Data Exchange Framework Implementation Advisory Committee Meeting #2

California Health & Human Services Agency

Thursday, November 3, 2022
10:00 a.m. – 1:00 p.m.

Meeting Participation Options
Onsite

- Members who are onsite are encouraged to log in through their panelist link on Zoom.

    o Members are asked to **keep their laptop's video, microphone, and audio off** for the duration of the meeting.

    o The room's cameras and microphones will broadcast the video and audio for the meeting.

- Instructions for connecting to the conference room's Wi-Fi are posted in the room.

- Please email Jocelyn Torrez (jocelyn.torrez@chhs.ca.gov) with any technical or logistical questions about onsite meeting participation.

Meeting Participation Options
Written Comments

- Participants may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by IAC staff.

- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to CDII@chhs.ca.gov.

Meeting Participation Options
Spoken Comments

- *Participants and IAC Members* must "raise their hand" for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of appropriate time to volunteer feedback.

Onsite		Offsite	
Logged into Zoom	**Not Logged into Zoom**	**Logged into Zoom**	**Phone Only**
If you logged on onsite via Zoom interface Press "Raise Hand" in the "Reactions" button on the screen or physically raise your hand If selected to share your comment, please begin speaking and do not unmute your laptop. The room's microphones will broadcast audio	**If you are onsite and not using Zoom** Physically raise your hand, and the chair will recognize you when it is your turn to speak	**If you logged on from offsite via Zoom interface** Press "Raise Hand" in the "Reactions" button on the screen If selected to share your comment, you will receive a request to "unmute;" please ensure you accept before speaking	**If you logged on via phone-only** Press "*9" on your phone to "raise your hand" Listen for your phone number to be called by moderator If selected to share your comment, please ensure you are "unmuted' on your phone by pressing "*6"

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.

- Public comment 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, beginning with those in the room and followed by those dialed in or connected remotely through Zoom.

- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.

- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to CDII@chhs.ca.gov.

Agenda

10:00 AM	**Welcome and Roll Call** • *John Ohanian, Chief Data Officer, California Health and Human Services*
10:05 AM	Informational Item**: Vision and Meeting Objectives** • *John Ohanian* • *Cheron Vail, Chief Information Officer, Health Plan of San Joaquin*
10:15 AM	Discussion Item**: Data Sharing Agreement and Policies & Procedures** • *Courtney Hansen, Assistant Chief Counsel, CDII* • *Rim Cothren, Independent HIE Consultant to CDII* • *Helen Pfister, Partner, Manatt Health*
10:55 AM	Discussion Item**: Qualified Health Information Organization Program** • *Cindy Bero, Senior Advisor, Manatt Health*
11:35 AM	Discussion Item: **DxF Grant Program** • *Elaine Scordakis, Deputy Director, CDII* • *Juliette Mullin, Senior Manager, Manatt Health*
12:10 PM	Discussion Item: **Strategy for Digital Identities** • *Rim Cothren*
12:40 PM	**Public Comment**
12:55 PM	Informational Item: **Closing Remarks and Next Steps** • *John Ohanian*

Welcome and Roll Call

IAC Members (1 of 2)

Name	Title	Organization
John Ohanian (*Chair*)	Director	CalHHS Center for Data Insights and Innovation
Norlyn Asprec	Deputy Director of Policy	County Health Executives Association of California
Andrew Bindman	Executive Vice President & Chief Medical Officer	Kaiser Permanente
Joe Diaz	Senior Policy Director	California Association of Health Facilities
David Ford	Vice President, Health Information Technology	California Medical Association
Aaron Goodale	Vice President, Health Information Technology	MedPoint Management
Lori Hack	Interim Executive Director	California Association of Health Information Exchanges
Cameron Kaiser	Deputy Public Health Officer	County of San Diego
Troy Kaji	Associate Chief Medical Informatics Officer	Contra Costa Regional Medical Center and Health Centers
Andrew Kiefer	Vice President, State Government Affairs	Blue Shield of California
Paul Kimsey	Deputy Director	California Department of Public Health

IAC Members (2 of 2)

Name	Title	Organization
Linnea Koopmans	CEO	Local Health Plans of California
Matt Lege	Government Relations Advocate	SEIU California
DeeAnne McCallin	Director of Health Information Technology	California Primary Care Association
Amie Miller	Executive Director	California Mental Health Services Authority
Ali Modaressi	CEO	Los Angeles Network for Enhanced Services
Jonathan Russell	Chief Strategy and Impact Officer	Bay Area Community Services
Cary Sanders *(designated by Kiran Savage-Sangwan)*	Senior Policy Director	California Pan-Ethnic Health Network
Cathy Senderling-McDonald	Executive Director	County Welfare Directors Association
Ryan Stewart	System Vice President, Data Interoperability and Compliance	CommonSpirit Health
Felix Su	Director, Health Policy	Manifest MedEx

Vision & Meeting Objectives

Vision for Data Exchange in CA

Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

Perspectives from the Field

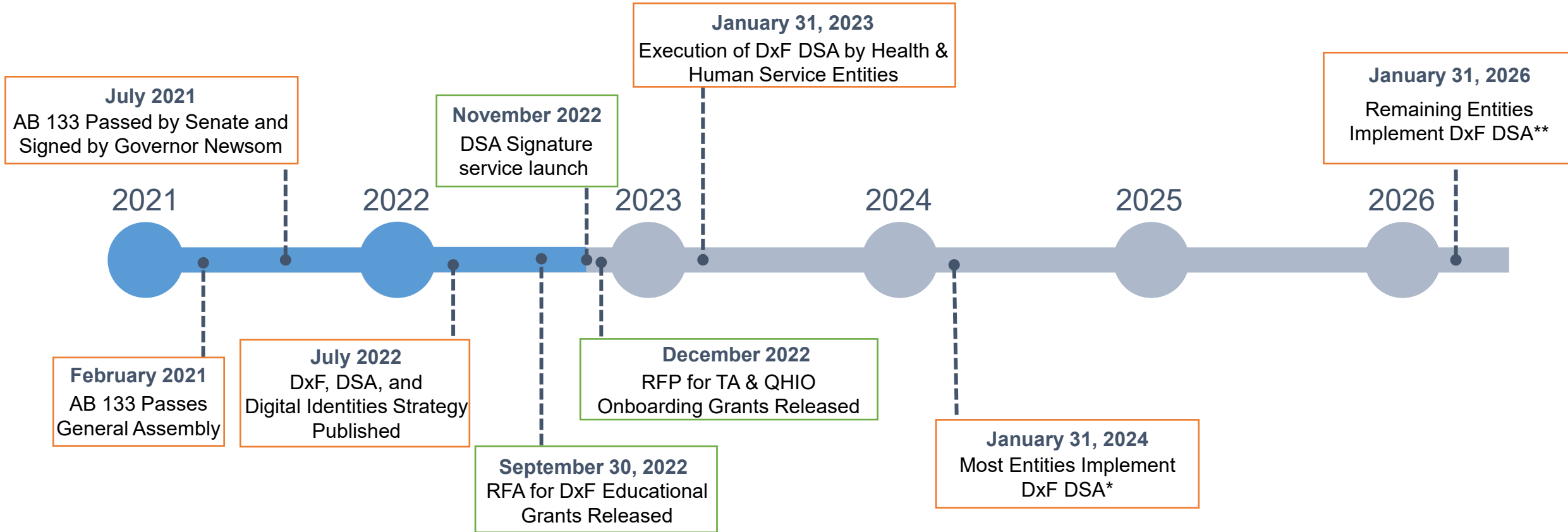Cheron Vail, Chief Information Officer, Health Plan of San Joaquin

Meeting #2 Objectives

1. Solicit feedback on **draft Monitoring & Auditing P&P**, provide an update on the **Information Blocking P&P** development and a **change to the DSA language,** and elevate information on the process for **signing the DSA**.

2. Solicit feedback on the **QHIO program guiding principles and program structure**.

3. Discuss the **findings from the DxF Grant Program listening sessions** and solicit feedback on the **criteria of the QHIO and Technical Assistance Grants**.

4. Solicit feedback on the **next steps for the components of the Strategy for Digital Identities**.

DxF Implementation Timeline
Past + Upcoming Milestones

July 2021
AB 133 Passed by Senate and Signed by Governor Newsom

February 2021
AB 133 Passes General Assembly

July 2022
DxF, DSA, and Digital Identities Strategy Published

November 2022
DSA Signature service launch

September 30, 2022
RFA for DxF Educational Grants Released

January 31, 2023
Execution of DxF DSA by Health & Human Service Entities

December 2022
RFP for TA & QHIO Onboarding Grants Released

January 31, 2024
Most Entities Implement DxF DSA*

January 31, 2026
Remaining Entities Implement DxF DSA**

2021　2022　2023　2024　2025　2026

Notes

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

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

*TA Grant Applications close on a quarterly basis.

14

IAC Meeting Topic Roadmap

#	Date	Anticipated Topics*
1	Sept 21, 2022	• Overview of structure and next steps for: o DSA & P&Ps development o DxF Grant Program, o QHIO Program o Strategy for Digital Identities
2	**Nov 3, 2022**	• Monitoring & Auditing P&P • QHIO guiding principles and program structure • Criteria for QHIO Onboarding and Technical Assistance Grants • Strategy for Digital Identities next steps
3	Dec 20, 2022	• First-round P&Ps in development (final version of *Monitoring & Auditing* + remaining drafts) • Application Process for QHIO Onboarding and Technical Assistance Grants & Update on Grant-Funded Educational Initiatives • QHIO criteria
4	Feb 2, 2023	• First-round P&Ps in development (remaining final versions) • Update on Grant Program implementation • Digital identities and participant registry
5	Mar 16, 2023	• TBD

*Topics of future meetings may change.

Data Sharing Agreement and Policies & Procedures

Policies & Procedures
Published P&Ps

> **In July 2022, CalHHS released the first set of eight P&Ps describing signatory requirements under the DSA.**

#	Topic	Description
1	Amendment of DSA	Sets forth process for amending the DSA.
2	Development of and Modifications to P&Ps	Sets forth process for developing new P&Ps and modifying existing P&Ps.
3	Breach Notification	Sets forth definition of Breach and the obligations of Participants in the event of a Breach, including breach notification timelines.
4	Permitted, Required, & Prohibited Purposes	Sets forth the purposes for which Participants shall, may, and may not exchange HSSI under the DSA.
5	Requirement to Exchange Health & Social Services Information (HSSI)	Sets forth requirements for Participants to exchange HSSI.
6	Privacy and Security Safeguards	Sets forth the privacy standards and security safeguards Participants must comply with in connection with the exchange of HSSI under the DSA.
7	Individual Access Services	Sets forth requirements for Participants to provide Individual Users or their Personal Representatives access to the Individual User's PHI or PII.
8	Data Elements to be Exchanged	Sets forth the data elements that Participants must make available or exchange, at a minimum.

Note: Completed P&Ps are available on the DxF website

P&P Development
Prioritized Topics

> **CalHHS is developing five additional P&Ps to support DxF implementation, with expected release by February 2023.**

#	Prioritized Topics	Potential Contents
1	**Monitoring and Auditing**	Sets forth processes to ensure that all Participants that are required to execute the DSA do so, and that all Participants comply with their obligations under the DSA.
2	**Information Blocking**	Prohibits all Participants from undertaking any practice likely to interfere with access, exchange, or use of Health and Social Services Information (HSSI).
3	**Required Transaction Patterns and Technical Requirements for Exchange**	Sets forth data exchange patterns for the DxF and those that Participants must support, at a minimum, as well as the technical specifications Participants must adhere to for each of the Required Transaction Patterns.
4	**Real-Time Data Exchange**	Sets forth definition of 'Real Time Data Exchange' and associated obligations of Participants.
5	**Qualified HIO Designation Process**	Sets forth the process for designating an organization as a 'Qualified Health Information Organization'.

Today's Focus

Formerly proposed as two distinct P&Ps

P&P Development
Purpose of the Discussion

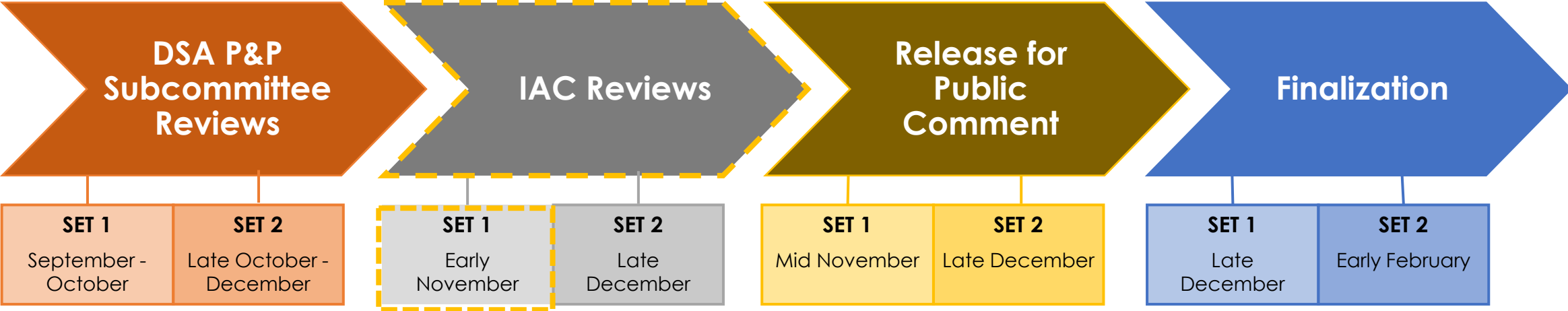CalHHS is soliciting IAC input today on the draft *Monitoring & Auditing* P&P.

Set 1:
- Monitoring and Auditing

Set 2:
- Information Blocking
- Real-Time Data Exchange
- Required Transaction Patterns and Technical Requirements for Exchange
- Qualified HIO Designation Process

CalHHS Incorporates Feedback Throughout Development

DSA P&P Subcommittee Reviews		IAC Reviews		Release for Public Comment		Finalization	
SET 1	**SET 2**	**SET 1**	**SET 2**	**SET 1**	**SET 2**	**SET 1**	**SET 2**
September - October	Late October - December	Early November	Late December	Mid November	Late December	Late December	Early February

*Timeframes depicted on this slide are subject to change

Update on Information Blocking P&P

The DSA P&P Subcommittee discussed the draft *Information Blocking* P&P at its October 25th meeting.

Purpose of Proposed P&P

This policy sets forth circumstances under which a practice by a Participant that would otherwise be considered Information Blocking would not be considered a violation of the DSA.

Next Steps

DSA P&P Subcommittee Members provided feedback on draft P&P language. In response, the P&P will be revised to:

- Focus on exceptions setting forth circumstances under which a practice by a Participant will not be considered Information Blocking
- Where appropriate, simplify the language of the exceptions so that they are appropriate in the context of the DxF
- Keep in mind the unique considerations for exchanging social services data.

CalHHS is revising the draft Information Blocking P&P and anticipates bringing the updated draft for discussion at the December meetings of the DSA P&P Subcommittee and the IAC.

Monitoring and Auditing (1)

Purpose of Proposed P&P

To set forth the monitoring and auditing processes the Governance Entity will utilize in order to verify Participants' compliance with their obligations as set forth in the California Health and Safety Code and the Data Sharing Agreement ("DSA").

Obligations of the Governance Entity

The Governance Entity will engage in any monitoring activities it deems necessary in order to:

1. Verify that entities set forth in California Health and Safety Code section 130290 have executed the DSA.

2. Verify that Participants are in compliance with their obligations under the DSA and all P&Ps, including but not limited to the following P&Ps:

   a. Permitted, Required, and Prohibited Purposes P&P
   b. Privacy Standards and Security Safeguards P&P
   c. Individual Access Services P&P
   d. Information Blocking P&P

Monitoring and Auditing (2)

<u>Obligations of the Governance Entity</u>

The Governance Entity will establish a complaint process that enables anyone to file a complaint with the Governance Entity if a Participant is not in compliance with its obligations under the DSA. The Governance Entity will publicly make available information detailing how individuals or entities may submit complaints and the Governance Entity's process for investigating such complaints.

The Governance Entity will keep any received information confidential in accordance with the DSA.

Monitoring and Auditing (3)

Obligations of the Participants

Participants must, with advance written notice and during regular business hours, make their internal practices, books, and records relating to compliance with the DSA available to the Governance Entity for purposes of determining the Participant's compliance with the DSA.

If a Participant engages in the exchange of HSSI through execution of an agreement with a Qualified HIO, the Participant must attest, on an annual basis and in a manner set forth by the Governance Entity, that the Participant has entered into such an agreement and that the Participant is exchanging HSSI in accordance with all applicable requirements set forth in the DSA.

If a Participant engages in the exchange of HSSI through execution of an agreement with an entity other than a Qualified HIO, the Participant must attest, on an annual basis and in a manner set forth by the Governance Entity, that it is exchanging HSSI in accordance with all applicable requirements set forth in the DSA.

If a Participant engages in the exchange of HSSI through use of the Participant's own technology, the Participant must attest, on an annual basis and in a manner set forth by the Governance Entity, that it is exchanging HSSI in accordance with all applicable requirements set forth in the DSA. Additionally, the Participant shall, upon request by the Governance Entity, provide written demonstration of its compliance with the DSA.

Public Comment Process

CalHHS invites stakeholder input on draft P&Ps in upcoming periods of public comment.

Public Comment Process

CalHHS will release P&Ps for public comment as they are developed. CalHHS anticipates it will release the first P&P on *Monitoring and Auditing* in **mid-November** following discussion at today's meeting.

Members of the public will be encouraged to use the DxF Comment template when providing input to support efficient collection and review. More information will be communicated to stakeholders and made available on the CalHHS DxF website.

Update to the DSA

CalHHS is making a necessary change to the Data Exchange Framework's DSA.

What's Being Changed

The DSA is an agreement between the entities that will be exchanging data in accordance with the DSA and its P&Ps. As such, the DSA will be revised to remove CalHHS as a signatory. See the change below (noted in red):

1. PARTIES

(a) This Single Data Sharing Agreement is made between the ~~California Health and Human Services Agency and~~ Participants (defined below) who are required to or elect to exchange Health and Social Services Information (defined below) within the State of California in accordance with this Agreement (defined below).

What is Not Changing

CalHHS Departments may still sign the DSA and exchange data with other public and private participants in accordance with the DSA. This change does not change or diminish CalHHS's role and responsibility to oversee the DxF and ensure successful implementation.

An updated DSA will be posted to the [CalHHS DxF website](#) after today's meeting.

Signing the DSA

> **Beginning in November, both mandatory and voluntary signatories may begin executing the DSA.**
> **All mandatory signatories are required by AB-133 to execute the DSA by January 31, 2023.**

- CDII is creating a self-service portal application to sign the DSA electronically. Organizations wishing to sign the DSA will need to determine:

  - Who is authorized to sign the DSA within your organization.

  - What facilities or subordinate entities are included in the DSA; a signatory may sign on behalf of multiple facilities or subordinate entities if authorized.

  - Information about the individual signing, their organization, their contact information, and all subordinate entities will need to be listed on the DSA prior to signing.

- We will announce availability of the portal application later this month.

- Mandatory signatories should be reviewing the DSA now to plan for executing it by 1/31/2023 and complying with its provisions and associated P&Ps.

  - Organizations may not negotiate changes to the DSA prior to signing.

  - Organizations should continue to monitor development of P&Ps through the coming months.

Qualified Health Information Organization Program

The Role of the QHIO

- The DxF will establish the framework for statewide exchange of health and human service information.

- To participate in the DxF, signatories must be able to send and receive transactions, locate a patient record based on demographic data, translate health data to conform with industry-standard terminologies, apply security measures, and more.

- For many signatories, these are not current capabilities, and they will seek the services of a Qualified Health Information Organization (QHIO) to help manage this work.

- Signatories are <u>not</u> required to use a QHIO if they can meet the requirements of the DSA through other means.
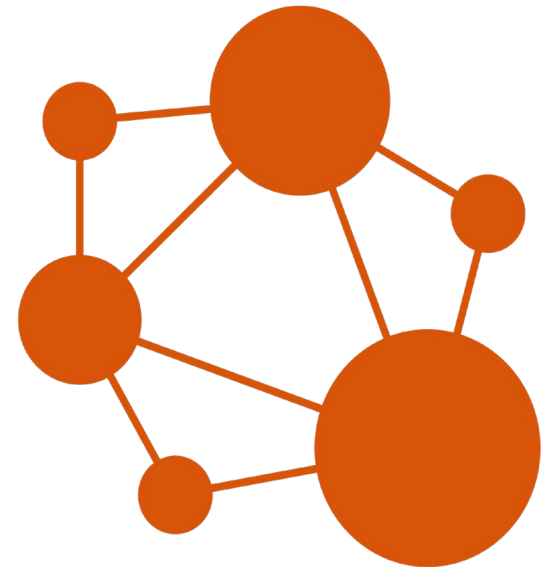
QHIO Program: Guiding Principles

Confidence. The program must provide signatories with confidence in the quality and level of service offered by QHIOs

Stability. The program must create sufficient stability so that QHIOs and signatories can make business decisions with minimal concern for change or disruption

Fairness. The program design must be fair, offering all participants reasonable time to adapt to change and/or remediate issues

Discussion Question:

- Do these principles resonate? Do other principles need to be identified?

Application Process

Application Process

- CDII will accept applications for qualified HIOs in early 2023. HIOs will be assessed across several capability content areas including:

  - Organizational structure, governance and status

  - Functional capabilities to support data exchange scenarios and standards

  - Data privacy and security practices

  - Reporting and ongoing program monitoring

- Following this, CDII will accept new applications once each calendar year, noting an annual cycle creates enough stability in the program for signatories to evaluate and select a QHIO.

Qualification

Qualification

- The QHIO program will only produce two outcomes: qualified or not qualified. There will be no tiers or levels of qualification.

- Once an application has been reviewed and the HIO is determined to be qualified, CDII will notify the HIO of their qualified status. If an applicant is determined to not be qualified, CDII will notify the HIO and offer details on the criteria that were not met.

- QHIOs (including contact information) will be listed on CDII's website. QHIOs will receive instructions from CDII on how to represent their qualified status on their organization's website.

Attestation and Monitoring

Attestation and Monitoring

- CDII will ask each QHIO to submit an annual attestation indicating they continue to meet the qualification criteria.

- CDII will also monitor QHIOs through the investigation of complaints received and related to the performance of a QHIO. Complaints may come from signatories, QHIOs and the public.

Probationary Status

- If a QHIO fails to submit an annual attestation or is determined to not meet the qualification standards following a complaint investigation, the QHIO will be placed on probationary status.

  - The Governance Entity will review all QHIOs placed on probation to determine if the QHIO may retain its qualified status while the issue is remediated.

  - Whether the QHIO maintains its qualified status while addressing the concern, signatories using the QHIO's services will not be in jeopardy of failing to meet DSA requirements.

Attestation and Monitoring (cont'd)

Returning to Qualified Status

- QHIOs on probation will have six (6) months from the date they were notified to remediate the concern(s). If remediation is successful, the QHIO will be taken off probation.

- If the QHIO on probation fails to remediate the concerns within six (6) months, the HIO will be disqualified.

  - The HIO will be removed from the list of QHIOs on the California website and the HIO must remove the QHIO designation from their website and promotional materials

  - Signatories using the HIO's services must be notified by the HIO and will be granted an additional six months to consider the transition of services

- If an HIO loses their qualified status and later wishes to reapply to the QHIO program, they are welcome to apply during the next annual cycle

Discussion Question:

- Do these processes strike the right balance between assuring confidence in the QHIO, achieving stability across DxF, and being fair to all parties?

New Transactions and Standards

CDII anticipates the evolution of health information exchange and the associated technology standards. When standards evolve, CDII will publish DSA amendments and/or updated P&Ps.

CDII will communicate updates via its website and will also notify each QHIO. In the QHIO notification, the QHIO will be asked to reply with its intention to meet the new requirements within a defined timeframe.

The QHIO must respond within 90 days.

QHIO Options to Update Standards	
Option 1: Yes	The QHIO will meet the new standard within the defined timeframe.
Option 2: Yes and More Time Needed	The QHIO will meet the new standard, but it will take more time. The Governance Entity may grant this QHIO an extension. During the extension, the QHIO will be on probation. If the QHIO fails to achieve the new standard during the extension, the QHIO will be disqualified.
Option 3: No	The QHIO chooses to not meet the new standard. The HIO must communicate this decision to its signatories, giving them ample time to consider new services to support DxF participation. The HIO will be disqualified on the effective date of the new standard.

Discussion Question:

- Does this approach support the evolution of the DxF while maintaining stability?

DxF Grant Program

DxF Grant Program Overview

CDII will administer $50 million in funding over two years to provide **education, technical assistance, and QHIO onboarding support** for DxF signatories to implement the DxF.

Key Program Goals

Providing signatories with resources to address critical operational and technical barriers to DxF implementation.

Prioritizing investments in DxF signatories operating in under-resourced geographies and/or serving historically marginalized populations and underserved communities.

Ensuring alignment and filling funding gaps among other federal and state grant programs.

Grant Domains

Educational Initiative Grants	Provides grant funding for educational initiatives designed to provide information about the DxF to signatories, such as webinars and conference sessions
Technical Assistance (TA) Grants	Provides grant funding for vendor identification, contracting, advisement, and other TA needs
QHIO Onboarding Grants	Provides grant funding for the initial costs of connecting to a qualified HIO and adjusting technical/electronic health record workflows

Key Updates by Grant Domain

Preliminary Grant Domain	Potential Recipients	Anticipated Application Period	Key Updates & Next Steps
Educational Initiative Grants	Associations with relevant experience	Starting Q4 2022	• Released the RFA for eligible associations on September 30th. • Notice of intent to award will be released the mid-November.
Technical Assistance (TA) Grants	DxF signatories	Starting Q1 2023	• TA Grant criteria previewed and discussed during IAC Meeting #2 (today).
QHIO Onboarding Grants	DxF signatories	Starting Q1 2023	• QHIO Onboarding Grant criteria previewed and discussed during IAC Meeting #2 (today).

Gathering Stakeholder Input Through DxF Grant Listening Sessions

To ensure that the DxF Grant Program addresses the critical barriers to DxF implementation,
CDII in October hosted two "DxF Grant Program Listening Sessions."

Purpose

CDII sought to understand barriers to implementation for signatories and identify opportunities to address those barriers

Format

Sessions were hosted virtually and provided participants the opportunity for written and verbal feedback

Participants

Sessions were open to the public and **326 individuals** attended one of the two Listening Sessions.

26%	County Health, Social Services, and Public Health
9%	Health Information Organization
8%	CBO Providing Social Services
8%	Physician Organization, Medical Group, Community Health Center
7%	General Acute Care Hospital

Questions

CDII asked participants to provide input on three key questions:
1. What are the operational, technical, or technological barriers for your organization to implement the DxF?
2. How might DxF grants funds help address those barriers?
3. What would make it easier for your organization to apply for a DxF Grant?

Listening Session Findings
Understanding Barriers to Implementation, Grant Opportunities

Participants surfaced significant barriers and grant opportunities across three key areas:

	Implementation Barriers	Grant Opportunities	Implications for DxF Grants

Education	• Lack of understanding on what is required of their organization
	• Lack of understanding about the role of a QHIO
	• Guidance for connecting with non-HIPAA covered entities
		• Providing more educational and training opportunities about the DxF
		• Resources to learn about the DxF (toolkits, guides)
		• Clear and specific guidance and scope for each signatory group required to comply
		• Information on how to become a QHIO
			• Session feedback confirmed the three grant domains and provided guidance on activities to prioritize within each domain:
			  • **DxF Educational Initiative Grants** will provide funding for DxF-related education tailored by signatory group
			  • **QHIO Onboarding Grants** will provide funding for organizations not connected to a QHIO to connect with a QHIO
			  • **Technical Assistance Grants** will support organizations with limited resources with activities needed to meet DSA requirements
			
			• Feedback also spotlighted importance of:
			  • Clear grant criteria and requirements
			  • Sufficient time to complete, vet applications
			  • Simple application process
			  • Simple reporting requirements for grantees

HIO Onboarding	• Many organizations are not connected to a health information organization • Lack of clarity around the role of a QHIO • Need to adjust existing technologies, workflows to connect to a QHIO	• Funding to contract with and establish connections to a QHIO • Funding for EHR costs associated with QHIO connection • Funding for dedicated IT staff to onboarding	
Technical Assistance	• Lack of staff bandwidth to apply for grants or manage HIT projects • Identifying and assessing QHIO options • A complex organizational structure with many different departments and internal stakeholders makes managing large projects difficult	• Funding for an expert to support selection of, and contracting with, a QHIO • Funding for experts/consultants to conduct workflow assessments and gap analysis to understand where organization need to add functionality to meet DxF requirements	

Discussion Questions	Which grant opportunities are most critical to support DxF implementation? Are there additional barriers to consider?

QHIO Onboarding & TA Grant Criteria
Draft Eligibility Criteria

The following draft DxF Grant Parameters are for IAC discussion, are not comprehensive, and are subject to change.		
Who can apply?	**How can funds be used?**	**How much funding can grantees receive?**

- The DxF QHIO Onboarding & TA Grant Program will be intended for **organizations who have signed the DSA** and are **not already connected to a QHIO.**

- Under consideration:

  - QHIOs would apply on behalf of signatories, provided that signatories co-sign the application and provide necessary documentation.

  - CCDII is considering awarding TA grants directly to the signatories.

- To support need for rapid implementation, initial rounds of funding would be open to **required signatories only**.

Discussion Questions

Would the following criteria ensure that the organization who most need implementation support receive DxF Grants? What additional criteria might be considered for these grants?

CalHHS
California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

Disclaimer: These drafted DxF Grant Parameters are subject to change.

QHIO Onboarding & TA Grant Criteria
Draft of Permissible Uses of Funds

The following draft DxF Grant Parameters are for IAC discussion, are not comprehensive, and are subject to change.

Who can apply?	How can funds be used?	How much funding can grantees receive?

	QHIO Onboarding Grants *Supporting the funding of fees, costs to integrate the QHIO into the EHR, and funding to cover relevant staff, or other.*	**Technical Assistance Grants** *Funding expert consultants, legal assistance, IT systems expertise, or other.*
Permissible Uses of Funds Would Include	❑ Costs for QHIO vendor ❑ Costs/fees for EHR vendor associated with QHIO integration ❑ Other (required to explain, may delay approval)	❑ Costs for consultants, IT experts, legal experts, project managers to support QHIO vendor selection/contracting, project management, or clinical/operational workflow/training updates ❑ Other (required to explain, may delay approval)

Discussion Questions

What additional use of funds should CDII consider for these grants?
What uses of funds should be excluded from these grants?

CalHHS — California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION — CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

Disclaimer: These drafted DxF Grant Parameters are subject to change.

QHIO Onboarding & TA Grant Criteria
Draft Funding Allocation Parameters

| The following draft DxF Grant Parameters are for IAC discussion, are not comprehensive, and are subject to change. |

Who can apply?	How can funds be used?	How much funding can grantees receive?

CDII expects to:

- Provide a maximum funding amount that each organization can apply to receive
- Set maximum funding amounts by signatory group
- Inform maximum funding amounts based on applicable milestones used in Cal-HOP
- Issue funding based on achievement of *simple* milestones:

QHIO Onboarding Grant	**Milestone 1:** Contract Signed between Signatory & QHIO
	Milestone 2: Attestation of Completed QHIO Onboarding
Technical Assistance Grant	**Milestone 1:** Contract Signed with TA Vendor
	Milestone 2: Attestation of Completed Vendor Services

About Cal-HOP

- DHCS committed up to $50 million to connect health information organizations (HIOs) and Medi-Cal providers from 2020-2021.
- Program set maximum fundings amounts by provider type based on achievement of four milestones:
  - Cal-HOP onboarding
  - ADT/event feed
  - CUREs link
  - Advanced interface
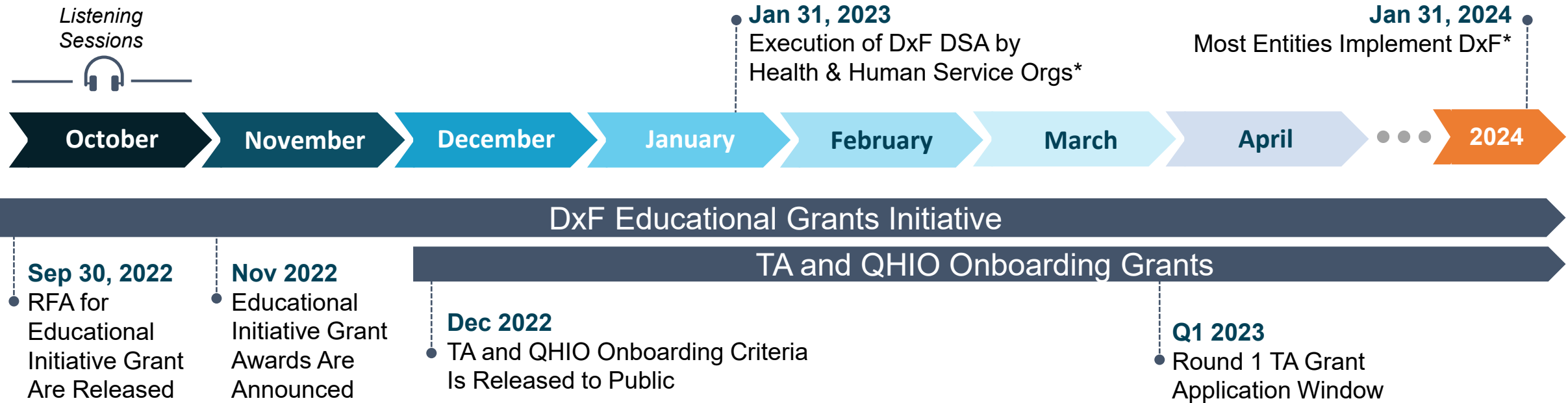
Discussion Questions

What additional use of funds should CDII consider for these grants?
What uses of funds should be excluded from these grants?

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DxF Grant Implementation Timeline

Timeline is subject to change.

Listening Sessions

Jan 31, 2023
Execution of DxF DSA by Health & Human Service Orgs*

Jan 31, 2024
Most Entities Implement DxF*

| October | November | December | January | February | March | April | 2024 |

DxF Educational Grants Initiative

TA and QHIO Onboarding Grants

Sep 30, 2022
RFA for Educational Initiative Grant Are Released

Nov 2022
Educational Initiative Grant Awards Are Announced

Dec 2022
TA and QHIO Onboarding Criteria Is Released to Public

Q1 2023
Round 1 TA Grant Application Window

Near Term Priorities/Activities

- **Announce recipients** of the DxF Educational Initiative Grants in November.
- **Continue to incorporate learnings from IAC, the DxF Grant Program Listening Sessions** into the design and development of the DxF Grant program, with plan to release to application in December 2022.

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

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Strategy for Digital Identities

Components of Digital Identity (1)

Digital Identity
Collection of attributes that establishes an identity associated with a real person in a specific context

Identity Assurance — Determining with a level of confidence that a claimed identity is a real person's true identity

Authentication — Verifying the identity of a real person, often as a prerequisite to allowing access to information

Identity and Access Management

Authorization — Ensuring a real person can access only information for which the owner has given approval

Person Matching — Associating accessed or exchanged health and social services information with the correct real person

Focus of Strategy

Components of Digital Identity (2)

Digital Identity
Collection of attributes that establishes an identity associated with a real person in a specific context

Identity Assurance	Determining with a level of confidence that a claimed identity is a real person's true identity	1. Establish your identity…
Authentication	Verifying the identity of a real person, often as a prerequisite to allowing access to information	2. …so you can verify who you are…
Authorization	Ensuring a real person can access only information for which the owner has given approval	3. …to gain access to information…
Person Matching	Associating accessed or exchanged health and social services information with the correct real person	4. …correctly associated with you

Strategy for Digital Identity (1)

Digital Identity

Collection of attributes that establishes an identity associated with a real person in a specific context

- Digital identities include as attributes selected "Patient Demographics" USCDI V2
    - name(s)
    - date of birth
    - gender (if required by standard or regulation)
    - address(es)
    - phone number(s)
    - email address(es)

- Add additional selected identifiers if related to health care services delivery, such as
    - medical record numbers in EHRs
    - health plan member identifiers
- Adopt standard formats and datasets:
    - in USCDI V2
    - promoted by federal initiatives and identified for use by the DxF (e.g., US@ Project)

Next Steps

- Include these attributes in the **Technical Requirements for Exchange P&P.**

Strategy for Digital Identity (2)

Person Matching

Associating accessed or exchanged health and social services information with the correct real person

Near Term Priorities/Activities

Explore a statewide person index if funding can be identified and sustainability plan can be developed

- Follow security and privacy requirements afforded to health information

- Use limited in the DSA to linking health and social services information to a real person

Next Steps

- Explore a **Statewide Person Index for CalHHS Departments**, leveraging DHCS/CDPH/other activities.
- Explore expansion of the cross-Department person index to **Broader Statewide Access / Applicability**.

Discussion Questions:

- Are there other near-term next steps we should explore?

Expanding the Strategy for Digital Identity (1)

Identity Assurance
Determining with a level of confidence that a claimed identity is a real person's true identity

- Likely first step in allowing a person access to their own health and social services information
- Prerequisite for participating in your own health care or being a caregiver

- Required by many public- and private-sector organizations providing electronic access to their patients', members', and clients' health and social services information

Next Steps

- **Coordinate and Collaborate with Departments and Agencies** with a need for identity assurance.
- Monitor **CARIN Federated Identity Pilot** that seeks to establish a trust network for identity assurance.
- Explore a **Statewide (perhaps federated) Identity Assurance** service.

Discussion Questions:

- Is identity assurance an appropriate activity for the DxF? Will Participants use such a service?
- Are there important initiatives for us to monitor and/or leverage?

Expanding the Strategy for Digital Identity (2)

Authentication
Verifying the identity of a real person, often as a prerequisite to allowing access to information

- Likely expands attributes of a digital identity to include (for example) a login ID and password as unique consumer-created attributes

- Requires identity assurance as a prerequisite
- Might form the basis of a common identity across multiple state programs

Next Steps

- **Coordinate across Departments** that require authentication as part of identity & access management.
- Explore **Shared multi-Department Authorization Service** for Departments that manage health or social services information.

Discussion Questions:

- Are there concerns about creating and managing a common set of credentials consumers could use to access their health and social services information? Even if across state Departments?
- Are there important initiatives for us to monitor and/or leverage?

Expanding the Strategy for Digital Identity (3)

Authorization
Ensuring a real person can access only information for which the owner has given approval

- Driven by policies and requirements of the data owners in providing access to the health and social services information and other data they maintain

- Should align with consumer expectations
- Must align with DxF DSA and P&Ps
- Must align with federal, state, and local law

May require Consent

Next Steps

- Allow Departments, Agencies, and private-sector organizations to create and operate their own authorization mechanisms as data owners.
- **Explore Consent** as a means to empower organizations to align with consumer wishes in authorizing access to their health and social services information

Discussion Questions:

- Are there other activities we should consider?

Expanding the Strategy for Digital Identity (4)

Consent

Allowing consumers to determine what information people and systems are permitted to access

- Dependent upon robust digital identities to associate data and consent to the right real person.
- DHCS planning Authorization to Share Confidential Medi-Cal Information (ASCMI) pilot that will explore:
  - Sharing of physical, mental, and social health information through a standardized consent process (may have limited applicability as it leverages a specialized exception)
  - A service (in 2024+) for data holders to see what information an individual has consented to share

Next Steps

- **Prioritize Digital Identities** as a necessary prerequisite to shared consent.
- **Monitor DHCS' ASCMI Pilot** for learnings that might be applied to DxF.
- Determine **Role for and/or Approach to Coordinated Consent** for DxF based on pilot findings.
- **Continue to Discuss Consent Registry Options** with stakeholders and leaders of national initiatives.

Public Comment Period

Closing Remarks and Next Steps

Next Steps

CalHHS will:

- Post a summary of today's meeting.
- Consider the feedback provided by the IAC on the development of the DSA P&Ps, QHIO program, DxF Grant program, and Strategy for Digital Identities.
- Continue to refine the:
  - Monitoring & Auditing P&P and develop the other prioritized P&Ps,
  - QHIO Onboarding & TA Grant application, and
  - QHIO Program criteria.

Members will:

- Provide additional feedback on today's topics to CDII.

Meeting Schedule

IAC Meetings	Date
IAC Meeting #1	September 21, 2022, 10:00 AM to 12:30 PM
IAC Meeting #2	November 3, 2022, 10:00 AM to 1:00 PM
IAC Meeting #3	December 20, 2022, 10:00 AM to 12:30 PM
IAC Meeting #4	February 2, 2023, 9:00 AM to 11:30 AM
IAC Meeting #5	March 16, 2023, 9:00 AM to 11:30 AM

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #1	September 23, 2022, 9:30 AM to 12:00 PM
DSA P&P SC Meeting #2	October 25, 2022, 10:00 AM to 12:30 PM
DSA P&P SC Meeting #3	December 15, 2022, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #4	January 26, 2023, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #5	March 9, 2023, 9:00 AM to 11:30 AM

For more information or questions on IAC meeting logistics, please email CDII ().

DxF Webinar & Grant Listening Session Schedule

DxF Grants Listening Sessions	Date
Listening Session #1	October 4, 2022, 9:30 to 11:00 AM
Listening Session #2	October 17, 2022, 3:30 to 5:00 PM

DxF Webinars*	Date
DxF Webinar #1: "What is the Data Exchange Framework"	September 13, 2022, 1:30 PM to 2:30 PM
DxF Webinar #2: "The DxF Data Sharing Agreement and Policies & Procedures: An Overview"	October 24, 2022, 2:00 PM to 3:00 PM
DxF Webinar #3 "DxF Grants and DSA Signing Instructions"	**November 22, 2022, 11:30 AM – 12:30 PM**
DxF Webinar #4	December 13, 2022, 2:00 PM – 3:00 PM
DxF Webinar #5	January 19, 2023, 9:00 AM – 10:00 AM
DxF Webinar #6	February 21, 2023, 10:00 AM – 11:00 AM
DxF Webinar #7	March 23, 2023, 9:30 AM – 10:30 AM

*Topics of webinars 4+ are TBD. Webinar times may be released at CDII's discretion.