

CalHHS Data Exchange Framework Policy and Procedure

Subject: Real-Time Exchange	
Status:	Policy: OPP-[X]
Publication Date:	Version: 1.0

I. Purpose

California AB 133 establishes that the “Data Exchange Framework will be designed to enable and require real-time access to, or exchange of, health information among health care providers and payers through any health information exchange network, health information organization, or technology that adheres to specified standards and policies.” The purpose of this policy is to clarify what meets “real-time access to, or exchange of health information.”

II. Policy

Participants in the Data Exchange Framework must send Health and Social Services Information to other Participants in a timely manner to support important care decisions benefiting all Californians. Any ~~intentional delay or~~ Programmatic Delay in the sharing of Health and Social Services Information shall be considered a violation of this policy and may constitute a violation of the California Information Blocking Prohibitions Policy and Procedure, unless an exception applies under the California Information Blocking Prohibitions Policy and Procedure.

This policy shall be effective January 31, 2024.

III. Procedures

1. **OBLIGATIONS OF PARTICIPANT**

a. The timeliness of data exchange will vary based on the Data Exchange Framework transaction pattern and its associated clinical context:

~~i. In response to an Order for services or a Request for Services, Participant(s) must share the Health and Social Services Information associated with the Order or the Request for Services without delay.~~

~~ii. In response to a query for Health and Social Services Information, Participant(s) must respond without Programmatic Delay.~~

~~iii. Notifications associated with Admission, Discharge, Transfer (ADT) Events must be shared without Programmatic Delay following at the time of the event.~~

~~b. Whether a delay is reasonable or a Programmatic Delay shall be determined based on at least the following factors:~~

~~i. The volume of Health and Social Services Information requested;~~

~~ii. The complexity of the Health and Social Services Information set requested;~~

~~iii. The technology used by the requesting Participant;~~

~~iv. The technology used by the receiving Participant;~~

~~v. The time the request is received;~~

Comment: Current technology and standards do not enable Participants to receive or respond to any Orders originating outside of the Participants' own EHR. For example, there are no content standards for inbound or outbound orders.

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vi. The volume of requests the responding Participant is processing at the time the request is received; and

vii. The responding Participant’s good faith.

c. Absent evidence of bad faith, there is a presumption that a responding Participant’s delay was reasonable. The burden is on the requesting Participant to show that a delay was unreasonable.

IV. Definitions

“**Admission, Discharge, Transfer (ADT) Event**” shall include admission to an acute healthcare facility, discharge from an acute healthcare facility, or transfer from one acute healthcare facility to another healthcare facility.

“**Notifications**” shall mean the transactions that include the details of an Admission, Discharge or Transfer (ADT) Event including patient identifiers, the healthcare facility associated with the event, event date and time, and the diagnosis or reason associated with the event.

“**Order**” shall mean any request for diagnostic services placed by a health professional, including but not limited to requests for diagnostic clinical laboratory and radiology services.

“**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 ~~and-or~~ that the Participant cannot address by using commercially reasonable efforts. A reasonable delay in order to fulfill the request that is a result of a Participant’s lack of an electronic health record is not a Programmatic Delay.

“**Request for Services**” shall mean any request for health or social services, including but not limited to clinical consultation or assessment from or referrals to a health professional or referral to social services.

All other capitalized terms not defined herein shall have the same meaning as set forth in the Data Sharing Agreement.

V. References

VI. Related Policies and Procedures

California Information Blocking Prohibitions

Technical Requirements for Exchange

VII. Version History

	Date	Author	Comment
	January 12, 2023	CalHHS CDII	Draft for public comment