

CHEAC 2026

The QHIO as County Force Multiplier

Practical Wins for Public Health, Behavioral Health & Social Services

Facilitator: John Helvey, CEO — SacValley MedShare

Discover how a single QHIO connection becomes a force multiplier for county public health, behavioral health, and social services teams.

CHEAC SPEAKING WORKSHOP

Meet the Facilitator

John Helvey, CEO — SacValley MedShare • Three Decades in Healthcare

- 1 UCI Medical Center** — OB/GYN, Anesthesiology & the Institute for Brain Aging and Dementia
Early career across clinical and diagnostic operations
- 2 Victor Treatment Centers & Victor Community Support Services**
17 years in behavioral healthcare
- 3 Orchard Hospital**
7 years as Chief Information Officer — Radiology, Laboratory, Pharmacy, HIM & Engineering
- 4 SacValley MedShare** — Chief Executive Officer
California Qualified Health Information Organization (QHIO)

CHEAC SPEAKING WORKSHOP

Workshop Overview

Discover how a single QHIO connection can become a powerful force multiplier for California counties — giving public health, behavioral health, and social services teams timely, actionable information to better coordinate care and services.

This workshop highlights practical, real-world wins that improve outcomes while reducing the cost and complexity of point-to-point data connections.

WORKSHOP DESCRIPTION

Beyond Compliance: Real-World Value

What this session covers for county teams

QHIO CONNECTION

One Connection

COUNTY DEPARTMENTS

Public Health, BH & Social Services

REGION SERVED

27 Counties

This session offers a QHIO's-eye view of what health information exchange actually delivers for California counties — real-time ADT alerts to catch residents cycling through EDs, closed-loop referral tracking for programs like CalAIM Community Supports, stronger care coordination for justice-involved and Medi-Cal populations, and broader situational awareness for public health surveillance.

Rather than building point-to-point connections with every hospital, provider, and health plan in the region, a QHIO serves as a scalable data-sharing hub — reducing technical complexity and administrative burden while turning fragmented health information into timely, actionable intelligence.

WHY NOW

The Regulatory Backdrop: AB 133 & SB 660

California's data exchange mandate is entering active enforcement

AB 133 (2021)

Established the DxF

SB 660 (OCT 2025)

Shifts to Active Enforcement

STATEWIDE PARTICIPATION

4,400+ Organizations

Assembly Bill 133 created California's Data Exchange Framework in 2021, removing data silos and establishing Qualified Health Information Organizations (QHIOs) — like SacValley MedShare — as the trusted intermediaries for secure health data exchange statewide.

Senate Bill 660, signed in October 2025, shifts oversight to the Department of Health Care Access and Information (HCAI), which will publicly list noncompliant organizations and can refer them to licensing agencies — making participation a matter of public record.

TRUSTED INFRASTRUCTURE

What is a QHIO?

California has certified eight — SacValley MedShare is one, serving 26 counties

- 1 Data Aggregation**
Collects records from hospitals, clinics, labs & pharmacies into one standardized format
- 2 Simplified Compliance**
Ready-made infrastructure that helps organizations meet the state's Data Sharing Agreement requirements under DxF AB 133
- 3 Interoperability at Scale**
Connects into national networks like Carequality, eHealth Exchange & TEFCA
- 4 Patient Privacy & Consent**
Secure tools to manage how and with whom medical data is shared
- 5 Public Health & Analytics**
Turns large volumes of data into actionable regional health insights

CHEAC SPEAKING WORKSHOP

Session Outline

Five practical wins for county teams

- 1 QHIO as a County Force Multiplier**
Moving beyond compliance to real-world value
- 2 Real-Time Data & Earlier Intervention**
ADT alerts to catch ED visits and admissions sooner
- 3 Better Coordination & Closed-Loop Referrals**
Tracking CalAIM Community Supports through completion
- 4 Public Health & Population Insights**
Surveillance, trend detection & population planning
- 5 One Connection, Multiple Benefits**
Replacing costly point-to-point integrations

SECTION 1 OF 5

QHIO as a County Force Multiplier

Move beyond compliance to real, everyday value

1

Move beyond compliance to practical, real-world value

One DxF connection does the work of dozens of separate data-sharing agreements. QHIO's support bi-directional data sharing that is necessary for AB133

2

Connect public health, behavioral health, and social services

Break down silos between county departments that serve the same residents

3

Reduce fragmented data and siloed workflows

Replace manual record requests and faxes with a shared, real-time view

SECTION 2 OF 5

Real-Time Data & Earlier Intervention

Turning ADT alerts into faster action

1

Use ADT alerts to identify ED visits, admissions, and discharges

Get notified within minutes when a client is seen at any connected hospital

2

Recognize high-utilization populations and improve follow-up

Flag residents cycling through EDs so case managers can step in sooner

3

Support faster, more informed decision-making

Give frontline staff the context they need before, not after, a crisis

SECTION 3 OF 5

Better Coordination & Closed-Loop Referrals

Following residents all the way through care

1

Strengthen coordination for Medi-Cal and justice-involved populations to support AB133 legislation compliance

Share critical health context across reentry, probation, and care teams

2

Track CalAIM Community Supports and other referrals through completion

See whether a referral was accepted, scheduled, and completed — not just sent

3

Improve visibility across healthcare and social services

Give every partner agency the same up-to-date picture of a shared client

SECTION 4 OF 5

Public Health & Population Insights

Seeing patterns before they become problems

1

Enhance surveillance and situational awareness

Monitor disease trends and outbreak signals across the region in real time

2

Identify trends and support timely public health response

Spot emerging patterns early enough to act, not just report after the fact

3

Inform population health planning

Use aggregate data to target resources and staffing where they're needed most

SECTION 5 OF 5

One Connection, Multiple Benefits

Simplifying the path to shared data

1

Reduce costly point-to-point integrations

Skip the cost and delay of negotiating a separate connection with every partner

2

Connect counties with hospitals, providers, and health plans

One connection reaches the full regional network — no new IT lift per partner

3

Turn fragmented data into actionable information

Consolidate scattered records into a single, usable source of truth

CONSENT INFRASTRUCTURE

What Is the ASCMI Form?

A standardized consent form built for California's data exchange framework

STANDARDIZED FORM

ASCMI ("Ask-Me")

REQUIRED FOR

BHPs & Managed Care Plans

FORM VALIDITY

One Year

The Authorization to Share Confidential Member Information (ASCMI) form is a release-of-information form used to request an individual's consent to share health and social services information, held by a range of provider types, when required by federal or state law. In January of 2027 BH

It feeds into California's developing Consent Management Platform (CMP), so care partners can check whether consent is on file before requesting a disclosure.

Benefits of adopting the form include legal compliance, plain-language design, and reduced administrative burden.

More information on ASCMI can be found at: <https://www.dhcs.ca.gov/CalAIM/Pages/ASCMI-CalAIM.aspx>

This website is also where you can find the three different ASCMI forms:

ASCMI AB-133: Only valid for Medi-Cal beneficiaries

ASCMI Non-AB 133: Valid for all Californians, regardless of insurance coverage (*recommended form to use*)

ASCMI Revocation Form: Used to revoke the existing ASCMI and change all sharing agreements to "do not share."

PROTECTED DATA CATEGORIES

What the ASCMI Form Can Authorize

Six categories of sensitive information requiring explicit consent

- 1 Substance Use Disorder Information (Part 2)**
Diagnoses, prescription details, and treatment records
- 2 Housing Information**
Assessments collected by housing providers, e.g., Coordinated Entry
- 3 Mental Health Information (LPS)**
Treatment records and clinical assessments protected by the Lanterman-Petris-Short Act
- 4 Intellectual & Developmental Disability Information (LPS)**
Service records, Individual Program Plans, and Regional Center eligibility assessments
- 5 HIV Test Results**
Requires explicit consent under California law, regardless of provider type
- 6 Genetic Test Results**
Also requires explicit consent before sharing with any care partner

GETTING STARTED

Your Path to DxF AB 133 Compliance

Four steps to activate your connection through SacValley MedShare

- 1 Sign the Data Sharing Agreement** — Register through the state portal
Generates a unique DxF number identifying your organization as a participant
- 2 Select SacValley MedShare as Your QHIO**
Every organization must designate a QHIO — SVMS is your regional option
- 3 Share Your DxF Number with SacValley MedShare**
Enables validation, setup coordination, and training to begin
- 4 Activate Clinical Data & ADT Exchange** — Go live on the network
Puts your organization on the path to compliance of AB 133 while delivering immediate operational value

QUESTIONS & DISCUSSION

Thank You

FACILITATOR

John Helvey

CEO, SacValley MedShare

Three decades in healthcare — clinical, behavioral, and information systems leadership

CONNECT WITH SVMS

SacValley MedShare

A California QHIO serving public health, behavioral health & social services across 23 counties

Thank you for joining this CCHEAC session.