California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Data Sharing Agreement Policies and Procedures Subcommittee
Meeting 9 Chat Log (1:00PM – 3:00PM PT, September 27, 2023)

The following comments were made in the Zoom chat log by Members of the Data Sharing Agreement Policies & Procedures Subcommittee and staff during the September 27 meeting:

16:23:17 From Steven Lane To Everyone:

The point of this entire initiative is to advance data sharing in CA ahead of federal requirements that continue to march forward. Supporting delays in exchange in CA seems counter to our goals. Better to use our resources to bring participants not already covered by federal requirements up to those standards rather than leave them lagging behind.

16:28:43 From Mark Savage To Everyone:

Posit that backtracking to legacy standards will delay so many of the public health benefits and activities and coordination (and cost savings) the DxF is intended to advance now.

16:28:45 From Steven Lane To Everyone:

Also an equity concern if we leave certain participants behind.

16:31:11 From Belinda Waltman To Everyone:

Although allowing legacy formats might enable more orgs to share sooner, it seems like this could cause more mapping/integration/data quality/standardization issues down the road. There is an opportunity with the DxF to start fresh with a national standard (USCDI) that is already evolving. An allowance might drag out the standardization process.

16:32:16 From Steven Lane To Everyone:

https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v2

16:32:19 From Deven McGraw To Everyone:

Am in agreement that we shouldn't delay. Feels like entities with legacy systems could get some help from a QHIO or HIO to migrate more quickly to using standards.

16:33:11 From Steven Lane To Everyone:

The policy states that the data should be shared IF they are collected and maintained.

16:33:27 From Matthew Eisenberg To Everyone:

Version 2 of USCDI was released in July 2021.

16:34:04 From Steven Lane To Everyone:

https://www.healthit.gov/isa/sites/isa/files/2021-07/USCDI-Version-2-July-2021-Final.pdf

16:34:55 From Jason Buckner To Everyone:

For clarity sake, are we saying that a standard interface must send LOINC codes on 100% of transactions, but if you have a point to point interface, you can send a local code?

16:35:32 From Deven McGraw To Everyone:

@Jason, that's my understanding.

16:35:56 From Jason Buckner To Everyone:

Well I don't agree we should allow that.

16:36:14 From Mark Savage To Everyone:

Same thoughts on this proposal. Don't do it.

16:41:01 From Jason Buckner To Everyone:

Has CDII identified specific USCDIv2 data elements that CDA R2 does NOT support?

16:41:04 From Mark Savage To Everyone:

Re this and preceding slide, I see reference to paragraph II.3.b and II.3.c, but the last version of the Data Elements policy on the website only shows a paragraph II.3.a. Can some help me with what I'm missing?

16:41:42 From Mark Savage To Everyone:

*someone

16:42:58 From Matthew Eisenberg To Everyone:

I support this allowance - you can't share what is not technically supported.

16:44:30 From Justin Yoo To Everyone:

The version of the P&P being discussed (inclusive of proposed changes) is available on the DxF website: https://www.cdii.ca.gov/wp-content/uploads/2023/09/CHHS_Data-Elements-to-Be-Exchanged-PP_2023-09-20-for-DSA-SC.pdf

16:45:16 From Matthew Eisenberg To Everyone:

By the way, to Steven's point, why not simply set a timeframe for all California DxF participants (e.g. 18 months) to allow them to meet current FEDERAL data sharing requirements? That way we don't have to keep changing our P&Ps every time the Federal Regulatory process advances? For example, we give everyone 18 months to move to USCDI v3 when that becomes required by the Feds.

16:46:27 From Steven Lane To Everyone:

USCDI v2 added key data elements and technical standards related to SDOH and patient demographics that we have felt strongly here should be part of advancing data exchange and health equity in CA.

16:47:29 From Mark Savage To Everyone:

Thank you, Justin. I misunderstood the slide language at top as referring to existing provisions which CDII was proposing to amend. Looks like it instead describes the proposed amendment, somewhat.

16:48:40 From Jason Buckner To Everyone:

Agree Steven

16:49:36 From Mark Savage To Everyone:

+100 @Steven

16:50:10 From Mark Savage To Everyone:

And gender identity, sexual orientation, and many others.

16:50:21 From Jason Buckner To Everyone:

I do NOT believe an alternative standard needs to be identified here.

16:50:47 From Matthew Eisenberg To Everyone:

Agreed. This would be a big expansion of scope.

16:54:09 From Justin Yoo To Everyone:

Link to the CDII DxF website: https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/

16:57:45 From Steven Lane To Everyone:

This would be tremendously valuable information to collect and make available. It could also inform the evolution of the requirements of the DxF itself, as we gain understanding of how participants are already connected.

16:58:23 From Steven Lane To Everyone:

The phased approach presented makes sense.

17:00:58 From Jason Buckner To Everyone:

Phase I is mandatory. Can't really function without it. Phase II & III are interesting but not critical to define now in my opinion.

17:01:44 From Matthew Eisenberg To Everyone:

You can look up eHealth Exchange participants here: https://ehealthexchange.org/participants/

17:01:57 From Steven Lane To Everyone:

The CDII participant directory should reference / point to participants' entries in the directories of the applicable networks/frameworks.

17:03:34 From Steven Lane To Everyone:

This approach also allows CDII to identify participants who may need support getting connected for specific push/query workflows and complying with the requirements of the DSA.

17:05:12 From Steven Lane To Everyone:

Where in this phased approach will the directory reflect organization/provider address, phone/fax, email, Direct address, FHIR endpoint, etc.?

17:06:37 From Jason Buckner To Everyone:

I think technical endpoint listing (IHE or FHIR) and contact information are needed in Phase I.

17:06:46 From Sanjay Jain To Everyone:

I think it is very important to have participant's unique identifier (like NPI, Tax Id) also in Participant directory in addition to just names.

17:11:25 From Jason Buckner To Everyone:

Agree that the participant generating HSSI should be able to delegate the entry to an aggregator or enter it themselves.

Boy, this level of detail, including the various require purpose is very complicated for most health systems and would NOT likely be available to most DSA signatories, particularly those singing for complex entities.

17:22:27 From Jason Buckner To Everyone:

Thousands of organizations already provide almost all of this information now if they participate in eHealth Exchange or Carequality.

17:23:40 From Jason Buckner To Everyone:

A contact list is the bare minimum. Underwhelming, but sufficient for day 1.

17:26:35 From Jason Buckner To Everyone:

Provide it to any DSA signatory just like eHX/CQ. Simple.

17:30:50 From Jason Buckner To Everyone:

Matt is spot on with those comments.

17:31:14 From John Helvey To Everyone:

100% Matt

17:33:23 From Matthew Eisenberg To Everyone:

Apologies, I need to drop early. Thanks!

17:37:11 From John Helvey To Everyone:

good point Jason

17:37:39 From Steven Lane To Everyone:

+1 Jason. Such a feedback mechanism will be required. We see these challenges with reciprocity on CareQuality today.

17:38:13 From Deven McGraw To Everyone:

+1 to Jason

17:43:25 From Khoua Vang To Everyone:

CDII@chhs.ca.gov

17:43:26 From Justin Yoo To Everyone:

Additional comments on today's content may be shared with CDII at
CDII@chhs.ca.gov