California Health & Human Services Agency

Data Exchange Framework
Data Sharing Agreement Subcommittee

Meeting #1

Monday, November 8, 2021
11:00 a.m. to 1:00 pm

CalHHS
California Health & Human Services Agency

CENTER FOR
DATA INSIGHTS
AND INNOVATION
CALIFORNIA HEALTH & HUMAN
SERVICES AGENCY

Meeting Participation Options
Written Comments

- Participants may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by Subcommittee staff.

- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework and Data Sharing Agreement Subcommittee updates – to CDII@chhs.ca.gov.

Meeting Participation Options
Spoken Comments

- *Participants* and *Subcommittee Members* must "raise their hand" for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of appropriate time to volunteer feedback.

If you logged on via **phone-only**	If you logged on via **Zoom interface**
Press "*9" on your phone to "raise your hand"	Press "Raise Hand" in the "Reactions" button on the screen
Listen for your phone number to be called by moderator	If selected to share your comment, you will receive a request to "unmute"; please ensure you accept before speaking
If selected to share your comment, please ensure you are "unmuted' on your phone by pressing "*6"	

CalHHS
California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.

- Public comment will be limited to the total amount of time allocated for public comment on particular issues.

- The Subcommittee Chair will call on individuals in the order in which their hands were raised.

- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.

- Participants are encouraged to use the Q&A box to ensure all feedback is captured or email their comments to CDII@chhs.ca.gov.

Agenda

11:00 AM	**Welcome and Introductions** • *John Ohanian, Chief Data Officer, CalHHS*
11:10 AM	**Vision and Meeting Objectives** • *John Ohanian*
11:15 AM	<u>**Public Comment**</u>
11:30 AM	**AB133 and Data Sharing Agreement Requirements** • *Courtney Hansen, Assistant Chief Counsel, CalHHS CDII; Jennifer Schwartz, Chief Counsel, CalHHS CDII*
11:40 AM	**Subcommittee Charge, Charter, and Workplan** • *Jennifer Schwartz; Courtney Hansen*
12:00 PM	**Overview of Existing Data Sharing Agreements** • *Dr. Rim Cothren, HIE Consultant to CalHHS CDII*
12:15 PM	**California Data Sharing Agreement: Basis for the Agreement and Core Content** • *Jennifer Schwartz; Courtney Hansen; Lammot du Pont, Senior Advisor, Manatt Health Strategies*
12:55 PM	**Closing Remarks** • *John Ohanian*

Welcome and Introductions

Data Sharing Agreement (DSA) Subcommittee
Members (1 of 2)

Name	Title	Organization
John Ohanian *(Chair)*	Chief Data Officer	California Health & Human Services Agency
Ashish Atreja	CIO and Chief Digital Health Officer	UC Davis Health
William (Bill) Barcellona	Executive Vice President for Government Affairs	America's Physician Groups (APG)
Jenn Behrens	Chief Information Security Officer	LANES
Michelle (Shelly) Brown	Attorney	Private Practice
Louis Cretaro	Lead County Consultant	County Welfare Directors Association of California
Elizabeth Killingsworth	General Counsel & Chief Privacy Officer	Manifest Medex
Helen Kim	Senior Counsel	Kaiser Permanente
Patrick Kurlej	Director, Electronic Medical Records & Health Information Exchange	Health Net
Carrie Kurtural	Attorney & Privacy Officer	CA Dept. of Developmental Services

Data Sharing Agreement (DSA) Subcommittee
Members (2 of 2)

Name	Title	Organization
Steven Lane	Clinical Informatics Director | Family Physician	Sutter Health | Palo Alto Medical Foundation
Lisa Matsubara	General Counsel & VP of Policy	Planned Parenthood Affiliates of California
Deven McGraw	Lead, Data Stewardship and Data Sharing, Ciitizen Platform	Invitae
Eric Raffin	Chief Information Officer	San Francisco Department of Health
Morgan Staines	Privacy Officer & Asst. Chief Counsel	CA Dept. of Health Care Services
Ryan Stewart	System VP, Data Interoperability and Compliance	CommonSpirit Health
Lee Tien	Legislative Director and Adams Chair for Internet Rights	Electronic Frontier Foundation
Belinda Waltman	Acting Director, Whole Person Care LA	Los Angeles County Department of Health Services
Terry Wilcox	Director of Health Information Technology/Privacy & Security Officer	Health Center Partners

Vision & Meeting Objectives

Vision for Data Exchange in California

Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

Data Exchange in California
Our charge… the foundation for the future state

**All applicable entities and organizations must execute
a <u>single, data sharing agreement</u> prior to January 31, 2023.**

Current State

- **Data exchange currently taking place in California under various voluntary data sharing agreements** (e.g., the California Trusted Exchange Network (CTEN) through the CalDURSA, Carequality through the Connected Agreement).

- **A national data sharing framework, the Trusted Exchange Framework and Common Agreement (TEFCA), will soon be finalized.**

Envisioned Future State

The Data Exchange Framework (DxF) affords an opportunity to:

1. Address shortcomings in existing data sharing frameworks

2. Align with the core, common elements among existing and emerging data sharing frameworks

3. Ensure that more entities (e.g., rural providers, laboratories, skilled nursing facilities) are fully engaged in information exchange

4. Ensure that data exchange is expanded to include critical data types (e.g., SDOH, RELD, SOGI)

CalHHS
California Health & Human Services Agency

CENTER FOR
DATA INSIGHTS
AND INNOVATION
CALIFORNIA HEALTH & HUMAN
SERVICES AGENCY

Meeting Objectives

1. Review the statutory requirements governing the development of the *DxF Data Sharing Agreement*

2. Discuss the Subcommittee charter, process for conducting business, and workplan

3. Develop an understanding of existing/emerging frameworks that could inform the development of the *DxF Data Sharing Agreement*

4. Discuss options for the potential content of the *DxF Data Sharing Agreement*

Public Comment Period

AB133 and Data Sharing Agreement Requirements

Overview of Assembly Bill 133
Health and Safety Code § 130290

AB 133 (Chapter 143, Statutes of 2021) signed by Governor Newsom on July 27, 2021 enacted Health and Safety Code § 130290 and puts California on a path to building a single data sharing agreement that will govern the exchange of health information.

- It requires that CalHHS, in consultation with stakeholders, state departments, and local partners through an established **Stakeholder Advisory Group**, establish a **Data Exchange Framework** by July 1, 2022.

- Section 130290 mandates that a broad spectrum of health care organizations execute the Framework's data sharing agreement by January 31, 2023, and exchange or provide access to health information with other mandated organizations by January 31, 2024.

- Section 130290 also requires CalHHS to submit written recommendations to the Legislature based on input from the Stakeholder Advisory Group on or before April 1, 2022 and publish a Strategy for Digital Identities capable of supporting master patient indices by July 31, 2022.

Data Exchange Framework

The Data Exchange Framework will:

- Be technology agnostic
- Be designed to enable and require real-time access to, or exchange of, health information
  - Among health care providers & payers
  - Through any HIE network or technology
- Be aligned with other state and federal data exchange standards and requirements

The Data Exchange Framework will include:

- A **single data sharing agreement**; and
- A common set of policies and procedures that will leverage and advance national standards for information exchange and data content that will govern and require the exchange of health information among health care entities and government agencies in California

CalHHS
California Health & Human Services Agency

CENTER FOR
DATA INSIGHTS
AND INNOVATION
CALIFORNIA HEALTH & HUMAN
SERVICES AGENCY

Data Exchange Framework
Applicable Entities and Timing

AB133 stipulates that the following entities must execute the Framework's Data Sharing Agreement on or before January 31, 2023:

- General acute care hospitals

- Physician organizations and medical groups

- Skilled nursing facilities that currently maintain electronic records

- Health care service plans and disability insurers that provide hospital, medical, or surgical coverage that are regulated by the Department of Managed Health Care or the Department of Insurance, as well as some Medi-Cal managed care plans not regulated by the above entities

- Clinical laboratories

- Acute psychiatric hospitals

Data Exchange Framework
Definition of Health Information

AB133 defines health information as follows:

- For hospitals, clinics, and physician practices, at a minimum, the *United States Core Data for Interoperability Version 1*, until October 6, 2022. After that date, it shall include *all electronic health information as defined under federal regulation* in Section 171.102 of Title 45 of the Code of Federal Regulations and held by the entity.

- For health insurers and health care service plans, at a minimum, the *data required to be shared under the Centers for Medicare and Medicaid Services Interoperability and Patient Access regulations* for public programs as contained in United States Department of Health and Human Services final rule CMS-9115-F, 85 FR 25510.

Note: The Stakeholder Advisory Group may "identify which data beyond health information as defined in paragraph (4) of subdivision (a), at minimum, should be shared for specified purposes between the entities outlined in this subdivision and subdivision (f)."

Subcommittee Charge, Charter, and Workplan

DSA Subcommittee Charter
Purpose and Role of the Subcommittee

Purpose

Support CalHHS's Data Exchange Framework Stakeholder Advisory Group's development of recommendations for the creation of California's Data Sharing Agreement as required by AB133.

Role

The DSA Subcommittee will:

- **inform the development of a data sharing agreement**
- **review drafts** of the data sharing agreement and associated public comments
- **advance recommendations** to the Stakeholder Advisory Group

For more details, please refer to full DSA Subcommittee Charter, posted on the CalHHS website: https://www.chhs.ca.gov/data-exchange-framework/

CalHHS
California Health & Human Services Agency

CENTER FOR
DATA INSIGHTS
AND INNOVATION
CALIFORNIA HEALTH & HUMAN
SERVICES AGENCY

DSA Subcommittee Charter
Subcommittee Role… continued

Role (Continued)

The DSA Subcommittee will consider and provide recommendations on topics including:

- **Technical, policy, and operational issues** related to the development of a single statewide data sharing agreement, such as data standards and specifications; data exchange and transmission protocols; privacy and security requirements; interoperability; information blocking; and disclosure requirements.

- **Supporting alignment** with existing federal and state data sharing laws, regulations, policies, and frameworks.

- **Expectations of and benefits** for signatories.

- **The role of information sharing networks** in supporting data exchange requirements of health care entities.

- **Refining principles and addressing questions** raised by the Stakeholder Advisory Group.

CalHHS
California Health & Human Services Agency

CENTER FOR
DATA INSIGHTS
AND INNOVATION
CALIFORNIA HEALTH & HUMAN
SERVICES AGENCY

DSA Subcommittee Charter
Member Expectations

Member Expectations

- The **DSA Subcommittee will advance recommendations to CalHHS and the Stakeholder Advisory Group** and does not have decision-making authority.

- The DSA Subcommittee will conduct its business through **discussion and consensus building**. In the event that consensus cannot be reached, the DSA Subcommittee will advance options to the Stakeholder Advisory Group with related considerations.

- The DSA Subcommittee **plans to meet approximately monthly** from November 2021 through the middle of 2022.

DSA Subcommittee Charter
Member Expectations… continued

Member Expectations

DSA Subcommittee members will be expected to:

- Consistently attend and actively participate in meetings;

- Inform the DSA Subcommittee Chair and staff if they are unable to attend a meeting;

- Review shared materials in advance of each meeting;

- Keep statements during meetings respectful, constructive, relevant, and brief;

- Be solutions-oriented in their deliberations and comments;

- Provide input on draft materials, as requested.

DSA Subcommittee Charter
CalHHS and Subcommittee Chair Roles

CalHHS

- Consult with and facilitate the DSA Subcommittee on key topics, solicit recommendations, develop meeting materials, and draft meeting summaries
- Develop and publish required deliverables (i.e., the *DxF Data Sharing Agreement*)

Subcommittee Chair

- Preside over DSA Subcommittee meetings
- Coordinate meeting agendas in consultation with CalHHS designated support staff
- Review and approve draft meeting summaries
- Communicate recommendations, findings, questions, and other materials to the Stakeholder Advisory Group directly or through designated support staff

DSA Subcommittee Charter
Discussion

Discussion

1. Are there any <u>recommended amendments</u> to the draft Charter?

2. Does the Subcommittee recommend <u>adoption</u> of the draft Charter to guide our activities and deliberations?

DSA Subcommittee
Schedule and Topics

Meeting Date	Proposed Topics
Meeting #2: Mid-December	▪ Straw model options to address questions raised in Meeting #1 ▪ Draft list of topics/sections to include in *DxF Data Sharing Agreement*
Meeting #3: Mid-January	▪ Specific topics/sections of draft *DxF Data Sharing Agreement*
Meeting #4: Late-February	▪ Specific topics/sections of draft *DxF Data Sharing Agreement* (cont.)
Meeting #5: Late-March	▪ Specific topics/sections of draft *DxF Data Sharing Agreement* (cont.)
Meeting #6: Late-April	▪ Recommendations for transmission to the Stakeholder Advisory Group

CalHHS
California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

Overview of Existing Data Sharing Agreements

Existing and Emerging Data Sharing Agreements
Purpose of the Discussion

- The goal of this discussion is to support a shared understanding of the data sharing frameworks that impact data exchange in California

- Elements of these data sharing frameworks <u>may</u> inform the development of the ***DxF Data Sharing Agreement***

- We will discuss key elements of five data sharing agreements and frameworks:

  - *California Trusted Exchange Network (CTEN) CalDURSA*

  - *Carequality Connected Agreement*

  - *eHealth Exchange DURSA*

  - *Model Modular Participants Agreement (MMPA)*

  - *Trusted Exchange Framework and Common Agreement (TEFCA)*

Existing and Emerging Data Sharing Agreements
Scope

Network and *Data Sharing Agreement*	Date Formed	Purpose and Scope of Network or Framework
California Trusted Exchange Network (CTEN) *CalDURSA*	2014	Statewide CA trust framework establishing mutual responsibilities, obligations, and expectations of participants of a peer-to-peer network with little centralized infrastructure. Modeled after DURSA.
Carequality *Connected Agreement*	2014	Foundation for trusted peer-to-peer health information exchange among technology platforms and networks (including eHealth Exchange) establishing "rules of the road", implementer's rights, and obligations.
eHealth Exchange *DURSA*	2009	Nationwide legal framework establishing mutual responsibilities, obligations, and expectations of participants of a peer-to-peer network with little centralized infrastructure. Began as an initiative under ONC leadership in 2004.
Model Modular Participants Agreement (MMPA)	2013	Model agreement between HIOs and participants describing services provided by an HIO and the obligations and responsibilities of HIOs and their participants. Used by several California HIOs. Compatible with the CalDURSA.
Trusted Exchange Framework *Common Agreement* (TEFCA)	2022 (expected)	Floor for universal interoperability across the country, establishing governance and a model for users of different networks to share basic clinical information under common expectations and rules.

Existing and Emerging Data Sharing Agreements
Governance and Participation

Network and *Data Sharing Agreement*	Governing Body	Typical Participants
CTEN *CalDURSA*	Elected representatives of network participants	Community health information exchange organizations (HIOs), health systems, state agencies
Carequality *Connected Agreement*	Steering Committee appointed by the Board comprising representatives of founding organizations, ONC, federal agencies, and other stakeholders including a patient perspective	EHR vendors and specialized commercial exchange networks, plus a small number of community HIEs
eHealth Exchange *DURSA*	Elected representatives of network participants	Health systems, community and statewide HIEs, federal agencies
MMPA	Governance models specific to each HIO and community participants	Hospitals and ambulatory providers, labs and ancillary services, health departments, plans, etc.
TEFCA *Common Agreement*	Recognized Coordinating Entity (RCE) operating under a cooperative agreement with ONC; ONC approves all agreements, documents	Qualified Health Information Networks (QHINs) serving providers, HIEs, plans, government agencies, and others

Existing and Emerging Data Sharing Agreements
Comparative Summary of All Topics

Topics	CalDURSA	CCA	DURSA	MMPA	TEFCA
Rights of signatories	✓	✓	✓	✓	✓
Benefits of participation					
Governance authority and approach	✓	✓	✓	✓	✓
Compliance and penalties	in policies	✓	in policies	✓	
Dispute resolution	✓	✓	✓		✓
Requirement data to/receive data from government sources					
Assurances of compliance with applicable law	✓	✓	✓	✓	
Requirement to respond	✓	✓	✓		✓
Technical standards	in policies	in IGs[a]	in policies		in QTF[b]
Performance standards	✓	in IGs	✓		in QTF
Exchange and operations are conducted openly and transparently					
Cooperation and non-discrimination	✓	✓	✓		✓
Privacy and security	✓	✓	✓	✓	✓
Rules-based access	✓	✓	✓	✓	flow-downs
Individuals' right to access their information					✓
Breach notification requirements	✓	✓	✓	✓	✓
Other: Defines data to be exchanged	✓		✓		
Other: Defines permitted purposes	✓	✓	✓	in policies	✓
Other: Establishes organizational autonomy	✓	✓	✓		
Other: Outlines onboarding process and/or eligibility	in policies	✓	in policies		✓
Other: Transaction patterns	in policies	in IGs	in policies		✓
Other: Required flow-downs	via MMPA				✓
Other: Fees and payment					✓

[a] Implementation Guides
[b] Qualified Health Information Network (QHIN) Technical Framework

Existing and Emerging Data Sharing Agreements
Comparison of Key Components

Network and *Data Sharing Agreement*	Requirement to respond	Cooperation and non-discrimination	Establishes governance authority	Individuals' right to access their information	Includes SDOH data	Technical standards	Transaction patterns
CTEN *CalDURSA*	✓	✓	✓	✗	✗	In policies	In policies
Carequality *Connected Agreement*	✓	✓	✓	✗	✗	In IGs[a]	In IGs[a]
eHealth Exchange *DURSA*	✓	✓	✓	✗	✗	In policies	In policies
MMPA	✗	✗	✓	✗	✗	✗	✗
TEFCA *Common Agreement*	✓	✓	✓	✓	✗	In QTF[b]	✓

[a] Implementation Guides
[b] Qualified Health Information Network (QHIN) Technical Framework

See the Appendix for links to the data sharing agreement documents.

Existing and Emerging Data Sharing Agreements
Potential Limitations to Consider

Network and *Data Sharing Agreement*	Potential limitations to consider if serving as a model for the *DxF Data Sharing Agreement*
CTEN *CalDURSA*	Largely limited to health organizations and government agencies; vendors cannot meet obligations for requirements on end users; no federal participation; treatment, payment and operations (TPO) and public health purpose for use
Carequality *Connected Agreement*	Designed for vendor participation with limited HIE/network participation and little to no organizational participation; initially limited to treatment purpose for use, but now TPO
eHealth Exchange *DURSA*	Largely limited to health organizations and government agencies; vendors cannot meet obligations for requirements on end users; activity largely limited to query-based document exchange; less agile due to federal participation; little or no state participation; TPO and public health purpose for use
MMPA	Designed as an agreement between a service provider and community participants, most covered entities or business associates
TEFCA *Common Agreement*	Limited to "small" number of QHINs that meet specific requirements (e.g., not health systems); TPO, public health, benefits determination, and public access purpose for use

California Data Sharing Agreement: Basis for the Agreement and Core Content

Basis for the Agreement and Core Content
Purpose of the Discussion

Today, we seek your input on four threshold questions:

1 What challenges is the *DxF Data Sharing Agreement* trying to solve?

2 What are the challenges to creating the *DxF Data Sharing Agreement*?

3 Which existing/emerging frameworks could serve as models?

4 What should the *DxF Data Sharing Agreement* include?

CalHHS
California Health & Human Services Agency

CENTER FOR
DATA INSIGHTS
AND INNOVATION
CALIFORNIA HEALTH & HUMAN
SERVICES AGENCY

1. What challenges is the *DxF DSA* trying to solve?

Challenges to Data Exchange in California

1. Data exchange often fragmented, regionalized, and inconsistent across California

2. Many data exchanges are missing key stakeholders (e.g., rural providers, skilled nursing facilities, county health departments, health plans)

3. Most exchanges are missing important data types (e.g., SDOH data)

4. Confusion about mental health, developmental disabilities, and SUD data

5. Legal complexity of data sharing can limit exchange, particularly with smaller and traditionally un-connected health and human service organizations

CalHHS
California Health & Human Services Agency

CENTER FOR
DATA INSIGHTS
AND INNOVATION
CALIFORNIA HEALTH & HUMAN
SERVICES AGENCY

2. What are the challenges to creating the *DxF DSA?*

Challenges To Creating the *DxF Data Sharing Agreement*

1. **An Aggressive Timeline**: Legislatively required to create a "single, data sharing agreement" that needs to be established by July 1, 2022, and that all applicable entities and organizations execute prior to January 31, 2023.

2. **Creating A Data Sharing Agreement That Is Executable By All Applicable Entities**. Applicable entities include a wide range of organizations with differing capabilities and resources.

Survey Question: Please rate your level of knowledge and familiarity with the data sharing agreements and frameworks listed below.

['1' means 'no knowledge or familiarity' and '5' means 'significant knowledge and familiarity']

Responses

California Trusted Exchange Network (CTEN) CalDURSA

Carequality Connected Agreement

eHealth Exchange DURSA

Federal TEFCA

Model Modular Participants Agreement (MMPA)

1 2 3 4 5

14 Total Respondents

CalHHS
California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
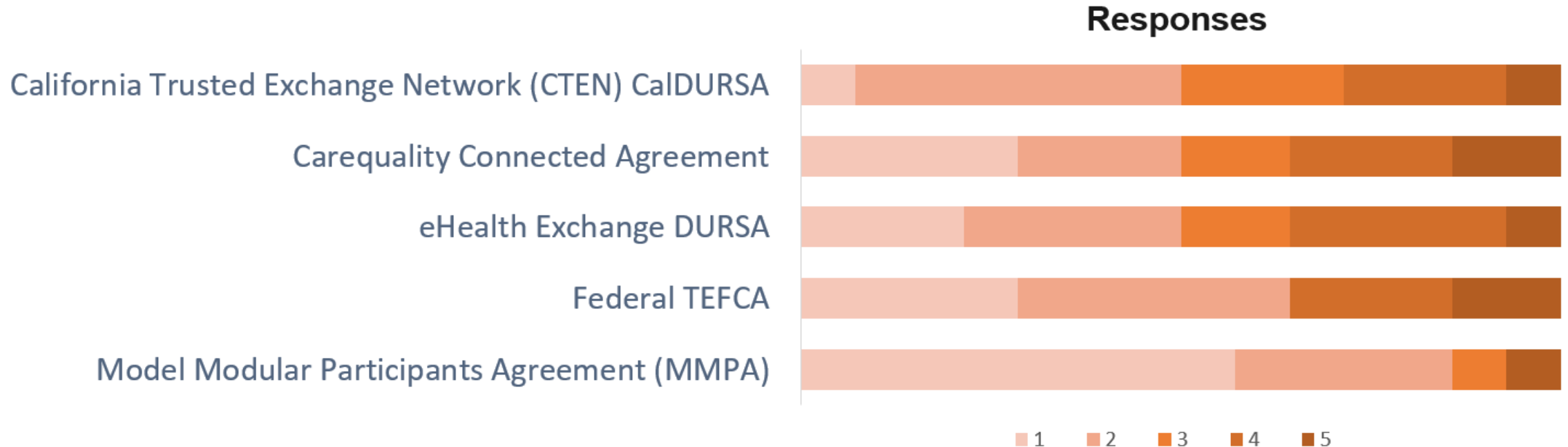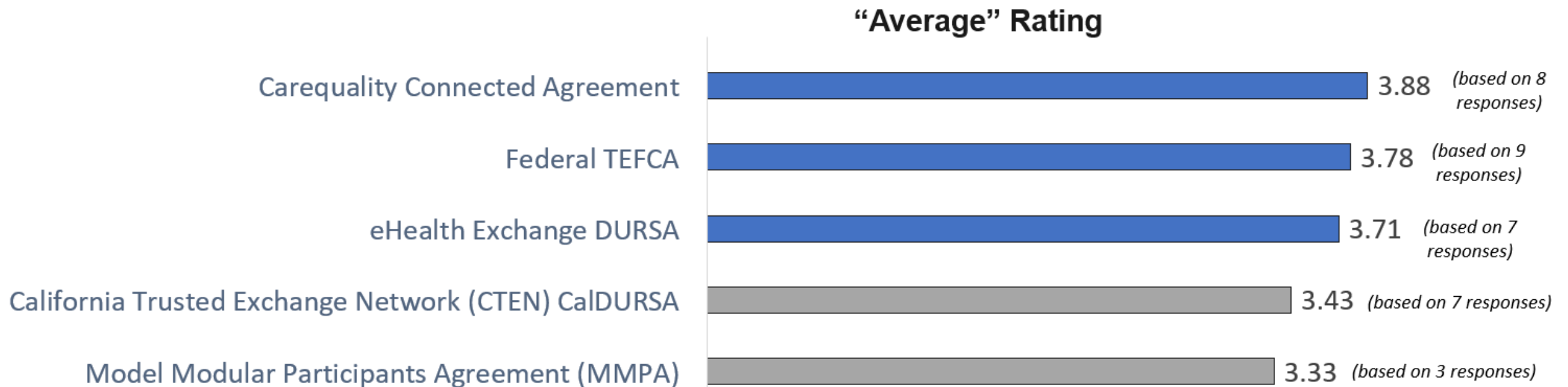
3. Are there frameworks that we can use as models? (2 of 2)

Survey Question: Rate your level of support for adapting or adopting the following frameworks and agreements as the basis of the California Data Sharing Agreement required by AB 133.

['1' means significant concerns with using this framework as a model; '5' means 'highly supportive of using this framework as a model']

"Average" Rating

Framework	Rating	
Carequality Connected Agreement	3.88	(based on 8 responses)
Federal TEFCA	3.78	(based on 9 responses)
eHealth Exchange DURSA	3.71	(based on 7 responses)
California Trusted Exchange Network (CTEN) CalDURSA	3.43	(based on 7 responses)
Model Modular Participants Agreement (MMPA)	3.33	(based on 3 responses)

14 Total Respondents

CalHHS
California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
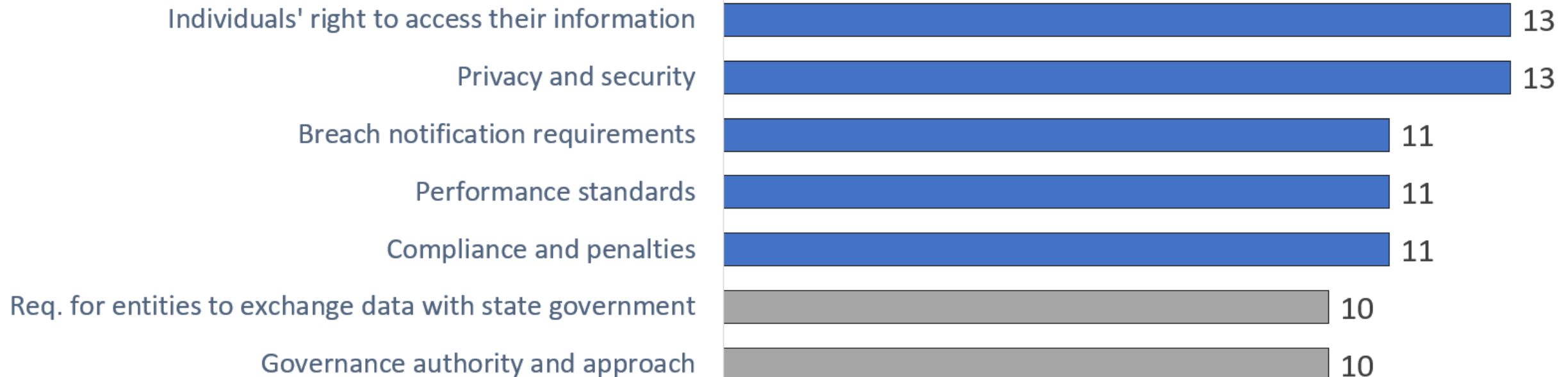
4. What should the *DxF DSA* include? (1 of 2)

Survey Question: Select all topics/concepts that the DxF Data Sharing Agreement should include.

of Subcommittee Members Selecting Each Topic/Concept

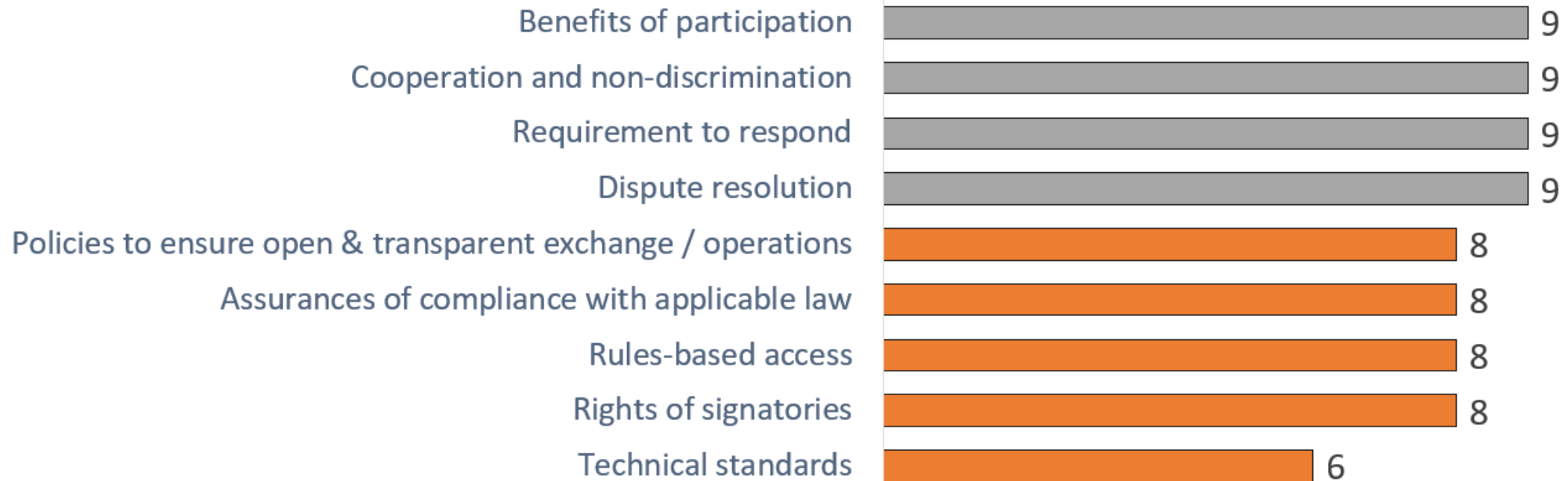| Topic/Concept	Count
Individuals' right to access their information	13
Privacy and security	13
Breach notification requirements	11
Performance standards	11
Compliance and penalties	11
Req. for entities to exchange data with state government	10
Governance authority and approach	10

14 Total Respondents

4. What should the *DxF DSA* include? (2 of 2)

Survey Question: Select all topics/concepts that the DxF Data Sharing Agreement should include.

of Subcommittee Members Selecting Each Topic/Concept

Topic/Concept	#
Benefits of participation	9
Cooperation and non-discrimination	9
Requirement to respond	9
Dispute resolution	9
Policies to ensure open & transparent exchange / operations	8
Assurances of compliance with applicable law	8
Rules-based access	8
Rights of signatories	8
Technical standards	6

14 Total Respondents

41

Closing Remarks

Next Steps

CalHHS will:

- Summarize meeting and circulate notes for review over email in advance of the next meeting
- Develop a detailed workplan
- Send invitations for upcoming DSA Subcommittee meetings

Members will:

- Review meeting notes and provide feedback to CalHHS staff

DSA Subcommittee Meeting Schedule

Meeting	Date
DSA Subcommittee Meeting #2	Mid-December

For more information or questions on the Data Sharing Subcommittee meeting scheduling and logistics, please email Khoua Vang (khoua.vang@chhs.ca.gov)

Thank You!

Appendix

Appendix 1:
Links to Existing and Emerging Data Sharing Agreements

Existing Data Sharing Agreements (Links)

- *California Trusted Exchange Network (CTEN) CalDURSA*

- *Carequality Connected Agreement*

- *eHealth Exchange DURSA*

- *Model Modular Participants Agreement (MMPA)*

- *Trusted Exchange Framework and Common Agreement (TEFCA)*