



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'AINA O KA MOKU'AINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

John C. (Jack) Lewin, M.D.
ADMINISTRATOR

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Senate Committee on Health and Human Services
Senator Joy A. San Buenaventura, Chair,
Senator Henry J.C. Aquino, Vice Chair,
and Committee Members

SCR 15/SR 7 Requesting the Department of Health's State Health Planning and Development Agency to Convene a Health Data Sharing Working Group to Accelerate and Expand the Sharing of Real Time Health Information Among Health Care Entities and Government Agencies in the State.

Testimony of John C. (Jack) Lewin, M.D.
SHPDA Administrator

Friday, March 22, 2024
1:00 p.m.

1 **Agency's Position: SUPPORT**

2 **Fiscal Implications: none**

3 **Purpose and Justification:** The State Health Planning and Development Agency (SHPDA)
4 welcomes and supports the intent of SCR 15 / SR 7, which requests the convening of a health
5 data sharing working group to accelerate and expand the sharing of real-time health
6 information among health care entities and government agencies in Hawai'i. Real-time data is
7 produced across the state today from numerous health care sources.

8 Insurance claims (which are usually issued in less than a week as claims, or as "clinical
9 encounters" from capitated insurers) describe the diagnosis or diagnoses for patients being
10 treated along with other administrative information that represents nearly all the health care
11 provided and reimbursed by insurers of health and dental care here. This includes data from
12 the federal Medicaid and Medicare claims or encounter sources. The Veterans Administration

1 here could also someday participate in such data sharing. The legislature has mandated
2 under SHPDA's authority the collection of all such claims from all insurers licensed in the state
3 for Medicaid (Med-QUEST), Medicare and Medicare Advantage, and from commercial
4 insurance for beneficiaries of the Employee-Union Trust Fund (EUTF), the state's largest
5 employer and its retirees. SHPDA, working with its contracted partners Med-QUEST and the
6 University of Hawai'i, is responsible for developing the All-Payer Claims Database (APCD).
7 The APCD already has the de-identified and privacy-assured claims of one million out of 1.4
8 million total citizens under management. When the Medicare Advantage claims are added by
9 2026, the APCD will have 1.15 million claims undermanagement. Only about 250,000 of other
10 commercial lives, not included in the mandate, are needed to be able to track the health of the
11 entire population for health status monitoring and public health purposes. This missing data
12 will be added over time through collaboration with insurers, by broadening the mandate, or
13 from other sources of privacy-assured data. This data reveals comprehensive information
14 about health care services in the state, including all the diagnoses and conditions treated.
15 Claims data is considered "administrative" data.

16 Clinical data is also very valuable for health status monitoring and public health
17 surveillance purposes. Clinical data can help understand the quality of care provided in more
18 detail. It includes data from electronic health records (EHRs), laboratory results, prescriptions,
19 and imaging data. Sources of such privacy-assured data here are collected by the Hawai'i
20 Health Information Exchange (HHIE), and the Healthcare Association of Hawaii's Laulima
21 database. Other sources are available through the Hawai'i Department of Health, the US
22 Center for Disease Control (CDC), and the National Institutes of Health (NIH). Real-time
23 clinical data in Hawai'i is potentially available from the state's laboratories, pharmacies, and HI
24 HIE. The Laulima database can also contribute valuable clinical data from hospital discharge

1 summaries. We also need to develop better and more timely data from long-term care
2 sources. And Hawai'i needs more timely data about health care workforce issues and
3 shortages, which create access to care and quality gaps. And we also need to better track
4 behavioral and mental health data, and data related to social determinants of health, to
5 understand the full picture of the health care needs of the people of Hawai'i.

6 Administrative data and clinical data together, when available real-time, can help
7 coordinate care and improve health outcomes. This will also help reduce unnecessary health
8 care spending and cost increases. And this will help us better understand where we need to
9 invest resources to improve the health of the population.

10 While most of the data collected from all these sources is theoretically available real-
11 time, in reality it is shared typically with huge time lags and is all too often not shared at all.
12 Privacy and confidentiality of such data is now technologically possible and manageable. We
13 need to work to build trust and collaboration on improving the health of Hawai'i through data
14 sharing.

15 SHPDA has already established a Health Data Advisory Council with representation of
16 all the state-based sources of data mentioned earlier. This group with some additional
17 representation could help achieve the intent of this resolution. To improve health care
18 outcomes and population-based outcomes for Hawai'i, much more robust sharing of privacy-
19 assured data is needed. We look forward to taking on this important and timely challenge with
20 our partners in the public and private health sector here.

21 Mahalo for the opportunity to testify.



**STATE OF HAWAII
KA MOKU'ĀINA O HAWAII
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
'A'UNIKE MOKU'ĀPUNI NO KA NĀ KĀWAI KULA**

1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

March 22, 2024

The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health and Human Services
The Thirty-Second Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Buenaventura and Committee Members:

SUBJECT: SCR15/SR7 REQUESTING THE DEPARTMENT OF HEALTH'S STATE HEALTH PLANNING AND DEVELOPMENT AGENCY TO CONVENE A HEALTH DATA SHARING WORKING GROUP TO ACCELERATE AND EXPAND THE SHARING OF REAL TIME HEALTH INFORMATION AMONG HEALTH CARE ENTITIES AND GOVERNMENT AGENCIES IN THE STATE.

The Hawaii State Council on Developmental Disabilities stands in **support of SCR15/SR7**, which proposes the convening of a Health Data Sharing Working Group by the Department of Health's State Health Planning and Development Agency.

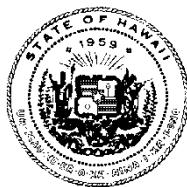
This group aims to accelerate and expand the sharing of real-time health information among healthcare entities and government agencies in the state. The DD Council recognizes the critical importance of timely and comprehensive health data sharing in ensuring the delivery of effective and coordinated healthcare services. By facilitating collaboration and information exchange, this initiative can lead to improved healthcare outcomes and better support for individuals with developmental disabilities across the state. We defer to the State Health Planning and Development Agency for any substantive comments on this measure.

Thank you for the opportunity to submit testimony in **support of SCR15/SR7**.

Sincerely,

Daintry Bartoldus,
Executive Administrator

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 20, 2024

TO: The Honorable Senator Joy A. San Buenaventura
Committee on Health and Human Services

FROM: Cathy Betts, Director

SUBJECT: [SCR15/SR7](#) - REQUESTING THE DEPARTMENT OF HEALTH'S STATE HEALTH PLANNING AND DEVELOPMENT AGENCY TO CONVENE A HEALTH DATA SHARING WORKING GROUP TO ACCELERATE AND EXPAND THE SHARING OF REAL TIME HEALTH INFORMATION AMONG HEALTH CARE ENTITIES AND GOVERNMENT AGENCIES IN THE STATE.

Hearing: March 22, 2024, 1:00 PM
Conference Room 225 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services supports this resolution and defers to the State Health Planning and Development Agency.

PURPOSE: This resolution requests the State Health Planning and Development Agency of the Department of Health to convene a health data sharing workgroup to accelerate and expand the sharing of real-time health information among health care entities and government agencies in the State.

DHS supports the opportunities to strengthen health data sharing that the resolution provides and looks forward to having the Med-QUEST Administrator or the Administrator's designee participate in this workgroup.

Thank you for the opportunity to provide testimony on this resolution.

March 22, 2024

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services

Re: SCR 15 / SR 7 - Requesting the Department of Health's State Health Planning and Development Agency to convene a health data sharing working group to accelerate and expand the sharing of real time health information among health care entities and government agencies in the state.

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawai'i Medical Service Association (HMSA) appreciates the opportunity to submit testimony in support of SCR 15 / SR 7.

Health equity and access to high quality health care need to improve, especially for underserved Hawaii residents. While health data is currently shared in pockets, we lack standardization across the sector, we lag behind other industries in real-time sharing, and not everyone participates. This lack of participation creates incomplete data sets and large gaps. The ability to share standardized data in real-time is essential to improve outcomes, identify Hawaii's unique social risk factors, and lower administrative, financial, and technical burdens.

We cannot afford to delay the effort to put in place a real-time, health data sharing framework based on mandated national standards. Further delays will result in continued fragmentation of data sharing in Hawaii's health care ecosystem as each Hawaii health organization pursues its own unique data sharing strategy. Instead, we need to collaboratively work together to improve health outcomes and lower health care costs. Every dollar saved on health care is a dollar that we can put toward Hawaii's housing, education, and infrastructure. We support the legislature's intent to give our state the best chance of accomplishing this by bringing all parties to the table to create a data solution that will work for everyone.

Thank you for the opportunity to testify in support of SCR 15 / SR 7.

Sincerely,



Dawn Kurisu
Assistant Vice President
Community and Government Relations



Friday, March 22, 2024 at 1:00 pm
Conference Room 225

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

From: Paige Heckathorn Choy
AVP, Government Affairs
Healthcare Association of Hawaii

Re: **Oppose**
SCR 15/SR 7, Requesting the Department of Health’s State Health Planning and Development Agency to convene a health data sharing working group to accelerate and expand the sharing of real time health information among health care entities and government agencies in the State

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii’s residents, our members contribute significantly to Hawaii’s economy by employing over 30,000 people statewide.

We are writing to **oppose** this resolution. While we agree that exchanging real-time clinical data between providers is an important goal, we believe that this working group will ultimately distract from current work to implement existing strategies and recommendations that would largely achieve the goals that are outlined in this resolution.

We deeply appreciate the collaborative work that the Hawaii Health Information Exchange (HHIE) completed in 2023 to assess and discuss the current state of health information exchange and interoperability in Hawaii. Their comprehensive report¹—which includes actionable recommendations—provides much of the information, assessment, and deliberations that this working group is tasked with. Conversations regarding the future of this topic are also continuing as part of the State Health Planning and Development Agency’s (SHPDA’s) data advisory council, which consists of largely similar members as identified in this measure.

The main takeaway from the report is that data exchange and interoperability remain a priority for providers—however, there are serious resources barriers, especially for smaller providers such as physician offices and post-acute care facilities, that need to be addressed. We believe that current efforts should be supported, and that we should not distract from their focused work.

Thank you for the opportunity to provide our opposition on this measure.

¹ <https://hawaiihie.org/community-workgroup-report-on-advancing-data-sharing-in-hawaii>

Testimony of
Greg Carlson
Executive Director and Chief Information Officer
Kaiser Permanente, Hawaii Market

Before:
Senate Committee on Health and Human Services
The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair

March 22, 2024
1:00 p.m.
Conference Room 225 and via Videoconference

Re: SCR 15/SR 7, REQUESTING THE DEPARTMENT OF HEALTH'S STATE HEALTH PLANNING AND DEVELOPMENT AGENCY TO CONVENE A HEALTH DATA SHARING WORKING GROUP TO ACCELERATE AND EXPAND THE SHARING OF REAL TIME HEALTH INFORMATION AMONG HEALTH CARE ENTITIES AND GOVERNMENT AGENCIES IN THE STATE.

Chair San Buenaventura, Vice Chair Aquino, and committee members, thank you for this opportunity to provide testimony on SCR 15/ SR 7, which requests the State Health Planning and Development Agency to Convene a Health Data Sharing Working Group to accelerate and expand the sharing real-time health information among health care entities and government agencies in the state.

Kaiser Permanente Hawai'i OPPOSES SCR 15/SR 7.

Kaiser Permanente Hawai'i is Hawai'i's largest integrated health system that provides care and coverage for approximately 271,000 members. Each day, more than 4,400 dedicated employees and more than 650 Hawai'i Permanente Medical Group physicians and providers come to work at Kaiser Permanente Hawai'i to care for our members at our 19 medical facilities, including Moanalua Medical Center, providing high-quality care for our members, and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

Kaiser Permanente supports the intent of SCR 17/SR 7 to expand real-time health information among health care entities and government agencies in the State. We believe, however, that given Hawai'i's existing health information exchange (Hawai'i Health Information Exchange (HHIE)) already connects to a national exchange with federal standards this workgroup is redundant and duplicates those existing efforts.

In the summer and fall 2023, HHIE developed a community workgroup, comprised of community members across diverse sectors of health care, to continue the Legislature's goal from HB 517

(2023) to advance health data sharing in Hawaii. The workgroup's aim was to further the community's vision of creating a robust, interoperable data exchange system that enables all health care providers, health plans, clinics, and hospitals to contribute and/or access complete health information with confidence and security, resulting in improved quality and health outcomes of whole-person care for Hawaii's people and lower health care costs for all. The workgroup, identified challenges, potential solutions, and costs to increasing effective information exchange to meet national and industry standards in Hawaii's health care ecosystem. This community workgroup report explained the current state of interoperability in Hawaii, identified gaps and needs in data sharing, detailed financial, technical, and other challenges that providers face when exchanging health information, and provided recommendations for how to achieve a robust, interoperable health data exchange system in Hawaii.

Finally, we note that the Legislature is considering SB 2285, SD2, HD1, which includes the establishment of the Hui Ho'omana Task Force within SHPDA, to make recommendations to achieve universal access and equity to quality health care at an affordable cost for state residents. To accelerate the deliberations of the Hui Ho'omana, SHPDA has already formed four new Advisory Councils that have been gathering information, including expert, community-based, and neighbor island input around Keiki Care, Kupuna Care (and the future of long-term care), Health Data, and achieving Universal Access. The Health Data Advisory Council already includes many of the working group members named in SCR 15/ SR7.

We believe that current efforts should be supported, and that we should not distract from their focused work. **Therefore, we respectfully request that the committee DEFER SCR 15/ SR 7.**

Thank you for the opportunity to provide testimony on this important measure.



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Joy San Buenaventura, Chair
The Honorable Henry Aquino, Vice Chair
Members, Senate Committee on Health & Human Services

From: Harold Moscho, Vice President and CIO, The Queen's Health System
Jace Mikulanec, Director, Government Relations, The Queen's Health System

Date: March 22, 2024

Re: Opposition to SCR15: REQUESTING THE DEPARTMENT OF HEALTH'S STATE HEALTH PLANNING AND DEVELOPMENT AGENCY TO CONVENE A HEALTH DATA SHARING WORKING GROUP TO ACCELERATE AND EXPAND THE SHARING OF REAL TIME HEALTH INFORMATION AMONG HEALTH CARE ENTITIES AND GOVERNMENT AGENCIES IN THE STATE.

The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in opposition to SCR 15, which requests the Department of Health's State Health Planning and Development agency to convene a health data sharing working group to accelerate and expand the sharing of real time health information among health care entities and government agencies in the state. Queen's appreciates the intent of this measure and we support the underlying broader goal for our state - to more effectively and efficiently share patient health information. However, as noted during the 2023 legislative session on HB517 HD1, there already exist local work group efforts (in SHPDA and HHIE) seeking the same deliverables as required by this measure; some of which are already working to comply with federal data sharing requirements adopted and promulgated via the 21st Century Cures Act and the AHEAD grant.

As a member of the HHIE and multiple work groups focused on data sharing and access to healthcare organized by SHPDA, Queen's does not see the need to duplicate work efforts by establishing an additional work group.

Thank you for the opportunity to testify on this measure.

The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



'Ahahui o nā Kauka

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2023-2024 Advocacy Committee

Marcus Kāwika Iwane, MD
President

Kapono Chong-Hanssen, MD
Vice-President & Advocacy Chair

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Natalie Young-Albanese, MD

March 21st, 2024

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Group Testimony Comments on SCR 15/SR 7

REQUESTING THE DEPARTMENT OF HEALTH'S STATE HEALTH PLANNING AND DEVELOPMENT AGENCY TO CONVENE A HEALTH DATA SHARING WORKING GROUP TO ACCELERATE AND EXPAND THE SHARING OF REAL TIME HEALTH INFORMATION AMONG HEALTH CARE ENTITIES AND GOVERNMENT AGENCIES IN THE STATE.

'Ahahui o nā Kauka (Association of Native Hawaiian Physicians) supports the intent of SCR15/SR7 to enable a network for communication amongst health care organizations, systems and practices to better serve our community and ensure continuity of care. However, we are concerned that establishing an additional Statewide Health Data Exchange in Hawai'i can be problematic for several reasons and therefore respectfully request the committee defer SCR15/SR7.

First, we are concerned that it would be redundant and duplicate efforts given that Hawai'i already has a health information exchange, Hawai'i Health Information Exchange (HHIE).

We are also concerned mandating physician organizations and medical groups to exchange health information, or provide access to health information would be a burden for small physician groups who do not use EPIC electronic health record and do not have the infrastructure to meet the requirements of this health exchange framework. We are concerned that without dedicated State funds to support this effort, the data exchange will be financially difficult and not viable for small physician groups which will adversely impact access to healthcare, especially for our rural communities.

We also honor and protect the privilege of access to health care information and hold this to the highest of responsibility to protect the privacy of our patients. We are concerned that a mandate without systematic support to enable the development of a data exchange framework can lead to the compromise of protected health information.

Friday, March 22, 2024
Conference Room 225

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

From: James Lin, MD
Vice President, Information Technology

Re: SCR 15/SR 7 – Testimony in Opposition

My name is Dr. James Lin, MD, Vice President Information Technology and Pediatric Hospitalist at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over seventy locations statewide with a mission of creating a healthier Hawai'i.

Hawai'i Pacific Health writes in **OPPOSITION** to SCR 15/SR 7 which requests the Department of Health's State Health Planning and Development Agency (SHPDA) to convene a health data sharing working group to accelerate and expand the sharing of real time health information among health care entities and government agencies in the State.

The Hawaii Health Information Exchange (HHIE) has existed as the State's designated Data Exchange since 2009. The HHIE is an interoperable data exchange system that enables all health care providers, health plans, clinics, and hospitals to contribute and access complete health information with confidence. This secure exchange empowers participants to improve the quality, safety, and efficiency of whole-person care, enhancing health outcomes for patients and reducing health care costs for the community.

As a Board Member of the HHIE, HPH is concerned that SCR 15/SR 7 could undermine and distract from the work that has been done by HHIE. Much of the work required by the resolutions is already being done by the HHIE including interoperability workgroups and community surveys. The main barriers to HHIE participation from the wider community have been financial burden and technology expertise. It is not from lack of desire by the health care community. Requiring data exchange without addressing these barriers will cause an undue burden especially on independent providers or smaller health care entities, exacerbating current health care provider shortages.

Additionally, a trusted exchange framework contemplated has already been finalized by the U.S. Department of Health and Human Services Office of the National Coordinator

(ONC) following the enactment of the Federal CURES Act through the establishment of the Trusted Exchange Framework and Common Agreement (TEFCA). TEFCA will serve as an on ramp to connectivity for groups including healthcare provider organizations, public health agencies, individual service providers, Federal agencies (e.g. Social Security Administration), Health plans, and other insurers. TEFCA was published in Q1 of 2022 with ongoing updates and stakeholder feedback being provided to amend version 1. Since Q2 2022, Qualified Health Information Networks (QHIN) – including the electronic health record vendor Epic used by Hawaii Pacific Health and the majority of healthcare systems in Hawaii – have signed on as signatories in adopting TEFCA as their standard.

The TEFCA standard is a standard that healthcare providers across the nation is moving towards, which raises concerns regarding the rationale and feasibility of the tasks assigned to the working group given the ongoing participation and response to Federal guidance in this area among the provider community. The TEFCA standards also enables entities, such as the Department of Health, to apply for and be designated as Qualified Health Information Network (QHINs) to have access to the data being collected across various electronic healthcare systems both within our State and across the nation.

HPH and the State's other hospitals and facilities are major stakeholders in the delivery of health care throughout Hawai'i. Yet, we note that none of the hospitals and other health care facilities, such as care homes, long term care facilities, retail pharmacies, and residential treatment facilities, are named as members of the working group. This omission would render the findings of the working group incomplete.

Thank you for the opportunity to testify.

Re: **Testimony In Opposition**

SCR 15/SR 7, Requesting the Department of Health's State Health Planning and Development Agency to convene a health data sharing working group to accelerate and expand the sharing of real time health information among health care entities and government agencies in the State.

Dear Chair San Buenaventura, Vice Chair Aquino and Committee members:

My name is Francis Chan and I am the Chief Executive Officer of Hawai'i Health Information Exchange (HHIE). HHIE is the entity designated by the State of Hawai'i to administer the exchange of health information among health insurance companies, hospitals, laboratories, physicians, pharmacists, and other healthcare providers to reduce costs and improve patient outcomes. HHIE also supports the Department of Health by reporting data needed for disease surveillance.

After HHIE's Board's further deliberations on the merits of SCR 15, HHIE is now **opposed** to SCR 15/SR 7 requesting SHPDA to convene a data sharing workgroup to expand sharing of real-time health information.

HHIE has been in existence for over 17 years and has successfully enabled data sharing in the State. HHIE supports broad participation in data exchange by all providers. Creating this data exchange framework took many years of arduous community effort and growing pains, and tens of millions of dollars of investment from private and public partners. In response to H.B. 517 introduced and ultimately put on hold in the 2023 legislative session, HHIE convened a community workgroup to gain insight into the challenges and obstacles of advancing data exchange and sharing in Hawai'i. A community workgroup report was published in January 2024, highlighting the findings that encompass the feedback from a broad spectrum of health care entities: hospitals, post-acute care facilities, FQHCs, and large and small independent physician practices. See <https://www.hawaiihie.org/Data/Sites/1/media/docs/data-sharing-and-interopability-report-2023-12-22.pdf>.

SCR 15/SR 7 would undermine and distract from the work that has already been done by HHIE. Much of the work required by the resolutions is already being done by the HHIE. The main barriers to HHIE participation from the wider community have been financial burden and technology expertise. It is not from lack of desire by the health care community. Requiring data exchange without addressing these barriers will cause an undue burden especially on independent providers or smaller health care entities, exacerbating current health care provider shortages.

Additionally, a trusted exchange framework contemplated has already been finalized by the U.S. Department of Health and Human Services Office of the National Coordinator

(ONC) following the enactment of the Federal CURES Act through the establishment of the Trusted Exchange Framework and Common Agreement (TEFCA). TEFCA will serve as an on ramp to connectivity for groups including healthcare provider organizations, public health agencies, individual service providers, Federal agencies (e.g. Social Security Administration), Health plans, and other insurers. TEFCA was published in Q1 of 2022 with ongoing updates and stakeholder feedback being provided to amend version 1. Since Q2 2022, Qualified Health Information Networks (QHIN) – including the electronic health record vendor Epic used by Queen Health System, Hawaii Pacific Health, Kaiser Permanente and several of the Federally Qualified Health Centers (FQHCs) in Hawaii – have signed on as signatories in adopting TEFCA as their standard.

The TEFCA standard is a standard that healthcare providers across county are moving towards, which raises concerns regarding the rationale and feasibility of the tasks assigned to the working group given the ongoing participation and response to Federal guidance in this area among the provider community. The TEFCA standards also working toward enabling entities, such as the Department of Health, to apply for and become Qualified Health Information Network participant to have access to the data being collected across various electronic healthcare systems both within our State and across the nation.

There is a high level of interest among the healthcare community in exchanging and using clinical data to improve treatment outcomes. Challenges exist to achieve interoperability in Hawaii. As an example, providers in Hawaii use a large number of Electronic Health Record (EHR) systems (over 35 systems just among the HHIE participating organizations), some of which are not fully interoperable without significant upgrade as associated costs. Many of the long-term care facilities and independent physician practices do not have the technical and financial resources required for them to fully participate in interoperability locally or meet the latest national standards on data access and exchange.

Based on the above, SCR 15/SR 7 would be a duplication of the efforts HHIE has undertaken over the years. Moreover, creating another working group which does not include all the key stakeholders in Hawaii's health care community is not only duplicative and a waste of resources, but also incomplete in light of the void in the representation of providers on the working group.

LATE

SCR-15

Submitted on: 3/21/2024 9:03:21 PM

Testimony for HHS on 3/22/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christina Marzo, MD, MPH	Testifying for Hawaii Academy of Family Physicians, Legislative Committee	Oppose	Written Testimony Only

Comments:

Friday, March 22, 2024

Conference Room 225

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair

Senator Henry Aquino, Vice Chair

From: Christina Marzo, MD MPH

Hawai'i Academy of Family Physicians

Re: SCR 15/SR 7 – Testimony in Opposition

We are an organization representing practicing family physicians across the state of Hawaii. One primary aim of our organization is to reduce the amount of administrative burden on physicians and their practices in order to keep independent practices viable, as these are a key component to the healthcare landscape in our state.

HAFP writes in OPPOSITION to SCR 15/SR 7 which requests the Department of Health’s State Health Planning and Development Agency (SHPDA) to convene a health data sharing working group to accelerate and expand the sharing of real time health information among health care entities and government agencies in the State.

The Hawaii Health Information Exchange (HHIE) has existed as the State’s designated Data Exchange since 2009. The HHIE is an interoperable data exchange system that enables all health care providers, health plans, clinics, and hospitals to contribute and access complete health information with confidence. This secure exchange empowers participants to improve the quality, safety, and efficiency of whole-person care, enhancing health outcomes for patients and reducing health care costs for the community. The main barriers to HHIE participation from individual practitioners have been the financial

burden and lack of technology expertise. Exploring solutions to these issues is not addressed in the resolutions.

There already is movement at the Federal level to address the concerns raised in SCR 15, and the study requested appears redundant. As with the HHIE, there will be challenges regarding any type of electronic medical record system, especially among small independent practices. Many small practices are still struggling to manage the financial pressures brought about by the COVID-19 pandemic and reduced reimbursement rates. Mandating yet another electronic data sharing system will further drain resources for practitioners, which may increase the physician shortage in Hawai'i as practitioners find they are unable to cope with the cost of maintaining a practice here.

The proposed working group does not specifically invite physician representation and any outcome would impact our members. As such, we believe it is important that physician involvement should be explicitly stated in the structure of the working group.

Thank you for the opportunity to provide testimony.