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 Transcript (1:30PM – 3:30PM PT, April 10, 2024)

> The following text is a transcript of the April 10, 2024 meeting of the California Health & Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Implementation Advisory Committee, Data Sharing Agreement Policies and Procedures Subcommittee. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework website - to ensure accuracy.

[Alice K - Manatt Events] 16:31:08
Hello and welcome. My name is Alice and I'll be in the background to support with Zoom. If you experience technical difficulties, please type your question into the Q&A.

[Alice K - Manatt Events] 16:31:18
Live close captioning will be available. Please click on the CC button to enable or disable.

[Alice K - Manatt Events] 16:31:26
There are few ways attendees may participate today. Participants may submit written comments and questions through the Zoom Q&A box.

[Alice K - Manatt Events] 16:31:34
All comments will be recorded and reviewed by CDI staff. Participants may also submit comments and questions as well as requests to receive data exchange framework updates.

[Alice K - Manatt Events] 16:31:45
2 dxf@chhs.ca.gov. Any questions that require folly?

[Alice K - Manatt Events] 16:31:53
That require follow-up should be sent to DXF at CHS. Ca.

[Alice K - Manatt Events] 16:32:06
Members of the public and DSA PNP subcommittee members must raise their hand for Zoom facilitators to unmute them to share comments.

[Alice K - Manatt Events] 16:32:14

The chair will notify participants and members of appropriate time to volunteer feedback. If you logged in via Zoom interface, press raise hand in the reactions button on your screen.

[Alice K - Manatt Events] 16:32:25
If selected to share your comment, you will receive a request to unmute. Please ensure you accept before speaking.

[Alice K - Manatt Events] 16:32:32
If you are logged on via phone only. Press star 9 on your phone to raise your hand and listen for your phone number to be called.

[Alice K - Manatt Events] 16:32:41
If selected to share your comment, please ensure your unmuted on your phone. Bye pressing star 6.

[Alice K - Manatt Events] 16:32:49
Public comment will be taken during the meeting at designated times and will be limited to the total amount of time allocated for public comment on particular issues.

[Alice K - Manatt Events] 16:32:58
The chair will call on individuals in the order in which their hands were raised. Individuals will be given 2 min.

[Alice K - Manatt Events] 16:33:04
Please state your name and organizational affiliation when you begin. Participants are also encouraged. To use the Q&A to ensure all feedback is captured or again you may email comments to DXF at.ca.

[Alice K - Manatt Events] 16:33:21
G of v. And with that, I'd like to introduce Dean McCallum, Deputy Director, Data Exchange framework at CDI.

[DeeAnne McCallin] 16:33:28
Good afternoon. Hi everyone. Thanks for joining. Today is the fourteenth meeting of the . Data sharing agreement policies and procedures subcommittee.

[DeeAnne McCallin] 16:33:43
Hopefully there's somebody new out there and otherwise thanks for everybody. For being with us for this ride and it's been it's been a while and it's gonna be a long while I'm pretty sure.

[DeeAnne McCallin] 16:33:56
I'm Diane Mcallen, Deputy Director within CDII, the Center for Data Insights and Innovation, and I am chair of the DSA PNP subcommittee.

[DeeAnne McCallin] 16:34:06
Today we're going to be focusing on. How the implementation of data exchange framework is going and then getting hopefully having an engaged conversation of related of priority topics to advance in 2024.

[DeeAnne McCallin] 16:34:25
So we have a few prompts and a few. Slides on that but please I encourage you to to add topics if we're missing the mark on anything there.

[DeeAnne McCallin] 16:34:35
The main ones that we have the slides on are cyber attacks and information delivery, which is typically brought to us under the shorter word push.

[DeeAnne McCallin] 16:34:45
But we will be talking about that to some level of detail today. And beginning to begin this meeting officially, we will start with a roll call.

[DeeAnne McCallin] 16:34:55
And let me see if I'm. Moving to the right slides. All righty. So I will go through with me one of my CDI colleagues Courtney Hanson

[Courtney Hansen] 16:35:04
Hello, I'm here.

[DeeAnne McCallin] 16:35:06
Hello and a reminder I wasn't listening if Alice said it all of us should be writing to everyone in the chat if we have any check going and Q&A is open for any of the attendees who are not members of the subcommittee.

[DeeAnne McCallin] 16:35:21
Bill Barcelona.

[William (Bill) Barcellona] 16:35:23
Alright, thanks, Dean. I'm here.

[DeeAnne McCallin] 16:35:24
Hi, Shelley Brown.

[Michelle Brown] 16:35:29
I am here. Thank you.

[DeeAnne McCallin] 16:35:30
Alright, thank you. Hi, Jason. Jason Buckner. Hello.

[Jason Buckner] 16:35:34
I am here.

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[DeeAnne McCallin] 16:35:36
Louis Kerchair. I never know if I say it right. How do you pronounce your last name?

[Louis Cretaro] 16:35:42
That's Cr, Thank you.

[DeeAnne McCallin] 16:35:43
Alright. Hi, Matthew Eisenberg.

[Matthew Eisenberg] 16:35:49
Thanks.

[DeeAnne McCallin] 16:35:50
Hi, thanks. John Helvey.

[John Helvey] 16:35:55
Good. Thank you.

[DeeAnne McCallin] 16:35:57
Hello, Sanjay Jane.

[Sanjay Jain] 16:36:00
President, good afternoon.

[DeeAnne McCallin] 16:36:01
Hello, Diana Cam for Tongue.

[Diana Kaempfer-Tong] 16:36:05
Hi there.

[DeeAnne McCallin] 16:36:05
Hello, Mark Nee.

[Mark Knee] 16:36:09
Here, just let you know, I'll have to drop after about half an hour though, East Coast.

[Mark Knee] 16:36:15
I got some stuff going. Also, you can take acting off of It's a title, happily for me.

[DeeAnne McCallin] 16:36:19
Alright, congratulations. Thank you. And I think this slide was a hundred percent attendance. Well done.

[Mark Knee] 16:36:20
As well.

[DeeAnne McCallin] 16:36:27

The top 2 and then B through K. Let's see how the next slide. Goes.

[DeeAnne McCallin] 16:36:32
Stephen Lane. Hello, Kelby Lin.

[Steven Lane] 16:36:33
Good afternoon.

[Kelby Lind] 16:36:37
Good afternoon.

[DeeAnne McCallin] 16:36:38
Hi, Sunny.

[Sunny Lowell] 16:36:41
I'm here and you could take acting off of my title as well. Thank you.

[DeeAnne McCallin] 16:36:43
Hopefully somebody scribbling that for me. I think so, but congratats. Thank you.

[DeeAnne McCallin] 16:36:50
Belinda.

[Belinda Luu] 16:36:51
Hi, I'm here.

[DeeAnne McCallin] 16:36:52
Hello, Devon McGraw.

[DeeAnne McCallin] 16:36:59
Thought I saw Devon.

[DeeAnne McCallin] 16:37:06
Alright, Devon. Alright, first I think that's the first one maybe. Jacky Nordoff.

[Jackie Nordhoff] 16:37:13
Good afternoon.

[DeeAnne McCallin] 16:37:15
Hello, Margaret Porto. You might be new here today, Margaret.

[Mark Knee] 16:37:20
Yeah. Bye.

[Margaret Porto, Department of Health Care Services] 16:37:21
Thank you. Thank you.

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[DeeAnne McCallin] 16:37:21
Hi, welcome. And let us know if you have any questions about how we run these meetings. Mark Savage.

[Mark Savage] 16:37:27
Hello?

[DeeAnne McCallin] 16:37:28
Hello, Tom Schrodinger?

[Tom Schwaninger, L.A. Care Health Plan] 16:37:31
Good afternoon, everyone.

[DeeAnne McCallin] 16:37:33
Hello, Elizabeth Stefan.

[DeeAnne McCallin] 16:37:36
Hello, Lee, 10.

[Elizabeth Steffen] 16:37:36
Yeah

[Lee Tien] 16:37:39
I'm here, thanks.

[DeeAnne McCallin] 16:37:40
Hello and Belinda Waltman.

[Belinda Waltman] 16:37:43
Thank you.

[DeeAnne McCallin] 16:37:44
Excellent attendance everybody. Alrighty, some of the speakers myself, colleagues, Rim Catherine, Cindy Barrow, Helen Fister from and that is with us.

[DeeAnne McCallin] 16:37:56
I don't know if she's speaking, but she's here to support and to call upon if we have any needs or support or questions.

[DeeAnne McCallin] 16:38:03
As is Courtney as well that you saw. So. Here we go. The vision for the data exchange framework.

[DeeAnne McCallin] 16:38:12
So hopefully many of you know, but as a reminder, the vision here on the slide that we all can read is our North Star.

[DeeAnne McCallin] 16:38:19
Let's keep in mind throughout today's discussions that we're all working on this so that we can create new connections and efficiencies between health and social service providers.

[DeeAnne McCallin] 16:38:31
With the goal of improving whole person care. And so that's our our grounding and Meeting objectives are a bit repetitive to the agenda, but at least they align updates on DXF implementation and priority topics to that we should be working on this year.

[DeeAnne McCallin] 16:38:49
If I'm moving too fast for anyone, just any of the members. Talk over me, get me to stop if I'm not noticing anything in, chat or QA.

[DeeAnne McCallin] 16:39:03
So one of the things that we have implemented recently was is a D except feedback form. It's part of our continued efforts to maintain open and transparent implementation process.

[DeeAnne McCallin] 16:39:19
We've developed and published this feedback form. It's through a Microsoft forms. Which opens another pathway for CDII to be able to receive input from the DXF community.

[DeeAnne McCallin] 16:39:31
So that can be committee members, stakeholders, signatories, and third parties, members of the public.

[DeeAnne McCallin] 16:39:36
So this feedback form is on our web page. The form has been published on our web page under this section that's titled DXF FAQs and feedback form.

[DeeAnne McCallin] 16:39:46
I think it's kind of a second to the top. Of the fold of our CDI, DXF web page.

[DeeAnne McCallin] 16:39:54
Within the form it collects feedback. And it queries the person completing the form on certain criteria so that we can help you guys where the incoming feedback should go.

[DeeAnne McCallin] 16:40:08
The examples of what some of the questions ask is whether the feedback is related to a QHIO to D except participants to DSA.

[DeeAnne McCallin] 16:40:18
Signatory grants to the grant program, whether your feedback is about access or disclosure, which very well could be breached.

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[DeeAnne McCallin] 16:40:28
So in the form at the beginning and in our little how to use it documentation, we do ask that folks not use the form for breach notification, that we we have a workflow so that we're reviewing this timely and daily and everything like that if something is about a breach.

[DeeAnne McCallin] 16:40:46
The feedback form is not the best place to be entering it, but we have it in there just in case somebody misses that memo.

[DeeAnne McCallin] 16:40:53
And so, and then the feedback comes in and we triage appropriately. I'm pretty sure the form allows you to select a couple things that you're not.

[DeeAnne McCallin] 16:41:03
Like corralled into one if you're question or feedback is about. Q and the grant program and DSA signatories, I believe you can check all of those different forms.

[DeeAnne McCallin] 16:41:15
So we do encourage folks to give us feedback as it's 1 of the best ways for us to know if we're on the right path if there's something out there happening with people who have the boots on the ground, this is going to be one of the best ways that you can alert us of any things, whether it's good, bad, or the ugly.

[DeeAnne McCallin] 16:41:34
We're open to see and and thus far there's been a little bit of use almost testing the waters with it.

[DeeAnne McCallin] 16:41:39
But there hasn't been a little bit of use to almost testing the waters with it, but there hasn't been any substantial feedback, which is fine.

[DeeAnne McCallin] 16:41:45
And I'll pause for a second to see if anybody has any questions on the feedback form. Make sure I'm glancing at.

[DeeAnne McCallin] 16:41:51
Okay. Alright, moving on. As was requested during the last PNP subcommittee meeting, the subcommittee members.

[DeeAnne McCallin] 16:42:05
During 2023 when we had a couple of joint IAC and sub committee meetings got accustomed to hearing.

[DeeAnne McCallin] 16:42:17

IAC and subcommittee meetings got accustomed to hearing updates on the data exchange framework and. That accustomed to hearing updates on the data exchange framework and ask that we incorporate that into the PMPs, and the data exchange framework and ask that we incorporate that into the PNP subcommittee meetings, which gives us a little bit of updating in between, that we incorporate that into the PNP subcommittee meetings, which gives us a little bit of updating in between.

[DeeAnne McCallin] 16:42:31
which, is good. So this is a little different than the last IC meeting. I did a little bit more stratifying.

[DeeAnne McCallin] 16:42:36
So the top ones are the 6 required entities per health and safety code 1 3 0 2 9 0 so we're tracking some numbers cross walking from the signatory.

[DeeAnne McCallin] 16:42:43
So we're seeing 273 general cute. Position organizations and medical groups are still tracking at about 50% of the signatories.

[DeeAnne McCallin] 16:42:54
So they're denominator is less defined. Which is why there's not a denominator listed here.

[DeeAnne McCallin] 16:43:00
Sniffs the skilled nursing facilities are tracking really well 722. Plans are 81.

[DeeAnne McCallin] 16:43:11
We are doing some work looking at the plan data to see if there's anything in there and working with.

[DeeAnne McCallin] 16:43:14
HC and DHCS on helping to identify and we do even though this percent might look a little below, 47% compared to the sniffs and the general care hospitals, we do recognize that the plans are highly engaged and they're actually one of some of the entity types that ask us a lot of really good questions and have a lot of focus on implementation.

[DeeAnne McCallin] 16:43:38
Clinical labs are 221 the lab denominator is big so we're tracking below 10% for clinical labs but we are working on that and that's where We're constantly developing, working on fine-tuning who has signed and matching it to who we believe is required design.

[DeeAnne McCallin] 16:43:59
Acute psychiatric hospitals, another one that looks pretty low. But there's there's some information coming out.

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[DeeAnne McCallin] 16:44:06
I actually have a stakeholder reviewing a list to see if they can help determine why this acute psychiatric hospitals look so low.

[DeeAnne McCallin] 16:44:15
And some of it might be because they have the same license sure as a general acute care hospital. So there could be a time when you see.

[DeeAnne McCallin] 16:44:23
Acute psychiatric hospitals, denominator, denominator drop or the numerator increase with a big jump where there's not actually that many newly signed DSAs, but we might have determined by a lot of weedy detailed work that they that that it's the same say the same CEO and licensure as a general acute care hospital might not be the situation but that's just an example.

[DeeAnne McCallin] 16:44:51
We do have all 9 of the QH IOs who are not required in health and safety code 1 3, 0, 2, 9, 0 to sign, but they are required per.

[DeeAnne McCallin] 16:45:00
The qualification requirement of a QHIO. So all had had actually signed before they were named as a queue.

[DeeAnne McCallin] 16:45:06
We have had stakeholders asked about county specifically. So since the last IC meeting I went and really dug into our 3.

[DeeAnne McCallin] 16:45:20
So since the last IC meeting, I went and, really dug into our 3,500 record, signatory list.

[DeeAnne McCallin] 16:45:22
Subordinates listed on their signing. So, so all of you with a little bit of filtering or manual work in our signatory list should in a sense be able to hone in on the 15 because that's essentially a county that has no subordinates identified.

[DeeAnne McCallin] 16:45:38
And And then, then as a result, there's plenty of other records in the signing list where at the.

[DeeAnne McCallin] 16:45:43
Folks who completed and signed the DSA selected county, county affiliation. You can see it in their words, but it's it's not indicative of the entire county having signed.

[DeeAnne McCallin] 16:45:56

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And then we have, 400 other the voluntary type of entities. So, non QHIO intermediaries, social, social services organizations, a good handful of organizations that came on board to.

[DeeAnne McCallin] 16:46:15
Because there was a grant program to able to help them get their IT moving towards data exchange framework. Endures.

[DeeAnne McCallin] 16:46:24
So that's an update of the signatory count. Anybody have any questions on that?

[Rim Cothren] 16:46:31
Diane Jason has his hand up.

[DeeAnne McCallin] 16:46:31
And then it did. Okay, oh great, thank you. Yeah, I don't see that.

[Jason Buckner] 16:46:34
Thanks.

[DeeAnne McCallin] 16:46:36
Thank you for calling me on that. Jason.

[Jason Buckner] 16:46:37
Thank you. Yes, thank you. I was, curious is, Is there a future where CDI publishes a list of all of the details of the denominators.

[Jason Buckner] 16:46:52
So I mean, I can see here that there's 4 8. Somehow you've determined this 400.

[Jason Buckner] 16:46:57
Hospital general care hospitals and out of those 2, 73 signed and so forth. Would there be a detailed list of whatever list all of those with a flag that notes which ones have and have not signed a DSA so we can see exactly who those are.

[DeeAnne McCallin] 16:47:12
Yes, that future I think is is. A short runway right now. So right now that 400, and 8 comes from California Open Data Portal.

[DeeAnne McCallin] 16:47:25
So it is publicly sourced information, but there is line of sight. What that doesn't have is the crosswalk to sign DSAs.

[DeeAnne McCallin] 16:47:32
So that's. Very recently I started calling it the DSA signatory list gen 2.

[DeeAnne McCallin] 16:47:39

Where right now already. The DSA signatory. List. If folks have noticed.

[DeeAnne McCallin] 16:47:47
Over the past couple weeks has participant directory columns over to the right which it never used to have so it's marrying those 2 things together and then the next the third of this vision is incorporating required signatories and information pointing to.

[DeeAnne McCallin] 16:48:04
What you're asking for Jason a future of seeing into these numbers.

[Jason Buckner] 16:48:09
Okay, thank you.

[DeeAnne McCallin] 16:48:10
And Mark.

[Mark Savage] 16:48:12
Thanks. So when say a hospital signs. Is CDI tracking, does that, does that include all of the providers within the hospital who are providing service.

[Mark Savage] 16:48:28
I'm asking because I hear the question from at the individual level. I thought I signed but it's not clear when you start searching around looking at the organization with whether whether the individual practitioner who thinks she has signed is actually included as a signatory.

[Mark Savage] 16:48:46
So I'm wondering, you're listening to things at the organizational level. Does that include all the individuals that within the organization?

[DeeAnne McCallin] 16:48:52
There is a lot of individuals. In that 1,700 of the PMG physician organization and medical group who are individual clinicians.

[DeeAnne McCallin] 16:49:05
There are. Whether it's the clinicians who are contracted at a hospital. I can't imagine they would be ones that are thinking I thought I signed.

[DeeAnne McCallin] 16:49:21
They're probably the ones that are saying, what are you talking about and it's their health system that they're working for who would be the to work.

[DeeAnne McCallin] 16:49:30
We're seeing as a signatory. But if someone is out there and saying I thought I signed and you can't find them, I encourage you to email the dxf@chhs.ca.

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[DeeAnne McCallin] 16:49:45
Gov because that helps us. To make these matching and and connect the dots.

[Mark Savage] 16:49:52
So if I could ask a sort of a related question then, are you hearing? Any confusion about whether somebody has signed or is not signed where there's some somebody thinks they've they're a signatory and you find out that they're not what's the landscape that you finding.

[Mark Savage] 16:50:09
On that question.

[DeeAnne McCallin] 16:50:11
I don't know the volume or the numbers, but we definitely hit that and some of the times it's it's a workflow thing.

[DeeAnne McCallin] 16:50:20
Sometimes it's Adobe Cygnus. Auto sign or something and there's a DSA pending out in limbo waiting for somebody's email on the other side to receive it and sign.

[DeeAnne McCallin] 16:50:29
We actually hit that with some degree of frequency that the people who thought they sign when we go and look.

[DeeAnne McCallin] 16:50:33
We see that it's it's pending because it's sent not signed. We did do some analysis and work outreach on that in January.

[DeeAnne McCallin] 16:50:42
In advance of the participant directory being out there. So we had line this site into the signing portal to be able to query, sent but not signed.

[DeeAnne McCallin] 16:50:52
So that's it. And then some of the times it gets a little confusing and we dig in and I have some staff.

[DeeAnne McCallin] 16:50:58
Our staff is growing a little bit. So that's progress. To be able to be digging in and trying to do it's it's still the who has signed and then to also to Matthew Eisenberg's point about percent onboarded or where we really need to get to of who is actually exchanging but all the speeds to it.

[DeeAnne McCallin] 16:51:19
So this the signatory and the required are really foundational and then we're on top of that comes the PD the participant directory which is the next slide.

[DeeAnne McCallin] 16:51:29
And then the actual exchange. So via the grant program, though it's a subset of all signatories, we're going to be tracking and seeing folks who have signed papers saying I have onboarded or I have finished my technical assistance and I'm now ready for data exchange framework.

[DeeAnne McCallin] 16:51:46
So Matthew, I do also see it's a little further out than the future vision I could respond to Jason but I see that coming.

[DeeAnne McCallin] 16:51:56
Through 2024 basically.

[Mark Savage] 16:51:58
Thank you.

[DeeAnne McCallin] 16:51:59
Sure. And I think with that then we can go to the next, I can go to the next slide and have Rim talk to you all about the participant direct directory choices which is very related to the signatory list.

[Rim Cothren] 16:52:13
Thank you, Dean.

[Rim Cothren] 16:52:17
One of the things that we also agreed that we would do is start reporting back out on progress we were seeing on the participant directory.

[Rim Cothren] 16:52:25
A few things that I'll call your attention to on the charts here is that first of all, about 13% of the organizations that assign the DSA have actually entered their choices.

[Rim Cothren] 16:52:36
So again, this is a requirement of all. And we really encourage people. To go in and take care of this activity.

[Rim Cothren] 16:52:43
It does not take a long. And it is critical to let other people know how to reach you to exchange information.

[Rim Cothren] 16:52:53
I'll also call your attention to the very bottom part of this chart that about 20% of organizations are electing.

[Rim Cothren] 16:53:00
Delay exchange under the DXF until January 30 first, 2,023 as allowed under AB 133.

[Rim Cothren] 16:53:09
Or the requirement to exchange health and social services information P and P. That's a relatively small number of organizations that are allowed, but I call that out in particular.

[Rim Cothren] 16:53:21
Because if you are choosing to exercise your option, it's allowed under law or policies and procedures, you still have an obligation to go in and put that into the participant directory.

[Rim Cothren] 16:53:33
This is how other participants under the DXF. Know that you as a signatory are electing to delay your exchange.

[Rim Cothren] 16:53:42
So please go in and make that selection. Up in the bulk of the chart there are a couple of things I'd like to call out for people.

[Rim Cothren] 16:53:50
First of all, that about 60% of those that are responding on and making selections on the participant directory or using the QHIO program to exchange information.

[Rim Cothren] 16:54:01
And, if you look in total between the QHIO program and nation by networks and frameworks that in about 90% of participants are using one of those.

[Rim Cothren] 16:54:13
2 methods for exchanging information. Those are both pretty, taken together. That's a large percentage of, the responding population right now.

[Rim Cothren] 16:54:23
Couple other things that I would draw your attention to is that there are small number of organizations that are choosing self.

[Rim Cothren] 16:54:32
Which means that they're using their own technology and are asking for point to point connections there. There are a very small number of other items that are in other sorry other selections in the participant directory.

[Rim Cothren] 16:54:53
This is for those that have been into the participant directory, you'll notice that, when entering your choices, there is a drop-down list there.

[Rim Cothren] 16:55:02

Other is an indication that I didn't find the method, the intermediary I'm using on the list.

[Rim Cothren] 16:55:08
And so we will be working those items in the coming weeks to ensure that those organizations exist. And that they offer the services that are being claimed and those others will turn into a different entry than that.

[Rim Cothren] 16:55:25
Finally onboarding to a QHIO is a new entry that you didn't see in prior charts.

[Rim Cothren] 16:55:32
This is a mechanism that DSA signatory grant grant recipients. Can use to indicate that they are in the process of onboarding to a QHIO so that people are informed about what their.

[Rim Cothren] 16:55:47
What their future decisions will be. I noted there were a couple of questions over in the chat.

[Rim Cothren] 16:55:55
Matt, is there any information about which nationwide networks and frameworks are being used.

[Rim Cothren] 16:56:00
Yes, that's in the details of the listings that we publish every week. I don't have those at my fingertips right now, but if people would like to see that, breakout, we can certainly, I can come to the next meeting with those numbers in hand.

[Rim Cothren] 16:56:17
But, we're not asking them to choose, are you using a nationwide network or framework for to identify the nationwide network or framework that they're actually using.

[Rim Cothren] 16:56:29
So that information is available and thanks, Dean, for dropping the most recent, signatory list link in you will find in the signatory list.

[Rim Cothren] 16:56:42
The participant directory information is there as well And then from Tom, I see a question, any insights into how many of those using nationwide networks.

[Rim Cothren] 16:56:52
And then in parentheses, Tefca will exchange ADTs when applicable.

[Rim Cothren] 16:56:57

Well, so first of all, nobody has claimed in any other choices yet. So, that would, that's still in the future.

[Rim Cothren] 16:57:07
And the nationwide networks and frameworks don't support ADT notifications. So that's why that is a dash in that item in the table.

[Rim Cothren] 16:57:18
Is that because those organizations don't support that transaction type. It's not one of the choices and hasn't been hindered, as a choice by any of the organizations that are responding there.

[Rim Cothren] 16:57:33
That's all I see in the chat. Are there any other questions? On anything here?

[DeeAnne McCallin] 16:57:42
No, and I don't see any Henry is. Hi there.

[Mark Savage] 16:57:51
I'll raise a question.

[DeeAnne McCallin] 16:57:53
Okay.

[Mark Savage] 16:57:55
I'm sort of similar to what I was asking Dean Rim. Are you?

[Mark Savage] 16:58:05
Thank you.

[Mark Savage] 16:58:07
Much for sort of the breakdown in the report. Are you hearing any any sort of problems, any friction points.

[Mark Savage] 16:58:14
In all of this as you as you're collecting the data. Things where people are not able to sign up as they wish that kind of thing.

[Rim Cothren] 16:58:17
Yeah, I think that there are a few things that we're struggling with right now.

[Rim Cothren] 16:58:32
Things is that we're using the same portal to do the participant directory that we did for the signing of the DSA.

[Rim Cothren] 16:58:34

Some organizations signed the DSA a year ago. And have now lost track of their password. Or who it was that actually undertook that activity then that's probably the most common problem that we were

[Rim Cothren] 16:58:49
2 is just getting

[Rim Cothren] 16:58:53
Access to the same account again. We have a workflow to work through that. So you know if people are having trouble accessing the participant directory, please drop an email to, to us so that we can, we can work that.

[Rim Cothren] 16:58:57
The other thing that I would call out.

[Rim Cothren] 16:59:12
That there has been some confusion about some of the terminology. On the participant directory portal itself.

[Rim Cothren] 16:59:15
The, what, the portal does is largely mirror the same language for the different choices that you see in the technical requirements for exchange.

[Rim Cothren] 16:59:21
But what we have noted and we're starting to work more individually is that especially for ADT events, the language there is causing organizations that want to receive notifications to enter entries there as opposed to organizations.

[Rim Cothren] 16:59:39
That, are telling people how they make requests for notifications. What we're expecting for that column, it's 1 of the things we put in our weekly update.

[Rim Cothren] 16:59:51
Is it that column should be filled in by hospitals? Emergency departments, sniffs that are.

[Rim Cothren] 16:59:57
Choosing to participate in the QHIOs because those are the organizations for to which you can make requests.

[Rim Cothren] 17:00:05
To get notifications, but a large percentage of the respondents there are ambulatory providers. A few plans, a few clinical apps.

[Rim Cothren] 17:00:11

So, there is clearly some confusion about that and we're trying to get some messaging out and we're going to do some changes to the language in the portal.

[Rim Cothren] 17:00:20
But there is clearly some additional education that's required here.

[Mark Savage] 17:00:27
Thank you.

[Rim Cothren] 17:00:28
And yes, Stephen, thanks for pointing out it is the early days of TEFCA. I did not mean to suggest that nobody selected TFC as derogatory towards that initiative at all it is very much in the early days, whereas the HIOs in California as well as the other nationwide networks and frameworks who been around for some time and had participants prior to the DXF.

[Steven Lane] 17:00:54
But I do think it would be worthwhile, Rim, over time to track Tefka connectivity, you know, both for the participants generally as well as for the QHIOs themselves.

[Rim Cothren] 17:01:07
I, yeah, absolutely, Stephen and, organizations can use any. Health information exchange network that they choose under the law.

[Rim Cothren] 17:01:19
It may be sometime in the near future that we start to see people entering Tafkin to the participant directory and that's how we will.

[Rim Cothren] 17:01:27
Begin to track that people are using that mechanism.

[Rim Cothren] 17:01:31
At least one of the ways will.

[Rim Cothren] 17:01:35
I don't see any other questions, Dean, I think it's back over to you.

[DeeAnne McCallin] 17:01:38
Right on and very related to implementation and where we're heading is the next topic. Which is impact measurement where Cindy Barrow from Minette is leading the initiative working with CDI very closely on.

[DeeAnne McCallin] 17:01:54
Setting the stage for impact measurement of the DXF.

[Cindy Bero] 17:01:59

Thank you. Dean. So what I wanted to cover today was to just, you know, share some, you know, the beginning of, of an effort to really study and understand how the data exchange framework is transforming sort of, you know, the exchange of health and social services information across California.

[Cindy Bero] 17:02:21
I think it's important as you know, we undertake all this work to start to measure and look at how things are going and where are we having impact and where are we making a difference and where do we still have further to go.

[Cindy Bero] 17:02:35
So, just to start the, you know, the, root all of this, we go back to the vision and I'm not gonna repeat the vision statement because I think we open every one of our meetings with that vision.

[Cindy Bero] 17:02:46
The. But the impact measurement. Effort really has to be rooted in that vision and in the guiding principles that were developed a couple of years ago for the Data Exchange framework.

[Cindy Bero] 17:02:59
So as we think about how do we measure, are we are we getting where we want to get to?

[Cindy Bero] 17:03:04
We really go back to these these 2 elements. If you go to the next slide, I think the question is then becomes, you know, why are we pursuing this?

[Cindy Bero] 17:03:16
Why is this important? I think first and foremost, it is important to understand whether or not the goals of the data exchange framework are being met, that vision that we outlined, the, you know, our we are we headed towards that vision?

[Cindy Bero] 17:03:32
Are the principles that we established? Are we aligned with those? Principles. I think it also is helpful for us to think about.

[Cindy Bero] 17:03:41
Communicating the value to people who participate to the individuals who are getting their care and social services in the state.

[Cindy Bero] 17:03:49
To legislators, other stakeholders, it's very important that they understand how the data exchange framework is evolving and how it is, you know, progressing towards its goals.

[Cindy Bero] 17:04:02
We also need this information to understand what's working well, what's succeeding and where do we need to spend more time and attention.

[Cindy Bero] 17:04:11
And the last really is are there opportunities? For us to expand. Extend, go beyond the original vision for the data exchange framework.

[Cindy Bero] 17:04:22
So for all of these reasons, I think We want to study the impact that the data exchange framework is having and the difference that it's making.

[Cindy Bero] 17:04:33
The next slide. Thanks. This slide I think we put together just to reinforce for some folks what this is and also what this is not.

[Cindy Bero] 17:04:45
We are looking to gather some information that understand how the data exchange framework is. Is impacting health and social services and the ecosystem that we all live in.

[Cindy Bero] 17:04:58
It is something that is going to take place over multiple years. It's not something that's done in days or weeks.

[Cindy Bero] 17:05:07
It is not a real-time monitoring of the data exchange framework, nor is it a comprehensive, you know, detailed evaluation of the program and every element of it.

[Cindy Bero] 17:05:19
It is really, again, grounded in those principles and grounded in the vision and an attempt to understand how the data exchange framework is progressing and towards its goals.

[Cindy Bero] 17:05:34
It's not an easy, structure to measure as we talked about and as you saw with some of the data from the participant directory, it is not a single technology, a single system, a single database that has all the data in it that we just need to produce beautiful metrics and data visualizations from.

[Cindy Bero] 17:05:56
It's complicated. There are multiple Contributors, there's multiple parties. There's multiple ways to participate in exchange.

[Cindy Bero] 17:06:05

So there's no single point we could touch to gather what we need. We have these wonderful and as Rim pointed out the, QHIOs are, you know, attracting a lot of attention, you know, from folks who are looking for services to help them with data exchange.

[Cindy Bero] 17:06:25
But the use of a QHI was optional. So we can't just rely on QHIOs to show us a view of what's going on.

[Cindy Bero] 17:06:34
We do as Room was also sharing the signing portal of participant directory gives us great information.

[Cindy Bero] 17:06:42
It is a common source so it could give us a lot of data about who has signed. Who were they using and so we have some data there so there's some positives from the that single point and then the other is that you know the data exchange firm doesn't really require participants to report anything.

[Cindy Bero] 17:07:02
You look in, you know, other states and other initiatives, some of them require a participant to file an annual report or send in some data about what their their participation in the network.

[Cindy Bero] 17:07:14
So we are struggling a little bit, you know, because we've got a very complex system. To measure and to sort of understand what's going on.

[Cindy Bero] 17:07:24
But, but I think that we have some efforts underway to, better get our hands around this, our arms around this and to understand the impact.

[Cindy Bero] 17:07:34
Next slide. Yeah, so as we were developing, our approach, your initial approach to impact measurement.

[Cindy Bero] 17:07:45
We did last month have a chance to chat with the IAC, the implementation advisory committee and through that process we've identified some some principles that we will use as we go forward to design sort of what these measures will look like.

[Cindy Bero] 17:08:05
The first one is we are going to look at metrics that reflect the structure. Of the data exchange framework, the processes, the movement of data, and outcomes.

[Cindy Bero] 17:08:16

You know, what is achieved. We will look for quantitative data, numbers, and qualitative. You know, it's more subjective assessments of whether it's working or not.

[Cindy Bero] 17:08:27
We will try as much as we can to focus on measures that have a known denominator so you can see what percent.

[Cindy Bero] 17:08:35
Complete or what percent success we're having. We will also focus on things that have sort of downstream outcomes related to data exchange are we having an impact in readmission rates are we having an impact on on health outcomes?

[Cindy Bero] 17:08:52
It may not be a direct correlation between data exchange and some of these outcomes, but it may still be worth us looking at some of those.

[Cindy Bero] 17:09:04
Downstream further out outcomes. We will be looking at, metrics that look at transaction volume.

[Cindy Bero] 17:09:13
Understanding very well that more volume doesn't always translate into better outcomes or better better. Better.

[Cindy Bero] 17:09:24
Health care or better social services more isn't always better but sometimes more indicates a level of engagement and we are and as we design this we're also going to be very careful to think about the burden and the expense of doing this reporting.

[Cindy Bero] 17:09:42
We don't want to take an already busy you know, health and social services ecosystem and burden it with more.

[Cindy Bero] 17:09:52
Data collection or data. Data requirements.

[Cindy Bero] 17:10:00
The next slide. So the areas that we are. Focused on as we are looking at this.

[Cindy Bero] 17:10:08
Question, it one is the question of participation. Are we getting the participants that we expected?

[Cindy Bero] 17:10:16
Are we getting the transactions moving that we expected? We're hoping to also look at metrics around the security of data exchange.

[Cindy Bero] 17:10:26
I think particularly, you know, the privacy and security of data as it moves is I sort of a table stakes if you will for many folks.

[Cindy Bero] 17:10:35
And so I think we have to look at measures of that. We're going to look at the efficiency of data exchange.

[Cindy Bero] 17:10:42
You know, is it, are we getting data to move in a Okay. Quick and low cost manner so that people get it when they need it.

[Cindy Bero] 17:10:51
And that it is, you know, it's, it's not, increasing the burden as we were talking about in the prior slide.

[Cindy Bero] 17:10:59
We do wanna spend some time talking to and getting information from key stakeholders to see whether or not it makes a difference in their daily life.

[Cindy Bero] 17:11:08
Does the provider have data when they need it and to take care of a patient? Is this social services organization able to communicate effectively with the patient is this social services organization able to communicate effectively with, the, you know, health care side of the, the equation.

[Cindy Bero] 17:11:23
So we wanna look at those types of. Stakeholder perceptions. And then lastly, and probably the hardest one to prove, I guess, is that long-term outcomes are they getting better?

[Cindy Bero] 17:11:37
You know, the whole person care, improving overall. So this is relatively early in the process.

[Cindy Bero] 17:11:45
We're starting to build out. This framework for how we will put together some measures. We're talking to a lot of stakeholders and industry experts in this area to help advise and inform what we're doing.

[Cindy Bero] 17:11:59
So we'll be able to share more with you in the coming months, but wanted to give you a little bit of an an overview of how this is launching and how this is starting so that you had some greater awareness to it.

[DeeAnne McCallin] 17:12:14
Thanks Cindy. A couple good comments and you know a mention about baseline a mention about How, you know, how do we measure it?

[DeeAnne McCallin] 17:12:26
You know, the challenges so, insightful and on the mark types of questions. How we've enabled new data sharing between participants.

[DeeAnne McCallin] 17:12:38
Now that's, that's a Good, great, excellent point, but also remember.

[DeeAnne McCallin] 17:12:44
That a lot of the new outside of the legacy HIT federal investments on the health information exchange and interoperability the new are is social services and what the DXF considers voluntary or other and many of those entities have until 2026.

[DeeAnne McCallin] 17:13:04
So another reason why this is developing now in 2024 and it's got a long runway because Some of this new isn't gonna come until the 2026 exchangers are upon us.

[Cindy Bero] 17:13:12
On.

[DeeAnne McCallin] 17:13:19
So, you know, we didn't we didn't get to this point in 23 which you know hurts having a baseline a little bit but we're here and discussing it now ahead of 2026 so hopefully that will have some positive impact.

[DeeAnne McCallin] 17:13:33
Cindy you can measure that.

[Cindy Bero] 17:13:34
Yeah, yeah, no, and that's a good point, Diane. I think understanding that the start of exchanges in 24 and then 26 is another.

[Cindy Bero] 17:13:43
This is a multi year journey to you know to really study and understand impact so. You know, welcome to join us for the ride.

[DeeAnne McCallin] 17:13:54
And yeah, and if anybody has ideas or suggestions like, reaching out to experts who have experience in that making sure we're aware of them.

[DeeAnne McCallin] 17:14:04
I'd rather hear somebody mention 3 times than never to be missing the ball. So any feedback, if you have the thoughts after the meeting or anything like that, please do

reach out to us and let us know and look at each other's questions and comments in the chat.

[DeeAnne McCallin] 17:14:18
So. That'll be great. And some of the grants program ties into some of this will be able to be measuring some impacts that will be able to see some data exchange framework, you know, very centered, new activity, new participants in exchange through the grants program and.

[DeeAnne McCallin] 17:14:36
As they're submitting milestones on that program.

[DeeAnne McCallin] 17:14:42
Alright, we're gonna, we're gonna move pivot into policies and procedures, which is not a ton of the actual kind of, ivot into policies and procedures, which is not a ton of the actual kind of 2023 work and you're 2022 before me and 23 work on the really detailed Weedy Pmp's in developing them, the really detailed Weedy Pmp's and developing them, but we've had 2

[DeeAnne McCallin] 17:15:02
policies and procedures come off. But we've had 2 policies and procedures come off of the, but we've had 2 policies and procedures come off of the notice of intended for administrative modification in this technical.

[DeeAnne McCallin] 17:15:06
Requirements for exchange and participant directory. They, we did not receive any feedback. From a 30 day.

[DeeAnne McCallin] 17:15:17
Public comment window, challenging that they were not administrative in nature. So we'll be hosting those even though there was nothing substantive provided to us.

[DeeAnne McCallin] 17:15:26
It still takes us getting through and re, updating the policy and procedure for ADA.

[DeeAnne McCallin] 17:15:36
Compliance and posting to our webpage. So that's. The meet of the actual PNPs and now we pivot to priority topics which could dovetail into development and of P and Ps and that's where we went.

[DeeAnne McCallin] 17:15:51
So the for next 2 categories are gonna be led by Rim. And we have.

[DeeAnne McCallin] 17:15:57
45 min for this chunk of the window of the. Of this meeting. Before we head into the public comment opportunity.

[DeeAnne McCallin] 17:16:07
At 3 PM. At the top of the hour.

[Rim Cothren] 17:16:08
Thanks, Dean. I saw that we were running a little bit behind time, but there are only 4 slides for the next 45 min.

[Rim Cothren] 17:16:16
So you're not gonna have to listen to us talk more much. We're hoping that you'll talk instead.

[Rim Cothren] 17:16:21
The first topic, I'm really just gonna facilitate discussion that should be mostly you folks talking.

[Rim Cothren] 17:16:28
The. The real topic here is that cyber attacks, especially successful cyber attacks are a threat potentially to the security of exchange on DXF.

[Rim Cothren] 17:16:41
However, our current policies and procedures are silent about any requirements associated with cyber attacks outside of the requirements for keeping systems secure, especially in light of, you know, the change healthcare cyber attack that even prompted federal activity around that when it was extensive enough.

[Rim Cothren] 17:17:03
The question is come up is should there be requirements of DXF participants regarding. Cyber attacks and it's really the reporting of those.

[Rim Cothren] 17:17:13
If it is a threat potentially to other systems, do other participants need to be aware of. An ongoing cyber attack that one of the participants is experiencing.

[Rim Cothren] 17:17:27
What information should be, about that, how timely should that information be shared, what kind of updates should be, provided as well.

[Rim Cothren] 17:17:39
And just for context, We're probably not talking about the daily, open port probing that all of our systems are getting or the, successfully thwarted denial of service attacks.

[Rim Cothren] 17:17:54
Or probing for passwords that can be cracked that are thwarted we're probably mostly talking about the large successful ransomware attacks.

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[Rim Cothren] 17:18:07
Or compromises the infrastructure but i think that's 1 of the things that we should talk about So anyway, there are a bunch of questions on the screen here.

[Rim Cothren] 17:18:16
I'm not going to read them all to you, but I'm really interested or we are interested in what people think is this a topic that we should add to our current PNPs to require participants to report ongoing cyber attacks.

[Rim Cothren] 17:18:35
And what constitutes, you know, what information needs to be shared. What is the type of cyber tech that we're interested in?

[Rim Cothren] 17:18:44
Let me pause there and I'm really interested in anybody's thoughts along these areas.

[John Helvey] 17:18:52
This is John, how are you? I can start with a few thoughts. Is that many, we can.

[John Helvey] 17:19:00
Request a lot of things but Most things aren't. Have to get proven out and so the timeliness of communication and legal involvement around entities that are hit by a cyber attack that's typically Not known and they're unable to communicate out immediately.

[John Helvey] 17:19:22
We've seen it in several different situations play out that way. So, I mean, there's what we'd really like to happen and what How beneficial is really going to be for us to get involved with this outside of the normal.

[John Helvey] 17:19:39
Requirements that we all live under.

[John Helvey] 17:19:43
I'm just not sure. It's in a very important topic. I'm just not sure how.

[John Helvey] 17:19:47
Helpful this is gonna be in making a difference.

[Rim Cothren] 17:19:52
Thanks, John. Mark, I see your hand up.

[Mark Savage] 17:19:56
I have a threshold question and then maybe a comment that is is purpose of this just ask do we think there should be a policy developed on this?

[Mark Savage] 17:20:04
And these are the kinds of questions that we would subsequently address as a subcommittee. If that's the question, I think yes, we need to.

[Mark Savage] 17:20:11
We should be developing a policy.

[Mark Savage] 17:20:16
But are you also asking for us for Just general conversation about

[Rim Cothren] 17:20:19
About, about the other. Yeah, I mean, this is this is our first. Seeking input on not only should we do this, but what should it look like?

[Mark Savage] 17:20:31
So this is not my area of expertise, but I do talk to folks and I'd say that what I'm hearing is knowing that something has happened in order sort of being armed to be able to.

[Mark Savage] 17:20:43
To prevent it from carrying over to other organizations as well as important. And it requires, you know. Timely isn't even fast enough, right?

[Mark Savage] 17:20:54
You just, you, when you know about it, you've got to share the information. So the networks can be taken off and not and not.

[Mark Savage] 17:21:01
Not involved. And the flip side is people don't want to disclose anything because they're afraid of that maybe there will be liability.

[Mark Savage] 17:21:11
Or they don't want it to look as bad as it might really be. For the good of the whole, I think we need to err on this side of disclosure in some appropriate way.

[Mark Savage] 17:21:21
And I think a A well-crafted policy will help us do that. Thank you.

[Rim Cothren] 17:21:25
Thanks, Mark. There have been a few comments in the chat. I would certainly encourage people to you know, raise their hands or just come off mute and make their, comments verbally here as well.

[Rim Cothren] 17:21:39
Matt, for instance, noted that cyber tax will only increase. And suggested that the focus needed to be on intermediary that are holding data.

[Rim Cothren] 17:21:49
Jason, I see your hand coming up.

[Jason Buckner] 17:21:52
Yeah, I think this is a great topic and there are people much smarter than Let me on this topic, what I would do is maybe take a look at what the.

[Jason Buckner] 17:22:01
Requirements of other national networks are. So maybe look at your health exchange, care quality, even Tuka, right?

[Jason Buckner] 17:22:08
To see if they have, Crack this not a little bit as a starter rather than just.

[John Helvey] 17:22:10
Hmm.

[Jason Buckner] 17:22:12
Start from scratch.

[Rim Cothren] 17:22:13
And I would agree with that, Jason, that that makes a lot of sense. At least, the review that I did on e-health exchange and care quality.

[Rim Cothren] 17:22:26
They didn't, they were silent on this as well. And so there wasn't a really good model there.

[Margaret Porto, Department of Health Care Services] 17:22:27
So.

[Rim Cothren] 17:22:29
I'm not sure about TEFCA, quite frankly. I saw.

[Matthew Eisenberg] 17:22:31
So, the current Tesco governance has established a cybersecurity subcommittee with CISOs from the main Q.

[Matthew Eisenberg] 17:22:40
We might think of at least putting together the chief information security officers from the QHIOs have them discuss what they're doing to stay.

[Matthew Eisenberg] 17:22:51
Prepared and safe and how they can protect the data that they store, protect transmission and also, back up their systems effectively.

[Matthew Eisenberg] 17:23:03
So, I think the first thing to do would be to talk to the QHIOs and their, cybersecurity folks and say, what are you doing?

[Matthew Eisenberg] 17:23:11
What do you need to do? What do we need to do to support you?

[Rim Cothren] 17:23:15
Great. Thank you, Matt. Do you have any idea when, the TEFC work is going to report out.

[Rim Cothren] 17:23:23
I mean that's also a great place to look is, for a model that we might adopt as well.

[Matthew Eisenberg] 17:23:28
Oh, we just put that group together and they've just started to meet but we can I'm certainly happy to help with that.

[Rim Cothren] 17:23:31
Okay. Great. Thank you. Other comments in here, Liz, I see from, you that, placing more restrictions on participants will cause frustration.

[Rim Cothren] 17:23:46
And I think that we do need to balance a burden that we're putting here against increased, safety or security.

[Rim Cothren] 17:23:53
So I think that that's a good thing for us to bear in mind. Is there anything you want to add to that?

[Elizabeth Steffen] 17:23:59
Yeah, well, I wanna make sure the rest of my comment is red. So we are all required to abide by federal restriction, TIPPA, a high trust we're supposed to be certified, we're supposed to carry insurance.

[Elizabeth Steffen] 17:24:12
And what I don't want to see is this committee placed more burden on participants when SDIOs already have a huge burden in these types of requirements.

[Elizabeth Steffen] 17:24:27
And I don't wanna reinvent the wheel, basically.

[Rim Cothren] 17:24:32
Thanks, Liz.

[Rim Cothren] 17:24:46

Tom asked a question with this includes significant tax even if they don't result in a data breach.

[Rim Cothren] 17:24:52
What do people think?

[Mark Savage] 17:24:59
Well, this is Mark. I heard somebody say that one of the reasons we hadn't heard as much as we could from Change health care is because they weren't sure whether or not there was a breach and there's speculation that there was That that would that would trigger some regulatory requirements.

[Mark Savage] 17:25:16
In any case, the impact on the nation has been huge. So I think I think.

[Mark Savage] 17:25:24
The the needs of the ecosystem. Don't necessarily turn on whether a legal breach has or hasn't occurred.

[Helen Pfister] 17:25:33
And I would, that we do have a breach notification policy as part of the Pmp's.

[Rim Cothren] 17:25:40
Yes. And so this wouldn't be something that would replace breach. Notification, we're talking about something that would be in addition to that that might cover cyber text that did not result in a breach or did not make that threshold.

[Courtney Hansen] 17:25:54
Okay.

[Rim Cothren] 17:25:54
Tom, I see your hand up. Sorry.

[Tom Schwaninger, L.A. Care Health Plan] 17:25:56
Yes, thanks. Yeah, regarding the comments about getting the CISO resources together, I think that's, that's key.

[Tom Schwaninger, L.A. Care Health Plan] 17:26:06
And, and even today a lot of security organizations do share information about types of attacks and things that are going on.

[Tom Schwaninger, L.A. Care Health Plan] 17:26:15
You know, in this space. So there are many sources of information. I'm not an expert on this, but you know there are a lot of resources out there that chief information security officers use on an ongoing basis.

[Tom Schwaninger, L.A. Care Health Plan] 17:26:29
So understanding how that works and getting those kinds of folks I think could. Highlight what we could leverage or where the holes are or perhaps everything's, you know, covered.

[Rim Cothren] 17:26:41
Great. Thanks, Tom. Sorry, Courtney, I cut you off. You're probably trying to correct something I said that was wrong.

[Courtney Hansen] 17:26:49
No, I was just going to chime in on the comment of. Would this include significant attacks even if they don't result in a breach?

[Courtney Hansen] 17:27:01
I think we're talking about more of an immediate notification. This is before you have any idea whether or not it's a breach.

[Courtney Hansen] 17:27:10
Those of you who've been part of breach investigations. It can take a really long time to figure out whether or not the actual data was accessed.

[Courtney Hansen] 17:27:21
Especially appropriately, but I think we're talking about a premature notification that says, you know, disconnect from my system, there may be a threat.

[Courtney Hansen] 17:27:32
And whether that is useful, if that would actually prevent anything or. If that's already happening i don't think it is but I think we're talking about a very, very.

[Courtney Hansen] 17:27:46
Premature notification. That in many cases would not result in a breach and we, you know, would never find out that happened.

[Courtney Hansen] 17:27:54
Yeah. You know, 4, 6 weeks later.

[Rim Cothren] 17:28:03
Is there any other?

[DeeAnne McCallin] 17:28:09
There's a good there's a comment and there's a i think it's a comment in the QA from California Department of Insurance.

[DeeAnne McCallin] 17:28:19
So I'm mentioning it. Mentioning it now and then we'll like type an answer without saying much and that way all eyes can see it.

[DeeAnne McCallin] 17:28:29
I'm not quite sure who sees it. Well, it's an in question. So thank you, CDII, CDI, for providing that input as well about transparency.

[DeeAnne McCallin] 17:28:39
Made me think of 2 things at least and then we'll go to Louis before the next topic of the QHIO program, the development of the program will I would like us to be considering and seeing if we can get this to be considering and seeing if we can get the, I would like us to be considering and seeing if we can get the Ceso idea, get some likes to that and potentially with the you

[DeeAnne McCallin] 17:28:59
know the curious to see so idea get some likes to that and potentially with the you know the curious to see who has had ransomware incidents like I don't wanna be in the business of counting that and stuff, but it could be something that's incorporated into impact measurements if it's something that is reported in Fed.

[DeeAnne McCallin] 17:29:12
So we'll have a little bit of a tuck into the impact measurement. Development to see if there's if there's a there.

[DeeAnne McCallin] 17:29:20
And then Louie.

[Louis Cretaro] 17:29:24
My experience when we've had security incidences. In the counties. You know, the security, Teams already have a protocol or procedures that they follow.

[Louis Cretaro] 17:29:37
Depending on the extent of the issue on their initial assessment. I mean, they'll just connect their system from a network of contact state agencies if they're sharing the state's backbone like.

[Louis Cretaro] 17:29:52
Like the CG network. If it's a, an email system and they're, whole system's been compromised.

[Louis Cretaro] 17:30:00
They'll take that off, you know. Out of play and then they'll start exercising their contingencies and that usually goes on.

[Louis Cretaro] 17:30:10
For, you know, several days. But one thing they don't typically do is socialized. The problem.

[Louis Cretaro] 17:30:21
It'll keep it very close. Tabs on what's going on within the security world.

[Louis Cretaro] 17:30:25
And and report through those channels that we don't all have visibility to. And then they follow, you know, obviously there's follow up with the appropriate agencies.

[Louis Cretaro] 17:30:37
You know, to prevent the, additional attack. And I believe this all the counties.

[John Helvey] 17:30:41
You

[Louis Cretaro] 17:30:45
Have an information security officers group that they work with. And I know the California Department of Technology. Provides a backbone for a lot of the systems.

[Louis Cretaro] 17:30:57
You know whether it's or the CWS CMS or C. MET.

[Louis Cretaro] 17:31:05
So they all ride the same backbone. So, some of these. Whether or not these systems will be or do.

[Louis Cretaro] 17:31:11
It's another story but typically they're disconnected or they isolate themselves So I don't like I think there's things that we can learn from.

[Louis Cretaro] 17:31:23
But how we, I think we need to have discussion about. You know, what that messaging is.

[Louis Cretaro] 17:31:29
For folks. So we're just connecting and whatever or. You know, please beware. But I like the topic.

[Louis Cretaro] 17:31:38
I just think that the subject matter experts may be elsewhere that we need to tap into. So we don't reinvent the wheel and we can keep it simple.

[Louis Cretaro] 17:31:50
My side.

[Rim Cothren] 17:31:51
Thanks, Sorry. So just to briefly summarize what I heard is that there was some interest here.

[DeeAnne McCallin] 17:31:52
Thank you.

[Rim Cothren] 17:31:58
There's some caution to keep from increasing burden, but that there is an interest in following this up, especially with information security officers so we'll take that and see if we can move things forward.

[Rim Cothren] 17:32:17
John also pointed to Dan's question in QA about existing state HHS cyber resources that are that can be shared I am unaware of anything that's available there.

[Rim Cothren] 17:32:31
I don't know if anyone else is, but that's something we could look into as well.

[Rim Cothren] 17:32:35
When we go on to the next slide, I'm doing this one too. So this, but I'm still gonna be looking for other people's to people to weigh in.

[Rim Cothren] 17:32:43
And that's on information delivery. We've heard a number of times. From some of you.

[Rim Cothren] 17:32:48
That there is a desire to. Move forward with more pushes of information rather than result, lying completely on query based exchange.

[Rim Cothren] 17:32:59
What the current technical requirements for exchange require is that diagnostic test results or referral assessments are pushed, whenever a diagnostic order has been fulfilled.

[Rim Cothren] 17:33:15
Or a request for a referral has been completed. So this isn't the order of the referrals themselves, but the HSSI that is generated as a result of those orders or referrals.

[Rim Cothren] 17:33:29
And on this slide here are at least some suggestions for how we might look to expand. The requirements for additional pushes of information.

[Rim Cothren] 17:33:41
We're not necessarily promoting these, but just as triggers for thought, especially some of our, committee members that have raised this issue.

[Rim Cothren] 17:33:54
I'm really interested in Where you think that we might consider going. To try to advance pushes of HSSI.

[Rim Cothren] 17:34:07
Beyond where we are today. Are there any thoughts here?

[Rim Cothren] 17:34:12
Yes, Mark.

[Mark Savage] 17:34:14
So. Yeah, and sort of an opening observation or question. Yeah, I think one way.

[Mark Savage] 17:34:22
That we all could approach this is just to say. That DXF applies to exchange. We're Instead the policy specifies particular kinds of exchange requests and responses to orders and referrals and I would benefit from knowing Why, why instead of just having supplies to exchange or this applies to exchange?

[Mark Savage] 17:34:48
With certain obvious carefully delimited exceptions. Why we've instead said something it only applies to the to the subset.

[Mark Savage] 17:34:58
Of exchange. So that's I don't know the answer to that, so I'm just saying it would help me to at some point.

[Mark Savage] 17:35:05
To hear that. I do think I'm glad this is on the list. I think we should develop a policy.

[Mark Savage] 17:35:11
The kinds of things that I I think are important out there that I've raised before and others on this on the committee have raised before things like patient generated health data.

[Mark Savage] 17:35:20
Things that are coming device. Generated data, sort of real world. There's care planning, data where you're going to have information shared among members of a care team.

[Mark Savage] 17:35:34
Those won't be referrals. There are even under HIPAA you have the patient's direction to transmit data to a third to a third party of their of their choosing which might be obviously be their own help out.

[John Helvey] 17:35:43
Okay.

[Mark Savage] 17:35:49

There's a number of real-world examples and they are and they are increasing and so something that looks at exchange generally instead of is more likely to capture the need I think.

[Rim Cothren] 17:36:01
Thanks, Mark. Matt, I see your hand up.

[Mark Savage] 17:36:01
Thank you.

[Matthew Eisenberg] 17:36:06
So, you know, Mark brings up the fact that there are hundreds of potential use cases.

[Matthew Eisenberg] 17:36:13
But I just want to make folks aware that technically in Rim, you know this quite well. Push and we where at Stanford Health Care push a ton of data.

[Matthew Eisenberg] 17:36:22
But push notification is very technically challenging and usually requires a directory of direct addresses so you know safely where you're sending.

[Matthew Eisenberg] 17:36:33
You can't just put something in the post mail and send it and say send it to Rim.

[Matthew Eisenberg] 17:36:39
It's not gonna work. You have to have specifics and there is no state or national directory of direct addresses that is easily accessible.

[Matthew Eisenberg] 17:36:47
So although I think this is a wonderful concept, technically this is really incredibly challenging. And without technical infrastructure and implementation guide, this will probably be impossible.

[Rim Cothren] 17:37:02
Thanks, Matt. Stephen, I see your hand up.

[Steven Lane] 17:37:06
Yeah, 2 comments. One is I really, you know, appreciate that we cataloged here in transitions of care generally and orders and results.

[Steven Lane] 17:37:16
The other significant use of push that I don't see here is public health reporting. And I know that there is some interest in leveraging DXF to improve.

[Steven Lane] 17:37:27

Public health data flows within the state. So I think we should. Consider that. The other thing is that I know that as part of day exchange framework, there has been an interest in creating provider directories.

[Steven Lane] 17:37:42
And as Matt said, you know, this has not been done well at a nationwide level, but potentially it is an opportunity for us at a state level to to consider how we can advance the you know, population and use of a statewide directory of both health and social service providers.

[Rim Cothren] 17:38:04
Thanks, Steven. Matt, I saw you come on camera.

[Matthew Eisenberg] 17:38:09
Yeah, so look, I am a huge proponent. Of public health reporting. But I just want to be really honest here.

[Matthew Eisenberg] 17:38:18
Stanford Health Care has been working with the state electronic case reporting, Department of Public Health Group for 4 months and was ready to turn on full reporting of electronic case reporting in December.

[Matthew Eisenberg] 17:38:30
And it has been a huge slog and we've been told that they the state won't take our data until we meet some threshold set by the CDC that are frankly impossible or unreasonable.

[Matthew Eisenberg] 17:38:41
So I believe that we should have really much more robust public health reporting. I support it. I've been working on it.

[Matthew Eisenberg] 17:38:48
But again, practically, we have huge issues here in trying to get the support we need from the state and the federal government to make that work effectively.

[Rim Cothren] 17:38:59
Thanks, Matt. I want to call attention to Jason's note in the chat as well. Jason is noting that direct isn't the only mechanism that can be used to push information that xdsb is also an accepted push.

[Rim Cothren] 17:39:18
Mechanism that's 1 for instance that the nation by networks and frameworks enable, but I don't think sees a great deal of traffic.

[Matthew Eisenberg] 17:39:26

Yes, and in fact, in fact, we use ITI, 41 and XDS dot B, but again, you really need to have the technical architecture to do that securely.

[Matthew Eisenberg] 17:39:37
And we've been pushing information to our QHIO for years. Through that mechanism, but it took some really separate special technology to set up.

[Matthew Eisenberg] 17:39:48
And actually, to be honest, that only works with certain vendor systems.

[Rim Cothren] 17:39:52
So, Matt, I want to make sure that I understand here is your recommendation. We use caution in advancing this forward because the technical burden here is there.

[Rim Cothren] 17:40:02
Is there a path forward here that is workable?

[Matthew Eisenberg] 17:40:07
I think without trying to understand one, what's the most important priority and how we can technically support that priority.

[Matthew Eisenberg] 17:40:17
I'm not sure what else you can do here.

[Rim Cothren] 17:40:19
Alright, great. Thanks, Matt. And just for the record, I think everybody should notice that Matt's background being cardinal makes sure that I always see him when he comes on camera.

[Rim Cothren] 17:40:30
Jason, I see your hand up.

[Jason Buckner] 17:40:33
Yeah. I just would, I mean, the technical challenges certainly.

[Jason Buckner] 17:40:39
Our complicated and described well. But you know for the other QIOS there I see you noting here that there has been demand to CDI.

[Jason Buckner] 17:40:49
There has not been demand of this workflow. To the QUEUE high us. So you know it's we're happy to support.

[Jason Buckner] 17:40:59
Whatever form and shake this takes. But as of now, no one has asked us, at least to be invest.

[Jason Buckner] 17:41:09
And I don't believe in any other QUEUES, to implement a push.

[Jason Buckner] 17:41:11
Under the current arrangement so I don't know again where the demand is coming from but it's certainly not making its way to us.

[Rim Cothren] 17:41:21
Thanks for learning that, Jason.

[Mark Savage] 17:41:21
Would it be fair to fair to add on to that that it's the policy does the policy itself is not creating any demand because it doesn't cover it.

[Mark Savage] 17:41:29
So if the policy were different, maybe there would be demand.

[Rim Cothren] 17:41:36
Potentially.

[Rim Cothren] 17:41:43
Are there any other thoughts here?

[John Helvey] 17:41:46
Yeah, I would just, I would just add on to that, you know, kind of what was talked about is that demand.

[John Helvey] 17:41:53
Creating demand can. Lead to gas when it can't be consumed so pushing pushing is great but to mass point Pushing to what?

[John Helvey] 17:42:04
And pushing to how. I mean. Let's just. I think it's visionary.

[John Helvey] 17:42:11
I'm not sure it's policy and proceed already, right? I think it's where we need to go.

[John Helvey] 17:42:15
I think it's visionary thing is what we gotta do. I'm not necessarily sure it's ready for policy and procedure.

[John Helvey] 17:42:23
There's a lot of other players that have to do something with that and we're throwing in a bunch of participants that Don't necessarily have the technical resources to do anything with it.

[John Helvey] 17:42:36

All for it. I just think it's a little premature.

[Rim Cothren] 17:42:43
Thanks, John. Lou, I see your hand up.

[Matthew Eisenberg] 17:42:47
Yeah

[Louis Cretaro] 17:42:47
To make a comment about the Provider directory conversation. I heard a second ago.
It's kind of what, led to my own confusion about what we recall in a directory.

[Louis Cretaro] 17:43:03
Within the HHS community. My experience in the counties. Commercial systems would
have a provider directory.

[Louis Cretaro] 17:43:13
Embedded with commercial tools for providers to access that. For making referrals out
for say behavioral health or even physical health.

[Louis Cretaro] 17:43:22
And in social services we've seen provider directories being built for authorizations for
certain types of services.

[Louis Cretaro] 17:43:34
And I've seen the definition of a provider very, quite a bit, and I've seen the definition of
a provider very quite a bit as well.

[Louis Cretaro] 17:43:41
So. For example, if we're placing a youth in a with a resource family or in a foster
family agency those providers would be in as a placement provider.

[Louis Cretaro] 17:43:52
And or if we were you know, making a referral to behavioral health and then they
would use their network of providers that perhaps they had to certify as a Madacal.

[Louis Cretaro] 17:44:05
Provider go through that provider registration process in the county to make a referral.
So if we're talking about.

[Louis Cretaro] 17:44:13
A directory that encompasses all of those different types of providers and their
specialties than we need.

[Louis Cretaro] 17:44:21

A whole lot of work to, you know. To clearly define what that means and all the different types or specialties.

[Louis Cretaro] 17:44:29
Because in the medical world, you know, pretty much. Kansas conversation where Wait a minute, we're building a provider directory, you know, on the social services system that I'm working on.

[Louis Cretaro] 17:44:40
And I'm constantly thinking of my experience with healthcare systems and their providers and trying to get them to collect the same information.

[Louis Cretaro] 17:44:51
And they don't necessarily spend and they need a whole different data set. Or what they're trying to do.

[Louis Cretaro] 17:44:57
So, we have some that are very close, like prevention providers doing, you know, evidence-based, based practice that will send out for prevention programs.

[Louis Cretaro] 17:45:07
Which are, you know. Not a providers in some cases and. Then we have the others that.

[Louis Cretaro] 17:45:14
Are very different and we have huge systems built in counties. Over, yeah, over many years. On their own, they're custom built for that.

[Louis Cretaro] 17:45:26
So I think it's a great area to, you know, to take a look at, but I really want everybody to know how complicated it is.

[Louis Cretaro] 17:45:36
I guess I'll just stop there. That's pretty complex. Yes.

[Rim Cothren] 17:45:39
I think it's important to remember that that is very that Provider directories in general are very complicated and when we are talking about expanding that.

[Rim Cothren] 17:45:50
Definition to include social services it makes it even more so. So I think that is an excellent thing to bear in mind.

[Rim Cothren] 17:45:57
I don't see any other hands raised things have slowed down a little bit in chat, I think that we can probably move forward.

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[DeeAnne McCallin] 17:46:11
Alright, right as I was about to type a response, so I'll get back to that in a minute.

[DeeAnne McCallin] 17:46:17
Earlier in this hour. There was a mention in the QA about consent and then, which, is related.

[DeeAnne McCallin] 17:46:29
I know it's not exactly the same to opt out. But just calling that out for, eyes if they haven't seen that.

[DeeAnne McCallin] 17:46:36
So we have had requests from both the IAC and the PNP subcommittee and stakeholders about how does one have as an individual opt out of the data.

[DeeAnne McCallin] 17:46:45
Exchange framework. So. We do hear the questions. It's on our radar.

[DeeAnne McCallin] 17:46:51
We have had an FAQ for what that 9, 10 months now, who time flies. Can patients and individuals that have a just outside maintained by a participant so that's a DXF signatory a participant opt out of their HSSI being shared under the framework.

[DeeAnne McCallin] 17:47:09
So. Calling to mind this FAQ and not going to read it though we do have time right now.

[DeeAnne McCallin] 17:47:17
For the details and then there is section the sentence in 13 B in the data sharing agreement that calls out that individual users.

[DeeAnne McCallin] 17:47:26
Or their, personal representative. Are allowed. Nothing in the DSA precludes them from opting out so they can opt out.

[DeeAnne McCallin] 17:47:38
So it's driven at the providers of character level at this time. It's not driven at the CDI level or the state level.

[DeeAnne McCallin] 17:47:45
Other outside of CDI initiatives one is is. Finished but working on things like that. So under the DXF, presently we lean on this that folks can opt out but they have to do it via their.

[DeeAnne McCallin] 17:48:01

Provider of care.

[DeeAnne McCallin] 17:48:04
Any comments, questions, challenges?

[Steven Lane] 17:48:09
Yeah, you said they have to do it through their provider of care, but this. References DXF participants.

[Steven Lane] 17:48:19
So that would also include the Q. HIOS. So does this anticipate that individual would only opt out through their provider or if their data had already been exchanged and was within you know one of the QIOS or some other non qualified health information organization within the state that that is a signatory or a participant would they also with the individual also need to reach out to them to.

[Steven Lane] 17:48:51
To opt out.

[DeeAnne McCallin] 17:48:54
My first answer is I don't know, but I think it would flow that, you know, it's the.

[DeeAnne McCallin] 17:49:00
It's a social service provider of care and it's a primary care provider. So they have their individual saying I would like to opt out of my information so that PCP in this one example would then.

[DeeAnne McCallin] 17:49:14
Have told to their intermediary saying Please note one of my patients has opted out and goes that way.

[DeeAnne McCallin] 17:49:21
But I almost want to turn that around to the QHIOs, which we could do in this platform or in our QHIO program work.

[DeeAnne McCallin] 17:49:30
How do QHIOs handle? Opt out. I suspect long before they became a queue they they might have that in their services they provide or or something in their agreements that that existed before DXF.

[DeeAnne McCallin] 17:49:46
So I could benefit. From learning as could many probably from hearing how the QHIOs do that.

[John Helvey] 17:49:53
Dean, this is John. We've always, had the ability for a user to opt out.

[John Helvey] 17:50:01
So it's notifications and forms are given to our providers, our our participant members. For people to utilize that to opt out at the health information exchange level.

[John Helvey] 17:50:13
So it's something that. That we've always done. We continue to do. My question.

[John Helvey] 17:50:19
Is that, you know, how does that relate to now QHILE, Q, HI, data sharing?

[John Helvey] 17:50:25
And what's the, you know, flow down of that opt out once it, once we receive it.

[John Helvey] 17:50:32
You know, I think it would be. Nothing going forward, but there's nothing we can do to retract.

[John Helvey] 17:50:38
What's already out there. So if there was an expectation. From a data exchange framework perspective that the.

[John Helvey] 17:50:45
Or that the individual can opt out of the data exchange framework. Then that I think that would require us to take that a little further and going okay how does that impact that data being shared between QHR over QHL.

[DeeAnne McCallin] 17:51:16
Louis, do you have more to add new hand or? Thank you, John.

[Louis Cretaro] 17:51:20
Now, it's a it's a new hand and I'm going to take you up on, repeating something I've mentioned before.

[Louis Cretaro] 17:51:30
When it comes to social services, applications, this is the area. Where I see the most modifications needed.

[Louis Cretaro] 17:51:39
Not that we don't get a uniform. You know, consent document or whatever, but the system.

[Louis Cretaro] 17:51:46
To be modified to be able to track that so that when we get to the exchange point and we want an automatic response or an immediate response to a request for information, not only is the data set.

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[Louis Cretaro] 17:52:02
Limited but the record of that individual's consent is is is an informed consent and managed and I think that's going to take some doing and and and the social services systems.

[Louis Cretaro] 17:52:15
The big ones are all different in that area and there's different vulnerabilities. So when we expand that data set for social services information that would benefit health, these are the things that I've been talking about.

[Louis Cretaro] 17:52:29
One, do they understand that their information is going, the consumer understand the information is going to be shared to the consent of that.

[Louis Cretaro] 17:52:37
When they change their consent. Oh, how do we do that in some systems like child welfare? Maybe that.

[Louis Cretaro] 17:52:45
That mom and child are in a location that's protected and the child is getting medical, information, you know, medical treatment.

[Louis Cretaro] 17:52:54
And the other parent. You know may want to find that location we have security concerns things like that and so it's gonna be a little tricky and I think it's gonna take, you know, some system changes.

[Louis Cretaro] 17:53:08
In terms of that kind of management. That's what I've always said, you know, when this group started, I see system changes needed.

[Louis Cretaro] 17:53:18
And and then there's just some legislative things that we wouldn't be able to exchange for fear of this beyond a privacy thing.

[Louis Cretaro] 17:53:28
Now what I have seen in a physical health system before is where a patient consented to the treatment. But did not consent to have their immunization sent to the registry.

[Louis Cretaro] 17:53:40
I might have used that example before. So there's partial consent. So we have to talk about that too, I think.

[Louis Cretaro] 17:53:47
Those are, I think, don't move the challenges. And I know you, you all have, but doing a lot of this for years, but social services system.

[Louis Cretaro] 17:53:56
Gone through that same process. That these systems are all different. They're not running a standard EHR with standard, you know, where we can easily do that.

[Louis Cretaro] 17:54:06
Thank you.

[DeeAnne McCallin] 17:54:06
Thank you. Thanks. Good points. Even if they're re points.

[DeeAnne McCallin] 17:54:17
And not in the chat.

[DeeAnne McCallin] 17:54:22
Alright, making notes. Anybody have any other topics?

[DeeAnne McCallin] 17:54:32
Reading questions.

[DeeAnne McCallin] 17:54:42
There, public question, what, what would help a suggestion is what would help individuals choosing to opt out would be that the DXF requires that providers have such a policy.

[DeeAnne McCallin] 17:54:55
Yeah, so an individual turning to a doctor and saying opt out may, fall to a blank book.

[DeeAnne McCallin] 17:55:03
My, doctor has no idea how this would happen. Some folks have said in these forums that it is incumbent upon some of us to inform our doctors.

[DeeAnne McCallin] 17:55:14
To help be the drivers of what the policies are out there. I almost feel that the D except does have within it for a provider, a clinician, a provider of care that has sign the DSA.

[DeeAnne McCallin] 17:55:30
Has essentially signed on to being required to allow an individual to opt out, but there's probably a very big disconnect from having signed that DSA.

[DeeAnne McCallin] 17:55:40
So what is the reality in their day-to-day? Alrighty. So we are leading 5 min.

[DeeAnne McCallin] 17:55:49
We're, trailing on 5 min to public comments. So if there's not any other committee meeting members right now, we would this meeting is scheduled until 3 30 so we can all stay on and talk but we can open public comment early.

[DeeAnne McCallin] 17:56:05
If. If nobody else has any comments to share between now and 3 pm.

[DeeAnne McCallin] 17:56:22
Okay, so I'll lean to in that for opening up public comment right now and we may have some positing to make sure that we're not missing folks who are waiting for 3 PM.

[DeeAnne McCallin] 17:56:33
To start public comment.

[Alice K - Manatt Events] 17:56:36
Thank you. Dean.

[Alice K - Manatt Events] 17:56:41
Individuals in the public audience who have a comment may insert it into the QA or otherwise raise your hand using the Zoom teleconferencing options and you will be called in the order in which your hand was raised.

[Alice K - Manatt Events] 17:56:54
Please state your name and organizational affiliation and please keep your comments respectful and I see we currently have one hand raised.

[Alice K - Manatt Events] 17:57:05
Kate, you should now be able to unmute.

[Kayte Fisher - CDI] 17:57:10
Hi, good afternoon. Can you hear me?

[DeeAnne McCallin] 17:57:13
Yes.

[Kayte Fisher - CDI] 17:57:14
Hi, good afternoon. I apologize if I've been a nuisance in the Q&A's.

[DeeAnne McCallin] 17:57:19
Not at all.

[Kayte Fisher - CDI] 17:57:19
It's a Good. I haven't been quite sure where it's been appropriate for me to speak up, but I did want to point out that.

[Kayte Fisher - CDI] 17:57:28
Exactly. Per some of the comments that are.

[Kayte Fisher - CDI] 17:57:32

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That have been raised specifically with regard to consent and opting out of consent, you know, the The Department of Insurance is primarily a consumer protection agency and so you know, from our perspective.

[Kayte Fisher - CDI] 17:57:45
Consent is worthless and meaningless. If it cannot be revoked. You know, it's not, it's not actually real consent if a, if a patient feels a forced into it or B.

[Kayte Fisher - CDI] 17:57:56
Can't make a decision and then decide that they want to change their mind. That's a hallmark of true informed and free consent.

[Kayte Fisher - CDI] 17:58:05
And I can just tell you from my own personal experience in the last week, I, just of my own personal, I called, I have a Calpers, you know, regular health insurance just like all state employees.

[Kayte Fisher - CDI] 17:58:16
And I called Shield and I asked, if I could please, revoke my consent for Shield to share my information via the data exchange framework.

[Kayte Fisher - CDI] 17:58:25
Unsurprisingly the person who answered the phone had no idea what a data exchange framework is and had, even after talking with 2 layers of management, had no idea how to accommodate my request.

[Kayte Fisher - CDI] 17:58:37
So I felt like that was a a pretty fair, you know, entry point and then just yesterday I get my own health care at the UC Davis health system a very large health system.

[Kayte Fisher - CDI] 17:58:47
And I requested both at the front desk of the radiology department and then also later via the, I think they call it.

[Kayte Fisher - CDI] 17:58:57
Patient relations office, which they're sort of a higher level customer service department. If that if I could revoke my consent for any of my data being shared via the data exchange framework, again, Absolute blank stairs.

[Kayte Fisher - CDI] 17:59:11
No one had any idea how to even remotely go about that. So, you know, I am obviously better informed than most people and I feel like I have better abilities to make these requests.

[Kayte Fisher - CDI] 17:59:24

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And if I can't get any risk any knowledgeable response at all, then I'm pretty sure that no other California consumer is also getting any response.

[Kayte Fisher - CDI] 17:59:35
So, you know, I think a technical ability. On paper to revoke consent is one thing but a practical real life ability is a very different thing.

[Kayte Fisher - CDI] 17:59:47
And the other thing that I've raised, Dean with you before and some of the other people at CDI is the department is very strongly interested in seeing the new policies and procedures.

[Kayte Fisher - CDI] 17:59:58
Developed specifically around sensitive services and the maintenance of privacy and security around that data. And those 2 things, you know, both consent and specifically around sensitive services, those things dovetail almost completely.

[Kayte Fisher - CDI] 18:00:16
And that's it. I'm done.

[DeeAnne McCallin] 18:00:18
Thank you. No, 2 good topics. And What my takeaway, like I believe what Katie hit upon might be in part what Louie might have brought up about.

[DeeAnne McCallin] 18:00:31
Partial consent if it was Louis or somebody like I'd never really thought somebody would actually be asking.

[DeeAnne McCallin] 18:00:38
At a provider of care to have. Their information excluded from data exchange framework exchange. In my mind, I thought they would be asking to have their information excluded from exchange.

[DeeAnne McCallin] 18:00:54
Like, no matter the who, but I didn't ever think that somebody might want chunks like, oh, it's okay for it to go.

[DeeAnne McCallin] 18:01:01
Via these channels, but not through data exchange framework. So.

[Kayte Fisher - CDI] 18:01:05
Well, to be clear, what I asked for was the data exchange framework and any third party business affiliates it pursuant to a the hip agreement.

[Kayte Fisher - CDI] 18:01:19

I mean I I fully acknowledge I've you know if I want my provider to be able to build my insurer for.

[Kayte Fisher - CDI] 18:01:24
You know, for services rendered and if I want that that information sharing to be seamless, I have to sign a HIPAA waiver.

[Kayte Fisher - CDI] 18:01:32
I have to, you know, that's fine. But I want to be really clear about what I'm signing along with that.

[Kayte Fisher - CDI] 18:01:39
You know, my intention is only for the specific data that I know I'm I'm allowing to be shared, which is, you know, the information relating to billing between my provider and my insurer.

[Kayte Fisher - CDI] 18:01:50
The things I'm not excited about are any other, you know, what to me seem like random third-party business affiliate.

[Kayte Fisher - CDI] 18:01:57
Which that seems to be the exception that we're that did exchange framework really is relying on it in terms of consent so I'm more broadly asked for a third party affiliates or business associates to be not shared with, but again, I got just totally blank looks.

[DeeAnne McCallin] 18:02:16
Thank you. Good feedback.

[Alice K - Manatt Events] 18:02:23
There are currently no other hands raised at this time.

[DeeAnne McCallin] 18:02:30
And our eyes are also looking to QA and check comments or questions.

[DeeAnne McCallin] 18:02:39
One question in the Q&A is about opting out guidance, DXF. Guidance pertaining to.

[DeeAnne McCallin] 18:02:48
DXF providers or participants? Yes. What we talk about here is about who has signed the DSA and is a participant.

[DeeAnne McCallin] 18:02:58
So. We essentially don't have any. Authority. We don't have the DSA in the PNPs do not apply to those who have not who are not a D except participant.

[DeeAnne McCallin] 18:03:19

Yeah, so there is no centralized opt out. System in California.

[DeeAnne McCallin] 18:03:29
Any other public comments from either the committee or anybody out there that you may see, Alice?

[Alice K - Manatt Events] 18:03:38
It just got one hand raised. Lucy, you should not be able to unmute.

[Lucy Johns] 18:03:46
Thank you, I really appreciate all this conversation about opt out. And I would just say that we have the DXF.

[Lucy Johns] 18:03:55
Because there was pressure in the legislature. To require exchange. I'm hoping that the DXF can address this issue of opt-out.

[Lucy Johns] 18:04:11
So we don't need to be going to the legislature to protect ourselves. Thank you.

[DeeAnne McCallin] 18:04:19
Thank you.

[Alice K - Manatt Events] 18:04:24
There are no other hands raised at this time.

[DeeAnne McCallin] 18:04:30
Great. Thank you. I can't remember if I do see one question.

[DeeAnne McCallin] 18:04:38
I've I think I am in a sense with a little bit of time to spare going backwards. This slide I skipped.

[DeeAnne McCallin] 18:04:47
We jumped to because we did have active public comment and it was close enough to the top of the hour.

[DeeAnne McCallin] 18:04:53
We did go a few minutes after the hour for extending public comment, which is typically longer than we go.

[DeeAnne McCallin] 18:04:58
So we covered public comment well. Thank you all for contributing. And so what we did not talk about was this particular slide.

[DeeAnne McCallin] 18:05:06

What other topic? So one of them might be in the Q&A right now and do any of the committee members have anything they would like to chime in here.

[DeeAnne McCallin] 18:05:15
We spent 40 min on. Cyber. The push individual information delivery and a bit on a few minutes on opt-out.

[DeeAnne McCallin] 18:05:28
What are we missing?

[DeeAnne McCallin] 18:05:41
And okay, Luke.

[DeeAnne McCallin] 18:05:46
You're muted if.

[Louis Cretaro] 18:05:52
Thank you, apologize. I'm not sure if it could be tackled in 2024, but what I really think needs to occur.

[DeeAnne McCallin] 18:05:54
No problem.

[Louis Cretaro] 18:06:01
Is an expansion at some point of the data elements. That health care would profit by. From the different social services systems.

[Louis Cretaro] 18:06:12
And I think what we've got is a great benefit. To social service systems, you know, but most of the health care in the social service system comes from health care already.

[Louis Cretaro] 18:06:25
We've collected it, we've manually entered it for some places that are more automated at a local level.

[Louis Cretaro] 18:06:33
They might have gotten electronic feed. But for the most part, we'd only be giving back what we got from the healthcare already.

[Louis Cretaro] 18:06:41
But there are other things in social services systems that I think would be beneficial for the total. Patient care.

[Louis Cretaro] 18:06:51
And those things I think need to be balanced. I'm of course assuming that we've got informed consent.

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[Louis Cretaro] 18:06:58
But those are the things that I think. At some point we need to make the list of. I've given examples over the years, you know.

[Louis Cretaro] 18:07:06
We have social workers visiting families. We have in home support services. People visiting families. We keep track of the needs of those families.

[Louis Cretaro] 18:07:19
Whether there's a language need, a safety issue, a transportation issue, things that alert our workers before they go on a visit.

[Louis Cretaro] 18:07:28
In health care, they have public health nurses. They're home care nurses. They may be making referrals to go out.

[Louis Cretaro] 18:07:35
Someday they should have that information available if it was you know, if it was possible to exchange that or in the right priority and assuming.

[Louis Cretaro] 18:07:48
Concern. We always think about food insecurity, homelessness or near homelessness.

[Louis Cretaro] 18:07:53
Those are things that consent might really matter. To somebody about. But also the health care provider would really want to know.

[Louis Cretaro] 18:08:01
And there's just a lot of other things and I think as some point down the road, not only do we need to change this system to be able to.

[Louis Cretaro] 18:08:10
Provide that securely, but we also need to go system by system. In some kind of forum. Where the health care providers understand what's there and and we can prioritize with the most important things are.

[Louis Cretaro] 18:08:26
I apologize if that's been done and I missed it, but I think that to be a mutually beneficial.

[Louis Cretaro] 18:08:33
I think that's where we have to. Yeah, too. So it's not whole person care if you don't have all the information.

[Louis Cretaro] 18:08:42

Yeah, you could possibly use in my opinion. And it's a great thing that we're doing, don't get me wrong.

[Louis Cretaro] 18:08:49
And I certainly would love to see this information coming into. Some of our systems for the benefit but I'm trying to say that I don't think we'll get, you know, currently set up yet to give healthcare everything they need and it's gonna take some time and the systems have to be changed.

[Louis Cretaro] 18:09:10
And they all have tending modifications or in design. And that's all got to be queued up, you know, for those kinds of changes.

[Louis Cretaro] 18:09:18
Thank you. That's the first one to bring.

[DeeAnne McCallin] 18:09:19
Great, thank you.

[DeeAnne McCallin] 18:09:26
Thank you, Louis. And now we have Mark Savage.

[Mark Savage] 18:09:30
I wanna pick up on a comment I've made before around individual access. And some of the complexity about a

[Mark Savage] 18:09:39
A digital exchange framework and a data sharing agreement that talk in terms of participants. When individuals are not technically participants.

[Mark Savage] 18:09:50
But they have a right of access. Some ways you could think of them as third party beneficiaries, but That's a little too legal for.

[Mark Savage] 18:09:59
For purposes of being consumer friendly. I think I was just skimming the website.

[Mark Savage] 18:10:08
I would like to see. I would like for us to talk about and then to see. On the website.

[Mark Savage] 18:10:14
How individual Californians can use the digital, the data exchange framework. And so it's maybe it's an organizing not around topics, but who you are and how you use it.

[Mark Savage] 18:10:26
And there would be things like FAQs saying, how do, how do you, you want to do it?

[Mark Savage] 18:10:33
You want to get access to your information through the. Through the DXF, how do you how do you do that?

[Mark Savage] 18:10:38
I'm not sure how you do that. I've tried and I have not and I've not been successful so far.

[Mark Savage] 18:10:45
Just repeating earlier examples of people who are knowledgeable about things and still have not been successful.

[Mark Savage] 18:10:50
It does not surprise me that at the beginning of a of a great effort. There's some testing and some piloting and some figuring things out.

[Mark Savage] 18:11:01
So that doesn't trouble me, but I do think that's a If we don't do that work now quickly.

[Mark Savage] 18:11:08
We are going to get complaints. Down the pretty soon down the road. So the time to do it is now so that we actually anticipate that.

[Mark Savage] 18:11:16
And we and we are better prepared. That's what I'd like to see this year. i 1 of the things I'd like to see this here.

[Mark Savage] 18:11:23
I think the other thing is sort of the same thing around Exchange with social referral platforms.

[Mark Savage] 18:11:29
There's a lot happening. It is it is one of the

[Mark Savage] 18:11:34
It is one of the great things about the about the DXF. That we are bringing in the social service and community-based organizations that have been providing care for such a long time.

[Mark Savage] 18:11:46
We need to keep working on that and to get to the how to how do we make this work right for people who haven't been doing it as much as we wish.

[Mark Savage] 18:11:56
Thanks.

[DeeAnne McCallin] 18:11:58
Thank you.

[DeeAnne McCallin] 18:12:07
Okay, another nod for like the individuals and how it works.

[DeeAnne McCallin] 18:12:12
Another question that is. In the QA is Cdi is position addressing requirements of AB 352.

[DeeAnne McCallin] 18:12:25
So that is slot signed legislation. It does not site CDI as. As having the responsibility for it that we have for what was incorporated into there was a line item amendment in Help and safety code 1 3 0 2 9.

[DeeAnne McCallin] 18:12:46
That we incorporated into our policies and procedures we are fielding stakeholders input and questions and comments, lifting off of what John O'hannion said at the last IC meeting.

[DeeAnne McCallin] 18:13:01
Sharing that up with Kal HHS to let them know that folks are concerned about an implementation date of July.

[DeeAnne McCallin] 18:13:09
Really relaying the message. Is what we're doing right now, but we are definitely relaying the message and it's coming in.

[DeeAnne McCallin] 18:13:18
And we will continue to do that on your behalf.

[DeeAnne McCallin] 18:13:28
And we'll capture all of the Q&A and chat as well.

[DeeAnne McCallin] 18:13:36
Alright, seeing no other hands rates or anything like that, I'm gonna look up to see what is next.

[DeeAnne McCallin] 18:13:42
Oh, and one of the things to leave you with, even if it's for follow-up, quick email or anything like that is if you have a hundred 80 degrees of this.

[DeeAnne McCallin] 18:13:53
What do you think we Maybe should not focus on or maybe we're putting too much energies on and what we should not focus on so that we get the other components of parts that people are providing us to do.

[DeeAnne McCallin] 18:14:05
So I also like to think of the opposite of what we're asking for as well. Stephen Lane, I see your hand.

[Steven Lane] 18:14:11
Yeah, I just wanted to verbally, you know, create a counterpoint to Jason's comment in the chat about whether or not there should be a big focus on reporting, you know, who's signed the document and who hasn't.

[Steven Lane] 18:14:27
I mean, the law says that everyone is is subject to the law, you know, that that signing the document really doesn't change that.

[Steven Lane] 18:14:35
I mean, I don't know, you know, what folks might be planning to do with you know, whether or not somebody is signed, but that seems like the least of our worries.

[Steven Lane] 18:14:44
You know, that we should be focusing on promoting exchange and getting people engaged in exchange and not worrying about whether document was signed.

[DeeAnne McCallin] 18:14:55
Thank you. A good 180 degree perspective.

[DeeAnne McCallin] 18:15:10
Alrighty, so we will as we typically do consider the feedback provided. Just to note one somebody during our last subcommittee meeting which was a mentioned to the survey that.

[DeeAnne McCallin] 18:15:23
We We conducted late. 2023 on on what the priority points that we should be looking at for 2024 would be so a number of the topics that we talked on today were some of the responses in that type of survey.

[DeeAnne McCallin] 18:15:43
But I thought it was a great call out last. Subcommittee meeting that I did go back and re look at to see what we were missing there or if we would be hearing any of those responses like Mark bringing up, IS when it wasn't a bullet point or a slide item.

[DeeAnne McCallin] 18:15:58
So we'll consider our continue to consider feedback. Use the feedback form. Let folks know about that if it's out there, like if they're out there and they're calling you, maybe your QHIO and you're getting complaints that maybe you should't be the benefactor of you could direct them to the feedback form perhaps.

[DeeAnne McCallin] 18:16:18
So we will continue to advance any PMPs through administrative changes. There's a few clean up things that might be coming cycling through.

[DeeAnne McCallin] 18:16:26
Right now we're not seeing, I don't think we have on our radar any substantive changes to be working with the subcommittee on at this moment.

[DeeAnne McCallin] 18:16:34
As we typically do, we'll be posting a summary of today's meetings on our web page.

[DeeAnne McCallin] 18:16:39
In a it tends to take about 5 to 7 business days. For all the material to be drawn down from the cloud or wherever it all is and to get it posted onto our web page.

[DeeAnne McCallin] 18:16:51
Do do provide any feedback on other topics for this year. And the upcoming meeting schedule so presently this is what the calendar looks like for 2024.

[DeeAnne McCallin] 18:17:06
We have task meeting number 3 is on April 20 third the next subcommittee. Meeting this group is June seventh and the next IAC meeting is May 20 s.

[DeeAnne McCallin] 18:17:18
So April 20 third May 20 s and then June seventh is the lineup for, April, May and early June.

[DeeAnne McCallin] 18:17:28
And with that, that ends the meeting. Thank you everyone for coming. Great engagement. Hopefully it felt a bit more conversion as a, as opposed to present to, but do let us know how we can help improve these meetings and excellent attendance today and good participation and thanks to the and CDI staff who did a lot of help to hold this 2 h together.

[DeeAnne McCallin] 18:17:55
Take care and have a great afternoon.

[Mark Savage] 18:17:56
Thanks very much.

[DeeAnne McCallin] 18:17:58
Bye

[Louis Cretaro] 18:17:59
Thank you