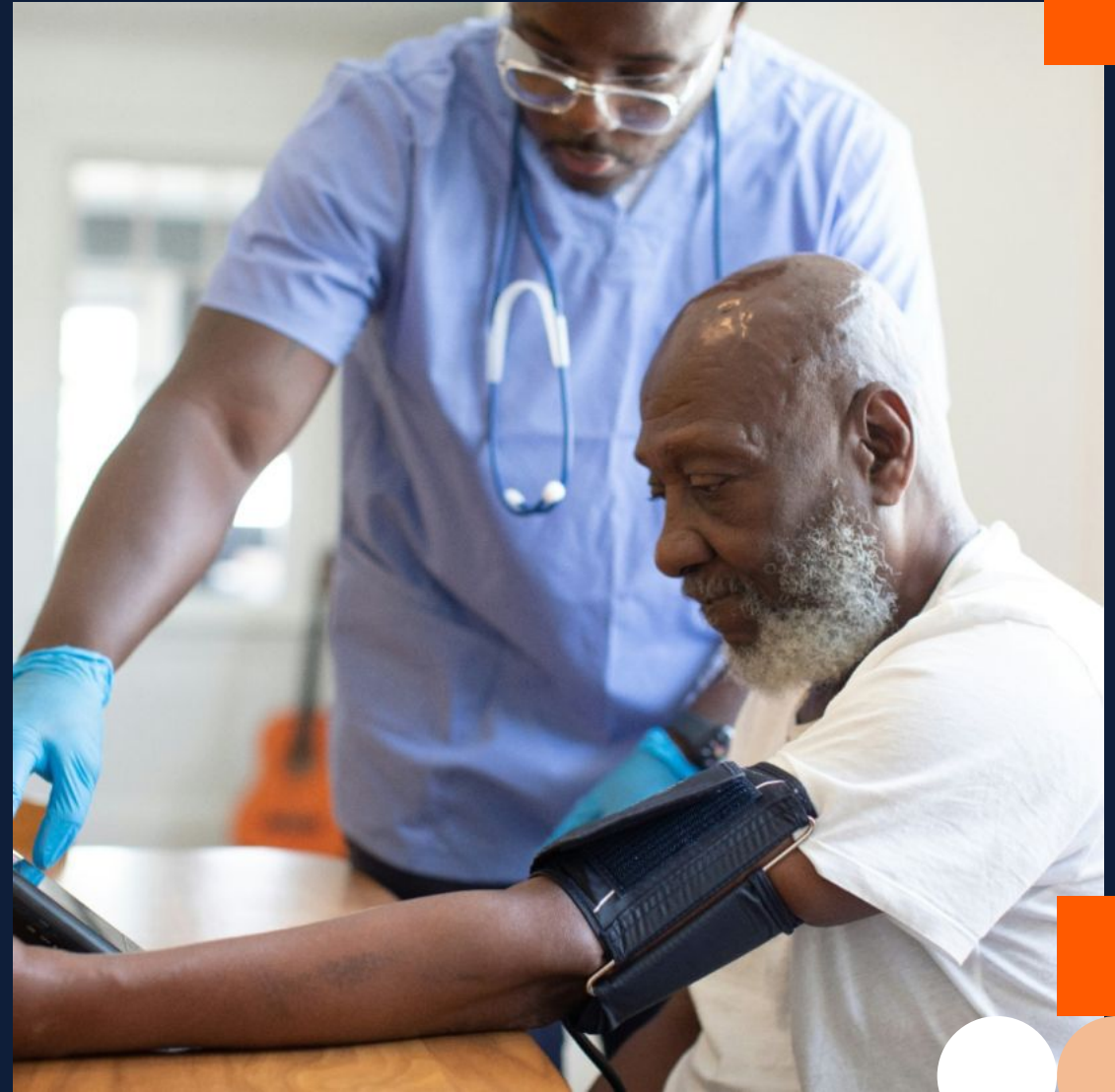
Preliminary Capabilities to Enable **CalHHS** Future Digital Ecosystem **(FDE)**
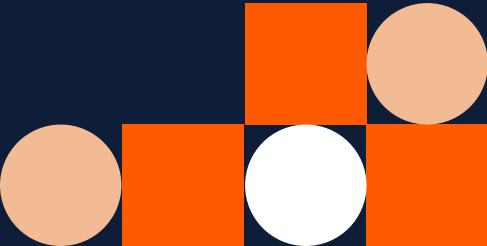
Key Foundations

- **Strategic Asset Management**
- Optimized resource usage
- Data
- Workforce development

Action Plans

- Frame the work
- Define the value of the effort
- Identify the skills/resources needed

Success of this plan will not be measured by process improvement and integrated data, but rather by departments' success in achieving their prioritized programmatic outcomes—in furtherance of a Healthy California for All.

Full plan available now at www.chhs.ca.gov and www.otsi.ca.gov

Draft Federal Health IT Strategic Plan & CDC Public Health Data Strategy

Alan Katz

Associate Director of Advocacy & Public Policy

Civitas Networks for Health

Jolie Ritzo, MPH

Vice President of Strategy & Network Engagement
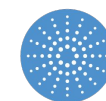
Civitas Networks for Health

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

Federal Health IT Strategic Plan Framework

2024-2030
Federal Health IT Strategic Plan

GOALS AND OBJECTIVES

GOAL 1 : OBJECTIVES
- Ⓐ Individuals are empowered to manage their health
- Ⓑ Individuals and populations experience modern and equitable health care
- Ⓒ Communities are healthier and safer

GOAL 2 : OBJECTIVES
- Ⓐ Providers deliver safe, equitable, high-quality, and improved care
- Ⓑ Patients experience expanded access to quality care and reduced or eliminated health disparities
- Ⓒ Health care is improved through greater competition and transparency
- Ⓓ Providers experience reduced regulatory and administrative burden
- Ⓔ The health care workforce uses health IT with confidence

GOAL 3 : OBJECTIVES
- Ⓐ Researchers and other health IT users have appropriate access to health data to drive individual and population health improvement
- Ⓑ Individual and population-level research and analysis are enhanced by health IT
- Ⓒ Researchers advance health equity by using health data that includes underrepresented groups

GOAL 4 : OBJECTIVES
- Ⓐ Development and use of health IT capabilities continues to advance
- Ⓑ Health IT users have clear and shared expectations for data sharing
- Ⓒ Underserved communities and populations have access to infrastructure that supports health IT use
- Ⓓ Individuals' electronic health information is protected, private, and secure
- Ⓔ Communities are supported by modern and integrated U.S. public health data systems and infrastructure

GOAL 1
Promote Health and Wellness

GOAL 2
Enhance the Delivery and Experience of Care

GOAL 3
Accelerate Research and Innovation

GOAL 4
Connect the Health System with Health Data

ⒸNC

7

2024-2030 FEDERAL HEALTH IT STRATEGIC PLAN—CIVITAS COMMENTS

- ONC is accepting public comment submissions on the draft Strategic Plan through Tuesday, May 28

- The Strategic Plan has been drafted in the form of an extended slide deck or a graphical presentation, rather than a white paper (much more so than the 2020-2025 version of the Plan). Goal-objective flow-downs and deliverables are charted in bullet rather than narrative form, which limits detail

- Civitas' response to the Plan points out that, like other recent ONC products (such as the annual Cures Act Reports to Congress), it falls short in acknowledging the critical contributions of non-federal entities, including the nonprofit health data organizations that comprise Civitas

- Specific sections & wording are pointed out

CIVITAS
Networks for Health

2024-2030 FEDERAL HEALTH IT STRATEGIC PLAN—CIVITAS COMMENTS

The federal government plans to . . .		So that . . .
Build on the collection of evidence needed to improve the use of EHI	⋯▶	Data classes and data elements that improve clinical and social determinants are standardized and included in health and human services systems
Improve the use of public health data to address community health challenges	⋯▶	Public health professionals can prepare for, respond to, and recover from emergencies and disasters; inform and monitor public health activities that improve quality of life; and address disease occurrence and preventable deaths[xi]
Advance standardization and interoperability of social determinants of health data	⋯▶	Patients and health care providers benefit from data that provides a more complete view of a person's health
Implement health IT education and training programs	⋯▶	A strong, cross-functional health IT workforce can support technology across settings, especially in underserved communities
Streamline the secure access, exchange, and use of linked health and human services datasets	⋯▶	Researchers, technology developers, and other health IT users can conduct enhanced population health planning, analysis of quality and patient outcomes across settings and programs, and clinical research

CIVITAS
Networks for Health

2024-2030 FEDERAL HEALTH IT STRATEGIC PLAN—CIVITAS COMMENTS

Increase use of health IT capabilities for data integration and research	···▶	Technology developers can integrate disparate datasets
Provide resources to support health IT adoption and use	···▶	Health care providers across all care settings can more easily adopt, implement, and use secure health IT and have a clear understanding of how to use these technologies safely and securely
Advance a Trusted Exchange Framework and Common Agreement℠ (TEFCA℠) that creates a universal governance, policy, and technical floor for nationwide interoperability; enables individuals to access their EHI; and simplifies connectivity for organizations to securely exchange information	···▶	The progress of nationwide interoperability continues, participation in secure interoperable exchange increases, and barriers for low-resource organizations are reduced
Develop, align, test, and implement data standards to increase interoperability across the public health data systems	···▶	Flexible services for timely, secure, and appropriate access to data are available

CDC 2024-2025 PUBLIC HEALTH DATA STRATEGY

- Drafted by the Office of Public Health Data, Surveillance, and Technology (OPDST), the Strategy is structured around sets of annual milestones aligned with CDC's four public health data goals:
  - Strengthen the core of public health data
  - Accelerate access to analytic and automated solutions to support public health investigations and advance health equity
  - Visualize and share insights to inform public health action
  - Advance more open and interoperable public health data
- The Strategy supports and advances other top-level CDC programs, including pandemic preparedness and the Data Modernization Initiative

CIVITAS
Networks for Health

CDC 2024-2025 PUBLIC HEALTH DATA STRATEGY—CIVITAS HIGHLIGHTS

2024 milestones

82% of U.S. non-federal emergency departments (ED) send data to CDC and coverage increased to greater than 30% for 30 low-coverage Health Service Areas to increase visibility on ED encounters in currently low-coverage areas.

2025 milestones

84% of U.S. non-federal EDs send data to CDC and coverage increased to more than 30% for 60 additional low-coverage Health Service Areas.

Why this matters

Enables more comprehensive monitoring of emerging and ongoing public health threats and impacts, particularly among areas with low NSSP coverage today.

CIVITAS
Networks for Health

CDC 2024-2025 PUBLIC HEALTH DATA STRATEGY—CIVITAS HIGHLIGHTS

2024 milestones

100% of ELC-funded jurisdictions connected to multiple intermediaries such as AIMS, ReportStream or Health Information Exchanges, for laboratory data.

2025 milestones

Follow-on milestone efforts to be assessed during 2025 PHDS revision process.

Why this matters

Reduces STLT-level overhead of managing individual point-to-point connections with laboratories for electronic laboratory reporting.

CDC 2024-2025 PUBLIC HEALTH DATA STRATEGY—CIVITAS HIGHLIGHTS

2024 milestones

Anonymized electronic initial case reports, for at least two notifiable conditions, are sent to CDC to support early detection and response, in collaboration with participating STLTs.

2025 milestones

Anonymized electronic initial case reports for at least five notifiable conditions are sent to CDC via Trusted Exchange Framework and Common Agreement (TEFCA) ↗, using FHIR-based exchange, to use in visualizations and analyses, in collaboration with participating STLTs.

Why this matters

Enables national level early detection of public health threats and rapid response.

CIVITAS
Networks for Health

CDC 2024-2025 PUBLIC HEALTH DATA STRATEGY—CIVITAS HIGHLIGHTS

2024 milestones

CDC launches at least two public health use cases for TEFCA such as to query data from healthcare settings for urgent public health investigations.

2025 milestones

CDC launches two additional use cases for TEFCA, and scales implementation of use cases launched in 2024.

Why this matters

Lays the foundations for faster exchange of more interoperable data between health care and public health while reducing the complexity of point-to-point connections.

CDC 2024-2025 PUBLIC HEALTH DATA STRATEGY—CIVITAS HIGHLIGHTS

2024 milestones

CDC ready and able to accept in-patient hospitalization data via admission-discharge-transfer feeds.

2025 milestones

Follow-on milestone efforts to be assessed during 2025 PHDS revision process.

Why this matters

Reduces data reporting burden on hospitals and STLTs and can enable faster situational awareness on hospitalizations.

CIVITAS
Networks for Health

State Updates

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

Governor's May Budget Revise (1/2)

Governor Newsom's May Revision to the 2024-25 FY State Budget proposes a number of cuts to close the estimated $27 billion budget deficit.

Significant cuts and reductions include:

- **Equity and Practice Transformation Grants:** Cuts $280 million in grants to Medi-Cal providers designed to support delivery system transformation Technology & Data activities originally outlined by DHCS for these funds included DxF Implementation
- **Public Health:** Cuts $50 million this budget year and $300 million ongoing, for local health departments and CDPH
- **Health Care Workforce Programs:** Cuts $300 million this budget year, and $300 million next year across workforce programs (CHWs, nursing, Song-Brown scholarships)

Connecting for Better Health
Advancing data sharing to improve the health of all Californians
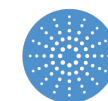
Governor's May Budget Revise (2/2)

Significant cuts and reductions (continued):

- **Children and Youth Behavioral Health Initiative:** Eliminates $72 million in this budget year and $348.6 million next year
- **Broadband:** $2 billion in delays and cuts to broadband programs, including the Middle Mile Broadband Initiative, Last Mile funding, and the Loan Loss Reserve Fund

Budget Next Steps:

- The legislature must pass the Budget Act by June 15 and send to the Governor for signature
- Negotiations on trailer bill language can continue into July

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

California Legislation Tracking: Key Dates

1. **May 24:** Last day for each house to pass bills introduced in that house

2. **July 3:** Last day for policy committees to meet and report bills and Summer Recess begins

3. **August 5:** Legislature reconvenes from Summer Recess

4. **August 23:** Last day to amend bills on the Floor

5. **August 31:** Last day to pass bills and Legislature adjourns

6. **September 30:** Last day for Governor to sign or veto bills

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

California Legislation Tracking (1/2)

No./Author	Summary	Recent Developments
AB 236 (Holden)	Requires health plans and insurers to annually verify and delete inaccurate listings from provider directories to be at least 60% accurate, with administrative penalties for failure to meet benchmarks. Authorizes DMHC and Department of Insurance to develop uniform formats for plans and insurers to request directory information from providers and authorizes the establishment of methodology and processes to ensure accuracy.	Passed Assembly; Awaiting Senate Committee Assignment (1/30)
AB 1011 (Weber)	Imposes new restrictions on the sale, disclosure of "social care Information" on users of "closed-loop referral systems" including public agencies, non-profits, health care providers, vendors.	Two-year bill in Sen. Approps
AB 1331 (Wood)	Establishes DxF governing board; outlines appointment of members; requires board approval for any amendments to DSA; requires QHIOs to be non-profits; decrease size of board to five members; require certain reports and educational efforts related to consumers and data; among other requirements.	Two-year bill in Sen. Approps
AB 2089 (Holden)	Require the collection of additional demographics data of city and county employees for specified Black or African American groups.	Held under submission in Asm. Approps (5/16)
AB 2153 (Lowenthal)	Require public agencies to promptly provide written notice prior to release of any personnel, medical, or similar records of a public agency employee.	Referred to Judiciary Committee; Hearing cancelled at author request (3/13)

*Bills marked in blue are not moving forward

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

California Legislation Tracking (2/2)

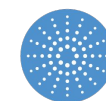| No./Author	Summary	Recent Developments
SB 294 (Wiener)	Requires health plans and disability insurers to automatically submit upheld grievance decisions to the Independent Medical Review System within 24 hours, along with relevant information.	Passed Senate; Referred to Asm. Health (4/29)
SB 957 (Wiener)	Requires the California Department of Public Health to collect sexual orientation and gender identity (SOGI) data from third-party entities, including local health jurisdictions, on any forms or electronic data systems unless prohibited by federal or state law.	Passed Senate and Ordered to Assembly (5/21)
SB 1016 (Gonzalez)	Requires CDPH by 2027 to use the OMB demographic collection categories for Hispanic and Latino groups, use separate categories for each major Latino group and Mesoamerican Indigenous nation not included in OMB standards, and include specific languages when collecting preferred language.	Amended (5/16); Passed Senate and Ordered to Assembly (5/21)
AB 2198 (Flora)	Delays when specialized health plans that offer dental or vision benefits must comply with the API requirements that health plans and insurers are required to maintain until 2027 or when final federal rules are implemented, whichever is later.	Passed Assembly and Ordered to Senate (5/21)
AB 2250 (Weber)	Establishes SDOH screeners as a covered benefit for Medi-Cal beneficiaries and require health plans and insurers to cover SDOH screenings. Additionally, requires providers to use specified tools or protocols to document patient responses and require health plans and insurers to provide PCPs access to peer support specialists, lay health workers, social workers, or CHWs.	Passed Assembly and Ordered to Senate (5/21)
AB 1943 (Weber)	Requires DHCS to produce a report on telehealth in Medi-Cal, including telehealth access and utilization; effect of telehealth on timeliness, access, and care quality; and effect of telehealth on clinical outcomes. Authorizes DHCS to issue policy recommendations based on report findings.	Passed Assembly and Ordered to Senate (5/9)
AB 2058 (Weber)	Requires legible disclosures on medical devices to note effectiveness limitations based on patient characteristics, including age, color, disability, ethnicity, gender, or race. Infractions are considered to be a criminal.	Passed Assembly and Ordered to Senate (5/13)

California Legislation Tracking - Artificial Intelligence

No./Author	Summary	Recent Developments
SB 892 (Padilla)	Requires the Department of Technology to establish an AI risk management standard, which would include a risk assessment procedure for automated decision systems.	Passed Sen. Approps (5/16); Ordered to Special Consent Calendar (5/20)
SB 893 (Padilla)	Establishes the California Artificial Intelligence Research Hub to facilitate collaboration between government agencies, academic institutions, and private sector partners.	Passed Sen. Approps (5/16); Ordered to Special Consent Calendar (5/20)
SB 896 (Dodd)	Requires the State to produce a Benefits and Risks of Generative Artificial Intelligence Report, perform a joint risk analysis of potential threats, and notify individuals of AI communications.	Amended and Passed Sen. Approps (5/16); Ordered to third reading (5/20)
SB 1047 (Weiner)	Defines "AI models" and establishes AI training requirements for covered models with annual certification with a "limited duty exemption" for covered models with no hazardous capability. Limits to no monetary penalties for violations before July 1, 2025 and no civil penalties for violations before January 1, 2026.	Amended (5/16); Passed Senate and Ordered to Assembly (5/21)
SB 1120 (Becker)	Establishes requirements for health plans and insurers using algorithms and AI decision making tools for utilization review or utilization management decisions. Violations are considered to be a crime.	Passed Sen. Approps (5/16); Ordered to Special Consent Calendar (5/20)
AB 3030 (Calderon)	Requires health providers using AI for patient communications to include AI disclaimers specific to the mode and clear instructions connecting them with a human health care provider. Violations are considered to be a crime.	Passed Assembly and Ordered to Senate (5/20)
AB 2013 (Irwin)	Requires AI developers to publicly post by 2026 a high-level summary of the datasets used to train their AI with minimum reporting elements specified and a synthetic data generation disclosure.	Passed Assembly and Ordered to Senate (5/20)
AB 2930 (Bauer-Kahan)	Requires automated decision tool developers and deployers to perform impact assessments, share results with the state, notify impacted individuals and accommodate requests, prohibits AI that discriminate, and authorizes civil action for violations. Requires state agencies using automated decision tools that make consequential decisions to disclose tools used and comply with the deployer requirements.	Amended (5/16); Passed Assembly and Ordered to Senate (5/21)
AB 3095 (Waldron)	Declares intent of legislature to enact legislation relating to AI.	Introduced (2/16)
AB 3050 (Low)	Establishes watermark standards for AI-generated material and require their usage. Established damages liability suffered from unauthorized deepfake use of a person's name, voice, signature, photo, or likeness.	Referred to Committees (3/21)

*Bills marked in blue are not moving forward

News, Events, and Announcements

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

Announcement: July 11th Meeting Cancelled

Connecting for Better Health
Advancing data sharing to improve the health of all Californians
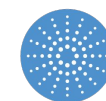
Announcement: Fact Sheet Clarifications Available

New C4BH Fact Sheet

Cross-Sector Data Sharing: HIPAA Considerations for Data Exchange between Health Care Entities and Community- Based Organizations

Responses to Clarification Questions from 5/9 C4BH Meeting

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

April 2024

Cross-Sector Data Sharing: HIPAA Considerations for Data Exchange between Health Care Entities and Community-Based Organizations

Under the CalHHS Health and Human Services Data Exchange Framework (DxF), participating entities are required to exchange health and social services information with other participants. Some participants may be covered entities under the Health Insurance Portability and Accountability Act (HIPAA), such as general acute care hospitals, physician organizations, skilled nursing facilities and health plans, whereas others may not be, such as community-based organizations (CBOs) and social services organizations (SSOs) providing social and health-related services.

While HIPAA permits disclosures of protected health information (PHI) to CBOs and SSOs without an individual's authorization for treatment purposes, which includes care coordination and case management, many covered entities are hesitant to do so without valid authorization. This fact sheet provides an overview of appropriate circumstances in which HIPAA permits covered entities to share PHI with entities not covered under HIPAA, such as CBOs and SSOs, to accelerate and expand data exchange through the DxF.

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

What We're Reading – Check Out C4BH's Newsletter!

ONC's New LEAP Grant Funding Opportunity
ONC is offering a new round of [Leading Edge Acceleration Project (LEAP) grants](#) to advance innovations in AI for better data quality and behavioral health IT adoption. [Read More](#)

LA Care is Partnering with LANES to Enable FHIR
LA Care Health Plan has announced an initiative to leverage FHIR data standards to enhance interoperability with LANES to improve real-time data exchange, existing workflows, and care coordination to support CalAIM. [Read More](#)
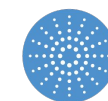

CA Attorney General Bonta Urges Revisions to Federal Privacy Legislation
In a letter to Congress urging the removal of preemptive language from the current draft of the American Privacy Rights Act (APRA), CA Attorney General Bonta recommends that a federal framework should establish a privacy floor rather than a ceiling, allowing states like California to retain and strengthen privacy protections. [Read More](#)

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

Upcoming Events

- **May 23, 12-1:30PM PT:** Civitas | Building on Existing Infrastructure to Further Health Related Social Needs Screening Webinar | [Register here](#)

- **May 29-31:** American's Physician Groups | Spring Conference | San Diego, CA | [Register here](#)

- **June 4, 2-3PM PT:** CalHHS CDII | DxF Technical Advisory Subcommittee #2D Meeting | [Register here](#)

- **June 7, 11-1:30PM PT:** CalHHS CDII | DxF Policies and Procedures (P&P) Subcommittee Meeting | [Register here](#)

- **June 12, 10-11AM PT:** Manatt | Impact of AI on Health Care Providers and Payers Webinar | [Register here](#)

- **June 24-26:** 2-1-1 San Diego 2024 CIE Summit | San Diego, CA | [Register here](#)
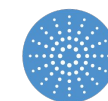
Connecting for Better Health
Advancing data sharing to improve the health of all Californians

C4BH Technical Assistance and Sponsor Opportunities

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

Available C4BH Technical Assistance

Level of DxF Readiness	C4BH Supports	Outputs
1 Planning	DxF Bootcamp	Develop a DxF Roadmap and Identify Priority Use Cases
2 Assessment	Community Design Studio	Develop Priority Use Case with Trading Partners
3 Ready to Connect!	DxF Sandbox	Test and Validate Use Case to Establish Workflows

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

C4BH Annual Sponsor Tiers

Annual Sponsor Tiers *See next slide for exclusive sponsor benefits*	Platinum $100,000+	Gold $50,000	Silver $25,000	Supporters $500
End-of-Year Dinner	Table of 8-10 seats with recognition	4 seats with recognition	2 seats with recognition	Priority Invitation
Add Logo to Website and Sign-On Letters with Opt-Out Approach	✓	✓	✓	✓
Access to Office Hours	✓	✓	✓	✓
Advisory Group Representatives	1+	1	1	
Access to DxF Sandbox Community Studio	Priority Access	✓	✓	
Access to DxF Bootcamps	Priority Access	✓		
First Right to Engage in New C4BH Projects	✓			
White-Labeled DxF Implementation Toolkit	✓			

Do Your Priorities Differ From The Annual Sponsor Tiers? Reach Out To Us!

Additional Sponsor Opportunities Available For Our End-Of-Year Dinner On December 5th!