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 #7 Chat Log (10:30AM – 1:00PM PT, June 5, 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 June 5 meeting:

13:45:55 From Mark Savage to Everyone:
    Woohoooo!
13:48:09 From Kevin McAvey to Everyone:
    Per Dr. Ford: CMA's next DxF Webinar, "Deep Dive on the DSA" (with DeeAnne presenting!) is next Thursday (6/15) at 12:15pm. Open to all, https://bit.ly/CMADxF3
13:51:34 From Andrew Kiefer to Everyone:
    Will CDII directly or through existing regulators conduct an analysis of the health plans network compliance with the data sharing agreement?
14:08:58 From Steven Lane to Everyone:
    Bravo to CDII for tracking TEFCA with insurance requirements. We do not want to artificially raise the bar to limit the ability of applicants to participate.
14:10:06 From Steven Lane to Everyone:
    Similarly not artificially requiring a specific business/financial structure for applicants increases the likelihood of a diverse community of QHIOs that will bring innovative solutions to benefit our citizens and communities.
14:13:45 From Steven Lane to Everyone:
    7 entities have now completed HITRUST certificaiton as a component of submitting and having applications approved to serve as QHINs under TEFCA. While challenging from a time and resources perspective, this does force organizations to review and update their security practices. This is what we have determined that we want for our QHIOs and DxF exchange. We should be consistent in tracking federal standards, not overshoot in some areas and under shoot in others.
14:14:30 From William (Bill) Barcellona to Everyone:
    Agree with Felix and Lori on not-for-profit element, but does not need to be limited to a 501C3.
14:15:49 From Lori Hack to Everyone:
    No question that HITRUST certification is a good idea to obtain but to make this a requirement in a month when it takes HITRUST assessment process 18 months to complete is not feasible.
14:15:59 From Lee Tien to Everyone:
    +1000 to what he just said about ransomware and security

14:17:41 From Steven Lane to Everyone:

Agree that allowing smaller entities to rely on the HITRUST certification of their contracted 3rd party vendor allows us to maintain high security standards while supporting the participation of a diversity of QHIOs.

14:20:24 From Steven Lane to Everyone:

Also, many DxF participants will also engage in interstate/nationwide data exchange which requires HITRUST certification of QHINs. Per public Q&A, "patients in CA need to be assured of *uniform* security requirements, so they can trust moving through different systems for care they need."

14:21:53 From David Ford to Everyone:

To answer the question Aaron asked, I would not favor restrictions that limit the number of QHIOs. Many of the items we're discussing seem to be attempts to artificially limit competition as opposed to legitimate policy considerations.

14:22:35 From Lori Hack to Everyone:

@DavidFord agreed!

14:22:43 From Cynthia Keltner to Everyone:

Agree @DavidFord

14:22:57 From Steven Lane to Everyone:

Also agree with David.

14:23:03 From Jason Buckner to Everyone:

The certification process identifies gaps in security programs and if CDII were to allow orgs that are "in progress", it potentially puts MediCal members data at risk.

14:25:24 From Steven Lane to Everyone:

Everyone deserves high security data exchange. If some QHIOs need a bit more time to complete certification that will not prevent them from continuing to serve their communities as they progress through the certification process. Recall that participants are not required to exchange data through a QHIO.

14:30:04 From Steven Lane to Everyone:

We should consider defining a roadmap clarifying when DxF exchange will be expected to comport with the standards of TEFCA. Will DxF lag one year behind, two, more? What is special about DxF exchange is its inclusion of social services data and encouragement, though not requirement, of participation by social service providers. These participants and this data should not be left behind the standards and capabilities that will apply to nationwide health data and healthcare exchange seems incompatible with our equity goals.

14:33:22 From Rim Cothren. CalHHS CDII to Everyone:

Thanks, Andrew. That distinction of "specialty QHIOs" is useful.

14:34:53 From Jason Buckner to Everyone:

A QHIO should be required to support the required participants; otherwise what is the benefit of the QHIO program? It becomes no different than a Non-QHIO in that framing.

14:35:51 From Felix Su to Everyone:

Really good points, @Andrew. Having niche QHIOs serving some not all sectors breeds complexity and makes data sharing ultimately more difficult (even when leveraged by QHIO-to-QHIO).

14:36:15 From Lee Tien to Everyone:

I have a concern, in response to Steven's point, that the inclusion of social services data and participation by social service providers, changes the re-identification risk for PHI, since it is not clear to me whether anyone has assessed these risks when you add social services data about individuals to HIPAA covered data.

14:37:13 From David Ford to Everyone:

+1 to Lee's comment. That's a massive issue we need to resolve ASAP.

14:38:12 From Louis Cretaro to Everyone:

Should QHIO's demonstrate that they are on the path to meet all possible signatories Similar to the suggested HITRUST approach that was discussed? The path may be an alternate routing to a different QHIO when the request can't be met. Just a thought

14:39:59 From Lori Hack to Everyone:

+@LouisCretaro

14:40:14 From William (Bill) Barcellona to Everyone:

+1 to Andrew Kiefer's comment on niche QHIOs.. CalAIM information exchange will require locally-connected QHIOs that can assist smaller SDOH proviers, hospitals, physicians, other facilities, etc.

14:40:32 From Lisa Matsubara to Everyone:

+1 to Lee's comment

14:40:37 From Felix Su to Everyone:

+1 @Mark. Having a minimal commitment to serve all Participant types is matter of ensuring basic digital equity.

14:41:01 From Diana Kaempfer-Tong to Everyone:

Agree with Lee Tien's concerns regarding re-identification risk. Additionally, for consideration some state departments that are not HIPAA covered follow other, stricter de-identification guidelines.

14:42:03 From Andrew Kiefer to Everyone:

Curious why we should enable the creation of niche HIO's based upon who they are capable of serving rather than letting the market dictate among all those equally required to meeting all baseline services for all participants and letting them compete in the market. Let the market decide.

14:43:12 From Courtney Hansen to Everyone:

The new draft of the Privacy and Security P&P does address de-identification requirements. Looking forward to walking through it later in this meeting.

14:43:41 From Felix Su to Everyone:

+1 Andrew

14:43:52 From Steven Lane to Everyone:

Lee and David, If we are not going support social service/SDOH data exchange, why are we bothering to do this at all at the state level? Without that we should simply focus on supporting small/rural providers and others not yet connected to engage in Carequality/Direct and eventually TEFCA exchange.

14:44:38 From Lori Hack to Everyone:

@Andrew you are correct. the baseline service offering to the mandatory participants but not the unique requirements for the mandatory providers. For example, if behavioral health has to share per CalAIM with FHIR, why isn't that a baseline mandatory service offering?

14:45:13 From Felix Su to Everyone:

@Rim, to the point about "edge cases," at a minimum every QHIO should be able to support the mandatory classes of DSA signatories--hospitals, physician orgs/medical groups, health plans/insurers, SNFs, and labs

14:45:53 From Lori Hack to Everyone:

Per L. Johns- Would you be transparent about "outside" reviewers (of technical aspects of QHIO applications)?

14:46:26 From Steven Lane to Everyone:

Allowing QHINs/QHIOs to focus on the unique needs of market segments, e.g., public health, senior care services, EMS, LTPAC, will make it more likely that these segments will be able to meaningfully connect and exchange.

14:48:02 From DeeAnne McCallin to Everyone:

Just in today - DSA Grant Round 1 will stay open thru 11:59 p.m. PT instead of Noon Open till just about midnight

14:48:06 From Cathy Senderling-McDonald to Everyone:

Please remind us re Round 2 - is that going to be open to non-mandatory signatories?

14:48:26 From DeeAnne McCallin to Everyone:

Round 3 for not mandatory signatoires

14:48:27 From Andrew Kiefer to Everyone:

Allowing a QHIO to specialize is fine, so long as they serve the baseline requirements for all participants. Be a QHIO, then build a practice tailored to senior care if that's your business model.

14:48:36 From Lori Hack to Everyone:

Also wondering if the application is clear enough that opinions can be avoided and scoring can be conducted in an objective manner. without guidance, it is difficult to

see what is the "right" answer to get a passing score on every question. Without a pass on every question, is it truly a fail?

14:48:41 From Cathy Senderling-McDonald to Everyone:

Thanks @DeeAnne!

14:50:46 From Felix Su to Everyone:

Folks--remember, nobody has to use a QHIO! But they should function as a safety net for those that can't easily locate their own bespoke options.

14:50:58 From Aaron Goodale to Everyone:

+1 Lori. A pre-application score & then collaboration would be ideal.

14:52:44 From Felix Su to Everyone:

Curious @Juliette--any early updates on level of interest/volume of applications?

14:53:23 From Juliette Mullin to Everyone:

Here is a link to the grant guidance document: https://www.cdii.ca.gov/wp-content/uploads/2023/05/DSA-Signatory-Grants-Applicant-Guidance-Document-Final-05.01.23.pdf

14:53:49 From Juliette Mullin to Everyone:

Here is a link to the application template: https://www.cdii.ca.gov/wp-content/uploads/2023/05/DSA-Signatory-Grants_Application-Template_Updated-05.15.23-For-Website.pdf

14:54:08 From David Ford to Everyone:

Shameless plug #2 - The grant program will be discussed on the CMA webinar next week (referenced a ways back in the chat box).

14:54:18 From Juliette Mullin to Everyone:

For questions about TA Grants or the application portal, contact PCG at DSAGrants@pcgus.com.

14:54:44 From Juliette Mullin to Everyone:

For questions about applying for QHIO Onboarding Grants, contact CAHIE at grantsupport@cahie.org.

14:57:55 From Steven Lane to Everyone:

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14:58:50 From Steven Lane to Everyone:

+1 Mark!

15:01:19 From Andrew Kiefer to Everyone:

Thanks for the response. Disappointing that this is now going to devolve into inter party contracting discussions. A big step backward and undermines plan ability to proactively engage and manage care for our members … as we are required to do across state programs.

15:02:04 From Steven Lane to Everyone:

But current state of national network exchange is already real time.

15:02:44 From Steven Lane to Everyone:

As a provider, real time is right now, while ai am seeing the patient, ordering the test, prescribing the med, making the referral.

15:03:38 From Morgan Staines, DHCS (he) to Everyone:

I thought we had a P&P about breach reporting. Or is it nested in something else?

15:05:50 From Rim Cothren. CalHHS CDII to Everyone:

@Morgan, the Breach Notification P&P was published in July 2023 and can be found at https://www.cdii.ca.gov/wp-content/uploads/2023/01/5.-CHHS_DSA-Breach-Notification-PP_Final_v1_7.1.22.pdf.

15:08:07 From Louis Cretaro to Everyone:

BRB

15:08:59 From Rim Cothren. CalHHS CDII to Everyone:

@Morgon... Sorry, published in July 2022, not 2023.

15:11:56 From David Ford to Everyone:

My comment on the DxF grant guidance is contained in the words "41 page."

15:13:04 From Evan Gerber to Everyone:

https://www.cdii.ca.gov/compliance-and-policy/state-health-information-guidance-shig/

15:18:01 From Troy Kaji to Everyone:

All three proposed changes make sense

15:18:29 From Michelle Brown to Everyone:

How does this align withCCPA?

15:19:33 From Michelle Brown to Everyone:

De-identification of PII is already addressed in the CCPA

15:21:29 From David Ford to Everyone:

General comment: The Privacy P&P should more explicitly reference state law (CMIA and HSC 123110-123148). CA Law is more strict than HIPAA, especially with regards to repro health and other types of sensitive data.

15:22:13 From Troy Kaji to Everyone:

+1 for David Ford's comment

15:22:41 From Lori Hack to Everyone:

+1 David Ford

15:23:05 From David Ford to Everyone:

I'd rather the document be more explicit than "other applicable laws," as some entities may not be aware of their obligations under state law.

15:24:08 From Aaron Goodale to Everyone:

What is an example of a specific "gap" the policy is attempting to close?

15:32:42 From Louis Cretaro to Everyone:

We seem to always say authorized users. But what we really mean is informed consent management. An "immediate response" has to check whether consent was

granted. To operationalize this, systems will need modifications in my opinion and a rules engine used because of the scenarios. IMO

15:38:31 From Lisa Matsubara to Everyone:

With regard to non-CEs and BAAs, although our state entities that are social service orgs sign and agree to the DxF agreement, once they have the data are folks concerned about the data going out to other similar orgs in other states that are not bound by our CA agreement?

15:39:33 From Lisa Matsubara to Everyone:

+1 to Lee's comments

15:40:00 From David Ford to Everyone:

+1 to Lee's comments.

15:40:22 From Morgan Staines, DHCS (he) to Everyone:

another +1 to Lee

15:41:31 From Cathy Senderling-McDonald to Everyone:

In re a comment from David earlier re the "other applicable laws," this may also be another area where governmental social services agencies (like my members) vs private or non-profit agencies that would be considered "social services providers" may approach things differently, as I can assure you that the governmental organizations definitely are well aware of the applicable privacy laws for the data they hold.

15:47:23 From David Ford to Everyone:

The list of "applicable laws" on the previous slide was missing Health & Safety Code 123110-123148 (Patient Access to Health Information).

15:49:26 From Louis Cretaro to Everyone:

The systems need to check a flag to see if consent was authorized or if consent is permissible by law.

15:52:19 From Steven Lane to Everyone:

+1 Dan Chavez. A CalAIM crosswalk would be most helpful.

15:52:29 From Felix Su to Everyone:

+1 @Dan Chavez

15:56:08 From William (Bill) Barcellona to Everyone:

+1 Dan Chavez

15:56:27 From Felix Su to Everyone:

Excellent points @Kiran re: question of enforcement

15:56:36 From Lori Hack to Everyone:

+1 Dan Chavez

16:00:38 From Mark Savage to Everyone:

+ 1 Kiran on compliance/enforcement. And the prerequisite, monitor and measure compliance to know where the gaps are.

16:04:05 From Andrew Kiefer to Everyone:

I have to drop for a 1pm.
16:05:41 From Steven Lane to Everyone:
Be sure directory includes Direct addresses and FHIR endpoints.
16:05:41 From William (Bill) Barcellona to Everyone:
Rim, we are going to need a standardized nomenclature to identify provider organizations. I've been through this in agonizing detail with the provider directory project. Jonah may have some memory of this.
16:06:34 From Rim Cothren. CalHHS CDII to Everyone:
You can send suggestions to me at Robert.Cothren@chhs.ca.gov or to CDII@chhs.ca.gov.