



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee and Data Sharing
Agreement Policies & Procedures Subcommittee
Meeting Transcript (12:00PM – 2:30PM PT, March 21, 2023)**

The following text is a transcript of the March 21 meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Implementation Advisory Committee (IAC) and Data Sharing Agreement (DSA) and Policies and Procedures (P&P) 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.

The following meeting was conducted in a “hybrid” format, where presenters, IAC members, DSA P&P Subcommittee members, and members of the public were both present in-person at the Clifford L. Allenby Building, 1215 O Street, Sacramento, CA 95814 and able to join virtually via Zoom. The meeting transcript notes all comments delivered in-person and recorded via the in-room microphone as “CalHHS CDII” not differentiating between meeting attendees. CDII recommends reviewers seeking to know the exact speakers, review the full video recording of the meeting, also available on our website.

[Alice H - Events] 15:03:10

Okay, please. There are a few ways. Attendees may participate today.

[Alice H - Events] 15:03:16

Members who are on site are encouraged to log in through their panelists, link on zoom, and are asked to keep their laptops.

[Alice H - Events] 15:03:24

Video microphone and audio off for the duration of the meeting.

[Alice H - Events] 15:03:27

The rooms, cameras and microphones will broadcast the video and audio for the meeting instructions for connecting to the conference rooms Wi-fi are posted in the room.

[Alice H - Events] 15:03:38

Please, email, qua vang, that is k h o u a dot v a n g@chs.ca.go with any technical or logistical questions about onsite meeting projects next slide, please.

[Alice H - Events] 15:03:56

Participants may submit written comments and questions through the zoom box.

[Alice H - Events] 15:04:02

All comments will be recorded and reviewed by Cdi staff participants may also submit comments and questions as well as requests to receive data, exchange framework updates to cdi@chs.ca, any questions that require timely Follow-up should be sent to Cdi

[Alice H - Events] 15:04:24

at chhs.ca.gov next slide. Members of the public and subcommittee members must raise their hand for zoom facilitators to unmute them to share comments.

[Alice H - Events] 15:04:37

The chair will notify participants. And members of appropriate time to volunteer feedback if you are on site and logged into Zoom Press, raise hand in the reactions, button on the screen, or physically raise your hand if selected to share your comment.

[Alice H - Events] 15:04:53

Please begin speaking, and do not unmute your laptop.

[Alice H - Events] 15:04:56

The rooms. Microphone will broadcast audio if you are onsite and not using zoom physically, raise your hand and the chair will recognize you.

[Alice H - Events] 15:05:04

When it's your turn to. If you are off site and logged into zoom, press, raise hand in the reactions, button on screen if selected to share your comment, you will receive it.

[Alice H - Events] 15:05:17

Please insure your accept. Before speaking. If you are off site and dialed in via phone, only press Star 9 on your phone to raise your hand and listen for your phone number to be, if selected to share your comment.

[Alice H - Events] 15:05:30

Please ensure you are unmuted on your phone by pressing Star 6 next slide.

[Alice H - Events] 15:05:38

Public comment will be taken during the meeting at designated times, and will be limited to the total amount of time allocated for public comments on particular issues.

[Alice H - Events] 15:05:49

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.

[Alice H - Events] 15:05:57

Individuals will be given 2 min. Please state your name and organizational.

[Alice H - Events] 15:06:02

Affiliation. When you begin, participants are encouraged to use the to ensure all feedback is captured.

[Alice H - Events] 15:06:10

Or again, you may email comments to cdi@chs.ca, with that I'd like to introduce Deanne Mcallen, deputy director data exchange framework at Cdi.

[CalHHS CDII] 15:06:23

Thanks. Alice. Nice and I'm gonna reintroduce John for the very beginning part and reintroduce John for the very beginning. Alright tag team. I love it. Thank you. Everyone for joining us today for our combined during the time today, we're going to discuss updates and next steps for the

[CalHHS CDII] 15:06:49

Pmps that we're released the public for public comment earlier this year.

[CalHHS CDII] 15:06:59

And we're going to also be discussing a praying work for potential data change framework participants registry and provide updates on the Esa signatory grants and the program. We're looking forward to all of your feedback on topics.

[CalHHS CDII] 15:07:08

I'm gonna jump in with a quick roll call on the lec and then hand it over to Vm.

[CalHHS CDII] 15:07:13

Or our pmp, so we'll start with Norman aspect. Good morning.

[CalHHS CDII] 15:07:20

Okay, we're gonna go to Andrew buying them.

[CalHHS CDII] 15:07:27

Are we not

[CalHHS CDII] 15:07:33

Are we not? Okay? I must be going for David Fortun.

[CalHHS CDII] 15:07:38

I am sure. Hey, Aaron, good morning, or, yeah.

[CalHHS CDII] 15:07:45

Hello, Cameron!

[Cameron Kaiser] 15:07:48

Good morning!

[CalHHS CDII] 15:07:48
Alright! Good morning!

[CalHHS CDII] 15:07:55
Cindy!

[CalHHS CDII] 15:07:57
Andrew, keeper here.

[Cynthia Keltner, California Primary Care Association] 15:07:59
Sorry this is Cindy Calendar. I'm here cricking it off mute.

[CalHHS CDII] 15:08:03
Thank you. Paul Kimzley!

[CalHHS CDII] 15:08:08
Are you there?

[] 15:08:13
Yeah. Good. Afternoon.

[CalHHS CDII] 15:08:21
All the monarchy.

[Ali Modaresi] 15:08:24
Hello! Good afternoon.

[CalHHS CDII] 15:08:25
Good afternoon, Jonathan Russell.

[Jonathan Russell (he/him), BACS] 15:08:28
Good afternoon, everyone.

[CalHHS CDII] 15:08:32
Karen Savage. Thank you, she said. She might be jumping on 3 min late, so I'll go on.

[Cathy Senderling-McDonald (IAC Member)] 15:08:39
Hi! I'm here! Hi! Everybody!

[CalHHS CDII] 15:08:43

Bryan summers feel like soon. Here we go.

[Ryan Sommers] 15:08:43

Here!

[CalHHS CDII] 15:08:47

Yeah, and the end. Sure. Yes. Finally, the calendar with Cdi and I'm gonna go through the roll call for the policy and Ashish.

[CalHHS CDII] 15:09:07

Little Bill Barcelona.

[CalHHS CDII] 15:09:14

Shelly brown.

[CalHHS CDII] 15:09:18

And Amy just noted she's on that iap and is here.

[CalHHS CDII] 15:09:24

Thank you. Your name was on the alright, so I was on.

[CalHHS CDII] 15:09:31

Jason, partner present. Thank you. Louis. Hey? Taro!

[] 15:09:38

Present.

[CalHHS CDII] 15:09:40

Hello, Matthew Eisenberg.

[] 15:09:43

Yes, I'm here on zoom. Thanks.

[CalHHS CDII] 15:09:45

Thanks, Elaine! Echo!

[Elaine Ekpo] 15:09:49

Good morning. I'm here.

[CalHHS CDII] 15:09:52

And join us. Thank you, Sarah Hartman.

[CalHHS CDII] 15:09:59
John Hillby, then Hey, Jane?

[Sanjay Jain] 15:10:03
Present good afternoon.

[CalHHS CDII] 15:10:05
Thank you. Brian Johnson.

[CalHHS CDII] 15:10:11
Diana, Camper, Tom.

[Diana Kaempfer-Tong] 15:10:14
The present.

[CalHHS CDII] 15:10:15
And Justin.

[Helen Kim] 15:10:26
I'm here.

[CalHHS CDII] 15:10:27
Helen Kim. Thanks. Even Lane, Lisa Montagara.

[Lisa Matsubara] 15:10:34
I'm present.

[CalHHS CDII] 15:10:36
Thanks.

[Deven McGraw] 15:10:38
I'm here. Thank you.

[CalHHS CDII] 15:10:41
Jackie, Norda!

[CalHHS CDII] 15:10:46
Rappin.

[CalHHS CDII] 15:10:50
Mark, savage, Tom.

[Tom Schwaninger, L.A. Care Health Plan] 15:10:55
Huh! Thank you. Good afternoon.

[CalHHS CDII] 15:10:57
Sorry Morgan. Stain here. Elizabeth Stephan.

[Elizabeth Steffen] 15:11:04
Present.

[CalHHS CDII] 15:11:05
Hmm, thanks.

[Lee Tien] 15:11:08
Here!

[CalHHS CDII] 15:11:10
Thanks. Melinda Watman.

[Belinda Waltman] 15:11:12
Good afternoon.

[CalHHS CDII] 15:11:14
Terry, Wilcox.

[Terry Wilcox] 15:11:15
Good afternoon.

[CalHHS CDII] 15:11:17
Thanks next slide. If there is alrighty, and I'm going to continue with the vision and meeting objective.

[CalHHS CDII] 15:11:29
I'd like to take a moment to remind everyone of our vision for the data exchange framework, which is that every Californian and the Health and Human service providers and organizations that care for them have timely and secure access to usable information that is needed to address an individual's health and social needs and enable the effective and equitable delivery of services to

[CalHHS CDII] 15:11:56
improve lives and well-being. A consistent slide through our efforts here.

[CalHHS CDII] 15:12:00

Next slide alright our objectives today are to provide everyone in the attendance and for the recording and an update on the criterion timeline for the data sharing agreement signatory grants, review summary of public comments received on the draft data sharing agreement policy then procedures

[CalHHS CDII] 15:12:25

where the window close for comments on that provide an update on the qualified Health Information organization program, also known as Qhio and discuss the Updates to the participant registry. We will provide an opportunity for public comment near the end of the meeting which we spoke about at the beginning and when it. Gets to that point we'll have

[CalHHS CDII] 15:12:49

instructions about how to join in the public comment, as well.

[CalHHS CDII] 15:12:49

Moving along to the timeline of the data exchange framework for your ongoing reference.

[CalHHS CDII] 15:12:57

Here's the Dxap implementation timeline. We will be covering these date some of these days in more detail.

[CalHHS CDII] 15:13:07

During the meeting today, I'm not gonna read the details of the points, points, points of reference, but note that we can pertain to any questions or discussion next one.

[CalHHS CDII] 15:13:22

A reminder that mandatory signatures should sign the data sharing agreement immediately.

[CalHHS CDII] 15:13:31

The deadline was January 30. First, the portal is still open and active, and your mandatory signatories are legally required by 81, 33 and Hfc.

[CalHHS CDII] 15:13:45

Code, just mode, one equipment. Most often say it'd be 1 33 for rolling up a ton of more to execute the data sharing agreement, and should sign the Dsa.

[CalHHS CDII] 15:13:57

Meeting. The portal is live and can be accessed using the URL on the screen and on our website, where you can find additional resources and on the within the database signing portal.

[CalHHS CDII] 15:14:13

There is also a help menu that has a list of in a sense, common questions and issues that people have had during the signing process.

[CalHHS CDII] 15:14:23

So that's a good little piece to know about that.

[CalHHS CDII] 15:14:24

Please do not hesitate to reach out to Cdi.

[CalHHS CDII] 15:14:26

If you have any questions about.

[CalHHS CDII] 15:14:29

Next slide.

[CalHHS CDII] 15:14:32

And we do want to take a moment to celebrate and express our thanks and gratitude to over 1,400 organizations represented by nearly 1,000 entities, so that the difference there is a parent entity signing for subordinate organizations that have signed the data these signatories have been in very high

[CalHHS CDII] 15:14:56

level buckets, over 800 ambulatory care facilities, and practices have signed over 150 hospitals and other acute care settings over 90 long-term care facilities and over 80 health plans and insurers.

[CalHHS CDII] 15:15:14

There's an additional wide variety of other healthcare entities.

[CalHHS CDII] 15:15:16

Community based organizations that involuntary signers who have also signed the Dsa the full list of organizations that have signed the Bsa.

[CalHHS CDII] 15:15:27

Is available on the Dxf website. Thank you again, to these organizations for taking an important step to improving the health and well-being of California.

[CalHHS CDII] 15:15:37

Next slide please. The roadmap for today for the upcoming meetings is looking ahead to April 20. Fourth is the next lec meeting, where we plan to discuss updates of the next steps for policies and procedures and development application and programs. Development and the programs.

[CalHHS CDII] 15:16:03

Alright! Next one.

[CalHHS CDII] 15:16:09

I'm gonna start on the grand program, and then I'll be passing the bit time, so you'll get a next slide.

[CalHHS CDII] 15:16:19

Before we dive into updates I'm I'm going to spend a few minutes reminding everyone of the components of the data exchange brand.

[CalHHS CDII] 15:16:28

Based on feedback and in consultation with the Iac over the last couple of months, the data exchange Framework Grant program will support statewide implementation of the data exchange framework by providing signatories with resources to address critical operational technical and technical the implementation of

[CalHHS CDII] 15:16:49

the data exchange frame to achieve these goals. Cdi identified 3 Grant Domains.

[CalHHS CDII] 15:16:58

2 of these domains are the focus of today's update.

[CalHHS CDII] 15:17:03

We will touch upon the third one as well. The Dsa signatory grants include technical assistance.

[CalHHS CDII] 15:17:12

Grant, where we will slip into the terminology of Ta for technical assistance, and the Qhio onboarding qualified Hio.

[CalHHS CDII] 15:17:19

So those are the 2 domain, the Ta. Grant provides funding to signatories for technical assistance to support the signature signatory.

[CalHHS CDII] 15:17:28

And meeting their Dsa requirements and the Qhio onboarding grant provides funding to a Qh.

[CalHHS CDII] 15:17:35

I/O, on behalf of signatories who have children to onboard to a qhio so those are the 2 domain for going through the technical through the branch program.

[CalHHS CDII] 15:17:46

There is also the data exchange, educational initiative grant, which is ongoing that started work, start.

[CalHHS CDII] 15:17:58

As we have discussed the previous, it meetings and webinars, Cdi, and providing grant funding to a number of associations for educational initiatives designed to provide information on the data exchange framework, you can find information on the Cdi data exchange framework website about

[CalHHS CDII] 15:18:18

the contracted entity associations and the state holder groups that are working in this domain of the Grants program. So if you're at the if you're listening today and you're looking for Dxap 101 background information where things are today. And whatnot we do encourage you to go to these entities who are working holding all kinds of information.

[CalHHS CDII] 15:18:44

Alright. Next slide, please.

[CalHHS CDII] 15:18:48

And now we're going into the design of the 2 domains that we, the Ta and the grant in the Cii.

[CalHHS CDII] 15:19:01

Can still board 2 times signatory, grant, so signature is the key word here for both of the ta and the Qhio Judy eligible.

[CalHHS CDII] 15:19:11

The first bar is, you need to sign the Dx. These grants are meant to subsidize signatories, investments to implement the data sharing agreement applicants may apply for one of the following opportunities, qhio or so we're coming out of the date saying we

[CalHHS CDII] 15:19:32

don't fully expect that the funding will make will completely cover what you need to get to complete complaints, or being able to exchange under the framework for some entities that might others might just be that the start.

[CalHHS CDII] 15:19:50

So the Qhio brand program is to provide funding to subsidize the initial costs of connecting to a qualified Hio idi will qualify health information organizations for Hio, who provide the functionality needed to achieve Dsa requires signatory will be able to be able to select

[CalHHS CDII] 15:20:14

the Qhio from a list of qualified organizations that we're working on in the next. Now, over the next 8 approximate 2 months, acknowledging that the signature will and even though the timelines of the program might seem a little on you can apply for a

[CalHHS CDII] 15:20:41

Qhio grant, even if you have not yet identified who your qhio is.

[CalHHS CDII] 15:20:47

That's one of the steps in in our thought process.

[CalHHS CDII] 15:20:48

The Qh. I. O. On boarding grants the signatories who choose to pursue this grant will work with Cdis contracted grant application, support partner to submit an application.

[CalHHS CDII] 15:21:05

So this is assisted path, where all applications will run through our support.

[CalHHS CDII] 15:21:09

In more detail. If a grant is awarded, the applicants chosen.

[CalHHS CDII] 15:21:14

Qhio will manage all funds to pay for the for either initial Qhio interface fees or offset certain costs.

[CalHHS CDII] 15:21:26

Be onboarded, and actually exchanging with your qhio.

[CalHHS CDII] 15:21:30

That means the money goes to the Qh. I/O. On your behalf.

[CalHHS CDII] 15:21:35

But that's where we're in the program. The Grant program we're incorporating the checks and balances where the applicants, the signer of the Vsa.

[CalHHS CDII] 15:21:44

Will need to attest that the qa fio. So it won't just be a qhio requesting money for signatory.

[CalHHS CDII] 15:21:53

We will provide an update on the Qh program with, and then for the Ta.

[CalHHS CDII] 15:22:00

Grant, so this would be over the overview part of these 2 programs, and then Julia will go into market.

[CalHHS CDII] 15:22:07

We'll provide funding to Dsa signatories to fund a wide range of resources for technical support for implementation.

[CalHHS CDII] 15:22:17

This may include technical assistance for selecting and contracting with a health information organization, whether it's Qhi signatories can choose to pursue the Ta.

[CalHHS CDII] 15:22:30

Grant will apply directly for the grant themselves, and manage all funding and administration for the duration of their grant.

[CalHHS CDII] 15:22:37

So that's essentially I don't know. And then next slide.

[CalHHS CDII] 15:22:45

Dsa. Inventory Grants the eligibility Requirements.

[CalHHS CDII] 15:22:53

General, as I mentioned, to be able to apply as you, for either domain, applicants must have signed the data sharing agreement prior to submitting the Grant application.

[CalHHS CDII] 15:23:04

So you're not allowed to be thinking about applying to, about signing and be awarded at a grant we don't even want to apply if you have not get assigned all signatories included in the application must demonstrate a need for additional supporting capabilities to meet

[CalHHS CDII] 15:23:21

Dsa. Requirements. So that's where we were looking to try to avoid the Funds Technical Assistance fund to go in need because they're not currently exchanging eligible applicants will need to complete one of the follow to achieve the dsa connecting to an Hio that is

[CalHHS CDII] 15:23:43

received a qualified status from Cdi, or implement.

[CalHHS CDII] 15:23:49

Another technology solution or workflow that achieves the real time data exchange requires by the so that's coming in.

[CalHHS CDII] 15:23:58

You're going through hio through another technology solution.

[CalHHS CDII] 15:24:03

We'll take you down that way and moving around next slide.

[CalHHS CDII] 15:24:09

Dsa. Signatory grant application process.

[CalHHS CDII] 15:24:14

I'd like to remind everyone of the application process for both domain. So qh, I O.

[CalHHS CDII] 15:24:22

On boarding Grant, the assistant pathway will provide applications support through K-he.

[CalHHS CDII] 15:24:26

So the California Association of Health Information Exchanges.

[CalHHS CDII] 15:24:31

That is the contractor partner that I mentioned mentioned mentioned a couple of minutes ago.

[CalHHS CDII] 15:24:37

Funds under this domain will be paid directly to the applicants contracted.

[CalHHS CDII] 15:24:41

They're contracting. Qh, I know, by way of the app and signing off for having that the has met its contracted application.

[CalHHS CDII] 15:24:51

So this slide shows the flow of how the application goes, submitting.

[CalHHS CDII] 15:24:56

Who's in the food chain and the Ta.

[CalHHS CDII] 15:25:01

Grant is the build your own solution pathway allows applicants to apply, receive the funds directly, and manage the funds themselves so there'll be some reporting required needs to be the application, and then request your first payment and then your final and then and now going to turn over to

[CalHHS CDII] 15:25:25

Juliet, help to share updates on criteria and development in our intention to establish a pathway for organizations to apply on behalf of multiple signatories.

[CalHHS CDII] 15:25:37

So right now, verbally, has been very much on the individual signatory of the DNA.

[CalHHS CDII] 15:25:44

But we are going to be talking about the concept or alrighty.

[CalHHS CDII] 15:25:55

And now to Julian. Thank you. Thank you, Dan. If you go to the next slide.

[CalHHS CDII] 15:25:58

So, as Dan noted, she provided an overview of the brand criteria and grammars that we've already shared in previous meetings, and that have already been released to the public and establish the program.

[CalHHS CDII] 15:26:11

What we wanted to share today is one additional criteria that we are developing for the program that we have not yet had an opportunity to.

[CalHHS CDII] 15:26:18

So I'll go through that briefly, and then head it back to the end.

[CalHHS CDII] 15:26:22

Share a little bit about our timeline, and mixed up in this forum.

[CalHHS CDII] 15:26:29

And oh, sorry! I know it sounded like I was done with that slide, but I was.

[CalHHS CDII] 15:26:33

Thank you in this forum and in previous forms we have received feedback from Newmark stakeholders sharing about the value of having an approach for an umbrella organization to apply on the that could take a lot of different manifestations it could be a

[CalHHS CDII] 15:26:55

snip operator, applying on behalf of several snip facilities, each of which uses its own electronic health record. It could take the manifestation of an independent physician and one of the core things we have heard is the insurance value of being able to have onbrella

[CalHHS CDII] 15:27:15

organization? Do you work more effectively and efficiently to get multiple signatories on board it by working kind of scale with that in mind, yeah, I does intend to establish a pathway for organizations to apply on behalf of the mobile device for a and so this as I

[CalHHS CDII] 15:27:38

noted might be an Mso. And lpa snip operator.

[CalHHS CDII] 15:27:46

We have corporate parent, but there's different manifestations of it.

[CalHHS CDII] 15:27:49

But the functional process is one. What we are currently considering is that total, the total funding that an umbrella applicant could access would be based on a number of interfaces of an electronic health record or other electronic documentation with them for social services so what that would

[CalHHS CDII] 15:28:11

mean and similar to some past programs that focus on HIV.

[CalHHS CDII] 15:28:16

We would be doing, we would be looking at the number of interface. Hr.

[CalHHS CDII] 15:28:24

Or other system instances underneath the application and determining the funding maximum based on that, acknowledging that there may be scenarios where multiple signatories are served by the same instance would be using that combination of factors of course as we discussed

[CalHHS CDII] 15:28:42

previously many times in the Forum. The other major factor in determining the maximum amount of funding that applicants could receive as a type of signatory, and then.

[CalHHS CDII] 15:28:54

Like to pause for a moment to see if there are any questions or comments this proposal we mounted, you know we're still working on building out the details with this, and we'll be providing those as soon as those are available the answer a little bit on that timeline shortly

[CalHHS CDII] 15:29:11

would love to hear any questions.

[CalHHS CDII] 15:29:13

Okay.

[CalHHS CDII] 15:29:16

There is one in the chat. Would an example such as provides the Hr.

[CalHHS CDII] 15:29:24

Services for a large number of sites with might they fall into the cabin for an umbrella.

[CalHHS CDII] 15:29:34

They could represent multiple signatories. Yeah, I don't know that we can comment on individual applicants for this time, but on the surface of it there's no current.

[CalHHS CDII] 15:29:52

One which is gonna potentially limit the value of this for them.

[CalHHS CDII] 15:30:00

Given how it's written. They'll make a lot of sense for them to facilitate.

[CalHHS CDII] 15:30:07

And it's a good example. So other ideas and things that you even if we're not able to talk about them all, throw them into the chat to be everyone.

[CalHHS CDII] 15:30:21

And then we have a hand raised for David Ford. This is probably a rare instance, but I just really wanted a Cdi and the team for working on this.

[CalHHS CDII] 15:30:30

Bill Barcelona and I spend a lot of time separately and together, talking to Ipas in particular, with the arm industry that they can play such a final role in bringing the small packets into the table, and we're very very excited.

[CalHHS CDII] 15:30:49

To see this in writing.

[CalHHS CDII] 15:30:53

50%.

[CalHHS CDII] 15:30:57

And it's not working for that.

[CalHHS CDII] 15:31:08

Pretty loud. Okay, yup, yeah. I could, David.

[CalHHS CDII] 15:31:12

Thank you for. Obviously putting a lot of thought to the design of these very important grants.

[CalHHS CDII] 15:31:18

One thing I don't need to belabor. I've asked her raise it previously.

[CalHHS CDII] 15:31:24

Is that whether organizations apply via umbrella organization or individually having signed an agreement with the potential hydro, but not get actually kind of the work to actually going to people from ready if they sign the contract if they sign the data sharing agreement.

[CalHHS CDII] 15:31:58

So that's more a tiny thing on the Qhio program and the brands funding.

[CalHHS CDII] 15:32:06

But we do have a date in mind, and that will be coming with the establishment of the programs would you think it's prior to today, but not too far back?

[CalHHS CDII] 15:32:18

Yeah. The question another way, with an example, if I practice app, sign a participation agreement with a regional highway at this point in time there will be no.

[CalHHS CDII] 15:32:37

The applications hit the street. The organization applies for and selected to be awarded.

[CalHHS CDII] 15:32:44

The grant, and then eventually, their Vional is also.

[CalHHS CDII] 15:32:49

That's it has. Q. Hio. Will they be able to move forward to actually see the funding, even though they technically sign the contract between each other?

[CalHHS CDII] 15:32:59

Yes, but depending on a certain date. In time, so that it can't be signed.

[CalHHS CDII] 15:33:06

Yeah, okay. Yeah, okay, yeah, I think, okay.

[CalHHS CDII] 15:33:19

And I was.

[CalHHS CDII] 15:33:21

Okay. I'll leave. Very well, thank you. And I apologize because I was mixing it into one of the questions in the final one.

[CalHHS CDII] 15:33:31

Simultaneously, which is a different question of 10 organizations who have signed.

[CalHHS CDII] 15:33:36

I think the question is a data sharing agreement be in umbrella of organizations at location.

[CalHHS CDII] 15:33:44

And yet, because there's no conditional conditions upon when people sign that doesn't mean they're exchanging today or not having me.

[CalHHS CDII] 15:34:05

If there are no additional questions we can work on it so we can go to the next slide.

[CalHHS CDII] 15:34:09

So just add a reminder, and we'll share the timeline with 10 to the timeline.

[CalHHS CDII] 15:34:15

And a moment. There are we, you know I intend to allocate the funding for the diversity in round, and we'll we'll hold a minimum of 3 rounds of funding so there could end up being more than 3 round the funding depending on kind of the past of applications of how quickly they come in the

[CalHHS CDII] 15:34:34

door, the exact amount that will be awarded in each round will be finalized, based on the total funding reflected by applicants, and once those are awarded, you, Guy, will notify the public with the total awarded in each round do you guys will reserve funding to ensure that

[CalHHS CDII] 15:34:53

there is at least 3 rounds of funding available to add, so we we will ensure that the 47 billion covers at least 3 rounds of funding as a reminder.

[CalHHS CDII] 15:35:06

The first 2 rounds are going to be limited to organizations who are identified as mandatory.

[CalHHS CDII] 15:35:14

This is really done to help ensure that we are getting funding quickly to organizations that have a rapid timeline for implementation, and then voluntary signatory will have access to funding for at least one round starting with the we'll share in a moment what our timing you can go to

[CalHHS CDII] 15:35:34

the next slide and I will hand it back to the end to show some updates on alrighty.

[CalHHS CDII] 15:35:42

Next slide, please. I like the like. Alrighty.

[CalHHS CDII] 15:35:49

So we have contracted with this public insulting group.

[CalHHS CDII] 15:35:54

Pcg. To be the third party, grant, administrator.

[CalHHS CDII] 15:35:59

You might there's say Tpa, sometimes to PA, in this case equal. Ptv.

[CalHHS CDII] 15:36:04

But for the Dsa signatory Grant, Pcg.

[CalHHS CDII] 15:36:09

Will support the administration and management of the Dsa Signatory Grant initiative and they're working, working very closely.

[CalHHS CDII] 15:36:19

Cdi and Pcg. Along with Ki, who will be doing the assisting of the applications coming in to develop and manage the Grant application portal where you're actually the applications are being submitted.

[CalHHS CDII] 15:36:34

The review of the application. Then bundles, requests, and manage files, so that testations and funding disbursement, so that would be done in collaboration between Cdi, everybody's continues to stay.

[CalHHS CDII] 15:36:51

Involved. We're not just on externally platforming.

[CalHHS CDII] 15:36:56

Next slide, please.

[CalHHS CDII] 15:37:03

Alright, and, as I mentioned, we have contacted with people, assist organization, and completing and submitting the Qhio onboarding grant applications and support targeted outreach efforts for eligible signal choice.

[CalHHS CDII] 15:37:20

We are looking forward to this collaboration, and had a great working meeting yesterday with Pcg.

[CalHHS CDII] 15:37:27

And K on on standing up this, the.

[CalHHS CDII] 15:37:44

Alright. Make sure anything. And okay.

[CalHHS CDII] 15:37:54

And for anybody who selects the Qaio domain build work through Kai.

[CalHHS CDII] 15:37:59

You don't submit your own application if it's an empty out there who really wants to be the master of their own domain and do it through somebody who is a then you might need to review and consider whether the technical assistant domain would be for you and that's where we're working on

[CalHHS CDII] 15:38:19
material, for for guiding through the choices of programs.

[CalHHS CDII] 15:38:25
Alright. Next slide, please.

[CalHHS CDII] 15:38:29
So with these partnerships in place for sharing this timeline of what we are projecting.

[CalHHS CDII] 15:38:36
The first 2 rounds of grant funding are reserved for organizations who are required to sign the Dsa. Under Ab.

[CalHHS CDII] 15:38:44
1 33, and these these rounds have shorter application windows a bit more accelerated to help ensure funding is distributed by the end of this calendar year that we're all working for one of the questions came in say, mentioning January 30 first 20

[CalHHS CDII] 15:39:02
24. We're trying to do everything to support the implementation and readiness or exchange that might not be exchanged we're planning to release all application materials which include a guidance document document in Q 2 of 2023 and anticipate the application

[CalHHS CDII] 15:39:26
portal to go live in mid-may, and that's just following along this timeline that you're all looking at the slides.

[CalHHS CDII] 15:39:35
This will give the applicants approximately one month to review the application and plan for the submission.

[CalHHS CDII] 15:39:42
When the portal opens for planning the whole 2 short half application round in Q.

[CalHHS CDII] 15:39:49
2, and then a longer application round in q. 3. And the specific needs for these that are coming in once finalized.

[CalHHS CDII] 15:39:57
I see one camera raised, and we'll also be checking in on if there's any question, submitted.

[CalHHS CDII] 15:40:06

And, David, do you have the floor? Thank you. When you're talking about the mandatory or voluntary signature, I just wanna make sure we're clear on the terminology, because positions are all mandatory.

[CalHHS CDII] 15:40:22

Signer, but they're in the twenties. 2426 cohorts but for the purpose of this we're considering them all mandatory designer.

[CalHHS CDII] 15:40:30

The opposition practices would, could go and run one advantage.

[CalHHS CDII] 15:40:35

Yes, we currently have the funding for this in the current physical State budget, and next year's fiscal state budget, which doesn't get us to 2026.

[CalHHS CDII] 15:40:49

But we wanna get them in the Grant program E, 4, 2025.

[CalHHS CDII] 15:40:54

We don't wanna wait till then, because.

[CalHHS CDII] 15:40:58

We have budget funding for a 2 year. See? Physical cycle. Okay.

[CalHHS CDII] 15:41:04

I just wanted to make sure I put on Wednesday, but.

[CalHHS CDII] 15:41:12

Any questions, to see?

[CalHHS CDII] 15:41:22

And we'll check in with the as we advance, and I don't see anything new in the chat from lec members.

[CalHHS CDII] 15:41:32

Alrighty, and hmm! Oh, there's one Matthew.

[] 15:41:38

Yeah. I threw it in the chat. But since the one of the main Grant request will be connections to A. Q.

[] 15:41:48

Hio! I'm just asking about how this will this timeline aligns with the Qhio approval process because I'll have to.

[] 15:41:59

You'll have to have Qhio approved before you even know if you want to apply for a grant for Q. Hio.

[] 15:42:08

On boarding, so how do they align?

[CalHHS CDII] 15:42:12

Your application. The application does not need to name which hio you intend to do this work with it can, but there is an assumption being made that Hio will be.

[] 15:42:35

Yeah, I think that would be challenging for an organization to request a grant to support a technical connection for a potential partner.

[CalHHS CDII] 15:42:36

We are trying.

[CalHHS CDII] 15:42:49

So I think part of how we're thinking about dropping them, because, of course, the timeline consideration we acknowledge that we are talking about a scenario where we're opening applications for the Qa.

[CalHHS CDII] 15:43:04

Eda onboarding potentially prior to the announcement of what we're what we've mapped out of the process where applicants can apply for a onboarding grant because they have decided that they intended to enable but they do not need to identify which qhio

[CalHHS CDII] 15:43:21

they will select they will have until access station of milestone one to actually select and tell. You know.

[CalHHS CDII] 15:43:30

Cdi, which qhi intend to onboard.

[CalHHS CDII] 15:43:34

Awesome, so they can actually submit an application, and the application can be scored and review.

[CalHHS CDII] 15:43:40

Agnostic to the Qhio, that will be selected.

[] 15:43:47

Yeah, I still think technically, in order to understand the costs and specifications you would probably want to know to whom you're connecting and how, as you apply for such grants, that's my comment.

[CalHHS CDII] 15:44:02

Agreed. Yeah, it's the more, you know, or an application, the more accurate the actualization of that application will be.

[CalHHS CDII] 15:44:15

And we are doing what we can to get to stand up.

[CalHHS CDII] 15:44:19

And Qa. Program simultaneous to creating this and.

[] 15:44:25

Yeah, I'm just. I think we need to be really careful about putting the cart before the horse.

[CalHHS CDII] 15:44:31

No thanks and reduce the others chiming in in agreement, and we appreciate that.

[CalHHS CDII] 15:44:43

Oh, right next slide.

[CalHHS CDII] 15:44:49

So that was actually the fast part of the meeting. So we're diving into now.

[CalHHS CDII] 15:44:57

Introduce the chair of the policies and Procedures Subcommittee.

[CalHHS CDII] 15:45:02

We have handsome with Cdi, and there you go.

[CalHHS CDII] 15:45:09

Hey, Dan, Hi, everyone. So next slide.

[CalHHS CDII] 15:45:17

So, as you all know, we've put out several candidates for public comment in January and February, and thank you all so much for providing many, many, many comments.

[CalHHS CDII] 15:45:30

We've received over 350 different comments on our.

[CalHHS CDII] 15:45:32

So we're gonna walk through a little bit today on each one of them.

[CalHHS CDII] 15:45:37

Talk, about where we're at on each of them.

[CalHHS CDII] 15:45:41

The following slides will highlight some of the public comments we've received on some of the Ps.

[CalHHS CDII] 15:45:49

And then each next I do. Wanna note that the I've included some Cdis, her responses to the comments we've received as it's these concepts are subject to change prior to finalizing the ease in part because we're bringing teams.

[CalHHS CDII] 15:46:07

Next one, so we will dive in on information blogging.

[CalHHS CDII] 15:46:14

So on, information blogging.

[CalHHS CDII] 15:46:19

Information blocking is the Pmv. That prohibits participants from undertaking any practice likely to interfere with access exchange, or use the phone services.

[CalHHS CDII] 15:46:29

Information for required purposes in the permitted required, and permitted purposes can be so.

[CalHHS CDII] 15:46:35

Here are some of the comments we've received, and the way that we approach it.

[CalHHS CDII] 15:46:41

So for fees and licensing we receive comments that express concerns that are inhibiting, relying on fees and licensing exceptions within the Federal information block would make businesses for certain entities like technology vendors, feasible.

[CalHHS CDII] 15:46:59

So what we've done is we've tried to verify.

[CalHHS CDII] 15:47:05

That is the Health Information exchange network health information, organization, technology vendor or other organization that assist with to one charge fees.

[CalHHS CDII] 15:47:20

Such participants, for it's services consistent with the exception in the Federal information.

[CalHHS CDII] 15:47:25

Walking role, and or to license interoperability elements consistent with the licensing section in the Federal Information block.

[CalHHS CDII] 15:47:37

So we've tried to carve out a express permission that way.

[CalHHS CDII] 15:47:44

Isn't that way. We're not creating confusion.

[CalHHS CDII] 15:47:47

We're not trying to integrate with business, but we don't want participants charging one another for exchange.

[CalHHS CDII] 15:47:56

For content and manner. Awesome commenters expressed concern that, including content, manner was, would permit participants to charge fees and licensing their ability, elements, and inconsistent with the.

[CalHHS CDII] 15:48:14

So we have revised that language as well to clarify how those work together.

[CalHHS CDII] 15:48:23

Very similar matter.

[CalHHS CDII] 15:48:27

Any questions?

[CalHHS CDII] 15:48:30

Next slide.

[CalHHS CDII] 15:48:36

And then can also received comment on these licensing.

[CalHHS CDII] 15:48:42

The Information walking rules categorize these licensing as exceptions that involve procedures for fill per fulfilling request for access exchange of User Phi rather than exceptions that involve not the billing board by accessing the exceptions will be revised to

[CalHHS CDII] 15:49:05

clarify that this cannot charge one another for the fees.

[CalHHS CDII] 15:49:09

So we've just tried to add a little bit of therapy around that, so that changes made both these end licensing.

[CalHHS CDII] 15:49:21

So those are the 3 kind of big, high-level comments we got on information blocking with that we are working to finalize and release it as final.

[CalHHS CDII] 15:49:35

Any questions, comments on information? Sure, I have overall question.

[CalHHS CDII] 15:49:43

We did. What does the Pnp accomplish for the as far as still having an information block?

[CalHHS CDII] 15:49:54

It's still applies information blocking to all participants, since not all participants are subject to the federal information and it expands it from just electronic health information to all home Service information for the recording.

[CalHHS CDII] 15:50:13

Thank you.

[CalHHS CDII] 15:50:17

Hey? So I'm raised to commenting like I don't see here so hopefully check in on that big picture.

[CalHHS CDII] 15:50:37

And.

[CalHHS CDII] 15:50:44

Digital access as well. They have a second suggestion that I really think the individual access to the required room is under the end of the framework.

[CalHHS CDII] 15:51:03

Thank you for those comments. We did hear them and appreciate both of those we saw.

[CalHHS CDII] 15:51:11

The individual access as handling most of the requirements for digital access, and separate from that of exchanging between the so that's not how happy to hear more.

[CalHHS CDII] 15:51:27

Could you engage in information blocking with individual access?

[CalHHS CDII] 15:51:35

So!

[CalHHS CDII] 15:51:43

I would think that they are separate. I think the policies are there shouldn't be any information, of course, so the policies seems to be identified.

[CalHHS CDII] 15:52:00

Individual access as well. I'll take that back alright.

[CalHHS CDII] 15:52:04

So that doesn't be. There are minimal I haven't seen function, but absolutely.

[CalHHS CDII] 15:52:17

And we are at this point looking at, really required purposes, making sure that that first.

[CalHHS CDII] 15:52:24

So we may revisit her benefits in the future.

[CalHHS CDII] 15:52:27

But there are many, many, many permitted purposes that aren't required.

[CalHHS CDII] 15:52:32

So that would be so at this time we're focusing on required for this. Personally, I don't think.

[CalHHS CDII] 15:52:46

So it's okay to do information blocking cause.

[CalHHS CDII] 15:52:48

It remains until we.

[CalHHS CDII] 15:52:55

Okay. Thank you. Bye. Thank you.

[CalHHS CDII] 15:53:04

Incorporated is just one to that. And thank you.

[CalHHS CDII] 15:53:10
Hmm. Kevin's comment is right on.

[CalHHS CDII] 15:53:21
Can I ask the individual? So the individual access services requires extend by law.

[CalHHS CDII] 15:53:34
Individual user to be able to access by direction from any.

[CalHHS CDII] 15:53:48
And it requires that access available, but signatory. The fine acts want my data, and I request my data.

[CalHHS CDII] 15:54:00
Signatory is not allowed to. Okay. Make a request. They have to send.

[CalHHS CDII] 15:54:12
So? How?

[CalHHS CDII] 15:54:14
Adding a non signatory to this.

[CalHHS CDII] 15:54:31
I mean this. So youal access individual requesting information for a participant must.

[CalHHS CDII] 15:54:41
No one for access signatory not prevent that from happening. So this is that covered the comment. Mark.

[CalHHS CDII] 15:54:52
No, I don't think. Hello! And it's covering.

[CalHHS CDII] 15:55:04
There are their duties with necessary to create more detail on I'd be their duty.

[CalHHS CDII] 15:55:13
But that you've mentioned blocking coalition between Singapore is not individual.

[CalHHS CDII] 15:55:19
They're dealing with essentially 2 different. David may be able to maybe have questions.

[CalHHS CDII] 15:55:28

But I think that's what's blocked by one or another, and digital access, which is specifically about resident on I'm that's a set of comments.

[CalHHS CDII] 15:55:55

I've also read, I don't know what the answer is.

[CalHHS CDII] 15:56:00

But okay, I I saw, shaking her head.

[Deven McGraw] 15:56:06

Well, admittedly, it's it's been a little bit of time before I have looked at the exact framing of the California information blocking provisions, and whether they are limited to just well, I mean, all these policies are limited to signatory but the bottom line is that

[Deven McGraw] 15:56:27

there's not really a big difference in what the purpose of the information blocking provisions is whether you take about the federal context or the State context in any circumstance where there's sort of a required expectation.

[Deven McGraw] 15:56:43

That data be shared which is true of individual access under California's framework.

[Deven McGraw] 15:56:47

Also true of the required purposes for exchange. What the information blocking provisions are intended to address are what I might call microaggressions, so certainly refusal to share would be blocking.

[Deven McGraw] 15:57:01

But there are other ways that that you make for you, that you interfere with the delivery of information by by just making it more difficult with different and fees is a major area where that tends to take place, and hence I agree with the approach that's here.

[Deven McGraw] 15:57:20

But it's not, I'm still struggling to understand why you would.

[Deven McGraw] 15:57:25

I know why we created a separate sort of pmp around individual access versus just making it a required exchange, because there were some exceptions that needed to be spelled out, and we needed to sort of deal with it separately.

[Deven McGraw] 15:57:39

But I'm struggling to figure out why, if Kevin's information, blocking provisions in this framework are largely narrowing, what's at the Federal level, why, we would not pick up it.

[Deven McGraw] 15:57:54

The all of the required purposes which would include individual access and appreciating that there are challenges to doing this in a networked level, Matt Matthew Eisenberg is correct, but it doesn't necessarily mean that that there's not that there's not a justification for

[Deven McGraw] 15:58:14

doing this. I'm struggling to see how it's distinct, and and I guess I couldn't tell who was speaking in the room before.

[Deven McGraw] 15:58:23

Was that you, Jonah, about that? This is about signatories and same thing.

[CalHHS CDII] 15:58:25

Yeah, it was me, okay.

[Deven McGraw] 15:58:27

I mean the Federal information blocking roles are limited to certain defined actors.

[CalHHS CDII] 15:58:31

Yeah.

[Deven McGraw] 15:58:31

This is limited to certain defined signatories. It does not mean that we should not create an environment where the sort of the micro policies that that make exchange harder wouldn't apply to any circumstance where we have an exchange expectation under this framework.

[CalHHS CDII] 15:58:49

So you're advocating for what Mark's position is which is to incorporate the individual access provision into the information block provision here.

[Deven McGraw] 15:59:00

Yes.

[CalHHS CDII] 15:59:03

Thank you.

[CalHHS CDII] 15:59:16

Any other final comments on information blogging.

[CalHHS CDII] 15:59:22

Alright!

[CalHHS CDII] 15:59:28

Then at this point I think I handed over to Helen to discuss early exchange.

[CalHHS CDII] 15:59:35

Okay. Great thanks. Brady. Next slide, please.

[CalHHS CDII] 15:59:40

So the.

[CalHHS CDII] 15:59:49

To change in the engagement. Early change of health and social information.

[CalHHS CDII] 15:59:55

Before January.

[CalHHS CDII] 16:00:00

The first thing, and as a reminder of what we did was say that this would want to engage in exchange, and this is, make sure confined with all of the existing campaigns.

[CalHHS CDII] 16:00:24

And the reason we have specified that is, 30 pmp.

[CalHHS CDII] 16:00:27

Have the second date of January, January 20, first, 2,024. There's some ambiguity about whether or not, and then also I'm fine with new pns that are issue, you know.

[CalHHS CDII] 16:00:47

Between now and January 30, first of that 24, and initially, the draft policy had said that.

[CalHHS CDII] 16:01:00

Of course, we got so much feedback on that a little bit too.

[CalHHS CDII] 16:01:12

And so the plan is to it.

[CalHHS CDII] 16:01:21

But in any case, it's been 45 days of, and then another thought we got understanding was, how that another part of it is that is, that they can use on the website to confirm that.

[CalHHS CDII] 16:01:49

So any questions on that?

[CalHHS CDII] 16:01:52

I'm gonna just a question of the timeline.

[CalHHS CDII] 16:01:56

They think there's 1 one area that gets into the way there.

[CalHHS CDII] 16:02:00

That is, technical change required.

[CalHHS CDII] 16:02:09

Many of those technical changes are going to be done within a point 5 billion point 9.

[CalHHS CDII] 16:02:12

So it's an administrative process a Zoom Phone thing like that the policy with that technical changes are not gonna happen the 45 day window.

[CalHHS CDII] 16:02:26

Therefore you have the offer clients so to things that require some level of technical problems.

[CalHHS CDII] 16:02:35

Otherwise.

[CalHHS CDII] 16:02:41

So I think that's a fair point you could actually talk about that, and I don't know.

[CalHHS CDII] 16:02:51

More than that, if they do that, I think there's thousands of specifying, and that will.

[CalHHS CDII] 16:03:04

So we didn't want to think about that, but sort of like a, so that may happen.

[CalHHS CDII] 16:03:07

We're not sure.

[CalHHS CDII] 16:03:14

Any other questions on the exchange. It's Troy, I mean.

[CalHHS CDII] 16:03:20

I had the same thought about the technical piece of it.

[CalHHS CDII] 16:03:23

Oh, I didn't express it as eloquently anduted, but Federal legislation usually has a much longer runway, I mean difficult, and like a 100 days a day, sometimes 2 years.

[CalHHS CDII] 16:03:38

Sometimes they keep moving things a year by year. So, yeah, it depends on the standard and how widely adopted it is.

[CalHHS CDII] 16:03:45

That's all I do. Yeah, no bear in mind anything that is coming along.

[CalHHS CDII] 16:03:52

One way it's gonna fly. Not just the only.

[CalHHS CDII] 16:04:06

Anything else on early exchange.

[CalHHS CDII] 16:04:16

Thank you. Next slide. Please.

[CalHHS CDII] 16:04:20

So first, thank you all very much for that comments on the real-time exchange.

[CalHHS CDII] 16:04:29

They comment into sort of 2 general categories. The first was around the setting, an objective standard for measuring real time, and we need to something hopeful.

[CalHHS CDII] 16:04:52

And and the comments that we got really reflected.

[CalHHS CDII] 16:04:57

Well, you know, I guess without delayed part, we really need to have something vegetable.

[CalHHS CDII] 16:04:59

So what we landed on was something that focuses on sort of responding to a query or sending data when it becomes available.

[CalHHS CDII] 16:05:13

Without any attentional or programatic delay. And then we added to that some objective standard.

[CalHHS CDII] 16:05:20

So let me walk through those 3. So first, if you are responding to an order, this is like sending information to someone because they requested a consultation, or they sent you a and more for services, we should respond when the information becomes available, and with any delay, the second one is without

[CalHHS CDII] 16:05:46

any intentional program, the way the second one really is. In response to a query that you should respond again.

[CalHHS CDII] 16:05:56

When you see the query, but should not exceed 24 h, and then the last one is unity to be shared with the events and no longer than 24 h this seems to be the right balance to address the sharing with that delay. You know, as soon as you have the information available but also recognizing that

[CalHHS CDII] 16:06:17

you need to have an objective standard to measure the second concept of comments came in around.

[CalHHS CDII] 16:06:26

Go to the next slide around the concept of, you know, clarifying what's going on in the next slide and try to.

[CalHHS CDII] 16:06:40

You know, resolve the concern. That lack of awareness shouldn't necessarily be an excuse for organizations.

[CalHHS CDII] 16:06:48

So we clarify the definition a little bit, and I don't have to meet you. I think you could probably see it well enough.

[CalHHS CDII] 16:06:56

So we just file on you. So let me pause and see if there's any questions or comments.

[CalHHS CDII] 16:07:03

I think that defining real time is always a challenge, and they're asking some balance between.

[CalHHS CDII] 16:07:11

You know responsiveness, but also something that's manageable.

[CalHHS CDII] 16:07:17

Let me just first

[Cathy Senderling-McDonald (IAC Member)] 16:07:19

Hi! Everybody! Cathy Sunderling, nicknameald Cwda.

[Cathy Senderling-McDonald (IAC Member)] 16:07:23

Could you remind us? So? Say that there is a signatory whether mandatory or not, mandatory, and they are not able to meet the real-time definition added, doesn't really fit in your definition of a program.

[Cathy Senderling-McDonald (IAC Member)] 16:07:39
That programmatic delay. What is there a consequence like?

[Cathy Senderling-McDonald (IAC Member)] 16:07:42
What's the consequence? So they get kicked out or find.

[Cathy Senderling-McDonald (IAC Member)] 16:07:47
Or is everyone just annoyed with them, or like I don't recall.

[Cathy Senderling-McDonald (IAC Member)] 16:07:51
And then what do you know what I mean? That's the question.

[CalHHS CDII] 16:07:54
Well, the first thing we should probably point out is that if you do not have an electronic documentation system that allows you to, you know, reply, you know, this reasonable way that we're not considering that the lack of the supporting technology so I'm I'm I guess without really

[CalHHS CDII] 16:08:15
understanding the situation you're referring to. Hard to say.

[Cathy Senderling-McDonald (IAC Member)] 16:08:20
I mean, I guess, in my mind, though I I'm not saying me personally.

[Cathy Senderling-McDonald (IAC Member)] 16:08:26
But I'm saying in the scenario the person who's not meeting your 24 h response doesn't have the technology to do so.

[Cathy Senderling-McDonald (IAC Member)] 16:08:35
So they're trying their best. But it does. It just doesn't work.

[Cathy Senderling-McDonald (IAC Member)] 16:08:37
What what happens?

[CalHHS CDII] 16:08:42
Well, if that that would not be considered a problematic delay. That would not be someone who was preventing information to provide that information.

[CalHHS CDII] 16:08:55
Does that make sense?

[Cathy Senderling-McDonald (IAC Member)] 16:08:56

I guess so I guess so. It's not like they're in trouble, or something like they just do the best they can.

[Cathy Senderling-McDonald (IAC Member)] 16:09:03

I mean is, that is that what they would do?

[CalHHS CDII] 16:09:08

Well, I'm gonna defer to the end on this one.

[CalHHS CDII] 16:09:12

It will happen that would you're talking about and.

[CalHHS CDII] 16:09:18

We would vote there would be communication between the Requester and the participant who is unable to meet that right.

[CalHHS CDII] 16:09:30

Currently no, there are no or anything like that.

[Cathy Senderling-McDonald (IAC Member)] 16:09:37

Okay, thank you. I appreciate it.

[CalHHS CDII] 16:09:41

I'm good. So, John, help me. Second so the question I have is around.

[CalHHS CDII] 16:09:50

The health and larger. So with the response that our ability to respond to your health exchange query it's gonna take us about 45 to 60 days to fix that before you can actually get a response that would not be an exceptional whole real time.

[CalHHS CDII] 16:10:15

Because that happens today. So what? How we deal with that into the future?

[CalHHS CDII] 16:10:22

Because we're we're just sitting by it, waiting on that on that.

[CalHHS CDII] 16:10:29

So that people that are using our services can actually.

[CalHHS CDII] 16:10:30

What happened next night?

[CalHHS CDII] 16:10:34

Hey! No, I'm saying that there's an existing can help exchange connection.

[CalHHS CDII] 16:10:48

Emma, a.

[CalHHS CDII] 16:10:51

And actually working dimension rates. They happen to. It's not for 60 days.

[CalHHS CDII] 16:11:01

So we have now no longer have access to that data in the building.

[CalHHS CDII] 16:11:08

Fix that compromise. Well, I think that I if you you know this is where.

[CalHHS CDII] 16:11:16

Where is that? A programmatic delay being addressed?

[CalHHS CDII] 16:11:20

Through technical meetings. They're in the process of resolving it.

[CalHHS CDII] 16:11:25

I would say that would not be considered the problematic delay I'm gonna think I gotta 45 days for me.

[CalHHS CDII] 16:11:35

The things they are.

[CalHHS CDII] 16:11:38

What is a significant and there's no standard around this.

[CalHHS CDII] 16:11:49

There's no expectations. And so we have people that on board with health information exchanges, expecting and meeting on the back end.

[CalHHS CDII] 16:11:59

Yeah, because it looks like, yes. First, the ability as opposed to a programmatic way to incorporate it away.

[CalHHS CDII] 16:12:22

You know, we did that intentionally, and we're here to see the way that we did that intentionally.

[CalHHS CDII] 16:12:32

And we're here to make sure that. Well, and I think you're getting some place at Microsoft.

[CalHHS CDII] 16:12:39

It sounds more like rather than whether it's what you're saying.

[CalHHS CDII] 16:12:52

That's that's that gray area. I'm not seeing any anything around it other than.

[CalHHS CDII] 16:13:04

Hmm! I got a good point. I think that's something alright. Well, we have 2 more commenters, and then we'll move on from and from real time.

[CalHHS CDII] 16:13:16

So, Kathy, your hand is up, and then next is Jason.

[Cathy Senderling-McDonald (IAC Member)] 16:13:20

So I forgot to lower it. Sorry about that.

[CalHHS CDII] 16:13:23

Because we're slightly behind schedule. So, Jason, yeah, I'd just like to say that point B and C on H.

[CalHHS CDII] 16:13:31

36, the 24 h is pretty excessive for eightyt point c.

[CalHHS CDII] 16:13:40

On a generally real-time, getting a 24 h.

[CalHHS CDII] 16:13:45

I don't understand why it's not the end of the world, but it just seems, an odd timeframe and far folks are doing in today's world.

[CalHHS CDII] 16:13:55

And the same thing we're responding with. It's a transaction, I think everybody's let's find out before 24 h again.

[CalHHS CDII] 16:14:06

Seems very long to meet, hard for the P. As well, so I don't have a great alternative.

[CalHHS CDII] 16:14:13

Number 24 h.

[CalHHS CDII] 16:14:19

That was a second Jason. We got 120 s by now. You don't need to restock back.

[CalHHS CDII] 16:14:34

Thank you. Thank you, I answered my call alright.

[CalHHS CDII] 16:14:42

So we transition to them.

[CalHHS CDII] 16:14:44

Sure. Go on to the next slide. Please, we're gonna talk about technical requirements for exchange.

[CalHHS CDII] 16:14:52

You can see there are a bunch of slides here there are more than 200 comments on this Cp. General, so you're going to fail to see all of your comments here.

[CalHHS CDII] 16:15:03

But there were several things that grouped together and cost us to consider significant.

[CalHHS CDII] 16:15:13

And that's what I'm going to highlight here. If you do see something that's missing, that you want to make sure.

[CalHHS CDII] 16:15:18

Just real quickly on this slide introduces a few things that we don't take this principles. Try to do.

[CalHHS CDII] 16:15:29

The first of all, this is establishes a floor. If you don't see a transaction here, it doesn't mean it's prohibited, and so what we're trying to do here is establish a 4 of what must happen.

[CalHHS CDII] 16:15:42

And the State. Our intent here also is to not limit, alter, or even repeat exchanges that are required through some other meeting.

[CalHHS CDII] 16:15:52

So, for instance, you won't find public health reporting here, because that already here in regulation organizations are still required to do that, using those standards we're also trying to align with Federal requirements whenever we can.

[CalHHS CDII] 16:16:10

Now we're raising the bar of what Federal Government is doing but trying to identify standards, Federal Government or national networks.

[CalHHS CDII] 16:16:20

Already pushing. So that's our again. Not always aligning perfectly there, but trying not to.

[CalHHS CDII] 16:16:29

There are 4 different buckets that I would put the this policy into tries to deal with particular items.

[CalHHS CDII] 16:16:38

That is a request for information. That is the typical query based.

[CalHHS CDII] 16:16:44

Exchange is a full of information upon demand, information, delivery, which is a unsolicited push of information from one organization to another.

[CalHHS CDII] 16:16:54

We call out triggering events when that is required it will get into that.

[CalHHS CDII] 16:17:00

A lot requested notification. So is your admissions, and discharge events.

[CalHHS CDII] 16:17:05

That are sent when asked for by a participant, and then person matching.

[CalHHS CDII] 16:17:13

We won't talk about that a great deal today, because we talked about that to a large extent in the strategy for digital identities.

[CalHHS CDII] 16:17:21

And this, PP. Simply reduces to requirements some of the things we talked about over.

[CalHHS CDII] 16:17:28

Let's go on to the next slide. I believe that this is the only slide really is targeted at request for information or query based exchange. Organizations rather than targeted at one or 2 organizations that are thought have information about their patient when we talked about this in the past we

[CalHHS CDII] 16:17:59

talked about, or allow those. And this example of the Pnp.

[CalHHS CDII] 16:18:05

Was silent on broadcast query. We. We received quite a few comments on this topic.

[CalHHS CDII] 16:18:12

Some commenters favor allowing broadcast queries. Most favorite limitations or prohibition and what we're suggesting here is that we continue to allow, but strongly discouraged broadcast queries, I'm less in the professional judgment of the individuals placing the query that an

[CalHHS CDII] 16:18:37

emergency urgent, patient safety issue is involved, and there and then follow industry. That's still developing industry.

[CalHHS CDII] 16:18:49

Best practices about how you would do that. So, for instance, if I were hit by a crossing street here, Sacramento, you might query wall and creek, where I live as opposed to the entire country for the entire State in California as an example of developing our best the other setup comments that

[CalHHS CDII] 16:19:09

we received here was specifically on first and matching that we were cases where person matching appeared to be required, and specifically errors associated with the matching. There was some clarification that we tried to make there about the pieces in which a no match response would be appropriate that is that the match could not be found you actually don't

[CalHHS CDII] 16:19:33

know if the match was in big us, it might end up being a number of different people, and you can't determine which one it is.

[CalHHS CDII] 16:19:40

If you don't have data that you maintain on this individual, or if an exception to information blocking for pro provisions applied, include, for example, you don't have consent to choose.

[CalHHS CDII] 16:19:58

I wanna pause there for a minute. I have particular identifying some particular questions here.

[CalHHS CDII] 16:20:05

Really in the interest of conversation, does discouraging broadcast words seem to be sufficient rather than we're choosing at least suggesting that they not be, because they still have utility, and I don't know how you would specify a prohibition in a way would it still

[CalHHS CDII] 16:20:27

allow them, when they were really necessary. Is there other language that we should think of as opposed to urgent or emergency impacting patient safety, etc.?

[CalHHS CDII] 16:20:39

So I'll pause there for a second and see if there comments.

[CalHHS CDII] 16:20:44

I think your point that's going to be necessary. I think. John made another point me, which is the broadcast version.

[CalHHS CDII] 16:21:02

As well, and how humans will, you know, reach out to find out, you know, who has.

[CalHHS CDII] 16:21:12

Jason, I see you again. Yeah, I mean, same time, I don't think there should be any restrictions on the broadcast series.

[CalHHS CDII] 16:21:20

Current national Exchange is supported to be able to change that for the entire State at a time, trying to define what you could make the argument that any treatment episode is emergent, to know other information about patient makes us.

[CalHHS CDII] 16:21:37

So I just don't see the value in this, and it's out of intuitive to other exchanges.

[CalHHS CDII] 16:21:45

I don't see any other. Oh, sorry, Kevin.

[Deven McGraw] 16:21:51

Thank you. I am. I'm in agreement with Jason.

[Deven McGraw] 16:21:55

That certainly where you have acute qhos involved in facilitating the exchange, there isn't really a reason to limit a broadcast query, because look through the network should be there for any Q.

[Deven McGraw] 16:22:12

Hio and the connections of Q-hio to Q. Heio should facilitate that as well. It just gets to be a little bit Kuje, where somebody isn't using a Q.

[Deven McGraw] 16:22:36

I don't think there should you know. How do we limit queries for patient access, for individual access as well?

[Deven McGraw] 16:22:40

You know, I think we sometimes envision individual access as being patient.

[Deven McGraw] 16:22:43

Remembers and knows exactly where they've been, and goes and requests their data. But it's been our experience that a lot of times the patients don't remember all the places where they've

been seen, and yet what they want is a comprehensive record of their care so we need some allowance

[Deven McGraw] 16:22:58

for away in a circumstance where broadcast queries can be supported for individual access, to take advantage of that as well.

[CalHHS CDII] 16:23:07

Thank you, Devin. I just wanna bring people's attention to that's comment in the chat also, and that aligns with a large number of the comments that we received in public comment concerning adding limitations.

[CalHHS CDII] 16:23:24

So this is something that I.

[CalHHS CDII] 16:23:29

Okay.

[CalHHS CDII] 16:23:33

I wasn't. If you have questions about yeah, sure, I didn't.

[CalHHS CDII] 16:23:39

No, please go ahead. So just on person matching, I mean, I think the the big issue is not knowing what the clients are. Specifically individuals in California have the phone system on a those are doing.

[CalHHS CDII] 16:24:08

You know, some people, you know, having some level of.

[CalHHS CDII] 16:24:21

Whatever it is, at least we would know what it is. Where are you?

[CalHHS CDII] 16:24:23

What it is. It's required in order to determine that would be extremely helpful.

[CalHHS CDII] 16:24:30

Being efficient in knowing, what we might be able to do.

[CalHHS CDII] 16:24:34

Okay, the only provision that I have thanks for that comment.

[CalHHS CDII] 16:24:38

The person matching section of the Pmp. Call out attributes that could be.

[CalHHS CDII] 16:24:44

It doesn't call out guys on those, it necessarily must be used.

[CalHHS CDII] 16:24:52

So that's that's a.

[CalHHS CDII] 16:25:00

Sorry. Pat. Yes.

[] 16:25:02

Yeah, RAM, we can take it offline. But, as you know the National Health Exchange supports unique broadcasting for Federal partners through the Va.

[] 16:25:13

Dod joint. Hie! It is not for the faint of heart. It requires an enormous technical infrastructure to support, probably not something that would scale across our state, and there are some real challenges so we I'm happy to talk more offline about broadcast query.

[] 16:25:32

But there's a lot of experience through the Health Exchange. If you want to learn more.

[CalHHS CDII] 16:25:35

Thank you, Matt. Let's go on to the next slide, please.

[CalHHS CDII] 16:25:40

And next we'll talk about.

[CalHHS CDII] 16:25:46

The information, the way information deliveries. Okay? One of the there were a number of comments about confusion on and requesting clarification on what would trigger a push of information and a large number of requests to limit those triggers to decrease the chances of

[CalHHS CDII] 16:26:11

so first of all, I wanna say that with this Pmp.

[CalHHS CDII] 16:26:15

Calls out on the required triggers. It does not mean that you can't push information beyond these triggers but the trigger that is called out, and is trying to clarify is that if a healthcare provider places in order with another system for another provider and an order might

[CalHHS CDII] 16:26:37

be a referral of a patient to a specialist might be a referral of a patient to an imaging center.

[CalHHS CDII] 16:26:48

But the push of information resulting from that server does need to be electronic and needs to be supported by the organization to provide that service.

[CalHHS CDII] 16:27:01

So an example of that with, for instance, be radiology center, that assigned the Dsa must be able to deliver radiology reports and electronically, really push and that's what this this section of the Pnp would require.

[CalHHS CDII] 16:27:16

One of the things in particular that we see a large number of comments about whether the receipt of that information needed to be mandatory as well.

[CalHHS CDII] 16:27:30

That all participants must be able to receive and information delivery, and there was a large number of comments asking that it be optional and not required.

[CalHHS CDII] 16:27:43

Again signing information overload, and so at least, we're suggesting that we return to earlier language.

[CalHHS CDII] 16:27:54

Yeah, that it is mandatory for certain organizations to be able to push information.

[CalHHS CDII] 16:28:01

But it is optional for organizations to be able to receive.

[CalHHS CDII] 16:28:07

I'm gonna pause for a second, but we've had a couple multiple people comment about audio.

[CalHHS CDII] 16:28:14

So let's try to speak loud. I think we're speaking to the owl. Is that correct?

[CalHHS CDII] 16:28:24

So, though I contact is good, but kind of talk that way, or like a big mouth like me, that will help the folks on the other side, and the people who are letting us know and continue to hold us accountable for Stephen.

[CalHHS CDII] 16:28:45

I see you feel like we need to discuss this motion that we must be able to put, but you are required to see.

[CalHHS CDII] 16:28:56

The problem with when you're pushing information it's based on an assumption that person to have your question here and get it.

[CalHHS CDII] 16:29:04

I mean, this has been a problem with direct messaging. If I can send a direct message, anyone with an address, but I have no idea whether it's anybody paying.

[CalHHS CDII] 16:29:15

So the communication process only works for the vendor and the receiver.

[CalHHS CDII] 16:29:22

So if we're allowing we will, so you would have paid strongly for making receipt.

[CalHHS CDII] 16:29:31

Bye, I'm not ready to say that, but I think we have to solve this problem.

[CalHHS CDII] 16:29:36

Okay, Jason, I saw your hand go up for a minute.

[CalHHS CDII] 16:29:42

Yes, Hi! It's Troy, the current state with the eightyt messages are, if you receive, and then several of us then impose a built for on them.

[CalHHS CDII] 16:29:58

After we've received, and that is because for a single admission to a outside hospital, I won't mention no name, but every single nurses know, and technicians know what's coming in as a separate agent, and that kind of format of getting all the information all the time when it

[CalHHS CDII] 16:30:18

didn't ever fit together. Was that helpful?

[CalHHS CDII] 16:30:21

So we were able to filter it automatically. So I think you can kinda have both.

[CalHHS CDII] 16:30:27

You couldn't have. Then you can have and receive. I don't know that all fifth of are able to then filter it from there.

[CalHHS CDII] 16:30:38

I think that's a good comment, and although your comments were about 89%, and then that can be well addressed in some type such as direct messaging in some technology such as direct messaging, very general and and automatic filtering may be difficult, this this is a hard

[CalHHS CDII] 16:31:06

area. Yes, John, so for a participant exam in that goes into or does not have a direct interface the intermediary need an Hio.

[CalHHS CDII] 16:31:23

The service agency for them, of which they.

[CalHHS CDII] 16:31:31

Then they are implementing through the Hio and their meeting that an obligation, if it becomes mandatory and just to be clear, yeah, an organization does use a network and another technology that is capable of outside of their ehr that's still meeting the office.

[CalHHS CDII] 16:31:52

Okay. And Mark. And I'm sorry. It's really hard for me to see hands up here.

[CalHHS CDII] 16:31:56

So I missed something. Please, aller, okay, so let's go to this point. Being on trailer.

[CalHHS CDII] 16:32:04

That's okay. Okay, that's wonder what applies in the situation of information delivery when there's not an order, not a hey?

[CalHHS CDII] 16:32:21

At least, if they stand in the Pmp.

[CalHHS CDII] 16:32:22

Right now. Those are not prohibited pushes, but they are not required pushes they don't have. They don't have to follow as it stands now, anything that is a push.

[CalHHS CDII] 16:32:41

It is not required, and hit. Mail. I guess there are.

[CalHHS CDII] 16:32:49

2 questions are, should voluntary pushes, you'll be required all the same standards we do. We want to leave that wide open to other standards, you're not required to only use standard sort of present here. This is the form that must be supported.

[CalHHS CDII] 16:33:09

But other standards are maybe may be possible as well with your question, and there's others around the room.

[CalHHS CDII] 16:33:19

That well, no details, everybody following the same standard. And that's certainly true, and you know it's one of my PET peeves since anytime you say the Wordinstein, because everybody knows.

[CalHHS CDII] 16:33:38

And so now that that is benefit potential problem.

[CalHHS CDII] 16:33:42

So thank you for that.

[CalHHS CDII] 16:33:46

Yeah, so I just wanna clarify. I think hit on Stephen's comment.

[CalHHS CDII] 16:33:53

Here, you're only gonna go to this. If you're unsatisfied with the query approach, not getting enough information.

[CalHHS CDII] 16:34:06

There's a reason for me to engage with another. Let's push information instead.

[CalHHS CDII] 16:34:07

But the only person obligated to do that is the organization generating the name. That's correct.

[CalHHS CDII] 16:34:17

So if you go to organization and say my method to just push data, you can say no thanks I I don't wanna do that.

[CalHHS CDII] 16:34:22

And I haven't seen that I'm gonna use the query approach is that accurate?

[CalHHS CDII] 16:34:25

That is the what we're suggesting here would be that would be a way for such an organization to get the information, because they decided to query for it instead, every organization that signs to the Faa must okay got it.

[CalHHS CDII] 16:34:44

Thank you.

[CalHHS CDII] 16:34:51

It's gonna opt out of brisine. Exactly based on a commitment to query when they needed so they're still able to get an invitation.

[CalHHS CDII] 16:35:07

I, as a member, for example, in reality to communicate the all this, for example, in reality to communicate to the alright.

[CalHHS CDII] 16:35:23

This is a very useful conversation, because I think optional receive might still be a reasonable window. Thanks, Jason, I appreciate that.

[CalHHS CDII] 16:35:34

Let's go on to the next I'll call her off from I remember, I believe, are all purchased and suspected.

[CalHHS CDII] 16:35:41

Hi! It standards, or what are called out, and both bury response and input transaction.

[CalHHS CDII] 16:35:51

Right now that aligns with that aligns with for capcode aligned with what the nationwide networks are doing today so that is one of their.

[CalHHS CDII] 16:36:04

And it actually the comments on the next slide which we had included in the most recent version.

[CalHHS CDII] 16:36:12

Our requirement, or an option to support direct messaging, and there were a large number of to remove it from the Pnp.

[CalHHS CDII] 16:36:22

Although most Ehrs is supported in the airport, could be allowed transaction, but would not be required. We can go on to the next slide, please.

[CalHHS CDII] 16:36:32

I think it illustrates that. So we're at least suggesting that we return the firewall language.

[CalHHS CDII] 16:36:41

But we focus on one standard. The it standards for push transactions which again aligns with virtually and the Health exchange.

[CalHHS CDII] 16:36:55

But allow and not required direct messaging, although it does not prohibit direct messaging being used by organizations to choose.

[CalHHS CDII] 16:37:07

The final comment, here is over. A lot of comments, and said, Well, I haven't seen working point to point connections if you're off the phone with supporting mandatory standards, it just means that you're allowed to use other standards.

[CalHHS CDII] 16:37:56
Probably most often the.

[CalHHS CDII] 16:38:05
Why don't we go on to the next one? I know that we're we've been running a little bit behind, and requested notifications, was a very topic, and I'm not surprised that all I think 20% of the comments was on a 6 and this P about whether

[CalHHS CDII] 16:38:28
organizations should be required to send, etc. Etc.

[CalHHS CDII] 16:38:33
Messages, to the Qaeda. There were a lot of comments on both sides of this, both in favor of retaining that requirement and suggesting that that requirement should not should not be mandatory in particular a number of identified that requirement might be in conflict with

[CalHHS CDII] 16:39:00
81, 30 freeze language allowing participants to use any health information, exchange network, health information, organization or technology.

[CalHHS CDII] 16:39:10
And I'm sure that some of the people in this room will recognize their own language in those so what we're suggesting isn't we may need to fall back to it.

[CalHHS CDII] 16:39:24
Being an an option to use a Q rather than a requirement, in order to keep a line with the language in 81, 33.

[CalHHS CDII] 16:39:33
My my question for people in June is, should be strongly encouraged.

[CalHHS CDII] 16:39:47
Is there any key to a strong encouragement? Perhaps not.

[CalHHS CDII] 16:39:49
Or is there strong opposition from stepping back from this fee?

[CalHHS CDII] 16:39:55
A requirement to an option to use an intermediary session I haven't been watching these.

[CalHHS CDII] 16:40:08

Bye, so we strongly support requirement for hospitals and not suggestion.

[CalHHS CDII] 16:40:17

We might need a microphone.

[CalHHS CDII] 16:40:25

Thank you. So we normally support a requirement for hospitals and not a suggestion.

[CalHHS CDII] 16:40:30

There's currently a number in on providers in California to manage the health of our address population with inconceivable information.

[CalHHS CDII] 16:40:38

This bird in arms, all Californians, and is not aligned with the guiding principles of the data.

[CalHHS CDII] 16:40:44

Change framework, or the goals of Calvin. The Et message issue with highlights, an area in the environment where critical information of the obstacles that prevent that information getting to the right part in the right time have not yet been this policy address those obstacles directly by requiring ads to

[CalHHS CDII] 16:41:08

be sent to keep, and then requiring the key items to take on the responsibility and share and deliver to the appropriate provider.

[CalHHS CDII] 16:41:17

Without this being a requirement, we are left with status quo, with the now additional burden on providers to comply with the excess policies for less effective methods.

[CalHHS CDII] 16:41:30

Yeah, thank you, Bryn. And I think it's really nice to tell to Aaron's comments.

[CalHHS CDII] 16:41:41

There. I wanted to actually, maybe address some of the rationale that is on the slide here about walking back the requirement.

[CalHHS CDII] 16:41:53

This notion somehow be in conflict with the technology agnostic.

[CalHHS CDII] 16:42:03

I think, and balance the issue.

[CalHHS CDII] 16:42:08

Having hospitals. Then what is really a very fundamental break?

[CalHHS CDII] 16:42:22

Is not the same as requiring them to use the technology, for you know their obligations and their own.

[CalHHS CDII] 16:42:31

I would think of 2 piles, not as a technology, but as individual, is on the behalf of those practices, the providers, the burden a network of beacons or antenna that need to be there as kind of emergency infrastructure to detect these signals when they come

[CalHHS CDII] 16:43:00

through, if you catch them, to probably match them it's over that, you know, so that they go to where they need to go. They don't end up, or they shouldn't be, cannot.

[CalHHS CDII] 16:43:16

Take it upon themselves to ask you or any different actions can be assured of getting the alerts.

[CalHHS CDII] 16:43:26

One day, so that, I think it's a real Us.

[CalHHS CDII] 16:43:39

Concerning principle that you know, I think, needs to be discussed more, and I suppose by saying, I know that this Thursday, AI holding a webinar, supports.

[CalHHS CDII] 16:43:58

Talk about this decision? Because that's really been about the full being a collected action problem.

[CalHHS CDII] 16:44:08

So, you know, building and cooperating the common infrastructure. And I think that's what the spirit of the.

[CalHHS CDII] 16:44:19

Thank you for this.

[] 16:44:24

Yeah. Hi, Lema, equipment with the local health plan.

[] 16:44:28

I think, similar to the comments that haven't already been, have concerns with kind of walking back.

[] 16:44:37

The language that was in the draft B and P.

[] 16:44:40

Here it just think, you know, practically speaking, there's it's gonna be very inefficient.

[] 16:44:44

And I think the first comments are status quo.

[] 16:44:49

To make point, point connections and kind of create individual connections or interfaces with each hospital in order to, and so having language.

[] 16:44:58

That's optional, or only encouraged. It doesn't get us to where we want to go with the data exchange framework and kind of systematic between signatories.

[] 16:45:12

And then, since I always bring Kellen into this, I can't help but do so again.

[] 16:45:19

Here, I think Adp data is a part. So many conversations with Dhcs as the part of including T. And there's a number of kind of specific examples that we could point to that require Adt information in order to execute the vision of telling.

[] 16:45:38

So I think kind of going back or reverting to the prior language that required sharing the information with a Qa.

[] 16:45:46

File.

[CalHHS CDII] 16:45:46

Thank you.

[CalHHS CDII] 16:45:51

So I agree with this has been, hey? Very comments they cannot hear.

[CalHHS CDII] 16:46:01

So!

[CalHHS CDII] 16:46:06

I'm sorry. I thought I did have a so I on topic, and, as you might imagine, both sides pretty consistently this week, so I wanted to take a step and sort of divide the question 80 T fees are absolutely essential to data exchange we all know that right? We've learned some very hard

[CalHHS CDII] 16:46:31

lessons with a Gt. Over the last 3 years. The question really isn't about what it is. It's about whether it's going to go through.

[CalHHS CDII] 16:46:43

So I guess the question that I wanna ask, I'm hoping someone around the table could answer.

[CalHHS CDII] 16:46:50

Perhaps my my right is, is not that we requirement? Then what right?

[CalHHS CDII] 16:46:54

Because my understanding is that in the marketplace the day most possible, pushing an AD TV, but very few small practices are, if any, are on here and you know their instance of that.

[CalHHS CDII] 16:47:13

For example. So I guess that what would be the I guess the question that I want to ask, what would be the alternative to a requirement that would be and I think that's a good question, David.

[CalHHS CDII] 16:47:27

What's the what the PP. Allowed before was that hospital?

[CalHHS CDII] 16:47:35

Mind may choose to send notifications themselves, but do it through a qhio.

[CalHHS CDII] 16:47:43

What we're proposing here is that he choose one of the other which puts burnt on the recipient.

[CalHHS CDII] 16:47:50

We're finding out how to receive from any hospital, but I am likewise interested in people's thoughts about the best way.

[CalHHS CDII] 16:48:03

So really just to clarify in the proposed change if a half, of those select be likes not to use a send, no implications directly to any anyatory support network that has a relationship which they already have to understand us little bit that is correct and what this does is it gets a single

[CalHHS CDII] 16:48:29

path for those who want to receive them, rather than having the contact every hospital and subscribe to, so that you know that was part of the discussion with we had at the last time.

[CalHHS CDII] 16:48:42
You see meeting about the.

[CalHHS CDII] 16:48:48
And I guess I guess that sort of my point.

[CalHHS CDII] 16:48:51
This sticking with the example of what we've seen over the last 30 years.

[CalHHS CDII] 16:48:56
That many instances where they have a patient shop in their office, with a 103 in the and in many cases hospital, where they may not have had an existing relationship.

[CalHHS CDII] 16:49:16
But it's a goal wherever it's tested. Right?

[CalHHS CDII] 16:49:19
And then I understand. But in those cases we saw a lot of our access position send that page to the hospital and then didn't find out what happened.

[CalHHS CDII] 16:49:28
Never heard back. And so I mean, you know, I'm still sort of stuck on.

[CalHHS CDII] 16:49:32
This is okay. If we're not we, the those cases, I'm gonna say, by all means, I, anyone can answer this question.

[CalHHS CDII] 16:49:44
Please do in that circumstance what is how are they supposed to know where to go and find out what happens to their patient?

[CalHHS CDII] 16:49:59
I think you were next in my head.

[Ali Modaressi] 16:50:01
Thank you. I just wanna echo the comments made in favor of requirements.

[Ali Modaressi] 16:50:10

And you know adds that thing. It was mentioned that you know they don't have any values on this is delivered to the healthcare organizations that the patient have a relationship so like health plans with the primary care providers behavior of clinic or

[Ali Modaressi] 16:50:28

other care, providers and your Qha. Have killed the only intermediaries that can facilitate they deliver your paid email vacation for these organizations that are quite patient care and so they can do the intervention with the purpose of from the care providers to follow up with

[Ali Modaressi] 16:50:53

the patients, and kind of closing care, coordination, gap, awesome.

[Ali Modaressi] 16:50:56

This initial language was aligned with Cms. Interrupt her ability to rule that requires hospital to notify the patient, establish primary care.

[Ali Modaressi] 16:51:08

Practice. So. And this is obviously the conditional participation in Cms also, this reversal of the language is gonna impact.

[Ali Modaressi] 16:51:20

The program and the 13 million medical benefit in in that program.

[Ali Modaressi] 16:51:26

This is a special important for the yeah. The providers or the AcM providers are tracking the enrolled and help high riskrisk utilizers.

[Ali Modaressi] 16:51:39

So so there's a whole impact of reversing this language to the provider.

[Ali Modaressi] 16:51:47

And I think, stop here, thank you.

[CalHHS CDII] 16:51:49

Thanks. How are you? Andre? Okay.

[CalHHS CDII] 16:51:56

Hi, thank you, Andrew Kevin. Appreciate the opportunity to chat on this.

[CalHHS CDII] 16:52:03

I would align our comments with certainly a number of other individuals, including my colleagues at mathematics, and Aaron comments as well. For us. It's an interesting dynamic as a health plan, if you look at the qualified

[CalHHS CDII] 16:52:20

Health Plan requirements in their contract requirements. Specifically, we have to track adt notifications from Gospels, and we have to actually have this information. It is this reversal is certainly makes the status quo more difficult for us.

[CalHHS CDII] 16:52:55

We're talking about how most of the information we received today comes in manual form.

[CalHHS CDII] 16:52:59

So it's fax. It's phone calls and that's other sort of spreadsheets.

[CalHHS CDII] 16:53:03

And we spend millions of dollars translating and calculating those things.

[CalHHS CDII] 16:53:07

We only have a very few direct feeds across our hospital system.

[CalHHS CDII] 16:53:11

So this complicates that process, for it makes it harder.

[CalHHS CDII] 16:53:19

We think the obligation should be on the opposite party to affirmatively connect, share this information with a qualified health information organization.

[CalHHS CDII] 16:53:27

I think it's sort of a safety net.

[CalHHS CDII] 16:53:29

There are other proposals that I've seen, other comments that maybe there's some entity that serves intellect. This I think my colleagues at Kaiser mentioned something against that either way.

[CalHHS CDII] 16:53:45

There's a solution out there. I think that that doesn't encumber or excuse me, doesn't undermine our obligations under all the various programs that you've worked, the other clearly changed to eliminate the work from the definition of aet that word specifically matters to

[CalHHS CDII] 16:54:03

us for our authorizations, and all of those other things. We need to know what's going on.

[CalHHS CDII] 16:54:06

I was curious as for why, that is now being pulled out of vernacular, that it's interesting as we sit here and on this isolated conversation, when there's a whole host of other conversations about telling this. But we have to automate and try that and believe the burden of the prior

[CalHHS CDII] 16:54:30

authorizations etc. And then we have proposal here that includes us getting information that reinforces that cumbersome manual inefficient process that occurs today.

[CalHHS CDII] 16:54:41

So with that I'll see.

[CalHHS CDII] 16:54:50

Yeah, thank you. As you said, you've had a multitude of comments on both sides of this question, and you know it's clear that the people who made it into this room today represent one side of that.

[CalHHS CDII] 16:55:09

The discussion you're who are supporting those groups.

[CalHHS CDII] 16:55:13

I think, as was said by David, you know 80 is can really be good, you know, they can really help certain workflows, you know, as a provider they're rarely, you know, providers are overwhelmed by the data that they're receiving today.

[CalHHS CDII] 16:55:34

He's already required, you know. They're already required by Cms.

[CalHHS CDII] 16:55:38

And, as you say, adding this requirement in the face of the legislation, and the legislation was very clear, and some of us in this room you know, worked hard to make sure the legislation.

[CalHHS CDII] 16:55:54

Didn't you know, pick a preferred technology to solve the solution?

[CalHHS CDII] 16:55:58

And now going back yet again, I changed that after the fact that is challenging one real nice thing about the current requirements for ats, is it?

[CalHHS CDII] 16:56:11

Puts the patient in a degree of control which this would take away.

[CalHHS CDII] 16:56:14

The patients have the right to say, do, or don't send a to these members of my community work with these these entities and a requirement to send the queues.

[CalHHS CDII] 16:56:26

It really takes that privacy right away from the patient. There's no question.

[CalHHS CDII] 16:56:31

Providers hospitals that already have send these to now have to send them to get another place is a financial provider burden, and I think we are trying to avoid provider burdens.

[CalHHS CDII] 16:56:40

And the other thing about this is we still don't know what it's going to take to be, or who's going to be a so it's a we have a rule that says you have to send these messages to some place, but you don't know where that's gonna be

[CalHHS CDII] 16:56:54

you know. Is there going to be one in the North, one South? We have no idea.

[CalHHS CDII] 16:57:04

So it seems premature to require providers to do this when they don't know what you're trying to do.

[CalHHS CDII] 16:57:08

Muted Bill.

[William (Bill) Barcellona] 16:57:13

Thanks, I've had a lot of conversations with doctors in the Apg.

[CalHHS CDII] 16:57:14

Thanks, Bill. We are gonna move on the just real quickly.

[William (Bill) Barcellona] 16:57:19

Organizations. About this point. I am very concerned about us walking this language back.

[William (Bill) Barcellona] 16:57:25

You know, it's fine teachers who are inated delivery models.

[William (Bill) Barcellona] 16:57:30

We're already on epic. We are receiving lots and lots of 80 Ts, and worried about filtering them out.

[William (Bill) Barcellona] 16:57:36

But what I want to talk about today are all the independent physicians who are not in those types.

[William (Bill) Barcellona] 16:57:41

Of envelopes who are not getting their feed directly from the hospital.

[William (Bill) Barcellona] 16:57:48

Those doctors want this language to stay in the Pnp.

[William (Bill) Barcellona] 16:57:55

Because they are required in independent practice to enter into 5 or 6 or other multiple contracts with the hospitals where their patients regularly admitted, and that is a cumbersome and and difficult administrative burden to put on independent practitioners.

[William (Bill) Barcellona] 16:58:16

And so when you talk about workload for doctors, what we're seeing right now is the status quo under the current Federal requirement that they are not getting access to adts and that's why we need this language.

[William (Bill) Barcellona] 16:58:31

We need to stay in, and we need to have that community based.

[William (Bill) Barcellona] 16:58:38

Q. Hio available to those independent practitioners who are outside integrated models so that they can help their patients when they are in the facility or when they are being discharged.

[William (Bill) Barcellona] 16:58:50

Thank you.

[CalHHS CDII] 16:58:56

The the last 2 slides in the section. If you move on to the next slide real quickly.

[CalHHS CDII] 16:59:04

This, again is on requesting note. There are comments asking for clarification that this is not historical request.

[CalHHS CDII] 16:59:13

But a request for Edt is moving forward. There are comments clarifying the process through patient roster.

[CalHHS CDII] 16:59:26

Steven. Thank you for your comments about the process that Cms does.

[CalHHS CDII] 16:59:34

Instead, putting the control of the patient rather than also on focusing on a number of comments focusing on admissions and discharges instead of transfers, thanks, Andrew, for your comments on that that.

[CalHHS CDII] 16:59:51

Provide some clarification on the use case for transfer.

[CalHHS CDII] 16:59:52

Excuse me, and number of comments, asking me to be very explicit.

[CalHHS CDII] 16:59:58

This includes Eds as well as just the Peak pair of hospitals.

[CalHHS CDII] 17:00:05

And so we're suggesting that we clarify, we move on to the last slide in this section on Perth and Matching there were a large number of comments about making gender, and we are proposing that we continue with the current language with the about gender in that context, but our suggesting that it again, a technical require standard requires gender which

[CalHHS CDII] 17:00:39

is that gender can be sent along it. I, under those circumstances, and can be used in person, matching by the but we are going to suggest a gender only recent when it's required by a technical standard again, aligning with the strategy digital identity. That we talked about at length last year.

[CalHHS CDII] 17:01:12

Thanks, John, for your comment on Matching, and we've noticed.

[CalHHS CDII] 17:01:13

May see a future version of that comments about it be confusing to find so many qhi.

[CalHHS CDII] 17:01:21

Over requirements in this Pm. Rather than in the Qh. Program.

[CalHHS CDII] 17:01:27

So we are proposing that we pull most of the que replacement in the Qi program instead.

[CalHHS CDII] 17:01:37

That'll simplify this pmp, and those requirements would be in the Qh.

[CalHHS CDII] 17:01:45

With Andrew. Just real quick. Oh, yeah, on the gender.

[CalHHS CDII] 17:01:52

Yeah, on on the gender collection. So again, we're required to sort of become in California to get asked for this information.

[CalHHS CDII] 17:02:01

Is that what you envisioned as a have to do? It?

[CalHHS CDII] 17:02:05

And therefore you might be it patient. Discovery requires gender, re specify, and requires that it be male, female, or unknown, and requires that terminology.

[CalHHS CDII] 17:02:21

We're not suggesting that you filing technical standards or other requests. Thank you.

[CalHHS CDII] 17:02:26

Alright. With that I think it goes to Courtney what we're driving forward right now is public comment.

[CalHHS CDII] 17:02:37

At 2 15. So I understand I cut off John, and then Lori.

[CalHHS CDII] 17:02:42

On the other discussion. We are driving for the 2 15 public comment. When that is over, I ask everybody not to just get up and take the meetings over, because we'll try to get back to those 2 others because they had better alright.

[CalHHS CDII] 17:02:58

Then, according to me, thanks. Hey, Dan! Oh, we can go to the next slide, and I don't know.

[CalHHS CDII] 17:03:04

Folks can hear me. So for privacy standards and security safeguards, as folks might remember as folks might remember, we opened a small portion of privacy standards and security safeguards or public comment.

[CalHHS CDII] 17:03:30

We've received an overwhelming number of comments substantive feedback on throughout the P.

[CalHHS CDII] 17:03:36

And given that we've taken a look at the different Thomas haven't received throughout the sections that we did not, with the background, and are going to consider all of those and re release an Updated version of the Piv for another public comment to give all folks an equal opportunity to weigh in

[CalHHS CDII] 17:03:58
on the full Pv. Rather than just the one section.

[CalHHS CDII] 17:04:03
Next slide. Keep an eye out. That will be coming out in the next, I would say you.

[CalHHS CDII] 17:04:14
Alright! So next steps for all of the Ps. So thank you all for your valuable feedback today in public comment, and throughout all of our sessions, your input on this is absolutely critical.

[CalHHS CDII] 17:04:28
And we really appreciate your support and patience, and helping us get this.

[CalHHS CDII] 17:04:35
This page summarizes where we are, in each of the public comments.

[CalHHS CDII] 17:04:41
As we talked about. We are looking to finalize information, blocking real time and technical requirements and release the finalized versions.

[CalHHS CDII] 17:04:50
We are looking to re-release privacy, standards and security standards for public comments, and because privacy and security is such an essential part of the Dxf.

[CalHHS CDII] 17:05:03
The Dsa. And being able to exchange for polling early exchange, which becomes finalized and active, publish until that privacy and security safeguards Panthe is refinalize.

[CalHHS CDII] 17:05:21
And any questions on that. Alright, and I think with that I will hand it off to Cindy to give us a very brief update on.

[CalHHS CDII] 17:05:33
Good morning. Go to the next slide. Do you have a mic?

[CalHHS CDII] 17:05:40
No, this one right here. Alright, yeah, just a quick reminder of the guy in Principal's fine the Qh. Program meeting. So I will not spend much time on them.

[CalHHS CDII] 17:05:58
But just, you know, that we are constantly keeping these in the back of our mind.

[CalHHS CDII] 17:06:00

Moving forward to the next slide. We have been working on putting together an application to collect information from the Hio that are interested in being qualified for the data exchange framework, and we will be looking forward to releasing that application and making it available for folks to fill out and

[CalHHS CDII] 17:06:24

submit, and then goal would be again to, you know.

[CalHHS CDII] 17:06:27

Make those now qualified details available to signatories who are looking to be their obligations. And we will be communicating, you know, in the near future the availability of that application and really strongly encourage any organization interested in you know participating next slide.

[CalHHS CDII] 17:06:52

So as you saw in prior meetings, we still are focused on these 4 primary domains of information about the organization and the structure of privacy and security if that is essential when you're, you know, handling health and social services.

[CalHHS CDII] 17:07:09

Information, functional capabilities that relate back to the technical requirements.

[CalHHS CDII] 17:07:13

We're just discussing and then operations you we are discussing, and then operations, you know, the day in, day out, month to month, functions of we are.

[CalHHS CDII] 17:07:22

Reviewing the feedback, aligning with these P. And Ps.

[CalHHS CDII] 17:07:26

And we hope in the next couple of weeks to be publishing this application and also testing it with a couple of organizations that are willing to, you know, gather that information so we could look at our process.

[CalHHS CDII] 17:07:42

The goal and the overall timeline is to be able to release the application.

[CalHHS CDII] 17:07:53

Probably late April, early May, and then to be able to have folks keep the application score.

[CalHHS CDII] 17:08:05

It announced the first round of June.

[CalHHS CDII] 17:08:10

When I say first round it'll be the only round for 2023.

[CalHHS CDII] 17:08:19

Awesome. Take a breath and see if there's any questions.

[CalHHS CDII] 17:08:26

Hopefully. I've made a time to schedule.

[CalHHS CDII] 17:08:33

And now it goes to for participants registering so participants.

[CalHHS CDII] 17:08:40

Registry. Often we brought it to that number that we find here, and it usually is late in the agenda.

[CalHHS CDII] 17:08:49

It doesn't do much error, and we're not going to get it much later today, either.

[CalHHS CDII] 17:08:53

But you will see here a lot of the same slides you saw before.

[CalHHS CDII] 17:08:58

So let's go on to the next slide with their particular questions here that I'd like to raise to the group if we don't have time to talk about them today.

[CalHHS CDII] 17:09:09

Please send thoughts our way. This all comes again from the fact that 81, 33 calls for us to allow organizations to share data using any network help, information, exchange organization or technology that they wish and that leads to still types of information people that are on the same network exchange with each other

[CalHHS CDII] 17:09:32

and may have barriers if if exchanging with organizations that are not on that network.

[CalHHS CDII] 17:09:41

And so one of the things that we talked about for a long time is, there is a need for a directory.

[CalHHS CDII] 17:09:47

How do I ask for information from a particular organization and we have referred to that have a participant registry where you would list.

[CalHHS CDII] 17:09:58

How we query for information. Where are you sending information to me?

[CalHHS CDII] 17:10:02

If I have elected to be able to receive. And so that's what this registry is about.

[CalHHS CDII] 17:10:08

How to the next slide. Please and I'm gonna go through these pretty quickly.

[CalHHS CDII] 17:10:14

But I do want to at least give us a little bit of an opportunity to add, if the purpose of the participant registry is to facilitate exchange then we're suggesting it not be used for other methods, not how you would find out that are provider is accepting new patients or where they practice

[CalHHS CDII] 17:10:38

medicine, or how to make an appointment with them merely how we exchange information with that I wanna make sure that people believe that that is an appropriate purpose for what we're talking about today, that this does not need all of the necessary requirements for instance, of a provider directory i'm suggesting

[CalHHS CDII] 17:11:00

that this is not a provider directory. This is a registry for purchase of the number, so I pause there for a second and see if there are questions.

[CalHHS CDII] 17:11:11

Or concerns about that organization.

[CalHHS CDII] 17:11:16

If not, let's go on to the next slide. So what?

[CalHHS CDII] 17:11:24

What that purpose suggests is that there are pieces of information that we need.

[CalHHS CDII] 17:11:28

Some of them that are going to be difficult because they require new workflows within organizations that are participating and so we're suggesting there be a phased approach to this.

[CalHHS CDII] 17:11:39

Do we start off with organizations and potentially facilities.

[CalHHS CDII] 17:11:45

So, for instance, if you have signed the then I must know how to exchange with you.

[CalHHS CDII] 17:11:52

But we would put in a future stage the ability to determine how to exchange with a particular position as opposed to an organization that would be a goal for the future.

[CalHHS CDII] 17:12:07

But, as many people know, we need rosters of positions up to date is a big deal and keep them up to date in the registry will likewise be a good deal, and therefore we want to run way.

[CalHHS CDII] 17:12:22

We provide that capability. So pause. There is that phasing seem to be appropriate. When we start with organizations and facilities and move on to individuals's future, then.

[CalHHS CDII] 17:12:38

I love this. We warn you all out. And there were everybody agreed with everything. I didn't see any handle over here, Jason.

[CalHHS CDII] 17:12:49

Yeah, it seems like I'm not really sure the value of making note commitment to extend this to individual providers.

[CalHHS CDII] 17:12:58

Is a value, so we need to discuss it here. But I would just ask you to maybe reconsider is not necessarily defined at this point.

[CalHHS CDII] 17:13:05

None of the national directories with exchange, or if we have that, I'm not sure that that thanks.

[CalHHS CDII] 17:13:18

And so we'll make note of that. And before we take that step, maybe we ask that question again and see where we stand.

[CalHHS CDII] 17:13:27

But your point is well taken that the National Network.

[CalHHS CDII] 17:13:29

The supporting directories. Today don't do individuals that do organizations with facility.

[CalHHS CDII] 17:13:36

Stephen put it into the chat, but a good point.

[CalHHS CDII] 17:13:40

The point being that we really don't have a way to make sure that we know.

[CalHHS CDII] 17:13:47

What organization, and individual ability, and with reports that evaluation there may be multiple affiliation that may change over time.

[CalHHS CDII] 17:13:57

And if that makes it thank you, Steven, and thank you, Devin, for watching the chat let's go on to the next slide, please.

[CalHHS CDII] 17:14:05

And so all of that leads to certain information that we need to collect such as the needs of organizations.

[CalHHS CDII] 17:14:12

Perhaps identifiers about those organizations, such as their Npis, we can determine how we best identify individual organizations.

[CalHHS CDII] 17:14:22

Clearly the Dsa status that there is probably little use, including somebody in the registry if they are assigned to Dsa.

[CalHHS CDII] 17:14:30

Aren't found by it. Potentially, locations, the names and addresses and managing organizations for individual hospitals, individual clinics, etc. So that if you did want to do things based on geography as we discussed before that capability is there and then clearly ways to specify the connection and

[CalHHS CDII] 17:14:51

that can be complicated. And so I'll just warn you in advance.

[CalHHS CDII] 17:14:59

I'm gonna be reaching out to some people about how we how do we identify the best way to communicate you contact this hospital through care quality, you contact this hospital through.

[CalHHS CDII] 17:15:12

Share contact this hospital through some other needs. And so we'll need to kind of work through that, so that it is in the near term.

[CalHHS CDII] 17:15:24

We expect this to be something that the community will focus, maintain.

[CalHHS CDII] 17:15:28

Did you aren't gonna be sending ring conference emails and say, please put my name in the register but the organizations are likely going to be responsible for keeping their own information up today.

[CalHHS CDII] 17:15:41

Obviously, it's critical that the information be blank and up to date, because it's going to be the target of health information and social services that is exchanging.

[CalHHS CDII] 17:15:52

So I we're all gonna be looking for input and how to best manage that.

[CalHHS CDII] 17:15:59

How do we identify the right technical people, how it may be authorized to update information?

[CalHHS CDII] 17:16:09

So there's a lot of work flow around this. It will need to work out, and it will probably eventually be supported by a policy and procedure that requires organizations to update their information so that other organizations that's just a little bit of a glimpse of what you

[CalHHS CDII] 17:16:28

should expect. Let me pause there for a second. See if there are any final.

[CalHHS CDII] 17:16:35

David, yeah, could you see this? Registrar at some point being connected to, for example, symphony?

[CalHHS CDII] 17:16:44

Because I could see where it would be relevant that one insurance.

[CalHHS CDII] 17:16:50

But the specialist position. Hey? Are they accepting? I think that that is part of the conversation you need to have

[CalHHS CDII] 17:17:24

Well, yeah, I think like. And there are, I believe there are, I believe that I think, direct email addresses. So like, there's other data versus, we would.

[CalHHS CDII] 17:17:37

Thanks, Steve. Any other comments or questions one in the chat which we see.

[CalHHS CDII] 17:17:46

Thank you. We do record and keep and reference the chat in queue, and if you've entered any, we might not have seen it in this last 2 plus hours would be zoom, added.

[CalHHS CDII] 17:18:02

If there's anything else, Diane, I think it's I'm ready, and I'm on a demo webinar.

[Alice H - Events] 17:18:17

At this time we currently have one hand raised, and I will also remind others that they can raise their hand physically if they're on site that they can raise their hand through zoom.

[Alice H - Events] 17:18:30

If they're logged in via Zoom, and if they have dialed in phone only, they can press Star 9.

[Alice H - Events] 17:18:36

So at this time, Mohit, you should see an option to unmute.

[Mohit Ghose] 17:18:43

Thank you very much. And hello to the committee there.

[Mohit Ghose] 17:18:46

Thank you for hosting, John, always very informative. This is mowing coach with anthem, and I just wanted to raise a couple of points.

[Mohit Ghose] 17:18:55

One is to just back up the whole Qhio discussion with the required submission.

[Mohit Ghose] 17:19:06

Companies like us who are working statewide in Canada, and other efforts that if hospitals and Qhios can be connected, and if Qhios can be connected, and if Qhios can be connected to downstream, providers with a single easier connection rather than having to have one-off connections with multiple

[Mohit Ghose] 17:19:35

hosp situation as Bill Barcelona has pointed out, as well.

[Mohit Ghose] 17:19:38

So I wanted to just raise that really quick as a comment.

[Mohit Ghose] 17:19:41

The other piece that I am very interested in, because we're getting questions as our teams try to operationalize the data flows here.

[Mohit Ghose] 17:19:51

Very important to understand what real time means, and I can't.

[Mohit Ghose] 17:19:56

I can't emphasize that enough. Because, you know, is it a adt real-time submission that qualifies or what if it's a point to service from real time? Or what does that you know? Does it have to flow on a push basis or does it have to be queried for and it's? Available?

[Mohit Ghose] 17:20:12

When it's queried for so those types of issues as we work through, I think, given that we are already technically an implementation, even as we try to build out the rest of these policies and procedures, I hope, the committee recognizes that companies like ours have to build entire

[Mohit Ghose] 17:20:32

systems. And for the level of interactions that we have across the State of California.

[Mohit Ghose] 17:20:39

So we're hopeful that some of these definitions come cleanly, quickly, so that we can take it back to our operations teams as well, so wanted to make those 2 comments.

[Mohit Ghose] 17:20:49

There's several more thoughts and questions emanating from the P Andps that are currently being implemented, as well as the the drafts that we will come back to the committee and to the staff on separately.

[Mohit Ghose] 17:21:04

But I appreciate.

[CalHHS CDII] 17:21:05

Thank you.

[CalHHS CDII] 17:21:08

Any hands for physical raising in the room.

[CalHHS CDII] 17:21:17

And then presently we do not see any hands raised on the the zoom.

[Alice H - Events] 17:21:24

There are currently 4 hands raised.

[CalHHS CDII] 17:21:28

Okay, great on onto you, and we have no one in the room has their hand raised.

[Alice H - Events] 17:21:33

Fantastic Robbie, you should now have a request to unmute.

[Robby Franceschini] 17:21:38

Thank you. This is Robby Franceschini.

[Robby Franceschini] 17:21:41

Just calling on behalf of the connecting for better health coalition, just to regards to the AD.

[Robby Franceschini] 17:21:47

T. Event, notification. Item, where we've had a lot of discussions around this issue at our meetings, and in addition to the idea of requiring submission of Edts to a Qhio, other ideas have been floated to around potentially creating an Adt, Hub similar to what other States have

[Robby Franceschini] 17:22:09

done or an adaptation of what is pursuing with so I would just love to emphasize the need to continue to see on this topic, and really help solve this problem for providers in particular, those participating in and community supports where I think

[Robby Franceschini] 17:22:32

we've heard the need, for, you know, increased proactive Edt data sharing.

[Robby Franceschini] 17:22:38

So thank you for your consideration of our comments, and looking forward to providing.

[Alice H - Events] 17:22:43

Thank you for your comment, l jams. You should not have a request to unmute.

[L. Johns] 17:22:50

Yes, thank you. This is Lucy John. Once I want to call attention to a question I raised early in the meeting.

[L. Johns] 17:23:01

I don't hear a lot of consumer patient input in this conversation.

[L. Johns] 17:23:08

So I want to call attention to my question, what if a patient who is conscious does not want weary for information about her broadcast?

[L. Johns] 17:23:21

All over the place. Only 2 providers. She specifies.

[L. Johns] 17:23:28

Is that going to be allowed for? And I really, I'm not interested in an answer which says, Qh, I will deal with nobody knows yet.

[L. Johns] 17:23:44

Hey! Based on the information I've heard from this meeting what a qhio is going to look like, or be, or be able to do.

[L. Johns] 17:23:53

These are new entities, and whoever they turn out to be, who knows?

[L. Johns] 17:23:59

Whether they will be able to handle narrowing where is not?

[L. Johns] 17:24:07

To mention Avts to what the patient wants to happen. So how are we going to deal with?

[L. Johns] 17:24:15

How are you going to deal with enabling patients to dictate what they want to happen with their own?

[L. Johns] 17:24:26

Phi. Thank you.

[Alice H - Events] 17:24:30

Thank you for your comment, Jeanette. You should now have a request to update.

[Jannette Ruz] 17:24:38

Hi! Good afternoon. My name is Jeanette. I am from Central Neighborhood Health Foundation, representing 8 clinics throughout the lane and then Empire.

[Jannette Ruz] 17:24:48

I'm coming from the other side here, and stating that adts are essential and crucial to our foundation, and our company members of the Inland Empire Provider Community have a greatly benefited from being able to receive property matched 80 S for our patient Panels.

[Jannette Ruz] 17:25:05

Our patients experience much better follow-up care and overall health improvements.

[Jannette Ruz] 17:25:11

As a result this was made possible through all of our community hospitals, regularity, contribution to Edt.

[Jannette Ruz] 17:25:18

And to the local H, i. H, I. O. Otherwise we would have been able left.

[Jannette Ruz] 17:25:25

We would have been left to try to locate and manage these adts on our own, which is virtually impossible.

[Jannette Ruz] 17:25:32

With such a large foundation, with over 2,000 patients, that we have to manage, we support this day, making this a requirement in the date of sharing agreement.

[Jannette Ruz] 17:25:43

So the qh ios across the State can help their participants reduce burden while improving patient care, and the matter that we've been able to do, in the Emland Empire, and also La County.

[Jannette Ruz] 17:25:55

Thank you.

[Alice H - Events] 17:25:59

Thank you for your comment, Gavin. You should not be able to unmute.

[Gavin White] 17:26:04

Thank you so much, and thank you to the other speakers.

[Gavin White] 17:26:08

I'm representing validate in California.

[Gavin White] 17:26:14

I'm the market president validate in California. We work with about 1,700, over 1,700 primary care physicians over a 180 practices, and about a quarter of a 1 million patients.

[Gavin White] 17:26:25

We currently contract with about 5 different organizations right now for our adt notifications from various California hospitals, and despite contracting with 5 different organizations today, all of whom are wonderful, we're still missing about a third of the notifications, that we need to help.

[Gavin White] 17:26:46

Manage the patients when they are transferred back to the home, or a sniff or other location.

[Gavin White] 17:26:56

Now, what does that represent? Well, a lot of readmissions and millions of dollars lost in revenue for practices and for those 1,700 doctors in lost potential saving to the overall accountable care organizations that we work for so you know what it's also robbing is

[Gavin White] 17:27:19

the patient's ability to have a seamless transfer to another location and to be cared for appropriately.

[Gavin White] 17:27:27

I think that, reversing this requirement would be, you know, quite a mistake.

[Gavin White] 17:27:32

I don't think it's a solution to trust 400 hosts to figure out with Aladdin one on one, how to send ads to about 10,000 ambulatory providers, and you know what we're trying to avoid is letting a 1,000 flowers with up and eventually

[Gavin White] 17:27:54

see this tragedy of the Commons payout, where only the you know the the most greedy, the most egregious, the most.

[Gavin White] 17:28:02

You know the ones who take or withhold the most are the winners.

[Gavin White] 17:28:06

Thank you so much for your opportunity to comment.

[Alice H - Events] 17:28:11

Thank you for your comment. And, Victoria, you should now have her request to unmute.

[Victoria Worthy] 17:28:17

Hello! Everyone! Victoria! Hurtado! Here from Health plain San Joaquin in California.

[Victoria Worthy] 17:28:27

We support everyone else's comments as well. It's really important that we do have that adt data for the management of our members.

[Victoria Worthy] 17:28:36

And really leveraging the Qhios to do so. Right now, with all of the different programs we're having to coordinate data exchanges with the H.

[Victoria Worthy] 17:28:49

I hospitals directly, and what the additional data sets that we plan on sharing to support team initiatives.

[Victoria Worthy] 17:29:00

We're really going to need some centralized collaboration and standards around.

[Victoria Worthy] 17:29:04

How we get this setup. Otherwise, we're really going to need some centralized collaboration and standards around how we get this setup.

[Victoria Worthy] 17:29:20

Otherwise it's going to be nearly impossible, and a detriment to resources to be able to get that done both on the Provider side hospital side.

[Alice H - Events] 17:29:27

Thank you for your comment. There are numbers, hands raised up this time.

[CalHHS CDII] 17:29:34

Thank you.

[CalHHS CDII] 17:29:38

Yes, I was. Gonna say, you really want me to have a microphone.

[CalHHS CDII] 17:29:43

Hi Laurie Hack! With the California Association of Hip News, and I just wanted to follow all the commenters.

[CalHHS CDII] 17:29:52

It's fantastic. But I wanted to suggest that we do another joint meeting between the IC.

[CalHHS CDII] 17:30:00

And the Pmp. Subcommittee cause, I found it really helpful to talk policy and then follow up rapidly.

[CalHHS CDII] 17:30:08

Technology and procedures. So I would just recommend looking at our schedule that we do this one.

[CalHHS CDII] 17:30:21

John, do you wanna go back to when you had your hand raised?

[CalHHS CDII] 17:30:29

Yeah, I put it in chat, but I will address it.

[CalHHS CDII] 17:30:33

Count counting in the program is, and Hios are working with Ncvs and counties, and the accounting with objectives in the needs to support the counties and reaching their objectives requires us to notify them.

[CalHHS CDII] 17:30:50

Hospitalization, as it relates to certain diagnosis.

[CalHHS CDII] 17:30:53

We cannot do that.

[CalHHS CDII] 17:30:59

We can do it, but it will be too late, and it won't meet the requirement.

[CalHHS CDII] 17:31:06
Of their timeline in order to meet those agenda.

[CalHHS CDII] 17:31:10
So reversing this is going to put a huge barrier in front of us in helping support the county behavioral with those notifications in their domain to proactively or actively healthy patients.

[CalHHS CDII] 17:31:28
Thank you.

[CalHHS CDII] 17:31:34
We have a Henry's. Is this still public comment?

[CalHHS CDII] 17:31:39
Go ahead! Steven. I don't want this to be.

[CalHHS CDII] 17:31:50
Yes, ap notification. I support it. I'm a little concerned about the way we're trying to sort of show on that end before all the other requirements are clarified, especially who's going to be a. Q.

[CalHHS CDII] 17:32:04
And why? One way to approach this would be that you leverage the fact that Hio is gonna exchange it between themselves and may start with the requirement of requiring hospital.

[CalHHS CDII] 17:32:12
Send it to Nhio, and then, once we know what a qhio is gonna be, in which of our Hj.

[CalHHS CDII] 17:32:18
And will be Qh. I then consider narrowing it to that smaller group of leverage, the technology that we have for known entities that we have to do, that.

[CalHHS CDII] 17:32:27
Yes, and thank you for also putting that in the chat.

[CalHHS CDII] 17:32:32
Appreciate it. Alright! We see one more. I'm gonna oh, Mark, hey!

[CalHHS CDII] 17:32:40
We're here. Let's go!

[CalHHS CDII] 17:32:45
I know that not necessarily have to respond to public comment here that's why I wanted to add to Lucy example with the situation.

[CalHHS CDII] 17:33:01

Lot of concern in a post office world about.

[CalHHS CDII] 17:33:09

Lift up. No, that's right. That is a very important question.

[CalHHS CDII] 17:33:13

Thank you.

[CalHHS CDII] 17:33:17

Alright, yeah, that concludes public comment. And we're gonna move on to next slide for next steps.

[CalHHS CDII] 17:33:26

We will take all of the input into consideration. Thank you for sharing your all of your questions and comments.

[CalHHS CDII] 17:33:35

Very good engagement today we will share summary notes from this meeting and preparing materials for our next meeting, together with some suggestions, we will consider we'll continue to advance the policies and procedures in development, environment, and we're applicable solicit public companies, request that members of

[CalHHS CDII] 17:33:56

any final comments on draft Pmps respond time when we send those out.

[CalHHS CDII] 17:34:02

So this does say 3, 23. We'll see if there's a policy and procedure conditional on.

[CalHHS CDII] 17:34:11

If there's a body out, of course, and we encourage you to stay in touch and send Cdi and the additional feedback as I know that verbally we do capture and read the chat and the after these meetings, and they're also posted on our websites the

[CalHHS CDII] 17:34:30

near term dates to keep in mind. That's fine, please.

[CalHHS CDII] 17:34:33

April 20. Fourth right now is the schedule for our next lac meeting, and April eighteenth is the next policy and procedure Subcommittee meeting.

[CalHHS CDII] 17:34:43

There's another topic that was a couple of things back in the chat.

[CalHHS CDII] 17:34:47

That brought up. We'll see if that resonates with any need for any meetings. I know.

[CalHHS CDII] 17:34:57

In January we call this an interim meeting, so we'll take off into consideration.

[CalHHS CDII] 17:35:00

And then also once earlier mentioned. Today, next slide is a webinar.

[CalHHS CDII] 17:35:04

This Thursday, where some of the content of today's discussion will be addressed.

[CalHHS CDII] 17:35:11

But the main discussion point is how this the data exchange framework supports, counting with our partners from the Department of Healthcare Services and providing that's where we'll also include in exchange framework updates.

[CalHHS CDII] 17:35:30

I do think there's a slide about that particular event.

[CalHHS CDII] 17:35:34

I'm not a 100% sure. And thank you very much.

[CalHHS CDII] 17:35:38

We are. And there's the schedule, the slide deck and the resources are available on how to register on our website.

[CalHHS CDII] 17:35:48

Next slide. Lots of content, lots of grading engagement, and it looks like we're.

[CalHHS CDII] 17:35:54

5 min at most. Thank you for coming. Thank you for joining us virtually everyone, and we look forward to seeing and hearing