

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee
Data Sharing Agreement Policies and Procedures Subcommittee
Meeting 1 Chat Log (9:30AM – 12:00PM PT, September 23, 2022)**

The following comments were made in the Zoom chat log by Subcommittee Members during the September 23rd meeting:

09:39:51 From Steven Lane to Hosts and panelists:
Will chat be made part of the public record?

09:40:37 From Mark Savage to Everyone:
@Steven, we were told yes.

09:41:24 From Justin Yoo to Everyone:
Meeting materials, including the chat log, will be made available on the DxF website after the meeting. <https://www.chhs.ca.gov/data-exchange-framework/>

09:45:58 From Matthew Eisenberg to Hosts and panelists:
Apologies for the late join. I'm Matt Eisenberg, Associate CMIO at Stanford Health Care.

09:46:13 From Courtney Hansen to Hosts and panelists:
Welcome, Matt!

09:48:35 From Steven Lane to Everyone:
Can/should we align this list with the definition of Clinician under federal regulation, e.g., for purposes of Information Blocking prohibitions?

09:51:28 From Steven Lane to Everyone:
I also suggest that we consider including language to clarify that genomics laboratories are Laboratories under the rules.

09:52:47 From William (Bill) Barcellona to Everyone:
OHCA legislation defined physician organizations and seems to track somewhat with your characterization of physician practices with greater than 25 physicians. This may be a useful reference.

10:00:14 From Jonah Frohlich to Hosts and panelists:
Thanks Bill, that's a helpful reference we will consider aligning with

10:09:15 From Steven Lane to Everyone:

Re Bill's comment about physician practices with >25 physicians (providers?), I hope that we do not end up excluding/excusing smaller practices from requirements to participate fully in the DxF over time. It is true that smaller practices may require additional support and/or time in order to participate and comply.

10:11:30 From Jonah Frohlich to Hosts and panelists:

@Steven and @ Bill: AB 133 Statute explicitly requires that small practices (<25 providers) share health information by 1/31/2026. Unless the statute is amended in some way to exclude them they will be required to participate.

10:11:54 From Sanjay Jain to Hosts and panelists:

Shouldn't Consent Management be included as prioritized topics ?

10:12:39 From Rim Cothren to Everyone:

To Steven's point, please see <https://www.chhs.ca.gov/data-exchange-framework/#dxf-data-sharing-agreement-and-policies-procedures> for the Policies and Procedures developed prior to today's meeting.

10:12:58 From Belinda Waltman to Everyone:

Strongly agree that Consent Management and Authorizations should be prioritized particularly because exchange of Part 2 data (with appropriate auth) was added to P&P#4

10:13:03 From Steven Lane to Everyone:

List of existing P&Ps: <https://www.chhs.ca.gov/data-exchange-framework/#dxf-data-sharing-agreement-and-policies-procedures>

10:13:46 From Steven Lane to Everyone:

7/1/22 P&P re Permitted, Required and Prohibited Purposes:
https://www.chhs.ca.gov/wp-content/uploads/2022/07/6.-CHHS_DSA-Permitted-Required-and-Prohibited-Purposes-PP_Final_v1_7.1.22.pdf

10:16:15 From Mark Savage to Everyone:

@Courtney, is this the time to bring up other ideas for P&Ps not explicitly on this slide?

10:17:03 From Courtney Hansen to Everyone:

@Mark. Yes. I think we're just starting this part of the discussion. Please chime in!

10:18:02 From William (Bill) Barcellona to Everyone:

Data quality should be coordinated with HCAI, given that they will issue regulations on data submittals under the Healthcare Payments Database, right?

10:25:15 From Rim Cothren to Everyone:

See https://www.chhs.ca.gov/wp-content/uploads/2022/07/9.-CHHS_DSA-Individual-Access-Services-PP_Final_v1_7.1.22.pdf for the P&P on individual access.

10:25:19 From Steven Lane to Everyone:

The larger Health IT community has embraced the use of the term "individual" in lieu of "patient".

10:26:43 From Steven Lane to Everyone:

Individual access also includes access by family members and other caregivers requesting information/data exchange on behalf of a patient.

10:27:29 From Diana Kaempfer-Tong to Everyone:

I second Elaine's thought. This would be helpful.

10:27:30 From Deven McGraw to Everyone:

Steven, legally family members and caregivers are not considered personal representatives - entitled to the information - unless they are legally authorized to make medical decisions for the patient.

10:28:42 From Steven Lane to Everyone:

+1 Deven. This needs to be made clear. Of course many family members and other caregivers ARE authorized in this manner. Lots to clarify here, and/or point to controlling HIPAA or other regs.

10:28:53 From Deven McGraw to Everyone:

Once a competent adult has access to their information, they can then share it with whom they want -- but to grant access generally to caregivers raises a number of potential issues. But of course we can discuss this further when we get to further fleshing out individual access P&Ps.

10:30:05 From Deven McGraw to Everyone:

Apologies, I need to excuse myself for a minute - be right back.

10:31:36 From Mark Savage to Everyone:

Agree, agree, agree about targeted support and TA for CBOs and SSOs.

10:32:14 From Mark Savage to Everyone:

They never had an incentive program to help them build capacity and workflows.

10:36:29 From Elaine Ekpo to Hosts and panelists:

Strongly agree, Deven. This is an excellent point that warrants further fleshing out.

10:37:40 From Mark Savage to Everyone:

You do entertain public comment/question at the assigned times. There is that process.

10:38:52 From Steven Lane to Everyone:

It is worth noting that there are 61 public attendees at this meeting, which is a testament to the level of general interest in this important work.

10:44:25 From Steven Lane to Everyone:

There is a tremendous amount of work going on at the federal level, mostly by ONC and CDC, to improve interoperability between Public Health and providers. CA has not been actively involved in those discussions, beyond representation from provider organizations. Should we have CDPH more actively involved in this DxF work effort so that we can address their identified needs and align with federal efforts?

10:44:29 From Justin Yoo to Everyone:

Slides from last week's Data Exchange Framework webinar are available on the CalHHS website at: https://www.chhs.ca.gov/wp-content/uploads/2022/09/CalHHS-CDII-DxF_Webinar-1_September-13-2022_Final-1.pdf. Information on future webinars will also be made available on the website.

10:46:20 From Mark Savage to Everyone:

ONC is expected to issue a new draft regulation in October (more or less). May present new thoughts about needed P&Ps.

10:49:05 From Steven Lane to Everyone:

Here is a helpful fact sheet regarding the federal healthcare provider definition: https://www.healthit.gov/cures/sites/default/files/cures/2020-08/Health_Care_Provider_Definitions_v3.pdf

10:49:17 From Tom Schwaninger L.A. Care Health Plan to Hosts and panelists:

So, yes a health plan would be in scope

10:49:44 From Jonah Frohlich to Everyone:

@Tom: Yes

10:53:40 From Steven Lane to Everyone:

VERY helpful Information Blocking FAQs that have been posted by ONC:
<https://www.healthit.gov/faqs>

10:54:06 From Rim Cothren to Everyone:

You might note in Q&A the suggestion to include CBO participation in these meetings. We have asked some of our contacts for recommendations in that space, asked our IAC members earlier this week, and would extend that ask to our Subcommittee members. Please send suggestions you may have to cdii@chhs.ca.gov.

10:54:58 From Steven Lane to Everyone:

ONC has also offered this most recent accounting of the Information Blocking complaints that they have received through their web site:
<https://www.healthit.gov/data/quickstats/information-blocking-claims-numbers>

10:56:15 From Matthew Eisenberg to Everyone:

There are costs to establishing and maintaining connectivity so some DSA participants may feel that no ability to cover those costs may be an undue burden or "tax"?

10:57:23 From Steven Lane to Everyone:

There is a tremendous collection of resources available from the Sequoia Project to support compliance with Information Blocking prohibitions:
<https://sequoiaproject.org/resources/information-blocking/>

11:01:26 From Steven Lane to Everyone:

The Content part of the Content & Manner exception essentially expires next month when the scope of EHI expands from USCDI V1 to All EHI included in the DRS.

11:04:05 From Emma P - Manatt Events to L. Johns and all panelists:

Our public comment period has ended. Please send any comments to CDII@chhs.ca.gov. Thank you.

11:05:33 From Emma P - Manatt Events to herb@hksstrategies.com and all panelists:

Our public comment period has ended. Please send any comments to CDII@chhs.ca.gov. Thank you.

11:06:29 From Matthew Eisenberg to Everyone:

I apologize but I will need to drop at 11:15. In the future, I will be able to clear my calendar for the full meeting but for this one, the limited lead time made that problematic. Thanks for including me in this important discussion.

11:11:51 From Steven Lane to Everyone:

Auditing, monitoring and enforcement may provide another opportunity to align with and/or leverage Federal efforts regarding Cures Act compliance. As there is not statutory authority for State level enforcement efforts, we might refer complainants to the federal reporting processes as applicable. Specifically for Information Blocking, complaints can be submitted at:

<https://inquiry.healthit.gov/support/plugins/servlet/desk/portal/6>

11:16:50 From Diana Kaempfer-Tong to Everyone:

I concur with Morgan, with the PRA this could be a risk of exposure for departments.

11:18:34 From Sanjay Jain to Hosts and panelists:

So in addition to signing DSA participants would need to attest on an annual basis ?

11:19:13 From John Helvey to Everyone:

great point Jason

11:19:47 From Nik Sethi to Hosts and panelists:

Please find the definition of Health and Social Services Information below.

11:19:48 From Nik Sethi to Hosts and panelists:

“Health and Social Services Information” shall mean any and all information received, stored, processed, generated, used, transferred, disclosed, made accessible, or shared pursuant to this Agreement, including but not limited to: (a) Data Elements as set forth in the applicable Policy and Procedure; (b) information related to the provision of health care services, including but not limited to PHI; and (c) information related to the provision of social services. Health and Social Services Information may include PHI, PII, de-identified data (as defined in the HIPAA Regulations at 45 C.F.R. § 164.514), anonymized data, pseudonymized data, metadata, digital identities, and schema

11:20:17 From Rim Cothren to Everyone:

See https://www.chhs.ca.gov/wp-content/uploads/2022/07/4_CHHS_DSA-Data-Elements-to-Be-Exchanged-PP_Final_v1_7.1.22.pdf for the health and social services information that DSA signatories must provide access to or exchange.

11:29:45 From Steven Lane to Everyone:

Clinical Labs are ALREADY required to respond to these queries under federal Information Blocking prohibitions. See fact sheet noted above regarding the healthcare

provider definition: https://www.healthit.gov/cures/sites/default/files/cures/2020-08/Health_Care_Provider_Definitions_v3.pdf

11:30:56 From Steven Lane to Everyone:

"The term 'health care provider' includes ... a laboratory..."

11:32:32 From Louis Cretaro to Everyone:

This transaction could also be triggered by an event in the system generated by Dr Smith. Such as a referral. Wouldn't each vendor have to develop the ways to trigger the transactions?

11:33:33 From William (Bill) Barcellona to Everyone:

Many physician organizations mention to me that they cannot access their patient's ADT information with local hospitals. Other organizations that are within the integrated system do not have this problem. The nature of the problem is elusive at present, but it is critical that these connections for exchange of ADT information between physicians and hospitals gets handled during this DxF process.

11:34:56 From Louis Cretaro to Everyone:

Would we have authority to prioritize transactions?

11:36:27 From Steven Lane to Everyone:

With referrals, there has been a thorny problem identified in the national discussion regarding when a Treatment relationship begins. Is this at the point that a referral request is received for evaluation, at the point that the patient is registered or scheduled in the receiving provider's system, or at the time of patient arrival for care. There is often a need to evaluate clinical data when determining whether a patient will be seen at a referred to provider/organization. This also comes up when a patient enrolls in value-based care and the responsible organization wants/needs to collect clinical data on new enrollees to identify high risk individuals before these folks have been scheduled or presented for care.

11:40:21 From Steven Lane to Everyone:

Broadcast Request for HI is a very important transaction which should be maintained in our scope. This is a common clinical scenario. It is also common that a competent patient presents for care and does not know where their data may be; hence the significant value of Record Locator Services.

11:45:55 From Louis Cretaro to Everyone:

Wouldn't we have to identify the data each transaction would contain, assuming standard transaction sets.

11:53:55 From Louis Cretaro to Everyone:

Wouldn't they also need to be tied to consent tracking in the provider's application before the transaction is sent or before a response is provided?

11:54:51 From Steven Lane to Everyone:

Perhaps we could incorporate into our state-supported/mandated directory service support for these sorts of pub/sub transactions.

11:55:45 From William (Bill) Barcellona to Everyone:

I do feel strongly that Pattern 5 is made mandatory.

11:57:14 From Tom Schwaninger L.A. Care Health Plan to Hosts and panelists:

@Bill, agree!

11:58:07 From Mark Savage to Everyone:

@Rim, consider whether individual request for information, individual direction to transmit data, and individual contribution of PGHD are parts of these four patterns, or are new patterns.

11:58:12 From Steven Lane to Everyone:

Great meeting. Thanks!