



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework (DxF) Information is Power Webinar Series: Demystifying the
DxF: Real World Exchange Scenarios
Webinar #11 Transcript (1:30 PM – 2:30 PM PT, August 24, 2023)**

The following text is a transcript of the August 24, 2023 Data Exchange Framework Information is Power Webinar: *Demystifying the DxF: Real World 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.

[Ethan K - Events] 16:30:30

Hello, and welcome. My name is Ethan and I'll be in the background answering a new Zoom technical questions.

[Ethan K - Events] 16:30:36

If you experience difficulty during this session, please type your question into the Q&A. During today's event, live close captioning will be available.

[Ethan K - Events] 16:30:42

Click please click on CC at the bottom of your Zoom window to enable or disable. Please welcome our first speaker, Deanne Mcallen at CDI.

[DeeAnne McCallin] 16:30:57

Good afternoon, everyone. I see folks joining and they're still coming into the room. Oh, it just slowed down a little bit.

[DeeAnne McCallin] 16:31:05

So that's good already. Thank you. For joining us this afternoon. My name is Deanna Mcallen, Deputy Director of the Data Exchange Framework at the Center for Data Insights and Innovation.

[DeeAnne McCallin] 16:31:18

I'm pleased to welcome you today to today's installment of the information is Power Webinar Series.

[DeeAnne McCallin] 16:31:23

For those of you who are joining us for the first time, the information is Power Series is a set of informational webinars that CDI hosts to discuss California's data exchange framework, its data sharing agreement and the policies and procedures and the programs we are developing to support the implementation of these.

[DeeAnne McCallin] 16:31:45

For your ongoing reference each webinar will be recorded and posted to the Cal HHS DXF website along with the presentation slides.

[DeeAnne McCallin] 16:31:54

You'll hear some of us slip into acronym speak every now and again, DXF stands for the Data Exchange Framework, Pmp's or policies and procedures.

[DeeAnne McCallin] 16:32:03

We do try to cover that. In all of our slides so that you know what we're talking about and past webinars are on our website that you can access on demand.

[DeeAnne McCallin] 16:32:15

And maybe listen to them in one and a half time and save a little bit of time. I'm not sure.

[DeeAnne McCallin] 16:32:19

Oh, okay. So myself, I'm presenting today and colleagues. Dana Moore. With the California Department of Public Health and Cindy Barrow and a senior advisor with Minette Health Strategies who works with CDI daily on the data exchange framework.

[DeeAnne McCallin] 16:32:38

So the question and answer procedure for today, please submit your questions. Through the Zoom QA function. CDI will select questions to be answered live during the webinar as time allows.

[DeeAnne McCallin] 16:32:51

If your question was not answered, we do encourage you to follow up by sending it to our website. I mean our email address at CDI.

[DeeAnne McCallin] 16:32:59

At chhs.ca.gov and we will drop that probably in the chat chat or information for you.

[DeeAnne McCallin] 16:33:10

And you can find it on our website as well. The agenda for today is we'll start by briefly recapping our vision for the data exchange in California and providing an update.

[DeeAnne McCallin] 16:33:21

On key data exchange framework implementation activities since our last webinar. I will then pass it over to Cindy Barrow who will lead us through an exchange scenario where we get to see how the data exchange framework supports exchange in a real world setting.

[DeeAnne McCallin] 16:33:40

And then Dana Moore will discuss how the data exchange frameworks relates to public health. Finally, we will close with a few minutes for QA at the end.

[DeeAnne McCallin] 16:33:49

So do please enter questions using the Zoom's Q&A feature as they arrive as we're navigating through the slides.

[DeeAnne McCallin] 16:33:55

And the topics and then we'll come back to the QA instead of interrupting in between.

[DeeAnne McCallin] 16:34:05

So the vision for Data Exchange in California, this is one of the few slides that any of us just reads directly from.

[DeeAnne McCallin] 16:34:13

Once implemented across California, the data exchange framework will create new connections and deficiencies between health and social services providers improving whole person care.

[DeeAnne McCallin] 16:34:23

The data exchange framework is California's first ever statewide data sharing agreement, which we refer to as the DSA, that requires the secure and appropriate exchange of health and human services information to enable providers of care to work together and improve an individual's health and well-being.

[DeeAnne McCallin] 16:34:45

So program updates.

[DeeAnne McCallin] 16:34:50

Since our last information is power webinar in late July, we have continued to advance the implementation of the data exchange framework across several domains.

[DeeAnne McCallin] 16:35:01

Governance. This slide, of course, does not encapsulate everything that we've been working on, but it's a very good high level summary.

[DeeAnne McCallin] 16:35:09

Governance, the next implementation advisory committee meeting will be held on Monday. That's pretty soon.

[DeeAnne McCallin] 16:35:17

The meeting will include updates on the data exchange framework participant directory, data sharing agreement. Grants and the qualified health information organization application as well as any policies and procedures that are under development.

[DeeAnne McCallin] 16:35:30

CDI has released some PNPs for public comment just yesterday. So please look on our website and we will cover these a little bit more in a couple of slides.

[DeeAnne McCallin] 16:35:42

Where there's an open call for public comment through now still I'll see the date on another slide I don't wanna say it wrong right now.

[DeeAnne McCallin] 16:35:53

And we have also finalized PMPs during the months of June and July. So if you have been waiting for some PMPs to be finalized and you had not yet noticed that.

[DeeAnne McCallin] 16:36:04

Please do reference our website to see the ones that are posted in final. We do have a grant program going for.

[DeeAnne McCallin] 16:36:08

It's currently round 2 and it's open through this Friday next next Friday September first.

[DeeAnne McCallin] 16:36:15

And through the entire day. So you have about 8, 7 business days, to apply for round 2.

[DeeAnne McCallin] 16:36:23

There will be around 3. There's a little bit more information coming up in this slide deck about that.

[DeeAnne McCallin] 16:36:28

You are eligible to apply if you have signed the data sharing agreement and if you can demonstrate a health information technology need to be able to meet the terms and conditions of the data.

[DeeAnne McCallin] 16:36:40

Exchange framework. We also have a qualified health information organization program where CDI will soon be accepting applications from organizations that would like to be considered to become a qualified HIO.

[DeeAnne McCallin] 16:36:55

We will hold question and answer sessions on this application while during the window to apply so be on the lookout for those question and answer sessions, especially if you What to apply for that, but also if you wanna hear about what the HIO companies who are looking to apply what they might be asking.

[DeeAnne McCallin] 16:37:17

It is open to everyone. You do not need to be an applicant for the QHIO to attend the Q&A sessions.

[DeeAnne McCallin] 16:37:23

So draft policies that and procedures that were released recently for public comment. We're inviting public comment through Monday, September, the eighteenth.

[DeeAnne McCallin] 16:37:35

So it's Monday morning, 8 a. M. We're looking for any final submissions.

[DeeAnne McCallin] 16:37:39

We extend it through Monday not wishing a weekend work upon somebody, but we know. Friday's at 5 PM.

[DeeAnne McCallin] 16:37:47

Sometimes they have a little bit less reviewing to do or something like that. So we roll it to the following Monday morning.

[DeeAnne McCallin] 16:37:52

The 2 are privacy standards and security safeguards. We do already have a policy. And procedure on this, but this is open for public comment for amendments.

[DeeAnne McCallin] 16:38:03

Some of you might recall that we also had this open back in January for comments and we got more comments than the sections that have been cited.

[DeeAnne McCallin] 16:38:11

So we did a lot of work, had a lot of stakeholder engagement to get to a new draft that is currently posted.

[DeeAnne McCallin] 16:38:18

And we're soliciting public comment on that. And then there's also the requirement to exchange health and social services information.

[DeeAnne McCallin] 16:38:24

This also is already a final PNP, but there's amendments to it. So this establishes the responsibilities of participants to respond to requests for health and social services information.

[DeeAnne McCallin] 16:38:37

Percent to the data exchange framework and you'll be able to find the posting on our website for where you can access the materials for and instructions on how to submit public comment.

[DeeAnne McCallin] 16:38:51

As I mentioned a little bit ago, the data sharing agreement, grant program. So we're administering a 47 million dollar in grants.

[DeeAnne McCallin] 16:39:01

To support signatories and implement implementing the Data Exchange framework. We're currently in round number 2 and it's open through Friday, we're currently in round number 2 and it's open through Friday, September first.

[DeeAnne McCallin] 16:39:11

If you have signed the DSA, you are invited to apply and within your application and working through the application is where you'll have the opportunities to make some selections.

[DeeAnne McCallin] 16:39:22

And some narrative boxes where you demonstrate an HIT need. We did have a round one back in may for 30 about 30 days and that was closed and award notifications were sent last Monday.

[DeeAnne McCallin] 16:39:37

August 14. If you yourself apply for one of those grants and you did not receive enough. Award notification on August fourteenth via email, then please do reach out to CDI and we'll find out where your notification went.

[DeeAnne McCallin] 16:39:52

For required and voluntary signatories. Round 2 is open and round 3 will be coming soon after round 2, probably closer to October time period.

[DeeAnne McCallin] 16:40:06

But the difference between round one and round 2 were that voluntary signatories were not eligible to apply back in May and June.

[DeeAnne McCallin] 16:40:14

So that's the timeline on the grants program.

[DeeAnne McCallin] 16:40:21

And I'm looking for the slide to advance. It may go, it may go twice. There we are.

[DeeAnne McCallin] 16:40:30

Cool, must sign the data sharing agreement. So in Statute Health and Safety Code, 130290 it lists these 6 signatories who are required entity types.

[DeeAnne McCallin] 16:40:40

So if your organization or if you work at one of these types of descriptive ones, then your organization must sign the DSA to exchange under the data sharing agreement.

[DeeAnne McCallin] 16:40:53

Broad strokes of the who general acute care hospitals physician or organizations and medical groups skilled nursing facilities.

[DeeAnne McCallin] 16:41:00

Health and health plans, clinical labs and acute psychiatric hospitals.

[DeeAnne McCallin] 16:41:08

If you're not sure how to sign the DSA. Or the rules about signing so there was a there is a rule that said you needed to sign especially if you were one of those 6 by January 30 first of 23 so that is many months behind us but we do have a data sharing agreement signing portal that is different than the grant application portal.

[DeeAnne McCallin] 16:41:32

Lots of portals out there, but the data sharing agreement signing portal is where you go to sign the DSA and we have a link to it here.

[DeeAnne McCallin] 16:41:39

And then also on our website there are some resources if you're like okay I just learned that I'm supposed to be signing this DSA, but you know nothing about it.

[DeeAnne McCallin] 16:41:49

And there's a lot of resources on our website and we encourage you to navigate to those to check them out.

[DeeAnne McCallin] 16:41:58

So what do you do after you have signed the DSA? One thing that I have either skipped over quickly or we did not have in the slide is the signing of the DSA was by this last January.

[DeeAnne McCallin] 16:42:11

But the actual requirement to exchange information according to the DSA does not come into play until January 30 first, 2,024.

[DeeAnne McCallin] 16:42:21

That's actually not too far away. But what do you do in between signing? So you also don't have to worry about like signing today, August 20 fourth and that means I need to exchange.

[DeeAnne McCallin] 16:42:32

No, you still have a little bit of a runway for readiness to be able to know how to exchange under the framework.

[DeeAnne McCallin] 16:42:38

So if you require a additional support and capabilities to meet the requirements of the DSA, we encourage you to apply for a grant.

[DeeAnne McCallin] 16:42:48

It's either for technical assistance or a qualified HIO onboarding grants where you can opt to go to a QHIO to and have some funding if you if your application is approved to help you with that onboarding.

[DeeAnne McCallin] 16:43:04

And the other domain is technical. Assistance where you're able to kind of. Create your own out according to certain outcomes to do your own technical assistance in house or higher consultant or someone to help you with that.

[DeeAnne McCallin] 16:43:19

Or even allocate staffing time. So resources for. We also have resources of educational grantees so you can reach out to certain entities who have been working on this in concert with CDII all year and they'll be working with us until the end of this year.

[DeeAnne McCallin] 16:43:37

And so we do encourage you and the next slide tells you who they are. They are all intended to help anyone who comes to them so they might also be able to refer you to one of their counterparts.

[DeeAnne McCallin] 16:43:51

So they might also be able to refer you to one of their counterparts if they're better suited to one of their counterparts if they're better suited for the entity type that you might be.

[DeeAnne McCallin] 16:43:53

And what you should be doing now is preparing to meet the data exchange expectations. Broaden your knowledge of the data exchange framework by reading the data sharing agreement and the policies and procedures.

[DeeAnne McCallin] 16:44:06

There they're a bunch of papers. I'm collectively they're probably a about a hundred pages.

[DeeAnne McCallin] 16:44:11

I don't even know if they're that long right now. They might be about that, but it's not thousands so that's the upside and it's not even hundreds.

[DeeAnne McCallin] 16:44:20

And we just cannot always cover all of that and it would be boring to just do it in a webinar.

[DeeAnne McCallin] 16:44:26

So we do encourage you to read those documents. Understand what information you had to exchange and when you have to start exchanging you should get that understanding about the information from one of the policies and procedures.

[DeeAnne McCallin] 16:44:40

And ensure that you have the technical capabilities needed to exchange. And so those are some of the ways we do have a emailing list.

[DeeAnne McCallin] 16:44:49

You're probably on it being that you're here today, but if not, you're able to send us an email and request to be added.

[DeeAnne McCallin] 16:44:55

This is a slide that has the resources for the different education grantees that are working with CDI and doing a lot of great work out there promoting the data exchange framework and providing technical assistance on the information about the data exchange, how to sign the DSA, what you're signing up to and that type of information.

[DeeAnne McCallin] 16:45:17

So we encourage you to look at their DXF web pages that are these URLs here and you can you to look at their DXF web pages that are these URLs here and you can contact them via email as well.

[DeeAnne McCallin] 16:45:28

Alrighty, so I think our timing is going pretty well and I'm gonna pass this over to my colleague.

[DeeAnne McCallin] 16:45:34

Cindy Barrow.

[Cynthia Bero] 16:45:35

Thank you, Dean. To what I'd like to do now is to walk you through sort of a scenario that describes how the data exchange framework will support the vision that you see outlined on this screen.

[Cynthia Bero] 16:45:51

We start every one of our meetings with this vision because this is what we are, you know, focused on and looking to achieve and the vision, you know, basically says we're going to create new connections and efficiency between providers to improve whole person care.

[Cynthia Bero] 16:46:08

That's paraphrasing. And, you And that gets instantly raises the question, well, how's that going to work?

[Cynthia Bero] 16:46:15

And how will that change what happens today? And can you help me? Make this more real.

[Cynthia Bero] 16:46:23

And last webinar we presented a scenario, it was a story of a woman with some complex medical conditions who had an emergency event and showed how the date exchange framework facilitated movement of data from her primary care physician to emergency medical services to the hospital and back to the primary care setting.

[Cynthia Bero] 16:46:45

And that that scenario, again, it tries to answer this question is how is this gonna work and how do I make this real?

[Cynthia Bero] 16:46:53

What we'd like to do today is to present another scenario, a little different this time that gives some, you know, another perspective on how the data exchange framework can achieve this objective of improving whole person care.

[Cynthia Bero] 16:47:08

It like we did last time, we basically outlined that the you know the purpose of the DSA, the data sharing agreement and the policies and procedures that are related to it are to help define sort of the who, what, when, why, and how of data exchange, that they simply stating that we want to exchange data is one thing to be, but to be more specific about these elements.

[Cynthia Bero] 16:47:35

The, again, the who, what, when, why, and how, is what the work of the policies and procedures are.

[Cynthia Bero] 16:47:42

And so as we go through this story, what we'll do is we will call out the different parts of the story that are supported by these policies.

[Cynthia Bero] 16:47:49

Procedures in the agreement itself.

[Cynthia Bero] 16:47:54

So I'm gonna start with this story, lot of words on this, but hopefully your your think back fondly to your days of being red bedtime stories you could think of it like that.

[Cynthia Bero] 16:48:05

This is the story of Mark. Mark's been struggling to make ends meet. He has had to move from job to job over the last several months and and he is struggling to make enough money to pay the rent or meet his grocery bills and his sister's a little worried about a situation in particular worried about his health and she encourages him to go to a local federally qualified health center.

[Cynthia Bero] 16:48:31

Otherwise known as an FQHC to get a checkup. And because Mark trusts his sister and relies on her advice, he decides to do that.

[Cynthia Bero] 16:48:40

So it goes to the health center and the FQHC conducts a social determinants of health screening as part of his intake.

[Cynthia Bero] 16:48:48

And through that process, he screens positive for food and security. And based on that, finding the primary care provider.

[Cynthia Bero] 16:48:55

Treating mark recommends 2 referrals. One to the local food bank and another to the nutrition education organization in the area.

[Cynthia Bero] 16:49:07

And the provider asks Mark's permission to share his name and contact information with both of these organizations. So that he can reach out to them and receive services.

[Cynthia Bero] 16:49:16

And Mark, Mark.

[Cynthia Bero] 16:49:22

Okay, so now I'm gonna pause for a second and just orient you to the slide that you're looking at.

[Cynthia Bero] 16:49:27

The center continues the story. This, part of the story is referred to as making connections.

[Cynthia Bero] 16:49:33

How do these connections get made through the data exchange framework and the right-hand side of the slide starts to outline which of the policies and procedures are influencing the way this is being done.

[Cynthia Bero] 16:49:48

So let me continue on with the story here. So the federally qualified health center works very closely with the other organization in its community and it's been a member of a health information organization for a number of years and has signed the DSA.

[Cynthia Bero] 16:50:04

And their HIO Health Information Organization is also signed the DSA and is has applied to be a qualified HIO under the D exchange framework.

[Cynthia Bero] 16:50:17

So this is the federally qualified center help center that has, you know, connection to health information exchange in their area.

[Cynthia Bero] 16:50:26

The federally qualified health center uses the HIO to exchange data with other health care providers. They also recently became a member of a community information exchange to exchange information with those community-based organizations that are that they work with so frequently and both the health information organization and the community information exchange have signed business associate agreements with the federally qualified health center.

[Cynthia Bero] 16:50:53

So, lot going on here, but let me break it down on the right hand side. So first by signing the DSA, the FQHC.

[Cynthia Bero] 16:51:02

The HIO and the Community Information Exchange are now participants in the Data Exchange framework.

[Cynthia Bero] 16:51:09

And if qualified that HIO will also be operating under the program established by the Qualified Health Information Organization Policy and Procedure.

[Cynthia Bero] 16:51:18

So they'll be sort of. Operating under the principles and guidelines established by that program. And lastly, the privacy standards and security safeguards sort of recognize the obligations of business associate agreements in in that that policy.

[Cynthia Bero] 16:51:37

So again, let's continue on with the story. So the local food bank and the nutrition education provider.

[Cynthia Bero] 16:51:46

Recommended to Mark are also members of the community information exchange. And the Community Information Exchange and the Nutrition Education Organization because they saw such value in the data exchange framework and the ability to support their clients, they opted to sign the DSA.

[Cynthia Bero] 16:52:03

And so through the data exchange. They are now able to better coordinate services for their clients. So now we have.

[Cynthia Bero] 16:52:13

Some individual some organizations signing the DSA. They're not necessarily called out by the data sharing agreement, but they are voluntary signatories to it.

[Cynthia Bero] 16:52:25

Because of this, the primary care providers referral, which includes Mark's name and contact information, was said to the food bank and to the nutrition education provider via the CIA.

[Cynthia Bero] 16:52:36

And then Mark, which is the courage to reach out to them. So here again, as I said, the signatories to the DSA.

[Cynthia Bero] 16:52:46

Establish sort of the pathways to connect with each other. The policy and procedure about required permitted and prohibited purposes provides you know the referral allows referrals to be passed as a permitted purpose for exchange.

[Cynthia Bero] 16:53:02

So it establishes that as a reason to use the data exchange framework for referrals. And then the technical requirements to find the actual data that moves in the course of sending that information from the provider to the to the food bank and to the nutrition education.

[Cynthia Bero] 16:53:20

Also wanna point out here, it's a put note on this slide. If you for more information on in for how information can be exchanged for food support there is a link on the bottom to the shade volume 2.1 encourage you to look at that for more information if you are interested in finding out more about that.

[Cynthia Bero] 16:53:44

Okay, so Marcus received his, you know, referrals to these 2 organizations. He goes ahead and he follows through and he learns an awful lot more about nutrition than he ever expected and he is feels, you know, satisfied that he's, you know, sort of in a better position to take care of himself going forward.

[Cynthia Bero] 16:54:05

Following his session, the nutrition education provider sends information. Back to the FQHC again via the community information exchange and letting the primary care provider know that Mark received his education and was in a better place.

[Cynthia Bero] 16:54:22

In terms of maintaining his health going forward. So, so how does the data exchange and the policies and procedures play in here?

[Cynthia Bero] 16:54:30

Well, again, the requirement to exchange establishes that the nutrition education provider because they are a signatory to DSA they're required to respond to a the request or the referral request.

[Cynthia Bero] 16:54:47

So there's a There's an obligation there. Again, the data elements to be exchanged define what data should be sent back and the real-time policy and procedure defines the timeliness of the response in this case when the information is available it should be sent.

[Cynthia Bero] 16:55:03

And then lastly, again, the privacy standards and security safeguards protect that data throughout this exchange process.

[Cynthia Bero] 16:55:16

So in summary and repeating where we started, this scenario is designed to show you how the data sharing agreement can support data exchange and how the policies and procedures sort of really clarify as I said the who what when why and how of that exchange and hopefully a scenario like this.

[Cynthia Bero] 16:55:41

Helps to bring to life what the data exchange framework is has the potential to do and how it could really have great impact.

[Cynthia Bero] 16:55:49

For all Californians. So with that, I will finish up and turn things over. 2 Dana.

[DeeAnne McCallin] 16:56:04

I'm looking for advancing slide to see if it goes. There we are. I can actually introduce Dana while she's coming up.

[DeeAnne McCallin] 16:56:13

So Dana Moore from the California Department of Public Health. She is the deputy director for the Center for Health Statistics and Informatics.

[DeeAnne McCallin] 16:56:22

And we're excited to have her here she was slated to join us in June and some prevailing needs had to reschedule us so we're happy that she's back with us today.

[DeeAnne McCallin] 16:56:36

And let's see, is Dana around yet? And if not, no problem. I have a question or 2 I can answer in the chat.

[DeeAnne McCallin] 16:56:44

I'll pause for a minute.

[DeeAnne McCallin] 16:56:50

There she is. Are we rushing you, Dana?

[Dana Moore] 16:56:53

No, sorry, I'm just had to check in with someone really quickly. Okay. Good afternoon.

[Dana Moore] 16:56:59

Thank you all so much for the opportunity to speak. And talk to you a little bit about. Our perspective.

[Dana Moore] 16:57:08

On how public health is impacted. By DXF and more some of the That's in bolts of some of this.

[Dana Moore] 16:57:17

So next slide, please.

[Dana Moore] 16:57:23

So I think this is pretty evident to everybody throughout. And lots of other presentations. But really emphasizing.

[Dana Moore] 16:57:34

In this talk that I'll be giving. Is the agreement piece. Really, when we think about the data exchange framework, I think there's a lot of.

[Dana Moore] 16:57:46

A lot of thought that this is actually a technology that there's a lot of IT pieces to this and really.

[Dana Moore] 16:57:53

Its policies, procedures. And a shared agreement amongst organizations. Next slide.

[Dana Moore] 16:58:03

So just kind of going through what the DXF is. And isn't. I can thinking about public health.

[Dana Moore] 16:58:10

We have health departments better in, you know, large rural counties. We have urban counties. We have umbrella organizations that have Health and Human Services and Public Health.

[Dana Moore] 16:58:21

Or slipped into 2 different entities. So we want to be really clear that the D exchange framework is a set of policies and procedures.

[Dana Moore] 16:58:30

Is guidance and requirements, how particularly signatories or participants who sign onto the agreement interact. Statutory language but then has a set of policies and procedures to support how it's implemented.

[Dana Moore] 16:58:47

But it's not regulatory at this time. And at some point, there will likely be a participant directory of those who have signed on.

[Dana Moore] 16:58:56

So that's what it is. So what is it not? Sonic Data Lake? It's not a data warehouse.

[Dana Moore] 16:59:03

It's not the database. It's not a program. It's not a technology. It's not a platform.

[Dana Moore] 16:59:09

It's not an API. It's not something you can buy and pick off the shelf or it's not something you program in.

[Dana Moore] 16:59:19

So there's no. One way in terms of the tangible things to actually implement it. And I think a lot of the language we use when we talk about Data exchange and data sharing.

[Dana Moore] 16:59:32

Even though there's a lot of concepts. After times what's implied is the actual technology. Are you gonna code in SAS or SPSS?

[Dana Moore] 16:59:44

Is this our or are shiny? Is it? Snowflake or Jupiter notebooks or dated rakes.

[Dana Moore] 16:59:50

Those are technologies. So it's something that's really important. To think about as we move forward in public health, looking at What does the DXF mean for us?

[Dana Moore] 17:00:04

Next slide, please.

[Dana Moore] 17:00:08

So I want to emphasize again for public health that we know that the data exchange framework has a long-term vision.

[Dana Moore] 17:00:17

And we know that. Looking at the far right. The goal and pinnacle is this real time dynamic data exchange.

[Dana Moore] 17:00:25

I think when we all get together and think. What is the data exchange framework? It is creating the guidelines for us to have this.

[Dana Moore] 17:00:34

See fantastic rich repository of data. That we are literally pulling in real time. It's dynamic.

[Dana Moore] 17:00:42

It's not static. CSV files. It's not an Excel file. It's not a fax piece of paper.

[Dana Moore] 17:00:48

Is this 20 first century system that we can all look into and make better decisions for the public. However, to get there.

[Dana Moore] 17:00:59

We have to start at purpose and aim relationships and buy in. Governance and privacy, and then getting into the actual sharing and the technical, analytic infrastructure.

[Dana Moore] 17:01:12

And the data and data sharing is really outlining what data would data fields. And is the data normalized and standardized?

[Dana Moore] 17:01:22

So we are starting a far less and this is really what the data change framework means for public health. We have a purpose in aim.

[Dana Moore] 17:01:33

We're working together right now. All of us here, not just in public health, but across sectors.

[Dana Moore] 17:01:38

That are required to participate or even voluntarily want to participate. We're working on the relationship and buying for this to be successful.

[Dana Moore] 17:01:47

We have to have trust. Data moves at the speed of trust. And so the data exchange framework for policy procedures is creating governance.

[Dana Moore] 17:01:57

And looking at privacy, again, emphasizing data moves at the speed of trust. We want to be sure that our data is shared appropriately or protected appropriately.

[Dana Moore] 17:02:07

Not misused and not breached. So we all share this. Real time dynamic data vision, but know that we're all going through these steps together.

[Dana Moore] 17:02:16

And when we apply this framework to each of our own organizations. We may be in very different places for very different datasets.

[Dana Moore] 17:02:27

There might be some programs. Good, that actually are doing real time dynamic data exchange because there's a healthcare entity in a public health department.

[Dana Moore] 17:02:35

It might be that there's some programs that are still working through facts. I know in vital records and Bible stats, we still use fax attestation to sign for deaths of certificates.

[Dana Moore] 17:02:47

So we're all in different parts of the spectrum, but at least we know we have a shared framework and a shared goal of getting to real-time dynamic data exchange.

[Dana Moore] 17:02:57

And we're starting in the first 3 components with the data exchange framework. We can all agree on it.

[Dana Moore] 17:03:01

It's in law and we're not trying to come up with different policies. And procedures on our own.

[Dana Moore] 17:03:08

So just an important foundational concept for this whole process. Next slide.

[Dana Moore] 17:03:14

So even though we have an immense amount of opportunities, we also have to be realistic and it's helpful not only for the people that we serve in the patients and populations were trying to make a difference in their lives.

[Dana Moore] 17:03:29

We need to be realistic with ourselves. So that we can continue to work with the data moving at the speed of trust.

[Dana Moore] 17:03:34

We have to trust what our limitations are or aren't. And be honest about it. So some initial limitations we may not have real time sharing, but real time is defined without intentional or programmatic delay.

[Dana Moore] 17:03:49

There's policy procedure. Oftentimes when we say real time, I think we conceptualize this quick dynamic data like I get an email in real time.

[Dana Moore] 17:04:03

So we need to be careful how we frame and how we talk about real time data. From a public health perspective, we may not get chief.

[Dana Moore] 17:04:14

Complaint or final diagnosis. Again, this has to do with data standardization. It has to do with data normalization.

[Dana Moore] 17:04:22

And timing. That makes a big difference. And when data is updated, it's not necessarily going to be updated in a consistent way across entities and there's a local HIA versus a national national HIO.

[Dana Moore] 17:04:38

There just might be some differences and we have to figure out what does that mean. We know that is an option to import static files and that could be once a day.

[Dana Moore] 17:04:48

It could be once a week. And there's not something again that's like we're all reading emails and can go and check something.

[Dana Moore] 17:04:56

So we need to have realistic expectations and be able to appreciate and act on what we can get. So that we can continue to do good plan do check act cycles.

[Dana Moore] 17:05:08

To continue to improve this and move us up that ladder. Next. Oh, last is role based.

[Dana Moore] 17:05:15

This is something that we, work very deeply in, and vital records and vital stats.

[Dana Moore] 17:05:23

There are laws that really access, limit access to what you can get in terms of data, it might be based on geopolitical boundaries like cities and counties.

[Dana Moore] 17:05:31

It may be based on your organization. And the platform and software you're using, you might not be able to allow other people to access the same information.

[Dana Moore] 17:05:39

So even though you might be looking at the same individual, you might be seeing different parts of the elephant and how do we work through that?

[Dana Moore] 17:05:47

Next slide, please.

[Dana Moore] 17:05:50

So I think everybody is on the same page here about who is required and who is voluntary. Just making a note that for the California Department of Public Health are required entity is our genetic disease lab so our team is working internally to make sure that we're ticking all the boxes to be in compliance.

[Dana Moore] 17:06:12

But just wanted to share this out of, transparency for what we're doing at CDPH and also acknowledging that in the required signatories definitions of physician organizations and medical purposes and always.

[Dana Moore] 17:06:26

Consistent so behavioral health could also be within the county realm as well. Something else to think about too as we think about collecting data.

[Dana Moore] 17:06:37

Particularly in public health when they think about infectious disease and vital records and stats, birth and death.

[Dana Moore] 17:06:43

There are a lot of laws about what we can collect and what we can't collect. And it's really important to think about that.

[Dana Moore] 17:06:51

We might get a lot of data from labs or providers in terms of other collection. We need to have statutes in place.

[Dana Moore] 17:07:00

I think there's going to be a lot of opportunity for rich data sources and rich data content. And we need to make sure we have the right laws in place to allow us to appropriately exchange collect or use that data.

[Dana Moore] 17:07:13

So an important construct to think about for public health. Next slide, please.

[Dana Moore] 17:07:20

So how do we actually put this into place? I think we had a really great example from an individual level of what that would look like.

[Dana Moore] 17:07:27

And again, when we talk about the data exchange framework, I think that's really what we go to.

[Dana Moore] 17:07:31

We look at the person, we look at how their line level data is going to help them. As providers and.

[Dana Moore] 17:07:41

And coverage were able to make sure that that person gets connected. But thinking through this at a systems level, there's kind of 2 ways this can happen.

[Dana Moore] 17:07:52

Thus far. So you can go with the Nationwide Health Information Exchange. So something that's really big commercial.

[Dana Moore] 17:08:01

I'm probably very well connected and has a lot of infrastructure in terms of technology and technical assistance. But there also could be costs.

[Dana Moore] 17:08:09

Or an intermediary. There might be a community, or local health information exchange. That you're connected to, that's custom, it's maybe not part of a large network.

[Dana Moore] 17:08:22

So we have to realize that as we operationalize this much like we have 61 very different local health jurisdictions.

[Dana Moore] 17:08:29

With all of their unique assets. This will also be unique and implementation. And has the added benefit.

[Dana Moore] 17:08:38

Consistency across the policies and procedures. So at least we have something to work from. Next slide.

[Dana Moore] 17:08:54

So basically kind of looking into the national networks. Again. This is an opportunity where There might be more standardization or more capacity and economies scale.

[Dana Moore] 17:09:09

But again, thinking about when we really do operationalize something, you know, what is it gonna cost?

[Dana Moore] 17:09:18

What is it gonna look like for short, medium, and long term sustainability? Something that's important for all of us to think about.

[Dana Moore] 17:09:23

Particularly in public health. Where we have a very large, diverse set of funding services.

[Dana Moore] 17:09:30

What is this gonna look like and how will we ensure that not only can we establish something early on, but is there something perhaps investing in a larger entity, maybe doing a homegr system.

[Dana Moore] 17:09:42

And ensures that we're looking just beyond today and long term sustainability and improvement and enhancements to make this better.

[Dana Moore] 17:09:50

So again, we get to that real time dynamic data exchange, which is what the intention is of this whole framework.

[Dana Moore] 17:09:58

Next slide.

[Dana Moore] 17:10:02

So I have 2 visuals here that I thought would be really helpful. So this would be an example of having a large HIO or HIV.

[Dana Moore] 17:10:12

There this, this great central point and there's a diverse set of entities that are exchanging information throughout.

[Dana Moore] 17:10:19

It's through the and you get a diverse set of. Data and there's the benefit of you have a singular coordinating entity.

[Dana Moore] 17:10:31

Again, economies scale consistency. It has its own set of opportunities and so in here on the right side I circle counties and governmental public health.

[Dana Moore] 17:10:40

This would be one way that public health could decide to engage in the operationalizing in the technology of the data exchange framework.

[Dana Moore] 17:10:50

Next slide, please.

[Dana Moore] 17:10:54

I'm then another example, more of a local homegrown example would be potentially having a local HIV and they're already connected to required signatories.

[Dana Moore] 17:11:08

Like keep care hospitals or physician groups. And it's possible that local public health could then work with a large commercial HIV.

[Dana Moore] 17:11:17

And then that HG is connecting to the local line. This particular visual, there's a lot of options here.

[Dana Moore] 17:11:25

But really just showing that basically you can go with the centralized or decentralized model. I think either way you're going to achieve the same outcome of getting.

[Dana Moore] 17:11:35

Richer data about our patients and populations for public health and Kind of no matter how you decide to put this into play.

[Dana Moore] 17:11:44

Next slide. So again, just underlining Dean's, presentation about the local funding opportunities and deadlines.

[Dana Moore] 17:11:56

For anyone who signed the DSA or thinking about signing the DSA in a local health department or Stiction, I'm.

[Dana Moore] 17:12:05

Deadline is September first and you know you're really encouraged to engage in this and take advantage of this opportunity.

[Dana Moore] 17:12:14

As you think about how your section will play into the DXS. It's sort of what your timeline and resources will look like.

[Dana Moore] 17:12:23

And then next slide.

[Dana Moore] 17:12:26

Just some information I think on the technical assistance grants and that DM also talked about so hopefully this is helpful in kind of getting a sense of what operationalizing the DXF would look like for public health.

[Dana Moore] 17:12:40

And and some of the major considerations we have to think about so that we can all get on the same page.

[Dana Moore] 17:12:48

We may not all be at the same point in our journey at the same time. But at least as I said earlier, the data exchange framework is giving us a common place to start.

[Dana Moore] 17:12:59

And then we need to really think about not only sustainability from financial operational perspective, but also looking at laws and statutes and what will allow us to both optimize the data we collect in addition to ensuring that we are protecting the data and the people that we send.

[Dana Moore] 17:13:16

So thank you for the opportunity.

[DeeAnne McCallin] 17:13:20

Thank you very much, Dana. Be careful what you're good at. You might be hired.

[DeeAnne McCallin] 17:13:26

Yeah. Alrighty, so now I'm gonna go in to the question and answer session. We do have a few in the.

[Dana Moore] 17:13:27

Thank you.

[DeeAnne McCallin] 17:13:38

QA log so bear with me as I do some reading and glancing through and then we have a few that are answered as well.

[DeeAnne McCallin] 17:13:45

So if you're on a device or at a desk that you're able to look. You should be able to see some of those and if not I'll just read them.

[DeeAnne McCallin] 17:13:53

So, there are a few questions and I'm gonna try to answer a couple for me that well, right now it looks like 2 of the questions not yet answered.

[DeeAnne McCallin] 17:14:06

Are for Cindy's presentation.

[DeeAnne McCallin] 17:14:13

And then one for the CDPH part. Let's see, I'm just scrolling.

[DeeAnne McCallin] 17:14:23

Likely out of order. So does interoperability with a queue in a qualified health information network, which is a federal designation, not a state of California.

[DeeAnne McCallin] 17:14:33

Help to meet the DXF is the DSA agreements. And the California agreements. So you need to look at it.

[DeeAnne McCallin] 17:14:44

We like to equate this in a sense to certify DHR technology from 5 to 10 years ago with you needed to have certified EHR technology.

[DeeAnne McCallin] 17:14:53

To be eligible to a test to meaningful use and earn incentive dollars. The fact that you might have purchased for license certified the EHR technology did not mean that you were a meaningful user.

[DeeAnne McCallin] 17:15:08

So you needed to still be able to use that technology that you had purchased. So. A Q and vendor may well be able to have you be compliant for the data exchange framework, but you need to look, you need to look and talk with them and review the DSA and the policies and procedures and the terms and conditions.

[DeeAnne McCallin] 17:15:30

So hopefully that helps you a little bit. It's similar to a question that was asked about if a CIA, a community information exchange.

[DeeAnne McCallin] 17:15:43

Oh, I and I think the question might have been answered, so I lost it about if you applied for a technical assistance grants, but maybe you didn't get all the way to DXF capability under that grant.

[DeeAnne McCallin] 17:15:58

It depends what your application was, what your reporting for your milestone, what the outcomes that you selected.

[DeeAnne McCallin] 17:16:06

Dana slide on the signatory grant program was actually more detailed than mine about some of the specifics.

[DeeAnne McCallin] 17:16:11

So there was slide 35 had 4 of the outcomes under technical assistance. So depending upon what you entered as your for your grant application and then what you're submitting on your progress report.

[DeeAnne McCallin] 17:16:23

So there's a 41 page guide for the. The grant program and you should be able to like cut through some of the pages of that if you're looking about technical assistance to read that document, you know, maybe 10 pages of it to look at that.

[DeeAnne McCallin] 17:16:39

And there are some resources to reach out on that grant program, but it's all somewhat related.

[DeeAnne McCallin] 17:16:46

So now I'm gonna pivot to Cindy for a moment with a question, a couple of questions about.

[DeeAnne McCallin] 17:16:50

Mark and his scenario. So before it was even market was the level of the organizations. How will the CIA, CIA, so community information exchange give information to community partners and then the FQHC.

[DeeAnne McCallin] 17:17:08

What is the means of communication, email, software that all parties are using, etc.

[Cynthia Bero] 17:17:15

So I think when an organization chooses to work with a CIA or an HIO, they they need to work with them to understand their ability to connect to existing systems or if there need to be, you

know, some enhancement of existing systems so information can flow easily from the sort of the endpoint through the the exchange framework.

[Cynthia Bero] 17:17:40

So really is it discussion with the the HIO or the CIA you decide to work with to figure out, you know, how they will connect to your environment.

[DeeAnne McCallin] 17:17:49

Yes, and most likely under the contract that the FQHC has with the CIA, it talks it goes into the details of those.

[DeeAnne McCallin] 17:17:59

Those technical standards and the actual how to whereas that's not the frameworks. We're giving the rules of the road.

[Cynthia Bero] 17:18:03

Yeah.

[DeeAnne McCallin] 17:18:07

So. I've relatively new that I need to come up with an infographic is we're kinda like the DMV.

[Cynthia Bero] 17:18:15

Yeah.

[DeeAnne McCallin] 17:18:16

We're kinda like the rules. The technology, the infrastructure are the roads and the data are the cars.

[Cynthia Bero] 17:18:21

Yes.

[DeeAnne McCallin] 17:18:22

So there's different levels and components of who's involved here. So one day I'll get an infographic on that.

[Cynthia Bero] 17:18:29

No, it's a that's a it's a very good analogy. I think you know creating the road is different than putting the car on it.

[DeeAnne McCallin] 17:18:29

If somebody can't whip Yeah, and being the DMV saying here's what all these rules mean or you have to come and take some tests and see if you're allowed to use these roads and what not.

[Cynthia Bero] 17:18:36

So.

[Cynthia Bero] 17:18:47

Agree.

[DeeAnne McCallin] 17:18:48

Besides Mark's name and contact information, what additional information is needed for his referral.

[DeeAnne McCallin] 17:18:56

If Mark social service provider was not a DSA participant but a member of the CIA. Yeah, you keep saying that today.

[DeeAnne McCallin] 17:19:03

No CIA involved. Would, a BAA, which is a business associate agreement be required.

[Cynthia Bero] 17:19:12

So I'm not a hundred percent sure I understand the question, but I do know that, you know, business associate agreement is necessary when you're moving protected health information around.

[Cynthia Bero] 17:19:24

Which would definitely be the case when the if the federally qualified health center is moving protected health information.

[Cynthia Bero] 17:19:29

In this case, the Goodly qualified health center is just passing. You know contact information which is not PHI and therefore I don't sure that they're necessarily you know between this the intermediary in the.

[Cynthia Bero] 17:19:47

Food bank, let's say, that there needs to be a BAA between them.

[DeeAnne McCallin] 17:19:53

And this also talks about. It goes into somebody who is not a DSA participant.

[DeeAnne McCallin] 17:20:00

So the framework would not have oversight or anything. To hold this service provider to. While they're not a DSA participant.

[Cynthia Bero] 17:20:02

Right.

[Cynthia Bero] 17:20:09

Yeah.

[DeeAnne McCallin] 17:20:11

So then the policies and procedures of the DSA would not apply.

[Cynthia Bero] 17:20:15

Right. That's, that's a good call out, Dean. In this example, we had one of the community based organizations was a voluntary signatory of the DSA.

[Cynthia Bero] 17:20:25

The other was not. And so, you know, there the rules would not apply there. So.

[DeeAnne McCallin] 17:20:32

Great, thanks. Alright, we're gonna pivot to Dana for a little bit on Cdph and even if they drop the letters I'm assuming it's a question to you but may not always to confirm for Cdph the data in the California Public Health Registries like vital statistics will not be shared, rather only the CDPH covered entity component in the form of genetic disease.

[DeeAnne McCallin] 17:20:59

So there is a question in there the beginning was like a statement and then a question about will this

[Dana Moore] 17:21:01

Yep. Got it.

[Dana Moore] 17:21:05

Yes, so, that is. Correct at this time. Information like vital records, we have all sorts of laws, infectious disease.

[Dana Moore] 17:21:15

For the genetic disease lab under the genetic disease screening program. Yes, they are required entity to participate in the data exchange framework.

[Dana Moore] 17:21:26

So here's a really good practical example. For the Data Exchange, they already collect.

[Dana Moore] 17:21:32

Through your stock to Tory requirements and statutory protections of the data. They collect genetic data from pregnant individuals about their babies.

[Dana Moore] 17:21:42

It comes from providers and labs. So providers can request information and provide information. The Genetic Disease Lab does what they do best.

[Dana Moore] 17:21:52

They go through screen and then they provide the information back to the provider, the provider then gives that information to the pregnant person so they can make the best decision with their pregnancy and move forward.

[Dana Moore] 17:22:04

So in all for all intents and purposes. That is a foundation of the Data Exchange framework, labs providers, and the person are understanding what's going on.

[Dana Moore] 17:22:15

And then from there the providers can refer that individual to other entities. For counseling, support, etc.

[Dana Moore] 17:22:23

So that is how the genetic disease lab is participating and meeting our requirements for the data exchange framework both our own statutory requirements.

[Dana Moore] 17:22:34

As well as the requirements for DXF. So that's what I got there. What you got next?

[DeeAnne McCallin] 17:22:40

Great. Thank you. And the next one is related to you, but I think I'm gonna answer it, but it's and it's gonna be one of these somewhat non answers is any aspect of county government required to sign the DSA.

[DeeAnne McCallin] 17:22:55

We're not actually able to say you meet one of these 6 requirements entities that are in the actual statue.

[DeeAnne McCallin] 17:23:04

So we did have slides. I think we have 2 of them listing the required entities that if your entity, your organization, your facility deems yourself as one of those required general acute care hospital physician organization medical group etc. then you would in your mind be

[DeeAnne McCallin] 17:23:23

Must should have signed by the last January and then otherwise. And, and once you get into signing, if you're not one of those required, everybody becomes the same.

[DeeAnne McCallin] 17:23:33

If there is no tearing or different degrees of exchange, everybody becomes the same. If there is no tearing or different degrees of exchange come January, 30 first, 2024 between a required signatory and there is no tearing or different degrees of exchange come January, thirty-first, 2024 between a required signatory and of exchange come January, 30 first, 2024 between a required signatory and a voluntary signatory.

[DeeAnne McCallin] 17:23:52

They've all signed on to the same DSA and Dana, I don't know if you wanna add anything to that or.

[Dana Moore] 17:23:55

Hi. I don't think so. I think that That's exactly we looked at, based on the definitions as you provided on your slide, there was the health and safety code.

[Dana Moore] 17:24:08

Which identifies and defines some of the entities that were listed as required so based on our reading of our laws the genetic disease lab.

[Dana Moore] 17:24:16

Qualified as required himself. We're moving forward with that.

[Dana Moore] 17:24:23

And public health is still voluntary at this time public health departments are voluntary signatories and I want to underscore with Dan said once you sign voluntary or not.

[Dana Moore] 17:24:35

You signs. And you're in the same ground as everybody else.

[DeeAnne McCallin] 17:24:42

Indeed. So somebody did call out whether the scenario of Mark and the information on his referral was PHI or not and our slide does note that it's with Mark's.

[DeeAnne McCallin] 17:24:57

Approval that is name and maybe is phone number. That is name and contact was provided and it was with his approval.

[DeeAnne McCallin] 17:25:08

But it was it's not our scenario did not encompass. A more involved referral.

[DeeAnne McCallin] 17:25:20

Because of that because of the complexities of PHI and what not. I'm gonna go to a couple of the questions that have been answered, especially for the folks on this hour who do not have the access to read them.

[DeeAnne McCallin] 17:25:36

So let's see.

[DeeAnne McCallin] 17:25:41

Making sure folks know that round 2 that is open for the grant program is open through September first and it is for required and voluntary signatories and round 3 will mirror that where it will be open to both types of signatories not limited to only required signatories.

[DeeAnne McCallin] 17:26:07

Is it mandatory to work with a QHIO? No, it is not. So there is a slide somewhere in here.

[DeeAnne McCallin] 17:26:14

That talks that quotes the statute that says, any technology, qualified health information, exchange organization or organization and, or other technology it can even be home, home grown so long as it meets the standards and and all of that within the policies and procedures.

[DeeAnne McCallin] 17:26:43

Cindy, Cindy answered, I believe about the QHIO application will be released.

[DeeAnne McCallin] 17:26:49

Later this month and we will be holding sessions within the couple of weeks after that date. That will be posted on our website and probably going on in some of our emails comes that might feel your inboxes but we're trying to be transparent and making sure folks don't miss anything and we do record things so that you can access them if you miss any particular hours or have 16 of the things to work on during that

[DeeAnne McCallin] 17:27:14

hour.

[DeeAnne McCallin] 17:27:15

And probably down to the last question or so that I can cover. I'm looking to see, in the registration, someone did ask for an example of some, other entity types and CBOs and housing case managers.

[DeeAnne McCallin] 17:27:30

So a great suggestion that we can look at for future webinars to to see if we can grow our scenarios that we're sharing.

[DeeAnne McCallin] 17:27:40

When the QHIOs are announced, we will be posting them publicly.

[DeeAnne McCallin] 17:27:49

Let's see. I'm glancing at the last couple of questions real quickly. Does the CBO qualify for the QHIO onboarding grants?

[DeeAnne McCallin] 17:28:01

It probably depends that organization would just like anybody else have had to sign. The the data sharing agreement and 2 and then they would be onboarding with the Q with an HIO that is a queue.

[DeeAnne McCallin] 17:28:17

So most likely they would be and that's really a lot of the entities who we think. Would benefit from this grant program.

[DeeAnne McCallin] 17:28:25

So I do encourage a CBO to look into the QHIO onboarding grants.

[DeeAnne McCallin] 17:28:33

Alrighty, so with that I'm gonna wrap things up. I also am not looking. I haven't looked at any new questions to see if I missed anything.

[DeeAnne McCallin] 17:28:44

Will healthcare entities be compelled to share pertinent patient information with CBOs per the policies and procedures.

[DeeAnne McCallin] 17:28:52

Yes, if it's per the policies and procedures, if there's been, if that CBO is a signatory.

[DeeAnne McCallin] 17:28:58

If that CBO makes a request for information exchange under the framework and it conforms to the rule the allowances there's a policy and procedure called required permitted and prohibited.

[DeeAnne McCallin] 17:29:14

Exchange. So you could look at that to see what would be that's where you would be looking to see whether.

[DeeAnne McCallin] 17:29:20

If the CBO made a request, you would want to verify that they had signed and that their request is under the.

[DeeAnne McCallin] 17:29:29

Permitted or. Permissible. As opposed to the prohibited. So, good question.

[DeeAnne McCallin] 17:29:36

So with that, I'm gonna go to our next couple of slides. Thank you everyone for your questions and if we missed one of your questions and you need to have the answer please.

[DeeAnne McCallin] 17:29:48

Send us an email with that. Our next information is power webinar is October third from 2 to 3 PM.

[DeeAnne McCallin] 17:29:56

We do try to move these hours around. Little bit so that different people who have different availability are able to attend.

[DeeAnne McCallin] 17:30:02

And, we do have our implementation advisory committee meeting on Monday, this coming Monday at one PM.

[DeeAnne McCallin] 17:30:12

It is a virtual only meeting. So if any of you are accustomed to coming to sit in the room for those meetings on Monday the 20 eighth it is a virtual only meeting.

[DeeAnne McCallin] 17:30:22

We do have a subcommittee meeting on the policies and procedures later in the month of September, September, 20 seventh.

[DeeAnne McCallin] 17:30:32

That will probably be longer than 1 HI did not catch that in a previous review. So, Save more than an hour on the 20 seventh most likely and you can join our emailing list of course.

[DeeAnne McCallin] 17:30:44

Let's see if it advances and if so more information we have all our resources on our website and that looks like that was the last slide.

[DeeAnne McCallin] 17:30:54

So thank you everyone for coming, Cindy and Dana. Thank you very much for presenting today and for and that health for hosting this Men that events for hosting us today and have a great afternoon