

March 23, 2023

John Ohanian
CalHHS Chief Data Officer
Director, Center for Data Insights and Innovation (CDII)

RE: Final comments on DSA Draft Policies and Procedures (P&Ps)

Dear John:

Thank you for the opportunity to provide final comments on the current set of draft P&Ps. Below are our responses to the items as presented in the March 21 deck to the joint IAC/P&P Subcommittee.

Real Time Exchange

Establishing an Objective Standard for Real Time

We recommend that the response time for a Request for Information be changed from 24 hours to 1 hour. For many HIOs, the technical manner in which these queries work is for an actor to request data and for the responder to return that data in a near real-time manner. The integration is designed to happen immediately, and delays will cause systems to time out and fail to exchange data.

We strongly believe Participants should be required to immediately push ADT messages when the event occurs. CDII will not achieve its stated goals in requiring Notifications if the policy allows for up to 24 hours in delay.

Technical Requirements for Exchange

Broadcast Queries

We recommend striking any language to “prohibit,” “strong discourage,” or otherwise deter broadcast queries. Restricting broadcast queries does not benefit any DSA Participant. Attempting to do so is unenforceable, cannot be effectively monitored, and is in direct opposition to national networks and frameworks such as eHealth Exchange and Carequality (which QHIOs will likely be required to participate in) as well as TEFCA).

Triggers for Information Delivery

We recommend rejecting CDII’s proposed response to commenters. Identifying “triggers” (e.g., “Orders,” “Request for Services,” etc.)—if done for the purpose of limiting the information that can be created or delivered for this transaction pattern—does not benefit DSA Participants and may stifle innovation among multiple Participants to identify new methods for exchanging this information.

Requiring ADTs Be Sent to a QHIO



We refer you to the letter sent by America’s Physician Groups on this date, containing multiple signatory organizations including Manifest MedEx. We align ourselves with the contents of that letter, and stress the need for *digital equity*—which requires hospitals to send ADTs to at least one QHIO—to achieve the [DxF Guiding Principle](#) of advancing health equity.

Sincerely,

A handwritten signature in black ink, appearing to be "Felix Su". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Felix Su
Director, Health Policy