

State and Federal Efforts Promote Greater Health Information Sharing

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In July 2021, Governor Gavin Newsom and the California State Assembly enacted AB 133 (Chapter 143, Statutes of 2021), which calls for a statewide health and human services data exchange framework. This framework, known as the Data Exchange Framework (DxF) consists of a statewide data-sharing agreement (DSA) and a common set of policies and procedures to promote and govern the exchange of health information among California government agencies, providers, and health care entities. By January 31, 2023, all health providers in the state of California were due to sign the data sharing agreement. A list of current signatories can be found here:

https://docs.google.com/spreadsheets/d/118AwHRattNjDg3kKG_nAg_laxnlfir/edit?usp=sharing&oui=104376214568226969692&rtpof=true&sd=true

The vision is that by January 31, 2026, all participating entities in the state of California will exchange health information or provide access to health information to and from every other entity in real-time for treatment, payment, or health care operations. Note that some DxF participants must begin exchanging by January 31, 2024.

At the federal level, in March of 2020, the Office of the National Coordinator for Health IT established the final rule for the The 21st Century Cures Act requiring Health IT vendor technical standards and institutional policies to promote interoperability between health IT systems. Additionally, the final rule requires healthcare providers to share data on behalf of the patient (“information blocking prohibited”). The American Academy of Pediatrics has shared a practice management guide for member pediatricians about the 21st Century Cures act here: <https://www.aap.org/en/practice-management/health-information-technology/what-pediatricians-need-to-know-about-the-21st-century-cures-act-interoperability-final-rule/>

As pediatricians prepare for expanded health data sharing, we suggest you consult with your Administrative/IT leadership and your EHR vendor regarding participation in the California DxF and the balance between information sharing and pediatric/adolescent patient privacy. Consider the healthcare systems or networks you'll most frequently interact with and ensure mechanism(s) of safe and efficient health data exchange.

We have listed here some of the common EHR vendors used by AAP CA Chapter 1 members and provide a high level summary of their approaches to health information sharing. It's important to understand from your EHR vendor how to use the features you and your practice have turned on and may turn on in the future.

Epic Systems: Care Everywhere is Epic's application for securely sharing medical records between Epic and non-Epic organizations.

Cerner: Cerner is part of the CommonWell Health Alliance, aiming to advance health data exchange across the healthcare continuum. CommonWell is an implementer of Carequality as a method of secure patient data sharing.

Office Practicum and Pediatric Computer Corporation (PCC): Both are members and implementers of Carequality. Carequality is a public-private, multi-stakeholder collaborative that seeks to enable providers to exchange clinical data securely between health data sharing networks, using a common interoperability framework.

It is important to note that health data exchange isn't just about technology. Organizational policies, regional regulations, and standard practices also play a significant role. Secure health information sharing has many anticipated benefits for pediatrics, including ensuring clinicians have the information they need at the point of care and empowering parents and teens to manage their own health and wellness. There are also risks inherent in providing expanded access to minor/adolescent health data. The Society for Adolescent Health and Medicine (SAHM) and the North American Society for Pediatric and Adolescent Gynecology (NASPAG) have published recommendations to advocate for appropriate health care privacy for adolescents here:

<https://www.naspag.org/naspag-sahm-position-statement-the-21st-century-cures-act-adolescent-confidentiality>

Three keys to adhering to this guidance:

- 1) Know your state minor consent laws and state and federal confidentiality laws that protect adolescent minors. California Summary found here:
https://www.careinnovations.org/wp-content/uploads/2017/10/CA_Minor_Consent_Confidentiality_Laws.pdf
- 2) Both the adolescent minor and proxy need access to the EHR if the goal is to share all information, even if segmented. Different types of information are released to adolescents and their proxies, so it is critical to ensure that the account is accurately linked to the correct user.
- 3) A system/practice needs to reliably parse/segment out protected from general clinical information before it is shared.

For further information and questions, please visit

<https://aapca1.org/data-exchange-framework-initiative/> and/or contact the AAP California Chapter 1 at <https://aapca1.org/contact/>