California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee and Data Sharing
Agreement (DSA) Policies and Procedures (P&P) Subcommittee Meeting
Chat Log (9:00 AM – 11:00 AM PT, January 24, 2024)

The following comments were made in the Zoom chat log by Members of the IAC, DSA P&P Subcommittee, and staff during the January 24, 2024 meeting:

12:19:05 From Dan Chavez to Everyone:

Do we have the denominators for slide 18 please?

12:19:28 From Felix Su to Everyone:

+1 @Dan

12:19:48 From Belinda Luu to Everyone:

How are the Technical Requirements for Exchange use cases being prioritized in the QHIO program? (Use cases = Request for Information, Information Delivery and ADT Notifications)

12:20:40 From Belinda Luu to Everyone:

The Information Delivery use case does not seem to have a solution under the QHIO program yet. Are Participants expected to exchange via this use case if the technology is not yet supported?

12:21:03 From Matthew Eisenberg to Everyone:

Re-entering my comment: How often is the signatory list updated and I agree that denominators for signatories based on CDPH licensure would be helpful.

12:22:12 From John Helvey (SacValley MedShare) to Everyone:

@ Matthew from my experience it is update fairly quickly within 24 -48 hours

12:22:59 From Dan Chavez to Everyone:

+1@John Helvey

12:23:09 From Matthew Eisenberg to Everyone:

Thanks @John. Given as the list is just a spreadsheet, can we add a "last updated" date field?

12:24:47 From Lucy Johns to Everyone:

+Goodale. TEFCA has rigorous requirements for QHINs to enforce "downstream" compliance. See Common Agreement v.2.0

12:29:10 From DeeAnne McCallin to Everyone:

The DSA Signatory List is updated weekly, new posting on CDII's DxF webpage usually every Monday. Bottom left worksheet tab indicates the date of the list.

12:31:57 From John Helvey (SacValley MedShare) to Everyone:

Participants need to inventory the USCDI elements that they collect in providing services, then the EMR vendor needs to support the transmission of these elements via approved HL7 and HIE standards that support real-time data sharing as required by the DxF. Then and only then can the QHIO's effectively support the participants meeting the requirements of the DxF.

12:32:43 From Sanjay Jain to Everyone:

+1 @Andrew Kiefer

12:33:58 From Felix Su to Everyone:

+1 Andrew--would encourage the use of these unqiue identifiers for the Participant Directory as well (when we get to those slides)

12:34:44 From David Ford to Everyone:

The CMA DxF website: cmadocs.org/dxf

12:36:46 From John Helvey (SacValley MedShare) to Everyone:

From a Participant Directory perspective, how do you handle providers that provide services across multiple organizations in addition to private practice? what is the denominator we are really trying to capture?

12:38:56 From Steven Lane, MD, MPH (Health Gorilla) to Everyone:

Note that not all certified health IT vendors (EHRs) support the exchange of USCDI Version 2 as required by the DxF. Those that do can be identified on the Certified Health IT Products List at https://chpl.healthit.gov/#/search. Look under Shortcuts upper right > SVAP Information > look in SVAP Information column for "170.315 (g)(10) Replaced | 170.213: United States Core Data for Interoperability (USCDI), Version 2, July 2021".

12:40:03 From Rim Cothren to Everyone:

@John: As we have discussed at the IAC meetings, phase 1 of the Participant Directory is limited to organizations and does not include information for individuals. We will need to work with Participants on how best to move to include individuals in a future phase as the processes for many providers to maintain their own individual directories is imperfect.

12:40:36 From John Helvey (SacValley MedShare) to Everyone:

Thanks RIM!

12:41:49 From David Ford to Everyone:

I would like to be officially on the record in support of the Oxford Comma.

12:46:16 From Sanjay Jain to Everyone:

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When will the portal to enter information in participant directory be available ?

12:47:19 From Matthew Eisenberg to Everyone:

AB 352 is not just about abortion services. It includes gender affirming care and contraceptive use.

12:47:26 From Dan Chavez to Everyone:

Where is abortion data defined and delineated please?

12:48:05 From Matthew Eisenberg to Everyone:

AB 352 also does not require technical changes (so long as we have a plan) until 2026 as I read the law.

12:49:49 From Jonah Frohlich to Everyone:

@Dan Chavez - unfortunately the law doesn't define abortion data, nor does it provide authority to define that through a state rule-making process.

12:51:09 From Lee Tien to Everyone:

(Original input misaddressed) Great point from Steven, and wondering if the Department will issue any sort of guidance on compliance with the various rules on sensitive data in the wake of 352?

12:51:48 From Steven Lane, MD, MPH (Health Gorilla) to Everyone:

Health Gorilla is partnering with AHIMA, CRISP and SMEs, including from UCSF, to develop and post to the NLM VSAC a public value set of codes that reflect Abortion and other Reproductive Health care. We hope to have this posted publicly in a V1 in February.

12:52:46 From Dan Chavez to Everyone:

@Steven Lane - can others join the reproductive health workgroup?

12:52:55 From Steven Lane, MD, MPH (Health Gorilla) to Everyone:

This value set will include all the codes that have been identified in Maryland for use in compliance with their recently enacted state law requiring HIEs to obtain consent before exchanging Abortion data.

12:53:42 From Jonah Frohlich to Everyone:

That would be immensely helpful, thank you Steven!

12:53:50 From Felix Su to Everyone:

Going back to "re: expectations/how to measure

the impact of the QHIO Program as a contributor

to the success of the DxF"--would encourage CDII and ither CalHHS departments to revisit the DxF Guiding Principles as a starting point for developing the process and outcome

metrics: https://www.chhs.ca.gov/wp-content/uploads/2022/07/2_CalHHS-DxF_Guiding-Principles_Final_v1_07-01-2022.pdf

12:53:52 From Matthew Eisenberg to Everyone:

Will this Participant Directory Application be live on 1/31/2024? If so, do we have information on how to access and use it?

12:54:34 From Steven Lane, MD, MPH (Health Gorilla) to Everyone:

@Dan - This is a low budget operation at this time, being supported by AHIMA administrative staff. Once the v1 value set is posted to VSAC we plan to develop a process for receiving and managing public feedback. That will be a good time to expand the number of participants, as we are now focusing on getting v1 finalized and published.

12:54:45 From Belinda Luu to Everyone:

Question 1: Each of the Participant exchange types are indicative of a how a Participant prefers to receive information. Should there also be entries as to how the Participants prefer to send information to expedite "agreement" on the exchange method?

12:55:53 From Mark Savage to Everyone:

Thank you, thank you @Steven Lane and partners for work on reproductive health data value sets! <3

12:56:48 From DeeAnne McCallin to Everyone:

The three P&Ps that recently incorporated verbiage in response to the passing of AB 352 are the Privacy and Security P&P, the Permitted, Required, and Prohibited P&P, and the Data Elements to be Exchanged P&P

12:56:58 From John Helvey (SacValley MedShare) to Everyone:

AB352 - Documentation of care that falls under AB352 must consider operation level capture and documentation of that information within the EMR through the provider documentation process. Many times this information is documented at a narrative level and is much more complicated in excluding that information from coming forth. This is not just a technical concern for all participants but a systemic and operational concern at the direct care level.

12:58:51 From Steven Lane, MD, MPH (Health Gorilla) to Everyone:

@Matthew - AB352's 2026 compliance delay applies to providers, but not other signatories to the DSA: "(d) A provider of health care, as defined in Section 56.05, shall not be subject to liability for damages or to civil or enforcement actions, including disciplinary actions, fines, or penalties, for failure to meet the requirements of this section before January 31, 2026, if the provider of health care is working diligently and in good faith to come into compliance with this section.

12:59:23 From Jonah Frohlich to Everyone:

@Lee Tien (and others): regarding AB 352, we will take back the suggestion and consider what guidance CDII might promulgate. Thank you!

13:00:35 From Lee Tien to Everyone:

@Jonah, thanks!

13:02:32 From John Helvey (SacValley MedShare) to Everyone:

I may have missed this discussion previously, is there some way to integrate participate directory with the NPPES NPI Registry as a reference resource or source of accuracy?

13:02:50 From DeeAnne McCallin to Everyone:

The Participant Directory is not a Provider Directory

13:03:09 From Steven Lane, MD, MPH (Health Gorilla) to Everyone:

@John - We mentioned this opportunity to sign with NPPES early on in the process.

13:04:26 From John Helvey (SacValley MedShare) to Everyone:

Individuals or organizations apply for NPIs through the CMS National Plan and Provider Enumeration System (NPPES). After we supply an NPI, we publish the parts of the NPI record that have public relevance, including the provider's name, specialty (taxonomy) and practice address.

13:05:17 From John Helvey (SacValley MedShare) to Everyone:

CMS provides this service based on federal law (45 CFR Part 162). We also supply this directory in a full download file, or through an Application Programming Interface (API).

13:07:17 From Dan Chavez to Everyone:

Who will be generating a DxF unique participant identifier please?

13:07:32 From DeeAnne McCallin to Everyone:

the application (the DSA Signing Portal)

13:12:15 From John Helvey (SacValley MedShare) to Everyone:

It would be nice to not just see the summary but also the proposed revision in the actual P&P during this presentation..

13:14:05 From Sanjay Jain to Everyone:

Fee P&P talks about "Required" and "Permitted" purpose. Where is it defined what is "required" and what is "Permitted" ?

13:15:01 From Sanjay Jain to Everyone:

Thanks

13:16:07 From Rim Cothren to Everyone:

@John: If you are talking about the summary of changes to the Participant Directory P&P, that P&P was published on the DxF website last week.

13:16:08 From Felix Su to Everyone:

+1 @Jason

13:17:05 From Felix Su to Everyone:

This is very problematic if (for example) a hospital were to seek to charge a practice requesting ADT feeds a fee for establishing point-to-point connections.

13:17:32 From Troy Kaji to Everyone:

HTI-1 Federal Regulation effective date 2/8/2024

13:18:40 From John Helvey (SacValley MedShare) to Everyone:

@Felix I was under the impression that we as intermediaries could charge for that...is it your understanding that this has now changed?

13:19:23 From Felix Su to Everyone:

@John I have the same interpretation of the P&P as you do. A hospital, however, is not an Intermediary.

13:21:06 From John Helvey (SacValley MedShare) to Everyone:

so then you are asking about the flow down requirements of our participants as it relates to other participants that need/want that information?

13:22:32 From Felix Su to Everyone:

I'm observing that the Fees P&P does not allow an exception for a Responding Participant (who is not an Intermediary) to charge a Requesting Participant for setting up a point-to-point connection.

13:23:27 From John Helvey (SacValley MedShare) to Everyone:

that is how I understand it

13:25:20 From John Helvey (SacValley MedShare) to Everyone:

There is a current support model for the DSA Signatory Portal, is it expected that this support model will continue with the expansion of this portal to include this additional information?

13:32:13 From Belinda Luu to Everyone:

Question: Slide 40 says that Participants that are Hospitals or EDs must indicate an exchange choice for Notification of ADT events. However, the P&P says that the entry will indicate how a Participant will submit a request for Notification of ADT Events, i.e. how the recipient will submit their roster for ADT event notifications. This is not the same as how the Hospital will submit the actual notifications. Which one is correct?

13:37:38 From Rim Cothren to Everyone:

@Belinda: Thanks for your question. Yes, the P&P requires Hospitals or Emergency Departments to list their choice of how to receive requests for Notifications of ADT Events. The slide should be more accurate in that it is the "request", which would be how to send a roster of patients as you note.

13:38:35 From Belinda Luu to Everyone:

Thanks, @Rim!