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 Chat Log (10:30AM – 12:30PM PT, April 24, 2023)

The following comments were made in the Zoom chat log by Members of the Implementation Advisory Committee, Data Sharing Agreement Policies & Procedures Subcommittee, and staff during the April 24 meeting:

10:35:56 From Michelle Gibbons to Hosts and panelists:
Good morning, Michelle Gibbons is here

10:36:41 From Michelle Gibbons to Hosts and panelists:
I do need to step away for just a moment.

10:44:37 From Matthew Eisenberg to Hosts and panelists:
Will we get any updates on Senator Becker's SB 582 bill currently working its way through the legislative process?

10:45:54 From David Ford to Everyone:
@Matt If we don't discuss 582 in this meeting, I'm happy to discuss offline (it's CMA-sponsored).

10:47:09 From Matthew Eisenberg to Hosts and panelists:
Thanks @David. I also wanted to highlight Assemblyman Wood's AB 1331 bill - which may be even more relevant for this group?

10:49:12 From DeeAnne McCallin to Everyone:
We will pause for committee members' raised hands after Juliette, covering the intro, the QHIO slides presented by Cindy, and Grants Update.

10:57:28 From Matthew Eisenberg to Everyone:
Just a suggestion, but it would be helpful to include a list of HHS/CDII DxF staff and consultants who are participating in the meeting as an additional set of slides with the Welcome and Roll Call section.

11:02:47 From Troy Kaji to Hosts and panelists:
Besides the parallel onboarding processes for grantees and QHIOs, would like to clarify how CAHIE will outreach to eligible signatories

11:04:41 From Felix Su to Everyone:

+1 @Steven Lane re: it being ideal to allow counties/public health--crucial data sharing stakeholders--to apply in the first rounds of funding.

11:05:31 From Lee Tien to Everyone:
Are these counties/public health entities even ready to apply?

11:05:51 From Rim Cothren, CDII CalHHS to Everyone:
Additionally to respond perhaps to Dr. Lane's comment amd to avoid confusion, I am no longer part of CAHIE and Lori Hack now leads that organization.

11:07:46 From Aaron Goodale to Everyone:
Has CDII been working with potential QHIO applicants on the requirements in the application. Is there any concern that the pool of QHIOs may be limited?

11:08:53 From Cynthia Keltner to Everyone:
+1 @Aaron Goodale

11:09:21 From Steven Lane to Hosts and panelists:
Thanks for the reminder @Rim. Sorry @Lori! #OldDogNewTricks

11:09:43 From Jason Buckner to Everyone:
We strongly believe requiring HITRUST for QHIOs is necessary given the critical importance of ensuring this data is secured to an industry standard.

11:09:51 From Cynthia Keltner to Everyone:
Has there been a final determination on entities that can apply for QHIO such as EHRs like Ochin Epic.

11:11:14 From Lori Hack to Everyone:
@JasonBuckner - agree that it is ultimately required however given the 18 month timeframe from HITRUST certifiers to achieve, provisional approval of QHIO with evidence of path to R2 would be a recommendation worth considering

11:11:28 From Steven Lane to Hosts and panelists:
@Jason - I do not disagree, though the path to HITRUST certification is a long one for new applicants. It may be worthwhile to allow organizations to move forward to preliminary QHIO status and function as they go through the HITRUST certification process, presuming they have a clear plan and the resources to complete that process.

11:11:47 From Steven Lane to Hosts and panelists:
#GreatMinds

11:12:16 From Jonah Frohlich to Everyone:

@Aaron Goodale - yes, CDII is working with a couple of HIOs.

11:13:43 From Steven Lane to Hosts and panelists:
@Aaron - I share your concern that we may be designing a process that leaves us with a very small pool of QHIOs, essentially "picking winners" in the process.

11:13:44 From Jonah Frohlich to Everyone:
@Cynthia Keltner: The QHIO application is open to a variety of organizations that meet specified organizations/governance, technical and other requirements.

11:14:52 From David Ford to Hosts and panelists:
In an earlier meeting, CDII stated that there would be guidance at some point in the Spring regarding your understanding of "physician organization" or medical group. Is that still coming? It would seem to matter on, for example, whether CHCs are considered "mandatory" or "voluntary" signatories.

11:14:54 From Courtney Hansen to Everyone:
@ Aaron Goodale and @ Jonah Frohlich: the draft application is also available on the CDII website for public comment. We encourage all interested members of the public to review and provide feedback on the draft QHIO application.

11:15:03 From DeeAnne McCallin to Everyone:
We will go thru Ali as I had not scrolled to see the already raised hands

11:15:43 From Matthew Eisenberg to Everyone:
I believe CMS and the Joint Commission have a REQUIRED exception to sharing event notification IF the patient declines? So how will we reconcile this requirement with the P&P?

11:17:07 From Courtney Hansen to Everyone:
Here is the draft QHIO application for all those interested in reviewing and providing public comment: https://www.cdii.ca.gov/wp-content/uploads/2023/04/QHIO-Application_Draft-for-Public-Comment_2023.04.17.pdf

11:17:09 From John Helvey to Everyone:
+1 to Steven Lane Comment @Jason - I do not disagree, though the path to HITRUST certification is a long one for new applicants. It may be worthwhile to allow organizations to move forward to preliminary QHIO status and function as they go through the HITRUST certification process, presuming they have a clear plan and the resources to complete that process

11:18:18 From Cynthia Keltner to Everyone:

Yes, @David Ford, was wondering the same thing. Will we get clarification in writing about the terms of physician orgs and medical groups. When looking at the language you also use the term of non-profit providers when talking about reporting for groups with less than 10 providers but no mention of non-profits in the section talking about organizations with more than 10 providers.

11:19:09 From Jason Buckner to Everyone:

This position on ADT is very disappointing and reflects the current state of affairs, which does not benefit all DSA signatories. It is not feasible for each hospital to accept panels from thousands of DSA signatories representing millions of patients and send notifications based on that patient set, even if the endpoint is a QHIO. This represents a significantly higher amount of work on a hospital's part compared to simply utilizing a QHIO.

11:22:07 From Matthew Eisenberg to Everyone:

Patient Ping would essentially meet the definition of an HIO.

11:22:26 From Troy Kaji to Hosts and panelists:

The current workflow for patients is to indicate which providers or entities they would like ADTs sent to. If each patient were informed to designate a QHIO to send the information, then the QHIO would get the ADT notification AND the patient would keep their control over where the ADT notifications go. In our post-Dobbs era, important for patients to retain control of where ADT notifications travel.

11:23:31 From DeeAnne McCallin to Everyone:

Reminder to lower "raised hand" after you have commented. thank you

11:25:22 From Steven Lane to Everyone:

I believe that PatientPing does push/deliver ADTs to providers in the manner they request.

11:26:50 From William (Bill) Barcellona to Hosts and panelists:

I just don't see how ADT notifications are going to work without small practice and IPA-related providers access to QHIO models with access to hospitals. It appears that this change to the P&P just sustains the status quo, which is not working.

11:27:31 From Tom Schwaninger, L.A. Care Health Plan to Everyone:

It's 2023; we really need solutions that go beyond Faxes and Portals.

11:27:58 From Steven Lane to Everyone:

"PatientPing is a web application hosted on Amazon Web Services that notifies a patient's physicians when they check in or check out of a healthcare organization like a hospital, rehab center or skilled nursing facility."

11:28:10 From Cynthia Keltner to Everyone:
@Bill Barcelona, same with CHCs

11:28:11 From David Ford to Hosts and panelists:
Sorry everyone - I have to be out of the meeting for a few moments.

11:28:44 From Andrew Kiefer to Hosts and panelists:
Given the comment limitation, for the record Blue Shield of California is opposed to the lack of requirements that hospitals share ADT's directly with a QHIO of it's choosing. The comment cited in the draft biases against the use of QHIO as tool to share data in real time, eluding to the hospitals preferred technological pathway to meet the letter of the law. The implication, as shared by Aaron Goodale is that we will have to leverage the prospective QHIO's to ping the hundreds of hospitals for the ADT that do not provide direct feeds.

11:29:24 From Andrew Kiefer to Hosts and panelists:
Lastly, question @Rim … are transfers back in the definition of ADT or are they still excluded per the prior draft?

11:29:48 From Felix Su to Everyone:
+1 Bill and Cynthia. The disappointing decision to forego an ADT-to-QHIO requirement makes everything harder for clinics, IPAs/medical groups, health plans, AND hospitals.

11:31:01 From Andrew Kiefer to Everyone:
Agree with Bill 100%.

11:33:54 From Steven Lane to Everyone:
It will be revealing to compare the effectiveness and efficiency of ADT notifications routed through QHIOs vs. via alternative methodologies. If QHIO distribution proves to be more valuable, while respecting patient privacy and CMS requirements, we can certainly evolve in that direction in the future once the method has been proven. Why require an unproven methodology from the outset. #DataDriven

11:38:37 From Matthew Eisenberg to Everyone:
Is there any opportunity to combine the Real-Time Exchange and Technical Requirements for Exchange P&Ps? Although complex, the "audience" of technologists at participant orgs who support HIE would need to reconcile all of these requirements.

11:39:56 From Jim Willis to Hosts and panelists:
Will the slides be made available after today's call? Specifically, the P&Ps overall status grid would be of interest and these P&P individual slides.

11:41:23 From Louis Cretaro to Hosts and panelists:
Not sure what Social Services request for Information timelines are, but I think they need to be considered. There is typically a review, maybe even a redaction. So I think the data set will matter

11:42:47 From Steven Lane to Everyone:
ONC Information Blocking FAQ: https://www.healthit.gov/faq/when-would-delay-fulfilling-request-access-exchange-or-use-ehi-be-considered-interference-under

11:43:36 From Steven Lane to Everyone:
"When would a delay in fulfilling a request for access, exchange, or use of EHI be considered an interference under the information blocking regulation?"

11:44:03 From Mark Savage to Everyone:
Repeating a comment I've made earlier, we can do both: "without delay, and no more than 2 minutes" or "24 hours", etc. "Without delay" standing alone leaves lots of room for various kinds of delay, resulting in the Cures Act on information blocking.

11:44:05 From Louis Cretaro to Hosts and panelists:
Informed Consent management is still critical in my opinion.

11:46:16 From Steven Lane to Everyone:
+1 @Louis. Consent Management and the operationalization of discrete restrictions on data access, exchange, and use is a critical need if we are to respect patient privacy and contractual requirements regarding data use.

11:48:30 From Steven Lane to Everyone:
The GOOD news in this regard, is that the recently published ONC HTI-1 NPRM specifically addresses the need to advance capabilities to support patient restrictions on data use. Also the FHIR implementation guide on Data Segmentation for Privacy (DS4P) has recently been published in its final form.

11:48:47 From Morgan Staines, DHCS (he) to Everyone:
Agree with Louis and Steven. Consent Management is needed.

11:52:12 From Steven Lane to Everyone:

ONC NPRM: https://www.healthit.gov/topic/laws-regulation-and-policy/health-data-technology-and-interoperability-certification-program

11:52:15 From DeeAnne McCallin to Hosts and panelists:
Reminder to Hosts and panelists to please use the"Everyone" option for comments. thank you.

11:52:56 From Steven Lane to Everyone:
FHIR DS4P IG: https://build.fhir.org/ig/HL7/fhir-security-label-ds4p/

11:55:22 From Troy Kaji to Everyone:
+1 for Matt Eisenberg's Glossary, to reduce size of the actual P&P's

11:58:50 From Andrew Kiefer to Everyone:
for those that will be finalized and published, are there going to be changes to any of those?

12:02:47 From Aaron Goodale to Everyone:
Thank you DeeAnne. Understanding that the P&Ps need to finalized we appreciate to opportunity to review if there is a significant change.

12:05:00 From Lori Hack to Everyone:
@Aaron - agree with you!

12:05:44 From John Helvey to Everyone:
+2 Aaron

12:11:57 From David Ford to Hosts and panelists:
I continue to wonder if it would help the concern about the ADT issue if we knew who the QHIOs are...? It seems odd to ask hospitals to share data with an unknown entity, the standards for which are not even set yet.

12:16:53 From Troy Kaji to Everyone:
One area that will remain a gap, not addressed by ADT notifications, will be transfer or release of justice involved patients from correctional health care facilities. Still requires paper ROI and faxes for this vulnerable segment of our population. Would be happy to be corrected, but seems DxF currently does not require correctional facilities to participate

12:17:00 From David Ford to Hosts and panelists:
On top of the state webinars, you can check out cmadocs.org/dxf for the CMA webinar series (funded by a CDII grant)