



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee Meeting
Q&A Log (12:00 PM – 2:00 PM PT, May 22, 2024)**

The following table shows comments that were entered into the Zoom Q&A by public attendees during the May 22, 2024 meeting:

Count	Name	Comment	Response(s)¹
1	Steven Lane	When will slide deck be posted to the public website?	We send the slide deck for posting after the meeting, but it can take 5-10 business days for ADA remediation
2	Saurin Mehta	What is the plan to initiate ADT exchange, as it has been significantly delayed?	
3	Ken Riomales	Are the QHIO meetings open to the public?	live answered
4	Saurin Mehta	Payor are not able to query the DxF as routing of CCDA currently is thru national exchanges I.e. CareQuality or ehealthexchange as it is restricted for treatment purposes but not allowing for Payment and Operation purposes. How would Payor benefit to get CCDA and when will that happen?	While the nationwide networks and frameworks are most used for treatment purposes, they may not, and some do not, prohibit use for other purposes such as health care oprations, payment, or public health reporting. QHIOs support exchange using all of the Required Puposes under the DxF.
5	carol malo	Do you have any information collateral for consumer information on their rights to decline? in various languages?	We recommend you review two FAQs, https://www.cdii.ca.gov/wp-content/uploads/2023/12/Data-Exchange-Framework-FAQ-2024-19-1-014.pdf , numbers 25 and 26. CDII does not provide opt out resources in multiple languages, but the DSA Participant (eg a provider who has signed the DSA) might provide in multiple languages
6	carol malo	If we are not ready to exchange information because we have not acquired an EHR yet, should we wait to sign until we are ready?	If you are listed in Health and Safety Code 130290 as a mandatory signatory, you should sign the DSA now. If listed in HSC 130290 as elegendible to delay exchange under the DxF until 2026, you should specify that in the Participant Directory. If you

¹ Responses may have been provided by various Data Exchange Framework Implementation Advisory Committee Members or Center for Data Insights and Innovation staff.

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			are a voluntary signatory (not mandated under HSC 130290), you may wait to sign the DSA until ready to exchange.
7	Steven Lane	Success: Seeing payer organizations initiating DxF exchange by joining a QHIO as query responders to meet their obligations under the DSA.	Thanks for your comment.
8	carol malo	Our organization can be an advocate to inform other CBO's about data exchange and the community to advocate and increase their knowledge about their rights to decline and the future of data exchange that is patient centered. please email me at carol@visionycompromiso.org	live answered
9	carol malo	Our organization can be an advocate to inform other CBO's about data exchange and the community to advocate and increase their knowledge about their rights to decline and the future of data exchange that is patient centered. please email me at carol@visionycompromiso.org	thank you Carol.
10	Steven Lane	Suggestion: CDII could focus on supporting CA payers in meeting their obligations under SB 1419, which requires implementation of API-based exchange by 1/1/25, two years ahead of the federal/CMS requirement. - Patient Access API - Provider Directory API - Payer-to-payer API - Provider Access API - Prior AuthorizationSupport API	thank you Steven.

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11	Kayte Fisher (she/her) - CDI	Carol Malo - A major issue that the California Department of Insurance and others have noted is that there is currently NO WAY for any consumer to decline to have their data shared. There is no current consumer education about the fact that when a consumer signs a HIPAA notice at their trusted provider, their data is now going to be shared, without their specific consent, far and wide.	
12	Matthew Eisenberg	The ONC USCDI SVAP process is designed to support DEVELOPERS but does not take into account for both EHR vendor certification requirements and provider system upgrade and adoption timelines (which happens later). For example, we have USCDI V5 draft but V3 is required by developers in 2026. More importantly, since there is no technical exchange as part of the DxF, requiring these standards is sort of moot.	Thanks for your comment, Matt.
13	Steven Lane	Great to see this repeatable cycle of updates aligning with the national processes that we have established over the past few years. This mitigate burden by keepin CA requirements aligned with national standards, which many DxF participants also need to meet.	Thanks for your comment, Steven.
14	Lucy Johns	Thank you Kayte. I've been harping on this issue for a while. CDII says it is aware but conversation never occurs in any committee. Initial	

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		response always is: talk to your provider. But as you observe, no consumer knows about this. I will add: no provider will know how to respond. There is no directive from anywhere - state, health systems - to enable pt to register "do not share my data."	
15	Steven Lane	ONC's HTI-1 rule requires that certified HIT must provide individuals with an internet based method to request limits on the use/disclosure of their PHI by 1/1/26.	
16	Lucy Johns	Please make priority: Patient opt-out!	
17	John Helvey	Support Matthews comment and Steven Lanes Comment	
18	Lucy Johns	Slide 36 does not mention pt opt-out. Still. Not a priority, despite continual reminder. ;-)	
19	Steven Lane	Is it time to specifically bring FHIR-based exchange into this process, especially given advancing requirements in both state and federal statute?	live answered
20	Steven Lane	"Opt out" is only the most draconian approach to patients limiting the use or disclosure of their information. We should work toward more specific individual controls and the development or identification of a set of privacy control / consent management utilities that can be used statewide.	
21	Steven Lane	Linking the two comments above, the FHIR standards already exist to support both Data Segmentation for	

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		Privacy and Consent Management. Perhaps we can work toward these two goals in a coordinated manner.	
22	John Helvey	The Gravity project is focusing on the Standardization of the SDoH data and Wolters Kluwer is highly engaged in this work as well. We need not reinvent the wheel and leverage work that is already being done.	
23	Matthew Eisenberg	I agree with John, although the Gravity project is focused on standard SDoH data exchange using FHIR but not current CCDA exchange. That will come with vendor supported USCDI version adoption over time.	
24	Steven Lane	The question we should be asking is not whether FHIR is sufficiently mature to bring into DxF, but rather whether the DxF participant community is sufficiently mature to consider using FHIR. Providers using Certified HIT and increasingly payer systems have this capability. Other participants will likely need to implement this. Support through CDII/DxF could support this. FHIR provides tools to address many of the Minimum Necessary and Privacy issues that have been barriers to participation.	
25	Lucy Johns	'@Steven Lane: "Opt-out" is shorthand for patient control of sharing of their person health information. However you want to	

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		conceptualize, nothing in DxF addresses this now. ;-)	
26	John Helvey	Agree with Dan's comment on standards, it is the adoption, and fullness of those standards that are adopted and operationalized across the ecosystem(s)	
27	John Helvey	There are a number of organizations that are already sharing data with QHIO and HIE's that have not signed the DSA. Given HSC 130290 is law there a need to differentiate?	
28	Steven Lane	I agree with Dan that we should ideally be looking at the advancement of interoperability across the care spectrum. A challenge is where we may be able to collect these metrics outside of the QHIOs. We could ask the national networks/frameworks for CA-specific metrics, but they don't have great data either.	
29	Lucy Johns	Instead of calling this Grants, consider calling this: Investment in Data Sharing Capacity in CA. Or some such. That's what it is and what the Leg and Gov will (should) want to know.	thank you for the suggestion Lucy.
30	John Helvey	SacValley MedShare has metrics that demonstrate the impact of data flow through SVMS before and after CalHOP in conjunction with the SAFR Grant given they ran simultatenously. Distguishing between the DSA signatories and non-DSA Signatories is much more of a burden for us as	

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		QHIO's. Data Flow is just one measurement...using the data is one that is a much harder point to prove...There are some metrics that EMR's are supposed to support from the MU / Promoting Interoperability. However, that data would be even harder to aggregate.	
31	Lucy Johns	What does "unsuccessful" mean? I think much thought required about this.	
32	Steven Lane	Great suggestion, John, re exploring how to leverage metrics that are already being reported, e.g., through CMS's national the Promoting Interoperability program. Is there an opportunity (is it advisable) for the state legislature to require CA providers to report on their CA-specific exchange metrics?	
33	Steven Lane	...leveraging the SAME reporting methodology that is used for federal reporting.	
34	John Helvey	Agreeing what Felix is stating with regards to the burden on QHIOS to distinguish between DSA signatories and non-DSA signatories...Cost/Benefit really needs to be evaluated.	
35	Lucy Johns	What about MediCal as source of info about data exchange?	
36	Lucy Johns	Great minds, whoever is talking now. ;-)	
37	John Helvey	Dan Chavez is spot on...counties are struggling with the movement of the	

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		<p>CalAIM initiatives and the DxF and while there is some alignment we are on the verge of chaos with the creation of additional 58 different counties taking initiatives forward to comply with CalAIM and the end result, in my opinion, increase data sharing complexities, cost, and significant burden to the limited resources that already exist in CBO's and County partners. We have to put more people forward in delivering services and be extremely cautious of the coming unintended consequences of CalAIM and the DxF.</p>	
38	John Helvey	<p>Agree with Steven Lane's comment on the focus and impact of interoperability!</p>	

Total Count of Zoom Q&A comments: 38