

Data Exchange Framework

INFORMATION IS POWER

Webinar Series

WEBINAR 5

The Impact of Data Exchange Under the DxF & Key Program Updates

January 19, 2023



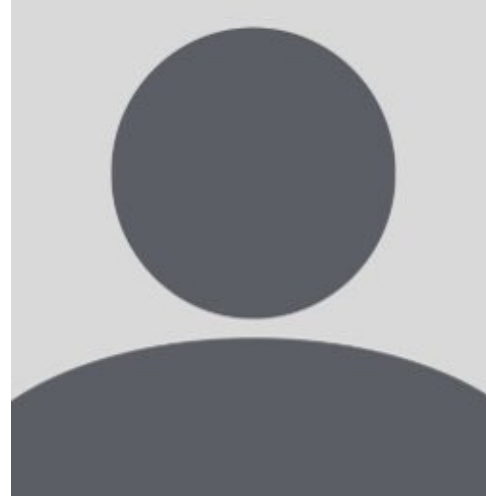
Q&A Procedure

- Please submit your questions through the Zoom Q&A function.
- CDII will select questions to be answered live during the webinar as time allows.
- If your question was not answered during the session and you would like to follow up with CDII, please submit it to cdii@chhs.ca.gov.

Speaker Introductions



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Agenda

- Vision for Data Exchange in California
- Data Exchange Framework (DxF) Program Updates
- DxF QHIO Program Update
- The Impact of Data Exchange Under the DxF
- Wrap Up & Q&A



Vision for Data Exchange in California

The 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.



DxF Program Updates

DxF this Month

Since our last *Information is Power* webinar on December 13th, CDII and stakeholders have continued to advance DxF implementation across several domains.



Governance

- CDII facilitated IAC meetings on 12/10 and 1/10, soliciting input on several draft P&Ps and the DxF QHIO and Grant Programs.



DSA P&P Development

- CDII released five draft P&Ps for public comment (see *slide 10* for additional detail).
- CDII held the [DSA Signing Portal](#) Town Hall on 1/6, providing an overview of and responses to FAQs about the DSA, P&Ps, and the DSA Signing Portal.
- CDII discussed the language of draft P&Ps at the December IAC and DSA P&P Subcommittee meetings.



DxF Grants

- CDII has finalized DSA Signatory Grant eligibility criteria and funding parameters for QHIO Onboarding and Technical Assistance.




QHIO

- CDII is developing QHIO criteria across several domains including data privacy and security and technical capabilities. These criteria will be discussed at the February meeting of the IAC in advance of a March launch of the application process.

Meeting materials and information are available on the CalHHS DxF [website](#)

The DSA Signing Portal is Live

Mandatory and voluntary signatories can execute the DSA in the DSA Signing Portal.



The screenshot shows the CalHHS Data Sharing Agreement Signing Portal. At the top, the CalHHS logo is followed by the text "CalHHS Data Sharing Agreement Signing Portal". Below this, a welcome message reads: "Welcome to the CalHHS Data Sharing Agreement Signing Portal!". This is followed by a paragraph: "Signing the Data Sharing Agreement is a critical next step toward full implementation of the Data Exchange Framework." Another paragraph states: "It's time to ensure every Californian, no matter where they live, can trust that their health and social services providers can securely access critical patient information to provide safe, effective, whole person care." Below this, the text "Data Sharing Agreement" is displayed, followed by a dark blue button with the white text "Register to Start".

More information is available on the CalHHS DxF [website](#), including:

- Final DSA
- Draft & Final P&Ps
- FAQs on the DSA, P&Ps, and Signing Portal
- Historical Meeting Materials & Recordings

DSA Signing Portal URL: <https://signdxf.powerappsportals.com/>

Draft P&Ps Are Available for Public Comment

The following draft P&Ps are available for public comment on the DxF website by February 14th.

P&P Topic	Description
Information Blocking	Prohibits all Participants from undertaking any practice likely to interfere with access, exchange, or use of Health and Social Services Information (HSSI).
Real-Time Data Exchange	Sets forth definition of 'Real Time Data Exchange' and associated obligations of Participants.
Early Exchange	Sets forth requirements for participants using the DSA to engage in early exchange of HSSI (i.e., exchange prior to statutorily mandated date(s) by which many entities must begin exchanging data).
Technical Requirements for Exchange	Sets forth data exchange patterns for the DxF and those that Participants must support, at a minimum, as well as the technical specifications Participants must adhere to for each of the Required Transaction Patterns.
Privacy and Security Safeguards*	Sets forth the privacy standards and security safeguards Participants must comply with in connection with the exchange of HSSI under the DSA.

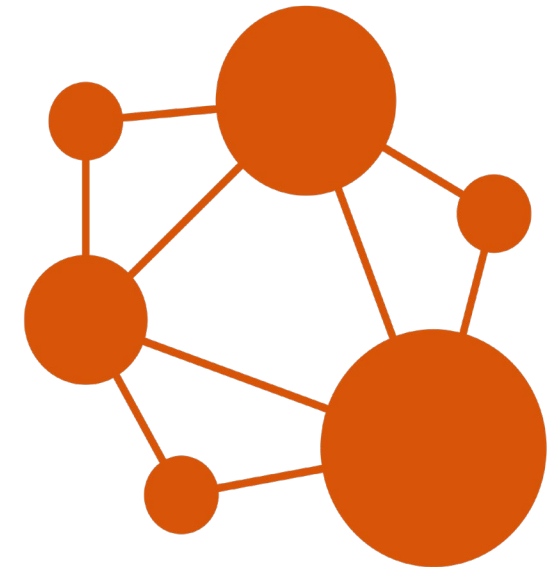
****Visit the [DxF website](#) to comment****

*CDII is soliciting comments on the changes made to the version of the Privacy and Safeguards P&P was originally released in July 2022. 10

DxF QHIO Program Update

The Role of the QHIO

- The DxF is establishing the framework for statewide exchange of health and human service information.
- To participate in the DxF, signatories must be able to send and receive transactions, locate a patient record based on demographic data, format health and social services information to conform with industry-standard terminologies, apply security measures, and more.
- For many signatories, these are not current capabilities, and they may seek the services of a Qualified Health Information Organization (QHIO) to help manage the exchange.
- Signatories are not required to use a QHIO if they can meet the requirements of the DSA through other means.



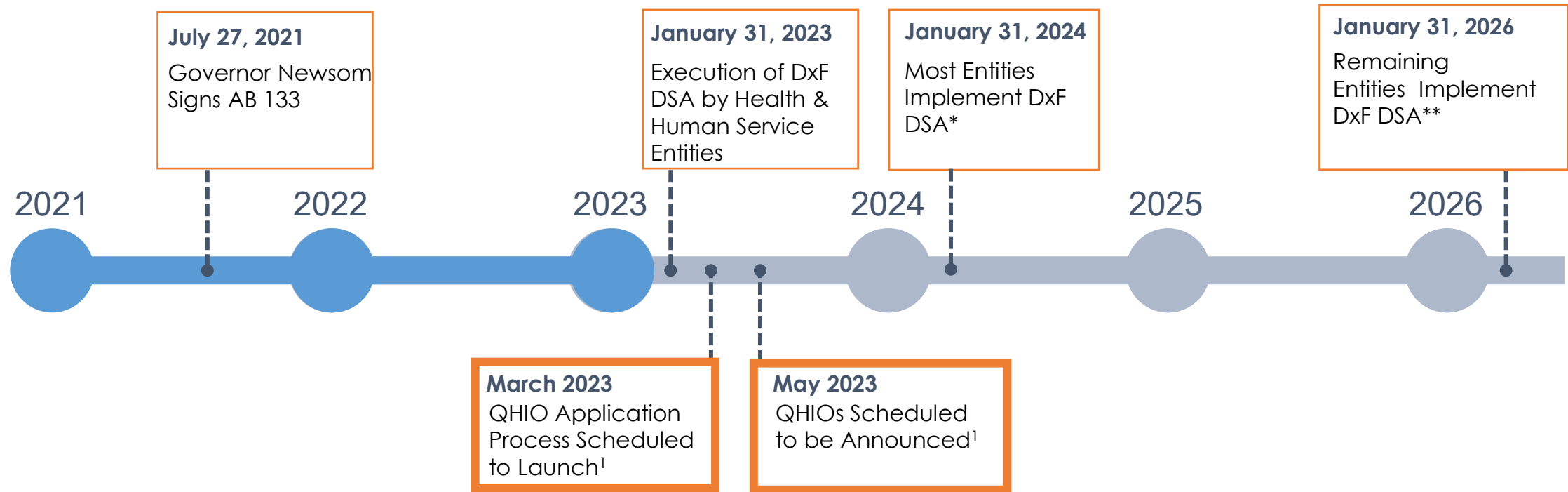
What is an HIO? What is a QHIO?

A **Health Information Organization (HIO)** is an organization that offers services and functions to support the exchange of health and social services information. The HIO serves as an intermediary, assisting health and human services organizations as they send information or initiate, receive, and reply to requests for information.

A **Qualified Health Information Organization (QHIO)** is an HIO that has demonstrated their ability to meet DxF data exchange requirements. As part of the DxF implementation, CDII will establish QHIO criteria and a process to qualify HIOs.



QHIO Application Timeline



Notes

¹ Subject to change

*General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans, disability insurers and Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. *County health, public health, and social services providers are encouraged to connect to the DxF.*

**Physician practices of <25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with <100 acute care beds, state-run acute psychiatric hospitals, and nonprofit clinics with <10 providers

QHIO Program: Criteria

Intermediaries interested in being Qualified are encouraged to apply and will be assessed for their capabilities in the following areas:

- Organizational structure, governance and status
- Data privacy and security practices
- Technologies in place to manage the proposed DxF technical requirements
- Ongoing operations to support reporting and DxF monitoring

The Impact of Data Exchange Under the DxF

The Impact of Data Exchange

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.

- What will be different once the DxF is in place? Today, we will share a few illustrative examples of how data could be exchanged under the DxF to improve the health and wellbeing of Californians.
- These examples do not include every form of data exchange happening today or that will happen under the Framework, but give a sense of the impact statewide data exchange may have on all of us.

An Information Delivery Story

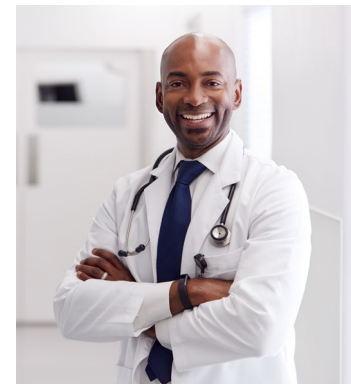


A primary care physician at a local community health center refers her patient, a 70-year-old woman, to a nearby cardiac specialist.

Understanding that her patient has multiple chronic conditions and a long list of medications, the primary care physician is aware how important it is that the specialist understand the patient's condition and past medical history. The physician directs an electronic summary of the patient's record to the specialist in advance of the consultation.

The specialist updates the patient's record in his EHR with the PCP's summary. He is grateful for the information and feels more confident and prepared to address the patient's needs.

Following the patient's evaluation, the specialist introduces a new medication and adjusts an existing medication. The specialist sends a summary back to the primary care physician to apprise her of the findings and the medication changes.

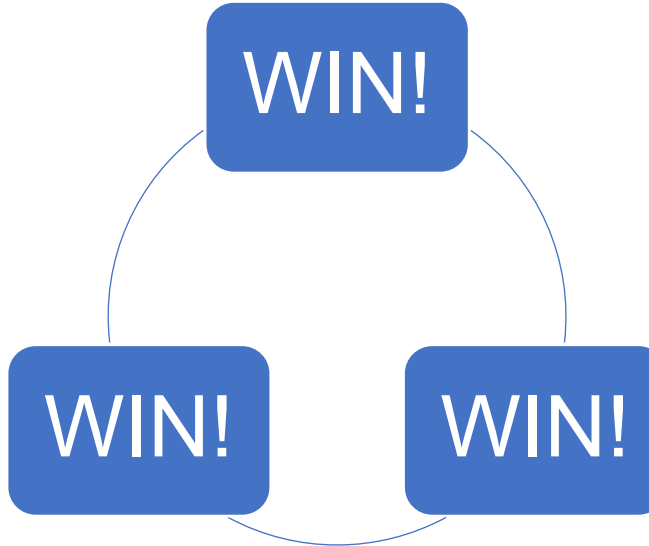


Win! Win! Win!



The patient gains trust in the health care system when she sees her clinicians are collaborating.

The primary care physician is fully informed of the clinical assessment and decisions made by the specialist.



The specialist has the information necessary to avoid duplicative diagnostic tests and be confident in his treatment of the patient.

A Query/Response Story



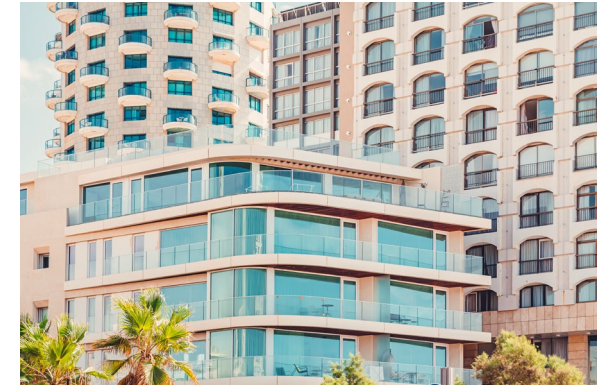
A 35-year-old man relocates from Southern California to Central California. Soon after his arrival, he loses consciousness and is admitted to the emergency department of San Joaquin General Hospital.

While the patient is unable to share his medication history, the hospital staff locate his Medi-Cal BIC which contains the details on his Medi-Cal plan. Concerned about a medication-related issue, the staff send a DxF query to the plan, requesting details on the patient's medication history. The plan replies with a fill history that includes insulin.

Next, the staff issue queries to Quest and Labcorp to see if they have any details on the patient's glucose and HbA1c levels. The response includes recent results including an elevated HbA1c, indicating his diabetes is not under good control. This information helps guide the patient's assessment and treatment.

A Team Sport!

Working together, health plans, hospitals, physician groups, health centers, laboratories, state agencies and other community-based providers can ensure that providers receive the information they need to provide patients with the best possible care.



An Event Notification Story – The Beginning



A 60-year-old woman has a long history of congestive heart failure. She has struggled to manage her fluid intake and sometimes forgets to take her medications. This led to several hospitalizations over the past year, and she was identified as an at-risk patient for future hospitalizations.

Her primary care physician participates in an ACO that works closely with all at-risk patients to help them follow a care plan and avoid hospitalizations.

As part of this program, the ACO has submitted a roster of at-risk patients to a Qualified Health Information Organization (QHIO), asking the QHIO to alert them if they see any acute care events associated with the at-risk patients.



An Event Notification Story – The Middle

One day, the woman is taken to the emergency department with difficulty breathing. Upon admission to the emergency department, an event notification is sent to the DxF QHIOs.

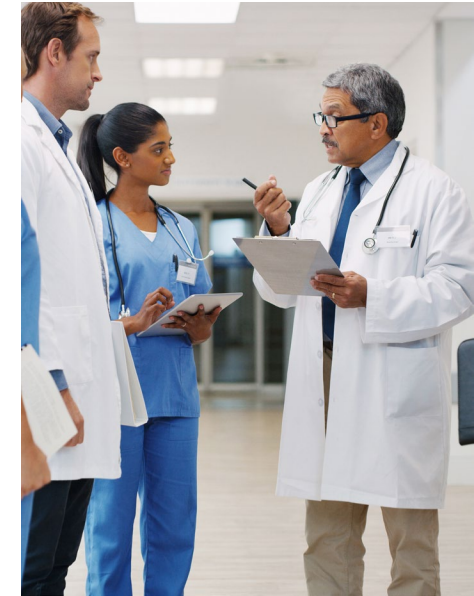
The QHIO in which the the ACO participates receives the event, matches it to the woman in the roster, and sends a notification to the ACO that arrives within minutes of the admission.



The ACO's care management team connects the woman's primary care physician with the emergency department physician. They discuss the patient's history, her medication regimen, and together avoid an inpatient admission.

An Event Notification Story – The Happy End

The timely movement of information related to the acute care admission engages members of the care team quickly when their contributions and experience with the patient can have the greatest impact.



Opportunity to Comment

Draft Data Exchange Framework Policies & Procedures (P&P) are available for public review and comment on the [CDII web page](#). The scenarios described in today's presentation reflect these P&Ps, and the Technical Requirements for Exchange P&P details the data exchanges found in the stories. We encourage you to read the P&Ps and offer comment.

PLEASE NOTE: The scenarios described here are illustrative of the Data Exchange Framework's potential and will be possible for organizations that are meeting DSA requirements, have the required technologies in place, and are sharing data in a manner consistent with federal/state regulations and patient consent.

Wrap Up & Q&A

Question & Answer



Stay Involved!

1. **Join our next Information is Power webinar on February 21, 2023, 10:00 AM to 11:00 AM.**
2. **Participate in IAC or DSA P&P SC meetings.**
 - **DSA P&P SC Meeting #4:** January 26, 2023, 9:00 AM to 11:30 AM.
 - **IAC Meeting #4:** February 2, 2023, 9:00 AM to 11:30 AM.
 - Meeting materials, participation information, and recordings will be posted on the [CalHHS DxF website](#).
3. **Join mailing list by emailing cdii@chhs.ca.gov.**
 - CDII welcomes suggestions for future webinar topics.

DxF Website Resources

For more information on the DxF, please visit our Website at:

www.chhs.ca.gov/data-exchange-framework/

There you can find:

- The DxF, DSA, and P&Ps.
- Materials from previous and upcoming meetings, webinars, and listening sessions.
- FAQs on the DxF Data Sharing Agreement and the DSA Signing Portal.