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 Chat Log (12:00PM – 2:30PM PT, March 21, 2023)

The following comments were made in the Zoom chat log by Members of the Implementation Advisory Committee, Data Sharing Agreement Policies & Procedures Subcommittee, and staff during the March 21 meeting:

14:47:46 From Cathy Senderling-McDonald to Hosts and panelists:

Hi all! I'm unable to come in person after all due to family stuff going on here so I'm joining from the home office.

15:03:16 From Kevin McAvey to Hosts and panelists:

Thank you for letting us know, Cathy. All, remember to please send messages to "Everyone" during the meeting.

15:07:33 From DeeAnne McCallin to Hosts and panelists:

advance slides please

15:09:12 From Amie Miller to Hosts and panelists:

I am here, you did not call my name

15:29:00 From Matthew Eisenberg to Everyone:

I assume that OCHIN, which I believe provides EHR services for a large number of signatories, would fall into this category?

15:41:24 From Matthew Eisenberg to Everyone:

Given that the grant option for QHIO onboarding requires connection to a QHIO, won't this timeline need to align with the QHIO approval process?

15:44:00 From Ryan Sommers to Hosts and panelists:

Agree with Dr. Eisenberg on all points made

15:52:08 From Deven McGraw to Hosts and panelists:

+1 to Mark Savage - federal info blocking applies to individual access; why wouldn't the state prohibitions apply to that use case as well?

15:52:36 From Deven McGraw to Hosts and panelists:

Arguably individual access is a required purpose - but is just listed separately in the P&Ps

15:53:31 From Deven McGraw to Hosts and panelists:

There was a need to list it separately in the P&Ps because there are additional provisions that apply - but it it still a required disclosure.

15:53:40 From Matthew Eisenberg to Everyone:

While most health delivery system actors that are subject to the federal Info Blocking regulations, requiring the expansion to HSSI for EHI can be a real policy and technical challenge, particularly for some protected health information.

16:06:07 From Matthew Eisenberg to Everyone:

For those of us who have been promoting health information exchange for decades, IMHO, I strongly disagree that ADT information (event notification) constitutes robust health data exchange and will fulfill the vision of the DxF.

16:20:33 From Deven McGraw to Everyone:

Question about how to handle "broadcast queries" in the individual access situation. Patients don't always remember all of the places where they've been seen - but could see network burden associated with an entire network query. Perhaps limitation by known geographies?

16:21:44 From Matthew Eisenberg to Everyone:

The challenge with broadcast queries is typically network efficiency and technical throughput limitations. For many national networks, there is a focus on geographically targeted queries based on the patients address and most common sites of care delivery.

16:23:29 From Kiran Savage-Sangwan to Everyone:

+1 Deven re: broadcast queries for individual access

16:25:34 From Ryan Sommers to Hosts and panelists:

I'm not sure how this could be enforced and may impact how vendor solutions are currently architected. I agree with the comments supporting broadcast queries. The comment around TEFCA and advanced record locator services should help with this looking forward. But for now I'd recommend allowing it.

16:26:44 From Deven McGraw to Everyone:

There's a comment in the Q&A regarding how Closed captioning isn't picking up some of the quieter voices. Let's try to speak as loudly and as clearly as possible when we have the mic.

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16:30:02 From Courtney Hansen to Hosts and panelists:

Hi all--Please put your substantive comments in the chat to "everyone" rather than hosts and panelists so the public may see them as well. Thank you!

16:34:25 From Sanjay Jain to Everyone:

Are all Participants expected to support IHE standards ?

16:43:48 From William (Bill) Barcellona to Everyone:

The reason why we have associations representing constituencies is to avoid having thousands of letters or emails submitted in stakeholder processes. If there is a "quantity over quality" approach to removing the proposed language on number 7, I'm confident that we can alert the thousand of independent physicians in APG organizations and have them start dropping letters on CDII.

16:44:48 From Jason Buckner to Everyone:

+1 to Bill Barcelona's comment

16:44:53 From Kiran Savage-Sangwan to Everyone:

If I am a small, CBO, social services provider, perhaps a homeless services provider for example, and I serve patients who visit many different regional hospital systems, do I have to create individual connections with each of them under this proposed change?

16:45:31 From Aaron Goodale to Everyone:

+1 to Bill's comments

16:45:46 From Lori Hack to Everyone:

Exactly Kiran!

16:47:50 From Felix Su to Everyone:

It is not our understanding that hospitals push ADTs via Carequality

16:51:08 From Deven McGraw to Everyone:

We want to avoid a situation where ADTs are sent to the wrong place - shouldn't senders be on the hook for using sending mechanisms that facilitate the sending of data to the right members of the patient's care team? Feels like the opposite problem of broadcast queries…

16:52:36 From DeeAnne McCallin to Everyone:

After Andrew, then Steven Lane and Bill B. to wrap up this part of the discussion.

16:53:14 From Felix Su to Everyone:

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@Deven a major function of an ADT-to-QHIO requirement would be precisely that. QHIOs would assure that via managing panels, dynamic attribution, etc.

16:55:41 From Sanjay Jain to Everyone:

From Health plan's perspective, it would be much easier to get ADTs from different hospitals through QHIO rather than directly connecting to many different hospitals individually.

16:56:31 From Deven McGraw to Everyone:

I don't see how sending to QHIOs keeps patients from expressing a preference.

16:56:59 From Deven McGraw to Everyone:

The QHIO is a delivery mechanism - patient preference could still be honored at the level of the QHIO or by the sending organization before dispatching it to the QHIO.

16:57:01 From William (Bill) Barcellona to Everyone:

+1 to Devin's comment.

16:58:34 From Felix Su to Everyone:

@Dr Lane those representing the ground-level care teams who need but do not get ADTs today (IPAs, practices, etc.) have also raised this issue. HIO-to-HIO has been solved in other states (Pennsylvania, Michigan). And another key safety net role of QHIOs would be to filter ADTs by requested trigger event (and of course appropriate recipient) to head off the "inundation" scenario where it occurs today.

16:59:54 From Lori Hack to Everyone:

As the CAHIE Interim Ex Director I obviously support the QHIO requirement that was changed. However as an elected official for the Mark Twain Health Care District in rural Calaveras County, we need a QHIO to coordinate the correct patient information through the eMPI management of the QHIO as well as a distinct entity that manages consent (QHIO) and sends the information to all providers in the community, not just the ones that are connected financially through a health system or EHR.

17:01:09 From John Helvey to Everyone:

Please note that CalAIM and the BHQIP program who counties and MCP's are contracted with require HIE's to alert care teams on the admission due to specific DX...without the hospital ADT's this objective will be impossible to meet.

17:03:20 From Felix Su to Everyone:

+1 John

17:04:21 From Ali Modaressi to Hosts and panelists:

+1 John

17:05:17 From Ali Modaressi to Hosts and panelists:

+1 Lori

17:06:17 From William (Bill) Barcellona to Everyone:

+1 to John.

17:10:23 From Lori Hack to Everyone:

Hoping that the QHIO process has a level approach that allows for provisional approval with some options for organizations to meet the requirements over time. Or to provide certain services for their focused customers and allow participants to select a QHIO that meets minimal requirements if that is all they need. Per Dr. Lane

17:10:39 From Lori Hack to Everyone:

s comments, if only one is selected and qualified, it will be a problem.

17:11:47 From Cynthia Keltner,California Primary Care Association to Everyone:

Is there a timeline for revising and re-releasing the P&P on Privacy and Security Safeguards?

17:12:37 From Courtney Hansen to Everyone:

We anticipate re-releasing the P&P for public comment in the coming weeks.

17:12:40 From Steven Lane to Everyone:

Would a reasonable approach be to require that hospitals distribute ADTs through an HIO until such time that we finalize the requirements for and designation of QHIOs, so that we know what we are requiring. If we have established methods to support HIO-to-HIO exchange this would be enough to meet the needs without prematurely picking winners and losers.

17:13:21 From Deven McGraw to Everyone:

The need to include individuals arises when there is uncertainty about the organizational affiliation of a particular provider.

17:13:38 From Deven McGraw to Everyone:

But I can see delaying including individual

17:13:45 From Deven McGraw to Everyone:

individuals

17:14:07 From Deven McGraw to Everyone:

It is complicated for sure

17:14:22 From Lori Hack to Everyone:

+1 Deven and Steven

17:14:23 From Deven McGraw to Everyone:

Makes me think of the provider directory issue that has flummoxed the feds as well

17:17:03 From Louis Cretaro to Everyone:

Can you use API's between the NPI database and this registry? I think that DB is updated every 90 days

17:17:04 From Jason Buckner to Hosts and panelists:

For the registry, it should have support or technical contacts as well (name/email)

17:18:54 From DeeAnne McCallin to Hosts and panelists:

advance slides please

17:30:46 From DeeAnne McCallin to Hosts and panelists:

next slide please

17:31:04 From David Ford to Everyone:

I find it odd that we didn't talk about AB 1331 & TBL.

17:32:15 From Deven McGraw to Everyone:

I need to drop off, unfortunately. Agree this was a great and helpful meeting!

17:32:40 From William (Bill) Barcellona to Everyone:

Is there any chance that we could have a discussion in a future meeting over the interaction between the DxF and the DHCS Population Health solution, since it appears that this will be a required system for data exchange. Curious how this is envisioned to work together rather than in a duplicative manner.

17:33:49 From David Ford to Everyone:

+1 to Marks comment re Dobbs.

17:34:53 From Cynthia Keltner,California Primary Care Association to Everyone:

+1 to Bill's comment re; DxF and DHCS PHM effort.