OCHIN

A driving force for health equity

California Telehealth Network

An OCHIN organization

Transmitted via email

March 28, 2023

Honorable Gavin Newsom
Governor
State of California
1021 O Street, Suite 9000
Sacramento, CA 95814

Re: Rapidly Mobilizing to Ensure Equitable Health Care Access During the State of Emergency in California

Dear Governor Newsom,

On behalf of the California Telehealth Network (CTN) and OCHIN, we would welcome the opportunity to partner to address the State of Emergency in California and the conditions that undermine access to essential health care services. We stand as your partners to support California community health centers and local public health agencies with ongoing connectivity and security during this emergency and beyond. We support health clinics, women's clinics, public health offices, and the Ryan White CARE program in over half of the counties under the current state of emergency declaration due to storm activity in January and March 2023. Natural disasters and other hazards are disparity multipliers, and we welcome working with you to mitigate and address structural inequity to reduce adverse impact on communities already facing challenges to accessing quality and equitable care.

We would like to respectfully request a meeting to discuss how OCHIN and the California Telehealth Network can best support the critical needs of community health centers and public health agencies during and beyond this State of Emergency.

OCHIN is a nonprofit national health information technology innovation and research network. In California, our locally controlled network of community-based providers deliver care at 400 health care sites with almost 8,500 providers across California, providing health care services to more than 1.8 million patients. For decades, the OCHIN collaborative and the CTN have focused on expanding access in underserved and rural communities to quality health care services through technology solutions, technical assistance, operational support, informatics, evidence-based research, and workforce development and training. Today, the OCHIN network includes federally qualified health centers (FQHC), FQHC look-alikes, rural health clinics, local public health agencies, corrections, school-based clinics, tribal health organizations, youth authorities, and rural hospitals.

OCHIN Network Addressing COVID-19, Disasters and Cybersecurity

OCHIN has gained significant experience providing rapid technical and operational support to our members during the COVID-19 public health emergency and weather-related regional disasters such as wildfires and floods, as well as assisting members in meeting cybersecurity challenges. With this lens, we are writing to support the state's efforts and offer our expertise to ensure that community-based providers and their health IT networks serving rural and other underserved communities are eligible to lead and develop, and invest in disaster and recover preparedness capacity, planning, sentinel activities, and mitigation activities to meet the specific needs of their patients and communities.

- During COVID-19, OCHIN, with limited resources and no advance pandemic disaster planning or mitigation funding, supported our network members by rapidly scaling telehealth capabilities and technical assistance among member provider organizations including in frontier communities and took a leading role along with the CDC and other partners to rapidly develop and implement electronic case reporting (eCR).
- OCHIN was able to effectively roll out training quickly to all interested California providers and patients directly as well as through our affiliate the CTN.
- OCHIN developed a host of scalable COVID-19 vaccine support tools and provided data to the Biden Administration demonstrating that FQHCs were uniquely positioned to vaccinate the hardest to reach patients who faced lack of transportation and other social drivers negatively impacting access.
- OCHIN also played a critical role in developing, testing, and supporting deployment of mobile technology to support de-centralized delivery of care to expand capacity.
- OCHIN has continued to assist in the development of national digital data and technical standards needed for public health IT sentinel and mitigation capabilities while also actively advocating for prioritizing and aligning CDC and the Office of the National Coordinator for Health Information Technology (ONC) digital data and technical standards prioritizing public health needs.
- Finally, OCHIN continues to identify specific policies that should be pursued to "harden" the cybersecurity measures among community-based providers in rural and other underserved communities.

California Health Security Strategy

During this state emergency, patients need access to digitally enabled, distributed, and de-centralized health care services to meet them where they are in the community as well as follow them if they are displaced.

- As we have seen from events like the COVID-19 pandemic, "bricks and mortar" sites of care – like hospitals and nursing homes – can become vectors of disease spread. Further during disasters like the Camp Fire and August Complex, these sites can become compromised or difficult to reach and displaced patients with chronic or acute conditions can experience significant barriers to continuing their care. When there are centralized models of care delivery revolving around a hospital, like during COVID-19, clinicians in the community setting can be sidelined while clinicians in hospitals and post-acute facilities are besieged with surges and unable to keep pace.
- To advance de-centralized, distributed, and digitally enabled public health capabilities, community-based clinicians need ongoing investment in modernized health IT and technical assistance, national digital data and technical standards for collection and reporting (with reduction in varied state and local reporting requirements), and resources for networks of community providers. For conditions like this emergency, the capability to drive digital communications with advanced technical capabilities is critical.
- Historically, support programs require partnerships with hospitals and while they do not always require the hospital participant be the lead applicant, the reality is that hospitals control and drive the structure of such agreements in a manner that is not consistent with a decentralized and distributed need of community providers that allows them to scale capacity to meet national health security strategic goals. This leaves community-based providers under-resourced.

Strategy for Public Health Preparedness and Response to Address Cybersecurity Threats

Providers in community settings need resources to support ongoing public health preparedness and recovery readiness in the event of emergencies like this one by ensuring they can continue to deliver care, access patient health information, and hand-off care rapidly and safely when necessary. All of these critical capabilities require health IT modernization.

- Community clinics have not received significant incentives or resources for health IT upgrades and modernization for well over a decade. Many have legacy systems even though they now need 21st Century capabilities with enhanced cyber tools to deliver whole patient care, move to value-based payment models (which require significant data analytic capabilities), and maintain reporting capacity during a public health or disaster event. These tools are foundational as part of the CalAIM goals.
- Cybersecurity is particularly critical during emergencies like those being experienced in California right now. Cybercriminals often view such events as an opportunity to exploit health IT system vulnerabilities, particularly among legacy systems that use antiquated security methods.
- Recovery readiness must include ongoing investments in health IT cybersecurity which should include technical assistance, mitigation support, and back-up capacity to ensure that any core capabilities of provider networks are able to maintain or re-establish access rapidly to both patient health information and connectivity with patients through virtual modalities.
- Priority should be given to provider health IT networks that serve rural and underserved communities, so they are able to make immediate investments to harden recovery readiness and cybersecurity. Unlike hospitals that can leverage higher reimbursement rates and additional adjustments such as those available to disproportionate share hospitals, community networks in unserved areas do not have these enhanced resources.

Thank you for your leadership addressing the needs of patients and providers in underserved communities. Please contact me at stollj@ochin.org if you are open to setting up a meeting to discuss how OCHIN and CTN can offer concrete and specific steps to address the impact on community health clinics and local public health agencies in 22 of the counties subject to the emergency declared by your Office.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs