



# Data Exchange Framework

## Data Sharing Agreement (DSA) Policies & Procedures (P&P) Subcommittee Meeting

Wednesday, April 10, 2024

1:30 p.m. – 3:30 p.m.



# 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 [DxF@chhs.ca.gov](mailto:DxF@chhs.ca.gov).
- Questions that require follow up should be sent to [DxF@chhs.ca.gov](mailto:DxF@chhs.ca.gov).

# Meeting Participation Options

## *Spoken Comments*

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

### Logged into Zoom

If you logged on via [Zoom interface](#)

Press “Raise Hand” in the “Reactions” button on the screen

If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking

### Phone Only

If you logged on via [phone-only](#)

Press “\*9” on your phone to “raise your hand”

Listen for your [phone number](#) to be called by moderator

If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “\*6”

# 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 [DxF@chhs.ca.gov](mailto:DxF@chhs.ca.gov).

# Agenda



- 1:30 PM  
Welcome and Roll Call
- 1:35 PM Informational Item:  
Vision & Meeting Objectives
- 1:40 PM Informational Item:  
DxF Implementation Update
- 2:00 PM Informational Item:  
Policies & Procedures (P&Ps)

- 2:05 PM Discussion Item:  
DxF Priority Topics for 2024
- 3:00 PM  
Public Comment
- 3:15 PM Informational Item:  
Next Steps and Closing Remarks

# Welcome and Roll Call



# DSA P&P Subcommittee Members (1 of 2)

Name	Title	Organization
DeeAnne McCallin (Chair)	Deputy Director, Data Exchange Framework	CDII
Courtney Hansen	Assistant Chief Counsel	CDII
William (Bill) Barcellona	Executive Vice President for Government Affairs	America's Physician Groups (APG)
Michelle (Shelley) Brown	Attorney	Private Practice
Jason Buckner	Chief Information Officer & Chief Technology Officer	Manifest Medex
Louis Cretaro	Lead County Consultant	County Welfare Directors Association of California
Matthew Eisenberg	Associate Chief Medical Informatics Officer	Stanford Health
John Helvey	Executive Director	SacValley MedShare
Sanjay Jain	Manager, Data Analysis	Health Net
Diana Kaempfer-Tong	Attorney	CA Dept. of Public Health
Mark Knee	Acting Division Director, Interoperability Division	Office of Policy, Office of the National Coordinator for Health IT (ONC)

# DSA P&P Subcommittee Members (2 of 2)

Name	Title	Organization
Steven Lane	Chief Medical Officer	Health Gorilla
Kelby Lind	Vice President of Regulatory Affairs	Planned Parenthood Affiliates of California
Sunny Lowell	Acting Chief Privacy Officer	CA Dept. Of State Hospitals
Belinda Luu	Senior Counsel	Kaiser Permanente
Deven McGraw	Chief Regulatory and Privacy Officer	Citizen
Jackie Nordhoff	Director of Regulatory Affairs	PointClickCare
Margaret Porto	Attorney IV	CA Department of Health Care Services
Mark Savage	Managing Director, Digital Health Strategy and Policy	Savage & Savage LLC
Tom Schwaninger	Senior Executive Advisor, Digital Ecosystem Interoperability	LA Care
Elizabeth Steffen	Chief Information Officer	Plumas District Hospital
Lee Tien	Legislative Director and Adams Chair for Internet Rights	Electronic Frontier Foundation
Belinda Waltman	Director of Analytics Integration	Los Angeles County Department of Health Services



# Speaker Introductions

## DeeAnne McCallin

Deputy Director, CDII

## Rim Cothren

Independent HIE  
Consultant, CDII

## Cindy Bero

Senior Advisor,  
Manatt Health  
Strategies

## Helen Pfister

Partner, Manatt  
Health Strategies

# Vision & Meeting Objectives



# The Vision for Data Exchange in California

The Data Exchange Framework (DxF) creates 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 update on **DxF implementation**
- 2** Discuss **priority DxF topics to advance in 2024**

# DxF Implementation Update



# DxF Feedback Form

CDII recently published a DxF Feedback Form, opening another pathway for CDII to receive input from the DxF community.

- The DxF Feedback Form was published on the CDII website under the “DxF FAQs and Feedback Form [January 2024]” tab. To submit feedback, please follow the link provided to the “DxF Feedback Form”.
- The form collects feedback regarding the DxF, asking questions of the submitter that will inform CDII of DxF activities.
- CDII will triage feedback as appropriate.

## Data Exchange Framework (DxF) Feedback

This form will collect feedback related to the Data Exchange Framework (DxF) including the exchange of health and social services information (HSSI). The form will collect your feedback and ask additional questions to help CDII review and process this feedback.

You will not receive an automated confirmation upon submission of the form, however CDII will send an email acknowledgement within three (3) business days of your submission. This email will inform you as to CDII's initial assessment of your feedback and will include the next steps if applicable. If you do not receive an acknowledgement email from CDII within three (3) business days, please reach out to CDII at [dxf@chhs.ca.gov](mailto:dxf@chhs.ca.gov) and/or resubmit the form.

Do not use this form to report a Breach of HSSI. In the event you have a Breach of HSSI to report to CDII, as required by the Breach Notification Policy and Procedure, please send an email to [dxf@chhs.ca.gov](mailto:dxf@chhs.ca.gov) with the subject line “BREACH NOTIFICATION.” CDII recommends that you flag that email as urgent or high priority.

NOTE: The information collected by CDII on this feedback form may be public records subject to the California Public Records Act. Please do not submit confidential information, including personal and/or medical information.

# Signatory Count as of 04/03/2024

There are over 2,300 signed DSAs that represent ~3,500 Participants

Participant Type ( <i>Self-Attested</i> )	Signatories*
General acute care hospitals	273 / 408
Physician organizations and medical groups	1,758
SNFs	722 / 1,198
Plans	81 / 171
Clinical Labs	221
Acute psychiatric hospitals	19 / 119
QHIOs	9
County (local public health agency)	15
County health, public health, and/or social services, state (CCHCS, DDS)	63
Other (CBOs, non QHIO Intermediaries, other)	402

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

# Participant Directory Choices

as of 04/03/2024

Organizations (primary and subordinate) entering choices	485 (13%)
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Of those organizations entering choices in the Participant Directory:

Entity Type Selected	Request for Info	Info Delivery	ADT Events
Nationwide networks and frameworks	29%	28%	-
Qualified HIOs	61%	62%	59%
SELF (point-to-point connections)	5%	4%	14%
OTHER (not a nationwide network or QHIO)	1%	2%	2%
ONBOARDING TO QHIO (DSA Signatory Grantee)	1%	1%	1%
NOT APPLICABLE	3%	4%	24%

Organizations electing to exercise the option to delay exchange until January 31, 2026, as allowed under Health and Safety Code § 130290 or the Requirement to Exchange Health and Social Services Information P&P	19%
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The Participant Directory Listing in machine-readable flat-file format is available [on the DxF webpage](#).



# DxF Impact Measurement

CDII is developing an approach to assess the impact of the DxF against initiative goals.

## *DxF Vision*

Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

## *DxF Guiding Principles<sup>+</sup>*

1. Advance health equity
2. Make data available to drive decisions and outcomes
3. Support whole-person care
4. Promote individual data access
5. Reinforce individual data privacy and security
6. Establish clear and transparent terms and conditions for data collection, exchange, and use
7. Adhere to data exchange standards
8. Ensure accountability

# Why Impact Measurement?

Assessing the impact of the DxF allows CDII to better understand how the DxF is being operationalized and communicate its value.

## Primary Purpose



*Determine whether the purpose and goals of the DxF are being met.*

## Additional Purposes



*Communicate the value of the DxF to Participants, Individuals, legislators, and other stakeholders.*



*Identify the DxF components that are working well and areas in need of improvement.*



*Identify future opportunities to expand and/or extend the DxF.*

# What is Impact Measurement?

Impact is demonstrated over the long-term and measurement is focused on key priorities within the initiative.



## ***Impact Measurement Is:***

- An assessment of the impact of data exchange under the DxF
- Conducted over the long-term (e.g., impacts are demonstrated over months or years, as opposed to days or weeks)



## ***Impact Measurement Is Not:***

- Real-time monitoring of DxF activity
- A detailed, comprehensive evaluation of all DxF initiatives

# Measurement Considerations and Challenges

The nature of the DxF as a data exchange framework and not a prescribed IT system or database yields a number of complexities with data accessibility and reporting.

Consideration	Challenge
The DxF is a framework, not a technology or data network.	There is no universally shared data exchange infrastructure to monitor or measure.
Use of QHIOs is optional.	Metrics reliant on data from QHIOs will not paint a comprehensive picture of the DxF.
The DSA Signing Portal and Participant Directory are the only common infrastructure across all Participants.	Readily measurable data may be limited to those related to Participant characteristics and exchange choices.
Additional reporting processes common to all Participants have not been established.	Measurement may rely on reporting or data collection outside the DxF and its Participants.

# Principles for Impact Measurement

*The DxF Impact Measurement approach should:*

- Include metrics of **structure, process, and outcome**;
- Include **quantitative metrics** even though they cannot capture all DxF activity;
- Include **qualitative metrics** even though they may be subjective;
- Prioritize **metrics with known denominators**;
- Prioritize **metrics focused on downstream outcomes**, even if changes to performance cannot be fully attributed to the DxF;
- Include **some metrics focused on transaction volume**, while acknowledging that volume may not necessarily correlate with use or value; and
- Minimize **reporting burden and expense** to the extent feasible.

# Priority Measurement Domains

Impact may be evaluated across a comprehensive set of measurement domains.



Participation	Security of Data Exchange	Efficiency of Data Exchange	Stakeholder Perception	Improvements in Whole-Person Care
<i>e.g., Participant and transaction characteristics</i>	<i>e.g., Number of reportable events</i>	<i>e.g., Cost reductions and improvements in healthcare administration</i>	<i>e.g., Participant and individual satisfaction</i>	<i>e.g., Improvements in health outcomes</i>

*This impact measurement strategy and approach will be further developed in the coming weeks. More details will be shared in future DxF forums.*

# Policies and Procedures (P&Ps)



# Notice of Intended Administrative Modifications

## *Technical Requirements for Exchange + Participant Directory*

CDII proposed administrative modifications to the Technical Requirements for Exchange P&P and the Participant Directory P&P. *CDII closed the public input period on April 8, 2024, and did not receive any objections from stakeholders. The updated P&Ps will be published to the DxF webpage in the coming days.*



- ❖ CDII revised the Technical Requirements for Exchange P&P to align with the requirements of the Participant Directory P&P. This is an administrative change to limit the requirement to respond to queries to those organizations that Maintain HSSI. As this proposed change aligns with other P&Ps, CDII does not consider the proposed modification to be substantive.
- ❖ CDII revised the Participant Directory P&P to align all deadlines to 10 'business' days (one occurrence previously referred to 'calendar' days). This is an administrative change that 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 revised both P&Ps to update language regarding the effective date of the policy. This is an administrative change that reflects that policies are now effective upon publication, rather than the past DxF implementation date of January 31, 2024.

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.

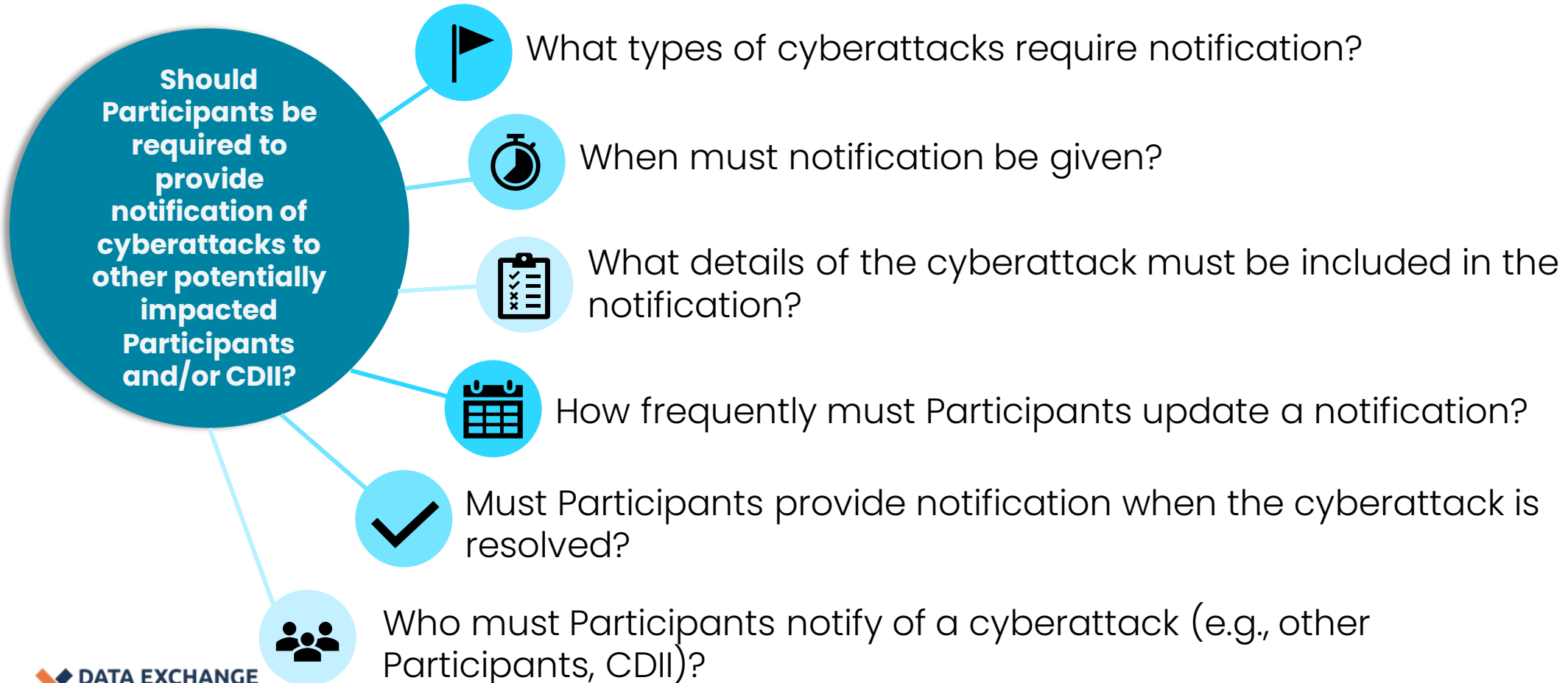


# DxF Priority Topics for 2024



# Cyberattacks

A Participant that is currently involved in a cyberattack may threaten the security of other Participants or expose additional HSSI if other Participants are not informed. As there is no current P&P language specific to cyberattacks, CDII is soliciting input from Subcommittee Members on whether DxF P&Ps should address the topic of cyberattacks and if so, how they should do so.



# Information Delivery

CDII has received feedback that the DxF should promote more extensive push-based delivery of HSSI than the current requirements for Information Delivery require (Section II.2. of the Technical Requirements for Exchange P&P). CDII is soliciting input on whether requirements for Information Delivery should be expanded beyond HSSI created in response to an Order or Referral.

	What should trigger required delivery of HSSI?	What HSSI should be delivered?
Current State	<ul style="list-style-type: none"><li>• Fulfillment of a diagnostic order</li><li>• Completion of a requested referral</li></ul>	<ul style="list-style-type: none"><li>• Diagnostic test results</li><li>• Referral assessment or diagnosis</li></ul>
Potential Expansion	<ul style="list-style-type: none"><li>• Discharge from a hospital or Emergency Department</li><li>• Referral for clinical consult</li><li>• Transition to new care setting</li><li>• Completion of a patient-initiated encounter</li></ul>	<ul style="list-style-type: none"><li>• Discharge summary</li><li>• Clinical history</li><li>• Full medial record</li><li>• Encounter summary</li></ul>

## Relevant Definitions

**Information Delivery:** the delivery of HSSI regarding a specific Individual to a specific Participant in conjunction with an Order or Referral.

**Order or Referral:** any request, electronic or otherwise, placed by a health professional for diagnostic services, including but not limited to requests for diagnostic clinical laboratory and radiology services, or for assessment, evaluation, or consultation services from another health or social services professional.

# Opting Out of the DxF

CDII has received questions and comments in past forums about the option for Individuals to opt out of the DxF and refers stakeholders to the resources below.

## From the DxF FAQ document

26. Can patients/individuals that have HSSI maintained by a Participant opt out of their HSSI being shared under the DxF? [6/22/2023]

The DxF requires Participants to share HSSI in accordance with federal and state law, the DSA, and its Policies and Procedures. This includes any patient/individual consent requirements and an individual's right to request restrictions on how their information is used and disclosed that are applicable under federal and state law. The DxF does not change or supersede a Participant's responsibility to comply with an individual's privacy rights under applicable law or a Participant's requirements to obtain an individual's consent to share or access HSSI when required by applicable law. If an individual's consent is required under applicable law for a Participant to share the individual's data, the individual can refuse to provide such consent. Similarly, if an individual has the right under applicable law to require a Participant not to share their information, the individual can work with the Participant to exercise that right by reaching out to the Participants who maintain their HSSI to make that request. Each Participant is responsible for ensuring all HSSI that the Participant shares through the DxF complies with applicable law.

## From the Data Sharing Agreement

13.(b) *Individual User Opt Out.* Nothing in this Agreement shall prohibit an Individual User or an Individual User's Personal Representative from opting out of having the Individual User's PHI or PII exchanged pursuant to this agreement.

# P&Ps: Looking Forward

*Potential Concepts to Address: Soliciting Input*

What other topics do  
Members feel should be  
prioritized by CDII for 2024  
development?

# Public Comment Period



# Next Steps and Closing Remarks



# Next Steps

## **CalHHS will:**

- Consider the feedback provided by the DSA P&P Subcommittee
- Continue to advance refinement of P&Ps through administrative changes underway and, where applicable, solicit public comment
- Post a summary of today's meeting

## **DSA P&P Subcommittee Members and Members of the Public may:**

- Provide feedback on any potential P&P priority topics for 2024 development



# Upcoming Meetings

IAC Meetings	Date
IAC Meeting #15	May 22, 2024, 12:00 PM – 2:30 PM
IAC Meeting #16	July 11, 2024, 12:30 PM – 3:00 PM
IAC Meeting #17	August 29, 2024, 11:00 AM – 1:30 PM
IAC Meeting #18	November 7, 2024, 12:30 PM – 3:00 PM

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #16	June 7, 2024, 11:00 AM – 1:30 PM
DSA P&P SC Meeting #17	July 31, 2024, 12:00 PM – 2:30 PM
DSA P&P SC Meeting #18	September 25, 2024, 12:00 PM – 2:30 PM
DSA P&P SC Meeting #19	December 5, 2024, 12:30 PM – 3:00 PM

TASC Meetings	Date
TASC Meeting #3	April 23, 2024, 1:30 PM – 3:00 PM

*Note that dates are subject to change. Please refer to the [DxF webpage](#) for the most up to date meeting information.*