



**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 Transcript (10:00 AM – 11:00 AM PT, July 25, 2023)**

The following text is a transcript of the July 25, 2023 Data Exchange Framework Information is Power Webinar Series: *Demystifying DxF Exchange Scenarios*. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the [CalHHS Data Exchange Framework website](#) to ensure accuracy.

[Emma P - Events] 13:00:44

Hello and welcome. My name is Emma and I will be in the background to answer any Zoom technical questions.

[Emma P - Events] 13:00:49

If you experience difficulties, please type your question into the QA. During today's live event, close captioning will be available please click CC on the bottom of your zoom window to enable or disable.

[Emma P - Events] 13:01:01

And now I'd like to introduce our first speaker, Deanne Mckellen, at CDI. Diana, you have the floor.

[DeeAnne McCallin] 13:01:06

Thank you, Emma. Thank you for joining us. As we just heard, my name is Diane Mcallen, Deputy Director for the Data Exchange Framework at the center.

[DeeAnne McCallin] 13:01:15

For data insights and innovation. I'm pleased to welcome you to another installment of our information is Power Webinar Series.

[DeeAnne McCallin] 13:01:24

For those of you who are joining for the first time, the information is power. Series is a set of informational webinars that CDI is hosting to discuss California's data exchange framework, its data sharing agreement, and the policies and procedures and the programs we have been developing.

[DeeAnne McCallin] 13:01:44

To support their implementation. For your ongoing reference each webinar will be recorded and posted to the Cal HHS data exchange framework website along with the presentation slides.

[DeeAnne McCallin] 13:01:56

Today I'll be presenting for basically the first half hour and then my colleague Cindy Barrow with minute health strategies will be presenting on the second half.

[DeeAnne McCallin] 13:02:07

I'm going into like the details and some of the weeds and then Cindy is going to try to.

[DeeAnne McCallin] 13:02:15

Demystify all that I just covered in the first half hour.

[DeeAnne McCallin] 13:02:19

We will be answering questions and answers as much as time will allow today at any point you please feel free to submit your questions through the Zoom Q&A function at the end of the presentation our team will select questions from the Q&A to be answered as time, time allows.

[DeeAnne McCallin] 13:02:38

And if we're not able to get to your questions today and you would like follow up with us, I do encourage you to submit it to our email address@cdiatchhs.ca.gov.

[DeeAnne McCallin] 13:02:53

The agenda for today is covering the vision for the data exchange, data exchange framework, which we may. Hence, forward hear me calling it DXF program updates.

[DeeAnne McCallin] 13:03:05

Data sharing agreement, policies and procedures. So if you hear DSA, that's data sharing agreement and policies and procedures, PNP.

[DeeAnne McCallin] 13:03:14

Covering frequently asked questions, FAQs, and D-mistifying the data exchange framework, exchange scenario, and then finally we will close with a few minutes for QA at the end.

[DeeAnne McCallin] 13:03:27

Please enter your questions through the Zoom Q&A feature as they arise as described.

[DeeAnne McCallin] 13:03:35

So the vision for Data Exchange in California, once implemented across California, the Data Exchange framework will create new connections and efficiencies between health and social service providers, improving whole person care.

[DeeAnne McCallin] 13:03:50

The data exchange framework is California's first ever statewide data sharing agreement that requires the secure and appropriate exchange of health and human services information to enable providers of services to work together and improve in individuals health and well-being.

[DeeAnne McCallin] 13:04:09

So in choose some of the program updates of what we've been doing over the past month or so.

[DeeAnne McCallin] 13:04:16

Since our last information is Power Webinar, CDII has facilitated several meetings of the implementation advisory committee also known as the IAC and the data sharing.

[DeeAnne McCallin] 13:04:31

Agreements Policy and Procedure Subm. At the most recent meeting of the IOC on July twentieth CDI leaders and advisors discussed the DSA signatory grants.

[DeeAnne McCallin] 13:04:39

The qualified health information organization application and policies and procedures under development. We have finalized 5 new policies and procedures, which we will review later today.

[DeeAnne McCallin] 13:04:53

For, internal reference. There they were the 5 of them are information blocking early exchange. QHIO, real time, and technical requirements for exchange.

[DeeAnne McCallin] 13:05:06

So those are some of the ones we'll be touching on with the slide. We open round 2 of the data signatory grants program.

[DeeAnne McCallin] 13:05:15

We've released an updated version of the signatory grants guidance. Document that we were able to improve upon from feedback and and what we learned during round one.

[DeeAnne McCallin] 13:05:26

And we will be releasing and we have released an application template as well. Lastly, we are excited to share that CDII will soon be accepting applications from organizations that would like to be considered to become a qualified health information organization.

[DeeAnne McCallin] 13:05:43

The application is not yet released, but we are working. We're in the final leg of the release of that.

[DeeAnne McCallin] 13:05:52

Question and answer sessions in like a Zoom Platform format on this actual application following its release. As always, more information on these and other data exchange framework implementation activities is available on the data exchange framework website.

[DeeAnne McCallin] 13:06:13

So, pretty good details on the signatory grants. So CDII is administering 47 million dollars in grants to support data sharing agreement signatories.

[DeeAnne McCallin] 13:06:26

In their implementation of the data exchange framework. The first round of the DSA signatory grants program closed on June fifteenth.

[DeeAnne McCallin] 13:06:37

That's where we closed for new applications. And our team is currently finalizing the review of those round one applications.

[DeeAnne McCallin] 13:06:44

Round 2 is currently open. We are accepting applications currently through September first for round 2. There will be around 3.

[DeeAnne McCallin] 13:06:56

The dates are not yet scheduled. It will probably be in September, but some folks who have heard about round 2 being open and don't see it on a slide where it has round 3.

[DeeAnne McCallin] 13:07:07

Please note we do still plan on having around 3 later in this this year but hopefully early fall.

[DeeAnne McCallin] 13:07:17

If you've been attending our grants, webinars and office hours, you may have heard that CDII has made a number of changes to the grants program as a result of what our findings were during round one and stakeholder feedback and to and we're allowing for a broader range of DSA signatories to apply for grant funding.

[DeeAnne McCallin] 13:07:37

You do need to have signed the data sharing agreement to be eligible for your application to be reviewed. As of round 2, the opening around 2 all DSA signatories are invited to apply ones that who can demonstrate and health information technology need.

[DeeAnne McCallin] 13:07:55

The round 2 application window has been extended longer than a 4 week window. It's been extended to essentially 8 weeks and the eligibility requirements have been expanded to encourage all organizations who have signed the DSA to consider applying for a DSA signatory grant.

[DeeAnne McCallin] 13:08:14

To learn more about the signatory grant program. Check out our previous webinars and consider attending tomorrow's July, the 26 I believe that is a DSA signatory grants office hour at noon to learn more and ask questions.

[DeeAnne McCallin] 13:08:29

You should be able to find a link to that in our website. To register for that. So a couple of times while talking about the grant program, I've discussed that you must be a signatory to the data sharing agreement.

[DeeAnne McCallin] 13:08:42

These screens show the entities that are required to sign the DSA. By statute, inclusive of organizations required to begin sharing data by January, 30 first, 2,024 and those required to begin sharing January 30 first, 2026.

[DeeAnne McCallin] 13:08:59

So in the regulations it is any of these required signatories are to have signed by January 30 first of this year.

[DeeAnne McCallin] 13:09:07

2023. I'm here regardless as to whether they must begin sharing data January, 30 first, 24 or 26.

[DeeAnne McCallin] 13:09:18

This list can also be found in health and safety code section 12130290 and in the data exchange framework.

[DeeAnne McCallin] 13:09:28

And FAQ that is posted on our website. I believe it's FAQ number one.

[DeeAnne McCallin] 13:09:35

Mandatory signatories should sign the DSA immediately. You are required to sign to execute the DSA and should sign the DSA if you have not already done so.

[DeeAnne McCallin] 13:09:46

The signing portal is live and can be accessed using the URL on the screen. And down here on the bottom left and about to sign the data sharing agreement.

[DeeAnne McCallin] 13:09:56

The date is you'll be able to find also on our Webex website a copy of the final DSA policies and procedures frequently asked questions about both the DSA policies and procedures as well as the signing portal.

[DeeAnne McCallin] 13:10:14

There's historical meetings and materials and recordings, so we have a lot of information available. Please do not hesitate to reach out to CDI if you have questions or concerns about signing the DSA.

[DeeAnne McCallin] 13:10:30

So, oh, it might, yes, I was like, wait, it's gonna move twice.

[DeeAnne McCallin] 13:10:34

Alrighty, so some folks say I've signed the data sharing agreement. Now what? So we've compiled this slide to help guide you on what you do after you have signed.

[DeeAnne McCallin] 13:10:44

You can apply for a DSA signatory grants. And they, these are the grants that if you have signed and you require additional support and capabilities to meet data sharing agreement requirements, you're eligible to apply to help offset the costs of relevant technical assistance or qualified health information organization onboarding investments.

[DeeAnne McCallin] 13:11:09

We do encourage you to reach out to the data exchange framework educational grantees there are 8 associations that are working with CDII to help promote and inform and educate members of the public and organizations that are to participants of the data sharing agreement on more details.

[DeeAnne McCallin] 13:11:28

And I don't know a number of the educational grantees registered for today's webinar and then are on here listening as well.

[DeeAnne McCallin] 13:11:40

So it's a great conduit for what CDI presents and promotes for them to be able to get us be a step closer to you for sharing information and helping to teach about the data exchange framework.

[DeeAnne McCallin] 13:11:50



And prepared to meet the actual data exchange expectations. So many of the organizations that are required to sign are required to begin exchange according to the terms and conditions of the data sharing agreement and its policies and procedures, January, 30 first, 2024.

[DeeAnne McCallin] 13:12:05

So that's not too far off in the distance. Brought in your knowledge of the data exchange framework by reading the DSA in its policies and procedures.

[DeeAnne McCallin] 13:12:15

Collectively, that's probably approaching about. 50? Maybe 60 pages at the most of all of those documents.

[DeeAnne McCallin] 13:12:23

So it's not a ton, it's not a, it's a number of individual policies and or PDFs, but it's not a thousand page rule making say understand what information you have to exchange and when you have to start exchanging and hopefully our scenario in the second half of this hour will help you begin to see how some of that understanding should unfold.

[DeeAnne McCallin] 13:12:46

And ensure that you have technical capabilities needed to exchange, assess your current technological capacity and determine whether you need to upgrade or on board to a new technology to meet requirements.

[DeeAnne McCallin] 13:13:00

There are no specific requirements like we cannot say you must use technology A via vendor B. That's not what the data exchange framework establishes.

[DeeAnne McCallin] 13:13:11

But it's Bill to meet you where you are and to help level up and have the securities and the safety of data exchange and having everybody be able to exchange.

[DeeAnne McCallin] 13:13:23

Please join our CBI mailing list if you have not already done so and you do that by emailing [us@cdiatchhs.ca](mailto:us@cdiatchhs.ca).

[DeeAnne McCallin] 13:13:37

Here is a list of the educational grantees. And this slide deck will be published on our website and you should be able to find this list also in our FAQs.

[DeeAnne McCallin] 13:13:47

But it has a contact email address for you as well as a website where they might have some published information that is specific to your entity type.

[DeeAnne McCallin] 13:13:56

And so especially if you're an active member of any of these associations, we encourage you to reach out to them as well for information more about the data.

[DeeAnne McCallin] 13:14:05

Exchange framework.

[DeeAnne McCallin] 13:14:09

Alright, going into the policies and procedures. There have been 5 new policies and procedures finalized since the last webinar back in May.

[DeeAnne McCallin] 13:14:19

The California Information Blocking Prohibitions Policy and Procedure prohibits participants of the Data Exchange framework from interfering with the access exchange or use of health.

[DeeAnne McCallin] 13:14:31

And social services information for the required purposes outlined in the permitted required and prohibited purposes PNP.

[DeeAnne McCallin] 13:14:40

So this is where I'm probably starting to get some eyes glassing over. Don't forget the second half of this hour is built to help.

[DeeAnne McCallin] 13:14:48

Demystify this a bit. Additionally, this PNP establishes exceptions for practices that do not constitute such interference that would be considered information blocking.

[DeeAnne McCallin] 13:14:59

You should review policy and procedure language and consider whether your current workflows align with the proper exchange. Of information or whether you might be contributing to the actual blocking of information unknowingly.

[DeeAnne McCallin] 13:15:14

The early exchange policy and procedure has been finalized. It's guides the exchange under the data exchange framework.

[DeeAnne McCallin] 13:15:23

If you're if you agree to exchange with another signatory prior to January 30 first, 2,024.

[DeeAnne McCallin] 13:15:31

Once this PMP is published, use this policy and procedure to begin exchanging under the data sharing agreement.

[DeeAnne McCallin] 13:15:36

It is not published yet because it is waiting on the publication of an amended privacy and standards and security.

[DeeAnne McCallin] 13:15:43

So a lot of the components of the data exchange have dependencies on other components. Our policies and procedures are available on our website and you should be able to find that section fairly easily.

[DeeAnne McCallin] 13:15:57

It's a dropdown menu with policies and procedures and there's probably around 14 or so of that.

[DeeAnne McCallin] 13:16:04

Other ones recently, finalized are the QHIO, the qualified health information organization, where this policy and procedure establishes the foundation for a data exchange framework, QHIO program.

[DeeAnne McCallin] 13:16:21

I suggest the next step for you is to determine if your organization may benefit from joining a QHIO.

[DeeAnne McCallin] 13:16:29

Please note that you are not required to join a QHIO. It's an option. It's a resource.

[DeeAnne McCallin] 13:16:35

It's something that you might want to explore. You may already be exchanging today and you might not need one or if it might level up your exchange and be exactly what you have been looking for.

[DeeAnne McCallin] 13:16:46

So we do encourage folks to check out some resources that should be coming soon to our website. And we do have a town hall on that.

[DeeAnne McCallin] 13:16:53

There's a couple of things already published. Real time exchange clarifies this policy and procedure clarifies expectations for the real time exchange of information.

[DeeAnne McCallin] 13:17:04

Our suggested next step for signatories is to determine whether your organization can exchange data. Consistent with the timeliness standards described in this policy and procedure.

[DeeAnne McCallin] 13:17:16

And then one of the meteor policies and procedures which just in title alone you'll probably all understand why is the technical requirements for exchange.

[DeeAnne McCallin] 13:17:26

This policy and procedure identifies what types of exchange each. Data sharing agreement participant must support. It identifies required an optional technical standards.

[DeeAnne McCallin] 13:17:38

Set standards for matching individuals to data held by different organizations and describes how new standards might be adopted in the future.

[DeeAnne McCallin] 13:17:47

We do encourage all participants to read this policy and procedure to ensure they can meet these specifications and whether there are additional requirements based on their specific type of organization.

[DeeAnne McCallin] 13:17:59

So, 1 33 or health and safety code 13029 node establish the requirement to sign the data sharing agreement for many of the, provider types.

[DeeAnne McCallin] 13:18:12

Bye January, 30 first, 23 and then it gave them a year to understand and to learn what they needed to do next.

[DeeAnne McCallin] 13:18:21

So we're about halfway through that time. And there's still a lot of learning and implementation readiness to do.

[DeeAnne McCallin] 13:18:27

And we're just trying to point out some of the parts for you to go and look at and read.

[DeeAnne McCallin] 13:18:32

There is more information about each of these 5 policies and procedures in an appendix at the end of the slide deck that we do not anticipate having time to go into more details on these PMPs, but we have published.

[DeeAnne McCallin] 13:18:46

As a resource for you.

[DeeAnne McCallin] 13:18:48

We've also published a glossary of terms, so it's a great one stop shop place.

[DeeAnne McCallin] 13:18:55

It's approximately 20 pages, but it has the term, the definition, and where it is in the data exchange framework.

[DeeAnne McCallin] 13:19:03

So one term business associated is in the individual access policy and procedure the permitted required and prohibited policy. And procedure and the privacy standards and security.

[DeeAnne McCallin] 13:19:16

And so instead of publishing that same definition 3 times over in 3 different documents, we pulled it all together and we pointed to where these are.

[DeeAnne McCallin] 13:19:24

And so even just understanding and reading the reading the glossary and getting a feel for all of the terminology.

[DeeAnne McCallin] 13:19:31

Might help people become a bit more comfortable with the data exchange. Framework. So it's great new resource and it is published on our website.

[DeeAnne McCallin] 13:19:41

Frequently ask questions. So we have a library and it's growing of frequently asked questions and we do have 7 new ones.

[DeeAnne McCallin] 13:19:48

Over the last month or so. I have some time to go into these. I won't go too deeply.

[DeeAnne McCallin] 13:19:56

So how do data DSA signatories who do not use an electronic health record participate in the data exchange framework.

[DeeAnne McCallin] 13:20:03

Required signatories must sign the data sharing agreement whether or not they have an electronic health record.

[DeeAnne McCallin] 13:20:11

A participant may use any system or solution to technology solution to share the health and social services information which they maintain so long as they are able to comply with the requirements of the policies and procedures and the data sharing agreements, terms and conditions.

[DeeAnne McCallin] 13:20:28

So this is why we like lead with the policies and procedures and then we'll be going into the second half of this hour.

[DeeAnne McCallin] 13:20:34

Showing the live example. So there's 1, one of 7. Another one. What data is an independent practice association required to exchange also known as an IPA?

[DeeAnne McCallin] 13:20:47

IPAs are required signatories to the DSA and are we therefore required to exchange the health and Social services information, HSSI, they maintain like any other participant.

[DeeAnne McCallin] 13:21:01

If they host or manage in the HR or other system that maintain the HSSI on behalf of their members, they are required to share HSSI with other participants.

[DeeAnne McCallin] 13:21:10

And may may use any other system or so any system or solution to exchange. I'm not going to keep reading.

[DeeAnne McCallin] 13:21:17

The exchange under the data sharing agreement is upon request and according to the terms and conditions of the DSA and the policies and procedures.

[DeeAnne McCallin] 13:21:26

So it's not just like the floodgates open on January 30 first and exchange data is flying all over.

[DeeAnne McCallin] 13:21:32

The place without. Following the rules of the road of the data exchange framework. These that make queues are intended to help you understand the rules of those rules of the roads.



[DeeAnne McCallin] 13:21:44

Can my organization opt out of signing the DSA? Health and safety code 130290 does not allow required entities listed in the section F to opt out of the data sharing agreement.

[DeeAnne McCallin] 13:21:58

There is no opt out. Then secondly, people tend to ask. Can patients or individuals that have the health and social service information, also known as data, maintained by a participant, a signatory of the data sharing agreement, opt out of having their HSSI being shared under the Data Exchange framework.

[DeeAnne McCallin] 13:22:20

So the data exchange framework does not change or supersede the participants responsibility to comply with an individual's privacy rights under applicable law or a participants requirements to obtain an individual's consent to share when required by applicable law.

[DeeAnne McCallin] 13:22:39

So the data exchange framework does not negate applicable law. If an individual's consent is required under applicable law for a participant of the data exchange framework to share an individual's data.

[DeeAnne McCallin] 13:22:52

The individual can refuse to provide such consent. Similarly, if an individual has the right under applicable law require a participant not to share their information, the individual can work with the participant to exercise that right by reaching out to the participants who may maintain their HSSI to make that request.

[DeeAnne McCallin] 13:23:12

So we're hoping that these FAQs help guide you a little bit with some more clarity.

[DeeAnne McCallin] 13:23:18

Then what you had prior to these. 3 more does the data exchange framework require disclosure of PHI beyond what was already permitted under HIPAA and the CMI, the California confidentiality of medical information.

[DeeAnne McCallin] 13:23:34

It does not require any access, use or disclosure that would be unlawful. When there's an asterisk on these slides, we do encourage you and it's a, it's an FAQ that resonates with you, please go to our FAQ document and read the entire one.

[DeeAnne McCallin] 13:23:51

We did some consolidation and read the entire one. We did some consolidation. We did some consolidation.

[DeeAnne McCallin] 13:23:55

They're marked with an asterisk here, and read the entire one. We did some consolidation. We did some consolidations.

[DeeAnne McCallin] 13:24:00

They're marked with an asterisk here, where there's a little bit more content in And then there's 2 about specialized health plans and restricted health care service plans.

[DeeAnne McCallin] 13:24:04

So please take note if those are FAQs that are important to your organization type. Please note that we also have that PQ.

[DeeAnne McCallin] 13:24:13

28 and 29 that are new as well.

[DeeAnne McCallin] 13:24:17

Wow, I'm trending 5 min early, so hopefully I didn't go too fast. I haven't paused at all to look at questions, but I'll start doing that as my colleague Cindy starts to help.

[DeeAnne McCallin] 13:24:30

D-mistify the data exchange framework via an exchange scenario.

[Cindy Bero] 13:24:36

Thank you, Dean. So every meeting that we have in every webinar that we. Conduct starts with the vision.

[Cindy Bero] 13:24:46

The vision for the data exchange framework. And so I want to sort of hearken back to that and it really says the data exchange framework will create new connections and efficiencies between health and social services providers improving whole person care.

[Cindy Bero] 13:25:00

So you read that and you think about that and then you ask yourself, well, what will be different?

[Cindy Bero] 13:25:06

How will the data exchange framework change or impact what happens today? How will those policies and procedures that Diane just walk through?

[Cindy Bero] 13:25:18

How do they come into play? How do they shape this experience? And can you translate or make real for me the data exchange framework.

[Cindy Bero] 13:25:25

So what we're gonna try to do over the next few minutes is Try to tackle that is to take what these What the data sharing agreement and what the policies and procedures define and talk about it in terms of a real story and see how they would influence the data exchange that surrounds this particular event.

[Cindy Bero] 13:25:47

But before we do that, let me just in the next slide. Describe a little bit about the data, the data sharing agreement and the policies and procedures.

[Cindy Bero] 13:25:58

What are they intended to do? Why do they exist? They're trying to define data exchange the who, what, when, why, and how update exchange the who, what, when, why, and how update exchange.

[Cindy Bero] 13:26:13

It's a lot of W's in there. The who? The DSA signatories are the participants in the data exchange.

[Cindy Bero] 13:26:19

So we're defining who will be exchanging data. The what? So for instance, the data elements to be exchanged policy and procedure describes what will be shared.

[Cindy Bero] 13:26:30

When Dean mentioned the real time exchange policy has just been published. That's another policy and procedure that helps us understand the timeliness of the data exchange.

[Cindy Bero] 13:26:43

Why are we exchanging data? So we have the permitted required and prohibited purposes that describe why we're sharing it and one of the appropriate times to share information.

[Cindy Bero] 13:26:54

And then lastly, the how. What are the specifications and the structure of this exchange and more most importantly I think how do we protect the privacy and security of the data as it is exchanged because it is very important information to each and every one of us, we should make sure we protect it as it as it travels.

[Cindy Bero] 13:27:16

So the DSA in these policies and procedures are designed to define, you know, and answer the question of who, what, when, why, and how data exchanges accomplished.

[Cindy Bero] 13:27:29

We're gonna try to illustrate that with a story. And I'd like to also point out that this is one of many stories we could tell that would involve multiple participants in health and social services across the state, but we're gonna focus on one story today, not to say that there couldn't be many stories that, we could tell what, you know, with respect to data exchange.

[Cindy Bero] 13:27:54

On the left side of the slide will be the story and on the right side of the slide will be how some of the policies and procedures and the agreements itself have influenced or or defined this the exchange that you see on the left side.

[Cindy Bero] 13:28:13

So why don't we start the story? So we start with my friend Lisa. Lisa has been a patient of Dr.

[Cindy Bero] 13:28:20

Tom's practice for several years. She's a woman in her seventys and she's been struggling a little bit with congestive heart failure.

[Cindy Bero] 13:28:29

And so together with Dr. Tom, they have worked on a regiment of diet exercise and medication that has kept her relatively stable.

[Cindy Bero] 13:28:42

Diet exercise and medication that has kept her relatively stable. But despite that, she's still at some risk because of her, you know, repeated bouts of congested heart failure.

[Cindy Bero] 13:28:48

Dr. Tom's practice. Is, you know, very concerned about. Making sure that their highest risk patients are closely monitored.

[Cindy Bero] 13:28:58

And they have identified Lisa as one of their high risk patients. And so they are put some special care management or care coordination services around these high risk patients to hopefully avoid unnecessary admissions and, you know, keep them relatively stable.

[Cindy Bero] 13:29:18

And to help them with that, Dr. Tom's practice has contracted with a qualified health information organization or QHIO.

[Cindy Bero] 13:29:28

This is an organization that has demonstrated certain capabilities to manage health information and offer those services to a practice like Tom's so that they can monitor their patients who they are, you know, keeping a close watch on and, you know, basically monitor them for care events.

[Cindy Bero] 13:29:49

So this is setting the stage for the story. On the right hand side, I'm sorry if you go back a slide.

[Cindy Bero] 13:29:57

Thanks. On the right hand side, you'll see. We talked about the DSA. The DSA establishes that Tom's practice is a participant in the data exchange framework.

[Cindy Bero] 13:30:08

So it's defining the who. And that the QHIO policy and procedure that we talked about just having been published identifies that there are organizations that have

demonstrated their ability to help practices like Tom's exchange data and monitor for acute care events.

[Cindy Bero] 13:30:27

So this is an example of where the DSA and this policy and procedure sets the foundation for Tom to be able to actively manage Lisa.

[Cindy Bero] 13:30:37

Now next, next slide.

[Cindy Bero] 13:30:42

So unfortunately, one day Lisa notices some redness swelling and pain in her leg. She, wasn't sure what this was and it was confusing and, disturbing to her so she called her daughter.

[Cindy Bero] 13:30:58

Because that's what moms do. They call their daughters and her daughter. Heard her mom's story and said, you know what, we should call, 9 1 1.

[Cindy Bero] 13:31:10

We should get someone over here to help you. So EMS was called and they, set out to Lisa's home on their way to Lisa's home, EMS was able to query the regional health information organization for information to see if they knew Lisa.

[Cindy Bero] 13:31:26

They could match her identity. And if they did know or did they have any information that they could share?

[Cindy Bero] 13:31:33

And in this case, EMS did have information and sent it back. I'm sorry, the HIO did have information and sent it back to EMS.

[Cindy Bero] 13:31:40

So EMS had a little bit of a heads up about Lisa and her history before they walked into her house.

[Cindy Bero] 13:31:47

Lisa, was then transported to the local emergency department. EMS made the determination that she needed to be seen right away.

[Cindy Bero] 13:31:56

And so she's taken to the ED. On the way to the emergency department. Ems sent an alert to the hospital in advance of their arrival so the hospital was aware Lisa was coming and could prepare for her arrival.

[Cindy Bero] 13:32:13

When Lisa arrived at the ED, she told them that Dr. Tom was her primary care physician.

[Cindy Bero] 13:32:21

And so the hospital queried Tom's practice over one of the nationwide networks in order to see if they could get some background information on Lisa.

[Cindy Bero] 13:32:32

And her medical history. The practices responded immediately and provided details including Lisa's medication list.

[Cindy Bero] 13:32:41

So lot happens on this slide. And again, now let's go through some of on the right side some of the ways in which the DSA and its policies and procedures have.

[Cindy Bero] 13:32:54



Sort of defined this part of the story. So first, EMS on the hospital, are signatories to the DSA and therefore they are sort of following the guidelines established by it and participating in the data exchange framework.

[Cindy Bero] 13:33:10

The required permitted and prohibited. Purposes policy and procedure says treatment is a required purpose for exchange Lisa is being treated so treatment is again defining the one of the whys.

[Cindy Bero] 13:33:26

The technical technical requirements for exchange define the standards that are used to match Lisa's identity and send information and respond to requests for information.

[Cindy Bero] 13:33:38

And in this particular example, there's 3 exchanges going on here. It's EMS querying for Lisa's background.

[Cindy Bero] 13:33:46

It's EMS pushing information to the hospital and anticipation of arrival, and then also the emergency department querying Tom's practice for information.

[Cindy Bero] 13:33:56

About Lisa. So 3 different exchanges occurred in this. What, maybe was an hour's time.

[Cindy Bero] 13:34:03

In the story. The requirement to exchange establishes the requirement for, you know, the response, you know, when a request comes through, it's for treatment and you are required to respond.

[Cindy Bero] 13:34:15

And then the last one is the real-time policy and procedure, which also was recently published. Defines the timeliness of response, which basically says, without delay, you need to respond to the request.

[Cindy Bero] 13:34:26

Because it meets all of these other requirements.

[Cindy Bero] 13:34:30

When we go to the next slide.

[Cindy Bero] 13:34:34

So Lisa, as you know, we left that last slide. She was admitted to the emergency department.

[Cindy Bero] 13:34:39

Another thing that happened upon her admission is the emergency department issued a notification to its qualified health information organization.

[Cindy Bero] 13:34:48

Of the admission. And Tom, because he is subscribing to the, note these notifications because, you know, Lisa is one of his high risk patients.

[Cindy Bero] 13:35:01

Cause you know, Lisa is one of his high risk patients. Cause, you know, Lisa is one of his high risk patients. Tom receives the notification.

[Cindy Bero] 13:35:04

So, in, so he knows upon admission that she has been admitted to the emergency department. She, the emergency department notification gives him a little bit of information, but he decides to pick up the phone and call the emergency department and speak with the attending physician, which he does.

[Cindy Bero] 13:35:22

And they together, you know, had a conversation and, Tom learned that Lisa was going to be admitted few for a few days for intravenous antibiotic treatment for cellulitis.

[Cindy Bero] 13:35:33

So she had her few days of admission and then, was discharged and upon discharge another, ADT or admission discharge transfer event notification was issued by the hospital to let interested parties know.

[Cindy Bero] 13:35:50

Including Tom that the, that Lisa had been discharged. And when we, when Tom received that message, he asked his care coordinator to send a message to the hospital to get a detailed discharge summary.

[Cindy Bero] 13:36:06

So again, a lot of things happening here. We have a, an ADT or admission discharge transfer event notification sent.

[Cindy Bero] 13:36:16

For admission, we have one sent for discharge and then we have a query and response. For a detailed discharge summary.

[Cindy Bero] 13:36:26

On the right side of this slide, again, this many of the same policies and procedures guided these events.

[Cindy Bero] 13:36:32

The required permitted and prohibited purposes tells you again it's treatment this is okay the technical requirements define the standards for how this information is formatted and sent.

[Cindy Bero] 13:36:46

They're requirement to exchange establishes. The need to respond. Real time defines timeliness.

[Cindy Bero] 13:36:55

And then as we mentioned before, privacy and security and a very important policy and procedure that will protect the data throughout all these exchanges.

[Cindy Bero] 13:37:03

Okay, so next slide. Lisa's been discharged. Few days following the discharge, EMS sent a request to the hospital for Lisa's discharge summary.

[Cindy Bero] 13:37:16

And this is part of a regular process that EMS undergoes to, develop, you know, to develop and improve their program, quality improvement activities and what they will do is look at how their observations and their assessments of the patient matches up with what the admission was and use that to improve their programs going forward.

[Cindy Bero] 13:37:41

The other thing that happens after discharge is Tom and Lisa connect. Dr. Tom goes through her discharge meds and reconciles those with her maintenance medications for many patients coming out of the hospital.

[Cindy Bero] 13:37:55

Their discharge meds and their, their maintenance men's are a little different and so someone needs to help the translate and transition those.

[Cindy Bero] 13:38:05

So Tom and Lisa work on those and she's all set and she is. You know, back to sort of her normal mode at home and see some again on her regularly scheduled visit.

[Cindy Bero] 13:38:18

Here on the right side again, we're seeing how a lot of those policies and procedures come into play.

[Cindy Bero] 13:38:25

One interesting one that's a little different from before. Many of the other exchanges before the why has been treatment in this in this example we see an exchange where the why is health care operations quality improvement is a is a you know permitted or required purpose here.

[Cindy Bero] 13:38:44

We also see, you know, the technical requirements influencing the structure and format of these exchanges.

[Cindy Bero] 13:38:53

We see the requirement to respond. We're seeing real-time and again we're seeing privacy and security overarching all of these exchanges.

[Cindy Bero] 13:39:01

Go to the next slide.

[Cindy Bero] 13:39:04

So this is the repeating the slide from before as a way of re-emphasizing these points that the data sharing agreement and the policies of procedures that are under development and many of which have been published really do define all of these types of exchange who's engaged in it what they are exchanging, why they're exchanging it, how they're exchanging it.

[Cindy Bero] 13:39:32

And that is sort of the the translation if you will of the data sharing agreement, its policies and procedures and and what its impact will be on day-to-day life.

[Cindy Bero] 13:39:45

And hopefully this story has helped to illustrate. How data can be exchanged under the Data Exchange framework and that we can.

[Cindy Bero] 13:39:56

You know, fulfill that vision that we set out with, which is to, you know, improve exchange and whole person care.

[Cindy Bero] 13:40:06

So at this point, I think I will turn it back to you, Thean.

[DeeAnne McCallin] 13:40:13

Great. Thank you. And we're seeing a number of questions, some good dialogue. Some, difficult questions we might not have the answers to, but we'll start running through some of them.

[DeeAnne McCallin] 13:40:26

I'm gonna try to stay in this exchange scenario place right now. One. Key part.

[DeeAnne McCallin] 13:40:32

Thing to point out is this is one scenario. The beginning of this scenario knew who the patient was. The patient was, I think, at their home.

[DeeAnne McCallin] 13:40:44

We know our name, Lisa. So that's just one scenario. There are countless scenarios.

[DeeAnne McCallin] 13:40:49

We will never be able to cover every scenario. But that does not negate the value of some of the questions.

[DeeAnne McCallin] 13:40:54

You have all asked because then we go back and think through our policies and procedures and and things to see if we've tried to cover everything as much as possible.

[DeeAnne McCallin] 13:41:06

Looking through some of the questions to see. So that speaks to if the patient is unconscious, unable to speak, not identified.

[DeeAnne McCallin] 13:41:18

There was a question about the actual EMS. And doing an ADT, but I think in this actual scenario, it's the actual emergency department who is doing the ADT notification.

[DeeAnne McCallin] 13:41:35

Some folks have asked like, well, what is the difference? Like, is this happening today? There are some federal rules.

[DeeAnne McCallin] 13:41:43

There are some guidelines, but is it happening today? In some places, yes. Some, some entities are required.

[DeeAnne McCallin] 13:41:51

Some are not. So we're trying to connect the dots of different types and Excelating and leveling up the exchange, but still being mindful of applicable laws and everything like that.

[DeeAnne McCallin] 13:42:03

So hopefully some of that very broad strokes speaks to some of the questions we've had.

[DeeAnne McCallin] 13:42:09

Some of them we will definitely look into to see if we need to tighten anything up. I'm wondering if I don't know if Cindy has had a chance to look at any of the questions or for him and if if not yet then I could go back to some earlier ones.

[Rim Cothren] 13:42:25

Dan, I did. I've been following. There been quite a few questions about EMS and I thought I might just add a little bit more color to that.

[DeeAnne McCallin] 13:42:26

Go ahead.

[Rim Cothren] 13:42:34

In areas of the state where safer is implemented, some of the same interactions. Are already in place and some EMS providers are participating in HIOs, the illustrations on EMS here.

[Rim Cothren] 13:42:49

Or just to illustrate how EMS as a voluntary signatory might be able to take care, advantage of the DXF to meet some of those same types of things like being able to query for patient information being able to optionally and voluntarily send information to a hospital before they arrive on scene, being able to retrieve information.

[Rim Cothren] 13:43:12

For health care operations, for process improvement after. A diagnosis has been rendered. There were also quite a few questions about ADTs and a requirement to send discharge summaries or other ccds upon discharge this was an area that received quite a bit of discussion in the public comment.

[Rim Cothren] 13:43:40

On the technical requirements for exchange and currently the technical requirements. Do not require organizations to such as hospitals to send discharge summaries or other CCDs upon discharge.

[Rim Cothren] 13:43:54



Instead they send notifications and a discharge event has happened and those individuals as providers that are interested in receiving a discharge summary would make that request.

[Rim Cothren] 13:44:06

That was the overwhelming public comment that we got on that and that therefore that is what is required. Of the PNPs today.

[DeeAnne McCallin] 13:44:21

Thank you, RAM. And someone has asked if we have a business case or a scenario with non health related participants, a few of us internally have asked that so that question of each other and we do.

[DeeAnne McCallin] 13:44:33

Plan on taking today's presentation, taking your questions and the conversation and to continue to develop these types of scenarios with different participants under the data exchange framework and ideally following the same flow where we're tying the story to the actual documentation that are the roles of the road, the policies and procedures and the data sharing agreement.

[DeeAnne McCallin] 13:44:59

So hopefully and that's where somewhat we usually conclude these sessions with requests for content and things we should cover.

[DeeAnne McCallin] 13:45:09

So that's noted as one that we will certainly be incorporating into this series.

[DeeAnne McCallin] 13:45:18

Scrolling, apologize through the questions. There's some that have been answered and in in case folks don't have eyes on.

[DeeAnne McCallin] 13:45:28

The slides are always shared. Yes, we don't share them during this hour, but we do publish them.

[DeeAnne McCallin] 13:45:38

Technical requirements to exchange does not require that orders or referrals be electronic. It only requires that organizations fulfill orders or refer, IHE profile standards.

[Rim Cothren] 13:45:55

Ig stands for integrating the healthcare enterprise. It's a standards development organization that creates profiles for how to use HL 7 standards.

[Rim Cothren] 13:46:06

And is the organization that wrote the standards, many of the standards that are required are the technical requirements for exchange for, querying for information and for sending information.

[DeeAnne McCallin] 13:46:21

Okay. A couple times through this hour, the topic of a voluntary signatory has come up one, previously in round one of the signatory grants program.

[DeeAnne McCallin] 13:46:32

There was a differentiation between required signatories being eligible to apply for a grant, whereas the voluntary ones were not, they are both now, eligible in real 2.

[DeeAnne McCallin] 13:46:43

And then this scenario spoke about EMS providers who are currently would be signatories, voluntary signatories, HIOs, and health information organizations are voluntary signatories, many in California were some of the frontrunners in signing the data sharing agreement back in January.

[DeeAnne McCallin] 13:47:01

And maybe even November and December of last year. And the qualified health information in organization will wait to earn a qualification, they will have to have signed the DSA or, commit to signing before they're actually queued.

[DeeAnne McCallin] 13:47:19

So HIOs who apply to be become a queue will in a sense shift to a required signatory not by way of maybe 1 33 but what by way of a QHIO program criteria.

[DeeAnne McCallin] 13:47:33

But while a voluntary signatory, no matter who the entity, if it's an EMS or an HIO today, they can change your mind and withdraw from the signed.

[DeeAnne McCallin] 13:47:44

Data sharing agreement because the DSA identifies that termination by a participant. By voluntary may terminate their participation in the DXF required.

[DeeAnne McCallin] 13:47:55

Signatories do not have that flexibility or that option.

[DeeAnne McCallin] 13:48:03

Someone asked it's probably good to go a little bit into the question and answer about slide 26.

[DeeAnne McCallin] 13:48:11

Is every step automated especially the last one does a medical practice have to inspect anything before responding to the request.

[DeeAnne McCallin] 13:48:19

How is the practice assured that their request for PHI comes from a legit source. These state steps may not be automated but the real time policy and procedure sets the requirements to respond timely.

[DeeAnne McCallin] 13:48:32

Technical standards, requirements for exchange, identify who is making a request and for what purpose. So that's where we built into the policies and procedures.

[DeeAnne McCallin] 13:48:43

Some of these, privacy and security and safeguards, the checks and balances. Hopefully those policies and procedures that we just mentioned.

[DeeAnne McCallin] 13:48:53

There are a couple policies and procedures that will be open for public comment soon, either this week or next week.

[DeeAnne McCallin] 13:48:59

Most, most likely. So we do recommend folks be keeping their eye out for messaging from CDI for a couple of new.

[DeeAnne McCallin] 13:49:09

Policies and procedures that will be open for public comments. Some folks see this scenario and they think this is already happening.

[DeeAnne McCallin] 13:49:18

Like we do have rules of the road that this that this is required. But it's not required for everybody.

[DeeAnne McCallin] 13:49:24

So we're trying to broaden the data exchange framework has expanded the required signatories. So for example, skilled nursing facilities, were they anywhere under the?

[DeeAnne McCallin] 13:49:37

The federal information blocking rules. I don't know off the top of my head. But some of these entities were not probably eligible for health information technology.

[DeeAnne McCallin] 13:49:50

Investment over the last decade, but now under the data exchange framework and the signatory grant program, they might well be eligible for that.

[DeeAnne McCallin] 13:49:58

Earlier in the hour someone asked if EHR vendors are eligible for a signatory grants and in our grant guidance.

[DeeAnne McCallin] 13:50:07

It does call out that vendors are not eligible to apply for a DSA signatory grants. Someone asked.

[DeeAnne McCallin] 13:50:16

To have a look at slide 8 about the months development. So I'll go park on that slide for a minute.

[DeeAnne McCallin] 13:50:24

And also back on the signatory grants program, folks, someone asked about the status of round one applications.

[DeeAnne McCallin] 13:50:32

Your application in the Grants Connect portal, which is posted by our third party administrator, PCG.

[DeeAnne McCallin] 13:50:40

Probably shows your round one. Application in the status of progress. So we do have all applications under review.

[DeeAnne McCallin] 13:50:49

Sorry, my slide control is moving a little slowly. But Round one applications for the signatory grant program are under review and awards are anticipated to be announced.

[DeeAnne McCallin] 13:51:03

Shortly I'm not quite sure the exact date, but I do think it is coming soon.

[DeeAnne McCallin] 13:51:08

And round 2 is open you can be applying for different signatories in round 2, then if you submit an application, say you're part of the health system and you submit an application for 5 signatories, but you have another 10 that you need to be doing.

[DeeAnne McCallin] 13:51:27

You can be doing that in round 2 while you're waiting for the outcome and your award notification from round one.

[DeeAnne McCallin] 13:51:34

And so here is the slide 8 where someone wanted to check on and have a longer look at what we have been doing over the past month.

[DeeAnne McCallin] 13:51:47

When I promoted the educational grantees and there are some folks and we can tell from some of the chat question and answer some of you are very engaged.

[DeeAnne McCallin] 13:51:55

Right now we don't have like a round 2 of the education grantee program. Design but it's not outside of the realm of possibility.

[DeeAnne McCallin] 13:52:03

So it's good feedback to hear from stakeholders and noted. And then somebody asked about.

[DeeAnne McCallin] 13:52:13

How about CBOs and how can they take advantage of technical supports that's available? So that's where I would encourage someone from a CBO to look at our FAQs to read the data sharing agreements and to look at the grants program.

[DeeAnne McCallin] 13:52:33

That's where there is an office hour tomorrow at noon. Perhaps if you have an hour to join that or to go back on demand and look at our grants program where as a CBO you might see where and we've had a lot of engagement attending the office hours for the signatory grant program from the voluntary social services or community based organization entity types.

[DeeAnne McCallin] 13:52:56

That are interested because there are a lot of the folks who were not eligible for HIT funding over the past decade.

[DeeAnne McCallin] 13:53:02

And so that's where you might be the best candidates for being able to same like we're on board we want to join this.

[DeeAnne McCallin] 13:53:10

Data exchange framework and be a participant exchanging data. But we don't have the technical,ological capacity today.

[DeeAnne McCallin] 13:53:21

So that's where you could join the data sharing agreement by the framework by signing the DSA and then applying for a grant.

[DeeAnne McCallin] 13:53:30

Either through September first, which is round 2 or have eyes on, round 3.

[DeeAnne McCallin] 13:53:39

And then I'll pause right after this. If any of my colleagues see any questions or anything else we should talk to but one person the QH I/O program and so one of the DSA signatory grant options.

[DeeAnne McCallin] 13:53:53

Is a QHIO onboarding. Grants to help with that actual technical connection between your entity and the exchange.

[DeeAnne McCallin] 13:54:05

Of information and organization who's in the business for doing that. We have not yet listed who the QHIOs are.

[DeeAnne McCallin] 13:54:13

We have not even opened the application window. We expect that to come. In. No, a little bit about the QHIO program or HIOs, maybe you work with an organization who is telling you that they plan intend to be applying for QHIO.

[DeeAnne McCallin] 13:54:34

You can list that organization in an application grant today. And then if for some reason they end up not applying to be a queue or they're not awarded a queue, then you would have options to either switch to a technical assistance grants.

[DeeAnne McCallin] 13:54:49

And you can still spend your money with them similar to a question earlier in the QA about like what about a national network what about a queue in a QHI network?

[DeeAnne McCallin] 13:55:03

If you do the review, like what we covered earlier in this hour, if you read the policies and procedures and you do an assessment that you feel that you're doing this exchange already today, then you might well be compliant.



[DeeAnne McCallin] 13:55:16

And then, and if you're using a national network to do that, that is allowed. So you, you could already be meeting these requirements so you could also or if you want to work with a national network.

[DeeAnne McCallin] 13:55:28

And not do a QHIO grant because something came up in the 2 months before you were awarded the grant.

[DeeAnne McCallin] 13:55:34

You can switch your if you're awarded a grant and you ask for QHIO, but then you wanna go with say a national entity who does not become a QHIO under our program.

[DeeAnne McCallin] 13:55:45

We have some flexibility in the grant program to help with that for either you would change to a technical assistance grant and have the funds flow that way.

[DeeAnne McCallin] 13:55:54

So I'll see if anybody has anything else and then if not, I will go into wrap up.

[DeeAnne McCallin] 13:56:05

And of course while I was rambling for 5 I was not reading.

[DeeAnne McCallin] 13:56:14

You do not need a QHIO to be compliant with the data. Exchange framework.

[DeeAnne McCallin] 13:56:19

So they are, it's an opportunity. It's We view them as a resource to help you with being compliant.

[DeeAnne McCallin] 13:56:27

They're very engaged with CDI, the HIOs in this data California, but they're not required so you do not need Absolutely.

[DeeAnne McCallin] 13:56:39

A QHIO under the date the rules of the data exchange framework. Alright, I'll probably take me a few to scroll to.

[DeeAnne McCallin] 13:56:46

Slide 30.

[DeeAnne McCallin] 13:56:52

I don't know if it's better to like click fast or. Over click. We will capture the QA to be able to review any that we're not able to cover in this hour or maybe some of the really difficult questions that we don't know the answer right now.

[DeeAnne McCallin] 13:57:10

So we of course, that we don't know the answer right now. So we of course, done in the QA.

[DeeAnne McCallin] 13:57:37

We do encourage you to participate in upcoming meetings tomorrow. We have the grand office hours. We have, attentively scheduled policy and procedure subcommittee.

[DeeAnne McCallin] 13:57:45

Those of you who are engaged with those meetings, one of the main reasons why it's right now tied this tentative is there's probably going to be a couple policies and procedures out for public comment and we typically do not discuss such policies and procedures with a subcommittee when we're soliciting public comment during that window.

[DeeAnne McCallin] 13:58:02

We will hold an IAC, the implementation advisory committee meeting at the end of August. And you can always in.

[DeeAnne McCallin] 13:58:10

Join our emailing list. We do have our website with the framework, the DSA and the policies and procedures.

[DeeAnne McCallin] 13:58:21

They're all about, you know, 20 or so, individual PDF documents. We have information about the QHIO and data exchange framework grant programs, materials from previous meetings and upcoming meetings and listening sessions, FAQs, and of course a link to the data sharing agreement signing portal that also has a help feature within it.

[DeeAnne McCallin] 13:58:42

And with that. I believe that is our last slide and we. Our finished up in time.

[DeeAnne McCallin] 13:58:50

Thank you to everyone who contributed with both questions and presentation and speaking. And we will meet again in a month