**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 #6 Transcript (10:30AM – 12:30PM PT, April 24, 2023)**

The following text is a transcript of the April 24 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.*

WEBVTT

1
00:00:09.870 --> 00:00:14.550
CalHHS CDII: Yeah. Oh, you're gonna sit here.

2
00:00:14.640 --> 00:00:21.340
CalHHS CDII: But that is there. No, no, no, there's no there's yeah, plenty of room.

3
00:00:30.440 --> 00:00:46.490
Emma P - Events: all right. We'll go ahead and get started. Hello, and welcome. My name is Emma and I'll be in the background to support with Zoom. If you experience technical difficulties, please type your question into the Q. A live, close caption is available. Just click CC. On the bottom of your zoom window to enable or disable.

4
00:00:47.890 --> 00:00:49.520
Emma P - Events: There are a few ways that

5
00:00:49.730 --> 00:01:11.470
Emma P - Events: you may participate today. Members who are on site are encouraged to log in through. Zoom. Please keep laptops, video microphone and audio off for the duration of the meeting. The rooms, cameras and microphones will broadcast video and audio for the meeting instructions for connecting to the Wi-fi or in the room and email quad bang with any technical or logistical questions about onsite meeting participation.

**6**
00:01:13.070 --> 00:01:28.880
Emma P - Events: Participants may submit comments and questions through the Zoom. Q. And a. 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 at Chhs. Ca: Gov.

**7**
00:01:28.970 --> 00:01:34.590
Emma P - Events: Questions that require follow up should be sent to Cbii at Chhs.

**8**
00:01:36.270 --> 00:01:59.480
Emma P - Events: Members of the public, I see, and subcommittee members must raise their hand for zoom facilitators to unmute them to share comments. The chair will notify participants of appropriate times to volunteer feedback. If you're on site and logged into zoom press, raise hand in the reactions area, and if selected to share your comment, please begin to speaking and do not unmute your laptop. The rooms microphones will broadcast your audio.

**9**
00:01:59.600 --> 00:02:05.090
Emma P - Events: If you're on site and not logged in through, Zoom physically, raise your hand and the chair. Will recognize you

**10**
00:02:05.170 --> 00:02:24.820
Emma P - Events: if you're off-site and logged in through zoom, press, raise hand in the reactions area. If selected, you'll receive a request to unmute and please ensure you accept before speaking, and if you're on the phone. Only today Press Star 9 on your phone to raise your hand. Listen for your phone number, and if selected to share your comment, please ensure you are unmuted on your phone by Pressing Star. 6

**11**
00:02:26.200 --> 00:02:34.310
Emma P - Events: public comment will be taken during the meeting at designated times. It will be limited to the total amount of time allocated for public comment on particular issues.

**12**
00:02:34.320 --> 00:02:41.360
Emma P - Events: The chair will call on individuals in the order in which hands were raised, beginning with those in the room, and followed by those dialed in or connected remotely.

**13**
00:02:41.590 --> 00:02:48.250
Emma P - Events: Individuals, will be recognized for up to 2Â min, and are asked to state their name and organizational affiliation. At the top of their statements.

**14**
00:02:48.690 --> 00:02:57.910
Emma P - Events: Participants are encouraged to use the comment box to ensure all feedback is captured or email comments to Cdi at Chhs. Ca.

00:03:02.800 --> 00:03:05.010
Emma P - Events: And with that i'll hand it over to John O'brien.

16
00:03:06.150 --> 00:03:20.270
CalHHS CDII: You so much, Jama. Thank you. Everyone, thanks for joining us and welcome to our combined meeting of the California Health Agreement services, data, exchange, framework, implementation advisory Committee and our data sharing agreement and policies and procedures.

17
00:03:21.550 --> 00:03:38.510
CalHHS CDII: So the rules okay, during our time together. Today we will be discussing updates to the Qh. I/O Application and Program development, the Data Exchange Framework Grant program implementation and drafting the data sharing agreement in piece. So let's start with a quick roll call.

18
00:03:38.510 --> 00:03:42.690
CalHHS CDII: Andrew Byman is not able to join us. They saw it up to Joe Biden

19
00:03:42.720 --> 00:03:47.560
CalHHS CDII: just not in person. There we go.

20
00:03:48.260 --> 00:03:50.570
CalHHS CDII: Good morning, Andrew.

21
00:03:51.850 --> 00:03:53.970
CalHHS CDII: Welcome. Okay, Joe. Yes.

22
00:03:55.790 --> 00:03:57.640
Joe Diaz: All right. Here. Good morning.

23
00:03:58.420 --> 00:04:00.590
CalHHS CDII: Good morning. David Ford.

24
00:04:00.630 --> 00:04:02.250
CalHHS CDII: Hello.

25
00:04:02.440 --> 00:04:03.800
CalHHS CDII: Michelle Gibbons.

26

00:04:07.400 --> 00:04:11.850
CalHHS CDII: I see Aaron right there.

27
00:04:11.960 --> 00:04:14.650
CalHHS CDII: Sorry. Cameron Kaiser.

28
00:04:14.900 --> 00:04:15.910
Cameron Kaiser: Good morning.

29
00:04:16.779 --> 00:04:17.660
CalHHS CDII: morning.

30
00:04:18.160 --> 00:04:20.260
CalHHS CDII: Troy

31
00:04:21.110 --> 00:04:22.480
CalHHS CDII: Cindy Kelner.

32
00:04:23.270 --> 00:04:26.980
Jonathan DiBello: They do. 9 0 6 9 4.

33
00:04:27.550 --> 00:04:28.450
CalHHS CDII: Oh, yeah.

34
00:04:29.380 --> 00:04:34.690
CalHHS CDII: All sorts of fun today. Andrew Keith call Kempsey

35
00:04:37.710 --> 00:04:39.100
CalHHS CDII: Lane equipments.

36
00:04:47.440 --> 00:04:48.630
CalHHS CDII: Amy Miller.

37
00:04:48.890 --> 00:04:49.830
Amie Miller: Good morning.

38
00:04:50.800 --> 00:04:53.790
CalHHS CDII: Oh, my gosh. Polly Moderacy!

39
00:04:53.860 --> 00:04:54.810
Ali Modaressi: Good morning!

40
00:04:56.050 --> 00:04:56.960
CalHHS CDII: Pointing on

41
00:04:57.210 --> 00:04:59.980
Jonathan Russell: Jonathan Russell. Good morning, everyone.

42
00:05:01.640 --> 00:05:05.180
CalHHS CDII: Morning. Karen 7 Savage thing One

43
00:05:08.160 --> 00:05:09.530
CalHHS CDII: You're in joining us.

44
00:05:09.660 --> 00:05:14.130
CalHHS CDII: Kathy Sandling Mcdonald, I believe, is not attending.

45
00:05:15.110 --> 00:05:16.220
CalHHS CDII: Deal with soup.

46
00:05:16.550 --> 00:05:19.580
CalHHS CDII: Okay, and Jim Wallace. Good morning.

47
00:05:20.320 --> 00:05:24.520
CalHHS CDII: All right. I'm going to hand it over to the Vm. To go over our

48
00:05:24.530 --> 00:05:32.900
Troy Kaji: Thank you. Roll Call for the data sharing agreement.

49
00:05:33.000 --> 00:05:34.040
Troy Kaji: That's that's

50
00:05:39.300 --> 00:05:52.980
CalHHS CDII: or meeting There we go. That should be better, all right great, and apologies in advance. If I mispronounce anybody's name wrong, she's our Teja

51
00:05:57.480 --> 00:05:58.910

CalHHS CDII: Bill Barcelona.

52
00:05:59.240 --> 00:06:00.630
William (Bill) Barcellona: I'm. Here. Thank you.

53
00:06:01.810 --> 00:06:03.120
CalHHS CDII: Shelley. Brown.

54
00:06:04.110 --> 00:06:05.190
Michelle (Shelley) Brown: Good morning.

55
00:06:06.630 --> 00:06:07.990
CalHHS CDII: Jason Buckner.

56
00:06:08.540 --> 00:06:09.650
Jason Buckner: Good morning.

57
00:06:10.860 --> 00:06:13.750
Mark Savage: Yeah, it's pretty hard to

58
00:06:17.360 --> 00:06:18.850
CalHHS CDII: Matthew Heisenberg.

59
00:06:19.470 --> 00:06:20.870
Matthew Eisenberg: Good morning. I'm: online.

60
00:06:22.130 --> 00:06:23.590
CalHHS CDII: The

61
00:06:24.790 --> 00:06:25.940
Elaine Ekpo Di Biasi - DSH: Good morning.

62
00:06:27.390 --> 00:06:29.310
CalHHS CDII: John. How Me? Good morning.

63
00:06:29.700 --> 00:06:32.080
Sanjay Jain: San Jj: Good morning.

64

00:06:33.410 --> 00:06:34.890
CalHHS CDII: Brian Johnson.

65
00:06:39.360 --> 00:06:41.740
CalHHS CDII: Diana Camper Tom.

66
00:06:45.270 --> 00:06:46.820
CalHHS CDII: just in.

67
00:06:47.370 --> 00:06:48.600
Justin Kaltenbach: Hello! Good morning.

68
00:06:50.400 --> 00:06:51.620
CalHHS CDII: Helen Kim.

69
00:06:52.420 --> 00:06:53.750
Helen Kim: Good morning. I'm Here.

70
00:06:54.920 --> 00:06:56.760
CalHHS CDII: Steven Lane. Here.

71
00:06:57.950 --> 00:06:59.520
CalHHS CDII: Lisa, Monsieur

72
00:07:03.860 --> 00:07:05.210
CalHHS CDII: Devin, Mcgrath.

73
00:07:05.370 --> 00:07:06.790
Deven McGraw: I'm here.

74
00:07:08.080 --> 00:07:09.430
CalHHS CDII: Jackie Nordle.

75
00:07:09.610 --> 00:07:10.790
Jackie Nordhoff: Good morning.

76
00:07:11.700 --> 00:07:13.770
CalHHS CDII: Eric Rafael morning.

00:07:14.160 --> 00:07:17.440
CalHHS CDII: Mark Savage Morning. Tom Schwinger.

78
00:07:17.690 --> 00:07:18.670
Tom Schwaninger, L.A. Care Health Plan: Good morning.

79
00:07:19.680 --> 00:07:21.190
CalHHS CDII: Morgan. Stains.

80
00:07:21.830 --> 00:07:24.310
Morgan Staines, DHCS (he): Good morning. I'm here remotely this time.

81
00:07:25.840 --> 00:07:27.410
CalHHS CDII: Elizabeth Stefan.

82
00:07:27.580 --> 00:07:29.120
Elizabeth Steffen: Present. Good morning.

83
00:07:30.050 --> 00:07:31.390
CalHHS CDII: Lead team

84
00:07:31.610 --> 00:07:33.210
Lee Tien: here. Thank you.

85
00:07:34.780 --> 00:07:37.850
Terry Wilcox: and Terry Wilcox. Good morning.

86
00:07:38.430 --> 00:07:46.090
CalHHS CDII: I believe that Belinda Waltman was not able to attend today. Great attendance, everyone, both of the 2 lists of roll call. Thank you.

87
00:07:48.230 --> 00:07:55.010
CalHHS CDII: Already we are able to go on to the next slide. and I'll lead us into our vision.

88
00:07:56.550 --> 00:07:57.920
CalHHS CDII: And next slide

89
00:08:00.300 --> 00:08:15.370

CalHHS CDII: we have an ambitious vision for data exchange in California. Once implemented across California, the data exchange framework will create new connections and efficiencies between health and social services, providers improving whole person care.

90
00:08:15.550 --> 00:08:32.549
CalHHS CDII: The the data Exchange framework is California's first ever statewide data sharing agreement 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 well being

91
00:08:34.190 --> 00:08:35.570
CalHHS CDII: next slide, please

92
00:08:38.340 --> 00:08:48.950
CalHHS CDII: our meeting objectives for today's meeting Number 6, and this is a combined iac and data, sharing agreement, policy and procedure meeting. We will be

93
00:08:48.960 --> 00:09:01.330
CalHHS CDII: providing an update on the queue, the qualified health information organization or Qh. I/O program. provide an update on the criterion timeline for the Dsa. Signatory grants.

94
00:09:01.440 --> 00:09:07.950
CalHHS CDII: discuss updates on policies and procedures, those that are in development and whole public comment.

95
00:09:09.180 --> 00:09:10.510
CalHHS CDII: Next slide, please.

96
00:09:16.830 --> 00:09:32.500
CalHHS CDII: So for ongoing reference. Here is a data exchange framework implementation timeline. We'll be covering these dates in more detail throughout today's meeting. Of course, we're currently in April 2,023, where there are draft.

97
00:09:32.530 --> 00:09:41.450
CalHHS CDII: Qh I/O. Applications released to the for public comment along with a policy and procedure. And please note that those are draft.

98
00:09:41.650 --> 00:09:52.510
CalHHS CDII: and we'll be moving into May in short order, where we'll be launching the signatory grant applications for both technical assistance

99

00:09:52.590 --> 00:10:01.840
CalHHS CDII: and well, or Qh. I/O on boarding and to today we'll be presenting on both of those topics in greater detail.

100
00:10:03.840 --> 00:10:05.210
CalHHS CDII: Next slide, please

101
00:10:08.450 --> 00:10:20.010
CalHHS CDII: Alrighty. So a reminder that we have mandatory signature signatories who should sign the Dsa immediately. Again. If you're new to this, the Dsa is the data sharing agreement.

102
00:10:20.270 --> 00:10:31.610
CalHHS CDII: Mandatory signatories were required to execute the Dsa by January, 30, first of 2,023. So a couple of months ago we encourage those who have not yet signed

103
00:10:31.630 --> 00:10:34.580
CalHHS CDII: to sign as soon as possible.

104
00:10:34.640 --> 00:10:50.760
CalHHS CDII: There is the signing portal. That is an active portal. It's still open, and it will remain open that you can go to register to start the end user account, and then you navigate through the signing portal to sign the Dsa. There's also a help.

105
00:10:50.760 --> 00:10:59.840
CalHHS CDII: but on the top right of that first home landing page of the signing portal. If you have any questions about how to navigate through the portal.

106
00:11:00.000 --> 00:11:14.010
CalHHS CDII: there's also more information on the California Cal Hhs Data Exchange framework website, including a copy of the final Dsa. That you can download if you're not navigating into the signing portal to access

107
00:11:14.040 --> 00:11:29.090
CalHHS CDII: and read and review the policies and procedures be the final or draft. There's now. There are now 13 policies and procedures that are posted in 2, 2 or 3 different places on the website, fa cues.

108
00:11:29.090 --> 00:11:36.960
CalHHS CDII: historical meeting materials and recordings for meetings such as these, and and other Webinars informational and educational Webinars.

109

00:11:36.960 --> 00:11:49.450
CalHHS CDII: and a list of the Dsa signatories who have signed to date. We do thank everybody who is signed to date, and again encourage anybody who is a mandated signatory who is not get signed to sign.

110
00:11:49.690 --> 00:12:00.250
CalHHS CDII: and you can always contact Cdi if you have any questions or what our email is. Cdi i@chhs.ca.go

111
00:12:01.580 --> 00:12:02.910
CalHHS CDII: next slide, please.

112
00:12:05.750 --> 00:12:15.460
CalHHS CDII: and a roadmap for the upcoming few months coming ahead of what we plan to be meeting and covering During these Iac and subcommittee meetings

113
00:12:15.460 --> 00:12:29.600
CalHHS CDII: today is April 20 fourth will be meeting Number 7 on June fifth, where I believe that is an Iac meeting, and at this time not a combined subcommittee meeting for the policies and procedures

114
00:12:29.670 --> 00:12:33.270
CalHHS CDII: I could be running on that. But we'll check in

115
00:12:33.410 --> 00:12:46.470
CalHHS CDII: updating on Pms and development. The Qh. I/O program as it's progressing along in the Grant program, the implementation updated June. By then we we fully expect to have the Grant application window and things flowing.

116
00:12:46.770 --> 00:13:01.830
CalHHS CDII: July. The we expect to have some data Exchange Board updates, more information on the Grants program and the Qh. I/O. Actually, the announcement of what organizations had applied and were approved and

117
00:13:01.850 --> 00:13:15.390
CalHHS CDII: named qualified health information organizations, and then the tentative date for August the 20 eighth, with continued to update on any policies and procedures that are employed or in development at that time.

118
00:13:15.620 --> 00:13:31.860

CalHHS CDII: and then the bottom half of the slide are the the Dsa policy and procedure subcommittee meeting Topics may 25 for an update on the pnps and reviewing draft language and release, releasing Pmps for public comment.

119
00:13:31.860 --> 00:13:37.990
CalHHS CDII: June, 20, seventh, and August seventeenth. So note that all of These are tentative dates.

120
00:13:39.040 --> 00:13:40.390
CalHHS CDII: Next slide, please.

121
00:13:42.250 --> 00:13:50.930
CalHHS CDII: and with that i'll be passing on to my colleague, Cindy Barrow, with a man that help to go into some information on the Qh. I/O program.

122
00:13:52.200 --> 00:13:55.020
Cynthia Bero: Thank you, Deanne. Next slide, please.

123
00:13:56.380 --> 00:14:23.550
Cynthia Bero: So, as you know, and as the end reference, we've been working with you over the past several months to design an application that we could use to identify the health information organizations that are qualified in, you know, for the date, exchange framework in essence that have, you know, can support the secure and confidential exchange of information for those signatories who need those services

124
00:14:23.550 --> 00:14:41.940
Cynthia Bero: we are expecting to. We Well, last week we posted the draft application for public comments, and and we will also be using that application to test some of our assessment processes next slide.

125
00:14:44.690 --> 00:15:01.240
Cynthia Bero: So. The application, as you know, is touches on the organization, privacy, and security, functional capabilities, and expected operations. I I encourage you all to go look at the draft that's on the Cdi website. If you have.

126
00:15:01.240 --> 00:15:20.110
Cynthia Bero: you know, comments and feedback, please do provide them. The comment period is open until May fifteenth, at which time we will synthesize all the comments we received, and look forward to posting a final application for organizations that are interested in applying during the the June time period

127
00:15:21.220 --> 00:15:27.950

Cynthia Bero: and the information about the public comment, a pro process will be found on the website

128
00:15:29.500 --> 00:15:30.610
Cynthia Bero: the next slide.

129
00:15:33.360 --> 00:15:35.560
Cynthia Bero: So this is just a a a

130
00:15:35.560 --> 00:16:00.360
Cynthia Bero: slightly focused version of the timeline at the end just shared. It really does highlight on the bottom. The the events associated with the Q. H. I/O program. So they April date. There reflects the release for public comment, and then there will be a lot of work between now and July when we are anticipating the announcement of the Qh. Ios.

131
00:16:00.520 --> 00:16:13.630
Cynthia Bero: So I look forward to hearing from all of you, as you look at the draft and provide feedback, and and also want to take this moment to thank you all for the feedback you've provided in the past several months in the development of this work.

132
00:16:14.010 --> 00:16:16.800
Cynthia Bero: and with that I will turn it over to Juliet.

133
00:16:22.000 --> 00:16:23.600
Juliette Mullin: Great, Thank you, Cindy.

134
00:16:24.750 --> 00:16:42.310
Juliette Mullin: I'll take us to the next slide. So we're gonna transition now into a brief grant program implementation update. We wanted to take a moment to update this group on where we are with our 4 documents and the implementation process here.

135
00:16:42.350 --> 00:17:01.730
Juliette Mullin: So this is in particular an update on the Dsa signatory grant program, which this group overall is a grant program that's allocating up to 47 milliondollars for grants designed to provide direct support to signatories of the Dsa. In their efforts to implement the Dsa.

136
00:17:04.950 --> 00:17:19.170
Juliette Mullin: As you may remember, from our last meeting. There are 2 core organizations that Cdi has contracted with to administer the Dsa signatory Grant program. We wanted to remind this group of those organizations. Briefly.

137

00:17:19.170 --> 00:17:38.440
Juliette Mullin: the first is public consulting group. Cbi has contracted with Pcg. To be the third party. Grants administration administrator for the Dsa signatory grants over the coming months. Pcg. Will be working closely with Cdi to stand up a grant application portal

138
00:17:38.440 --> 00:17:46.120
Juliette Mullin: to do the application, review and support Cdi, and making decisions about awards and funding requests.

139
00:17:46.320 --> 00:18:22.850
and to actually manage all of all of the process of milestone attestation and funding disbursements for grantees once awarded. In addition, Cdi has contracted with the California Association of health information exchanges to provide application. Grant right, the application, writing support for organizations that are applying for the Qh. I/O. Onboarding grants specifically, and what that means is that over the coming months Kay High will be working with Cdi to assist organizations, applying in that Grant domain, with the process of completing and submitting their grant applications for the Qh. I/O. Onboarding Grant domain.

140
00:18:23.210 --> 00:18:34.550
Juliette Mullin: In addition to that, Kay High will also be working with Cdi on some targeted outreach efforts for eligible signatories to help promote the grant program and support applicants and completing these applications.

141
00:18:36.550 --> 00:18:54.800
Juliette Mullin: So the question on everyone's mind is always, when when is this going to launch. So, as we've shared in the past, Cdi, I intend to launch this program over the course of 3 rounds at minimum, and we're expecting to open the first round of applications in mid-may.

142
00:18:54.800 --> 00:19:24.790
Juliette Mullin: This application round, as we get a little bit closer to the date, will announce a specific date for the opening of the round, but this round is expected to run for one month, and it is a short expedited round to support organizations who are required to implement the Dsa. To support them in rapid implementation efforts. And we'll. We'll run for approximately one month.

143
00:19:25.100 --> 00:19:38.090
Juliette Mullin: and then in Q. 3. Cdi expects to do a full round, with broader eligibility that runs for a 3 month period, and and gives applicants a broad, a longer period of time to apply

144
00:19:38.930 --> 00:19:53.160
Juliette Mullin: Cdi. I may do additional rounds beyond the first 3, and that will depend on the volume of applications and the scoring for the first 3 rounds, and it'll provide notice for those rounds over the coming months as we get closer.

145

00:19:56.330 --> 00:20:26.970
Juliette Mullin: And finally i'll share one core update here. Cdi is going to be releasing a application guidance document this week on the Cdi website. That includes extensive detail about the Grant program, answering really many levels of detail down for applicants on all of the different nuances of eligibility, all the different nuances, nuances of funding, and the application process, and that'll be a resource available shortly for applicants on the Cdi website.

146
00:20:27.220 --> 00:20:55.000
Juliette Mullin: We will also be posting the templates shortly, the actual application template which will be making available on the Cdi website in advance of the portal opening. So you'll recall that first round. It's just a one month round. It's open for one month, but we'll be making the template available in advance on the website, so that folks can read both the guidance document and the template, and begin the process of planning for their grant, and and gathering all the information that they need to apply for a grant

147
00:20:57.090 --> 00:21:27.080
Juliette Mullin: the last slide i'll share here, and I know I see some of some raised hands, so we'll pause. It's just the reminder of what's in that Grant guidance document. What's it's available on the website? And you click in. You'll see a reminder of the overall framing of the program, which is that the Dsa Signatory Grant program has 2 core Grant domains. The first is the Q hio onboarding Grant, which is, we think, of as the assisted pathway for organizations in which they will get assistance in identifying a technology solution through

148
00:21:27.080 --> 00:21:54.710
Juliette Mullin: Cdi's. Qh: I/O program in applying for Grants through K high, and then, in the process of managing grant funds for Qh. Ios themselves the technical Assistance Grant domain, as folks may recall as the build your own pathway through this pathway. Organizations will have a choice of what the ultimate outcome of their grant will be, and the 4 choices for that grant are listed here organizations that achieve that outcome will receive the full grant funding if they've been awarded a grant.

149
00:21:54.710 --> 00:22:07.500
Juliette Mullin: and this is, as I noted, the build your own pathway. So this is the pathway in which applicants are really responsible for identifying their own technical and operational solutions, submitting the application and then managing their grant funds directly.

150
00:22:08.090 --> 00:22:20.190
Juliette Mullin: So with that broad reminder of what the Grant program is, and timeline details that we've shared of what to expect and what's coming up next, i'll turn it back to the room to take questions from the line.

151
00:22:21.380 --> 00:22:26.520
CalHHS CDII: Thank you to both Cindy and Juliet. I had failed to

152

00:22:26.700 --> 00:22:39.160
CalHHS CDII: take note of raised hands in between the transition between Cindy and Juliet. So try your first, no matter what your topic was.

153
00:22:39.230 --> 00:22:44.770
CalHHS CDII: i'll start with a Cindy one, because it's kind of clear and easier

154
00:22:45.010 --> 00:22:51.900
CalHHS CDII: on the application. It has a requirement for a high trust version to.

155
00:22:52.090 --> 00:22:53.880
CalHHS CDII: and

156
00:22:55.520 --> 00:23:08.310
CalHHS CDII: the a. Pnp. 8 does not. So one comment was just whether we should align the existing P. And P. 8 to also have that stipulated in there. Just so they're consistent.

157
00:23:10.070 --> 00:23:20.670
CalHHS CDII: and that I had a comment on. I think it's item B. For in the application where it's talking about security.

158
00:23:20.830 --> 00:23:25.980
CalHHS CDII: My suggestion for both the P. Andpa, and for the application is.

159
00:23:26.660 --> 00:23:37.520
CalHHS CDII: we're all. We're a lot of covered it to have to also use the safer guidelines, and whether we could just suggest that without requiring it.

160
00:23:37.750 --> 00:23:44.730
CalHHS CDII: It's just a checklist for security practices that you do a self assessment with. but just so that

161
00:23:44.840 --> 00:23:53.850
CalHHS CDII: this whole thing would be in the industry best practice without requiring it suggested. So those are my 2 comments for you to do that with it.

162
00:23:58.900 --> 00:24:05.220
Cynthia Bero: Yeah, I just want to make sure. I I understand that you You say P. And P. 8.

163
00:24:06.260 --> 00:24:11.070

CalHHS CDII: Yes, the privacy and security.

164
00:24:13.130 --> 00:24:16.950
Cynthia Bero: I will take a look at the that to make sure that they are aligned.

165
00:24:18.340 --> 00:24:31.880
CalHHS CDII: Subsequently, in this slide deck. There is some content, I believe, on the Q. H. I/O Draft, Pnp: so we will be covering that. So it's a quick

166
00:24:31.950 --> 00:24:35.100
CalHHS CDII: potentially recommend, but not require

167
00:24:35.610 --> 00:24:43.510
CalHHS CDII: level to what it all our to security, which I I agree. I think we required it for all participants. That would be a significant

168
00:24:44.420 --> 00:24:53.980
CalHHS CDII: problem. Oh, I see it's it. It takes a a a significant amount of resources just to get to that level of of certification requirement.

169
00:24:54.020 --> 00:24:59.180
CalHHS CDII: We it's. It's really important to H. I's to get there and

170
00:24:59.190 --> 00:25:00.260
CalHHS CDII: march

171
00:25:00.440 --> 00:25:04.960
CalHHS CDII: forms of data. But for Standalone Provider Doctor, this that would

172
00:25:05.490 --> 00:25:12.950
CalHHS CDII: very no problem. I was just thinking that the P. It should just.

173
00:25:13.020 --> 00:25:16.280
CalHHS CDII: I mean they could break it out as a separate level.

174
00:25:16.330 --> 00:25:25.990
CalHHS CDII: For let's say Q. H. I. But just so it's all in one place. you know, privacy, security is all there instead of part in the application and part of the

175

00:25:31.600 --> 00:25:32.740
CalHHS CDII: But you had a

176
00:25:33.720 --> 00:25:37.720
CalHHS CDII: Oh, and then for the Grant domains.

177
00:25:37.740 --> 00:25:40.060
CalHHS CDII: Okay, shifting to that.

178
00:25:42.210 --> 00:25:53.380
CalHHS CDII: So I've been thinking of buckets of providers who also the technical assistance. There's several. So i'll just name one which is a hospital bucket of

179
00:25:53.900 --> 00:26:00.970
CalHHS CDII: the folks who never got meaningful use. Payments were acute site hospitals, long-term care and recount

180
00:26:01.090 --> 00:26:02.420
CalHHS CDII: hospitals

181
00:26:02.700 --> 00:26:07.140
CalHHS CDII: could definitely use technical assistance, so it's my little work for them.

182
00:26:07.880 --> 00:26:18.180
CalHHS CDII: and I understand, Grant, money is limited. I'm not sure what other ways we might be able to help incentivize it, but just want to recognize that it's like, yeah.

183
00:26:19.020 --> 00:26:32.550
CalHHS CDII: And similarly like the whole purpose and innovation of this is to connect with social service agencies. We're just option, although oh, obviously they would need a lot of technical assistance

184
00:26:33.020 --> 00:26:34.450
CalHHS CDII: that they.

185
00:26:36.450 --> 00:26:37.480
CalHHS CDII: I think

186
00:26:37.740 --> 00:26:55.950

CalHHS CDII: I I give her, I think, in their in with respect to the first comment about certain facilities or others needing assistance which is totally understandable, and they, the people access it if they wanted so they could go, can't get both same time right. She could get technical assistance. If you're like the

187
00:26:56.100 --> 00:27:02.190
CalHHS CDII: Hasn't gotten like this or others, you could apply for that technical system. Okay, set up on boarding.

188
00:27:04.350 --> 00:27:05.640
CalHHS CDII: You're going to buy a

189
00:27:10.320 --> 00:27:15.450
CalHHS CDII: okay, and that third round we'd be open to not required to.

190
00:27:15.800 --> 00:27:18.810
CalHHS CDII: So there is going to be an opportunity. But it is admitted.

191
00:27:19.480 --> 00:27:26.080
CalHHS CDII: You mentioned all options around the table for how we might get more funding from a variety of stakeholders to support

192
00:27:30.810 --> 00:27:31.550
CalHHS CDII: Alright.

193
00:27:33.920 --> 00:27:38.460
CalHHS CDII: how you got it, David. Yeah, i'm sorry. With that

194
00:27:39.920 --> 00:27:49.600
CalHHS CDII: great one and 2 comments relative to the the Dsa signatory grants, one that somebody raised us in the Q. A. As well, which is the timeline doesn't actually

195
00:27:49.820 --> 00:27:53.960
CalHHS CDII: jive applications open May fifteenth.

196
00:27:54.260 --> 00:28:10.330
CalHHS CDII: So theoretically someone's trying to connect to a. Q. H. I know. But Qh: Ios, if I understand the timeline correctly, Aren't: determined in total. Why, yeah. So how does someone apply for a

197

00:28:10.390 --> 00:28:21.070
CalHHS CDII: essentially mechanisms in place, that if you want to apply to do. An Qh. I/O onboarding Grant with Hio a.

198
00:28:21.360 --> 00:28:27.010
CalHHS CDII: And you can submit. You don't know if HIV. Is even applying

199
00:28:27.020 --> 00:28:41.800
CalHHS CDII: to be a queue, or if they do it if you do know it. If they they're awarded it in the event that they're not awarded it you, we will give you at that time the opportunity to switch to a Ta grant

200
00:28:41.880 --> 00:28:51.560
CalHHS CDII: where you can continue to work with your hio a, or to switch to a different hio who has been qualified.

201
00:28:51.900 --> 00:29:07.900
CalHHS CDII: So we've had 2 levels of logic in the methodology that you should be able to see in this Grant elusive Grant document. That is fantastic, but it's it's currently going under Ada remediation. It's that ready for print.

202
00:29:08.600 --> 00:29:28.710
CalHHS CDII: Okay, Well, thank you for that clarification. My second comment and I'm going to sound like a broken record on this, but it's on the the the ta funding the statute that governs the database. Exchange framework is actually somewhat specific. Who theta funding is for, and it's a subsection in a providers. It's essentially the counties and required signatories.

203
00:29:29.630 --> 00:29:30.610
CalHHS CDII: So

204
00:29:30.620 --> 00:29:42.360
CalHHS CDII: if the voluntary signator is want to go and find the digital funding to you to it, but that 50 million dollars that many of us spent a lot of time with. So I turned out. It's actually in the statute that's for.

205
00:29:43.340 --> 00:29:46.810
CalHHS CDII: So I fail to see how we're opening up eligibility for that.

206
00:29:49.140 --> 00:29:50.790
CalHHS CDII: But I

207

00:29:51.400 --> 00:30:04.780
CalHHS CDII: currently the interpretation has been that section E. In the original AV 133, which to Hsc. Is county and

208
00:30:05.020 --> 00:30:17.040
CalHHS CDII: social service organization. So whether that's, an inferred parenthetical of a county, social service, organization, county jurisdiction or not, but

209
00:30:18.210 --> 00:30:19.640
CalHHS CDII: not broken record.

210
00:30:19.660 --> 00:30:26.550
CalHHS CDII: We hear you, and we will circle back to the eyes across the te, but it's e and f

211
00:30:26.580 --> 00:30:43.480
CalHHS CDII: per G. Yes, per g. It sites to enf, and a. And e has like 2 long sentences in it, and that's where there's some interpretation. That part of the second part of those sentences include

212
00:30:43.720 --> 00:30:50.680
CalHHS CDII: social services which are voluntary or encouraged, not just limited to counties.

213
00:30:50.960 --> 00:30:52.420
CalHHS CDII: Oh. okay.

214
00:30:54.590 --> 00:31:00.590
CalHHS CDII: and Steven, Thank you. So I want to follow up on on these points.

215
00:31:00.710 --> 00:31:02.250
CalHHS CDII: I think.

216
00:31:02.970 --> 00:31:09.060
CalHHS CDII: like Troy. I'm very concerned about not squandering our resources.

217
00:31:09.960 --> 00:31:21.670
CalHHS CDII: Folks who already have incentives to connect them. We're already exchanging data. I mean, they've developed with respect to the cma, you know I which I well part of you know. I think we

218
00:31:21.910 --> 00:31:25.800
CalHHS CDII: the whole point of this exercise is to get more folks connected

00:31:25.850 --> 00:31:45.120
CalHHS CDII: right? It seems like, by making public health and social services encouraged as opposed to you know, including them in the first swap of this it seems like we're missing the most important opportunity. We have. No, i'm actually a to here that in the third round of funding. There may be an opportunity

220
00:31:45.120 --> 00:32:03.010
CalHHS CDII: for for some of these folks that we could look at county, public health, at least social services. But I think that should be our primary focus. If the vast majority of providers are either already connected, you know. I mean, yeah, people need help. You know, small office providers, those who are on certified Hrs. etc. But but I think

221
00:32:03.010 --> 00:32:10.130
CalHHS CDII: that third round seems like the opportunity we actually have to make progress in terms of actual exchange.

222
00:32:10.310 --> 00:32:15.630
CalHHS CDII: And I think the choice other point looking at. If we, if we're going to go to providers.

223
00:32:15.780 --> 00:32:35.180
CalHHS CDII: we should look at those who have not already benefit from the connectivity that exist, so that didn't enjoy the high tech grants that don't, perhaps enjoy all the incentives that are coming from. You know from the Cms. And Center programs, you know, etc., and really trying to find those folks that that

224
00:32:35.370 --> 00:32:49.020
CalHHS CDII: miss the the first train and and leverage some of this money. It's not a lot of money, but we could actually make a real difference if, instead of like going back to the same mobile. So we're getting other benefits, I think that would be worthwhile.

225
00:32:49.290 --> 00:32:58.470
CalHHS CDII: So that was by way of comment, a question. Really there there were a number of mentions. This is sort of directed to you about K. High

226
00:32:58.520 --> 00:33:03.790
CalHHS CDII: is going to target their support to help people on.

227
00:33:04.450 --> 00:33:22.810
CalHHS CDII: Who's Who's gonna determine that targeting? What's the methodology to determine who's going to get pay high support. Who are we going to be? I mean, Obviously

there's probably a 1,000 times as many potential folks who could use help to do to onboard to this system? Then we have money to help.

228
00:33:22.810 --> 00:33:27.600
CalHHS CDII: So who's Who's picking and choosing those who are gonna derive that benefit.

229
00:33:27.770 --> 00:33:34.690
CalHHS CDII: I'll step in on that because R. Is not really leading the Grants part of the work streams here, and

230
00:33:35.540 --> 00:33:36.320
CalHHS CDII: it's

231
00:33:36.460 --> 00:33:41.980
CalHHS CDII: Kay High is contracted with Cdi to

232
00:33:42.380 --> 00:34:05.910
CalHHS CDII: to assist, and it's a especially initially response mode to the applicants coming to pay high for the assisted pathway, and not as much Kay high doing external outreach doing. We're leaning on our education grantees, who all started back in January to do more of that education outreach and

233
00:34:05.910 --> 00:34:22.389
CalHHS CDII: the external like hey? Folks. Let's make sure you're aware of these signatory grants for technical assistance, or Qh. I/O on boarding. If you want the Q. H. I. O. Onboarding you go in via the Ki

234
00:34:22.449 --> 00:34:35.630
CalHHS CDII: contractor. So we're probably leaning more on the education grantees for that external outreach unless we have built something, and no one comes which we don't really think is going to be the case.

235
00:34:35.650 --> 00:34:40.510
CalHHS CDII: If if it is the case. we're going to lean on everybody

236
00:34:40.520 --> 00:34:50.940
CalHHS CDII: and including Kay, hide, to do outreach to either areas where they know there's white space where the areas where maybe an H. I/O, who is a member of

237
00:34:51.040 --> 00:34:57.000
CalHHS CDII: K High is looking for some assistance because their folks are not understanding

238
00:34:57.650 --> 00:35:09.480
CalHHS CDII: the data exchange framework. So I think a lot of this mechanism we've we've had. We have involved, and to your earlier comments excellent comments. Thank you, and we do think we have a lot of that

239
00:35:09.640 --> 00:35:16.530
CalHHS CDII: implemented into the scoring room right of the the boarding. The grants.

240
00:35:16.840 --> 00:35:26.490
CalHHS CDII: Another related question that to do with the the onboarding of participants to in this case the Qh. Ios.

241
00:35:26.640 --> 00:35:42.230
CalHHS CDII: Who's gonna be kind of sorting those out. Is it just that we don't originally, since it's presumably the good sales will have a certain regional reach. Some of them, you know, aspire to be statewide entities. How how are we going to connect up signatories with

242
00:35:42.430 --> 00:35:50.630
CalHHS CDII: and signatory? The applicant actually selects their who they want to onboard with? They are not placed

243
00:35:50.830 --> 00:35:59.500
CalHHS CDII: So all right right now. Thank you. We're going to go to Felix and then to John, and then we'll move on to the next section of our meeting agenda

244
00:36:00.260 --> 00:36:06.260
CalHHS CDII: Thanks. It's really quick to process questions. So there's a really short sliver of time between when

245
00:36:06.470 --> 00:36:15.700
CalHHS CDII: the application for queue has, it's finalized, and let me. It's called the common period, and may 15, but on the application itself.

246
00:36:15.890 --> 00:36:16.710
CalHHS CDII: so

247
00:36:16.740 --> 00:36:23.270
CalHHS CDII: can you share When the prospective you aisle out to sip it. There you go. Sure.

248
00:36:23.660 --> 00:36:34.210

CalHHS CDII: i'll lead to Cindy whether we know it. Tentative date where we expect. Qh. I/O. Applications will be due.

249
00:36:35.230 --> 00:36:47.610
Cynthia Bero: so we are hoping to take the public comments, synthesize that quickly and put out a final application the last week of May, and then we would be expecting that application

250
00:36:47.680 --> 00:37:02.330
Cynthia Bero: back within a roughly a 3 week time period. The the reason I'm using a word roughly, is because that's part of what we're testing right now is the the level of effort necessary to put the information together and the level of effort to score it.

251
00:37:02.330 --> 00:37:07.920
Cynthia Bero: But we're so largely. We put out at the end of May with a return near the end of June.

252
00:37:10.680 --> 00:37:11.570
CalHHS CDII: Thank you.

253
00:37:11.660 --> 00:37:21.480
CalHHS CDII: And that's linked to my second question. Okay, John, down next time, and then we have John, and then we'll move on to whatever the next slide is.

254
00:37:21.780 --> 00:37:25.990
CalHHS CDII: With regards to high trust certification, the entity

255
00:37:26.630 --> 00:37:31.460
CalHHS CDII: there needs to be clarification around the software service stack, the

256
00:37:31.570 --> 00:37:39.590
CalHHS CDII: I trust certified versus the into the Q. H. I/O being high trust certified because don't all the stack can't get certified.

257
00:37:39.880 --> 00:37:43.810
CalHHS CDII: so that needs to be clear. I also think we need a runway

258
00:37:43.970 --> 00:37:49.260
CalHHS CDII: unless you're going to limit first 3 rounds to a very small group of H. Ios

259
00:37:49.300 --> 00:37:57.110

CalHHS CDII: you're not going to achieve what you're trying to achieve, because they're not down the path of and and getting high trust certified. Especially

260
00:37:57.280 --> 00:37:58.470
CalHHS CDII: version 2.

261
00:37:58.520 --> 00:38:07.260
CalHHS CDII: It is a long and extensive process of which we have not had time to go and and accomplish that as HIV in California.

262
00:38:07.640 --> 00:38:22.600
CalHHS CDII: And so you're going to limit that. I think another option would be to do what the hip did, which means, if you're a C. 10 Emperor is an HIV. That's your, and then set some standards for evolving through the certification process for that.

263
00:38:22.600 --> 00:38:32.690
CalHHS CDII: because we're not here to to break off what we have, what's so hard to do, both with the safer Grant, and with Cow hop, Brand, and to not continue that great work in our

264
00:38:32.880 --> 00:38:37.470
CalHHS CDII: But in order to do that, we need a runway Qhos to achieve them

265
00:38:37.750 --> 00:38:41.880
CalHHS CDII: any anything short of that to be considered a disaster.

266
00:38:43.630 --> 00:38:53.420
CalHHS CDII: Alright, Thank you. And I think like subsequently, when we have a slide on Qh. I/O policy and procedure that's out and draft.

267
00:38:53.430 --> 00:38:59.960
CalHHS CDII: Cindy will probably be making a pitch for public comments to be a visually submitted on that.

268
00:39:00.580 --> 00:39:03.750
CalHHS CDII: But thank you. We do listen and take notes.

269
00:39:06.650 --> 00:39:11.080
CalHHS CDII: All right. I believe we're ready for the next slide unless there we go.

270
00:39:16.470 --> 00:39:27.280

Courtney Hansen: all right. I think this is me. Hi, everyone. Sorry I can't join you in person for those of you who don't know me. My name is Courtney Hansen. I am an assistant

271
00:39:27.410 --> 00:39:30.760
Courtney Hansen: with Cdi. I side.

272
00:39:34.030 --> 00:39:40.580
Courtney Hansen: We just want to take a minute to pause and talk about the status of where we're at on the various policies and procedures.

273
00:39:41.260 --> 00:39:53.520
Courtney Hansen: Pdi continues to develop and solicit feedback on draft P. Andps. There are currently 8 P. Andps in development, and Cdi I. Is in the process of finalizing 4 following feedback received during the March

274
00:39:53.630 --> 00:39:56.380
joint. Iac, Dsa. P. And D. Subcommittee.

275
00:39:57.920 --> 00:40:06.450
Courtney Hansen: Thank you again for all of your feedback. We are very excited to be close to the finalization process. Close in our finalization.

276
00:40:08.080 --> 00:40:17.060
Courtney Hansen: Today we will provide a brief update on technical requirements for exchange as well as the real-time data exchange P. Andps

277
00:40:17.270 --> 00:40:25.100
Courtney Hansen: which were discussed at our March meeting. We will also discuss the Q. H. I. O. Program P. And P. That was released for public comment last week.

278
00:40:26.300 --> 00:40:30.570
Courtney Hansen: and then we will discuss proposed amendments to 2 existing pnps.

279
00:40:30.840 --> 00:40:34.560
the requirement to exchange health and social services, Information P. And B.

280
00:40:34.620 --> 00:40:39.090
Courtney Hansen: And the development of a modification to Pnps P. And P.

281
00:40:40.480 --> 00:40:45.850

Courtney Hansen: And with that overview I will pass it over to Rim to

282
00:40:45.990 --> 00:40:47.400
talk about the

283
00:40:47.650 --> 00:40:49.200
Courtney Hansen: technical requirements. P. And D.

284
00:40:51.170 --> 00:40:52.840
CalHHS CDII: Great. Thank you for the

285
00:40:53.900 --> 00:40:55.380
CalHHS CDII: my next slide, please.

286
00:40:56.660 --> 00:41:03.000
CalHHS CDII: So i'm going to talk just very briefly about the technical requirements for exchange. P. And P. This is a large Pmp.

287
00:41:03.140 --> 00:41:06.920
CalHHS CDII: We're really only going to speak to one

288
00:41:07.020 --> 00:41:17.230
CalHHS CDII: topic within it. Given the robust discussion, we added our last meeting that we discussed in our last joint meeting to the Iac and Dsa. A subcommittee there.

289
00:41:17.380 --> 00:41:27.780
CalHHS CDII: General consensus. The notifications of admissions discharges it. Transfers are an important component of coordinating patient there.

290
00:41:28.960 --> 00:41:33.940
CalHHS CDII: Ddi I had proposed in the draft technical requirements for exchange. P. And G.

291
00:41:34.500 --> 00:41:40.100
CalHHS CDII: Release for public comment. That exchange of these notifications would

292
00:41:40.280 --> 00:41:41.830
CalHHS CDII: at least in part

293
00:41:41.880 --> 00:41:52.770

CalHHS CDII: be facilitated by requiring hospitals and emergency departments share at each messages with at least one qualified hio of their choosing

294
00:41:53.110 --> 00:41:59.970
CalHHS CDII: several IC members, Dsa subcommittee members and stakeholders, and supported this approach

295
00:42:00.160 --> 00:42:10.170
CalHHS CDII: but as we build it during our last meeting, Cdi I received several public comments, stating a concern that the requirement for these.

296
00:42:10.330 --> 00:42:17.940
CalHHS CDII: or any participant to share notifications with the qualified HIV. They violate the health and Safety code

297
00:42:18.090 --> 00:42:30.810
CalHHS CDII: 130290! Which states that data, exchange framework will be designed to enable and require real time access to, or exchange of health information

298
00:42:31.460 --> 00:42:40.870
CalHHS CDII: through any health information, exchange, network. health information, organization. or technology that appears to specified standards in all of these.

299
00:42:42.320 --> 00:42:54.330
CalHHS CDII: So Kelly, the Kelly, Ts, and Cdi have decided not to pursue a requirement for hospitals and emergency departments to share notifications for the qualified hio. At this time

300
00:42:54.630 --> 00:43:04.750
CalHHS CDII: the plan is to finalize and publish the technical requirements for exchange. P. And P. As we discussed at our last meeting, and that is that we will continue to require

301
00:43:05.020 --> 00:43:15.060
CalHHS CDII: that hospitals and emergency departments send notifications of admissions, discharges, and transfers to any participant to request them.

302
00:43:15.110 --> 00:43:26.390
CalHHS CDII: and is authorized to receive them and to do so in a format that is supported by vote, a hospital, or emergency department. and the requesting participant

303
00:43:26.920 --> 00:43:38.590

CalHHS CDII: and permitting the hospital or emergency department to be disaggregation, using any technology or intermediary that they desire, which could include an hio or qualified hio.

304
00:43:38.710 --> 00:43:40.310
CalHHS CDII: but allowing them.

305
00:43:40.450 --> 00:43:46.220
CalHHS CDII: but not requiring them to send notifications to a qualified hio to meet this obligation.

306
00:43:47.130 --> 00:43:55.150
CalHHS CDII: I see that there are a few hands up. Do you want to pause now, and take a few comments or questions on that.

307
00:43:55.410 --> 00:44:06.790
CalHHS CDII: We have 4 question 4 hands up right now. We'll go through 6 at the most, if 2 others, and then we'll move on to the next. So first is Aaron

308
00:44:07.470 --> 00:44:15.780
CalHHS CDII: I I. The practical impact of what it described here, and then we

309
00:44:16.020 --> 00:44:26.830
CalHHS CDII: Qpio application. It's the health centers of Pcp is contracting with. We'll be asking those 2 los

310
00:44:26.870 --> 00:44:31.630
CalHHS CDII: to request at least from every other one region on their behalf.

311
00:44:34.770 --> 00:44:36.890
CalHHS CDII: I think that's the way you'd be.

312
00:44:44.850 --> 00:44:46.060
CalHHS CDII: Alright, Thank you.

313
00:44:49.460 --> 00:44:51.040
CalHHS CDII: It's next to something.

314
00:44:53.110 --> 00:44:57.230
Sanjay Jain: Thank you. So my question is about the

315
00:44:57.310 --> 00:45:07.890
Sanjay Jain: note here which says the format that is supported by both parties. but in the existing policy of for technical requirement. When we talk about.

316
00:45:08.080 --> 00:45:23.940
Sanjay Jain: i. E. Standard, you know the for both Requester and the tender. They, it says, must they must use I. H. Profile if they are exchanging information with the nationwide network.

317
00:45:24.010 --> 00:45:27.150
So if one of the entity is not

318
00:45:29.100 --> 00:45:37.320
Sanjay Jain: exchanging data, and they are not aware of Ih. Standard. It looks like they must use that, and there is no flexibility in that

319
00:45:39.000 --> 00:45:57.940
CalHHS CDII: great thanks for that so? First of all, I would imagine that you referenced the the version of the all the same procedure that was submitted for public comment. That is the most recent one that's been published so far, and the it profiles that are reference. There are for information, delivery and for request for information.

320
00:45:58.000 --> 00:46:13.800
CalHHS CDII: and what we're stating here, and what I think is actually reflected. There is the Iet. Profiles are not required, or admission discharge or transfer notifications. But in any case the

321
00:46:13.800 --> 00:46:20.190
CalHHS CDII: the it profiles at least, what we're proposing today is the Iet profiles not be required

322
00:46:20.300 --> 00:46:29.550
CalHHS CDII: for 80 notifications, and instead, they need to be in a format that is acceptable and supported by both the hospital or LED,

323
00:46:29.600 --> 00:46:33.470
CalHHS CDII: and the request needed organization or individual

324
00:46:35.920 --> 00:46:46.770
CalHHS CDII: Steven. I think you're next. Thank you. I I really want to applaud the team for taking the feedback. That is, it's been offered by my stakeholders, not not always the most

325

00:46:47.470 --> 00:47:05.740
CalHHS CDII: local stakeholders. I think this this really sets us on the path to respecting patient privacy, which is very important to trying out a solution that I think moves us in a really positive direction to see how that works, whether we see the adt is really moving to where we need to go.

326
00:47:05.740 --> 00:47:14.180
CalHHS CDII: and and maintaining the opportunity in the future to refine it further. But if we find we're not getting to the mark, we need to.

327
00:47:15.730 --> 00:47:16.800
CalHHS CDII: Thanks, Stephen.

328
00:47:19.680 --> 00:47:25.650
CalHHS CDII: Yeah, thanks, for I will not surprisingly offer a different reaction.

329
00:47:25.930 --> 00:47:36.570
CalHHS CDII: But really I actually want to start by owning in on the really important like that there and raise. which is that you know as much as there's been

330
00:47:36.590 --> 00:47:45.670
CalHHS CDII: this debate about whether this proposal to require anyps to go through a queue, how constitutes, you know, a violation of

331
00:47:45.780 --> 00:47:51.970
CalHHS CDII: to college agnostic? Whether it's the voice. You know a technology solution. What you quote from the hospitals

332
00:47:52.410 --> 00:47:55.880
CalHHS CDII: that is separated apart from

333
00:47:56.200 --> 00:48:06.800
CalHHS CDII: queue high as being participants under the V excess. So we are going to not not presume. You know those that apply and select it to become key piles

334
00:48:06.810 --> 00:48:23.420
CalHHS CDII: as part of the criteria. Probably in the final version. We're going to have to sign that, he's saying. and they're going to have to attest to all of their departments. They're going to be subject to the most obligations, and they will have the entire with the rights and privileges that that it even affords.

335

00:48:23.540 --> 00:48:26.100
CalHHS CDII: And what there was pointing out is that

336
00:48:26.580 --> 00:48:32.190
CalHHS CDII: in the future stage, if this you know the revised proposal.

337
00:48:32.270 --> 00:48:33.560
CalHHS CDII: it's finalized

338
00:48:34.080 --> 00:48:40.400
CalHHS CDII: Q. Ohio's in many cases will be left with no other option but to submit

339
00:48:40.960 --> 00:48:56.110
CalHHS CDII: sometimes, but perhaps frequently, massive tunnels of patience from to request 80 piece from hospitals outside of their media vicinity. You know hospitals that may not be on their networks and are not contributing.

340
00:48:56.180 --> 00:49:02.130
CalHHS CDII: That is unquestioned. That is the prerogative of the queue pile under the policy.

341
00:49:02.180 --> 00:49:10.680
CalHHS CDII: It is something that I imagine a lot of these interviewers are going to do without this a policy just to have the eighties go through

342
00:49:10.790 --> 00:49:13.400
CalHHS CDII: the the infrastructure.

343
00:49:13.480 --> 00:49:28.760
CalHHS CDII: and the upshot is that ironically it it, but seem to create a lot more urban and and bonus on the hospitals to not just ingest those panels. Just work through them to make sure that they have those page records on file that they actually use them.

344
00:49:29.960 --> 00:49:50.950
CalHHS CDII: It's just going to be a much harder to lift it practical terms than it would be to have the messages go through. They set up in that intermediaries that had those capabilities to you know. Do that panel sorting and attribution, and to streamline the forwarding of the where they need to go.

345
00:49:51.120 --> 00:50:02.730

CalHHS CDII: So I just want to make that point. Get across on the record that we see. You know, some real material repercussions from going this route. It's not just a matter of philosophy, but really just the

346
00:50:02.730 --> 00:50:12.790
CalHHS CDII: pragmatic operationalization of of this department and things for that. Phoenix. I think it's it's useful to think about the implications of of this, and

347
00:50:13.640 --> 00:50:25.910
CalHHS CDII: so I appreciate that. Again, hospitals can choose to use an hio or a qualified hio to meet this obligation, should they choose to and put your your point, it's variable

348
00:50:26.570 --> 00:50:43.570
CalHHS CDII: before you go on. I I just want to know that I had not scrolled through to the hand arrays. So we're going to go through. At least i'll Lee, and maybe there one other after that, and then we'll stop the comments on this topic. Okay, thanks. I think. June some next.

349
00:50:48.950 --> 00:50:51.430
CalHHS CDII: Jim, if you're speaking it, you're muted.

350
00:50:53.230 --> 00:50:56.690
Jim Willis: Yeah, Sorry about that my question is related to the very last

351
00:50:56.720 --> 00:51:00.290
Jim Willis: point on the slide here about permitting hospitals needies

352
00:51:00.480 --> 00:51:11.020
Jim Willis: To me the obligation with any technology I wanted to clarify. Would that also include a portal? So if we were sending notifications to a system like Patient Ping and I'm. Representing dignity health here, but

353
00:51:11.040 --> 00:51:16.270
Jim Willis: as a hospital if we were to send you a portal. Does that satisfy the requirement?

354
00:51:17.610 --> 00:51:33.170
CalHHS CDII: I I think that the operative part of that is that if that is a process that's supported by the hospital or LED, and acceptable to the participants making the request. And that could be a Yes.

355
00:51:35.050 --> 00:51:36.050
Jim Willis: okay, thank you.

356
00:51:39.500 --> 00:51:55.410
CalHHS CDII: All right. I think you're next. Yeah, I did just a a one to this full. Have this process play out. When when you add this part of it needs to be delivered in a method that the participant that the cluster is looking for.

357
00:51:55.550 --> 00:52:09.540
CalHHS CDII: Okay. Okay, find that I mean patient thing would not be acceptable to many clinics that we work with. I just find that who's gonna monitor that, or who just signs whether it's acceptable.

358
00:52:09.590 --> 00:52:14.130
CalHHS CDII: and who does the participant who is not getting it in the

359
00:52:14.220 --> 00:52:23.910
CalHHS CDII: Cct. To direct message that's forbidden what they choose it Just this is sort of disturbing from that

360
00:52:24.080 --> 00:52:24.660
CalHHS CDII: just

361
00:52:25.350 --> 00:52:31.130
CalHHS CDII: understood, Laurie, and I think that I think that you you point out one of the complications here that won't happen.

362
00:52:31.530 --> 00:52:32.150
CalHHS CDII: Thanks.

363
00:52:33.910 --> 00:52:34.720
CalHHS CDII: Bill.

364
00:52:36.270 --> 00:52:38.210
William (Bill) Barcellona: Yeah, thanks, RAM. Hey?

365
00:52:38.980 --> 00:52:53.660
William (Bill) Barcellona: I wonder you cited in your comment that this was based on a challenge to a Health and Safety Code section is that the legal determination of Council at Cdi that

366
00:52:53.970 --> 00:53:03.410
William (Bill) Barcellona: the proponents who were challenging this provision had cited a health and safety code section that is applicable in their opinion.

367
00:53:04.900 --> 00:53:15.200
CalHHS CDII: I I just list that here, as we discussed last time that that was one of the strong comments that we heard. It was part of the consideration, and coming to this position

368
00:53:15.860 --> 00:53:24.330
CalHHS CDII: there, you know one of the things that we talked about last time is that there were a lot of comments on both sides of this issue as part of public comment.

369
00:53:27.480 --> 00:53:29.910
CalHHS CDII: So. Polly.

370
00:53:35.950 --> 00:53:53.330
Ali Modaressi: Thank you, RAM. So just want to really good comments here. But going to step back. And what's the purpose of this 80 teams? It's really a notification for the care team for the providers to follow up with the patient in that kind of a clear transition here

371
00:53:53.340 --> 00:53:57.900
Ali Modaressi: their coordination, which is a big problem with the health care and the gap.

372
00:53:58.340 --> 00:53:59.840
Ali Modaressi: So

373
00:54:01.040 --> 00:54:09.390
Ali Modaressi: when we talk about, you know, and our quick friend Jim mentioned about notification going to the

374
00:54:09.400 --> 00:54:20.920
Ali Modaressi: patient pink that requires the Hello. You know, primary care Provider Security teams to actually go and pull that information. They don't know that information is there.

375
00:54:21.100 --> 00:54:35.690
Ali Modaressi: So it's just like accessing a another portal to see if your pat is on that list or not. so that doesn't serve the purpose or the intention. What this at notifications are.

376
00:54:35.860 --> 00:54:45.730
Ali Modaressi: and and also combine that with. And the other point about this is that it's not really aligned with what Cms interoperability rule is

377
00:54:46.060 --> 00:54:54.120

Ali Modaressi: with respect to notifying the patient primary care provider, when there is a admit transfer and discharge.

378
00:54:54.270 --> 00:55:03.740
Ali Modaressi: So there seems to be a gap here. It doesn't really at risk what the real intention of you know these notifications are.

379
00:55:03.850 --> 00:55:20.550
Ali Modaressi: And I also want to point out what the you know, Felix said at that, and that's really important, because that would put additional burden on the hospitals. If the Qh. Ios or H. Ios, on behalf of the stakeholders like health plans.

380
00:55:20.850 --> 00:55:36.400
Ali Modaressi: give a panel to the hospitals to receive a So at you know, I think there's more work needs to be done on this it to make it more efficient and and meaningful really, for the patients.

381
00:55:38.310 --> 00:55:44.000
CalHHS CDII: Thanks, Ollie, it's a couple of things, and i'll just into there real quick. I think one of the reasons

382
00:55:44.040 --> 00:55:52.340
CalHHS CDII: for us to be taking this to give us some more time to work through this. I think this is a very complicated thing. I mean I a lot of common comment on

383
00:55:52.410 --> 00:55:54.100
CalHHS CDII: to your other point.

384
00:55:54.560 --> 00:56:05.970
CalHHS CDII: I I do want to highlight that the requirements here are different from the requirements in the Cs school which requires that Pcps research receive

385
00:56:06.400 --> 00:56:10.030
CalHHS CDII: at notifications whether they want them or not.

386
00:56:10.270 --> 00:56:16.190
CalHHS CDII: and what we're requiring here is that any the except participant, be allowed to request

387
00:56:16.320 --> 00:56:26.860

CalHHS CDII: at t notifications Admit I don't mean at T. Hl. 7 v. 2 messages, admissions, discharge and transfer notifications

388
00:56:26.890 --> 00:56:33.570
CalHHS CDII: on the the patients in which they're interested. So there are some differences there. I

389
00:56:33.700 --> 00:56:35.220
CalHHS CDII: hi! Everyone is that 8

390
00:56:35.310 --> 00:56:45.420
CalHHS CDII: voluntary and involuntary or not voluntary and mandatory participants for it only management and request that participants

391
00:56:45.920 --> 00:56:54.530
CalHHS CDII: that that is what we're proposing for the policy at this time.

392
00:56:54.720 --> 00:57:06.070
CalHHS CDII: Let's move on to mark, and that is it? So? I'm switching topics to something that's not on the slide that I raised at the last meeting.

393
00:57:06.780 --> 00:57:13.580
CalHHS CDII: Multiple needs, of course, which is the applicability to push exchange as well as full exchange.

394
00:57:13.810 --> 00:57:16.430
CalHHS CDII: and I don't see anything on the slide about that.

395
00:57:16.500 --> 00:57:19.970
CalHHS CDII: We have had extensive conversation. I wonder what they

396
00:57:20.550 --> 00:57:27.570
CalHHS CDII: status of that? I I've heard You're gonna go back and think about it that need to exclude it. So I just like to hear.

397
00:57:31.940 --> 00:57:38.450
CalHHS CDII: I hope you will forget me, Mark. I'm not sure that I remember all of the details of a prior conversation

398
00:57:38.540 --> 00:57:43.780

CalHHS CDII: which is absolutely required, and the Pmp.

399
00:57:43.920 --> 00:57:52.860
CalHHS CDII: As it stands right now, that is limited to pushing information that is created.

400
00:57:53.080 --> 00:57:59.470
CalHHS CDII: and as a result of a request for services. So, for instance, yeah.

401
00:58:00.010 --> 00:58:05.220
CalHHS CDII: take an example. Yeah, My Pcp. Sends me to a

402
00:58:05.370 --> 00:58:07.370
radio. I want you to point for imaging.

403
00:58:07.850 --> 00:58:26.160
CalHHS CDII: and they perform that imagey. They are required to push that information electronically, then to I, Pcp. When that imaging is finished, and that would most likely be the radiology report, since that so that is the type

404
00:58:26.230 --> 00:58:38.060
CalHHS CDII: of requirement that we can here like. You know, we may raise the bar for that in the future. But that is, that's what we had proposed. We've we've talked about examples like referrals.

405
00:58:38.060 --> 00:58:48.580
CalHHS CDII: They should generated health data. They have referrals are included in that. If that is a request for services. a position.

406
00:58:48.970 --> 00:59:02.600
CalHHS CDII: the specialists request the referral. you know, if your Pcp. At my Pcp. Since me to to my interest. They're required to respond back with information to my basic. But when the position, thanks to Referral

407
00:59:03.860 --> 00:59:10.950
CalHHS CDII: is that governed by these technical requirements at this time the referral, the lab order radiology order.

408
00:59:11.420 --> 00:59:17.930
CalHHS CDII: It is to the the, the, the it is

409

00:59:18.400 --> 00:59:22.270
CalHHS CDII: governed by this. I continue to think this is a big

410
00:59:23.060 --> 00:59:37.570
CalHHS CDII: bingo mention, and it'd be very easy to to align things. The the other thing that's missing versus your coordination. Yeah, it is critical to the care we want to. But okay, alright Thank you.

411
00:59:37.750 --> 00:59:39.800
CalHHS CDII: Last, I think, is Matt.

412
00:59:41.080 --> 00:59:51.180
Matthew Eisenberg: hey? Thanks, RAM hopefully. You can hear me. I put it in the chat, but there is a within the Cms. Federal requirement. and enforced by the Joint Commission hospitals, must

413
00:59:51.550 --> 00:59:56.020
support a patient's request to not send adt messaging.

414
00:59:56.280 --> 01:00:07.060
Matthew Eisenberg: If the patient, says I, don't want this sent. We suppress it. and that is joint commission requirement. So I think we're gonna have to figure out how to reconcile that with what you have here in the policy and procedure.

415
01:00:08.370 --> 01:00:16.790
CalHHS CDII: Thank you, Matt, and I will. I'll specifically take a look at the language and and make sure that that we consider that. Thanks, Matt.

416
01:00:18.310 --> 01:00:22.060
CalHHS CDII: With that I think Cindy is next. So that's the whole Cindy.

417
01:00:24.030 --> 01:00:27.190
Cynthia Bero: Thank you. Rim could go to the next slide.

418
01:00:31.420 --> 01:00:47.400
Cynthia Bero: so the next slide will take us into a discussion of the real time exchange. But before I dive into that I just wanted to clarify 1 point. The as we mentioned, the Q hio application is available for public comment, and that would be the place

419
01:00:47.400 --> 01:01:05.090

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Cynthia Bero: where issues related to the criteria and are the criteria appropriate should be addressed. We are working with some organizations on the mechanics of the application. Like are the questions clear, and how long would it take to supply a response to this question.

420
01:01:05.090 --> 01:01:15.640
Cynthia Bero: That is, that that discussion is not entertaining the criteria and their appropriateness of the criteria just want to separate those 2 because they are, they are a little different.

421
01:01:16.950 --> 01:01:37.350
Cynthia Bero: But let me dive into real time a little bit of history on this, because, and I think many of you are familiar with it. But when we first tried to put pen to paper or fingers to keyboard, I guess in this day and age, and try to define what real time is. We started with something fairly.

422
01:01:37.650 --> 01:01:44.560
Cynthia Bero: If you like to define timelines when we came to you the first time with that

423
01:01:44.610 --> 01:02:02.020
Cynthia Bero: draft. P. And P. I think we got feedback that said. You know that we should try to mimic some of the Federal regulations that we're more for lack of a better word in specific or not, you know, lack specification, and went with things like without delay.

424
01:02:02.040 --> 01:02:18.800
Cynthia Bero: So we incorporated that, and then put it out for public comment and public comment, really pushed back on the the without delay concept, and said, No, no, no, we need something more specific. So we tried to introduce that at our last

425
01:02:18.800 --> 01:02:38.780
Cynthia Bero: P. And P. Subcommittee meeting, and a couple of important points came out of that one is that for certain types of transactions. The transaction will time out if you allow too much time. And also it was pointed out that some types of requests may require intervention to see whether or not

426
01:02:38.780 --> 01:02:41.760
Cynthia Bero: the Requester is authorized for the information

427
01:02:42.790 --> 01:03:01.100
Cynthia Bero: so based on that feedback, we've made a couple of revisions and gotten a little more granular in the definition of real time, based on the type of transaction. So you'll see at the bottom of this slide that if it's a request for information for treatment purposes

428

01:03:01.100 --> 01:03:13.590
Cynthia Bero: that that's really a synchronous transaction, and the reply has to happen within a fairly short period of time, or or at times out, and so that would be a 2Â min window of time is what is proposed.

429
01:03:13.910 --> 01:03:32.350
Cynthia Bero: The second is the request for information for something other than treatment. This is something that may require some review to see whether or not the Requester is authorized, and it may that review may require some manual intervention. So the the outside window being defined. There is one week

430
01:03:34.000 --> 01:03:34.800
Cynthia Bero: the

431
01:03:34.890 --> 01:03:47.630
Cynthia Bero: admission transfer events to just the the a and the T. Of the Adt should be at the time of the event when the admission occurs when the transfer occurs.

432
01:03:48.070 --> 01:03:58.710
Cynthia Bero: but because the discharge process is a little more complicated, and often requires the creation of a discharge summary, and some procedural

433
01:03:58.800 --> 01:04:09.100
Cynthia Bero: elements. We we for that to say it should be as soon as practicable. But not more than 24Â h after the discharge.

434
01:04:09.420 --> 01:04:22.530
Cynthia Bero: So let me pause and see if there are comments or feedback on those revisions. Again, we're trying to. You know we've that fine line between specificity and and

435
01:04:22.600 --> 01:04:28.520
Cynthia Bero: vagueness, and it's a it's a little challenging. But appreciate your feedback, Steven.

436
01:04:29.450 --> 01:04:48.800
CalHHS CDII: Yeah, I'll just say, you know, I think you guys came to a a reasonable starting place. I think the 2Â min Number Doesn't really have much meeting, I mean, who who is looking at 2Â min, except for you know the provider who's got a patient right in front of them, and actually wants to make a decision. You know, in the Information blocking rules.

437
01:04:48.800 --> 01:04:57.280

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CalHHS CDII: they specifically say any delay. That is the word, the wording. If the FAQ. Any delay could be considered information one.

438
01:04:57.340 --> 01:05:08.330
CalHHS CDII: So I mean 2Â min is a delay, you know. That would be, in fact, information blocking under Federal rules. So i'm not sure what value the 2Â min adds. But

439
01:05:08.630 --> 01:05:10.600
it's interesting, because that's what you can.

440
01:05:12.520 --> 01:05:15.070
Cynthia Bero: Thank you. Mark.

441
01:05:16.630 --> 01:05:22.110
CalHHS CDII: Yeah. The the second bullet there caught my eye when I saw this, that

442
01:05:22.750 --> 01:05:27.220
CalHHS CDII: response to request for information versus other than treatment, is it? One week

443
01:05:27.730 --> 01:05:28.840
CalHHS CDII: after.

444
01:05:29.190 --> 01:05:35.620
CalHHS CDII: as somebody who considers myself a person and patient advocate thinking about requests for information

445
01:05:36.220 --> 01:05:43.820
CalHHS CDII: not to purpose other than treatment, and under Federal standards, you have to be able to do download and transmit with it

446
01:05:43.970 --> 01:05:48.600
CalHHS CDII: 36Â h for hospitals and the available at 36Â h hospitals.

447
01:05:48.860 --> 01:05:55.420
CalHHS CDII: 48Â h for electrical professionals which includes Medicaid. So it

448
01:05:56.720 --> 01:06:05.040
CalHHS CDII: patients don't want to be waiting a week to get access to their information process was an oversight, but I think that that needs to.

449
01:06:05.140 --> 01:06:11.700
CalHHS CDII: That needs to be incorporated somewhere here the information services

450
01:06:12.170 --> 01:06:16.420
CalHHS CDII: just as timely. So if you don't do something here

451
01:06:16.700 --> 01:06:31.900
CalHHS CDII: and you gotta change the information the individual access services want to be clear about the about the timelines there just a plan, clarification, the 36 and 48Â h of those are from No, that's those are in the regulations, and it's a measurement.

452
01:06:31.970 --> 01:06:45.590
CalHHS CDII: So you're supposed to be able to provide access. when they say, provide patient access. It has to be 36Â h for all of the hospitals, but which which regulations it's the certification. Criteria.

453
01:06:45.620 --> 01:06:50.850
CalHHS CDII: Yeah. And it's the one that's uses. For measurement. Okay, yeah.

454
01:06:54.300 --> 01:06:57.280
CalHHS CDII: So Ehr: is required. Hr.

455
01:06:57.630 --> 01:07:00.390
CalHHS CDII: Technology.

456
01:07:00.400 --> 01:07:03.730
CalHHS CDII: Yeah. Cms is measuring

457
01:07:04.120 --> 01:07:07.480
CalHHS CDII: about against the ability seat that's down under the

458
01:07:07.620 --> 01:07:13.770
CalHHS CDII: specifically you download trans as opposed to information sharing, which is without delay.

459
01:07:13.820 --> 01:07:21.750
CalHHS CDII: Yeah. Yeah. So it's it's not a it's not a floor. It it's a you know more that 36 you could certainly

460

01:07:22.040 --> 01:07:25.250
CalHHS CDII: you know, come in and under 36, or under 48,

461
01:07:27.240 --> 01:07:31.950
CalHHS CDII: and and avoid information parking. But that's that's the requirement. That's the way it's measured.

462
01:07:32.740 --> 01:07:38.700
CalHHS CDII: So just one thing real quickly, I guess 2 things so our thanks for that.

463
01:07:39.320 --> 01:07:53.750
CalHHS CDII: But just to be clear there isn't anything in any of the policies and procedures it gets anybody off the top in the but it's required by Federal regulation. You work

464
01:07:54.200 --> 01:08:06.110
CalHHS CDII: so, but we will take a look at that. See what verification needs. People's eyes gravitate to what they see in writing. I hear you I absolutely hear you. So

465
01:08:06.600 --> 01:08:07.980
CalHHS CDII: Thanks. Yeah.

466
01:08:10.400 --> 01:08:12.510
Cynthia Bero: Thank you. Mark. Jason.

467
01:08:14.000 --> 01:08:19.979
Jason Buckner: Yeah, Thank you. I just want to call out for Number one and number 2, like

468
01:08:20.040 --> 01:08:28.700
Jason Buckner: the way that the technology works. you will receive a request. We will process the request from respond to that request.

469
01:08:29.140 --> 01:08:34.830
Jason Buckner: If you respond to your query for treatment within 2Â min, and then

470
01:08:35.090 --> 01:08:44.350
Jason Buckner: AIM in our operations Within one week you have intentionally built in a delay. and I don't understand the concept of why we would want people to build in a delay.

471
01:08:44.880 --> 01:08:54.760

Jason Buckner: I think that one and 2 should be the same, I think, pointing to what Steven said about without intentional delay or without delay, is sufficient.

472
01:08:55.040 --> 01:08:56.140
Jason Buckner: 2Â min.

473
01:08:56.300 --> 01:09:02.399
Jason Buckner: People are not going to reply in 2Â min. If their system is busy, there is a variety of reasons why you wouldn't so, I think, putting

474
01:09:02.870 --> 01:09:11.760
Jason Buckner: a discreet time is a little bit odd, and putting 2 discrete times based on the purpose of use. Just doesn't correlate to

475
01:09:11.880 --> 01:09:16.010
Jason Buckner: how this technology works from our perspective. So that's my comment.

476
01:09:17.430 --> 01:09:20.310
Cynthia Bero: Thank you, Jason. Hey, John.

477
01:09:22.540 --> 01:09:27.649
CalHHS CDII: Just like to reiterate Jason comment. And I like the language about the way.

478
01:09:27.819 --> 01:09:32.340
CalHHS CDII: I think that's conditional, depending on what's going on. And

479
01:09:32.500 --> 01:09:36.080
CalHHS CDII: you, if you put any timeframe in there like 2Â min.

480
01:09:36.140 --> 01:09:44.899
CalHHS CDII: you know. Sometimes it takes the help to change 2Â min to respond, and so we get questions from one of our providers about

481
01:09:44.930 --> 01:09:47.770
CalHHS CDII: data. That's in one of our connections.

482
01:09:49.130 --> 01:09:53.710
CalHHS CDII: Then we're at all because it took more than 2Â min to get data to turn it back.

483

01:09:53.840 --> 01:10:04.770
CalHHS CDII: Yeah, we want to get them as much comprehensive data to them so that they get as much as they possibly can. Okay. we short that to give them less data and meet the requirement.

484
01:10:05.250 --> 01:10:10.310
CalHHS CDII: So I think that putting a timeframe on that is.

485
01:10:11.160 --> 01:10:17.300
CalHHS CDII: is that it? It. It disadvantages the providers. The information from the connections that we have

486
01:10:17.450 --> 01:10:23.770
CalHHS CDII: without delay. We're we're pursuing that query. That query is happening in the background, or

487
01:10:23.940 --> 01:10:29.180
CalHHS CDII: comp compiling that, and getting that back up the provider that should be without delay.

488
01:10:29.620 --> 01:10:31.020
CalHHS CDII: That should be sufficient.

489
01:10:31.270 --> 01:10:36.500
CalHHS CDII: You put time frame in there like that, and it's gonna complicate everybody's life, and

490
01:10:36.570 --> 01:10:38.050
CalHHS CDII: we're going to get a lot of

491
01:10:38.250 --> 01:10:42.260
CalHHS CDII: back and forth about this. They didn't respond in 2 min.

492
01:10:45.190 --> 01:10:46.300
CalHHS CDII: That's a problem.

493
01:10:46.490 --> 01:11:00.510
Cynthia Bero: Yeah. no, I I appreciate that. I'm. I'm trying very hard to figure out like, cause we tried to without delay approach, and and got pushed back from public comment that that people really wanted something to find. But

494
01:11:00.770 --> 01:11:04.740
Cynthia Bero: I hear what you're saying. So let me take that back. Andrew.

495
01:11:06.060 --> 01:11:07.850
CalHHS CDII: Thank you.

496
01:11:08.250 --> 01:11:21.680
CalHHS CDII: I think, to to Mark's point on this. If there's Federal rules that stipulate that, realizing we have to catch all that we have to provide by that when we just cite those back. That's just seems like a common sense way to approach it. But

497
01:11:21.870 --> 01:11:25.560
CalHHS CDII: I had a question. I don't know if it was this section or the

498
01:11:25.650 --> 01:11:32.360
CalHHS CDII: the prior one around the definition of a. Dt. I know there was an effort to eliminate transfers from the data feed

499
01:11:33.450 --> 01:11:43.060
CalHHS CDII: they've been I I don't know. Forgive me if it's ill times, but has the word transfer, then are you included in what an Id feed is?

500
01:11:44.210 --> 01:11:47.990
CalHHS CDII: I don't know if that's to you from I think you percept it on it

501
01:11:51.840 --> 01:11:55.930
CalHHS CDII: that at least it is time the

502
01:12:00.160 --> 01:12:07.070
CalHHS CDII: I'm not trying to head here. I tried to get a decent answer the question. We received a lot of comment about

503
01:12:07.270 --> 01:12:14.210
CalHHS CDII: the level of detail to include in admission transfers discharge the overwhelming

504
01:12:14.470 --> 01:12:20.980
CalHHS CDII: bulk of so far has been to not include in

505
01:12:22.510 --> 01:12:26.300

CalHHS CDII: in tr facility transfers

506
01:12:26.610 --> 01:12:32.730
CalHHS CDII: or to reduce the level of traffic, and it's for those that are receiving.

507
01:12:32.850 --> 01:12:40.850
CalHHS CDII: and that including intra facility, transfers, maybe included in the future as

508
01:12:40.940 --> 01:12:42.210
CalHHS CDII: organizations capability.

509
01:12:42.270 --> 01:12:49.450
CalHHS CDII: So these it increased. Now that would be again a 4 that doesn't mean that

510
01:12:49.580 --> 01:12:54.960
CalHHS CDII: organization could not receive intra facility transfers.

511
01:12:56.640 --> 01:13:04.780
CalHHS CDII: But that's what we're at least considering now. and I I recall our conversation last night, but that's that's

512
01:13:06.190 --> 01:13:11.340
CalHHS CDII: well. I don't want to recash it, because I said what I said then, but it does feel like we're.

513
01:13:11.610 --> 01:13:17.560
CalHHS CDII: We continue to take one step forward 2 steps back, and and limiting what is a

514
01:13:17.640 --> 01:13:27.980
CalHHS CDII: feet that is. albeit imperfect and largely via Faculty today includes that information that now to take that step back and not include, it

515
01:13:28.210 --> 01:13:32.980
CalHHS CDII: seems wildly and consistent with what were charged to do

516
01:13:33.330 --> 01:13:39.510
CalHHS CDII: for the statute, and the fact that it's not even on the slides. And we don't have these things to actually look through and

517

01:13:39.640 --> 01:13:44.660
CalHHS CDII: review. The actual language of it makes it incredibly difficult to see this in

518
01:13:44.810 --> 01:13:55.220
CalHHS CDII: when you note on here that the next step is to finalize, publish it. You know we're our backs are going to realize we're on a time crunch, and this is a perceived limitation on

519
01:13:55.650 --> 01:14:01.690
CalHHS CDII: organization's willingness to sign, etc., etc. But it's a it's a frustrating development

520
01:14:01.950 --> 01:14:07.150
CalHHS CDII: once again, and and i'm sorry if this was outlined on this Contact service all the other one, but

521
01:14:07.370 --> 01:14:09.470
CalHHS CDII: just

522
01:14:10.810 --> 01:14:17.400
CalHHS CDII: just frustrate, and I didn't. But candidly, I didn't realize it's the volume game. And now it, you know.

523
01:14:17.520 --> 01:14:21.840
CalHHS CDII: Frankly, it feels like if if the answer is that a lot of people

524
01:14:22.160 --> 01:14:25.290
CalHHS CDII: said something that that's the will of the group that I

525
01:14:25.430 --> 01:14:41.330
CalHHS CDII: I it's it's it's it's a this is a struggle on this one for us again. So I appreciate it, and hopefully look forward to seeing the the detail draft on it. I appreciate the box you guys are in, and the hard work you're doing, but it's it's very frustrating.

526
01:14:43.230 --> 01:14:46.710
CalHHS CDII: Yeah. thanks. Very bye, Of course I hear you.

527
01:14:48.050 --> 01:14:53.410
Cynthia Bero: Maybe we'll take one last comment from Diana, and then move on to the next P. And P.

528
01:14:55.200 --> 01:15:08.930

50

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Diana Kaempfer-Tong: Thank you. I just wanted to to put out there that you know CD. Ph. Specifically in the State generally. We have a lot of laws that we have to comply with. That we would have to

529
01:15:09.150 --> 01:15:19.410
Diana Kaempfer-Tong: do an analysis of sometimes with these data sharing. And so 2Â min for a legal analysis

530
01:15:19.490 --> 01:15:22.740
Diana Kaempfer-Tong: before sharing is is a bit tight. So

531
01:15:23.270 --> 01:15:24.750
that would be.

532
01:15:24.950 --> 01:15:28.150
Diana Kaempfer-Tong: That would be difficult for us in this situation.

533
01:15:31.150 --> 01:15:37.680
Cynthia Bero: Thank you. I appreciate that. Let me turn it. Things over now to my colleague, Helen.

534
01:15:39.300 --> 01:15:41.270
Helen Pfister: Okay, Great thanks, Cindy.

535
01:15:44.690 --> 01:15:46.150
Helen Pfister: Next slide, please.

536
01:15:47.630 --> 01:15:59.400
Helen Pfister: Okay. So i'm going to talk briefly about the Qh. A program P. And P. And the purpose of this Pmp. Is to set up set for the highlighted high level parameters for the for the Qh. I program.

537
01:15:59.660 --> 01:16:05.560
Helen Pfister: and it was released for public comment last week, along with the Qh. I/O draft application that Cindy

538
01:16:05.750 --> 01:16:13.110
Helen Pfister: went over before we're using it. Cbi. I did make a couple of comments since your last draft that you all saw in

539

01:16:13.370 --> 01:16:21.800
Helen Pfister: February today. I made some wording changes to make it clear that a participant may elect to engage a Qh. I/O.

540
01:16:21.980 --> 01:16:25.010
Helen Pfister: To help comply with its obligations under the Dsi.

541
01:16:25.060 --> 01:16:28.520
Helen Pfister: but that engaging a. Q. H. I. O. Is not mandatory.

542
01:16:29.050 --> 01:16:38.120
Helen Pfister: Cdi has revised the Pmp. To express and reference the Qa. To application, that an entity will have to submit in order to be

543
01:16:38.380 --> 01:16:41.860
Helen Pfister: eligible, to be designated as a. Qh. I/O.

544
01:16:42.470 --> 01:16:53.040
Helen Pfister: Today I has revised the Ppmp. To expressly state that the Qho has to comply with any ongoing or updated obligation set forth in the Qh. I/O program.

545
01:16:53.560 --> 01:17:00.860
Helen Pfister: And then, lastly, Ced AI is making an administrative change which you'll see flow across all of the pnps going forward.

546
01:17:01.060 --> 01:17:09.700
Helen Pfister: and that changes to incorporate all the defined terms that are used in a pmp within the body that P. And P. Itself with or in in that P. And P. Itself.

547
01:17:09.840 --> 01:17:14.350
Helen Pfister: even if the defined in the Dsa or in another pmp.

548
01:17:14.370 --> 01:17:26.140
Helen Pfister: And the idea there is to sort of have a one-stop, resource, so that a participant was looking at a Pmp Doesn't. Have to flip to the Dsa. Or another Pmp. To get definitions. All the definitions are actually in the Pmp.

549
01:17:26.350 --> 01:17:27.260
Helen Pfister: Itself.

550

01:17:29.730 --> 01:17:32.750
Helen Pfister: Any questions or comments about that, Andrew. I see your hand up.

551
01:17:33.430 --> 01:17:35.720
CalHHS CDII: Okay. that was a mistake. Sorry.

552
01:17:35.820 --> 01:17:36.600
Helen Pfister: Okay.

553
01:17:37.090 --> 01:17:40.240
CalHHS CDII: That was a legacy hand.

554
01:17:42.520 --> 01:17:54.770
Helen Pfister: Okay, seeing none. So yes, this is available for public comment. So if you end up having thoughts on it, feel pleased to go ahead and and submit comments. If you have any instructions for public comments are on the

555
01:17:54.940 --> 01:18:00.730
Helen Pfister: Cbi that exchange framework website, and the public comment period is going to close on May fifteenth

556
01:18:02.280 --> 01:18:03.630
Helen Pfister: next slide, please.

557
01:18:05.670 --> 01:18:22.760
Helen Pfister: Okay, so this is the requirement to exchange pmp, and this is one of the P. And P. That is finalized last summer. and the purpose of this is to set forth the responsibilities, but apply to participants in terms of responding to requests for for information pursuing to the data exchange framework.

558
01:18:23.110 --> 01:18:28.950
Helen Pfister: and Cdi is proposing a few amendments. This, this previously published P. And P.

559
01:18:29.390 --> 01:18:39.240
Helen Pfister: First, Cdi is posing to require voluntary Signatories that signed the Dsa. To begin exchanging data by January January 34, 2,026.

560
01:18:39.500 --> 01:18:49.650
Helen Pfister: The current published version actually doesn't set a date by which voluntary signatures have to exchange. There is a gap there, so the you guys person to change that to require

53

01:18:49.740 --> 01:18:55.440
Helen Pfister: require exchange by by that date. The second change is

562
01:18:55.630 --> 01:19:10.450
Helen Pfister: Ceta. I is proposing to remove the requirement that health information networks, health made organizations, health information service providers and Ehr technology providers have to exchange Hsi. By January the 30, first, 2,024

563
01:19:10.510 --> 01:19:22.450
Helen Pfister: i'm revisiting that I mean there. These are just intermediaries that facilitate the exchange of data. They're not providers and social service organizations or other types of participants. So it didn't seem to make sense to to to keep that requirement in there.

564
01:19:23.530 --> 01:19:34.120
Helen Pfister: Third, Cdi is proposing to remove language that would have allowed a participant who doesn't have to start sharing data or disclosing data until January 34 2,026

565
01:19:34.130 --> 01:19:42.200
Helen Pfister: to begin accessing data prior to that time. In other words, it wasn't it wasn't sort of a if you're going to access that you got it. She provide to provide data as well.

566
01:19:42.570 --> 01:19:43.150
Helen Pfister: bye.

567
01:19:43.470 --> 01:19:50.620
Helen Pfister: So now the idea is that if you want to access data through the data exchange framework kind of the Dsa, you also have to

568
01:19:50.850 --> 01:19:52.730
Helen Pfister: make your own data available

569
01:19:55.110 --> 01:19:57.340
Helen Pfister: questions or comments on any of those

570
01:20:00.220 --> 01:20:03.010
Helen Pfister: not seeing any next slide, please.

571
01:20:05.220 --> 01:20:13.650
Helen Pfister: There was. There is language in the current Polish pmp that talks about the that exchange framework being technology agnostic.

572
01:20:13.830 --> 01:20:25.290
Helen Pfister: Given that language in the P in the statute and other Pmps, we've decided it makes sense to remove that particular provision from the requirement to Exchange. Hsi, P. And P.

573
01:20:25.730 --> 01:20:27.080
Helen Pfister: So that's the fourth change.

574
01:20:28.310 --> 01:20:39.420
Helen Pfister: Now that we have the real time. Exchange, Pmp: we've added language to this Pmp. Saying, that's responses to request for Hsi must be made in accordance with the real time exchange campaign.

575
01:20:40.600 --> 01:20:50.740
Helen Pfister: And then, lastly, as I mentioned before, we are at ch revising this Pmp. To include in the Pmp. Itself all the defined terms, definitions relative to all the defined terms that are used in

576
01:20:50.970 --> 01:20:51.940
Helen Pfister: the Pmp.

577
01:20:54.300 --> 01:20:56.900
Helen Pfister: So anyone have any questions or comments

578
01:21:01.590 --> 01:21:11.030
Helen Pfister: right then. The next step with this one is to consider any feedback. If anyone has any thoughts afterwards, please do go ahead and share that with us, and then release this for for public comment

579
01:21:13.120 --> 01:21:14.540
Helen Pfister: Next slide, please.

580
01:21:16.740 --> 01:21:27.730
Helen Pfister: So the last Pmp. That i'm going to talk about is again an amendment to the existing published Pmp. The Pmp. Question is the Pmp. That establishes the process that will be used to

581
01:21:27.870 --> 01:21:35.700
Helen Pfister: develop new Pmps amend existing pmps or repeal replace pmps. and the thought here is that

582
01:21:35.940 --> 01:21:43.060
Helen Pfister: it may make sense to amend this Pmp. To establish a more accelerated process for implementing modifications to existing P. Mps.

583
01:21:43.200 --> 01:21:55.020
Helen Pfister: If those modifications are administered, administrative or technical in nature. and so an administrative change or a technical change would be one that doesn't have a material impact on participants.

584
01:21:55.340 --> 01:21:59.360
Helen Pfister: It would also include a change that was required in accordance with the of the law.

585
01:21:59.540 --> 01:22:09.310
Helen Pfister: And again, the idea would be that the governance entity would provide reasonable advance notice for making any such a change, but not go through the entire process required for a more.

586
01:22:09.410 --> 01:22:18.850
Helen Pfister: a more substantive. a substantive change. And just to give one example of an administrative change. As I've said before, we're going, we've been adding definitions to all the P. And P.

587
01:22:19.250 --> 01:22:31.070
Helen Pfister: An administrative change that wouldn't require the full process would be to go back to the last Summer's Pmps and update them to, to to add definitions and make some sort of other formatting changes to align them with the current set of Pmps

588
01:22:33.790 --> 01:22:35.380
Helen Pfister: questions or comments on that.

589
01:22:37.510 --> 01:22:42.930
Helen Pfister: I see that technical requirements in real time have have worn everybody up. So no, no thoughts on these.

590
01:22:44.270 --> 01:22:57.440
Helen Pfister: So yeah, as next step, Cdi is to screen drafting amendment to the Pmps with love thoughts that folks have on on this concept again. If you don't, have you want to give some thought and and get back to us, that would be great. Oh, Matthew, I see you have a You have a hand raised.

591

01:22:58.510 --> 01:23:05.360
Matthew Eisenberg: Thanks, Helen, Just from other groups. We found that, given the widespread

592
01:23:05.440 --> 01:23:11.180
the the coverage of the different policies and procedures, having a simple glossary of terms and standards

593
01:23:11.630 --> 01:23:17.900
Matthew Eisenberg: separate from, so that you, Don't, have to reiterate that through all the different policies and procedures is a very nice practice.

594
01:23:18.020 --> 01:23:28.610
There are other organizations who have used that. I recommend that we put together a glossary of terms and explanations. and that would inform all of the policies and procedures that would be very helpful.

595
01:23:31.010 --> 01:23:34.110
Helen Pfister: Great point taken. Morgan.

596
01:23:35.500 --> 01:23:42.720
Morgan Staines, DHCS (he): Thanks, Helen. Just a a question about about an item in the previous slides right, and jump in quick enough about

597
01:23:43.170 --> 01:23:46.720
Morgan Staines, DHCS (he): requiring bi-directional exchange.

598
01:23:47.450 --> 01:23:51.880
Morgan Staines, DHCS (he): It is just enlighten us what's the thinking about that a little bit? I mean, it seems.

599
01:23:52.600 --> 01:24:00.740
Morgan Staines, DHCS (he): You know. There, there's there's you know. There's some kind of a you know a a balance trying to struck to be struck there that that if we want to.

600
01:24:00.840 --> 01:24:01.840
Morgan Staines, DHCS (he): if we want

601
01:24:02.130 --> 01:24:05.170
Morgan Staines, DHCS (he): data to move as much as possible, that

602
01:24:06.520 --> 01:24:17.330
Morgan Staines, DHCS (he): not requiring bi-directional exchange would have that impact as long as it doesn't incentivize folks in that predicament to just not ever fix it.

603
01:24:17.500 --> 01:24:32.880
Helen Pfister: Yeah, I think that was the you kind of like hit. You hit the nail on the head right? I mean, if you don't require it, then you do end up having folks who may just perpetually. of course, data and not actually provide out of themselves. I mean, I know, Dean, you have you at feel about this. I don't know if you want to jump in and and add anything here

604
01:24:36.650 --> 01:24:39.490
CalHHS CDII: only that I appreciate comment.

605
01:24:43.630 --> 01:24:45.830
Helen Pfister: So yeah, we hear you

606
01:24:46.970 --> 01:24:49.440
Helen Pfister: and it's sort of again trying to strike a balance here.

607
01:24:53.660 --> 01:24:55.780
Helen Pfister: Any other questions or comments on this.

608
01:24:59.840 --> 01:25:05.120
Helen Pfister: Then I think we are back over to Courtney to talk about next steps for the P. Andps.

609
01:25:08.370 --> 01:25:11.520
Courtney Hansen: Thanks, Helen. go on to the next slide.

610
01:25:14.800 --> 01:25:30.980
Courtney Hansen: So this chart provides a high-level overview of the status of the various P. And and development. While timelines may still shift, we hope this is helpful to visualize our understanding of what the trajectory is of each of our pmps

611
01:25:31.960 --> 01:25:33.420
Courtney Hansen: at a high level.

612
01:25:33.680 --> 01:25:38.800
We are working towards finalization Of the first 4 pmps noted in the table.

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613
01:25:39.310 --> 01:25:50.310
Courtney Hansen: I do want to take this opportunity to again highlight that the key H. I. O.
Program P. And P. Has been released for public comment. and we really look forward to seeing
your comments on that P. And P.

614
01:25:51.030 --> 01:25:58.410
Courtney Hansen: After receiving public comment, we will compile it, revise and set it for public
or for our finalization.

615
01:25:59.490 --> 01:26:11.280
Courtney Hansen: The remaining P. Andps are being actively drafted or revised, and will be
shared for review and comment. Part of the finalization prior to their finalizations later this
summer.

616
01:26:13.560 --> 01:26:14.480
Courtney Hansen: and

617
01:26:15.240 --> 01:26:23.660
Courtney Hansen: if there are no questions on that, I believe I turned over to Dean for public
comments.

618
01:26:28.350 --> 01:26:35.700
CalHHS CDII: Yes, and I'm pausing for a moment to see if there's okay here a couple of hands
which is good that we have a couple of hands.

619
01:26:35.950 --> 01:26:47.880
CalHHS CDII: Yeah, we're. We're a few minutes ahead of the anticipated public comment
window, so not to drag it on, but just to acknowledge. But we do have a couple of hands raised.
So, Courtney.

620
01:26:48.020 --> 01:26:49.800
CalHHS CDII: if it's yours to lead.

621
01:26:50.050 --> 01:26:51.690
CalHHS CDII: we have.

622
01:26:51.970 --> 01:26:54.370
Courtney Hansen: But But, Aaron, go ahead.

623
01:26:54.670 --> 01:27:01.570

CalHHS CDII: Okay, thank you. Quick question. There'll there be another opportunity to review policies before the actual files.

624
01:27:02.580 --> 01:27:06.640
CalHHS CDII: Not Not that you're going to accept.

625
01:27:07.380 --> 01:27:19.810
Courtney Hansen: Yes, all of these will either be as as it list will either be submitted for Iac Subcommittee Review, or they will be published for public comment.

626
01:27:19.990 --> 01:27:31.470
Courtney Hansen: except for the ones that are listed as finalized that we're working on finalizing. The first 4 will not, but the next, for well. it's not comfortable

627
01:27:32.380 --> 01:27:34.880
CalHHS CDII: no more with you up on certain people.

628
01:27:37.250 --> 01:27:37.820
CalHHS CDII: Yeah.

629
01:27:37.990 --> 01:27:40.400
Courtney Hansen: I apologize. I couldn't quite hear that.

630
01:27:42.480 --> 01:27:49.600
CalHHS CDII: No. Just confirming that the 4 or once they're being finalized, then not see them. It's what they actually

631
01:27:51.430 --> 01:27:53.670
Courtney Hansen: correct. Those will be published a final

632
01:27:59.630 --> 01:28:02.010
CalHHS CDII: Jim. Do you have a comment?

633
01:28:02.800 --> 01:28:08.210
Jim Willis: I guess. Will the slides for this meeting be made available, and or the recording of this meeting

634
01:28:09.440 --> 01:28:11.780
Courtney Hansen: both will be made available?

635
01:28:12.310 --> 01:28:21.910
Courtney Hansen: I look to our team if you're able to speak about timelines about when these will be, the slides will be posted, and when we expect the

636
01:28:22.120 --> 01:28:25.100
Courtney Hansen: recording to be available. Okay.

637
01:28:26.150 --> 01:28:26.950
Courtney Hansen: something

638
01:28:30.740 --> 01:28:39.710
CalHHS CDII: hopefully, it occurs this week sooner rather than later. But it does need to go through compliance.

639
01:28:39.790 --> 01:28:42.400
CalHHS CDII: That's typically the only delay.

640
01:28:42.610 --> 01:28:53.390
CalHHS CDII: But we wrap these up after the meeting, and and that type of work. So we will be sharing as soon as we can, and hopefully by end of business this week, and I hope it's the sooner

641
01:28:53.800 --> 01:28:56.700
CalHHS CDII: that that's the the ceiling, not the floor.

642
01:28:56.830 --> 01:29:05.830
Jim Willis: Oh, okay. And if if there's time at the very end of this, if someone could put the slide that showed the status grid for policies and procedures that would be great. Thank you.

643
01:29:07.800 --> 01:29:15.900
CalHHS CDII: And is that different than this particular slide that's showing right now. I believe it was. Yes, it was right before going through individual policies and procedures.

644
01:29:16.960 --> 01:29:21.530
CalHHS CDII: Okay. What's the slide deck email to committee members?

645
01:29:21.820 --> 01:29:32.500
CalHHS CDII: Okay. So committee and subcommittee members should be in receipt of the deck and for the public we are posting as soon as we can after the meeting.

646
01:29:43.620 --> 01:29:49.530
CalHHS CDII: and that was you, Jim, correct. Your hand is still raised. Yeah, that's great. I'll go over to him. Thank you.

647
01:29:50.080 --> 01:29:53.830
CalHHS CDII: Thank you. It's always tricky to refine where that option is.

648
01:29:58.110 --> 01:30:01.830
Courtney Hansen: All right if there's no other comments or questions out.

649
01:30:02.830 --> 01:30:04.960
Courtney Hansen: Andrew.

650
01:30:06.140 --> 01:30:11.240
CalHHS CDII: Yeah, I I I appreciate it, but I put it in the chat, but just want to verbalize it.

651
01:30:11.590 --> 01:30:18.420
CalHHS CDII: based on what was presented today. and what will be finalized? Do we anticipate changes?

652
01:30:20.060 --> 01:30:28.060
CalHHS CDII: That's where I excuse me on all the things that are. They say, finalized by mid pay

653
01:30:31.680 --> 01:30:33.940
CalHHS CDII: court. They all speak the

654
01:30:34.160 --> 01:30:39.170
CalHHS CDII: this is Dean. So a couple of the comments we acknowledged, saying.

655
01:30:39.460 --> 01:30:50.360
CalHHS CDII: You say, okay, we have to go back and look at that. If there's if we feel if Cdi, I feel that there is a substantive change from what we have

656
01:30:50.590 --> 01:31:03.500
CalHHS CDII: prior to this meeting come into projecting as finalized, because you do know it's it's April 20, fourth, and we have May 15, so we we came into this meeting.

657
01:31:04.180 --> 01:31:15.710

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HUMAN SERVICES AGENCY

CalHHS CDII: not expecting to publish tomorrow here, regardless as to everybody's comments and the engagement that we've had today. So we will look. If there's something some substantive.

658
01:31:15.720 --> 01:31:33.110
CalHHS CDII: then we will come back either to the subcommittee or the iac. We are trying to move forward. We have a little bit more time than what the Data exchange framework has last year. So to your comment of like, we're up against a wall, we're not as

659
01:31:33.200 --> 01:31:41.880
CalHHS CDII: as much up against the wall, so we're trying to dot the eyes and cross the Ts. We're also.

660
01:31:41.990 --> 01:31:48.640
CalHHS CDII: We want perfection, but we're not going to let perfection stand in the way of progress. So.

661
01:31:49.090 --> 01:31:55.360
CalHHS CDII: considering safety, applicable laws, Everything like that. But we're not going to post tomorrow.

662
01:31:55.570 --> 01:32:07.290
CalHHS CDII: It doesn't mean we will change anything, but we certainly have that in our game plan to consider everything. So thank you. Good, good, good clarification point, and you're not the only one wondering that as well.

663
01:32:16.090 --> 01:32:19.630
CalHHS CDII: All Righty, I think we can go to the next slide. That thanks.

664
01:32:22.870 --> 01:32:28.280
CalHHS CDII: And with that we will be going to public comment next slide, please.

665
01:32:30.020 --> 01:32:49.250
CalHHS CDII: Oops, I guess. Go back one flight, please. I did, I hope thankfully. I have a little cheat sheet here. So for individuals in the public audience who have a comment may insert it in the Q. A. Or otherwise physically raise your hand if onsite, and if not, zoom using zoom.

666
01:32:49.260 --> 01:33:02.300
CalHHS CDII: If you're on site, we all know that we've seen that you can raise your hand, raise your hand through the zoom teleconferencing options, whether you're in the room or not, and you will be called upon in the order. Your hand was raised.

667
01:33:02.570 --> 01:33:06.350
CalHHS CDII: We ask that you state your name and organization, affiliation.

668
01:33:06.400 --> 01:33:16.700
CalHHS CDII: and please keep comments respectful and relatively brief. We do have a few extra minutes right now, so still brief. But we have opportunity for others.

669
01:33:16.720 --> 01:33:20.670
CalHHS CDII: As far we've had really good engagement, and we do appreciate that.

670
01:33:20.990 --> 01:33:28.200
CalHHS CDII: Is there anybody in the room who would like to have the floor for to start the public comment.

671
01:33:36.120 --> 01:33:45.750
CalHHS CDII: and then I will call upon Emma to see if there is anybody, virtually that I have not seen who is looking to share public comment.

672
01:33:47.810 --> 01:33:54.780
Emma P - Events: Great! We do have a couple of hands raised. I will start with L. Johns L. Johns, you should be able to unmute.

673
01:33:56.620 --> 01:33:59.610
L. Johns: Thank you. Can you hear me? This is Lucy Johns.

674
01:34:02.530 --> 01:34:03.250
CalHHS CDII: Yes.

675
01:34:03.800 --> 01:34:14.870
L. Johns: great, Thank you. This has been a fascinating discussion. I only want to comment as a consumer patient on one very important point.

676
01:34:14.950 --> 01:34:18.190
L. Johns: namely, the comment by Matt Eisenberg

677
01:34:18.390 --> 01:34:30.060
L. Johns: for this group to please take some time to consider the possibility that patients may decline adt sharing.

678

679
01:34:34.400 --> 01:34:45.410
L. Johns: term this consent management. and I really support both of these individuals and look forward to this esteemed group.

680
01:34:45.450 --> 01:34:52.390
L. Johns: really starting to look at all these rules from the patient consumer point of view.

681
01:34:52.500 --> 01:34:53.440
L. Johns: Thank you.

682
01:34:57.940 --> 01:35:03.010
Emma P - Events: Thank you. Next up we have mo heat mo he you should be able to unmute. Now.

683
01:35:05.020 --> 01:35:11.430
Mohit Ghose: thank you very much. This is Mohit Kosh with anthem and just wanna echo

684
01:35:11.940 --> 01:35:28.950
Mohit Ghose: some of the comments that were made earlier, especially when when it comes to items like adt completely respect the patient privacy aspects of it. If folks do not want their data to be transmitted. That is obviously something we want to be very careful with.

685
01:35:28.950 --> 01:35:42.200
Mohit Ghose: But at the same time there are married rules now on health plans to do follow up care, ensure that patients are being seen in the right setting within a certain number of days after they are discharged from the hospital.

686
01:35:42.200 --> 01:36:01.740
Mohit Ghose: and the idea that we would have to go to each individual hospital and figure out whether or not we have the right feed, whether we have the right patient panel being presented at that hospital, depending on treating physicians and and admission. You know capabilities of those physicians

687
01:36:01.740 --> 01:36:21.870
Mohit Ghose: rather than having a push feed coming out of the hospital that goes to an entity that can tell anthem very directly. By the way, your patient, who you may not have known was in the hospital has just been discharged today, allowing us to then do the follow up care immediately and ensure the Pcp. And Kate Care team can engage.

688
01:36:21.870 --> 01:36:29.040
Mohit Ghose: I just, you know, in terms of workflow. That's something. I hope the panel will consider. And then the other piece is very similar

689
01:36:29.060 --> 01:36:35.510
Mohit Ghose: on real time. When you think about real time, You know you have the adt issue there as well.

690
01:36:35.570 --> 01:36:46.420
Mohit Ghose: Having a dts appear in a fax for 5 days later. It doesn't allow us to do our job? Number one number 2 in terms of real time. Is it a query, or is it a push?

691
01:36:46.430 --> 01:36:55.290
Mohit Ghose: Under what circumstances should it be a query or push. And so, really, as we get to the point of trying to have interoperability

692
01:36:55.360 --> 01:37:13.420
Mohit Ghose: looking at the Federal rules also becomes very, very important, because inconsistencies only set people up for failure at this point. If we are behind on some of Tefka or fire, or any of those items, we should try to align as closely as possible, because, as you recognize

693
01:37:13.420 --> 01:37:23.340
Mohit Ghose: hospital systems, health plans have to build significant change through the CD Ii process. So those are 3 areas of comments. Thank you.

694
01:37:26.250 --> 01:37:33.150
Emma P - Events: Thank you for your comment, Mohit. I will move to Dan Chavez. Dan. You should be able to unmute.

695
01:37:35.220 --> 01:37:37.640
Dan Chavez: Good afternoon. Thank you.

696
01:37:37.830 --> 01:37:50.390
Dan Chavez: Dan Chavis CEO, Serving Communities, Health Information Organization. formerly the Santa Cruz, H. I/O, the oldest H. I. In the State of California.

697
01:37:50.640 --> 01:38:00.920
Dan Chavez: I i'd ask the committee to really think, through at some point time unintended consequences. that some of these policies could have a dramatic impact

01:38:01.070 --> 01:38:05.670
Dan Chavez: on the state of interoperability in California.

699
01:38:05.890 --> 01:38:16.100
Dan Chavez: If that high trust requirement stands as is. I think it's easy to foresee the consolidation of H. Ies in the State.

700
01:38:16.990 --> 01:38:25.230
Dan Chavez: What is height, Trust? Say, when a high trust certified entity merges with one or 2 other non certified entities.

701
01:38:26.050 --> 01:38:31.350
Dan Chavez: Does that high trust certification remain in place? I'm not sure it does

702
01:38:32.380 --> 01:38:39.780
Dan Chavez: so, I would really ask that we'd look hard at some unintended consequences of policies

703
01:38:39.910 --> 01:38:47.480
Dan Chavez: with respect to security. I believe H. Ios in the State should be given consideration

704
01:38:47.890 --> 01:38:54.930
Dan Chavez: for passing assessment security assessments with our larger health systems, like Kaiser.

705
01:38:54.990 --> 01:39:01.320
Dan Chavez: like common spirit, like the Department of Defense, like Va.

706
01:39:01.650 --> 01:39:09.080
Dan Chavez: we do this cyclically today. and a high trust certification does not alleviate

707
01:39:09.550 --> 01:39:16.370
Dan Chavez: our time, energy, and efforts in going through these assessments with these major health systems.

708
01:39:17.010 --> 01:39:26.100
Dan Chavez: Next, I would ask that the Committee Review last week's published Health data, utility, Maturity model.

709

01:39:26.680 --> 01:39:32.950
Dan Chavez: It's a fine piece of work of which our sister H. I/O manifest that access contributed to.

710
01:39:35.490 --> 01:39:45.250
Dan Chavez: And then finally, with regards to the adt conversation, it's a tough one. Lots of considerations have to be made, but I believe

711
01:39:45.480 --> 01:39:58.330
Dan Chavez: that we're not really addressing some of the key elements of the concern, as it relates to adts. which. in my view, seems like unfettered aggregation of data.

712
01:39:59.220 --> 01:40:12.490
Dan Chavez: I think we need to put more explicit business rules in place. As to who can ask for an adt. and perhaps change these positive procedures to have a little bit more teeth.

713
01:40:12.590 --> 01:40:21.710
Dan Chavez: as it relates to who is entitled to an adt like an existing patient provider relationship. Thank you.

714
01:40:25.600 --> 01:40:32.100
Emma P - Events: Thank you for your comment. Next up we have Olivia B. Olivia, you should be able to unmute.

715
01:40:33.980 --> 01:40:39.990
Olivia Bundschuh: Hi! Good afternoon, everyone. My name is Olivia Bunsche, and I am calling on behalf of the connecting for better health coalition.

716
01:40:40.290 --> 01:40:50.940
Olivia Bundschuh: We are calling to express concern regarding the latest proposal for the technical requirements, policy and procedure, and the emission of the requirements for hospitals to share at T. Messages with the Qh. I/O.

717
01:40:50.960 --> 01:40:54.490
Olivia Bundschuh: We strongly urge Cdi to reconsider this position.

718
01:40:54.700 --> 01:41:10.100
Olivia Bundschuh: requiring the sharing of ads for the Qh. I/O. Or through a central statewide at T. Hu. Will ensure that these critical data that this critical data gets shared with community providers, communities, organizations, and care coordinators, which is particularly particularly important to advance Kelly.

01:41:10.360 --> 01:41:15.610
Olivia Bundschuh: We also call to express support for the trailer the proposed trailer billing, which proposed by Cii.

720
01:41:16.110 --> 01:41:27.760
Olivia Bundschuh: we support the effort to establish a formal data Exchange Board, and also urge Cdi to meet critical amendments to the Health and Safety Code, to clarify which entities are required to sign the Dsi. Thank you very much.

721
01:41:33.190 --> 01:41:38.460
Emma P - Events: Thank you for your comment. I do not see any other hands raised at this time.

722
01:41:45.660 --> 01:41:46.890
CalHHS CDII: Thank you, Emma.

723
01:41:47.630 --> 01:42:02.990
CalHHS CDII: And with that I turned to John. Well, it was timely with Lydia's comments. So before we adjourn, i'd like to provide a brief update on the next steps for the Exchange framework governance. We know that this topic of great interest. So we're going to share what we can.

724
01:42:03.300 --> 01:42:11.040
CalHHS CDII: I first, as outlined in the Governance section of the Data Exchange framework that was published in July of last year. Our vision

725
01:42:11.190 --> 01:42:23.110
CalHHS CDII: is to transition from an interim governance of which all of you been a crucial part to a permanent governance via the establishment of a healthy Human Service data, Exchange, framework or data exchange framework, for

726
01:42:23.410 --> 01:42:24.380
CalHHS CDII: I don't know

727
01:42:24.480 --> 01:42:35.460
CalHHS CDII: California health Services and Cdi are committed to establishing such a structure over as quickly as we can, and we have proposed Trailer Bill language to do so.

728
01:42:35.700 --> 01:42:52.550
CalHHS CDII: There are also a number of policy bills that have been introduced that the Legislature is considering that would establish the Board or make other changes that would

impact the data exchange framework. including there's 4 of them 81 3 3, one, which was introduced by assembly member, but

729
01:42:52.680 --> 01:43:00.410
CalHHS CDII: sb 582, introduced by Senator Becker. a 1,697, introduced by Assembly Member shall be.

730
01:43:00.600 --> 01:43:05.470
CalHHS CDII: and AV 352, introduced by Assembly member. Our

731
01:43:05.970 --> 01:43:06.770
CalHHS CDII: Okay, on

732
01:43:07.680 --> 01:43:15.000
CalHHS CDII: we encourage you to review them and speak with your lawmakers and their staff to provide your guidance to them.

733
01:43:15.450 --> 01:43:26.160
CalHHS CDII: Once the board is established, Cdi. Into space, that one or more committees will be needed to support broader stakeholder input about P data, exchange, framework, policy and program priorities.

734
01:43:26.620 --> 01:43:36.030
CalHHS CDII: We appreciate the commitment and dedication all of you in working that with us to set up foundation for the next phase data shaped framework implementation.

735
01:43:36.820 --> 01:43:55.140
CalHHS CDII: In addition, with respect to an engagement of other call Hhs Departments on Count Data Exchange framework. We've received many questions about the role of other account Hhs departments. With respect to the data exchange framework, we can share that Cdi is working with other State departments to encourage adoption

736
01:43:55.140 --> 01:44:00.320
CalHHS CDII: of the data sharing agreement, i'm. On healthy and service entities throughout California.

737
01:44:01.170 --> 01:44:04.220
CalHHS CDII: So those are some comments there.

738
01:44:04.750 --> 01:44:09.770
CalHHS CDII: and if we want we can go to next steps unless there is questions on that.

739
01:44:12.410 --> 01:44:13.120
CalHHS CDII: Okay?

740
01:44:14.310 --> 01:44:34.080
CalHHS CDII: So our next steps moving forward to next steps. Yeah, we will, following today's meeting. Take all of your helpful input into consideration. Share summary notes from this meeting and prepare material for our next meeting together. Cdi will continue to advance the policies and procedures and development, and we're applicable solicit public calling.

741
01:44:34.500 --> 01:44:40.580
CalHHS CDII: As always, we encourage you to stay in touch and send us any additional feedback on the topic covered during Today's meeting

742
01:44:40.930 --> 01:44:42.400
CalHHS CDII: slide 40 points

743
01:44:43.130 --> 01:44:51.320
CalHHS CDII: new, a few near term dates to keep in mind. June Fifth. We have our next IC. Meeting from 1030 to one.

744
01:44:51.570 --> 01:44:59.320
CalHHS CDII: and we have our next data sharing agreement. Pmp: Subcommittee meeting on May 20, fifth, 9, 30, to

745
01:45:00.730 --> 01:45:06.830
CalHHS CDII: take a look at those dates, and on your calendars and next slide, please. We also have some webinars.

746
01:45:06.840 --> 01:45:17.140
CalHHS CDII: Our next information, our Webinar on May sixteenth from 10 to 12, or we' to take a deep dive into the Data Exchange framework, Grants Application and Grants guide and stuff.

747
01:45:18.250 --> 01:45:21.770
CalHHS CDII: With that I just want to thank all of you for joy.

748
01:45:21.870 --> 01:45:35.630
CalHHS CDII: Can I say one thing? You could save whatever you want in the this at the end? In the Q. A. I just hit the wrong button. I was going to write to Jennifer, and then thank you, acknowledging your comment, and we'll check on that.

749

01:45:35.670 --> 01:45:40.250
CalHHS CDII: And I forget the other part, because I can't refine it. Oh, I know

750
01:45:40.380 --> 01:45:50.790
CalHHS CDII: if there's a comment that you've added today during to the Q. A. Or to the chat that is applicable to

751
01:45:51.480 --> 01:45:52.510
CalHHS CDII: the

752
01:45:53.640 --> 01:46:10.140
CalHHS CDII: the Qh. I/O policy and procedure that is open for public comment. We, I do highly recommend you also submit through that avenue that is the place, for there's only one Pmp. Open right now today than anything about that should be submitted through the official public comment

753
01:46:10.140 --> 01:46:24.420
CalHHS CDII: avenues on that one, even if you have commented on that today, thanks back to your conclusion, thanks to you. Thanks for all of you, thanks for the CD Ii team for all your work, Matt. Team as well, and we'll see you on cold ones.

754
01:46:24.580 --> 01:46:27.660
CalHHS CDII: Thank you at this meeting to join there.

755
01:46:30.110 --> 01:46:32.780
CalHHS CDII: How about you? Go ahead.