



# Data Exchange Framework

## Information is Power Webinar Series

March 23, 2023

### Webinar 7

How the DxF Supports CalAIM & Other DxF Program Updates



# Q&A Procedure

- Please submit your questions through the Zoom Q&A function.
- CDII will select questions to be answered live during the webinar as time allows.
- If your question was not answered during the session and you would like to follow up with CDII, please submit it to [cdii@chhs.ca.gov](mailto:cdii@chhs.ca.gov).

# Speaker Introductions



**DeeAnne McCallin**

Deputy Director,  
Data Exchange Framework,  
CDII



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Chief Quality Officer & Medical Officer,  
Deputy Director, Quality and Population  
Health Management (QPHM), DHCS

# Agenda



- Vision for Data Exchange in California
- Data Exchange Framework (DxF) Program Updates & FAQs
- CalAIM Data Exchange Initiatives
- Wrap-up & Q&A

# Vision for Data Exchange in California



# 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.



# DxF Program Updates



# DxF this Month

Since our last *Information is Power* webinar on February 21, CDII and stakeholders have continued to advance DxF implementation across several domains.



## Governance

- CDII facilitated the joint IAC & DSA P&P SC meeting on March 21st, reviewing adjustments to draft P&Ps and updates to the QHIO Program and DSA Signatory grants.



## DSA P&P Development

- CDII reviewed stakeholder input on five draft/amended P&Ps from the public comment period.
- CDII reviewed a summary of public comment received, proposed responses, and anticipated next steps for the P&Ps at the March IAC meeting.



## DxF Grants

- CDII is finalizing eligibility criteria and funding parameters for QHIO Onboarding and Technical Assistance Grant domains.



## QHIO

- CDII discussed the QHIO Program and criteria at the March joint IAC + DSA P&P SC meeting.



# Frequently Asked Questions (FAQ) (1 of 2)

Question	Answer
What skilled nursing facilities are required to sign the DSA?	<ul style="list-style-type: none"><li>• Skilled nursing facilities as defined in Section 1250 of the California Health &amp; Safety Code that maintain electronic records or "electronic health information" as defined in Section 171.102 of Title 45 of the Code of Federal Regulations.</li></ul>
Are solo practices (medical practice owned by a single physician) considered "physician organizations and medical groups" that are required to sign the DSA?	<ul style="list-style-type: none"><li>• <b>Yes.</b> Solo practices are required to sign the DSA but are not required to implement the DSA until January 31, 2026. Any physician organization or medical group with one or more physicians is required to sign the DSA.</li></ul>

For more information, please reference the DxF [Frequently Asked Questions \(FAQ\)](#) document on the [DxF Website](#).

# Frequently Asked Questions (FAQ) (2 of 2)

## Question

If my organization is a Covered Entity under HIPAA, how can I share protected health information with a non-Covered Entity participant, like a social service organization, under the DSA?

## Answer

- The DSA does not require your organization to share protected health information with non-Covered Entities, such as a social services organization.
- The DSA permits sharing between a Covered Entity and non-Covered Entity when you have a valid authorization from the patient or patient's representative or the disclosure is otherwise permitted or required by applicable law. (See *DSA, Section 6(a); Privacy and Security Safeguards P&P*).
- For more information on how Covered Entities can share protected health information with non-Covered Entities, please see the [State Health Information Guidance \(SHIG\)](#), particularly [SHIG Vol. 1.I: Sharing Behavioral Health Information in California](#), especially Scenario 4, and the scenarios in [SHIG Vol. 2.0: Sharing Health Information to Address Food and Nutrition Insecurity in California](#).

# Securing & Operationalizing Data Exchange

Question	Answer
How will patient data be secured?	<ul style="list-style-type: none"><li>• The Data Exchange Framework is not a technology, but instead rules of the road for how organizations will provide access to and exchange health and social services information.</li><li>• Patient data will not reside on any state DxF system.</li><li>• The <a href="#">Permitted, Required and Prohibited Purposes P&amp;P</a> describes the purposes for which Participants are required or permitted to exchange health and social services information</li><li>• The <a href="#">Privacy and Security Safeguards P&amp;P</a> describes the minimum privacy and security safeguards that all DxF Participants must implement.</li></ul>
How will data exchange be operationalized?	<ul style="list-style-type: none"><li>• The Data Exchange Framework lays out rules of the road for how organizations will provide access to and exchange health and social services information.</li><li>• The DxF is not a specific technology. Participants in the DxF are free to choose any health information exchange network, health information organization, or technology to exchange health and social services information that adheres to the requirements of the DSA and its accompanying P&amp;Ps.</li><li>• CDII anticipates that many Participants will choose to use a nationwide network or one of California's several Health Information Organizations (HIO) to meet some or all of their DSA obligations to exchange data.</li></ul>

# Who Must Sign the DSA?

#	Required Signatory Type
1	General acute care hospitals, as defined by Health and Safety Code (HSC) section 1250.
2	Physician organizations and medical groups.
3	Skilled nursing facilities, as defined by HSC section 1250, that currently maintain electronic records.
4	Health care service plans and disability insurers that provide hospital, medical, or surgical coverage that are regulated by the Department of Managed Health Care or the Department of Insurance. This section shall also apply to a <u>Medi-Cal managed care plan under a comprehensive risk contract</u> with the Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code that is not regulated by the Department of Managed Health Care or the Department of Insurance.
5	Clinical laboratories, as that term is used in Section 1265 of the Business and Professions Code, and that are regulated by the Department of Public Health.
6	Acute psychiatric hospitals, as defined by HSC section 1250.

This includes organizations required to begin sharing data by January 31, 2024, and January 31, 2026.

# 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



CalHHS CalHHS Data Sharing Agreement Signing Portal

Welcome to the CalHHS Data Sharing Agreement Signing Portal!

Signing the Data Sharing Agreement is a critical next step toward full implementation of the Data Exchange Framework.

It's time to ensure every Californian, no matter where they live, can trust that their health and social services providers can securely access critical patient information to provide safe, effective, whole person care.

Data Sharing Agreement

Register to Start

## 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.

# 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

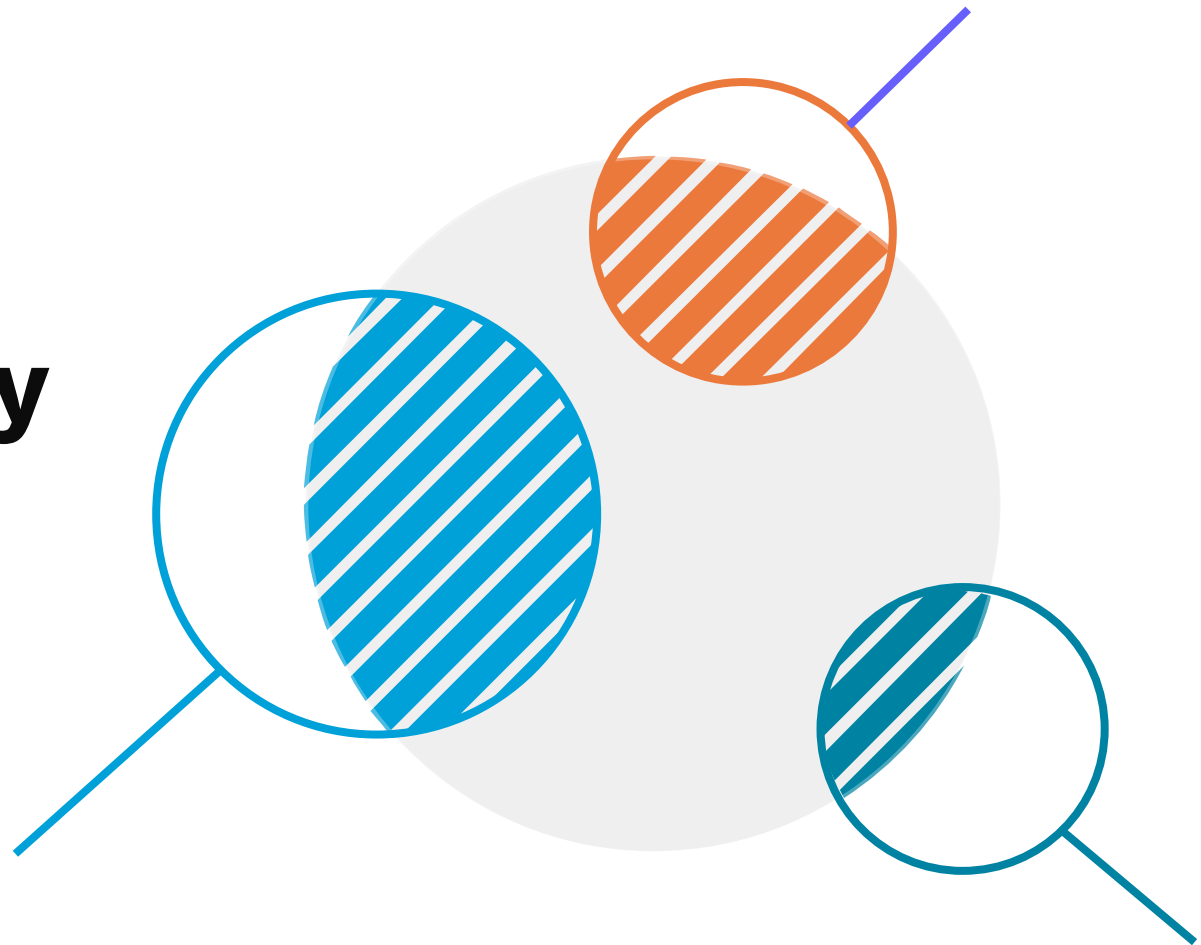
The full list of organizations that have signed the DSA is available [on the DxF website](#).

# CalAIM Data Exchange Initiatives



# Healthcare today is fragmented

With bits and pieces of data,  
we cannot see the full picture





# CalAIM Initiative

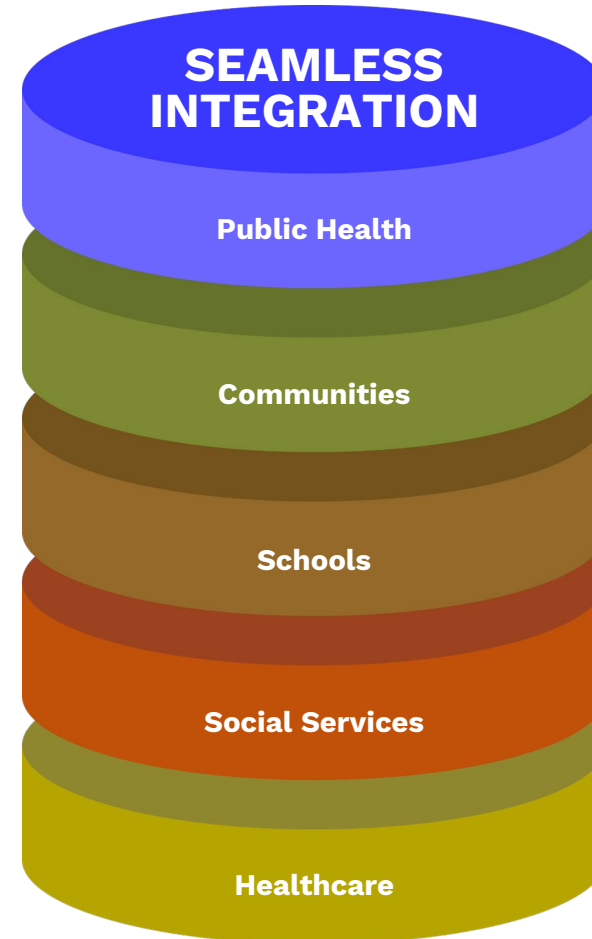
**CalAIM's bold Medi-Cal transformation expands on the traditional notion of "the health care system." It is much more than a doctor's office or hospital; it also includes community-based organizations and non-traditional providers that together can deliver equitable, whole-person care.**

## CalAIM Transformation Means:

- » Meeting the needs of the whole person
- » Engaging health providers who are trusted and relatable
- » Expanding Community Supports and proactive upstream services
- » Promoting community engagement
- » Making the best use of partners and resources

# The future of healthcare

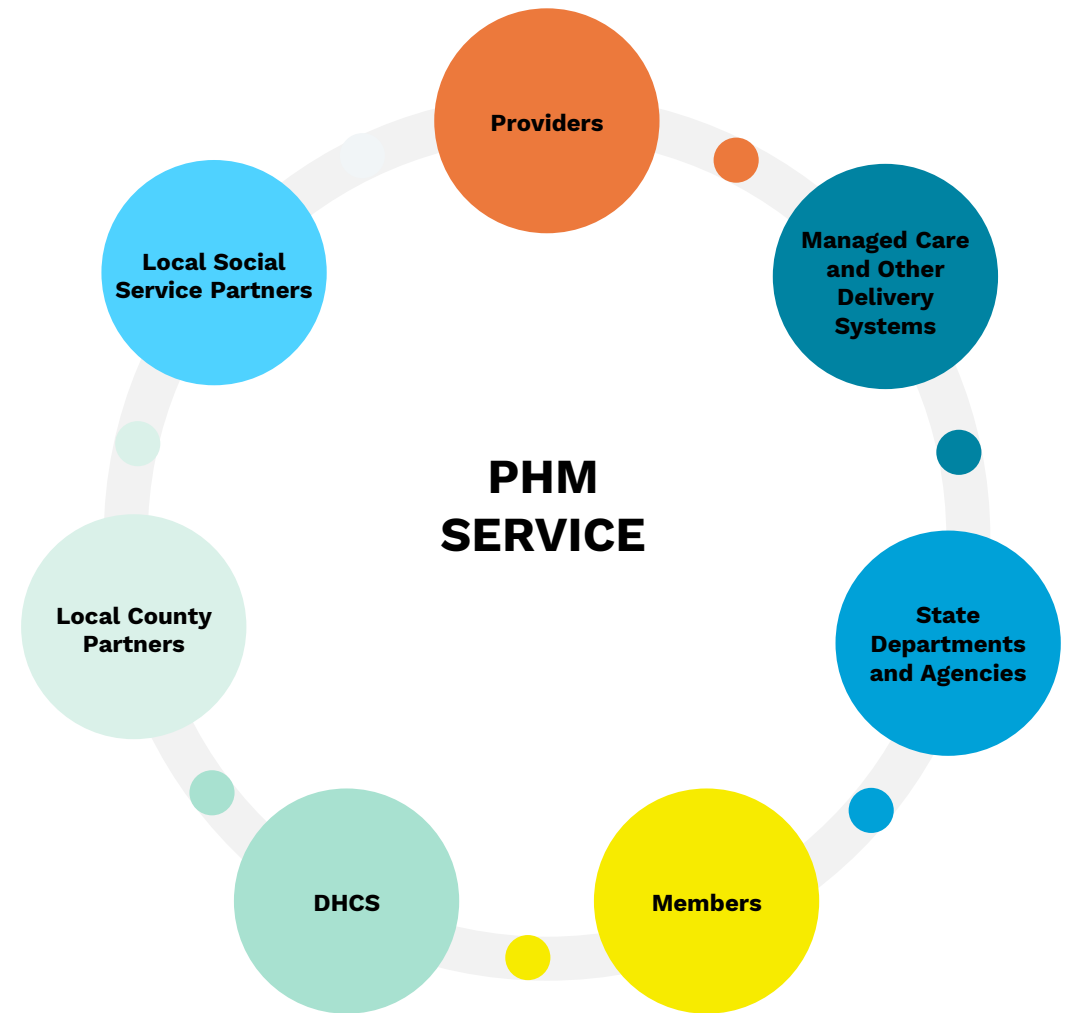
- Breaking out of healthcare's four walls
- DHCS' Population Health Management Service
  - The PHM Service will aggregate, link, and provide access to a variety of data types and support key population health functions.



PHM SERVICE:

# Meeting the needs of diverse users

Allowing integrated access for all the parts of our healthcare system



# Member ownership and equity

Giving users health data autonomy looks like:

**01**

Easy access to see their data

**02**

Power to edit on this platform as needed

**03**

Owning the data about them

**04**

Power over how their data is used and shared

# Why is this so important?

## BOLD GOALS: 50x2025

### STATE LEVEL



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



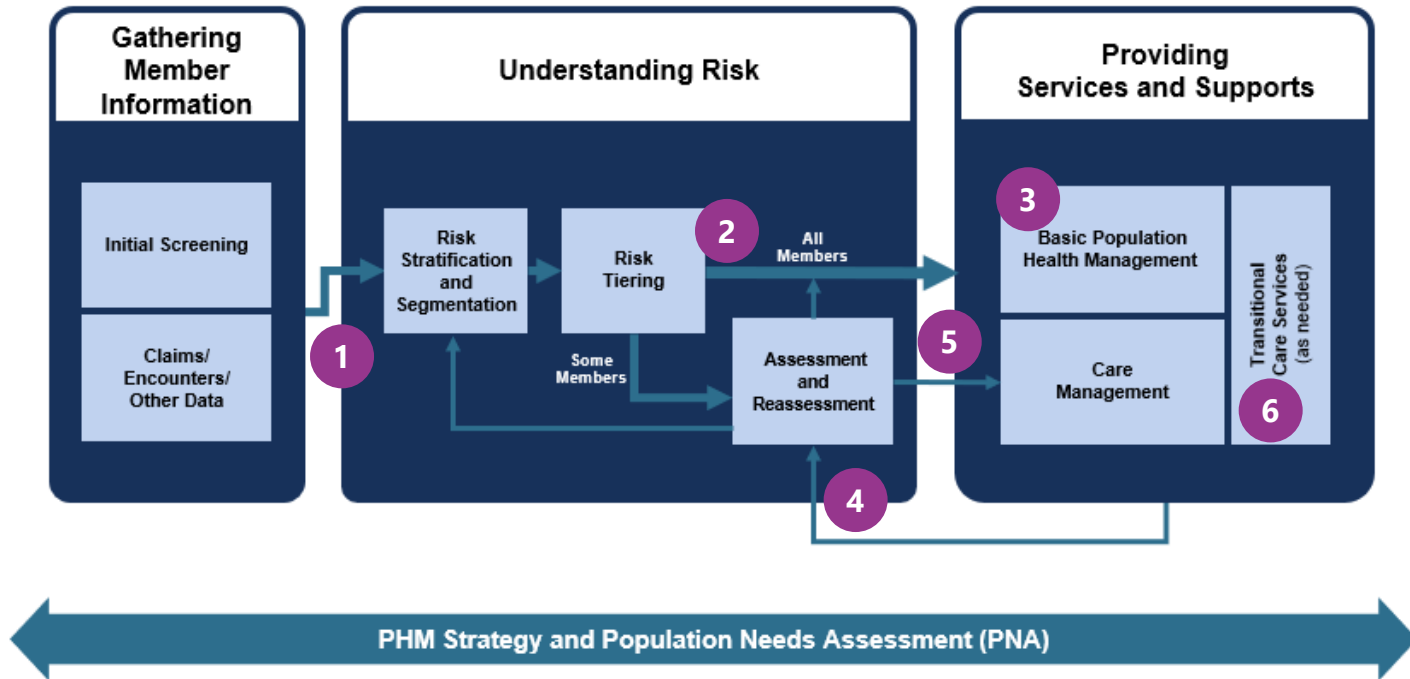
Improve follow up for mental health and substance use disorder by 50%



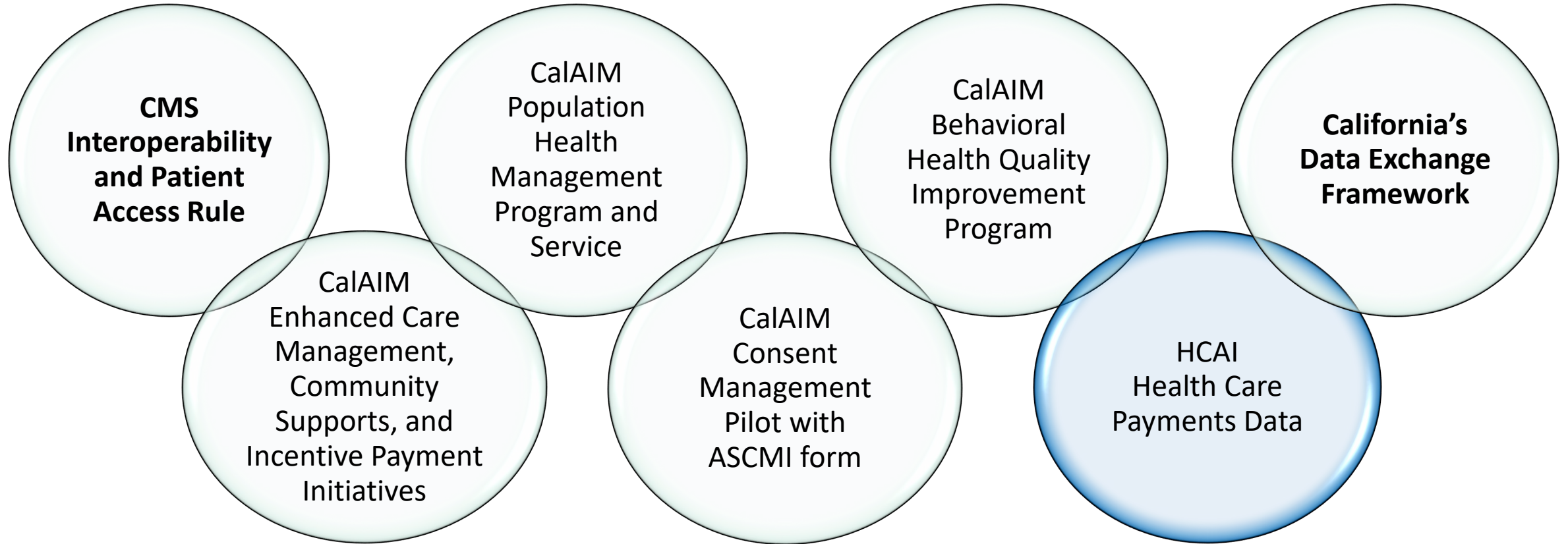
Ensure all health plans exceed the 50th percentile for all children's preventive care measures

# Member Vignette: PHM in Action

- 1 Linda has her first prenatal appointment; Her provider does a history and physical, diagnosing her with gestational diabetes. Her health plan receives the information.
- 2 A care coordinator from Linda's health plan reaches out and connects Linda to WIC services and a doula
- 3 At 28 weeks, Linda is diagnosed with high blood pressure and depression, referred to high risk pregnancy specialist and is enrolled in CCM.
- 4 At 37 weeks pregnant, Linda is diagnosed with preeclampsia and admitted for labor induction. Supported by her doula, she delivers her healthy son, Jacob. Her CCM care manager helps with the transitions from hospital
- 5 Linda's health conditions have resolved. Linda and Jacob receive dyadic services during Jacob's well child visits. Linda no longer needs support from CCM. Her plan continues to monitor and support her family through BPHM.



# How does the Data Exchange Framework fit in?



## **HITECH Initiatives Created a Base: 2009-2021**

HIE Cooperative Program

Promoting Interoperability Program

CTAP

Cal-HOP

# References

- California Advancing and Innovating Medi-Cal ([Cal-AIM](#))
- Authorization to Share Confidential Medi-Cal Information (ASCMI) Form [Pilot](#)
- Health Information Technology for Economic and Clinical Health (HITECH) Act - [Medi-Cal Promoting Interoperability Program](#)
  - California Technical Assistance Program ([CTAP](#))
  - California Health Information Exchange Onboarding Program ([Cal-HOP](#))
- Department of Health Care Access and Information (HCAI) Health Care Payments Data ([HPD](#)) Program
- CalHHS Data Exchange Framework ([DxF](#))



# Wrap-up & Q&A



# Question & Answer



# Stay Involved

1

Join our next *Information is Power* webinar on April 18, 2023 from 10:00 AM – 11:00 AM PT

2

Participate in IAC and DSA P&P SC meetings.

- DSA P&P Meeting #6: April 18, 2023, 12:00 PM – 2:30 PM
- IAC Meeting #6: April 24, 2023, 10:30 AM to 1:00 PM

Meeting materials, participant information, and recordings will be posted on the CalHHS DxF website

3

Join the mailing list by emailing [cdii@chhs.ca.gov](mailto:cdii@chhs.ca.gov)

CDII welcomes suggestions for future webinar topics.

# DxF Website Resources

For more information on the DxF, please visit our [Website](#).

## There you can find:

- The DxF, DSA, and P&Ps.
- Information about the QHIO and DxF Grant programs.
- Materials from previous and upcoming meetings, webinars, and listening sessions.
- FAQs on the DxF Data Sharing Agreement and the DSA Signing Portal.