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 Q&A Log (9:30AM – 12:00PM PT, September 23, 2022)

The following table shows comments that were entered into the Zoom Q&A by public attendees during the September 23rd meeting:

Count	Name	Comment	Response
1	L. Johns	'+1 to Authorization rising in priority. This is about exchanging my information, my PHI. I need to consent to that for any reason outside Treatment, Operations, Payment. For providers covered by HIPAA. Outside HIPPA, that doesn't apply. Jonah is expressing a "policy" talking about federated consent management.	
2	Rachel McLean	Will local health departments be part of that DHCS/Cal-AIM 42 CFR Part II inclusive consent pilot?	
3	kbrande	what is the strategy to	
4	kbrande	I believe I heard that extensive litigation is expected, if so, what is the strategy to address this in order to move forward.	
5	Katy Weber# MPH	Not a question but a comment: Agree with Mark Savage around targeted TA for CBOs and SSOs. I am currently in this role with CBOs for CalAIM and this is a very important component as part of the implementation of any policy of this magnitude to be successful.	

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6	Katy Weber# MPH	Another comment is to include representation from the CBOs in this process.	Thanks for serfacing this. Please feel free to send any suggestions you may have to cdii@chhs.ca.gov.
7	kbrande	It is not totally clear if the healthcare provider is required to only provide patient information for patients who are covered by public payers or if providers are required to provide patient data for patients who have private payers. Can you clear this up?	
8	L. Johns	Lucy Johns again: Invididuals (patients) are not Participants. Can they be charged fees?	
9	Mary-Sara Jones (AWS# HHS)	Comment: There are federated consent approaches and centralized consent management solutions developed or being developed in the market. Instead of postponing discussion of consent or how it should operate for Data Sharing, it would help developers to understand what CA needs in a solution. Since this is a new capability, it is an will continue to evolve based on customer needs - the view of the customer (this Advisory Cmte) is key to getting solutions that work.	
10	L. Johns	Public comment cut off after much substantial committee work doesn't feel reasonable. ;-) Pl consider either another period for public comment and/or put it at the end with more time. Thank you.	
11	kbrande	If this is good for the patient, good for the provider and good for the payer, why so much focus on monitoring and compliance?	"Good" is in the eye of the beholder. Many data holders resist making their data available upon request. Without monitoring

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			and enforcement we will not see the outcomes that we desire.
12	Ray Duncan# MD (Cedars-SInai)	Reporting information blocking to federal authorities would only be useful to the extent that DXA requirements are aligned with CURES.	
13	Ray Duncan# MD (Cedars-SInai)	*DSA	
14	kbrande	how does a state government that collects data about citizens convince a skeptical public that the data will not be used against the current state and federal laws protecting those citizens rights.	
15	Amy Cone - Humboldt County	How will an individual be able to request restrictions on uses or disclosures of health information for TPO that is allowed by HIPAA?	
16	Jennifer Martinez	If an EHR vendor took on the responsibility of sharing data upon request for data from one of their clients, I assume that would include the vetting of appropriate consent especially if the requesting Participant is a non-HIPAA-covered entity. The mechanism to submit a request along with a signed consent needs to be thought through. We've noted this for a QHIO already, but an EHR vendor would need to build the same process - not necessarily any easier.	
17	Rachel McLean	Manifest Medex has a fx where participating health systems can flag when they want to know if one of their patients who was lost to follow-up is admitted to the ER so that protocol could be informative here.	

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18	Ray Duncan# MD (Cedars-SInai)	To mitigate transaction volume could broadcast transactions be by default geofenced or geographically scoped. Similar to Epic Care Everywhere, where broadcasts are by default limited to an xx mile radius but can more distant organizations can be added to an “always query” list, and/or specific organizations can be targeted by a manual HIE query.	
19	herb@hksstrategies.com	Appreciate these slides being posted on the website after the meeting.	
20	Jennifer Martinez	In Alameda's SHIE experience, one of the most common Counties where there is additional information is not another May Area county but is LA County. I'd encourage caution in assuming that the most useful information to support care for an individual is from a particular region only.	
21	Jennifer Martinez	If Alameda's SHIE experience setting up alerts about ED visits, inpatient, changes in housing status, change in incarceration status to care team members, please let us know. jennifer@wellbrookpartners.com	

Total Count of Zoom Q&A comments: 21