Data Exchange Framework

Joint Implementation Advisory Committee & Data Sharing Agreement and Policy and Procedure Subcommittee Meeting

Tuesday, March 21, 2023

12:00 p.m. – 2:30 p.m.

CalHHS

CENTER FOR DATA INSIGHTS AND INNOVATION

Meeting Participation Options

Onsite

- Members who are onsite are encouraged to log in through their panelist link on Zoom.
  - Members are asked to **keep their laptop's video, microphone, and audio off** for the duration of the meeting.
  - The room's cameras and microphones will broadcast the video and audio for the meeting.
- Instructions for connecting to the conference room's Wi-Fi are posted in the room.
- Please email Khoua Vang (khoua.vang@chhs.ca.gov) with any technical or logistical questions about onsite meeting participation.

Meeting Participation Options

Written Comments

- Participants may submit comments and questions through the **Zoom Q&A box;** all comments will be recorded and reviewed by CDII staff.
- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to CDII@chhs.ca.gov.
    - Questions that require follow up should be sent to the CDII Email.

Meeting Participation Options

Spoken Comments

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

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

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Public comment will be limited to the total amount of time allocated for public comment on particular issues.
- The Chair will call on individuals in the order in which their hands were raised, beginning with those in the room and followed by those dialed in or connected remotely through Zoom.
- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.
- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to CDII@chhs.ca.gov.

Agenda

12:00 PM
Welcome and Roll Call
- *DeeAnne McCallin, Deputy Director, Data Exchange Framework, CDII*

12:05 PM Informational Item:
Vision and Meeting Objectives
- *DeeAnne McCallin*

12:10 PM Informational Item:
Update on DSA Signatory Grant Design & Timeline
- *DeeAnne McCallin*
- *Juliette Mullin, Senior Manager, Manatt Health Strategies*

12:30 PM Discussion Item:
Data Sharing Agreement and Policies & Procedures
- *Courtney Hansen, Assistant Chief Counsel, CDII*
- *Rim Cothren, Independent HIE Consultant, CDII*
- *Helen Pfister, Partner, Manatt Health Strategies*
- *Cindy Bero, Senior Advisor, Manatt Health Strategies*

1:50 PM Discussion Item:
QHIO Program Update
- *Cindy Bero*

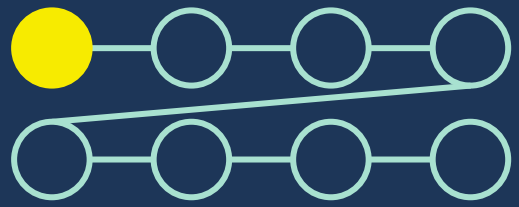
2:00 PM Discussion Item:
Participant Registry
- *Rim Cothren*

2:15 PM
Public Comment

2:25 PM Informational Item:
Closing Remarks and Next Steps
- *DeeAnne McCallin*

DATA EXCHANGE FRAMEWORK

Welcome and Roll Call



IAC Members (1 of 2)

Name	Title	Organization
John Ohanian (Chair)	**Director**	**CalHHS Center for Data Insights and Innovation**
DeeAnne McCallin	**Deputy Director**	**CalHHS Center for Data Insights and Innovation**
Norlyn Asprec	Deputy Director of Policy	County Health Executives Association of California
Andrew Bindman	Executive Vice President & Chief Medical Officer	Kaiser Permanente
Joe Diaz	Senior Policy Director	California Association of Health Facilities
David Ford	Vice President, Health Information Technology	California Medical Association
Aaron Goodale	Vice President, Health Information Technology	MedPoint Management
Lori Hack	Interim Executive Director	California Association of Health Information Exchanges
Cameron Kaiser	Deputy Public Health Officer	County of San Diego
Troy Kaji	Associate Chief Medical Informatics Officer	Contra Costa Regional Medical Center and Health Centers
Cindy Keltner	Vice President of Health Access & Quality	California Primary Care Association

IAC Members (2 of 2)

Name	Title	Organization
Andrew Kiefer	Vice President, State Government Affairs	Blue Shield of California
Paul Kimsey	Deputy Director	California Department of Public Health
Linnea Koopmans	CEO	Local Health Plans of California
Matt Lege	Government Relations Advocate	SEIU California
Amie Miller	Executive Director	California Mental Health Services Authority
Ali Modaressi	CEO	Los Angeles Network for Enhanced Services
Jonathan Russell	Chief Strategy and Impact Officer	Bay Area Community Services
Kiran Savage-Sangwan	Senior Policy Director	California Pan-Ethnic Health Network
Cathy Senderling-McDonald	Executive Director	County Welfare Directors Association
Ryan Sommers	System Director, HIE and Interoperability Information Technology & Digital	CommonSpirit Health
Felix Su	Director, Health Policy	Manifest MedEx

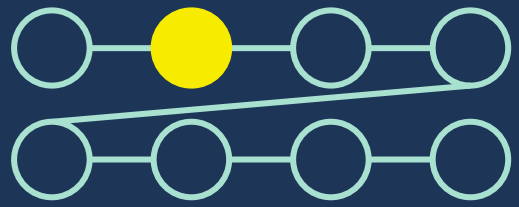
DSA P&P Subcommittee Members (1 of 2)

Name	Title	Organization
Courtney Hansen (Chair)	**Assistant Chief Counsel**	**CDII**
Ashish Atreja	CIO and Chief Digital Health Officer	UC Davis Health
William (Bill) Barcellona	Executive Vice President for Government Affairs	America's Physician Groups (APG)
Michelle (Shelley) Brown	Attorney	Private Practice
Jason Buckner	Chief Information Officer & Chief Technology Officer	Manifest Medex
Louis Cretaro	Lead County Consultant	County Welfare Directors Association of California
Matthew Eisenberg	Medical Informatics Director for Analytics and Innovation	Stanford Health
Elaine Ekpo	Attorney	CA Dept. of State Hospitals
Sarah Hartmann	Assistant Chief Counsel	California Correctional Health Care Services
John Helvey	Executive Director	SacValley MedShare
Sanjay Jain	Manager, Data Analysis	Health Net
Bryan Johnson	Chief Information Security Officer	CA Dept. of Developmental Services
Diana Kaempfer-Tong	Attorney	CA Dept. of Public Health
Justin Kaltenbach	Interim Chief Technology Officer	Los Angeles Network for Enhanced Services

DSA P&P Subcommittee Members (2 of 2)

Name	Title	Organization
Helen Kim	Senior Counsel	Kaiser Permanente
Steven Lane	Chief Medical Officer	Health Gorilla
Lisa Matsubara	General Counsel & VP of Policy	Planned Parenthood Affiliates of California
Deven McGraw	Lead, Data Stewardship and Data Sharing, Ciitizen Platform	Invitae
Jackie Nordhoff	Director of Regulatory Affairs	PointClickCare
Eric Raffin	Chief Information Officer	San Francisco Department of Public Health
Mark Savage	Managing Director, Digital Health Strategy and Policy	Savage & Savage LLC
Tom Schwaninger	Senior Executive Advisor, Digital Ecosystem Interoperability	LA Care
Morgan Staines	Privacy Officer & Asst. Chief Counsel	CA Dept. of Health Care Services
Elizabeth Steffen	Chief Information Officer	Plumas District Hospital
Lee Tien	Legislative Director and Adams Chair for Internet Rights	Electronic Frontier Foundation
Belinda Waltman	Director of Analytics Integration	Los Angeles County Department of Health Services
Terry Wilcox	Director of Health Information Technology/ Privacy & Security Officer	Health Center Partners

Vision & Meeting Objectives



The Vision for Data Exchange in California

Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care.

The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.

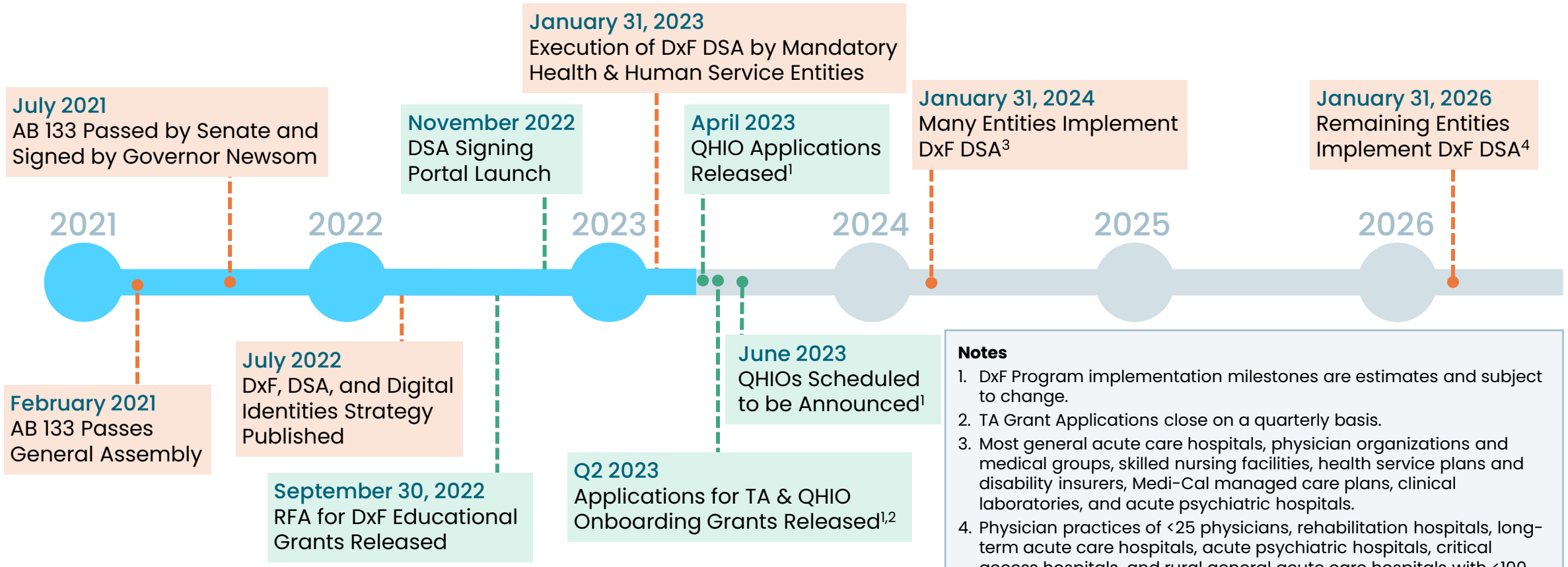
DATA EXCHANGE FRAMEWORK

Meeting #5 Objectives

1. Provide an update on the criteria and timeline for **DSA Signatory Grants**
2. Review **summary of public comments received on draft DSA P&Ps**
3. Provide an update on the **QHIO Program**
4. Discuss updates to the **Participant Registry**
5. Hold public comment

DxF Implementation Timeline

Past + Upcoming Milestones



Notes

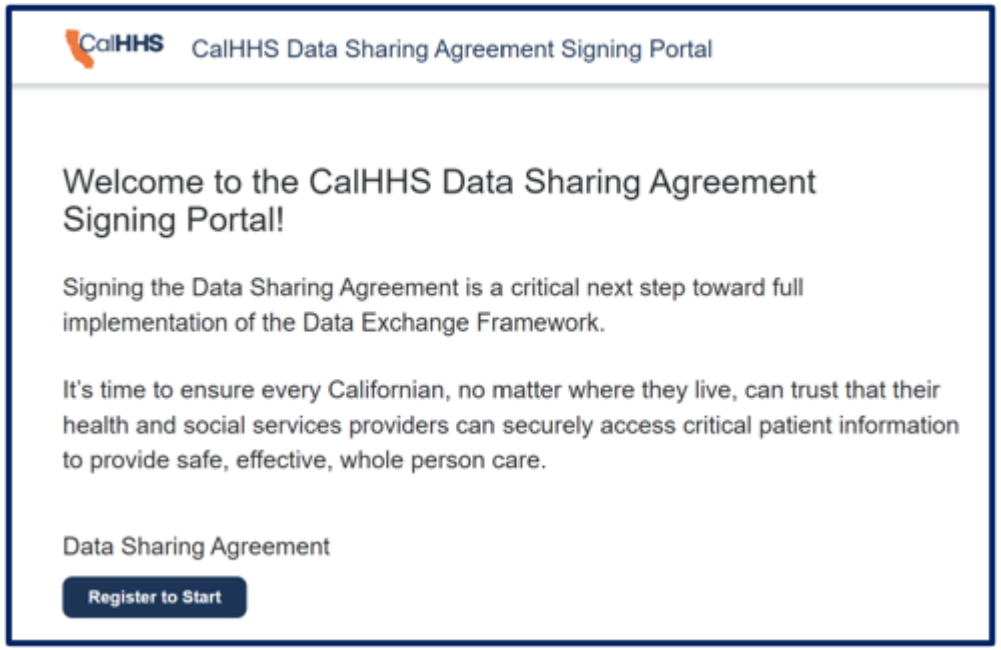
1. DxF Program implementation milestones are estimates and subject to change.
2. TA Grant Applications close on a quarterly basis.
3. Most general acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals.
4. Physician practices of <25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with <100 acute care beds, state-run acute psychiatric hospitals, and nonprofit clinics with <10 providers
5. County health, public health, and social services providers are encouraged to connect to the DxF.

DATA EXCHANGE FRAMEWORK

Mandatory Signatories Should Sign the DSA Immediately

Mandatory signatories were required to execute the DSA by January 31, 2023. We encourage those who have not yet signed the DSA to do so as soon as possible.

WHERE TO SIGN THE DSA



DSA Signing Portal URL

WHERE TO FIND MORE INFORMATION

More information is available on the CalHHS DxF website, including:

- Final DSA
- Draft & Final P&Ps
- FAQs on the DSA, P&Ps, and Signing Portal
- Historical Meeting Materials & Recordings
- List of DSA signatories

Contact CDII if your organization has questions or concerns about signing.

CDII Mailbox

DATA EXCHANGE FRAMEWORK

Signatories to the DSA represent 1,400+ Entities!

CalHHS welcomes over 1,000 signatories of the DxF representing over 1,400 health care organizations.

800+
ambulatory care facilities and practices

150+
hospitals and other acute care settings

90+
long-term care facilities

80+
health plans and insurers

A WIDE VARIETY
of other health care entities, community-based organizations, and voluntary signers

The full list of organizations that have signed the DSA is available on the DxF website.

DATA EXCHANGE FRAMEWORK

Note: The numbers of organizations shown on this slide are based upon self-reported entity type information provided through the DSA Signing Portal.

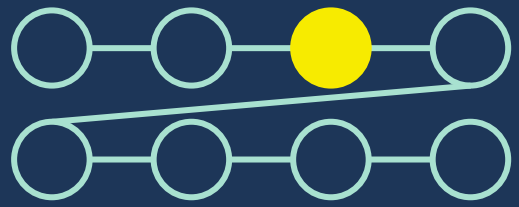
IAC Meeting Topic Roadmap

#	Date	Anticipated Topics[1]
5	Mar 21, 2023 (Joint IAC-DSA P&P SC Meeting)	• Updates to P&Ps released for public comment • Update on QHIO Program Development • Grant Program: Criteria and Implementation Update • Participant Registry Updates
6	April 24, 2023	• Update on P&Ps in development • Update on QHIO Application and Program Development • Grant Program: Implementation Update
7	June 5, 2023	• Update on P&Ps in development • Qualified Health Information Organizations Announcement • Grant Program: Implementation Update
8	July 20, 2023 (tentative)	• Topics TBD
9	August 28, 2023 (tentative)	• Topics TBD

1. Topics of future meetings may change.

DATA EXCHANGE FRAMEWORK

DxF Grants Program Update



Three Types of Grant Opportunities

DSA Signatory Grants *(Up to $47 Million)*

Technical Assistance (TA) Grants

Provides grant funding to signatories for **technical assistance** to support signatories meeting their DSA requirements

Technical assistance is technological or operational support for an organizations and can comprise a range of activities.

QHIO Onboarding Grants

Provides grant funding to a **Qualified HIO** on behalf of signatories who choose to onboard to a QHIO

A **Qualified Health Information Organization (QHIO)** is an HIO that has been "qualified" by CDII based on its ability to meet DxF data exchange requirements.

DxF Educational Activities *(Ongoing)*

Educational Initiative Grants

Provided grant funding to associations for **educational initiatives** designed to provide information about the Data Exchange Framework and the Data Sharing Agreement to signatories

DATA EXCHANGE FRAMEWORK

DSA Signatory Grant Design Updates

DSA Signatory Grants: Overview

CDII intends to award two types of DSA Signatory Grants to subsidize signatories' investments to implement the DSA.

An Applicant may apply for ***one*** of the following grant opportunities:

QHIO Onboarding Grants

This is an **"assisted" pathway** in which CDII and QHIOs support grantees in identifying a technology solution to achieve their DSA requirements, and in securing and managing the funds to pay for the initial costs of that solution.

- Applications submitted by CDII's contracted third-party application support
- Funds dispersed to QHIOs on behalf of a specific signatory
- Milestone reporting verified by signatory and submitted by QHIOs

TA Grants

This is a **"build-your-own-solution"** grant opportunity that signatories can use to fund a range of technical and operational assistance activities to achieve their DSA requirements.

- Applications submitted by signatory
- Funds dispersed to signatory
- Milestone reporting submitted by signatory

DATA EXCHANGE FRAMEWORK

DSA Signatory Grants: General Eligibility Requirements

To be eligible for either the QHIO Onboarding or TA Grants, Applicants must:

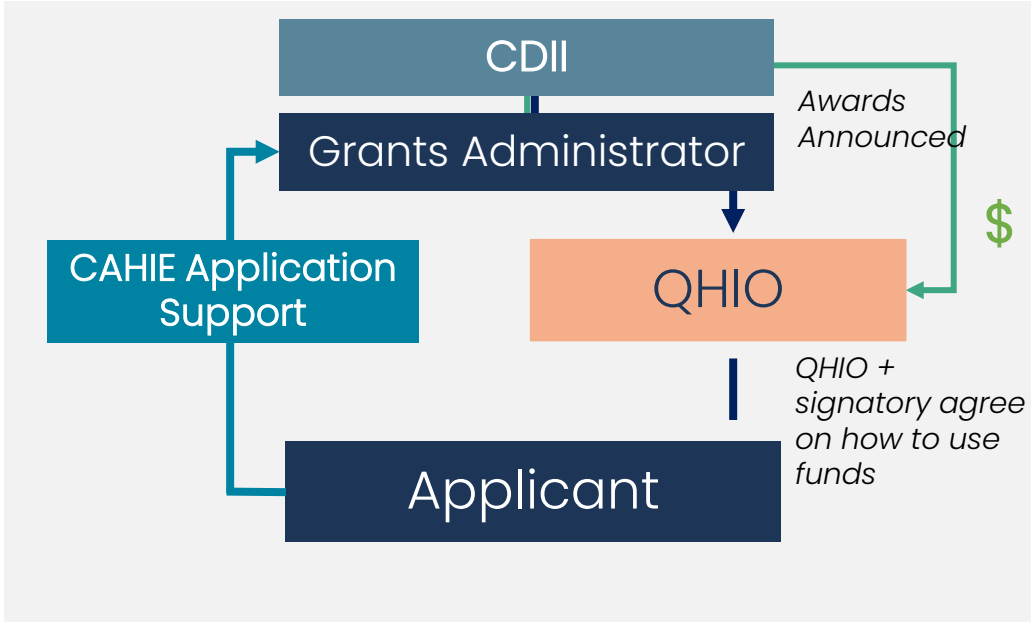
- ❑ Sign the CalHHS Data Sharing Agreement (DSA) prior to submitting their grant application
- ❑ Need additional support and capabilities to meet their DSA requirements, either by:
  - ❑ Connecting to an HIO that has received a qualified status from CDII through its QHIO program;

    OR
  - ❑ Using a technology solution or operational assistance of their choosing to achieve DSA requirements

DSA Signatory Grants: Application Process

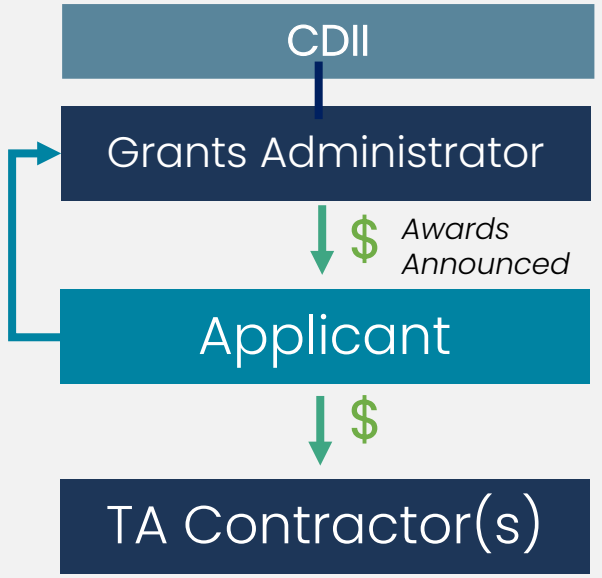
QHIO Onboarding Grant

*The "**assisted**" pathway.*



TA Grant

*The "**build your own solution**" pathway.*



Decision *Application Submission* *Funding Flow*

Decision *Application Submission* *Funding Flow*

DATA EXCHANGE FRAMEWORK

Umbrella Organizations as Applicants

Subject to Change

CDII intends to establish a pathway for organizations to apply on behalf of multiple DSA Signatories for a DSA Signatory Grant.

- *Proposal*: Organizations that represent multiple signatories -- such as MSOs, IPAs, and SNF operators -- could submit an "Umbrella Application" on behalf of multiple signatories.

- *Under Consideration*: Total funding would be based on the number of interfaced **instances** of an electronic health record (or other documentation system for social services organization) and the type of signatory (or signatories) served by each instance. Total funding would be based on the number of signatories served and they type of signatories included in the Umbrella application.

DSA Signatory Grants: Funding Rounds

Up to $47 million in funding will be allocated to applicants across at least three rounds of funding.

- The **exact funding amount awarded per grant round will be finalized based on the total funding requested** by applicants in that round.
- **CDII will reserve funding to ensure at least three rounds of funding are available to applicants**, ensuring that organizations with limited resources have sufficient time to complete and submit a grant application while still beginning to award grants as early as possible.
- CDII will notify the public of the **total grants awarded in each round**.
- CDII will **provide notice before the last round of grant applications closes**.

To be eligible for the first two rounds of funding, applicants must be identified as a required signatory under AB-133.

- This is designed to support required signatories in achieving their DSA requirements by the mandatory deadline established by AB-133 and HSC 130290.
- Voluntary signatories will have access to funding for at least one round of funding (i.e., the third round).

DSA Signatory Grant Administration & Timeline

DSA Signatory Grants Administrator

CDII has contracted with **Public Consulting Group (PCG)** to be the Third-Party Grant Administrator for the DSA Signatory Grants.
PCG will support the administration and management of the DSA Signatory Grant initiative.

PUBLIC CONSULTING GROUP™

Working closely with CDII, PCG will:

- Develop and manage the DSA Signatory Grant Application Portal.
- Review applications and funding requests.
- Manage milestone attestations and funding disbursements.

DSA Signatory Grants Application Support

CDII has contracted with the California Association of Health Information Exchanges (CAHIE) to provide application writing support for organizations interested in applying to the QHIO Onboarding Grant.

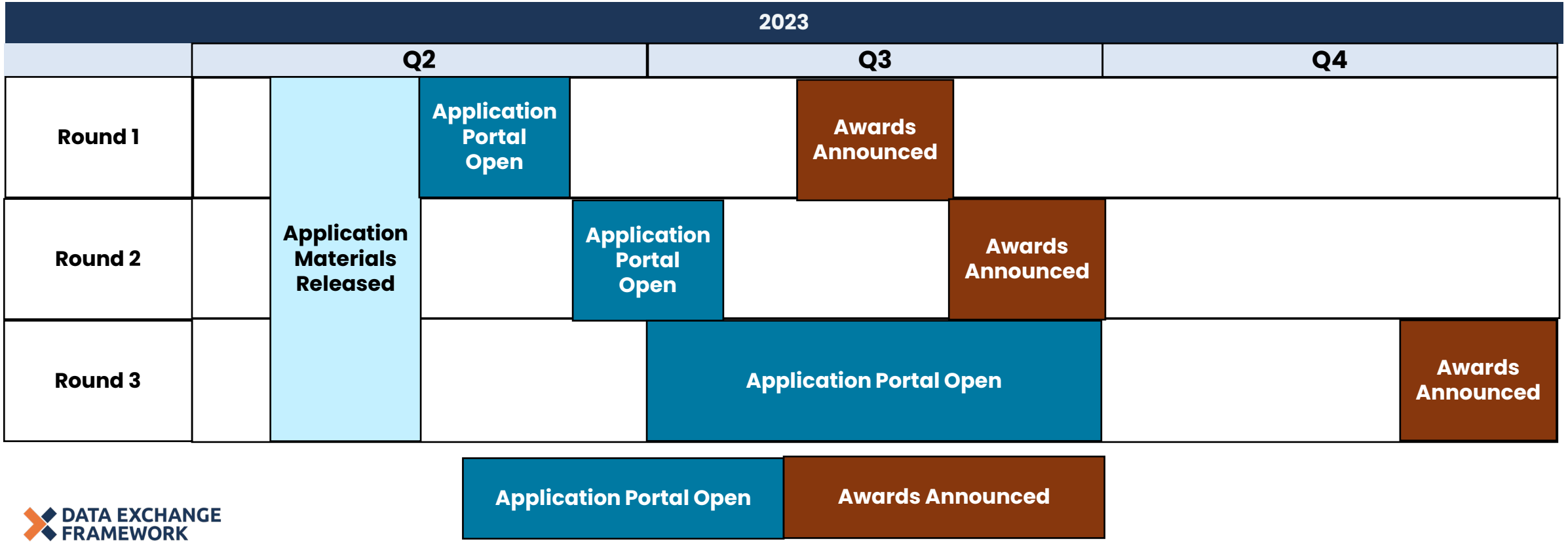
CAHIE
California Association of Health Information Exchanges

Working closely with CDII, CAHIE will:

- Assist organizations to complete and submit QHIO Onboarding Grant applications.
- Support targeted outreach efforts for eligible signatories.

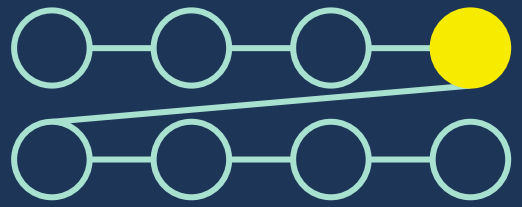
Tentative Timeline for DSA Signatory Grants *Subject to Change*

The first two rounds of the DSA Signatory Grants will be reserved to organizations who are required to sign the DSA under AB-133. CDII is planning for shorter application windows to these rounds to support signatories in meeting implementation timelines.



DATA EXCHANGE FRAMEWORK

Data Sharing Agreement Policies and Procedures



P&Ps – Jan/Feb Public Comment Period

Between Jan 17 – Feb 14, 2023, CDII solicited public comment on four new draft Policies and Procedures (P&Ps) and one amended P&P.

The following P&Ps were released for public comment:

- [New] California Information Blocking Prohibitions
- [New] Early Exchange
- [New] Real-Time Exchange
- [New] Technical Requirements for Exchange
- [Amended] Privacy Standards and Security Safeguards

CDII received **350+** individual comments on the above P&Ps.

The following slides summarize public comments received on the P&Ps and anticipated next steps.

Note: Content shown on the following slides are subject to change prior to P&P finalization.

California Information Blocking Prohibitions (1 of 2)

Overview

This P&P prohibits all Participants from undertaking any practice likely to interfere with access, exchange, or use of Health and Social Services Information (HSSI) for the required purposes set forth in the Permitted, Required and Prohibited Purposes P&P.

Select High Level Comments

1. **Fees and Licensing Exceptions:** Commenters expressed concern that being prohibited from relying on the Fees and Licensing exceptions to the Federal Information Blocking Rules would make business for certain entities (e.g., technology vendors) infeasible.
    - Response: The P&P will be clarified to expressly allow a Participant that is a health information exchange network, health information organization, technology vendor or other organization that assists other Participants in the exchange of Health and Social Services Information to: (1) charge such Participants fees for its services, consistent with the Fees Exception in the Federal Information Blocking Regulations; and/or (2) license interoperability elements, consistent with the Licensing Exception in the Federal Information Blocking Regulations.
2. **Content and Manner Exception.** Commenters expressed concern that including the Content and Manner Exception would permit Participants to charge fees or license interoperability elements under certain circumstances that are inconsistent with the above.
    - Response: Revise the language in the Content and Manner Exception to clarify that only health information exchange networks, health information organizations, technology vendors, or other organizations that assist Participants in exchange of Health and Social Services Information may charge fees or license interoperability elements, and only if they satisfy the provisions of the Fees Exception or Licensing Exception.

California Information Blocking Prohibitions (2 of 2)

Select High Level Comments

3. **Fees and Licensing Exceptions:** Commenters noted that the Federal Information Blocking rules categorize the Fees and Licensing Exceptions as exceptions that involve procedures for fulfilling requests to access, exchange, or use EHI, rather than exceptions that involve not fulfilling requests to access, exchange, or use EHI.
   - Response: The Fees and Licensing Exceptions will be revised to clarify that a Participant may not charge another Participant fees for the Access, Exchange, or Use of Health and Social Services Information for a Required Purpose. The same change was made with respect to the Licensing Exception.

Tentative Next Step	CalHHS CDII will finalize P&P and release.

DATA EXCHANGE FRAMEWORK

Early Exchange (1 of 1)

Overview

This P&P establishes requirements for participants using the DSA to engage in early exchange of Health and Social Services Information (i.e., participants who engage prior to January 31, 2024).

Select High Level Comments

1. **Timeline to comply with new P&Ps:** Commenters expressed concern that 10 days was not enough time for early exchange Participants to get into compliance with new P&Ps.
   - Response: We plan to update the final P&P to require Participants **that engage in early exchange** to comply with new or updated Policies and Procedures as soon as practicable but no less than forty-five (45) days after the publication date.
2. **Verification:** Several commenters asked how early exchange Participants could verify that a requesting party is a party to the DSA.
   - Response: Participants may use the list of signatories on CDII's website to verify that requesting parties are signatories to the DSA.

Tentative Next Step CalHHS CDII will finalize P&P and hold (release simultaneously with *Privacy Standards & Security Safeguards P&P*).

DATA EXCHANGE FRAMEWORK

Real-Time Exchange (1 of 2)

Overview

This P&P establishes definition of 'Real Time Data Exchange' and associated obligations of Participants.

Select High Level Comments

1. **Establishing an Objective Standard for Real-Time:** Commenters offered various perspectives on the definition of "real-time", some preferring an objective, measurable standard that could be applied to specific types of exchange. Others preferred a looser definition that focuses on the absence of intentional or Programmatic Delays.
    - Proposed Response: We have tried to incorporate a more objective measure of real-time exchange while also incorporating the absence of intentional or Programmatic Delays:
        - In response to an Order, Participant(s) must share the information associated with the Order as soon as the information becomes available to share and without intentional or Programmatic Delay.
        - In response to a Request for Information, the Participant(s) must share the information associated with the Request at the time the Request is received and without intentional or Programmatic Delay. The response to a Request for Information should not exceed 24 hours.
        - Notifications associated with an Admit, Discharge, Transfer (ADT) Event must be shared at the time of the event. The Notification should not exceed 24 hours from the time of the event.

Real-Time Exchange (2 of 2)

Overview

This P&P establishes definition of 'Real Time Data Exchange' and associated obligations of Participants.

Select High Level Comments

2. **Clarifying Programmatic Delay:** Commenters made several suggestions regarding the definition of Programmatic Delay to address awareness and lack of technology to respond.
   - Proposed Response: The proposed definition of Programmatic Delay:

     "Programmatic Delay" shall mean any delay in the sharing of Health and Social Services Information by a Participant, other than a delay caused by events or circumstances that are beyond the Participant's reasonable control, or that the Participant cannot address by using commercially reasonable efforts. A delay to fulfill the request that is a result of a Participant's lack of an electronic health record is not a Programmatic Delay.

Tentative Next Step	CalHHS CDII will finalize P&P and release.

DATA EXCHANGE FRAMEWORK

Technical Requirements for Exchange (1 of 7)

Overview

This P&P describes data exchange patterns for the DxF and those that Participants must support, at a minimum, as well as the technical specifications Participants must adhere to for each of the Required Transaction Patterns.

Approach

Establish a floor for required exchanges, but do not prohibit other exchange methods

Do not limit, alter, or repeat exchange methods or requirements already established by applicable California law, such as requirements for public health reporting

Do not conflict with federal requirements, and re-use standards widely adopted by volunteer exchange via national networks and frameworks, including TEFCA, where applicable

Focus on exchange in four areas:

1. **Request for Information**: query-based exchange (pull), prompted by an electronic request for information
2. **Information Delivery**: unsolicited exchange (push) of information following an Order
3. **Requested Notifications**: notifications (push) of admissions and discharges from acute care settings if requested
4. **Person Matching**: person attributes to be used to identify Individuals for all three exchange methods

Technical Requirements for Exchange (2 of 7)

Select High Level Comments

Request for Information

1. Broadcast Queries: Some commenters favored allowing broadcast queries, but most favored limitations or prohibitions
   - Proposed Response: A return to initial language strongly discouraging but not prohibiting broadcast queries, excepting when receipt is urgent or an emergency impacting patient safety and when potential sources are not known, and recommending industry best practices such as directing requests only to Participants within a geographic region
2. Person Matching Errors: Some commenters questioned the meaning of "does not have authority" language when responding with an error to Person Matching in a Request for Information
   - Proposed Response: Clarified that "no match" responses or errors were appropriate: (1) if a match could not be found; (2) if multiple Individuals might match; (3) if data was not Maintained by the Participant; or (4) if an Exception to CA Information Blocking Provisions applied

Discussion Questions

- Is discouraging broadcast queries sufficient? Is the professional judgement that the request is urgent or an emergency impacting patient safety appropriate guidance for limitations? Is there a source of best practice for broadcast queries?
- Can all requests for information for treatment, payment, healthcare operations, or public health purposes be completed in "real time"?

Technical Requirements for Exchange (3 of 7)

Select High Level Comments

Information Delivery

3. Triggers for Information Delivery: Many comments asked for clarification of the requirements for Information Delivery, many citing information overload if too much information was sent unsolicited
   - Proposed Response: Clarify that triggers or orders for diagnostic services (e.g., diagnostic clinical laboratory and radiology services, or for assessment, evaluation, or consultation services); strongly encourage limits to information created specific to the Order (e.g., not the entire record); include changes in status (e.g., from preliminary result to final result); obligation ends when the Order is fulfilled (e.g., not a requirement for continuous evaluations of the patient)
4. Optional Receipt of Information Delivery: Many comments requested that receipt be optional to avoid overload from unsolicited information
   - Proposed Response: Returned to initial language that strongly encouraged all Participants to accept Information Delivery

Discussion Questions

- Are the requirements for required push transactions appropriate? Is information overload avoided?
- Is it appropriate to make receipt of unsolicited electronic information optional but strongly encouraged? Is avoiding information overload a reasonable request?

Technical Requirements for Exchange (4 of 7)

Select High Level Comments

Information Delivery (continued)

5. Direct Secure Messaging: The preponderance of comments were against requiring multiple standards for Information Delivery and against including Direct Secure Messaging as required, citing burden for multiple standards and information overload
   - Proposed Response: Removed requirement for Direct Secure Messaging, but maintained it as an option
6. Point-to-Point Connections: Mature point-to-point connection standards and technologies should not be prohibited
   - Proposed Response: Allow point-to-point connections to use any open technical standard while standardizing connections using Nationwide Networks and Frameworks or Intermediaries

Discussion Questions

- Should DxF require Direct Secure Messaging? If so, under what circumstances so as to address concerns of burden and information overload?

Technical Requirements for Exchange (5 of 7)

Select High Level Comments

Requested Notifications

7. Requiring ADTs Be Sent to a QHIO: There were many comments on this requirement, many in favor and many opposed; comments against requiring Hospitals send ADTs to a QHIO outnumbered comments in favor; many commenters identified that the requirement might conflict with HSC § 130290 language allowing Participants to use "any health information exchange network, health information organization, or technology"
    - Proposed Response: Returned to initial language that required Hospitals to send notifications (1) directly to all Participants that requested them (point-to-point connections) or (2) via an Intermediary, which may be a QHIO

Discussion Questions

- Should sending ADTs to a QHIO as an intermediary be strongly encouraged?
- Should sending ADTs to a QHIO as an intermediary be required?

Technical Requirements for Exchange (6 of 7)

Select High Level Comments

Requested Notifications (continued)

8. Advance Request for Notifications: Commenters asked whether historical ADTs or Notifications were required when a request for Notifications was made, recommending requests be made in advance of the event
   - Response: Clarified that Notifications must be sent to a Participant (other than an Intermediary acting on behalf of the Hospital) only after a request for future Notifications
9. Clarification of Notification Request Process: Several comments requested clarification of the process for requesting notifications; some disliked rosters but offered no alternative
   - Response: Retained the use of patient rosters (believed to be in most common use today) and clarified the process for requesting Notifications
10. ADT Events: Commenters noted that "transfers" in an ADT message refer to intra-facility changes and should not be required, that is transfers from one facility to another (a hospital bed to a SNF) is a discharge followed by an admission
    - Response: Adopted the suggested changes so that admissions and discharges are required events
11. Hospital: Many commenters asked that emergency departments (EDs) be added to the definition of Hospital, requiring that admissions to and discharges from the ED be included as a requirement; some also requested urgent care be added
    - Response: Added EDs, including stand-alone EDs and admissions to the ED for observation, but not urgent care

Technical Requirements for Exchange (7 of 7)

Select High Level Comments

Person Matching

12. **Gender**: Many commenters asked that gender be required as a useful attribute in Person Matching, despite the Strategy for Digital Identities; some questioned appropriate terminology for gender
    - Response: Continued to allow gender only if required by the technical standard, using the terminology specified by the technical standard (consistent with Strategy for Digital Identities); clarified that a Participant that received gender could use it in person matching
13. **Health Identifiers**: Some commented that exchange of local health-related identifiers was prohibited by law for some state Departments
    - Response: Clarified that exchange of local health-related identifiers for Person Matching was required only if not prohibited by Applicable Law

QHIO Program

14. **Including QHIO Requirements in this P&P**: Some commenters were confused by the complexity of including requirements for one specific signatory type (a QHIO) in the P&P rather than in the QHIO Program
    - Response: Moved all QHIO-specific requirements to the QHIO Program criteria, generalizing some appropriate requirements for any Intermediary (that may be a QHIO)

Tentative Next Step	CalHHS CDII will finalize P&P and release.

Privacy Standards & Security Safeguards *(Amended)*

Overview

This P&P describes the privacy standards and security safeguards Participants must comply with in connection with the exchange of HSSI under the DSA.

Status

CDII received a significant volume of substantive feedback on this P&P including on sections previously finalized in July 2022.

CDII is considering public comments received and plans to re-release an updated version of this P&P for public comment.

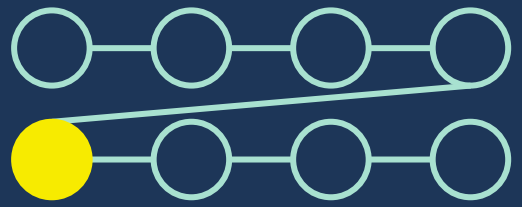
Tentative Next Step	CalHHS CDII will revise P&P and re-release for public comment.

DATA EXCHANGE FRAMEWORK

Next Steps for P&Ps – Summary

P&P	Tentative Next Steps
California Information Blocking Prohibitions	Finalize P&P and release
Early Exchange	Finalize P&P and hold (release simultaneously with *Privacy Standards and Security Safeguards P&P*).
Real-Time Exchange	Finalize P&P and release
Technical Requirements for Exchange	Finalize P&P and release
Privacy Standards and Security Safeguards (Amended)	Revise P&P and re-release for public comment.

QHIO Program Update



QHIO Program: Guiding Principles

Confidence. The program shall provide signatories with confidence in the quality and level of service offered by HIOs that have been Qualified by CDII

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

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

Equity. The program will create opportunities for many signatories to successfully participate in the DxF

DATA EXCHANGE FRAMEWORK

QHIO 2023 Application

The QHIO 2023 Application is designed to gather information to assist CDII in determining if an organization has the structure and capabilities to function as a Qualified Health Information Organization (QHIO) to support secure and confidential data exchange across California's Data Exchange Framework (DxF)

QHIOs will be named for DSA signatories who are seeking HIO onboarding assistance to meet their DSA obligations

Organizations interested in serving as QHIOs are encouraged to complete the application for consideration

QHIO 2023 Application

The QHIO 2023 Application requests responses to questions in four sections:

A. Organization Information

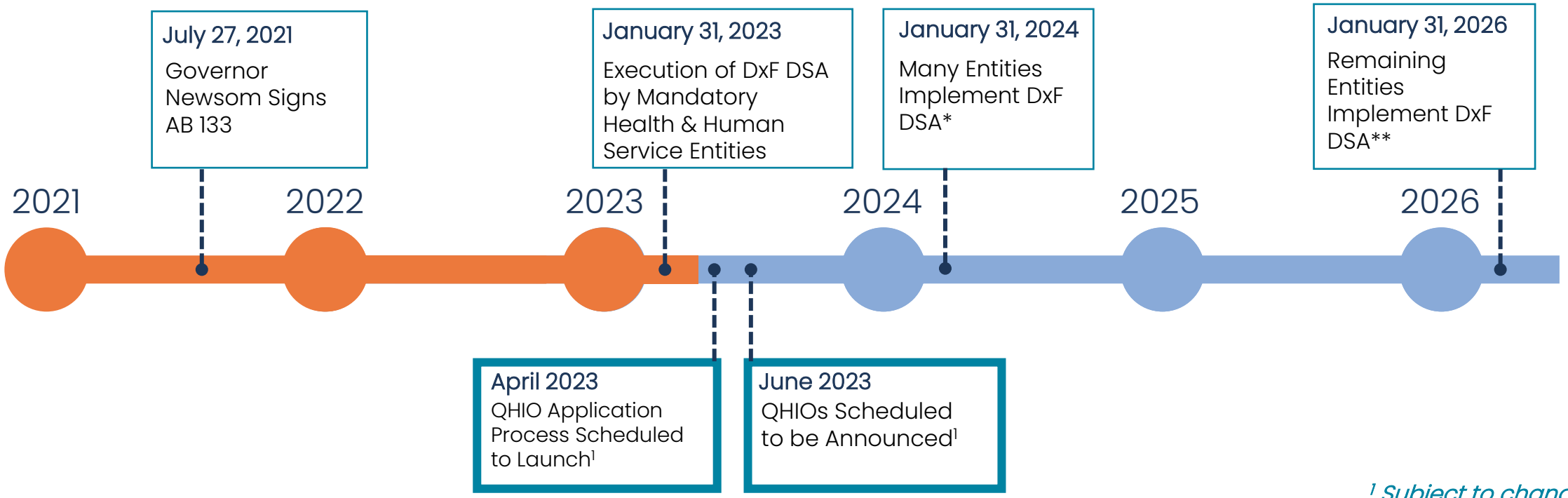
B. Privacy and Security

C. Functional Capabilities

D. Operations

In past IAC meetings, these sections were discussed. CDII is now reviewing the feedback, preparing to solicit public comment, and test the application process with two entities.

QHIO 2023 Application Timeline



[1] *Subject to change*

Notes

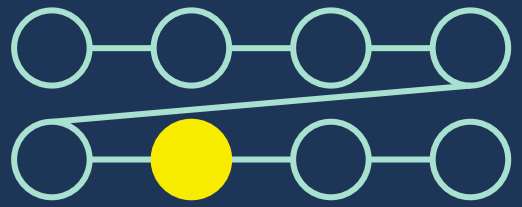
*General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals.

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

County health, public health, and social services providers are encouraged to connect to the DxF.

DATA EXCHANGE FRAMEWORK

Participation Registry



Issue the Registry Addresses

Per Health and Safety Code § 130290

"Data Exchange Framework will be designed to enable and require real-time access to, or exchange of, [health and social services information]… through any health information exchange network, health information organization, or technology that adheres to specified standards and policies."

Most Participants will use an intermediary to exchange health and social services information:

1. A nationwide health information exchange network or framework
2. An intermediary, such as a health information organization (HIO) or Qualified HIO

Some may use their own technology solutions or point-to-point connections.

How does one Participant know how to request information from or send data to another?

DATA EXCHANGE FRAMEWORK

What Questions Do I Seek to Answer

How do I access or exchange data with:

1. A large organization?
2. A specific facility that is part of a larger organization?
3. Facilities within a geography (city, county, ZIP)?
4. An individual?

How do I ensure when exchanging data with an individual it is at the proper facility or role?

The purpose of the Participant Registry is to facilitate exchange and not meet the other needs of a Provider Directory.

- Is this limited purpose appropriate?
- Are there other questions we should seek to answer? Other ways to select organizations with which to exchange?

Approach

1. Create a database of Participant information to allow organizations to exchange data
2. Expand initial web-based access to enable automation via APIs
3. Add individuals and their roles at organizations and facilities to the database

Phase 1 (by 2024)

1. Focus on orgs and facilities
2. Collect information from Participants and QHIOs
3. Enable portal access for imports and exports

Phase 2

4. Add real-time APIs for additions, updates, searches, and access

When systems might be ready to consume them

Phase 3

5. Add individuals and their roles

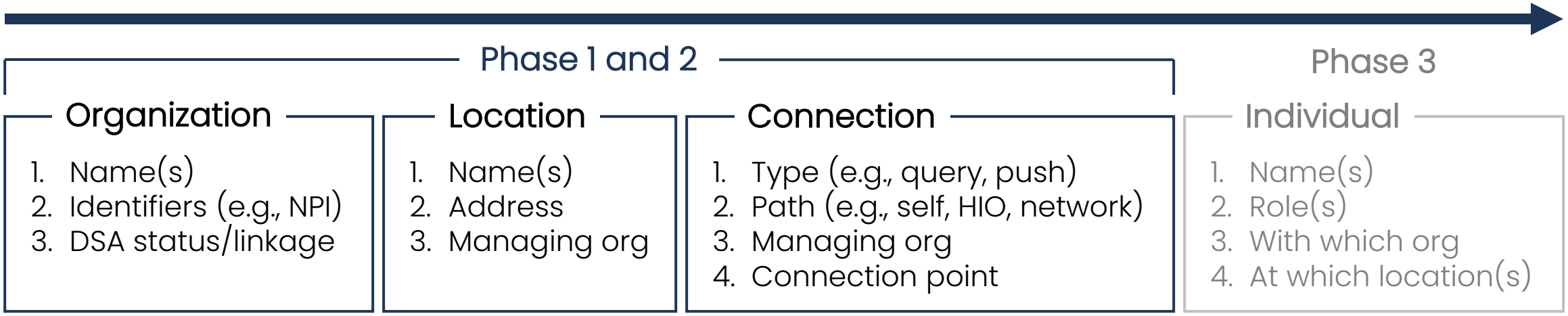
When processes to update this information be mature

- Is this phasing appropriate? What is the minimum capability required for Phase 1?

DATA EXCHANGE FRAMEWORK

Key Elements

1. Base requirements after those already established for eHealth Exchange and Carequality
2. Extend requirements to meet the needs of DxF using FHIR US Core and R4
3. Monitor developments of the directory for TEFCA

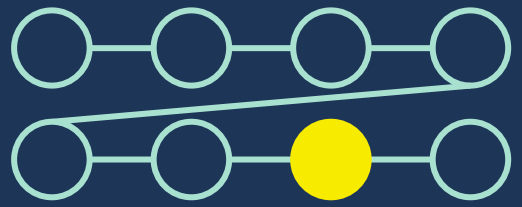


- Is this the right information? Is additional information required?

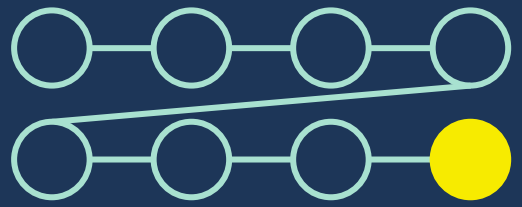
Next Steps

- Solicit IAC and DxF community thoughts on the approach, data requirements, processes
- Solicit input from technical leaders from the DxF community
- Build out development plan based on feedback
- Establish acceptable use and Participant obligations in a Policy and Procedure
- Implement Phase 1

Public Comment Period



Closing Remarks and Next Steps



Next Steps

CalHHS will:

- Post a summary of today's meeting.
- Consider the feedback provided by the IAC on the DSA & P&Ps, QHIO and Grant programs, and Participant Registry.
- Continue to advance P&Ps in development and, where applicable, solicit public comment.

Members will:

- Provide additional feedback on today's topics to CDII.
- Provide any final comments on draft P&Ps discussed today by 5pm PT on Thursday, 3/23 to cdii@chhs.ca.gov

Meeting Schedule

IAC Meetings	Date
IAC Meeting #5 (*Joint meeting with DSA P&P SC*)	March 21, 2023, 9:00 AM to 11:30 AM
IAC Meeting #6	**April 24, 2023, 10:30 AM – 1:00 PM**
IAC Meeting #7	June 5, 2023, 10:30 AM – 1:00 PM
IAC Meeting #8	July 20, 2023, 9:30 AM – 12:00 PM
IAC Meeting #9	August 28, 2023, 1:00 PM – 3:30 PM

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #5 (*Joint meeting with IAC*)	March 21, 2023, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #6	**April 18, 2023, 12:00 PM – 2:30 PM**
DSA P&P SC Meeting #7	May 25, 2023, 9:30 AM – 12:00 PM
DSA P&P SC Meeting #8	June 27, 2023, 10:00 AM – 12:30 PM
DSA P&P SC Meeting #9	August 17, 2023, 9:30 AM – 12:00 PM

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

DxF Webinar Schedule

DxF Information is Power Webinar Series*	Date
DxF Webinar #7: How the DxF Supports CalAIM & Other DxF Program Updates	March 23, 2023, 9:30 AM – 10:30 AM
DxF Webinar #8	April 18, 2023, 10:00 AM – 11:00 AM
DxF Webinar #9	May 16, 2023, 10:00 AM – 11:00 AM
DxF Webinar #10	June 22, 2023, 1:00 PM – 2:00 PM
DxF Webinar #11	July 25, 2023, 10:00 AM – 11:00 AM
DxF Webinar #12	August 24, 2023, 1:30 PM – 2:30 PM

*Future webinars may be released at CDII's discretion.