



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework (DxF) Information is Power Webinar Series:
Demystifying DxF Exchange Scenarios
Webinar #10 Q&A Log (10:00 AM – 11:00 AM PT, July 25, 2023)**

The following table shows comments that were entered into the Zoom Q&A by public attendees during the July 25 webinar:

Count	Name	Comment	Response
1.	Stephen Faille (Continuum Cloud)	Will connection to a QHIN satisfy the DxF sharing? Namely, will your data be available to those connected to a QHIN (e.g. Health Gorilla).	
2.	Stephen Faille (Continuum Cloud)	What are the requirements of EHR vendors to make sure our customers satisfy their signatory requirements?	
3.	Stephen Faille (Continuum Cloud)	Would an EHR vendor be able to apply for a grant?	
4.	Felix Su	Would you please show slide 8 again (the review of this month's DxF developments) when there's time at the end? Thank you!	live answered
5.	Scott Bliatout	We submitted an application during round 1 and round 2. Our Round 1 still has a status of In Progress. Our Round 2 has a status of Awaiting Review. When will we get more information on whether we are approved?	
6.	Stacey Evans	Are FQHCs considered medical organizations or physican groups?	
7.	George M. Jagatic	Are FQHC lookalikes mandated signatories?	
8.	Leigh Burchell	Will these slides be shared with attendees? Apologies if this was addressed in the opening remarks.	Hi Leigh, thank you for your question. Yes, the slides will be posted to the DxF Website shortly following the webinar. CDII DxF Website: https://www.cdii.ca.gov/committees-and-

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			advisory-groups/data-exchange-framework/
9.	Jonathon Feit	How should organizations that have NOT been named "educational grantees" but are in fact acting as such -- i.e., educating various sectors of the California healthcare ecosystem about the DXF -- participate? Will there be another round educational grant applications?	
10.	Jonathon Feit	(None of the educational grantee associations engage with Fire & EMS agencies, for example.)	
11.	Rahul DHAWAN	thank you thats great	
12.	Adam Davis	In the final technical requirements there are 3 listed cases for exchange, classical query exchange, response to orders and referrals and adt feeds. I've spoken to our eHR vendor and additionally have spoken to hie's planning to be qhio's and no one has a platform that can take electronic orders across vendors and reply with results of those orders. This is one example that makes it hard to know how to comply by the timeline. Am I misunderstanding the requirement?	<p>The Technical Requirements for Exchange P&P does not require that orders or referrals be electronic. It only requires that organizations that fulfill orders or referrals support IHE profile standards (FHIR standards also encouraged) to send the results to the ordering provider. Nationwide networks and frameworks support this IHE standard today, and all QHIOs are required to support this standard in order to be qualified.</p> <p>If you have further questions, feel free to send them to cdii@chhs.ca.gov.</p>
13.	Phuong Nguyen	If an organization becomes a voluntary signatory, but then changes their mind. Can they withdraw their signed application?	Yes. The DSA identifies the in seciton 15.(b). under "Termination by a Participant" how a

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			voluntary signatory may termination their participation in DxF.
14.	jennifer aubrey	We were wondering how this will interact with the county's Health Electronic Record (HER) program and more specifically how CBO can access the tech support needed?	
15.	Carol Jablonicky	We are interesting in your a QHIO but the list is not available. How can we make the January 2024 deadline?	live answered
16.	Melissa Soliz	Because HIPAA requires covered entities to verify the identity and authority of individual requestors, including personal representatives, what is the technical solution in place for the DxF to support this legal requirement and what options are available if it is impossible to segment out the health information that is controlled by the actual patient (like a 16 year old adolescent that is receiving reproductive health services) and the personal representative (such as the parent)?	The DxF does not plan to provide identity assurance for Individuals wishing to get a copy of their health and social services information. Participants are responsible for confirming the identity of their paticents/clients. Participants are also responsible for establishing personal representatives and individual consent to them being a respresentative.
17.	Jonathon Feit	wait a second -- How is EMS "querying the regional HIO" is this scenario?	EMS may be a voluntary signatory to the DSA and a local participant in an HIO. Some EMS providers are participants in HIOs in some geographies in California today.
18.	Jonathon Feit	How is EMS sending data to the hospital in this scenario?	EMS may be a voluntary signatory to the DSA and may choose to push standards to send data.
19.	Lucy Johns	Slide 26: Is every step automated? Esp the last one:	These steps may not be automated, but the Real

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		does MD practice have to inspect anything before responding? How is practice assured that request for PHI comes from legit source?	Time P&P will set the requirements to respond timely. Technical standards in Technical Requirements for Exchange P&P identify who is making a request and for what purpose.
20.	Jonathon Feit	Rim, you want EMS querying the HIE via a web portal while in transit, or are they using their ePCR?	That would be the choice of the EMS provider.
21.	"Neal Cox , Sr. Product Manager "	Is it only ADT Data that needs to be sent/received or is clinical data via CCDA going to be included at go live?	Notifications of admissions and discharges are required by the Technical Requirements for Exchange P&P. CDA documents, such as discharge summaries, may be requested if desired, but are not required to be sent upon discharge.
22.	Jonathon Feit	What if the patient is Altered Mental Status, unconscious, or unable to speak?	
23.	Jonathon Feit	What if the patient's ID is unknown?	
24.	Jonathon Feit	EMS doesn't use ADTs.	
25.	Jonathon Feit	What "push standards to send data"?	
26.	Lucy Johns	Slide 27: All this already happens, right (CMS requirement)? DxF not needed for any of this to happen, right? What value does this QHIO exchange add?	Many of these exchanges are required by federal regulation. QHIOs are simply one method of meeting these requirements and no one is required to use a QHIO.
27.	Jonathon Feit	Cindy just said "the framework establishes the standards" but the described standards are AT	

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		ODDS with other California requiremnets.	
28.	David English	EMS and the PCP should not have to "request" the discharge summary. They should be able to subscribe to them routinely. (As ESO does now for its hospital customers.)	live answered
29.	Stacey Evans	Do pharmacies participate in Dx F?	
30.	Jonathon Feit	What would be the choice of the provider, Rim?	
31.	AMY CONE	Do you have a business case with non health related participants or Non covered HIPAA organizations?	
32.	Chris Hively	With the requirement for hospitals to have to submit their ADTs to at least one QHIO being removed as a requirement, what is the guidance for how health plans can ensure they get ADTs on ALL of their members across the state? Meaning, do health plans have to connect directly to ~300+ hospitals? Having to connect to 1, 2 or 3 QHIOs, to get ADTs from all CA hospitals would be great economies of scale, so how do health plans do this without that QHIO hospital ADT requirement? 300+ direct ADT connections is a great burden. Thank you for your guidance!	
33.	Jonathon Feit	DeeAnne -- in Arizona, EMS / Fire services have identified that if they have to use a portal in transit, they won't use it because time likely doesn't allow for that to happen.	
34.	Jonathon Feit	ESPECIALLY in California where we have large rural spaces in which EMS & Fire operate.	
35.	Tejas Poojara	will we have recording available?	live answered

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36.	Tejas Poojara	will we have recording available?	Hi Tejas, thank you for your question. Yes, the recording will be made available on the DxF Website shortly following the webinar. CDII DxF Website: https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/
37.	Jonathon Feit	Oh man.....SAFR only works with one vendor and it is exceedingly limited, as has been widely published.	
38.	Jonathon Feit	it also doesn't work in most of the state.	
39.	Adam Davis	Rim, just a follow up, we don't have a manner to respond to paper orders with electronic results for imaging or labs. Neither do any of the qhio's. How does HHS expect us to be able to do that?	
40.	Jonathon Feit	Is the request coming by email, or how?	
41.	Adam Davis	For payor and public health use case are there going to be standards set for what is "minimally necessary"? As you know this is an ongoing debate for federal tefca and one of the reasons that those use cases are not going live right away.	We do not, at this time, plan to define minimally necessary beyond the federal guidance.
42.	Ambrish Sharma	Do you know if community information exchanges (CIO) may be subject to the data exchange requirements or be signatories to the DSA?	CIEs are welcome as voluntary signatories.
43.	Lynette Beckedahl	Have any QHIO's been approved by CDII? If so, is there a list published?	No. We expect the QHIO to open soon for applicants and to publish a list of qualified HIOs as soon as possible.

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44.	theresa Alcaraz	21st Century Cures Act information blocking rule apply across the board	Information blocking under federal regulations applies only to HIT vendors, providers, and HIEs/HINs. The DxF extends most of the requirements to all signatories to the DSA, including (for example) plans and social services organizations.
45.	Ambrish Sharma	Thank you, Rim!	
46.	Nathan Keele	If Provider 1 uses QHIO A and Provider 2 uses QHIO B. They share the same patient. What does the exchange look like? Can Provider 1 access QHIO B data instantly through QHIO A based on the DxF requirements? Will there be any sharing between QHIOs, or will providers not sharing the same QHIO (but both having QHIO access) be doing more provider to provider sharing and communication?	QHIOs are required by the QHIO program to share information with each other and meet the requirements of Real Time Exchange P&P.
47.	Jonathon Feit	Reiterating: the AGENCIES THEMSELVES can apply for the DSA grants -- how do they know how much money to ask for?	
48.	Henry Unegbu	hello Leigh, we are currently reviewing the DXF policy and procedure documents for adoption in California. I want to ensure we cover all bases and identify any gaps that might exist from both technical and compliance standpoints. Could you please help me with some guidance on how to evaluate and pinpoint any potential gaps in these documents? What specific areas should I focus on to ensure a smooth and compliant adoption	

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		process? Any insights or advice would be greatly appreciated. Thanks!	
49.	Jonathon Feit	Same question for the DSA (vs. QHIO onboarding) -- how much money should the agencies ask for re: QHIO onboarding grants?	
50.	Adam Davis	If we need a qhio to comply how can we plan to be compliant by January 31st if those qhio's aren't even identified until late fall?	
51.	Adam Davis	How do we know who our fellow signees and therefore who we're required to share with?	
52.	jennifer aubrey	can you send slides after the meeting?	
53.	Adam Davis	Just to clarify if we've assessed internally that the only way to comply is to utilize a qhio how can we comply by Jan 31st if qhio's aren't identified until late fall? Onboarding to a qhio is not a small task.	

Total Count of Zoom Q&A comments: 53