

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee
Data Sharing Agreement Policies and Procedures Subcommittee
Meeting 14 Chat Log (1:30PM – 3:30PM PT, April 10, 2024)**

The following comments were made in the Zoom chat log by Members of the Data Sharing Agreement Policies & Procedures Subcommittee and staff during the April 10 meeting:

16:37:17 From Amanda Johnston, CDII DxF to Everyone:

I have taken note for Mark Knee & Sunny Lowell title changes. Thank you

16:43:39 From Tom Schwaninger, L.A. Care Health Plan to Everyone:



16:43:50 From Matthew Eisenberg to Everyone:

A % "onboard" column would make sense but will bring up questions regarding "enforcement of compliance".

16:54:37 From Matthew Eisenberg to Everyone:

If there is any information about WHICH national networks/frameworks are being used by both GACs and Provider Practices - that would be useful. At some point, it would be helpful to share with independent practices which networks/frameworks are effective for HIE. Also, this will evolve as more and more organizations join TEFCA.

16:54:46 From Tom Schwaninger, L.A. Care Health Plan to Everyone:

Any insights into how those using National Networks (TEFCA) will exchange ADT's when applicable?

16:56:27 From DeeAnne McCallin to Everyone:

https://www.cdii.ca.gov/wp-content/uploads/2023/05/DxF_DSA_SignatoryList.xlsx

16:57:44 From Steven Lane to Everyone:

Note that TEFCA was not included as one of the nationwide networks/frameworks that were available to QHIOs to meet their application requirements.

It is early days for TEFCA exchange.

17:04:35 From Steven Lane to Everyone:

How do we differentiate the value derived through health information interoperability generally, which has been expanding progressively over the past 15 years, and the effect of the DxF specifically?

17:06:36 From Steven Lane to Everyone:

We should focus on what is NEW in the DxF - social service connectivity and data exchange, framework exchanges for payment, HCO, public health - as opposed to Treatment exchanges between providers, which are largely unimpacted by DxF except for those few providers that were not previously connected to the established exchange networks/frameworks.

17:07:01 From Matthew Eisenberg to Everyone:

At a minimum, we should be able to describe HOW the DxF has enabled NEW data sharing between participants since coming live. Otherwise there "is no there - there". Steven Lane beat me to it!

17:07:53 From Mark Savage to Everyone:

Impact measurement might occur over time (not real time) or from time to time, but still important to have baseline measurements now or soon against which to measure progress and impact.

17:09:11 From Steven Lane to Everyone:

Julia Adler-Milstein at UCSF has been doing tremendous work in interoperability measurement for a number of years. Could we engage with her team as we consider how to measure impact here?

17:09:51 From DeeAnne McCallin to Everyone:

CDII has had a meeting or two recently with Julia, compliments to Mark Savage for getting us back together with Julia

17:10:47 From Steven Lane to Everyone:

Dr. Milstein is working closely with ONC on TEFCA measurement/metrics. Adding DxF metrics in parallel with nationwide exchange metrics for CA participants would help to highlight what is special about what we are doing in CA.

17:11:21 From DeeAnne McCallin to Everyone:

Yes Mark, we are trying to leverage baselines. Challenging for sure but on the radar of the Impact Measurement project.

17:12:01 From Steven Lane to Everyone:

Love the fact that we are focusing from the start on Impact as opposed to only measuring exchange volume.

17:14:00 From Mark Savage to Everyone:

Some will start before 2026. And social service referrals have been occurring before DxF, so ongoing now for measurement.

17:17:29 From DeeAnne McCallin to Everyone:

agree Mark and also good flag on social services referrals (as not new)

17:18:15 From Matthew Eisenberg to Everyone:

The risk of cyber attacks will only increase and the focus would need to be on requirements for our QHIOs to safeguard any data that they store/share.

17:19:29 From Elizabeth Steffen to Everyone:

I think that placing more restrictions on participants will cause them frustration. We all are required to adhere to federal, state, and local regulations as well as cyber insurance etc.

17:19:39 From Tom Schwaninger, L.A. Care Health Plan to Everyone:

So this would include significant attacks even if they don't result in a data breach?

17:20:26 From Matthew Eisenberg to Everyone:

What would the policy say if we don't specify technical requirements?

17:22:58 From Jason Buckner to Everyone:

A CISO group is a GREAT idea Matthew.

17:24:07 From Lee Tien to Everyone:

Does the cyberattack discussion include ransomware? I'm curious if any of the signatories have had ransomware incidents.

17:24:31 From Matthew Eisenberg to Everyone:

Agree 100%

17:25:20 From Jason Buckner to Everyone:

These kind of questions are exactly what our CISO resources would have excellent input to.

17:29:47 From John Helvey to Everyone:

Dan's question in chat, can someone answer that?

17:32:24 From John Helvey to Everyone:

Louis is spot on in my humble opinion.

17:37:14 From John Helvey to Everyone:

100% Agree with Matt!

17:38:26 From Jason Buckner to Everyone:

NOTE: This P&P does not specific DIRECT email as the only transport. XDS.b push is also allowed which further complicates the technical challenges described.

17:38:46 From Rim Cothren to Everyone:

Thank you Jason.

17:38:54 From Lee Tien to Everyone:

100% agree with Matt, and would note risk/harm of sending patient health data to wrong recipients.

17:41:19 From Belinda Luu to Everyone:

Consider for organizations that have a specific use case for push and would like to implement could do so, but ideally would look for optionality. In other words, organizations should have a method to trigger outbound push-based notifications as an option, but do not necessarily need to receive/implement.

17:41:28 From Matthew Eisenberg to Everyone:

A sad day for the Cardinal with the retirement of Tara!
<https://www.ncaa.com/news/basketball-women/article/2024-04-10/tara-vanderveer-announces-retirement-after-38-seasons-coaching-stanford-womens>

17:42:30 From Belinda Luu to Everyone:

Also, we need to have a better understanding of how this will work technically for the current state requirements before moving onto other push use cases. OR look at amending the current requirements to something more technically feasible.

17:43:10 From DeeAnne McCallin to Everyone:

@Matthew, I thought of exactly that when Rim mentioned cardinal

17:45:18 From Matthew Eisenberg to Everyone:

Apologies, but I need to drop early to travel to my next meeting. Happy to follow-up as needed. Thanks! Always a pleasure Rim!

17:45:36 From Rim Cothren to Everyone:

Thanks, Matt.

17:50:33 From Jason Buckner to Everyone:

MX has always allowed patients to opt out as well.

17:53:04 From John Helvey to Everyone:

Dan has more good questions and points in Q&A

17:53:26 From Lee Tien to Everyone:

Great points from Louis about privacy and security.

17:55:26 From Mark Savage to Everyone:

Kayte Fisher of CDI says in Q&A that she has her hand up.

17:55:53 From Rim Cothren to Everyone:

We will soon be open for public comment.

17:56:06 From Lee Tien to Everyone:

The discussion of opt outs really calls into Q how patients really can. I don't want us to be comfortable with the formal right if it's hard to do in practice.

18:00:19 From Lee Tien to Everyone:

Violent agreement with Kayte Fisher

18:00:20 From Louis Cretaro to Everyone:

There has to be an indicator in that system to prevent the unwanted transmission of the patients data. That indicator has to be checked against the incoming or outgoing requests when the request is real-time. Or alternatively all "checked" patients are excluded from the exchange. Not solutioning just painting a concept

18:01:52 From Lee Tien to Everyone:

Definitely a need for highly granular controls of what's being shared.

18:02:00 From Jason Buckner to Everyone:

There is no centralized opt in/out system in California. This unfortunately results in patients having to opt out at each QHIO and provider, which is an unrealistic expectation.

This problem is not unique to the DxF or California.

18:03:25 From Lee Tien to Everyone:

We need to develop a system for that

18:07:10 From Jason Buckner to Everyone:

I recommend CDII continue to have a very strong priority focus on reporting which organizations are required to sign the DSA, which have, and which have created entries in the directory.

18:09:17 From John Helvey to Everyone:

Agree with Louis

18:11:56 From Lee Tien to Everyone:

One priority for CDII should be to figure out whether patients actually can exercise their rights, per Kayte's comments.