



A driving force for health equity
Submitted via electronic mail

April 10, 2023

The Honorable Henry Stern
1021 O St
State Capitol, Room 7710
Sacramento, CA 95814-5704

Re: Opposition to SB 779, Primary Care Clinic Data Modernization Act

Dear Senator Stern,

On behalf of OCHIN, regretfully we cannot support SB 779, the Primary Care Clinic Data Modernization Act, but welcome working with your office to identify opportunities to advance the goals of this bill.

OCHIN is a national nonprofit health information technology and research network of locally controlled community health providers that offers technology solutions, informatics, evidence-based research, operational support, workforce development and training as well as policy insights. **In California, OCHIN network members serve over 1.6 million active patients, more than 500,000+ of whom are Medi-Cal enrollees and are located throughout the State including in Northern and Southern California in addition to the Central Valley.** The California network includes 51 federally qualified health centers (FQHCs) in addition to other providers that serve among the most medically and socially complex patients in California.

OCHIN network members have access to the best-in-class health IT to support data collection and advanced analytics needed for reporting, yet the capacity of our members has been strained. Our members already prepare a wide array of detailed reports for multiple federal and state health programs and regulators in addition to reports required by managed care plans, commercial health plans, foundations, and other funders. The reporting obligations have multiplied in number and level of specificity yet lack uniformity or consistency in how the data should be captured and reported with each entity often specifying different values, data definitions, frequency, and formatting. For example, demographic data reporting varies widely even where national digital data and technical standards have been specified as part of the U.S. Core Data for Interoperability. Federal agencies use different standards which differ from a range of California requirements which can vary from local and state agencies. Our members must navigate an inordinate and disparate amount of paperwork and documentation in order to secure access to care.

The reporting required under this bill is duplicative or would be similar to existing reporting obligations, but sufficiently different to create additional cost and undue complexity and confusion. The new detailed reporting requirements related to operations and staffing will divert limited resources away from patient clinical care, population health management, and enhanced care management when our members are already challenged to meet growing patient need. For example, the State (through Medi-Cal) already receives some of the information related to demographic data as does the federal government which collects similar demographic data as part of the Uniform Data System, required by the Health Resources and Services Administration for FQHCs and rural health clinics. In addition, the State, through various agencies collects information on reimbursement, payment, and metrics either directly or through contractors. We strongly urge efforts to leverage technology to collect data already collected by California state agencies and contractors in order to obtain the information sought.

Now is the time for state agencies to utilize their advanced analytics to share information and develop dossiers based on current State collection requirements. We welcome a meeting with your office to review how we can leverage existing systems and data collection. Please contact Jennifer Stoll, stollj@ochin.org, if you would like to discuss this important issue any further. Again, thank you for the opportunity to comment.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Stoll". The signature is cursive and fluid.

Jennifer Stoll
Executive Vice President
External Affairs