



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Information is Power Webinar Series: The Impact of
Data Exchange Under the DxF & Key Program Updates
Webinar #5 Transcript (9:00 AM – 10:00 AM PT, January 19, 2023)**

The following text is a transcript of the January 19th Data Exchange Framework Information is Power Webinar Series: The Impact of Data Exchange Under the DxF & Key Program Updates. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework website to ensure accuracy.

1

00:00:12.350 --> 00:00:12.990

John Ohanian: Thank you.

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00:00:15.180 --> 00:00:34.390

John Ohanian: Thank you, Julian, and thank you for joining us. I'm really happy to have you here today, or another installment of our information is Power Webinar series for those of you that are joining us for the first time. The Information and Power series is a set of informational. Webinars Cdi is hosting to discuss California's data, exchange framework.

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00:00:34.400 --> 00:00:50.230

John Ohanian: and it's data sharing agreement. It's policies and procedures and the programs. We're developing to support implementation for your ongoing reference, each Webinar will be recorded and posted it in the Cal Hhs Data Exchange framework website. Along with the presentation materials.

4

00:00:51.360 --> 00:00:57.680

John Ohanian: Today's presentation will focus on the Data Exchange framework, qualified health information organization program

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00:00:57.730 --> 00:01:01.980

John Ohanian: and the real world impact of Data Exchange under the Data Exchange framework

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00:01:02.080 --> 00:01:03.220

John Ohanian: next slide, please.

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00:01:04.560 --> 00:01:17.130

John Ohanian: At any point during this Webinar, please feel free to submit your questions through Zoom Q. And a. Functions. And at the end of the presentation our team will select questions from the Q. And a. And answer them. Live as time allows.

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00:01:17.140 --> 00:01:25.559

John Ohanian: If your question is not answered during the session, you'd like to follow up with us. Please submit it to our email address. Cdi at Chhs. Ca.

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00:01:25.930 --> 00:01:26.790

John Ohanian: Next slide.

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00:01:28.120 --> 00:01:36.519

John Ohanian: We have some great speakers today remind us to your picture there, but we have a great team that we're really

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00:01:36.620 --> 00:01:46.059

John Ohanian: honored to have on our team here Rim Kaufman, who's a HIV consultant to Cdi and Cindy Barrow, who is a senior advisor with Manette

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00:01:46.400 --> 00:01:56.540

John Ohanian: fantastic team. Not only them, but we have an incredible team, both at our Cdi team that are here as well as our men at team here and behind the scenes, making all this happen.

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00:01:57.000 --> 00:01:58.660

John Ohanian: So, thanks to all of them.

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00:02:00.070 --> 00:02:05.920

John Ohanian: and with that let's I lost my place. But now we're back at Slide 4, please.

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00:02:06.950 --> 00:02:25.540

John Ohanian: We're going to start by recapping our vision for here's our agenda for for the data exchange in California, and we're going to provide an update on some key data exchange framework implementation activities since our last webinar. So if you're new, you you can go ahead and watch Webinar one and bring yourself up to speed here as well

16

00:02:26.300 --> 00:02:33.810

John Ohanian: today. We'll then dive into an update on the Data Exchange framework. Qh: I/O program. You're gonna learn all about that from Cindy.

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00:02:33.900 --> 00:02:43.569

John Ohanian: and I hope we will then follow with a few examples that show the value and impact of data exchange under the data exchange framework and remotely presenting that

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00:02:43.800 --> 00:02:52.349

John Ohanian: Finally, we'll close, as I mentioned, with some Q. And a. So please go ahead and enter your questions in the Q. And a. And we'll do our best to answer as many as we can

19

00:02:52.690 --> 00:02:54.239

John Ohanian: with that next slide.

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00:02:55.450 --> 00:03:05.800

John Ohanian: So we try to begin every meeting to to share with folks both new and prior, our vision for every California, and if you can go to the next slide. I think we have this

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00:03:07.070 --> 00:03:24.839

John Ohanian: 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 the lives. And well being

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00:03:24.910 --> 00:03:30.290

John Ohanian: so, that has been our our charge and our mandate for the last 18 months. Next slide, please.

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00:03:30.860 --> 00:03:33.899

John Ohanian: So, catching you up on some program up to 8 slide 8

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00:03:34.030 --> 00:03:35.369

John Ohanian: we're gonna

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00:03:35.660 --> 00:03:40.000

John Ohanian: since our last information power Webinar. next slide, please.

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00:03:40.310 --> 00:03:59.939

John Ohanian: We facilitated our implementation advisory committee meetings, and on December tenth and January tenth. we were soliciting input on several draft Pmps and the data Exchange framework. Qh: I/O. And Grant programs. We really appreciate all of your feedback. we. We have released

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00:03:59.950 --> 00:04:02.279

John Ohanian: 5 draft Pms. For public contact

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00:04:02.450 --> 00:04:04.160

John Ohanian: and more on that. In a second

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00:04:04.270 --> 00:04:13.589

John Ohanian: we held our data sharing agreement, signing Portal Town Hall, where we provided an overview of the data sharing agreement, the Pmps and the data sharing agreement signing portal.

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00:04:14.540 --> 00:04:24.350

John Ohanian: We finalized the data sharing agreement signatory grant, eligibility, criteria, and funding parameters for the Qh. I/O on boarding and technical assistance programs.

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00:04:24.470 --> 00:04:33.770

John Ohanian: And finally, we're developing a. Qh I/O criteria across several domains including David, privacy and security, technical capability.

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00:04:33.790 --> 00:04:37.969

John Ohanian: And we plan to discuss this at our next lac meeting next month.

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00:04:38.440 --> 00:04:45.460

John Ohanian: as always for more information on these and other data exchange framework implementation activities. it's all available on our website.

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00:04:49.580 --> 00:05:07.260

John Ohanian: So we'd like to just remind you that the Dsa signing portal is live and available at the link on the screen, or V. Our website for mandatory and voluntary signatories to execute the data sharing agreement. So please go ahead and check there and see if you're required to sign or a voluntary signer. And

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00:05:07.280 --> 00:05:10.779

John Ohanian: you can follow the instructions to go ahead and sign the Dsa

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00:05:12.210 --> 00:05:13.910

John Ohanian: next slide, please.

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00:05:15.800 --> 00:05:20.860

John Ohanian: Okay. We also have draft pages, as I mentioned, are available for public comment.

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00:05:20.990 --> 00:05:28.379

John Ohanian: Additionally, the 5 Pmps available for public comment by comments are due by February the fourteenth.

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00:05:28.500 --> 00:05:33.259

John Ohanian: and those 5 Pmps are California information, blocking provisions.

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00:05:33.290 --> 00:05:35.280

John Ohanian: real time, data, exchange.

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00:05:35.390 --> 00:05:36.840

John Ohanian: early exchange.

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00:05:36.920 --> 00:05:41.149

John Ohanian: technical requirements for exchange and privacy and security safeguards.

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00:05:41.210 --> 00:05:50.339

John Ohanian: All of your comments will be considered so. If you'd like to submit a comment, head on over to our website. I read the instructions and send us to your thoughts on the draft, the Mps.

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00:05:51.560 --> 00:05:53.990

John Ohanian: And with that i'd like to turn it over to Cindy.

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00:05:55.560 --> 00:05:56.769

Cynthia Bero: Thank you, John.

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00:05:57.410 --> 00:05:59.410

Cynthia Bero: Can we move to the next slide, please.

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00:06:00.050 --> 00:06:11.510

Cynthia Bero: So what i'd like to do today is to share a little bit of information and some updates regarding the qualified health Information organization program or Qh: I/O program

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00:06:11.540 --> 00:06:12.590

Cynthia Bero: next slide.

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00:06:13.610 --> 00:06:35.749

Cynthia Bero: So as John shared with us, the data exchange framework is creating an environment where we can, you know, safely and securely exchange health and social services. Information to to benefit every Californian and this is gonna require that every signatory be able to send and receive transactions.

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00:06:35.760 --> 00:06:43.059

Cynthia Bero: you know. Locate a patient record, you know, and to respond to a query for information.

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00:06:43.070 --> 00:07:03.989

Cynthia Bero: format. The information using standard technologies. Secure the information for transport. You know some of this. There are capabilities that organizations have, and some of these are capabilities that organizations may not have today, and they may be seeking the services of an intermediary to help them, you know, meet their obligations under the Dsa.

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00:07:04.700 --> 00:07:17.059

Cynthia Bero: we are trying to identify through the Q. H. I/O program. Some of those intermediaries that can best be can can best meet the needs of signatories.

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00:07:17.070 --> 00:07:34.200

Cynthia Bero: mindful of the fact that signatories are not required to use one of these intermediaries. if they can meet their obligations to other means. But we do want every organization to have the availability of a. Of services from a. Q. H. I. If that's necessary.

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00:07:36.860 --> 00:07:37.939

Cynthia Bero: next slide.

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00:07:38.920 --> 00:07:56.580

Cynthia Bero: So what we've done is, I've introduced 2 acronyms, and and as many of you know, acronyms are hard to keep up with, so I always like to take a moment just to pause and remind folks what these these acronyms stand for, and what they mean. So in general, an hio is an organization that

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00:07:56.590 --> 00:08:12.989

Cynthia Bero: that has technology services and support to offer organizations as they try to move information between themselves. So, they they have technology, capabilities, service and support capabilities, and they can help

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00:08:13.000 --> 00:08:16.989

Cynthia Bero: health and social services organizations exchange data.

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00:08:17.050 --> 00:08:29.159

Cynthia Bero: A qualified health information organization, or Qh. I/O. Is one that has demonstrated their ability to meet the data, exchange framework, specific requirements.

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00:08:29.170 --> 00:08:39.210

Cynthia Bero: And so, as part of the implementation of the data Exchange framework. We will be developing some criteria to to evaluate H. Ios and see if they could

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00:08:39.220 --> 00:08:51.109

Cynthia Bero: could be qualified, and that that will be that criteria are under development now, and the application process will be made available in the the coming weeks

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00:08:52.120 --> 00:08:53.300

Cynthia Bero: next slide.

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00:08:54.500 --> 00:09:13.699

Cynthia Bero: So speaking of coming weeks, this is the overall timeline we've just entered into 2,023 happy new year and we will be finalizing the criteria, and getting ready to launch the application. in march of 2,023. You see that on the timeline below

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00:09:13.710 --> 00:09:27.099

Cynthia Bero: the line Our goal is to evaluate all of those applications and announce the Qh. Ios in May. So if you are a signatory and you're starting to

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00:09:27.110 --> 00:09:49.930

Cynthia Bero: think about how you are going to meet your Dsa obligations, and how you'll be able to participate in what will be a very beneficial data exchange. You can, you know. Look at this timeline and anticipate that by by May you will have some organizations identified that will be able to help you. meet the

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00:09:49.940 --> 00:09:51.899

Cynthia Bero: Dsa requirements

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00:09:54.140 --> 00:09:55.640

Cynthia Bero: next slide, please.

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00:09:56.050 --> 00:10:05.379

Cynthia Bero: So so what if what is this? Q. H. I/O program looking at? What are some of the areas that we're assessing to determine which organizations are qualified.

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00:10:05.430 --> 00:10:17.469

Cynthia Bero: we are looking at how the organization is structured, how it governs itself, and it's, you know, status in terms of being a corporation and good standing, and and financially

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00:10:17.530 --> 00:10:30.090

Cynthia Bero: secure. We are also looking at the way they manage and handle data to make sure that they protect privacy and that they secure information in transit

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00:10:30.700 --> 00:10:32.010

Cynthia Bero: and arrest.

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00:10:33.360 --> 00:10:34.610

Cynthia Bero: We are going to

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00:10:34.670 --> 00:10:53.970

Cynthia Bero: assess their capabilities around meeting the technical requirements of the data Exchange framework, and, as John mentioned, there are, you know, some policies and procedures being developed included among those will be some technical requirements that we would expect signatories to meet, and the Qh. los to support.

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00:10:54.870 --> 00:11:11.449

Cynthia Bero: And last, we are looking to see that these organizations can continue to report out activity, so we can monitor how the data Exchange framework is meeting the needs of of the organizations and the needs of the citizens.

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00:11:12.670 --> 00:11:13.240

Okay.

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00:11:15.430 --> 00:11:25.329

Cynthia Bero: so let me now take a moment and turn things over to Rim, Who can share with us the impact that data exchange will have

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00:11:25.740 --> 00:11:28.060

Cynthia Bero: when it's fully implemented room.

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00:11:28.630 --> 00:11:35.379

Robert Cothren, CDII CalHHS: Thank you, Cindy, and thank you for taking the lead and creating the stories that I get to present today.

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00:11:35.430 --> 00:11:39.639

Robert Cothren, CDII CalHHS: Can we go on to the next slide, please, and the slide after that. Thank you.

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00:11:42.320 --> 00:12:00.889

Robert Cothren, CDII CalHHS: As John said, we open each of our webinars and public meetings with a vision for the data exchange framework that you can see here today. We'll talk a bit about how health and social services information could be shared under the data exchange framework, to improve the health and well-being of Californians.

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00:12:00.900 --> 00:12:12.350

Robert Cothren, CDII CalHHS: and to improve the experience for providers and their patients. these examples Don't cover every form of data exchange that currently is taking place in California today.

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00:12:12.360 --> 00:12:32.160

Robert Cothren, CDII CalHHS: or even all that will be promoted and required under the data exchange framework. In particular, the examples today are more illustrative of the healthcare experience of patients and providers focusing on the mandatory signatories to the data exchange framework.

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00:12:32.170 --> 00:12:45.649

Robert Cothren, CDII CalHHS: However, the data exchange framework is intended to carry not only health information, but also social services, information, and incorporate a broader expanse of participants in the network. And hopefully.

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00:12:45.960 --> 00:12:54.700

Robert Cothren, CDII CalHHS: you yourselves can imagine a future that we see beyond health to exchange of social services. Information as well

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00:12:55.300 --> 00:12:57.609

Robert Cothren, CDII CalHHS: go on to the next slide, please.

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00:12:57.860 --> 00:13:13.770

Robert Cothren, CDII CalHHS: Our first example focuses on an older woman with multiple chronic conditions and medications. Not an uncommon situation in our country today. Her primary care physician at the local Community Health Center refers her to a specialist, a cardiologist

86

00:13:13.840 --> 00:13:17.710

Robert Cothren, CDII CalHHS: for an assessment and an update to her treatment and medications.

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00:13:18.430 --> 00:13:45.939

Robert Cothren, CDII CalHHS: To ensure the cardiologist is well informed about her health, and to reduce the burden on the patient to remember all of her problems, her medications, and her medical history accurately, her Pcp. Forwards a summary of her health record to the cardiologist. This is a push of information to the cardiologist, knowing that he will be seeing the patient, and would benefit from a more complete information about her.

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00:13:46.640 --> 00:14:00.099

Robert Cothren, CDII CalHHS: After reviewing and confirming that information with the patient, it then becomes part of the patient health record with the cardiologist, and he is now more confident and prepared to address the patient's needs.

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00:14:00.410 --> 00:14:15.069

Robert Cothren, CDII CalHHS: Following the visit. The adjustments to medications are communicated back to the patients primary care Physician. Another push of health information, so that her records

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00:14:15.080 --> 00:14:24.450

Robert Cothren, CDII CalHHS: for the patient are likewise up to date and reflect the current treatment, plan and medications. The Pcp. Is now better prepared for. Follow up care

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00:14:25.390 --> 00:14:37.779

Robert Cothren, CDII CalHHS: for those that are reviewing the most recent Pmps policies and procedures that John and Cindy mentioned, and that were released for public comment earlier this week.

92

00:14:37.790 --> 00:14:55.330

Robert Cothren, CDII CalHHS: The first exchange of information here is encouraged under the Data Exchange framework, and the second is required of mandatory signatories that create new health information, such as an encounter record following a referral. Like all of these scenarios that i'll discuss here today.

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00:14:55.340 --> 00:14:58.090

Robert Cothren, CDII CalHHS: A. Qh. I/O, described by Cindy, might

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00:14:58.110 --> 00:15:02.739

Robert Cothren, CDII CalHHS: but is not required to facilitate exchange between these providers.

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00:15:03.680 --> 00:15:09.110

Robert Cothren, CDII CalHHS: We go on to the next slide, please. All 3 of these participants in the exchange benefit.

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00:15:09.400 --> 00:15:16.830

Robert Cothren, CDII CalHHS: The patient has more trust in the health care system when communication and collaboration among her providers is cleared to her.

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00:15:17.180 --> 00:15:22.390

Robert Cothren, CDII CalHHS: The cardiologist has the information he needs to deliver safe and efficient care.

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00:15:22.750 --> 00:15:27.109

Robert Cothren, CDII CalHHS: and the primary care physician is fully informed about the assessment.

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00:15:27.180 --> 00:15:34.369

Robert Cothren, CDII CalHHS: decisions, and adjustments made by the cardiologist, and is prepared to continue primary care for the patient.

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00:15:37.270 --> 00:15:39.360

Robert Cothren, CDII CalHHS: Let's go on to the next slide, please.

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00:15:39.530 --> 00:15:47.650

Robert Cothren, CDII CalHHS: In our second story this one is about an individual that reclaim relocates from Southern to Central California.

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00:15:48.080 --> 00:15:52.429

Robert Cothren, CDII CalHHS: which is necessarily accompanied by a change in his medical providers.

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00:15:53.430 --> 00:15:59.629

Robert Cothren, CDII CalHHS: One day he rhymes, arrives at the emergency department in Central California, after losing consciousness.

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00:15:59.740 --> 00:16:03.949

Robert Cothren, CDII CalHHS: with no company and family member, and therefore no medical history.

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00:16:04.630 --> 00:16:14.400

Robert Cothren, CDII CalHHS: with no knowledge of the patient's health care providers. The emergency department staff turns to other organizations in the health care system to learn information about him.

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00:16:15.220 --> 00:16:27.309

Robert Cothren, CDII CalHHS: While in the LED the staff find a medical beneficiary identification card identifying medical as patients health plan and a medical member. Id to help identify him to the plan

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00:16:27.900 --> 00:16:45.609

Robert Cothren, CDII CalHHS: concerned about medication interactions and hoping to learn something about current conditions. The LED Staff query medical for a current medication list and receive a reply that includes insulin identifying the patient as an insulin dependent diabetic.

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00:16:46.470 --> 00:16:55.749

Robert Cothren, CDII CalHHS: The LED also turns to clinical labs and queries them for recent lab results. Recent data show the patient's. Diabetes may not be well controlled.

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00:16:56.000 --> 00:17:06.490

Robert Cothren, CDII CalHHS: Knowledge of the limited medical history and recent results provide the LED staff with a better picture of current problems and help guide a better informed treatment.

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00:17:07.319 --> 00:17:19.659

Robert Cothren, CDII CalHHS: while a great deal of query based exchange takes place in California Today the dating exchange framework expands, exchange to include new participants, such as health plans and clinical labs.

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00:17:19.810 --> 00:17:27.119

Robert Cothren, CDII CalHHS: All participants in the data exchange framework are required to respond to requests for health and social services information they maintain.

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00:17:29.570 --> 00:17:31.080

Robert Cothren, CDII CalHHS: Next slide, please.

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00:17:32.010 --> 00:17:44.550

Robert Cothren, CDII CalHHS: This example illustrates how the data exchange framework will help all participants, hospitals, physician organizations, plans, skilled nursing facilities, clinical labs, and others

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00:17:44.750 --> 00:17:49.349

Robert Cothren, CDII CalHHS: work together to collaborate, to deliver the best possible care to the patient.

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00:17:53.250 --> 00:17:54.540

Robert Cothren, CDII CalHHS: Next slide, please.

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00:17:56.620 --> 00:18:03.450

Robert Cothren, CDII CalHHS: Our final story today is about a woman with a long-standing history of congestive heart failure, or.

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00:18:04.560 --> 00:18:09.769

Robert Cothren, CDII CalHHS: like many of us, she has struggled in her busy life to manage her condition.

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00:18:09.930 --> 00:18:16.260

Robert Cothren, CDII CalHHS: which has led to several visits to the emergency department and hospitalizations over the past year.

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00:18:17.120 --> 00:18:18.740

Robert Cothren, CDII CalHHS: Appropriately.

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00:18:18.770 --> 00:18:29.970

Robert Cothren, CDII CalHHS: her primary care physician has identified. Excuse me as I did. I has identified her as a patient at risk for emergency department or hospital admissions.

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00:18:29.980 --> 00:18:40.979

Robert Cothren, CDII CalHHS: and the aco in which she participates has added her name to a roster of at-risk patients, and submitted it to the qualified Hio with which it is a participant.

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00:18:41.050 --> 00:18:51.249

Robert Cothren, CDII CalHHS: asking the Qh. I/O to send notifications of cute acute care events, such as LED or hospital admissions for all at-risk patients

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00:18:53.210 --> 00:18:54.770

Robert Cothren, CDII CalHHS: next slide, please.

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00:18:55.910 --> 00:19:02.899

Robert Cothren, CDII CalHHS: Unfortunately, our patient is taken to the LED with difficulty, breathing one day, perhaps as a result of missing a medication

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00:19:03.380 --> 00:19:07.069

Robert Cothren, CDII CalHHS: upon admission, the LED, not the

126

00:19:07.250 --> 00:19:10.690

Robert Cothren, CDII CalHHS: participates in the data exchange framework of the event

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00:19:11.250 --> 00:19:13.999

Robert Cothren, CDII CalHHS: with a standard adt message

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00:19:14.070 --> 00:19:20.360

Robert Cothren, CDII CalHHS: upon receipt of the Adt. Message, the Qh. I/O matches the notification to our patient

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00:19:20.810 --> 00:19:24.870

Robert Cothren, CDII CalHHS: notes that she is included on a roster of at-risk patients

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00:19:24.900 --> 00:19:28.580

Robert Cothren, CDII CalHHS: and alerts the aco of the event as requested.

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00:19:29.170 --> 00:19:41.439

Robert Cothren, CDII CalHHS: All of these notifications happen at the time of the event, and in most cases the Pcp at the Aco might actually receive the notification while the patient is still being seen in the emergency department.

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00:19:42.050 --> 00:19:53.910

Robert Cothren, CDII CalHHS: The Aco might connect the patients pcp with the LED physician, so that they can collaborate in caring for the patient, and perhaps avoid a hospital admission.

133

00:19:55.020 --> 00:20:11.470

Robert Cothren, CDII CalHHS: This story illustrates the advantages of timely notification of acute care events, and the need to ensure that appropriate participants in the data

help exchange framework, have access to timely notifications to help care for their at risk. Patients

134

00:20:12.900 --> 00:20:31.600

Robert Cothren, CDII CalHHS: We go on to the next slide, please. This example illustrates how timely movement of critical information, especially of notifications of acute care. Events helps engage data, exchange framework participants in timely care and collaboration in caring for a patient

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00:20:31.770 --> 00:20:37.179

Robert Cothren, CDII CalHHS: resulting in better, patient outcomes and reduce health system costs

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00:20:40.740 --> 00:20:42.190

Robert Cothren, CDII CalHHS: next slide, please.

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00:20:45.270 --> 00:20:57.900

Robert Cothren, CDII CalHHS: I just want to note again that Cdi has released 4 new policies and procedures on Tuesday for public comment. 2 of these documents, the technical requirements for exchange and the real time Exchange

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00:20:58.060 --> 00:21:06.639

Robert Cothren, CDII CalHHS: are related to the examples we discussed here today, and we encourage you to review all of the new policies and procedures, and provide comments

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00:21:08.000 --> 00:21:11.679

Robert Cothren, CDII CalHHS: with that i'll turn things back over to John to wrap us up.

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00:21:13.220 --> 00:21:17.409

John Ohanian: Okay. Thanks for him. I think we're gonna take some Qa.

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00:21:17.490 --> 00:21:20.179

John Ohanian: Did you guys get any

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00:21:27.520 --> 00:21:43.379

Cynthia Bero: that I think there's one question regarding the timing of the criteria for the Qhos and the question is, you know, will the functional capabilities and the operational requirements be made available

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00:21:43.390 --> 00:21:49.499

Cynthia Bero: in March. And yes, that is our Our goal is to release that information in March.

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00:21:53.270 --> 00:21:55.190

John Ohanian: Great. Thank you for that one

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00:21:55.480 --> 00:21:59.090

John Ohanian: on your end. When I see a couple more coming in.

146

00:22:01.430 --> 00:22:16.000

Robert Cothren, CDII CalHHS: There is one question asking that we ensure that our scenarios reassures consumers, and patients of the security of the transactions that are outlined. That's an excellent point, and we do

147

00:22:16.010 --> 00:22:22.500

Robert Cothren, CDII CalHHS: have requirements for privacy and security on the data exchange framework. And

148

00:22:22.760 --> 00:22:23.900

Robert Cothren, CDII CalHHS: it, would

149

00:22:23.930 --> 00:22:29.679

Robert Cothren, CDII CalHHS: it? It is an excellent suggestion for us to make sure that we feature those in of

150

00:22:29.950 --> 00:22:35.130

Robert Cothren, CDII CalHHS: future Webinars. Thank you very much for your comment there.

151

00:22:35.590 --> 00:22:42.579

Robert Cothren, CDII CalHHS: Cindy. I also see one on queue hands, and their need to apply to be Qh: ios in California.

152

00:22:43.340 --> 00:22:52.979

Cynthia Bero: Yes, I saw that come in. the answer is yes, Q. Hens will need to apply to be a. Q. H. I/O. In California.

153

00:22:52.990 --> 00:23:06.960

Cynthia Bero: we are very closely aligning our requirements with those of the the Tefka program. so we are trying to, you know. Make it easier for organizations to

154

00:23:06.970 --> 00:23:13.199

Cynthia Bero: to apply and see the similarities, but they are slightly different. And so there is a separate application process.

155

00:23:18.450 --> 00:23:19.620

John Ohanian: Great, Thank you.

156

00:23:23.840 --> 00:23:25.840

John Ohanian: People email us

157

00:23:25.960 --> 00:23:27.550

John Ohanian: if they want to.

158

00:23:29.490 --> 00:23:38.570

Robert Cothren, CDII CalHHS: So there is one other question about homeless management information systems or home housing management information systems.

159

00:23:38.580 --> 00:23:54.469

Robert Cothren, CDII CalHHS: is there a plan to have? Hms: the homeless databases to connect to this eventually. Our scenarios that we discussed today are primarily about the healthcare system and patients. i'm glad that this question was asked

160

00:23:54.600 --> 00:24:09.560

Robert Cothren, CDII CalHHS: because the Data Exchange framework is not only about health information but health and social services information. right now, a lot of the focus has been on mandatory signatories which are all members, the health care system.

161

00:24:09.570 --> 00:24:28.019

Robert Cothren, CDII CalHHS: But the data, exchange framework, the data, sharing agreement, and the policies and procedures are all meant to encompass social services, information such as housing information as well. And so our our hope is to include, include this additional information in the future. Thank you for that question.

162

00:24:30.730 --> 00:24:49.940

Cynthia Bero: John. There's also a question around the is. It is a signatory required to use a. Q. H. I/O, in order to be compliant, and the answer is, No, you no one is required to use a. Q. H. I/O. We do think that for some organizations this may be a beneficial, because they

163

00:24:49.950 --> 00:24:59.220

Cynthia Bero: may not have the capability themselves to to meet all their requirements. But it is not certainly not required that, a signatory use a. Q. H. I/O.

164

00:25:08.240 --> 00:25:20.599

John Ohanian: So I think one of the things that I see a couple of different areas here is kind of a refresher to folks that the data. Exchange framework is kind of a distinguishment of what it is, but it isn't the data Exchange framework is not technology.

165

00:25:20.770 --> 00:25:28.199

John Ohanian: the framework are rules of the road. and guiding principles, as well as

166

00:25:28.220 --> 00:25:45.500

John Ohanian: inclusive of that is the is sharing agreement, and the Pmp's. And then some of the programs are rolling out. But it's not technology. When you ask it's it's gonna be connecting what we're talking about is the greater ecosystem of health information organizations and qualified health information organizations

167

00:25:47.000 --> 00:25:50.229

John Ohanian: creating that network.

168

00:25:51.900 --> 00:25:56.450

John Ohanian: I see a couple more coming down in terms of required signers.

169

00:26:06.660 --> 00:26:09.170

John Ohanian: I'm hearing that I have an echo.

170

00:26:09.440 --> 00:26:11.460

John Ohanian: Do you hear the echo?

171

00:26:11.690 --> 00:26:13.079

Robert Cothren, CDII CalHHS: Yes, yes.

172

00:26:13.970 --> 00:26:27.539

Robert Cothren, CDII CalHHS: I wish I could tell you why, Cindy, there is one question here about whether social services programs are going to be required to connect to some form of data, exchange or Qh: I/O

173

00:26:27.730 --> 00:26:41.219

Robert Cothren, CDII CalHHS: Social services organizations that participate in the data exchange framework can use multiple methods to share that information which might include an H. A. Q. H. I/O Cindy, do you have something you want to add to that?

174

00:26:41.940 --> 00:26:51.419

Cynthia Bero: thanks, Rem. No, nothing to add. I again the use of the services of a Q. H. I. O. Are at the at the option I mean it's a choice

175

00:26:51.430 --> 00:27:11.130

Cynthia Bero: that the signatory would need to make. but if if a signatory feels they can meet their obligations under the Dsa without the use of a. Q. H. I/O. That's that's absolutely fine. we're just trying to Identify organizations that are have been qualified to help if you need help.

176

00:27:23.490 --> 00:27:26.109

John Ohanian: I'm going to try on the audio again.

177

00:27:26.550 --> 00:27:28.930

Robert Cothren, CDII CalHHS: Unfortunately, it really is not

178

00:27:31.610 --> 00:27:34.300

Robert Cothren, CDII CalHHS: you. You just sound like you're in a big box, John.

179

00:27:34.660 --> 00:27:46.140

Robert Cothren, CDII CalHHS: There is another question. since social service providers are encouraged to participate at this time is the format which they should share data up to them to decide.

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00:27:46.290 --> 00:28:05.090

Robert Cothren, CDII CalHHS: and the answer to that is, really no, there are a number of policies and procedures that identify what data is to be exchanged. The format of that data, and in the newly released policies and procedures the technical requirements for sharing that data

181

00:28:05.100 --> 00:28:18.219

Robert Cothren, CDII CalHHS: that's going to apply to subsets of all participants on the data exchange framework to ensure that we don't end up with still pipes of information that only certain participants can understand.

182

00:28:18.340 --> 00:28:28.610

Robert Cothren, CDII CalHHS: or only certain participants are able to share with each other. We would really encourage people to review the data elements to be exchanged. The technical requirements for

183

00:28:28.620 --> 00:28:44.190

Robert Cothren, CDII CalHHS: for exchange real time, exchange and other policies and procedures, with a thought beyond just a healthcare organizations and health information, but also for Cdos social services, organizations.

184

00:28:44.200 --> 00:28:59.739

Robert Cothren, CDII CalHHS: and the appropriate information for social services, organizations to be sharing, and make sure that those policies and procedures appropriately apply to all participants on the network. And if you see gaps there. Please let us know.

185

00:29:05.240 --> 00:29:06.300

John Ohanian: Thanks from.

186

00:29:06.900 --> 00:29:10.520

John Ohanian: We have some of that info that was referring in the

187

00:29:10.760 --> 00:29:12.510

John Ohanian: we'll have that.

188

00:29:14.670 --> 00:29:16.169

John Ohanian: Can you make so busy.

189

00:29:18.120 --> 00:29:23.329

John Ohanian: That is most of the questions that I've seen for us to answer today, John.

190

00:29:24.200 --> 00:29:37.969

John Ohanian: Well, great Thank you. Team and just remember that. you can always just send us a a message. We'll we'll put the the email address again in the chat, but it's the E. Iii. At the

191

00:29:38.000 --> 00:29:40.459

John Ohanian: Feel free to send us any time.

192

00:29:40.960 --> 00:29:53.589

John Ohanian: And with that we're gonna do a little wrap up here. So thank you all for joining and staying involved. And what's going on here with the data shing framework, and being close to how you can participate.

193

00:29:53.780 --> 00:29:58.129

John Ohanian: Our next webinar is Tuesday, February 20, first, from 10 to 11,

194

00:29:58.190 --> 00:30:10.730

John Ohanian: and we are going to have a number of upcoming meetings to go through data sharing agreement with Pmps our subcommittee, as well as our implementation advisory committees. All those meetings are open to the public, so you are welcome to join.

195

00:30:11.010 --> 00:30:13.130

John Ohanian: and part of the State public comment as Well.

196

00:30:14.260 --> 00:30:32.449

John Ohanian: please let us know if there's a topic you want covered a lot of this. This information that we're giving to you is based on feedback. We're hearing from the masses and trying to address common questions in a in a group format. So please your questions are really helping your input of where things may not be clear or really helpful.

197

00:30:32.460 --> 00:30:50.219

John Ohanian: we know we're moving at a pretty quick case. We hear that a lot, and we're excited to hear that people think that we're moving quickly. we I I know, speaking for myself. we can never be fast enough but through that we really want to make sure that we're hearing your input and creating a program that's going to be successful. So

198

00:30:50.270 --> 00:30:52.170

John Ohanian: with that, if we can go to the next slide.

199

00:30:53.590 --> 00:31:13.150

John Ohanian: and finally, as always, encourage you to take a look at our website for everything you need to know about the data, sharing agreements and the and the data exchange framework, and also encourage others. You can send this off to others to get familiar, and when they come back for the next webinar they caught up everything's recorded in there for your information.

200

00:31:13.160 --> 00:31:18.309

John Ohanian: With that I wish you a very happy 23. And thank you for joining us again. Take care.