

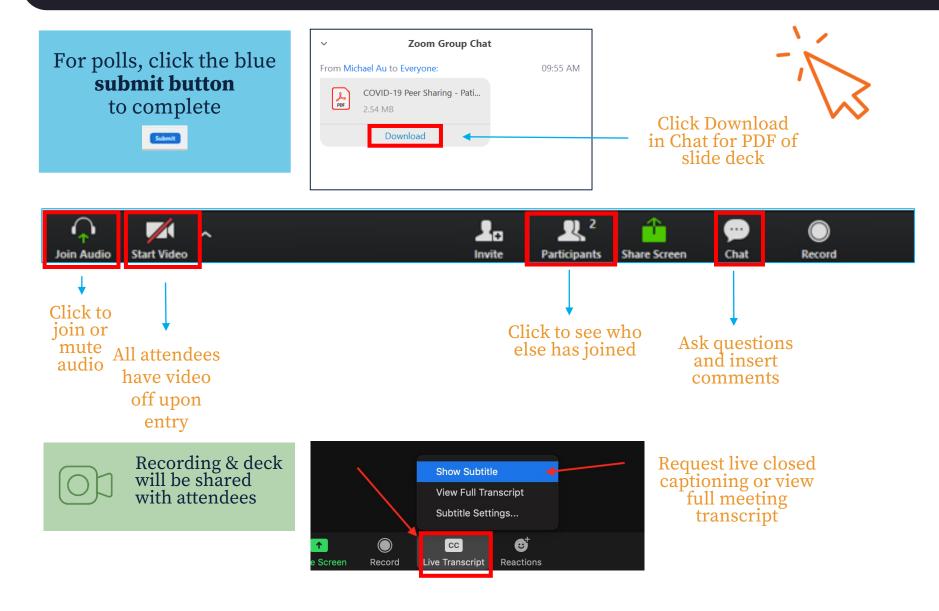
August 9, 2023; 12:00 p.m. PT

## Data Exchange Framework: Funding Opportunities & How to Apply

CQC Public Webinar Series



#### **Tech Tips – Zoom Meetings**





**Direct message** Anna Baer if you have any technical issues



#### **Today's Speakers**



**Peter Robertson** Senior Director, Practice Transformation



**Stephanie Thornton** Policy Manager, BluePath Health



**Robby Franceschini** Director of Policy, BluePath Health



#### **California Quality Collaborative**

Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder program.** Core funding from health plans sharing a delivery system.

**Identifies and spreads best practices** across outpatient delivery system in California

Trains 2,000 individuals from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI** 

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#### Poll: Who's in the (virtual) Room?

#### Where are you dialing in from?

- Northern CA
- Sacramento
- Bay Area
- Central Valley
- Los Angeles
- Inland Empire
- Southern CA
- Other CA
- Outside of CA



# What type of organization do you represent?

- Health Plan
- Medical Group
- Independent Physician Association
- Management Services Organization
- Federally Qualified Health Center / Community Health Center
- Independent Provider/Practice
- Hospital/Health System
- Foundation
- Other [Chat in]



#### Agenda

## Today, we will:







Review the Data Exchange Framework (DxF) and Data Sharing Agreement (DSA)

Walk through the DSA Signatory Grants and application process Answer questions on the DSA and how to apply to DSA Signatory Grants



#### **Poll: Data Sharing Agreement**

- 1. Has your organization signed the Data Sharing Agreement (DSA)?
  - Yes
  - No
  - I don't know if we've signed the DSA
  - I'm not familiar with the DSA

#### 2. How familiar are you with the DSA Signatory grants?

- Very familiar
- Somewhat familiar
- Not familiar





#### What Are Plans Saying About the DSA?

# **health net**.

"Health Net is excited to witness the initial positive impact of the Data Exchange Framework on California's healthcare ecosystem. By encouraging providers, hospitals and health plans to leverage this unified framework, we envision a <u>future</u> <u>where population health management</u> <u>models dramatically improve health</u> <u>outcomes and the patient experience</u>." <u>Martha Santana-Chin</u> <u>Health Net</u> "Who doesn't hate being asked over and over again the same questions by multiple health care teams? And worse, filling in those paper forms? Why can't all that data be in one place? Well, soon it can if we all share what data we have with anyone, anywhere who needs to see it. This is the beginning of true continuity of care and a longitudinal

> <u>record</u>." Dr. Katrina Miller-Parrish LA Care Health Plan



California Quality 8 Collaborative 8

#### What Are Providers Saying About the DSA?

"As an organization who serves a large Medi-Cal population, the ability to take part in data sharing across provider networks is amazing. We've supported the DxF because we want to be part of real-time data exchange and join the network of providers who are committed to sharing analytics that improve health outcomes. The DxF is a gift to our patients and providers... signing the DSA was just exciting." Sean Atha

**River City Medical Group** 

MEDICAL GROUP

CHOICE CHOICE MEDICAL GROUP PHYSICIAN

'Choice Medical Group are strong advocates for the California Data Exchange Framework (DxF). The DxF will empower healthcare providers to securely exchange critical patient data, leading to efficient and effective care. Value based care or individualized optimization of health cannot succeed without it. We are fervent supporters of healthcare interoperability, and the DxF allows for a major step forward. We believe this initiative can break down data-sharing **barriers** and provide healthcare providers and patients alike with countless new opportunities." Dr. Hemanshu Patel Desert Oasis

**Choice Medical Group** 

"Desert Oasis Healthcare serves a population often with complex medical histories, multiple chronic conditions and an incomplete longitudinal health record. We know patient data can become fragmented across many systems and patient encounters contributing to inefficiency, frustration and suboptimal clinical outcomes. Any progress in contributing to a single source of truth when it comes to patient clinical data we would welcome and embrace." **Marc Hoffing Desert Oasis Healthcare** 

Your Health, Your Life, Our Passion.

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9



## California Data Exchange Framework

Stephanie Thornton

#### The Vision for Data Exchange in California

Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care.

The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.







#### Who is Required to Sign the Data Sharing Agreement?

#### Required to sign by January 2023 and to exchange data beginning January 2024

- General acute care hospitals
- Acute psychiatric hospitals (100+ beds)
- Physician organizations and medical groups (with 25+ physicians)
- Skilled nursing facilities that currently maintain electronic records or electronic health information
- Health care service plans and disability insurers
- Clinical laboratories regulated by CDPH

#### Required to sign by January 2023 and to exchange data beginning January 2026

- Acute psychiatric hospitals (<100 beds)
- Rural hospitals (<100 beds)
- Rehab hospitals, long-term care acute hospitals, and critical access hospitals
- Physician organizations and medical groups (with <25 physicians)





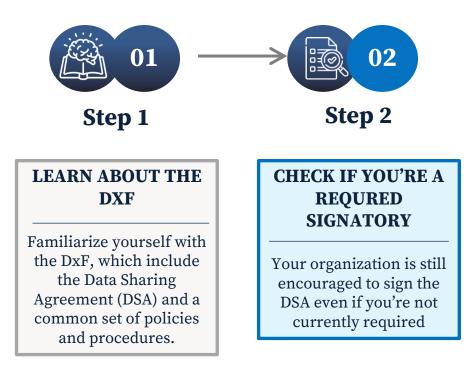
Step 1

LEARN ABOUT THE DXF

Familiarize yourself with the DxF, which include the Data Sharing Agreement (DSA) and a common set of policies and procedures.

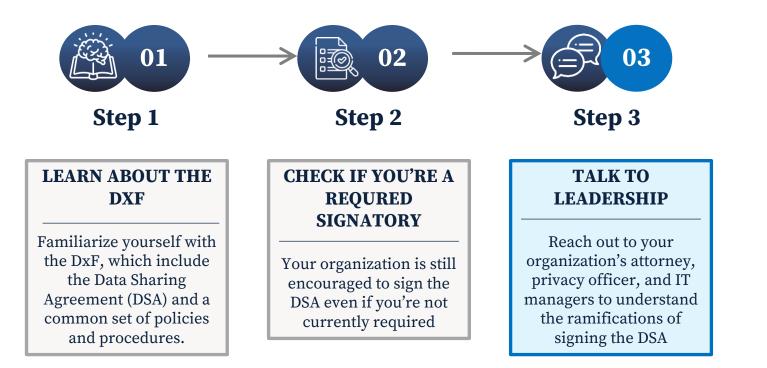
The DxF empowers health entities to provide the best possible care by creating new connections and efficiencies between health and social services entities, improving the completeness of patient records. Many health entities are required by law to take the first step to joining the DxF by signing the Data Sharing Agreement (DSA)—an agreement to share information quickly, securely, and appropriately while following a common set of terms, conditions, and obligations set forth in shared Policies and Procedures (P&Ps).





The following organizations have until January 31, 2026 to begin exchange: physician practices of fewer than 25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 acute care beds, state-run acute psychiatric hospitals, and any nonprofit clinic with fewer than 10 healthcare providers. (Cal. Health and Safety Code § 130290(b)(2).









What to expect when signing the DSA:

- 1. Review the DSA and its policies and procedures.
- 2. Determine who at your organization is authorized to sign an agreement.
- 3. Determine if any subordinate organizations will be included.
- 4. Gather applicable California state license numbers and employee identification number (EIN).
- 5. Read the user instructions to sign the DSA.

16



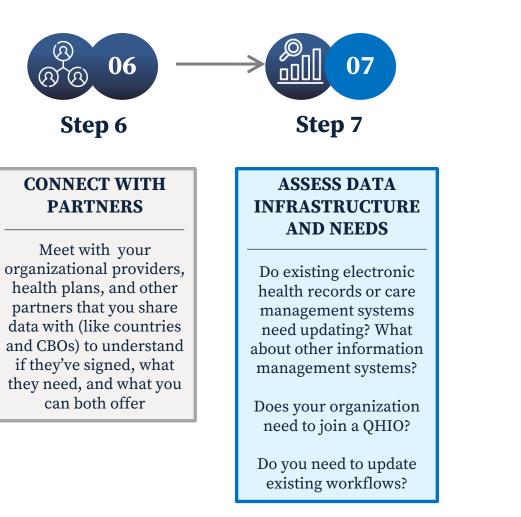


Step 6

#### CONNECT WITH PARTNERS

Meet with your organizational providers, health plans, and other partners that you share data with (like countries and CBOs) to understand if they've signed, what they need, and what you can both offer





#### Patient Goals Substance (Medication) Procedures SDOH Goals Substance (Drug Class) SDOH Interventions Reaction **Health Concerns** Provenance Assessment and Health Concerns Author Time Stamp **Plan of Treatment** Author Organization Assessment and Plan of Treatment Immunizations **Smoking Status** SDOH Assessment Immunizations Smoking Status Laboratory Care Team Member(s) Unique Device Tests Care Team Member Name Identifier(s) for a Values/Results Care Team Member Identifier **Patient's Implantable** Care Team Member Role Device(s) Care Team Member Location Medications Unique Device Care Team Member Telecom Medications Identifier(s) for a Patient's Implantable Device(s) **Clinical Notes Patient Demographics** Consultation Note First Name Vital Signs Discharge Summary Note Last Name Diastolic Blood History & Physical Previous Name Pressure Procedure Note Middle Name Systolic Blood (including Middle Initial) Progress Note Pressure Suffix Body Height Sex (Assigned at Birth) Body Weight Sexual Orientation **Clinical Tests** Heart Rate Gender Identity Clinical Test Respiratory Rate Date of Birth Clinical Test Result/Report Body Temperature Race Pulse Oximetry Ethnicity Inhaled Oxygen Preferred Language Concentration Current Address **Diagnostic Imaging** BMI Percentile Previous Address Diagnostic Imaging Test (2 - 20 Years) Phone Number Diagnostic Imaging Report Weight-for-length Phone Number Type Percentile Email Address (Birth - 36 Months) Head Occipital-frontal **Encounter Information** Circumference Encounter Type Problems Percentile Encounter Diagnosis (Birth - 36 Months) Problems Encounter Time

#### USCDI v2 Summary of Data Classes and Data Elements

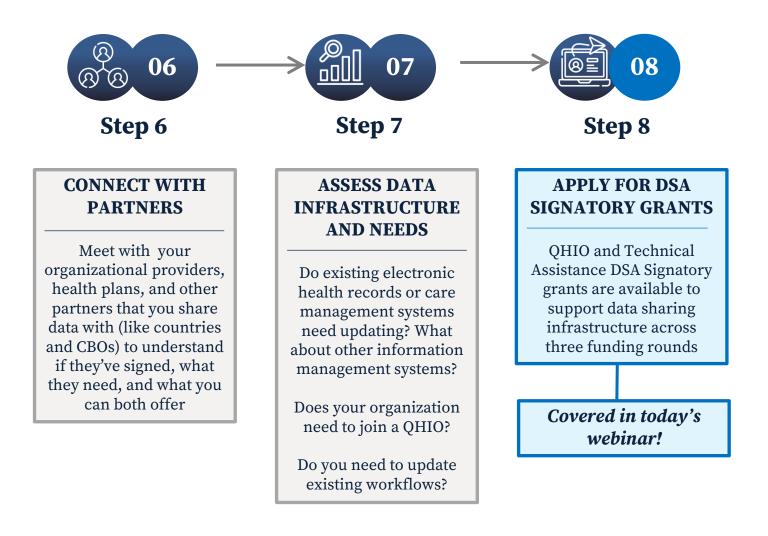
Goals

Procedures

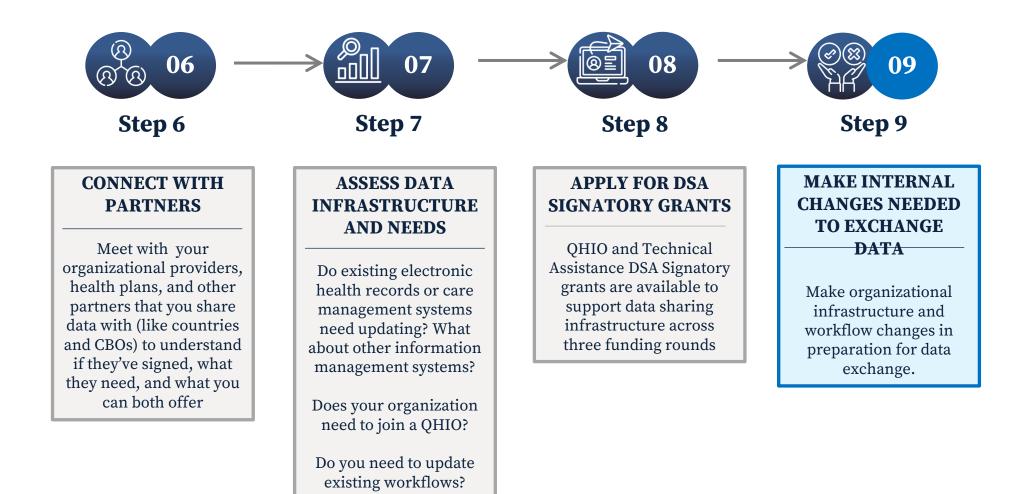
Allergies and Intolerances

California Quality GH Collaborative

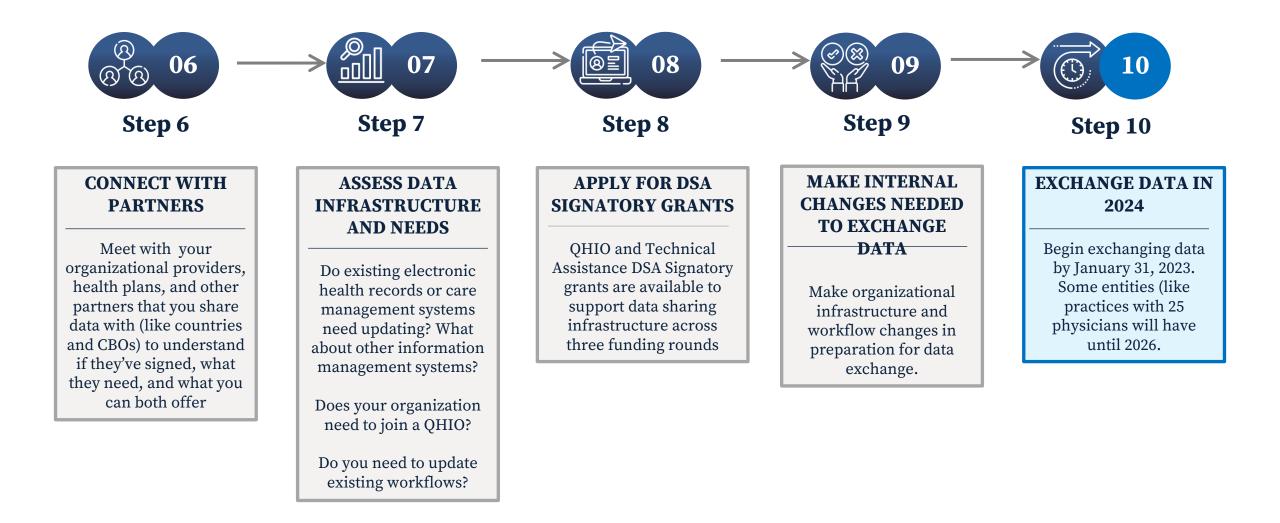




California Quality 20









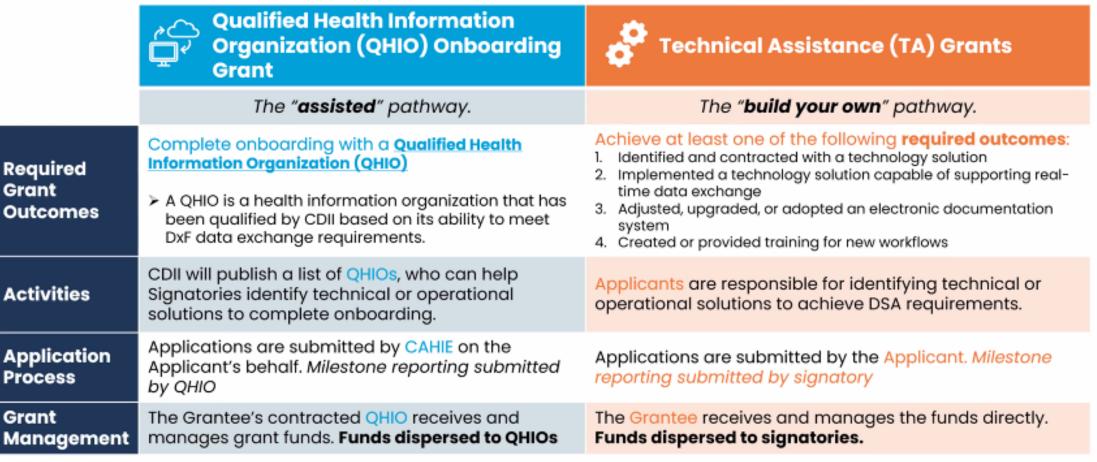


# DSA Signatory Grants

Robby Franceschini

#### **Two DSA Signatory Grant Opportunities**

#### Eligible DSA Signatories may apply for <u>one</u> of the following grant opportunities:



Source: June 28, 2023 CDII Webinar





#### Signatory Grants Updates: Round 2 Open Now

Up to \$47 million in funding will be allocated to applicants across at least two rounds of funding.

CDII is holding multiple rounds to balance the 2024 deadline for some organizations to begin exchanging data while ensuring that organizations with limited resources have sufficient time to complete and submit a grant application.

	Estimated Dates of Each Round (May Be Subject to Change)							
	Q2 2023					Q3 2023		
	April	м	ay	Ju	ine	July	August	September
Expedited Rounds Open to Organizations Who Implement by 2024			Rou	ind 1				
Full Rounds Open to All Eligible Organizations						Round	d 2*	

\*Additional rounds may be held based on application volumes and scoring in Rounds 1 & 2



#### Who Qualifies for DSA Signatory Grant Funding?

#### The following criteria apply to both the QHIO Onboarding or TA Grants

(1) Must be a DSA Signatory A <u>Signatory</u> is defined as an organization that has signed the Data Sharing Agreement. Organizations may sign the DSA directly, or a "parent organization" may sign the DSA on their behalf as a "subordinate organization."

(2) Must have an HIT Need

Signatory must demonstrate that they require technical support and capabilities to assist in meeting DSA requirements.

For Round 2+, Starting June 30, 2023

Round 2 opens the grant opportunity to most Signatories who demonstrate an HIT need, including voluntary signatories of the DSA.



#### DSA Grants: Funding by Organization Type

	Organization Type	Funding Maximum
<ul> <li>General Acute Care Hospitals</li> <li>Acute Psychiatric Hospitals</li> </ul>	Serving Underserved Communities/Geographies* <u>and</u> Did Not Receive Funding from Past HIT Funding Programs (Cal-HOP, CTAP, HITECH)	\$100,000
<ul> <li>Skilled Nursing Facilities</li> </ul>	Other	\$50,000
Physician Organizations and Medical Groups	Serving Underserved Communities/Geographies* <u>and</u> Did Not Receive Funding from Past HIT Funding Programs (Cal-HOP, CTAP, HITECH)	\$50,000
	Other	\$35,000
Health Insurance Plans	All	\$25,000
Clinical Laboratories	All	\$15,000
Other DSA Signatories	Serving Underserved Communities/Geographies* <u>and</u> Did Not Receive Funding from Past HIT Funding Programs (Cal-HOP, CTAP, HITECH)	\$50,000
	Other	\$25,000



#### Who Can Submit a Grant Application?

Eligible Signatories may choose to apply on their own, or as part of an "umbrella" application with other Signatories.

An **<u>Applicant</u>** is the organization that submits the Application for a DSA Signatory Grant. They can be:

• An eligible Signatory applying on its own behalf

#### OR

- An organization applying on behalf of one or multiple eligible Signatories (referred to as an Umbrella Applicant).
  - Examples include a corporate parent, an Independent Practice Association, or other.
  - All Signatories included in an Application must co-sign the Application.



#### **Funding Request Scenario 1**

#### An Applicant with a Single Instance (EHR) and Organization





Source: June 28, 2023 CDII Webinar



#### **Funding Request Scenario 2**

#### An IPA with Multiple Instances and Multiple Signatories

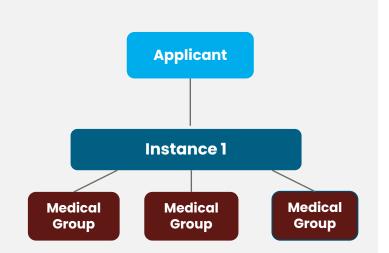
	Funding Request Calculation			
Applicant		Funding Max		
Instance 1 Instance 2 Instance 3 Medical Group Medical Group Medical Group	Instance 1	\$35,000		
	Instance 2	\$35,000		
	Instance 3	\$35,000		
The Umbrella Org is eligible to make <u>three</u> funding requests.	<b>Application Total Max:</b>	\$105,000		





#### **Funding Request Scenario 3**

#### An IPA with One Instance and Eligible for Enhanced Funding\*



The Applicant is eligible to make <u>one</u> <u>funding request</u> Funding Request CalculationFunding MaxInstance 1\$50,000 (Enhanced Funding)Application Total Max:\$50,000

\*Enhanced Funding= Serving underserved communities and did not receive funding from past HIT funding programs





#### Get Started on the Application

#### After signing the DSA...

- TA Grant Applications
  - Begin your application in the <u>DxF Grant Portal</u>
- Qualified Health Information Organization (QHIO) Onboarding Grant Applications
  - Email grantsupport@cahie.org to begin the process
  - The California Association of Health Information Exchanges is a contractor to the Center for Data Insights and Innovation's DxF team, providing application support for all QHIO Onboarding Grant Applications





# Questions & Answers

#### Thank You to Our Speakers!



**Stephanie Thornton** Policy Manager, BluePath Health

**Robby Franceschini** Director of Policy, BluePath Health



#### **Poll: After This Webinar...**

#### How will you or your organization support the data exchange framework?

- Plan to become a signatory
- Plan to become a signatory and apply for funding
- Already signed and/or applied for funding
- I'm not sure yet



Click the blue **submit button** to complete

#### We're Here to Support

- Assistance with signing and submitting your grant application:
  - Email grantsupport@cahie.org
  - Attend grant-focused office hours with CDII (<u>registration link</u>)
- Reminder of upcoming deadlines
  - Round 2 grant applications (for both QHIO and TA) due September 1<sup>st</sup>
- Additional Opportunities to Ask Questions
  - Open office hours w/attorney to answer DSA questions (<u>registration link</u>)
    - First Wednesday of every month from 1-1:30 p.m.
  - Center for Data Insights & Innovation (CDII) Inbox: <a href="mailto:cdii@chhs.ca.gov">cdii@chhs.ca.gov</a>



## **Poll: Webinar Feedback**

#### The content of this webinar was helpful

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Click the blue **submit button** to complete





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Join in on the conversation on social media: LinkedIn | <u>Twitter</u>



Email us with questions or feedback: <u>cqcinfo@pbgh.org</u>





# Thank you!

#### Resources

#### **Signing the DSA:**

- Data Sharing Agreement
- DSA Signing Portal
- Signing Portal Demonstration -<u>Webinar Recording</u>
- <u>Frequently Asked Questions</u> (FAQ)
- <u>"Journey of Data Sharing"</u> <u>infographic</u>
- (New) <u>Data Exchange Framework</u> website
- <u>Signing Organization List</u>

#### **Applying for Funding:**

- DxF Grant Portal
- <u>DxF Funding Opportunities Fact Sheet</u>
- <u>DSA Signatory Grant Guidance</u> <u>Document</u>

#### **Policies and Procedures**

• <u>CalHHS Data Exchange Framework Policy</u> <u>and Procedure</u>

