California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting 5 Chat Log (10:00AM – 12:30PM PT, January 25, 2022)

The following comments were made in the Zoom chat log by Stakeholder Advisory Group Members and the public during the January 25th virtual meeting:

09:56:55 From claudia williams to Hosts and panelists:
  Good morning everyone. I am here but wont be on video today.

09:57:13 From Kevin McAvey to Hosts and panelists:
  Thanks for joining, Claudia.

09:59:20 From Cameron Kaiser to Hosts and panelists:
  I will have to exit at 12 due to a high-priority meeting.

10:00:25 From Cathy Senderling-McDonald to Everyone:
  hi all. in my car so need to stay off video for now.

10:04:11 From Kevin McAvey to Hosts and panelists:
  Friendly reminder: please select "Everyone" for AG chat. Please use the chat to record any suggestions you have or considerations you would like to raise. We will - as always - review all comments. Thank you!

10:31:00 From Mark Savage to Everyone:
  Draft USCDI v3, just released, includes functional, mental, and disability status as three separate data elements. Illustrates that USCDI is an annual process, updated regularly to meet national priorities.

10:32:04 From claudia williams to Everyone:
  who will be expected to use these standards? how will it be enforced?

10:32:46 From Lori Hack to Everyone:
  How can we get to these standards without significant overhaul of systems currently in place?

10:37:21 From Mark Savage to Everyone:
  + 1 @Kiran on the important level of granularity for race, ethnicity, sexual orientation, gender identity, and more. Essential for clinical decision support, identifying and addressing disparities, etc.

10:38:15 From DeeAnne McCallin (CPCA) to Everyone:
  from the slide, first bullet under Discussion Questions, "certified against" is interesting terminology.

10:42:33 From David Ford to Everyone:
  I'm lowering my hand as Dr. Bindman made essentially the same point I was going to make.

10:43:19 From DeeAnne McCallin (CPCA) to Everyone:
  great points Andrew Bindman

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10:45:34 From Lori Hack to Everyone:

@Carmela right!

10:46:24 From Mark Savage to Everyone:

When I spoke, I should have said this first explicitly, if this was not clear: California definitely should embrace USCDI v2 now, and subsequent iterations to meet key needs.

10:47:20 From DeeAnne McCallin (CPCA) to Everyone:

@Mark, agree. But, a question - for users of CEHRT, will they be able to adopt USCDI v2 immediately/now?

10:47:47 From Andrew Kiefer to Everyone:

@Dr. Hernandez. We agree that we should leverage our state marketplaces and programs.

10:48:25 From Mark Savage to Everyone:

@DeeAnne, yes they will.

10:50:30 From Mark Savage to Everyone:

New USCDI versions, once published, are added to the ONC's Standards Version Advancement Process (SVAP) https://www.healthit.gov/topic/standards-version-advancement-process-svap, so HIT vendors can incorporate them into their certified products. HIT certification requirements can subsequently be upgraded to require the use of the new standard. In parallel, CMS or other local, state and/or federal agencies can point to any USCDI version in their requirements. Thanks Steven Lane.

10:51:52 From DeeAnne McCallin (CPCA) to Everyone:

thanks Mark and Steven Lane

10:56:33 From Carmela Coyle to Everyone:

Not clear we yet have clear line of sight on barriers to flee film, exchange and use to structure or support "incentives"

10:56:40 From Cathy Senderling-McDonald to Everyone:

I completely agree with the last commenter.

10:59:09 From Cathy Senderling-McDonald to Everyone:

County human services agencies collect highly sensitive information and our customers need to trust we will use it in the way we tell them we will. It seems to me that informed consent AND accountability are critical.

10:59:35 From Amanda McAllister-Wallner (she/her) to Everyone:

Agree with Kiran's comments regarding incentivizing these measures - both consistent and quality data collection, as well as measures to analyze and address disparities.

11:00:12 From David Ford to Everyone:

@Mark - Thanks for that comment. I would like to know more about the Gravity Project.

11:04:05 From claudia williams to Everyone:

We would like to see a holistic approach to leveraging Medicaid matching funds that addresses these needs but also addresses the clinical data sharing gaps and opportunities to leverage qualified HIOs previously identified.

11:05:29 From Lori Hack to Everyone:

@claudia and @david agree!

11:07:05 From Liz Gibboney to Everyone:

Assuming that this list includes county MH data as well given the breadth of agencies noted. Agree with comments about the need to prioritize sharing/use of data before focusing on collecting even more.

11:07:21 From David Ford to Everyone:

You know something is a good idea when the plans and CMA are in agreement. :)

11:08:42 From Dr. Sandra Hernández to Everyone:

Agree with Liz that there is a need for county MH data to be a priority for optimizing services and care needs

11:09:55 From William York to Everyone:

•   We may be biased because of San Diego's CIE, but the state-to-CIE allows all community data integration, not just those publicly funded and also allows local communities to participate with an equity lens. In our experience the CIE includes the community of health/social providers alongside payers and County. This is an opportunity to have the State promote, incentivize, require interoperability beyond one sector. With proper authorization and role-based permission data is accessible to the payer/plan, County, healthcare providers and relevant human service organizations supporting CIE as local data intermediaries. Investment in these infrastructures lead to efficient, coordinated and effective data sharing and care coordination within the community.

11:10:55 From Julianna Vignalats to Hosts and panelists:

For Opportunity 1c, Re: the Social services data- We would need to fully digest what this would mean from the legal standpoint and individual consent.

11:11:42 From claudia williams to Everyone:

Agree with your comments @david @liz and @sandra

11:12:56 From Linnea Koopmans to Everyone:

Underscoring comments on prioritization and the acknowledgement that there is still a significant gap in clinical information sharing that needs to be addressed.

11:14:40 From Andrew Kiefer to Everyone:

Agree with Linnea & Claudia on prioritization.

11:15:15 From claudia williams to Everyone:

I think we need more definition around what problem we are trying to solve. Is it the broad set of provider "facts" that would be covered by a symphony type effort? Or is it simpler electronic identities like type 1 and type two NPI. Those are super different

11:24:38 From DeeAnne McCallin (CPCA) to Everyone:

   agree with Steven Lane: Digital identity credential and contact information should absolutely include Direct Addresses and FHIR API endpoints.

11:25:26 From claudia williams to Everyone:

   The NPI 1 and 2 need to be included in claims and clinical data that are shared so the treating physician as well as the treating organization are known. It is not enough to include those in the provider directory data set

11:25:40 From David Ford to Everyone:

   @DeeAnne - Doesn't NPPES now include Direct Addresses?

11:26:11 From claudia williams to Everyone:

   @david it was supposed to but not sure if it does in fact

11:26:27 From Kevin McAvey to Everyone:

   Thank you all for joining today. To receive updates on the development of the Data Exchange Framework, email CDII@chhs.ca.gov.

11:26:44 From DeeAnne McCallin (CPCA) to Everyone:

   @David there is a "Health Information Exchange" line on NPPES NPI

11:27:20 From Kevin McAvey to Everyone:

   We are welcoming public comment at any time, but are requesting comments on these opportunities from AG Members by Tuesday, February 1st, if possible; before we turn to our next topic: Governance.

11:29:13 From DeeAnne McCallin (CPCA) to Everyone:

   from an aged (but I think still applicable) summary of the CMS 21st Century Cures Act's Interoperability Rule: Digital Contact Information (late 2020): CMS will begin

   publicly reporting providers who do not list or update their

   digital contact information in the National Plan and Provider

   Enumeration System (NPPES). We should mirror that.

11:30:08 From David Ford to Everyone:

   Odd that these slides discuss the info blocking rule, but not the state requirements in HSC 123110:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=123110

11:31:03 From Kevin McAvey to Everyone:

   Thanks for raising. We can cite it explicitly.

11:31:44 From claudia williams to Everyone:

   HIEs are in an amazing position to share data with patients, since we collect records from across providers and plans, and are required to do so by info blocking. Sadly we often have BAAs that block us from doing it. We have repeatedly asked OCR to provide guidance clarifying that patient access prevails over BAAs. But they have not

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done so. The result is that patients have to "get permission" from providers before getting data from us. That is clearly not worable

11:33:27 From Andrew Kiefer to Everyone:

We concur with Mark's comments. Critically important that patients regardless of where they get coverage get real-time, access to their complete record.

11:33:38 From Kiran Savage-Sangwan to Hosts and panelists:

I agree with Mark. This is huge and appreciated.

11:35:08 From Amanda McAllister-Wallner (she/her) to Everyone:

Absolutely! This is such an important component of HIE.

11:35:42 From Mark Savage to Everyone:

One may not require information blocking in a BAA.

11:36:26 From Mark Savage to Everyone:

Patients have a right of access under HIPAA, and a right to direct transfer to third parties under HITECH.

11:44:24 From David Ford to Everyone:

mental health, teen repro health, etc.

11:48:42 From Kiran Savage-Sangwan to Hosts and panelists:

I appreciate the sub-bullets on appropriate exchange and use. Would reiterate the earlier discussion on accountability for use via quality measurement, etc. and suggest adding something like that here.

11:57:05 From Andrew Kiefer to Hosts and panelists:

I have a hard stop at 12. Really appreciate the great work.

11:57:17 From Kevin McAvey to Everyone:

Thank you for joining, Andrew.

11:58:10 From Cameron Kaiser to Hosts and panelists:

I also have a hard stop at noon. Thank you for the hard work and including the health officers in the discussion.

11:59:32 From Kevin McAvey to Everyone:

Thank you, Dr. Kaiser.

12:02:06 From claudia williams to Everyone:

Are there a specific set of use cases that the digital identity work is solving for? If so, can you please point us to that definition?

12:03:50 From Dr. Sandra Hernández to Everyone:

Rim how are going to go about the social services focus group? This is a big universe and important to conversation.

12:05:09 From DeeAnne McCallin (CPCA) to Everyone:

@Rim. This is likely highly naïve but my mind thinks we have a "digital" id for 75% of Californians in the CAIR2 COVID-19 Vaccine data. Could this be a starting place for statewide digital identity?

12:07:07 From Julianna Vignalats to Hosts and panelists:

Rim and John, CDSS is happy to help identify social services organizations for the focus group just discussed.

12:07:21 From Rim Cothren to Everyone:

Thanks, @DeeAnne. We will certainly be discussing with our Departments what identity information they have and can share. Thanks for bringing that to light today.

12:07:46 From Rim Cothren to Everyone:

Thanks, @Julianna.

12:11:11 From Kiran Savage-Sangwan to Hosts and panelists:

Appreciate the revisions to the principles. One suggested edit re: #4: bidirectional access to correct errors "AND add patient-reported health information" (don't limit it to correctly errors)

12:11:30 From David Ford to Everyone:

Bullet #2 - The word "intermediary" might be better stated as "network." An entity using Carequality, for example, may not be using an "intermediary."

12:12:25 From David Ford to Everyone:

Actually, never mind. I think I misread that.....

12:21:34 From Lori Hack to Everyone:

Do you mean onboarding for only new or for current users as well?

12:24:11 From Carmela Coyle to Everyone:

Want to u der score the importance of a presentation by ONC as soon as possible. FYI k we agreed to that in our first or second meeting. Will help ground all of us in the same and similar work already far underway at the federal level

12:24:53 From claudia williams to Everyone:

Agree with @carmela that a discussion with ONC asap would be helpful

12:27:36 From DeeAnne McCallin (CPCA) to Everyone:

good point @DavidFord re proposed 2022/23 budget

12:27:50 From claudia williams to Everyone:

Agree very much with @david that many of us were very surprised not to see funding in the governor's budget for data sharing

12:28:56 From Lori Hack to Everyone:

Do you need feedback from our groups to support your proposed funding?

12:31:33 From Mark Savage to Everyone:

Jonah, happy to help on the ONC conversation.