California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee

Meeting 3A Q&A Log (10:00AM – 1:00PM PT, December 20, 2022)

The following table shows comments that were entered into the Zoom Q&A by public attendees during the December 20th meeting:

Count	Name	Comment	Response
1	Rachelle Hunt - Kern County	My concern is having enough time for our County Counsel to review and getting signature from our Board of Supervisors. When will we have the actual agreement? The county process takes time and I fear not making the deadline of end of January.	The Data Sharing Agreement published in July is available for review on the CDII DxF website at https://www.chhs.ca.gov/data-exchange-framework/#dxf-data-sharing-agreement-and-policies-procedures.
2	David Bugarin	Did you say Manifest was a free HIE program?	only for this pilot she mentioned
3	Anthony Ly# City of Long Beach	same question regarding Manifest Medex, is it free?	They were free for this pilot but will charge in 2023 per Mimi Hall.
4	Liz Brown	Have the 63 early signers been provided a copy of the agreement prior or after signing?	If you go to the portal and register, you can download the Agreement for review and then upload when signed.
5	Robby Franceschini	When will P&Ps under development be made available for public comment?	Yes. Interested parties may also attend any of our P&P Data Subcommittee or IAC meetings where P&Ps are on the agenda to provide feedback in advance of the public comment periods.
6	Anthony Ly# City of Long Beach	how soon will QHIO be identified	
7	Liz Brown	thanks Lori	

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8	John Helvey	couldn't hear anything for a moment there...missed half of everything Felix said	
9	Rachelle Hunt - Kern County	yes it was but only in draft.	live answered
9	Rachelle Hunt - Kern County	yes it was but only in draft.	The version of the DSA published at https://www.chhs.ca.gov/wp-content/uploads/2022/11/1.-CalHHS_DSA_Final_v1_7.1.22-11.8.22.pdf is final.
10	Steven Lane# MD# MPH (he/him)	There is an ongoing discussion with ONC re the fact that clinical labs are acrtors under the existing Information Blocking prohibitions. Many labs have NOT implemented tools for patient electronic access to their results and essentially NONE allow providers to query the lab for the historical results for their patients. Can we leverage the DxF to push labs in the direction of making their results available upon request without special effort? My understanding is that they are waiting for some government entity to force them to comply with Information Sharing requirements. Let's do this in CA!	
11	Reuben Bank	When will the drafts of these P&Ps be publicly available?	Yes. Early drafts of the P&Ps have been, and will continue to be, presented at the public IAC and Data Subcommittee meetings; these drafts have been/should soon be posted on the DxF website. Draft P&Ps will be posted for public

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			comment prior to finalization.
12	L. Johns	Will there be a P&P concerning patient opt-out if patient wishes?	
13	Anthony Ly# City of Long Beach	What is considered HSSI?	live answered
14	Rich Wagreich	For social services providers, by signing the DSA, are they required to adopt HIPPA standards or sign a BAA with Health agencies that they will be exchanging data with?	
15	Jennifer Tuteur# County of San Diego	Are acute psychiatric hospitals and SNFs that are county facilities required to sign by January 2023?	
16	Rich Wagreich	Are there specific data elements for Social Service information that are required to be exchanged?	Please find requirements for exchange of HSSI here: https://www.chhs.ca.gov/wp-content/uploads/2022/07/7.-CHHS_DSA-Requirement-to-Exchange-Health-and-Social-Services-Info-PP_Final_v1_7.1.22.pdf
17	L. Johns	IHE XDR and IHE XCDR should be examples, not mandatory. At least one national network does not use these standards. There may be other, these standards are sometimes termed “legacy.”	
18	patrick anderson	Not sure if this has been answered I am some what new and need to review the slides. Not a technical question but a general. Here at Santa clara PH we would like to know in general the benefit for PHD, which i believe is greater access to data and do local PH labs need to sign by Jan 31st or are encouraged to sign.	
19	Candace Pelham -	Will a copy of these slides be available after this presentation?	Yes. CDII will post ADA formatted slides on their

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	Nevada County HHSA		website: https://www.chhs.ca.gov/data-exchange-framework/#iac-meeting-materials
20	Steven Lane# MD# MPH (he/him)	ADT notifications can also be sent from hospitals to relevant providers via Direct messaging, without the need for a QHIO intermediary: https://directtrust.org/standards/event-notifications-via-direct	Thank you Steven.
21	patrick anderson	If i can restate that. If a PHD dept has a PH lab, does the lab need to be registered by Jan. 31st.	
22	Heather Summers# San Diego County	Where can I find the definition of HSC section 1250?	https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1250.&lawCode=HSC
23	Zach Gillen (KP)	Are signing entities required to participate with a QHIO? If some organizations leverage a QHIO as an implementor and other organizations have the technical infrastructure to implement independently, then how would these organizations communicate? Is there an endpoint diretory that's maintaned, how are certificates issued and governed?	
24	Rich Wagreich	For social services providers, by signing the DSA, will they need to adopt HIPPA standards or sign a BAA with Health agencies that they will be exchanging data with?	
25	L. Johns	Why does an indiv patient ADT have to go to every provider in the state? Did I hear this right? CMS only requires be sent to providers who need to know (and maybe some day families)? Is this a *requirement*? Providers etc. will be flooded, no? Providers already "flooded" and work flows have to be established to address.	

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26	Ken Riomales	Who are the required recipients for downstream ADT messages? Can a requester be a non-signatory of the DSA? And is there a required cadence for exchange (i.e. within 24 hours of event, etc.)?	The policies and procedures are mandatory only for Participants that have signed the DSA. They do not prohibit exchange under other agreements. The Real Time P&P describes the timeliness of exchange.
27	Steven Lane# MD# MPH (he/him)	While some hospitals may choose the convenience of sending ADT messages to a QHIO for distribution and re-use/repurposing/monetization based on the QHIO's policies/practices, other hospitals may chose to manage the distribution of this information themselves in the interest of patient privacy and data security.	
28	Anthony Ly# City of Long Beach	looking towards the future will all the different QHIOs have the ability to share information/interface across platforms, regions and counties? My apologies for the basic question, this is my first meeting.	Welcome to the meeting. While traditionally the HIOs have been community based with local stakeholders involved in their priorities for data sharing in the community, the HIOs are increasingly sharing with each other through the CalDURSA and CTEN agreements found here: www.ca-hie.org
29	Steven Lane# MD# MPH (he/him)	Requiring the sending of ADTs to a QHIO hugely extends the burdens on hospitals AND degrades information privacy and security. We must watch for self interest on the part of those advocating such an overreach.	

Count	Name	Comment	Response
30	L. Johns	I really appreciate the “professional relationship” solution to the “licensed…provider” issue. Thanks!	
31	L. Johns	Won’t solve all the problem but definitely a start. +1 to need for training and constant interpretation.	
32	Steven Lane# MD# MPH (he/him)	This ONC Information Blocking FAQ provides helpful clarification regarding the “Type of Harm” issue: https://www.healthit.gov/faq/which-patient-access-cases-does-preventing-harm-exception-recognize-substantial-harm	
33	Bill Barcellona	While the ADT information can be sent directly to providers, especially in the use case where the hospital system has an affiliated physician network, there is a very large number of physicians in independent practice that are not connected to the system's EHR systems, and so for them, connecting through a local QHIO is also a needed channel to realize the requirements of CalAIM population health management. While Rim mentioned that hospitals are often besieged by thousands of exchange requests by physicians, it seems that the use of a local QHIO would greatly simplify and streamline independent physician requests for the hospital. APG would therefore urge that both subsection (a) and (b) are supported by local hospitals, rather than the current disjunctive wording that allows either (a) or (b) compliance.	
34	Scott MacDonald	what about mandates to not share information such as tests showing cancer, HIV, substance abuse?	
35	Steven Lane# MD#	Here, again, is the FAQ regarding the requirement to release	Hi Dr. Lane - You have mentioned this on

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	MPH (he/him)	information with9out delay: https://www.healthit.gov/faqs?f%5B0%5D=subtopic%3A7031	several occasions, and the team has read the FAQ on several occasions, but may not be catching your suggested change. Can you share - over email - what you would specifically change in the proposed language? Thank you.
36	Jenny Hyun | Vituity	For hospital-based provider groups, patient data will be duplicate of EMR data so is there still a mandate to provide this information, and if so, why?	
37	L. Johns	If an image needs to be interpreted by MD not available for some days, does the "as available" idea cover the responder responding days later?	
38	Steven Lane# MD# MPH (he/him)	Dr. Scott MacDonald is referring to CA SB1419: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB1419	
39	John Helvey	ADT's from providers are critical to create a future notification pathway that supports a patient centered data home model in California that extends beyond just primary care and would include the specialists providers as well.	
40	John Helvey	'@ Bill Barcelona 11:39 AM Comment +1 Agree with you 100%	
41	Steven Lane# MD# MPH (he/him)	These are great QHIO Program Guiding Principles. What we want to avoid is artifically restricting the type of entity that could fulfil these principles, especiall if such restriction is driven by the self interest of a particular market segment or player.	
42	Rachel Goldberg	On behalf of Intrepid Ascent: As currently written, core concept #2 is	

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		overly broad and we strongly recommend CDII modeling QHIO eligibility after other state approaches and require they be certain types of non-profits. Even when not specifically regulated that way, many other states have set the rule that HIOs/RHIOs/etc. should be non-profit organizations. Whether there is a single non-government HIO or multiple HIOs within a given state or region, many states - NY, MI, GA, AZ, IA, MA, MD, just to name a few - all have only non-profit entities as designated or recognized HIOs.	
43	Rachel Goldberg	Since QHIOs are just one of several mechanisms that signatories have for meeting the exchange requirement, we believe that restricting QHIO eligibility to non-profit organizations continues the long-standing work that CA HIOs have done in communities across the state, all of whom are neutral, mission-driven entities that today include a broad cross-section of mandatory signatories. For-profit, vendor-specific networks would not be excluded - signatories may still choose to leverage such entities so long as they meet the DxF requirements for exchange - but the QHIOs serve a very specific purpose and are prepared to meet the goals and principles of the DxF.	
44	L. Johns	QHIN policy very detailed about incorporation in the US. Hope you have resources to verify assertions about this.	
45	John Helvey	Agree with Ali on Non-profit based corporatations	
46	John Helvey	corporations	
47	Steven Lane# MD#	Re #3: DxF participants should be able to meet their requirements	

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	MPH (he/him)	utilizing more than one specialized QHIO, e.g., one to support push and another to support query. By requiring any QHIO to support all transwaction patterns we are unnecesisarily playing into the hand of specific market segments, rather than maintaining a focus on the functional outcomes of exchange.	
48	Jonathan Howell	I agree with the concept of bullet 2, but it may prevent new QHIOs from entering the market.	
49	John Helvey	'@ Rachel Goldberg Comment at 11:55 +1 Excellent Comment	
50	Steven Lane# MD# MPH (he/him)	Many HIOs do store a copy of the data they transmit, including when this data is obtained through a query via national network/frameworks. It is not clear that all this data, maintained in an HIO's "longitudinal record" would be covered by BAAs with specific HIPAA covered entities.	
51	L. Johns	'+1 to Moderessi comments: concern for market entrants inadequatly vetted.	
52	Karen Ostrowski	Agree with Ali and would add hospitals and health plans do not have a stellar privacy and security history, especially those that are for-profit, but HIOs - particularly non-profits - have more accountability and better privacy and security track records because there is less business incentive to skirt requirements.	Agree with Ali and would add hospitals and health plans do not have a stellar privacy and security history, especially those that are for-profit, but HIOs - particularly non-profits - have more accountability and better privacy and security track records because there is less business incentive to skirt requirements.
53	Ray Duncan	At last week's conferences in DC I heard that TEFCA has a flow-down provision	Thanks for your comment. The Privacy Standards and Security

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		for non-covered entities that they must comply with HIPAA privacy and security rule. It would be good for DXF to have the same flowdown. One of the biggest concerns in our organization is DXF participation by noncovered entities without a BAA.	Safeguards P&P at https://www.chhs.ca.gov/wp-content/uploads/2022/07/8.-CHHS_DSA-Privacy-and-Security-Safeguards-PP_Final_v1_7.1.22.pdf describes the privacy protections that DSA signatories must put in place, including organizations not subject to the HIPAA Regulations.
54	Steven Lane# MD# MPH (he/him)	We have been awaiting these statements, on the part of the non-profit HIOs, claiming that only their organizations should qualify as a QHIO under the DxF. There is no restriction on for profit HIOs to prevent them from having participatory governance and/or high ethical standards. As ONC proceeds with the designation of QHINs under TEFCA there are both non-profit and for-profit entities being equally considered. Non-profit HIO/HINs can (clearly) pursue self-interested goals. This is NOT determined by business/financial structure.	
55	John Helvey	'@ Karen Ostrowski 12:02 comment +1	
56	John Helvey	'@ L Johns 12:01 comment +1	
57	Jonathan Howell	Wouldn't bullet 3 be best covered by market forces, rather than by policy?	
58	John Helvey	'@Felix- I appreciate your comment on equity and choosing the right partners.	
59	L. Johns	Re #5: *health* information management…?	
60	Steven Lane# MD#	Re #4, requiring QHIOs to participate in signatories grant	

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	MPH (he/him)	requests places significant burdens on QHIOs and likely limits the field to smaller local organizations less likely to be connected (today) to the national network/frameworks necessary to support broad exchange (as Troy noted about eHealth Exchange). We need to avoid placing so many restrictions that only a few, or one, statewide non-profit HIO will be able to meet all the criteria.	
61	L. Johns	Information management orgs are legion in our economy. Are you looking for/requiring experience with health info management or not necessarily?	
62	Steven Lane# MD# MPH (he/him)	Few HIOs have established HIM resources and programs. This coiuld be interpreted as another requirement designed to limit the field of candidate HIOs to few or one organization.	
63	Ray Duncan	'@Rim Cothren - Thank you. I think our point was that this should have been in the DSA and not in the P&P's that may be changed over time.	
64	Steven Lane# MD# MPH (he/him)	The TEFCA QHIN designation process has had a strong focus on the need for participatory governance. It does make sense to mimic this in our statewide framework.	
65	Kathleen Dalziel	Will the slide decks be shared with call participants?	

Total Count of Zoom Q&A comments: 65