



**California Health & Human Services Agency  
Center for Data Insights and Innovation  
Data Exchange Framework Stakeholder Advisory Group  
Meeting 9 Q&A Log (10:00AM – 1:00PM PT, June 23<sup>rd</sup>, 2022)**

The following table shows comments that were entered into the Zoom Q&A by public attendees during the June 23<sup>rd</sup> meeting:

<b>Count</b>	<b>Name</b>	<b>Comment</b>	<b>Response</b>
1	Steven Lane (SutterHealth)	Glad to see more people wearing masks at the meeting today. I am home today quite sick with COVID, the rates of which remain high in California.	Sorry to hear that Steven. Be well, hope you have a speedy recovery!
2	John Helvey	Wishing you a speedy recovery Dr. Lane!	
3	Allyson Hall	Could the panel members speak into mics? Hearing them over Zoom is very difficult.	Hi there is only one microphone in the center of the room
4	John Helvey	It is really difficult to hear the people speaking clearly.	live answered
5	John Helvey	It is really difficult to hear the people speaking clearly.	yes only one speaker in the room center
6	John Helvey	It is really difficult to hear the people speaking clearly.	Can you hear better now? They gave us mics for speaking.
7	L. Johns	Sometimes hard to hear speakers. Is chyron possible? (Is that how you spell it?) ;- ) Running translation of speaker's words somewhere.	
8	Deven McGraw	Agree - it is hard to hear the participants in the room; those on the phone are very clear.	
9	Kaylee Kang	Will slides be available to view after today's meeting?	live answered
10	Kaylee Kang	Will slides be available to view after today's meeting?	The slides are posted on the CalHHS CDII website. <a href="https://www.chhs.ca.gov/wp-">https://www.chhs.ca.gov/wp-</a>

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			content/uploads/2022/06/CalHHS_DxF-Stakeholder-Advisory-Group_Meeting-9_June-23-2022_Deck_Final_v1.pdf
11	L. Johns	'+1 Claudia	
12	John Helvey	The sound in the room makes public observation very difficult to hear what is being said.	
13	Steven Lane (SutterHealth)	One challenge that must be considered is the increasing possibility that "deidentified data", as defined in HIPAA, may be reidentified using modern technology and public data sets. I do not think we can solve this, but this is important to consider as we intentionally expand the types of data available, individuals impacted, stakeholders with access, etc..	
14	Steven Lane (SutterHealth)	There are MANY stakeholders with an interest in accessing and monetizing "Deidentified Data", SOME in the interest of the greater good.	
15	L. Johns	'+1 Dr. Lane.	
16	Steven Lane (SutterHealth)	A number of equity-supporting data standards are being added annually to the US Cored Data for Interoperability (USCDI). We are on a good track advancing the use of the latest approved/adopted version of this standard.	
17	L. Johns	Re Indiv opting out: please consider adding that opting out shall not affect Indv access to services or their provision.	
18	L. Johns	If only we could've heard that comment. ;-)	
19	James Sullivan TCS - TATA Consultancy Services	'@Steven Lane... good points on the potential to reidentify deidentified information. This is an important technical and nomenclature point of differentiation when discussing deidentified v	'@Steven Lane... good points on the potential to reidentify deidentified information. This is an important technical and

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		anonymized data, and to be sure the appropriate definition and technology is applied and implemented.	nomenclature point of differentiation when discussing deidentified v anonymized data, and to be sure the appropriate definition and technology is applied and implemented.
20	Steven Lane (SutterHealth)	There has been substantial discussion at the national level regarding the need to support individuals' HIPAA rights to correct errors in / request amendments to the data in their medical records. A number of specific recommendations in this area were included in a recent report from the Federal Health IT Advisory Committee to the National Coordinator for HIT: <a href="https://www.healthit.gov/sites/default/files/facas/2022-06-16_IS_WG_Phase%202_Recommendations_Report.pdf">https://www.healthit.gov/sites/default/files/facas/2022-06-16_IS_WG_Phase%202_Recommendations_Report.pdf</a>	
21	Steven Lane (SutterHealth)	The Information Sharing provisions of the Federal 21st Century Cures Act also requires that data be shared for permitted purposes "upon [a valid] request". We should avoid extending this requirement to require that data holders must establish automated data flows, e.g., to a centralized repository that may monetize the data, as some stakeholders continue to attempt to legislate.	
22	Nicole Salazar	What is the anticipated date to have the DSA completed/finalized by?	It is required by July 1, 2022 and then executed by parties by January 2023
23	Deven McGraw	A number of entities in California are subject to both the HIPAA breach definition and the CA definition.	

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24	Deven McGraw	Under HIPAA, only two categories of health care operations are permitted to be “shared” for the benefit of the recipient entity - and the info has to be about patients in common. 45 CFR 164.506(c)(4).	
25	Nicole Salazar	thank you!	
26	Deven McGraw	Limiting to the first two prongs of the health care operations definition IS consistent with HIPAA.	
27	Steven Lane (SutterHealth)	Thank you Deven!!	
28	Steven Lane (SutterHealth)	Any new State requirements for proactive data sharing should be cautiously limited to specific data and uses that are most likely to primarily benefit individuals as opposed to business entities pushing such requirements for their financial benefit.	
29	Deven McGraw	isn't this BA issue the one Mark Savage raised?	
30	John Helvey	Note...The request to correct information should sit at the source of generation provider/organization	
31	Deven McGraw	USCDI limitation on the definition of EHI - at least for entities covered by the information blocking regulations - goes away as of early october 2022, which if the CA Framework sticks to USCDI (whatever version), there will be some entities in California for whom federal sharing mandates will not match CA sharing mandates - just fyi.	
32	Steven Lane (SutterHealth)	I support this approach to advancing from USCDI V1 to V2. As USCDI V3 is finalized and eventually adopted as part of the ONC Standards Version Advancement Process (SVAP), the DxF should ideally be updated to point to this evolving standard.	

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33	Steven Lane (SutterHealth)	Excellent addition to task DxF Governance with maintaining alignment with federal rules and regulations.	
34	Steven Lane (SutterHealth)	Great to see this level of public engagement with and impact to the DxF effort.	
35	Steven Lane (SutterHealth)	(A welcome balance to the impressive PR/marketing investments made by some vested interests)	
36	L. Johns	In case I'm not called on due to time: 1. Please add concerning consumer/patient consent: That withholding consent shall not affect individual's access to services or their provision. 2. Addition of "income" to something flew by in Jonah's remarks. This is such a complex concept. What is going on here? Please reconsider and/or define extremely tightly and explain why this is included at all.	
37	Steven Lane (SutterHealth)	The folks at Project US@ have done a great job and their recommendations are likely to be incorporated into USCDI V3. <a href="https://oncprojecttracking.healthit.gov/wiki/pages/viewpage.action?pageId=180486153">https://oncprojecttracking.healthit.gov/wiki/pages/viewpage.action?pageId=180486153</a>	
38	Steven Lane (SutterHealth)	'+1 to Lucy's comment re "income". That also surprised me when it flew by. I hope that this is not translated into a requirement for health and social service providers to collect and share income data, which could be so easily misused. In the USCDI work we have done at the Federal level, it is often stated that "required" data elements must be shared IF they are collected/documented, but that specifying a new data element should not create an added burden of data collection on providers.	

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39	John Helvey	Thank you Ali.	
40	Steven Lane (SutterHealth)	A 7 member board seems small given the broad diversity of stakeholders in this effort and the need for balanced input. How will the State assure that vested interests will not take over the Board?	
41	Steven Lane (SutterHealth)	I would LOVE to participate!	
42	John Helvey	SacValley MedShare would like to thank all of you for your service on this committee. You guys have done awesome!	

**Total Count of Zoom Q&A comments: 42**