California Precision Medicine Advisory Council
Data Integration Working Group
Meeting Summary
09.08.21

Meeting purpose
- Discuss ongoing efforts in SDOH data integration in California and other states
- Determine project priorities
- Brainstorm external experts to invite for briefings and discussions

Agenda
- Welcome and Introductions
- Opening Remarks
- Meeting Minutes, 2021.05.25
- Landscape Analysis Review
- Project Discussion
- Public Comment
- Wrap up and next steps
- Adjourn

Accepted May 25 Meeting Minutes

Landscape Analysis
Primary Sources
- CA Health Homes program and Whole Person Care pilot projects
- California Advancing and Innovating Medi-Cal (CalAIM)
- CHHS Center for Data Insights and Innovation
- Gravity Project: process and accomplishments
- US Office of the National Coordinator for Health Information Technology SDOH Workshop
- National Interoperability Collaborative (new membership)
- Community Information Exchange
- NASEM Changing the Culture of Data Management and Sharing
- National Alliance to Impact SDOH: 2020 Report
- CA Breaking Barriers Masterclass Webinar series

Current State-Level Health Information Exchange (HIE) Efforts

Other States
- Nebraska's CyncHealth
- New York's Bureau of SDOH
- North Carolina's NCCARE360
    - North Carolina advanced HIE between physical and behavioral health providers, and Managed Care Plans through a mandate, supported by state funding.
    - The Statewide HIE Act requires almost all enrolled providers to connect to state-designated Health Info Orgs (NC HealthConnex) or risk losing payments for statefunded health care services.
    - The Statewide HIE Act also charged the North Carolina Health Information Exchange Authority, a public-private partnership composed of diverse stakeholders, with carrying out the HIE Act and overseeing NC HealthConnex.
- DC/Maryland
- Ohio's CliniSync
- Michigan's Health Information Network
- State Health Information Exchange
- Utah's Alliance for the Determinants of Health

California State Government
- California Health and Human Services Agency
    - Advisory Committee to deliver recommendations by Summer 2022 for standing up a Data Exchange Framework by 2024
- CalAIM: California Advancing and Innovating Medi-Cal
    - "…provide for non-clinical interventions focused on a whole-person care approach via Medi-Cal that targets social determinants of health and reduces health disparities and inequities."
    - Select guiding principles:
        - Deliver person-centered care that meets the behavioral, developmental, physical, long-term services and supports, and oral health needs of all members.
        - Work to align funding, data reporting, quality, and infrastructure to mobilize and incentivize toward common goals.
        - Build a data-driven population health management strategy to achieve full system alignment.
        - Identify and mitigate social determinants of health and reduce disparities and inequities.
        - Support community activation and engagement.
    - Recent pilot projects:
        - Alameda County developed a Social Health Information Exchange that collects health and SDOH data to create a Community Health Record. It facilitates the collection of physical health information with housing and social service information, while helping manage the consent process and member identification.

- - Merced and San Joaquin Counties have used contracting authority to require data sharing. They revised their contracts with EHR vendors serving their county jails, requiring that they share health information with local HIOs upon inmate release.
  - May 2021 Report: *CalAIM and Health Data Sharing: A Road Map for Effective Implementation of Enhanced Care Management and in Lieu of Services*
    - Develop standards and guidance for the exchange of SDOH information
      - Technical standards needed to support exchange of SDOH data into EHRs and care management documentation systems.
      - Building off standardization efforts supported by The Gravity Project, stakeholders should work together to test and implement housing, food insecurity, transportation, and other SDOH data code sets, terminologies, and implementation guides, and the use of federal FHIR API exchange protocols.
      - The state, in collaboration with industry stakeholders, should proactively develop guidance — in the form of California-specific implementation guides, best practices in data governance models, and case studies — to support regional implementation.
    - Establish working groups to develop state standards and recommend guidance for nonmedical event notifications
      - Housing, incarceration, employment, and other electronic notifications lack standards, are less accessible and automated than medical ADT notifications, and infrastructure for these types of notifications is underdeveloped. The state should establish a workgroup to develop standards for nonmedical notifications.
      - The workgroup should consider the availability of data sources, formats, and transmission, and necessary provider workflows changes.
      - The workgroup should also explore other state and regional case studies where non-ADT notifications have been used; for example, New York's Healthix is capable of sharing alerts when patients are incarcerated or released from correctional facilities.
    - Investment will also be required to standardize the exchange of care plan information, which can often be unstructured and siloed in various provider systems. Some WPC pilot programs made investments in care management documentation system and data exchange capacity that, for example, matched data access to a member's permission settings and used simple cloud-based forms and document sharing capabilities.
      - Technical solutions can be developed to test and implement data standards and technical infrastructure to facilitate data exchange
      - Contracting requirements can be implemented to require and institutionalize information sharing expectations and goals
- California Department of Health Care Access and Information (HCAI)
  - Office mandate: to make California's health care data available to policymakers, researchers, and innovators in order to help make the California's healthcare system more sustainable.

- Select databases:
  - California Cancer Registry
  - Health Care Payments Data Program All-Payer Claims Database (2023)
  - Health care facilities
  - Health care workforce trends

California State Legislature

Active legislation would impact state health information exchange plans:

- AB 1131: Health Information Networks
  - Establish the statewide health information network governing board, select an operating entity, require health care entities and plans to submit specified data
- AB 1231: Health Information Exchange: Demonstration Projects
  - Confirms the ability for the HHS Office of Health Information Integrity to establish and administer demonstration projects to evaluate potential HIE solutions
- SB 371: Health Information Technology
  - Authorizes HHS to provide federally funded grants to health care providers to implement or expand health information technology and contract for technical assistance; require a health information organization to be connected to the California Trusted Exchange Network; create the position of Deputy Secretary for Health Information Technology; and authorize specific uses for any federal funding received, including creating a unified state health information exchange gateway to improve the bidirectional exchange of data between state sources and health care providers.

Potential Project Idea

Partner with the CA Surgeon General and the CA Institute for Regenerative Medicine

CIAPM is undergoing an exploration of a potential knowledge network project in close partnership with the Office of the California Surgeon General (OSG) and the California Institute for Regenerative Medicine (CIRM). The ideal end product would grant researchers access to de-identified and secure state administrative data to:

- Advance outcomes research relative to SDOH and other data to serve as a knowledge base to inform clinical and social service decision-making
- Accelerate the discovery-to-clinical application pipeline

Consider existing models of support such as the California Cancer Registry and the California Policy Lab.

Project Discussion

Members discussed and agreed that the opportunity to continue scoping a partnership with OSG and CIRM was aligned with the working group's goals. Members encouraged CIAPM staff to continue exploring a potential partnership.