California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting 8 Chat Log (10:00AM – 1:00PM PT, May 18, 2022)

The following comments were made in the Zoom chat log by Stakeholder Advisory Group Members during the May 18th meeting:

10:15:35 From DeeAnne McCallin (CPCA) to Everyone:

@Steven Lane, I tried to respond with a "thumbs up" to your comment about staying safe, but failed in using the Q&A properly. So, 👍

10:42:57 From Dr. Sandra Hernández to Hosts and panelists:

Agree with the point that Public Health needs to participate and this does require support of the counties to assure they can participate in the DSA and framework.

10:45:46 From Andrew Bindman to Everyone:

The audio is extremely poor. Can those in room speak closer to mics?

10:47:37 From Michelle Gibbons to Hosts and panelists:

Echo Sandra's comment above.

10:48:05 From Michelle Doty Cabrera to Hosts and panelists:

Since the audio is challenged, I would like to add onto CPCA's point to highlight that similarly, behavioral health providers appear to be left out of the proposed funding for increased data exchange capacity. Behavioral Health providers have been routinely left out of federal HIT/Data Exchange investments, so I would hate for us to replicate that with our state-level investments.

10:48:48 From Lori Hack to Hosts and panelists:

@MichelleDoty- absolutely agree!

10:53:38 From claudia williams to Everyone:

@sandra - that's an important point about supporting public health to participate

11:00:11 From Dr. Sandra Hernández to Hosts and panelists:

To Andy's comment, I don't believe the concern about "inadvertent" misalignment of a state governing body and federal rules is a legitimate concern. The state has a very good track record to assure that federal rules are adhered to where necessary. A governing body can do this assessment and avoid conflict and has excellent track record with doing so.

11:03:14 From claudia williams to Everyone:

I agree that we should align with federal requirements, wherever possible. There are a few places where we still need more alignment (such as O in TPO). But TEFCA is not an established federal requirement. It is voluntary, has not rolled out yet and does not yet include O/P in TPO.

11:04:48 From Mark Savage to Everyone:

Of course, it is not "misalignment" to have federal interoperability standards as a minimum and have California lift that minimum floor where needed. USCDI v2 finally includes SDOH data standards, and that's critical for Californians' health care and health equity.

11:05:24 From DeeAnne McCallin (CPCA) to Everyone:

+1 on David Ford's concern about "assignment" in the DSA

11:05:35 From Kevin McAvey to Hosts and panelists:

Friendly reminder to all AG members: please respond in the chat to "Everyone"; and when offering verbal comments, please note your name and organization. Thank you!

11:06:23 From DeeAnne McCallin (CPCA) to Everyone:

great point Mark Savage (re SDOH)!

11:06:34 From Andrew Bindman to Everyone:

So why not make TEFCA mandatory? It is a framework that accomplishes so much of what we all want and can be the basis for avoiding conflicting policy. I appreciate that Sandra thinks this is avoidable but the draft language that was shared with us demonstrates numerous conflicts between a state governance entity and TEFCA.

11:09:30 From DeeAnne McCallin (CPCA) to Everyone:

not all provider orgs hold the right to enter into data sharing contracts where their EHR is hosted by someone else (David Ford's example of an IPA, or an EHR Vendor service Provider such as OCHIN, or a local hospital that hosts a medical neighborhood EHR system). Individually, the end user Provider Orgs probably cannot sign a DSA whereas their data host (EHR host if you will) can.

11:10:56 From claudia williams to Everyone:

@andrew - Agree that it is great to use established networks for query - for instance a provider entity might be able to meet the DSA requirements by replying to all TPO queries on carequality/eHealth exchange. Don't think we need TEFCA to accomplish that. Those are already approved purposes for those networks. But most entities only respond to treatment queries. IMHO going to be ages before TEFCA has the scale we need (if ever)

11:14:04 From DeeAnne McCallin (CPCA) to Everyone:

+1 to Carmela Coyle's points on governance, CPCA

11:16:42 From Erica Murray to Everyone:

Echo Carmela's points on governance, enforcement, and consensus. While we did devote a meeting to the topic, we did not land on conclusions. -CA Assoc of Public Hospitals

11:16:43 From Dr. Sandra Hernández to Hosts and panelists:

To the issue of compliance and enforcement, it's hard to imagine the success of our ultimate goals without having some means for assuring and enabling compliance and enforcement as might be necessary

11:18:02 From claudia williams to Everyone:

Agree there is more work to do on compliance and enforcement - ideally before the DSA is released.

11:18:11 From Mark Savage to Everyone:

+1 @Sandra Hernandez This is also core to the principle of accountability!

11:21:40 From Carmela Coyle to Everyone:

The issue is what should and is being done at the federal level and what should be done at the state level. Alignment is critical and we must be very cautious to not introduce conflict which establishing separate systems of enforcement and compliance can do (CHA)

11:25:08 From Dr. Sandra Hernández to Hosts and panelists:

Important that the public and consumers have the opportunity to testify and participate in any consideration of amendments to the DSA.

11:28:00 From Andrew Bindman to Everyone:

Related to the prior comments about aligning federal standards with an envisioned state governance entity, the DSA should be constructed in a way that is fully reconciled with the federal common agreement. It doesn't appear that this was done perhaps because our process began before the federal common agreement was available.

11:30:22 From Dr. Sandra Hernández to Hosts and panelists:

+ David's comment

11:30:40 From Charles Bacchi to Everyone:

Good point David

11:30:42 From claudia williams to Everyone:

Also +1 to David's comment

11:33:53 From Kiran Savage-Sangwan to Everyone:

I have the same comment on this - should be broadened to ensure opportunity for public input on proposed changes

11:38:02 From David Ford to Hosts and panelists:

Agree with Claudia on need to align breach notification rules with existing law.

11:38:38 From Lori Hack to Hosts and panelists:

I agree with Claudia about the practicality of the notification of breach and to whom you are reporting. It depends who is the discovering party, where di the breach occur and what regulation are we following regarding breach,. Needs more discussion with legal advice

11:40:43 From Carmela Coyle to Everyone:

Agree with Claudia. Our problem is we have many stakeholders who are already subject to certain rules and other stakeholders who we are hoping to add. We need to create alignment or separate the two groups to avoid conflict and duplication

11:41:18 From DeeAnne McCallin (CPCA) to Everyone:

@Carmela, @Claudia, agree! CPCA

11:43:31 From Lori Hack to Hosts and panelists:

Cant hear Michelle G.

11:43:34 From Dr. Sandra Hernández to Hosts and panelists:

Pls repeat. Cant hear

11:45:34 From Michelle Doty Cabrera to Everyone:

+1 on Michelle G's comments and would like to flag this issue as it relates to mental health and SUD personal health information data breaches

11:47:36 From DeeAnne McCallin (CPCA) to Everyone:

@Michelle Gibbons, great points! Is great to hear from PH

11:50:54 From Dr. Sandra Hernández to Hosts and panelists:

I agree with Michelle with regard to need for IT infrastructure support for county mental health services to assure their ability to participate effectively in DSA

11:52:00 From DeeAnne McCallin (CPCA) to Everyone:

to Claudia's point about the definition of "operations". There are other aspects within the DSA and P&P that appear to create new definitions as well

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11:53:25 From Michelle Doty Cabrera to Everyone:

@Sandra and for however far back our specialty mental health providers are relative to physical health in terms of HIE, our Medi-Cal/safety net SUD providers are even further behind.

11:54:07 From Dr. Sandra Hernández to Hosts and panelists:

+ agree with Cameron's points

11:55:50 From Andrew Kiefer to Everyone:

the full range of health care operations related data exchange pursuant to HIPAA can and does take place today. By the limiting of health care operation we are taking a step backward from what health plans are allow to receive under federal law.

11:55:53 From claudia williams to Everyone:

It would be great if CDPH could create some definitions and scope around "minimum necessary" for specific public health use cases so that when questions come up there is something to point to. Does such a definition already exist?

11:56:15 From Jonah Frohlich (he/him) to Everyone:

please advance the slide

12:01:23 From Linnea Koopmans to Hosts and panelists:

W/r/t language about relationship with individual user, would this mean that - for example – it would not be allowable for plans to share data with social services entities that provide services for which individuals may be eligible? In that circumstance, the individual user would not have a relationship with the social service entity.

12:06:03 From DeeAnne McCallin (CPCA) to Everyone:

to Claudia's point, the first bullet on this slide (P&P #4) can open with "shall not engage in the sale..."

12:06:27 From Carmela Coyle to Everyone:

To save meeting time, may the Advisory Group please receive the state's analysis about these policies and procedures not being viewed as regulations subject to the Administrative Procedures Act and Office of Administrative Law review? Thx

12:08:44 From claudia williams to Everyone:

The duty to respond should only apply to required purposes. Participants should only have a duty to respond for permitted purposes if they are also requesting data for those purposes

12:10:29 From claudia williams to Everyone:

To @michelle's point, investments in qualified HIOs as data/sharing infrastructure will help counties participate in the DSA

12:15:26 From Jonah Frohlich (he/him) to Everyone:

Regarding DSA and P&Ps, language in AB-133: "(j) All actions to implement the California Health and Human Services Data Exchange Framework, including the adoption or development of any data sharing agreement, requirements, policies and procedures, guidelines, subgrantee contract provisions, or reporting requirements, shall be exempt from the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The California Health and Human Services Agency, or a designee department or office under its jurisdiction, shall release program notices

that detail the requirements of the California Health and Human Services Data Exchange Framework."

12:19:50 From Lori Hack to Hosts and panelists:

Need to consider how the patient accesses information that the HIO might have

12:21:44 From Linnea Koopmans to Hosts and panelists:

On third bullet under plans re: health plan data sharing and clinical data, need to clarify what "if held by the entity" means, as CMS uses different language ("maintained by the plan") which is interpreted to be curated and structured (e.g., not sharing faxed information).

12:24:20 From claudia williams to Everyone:

How are we imagining that plans share claims data - through CCDA and FHIR? that seems limited and does not reflect current practice which is generally X12

12:24:42 From Linnea Koopmans to Hosts and panelists:

Thanks, Jonah

12:28:30 From Kayte Fisher to Everyone:

Will individuals be able to know what of their data has been shared from the entity that originated the data? Will they know how often it has been shared? Will they have an option to block data that they consider to be sensitive or confidential from being shared outside of the original entity? If individuals are not treated as the owner and controller of their own data, they will lose trust in their providers and in the system as a whole. In theory, this entire endeavor is to create a more supportive and effective treatment environment for individuals. The discussion today has been interesting and illuminating, but has centered entirely around service entities, not patients.

12:47:30 From DeeAnne McCallin (CPCA) to Everyone:

@Rim, thank you for this Summary of Comments Received slide, (slide 49), easy to follow and a lot in summary format

12:48:40 From claudia williams to Everyone:

As we move into a public process, are there still restrictions on entities that might be interested in future procurement from commenting?

12:59:35 From Cameron Kaiser to Everyone:

What Michelle Gibbons said.

13:02:48 From Lori Hack to Hosts and panelists:

I have to drop so sorry. Agree with DeeAnne

13:03:34 From Linnea Koopmans to Hosts and panelists:

Really appreciate the proposed investments - they are significant. Look forward to working on the important details, particularly around the $200 million practice transformation grants. As others have pointed out, funding to support regional HIE infrastructure is a gap which the proposals do not address.

13:06:47 From claudia williams to Everyone:

+1 @Linnea - the need for investment in HIO infrastructure has been highlighted by many commenters today. Its the perfect complement to the investments in small practice grants