



**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 3 Transcript (9:00AM – 11:30AM PT, Dec 15, 2022)**

The following text is a transcript of the December 15th meeting of the California Health & Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Implementation Advisory Committee, Data Sharing Agreement Policies and Procedures Subcommittee. 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.

[Julian – Manatt] 09:00:10

Hello and welcome today's program my name is Julian and I'll be in the background answering any zoom Technical questions. If you experience technical difficulties during this session, please type your question into the Q&A section located at the bottom of your zoom webinar viewer and a producer will respond during today's event. Live close captioning will be available. Please click on the CC button at the bottom of your zoom window to enable or disable Alice will now cover the meeting participant options.

[Alice H - Manatt Events] 09:00:39

I was here. Now have the floor. Thanks, Julian. Next slide, please.

Participants and subcommittee members may submit comments and questions through the zoom Q&A box. All comments will be recorded and reviewed by subcommittee. Staff participants may also submit comments and questions as well as requests to receive data exchange framework updates to CDIII at CHHS. Participants and subcommittee members must raise their hand for zoom facilitators to unmute them to share comments. The chair will notify participants and members of appropriate time to volunteer feedback. If you logged in via Zoom interface press, raise hand and the reactions, button on your screen, if selected to share your comment, you will receive your request to unmute. Please ensure you except before speaking, if you log on via phone. Only press Star 9 on your phone to raise your hand and listen for your phone number to be called by the Moderator. If selected to share your comment, Please, in ensure you are unmuted on your phone by pressing Star 6 next slide. Public comment will be taken during the meeting at designated times, and will be limited to the total amount of time allocated for public comment on particular issues. The chair will call on individuals in the order in which their hands were raised. Individuals will be given 2 min. Please state your name and organizational affiliation when you begin. Participants are also encouraged to use the Q. and A. To ensure all feedback is captured. Or again, you may email comments to CDIII at CHHS. With that I'd like to

introduce Courtney Hansen, Assistant Chief Council for the Center for Data Insights and Innovation.

[Courtney Hansen] 09:02:27

Thank you very much. Good morning, everyone. Thank you for joining us.

[Courtney Hansen] 09:02:34

For the third meeting of our CalHHS Data Exchange framework or DxF data sharing agreement for DSA.

[Courtney Hansen] 09:02:43

Policies and procedures. P&Ps, Subcommittee want to get all the acronyms out of the way.

[Courtney Hansen] 09:02:49

So as we just talked about my name is Courtney Hansen and I'm.

[Courtney Hansen] 09:02:54

An Assistant Chief Council for the Center for data insights and innovation, and I am serving as chair of the subcommittee.

[Courtney Hansen] 09:03:00

Today's meeting will focus on discussing draft language for several P&Ps that have been developed to support DxF implementation.

[Courtney Hansen] 09:03:08

We will also hold some time to share some updates related to DSA implementation.

[Courtney Hansen] 09:03:15

But before I we get started I want to take a moment to introduce the wonderful Olivia Tucker, my fellow assistant chief counsel at CDII.

[Courtney Hansen] 09:03:23

She recently joined our team, and will be assisting with all things legal for the DxF.

[Courtney Hansen] 09:03:28

Please join me in a warm welcome for Olivia

[Olivia Tucker] 09:03:38

Just come on and say, hi real quick. Yeah. Sorry.

[Olivia Tucker] 09:03:41

I thought I was waving Hello! I'm really happy to be here.

[Olivia Tucker] 09:03:44

Really happy to assess court and CDII with everything. DxF: So I'm sure we will be in constant communication.

[Courtney Hansen] 09:03:54

Thanks, Olivia. you will be seeing lots of her, and I wanted you to put a face to the name before you start seeing her name everywhere.

[Courtney Hansen] 09:04:04

Now, before we begin the meeting, let's start with a quick roll call up subcommittee members.

[Courtney Hansen] 09:04:11

Please say present as I read your name

[Courtney Hansen] 09:04:17

She's chatura

[William (Bill) Barcellona] 09:04:24

Bill Barcelona present. Good morning Shelly Brown.

[Jason Buckner] 09:04:33

Jason Buckner. Present Good morning Louis Kroo present.

[Courtney Hansen] 09:04:43

Good morning. Good morning! I believe Matthew Eisenberg is out today.

[Steven Lane] 09:04:51

Elaine echo I saw that and he wasn't aware of this meeting, It wasn't on his calendar.

[Courtney Hansen] 09:05:00

Oh, no meeting on that. Yeah, maybe I'll maybe I'll text him let me do that, he said.

[Courtney Hansen] 09:05:05

If you're able to wrangle him up we would love to have him, and alright sorry about that Elaine Ebo.

[Elaine Ekpo] 09:05:15

Good morning! Good morning, John. Healthy present. Good morning, Sanjay.

[Sanjay Jain] 09:05:24

Jane present. Good morning. Good morning, Brian Johnson.

[Diana Kaempfer-Tong] 09:05:32

Dana Come for Tom. Good morning present. Good morning, Justin Kaltenbach

[Helen Kim] 09:05:45

Helen Kim. present. Good morning, Stephen Lane.

[Steven Lane] 09:05:56

Still here. Good morning

[Courtney Hansen] 09:06:04
Lisa Matabi present. Good morning, Devin McGraw.

[Deven McGraw, Invitae (she/her)] 09:06:11
Morning, Courtney. Good morning, checking Nord off present. Give me Eric Ruffin Crescent.

[Courtney Hansen] 09:06:24
Good morning! Good morning, Mark Savage. Good morning! Good morning!

[Tom Schwaninger, L.A. Care Health Plan] 09:06:35
Tom Schwinger. good morning, President. Good morning!

[Tom Schwaninger, L.A. Care Health Plan] 09:06:39
Did I pronounce your name right like Point 5?

[Courtney Hansen] 09:06:41
Yes, Morgan stands.

[Courtney Hansen] 09:06:50
Eric. I'm sorry Elizabeth Stephan President, Good morning, Lead in

[Belinda Waltman] 09:07:04
Belinda Waltman present. Good morning, and Terry Wilcox present.

[Courtney Hansen] 09:07:11
Good morning! Good morning!

[Courtney Hansen] 09:07:18
I'd like to begin today by reminding us all of the vision for data exchange in California which is that every California and the health and human service providers and organizations that care for them.

[Courtney Hansen] 09:07:31
We'll 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 well-being as always I would

[Courtney Hansen] 09:07:47
ask us all to keep this North Star in mind as we dive into the details of the draft pps later.

[Courtney Hansen] 09:07:54
This meeting. Thank you all for all of your effort to help and improve the health. live and well-being of California's next slide.

[Courtney Hansen] 09:08:06

As they mentioned earlier. The main objective for this meeting is to obtain input on draft language for several P&Ps in development.

[Courtney Hansen] 09:08:12

Thank you very much for your quick review of those. I know that they went out earlier this week.

[Courtney Hansen] 09:08:19

We will also share updates related to DSA implementation, including updates on the rollout of the DSA.

[Courtney Hansen] 09:08:25

Signing portal, next slide

[Courtney Hansen] 09:08:34

So this side shows the 4 P&Ps that we will be discussing today.

[Courtney Hansen] 09:08:41

They are the technical requirements for exchange which sets forth the exchange patterns for the DxF.

[Courtney Hansen] 09:08:49

And those that the participants must support at a minimum as well as the technical specifications.

[Courtney Hansen] 09:08:55

Participants must adhere to for each of the required transaction patterns, information, obstruction which was formally called information blocking.

[Courtney Hansen] 09:09:07

This is the an updated draft of previous P&P.

[Courtney Hansen] 09:09:11

That you saw, which prohibits all participants from undertaking any practice likely to interfere with the access, exchange, or use of health and social services.

[Courtney Hansen] 09:09:20

Information, real time data exchange which sets forth a definition for real time, data exchange and associated obligations of participants.

[Courtney Hansen] 09:09:33

An early exchange which establishes for participants using the DSA.

[Courtney Hansen] 09:09:37

To engage in early exchange of as a of HSSI

[Courtney Hansen] 09:09:41

So that's exchange prior to the statutorily mandated dates, for which entities have to begin exchanging data.

[Courtney Hansen] 09:09:49

So we assume that some entities may want to start sharing.

[Courtney Hansen] 09:09:55

Prior to January, 2024, or January, 2026, and we wanted to lay the groundwork, for how entities would do that?

[Courtney Hansen] 09:10:05

And now I will turn it over to Rim to discuss technical requirements for exchange.

[Rim Cothren, CDIII CalHHS] 09:10:10

Thank you, Courtney. Can you hear me? All right, .

[Rim Cothren, CDIII CalHHS] 09:10:14

Great thanks. We have a lot to cover today. on today's agenda with 4 P&Ps on I'm going to be moving relatively quickly through this and I would really encourage people to interrupt me as We go

[Rim Cothren, CDIII CalHHS] 09:10:30

through. If you have questions or comments to make on any of this, please do make sure that you grab my attention.

[Rim Cothren, CDIII CalHHS] 09:10:40

Feel free to just come off mute and call my name if I don't see your hand the purpose for the technical requirements for exchange P.

[Rim Cothren, CDIII CalHHS] 09:10:49

And P is to answer the requirement. Maybe 1, 33 to set fourth set of policies and procedures at advance and leverage national standards for information.

[Rim Cothren, CDIII CalHHS] 09:11:02

Exchange for content, which we talked about in the data elements to be exchanged, and for information exchange itself, which is the topic for today.

[Rim Cothren, CDIII CalHHS] 09:11:13

So the purpose of this policy is to define what is recommended and required exchanges of health and social services.

[Rim Cothren, CDIII CalHHS] 09:11:22

Information among participants and the technical standards that are to be used in those exchanges.

[Rim Cothren, CDIII CalHHS] 09:11:29

Just to remind people these policies will apply to all participants, but in some cases there are special actors that have specific requirements, and we'll touch on those as we go through.

[Rim Cothren, CDIII CalHHS] 09:11:39

And this re applies not only to health, information but the broader definition of health and social services.

[Rim Cothren, CDIII CalHHS] 09:11:46

Information. it's as it's defined in the DSA Let's move on to the next slide, please, and I just want to point out a few things that we tried to do is we establish this P.

[Rim Cothren, CDIII CalHHS] 09:11:57

And P. and that was that we would adopt information exchange requirements from either Ab.

[Rim Cothren, CDIII CalHHS] 09:12:05

133 or a Federal Federal regulation or the trusted exchange framework in common agreement. and what we've tried to do is we move through the slides here.

[Rim Cothren, CDIII CalHHS] 09:12:18

As you'll see badges pop up where certain requirements have where you might reference these Federal requirements in the requirements in this P.

[Rim Cothren, CDIII CalHHS] 09:12:28

And P. We only extend those requirements. as they might apply to a broader group of data sharing agreement actors primarily to eliminate stove pipes.

[Rim Cothren, CDIII CalHHS] 09:12:43

And those are the things that we talk about in this group in the lc.

[Rim Cothren, CDIII CalHHS] 09:12:47

And are also, we invite the public to to comment on those. As we move to public comment on these P&Ps, we adopt technical content standards from the same sources.

[Rim Cothren, CDIII CalHHS] 09:12:58

Those you find in the data elements to be exchanged, and we will not be talking about content today.

[Rim Cothren, CDIII CalHHS] 09:13:05

But we also adopt technical exchange patterns from some of these sources.

[Rim Cothren, CDIII CalHHS] 09:13:09

Primarily from the Queue hand, technical framework, or T.

[Rim Cothren, CDIII CalHHS] 09:13:13

Qtf and the o and c's standards version advisory advancement process or sbap And again I've tried to put these little badges on the slides that you know where these items came

[Rim Cothren, CDIII CalHHS] 09:13:33
from. let's move on to the next slide please and this establishes what this policy is about.

[Rim Cothren, CDIII CalHHS] 09:13:41
First of all, this policy is set to take effect on January 30, first, 2,024.

[Rim Cothren, CDIII CalHHS] 09:13:48
Later on Today we'll talk about early exchange and how that might be used in conjunction with this policy and procedure.

[Rim Cothren, CDIII CalHHS] 09:13:55
This requires a certain types of exchange to take place we'll talk about those 4 types.

[Rim Cothren, CDIII CalHHS] 09:14:01
It is first, in response to an authorized request and that may be either a targeted request or a broadcast request.

[Rim Cothren, CDIII CalHHS] 09:14:10
So that's the first 2 the third is when information is created in response to an order or a request for services.

[Rim Cothren, CDIII CalHHS] 09:14:19
We'll talk about that a little bit more in a minute, and then the fourth is to notify participants of admission, discharge, or transfer events as requested by participants.

[Rim Cothren, CDIII CalHHS] 09:14:33
We also are calling out in this policy. and procedure what technical standards must be used as they're taken from the national and federally adopted standards.

[Mark Savage] 09:14:43
Let's go on to the next slide and I'll touch on the other Yes.

[Mark Savage] 09:14:48
Can I interact with a question, please? It just seems like the best place to to do that.

[Mark Savage] 09:14:54
I I wanted to sort of repeat a question that I had raised when we were meeting as a stakeholder advisory group about where, pushing information into this.

[Mark Savage] 09:15:06
So if you go back to the previous slide, so the language at least seems to be mostly structured around. requests.

[Mark Savage] 09:15:15

Orders for diagnostic services seems like there's a whole lot of use cases for exchange, where where a participant is pushing out.

[Mark Savage] 09:15:23

The information is not requesting it's seems to me at least to like some use case.

[Mark Savage] 09:15:28

Examples would be public health where you'd be sending information but it might not be in response to request payers, or you're sending information might not be in a response to request that just looking at the language around orders and

[Mark Savage] 09:15:41

requests, and mostly in the clinical setting. I wondered how this technical requirements, policy and procedure applies to the range of other use.

[Rim Cothren, CDIII CalHHS] 09:15:49

Cases. certainly that's a that's an excellent question, mark so B and C.

[Rim Cothren, CDIII CalHHS] 09:15:55

On this diagram are both pushes of information. Now I understand that they both are surrounding requests.

[Rim Cothren, CDIII CalHHS] 09:16:07

In this case, for example, on pushing a lab result, the results of a consult.

[Rim Cothren, CDIII CalHHS] 09:16:16

The results of a require for an assessment and they are in response to a request for services.

[Rim Cothren, CDIII CalHHS] 09:16:21

I'm asking you to perform a service you generate information and that information is pushed back to me when it's available.

[Rim Cothren, CDIII CalHHS] 09:16:30

So that is a push. An example of that also would be a push of a lab result into a public health system.

[Rim Cothren, CDIII CalHHS] 09:16:38

The lab kind, as a result of an order so that's the request part of this, but once that order is fulfilled, that information moves, c.

[Rim Cothren, CDIII CalHHS] 09:16:48

Is adt messages or admission, discharge and transfer events, and the request part of this is to keep from overloading providers.

[Rim Cothren, CDIII CalHHS] 09:16:57

So this is a Please tell me if you get at ts around this group of patients that I'm caring for rather than sandy me every admission discharge, or transfer event about every patient that comes into your system so

[Rim Cothren, CDIII CalHHS] 09:17:14

the request. Part of this is about overloading and we'll talk a little bit more about both of those as we get further into this.

[Mark Savage] 09:17:21

It looked like even if push is implicated in some of the language.

[Mark Savage] 09:17:28

Here. it seems to be mostly in the clinical exchange settings.

[Mark Savage] 09:17:32

So. And yeah, the other range of use cases like public health. county health facilities, payers, individual access, those aren't orders or regret for diagnostic services.

[Mark Savage] 09:17:48

And I guess maybe my bigger. Yeah. Having read through those 10 pages, I kept coming up with that question.

[Mark Savage] 09:17:55

So I think the language needs to be clearer.

[Rim Cothren, CDIII CalHHS] 09:17:59

Okay, Thank you. for all of those use cases and fish as well as pull.

[Rim Cothren, CDIII CalHHS] 09:18:04

One of the things that we tried to do in this policy and procedures open up all of these that anybody can participate in these.

[Rim Cothren, CDIII CalHHS] 09:18:09

And then certain things that were required, as you can identify.

[Rim Cothren, CDIII CalHHS] 09:18:14

Some things, perhaps, should be added to that required list please send those on

[Rim Cothren, CDIII CalHHS] 09:18:19

I I think that that's a good potential addition so Steven I also see your hand up.

[Rim Cothren, CDIII CalHHS] 09:18:24

Thanks, Mark.

[Steven Lane] 09:18:29

Thanks. I just wanted to echo Marx, and I put this in the chat as well that you have the ability to do an ad hoc for between members of the care team Do they admit

[Steven Lane] 09:18:43

Providers. All that's really critical for cool I mean I can tell you automated push very valuable

[Rim Cothren, CDIII CalHHS] 09:18:57

Thanks, Steven, and if you have particular things that you think might be added to the Pnp.

[Rim Cothren, CDIII CalHHS] 09:19:03

Adds either requirements or additional prompts to help make sure that these other use cases are actually fulfilled.

[Rim Cothren, CDIII CalHHS] 09:19:12

Please feel free to to drop em message an email, or perhaps in the chat here.

[Rim Cothren, CDIII CalHHS] 09:19:18

I think, to the extent that we can be specific about those use cases that would be really valuable.

[Rim Cothren, CDIII CalHHS] 09:19:23

Thanks.

[Rim Cothren, CDIII CalHHS] 09:19:27

I don't see any other questions right now let's go on to the next slide.

[Rim Cothren, CDIII CalHHS] 09:19:30

I want to touch on the other 2 content policy content topics in this Pnp: That is a specification of a standardized set of attributes for do for person matching.

[Rim Cothren, CDIII CalHHS] 09:19:45

This is taken from the strategy for digital identities. It was published in July, but adds it to a policy and procedure, and then, finally, a requirement for the governance entity to develop a process to continually review technology standards

[Rim Cothren, CDIII CalHHS] 09:20:01

for potential amendments to this or the data elements to be exchanged.

[Rim Cothren, CDIII CalHHS] 09:20:06

Policy and procedure. If we can back up to the last slide for just a minute.

[Rim Cothren, CDIII CalHHS] 09:20:10

I want to call people's attention to a few of the definitions here.

[Rim Cothren, CDIII CalHHS] 09:20:12

We've talked a little bit about orders and requests for services already.

[Rim Cothren, CDIII CalHHS] 09:20:17

You'll see those pop up That was largely the motivator behind some of the push transactions that Mark commented upon as triggers.

[Rim Cothren, CDIII CalHHS] 09:20:28

Perhaps we need to add to those triggers admit discharge and transfer event or adt event.

[Rim Cothren, CDIII CalHHS] 09:20:34

You'll see, during these slides as well those are discharge.

[Rim Cothren, CDIII CalHHS] 09:20:38

Excuse me admissions to hospitals, discharges from hospitals, and transfer from hospitals to another hospital or another setting that might include a skilled nursing facility or other setting and then as

[Rim Cothren, CDIII CalHHS] 09:20:52

defined in other pro policies and procedures, nationally and federally adopted.

[Rim Cothren, CDIII CalHHS] 09:21:00

Standard really refers to the standards version Advancement processes published by Oc.

[Rim Cothren, CDIII CalHHS] 09:21:04

Let's advance 2 slides please and this is a piece on the first of the items under the procedures, and I want to pause here a second just to orient people to what you're going to see as we move through the next set

[Rim Cothren, CDIII CalHHS] 09:21:18

of slides pretty quickly first we'll define what we're talking about in an exchange in this case it's information delivery, and what constitutes information delivery then we'll identify the particular requirements

[Rim Cothren, CDIII CalHHS] 09:21:34

associated with actors. One potential actor here is participants that are actually delivering health and human services information.

[Rim Cothren, CDIII CalHHS] 09:21:43

And then there are requirements under those then there are sometimes some generalized requirements as well, and in the final box at the bottom you'll see any potentially important definitions that you'll also find in the policy and procedure

[Rim Cothren, CDIII CalHHS] 09:21:57

but the crop up here is we use them in this case.

[Rim Cothren, CDIII CalHHS] 09:22:02

There is a definition of nationwide network or framework, just a quick error in this slide.

[Rim Cothren, CDIII CalHHS] 09:22:10

That definition comes from the policy and procedure, and not from the DSA.

[Rim Cothren, CDIII CalHHS] 09:22:14

Is indicated here, but it gives an example of what might constitute a nationwide network or framework that might meet some of the obligations under the DSA.

[Rim Cothren, CDIII CalHHS] 09:22:23

So that's a quick orientation and we'll see this pattern happen through most of the slides as we move forward.

[Rim Cothren, CDIII CalHHS] 09:22:30

So let's start with this particular pattern This is information delivery, which is the delivery of health and social services.

[Rim Cothren, CDIII CalHHS] 09:22:41

Information regarding a specific person, so it might be a patient and member, A client that is specific to a specific participant is the result of an order or a request for services.

[Rim Cothren, CDIII CalHHS] 09:22:52

Again i'd point out that those are the triggers that we're suggesting here. if there are additional triggers mark mentioned, for instance, public health reporting that should be added to that please that's an excellent set

[Rim Cothren, CDIII CalHHS] 09:23:04

of comments that we might, add to this policy and procedure, moving forward, the first set of actors.

[Rim Cothren, CDIII CalHHS] 09:23:11

Here are the people that are actually pushing this information, and so any participant that generates health and social services, information must send it out to the physicians or to the to the participants that requested the services that generated that information and must send it

[Rim Cothren, CDIII CalHHS] 09:23:30

out electronically in 3. Here it also points out the standard to be used for that which is an ie.

[Rim Cothren, CDIII CalHHS] 09:23:39

Profile. This is the standard that's defined in the queue hand, technical framework for Tefka, and in the Sav svap and the most common standard on nationwide networks and frameworks

[Rim Cothren, CDIII CalHHS] 09:23:51

today, which is a document based exchange, how however, in response to comment.

[Rim Cothren, CDIII CalHHS] 09:23:57

We're also indicating that organizations are encouraged to use HI.

[Rim Cothren, CDIII CalHHS] 09:24:03

7 fire release for and the us corey implementation guide as that might be required in future future versions of this policy and procedure.

[Mark Savage] 09:24:17

Let's move on to the next slide, and I will pause go ahead.

[Mark Savage] 09:24:23

Mark. I can ask now, or I can wait until next slide whichever you think is better.

[Rim Cothren, CDIII CalHHS] 09:24:28

Why don't we finish up on this slide and Then We can talk about this entire pattern? the other 2 actors that have specific requirements?

[Rim Cothren, CDIII CalHHS] 09:24:36

Here are qualified health information organizations C. H.

[Rim Cothren, CDIII CalHHS] 09:24:41

los must support the same set of standards, the same, ie.

[Rim Cothren, CDIII CalHHS] 09:24:46

Profiles to push information when exchanging information with each other, and if they have participants, they may use any open standard, open technical standard to exchange with their participants, but must be prepared to translate into this

[Rim Cothren, CDIII CalHHS] 09:25:04

standard to exchange information outside of their participants, and then finally, participants that receive the information are

[Rim Cothren, CDIII CalHHS] 09:25:14

We encourage everyone to support the standards to be able to receive information.

[Rim Cothren, CDIII CalHHS] 09:25:22

And stipulate that you're only allowed to retain that information.

[Rim Cothren, CDIII CalHHS] 09:25:26

If you're authorized to do so. there are a couple of quick notes here at the bottom that this is not meant to limit in any way any of the other requirements in other policies and procedures mark those are the only 2

[Rim Cothren, CDIII CalHHS] 09:25:40

slides on this pattern. So you had a question or a comment

[Rim Cothren, CDIII CalHHS] 09:25:48

You're still on mute mark

[Mark Savage] 09:25:57

2 questions. One is in the language and the the actual pnt.

[Mark Savage] 09:26:04

There were places where it said must support, and it said encouraged to support. and I'm wondering difference between those and actually saying, this is what you should use.

[Mark Savage] 09:26:16

It seems like you can be encouraged to support something. and The person can. They can have the capacity, but they not don't use it.

[Rim Cothren, CDIII CalHHS] 09:26:25

Is that intentional it's an excellent question and I I I have to admit personally. I struggled a little bit with the language there.

[Rim Cothren, CDIII CalHHS] 09:26:32

So there are requirements in this policy in procedure about the technical.

[Rim Cothren, CDIII CalHHS] 09:26:37

Both the exchanges and the technical standards that are required.

[Rim Cothren, CDIII CalHHS] 09:26:42

The encouraged, is meant to be a foreshadowing of what may be required in the future.

[Rim Cothren, CDIII CalHHS] 09:26:48

That may not be good language, but it's meant to alert participants of things that they should get ready for because through our conversations we've noted that some of these other standards or exchange patterns are

[Rim Cothren, CDIII CalHHS] 09:27:03

important, and, as I said, may be required. in the future you have different language that might clarify clarify that it'd be more than happy to to think on that.

[Mark Savage] 09:27:15

Okay? Well, I'm at first blush I'm sort of thinking views instead of encouraged to support to my second question here on the slide. you participants have received a Hjsi hsi I'll

[Mark Savage] 09:27:28

purchase events are encouraged to electronic receipt.

[Mark Savage] 09:27:32

So this is sort of a specific example example of the question seems like

[Mark Savage] 09:27:39

Actually receiving information electronically is what we want here it's in the vision statement about electronic Exchange.

[Mark Savage] 09:27:47

There are requirements of electronic receipt and some of the other, and some of the other parts of the policy like targeted request, and seems like encouraged to support, is a little fuzzy.

[Rim Cothren, CDIII CalHHS] 09:27:58

There. Okay, so that's an that's an example of of the kind of thing that caught my eye.

[Mark Savage] 09:28:04

All right. Thank you, Mark. I appreciate that. Are you suggesting that perhaps this should be a requirement as opposed to an encouragement especially for this work? Okay, Great.

[Sanjay Jain] 09:28:13

Thank you, Sunjay. I see your hand up. Thank you, Ram.

[Sanjay Jain] 09:28:17

Good morning. So I have one comment about Section C point number 2 where we are talking about securely destroying the information.

[Sanjay Jain] 09:28:27

If it was not intended for the recipient.

[Sanjay Jain] 09:28:30

Right? So can we define more? What does securely destroy mean? Because it's gonna be like all electronic data exchange.

[Sanjay Jain] 09:28:38

Once we get the data in our system and we just delete it.

[Sanjay Jain] 09:28:43

Is that enough? or we should provide some certificate and use the third party tool to make sure that it has been deleted from everywhere in our network.

[Rim Cothren, CDIII CalHHS] 09:28:51

It's a it's a good question and I'm more than happy to take suggestions on anything that we should be more specific.

[Rim Cothren, CDIII CalHHS] 09:28:58

This is the language that appears in the policy and procedures.

[Rim Cothren, CDIII CalHHS] 09:29:02

It is, and I think we should be cautious about being overly prescriptive on how things are done.

[Sanjay Jain] 09:29:07

But if there is a minimum. But if there is a minimum bar here that people would suggest Sanjay for instance, you would suggest i'd be more than happy to hear that actually we are also looking for that answer.

[Rim Cothren, CDIII CalHHS] 09:29:17

And I was wondering if we can get some guidance here, right if anybody else has any thoughts.

[Rim Cothren, CDIII CalHHS] 09:29:24

Either come off mute, or raise your hand, or drop things in the chat.

[Rim Cothren, CDIII CalHHS] 09:29:28

Thanks, Sanjay, for that devin. I see your hand up. Yeah.

[Deven McGraw, Invitae (she/her)] 09:29:32

Can. Can we go back to a Thank you.

[Deven McGraw, Invitae (she/her)] 09:29:39

So hold on, Let me make sure I'm in the right place.

[Deven McGraw, Invitae (she/her)] 09:29:44

Yeah. So Romanette li. A participant that delivers electronic.

[Deven McGraw, Invitae (she/her)] 09:29:49

Hsi must ensure that the recipient participant is authorized to receive the information sense.

[Deven McGraw, Invitae (she/her)] 09:29:56

So this is a little bit of a flip, I think, on the way the law perceives it.

[Deven McGraw, Invitae (she/her)] 09:30:02

Now, which is you as a sender, have to sort of be restored for knowing that you are sending the information in accordance with applicable law, and to some extent you need to know that you're sending it for the right purpose right and you're

[Deven McGraw, Invitae (she/her)] 09:30:15

sending it to someone who you think within that permitted purpose right you're sending in treatment for example. you're sending it to somebody else who's treating it.

[Deven McGraw, Invitae (she/her)] 09:30:25

But this when I read this, it sort of said to me that we're sort of putting senders on they have to know that that particular participant is actually fully authorized to receive the information and it just sort of struck me that that was raising

[Deven McGraw, Invitae (she/her)] 09:30:41
the bar in a way that it's not something that we typically look to in the law. again.

[Deven McGraw, Invitae (she/her)] 09:30:50
You you're responsible for what you send out and of course you just can't send willing nilly, but for that per to know that that particular recipient is sort of fully authorized.

[Deven McGraw, Invitae (she/her)] 09:31:00
Versus. they are a social service provider and they've asked for it, and they claim that they're treating this patient.

[Rim Cothren, CDIII CalHHS] 09:31:05
So I'm going to send it so devin your points well taken, and I could tell you, at least my intent in using those languages.

[Rim Cothren, CDIII CalHHS] 09:31:14
That language was to couple it with Roman numeral I, because the information was was produced in response to an order or request from that participant.

[Rim Cothren, CDIII CalHHS] 09:31:25
But if there is other language we should make use there to make it clear what the real requirements upon the cinders should be, i'd be really open to that.

[Rim Cothren, CDIII CalHHS] 09:31:37
I I have to admit that this is language I feel a little uncomfortable about.

[Deven McGraw, Invitae (she/her)] 09:31:41
Yeah, I can see, I think Belinda is coming in on this in the chat.

[Deven McGraw, Invitae (she/her)] 09:31:44
I'm looking at it right now. I I have I think we need

[Deven McGraw, Invitae (she/her)] 09:31:47
We need to make sure that we're not sort of putting the senders imposing some liability on them, for whether the recipient has met all their legal requirements as opposed to whether the sender has met the

[Rim Cothren, CDIII CalHHS] 09:32:01
baseline requirements for them to disclose. Great great Thank you.

[Rim Cothren, CDIII CalHHS] 09:32:06
I I'll have I'm gonna have to catch up a little bit on chat, so Linda, I I apologize, but we will capture your your comments here and I see that you have your hand up also I might reach out

[Rim Cothren, CDIII CalHHS] 09:32:16
to either of you off a ban out of band to to help you with the language.

[Deven McGraw, Invitae (she/her)] 09:32:20
There I'm happy I'm happy I'm happy to try to help.

[Rim Cothren, CDIII CalHHS] 09:32:22
Thank you, Diana. I see you have your hand up

[Diana Kaempfer-Tong] 09:32:31
Oh, sorry and trouble getting off mute. Yeah, I I just kind of want to echo some concern about

[Diana Kaempfer-Tong] 09:32:38
Both a subsection to and see subsection 2 just without having a robust.

[Diana Kaempfer-Tong] 09:32:48
And, you know, established acknowledging and consent.

[Diana Kaempfer-Tong] 09:32:53
Service policy procedure. Some type of way for us either as the sender or as the recipient to verify that these patients have or individuals have authorized the share of their data.

[Diana Kaempfer-Tong] 09:33:09
There's no way for us to meet the requirements under this for everybody, and there's just it's opening kind of up this can of worms for us to have privacy and security incidences when we send information

[Diana Kaempfer-Tong] 09:33:25
assuming that somebody has, the right or you know have to jump to the conclusion, because, you know, or or we are in violation of the information blocking or web obstruction rule, because we are waiting or we're unable to

[Diana Kaempfer-Tong] 09:33:43
determine authorization it's just there's a rock in a hard place situation. We're kind of being put in here until we get this more built out.

[Rim Cothren, CDIII CalHHS] 09:33:50
Great. Thank you for that. and and again I'll say that if there is specific suggestions for how we deal with this both in this a pattern for exchange, and this probably applies to some of the follow-ons as well and

[Rim Cothren, CDIII CalHHS] 09:34:04
appreciate it. Belinda I did, see that you drop something in the chat, but that you raised your hand as well sure.

[Belinda Waltman] 09:34:18
Yeah, just to echo with them, Devin and that were mentioning also. If this is the place where the the how is going to be discussed, because I think we had postponed that in

the previous P&P and one of them was amended to add you you could exchange part 2 data as

[Belinda Waltman] 09:34:24

one example. But if this is the place where you know how do you ensure that they are offered, and what are those checks and balances like they and I mentioned, if it's really a consent driven data exchange process and those pieces are

[Rim Cothren, CDIII CalHHS] 09:34:33

in place. What guidance are we giving to both both sides of the exchange? Great!

[Jason Buckner] 09:34:40

Thank you, Belinda. Jason. See your hand up? yeah.

[Rim Cothren, CDIII CalHHS] 09:34:44

Can you go to the next slide, please? Room so on Point B.

[Jason Buckner] 09:34:51

2 indicates. we may use any open technical standard supported by both participant.

[Rim Cothren, CDIII CalHHS] 09:34:58

What isn't open technical standard that is something that probably should be defined.

[Rim Cothren, CDIII CalHHS] 09:35:05

I I can tell you what I intended, and using that language is that it?

[Rim Cothren, CDIII CalHHS] 09:35:10

Not necessarily be a standard that is developed by a standards development body, or is part of a nationally recognized set.

[Rim Cothren, CDIII CalHHS] 09:35:21

But that the specifications for that must be open excuse me must be published and known; that's what was intended by open.

[Rim Cothren, CDIII CalHHS] 09:35:31

If there is a better way to specify technical standards that are not delineated in this policy and procedure.

[Rim Cothren, CDIII CalHHS] 09:35:41

For instance, between your organization and your participants i'd be open to different language for that.

[Jason Buckner] 09:35:46

Yeah, I would just make the the the point here that it There may be some functional workable solutions that don't fit that category.

[Jason Buckner] 09:35:58

For example, a A participant may want a spreadsheet right or a Csv.

[Jason Buckner] 09:36:03

That's not a technical standard. it works for them it may be in place today.

[Rim Cothren, CDIII CalHHS] 09:36:09

So just something for consideration. Okay, Well, we'll work on the language there, and I may reach out to you for help.

[Rim Cothren, CDIII CalHHS] 09:36:14

I would have considered that an open technical standard as long as you published what the format of the Csv file was.

[Rim Cothren, CDIII CalHHS] 09:36:22

So. But if that is confusing language, we should, we should clarify it in some way, or use some alternate language.

[Jason Buckner] 09:36:29

Thanks, thanks, Shelley. I see your hand up. Yes, good morning, Thank you.

[Michelle (Shelley) Brown] 09:36:34

I I I just wanna share my concern. along with Devin on on number One believe that our data is sharing agreement.

[Michelle (Shelley) Brown] 09:36:48

Did state the reverse I I recall correctly we did go over this concept of who's got the responsibility for verifying the right to share information, and I think that we decided that it would be the opposite that the requesting

[Michelle (Shelley) Brown] 09:37:06

participant is the one who is required to comply with all and only request information.

[Michelle (Shelley) Brown] 09:37:12

They're entitled to receive that it is really impossible or creates a huge burden on the per participant.

[Michelle (Shelley) Brown] 09:37:19

That's sending data to first make sure that the participant requesting data is authorized.

[Michelle (Shelley) Brown] 09:37:25

So I share that concern, and I believe that this poly policy does or may conflict with our data sharing agreement.

[Rim Cothren, CDIII CalHHS] 09:37:32

So I think we should go back and have a look at that great Thank you, Shelly.

[Michelle (Shelley) Brown] 09:37:36
And then then, if you want to go down to again, too, I or be

[Michelle (Shelley) Brown] 09:37:46
I also believe that, Ci is that at the point I of the State exchanges to require electronic delivery of information.

[Michelle (Shelley) Brown] 09:37:57
So I think, encouraged as a little week. Okay, and then, on 2 I'm not quite sure why we have this provision here, and I just want a little bit more background information.

[Michelle (Shelley) Brown] 09:38:09
When they first spread this over look confused, and then I thought well, perhaps maybe maybe this provision relates to a situation where we have an inadvertent disclosure, or the information sent or received by participant that didn't really request

[Rim Cothren, CDIII CalHHS] 09:38:25
it. So maybe give us a little more background on what thinking is behind this? And that was certainly my thinking.

[Rim Cothren, CDIII CalHHS] 09:38:38
And so, if we need to be more explicit about that, we can do that great.

[Rim Cothren, CDIII CalHHS] 09:38:40
Thank you. I do want to move on. But, Lewis, I say that you raised your hand.

[Louis Cretaro] 09:38:44
If you have a brief comment, please yeah, I do if they if the requestor is responsible for the thanks, then isn't that really a pull of information versus a push of information.

[Louis Cretaro] 09:39:04
And so I think that you know it affects that language about pushing information, and also on whether or not an update to an element.

[Louis Cretaro] 09:39:14
Say yes, so near, homeless to homeless should be automatically pushed to.

[Louis Cretaro] 09:39:23
Healthcare provider versus a request for that information.

[Rim Cothren, CDIII CalHHS] 09:39:29
And so if the requestor is responsible for the consent then it's to me that's a pull not a push, and that is yeah, and that that is part of the sorry tander up.

[Rim Cothren, CDIII CalHHS] 09:39:43
Louis. that is part of the issue around this particular pattern is this is a push pattern.

[Rim Cothren, CDIII CalHHS] 09:39:49

And so this is there. The request here is only that I have requested services.

[Rim Cothren, CDIII CalHHS] 09:39:54

Not that I requested the information, and so I think that we may need to do some some adjustment to the language here.

[Rim Cothren, CDIII CalHHS] 09:40:01

I hear that there are a lot of concerns. but, as you point out, this is not a request for information.

[Rim Cothren, CDIII CalHHS] 09:40:07

This is a push of information, and so we need to figure out how we deal with that Sorry, Lewis.

[Rim Cothren, CDIII CalHHS] 09:40:15

I think I interrupted you. I should have let you finish your point.

[Louis Cretaro] 09:40:19

No, I think that, you know I made my point, and and the way I looked at it was strictly from, and I put in the chat the push of a of data, say a social service agency was too.

[Louis Cretaro] 09:40:30

Push some data that health care felt was necessary, and one of that was near homelessness, food, and security.

[Louis Cretaro] 09:40:39

And any changes to that status when it changed in the social system services.

[Louis Cretaro] 09:40:45

So the data would be pushed to a healthcare organization that was deemed an element.

[Louis Cretaro] 09:40:52

I know we weren't going to get into elements in this conversation. So when I hear, push and pull, I'm looking at it at that level, and then that case can would have been on the social service system that it was okay, to push information to their

[Louis Cretaro] 09:41:08

health care provider What I'm hearing here in that's just maybe you need clarification on for for me.

[Louis Cretaro] 09:41:14

Is that the the information requested by the healthcare provider?

[Louis Cretaro] 09:41:20

They need to know that they have consent and so that's where you know this is becoming yeah confusing to me, and I I hear you say we need to work through that a little bit more.

[Rim Cothren, CDIII CalHHS] 09:41:31

So I'll stop there, but working at the wrong level, and the conversation.

[Rim Cothren, CDIII CalHHS] 09:41:39

But yeah, Well, and and one thing that I will just say, here is that the language here was that the recipient must be authorized, that doesn't necessarily align with there must be explicit consent if it.

[Rim Cothren, CDIII CalHHS] 09:41:55

Is for Hipaa allowed purposes as outlined in other policies and procedures.

[Rim Cothren, CDIII CalHHS] 09:42:01

But again, we need to work to that language let's move on because we do have 2 3 other exchange patterns and some other things we need to talk about.

[Rim Cothren, CDIII CalHHS] 09:42:12

The next one is we've termed here, is requested notifications.

[Rim Cothren, CDIII CalHHS] 09:42:17

This is really about communicating admission, discharge, and transfer events.

[Rim Cothren, CDIII CalHHS] 09:42:24

It has a number of different actors in it. First, we have defined hospitals.

[Rim Cothren, CDIII CalHHS] 09:42:29

In this case to include all acute care settings.

[Rim Cothren, CDIII CalHHS] 09:42:35

Not just general acute care hospitals and acute psychiatric hospitals, but it does include both of those, and the requirement upon the hospitals is that they do one of 2 things.

[Rim Cothren, CDIII CalHHS] 09:42:47

They either send requests, send notifications of those types of events to participants that ask for them, or they send those events to a Qh.

[Rim Cothren, CDIII CalHHS] 09:42:59

lo. and in a future meeting we'll talk more about the qualifications of a Qh.

[Rim Cothren, CDIII CalHHS] 09:43:03

lo, but send it to send those events to a Qh. lo.

[Rim Cothren, CDIII CalHHS] 09:43:07

That then bears the responsibility of distributing those notifications to other Qh.

[Rim Cothren, CDIII CalHHS] 09:43:13

los and participants on behalf of the hospital let's. I sees that there's some hands up already, but I wanna finish out the description here, and then we'll go back to questions We move on to the next

[Rim Cothren, CDIII CalHHS] 09:43:24

slide, please. the cited standard. here is an h l 7 v.

[Rim Cothren, CDIII CalHHS] 09:43:33

2 adt message, that is, by far the most common way that this information is exchanged, and that's required, whenever sending notifications to an hio.

[Rim Cothren, CDIII CalHHS] 09:43:47

Other participants may request notifications in other ways there's been a lot in the chat already.

[Rim Cothren, CDIII CalHHS] 09:43:52

About direct messages, perhaps, is notifications in a portal.

[Rim Cothren, CDIII CalHHS] 09:43:57

Other mechanisms that are acceptable, but plan exchanging adt messages with the Qh.

[Rim Cothren, CDIII CalHHS] 09:44:03

lo the HI. 7 8 adt message is required, and just as a note here skilled nursing facilities are not required to do to to send adt transactions, but are encouraged to mini skilled nursing

[Rim Cothren, CDIII CalHHS] 09:44:18

facilities won't have that capability today. But is an important transaction, and might appear in the future.

[Rim Cothren, CDIII CalHHS] 09:44:25

Let's move on to the next slide and Talk a little bit about the requirements on on Qh.

[Rim Cothren, CDIII CalHHS] 09:44:30

los that is, that they accept adt messages from hospitals, including hospitals that are, are they be prepared to accept them for hospitals that are not their participants, that they exchange with all other Qh.

[Rim Cothren, CDIII CalHHS] 09:44:44

los, and that's how adt messages are distributed throughout the State.

[Rim Cothren, CDIII CalHHS] 09:44:48

Among participants that they only retain that information if they're authorized to do so through a patient relationship that they have, or that one of their participants have, and that they must use adt hl 7 eightyt messages to do that

[Rim Cothren, CDIII CalHHS] 09:45:04

as well, and then finally, in the next slide organizations or participants that wish to receive these notifications may request them of any hospital, or to get them through.

[Rim Cothren, CDIII CalHHS] 09:45:19

A. a Qh. io. and that those organizations must agree on a mechanism to provide that notifications acceptable to both.

[Rim Cothren, CDIII CalHHS] 09:45:30

This is specific. about eightyt messages. The content of these messages is included in the definitions, which is a limited set of the demographics associated with the individual.

[Rim Cothren, CDIII CalHHS] 09:45:45

The notifying institution, and the chief complaint or diagnosis that caused the event to happen.

[Rim Cothren, CDIII CalHHS] 09:45:53

Alright I see a few hands up I think that's the last slide on this.

[Rim Cothren, CDIII CalHHS] 09:45:58

Why don't we roll back 2 Slides to the first one on this exchange pattern? Jason?

[Rim Cothren, CDIII CalHHS] 09:46:02

I see your hand up I don't know if that was from the previous set of questions.

[William (Bill) Barcellona] 09:46:11

Bill, I see your hand up. Oh, thanks, Ram. Yeah.

[William (Bill) Barcellona] 09:46:16

I had a question. I needed some clarification on the difference between A and B.

[Rim Cothren, CDIII CalHHS] 09:46:19

Under hospital participants, direct communication, and B is through a queue.

[Rim Cothren, CDIII CalHHS] 09:46:29

A. Q. H. I. O. that was the intent here, and if you think about it, the burden of a is relatively significant.

[Rim Cothren, CDIII CalHHS] 09:46:36

If you know, we may have, thousands of participants in California, and if a hospital is required to manage all of the requests from thousands of participants to be notified on a of an admission or discharge, this may be a very heavy

[Rim Cothren, CDIII CalHHS] 09:46:56

burden hospitals may choose to take on that burden, or they may choose to use a Qh.
i.

[Rim Cothren, CDIII CalHHS] 09:47:03

O take that burden on for them by passing the adt messages to the Qh.

[Rim Cothren, CDIII CalHHS] 09:47:07

io. that is, the intent here is to provide choice, that you may use one or 2 of these messages to either offload that to a qh io, or retain that responsibility yourself.

[Rim Cothren, CDIII CalHHS] 09:47:18

I will say that pattern B. here is a common pattern in many states.

[William (Bill) Barcellona] 09:47:23

In the Us. today. Yeah, but it's not something we're requiring here choice for the requesting position.

[William (Bill) Barcellona] 09:47:38

I guess my question is, if the hospital selects a it kind of begs a negotiation between the providers and the hospitals, and a lot of these providers aren't sophisticated enough.

[William (Bill) Barcellona] 09:47:52

This is the This is the problem we've been seeing up until now is that they try to contact the hospitals.

[William (Bill) Barcellona] 09:47:56

They try to get the communication. The hospital say, Well, you know you can.

[William (Bill) Barcellona] 09:48:01

You can subscribe to epic or whatever they can't afford to do that, and so nothing really happens.

[William (Bill) Barcellona] 09:48:09

So how do we get to a point where it's almost both are required?

[William (Bill) Barcellona] 09:48:17

That if there is not a and acceptable format for the requesting physician, you do drop down to sub b

[Rim Cothren, CDIII CalHHS] 09:48:28

And and I'll be honest with you Bill I don't have a good answer to that question, which is, why this lead reads the way.

[Rim Cothren, CDIII CalHHS] 09:48:35

It is I'm Really, this is an opportunity to really still pipe information that we want to try to avoid and really open to suggestions about how we establish reasonable requirements on the hospitals to meet the needs of other

[Rim Cothren, CDIII CalHHS] 09:48:54
participants. without raising the bar. too high for anybody for it to be practical.

[Rim Cothren, CDIII CalHHS] 09:49:02
So I'm really open to to suggestions there. I I would encourage the group in general to think on this, and if you do have suggestions either we can talk offline or send them along.

[William (Bill) Barcellona] 09:49:14
Thanks, but thanks for pointing that out. bill and it is a struggle that I've that we as a team have had here.

[Rim Cothren, CDIII CalHHS] 09:49:21
So I that you've identified so thank you John I see your hand up.

[John Helvey] 09:49:28
I think you touched on it. with regards to the specifications, but I think that you know the intent of the adt, the monitoring of that, and the evaluation of that.

[John Helvey] 09:49:42
I mean, I think that there is a lot of very thin ads up there, and when you've seen one ad t C. one aet you haven't seen multiple and and I think that you know the intent of

[John Helvey] 09:49:53
the ledge of the legislation was to to accomplish Usc.

[John Helvey] 09:49:59
At UsCDII version 2 and beyond, and I think the adt needs to be as comprehensive as possible to support as much of us.

[John Helvey] 09:50:11
CDII version 2 and beyond as possible and I don't know that this specifications actually support that a 100%

[Rim Cothren, CDIII CalHHS] 09:50:25
Thanks, John. I think that understanding what we put in any of these requirements as initial requirements, and how we raise the bar over time will be of an important conversation, but that's that's something we should take a serious look at thank

[Deven McGraw, Invitae (she/her)] 09:50:38
you, Devin. I see your hand up Well, I just wanted to draw attention to some comments that I made in the chat, and that is, you know we've sort of understandable.

[Deven McGraw, Invitae (she/her)] 09:50:49

We're developing you know a set of qualifications for Hivos to meet, so that if we're sort of telling people giving them credit for using H ios to meet these obligations where we're sort of

[Deven McGraw, Invitae (she/her)] 09:51:00

directing people into places that we know have been vetted and and are required to meet certain standards.

[Deven McGraw, Invitae (she/her)] 09:51:06

But doesn't that beg the question that there are other options that we're suggesting that are available to people that we would want to place some similar requirements on those options as well, and maybe even vet them you know there's

[Deven McGraw, Invitae (she/her)] 09:51:20

lots of you know. I know. I know Steven. Dr. Lane has put a lot of suggestions in there about the use of direct and folks being equipped to do this if they already have certified systems and it being a potentially affordable option for folks

[Deven McGraw, Invitae (she/her)] 09:51:33

who do not. but you know, I sort of feel like if we're whatever we mentioned in these policies and procedures as sort of reliable or acceptable means to do this, we ought to make sure that we have kind of

[Deven McGraw, Invitae (she/her)] 09:51:47

a somewhat of a level playing field around around the vetting where we're in order again to avoid the stove pipe issue that you're talking about and make sure we're getting standards-based exchange

[Rim Cothren, CDIII CalHHS] 09:51:59

across the board. Great thanks, Devin, and and maybe perhaps it's one suggestion.

[Rim Cothren, CDIII CalHHS] 09:52:05

There is, we allude again back to national networks and frameworks, direct trust being one as a vetting mechanism on the path there that we can rely on rather than the State of California.

[Deven McGraw, Invitae (she/her)] 09:52:17

Taking on vetting every organization a potential. vendor Yeah, it's. It is a it it your point is well taken, and and we'll need to examine that let's move on to the next pattern. I think that this one is likely to be a

[Rim Cothren, CDIII CalHHS] 09:52:35

little less controversial than some of the ones that we've done in the past.

[Rim Cothren, CDIII CalHHS] 09:52:41

And that is the targeted request for information. This is the pattern that works.

[Rim Cothren, CDIII CalHHS] 09:52:46

I am interested in information on a very specific individual, a patient member client, and I ask someone for that information.

[Rim Cothren, CDIII CalHHS] 09:52:53

You might ask my Pcp. for information about me in a care summary.

[Rim Cothren, CDIII CalHHS] 09:52:58

You might ask an emergency department for information about the discharge of a visit to the emergency department.

[Rim Cothren, CDIII CalHHS] 09:53:08

For requesting participants, they must be authorized to receive that information.

[Rim Cothren, CDIII CalHHS] 09:53:12

I think this at least starts to get to our conversation before about where the burden should be.

[Rim Cothren, CDIII CalHHS] 09:53:18

So I won't ask for information unless I'm authorized to receive it, and that I must use iat standards that are common for query, based document exchange on the nationwide networks and appear in the

[Rim Cothren, CDIII CalHHS] 09:53:31

queue hand, technical framework let's go on to the next slide. and this is responding participants.

[Rim Cothren, CDIII CalHHS] 09:53:42

Every participant must be prepared to respond for a request of information.

[Rim Cothren, CDIII CalHHS] 09:53:48

So this is one of the Places where it's specific to Actor Isn't called out, but everybody that participates in the network, and is signed the DSA.

[Rim Cothren, CDIII CalHHS] 09:53:58

Must respond to request for information, and if they do so, through either a nationwide network or framework, or a point to point connection, it calls out the standard that they must use, which is again that Ted, that common technical standard for query based document

[Rim Cothren, CDIII CalHHS] 09:54:12

exchange. If they use an intermediate, they may be able to use other standards.

[Rim Cothren, CDIII CalHHS] 09:54:17

There again. we've alluded to hl 7 fire as a potential future requirement.

[Rim Cothren, CDIII CalHHS] 09:54:24

Here. and then there is a note here about how to deal with cases where it is not possible to share information, either because a match against a person was unclear or there.

[Rim Cothren, CDIII CalHHS] 09:54:40

The recipient of a request was not authorized to disclose that information.

[Rim Cothren, CDIII CalHHS] 09:54:46

Most technical standards call out very specific procedures for that.

[Rim Cothren, CDIII CalHHS] 09:54:50

And this was to add clarity where that standard was silent.

[Rim Cothren, CDIII CalHHS] 09:54:56

We move on to the next slide. It talks a little bit about the requirements of qu of qh ios.

[Rim Cothren, CDIII CalHHS] 09:55:02

Again the same technical standard when exchanging information with each other or other organizations, and if they use some other standard Again, Jason, we may need to learn the the use of the open technical standard.

[Rim Cothren, CDIII CalHHS] 09:55:16

Language here, but some other mechanism to exchange information with their participants.

[Rim Cothren, CDIII CalHHS] 09:55:21

They must be prepared to transfer that into this other standard.

[Rim Cothren, CDIII CalHHS] 09:55:25

When exchanging data outside of their network let's rewind 2 slides and see if there are any questions about this pattern.

[Rim Cothren, CDIII CalHHS] 09:55:38

Shelley, I saw you raise your hand for a minute, but it went back down.

[Michelle (Shelley) Brown] 09:55:42

I didn't know if you had a comment you wanted to make yes, I did, and I'm trying to go back to where it was.

[Rim Cothren, CDIII CalHHS] 09:55:49

So go ahead, and if someone else has their hand raised, let me just go back and see if I can find it.

[Michelle (Shelley) Brown] 09:55:53

There isn't any other hand raised while while you're searching back for that, what I will do.

[Rim Cothren, CDIII CalHHS] 09:56:01
However, is, ask us to go to the other transaction pattern actually.

[Michelle (Shelley) Brown] 09:56:10
Do find it now.

[Michelle (Shelley) Brown] 09:56:17
Yeah, I'm under b roman numeral 4 b yeah.

[Michelle (Shelley) Brown] 09:56:24
I'm a little bit confused with the word authorized maybe it needs to smart clarification, but they're kind of 2 ways to think about authorization.

[Michelle (Shelley) Brown] 09:56:33
One is under the under applicable law, and the other one would be the formal kind of authorization that a patient would give under.

[Michelle (Shelley) Brown] 09:56:42
You know, for example, part 2 or pursuit to hipaa when you're when you're disclosing information outside of covered entities to a non-covered entity.

[Michelle (Shelley) Brown] 09:56:55
So maybe we need to define the term authorized somewhere as a definition, or give this a little more clarity.

[Rim Cothren, CDIII CalHHS] 09:57:01
Alright, thank you for that comment. and I will. I will take a look to see whether authorized is defined in any of our other documents, and if not we can propose definition here.

[Rim Cothren, CDIII CalHHS] 09:57:13
I think that that type of clarity would be very useful here.

[Rim Cothren, CDIII CalHHS] 09:57:16
Thank you.

[Rim Cothren, CDIII CalHHS] 09:57:21
I don't see any other hands up right Now let's move on to the next transaction pattern, because it's very simple.

[Rim Cothren, CDIII CalHHS] 09:57:29
It is very much related to the last one but this is for a broadcast. and this is when you don't know who might have information on this person, and therefore you ask many organizations.

[Rim Cothren, CDIII CalHHS] 09:57:41

What's typical in this pattern is to either broadcast a query to everyone in the State, or more commonly today to everyone in a geographic region, usually because of an urgent or emergency event, and there are no

[Rim Cothren, CDIII CalHHS] 09:57:58

special requirements associated with a broadcast versus a directed query other than the policy, says that organizations are discouraged from using this because of the traffic and requirements that it puts on all participants here unless it

[Rim Cothren, CDIII CalHHS] 09:58:17

is the result of an urgent or emergency use case.

[Rim Cothren, CDIII CalHHS] 09:58:21

Those terms are not well defined, and that's somewhat on purpose. in order to enable, participants to use their professional judgment about when this is really an appropriate approach for them to take rather than in policy defining the

[Rim Cothren, CDIII CalHHS] 09:58:38

cases where this would only be allowable I'm open to suggestions about how that might be rewarded.

[Rim Cothren, CDIII CalHHS] 09:58:52

To make it more clear.

[Michelle (Shelley) Brown] 09:58:53

Shelley, I see your hand. Yeah, thank you. Rim.

[Michelle (Shelley) Brown] 09:58:57

Have a little concern about this in terms of the technology.

[Michelle (Shelley) Brown] 09:59:01

For example. some ages are on a better rated model, and when there is a request for information it would be broadcast out to many different participants.

[Michelle (Shelley) Brown] 09:59:14

With a query. this is, Do you have a record for this patient?

[Rim Cothren, CDIII CalHHS] 09:59:17

So does this discourage that type of architecture. There is no intent here to dictate what an HIO does with its own participants.

[Rim Cothren, CDIII CalHHS] 09:59:30

This is for exchange outside of those participants, so that, for instance, that HIO might not broadcast to every DxF participant on in the State.

[Deven McGraw, Invitae (she/her)] 09:59:42

But we may need to make that clear here. Devin. I see your hand up.

[Deven McGraw, Invitae (she/her)] 10:00:00

Yeah, I had a I had a similar question to Shelly, which is, you know, in terms of how would we even do a broadcast request outside of a network like How would you even where would you send such a you know just to everyone?

[Deven McGraw, Invitae (she/her)] 10:00:06

You know, connected to your direct hiss. or it's sort of and it also feels like, even in the context of not necessarily having easy capabilities to find people outside of a Qh lo.

[Deven McGraw, Invitae (she/her)] 10:00:19

We would, I think, want to open up the aperture for what kinds of situations would allow a broadcast request beyond just what's urgent?

[Deven McGraw, Invitae (she/her)] 10:00:30

I mean an emergent is it you know circumstances where the patient is in incapacitated, and can't help you out by telling you where they've been seen.

[Deven McGraw, Invitae (she/her)] 10:00:38

Or maybe is older and doesn't remember what they've been seen, and or is, you know, there there's a lot of circumstances, and in where a broadcast query you certainly don't want people abusing, and and just

[Rim Cothren, CDIII CalHHS] 10:00:51

Willie Nie, i've used that term second 2 times now on this call, and it's I've written it down to find that term, and make sure it gets into the policy, and procedure I

[Rim Cothren, CDIII CalHHS] 10:01:04

mean. your point is well taken, and I think I am.

[Rim Cothren, CDIII CalHHS] 10:01:06

I was at least hesitant to detail exactly when those broadcasts would be appropriate. because I think that you know, we have to rely on professional judgment and make sure that treatment needs are actually being met.

[Rim Cothren, CDIII CalHHS] 10:01:18

But we can think about restrictions there. The use of broadcast is actually not that uncommon in the industry today, but it does mean that, for instance, if I know of 200 participants in the State of California.

[Rim Cothren, CDIII CalHHS] 10:01:35

I would ask them all for information that is how those broadcasts often take place today.

[Rim Cothren, CDIII CalHHS] 10:01:40

They're becoming less common, but they still happen to the recipient of a broadcast.

[Rim Cothren, CDIII CalHHS] 10:01:46

It's usually they they're usually unable to determine whether it was a targeted request or a broadcast.

[Deven McGraw, Invitae (she/her)] 10:01:52

But you can imagine if I don't know who rim Catherine is, I still must respond, and it becomes a burden.

[Deven McGraw, Invitae (she/her)] 10:01:58

And so that's what we're trying to deal with here.

[Deven McGraw, Invitae (she/her)] 10:02:01

It may be impossible to deal with this well within a policy and procedure well; and and it could also be that we do some thinking about what the what are the typical types of use cases that are that are intended to be supported for which we would be

[Deven McGraw, Invitae (she/her)] 10:02:15

more open to broadcast queries than not, and and maybe some additional requirements on

[Rim Cothren, CDIII CalHHS] 10:02:25

With respect to collection right, and and I will just say one thing about that, and then we'll move on is that what I think we're intending is that this would not be a standard operating procedure for example if I'm going in to

[Rim Cothren, CDIII CalHHS] 10:02:42

see my Pcp. tomorrow that they would broadcast to the State.

[Rim Cothren, CDIII CalHHS] 10:02:45

Hey? is anybody seen anything new about Rim Cothren or if I'm being admitted to surgery next week, that there would be a broadcast to everybody in this state?

[Rim Cothren, CDIII CalHHS] 10:02:56

Does anybody know anything new about Rim Cothren that those would be the use cases that we'd like to discourage?

[Rim Cothren, CDIII CalHHS] 10:03:02

And then instead, you do targeted requests for that information.

[Rim Cothren, CDIII CalHHS] 10:03:05

But we need to think about that more. Jason. I see your hand up, and then we'll move on.

[Jason Buckner] 10:03:11

Yeah, I would just say that I understand both sides of the the coin on this one, and we probably just shouldn't put a policy through.

[Jason Buckner] 10:03:20

In my opinion that has 0 teeth right and this in its current state it's sort of meaningless I get the intent, but like it is completely up to the judgment of folks.

[Jason Buckner] 10:03:33

And so if it's going to end up in language it should

[Jason Buckner] 10:03:37

It should certainly be more defined because as it's written anybody's opinion on urgent or or emergent could include treatment.

[Rim Cothren, CDIII CalHHS] 10:03:45

So that's just my point here, thank you Jason I appreciate that.

[Rim Cothren, CDIII CalHHS] 10:03:50

Let's go on to the last 2 items in this policy and procedure, and I'm going to go through them quickly, because the first one you've seen before and is established in a strategy and the second one

[Rim Cothren, CDIII CalHHS] 10:04:02

doesn't have a lot of meat to It quite frankly the first is on person matching. You've seen the attributes associated with purchasing matching before this is taken directly from the strategy on digital identities but

[Rim Cothren, CDIII CalHHS] 10:04:18

reduced here to a policy and procedure so that it's actually implemented. And it dealtate details the attributes that we agreed would be used for person matching, namely, name data birth home or mailing address phone

[Rim Cothren, CDIII CalHHS] 10:04:32

numbers and emails and gender only if it's required by the technical standard.

[Rim Cothren, CDIII CalHHS] 10:04:39

These attributes are all allowed. Some of them required by many of the standards that we've identified, taken from the Queue hand technical framework.

[Rim Cothren, CDIII CalHHS] 10:04:50

And I will note that the queue hand technical framework calls out a standard that does require gender in order to comply with the standard.

[Rim Cothren, CDIII CalHHS] 10:04:59

Let's move on to the next slide for just a minute, because it it rounds this out.

[Rim Cothren, CDIII CalHHS] 10:05:05

Unless otherwise noted. This is all UsCDII version 2, because that aligns with our data elements to be exchanged.

[Rim Cothren, CDIII CalHHS] 10:05:13

I will note that the attributes here do not differ between version.

[Rim Cothren, CDIII CalHHS] 10:05:18

One and version 2 and that this policy specifies use of the technical specification for patient addresses that were the outcome of the project Us at

[Rim Cothren, CDIII CalHHS] 10:05:32

Technical work group and published by Onc, and it also identifies specific identifiers related to health.

[Rim Cothren, CDIII CalHHS] 10:05:38

If maintained by the participants, such as a medical record number or a member.

[Mark Savage] 10:05:45

Id used to an example, Mark, I see your hand up. Thanks 2 2 comments line.

[Mark Savage] 10:05:53

If you go back to the previous slide. lot of good work on Jim gender identity at the national level.

[Mark Savage] 10:06:03

So causing me to ask by gender do we mean sex at birth.

[Mark Savage] 10:06:10

Because it's it's being used in different ways and I think clarity here would be important.

[Rim Cothren, CDIII CalHHS] 10:06:16

Not something necessarily to resolve on this call but I'll I'll flag the issue.

[Rim Cothren, CDIII CalHHS] 10:06:21

Yeah, no, I I think I think that we can probably resolve it here on this call.

[Rim Cothren, CDIII CalHHS] 10:06:26

What we specified in the strategy and what is specified here is that gender is to only be used if required by a technical standard, and that technical standard would then call out what is meant by gender.

[Rim Cothren, CDIII CalHHS] 10:06:37

So it's specifically not defined here, because it is not to be used in less regard by a technical standard. I believe.

[Rim Cothren, CDIII CalHHS] 10:06:46

Did the Qtf. technical standard refers to sex assigned at birth.

[Rim Cothren, CDIII CalHHS] 10:06:51

I'd need to read that to standard for sure but it would be the technical standard that would define that, and it would only be used in order to confirm to the requirements of a technical standard identified as a required standard

[Mark Savage] 10:07:04

either in this policy or a Federal regulation and that's that is just a problem that we find ourselves in.

[Rim Cothren, CDIII CalHHS] 10:07:13

Is that we agreed as a group we would not use gender for person matching, but some regulated standards required by the Federal Government require the gender be used in order to conform to the standard at all.

[Mark Savage] 10:07:31

Okay, so reflect on that it sounds like but from what you're saying as well, There may be a technical standard that uses a different term, and doesn't actually say gender is defined as at birth.

[Mark Savage] 10:07:42

He's had an issue or not and as a somebody who thinks about language carefully.

[Mark Savage] 10:07:48

I would say that's an issue but yes, it's like that. So if you go to the next slide, then on the point about address, when a work group under the high tech discussed this nationally was looking presentation from project U.S.A.

[Mark Savage] 10:08:05

we talked about the technical specification, but we also talked about the importance of having the patient metadata, which would reflect whether the person was homeless, and those didn't have an address in the in the first place and would like to

[Mark Savage] 10:08:21

sort of repeat the recommendation of the interoperability standards.

[Mark Savage] 10:08:27

Work group there that it includes the technical specification, but also the the patient metadata.

[Rim Cothren, CDIII CalHHS] 10:08:31

Okay, is that not embodied in this document it's it's a it's a it's really to the work, But I don't believe it's in that document per se if you can help me if you can

[Rim Cothren, CDIII CalHHS] 10:08:45

help me document that I think that was the intent. Thank you, Shelly.

[Michelle (Shelley) Brown] 10:08:48

I see your hand up. Yes, sir. I just curious, maybe, about the thinking

[Michelle (Shelley) Brown] 10:08:56

My experience is that oftentimes again some or some of the information's provided or available.

[Michelle (Shelley) Brown] 10:09:05

The items one through 5, but not all and it's just my impression that you're gonna want to use this many bits of information that are demographic or otherwise to match up a patient If you don't have all of

[Michelle (Shelley) Brown] 10:09:19

these core core items of data, so I'm not sure if it's really beneficial to limit patient matching to these 5 items and along those lines you know why not allow gender to be used If some of the other items

[Rim Cothren, CDIII CalHHS] 10:09:37

are missing when you're trying to do patient batching and and we can revisit some of those

[Rim Cothren, CDIII CalHHS] 10:09:46

There were quite a There was quite a body of work and deliberation about identifying the attributes that we would use for patient matching.

[Rim Cothren, CDIII CalHHS] 10:09:54

It was part of the process leading to the strategy for digital identities.

[Rim Cothren, CDIII CalHHS] 10:09:58

This is an opportunity to revisit any of the decisions that were made there. but Shelly, i'd really cite about 4 months of work that produced that set and guidelines on gender, and maybe we can talk

[Rim Cothren, CDIII CalHHS] 10:10:14

more about your concerns. There, offline thank you we're running a little bit behind.

[Rim Cothren, CDIII CalHHS] 10:10:23

Least I see that you have your hand up. if you have a quick comment.

[Lisa Matsubara] 10:10:27

Happy to take it. Thanks, Ray. I just, you know, I think, with these 2

[Lisa Matsubara] 10:10:34

I just wanna just make sure that we're also considering security, because we wanna make sure that patient confidentiality as is protected in terms of their home addresses.

[Lisa Matsubara] 10:10:49

If that's something that they may not want disclosed widely

[Lisa Matsubara] 10:10:55

And then I'm also just wondering what this means for like on documented patients as well.

[Rim Cothren, CDIII CalHHS] 10:11:01

So they're there aren't any specific provisions in this about undocumented individuals other than their status.

[Rim Cothren, CDIII CalHHS] 10:11:10

Their citizenship, status, etc. is not part of the information that is identified to be disclosed.

[Rim Cothren, CDIII CalHHS] 10:11:18

The security aspects of this. Both the strategy and other Pnp documents identify security requirements here.

[Rim Cothren, CDIII CalHHS] 10:11:30

I will look back through those documents to ensure, but I believe they already mention person attributes as part of person matching to be secured in the same way as Phi would be secured.

[Rim Cothren, CDIII CalHHS] 10:11:47

But I will check on that. Let's move on to the next slide, and thank you for that.

[Rim Cothren, CDIII CalHHS] 10:11:52

Lisa. let's move on to the next slide. This is a quick one, and it just requires that the governance entity create an open and transparent process to review emerging and maturing standards for potential inclusion that that

[Rim Cothren, CDIII CalHHS] 10:12:07

process must be put in place by July of 2024, and that any changes to the standards here or to the data elements to be exchanged must go through the standard process that's identified in the development of

[Rim Cothren, CDIII CalHHS] 10:12:22

and modification to policies and procedures, policy and procedure.

[Rim Cothren, CDIII CalHHS] 10:12:28

So if you want to learn more about what we already determined was required there, you might.

[Rim Cothren, CDIII CalHHS] 10:12:34

You might take a look at that policy and procedure, but it calls that requirements for review and implementation of any new or amended policies and procedures

[Rim Cothren, CDIII CalHHS] 10:12:50

I don't see any hands raised I really appreciate People's participation here, and I will turn it over.

[Courtney Hansen] 10:12:59

I think, Courtney, you are next Thanks ram all right let's dive into information obstruction, and I'm sorry if you can hear my kiddo going down for a nap.

[Courtney Hansen] 10:13:13

He does not want but but so this P&P.

[Courtney Hansen] 10:13:21

Is an updated version of the information blocking Pnp. that we shared. At the October meeting of this subcommittee we received a significant number of recommendations that we consider to inform the revisions to this

[Courtney Hansen] 10:13:33

Pnp: So the revisions made include updating the title of the P&P.

[Courtney Hansen] 10:13:40

From information blocking to information obstruction which actually came out of the lac.

[Courtney Hansen] 10:13:45

We receive comments that it would be really important to distinguish the language between the Federal rules and this Pp.

[Courtney Hansen] 10:13:56

We also distinguish requirements for entities that are subject to the information, blocking rules as well as entities that are not subject to the information walking room. and when I say information blocking, I mean the Federal regulations, and then we

[Courtney Hansen] 10:14:08

adopted a streamline approach which heavily, leverages the Federal rules, and incorporates them by reference to support continued alignment between the State and Federal direction.

[Courtney Hansen] 10:14:22

And hopefully isn't the burden of participants to understand the differences between this Pnp and the Federal rules.

[Courtney Hansen] 10:14:30

So I'm gonna start by thinking you all for the feedback that we you've already provided, and really looking forward to digging into this new draft.

[Courtney Hansen] 10:14:38

So to start. I want to talk about the name change so that's what we heard from the lac.

[Courtney Hansen] 10:14:48

We didn't receive a suggestion on what that should be called

[Courtney Hansen] 10:14:52

We are floating information obstruction. But I wanna hear from you.

[Courtney Hansen] 10:14:57

Does a name change, make sense? Does it cause additional confusion?

[Courtney Hansen] 10:15:02

And if a name changed does make sense, is information obstruction the right way to go.

[Courtney Hansen] 10:15:08

And Mark, I see you have your hand up

[Mark Savage] 10:15:14

My hand is not on that question. so I'll it up, I'll I'll wait and raise my hand again when you when you finished with that question.

[Courtney Hansen] 10:15:20

Sorry about that, Stephen I'll try to speak up as Devin said my voice.

[Steven Lane] 10:15:26

Wasn't I mean through well before but you know a lot of effort has been put into defining information blocking and information sharing

[Steven Lane] 10:15:40

California exchange. Yeah, really. So confusion, I think, add burden to a lot of actors in California.

[Steven Lane] 10:15:50

So I would. only I I would encourage us to only consider.

[Courtney Hansen] 10:15:54

Term if it really adds to values. Thanks, Steven Elaine

[Elaine Ekpo] 10:16:08

Sorry, having trouble unmuting not to actually make a contrary point.

[Elaine Ekpo] 10:16:13

I was actually going to say if information obstruction.

[Elaine Ekpo] 10:16:20

It's not going to be a different term from information blocking I'm: Okay, with that, as long as it's clear that it's we're not adding or taking away from the definite the Federal definition we're just

[Courtney Hansen] 10:16:29

using a different term. I think good definition of information.

[Courtney Hansen] 10:16:34

Obstruction is the definition of information blocking in the Federal regulations.

[Elaine Ekpo] 10:16:38

Yes, if that if it if it's cleared that way then that's I think I I I don't see an issue.

[Courtney Hansen] 10:16:49

And then why bother? We heard that this was going to cause a lot of confusion for the industry.

[Courtney Hansen] 10:16:54

Especially if the information blocking P and P.

[Courtney Hansen] 10:17:01

Were to differ in any way from the regulations so we're very concerned that calling information blocking would create more confusion.

[Courtney Hansen] 10:17:08

So if that if you're not that's why, we're asking for input if folks don't think so, then we are happy to change the name back to information blocking and bring it to the iac with discussion that

[Jason Buckner] 10:17:22

was vetted here, and that was the decision. Jason, I just piling on that.

[Jason Buckner] 10:17:32

I think it creates confusion and there's no true value in us. changing this.

[Jason Buckner] 10:17:44

So I'm running on the same

[Courtney Hansen] 10:17:44

Thank you, Mark. I I agree, and and legal statutory construction.

[Mark Savage] 10:17:55

When you have a different name. it's understood to mean that you have a different thing, There's a reason why you used to take name, and it implies something else.

[Courtney Hansen] 10:18:04

We don't want that fusion here. and we should keep the same name, because it's the same thing, thank you, Shelly.

[Michelle (Shelley) Brown] 10:18:13

I I agree to stay consistent with it. I agree with everyone here.

[Courtney Hansen] 10:18:20

Thank you, and just to give folks some hearing kind of a resounding.

[Courtney Hansen] 10:18:27

Please go back to it. Information blocking Does anyone strongly agree that this needs to be a different term?

[Courtney Hansen] 10:18:43

Then. I think we have heard Latin clear that there should be information blocking, and we'll change it back.

[Courtney Hansen] 10:18:49

So while we go through the discussion where it says information obstruction, it should the new version will say, information blocking.

[Courtney Hansen] 10:18:59

Okay, Mark, I know that you had a comment before we get into further conversation.

[Mark Savage] 10:19:10

Yes, thanks. So this sort of goes to to the D 3 definitions on the slide at the Federal level in the Cures Act, and in O and certification criteria.

[Mark Savage] 10:19:21

It always says, access exchange, use without special effort, Good reason.

[Mark Savage] 10:19:27

I think that should be integrated in the in the 3 definitions here

[Courtney Hansen] 10:19:34

Thank you thank you I'm sorry I'm taking down notes

[Courtney Hansen] 10:19:44

Okay.

[Courtney Hansen] 10:19:50

Alright, so fully diving in. we have a very high level purpose.

[Courtney Hansen] 10:19:57

Does anyone have said I'm gonna go through this kind of quickly, and spend a lot of time on the need of it?

[Courtney Hansen] 10:20:05

But does anyone have any comments about the high-level purpose, or any other comments about the definitions

[Courtney Hansen] 10:20:21

Alright, hearing none, let's go to the next slide so similarly any comments about the high level policy or the definition of just using Federal information, blocking regulations

[Courtney Hansen] 10:20:44

So I would note that this policy applies to all participants.

[Courtney Hansen] 10:20:49

That will require, so to apply to all participants, as well as all health and social services information.

[Courtney Hansen] 10:20:55

So this is an experience of the information blocking role.

[Diana Kaempfer-Tong] 10:21:00

Diana. Yeah, I just wanna say that under policy it's a little vague.

[Diana Kaempfer-Tong] 10:21:09

What is likely to interfere with access, and who that will be determined by?

[Diana Kaempfer-Tong] 10:21:14

Is it the requester? Is it the sender? Is it the governing body?

[Diana Kaempfer-Tong] 10:21:19

A little clarity on on who determines what interference is would be helpful.

[Courtney Hansen] 10:21:26

Thank you. Shelley. just look curious about the effective date.

[Michelle (Shelley) Brown] 10:21:35

Just as an alternative for what in this be applicable to participant.

[Michelle (Shelley) Brown] 10:21:42

Once they sign the Dsd. the data exchange agreement required.

[Courtney Hansen] 10:21:46

Exchange does not begin, and for the mandatory entities, until at the earliest of January, 30, first, 2,024.

[Courtney Hansen] 10:21:53

So if folks want to use the DSA. once they sign on, they are able to, and we have an early exchange P&P.

[Courtney Hansen] 10:22:02

That will review in a little bit to that effect. But the reason we chose January 30 first 25.

[Courtney Hansen] 10:22:09

Here is to make sure that folks weren't considered we're forced to start sharing when they weren't required to.

[Michelle (Shelley) Brown] 10:22:20

Does that a date makes sense. Well, I I I understood that to begin with, to be the date I understood that reasoning, but I'm also kind of just wondering why what participant not immediately immediately start complying with the information

[Michelle (Shelley) Brown] 10:22:36
blocking rules when they sign the data exchange agreement

[Courtney Hansen] 10:22:47
So since folks are required to start sharing we didn't want so it's folks aren't required to start sharing them.

[Courtney Hansen] 10:23:00
They don't have if they're not going to share since they're not required to we didn't want that to be considered information

[Deven McGraw, Invitae (she/her)] 10:23:08
Okay, right it. It seems like it's only relevant once you start, once the sharing obligations come into play, and you're taking actions that are obstructionist or perceived as extract obstructionist that

[Deven McGraw, Invitae (she/her)] 10:23:21
was our thought. Yeah, I could see that. do. Does that make sense to everyone?

[Michelle (Shelley) Brown] 10:23:34
Perhaps it will be addressed in the next slide on the early doctors.

[Michelle (Shelley) Brown] 10:23:39
But I just put that out there for thought just just for consideration

[Courtney Hansen] 10:23:52
Okay, Any other comments on the policy and definitions

[Courtney Hansen] 10:24:04
Elaine, Is that an old hand? or is that a new hand?

[Elaine Ekpo] 10:24:08
Apologies, old hand. No worries just losing track alright. Let's go to the next slide.

[Courtney Hansen] 10:24:17
Okay. So here we start to get a little bit into the meet of things.

[Courtney Hansen] 10:24:22
The procedure, as I said before, we'll apply to all health and social services.

[Courtney Hansen] 10:24:26

Information. and we did so. We highlighted at A, and tried to make it very, very clear that whenever referring to the the information blocking rule the term electronic health information for purposes of this pnp will P to all health and social

[Courtney Hansen] 10:24:45
services.

[Courtney Hansen] 10:24:49
Does anyone have any comments on the procedure?

[Courtney Hansen] 10:24:52
This high level part of the procedure, or the definition which will be information blocking which was taken from that Federal rules

[Courtney Hansen] 10:25:05
Alright, hearing none next slide

[Courtney Hansen] 10:25:11
Alright. So here is for participants that are subject to the information blocking rule.

[Courtney Hansen] 10:25:18
So we tried to tie this very, very closely to the Federal rules as not create additional an additional burden for folks that are already required to follow it.

[Courtney Hansen] 10:25:33
The one exception that we have taken out was the fees exception consistent with the prohibition to charge fees to other participants.

[Courtney Hansen] 10:25:43
That's in the permitted required and prohibited purposes P&P.

[Courtney Hansen] 10:25:48
Are the Does this make sense? Our folks Okay, heavily leveraging the Federal rules.

[Courtney Hansen] 10:25:56
Are there other exceptions that we should consider? Are there are other exceptions in the information blocking rule that we can should consider excluding any feedback

[Deven McGraw, Invitae (she/her)] 10:26:21
Louie I'm try hold it

[Courtney Hansen] 10:26:29
Do we? I I think I raised the comments the last time that there was a stipulation in the blocking rule that that that called out downtime for health.

[Louis Cretaro] 10:26:46

Systems. I key, you know, schedule downtime would not be considered a obstruction or blocking and I, I Nick I'm, in common about that being applicable to social services it as well, we cover that at a higher

[Courtney Hansen] 10:27:01

level, because it specifically called out health. It and that was you know I was wanted to apply the social services as well, absolutely, and that is, can one of the exceptions that we'll get into for participants that are not subject to the

[Courtney Hansen] 10:27:17

information walking Rex, we've so we've allowed it for all participants who signed the DSA.

[Louis Cretaro] 10:27:25

Thank you absolutely. Devin. Yeah, I was gonna I hadn't even thought about the technical infeasibility, exception, which is where the those provisions around technical downtime are found.

[Deven McGraw, Invitae (she/her)] 10:27:41

But if we made the exception, why, don't we also make the licensing exception, I was trying to remember the discussion.

[Courtney Hansen] 10:27:48

That was part of wanting to bring it here is to get Hmm!

[Courtney Hansen] 10:27:55

We should prohibit the use of a licensing exception

[Deven McGraw, Invitae (she/her)] 10:28:00

Yeah, I mean, I I assume that in the fee exception we we are just trying to.

[Deven McGraw, Invitae (she/her)] 10:28:06

I mean what I you know. the fee exception allows for fees in certain contexts and places.

[Deven McGraw, Invitae (she/her)] 10:28:13

Some parameters around the fees so I would assume and I'm apologized for not remembering this.

[Deven McGraw, Invitae (she/her)] 10:28:17

The part. This part of the convert prior conversation that we deliberately said no fee exception, because we frankly don't want fees to be charged, because those can be obstruction of steven if they're

[Deven McGraw, Invitae (she/her)] 10:28:30

compliant with the Federal exception licensing is is arguably in a similar posture in the sense that it's a you know it's royalties for licensing of interoperability elements and so

[Deven McGraw, Invitae (she/her)] 10:28:40
there's kind of a tandem to those 2 provisions I think I'm wondering what other people think but we might throw that in as a possibility for saying you know what we we're asking people to essentially absorb

[Deven McGraw, Invitae (she/her)] 10:28:55
the costs of exchanging data and hopefully also at some point we'll have some greater financial support for that.

[Deven McGraw, Invitae (she/her)] 10:29:04
But let's set that aside and say you know we don't.

[Courtney Hansen] 10:29:07
We certainly don't want this to be obstructed by a lot of sort of and licensing royalty types of arrangements, even even if they meet the Federal exception absolutely and frankly, that was

[Courtney Hansen] 10:29:22
something, I included, and then deleted, and was hoping to get some way in on.

[Courtney Hansen] 10:29:28
So if folks have thoughts, whether the licensing exception should also be prohibited

[Michelle (Shelley) Brown] 10:29:44
Never heard this group so silent. shelley yeah I'm frankly, not up to speed on those exceptions at the moment that if it means that 2 H.

[Michelle (Shelley) Brown] 10:29:58
Fiveo could not charge fees in connection with delivery of services.

[Deven McGraw, Invitae (she/her)] 10:30:03
I have a little concern, and if license yeah I would too. but I don't think so.

[Courtney Hansen] 10:30:08
I don't think that applies here, but that's a good question.

[Michelle (Shelley) Brown] 10:30:11
That is specifically carved out in the Pnp that's referenced. So we that's why we reference it in the exact way that we do to make sure that we're prohibiting

[Michelle (Shelley) Brown] 10:30:21
qh A. or hiv is to be able to charge fees and if, if like relates to the credentials of the recipient the information, why wouldn't we able to it doesn't it doesn't it

[Michelle (Shelley) Brown] 10:30:38
doesn't shelly It it refers to like charging of of royalties.

[Michelle (Shelley) Brown] 10:30:43

For you know, being able to utilize software to exchange data like It's another place where we'd want.

[Michelle (Shelley) Brown] 10:30:49

We'd want an intermediary to be able to charge for its services. but we don't necessarily want the participants themselves imposing, you know, connection fees, and things, like that alright.

[Steven Lane] 10:30:59

I get it. Thank you. Yeah, licensing and second exception, or at the bottom of the page.

[Steven Lane] 10:31:06

I just put it open that and scroll the audience right there.

[Deven McGraw, Invitae (she/her)] 10:31:10

Oh, thanks, Stephen, You're getting thankful that yeah, he just put in Stephen.

[Deven McGraw, Invitae (she/her)] 10:31:17

Just put in the chat a great resource on the different exceptions for folks.

[Courtney Hansen] 10:31:22

Yes, I actually put that into the P&P because we want to make sure that, especially the folks that aren't subject to the ivr have some resource to go to

[Courtney Hansen] 10:31:41

So I don't hear any strong opinions on whether we should include or not include a licensing exception.

[Steven Lane] 10:31:47

It sounds, I mean, I I would just say, you know we obviously want this to be as effective as possible and inexpensive as possible.

[Steven Lane] 10:32:00

But you know it. The reason for the licensing exception is so that various, you know, actors can get involved in supporting information exchange, and still make, you know, some kind of a reasonable profit.

[Steven Lane] 10:32:15

I mean there it was. It was well considered by the fads.

[Deven McGraw, Invitae (she/her)] 10:32:19

I I think if if we leave that exception out, it, it puts a and awkward and inconsistent spot, and potentially limits our ability to innovate in terms of meeting these these important yeah at the Federal information

[Deven McGraw, Invitae (she/her)] 10:32:34

blocking real Steven. apply also expressly to certified health information technology vendors.

[Deven McGraw, Invitae (she/her)] 10:32:42

And so they they needed to put those exceptions in to allow them to carry on a business.

[Deven McGraw, Invitae (she/her)] 10:32:47

I think, in this case, when we're talking about subjecting participants to blocking roles.

[Deven McGraw, Invitae (she/her)] 10:32:55

Some of these exceptions were not designed for them we've already carved out.

[Deven McGraw, Invitae (she/her)] 10:33:00

The ability of, you know, sort of entities that facilitate exchange similar to the role that a technology vendor would play to be able to charge for their services.

[Deven McGraw, Invitae (she/her)] 10:33:09

But in terms of allowing those exceptions to them be leveraged by the participants themselves to charge one another for the exchange of data, or to levy a licensing fee.

[Deven McGraw, Invitae (she/her)] 10:33:19

And you know, to facilitate a some sort of connection. Seems to me outside of allowing the service providers to do that as a way of facilitating exchange seems to me to be valid. otherwise.

[Courtney Hansen] 10:33:34

We've we've basically allowed people to essentially charge the fees for exchanging data.

[Courtney Hansen] 10:33:39

I wonder if we allow a limited exception of it specifically for a qh ios

[Courtney Hansen] 10:33:51

Would that resolve any kind of issue for the Qatos to be able to act with their to utilize the licensing exception, but prohibit the other participants from doing so?

[Courtney Hansen] 10:34:03

Are. They are the Q. H ios. the only ones that would need to leverage that

[Deven McGraw, Invitae (she/her)] 10:34:20

I don't know if we you know We sort of we were building in a role for Qh. ios sort of acknowledging that there might be other sort of actors that might help to mechanisms for helping

[Deven McGraw, Invitae (she/her)] 10:34:31

participants to facilitate exchange I think we don't intend for them not to be able to leverage, you know, to be able to charge for their services whether that's in the form of fees or whether

[Deven McGraw, Invitae (she/her)] 10:34:42
that's in the form of licensing you know Those are business terms, and frankly, the exceptions lay out how that can all be done in a way that allows them to make a reasonable business profit.

[Deven McGraw, Invitae (she/her)] 10:34:52
But without creating a necessary obstructions to exchange.

[Deven McGraw, Invitae (she/her)] 10:34:57
And again, because the Federal blocking rules actually expressly also apply to those entities.

[Deven McGraw, Invitae (she/her)] 10:35:02
You need to build them in here. I think we just want to be sure that that you know, for clinical and social service participants and and and others who are not providing I'm going to borrow a term from the Federal rules

[Deven McGraw, Invitae (she/her)] 10:35:18
the interoperability elements to to sort of be able to leverage these fees or some form of of licensing royalties, you know, could create some significant obstacles to exchange absence a way

[Deven McGraw, Invitae (she/her)] 10:35:33
to shut that down. So I think it I personally think that if there is a way to create.

[Deven McGraw, Invitae (she/her)] 10:35:39
We've got the ability to rely on the experience exceptions that are about.

[Deven McGraw, Invitae (she/her)] 10:35:44
You know that that that involve allowing businesses, who for whom exchange is what they offer, and is part of their value proposition, be able to charge for it, and be able to make a reasonable profit off of it versus

[Deven McGraw, Invitae (she/her)] 10:35:59
allowing a you know, participants who are not providing those types of services to be able to do so.

[Courtney Hansen] 10:36:06
Yeah, if that makes any sense at all it's not going to be easy to craft that's what you're going in my head.

[Courtney Hansen] 10:36:18
Thank you. Shelly, I think I'm a side side with Stephen here.

[Michelle (Shelley) Brown] 10:36:21

I think that we should stake consistent with the information walking rules, and I think each of these exceptions. we kind of referenced here very generally just a general reference.

[Michelle (Shelley) Brown] 10:36:31

Each of those exceptions. will not be totally current and I admit that have conditions or requirements to meet that exception.

[Michelle (Shelley) Brown] 10:36:42

So that's my my one concern and the other one is that I believe our definition of participant is so broad.

[Courtney Hansen] 10:36:49

We have a lot of entities that fall into that that we're gonna start having some swiss cheese policies and procedures if we start carving out

[Courtney Hansen] 10:37:03

You know who's gonna with the exception of place to who it doesn't. I just prefer to stay consistent and rely on the information blocking rules, and how they are interpreted to govern the same app ,

[Courtney Hansen] 10:37:19

any other comments on this section

[Courtney Hansen] 10:37:31

Alright, let's go to the next page so here are participants that are not subject to the information blocking role.

[Courtney Hansen] 10:37:44

So here's the high level overview that they will be subject to it.

[Courtney Hansen] 10:37:50

For all health and social services, information, and then they will not be considered information blocking if they meet.

[Courtney Hansen] 10:37:58

One of the following exceptions, And does anyone have any comments on this kinda higher level portion or the definition of behavior which is an actor mission, and it's the term that we will use throughout this section

[Courtney Hansen] 10:38:20

Just checking Louise at an old hand

[Courtney Hansen] 10:38:26

That's good to the next page or yeah so I wanna spend a little time with preventing harm.

[Courtney Hansen] 10:38:36

So, for preventing harm, we have the paper risk and the type of harm which need to be distinguished from the Federal information blocking which is highly clinical to bring it to, the or all organizations that will

[Courtney Hansen] 10:38:54

be subject to this P&P so for type of harm I want, and I'm looking for input, especially on who this is determined by.

[Courtney Hansen] 10:39:07

So we said, someone with a professional like, by the professional judgment of a person with a professional relationship with the individual, so is it a professional relationship with the individual, the appropriate relationship that they should have in the of a license healthcare

[Courtney Hansen] 10:39:23

provider, and then, if the participant is not or and then we've allowed it.

[Courtney Hansen] 10:39:29

If the participant does not participate, does not staff a license?

[Courtney Hansen] 10:39:32

Okay, health care provider. So really looking to those 2 points are those the appropriate that the appropriate relationship is at the appropriate time.

[Courtney Hansen] 10:39:46

I'm glad to see diana's hand because I we heard from public health last time that this needed to be crafted really carefully, and so looking for way in from everyone, and especially public health.

[Diana Kaempfer-Tong] 10:39:59

Go ahead. Yeah. Always the problem, Child: The professional relationship may need a little more definition, because exactly what that is.

[Diana Kaempfer-Tong] 10:40:09

When you look at you know some of our organizations, some of our programs.

[Diana Kaempfer-Tong] 10:40:15

Some people may not even realize they have a relationship with one of our programs, you know.

[Diana Kaempfer-Tong] 10:40:23

Just because of how we receive information, at times so I'll have to go back to the team at this a little more, maybe can kind of work on some ideas, but having and and i'd love to hear the rest of the group what they think but

[Diana Kaempfer-Tong] 10:40:38

having a little bit more explanation, maybe, in the definition at the end of what this could apply to, and how it would apply to our programs would help with clarifying this for us.

[Courtney Hansen] 10:40:56

Thanks, Diana. We tried to keep the term broad to encompass the various types of relationships that an individual might have with, You know, public health social services all of the various entities that will be signing on

[Courtney Hansen] 10:41:11

So I'm hearing professional relationship works but we probably need to define the term. and if you can help craft that definition, what you think it should look like, we would be very grateful.

[Diana Kaempfer-Tong] 10:41:25

For sure. anyone else

[Courtney Hansen] 10:41:35

Professional relationship. Does that sound, especially if we define it? Does that seem right?

[Courtney Hansen] 10:41:40

And then, should it only be permitted, if there's not a license healthcare provider staffed this, and this, you know, to staff to make sense.

[Courtney Hansen] 10:41:53

Does that fairly encompass? You know contractors?

[Courtney Hansen] 10:42:00

And are there organizations that will have a license here?

[Courtney Hansen] 10:42:04

Healthcare provider, but that they're not going to be the appropriate person to make that determination

[John Helvey] 10:42:17

So this comes into comes into play for for me with regards to like the Ymca.

[John Helvey] 10:42:23

Ywca. those types of entities that are looking to to support healthy community.

[John Helvey] 10:42:32

So i'd like to hear how people see you know that from that perspective, because they're not necessarily directly involved in the you know, with that patient at the moment.

[John Helvey] 10:42:50

But they're looking to you know have an impact in the community.

[John Helvey] 10:43:00

So supporting other entities of you know community health centers and Rac's.

[Courtney Hansen] 10:43:14

Thanks. John.

[Courtney Hansen] 10:43:14

Thanks, John, Anyone wanna speak to john's point

[Louis Cretaro] 10:43:23

Well, this this is Louisa to me, where this comes to mind in social services with the child welfare system, where the disclosure of information, and they may have brought this example up before.

[Louis Cretaro] 10:43:38

But where the disclosure of information what's going includes a new address for a child that may have been removed from a home, we separated from perpetrator or a parent who no longer is the custodial parent because of the

[Louis Cretaro] 10:43:54

court order, but could prove they were the biological parent, and you know, in a setting in a clinic.

[Louis Cretaro] 10:44:02

Give them every reason to information. I think these are where there's a type of risk associated to family members or or to children, or adopted children, or children in foster care.

[Louis Cretaro] 10:44:20

Or foster home where information and it'll be appropriate to be released.

[Louis Cretaro] 10:44:26

Even this just the new address of the person so that's where I I think what I think about where there may be a type of risk to you know, even to the pro professional themselves.

[Louis Cretaro] 10:44:45

We've had restraining orders you know against perpetual right here.

[Louis Cretaro] 10:44:47

Sure, or family members, you know as requested by the agency.

[Courtney Hansen] 10:44:56

You know the the workers. So come to mind here where that we would need this absolutely.

[Courtney Hansen] 10:45:10

I think that's the very very clear reason that we need this exception for all entities.

[Courtney Hansen] 10:45:18

Or a very clear example of why we need this exception.

[Courtney Hansen] 10:45:21

Does professional relationship. Would that work for the situation you're talking about?

[Courtney Hansen] 10:45:28

Is that the right person to determine it? Yeah, it sounds like, you know, that would likely be an agency person.

[Courtney Hansen] 10:45:35

And they would. No, they would be the one to determine that the you know, the non custodial parents who have their rates removed is no longer allowed that act.

[Courtney Hansen] 10:45:48

Yes.

[Steven Lane] 10:45:58

And the definition is assuring that the people to whom you give this authority we have the training and education to do it appropriately

[John Helvey] 10:46:12

Yeah, this is John again. I don't think that you know from a Qh lo.

[John Helvey] 10:46:18

Perspective. Oh, yeah, participant, or the owner of the record is where this should be applied, you know, at that level.

[John Helvey] 10:46:29

I don't kind of wondering what the what the scope of of this is, and how it relates to all the different participants in the in the day exchange grammar visit definitely shouldn't apply to the

[John Helvey] 10:46:46

qhl's cause we're not that record the custodian of the record.

[Courtney Hansen] 10:46:51

So sure. Would you read this as a qh lo:

[Courtney Hansen] 10:46:57

Having a professional relationship with the as it's written here does it seem like a Qh. A.

[John Helvey] 10:47:04

Would have a professional relationship with the patient or individual. It all depends on how far we go with, you know.

[John Helvey] 10:47:13

Providing consumers access to a patient portal or gaining access to an HIO as an individual for their records or their child's records or things of that as we evolve this into the future

[Courtney Hansen] 10:47:34

So that's that's where it gets complicated for me Inkyo Shelley. John.

[Michelle (Shelley) Brown] 10:47:44

Yeah, I appreciate that comment because I mean it wasn't occurring to me until you mention it.

[Courtney Hansen] 10:47:49

But I don't think an HIO or could could make that determination so drafted, so they wouldn't be able to.

[Michelle (Shelley) Brown] 10:47:56

But if I want to understand, if you think that it reads that they could, I wanna make sure that it doesn't happen, and I think a lot of that will be cleared up by defining professional relationship, But I wanna make sure that that

[Courtney Hansen] 10:48:10

definition is broad enough for other entities to be able to use it.

[John Helvey] 10:48:15

I would appreciate the exclusion on Qh: lo: Yeah.

[John Helvey] 10:48:21

I think that would. that would help me have solid clarity on.

[John Helvey] 10:48:28

You know our role which think everything else, I think is is in line.

[John Helvey] 10:48:35

I think professional relationship is is good for all other organizations

[Courtney Hansen] 10:48:46

Thank you, and I ask so here's a clarifying point.

[Louis Cretaro] 10:48:52

At least I need to. I need to understand so to me this gets back to the push poll conversation in a way.

[Louis Cretaro] 10:49:02

But we're talking about an information blocking or obstruction So social services, agency does not return this information.

[Louis Cretaro] 10:49:14

Certain patients or clients. because of the risk, you know, this is the exception.

[Louis Cretaro] 10:49:22

So they would neither not be able to respond to that request because of a classification of if they placed on that data, or they would not push this data.

[Louis Cretaro] 10:49:34

For these types of individuals where there may be a risk.

[Louis Cretaro] 10:49:38

By by sharing that information, and therefore would not be you know, in violation of of complying with the exchange.

[Courtney Hansen] 10:49:49

Correct. That's the way I look at it I don't want to respond Query.

[Louis Cretaro] 10:49:59

And but we would be the see that would be responsible for knowing that.

[Louis Cretaro] 10:50:06

You know, this is a reason why an agency, or a social services program like that may not even engage where this predominantly.

[Louis Cretaro] 10:50:16

The the reason for that social service program to exist, and may just not participate because of that.

[Louis Cretaro] 10:50:26

But if they did, then they would have to, you know, not be or not.

[John Helvey] 10:50:31

Just not respond to these requests for these end. individuals or not push it

[John Helvey] 10:50:41

Or some subset of the data

[John Helvey] 10:50:48

For me also it in a place to kind of like the California Medical Information Act.

[John Helvey] 10:50:54

And youth and age, and I mean there's tons of things as it really of medical information.

[John Helvey] 10:51:03

That I would even past this buyer consult with Gia or some other organization in the State that that came provide some guidance to that cause.

[John Helvey] 10:51:14

I think there's some other parameters. I don't know if they're called out.

[Courtney Hansen] 10:51:18

But California has some specific requirements around that. that we might also want clarify.

[Courtney Hansen] 10:51:29

Yes, thank you that's very helpful I think some of those might be addressed by the privacy exception as well.

[Courtney Hansen] 10:51:42

Any other comments on preventing harm. I looking at type of harm.

[Courtney Hansen] 10:51:51

We've also expanded rather than the type of harm being specifically the denial of access under Hipaa.

[Courtney Hansen] 10:51:58

We've done denial of access under applicable law or under the individual access.

[Courtney Hansen] 10:52:06

Pnp that's already been finalized does that make sense to folks.

[Lisa Matsubara] 10:52:14

Lisa, I I know that this has been brought up before previously.

[Lisa Matsubara] 10:52:21

But I think just to consider to that we're also concerned about, you know, sensitive information about reproductive healthcare being released.

[Lisa Matsubara] 10:52:36

Or, you know, shared through the health information exchange particularly if systems and instances get shared across state lines to other States where it may be used to prosecute patients and providers.

[Lisa Matsubara] 10:52:54

So that's also something that I think I just wanted to bring up again.

[Courtney Hansen] 10:53:01

Thank you, Lisa, I think that's a really important point do you have any suggestions on how to address that here?

[Lisa Matsubara] 10:53:09

No, it's a little tricky because you know obviously we wanna make sure that, we're complying with the Federal information blocking rules.

[Lisa Matsubara] 10:53:18

And then what kind of information? But we do want to make sure that there is no harm happening, and I think part of it might be addressed in the the privacy exception.

[Helen Pfister] 10:53:28

But but I also You know I Think it's also relevant here in preventing harm, as well, and I think if I can just jump in quickly, there is already linkage in our required prohibit and prohibited purposes

[Helen Pfister] 10:53:42

policy that prohibits the access of information to discriminate or to deny it. Medical services.

[Helen Pfister] 10:53:49

This sort of like, or take address action actions against individuals.

[Helen Pfister] 10:53:52

So maybe that helps address back in time. We can go back and look at that and make sure

[Courtney Hansen] 10:54:01

Thanks, Helen alright. Any other comments on preventing harm

[Courtney Hansen] 10:54:14

Alright next slide. so here's the privacy exception So it leverages almost all of the privacy exception from the Federal rules, and then tweaks up it for the denial of an individual's request further E

[Courtney Hansen] 10:54:33

electronic health information. and changes that to consistent with applicable law or our individual access Pnp: Since, many of these entities will not be subject to Hipaa and the final rules leverage mark

[Mark Savage] 10:54:58

Thanks. I had a quick recommendation on the definition of individual here, since the definitions apply across the policy, not just within this exception, and that's to add the personal representative, so individual emancipation or personal representatives

[Courtney Hansen] 10:55:16

throughout the policy that that would be included thank you thank you that's a great suggestion.

[Steven Lane] 10:55:29

Any other I didn't have that correct we've actually defined personal representative in the DSA and it's on the slide as well

[Mark Savage] 10:55:46

It's it's that concept stephen Yes, we've left leveraged hipaa there as well

[Courtney Hansen] 10:55:58

Any other comments on the privacy exception. So again, we are heavily leveraging the Federal rules here.

[Courtney Hansen] 10:56:08

Any comments on the definitions other than the comment markweight

[Steven Lane] 10:56:19

Do these make sense? I think these are the 2 that we tweaked what the Federal prior to try to fit.

[Steven Lane] 10:56:27

Organizations that may not be subject to Hipaa.

[Courtney Hansen] 10:56:32

And obviously the organizations that are not obviously set are obviously not subject to the information. Walking rule.

[Courtney Hansen] 10:56:41

Does it make sense how we've carved these pieces out and that we're heavily leveraging the other exceptions

[Michelle (Shelley) Brown] 10:56:55

Charlie, I I feel like this is let's get to me thank you.

[Courtney Hansen] 10:57:07

Anyone else.

[Courtney Hansen] 10:57:13

And I think we can probably quickly go through the rest.

[Courtney Hansen] 10:57:17

Next slide. So we have security, exception and feasibility, exception, health.

[Courtney Hansen] 10:57:24

It performance, exception, and a definition of health and or social services.

[Courtney Hansen] 10:57:30

It

[Courtney Hansen] 10:57:33

We've just brought in those exceptions as they are in the information blocking rule

[Courtney Hansen] 10:57:45

Do these make sense? Does the definition work for folks? So Louis, this is the application to both health and social services.

[Louis Cretaro] 10:57:56

It. Yeah, I appreciate that. Thank you.

[Courtney Hansen] 10:58:06

Alright next slide, so content and manner and then here's the licensing exception that was popping in and out of both sides.

[Courtney Hansen] 10:58:19

Do folks have any other thoughts on, or any thoughts on content and manner?

[Courtney Hansen] 10:58:30

Any other thoughts on licensing and I assume and let me know if I'm incorrect, and assuming that whatever we will do for the folks who are subject to the information blocking rule we will mirror for the folks who

[Courtney Hansen] 10:58:45

aren't subject to the information blocking rule for the licensing exception.

[Courtney Hansen] 10:58:51

I don't know if there's any other arguments that specifically apply to folks that are not subject to information blocking rule

[Courtney Hansen] 10:59:02

Seventh.

[Courtney Hansen] 10:59:07

I'm not able to hear you

[Steven Lane] 10:59:22

You're still muted Devon

[Courtney Hansen] 10:59:33

How about now? There you go. How about now? Sorry. Okay. Sorry about that.

[Deven McGraw, Invitae (she/her)] 10:59:41

I guess my headset is on the threads.

[Deven McGraw, Invitae (she/her)] 10:59:43

I apologize. I just I feel like I'm beating a dead horse here.

[Deven McGraw, Invitae (she/her)] 10:59:47

But I really don't think that every participant should be able to avail themselves of the licensing, exception.

[Deven McGraw, Invitae (she/her)] 10:59:54

We? There was a bit of chat about whether we would, you know, make sure that you know, for providers to send data to one another, that they would not be able to impose licensing royalty requirements in addition to

[Deven McGraw, Invitae (she/her)] 11:00:06

set of fees. and you know, went back and forth.

[Deven McGraw, Invitae (she/her)] 11:00:10

I recognize consistency with the Federal law, and also the need for certain participants in the system that are facilitating exchange.

[Deven McGraw, Invitae (she/her)] 11:00:17

To be able to charge for those services. but we we don't want I don't think we want people imposing conditions on exchanging data with one another. like Oh, I'm not gonna share data with social service organization unless they pay

[Courtney Hansen] 11:00:31

me for it or pay me a license fee for the data

[Courtney Hansen] 11:00:40

Thanks, Devin. Okay, Well, that concludes everything about information blocking which it will be renewed.

[Courtney Hansen] 11:00:51

Renamed any other final thoughts on information blocking.

[Courtney Hansen] 11:00:56

It is far more streamlined. Does this make sense?

[Courtney Hansen] 11:01:00

Are folks okay with it. in the realm of everything we've talked about

[Diana Kaempfer-Tong] 11:01:10

Alright then. Oh, Diana, I just real quick and I'm sorry to go all the way back to this.

[Diana Kaempfer-Tong] 11:01:19

But I I was having some conversations on the side, and just like to put that out.

[Diana Kaempfer-Tong] 11:01:25

Put this out here in the public that maybe calling it the California information blocking role would be a little clearer.

[Diana Kaempfer-Tong] 11:01:34

Since we're going to have the supply to people not only subject to the Federal rule, but also not subject to it.

[Diana Kaempfer-Tong] 11:01:39

So it would just it it would. It would clarify differentiation on the 2.

[Courtney Hansen] 11:01:44

What if folks think about that suggestion

[Steven Lane] 11:01:51

The the terms that i've found most helpful to to help clarify.

[Steven Lane] 11:01:55

This is is calling these information blocking prohibitions and information sharing requirements. think we just say information blocking rule.

[Steven Lane] 11:02:05

People who aren't deep in this can sometimes get lost

[Courtney Hansen] 11:02:16

Thank you. any any thoughts to calling it the California information blocking all the same procedure or information, blocking prohibitions, policy and procedure

[Courtney Hansen] 11:02:37

Getting some thumbs up, and in the chat

[Michelle (Shelley) Brown] 11:02:42

I think it might be California information walking prohibitions.

[Michelle (Shelley) Brown] 11:02:55

Shelley. The name does help, too, alert someone that there's something different in California, so I like it

[Courtney Hansen] 11:03:09

Thank you alright, and with that I will close out discussion on information walking.

[Courtney Hansen] 11:03:20

Thank you all so much in your wonderful feedback on this, and I will turn it over to.

[Cynthia Bero] 11:03:27

I believe Cindy to discuss real time. Thank you, Courtney.

[Cynthia Bero] 11:03:32

So we will now try to tackle the real-time data exchange which is referenced in A. B, 133, and you can see the language right there that the date exchange framework is will be designed

[Cynthia Bero] 11:03:45

to enable and require real-time access to exchange of health information that is, poses the question, What do we mean when we say real time?

[Cynthia Bero] 11:03:55

And so that's what the purpose of this pnp is we move forward one.

[Cynthia Bero] 11:04:02

So the basic policy is that there should not be any intentional or programmatic delay before data becomes available.

[Cynthia Bero] 11:04:12

And that's fairly simple statement. I I see a couple of hands up.

[Cynthia Bero] 11:04:16

I just wanted to know if those are related to this topic, or if those are holdovers from prior topics, Diana Shelley

[Diana Kaempfer-Tong] 11:04:30

Hold over. I apologize it's okay that's all right? I just don't wanna be rude and ignore you.

[Cynthia Bero] 11:04:36

Okay, So why don't we move forward and so now we're gonna get into the heart of it?

[Cynthia Bero] 11:04:43

Which is the procedural part of the Pnp.

[Cynthia Bero] 11:04:45

And it really does start out by saying that the timeliness of data exchange is going to vary a little bit, depending on the transaction pattern as room described them earlier and the associated clinical context.

[Cynthia Bero] 11:04:59

It then goes further to say, in the instance with a transaction pattern, is data being sent in response to an order for services or a request for services, a lab order, a consult order, but that you have to share the information as soon as it becomes

[Cynthia Bero] 11:05:16

available or as soon as practicable, but no more than 24 h after the information becomes available, the 24 h seems a reasonable period of time for data to be produced and move through whatever set of systems, etcetera It

[Cynthia Bero] 11:05:31

may need to before it's ready to be to be sent out of the organization.

[Mark Savage] 11:05:37

And Mark, I see you have a question. Thanks. so the yes.

[Mark Savage] 11:05:43

The 24 h makes as a as an outside makes sense to if it's available sooner.

[Cynthia Bero] 11:05:54

Yes, make it feel like. in some ways we were punting the definitional question from real time to availability.

[Mark Savage] 11:06:02

But you know, when do we say that the data is or is not available on what makes it deemed not available?

[Mark Savage] 11:06:07

What makes it deemed available. I don't really have a very good answer to that.

[Mark Savage] 11:06:12

I appreciate that I appreciate the concept that if we want it to be available as a as a measure. but I can imagine all kinds of things like It's not getting from one part of an internal system to another part of an

[Mark Savage] 11:06:23

internal system is that deemed unavailable is that deemed available.

[Mark Savage] 11:06:28

So, Anyway, my larger point is it it feels like Now we've made everything hinge on availability and I don't really know what that means.

[Cynthia Bero] 11:06:35

Here. Thank you, Thanks. I that I can do some work on that devin.

[Deven McGraw] 11:06:44

Yeah as I work for in Vt: which is a clinical, genetic testing lab that that will sign these data sharing agreements.

[Deven McGraw] 11:06:52

And when we get an order for services that's a submission of a of a sample for genetic tests and a delivery back of results, it's a little bit. like Do we have a problem with lab orders like not being

[Deven McGraw] 11:07:05

delivered to the provider who ordered them in some timely way.

[Deven McGraw] 11:07:09

Is that what we're trying to solve here because it seems to me that that we shouldn't necessarily need to mess with whatever are the procedures that people have for delivering upon, requests and orders when they're in

[Deven McGraw] 11:07:21

[Cynthia Bero] 11:09:05

that every consult that a physician orders is, you know.

[Cynthia Bero] 11:09:10

They get the consult note within 24 h of the note being done, let's say.

[Cynthia Bero] 11:09:13

But you know this is an attempt to provide some sort of standard for response when information becomes available, And I understand the definition of when it becomes available, needs to get worked on.

[Deven McGraw] 11:09:24

Yeah, yeah, Okay, I appreciate that. I was just trying. to think of particular the kind of an order or request when you've got you know, sort of That's the business. is they know.

[Deven McGraw] 11:09:38

Yeah, I hear you Yeah. got it? Thank you why don't we move forward to the next one, which is really about.

[Cynthia Bero] 11:09:47

And now a query when someone has inquired I need information on Rim Catherine.

[Cynthia Bero] 11:09:53

But He's. he's my favorite example so when how quickly will I get that back up? You know from the person that has that information on rim?

[Cynthia Bero] 11:10:03

It basically says it will be again no more than 24 h after the information is available.

[Cynthia Bero] 11:10:09

And that if there is a clinical context that you become aware of that there should be a response as soon as possible.

[Cynthia Bero] 11:10:19

As soon as you receive the query, so if it's coming in from an Ems provider, or it's coming in from an emergency department.

[Cynthia Bero] 11:10:30

If that is known, then they, at the response to the query, should be as soon as possible.

[Elaine Ekpo] 11:10:34

Upon receiving the query la I'm not trying to pile on to the availability.

[Elaine Ekpo] 11:10:45

Clarification, although I do think that really needs working with my my question about this. The use of the word of when it becomes available is, I know we had discussions about and I know that that part is probably gonna be worked as well

[Cynthia Bero] 11:11:02

But if we, if the sender has a responsibility to make sure that the recipient is authorized, and then make an authorization doesn't just mean that they're authorized under the law, but the the providing

[Elaine Ekpo] 11:11:16

is also authorized to be disclosed in the way that it's disclosed will that be factored in the to the definition of available, because records can be available at a certain time.

[Cynthia Bero] 11:11:29

But they might not be lawfully available until they've been redacted, or or whatever, and so that's kind of by message of that clear very helpful.

[John Helvey] 11:11:38

Thank you, John. I just wanna presented loophole potentially in.

[John Helvey] 11:11:50

This is the requested information must be included in a response no more than 24 h after it's available to lead to the participant.

[John Helvey] 11:12:00

And what I don't want to create is We get a query for something we we have the data We respond to that query almost instantaneously.

[John Helvey] 11:12:11

But I don't wanna create a loophole that says, oh, yeah, Information came in with a 24 h period.

[John Helvey] 11:12:19

After that request was made, and it's my responsibility to get that out to them.

[John Helvey] 11:12:25

So there's a little bit of a gap that I see that it'd be a loophole.

[John Helvey] 11:12:31

That I would like to see tightened up because it we get a query, and we respond to that query.

[John Helvey] 11:12:38

And then we get more data after that I don't want to be held at the time. Right?

[Cynthia Bero] 11:12:43

I I agree with you I mean If you've got a query You responded with what you had at that moment, and then you got information.

[Cynthia Bero] 11:12:49

After that that that makes sense you shouldn't be responsible for sending that

[Cynthia Bero] 11:12:57

I'll I'll take that into consideration with the next draft.

[Cynthia Bero] 11:13:01

Thank you, Steven.

[Steven Lane] 11:13:08

You're on mute Okay, So I was just here I'm worried that the introduction of these terms as soon as practicable, and within no more than 24 h, you know that the Federal law doesn't find a need for

[Steven Lane] 11:13:25

those, you know. They just say immediately, you know, without delay.

[Steven Lane] 11:13:30

And and I wonder, are we? Do we mean that this should be should apply only to those actors who are not covered by Federal locking regulation?

[Steven Lane] 11:13:41

Because again, like John, I think this this introduces a loophole and a you know it.

[Steven Lane] 11:13:45

It tends to it's to support. delays that are that are prohibited under the phone available.

[Cynthia Bero] 11:13:54

Okay, let me take that back. Thank you. Can I just make one comment about that.

[Jonah Frohlich] 11:14:02

I think what we were challenged with Steven, and this is part of the as you were dealing with.

[Jonah Frohlich] 11:14:07

Is that the we don't see places where the Federal law defines real time.

[Jonah Frohlich] 11:14:11

So we're trying to specify what that might mean what you're what you're noting is I think, inferred, unless it's explicit somewhere.

[Steven Lane] 11:14:23

In the Federal rule in Federal rule making they they say any delay, you know making it available to the individual beyond, you know, when it's available to the the in this case you know of a result, you know that any delay is

[Steven Lane] 11:14:43
prohibited.

[Steven Lane] 11:14:48
So you're suggesting as we should be explicit in saying, in accordance with Federal and and with that delay, that's that that seems more consistent than than trying to bake in this wiggle

[Steven Lane] 11:15:02
room that doesn't exist in the so rules

[Cynthia Bero] 11:15:07
Thank you, Louis. Well, I have to ask because I I just heard, and and I certainly appreciate the the concern.

[Louis Cretaro] 11:15:23
I've requested information and then information is updated later?

[Louis Cretaro] 11:15:29
And how would they be responsible for for that and it gets back to?

[Louis Cretaro] 11:15:33
I don't want to be needed dead horse here but the to push poll conversation, and what's the most beneficial?

[Louis Cretaro] 11:15:45
And for me, in the social coming minute from a social services perspective, a social services indicator could change and healthcare make benefit or will benefit from that knowledge.

[Louis Cretaro] 11:15:58
And when that indicator changes. If we know it you know what it is that's vital to healthcare, then we would want to not wait for a request.

[Louis Cretaro] 11:16:12
We would want to. I would think we'd wanna push that like a a homeless near, homeless to homeless or

[Louis Cretaro] 11:16:20
Any other social services. Addition? that change so if we only wait till something's pulled.

[Louis Cretaro] 11:16:30

Are we missing opportunities? during health you know during health care?

[Louis Cretaro] 11:16:36

Now I don't know the business enough to know that Well, every time you you'll pull it every time you're seeing the patient, and then you get the latest update them that may be so I and i'd have to

[Louis Cretaro] 11:16:51

defer that. I I also think and I'm gonna put this in an email that there are other indicators.

[Louis Cretaro] 11:16:58

And I think it comes to down to what's valuable for healthcare to see some social services programs.

[Louis Cretaro] 11:17:05

You know they have indicators for safety alerts or risks, and I'm thinking in terms of home health care workers that may benefit from safety alerts placed on records.

[Louis Cretaro] 11:17:21

You know, for that, you know we take care for our social workers are in home support services.

[Louis Cretaro] 11:17:27

Workers going to do a home visit, and we know that there's a vicious dog, or a gang of saliation associated with the home or weapons in the home are other things that a home healthcare provider, might need and then the case of but

[Louis Cretaro] 11:17:42

not a change like that. Would that be something we would push or Would we just pull it when when the healthcare worker needs see how sees the patient, and needs to know that information?

[Louis Cretaro] 11:17:57

I don't know that a whole you know by practice if a home care worker was to just you know, head out, based on the information they had at the time of the visit. and the the whole health care business is sub into that would they get the latest

[Cynthia Bero] 11:18:11

implementation that kind of I'll stop there right yeah that's that's very helpful. and I agree with you, I think, and and I'll go back through this but I think that there's definitely when I am choosing to

[Cynthia Bero] 11:18:22

send information to somebody because it became available to me I think That is a different use case than when I'm being queried for it, and and we just should maybe call that out a little more clearly.

[John Helvey] 11:18:33

Thank you. John is do you have another comment? Oh, yeah, The just, you know, just would caution us to without delay.

[John Helvey] 11:18:46

We have rule. we have emrs that have current restrictions on the the data.

[John Helvey] 11:18:52

Is there, but they batch things up, and you know 3 or 4 h processes, they They do certain things based on technology, restrictions or staffing restrictions or Qa restrictions.

[John Helvey] 11:19:05

And I would caution this to if we, when we use the delay to not exclude, you know, operational standards, right?

[Cynthia Bero] 11:19:16

Cool technology limitations, because I would hope that that wouldn't constitute a delay. that yes, and I think that's reflected in Why, I think we you know, use this 24 h.

[Cynthia Bero] 11:19:30

But I I gotta find a way to thread both of those but I I hear what you're saying.

[Jonah Frohlich] 11:19:35

You know, in the if I'm the the way the Faq addresses is to basically use some illustrations and examples. And it said in this case it might not be construed as delay, and I think that would typically essentially could help

[Jonah Frohlich] 11:19:48

address on your concern about technological feasibility of being able to respond.

[Jonah Frohlich] 11:19:55

So if they can't technologically, feasible then I think Stephen's putting here then it would come, then it would not be a violation if they had to wait until their their system could actually provide the

[Cynthia Bero] 11:20:08

data. Thank you. When we go to the next slide. And this really addresses the admission discharge transfer events and the the interpretation of real-time.

[Cynthia Bero] 11:20:25

Here is, it really needs to be. The notification needs to go out at the time of the event.

[Cynthia Bero] 11:20:30

Not days later, but at the time of the event because that's when the data is most useful, and meaningful to the people who are monitoring for those events

[Cynthia Bero] 11:20:45

In thoughts comments. Yeah. Yeah. just it. It may be worth noting that that events may be multi-stage events.

[Steven Lane] 11:20:54

You know, when you think specifically about a hospital discharge there's the plan. Did discharge the discharge order.

[Steven Lane] 11:21:01

There's the walking out the door you know I don't know whether we need to.

[Steven Lane] 11:21:07

You know, provide any specificity, but you're absolutely right I mean There are, you know, especially discharge and transfer events where the the earliest possible notification can really trigger important workflows.

[Steven Lane] 11:21:23

So I I don't know if we need to get into that level of detail.

[Steven Lane] 11:21:25

I think the idea of without delay but that's still where we want to be.

[Cynthia Bero] 11:21:32

Thank you. So I think the next slide will take us to.

[Cynthia Bero] 11:21:38

The next topic which is going on, or into early exchange

[Helen Pfister] 11:21:50

Sorry, Cindy

[Helen Pfister] 11:21:59

So yeah, So as We've discussed the 81 33 requires the Vsa.

[Helen Pfister] 11:22:04

To be signed by January, 2,023, but doesn't actually require participants to begin to exchange data until January, 36,026 depending on the

[Helen Pfister] 11:22:14

participant, and as a result, when we've been dropped in collegeies, we have made the effective to those policies January 30, first, 2,024.

[Helen Pfister] 11:22:22

But we understand that in some instances there may be participants that touch on the DSA.

[Helen Pfister] 11:22:28

And they want to start sharing data under the Dsi prior to January 30, first, 2,024.

[Helen Pfister] 11:22:35

And so this early change policy is intended to facilitate that next slide, please, and it's pretty straightforward.

[Helen Pfister] 11:22:45

And it basically just says that any participants that want to engage in the early exchange of information have to one execute the DSA.

[Helen Pfister] 11:22:54

And to verify that the other participants they want to share data with, have executed the DSA.

[Helen Pfister] 11:22:59

And then, if they and then when they share data with with each other, they would comply with all the P&Ps.

[Helen Pfister] 11:23:07

Regardless of what the actual affected the of those paying pieces so give an example.

[Helen Pfister] 11:23:11

We've got a P&P. on Breach notification and the effect of data that P&P.

[Helen Pfister] 11:23:15

Is January, January *, 2,024.

[Helen Pfister] 11:23:18

But if 2 participants both signed the DSA.

[Helen Pfister] 11:23:20

Wanna start sharing that under Thesa in 2,023.

[Helen Pfister] 11:23:23

Then they would have to comply with that reachingification.

[Helen Pfister] 11:23:27

P&P. even though the effective date set forth on the piano itself is January 30, first, 2,024.

[Helen Pfister] 11:23:32

So any questions or comments about that. It seemed pretty straightforward.

[Steven Lane] 11:23:38

But I changed myself by saying that I don't think it's straightforward at all because many participants essentially all providers are already participating in this exchange under existing law and hipaa, et

[Steven Lane] 11:23:54

cetera to say that they must execute the DSA.

[Steven Lane] 11:24:01

In order to continue to do what they're already doing I think is impractical, especially because I'm aware that many providers in the State are not planning to execute the DSA.

[Steven Lane] 11:24:12

Because it's an incomplete body of work and they don't know really what they're signing until we finish doing our work.

[Steven Lane] 11:24:19

I there. There was a big meeting this morning of many providers across the State, saying, You know that a substantial proportion are not planning to sign the DSA.

[Steven Lane] 11:24:27

Until until this work is done. So I think to say that you must execute the DSA.

[Helen Pfister] 11:24:32

Before engaging in exchange, which is already going on is pretty practical. Nope.

[Helen Pfister] 11:24:37

That's not at all What's intended if 2 participants want to use the DSA.

[Helen Pfister] 11:24:41

To exchange data that's totally that's up to them, because it's not meant any way to in any way affect any other exchange that'd be engaging in outside the dsi but if you've got 2

[Helen Pfister] 11:24:51

Folks Association, the healthcare provider, for example, they both signed the Psi, and they want to exchange that under the DSA.

[Helen Pfister] 11:24:59

Because they have no the contact between them then this policy is just meant to make clear that even though the P&P say they're not effective till 2,024 for purposes of those 2 participants, they'd be effective it's.

[Steven Lane] 11:25:10

not an so new new new accent for new use cases right? The new actors for new usage cases can use this ahead of time if they want is not put any limits on those who are already exchanging data absolutely

[Helen Pfister] 11:25:26

not, and though it's exchanging an early change, using the DSA.

[Helen Pfister] 11:25:30

Only if you want to do it under the Dsi.

[Courtney Hansen] 11:25:33

Yes, completely agree speaking, and I think this is really great conversation, and I was just alerted.

[Courtney Hansen] 11:25:38

We only have 5 min left. So I would ask that any other participants who want to comment on early exchange, and so sorry to cut the short, Please drop your comments in the chat or email us we wanna give time.

[Alice H - Manatt Events] 11:25:51

For public comment. So let's go ahead and start with public comment. now. great L. Johns, You should now be able to unmute.

[Lucy Johns – Public Comment] 11:26:04

I want to refer to a very California specific case with respect to information exchange. I have recently been released from prison. I am seeking a job. California law, I believe, prohibits a potential employer from asking about prior imprisonment. The employer that I'm talking to is a hospital a participant under this law, so could a hospital query the criminal justice system about my history. There, so that's a question I don't need an answer right now. But it's a use case that I've been thinking about throughout this conversation. One more comment about rim's slides long ago. If anyone can remember them. There are many provisions that require use of XDR. And it's my impression and I'm not a lawyer here. But my impression is that the law we're operating under specifies that is supposed to be technically agnostic. So there are national networks. that Don't use XDR so I'm, wondering why XDR is constantly referenced as being required.

[Courtney Hansen] 11:27:53

Thank you. Thank you very much.

[Alice H - Manatt Events] 11:28:00

We have no other hands raised at this time let's give one more moment.

[Courtney Hansen] 11:28:07

If anyone else would like to make a pop up comment, please raise your hand now.

[Courtney Hansen] 11:28:21

Alice, anything.

[Alice H - Manatt Events] 11:28:26

No more hands, face, alright, let's go ahead and move to final remarks.

[Courtney Hansen] 11:28:31

If you could advance the slides if you

[Courtney Hansen] 11:28:42

So if you have questions about how to sign the DSA.

[Courtney Hansen] 11:28:46

We did a wonderful webinar on tuesday and Those that will be posted on our website shortly if it's not already for next steps, as always, we will post a summary of today's meeting and consider all

[Courtney Hansen] 11:28:59

feedback that was provided today, as well as continue to draft language for other P&Ps that are prioritized for development.

[Courtney Hansen] 11:29:09

Please, if you have any additional comments, especially on early exchange.

[Courtney Hansen] 11:29:14

Please, email us any kind of feedback you have.

[Courtney Hansen] 11:29:17

And please participate in upcoming periods of public comment for the public.

[Courtney Hansen] 11:29:22

Our next meeting is January 26 at 9 Am.

[Courtney Hansen] 11:29:27

Our Ic meeting is December twentieth. if you are able to tune into that.

[Courtney Hansen] 11:29:34

Thank you all so much for your dedication to this topic.

[Courtney Hansen] 11:29:37

We really appreciate it, and happy holidays looking forward to seeing you next month.