California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting 4 Chat Log (10:00AM – 12:30PM PT, December 14, 2021)

The following comments were made in the Zoom chat log by Stakeholder Advisory Group Members and the public during the December 14th virtual meeting:

13:01:46 From Kevin McAvey to Hosts and panelists:
Lift off. Thank you all for joining. We're looking forward to your thoughts throughout today's meeting. Reminder to please share your comments in the chat to "Everyone" so we can capture your insights for the public record.
13:02:54 From Kevin McAvey to Everyone:
Good morning all, please find all DxF meeting materials and updates on our website at any time: https://www.chhs.ca.gov/data-exchange-framework/
13:04:00 From Kevin McAvey to Everyone:
To receive updates on the development of the Data Exchange Framework, email CDII@chhs.ca.gov. We will add you to our community email list. Thank you for joining, and for your dedication to improving health and human service data sharing in California.
13:10:31 From Michelle Doty Cabrera to Hosts and panelists:
Sorry to join late. Michelle Cabrera with CBHDA is on.
13:21:54 From Amanda McAllister-Wallner (she/her) to Everyone:
Do you want us to comment on the overall gaps and opportunities, or one-by-one?
13:23:04 From Kevin McAvey to Everyone:
Amanda - great question. We will be covering these opportunities individually.
13:25:57 From Andrew Bindman to Hosts and panelists:
I apologize but I need to leave the meeting for approximately an hour and will plan to rejoin after that.
13:26:29 From Claudia Williams to Everyone:
can you move to next slide?
13:28:43 From Kevin McAvey to Everyone:
Reminder for AG Members to please use the "raise hand" function
13:34:14 From Claudia Williams to Everyone:
This is a huge gap and it is also enormously expensive. What are the ways we can do this more affordably, building on what worked and what did not in HITECH. For instance, would it be better to identify a subset of vendors and seek highly discounted pricing.
13:36:01 From Claudia Williams to Everyone:
To Michelle's point, is administrative claiming one way to pay for this, if counties help implement
13:37:33 From Michelle Doty Cabrera to Hosts and panelists:
Yes, however our sources of non-federal share don't grow with requirements, Claudia. So we're interested, but want to acknowledge that new money should be allotted to support these goals.

13:37:56 From Michelle Doty Cabrera to Hosts and panelists:
Correction: they would grow if they were required, but not if an optional "incentive"
13:38:08 From Claudia Williams to Everyone:
Good point @michelle
13:41:30 From Jamie Almanza to Hosts and panelists:
My comments: 1) there is no required interoperability - we are in 7 counties, 7 different EHR, 3 are same big companies, none are interoperable with our own system; 2) I would like to see regulations that require same data set and coding so at the provider level we are not building back end for each one; if counties want to collect different info, have it built separately so basic data set is same; 3) we have some counties using their Housing Mgmt Info System (HMIS) as an EHR causing lots of challenges even though the goal is right "housing is health" but it is because even in same county there is no data sharing between functions
13:44:45 From Kevin McAvey to Everyone:
Great comments on Opportunity 1. Any others for us to document at this time?
13:45:51 From Claudia Williams to Everyone:
I would like to see an overall cost/benefit for the various opportunities to be sure we are investing resources to the highest yield and most effective strategies
13:47:18 From David Ford to Everyone:
One note I forgot to make while I was off mute - there's an assumption that "physicians were eligible for HITECH." Not all of them were. For example, pediatricians are, of course, not in Medicare. Depending on how many Medi-Cal patients they have, they may not have qualified for HITECH incentives.
13:50:00 From Claudia Williams to Everyone:
pls move to next slide
13:52:08 From David Ford to Everyone:
To allow others time to speak, I'll leave a note here that CMA strongly supports a TA and Onboarding program (a follow-on to Cal-HOP). I will again recommend that we form a working group to design the program.
13:56:10 From DeeAnne McCallin (CPCA) to Hosts and panelists:
agree with David Ford, work group to design program(s)
14:00:33 From Liz Gibboney to Hosts and panelists:
I very much support this onboarding support and technical assistance. I think we also need to be clear that incentive funds would go to those providers who do not have an EHR versus those who would like funding to change out an existing EHR. Thanks
14:02:23 From Claudia Williams to Everyone:
For 2a - California has an opportunity to support all three components that are needed: 1) provider data sharing incentives 2) paying for data integration that is needed - these costs are borne mostly by HIEs 3) supporting the ongoing costs of managing, cleaning and distilling data (data refinery as Ali said). Arizona Medicaid data sharing incentive program is a great model for #1. Cal HOP is a good model for #2. We need to substantially invest in #3. Every state with a robust statewide HIE network has invested in at least 2 and 3.
14:03:17 From Mark Savage to Everyone:

Expanding on one of my comments. The HIE ecosystem includes providers, individuals/patients/family caregivers, CBO/social/human services, payers, public health, research, etc. EHR adoption works on one of these. Other key gaps also need attention, e.g. end-to-end connection with community/human services providing care to individuals, because SDOH account for 80-90% of one's health status. Not an EHR solution. FHIR API exchange seems to me an additional important opportunity to consider for HIE ecosystem-wide exchange, enabling use of smartphone apps and other apps. In summary, not just EHR adoption; the Framework should diversify and balance approaches for the entire HIE ecosystem.

14:04:31 From DeeAnne McCallin (CPCA) to Hosts and panelists:

hear hear to Linette's comments on time!

14:05:38 From Claudia Williams to Everyone:

Agree @linette that we need time to implement!

14:06:02 From David Ford to Everyone:

Re Timing - It's worth noting that some safety net providers have two additional years (January 2026) to comply with the data sharing mandate. When that was written into AB 133, it was intentional. The intent was to allow time for a TA program to happen.

14:06:41 From DeeAnne McCallin (CPCA) to Hosts and panelists:

☝

14:08:12 From Claudia Williams to Everyone:

Underscoring @Ali's point that Cal-HOP HIE onboarding program was hugely successful despite the really short timeline. With more time for implementation we could have done so much more!

14:09:34 From Kevin McAvey to Everyone:

Thank you, Dr. Lane.

14:14:10 From Kevin McAvey to Everyone:

Good morning all, please find all DxF meeting materials and updates on our website at any time: https://www.chhs.ca.gov/data-exchange-framework/

14:14:20 From Kevin McAvey to Everyone:

To receive updates on the development of the Data Exchange Framework, email CDII@chhs.ca.gov. We will add you to our community email list. Thank you for joining, and for your dedication to improving health and human service data sharing in California.

14:15:20 From Claudia Williams to Everyone:

An issue we see with event notifications underscores the challenges of "you pick yours and I pick mine" approaches to interoperability. What if PCPs want to receive their ADTs through an HIE, but hospitals want to send alerts as (hard to use) direct messages. We need to get clearer on what demands we can make of each other, if we allow multiple pathways. For instance, we might want to require every deemed network node to share ADTs with each other for shared patients.

14:15:23 From Lori Hack to Everyone:

ADT feeds are great if you have robust MPI and someone to send to and a reason to do something about it. E. G. Value based payment for care coordination. Lots of alerts already there but not really utilized well.

14:17:20 From William York to Everyone:

Echoing Mark's thoughtful comments, it is critical to extend this work to the full ecosystem by requiring and supporting data integration and interoperability (e.g HMIS vendors) and capacity building for CBO infrastructure as vital providers of services addressing SDoH.

14:18:10 From Liz Gibboney to Everyone:

Agree, Jonah!

14:19:01 From Andrew Kiefer to Everyone:

Agree with Claudia (channeled through Jonah)

14:19:07 From Claudia Williams to Hosts and panelists:

My computer died! would love to weigh in again if there is more time

14:20:01 From Rahul Dhawan to Hosts and panelists:

I am a stakeholder for this and would love to talk about some issues we face as practicing physicians in the community

14:23:48 From Michelle Doty Cabrera to Everyone:

Another issue I forgot to flag is that in CDCR transitions, for example, COVID status may be communicated to county public health but not county BH and other plans and that has been up until now important for those individuals who may need placement within a treatment facility upon release. This dynamic may crossover other systems.

14:24:05 From Linnea Koopmans to Hosts and panelists:

Agree that event notifications are critical -- we are much further from this goal for human services organizations or SDOH. Requirements may be helpful but need to ensure providers have the capability of meeting them first.

14:24:56 From Janice O'Malley to Everyone:

Also having event notifications in real time would be particularly useful for EMS providers and firefighters as they respond to emergencies.

14:25:04 From Kevin McAvey to Everyone:

Any additional AG comments on Opportunity 3 at this time?

14:25:34 From William York to Everyone:

Expanding alerts notification opportunities is critical for community care planning. The difference between opportunities versus requirements is an important distinction. For example, EMS alerts are tremendously helpful for housing providers, cross sector care teams, etc. One barrier at the systems level is getting re-entry data. Jail data is easily accessible but the discharge data is much more meaningful for re-entry and care planning. CalAIM demands this level of proaction to truly work.

14:27:57 From Rahul Dhawan to Hosts and panelists:

Dear Claudia , I just wanted to appreciate the hospital issue you raised. Totally in agreement with you .

14:28:36 From Michelle Doty Cabrera to Everyone:

Final note on event notifications - LPS law cuts across numerous health & law enforcement entities. We can't always get reporting and when we do, it can be really challenging to manage paper-based reporting. Digitizing along with requiring reporting here may be a good way to approach this category of event notifications.

14:29:03 From Lori Hack to Everyone:

Except the regulation changes propose no consent for anything including family planning. Concerning for sure.

14:31:26 From Kevin McAvey to Everyone:

We will be opening up the meeting for public comment at approximately 1150am.

14:33:04 From David Ford to Everyone:

I know there's the CDC $, but could some of this also be included in a MITA request?

14:37:36 From Claudia Williams to Everyone:

Not sure what is being proposed here... is it data sharing requirements? Infrastructure that is shared with providers? or???

14:37:57 From Kevin McAvey to Everyone:

Thank you all for "digging in" and providing excellent suggestions to refine and deepen these potential opportunities today, DxF Stakeholder Advisory Group. We will collect additional feedback through Tuesday, December 21st. Please feel free to email John, Jonah, or me with those follow-up public comments - kmcavey@manatt.com.

14:38:51 From Amanda McAllister-Wallner (she/her) to Everyone:

Yes, second to Kiran's points.

14:39:30 From Andrew Kiefer to Everyone:

Agree with Kiran and Mark.

14:39:32 From Claudia Williams to Everyone:

Great discussion and work on these opportunities. It is wonderful to be getting more concrete and operational about how to make all of this real

14:40:53 From Dr. Mark Ghaly to Hosts and panelists:

Hi all, thanks for this incredible and rich conversation. Its been great to hear the wide reaching conversation focusing on social services, behavioral health and justice involved Californians. The conversation about equity and data usability has been very helpful.

14:41:24 From Dr. Mark Ghaly to Hosts and panelists:

I have to jump but very much appreciate the incredible engagement in today's meeting. Happy holidays to all!

14:42:06 From Amanda McAllister-Wallner (she/her) to Everyone:

Additional gaps/opportunities not in this overview: Consumer access (huge topic). And lack of enforcement/ monitoring of compliance. Opportunity to build monitoring, accountability, and incentives in conjunction with building out these systems and policies.

14:43:43 From William York to Everyone:

I strongly support requiring government-approved tech vendors like HUD-approved HMIS vendors require they offer integration services /API. Client level HMIS-data is extremely helpful to health plans and municipalities for risk stratification and care coordination. Further insights from the field also shows eligibility and income verification and CalFresh, CalWORKs, Medi-Cal individual renewal dates are very valuable for community care planning. Other information such as AFN status from other County departments (e.g. AAA) is very beneficial.

14:45:50 From David Ford to Everyone:

+1 to Linette's call out of the Info Blocking and Patient Access Rules. Patients have incredible access to their health care information, including clinical notes. We need to start with that as a base.

14:48:44 From Cameron Kaiser to Hosts and panelists:
Mandates reporting, too
14:48:53 From Cameron Kaiser to Hosts and panelists:
Mandated even
14:50:47 From Claudia Williams to Everyone:
Great point @Bill - state and counties should be demanding data liquidity/sharing from all their vendors including for ePCR, HMIS, etc. Not just the standards but also what fees they can charge (ideally zero)
14:52:52 From Michelle Gibbons to Hosts and panelists:
Sorry, my power went out and shut down my wifi. My comments were: 1. which PH data, 2. focus has been on data shared for health care and not to support other HHS sectors, 3. our vendors/partners aren't always robust enough to have EHRs so that requirement in procurements would not be feasible
14:54:30 From Kevin McAvey to Everyone:
Members of the public joining us - please raise your hand if you would like to share a verbal comment
14:54:42 From Kevin McAvey to Everyone:
Thank you all for your dedication
14:55:27 From Jonah Frohlich (he/him) to Everyone:
Thank you @Michelle Gibbons - noted!
14:55:31 From David Ford to Everyone:
I think we need at least 3 work groups - TA, funding, and technical.
14:56:01 From Linnea Koopmans to Hosts and panelists:
Apologies, I have a 12pm meeting so will need to duck out early. LHPC will follow-up with additional feedback in writing.
15:04:33 From DeeAnne McCallin (CPCA) to Hosts and panelists:
I am advocate of a unique patient (or better yet, resident) identifier. A number. We have nearly 29M Californians that have had a COVID vaccine shot reported in to IIS (immunization information system). That information is surely managed by way of a unique identifier that is not Name DOB and Address. Forget about names, but addresses are universal (Ave, Avenue, St, Street) etc.
15:05:13 From DeeAnne McCallin (CPCA) to Hosts and panelists:
*addresses are not universal
15:08:21 From Cathy Senderling-McDonald to Everyone:
We would recommend a discussion that includes county human services departments and our partners at the CalSAWS project given their work with ensuring security for our users through BenefitsCal, our online portal.
15:18:05 From Claudia Williams to Everyone:
To recap - recommend we get really clear at front end about what problem we are trying to solve and have a very clear articulation of this use case. Are we trying to develop an "identity service" to match records? If so, recommend we try to do that for use across government programs. There are many government use cases that need this (build out of the HPD, population management service, sharing of public health data with HIEs, plans and providers,

ID of individuals that are enrolled in one public program but not in another.) On the other hand are we trying to promulgate policies that make matching better in general? that will demand different actions

15:19:12 From Kevin McAvey to Everyone:

Many thanks to AG Members for the terrific feedback on the principles. Please find AG Member feedback on our website: https://www.chhs.ca.gov/data-exchange-framework/

15:19:33 From Claudia Williams to Everyone:

Thank you for being so open to input!!

15:21:22 From Claudia Williams to Everyone:

I love the idea of accountability for using information @Kiran

15:24:22 From Kiran Savage-Sangwan to Hosts and panelists:

Thank you John and Jonah for hearing our comments and concerns

15:24:34 From John Ohanian to Everyone:

Always

15:24:54 From Amanda McAllister-Wallner (she/her) to Everyone:

Chiming in to support the comments by Kiran and Mark.

15:27:16 From Lori Hack to Everyone:

Thank you!