



# Data Exchange Framework

## Implementation Advisory Committee (IAC) Meeting #10

**Tuesday, October 10, 2023**

10:00 a.m. – 12:00 p.m.



# Meeting Participation Options

## *Onsite*

- Members who are onsite are encouraged to log in through their panelist link on Zoom.
  - Members are asked to **keep their laptop's video, microphone, and audio off** for the duration of the meeting.
  - The room's cameras and microphones will broadcast the video and audio for the meeting.
- Instructions for connecting to the conference room's Wi-Fi are posted in the room.
- Please email Amanda Johnston ([amanda.johnston@chhs.ca.gov](mailto:amanda.johnston@chhs.ca.gov)) with any technical or logistical questions about onsite meeting participation.

# Meeting Participation Options

## *Written Comments*

- Participants may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by CDII staff.
- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to [CDII@chhs.ca.gov](mailto:CDII@chhs.ca.gov).
  - Questions that require follow up should be sent to [CDII@chhs.ca.gov](mailto:CDII@chhs.ca.gov)

# Meeting Participation Options

## Spoken Comments

- **Members of the public and IAC Members** must “raise their hand” for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of appropriate time to volunteer feedback.

Onsite		Offsite	
Logged into Zoom	Not Logged into Zoom	Logged into Zoom	Phone Only
<p>If you logged on <u>onsite</u> via <u>Zoom interface</u></p> <p>Press “Raise Hand” in the “Reactions” button on the screen or physically raise your hand</p> <p>If selected to share your comment, please begin speaking and <u>do not unmute your laptop</u>. The room’s microphones will broadcast audio</p>	<p>If you are onsite and <u>not using Zoom</u></p> <p>Physically raise your hand, and the chair will recognize you when it is your turn to speak</p>	<p>If you logged on from <u>offsite</u> via <u>Zoom interface</u></p> <p>Press “Raise Hand” in the “Reactions” button on the screen</p> <p>If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking</p>	<p>If you logged on via <u>phone-only</u></p> <p>Press “*9” on your phone to “raise your hand”</p> <p>Listen for your <u>phone number</u> to be called by moderator</p> <p>If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “*6”</p>

# Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Public comment will be limited to the total amount of time allocated for public comment on particular issues.
- The Chair will call on individuals in the order in which their hands were raised.
- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.
- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to [CDII@chhs.ca.gov](mailto:CDII@chhs.ca.gov).

# Agenda



- 10:00 AM  
Welcome and Roll Call
- 10:05 AM Informational Item:  
Vision & Meeting Objectives
- 10:10 AM Discussion Item:  
Qualified Health Information  
Organization (QHIO) Program  
Updates

- 10:30 AM Informational Item:  
Update on Data Sharing  
Agreement (DSA) Signatory  
Grants
- 10:40 AM Informational Item:  
Policies and Procedures (P&P)  
Development
- 11:30 AM  
Public Comment
- 11:45 AM Informational Item:  
Next Steps and Closing Remarks

# Welcome and Roll Call



# IAC Members (1 of 2)

Name	Title	Organization
John Ohanian (Chair)	Director	CalHHS Center for Data Insights and Innovation
DeeAnne McCallin	Deputy Director	CalHHS Center for Data Insights and Innovation
Andrew Bindman	Executive Vice President & Chief Medical Officer	Kaiser Permanente
Eileen Cubanski	Acting Executive Director	County Welfare Directors Association
Joe Diaz	Senior Policy Director	California Association of Health Facilities
David Ford	Vice President, Health Information Technology	California Medical Association
Michelle Gibbons	Executive Director	County Health Executives Association of California
Aaron Goodale	Vice President, Health Information Technology	MedPoint Management
Lori Hack	Interim Executive Director	California Association of Health Information Exchanges
Cameron Kaiser	Deputy Public Health Officer	County of Solano
Troy Kaji	Associate Chief Medical Informatics Officer	Contra Costa Regional Medical Center and Health Centers
Cindy Keltner	Vice President of Health Access & Quality	California Primary Care Association



# IAC Members (2 of 2)

Name	Title	Organization
Andrew Kiefer	Vice President, State Government Affairs	Blue Shield of California
Paul Kimsey	Deputy Director	California Department of Public Health
Linnea Koopmans	CEO	Local Health Plans of California
Matt Lege	Government Relations Advocate	SEIU California
Amie Miller	Acting Executive Director	California Mental Health Services Authority
Ali Modaressi	CEO	Los Angeles Network for Enhanced Services
Jonathan Russell	Chief Strategy and Impact Officer	Bay Area Community Services
Kiran Savage-Sangwan	Senior Policy Director	California Pan-Ethnic Health Network
Felix Su	Director, Health Policy	Manifest MedEx
Jim Willis	Systems Informatics Leader	CommonSpirit Health

# Speaker Introductions

**John Ohanian**

CDO, CalHHS  
Director, CDII

**DeeAnne McCallin**

Deputy  
Director, CDII

**Rim Cothren**

Independent  
HIE Consultant,  
CDII

**Cindy Bero**

Senior Advisor,  
Manatt Health  
Strategies

# Vision & Meeting Objectives



# The Vision for Data Exchange in California

Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care.

The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.

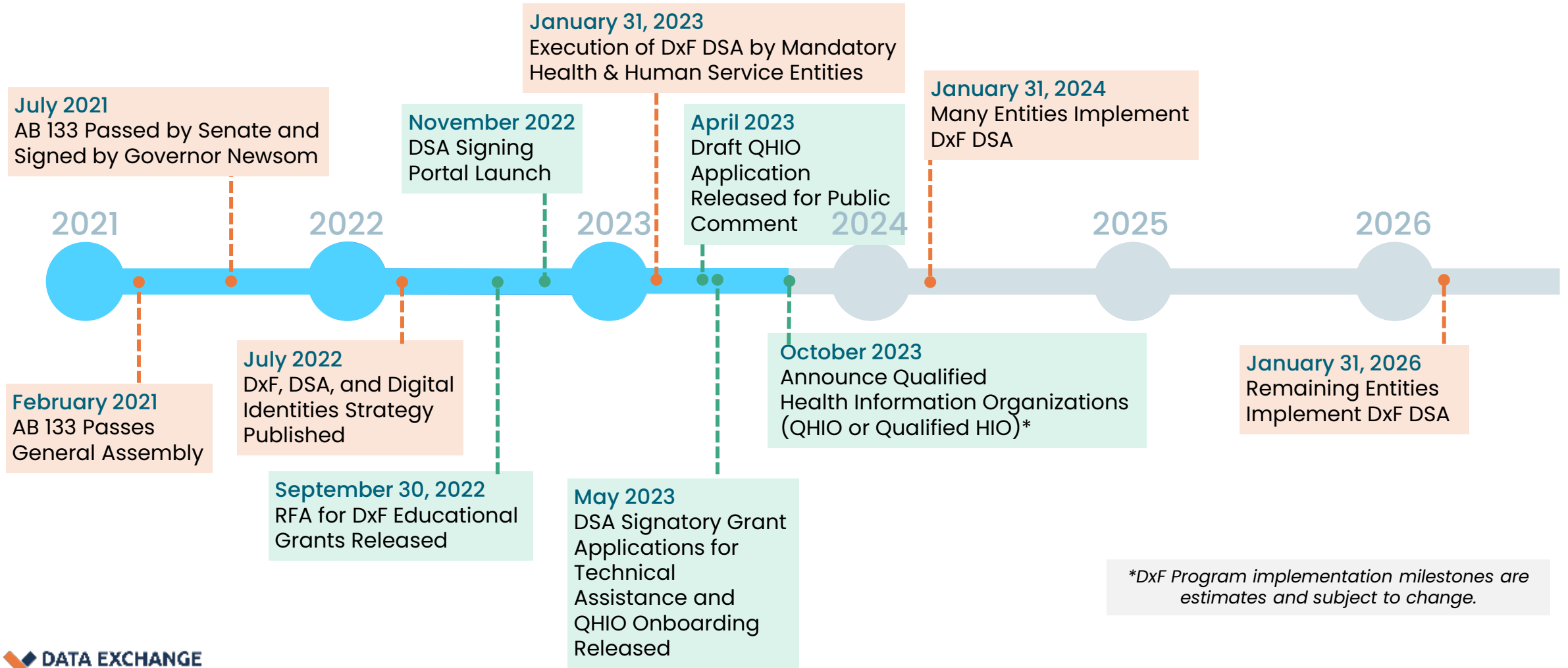


# Meeting Objectives

- 1** Provide an update on the **QHIO Program**
- 2**
- 3** Review status of **P&Ps under development**

# DxF Implementation Timeline

## Past + Upcoming Milestones



*\*DxF Program implementation milestones are estimates and subject to change.*

# Mandatory Signatories Should Sign the DSA Immediately

**Mandatory signatories were required to execute the DSA by January 31, 2023. We encourage those who have not yet signed the DSA to do so as soon as possible.**

## WHERE TO SIGN THE DSA



CalHHS CalHHS Data Sharing Agreement Signing Portal

Welcome to the CalHHS Data Sharing Agreement Signing Portal!

Signing the Data Sharing Agreement is a critical next step toward full implementation of the Data Exchange Framework.

It's time to ensure every Californian, no matter where they live, can trust that their health and social services providers can securely access critical patient information to provide safe, effective, whole person care.

Data Sharing Agreement

Register to Start

DSA Signing Portal URL

## WHERE TO FIND MORE INFORMATION

More information is available on the CalHHS DxF website, including:

- Final DSA
- Draft & Final P&Ps
- FAQs on the DSA, P&Ps, and Signing Portal
- Historical Meeting Materials & Recordings
- List of DSA signatories

Contact CDII if your organization has questions or concerns about signing.

CDII@chhs.ca.gov

# Signatory Count as of 09/25/2023

There are ~1,250 signed DSAs that represent over 1,900 different subordinate entities

Account Type ( <i>Self-Attested</i> )	Signed DSA*
Hospitals (General acute care settings and acute psychiatric settings)	161
Physician organizations and medical groups	1,125
SNFs (signed, assuming “with electronic record”)	285
Plans	71
Clinical Labs	56
County (or county affiliation)	52
Other (CBOs, HIOs, social services, other)	170
<b>Total Account Type Count</b>	<b>1,920</b>

\* Subordinate level sub-totals; some figures have been approximated as CDII works with signatories on DSA line item clarification

The list of organizations that have signed the DSA is available on the DxF website.



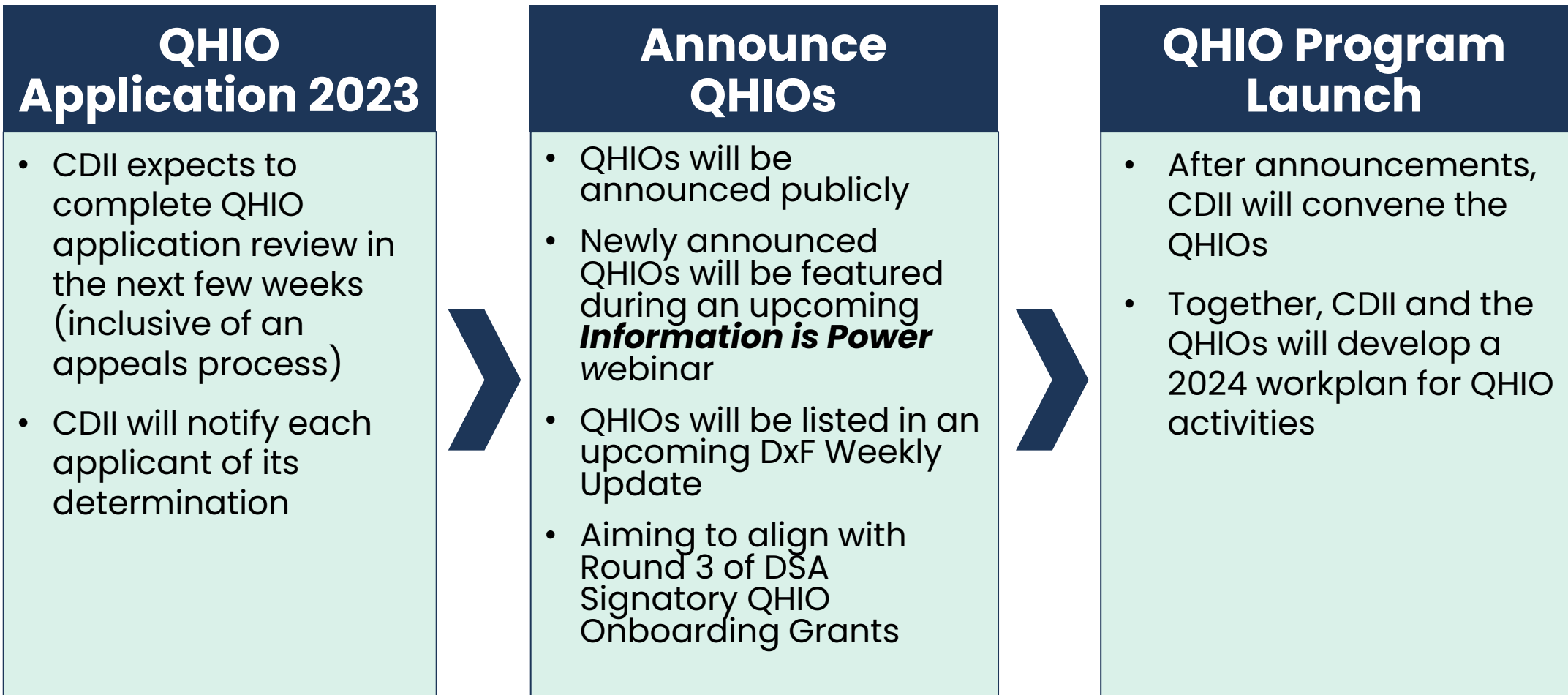
# Qualified Health Information Organization (QHIO) Program Updates



# 2023 QHIO Application Update

- The 2023 QHIO application period **closed at 5:00PM PT on Thursday, September 21, 2023**
- CDII received applications from **10 organizations**
- CDII is currently reviewing applications
  - Applicants who do not meet the qualifications will be notified and provided with an opportunity to appeal
  - Applicants who meet the qualifications (including those with a successful appeal) will be notified once CDII determines they meet the requirements
- Following the notifications to applicants, CDII will **publicly announce the names of the applicants that were qualified**
- CDII expects to **announce QHIOs in the next few weeks**

# QHIO Short-Term Roadmap



# QHIO Application 2023: Future Deadlines

QHIOs were required to attest to meeting several future deadlines in the 2023 QHIO Application. QHIOs will also need to maintain these and other standards in future years.

2023 QHIO Application Requirements* <i>(References below, e.g. A.8, are application question numbers.)</i>	Due Date
<p>A.8. Participant agreements that do not conflict with the DSA and its P&amp;Ps.</p> <p>A.9. Valid &amp; enforceable agreements with third parties who transmit and/or manage HSSI under the DxF.</p> <p>A.11. Insurance with at least \$2 million per incident and \$5 million per annum coverage to address general liability, errors and omissions, and cyber risks.</p> <p>C.8.a. Ability to receive HL7 v2.5.1 ADT messages from CA acute care facilities and emergency departments (EDs)</p>	1/31/2024
<p>C.8.b. Ability to receive and maintain a roster of persons from DxF Participants who seek to monitor ADT events from California-based acute care facilities and emergency departments for these persons</p>	4/30/2024
<p>C.8.c. Ability to determine whether an incoming ADT message from a California-based acute care facility or emergency department is associated with a person found on an ADT roster</p>	7/31/2024
<p>C.8.d. Ability to notify DxF Participants when an event matches a person listed on the Participant's ADT roster and is an event of interest to the Participant</p> <p>C.8.e. Ability to securely share digital identities with other QHIOs.</p>	
<p>B.1. HITRUST r2 certification achieved, if not already achieved by applicant or their third-party vendor(s)</p>	12/31/2024

# QHIO Attestations: Discussion Questions (1)

In February 2024, CDII will likely determine if the QHIOs met their January 31, 2024, application commitments. CDII will likely send a request to each QHIO seeking confirmation that these obligations were met. Confirmation many include a re-attestation and/or validation.

Attestations will likely also be conducted in May 2024, August 2024 and January 2025 to determine if subsequent application commitments were met.

FOR DISCUSSION: If a QHIO fails to meet one or more of these commitments,

1. Should the QHIO lose qualified status?
2. Should the QHIO be subject to a corrective action plan?
3. If a corrective action plan allows the QHIO time to meet the requirement, how long should that time period be?
4. Should CDII and/or the QHIO be required to notify their participants whom are DSA Signatories?
5. Should CDII be required to notify all DxF Participants?

# QHIO Attestations: Discussion Questions (2)

Annual attestations may also confirm that QHIOs are maintaining the organizational requirements and functional capabilities attested to in their 2023 application submission. Below, these requirements and capabilities will be referred to as QHIO standards.

## FOR DISCUSSION:

1. Should QHIO annual attestations begin in 2024 or 2025?
2. If an annual attestation determines a QHIO has not maintained QHIO standards, should the QHIO lose qualified status?
3. Should the QHIO that fails to maintain QHIO standards be offered a period of time to restore compliance to the standards?
4. If the QHIO is given time to restore the lost standards, how much time should be allowed?
5. Should CDII and/or the QHIO be required to notify DxF Participants?

# Update on Data Sharing Agreement (DSA) Signatory Grants



# DxF Grant Program

Through the DxF Grant Program, CDII is administering funding to support implementation of the DxF.

## Key Program Goals



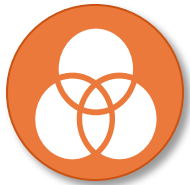
Support DxF implementation among DxF signatories in under-resourced geographies and/or serving historically marginalized populations and underserved communities

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Address significant barriers to DxF implementation (operational, technical, or other) for DxF signatories

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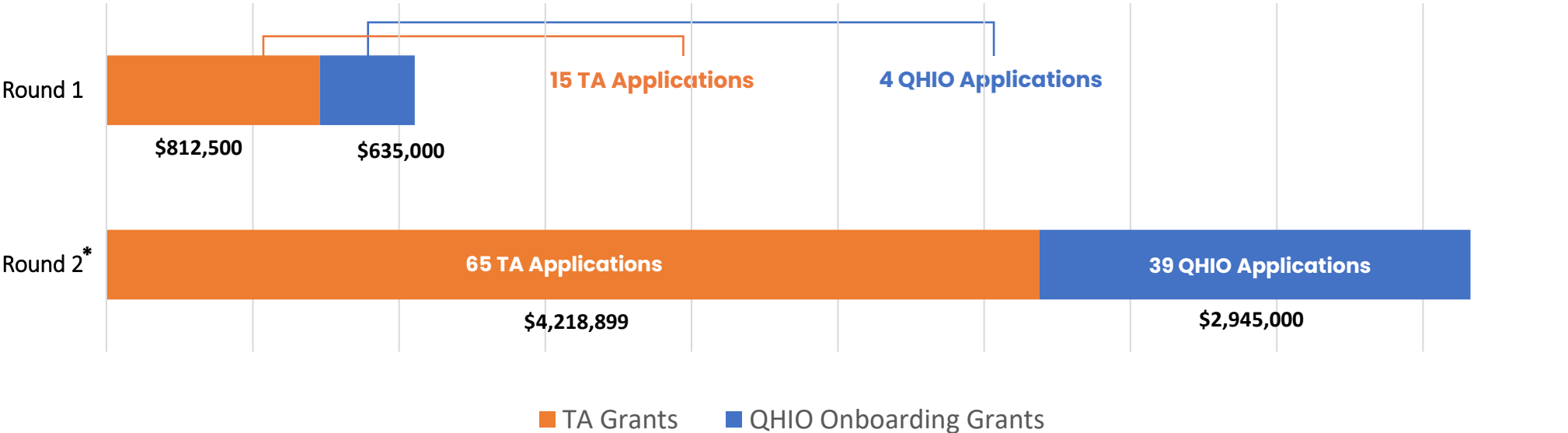
Align across other grant programs and promote activities ineligible for funding by other grant programs (past or present)



# DSA Signatory Grants: Round 2 Awardees

**DSA Signatory Grants** provide funding directly to Signatories to help them implement real-time data exchange in accordance with the DxF. CDII has awarded **\$8.6 million** in grants to **120+ Signatories** to date.

**DxF DSA Signatory Grants – Total Funding Awarded**



**\*Additional grants may be awarded under Round 2 as some applications are still under review.**

# Grant Application Rounds: Round 3 Will Open October 16, 2023

Up to \$47 million in funding will be allocated to applicants across at least three rounds of funding.

CDII is holding multiple rounds to help achieve the 2024 deadline for some organizations to begin exchanging data while ensuring that organizations with limited resources have sufficient time to complete and submit a grant application.

		<i>Application Windows</i>								
		Q2 2023			Q3 2023			Q4 2023		
		April	May	June	July	August	September	October	November	December
<b>Expedited Round Open to Organizations Who Implement by 2024</b>			<b>Round 1</b>							
<b>Full Rounds Open to All Eligible Organizations</b>					<b>Round 2</b>				<b>Round 3 Starting Oct 16</b>	

# Reminder: How Can DSA Signatories Use Grant Funding?

DSA Signatories may apply for one of the following grant opportunities:



## Qualified Health Information Organization (QHIO) Onboarding Grant

QHIO Onboarding grants are for organizations that are already connected to an EHR and want to **connect to an all-in-one solution** that will establish all the infrastructure they need to conduct data exchange in accordance with the DxF.

- ✓ Offset QHIO Onboarding costs
- ✓ Offset Signatory Onboarding costs
- ✗ Ongoing HIE costs
- ✗ Purchasing new EHR technology
- ✗ Onboarding to a non-qualified HIO
- ✗ Changing from one QHIO to another



## Technical Assistance (TA) Grants

TA grants are for organizations that either **still need to connect to an EHR** (or a relevant electronic record system for social service organizations), or who want to **build their own HIE solution** in order to conduct data exchange in accordance with the DxF.

- ✓ Identifying/contracting with a technology vendor
- ✓ Onboarding costs to implement a technology solution that establishes real-time data exchange
- ✓ Adjusting, upgrading, or adopting an EHR
- ✓ Creating/providing training on workflows/processes
- ✗ Recurring costs for a HIO, EHR, or other health IT system

# Reminder:

## How Much Funding Can DSA Signatories Request?

To help Signatories with their applications, CDII has published the process for determining the maximum grant funding that a Signatory can request per instance of electronic record system.

Type of Signatory	Baseline Funding Maximums
<ul style="list-style-type: none"><li>General Acute Care Hospitals</li><li>Acute Psychiatric Hospitals</li><li>Skilled Nursing Facilities</li></ul>	<b>\$50,000</b>
Physician Organizations and Medical Groups	<b>\$35,000</b>
Health Insurance Plans	<b>\$25,000</b>
Clinical Laboratories	<b>\$15,000</b>
Other DSA Signatories	<b>\$25,000</b>

- Signatories meeting certain criteria may be eligible for more funding, referred to as **enhanced funding**.
- Regardless of Signatory characteristics, the total potential maximum for an umbrella application with multiple Signatories is \$500,000.
- For a more detailed slide on funding amounts, see the DSA Signatory Grant Guidance Document.

# Reminder: Signatures on the Grant Application Must Match an Organization's DSA Signature

## CORRECT: SIGNATURES MATCH

<b><u>DSA Signature</u></b>		<b><u>Grant Application Attestation Form</u></b>
<input checked="" type="checkbox"/> <b>Signature:</b> <i>Grace Jing, CEO</i>	✓ =	<input checked="" type="checkbox"/> <b>Signature:</b> <i>Grace Jing, CEO</i>
<input checked="" type="checkbox"/> <b>Organization:</b> <i>FQHC Consortium</i>		<input checked="" type="checkbox"/> <b>Organization:</b> <i>FQHC Consortium</i>

The same person who signed the DSA for an organization should also sign the Grant Application Attestation Form for that Signatory.

## INCORRECT: SIGNATURES DO NOT MATCH

<b><u>DSA Signature</u></b>		<b><u>Grant Application Attestation Form</u></b>
<input checked="" type="checkbox"/> <b>Signature:</b> <i>Grace Jing, CEO</i>	✗ =	<input checked="" type="checkbox"/> <b>Signature:</b> <i>Oscar Garcia, Chief of HIT</i>
<input checked="" type="checkbox"/> <b>Organization:</b> <i>FQHC Consortium</i>		<input checked="" type="checkbox"/> <b>Organization:</b> <i>Member organization of FQHC Consortium</i>

Since the Organization has signed the DSA as a “sub-Signatory” of an FQHC Consortium, it is preferred that they have the CEO of that Consortium (i.e., the signer of their DSA) to sign the DSA Signatory Grant application.

# Reminder: Umbrella Applications Are Encouraged

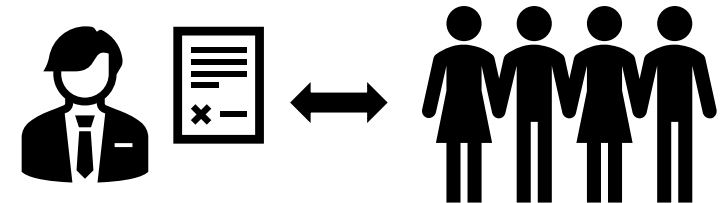
Eligible Signatories may choose **to apply on their own,**  
**or** as part of an **“umbrella” application with other Signatories.**

An **Applicant** is the organization that submits the Application for a DSA Signatory Grant. They can be:



An eligible Signatory applying on their own behalf

*Examples include a solo physician practice, a single county, or an individual safety net hospital.*



An organization applying on behalf of one or multiple eligible Signatories.

- *Examples include a corporate parent, an Independent Practice Association, others.*
- *All DSA Signatories included in an Application must co-sign the Application.*

# DSA Signatory Grant Resources

- Got questions?
  - For questions about the **DxF broadly**, contact [CDII@chhs.ca.gov](mailto:CDII@chhs.ca.gov)
  - For questions about applying for **TA Grants**, contact [DSAGrants@pcgus.com](mailto:DSAGrants@pcgus.com)
  - For questions about applying for **QHIO Onboarding Grants**, contact [grantsupport@cahie.org](mailto:grantsupport@cahie.org)
- DxF Grant Portal
- DxF Homepage
- DxF FAQ
- DSA Signatory Grant Application Guidance

# Policies and Procedures (P&P) Development





# P&P Status Summary

CDII continues to develop and solicit feedback on draft P&Ps.

P&P Topic	Status	To Be Covered Today
Early Exchange	Finalized, pending release	
Privacy Standards and Security Safeguards (Amendment)	Under Development (post-public comment)	✓
Requirement to Exchange HSSI (Amendment)	Under Development (post-public comment)	✓
Individual Access Services (Administrative Modification)	Under Development (public input)	✓
Data Elements to Be Exchanged (Amendment)	Under Development	✓
Participant Directory	Under Development	✓

# P&Ps – Aug/Sept Public Comment Period

**Between August 22, 2023 and September 18, 2023, CDII solicited public comments on amendments to two Policies and Procedures (P&Ps):**

- [Amended] Privacy Standards and Security Safeguards
- [Amended] Requirement to Exchange Health and Social Services Information (HSSI)

CDII received **over 100** individual comments from **12** commenters during the public comment period that ended on September 18th.

*CDII continues to review and consider all public comments and will update the P&P as necessary and appropriate.*

# P&P Roadmap

**In Q4 2023, CDII anticipates releasing a number of proposed P&P amendments for comment to harmonize definitions and language across P&Ps and support DxF implementation.**

- CDII is reviewing all previously published P&Ps to:
  - Ensure consistency across all finalized P&Ps and the DxF Glossary of Defined Terms
  - Address concerns raised by stakeholders since publication of finalized materials
  - Assess need to clarify expectations to support ongoing DxF implementation
- Proposed amendments will be released for comment:
  - *For P&Ps with administrative changes only*
    - Public Input: Provides opportunity for the public to raise objections to the categorization of a proposed revision as an administrative modification.
  - *For P&Ps with substantive changes*
    - Public Comment: Provides opportunity for the public to provide comments on substantive changes and the overall content of proposed amendments to a P&P.
      - Note: prior to release for public comment, proposed significant changes to P&Ps may be reviewed with the DSA P&P Subcommittee if stakeholder input is required.

# P&Ps – Sept/Oct Public Input Period

CDII is proposing to make certain administrative changes to the "Individual Access Services" P&P.

- ❖ CDII is revising this P&P to ensure consistency with the DxF Glossary of Defined Terms and to clarify the use of certain terms. These revisions should not result in any change to the meaning of the P&P, or to CDII's expectations for Participants, and are otherwise not considered to be substantive.
- ❖ CDII is seeking public comment only with respect to the characterization of these modifications as administrative.
- ❖ Participants that object to CDII's determination that these changes are administrative may submit an objection through an online form, as provided on the DxF website. Objections are due by October 23, 2023.

Please see Section III.5. of the Development of and Modification to Policies and Procedures P&P for more information on the Administrative Modification Process.

# Updates on P&Ps in Development

- *Data Elements to Be Exchanged P&P*
- *Participant Directory P&P*

# Data Elements to be Exchanged (1 of 4)

Today's discussion covers proposed amendments to an existing P&P published in July 2022, amended (administratively) in December 2022.

## Overview

The *Data Elements to Be Exchanged P&P* establishes (1) the data elements that Participants must make available to or exchange with other Participants, (2) the standards that must be used to represent that data, and (3) the formats that must be used when exchanging that data.

Potentially substantive amendments are proposed to clarify questions raised by Participants as they ready for compliance with the P&P on January 31, 2024, and to align with other P&Ps published since December 2022.

There are no proposed changes to the data elements that Participants must provide access to or exchange.

Potential amendment of this P&P will be accompanied by administrative changes to align with the Glossary of Defined Terms and for consistency with other P&Ps.

# Data Elements to be Exchanged (3 of 4)

Potential addition: Establish a precedence for data element, terminology, and data format standards.

b. Participants shall use standardized data element formats, terminologies, and code sets identified in paragraphs 2.a, 2.b, and 2.c to the extent they are supported by the data formats identified in paragraphs 3.a and 3.b.

Feedback from Subcommittee: Supported this addition.

- Clarifies requirements for Participants using HL7 v2 and CDA R2 standards
- Few gaps in HL7 v2 and CDA R2 standards for data Maintained by most Participants
- FHIR can be used to provide Access to and Exchange all USCDI V2 data elements

# Data Elements to be Exchanged (2 of 4)

Potential additions: Allow continued use of legacy formats, terminologies, and data standards in existing point-to-point connections.

d. The above paragraphs notwithstanding, a Participant that uses an established point-to-point interface utilizing a legacy or proprietary standard for data element format, terminology, and/or code set different than those identified in paragraphs 2.a, 2.b, and 2.c may continue to use the legacy or proprietary standard until January 31, 2026. No later than February 1, 2026, every point-to-point interface must conform to the above identified standards.

c. The above paragraphs notwithstanding, a Participant that uses an established point-to-point interface utilizing a legacy or proprietary data format different than those identified in paragraphs 3.a and 3.b may continue to use the legacy or proprietary format.

Feedback from Subcommittee: Generally against making this addition.

- Providing for delayed compliance will discourage upgrades, hampering interoperability
- Organizations using legacy connections will continue to do so after January 31, 2024, so allowing legacy use will not materially increase exchange during delayed compliance period



# Data Elements to be Exchanged (4 of 4)

Potential addition: Add language allowing for exchange of claims using alternative standards (e.g., X12) since named standards required for Request for Information (i.e., CDA R2) doesn't support claims.

Feedback from Subcommittee: Against any addition.

- Common administrative standards (e.g., X12) are not promoted by ONC for interoperability.
- FHIR R4 remains a viable standard with an implementation guide for claims.
- Most valuable elements in a claim (e.g., clinical data) can be represented and exchanged using CDA R2.

# Participant Directory (1 of 6)

## Per Health and Safety Code § 130290

“Data Exchange Framework will be designed to enable and require real-time access to, or exchange of, [health and social services information]... through any health information exchange network, health information organization, or technology that adheres to specified standards and policies.”

Many Participants will use intermediaries to exchange HSSI including:

1. A Nationwide Network or Framework
2. An Intermediary, such as a health information organization (HIO), Qualified HIO, or vendor

Some may also use their own technology solutions or point-to-point connections.

## Question the Participant Directory is intended to answer:

How does one Participant know how to request information from or send information to another?

The purpose of the Participant Directory is to facilitate exchange, and not to meet other needs of or use cases for a Provider Directory.

# Participant Directory (2 of 6)

## Purpose of the Participant Directory P&P

Establish requirements for CDII to create and Participants to maintain a directory of information that allows:

1. Participants to declare the exchange networks, health information organizations, or technologies they use to provide access to and exchange of HSSI; and
2. Participants to discover the choices of other Participants.

## Phase 1 (covered in August 2023 IAC meeting)

1. Create a way to input and access Participant choices to exchange HSSI
2. Rely on detailed information available from networks, frameworks, QHIOS, other Intermediaries
3. Focus on organizations and facilities, adding individual users (e.g., physicians) in a future phase

DSA P&P Subcommittee discussion (September 2023 meeting) focused on:

- Which Participants must enter choices
- What Directory information must be entered
- How are choices made available to other Participants

# Participant Directory (3 of 6)

## Questions asked of the Subcommittee

- Should only Participants that are not Intermediaries be required to enter their choices?
- Should Intermediaries (that are Participants) be required to enter data about themselves?
- Should Participants be allowed to delegate connection details to their Intermediary(ies)?

## What we heard

- Participants should be authoritative for their own choices.
- Consider allowing Participants to delegate entering their choices to an Intermediary (see next slide) since some Participants may not know, understand, or have bandwidth to manage Directory details.

# Participant Directory (4 of 6)

## Questions asked of the Subcommittee

- What Directory information about choices should the Participant Directory require?
  - Name of exchange entity(ies) (self, network/framework, QHIO, other Intermediary)?
  - Type(s) of exchange (Request for Information, Information Delivery, Notification of ADT Events)?
  - Required Purpose(s) (Treatment, Payment, Health Care Operations, Public Health)?
- Can we rely on Participants to know the intricacies of how to navigate QHIOs/networks?

## What we heard

- While most Participants may choose a nationwide network/framework, QHIO, or other Intermediary, they must be allowed to specify their choice of point-to-point connections.
- Participants must be allowed to choose to use different entities for different types of exchange.
- Generally, Participants need not specify different entities for different Required Purposes.
- Participants should not include technical details (e.g., endpoint URLs, certificates).
- Some support for including technical contacts for each exchange entity.
- Given the lack of required detail, need to delegate their choices may not be necessary.

# Participant Directory (5 of 6)

## Questions asked of the DSA P&P Subcommittee

- Who should be able to access the Participant Directory?
- Should CDII (or should CDII be allowed to) publish the Directory for anyone to access?
- Should Participants be prohibited from disclosing the contents of the Participant Directory?
  - If so, for what purposes is disclosure allowed?

## What we heard

- Some concern that access to the information in the Participant Directory by non-Participants may present a security risk.
- However, much of the information identified is already made public and comprises only business choices and business information.

# Participant Directory (6 of 6)

## The P&P may also require:

- Participants to indicate if they choose to exercise their option to delay exchanging HSSI until January 31, 2026, as allowed by HSC § 130290
- An indication as to whether a Participant is active (e.g. ceased operations, terminated DSA)

## The Participant Directory may also list:

- Voluntary Participants who chose to terminate the DSA pursuant to Section 15(b)

## Anticipated approach:

- Include functionality of the Participant Directory in Phase 1 as enhancements to the DSA Signing Portal

# Next Steps for P&Ps - Summary

P&P	Tentative Next Steps
Early Exchange	Release ( <i>simultaneously with amended Privacy Standards and Security Safeguards P&amp;P</i> )
Privacy Standards and Security Safeguards (Amended)	Finalize P&P and release
Requirement to Exchange HSSI (Amended)	Finalize P&P and release
Individual Access Services (Administrative Amendment)	Upon conclusion of the public input period*, finalize P&P and release
Data Elements to be Exchanged (Amended)	Revise, as needed, and release for public comment
Participant Directory	Develop and release for public comment



# Public Comment



# Next Steps and Closing Remarks



# Next Steps

## CalHHS will:

- Post a summary of today's meeting.
- Consider the feedback provided by the IAC.
- Continue to advance P&Ps and QHIO materials in development and, where applicable, solicit public comment.

## Members will:

- Provide any additional feedback to CDII at [CDII@chhs.ca.gov](mailto:CDII@chhs.ca.gov)

# Meeting Schedule

The IAC Meeting Schedule has been extended through the end of 2023

IAC Meetings	Date
IAC Meeting #11	November 16, 2023, 9:00 AM – 11:30 AM PT
IAC Meeting #12	December 19, 2023, 2:00 PM – 4:30 PM PT

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #10	October 31, 2023, 9:00 AM – 11:30 AM PT
DSA P&P SC Meeting #11	December 5, 2023, 9:00 AM – 11:30 AM PT

For more information or questions on IAC meeting logistics, please email CDII.

# DxF Webinar Schedule

<b>DxF Information is Power Webinar Series*</b>	<b>Date</b>
DxF Webinar #13	October 16, 2023, 10:30 AM – 11:30 AM PT
DxF Webinar #14	November 7, 2023, 2:00 PM – 3:00 PM PT
DxF Webinar #15	December 13, 2023, 1:00 PM – 2:00 PM PT

\*Future webinars may be released at CDII's discretion.

For more information on additional DxF Program Events, such as:

- Grants Program Office Hours;
- QHIO Application Q&A Sessions; and
- DSA P&P Subcommittee Meetings;

please reference their respective sections on the DxF Website.