California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee and Data Sharing Agreement (DSA) Policies and Procedures (P&P) Subcommittee Meeting Transcript (9:00 – 11:30 AM PT, May 15, 2025)

The following text is a transcript of the May 15, 2025, joint meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Implementation Advisory Committee (IAC) and Data Sharing Agreement (DSA) Policies and Procedures (P&P) 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 webpage to ensure accuracy.

00:00:03.420 --> 00:00:20.320
Akira Vang: Hello and welcome. My name is Akira, and I'll be in the background to support with Zoom. If you experience technical difficulties, please type your question into the Q. And a live closed captioning will be available. Please click the CC. Button to enable or disable

00:00:21.070 --> 00:00:30.789
Akira Vang: Members who are on site are encouraged to log in through their zoom panelist link. We ask that you keep your laptop video and audio off during the meeting.

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Akira Vang: as the room's cameras and microphones will handle the broadcast Wi-fi and technical instructions are posted in the room. Participants may submit comments and questions through the Zoom Q, and a box which will be recorded and reviewed by Cdii staff

00:00:46.710 --> 00:00:54.820
Akira Vang: for spoken comments. Committee members and public participants must raise their hand for Zoom's facilitators to unmute them, to share comments.

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Akira Vang: Additional details, for on-site and off-site instructions are included on the slide.

00:01:01.280 --> 00:01:03.580
Akira Vang: Public comment will be taken

00:01:03.910 --> 00:01:20.160
Akira Vang: at designated time. During the meeting the chair will call on individuals in the order in which their hands were raised. Individuals will have 2Â min to speak, and will be asked to state name and organization affiliation at the beginning of statements. With that

00:01:20.300 --> 00:01:23.420
Akira Vang: I'll pass it on to John to get into the meeting agenda

00:01:24.600 --> 00:01:42.960
SC-1181-Sacramento: Thank you, Akira, and thank you all for joining us today, and welcome to our joint Iac and data sharing agreement. Pnp. Subcommittee meeting. We have a full agenda today. During our time today, we're going to discuss the 2025 technical standards advancement.

00:01:43.180 --> 00:01:47.070
SC-1181-Sacramento: We're gonna solicit your feedback on the Participant Directory.

00:01:47.430 --> 00:01:55.999
SC-1181-Sacramento: We are going to review updates to the Department of Health Care services proposed. Ask me, consent management architecture.

00:01:56.350 --> 00:02:01.189
SC-1181-Sacramento: We're going to provide an overview of changes to our data exchange framework advisory committees.

00:02:01.380 --> 00:02:06.880
SC-1181-Sacramento: And we're gonna provide some brief Dxf implementation updates.

00:02:07.000 --> 00:02:12.690
SC-1181-Sacramento: We're gonna have time during today's meeting and throughout for discussion and take public comments

00:02:14.020 --> 00:02:14.780
SC-1181-Sacramento: Encourage

00:02:15.570 --> 00:02:44.090
SC-1181-Sacramento: encourage members of the Advisory Committee to to the and to the public to utilize the chat and QA. Functions throughout the meeting. We never usually have a problem with this group being active. So we don't expect any less today. And let's go to the next slide before we begin. I have an exciting announcement, but you probably already know about it, because it was announced a few weeks ago

00:02:44.280 --> 00:02:56.040
SC-1181-Sacramento: that Jacob Parkinson has been appointed as our new deputy director for the data exchange framework. Most of you already know Jacob, from his outstanding work as our Qhio program manager within the Dxf program.

00:02:56.180 --> 00:03:10.860
SC-1181-Sacramento: Jacob brings a wealth of program knowledge, a strong track record of collaboration and leadership. And I'm really thrilled. I know our team is well to continue working with Jacob and his new capacity to advance the goals of data exchange framework.

00:03:11.500 --> 00:03:31.819
SC-1181-Sacramento: In addition, you're going to hear just in a moment from our department of social services, from Ish, and, as always, our subject matter expert, presenting our technical

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side rim, Catherine and another guest from Department of Health care services, Dr. Lennon Scotts joining us again.

00:03:32.290 --> 00:03:56.060
SC-1181-Sacramento: So with that, we go to the next slide. Today's to begin today's meeting. I want to take a moment to reflect on the data Exchange framework summit that was held in March. Can't believe it was that long ago. Already we brought together around 236 attendees and 34 expert speakers, including many of you here today.

00:03:56.060 --> 00:04:17.449
SC-1181-Sacramento: I don't know about you, but I left the summit feeling energized, re-energized by the momentum of dxf implementation and encouraged by the strong, unified commitment across both stakeholders in health and social services. It's clear that there is a shared dedication to advancing data exchange across California State Departments.

00:04:17.740 --> 00:04:33.860
SC-1181-Sacramento: And on that note I'm very honored to welcome Aparna Ramesh, who's the chief of the Research and Data Insights branch of the California Department of Social Services to share some of her reflections from the summit, and with that I'll pass it on to Aparna. Welcome

00:04:34.270 --> 00:04:39.182
Aparna Ramesh: Thank you. Thank you, John. And it's nice to see all of you today.

00:04:39.922 --> 00:05:04.279
Aparna Ramesh: Yeah, I mean, the department is really proud to sort of be a part of this conversation on advancing the data, exchange, framework, health and social well-being are deeply interconnected and integrating and understanding how to integrate the health and the social services. Data is essential for achieving whole person care especially for many of the populations we serve.

00:05:04.280 --> 00:05:27.880
Aparna Ramesh: which are some of California's most vulnerable populations. So I had the privilege of joining John and other State leaders to reaffirm our commitment to the data exchange framework. And, as you all know the successful implementation hinges on all of us. It's a shared responsibility across State agencies, stakeholders throughout the health and human services landscape.

00:05:27.880 --> 00:05:52.450
Aparna Ramesh: And so you know, I wanted to share a couple of themes that resonated with me, and I think came up in the conversation, especially from the social services. Frame social services, as we know, is not a monolith. It's use cases, the laws that govern it, the needs of the people who have it, finding a 1 size fits all approach for integrating social services, data and the actions that we're trying to engender by

00:05:52.450 --> 00:06:08.510

Aparna Ramesh: empowering the use of data in the ways that the data exchange framework is trying to trying to push forward is difficult. And so we found that one of the like best ways to start conceptualizing of what it means to incorporate the social services

00:06:08.935 --> 00:06:31.759
Aparna Ramesh: sort of side of things into the data. Exchange framework is really by grounding in the in the why right in the used cases. So we've been working with other departments. And Cdi to to really start conceptualizing the data sharing needs thinking through really, like the key life events for any Californian where the data could do the heavy lifting, starting at birth

00:06:31.860 --> 00:07:00.099
Aparna Ramesh: with maternity and newborn services through other times in life where data can help bring the full supports of social services to bear, to prevent financial or health crises, or to interrupt such crises. So homelessness is another great example of this one challenge that came up. I found repeatedly, and we talked about this during our session, too, was around the very challenges you guys are talking about today. Consent, legal constraints, privacy.

00:07:00.472 --> 00:07:29.447
Aparna Ramesh: Number one thinking about how to center the preferences, the client via consent management catering who sees the data and the why around what a client wants empowering clients to make their own choices on the spectrum between privacy and convenience with their data. And 2, you know how to how to work within complex federal and State statutes that govern social services data. So these have always been important conversations, but are, of course, of utmost importance today.

00:07:30.670 --> 00:07:57.520
Aparna Ramesh: and you know one other one other theme that that always comes up for me is that the application of the context is important, too. So who is seeing the data? And what data is actually actionable? Right? So does a clinician need to know. I'm enrolled in a safety net program to better connect me to safety supports? Or is it more helpful for a frontline worker to know that I'm potentially eligible for a program and potentially able to, with my consent, use that data to clear some of the administrative burdens

00:07:57.590 --> 00:08:01.320
Aparna Ramesh: of getting me enrolled in the program. So

00:08:01.520 --> 00:08:17.730
Aparna Ramesh: you know, I think with consent management, especially in the context of the data exchange framework. California can play a really powerful role in leading the way. We empower those we serve to have control over their data, enabling the ability of data to help people work

00:08:17.920 --> 00:08:47.430
Aparna Ramesh: for the people we serve reduce administrative burden and reduce the need of Californians. We serve to have to tell their story twice in clinical settings, in social support settings over and over again. And you know what a wonderful affirmative vision around data that could be. So I am super excited. That consent management architecture is the focus of today's

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meeting. I think it's a critical step towards enabling the meaningful exchange of social services data. And and it really is fundamental when thinking about

00:08:47.770 --> 00:08:52.780
Aparna Ramesh: thinking about what social services data means in the data exchange framework, so

00:08:52.780 --> 00:09:13.270
Aparna Ramesh: can't wait to continue the conversation with you all. And I know this is gonna Mark, the beginning of many more conversations to to think about the full potential of the data exchange framework, especially on the social services side. So, thanks to all of you for your dedication, your advocacy, your leadership which are critical to making whole person care happen here in California

00:09:14.640 --> 00:09:32.060
SC-1181-Sacramento: Thank you, Arna, and thanks for being such a great partner, we're really fortunate. With your department, and not only your leadership. Others we get to meet with all the time working on this together. So thanks, thanks for joining today. And yeah, we're gonna get into consent in a little bit

00:09:32.404 --> 00:09:46.340
SC-1181-Sacramento: I'd really like to just take a moment right now to open the floor and get some reflections and feedback from those of you. Also that attended the summit, maybe. What were your takeaways? Do you have any feedback on the event?

00:09:46.794 --> 00:09:50.689
SC-1181-Sacramento: With that I will open and see if we have any

00:09:50.840 --> 00:09:52.469
SC-1181-Sacramento: folks that want to step up.

00:09:59.820 --> 00:10:01.010
SC-1181-Sacramento: Don't be shy.

00:10:07.130 --> 00:10:15.440
SC-1181-Sacramento: Okay, so it was perfect. We couldn't do anything better, and we appreciate you. I'll give you one more minute. If anyone wants to jump in.

00:10:15.900 --> 00:10:17.599
SC-1181-Sacramento: If not, we will pick up

00:10:21.270 --> 00:10:32.466
SC-1181-Sacramento: okay, White Group. So far, I know that's not gonna continue. So we'll keep going alright. So one other thing I wanted to do a is there next slide on?

00:10:33.660 --> 00:10:35.650
SC-1181-Sacramento: what's the next slide? Besides this.

00:10:37.260 --> 00:10:46.070
SC-1181-Sacramento: anyone? Okay, you can go back. So before I go on to our next item, in addition to reflecting on the summit.

00:10:46.080 --> 00:11:13.790
SC-1181-Sacramento: I wanted to take a moment and share a few highlights from our data exchange framework roadshow events that have been happening across California to engage a range of stakeholders between January and May Cdi participated in 5 collaboratives throughout 6 counties we reached approximately 170 participants, including community-based organizations, managed care plans and providers

00:11:13.930 --> 00:11:26.249
SC-1181-Sacramento: in Alameda, Alameda, County the Food Bank spoke of their challenges and accessing, accessing appropriate referral information to deliver medically supportive food to medi-cal members.

00:11:26.580 --> 00:11:56.410
SC-1181-Sacramento: The Food Bank managed Care Plan and the county. She, which is the Social Health Information Exchange, are now collaborating in the data exchange framework, sandbox, community design studio to address this so nice progress there in Sacramento. The county team who's leading the development of their. She spoke about the social services, use cases that they are grappling with, including how to work with education partners and multiple county agencies.

00:11:56.540 --> 00:12:13.590
SC-1181-Sacramento: Lastly, multiple agencies across the county shared their experience onboarding to a Qhio, including the benefits their provider and administrative teams have seen, but many questions still remain, especially for community based organizations that are under resourced.

00:12:13.610 --> 00:12:32.210
SC-1181-Sacramento: So a number of trends we're seeing some really great involvement, you know, getting your ear to the ground, getting ourselves really grounded in what's actually happening. And throughout, it's been really helpful. So as you find other collaborative that are getting together throughout the State. Please let us know. So we can take a visit.

00:12:32.800 --> 00:12:39.810
SC-1181-Sacramento: And with that I'm gonna pass it on to rim for a discussion on our 2025 technical standards advancement.

00:12:40.470 --> 00:12:52.680
SC-1181-Sacramento: Thank you, John, let's go on to the next slide. This is really just a reminder of the technical standards advancement process. We talked about this last year and began this process last year.

00:12:53.160 --> 00:13:15.910

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SC-1181-Sacramento: What I'll highlight here is that it calls for potentially us to convene a standards committee on the second half of each year to consider adoption of new emerging or maturing standards for use in the Dxf. Or to make changes to standards that may already exist within our pnps

00:13:16.040 --> 00:13:45.669
SC-1181-Sacramento: if we go on to the next slide. This shows really where we are in the process. In Q 2, we are soliciting priorities from stakeholders that might be discussed by the Standards Committee for advancement in each calendar year. So today, we're looking for input from the lac for potential standards or topics for standards that we might consider later on this year.

00:13:45.670 --> 00:13:48.990
SC-1181-Sacramento: Normally, we kick off the Standards Committee

00:13:48.990 --> 00:13:54.878
SC-1181-Sacramento: following publication by Astp of the standards.

00:13:56.210 --> 00:14:06.660
SC-1181-Sacramento: version advancement process or svap, which defines what we consider to be national or federally adopted standards.

00:14:06.780 --> 00:14:31.826
SC-1181-Sacramento: Let's go on to the next slide. Just a little bit of a reminder from last year in the 2024, 2025 advancement process, the Standards Committee made recommendations that we advance the version of Uscdi, from v. 2, which was originally published in the Pnps to align with this

00:14:32.620 --> 00:14:53.940
SC-1181-Sacramento: health it certification program version that will be version 3. Beginning in January 2026, we completed an amendment to the data elements to be exchanged Pnp earlier this year to implement that recommendation.

00:14:53.990 --> 00:15:15.139
SC-1181-Sacramento: And then the Standards Committee also made recommendations. We establish requirements for format and content of machine readable and human, readable notifications as part of our notifications of adt events. We've talked a little bit about the details of those recommendations.

00:15:15.140 --> 00:15:24.149
SC-1181-Sacramento: and we do anticipate that later on this year we will be publishing for public comment amendments to implement those recommendations as well.

00:15:24.880 --> 00:15:32.160
SC-1181-Sacramento: We go on to the next slide. There are at least a few areas that we might consider for

00:15:32.530 --> 00:15:42.479
SC-1181-Sacramento: consideration in 2025 to be implemented in 2026, or 2027, just as a reminder.

00:15:43.296 --> 00:15:46.349
SC-1181-Sacramento: Our P. And Ps require that any

00:15:47.178 --> 00:15:49.989
SC-1181-Sacramento: amendment to a policy and procedure.

00:15:50.280 --> 00:16:11.620
SC-1181-Sacramento: take at least 180 days after publication for implementation. So we are talking about standards that we might discuss the latter half of this year that would not be required for implementation for at least 18 months, potentially longer than that. So that's kind of the horizon. We should be thinking about.

00:16:13.035 --> 00:16:30.080
SC-1181-Sacramento: We do have standards, advancement to support event notification already underway as a result of the 2024 activities. So that is probably not an area. It would necessarily make sense. We have begun focus group meetings with task

00:16:30.090 --> 00:16:44.409
SC-1181-Sacramento: and just wrapped for people that are following it just wrapped the focus group on social data exchange. There were no specific recommendations concerning standards that came out of the task at that time.

00:16:44.410 --> 00:17:00.350
SC-1181-Sacramento: but there are, there is continued work in that roadmap pillar that may suggest standards later on this year. So that's 1 area that we're looking for thoughts from the IC or other stakeholders.

00:17:00.853 --> 00:17:19.460
SC-1181-Sacramento: We also will begin talking about consent today at today's Iec meeting and the Consent management focus group of the task will be begin its meetings later on this month, if I remember correctly, our 1st meeting in that series is on the 29.th

00:17:19.660 --> 00:17:28.670
SC-1181-Sacramento: So that's another area where we might consider standards, and then, among other exchange initiatives, folks may have

00:17:28.670 --> 00:17:51.740
SC-1181-Sacramento: recalled an announcement. I believe it was in late February that Imsa had awarded a contract to a vendor to create an electronic pulse registry that may be using fire as a potential set of standards for submitting or requesting pulse information. And that might be another topic that we would want to consider.

00:17:52.460 --> 00:17:54.510

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SC-1181-Sacramento: Let's go on to the next slide.

00:17:55.130 --> 00:18:09.510
SC-1181-Sacramento: and I'm going to be quiet for a while. I'm really interested in people's thoughts here about any technical standards that you think should be considered latter half of this year, or possible advancement in the coming years.

00:18:18.640 --> 00:18:20.789
SC-1181-Sacramento: Matt, I see that you have your hand up

00:18:21.970 --> 00:18:35.800
TELEPHONE_USER: Rim. I feel like I'm a bit of a broken record. I put it in the Panelist chat. But you know, 1st of all, the the Federal Uscdi Advancement program, I think, was gonna have to wait for

00:18:36.030 --> 00:18:43.410
TELEPHONE_USER: a shakeout in what happens with Astp Onc in the months to come. They're already on Version 6.

00:18:43.680 --> 00:19:10.000
TELEPHONE_USER: But we're not required to be supporting version 3 until next January, and I just want to reiterate California cannot try to get ahead of the Federal requirements, because it's going to be impossible. Our vendors won't be there. We won't have the capability to do it, and we just need to be cognizant that we just need to follow along as the Federal requirements come through and try to support those

00:19:11.880 --> 00:19:37.179
SC-1181-Sacramento: Thank you, Matt, and just just to clarify what we have written in our Pmps right now is to align with Federal requirements for certification. So that is version 3 in 2026 that we're going to be aligning with as well. But I think you raise a good point there that getting too far out in front of Federal requirements is going to be a difficulty for for vendors that we need to bear in mind. Thank you very much for that, Matt.

00:19:38.340 --> 00:19:40.069
SC-1181-Sacramento: We're good jump in

00:19:42.050 --> 00:19:46.130
SC-1181-Sacramento: And so I haven't been able to get online. So I'm not on the zoom, but

00:19:47.383 --> 00:20:03.919
SC-1181-Sacramento: Ford Cma on that point. Hopefully, everyone saw that there was a There's a it's pre publication right now, but there's an Rfi coming out of Federal topics pretty broad base.

00:20:04.040 --> 00:20:11.380
SC-1181-Sacramento: I think we've all been a little bit holding our breath, trying to figure out where the trump administration was gonna go. But we saw them.

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00:20:12.810 --> 00:20:26.779
SC-1181-Sacramento: you know, put out their new strategy for Cnmi this week, and on the same day released a broad based Rfi about the Hr certification program, interoperability, etc. So it seems like for the 1st time, we might actually

00:20:27.040 --> 00:20:31.870
SC-1181-Sacramento: be seeing some action out of out of

00:20:31.990 --> 00:20:43.120
SC-1181-Sacramento: the Feds on in this topic area right now, so it might behoove us to wait a little bit to see as the answers coming from the that Rfi where they actually are going.

00:20:44.190 --> 00:20:58.419
SC-1181-Sacramento: Thank you. I did see the announcement for that. But quite frankly, I don't recall the timeline. Did they publish a timeline? And do you recall what it is? It's pre publication. So it's supposed to be in the Federal Register, I believe tomorrow.

00:20:59.044 --> 00:21:06.189
SC-1181-Sacramento: and then, I think, with a 30 day response. So it'll be, you know mid June, probably before responses are even due.

00:21:06.400 --> 00:21:13.020
SC-1181-Sacramento: and then you know how they take to respond. I mean, we don't even have a new national coordinator yet. So

00:21:13.690 --> 00:21:19.279
SC-1181-Sacramento: there's there's some things that are gonna kick out there. But I agree with with Matt's point that

00:21:19.810 --> 00:21:29.729
SC-1181-Sacramento: we risk getting out too far ahead of our of our Federal partners. Yeah. And I think that's a good point. And quite frankly, if that's recommendation, the Iac is wait this year.

00:21:29.880 --> 00:21:49.540
SC-1181-Sacramento: We are not committed to 1st of all, convening a standards committee. We can choose not to do that. And then what we charge the Standards Committee with is completely up to Cdi to to do so. If the recommendation is, we wait. That's that is something that we're that we can entertain as well perfect.

00:21:50.090 --> 00:21:51.750
SC-1181-Sacramento: Are there any other thoughts.

00:21:57.980 --> 00:21:59.709
SC-1181-Sacramento: Yeah. Louie. Sorry.
00:22:00.570 --> 00:22:02.309

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Louis Cretaro: Yeah, just a comment it.

00:22:03.300 --> 00:22:15.650
Louis Cretaro: I think what's necessary for the integration of social services is to somehow influence the the Us. Cdi.

00:22:15.770 --> 00:22:21.540
Louis Cretaro: a body minus. When I looked at those previously.

00:22:21.900 --> 00:22:27.709
Louis Cretaro: some of the ambitions that this group has discussed in the past.

00:22:28.382 --> 00:22:48.579
Louis Cretaro: Those data elements aren't included in the Us. Cdi. And I mean, I think we start to see. This is just my opinion. Start to see some of them in in version 6. So my concern would be that. We're trying to integrate some programs or some

00:22:49.369 --> 00:22:58.369
Louis Cretaro: fields that won't be present in the Us. Cdi, unless we somehow or California somehow influences them.

00:22:58.855 --> 00:23:02.429
Louis Cretaro: So I know there's a lot a lot of work to still be done.

00:23:02.640 --> 00:23:07.329
Louis Cretaro: But if we're following the Federal standards and agree that we should.

00:23:07.720 --> 00:23:10.650
Louis Cretaro: Then we need to influence the Federal standards

00:23:11.450 --> 00:23:19.589
Louis Cretaro: or or they're not going to align with what we need to exchange between our social services and healthcare. In my opinion.

00:23:21.610 --> 00:23:48.239
SC-1181-Sacramento: Thank you, Louie. At least one thing that people should bear in mind is that Astp accepts public comment on the Uscdi development process and on Sfab somewhat on an ongoing basis. And so there is an opportunity for us to, or individuals to influence what's in Uscdi. So, Louis, thanks for for bringing that up. I I think that's a good suggestion.

00:23:50.130 --> 00:23:51.330
SC-1181-Sacramento: Anyone else

00:23:53.400 --> 00:24:06.649
Steven Lane: Yeah. Can you see my hand? Yeah, thanks. Yeah. Just as in response to Louis's comment, the Uscdi. Not only do they accept public comment. The entire Uscdi development process is driven

00:24:06.650 --> 00:24:27.389
Steven Lane: by input from industry. So there's no additional effort required to get in the door. You can go to the Uscdi website. You can make suggestions both on existing data elements as well as suggest future data elements. There's a whole process for that.

00:24:27.390 --> 00:24:37.390
Steven Lane: Personally been responsible for data elements being added to Uscdi, based on work that we did in California around the Parkinson's Disease Registry.

00:24:37.390 --> 00:24:59.559
Steven Lane: You know, it's a very open process, but it is important to realize that since the election the Interoperability Standards Work Group, of which I was to be a member, had only one meeting at the beginning of the year to start the review and comment process for this year's version of Uscdi. And then all meetings were canceled.

00:24:59.919 --> 00:25:07.819
Steven Lane: So I think you know. As has been said, we're kind of waiting to see what happens in Washington at Hhs. With Asdp Onc.

00:25:09.560 --> 00:25:21.860
Steven Lane: But but again, the existing process for Uscdi advancement year by year is very open, and anybody who wants to get involved can do so and have really meaningful input

00:25:24.420 --> 00:25:25.529
SC-1181-Sacramento: Thank you, Steven.

00:25:29.540 --> 00:25:56.399
SC-1181-Sacramento: Well, if there aren't any other comments, I think the prevailing recommendation that I heard today was, Wait and see. Pay attention to what's going on with the Rfi that's coming out. See if there's something for us to learn. There, we'll continue to take input from other stakeholders concerning standards, and if there are any thoughts from the Iec members as we move forward, please reach out to Cdi with those suggestions

00:25:57.030 --> 00:26:00.439
SC-1181-Sacramento: that John, I think next is Jacob

00:26:05.690 --> 00:26:32.639
Jacob Parkinson: Thanks, for we can head to the next slide, and we can actually jump in one further. We are hoping to talk to you all today about the Participant Directory. So just taking a quick step back here. Ab, 1, 33 past 4 years ago, now established the data exchange framework, and with it a requirement to allow participants to use any health information, exchange, network, health information, organization or technology to exchange data under the framework.

00:26:32.890 --> 00:26:50.279

Jacob Parkinson: Now, with this tremendous amount of flexibility afforded to participants. There was a hypothesis that we needed to stand up a directory to list all of the participants and all of the technologies or health information organizations they would be using to exchange data

00:26:50.480 --> 00:26:57.999
SC-1181-Sacramento: A phone book of sorts to make sure that anyone who wanted to exchange data with someone else knew how to go about doing that

00:26:58.770 --> 00:27:21.160
Jacob Parkinson: So if you go to the next slide, we did that. We stood up a directory. We stood up, an application to allow individuals to go in and enter their exchange choices, and we created a publicly available listing that we publish every week on our dxf. Webpage. And this listing lists like, I said, those participants, and how they plan to exchange data under the framework.

00:27:21.360 --> 00:27:37.750
Jacob Parkinson: Now all participants are required to do that, to enter this directory, to list their choices, and they're required required to do it for all 3 major exchange types under the Dxf. Request for information, information, delivery and notification of Adt. Events

00:27:38.260 --> 00:27:39.320
Jacob Parkinson: next slide.

00:27:39.680 --> 00:27:53.050
Jacob Parkinson: So the Directory has been around for well over a year now, and it's really a good time to take a step back and start to understand. Okay, is the directory serving our needs? Is it doing what we expected to do?

00:27:53.290 --> 00:28:01.930
Jacob Parkinson: And I really have 3 questions for this group today? First, st how does your organization use the Participant Directory? If at all?

00:28:02.060 --> 00:28:17.170
Jacob Parkinson: Does the Participant Directory provide any value to to your organization, or does it not? And if you do believe that we should continue to invest the resources to maintaining the Directory. My question is, how do you think it could be improved.

00:28:18.810 --> 00:28:21.129
Jacob Parkinson: Steven? I think I saw your hand go up 1st

00:28:21.490 --> 00:28:35.549
Steven Lane: Yeah, thanks, Jacob. I'll take a stab at Number 3, and this won't surprise you since we discussed it yesterday or 2 days ago. Meeting. I think that the Directory could be made more valuable

00:28:35.990 --> 00:29:00.330
Steven Lane: if those who were listed declared what exchange purposes they are exchanging for, or are able and willing to exchange for treatment, payment, healthcare operations, public

health exchange, social service, exchange, etc. I think it's certainly something that we've learned in the national frameworks that it's very helpful to know who

00:29:00.510 --> 00:29:09.579
Steven Lane: your potential trading partners are, in addition to how you would connect with them. So that would be something that I would consider on your list of improvements

00:29:12.800 --> 00:29:14.890
Jacob Parkinson: Great thanks for the feedback, Stephen Jason

00:29:16.060 --> 00:29:31.349
Jason Buckner: Thank you. That's a great one. By the way, Steven and I like that one. I could. I could list several. I'll keep it to one to let others have the opportunity. One thing is sort of pseudo related to to the previous is, there's no contact information.

00:29:31.640 --> 00:29:37.010
Jason Buckner: The only contact information that is in the Directory is if someone selects self.

00:29:38.727 --> 00:29:49.020
Jason Buckner: So oftentimes, when someone lists care quality or health exchange as their method for data. They are not responding for healthcare operations.

00:29:49.160 --> 00:30:06.929
Jason Buckner: And we don't know who to call. So we are trolling websites and sending emails to generic emails that are listed on organization sites to attempt to find someone who can tell us, how are you going to respond for healthcare operations as one example? So contact information is to me the biggest gap

00:30:11.090 --> 00:30:13.490
Jacob Parkinson: Good feedback. Thanks. Jason, John

00:30:18.240 --> 00:30:19.549
John Helvey: If I can unmute.

00:30:19.680 --> 00:30:20.620
John Helvey: There we go.

00:30:21.761 --> 00:30:29.800
John Helvey: Yeah. The other thing, I think, is very important is to not just document their decision. But

00:30:29.980 --> 00:30:35.749
John Helvey: it'd be nice to be able to have. Are they actively sharing? Are they actively

00:30:36.110 --> 00:30:40.740
John Helvey: compliant? Because many times we

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00:30:40.960 --> 00:30:49.219
John Helvey: go down that path and we search or our clients, our participants search and there is nothing return.

00:30:49.420 --> 00:30:58.609
John Helvey: And we're assuming that they're connected. And then is it a technical issue and all that. So it'd be nice to be able to have. Okay, yes, they've signed the Dsa.

00:30:58.990 --> 00:31:03.550
John Helvey: And yes, we have confirmed with them that they are actively participating

00:31:07.720 --> 00:31:08.440
Jacob Parkinson: Sean.

00:31:11.480 --> 00:31:14.360
Jacob Parkinson: Any other thoughts I think I saw in the chat.

00:31:15.340 --> 00:31:16.310
Jacob Parkinson: Let's see

00:31:20.215 --> 00:31:24.310
Jacob Parkinson: Matt Stanford doesn't particularly use the Directory.

00:31:25.092 --> 00:31:36.509
Jacob Parkinson: Am I reading here that if this directory were to include endpoints were to go a little bit deeper, that it would be of value to you

00:31:37.610 --> 00:32:00.929
TELEPHONE_USER: Yeah, if there, if there were technical ways to leverage the endpoint information and to other people's comment, key contacts and use cases, we might use it. By the way, typically for for active networks, these are constantly being updated and need to be integrated into our existing technologies. To try to do this manually is impossible

00:32:03.210 --> 00:32:31.610
Steven Lane: And just to build on Matt's comment. Again, there are a number of national directories that many participants in California are already utilizing for e-health exchange for care quality increasingly for Tefca, there really should ideally be a way to bring all that data together, instead of forcing each participant to, you know, go, list themselves in every directory in slightly different ways.

00:32:32.000 --> 00:32:52.019
Steven Lane: you know, and update all of them in real time. As things change. Of course, some of this is provider information, you know, where providers are changing practices or opening new offices, this and that things change all the time. Again, I don't think we want to recreate the wheel in California, thinking that all care is local.

00:32:52.345 --> 00:33:03.079

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Steven Lane: That that we've got participants here who are already very much involved in exchange, and we want to build on what's been successful already, and what is evolving very quickly, as Matt suggested.

00:33:07.400 --> 00:33:08.160
Jacob Parkinson: It looks

00:33:10.500 --> 00:33:35.304
Felix Su: Yeah, thanks, Jacob. I'm going to, I think, echo and build off of what? John pointed out in terms of it's 1 thing to know that a participant has signed it's another to verify that even if they have put an entry in the Directory, that that stated method of exchange is actually live and operational. We've encountered several instances of actually trying to use a directory to

00:33:36.164 --> 00:34:04.969
Felix Su: establish connection and request information from another participant. And it turns out, after some, you know, back and forth of of just asking what? Where they are with their status that those listed connection points aren't actually up and running. So you know, that speaks to a larger question about compliance and and how to verify that the signatories are following through with their obligations, including with accurately listing their their directory.

00:34:06.155 --> 00:34:07.644
Felix Su: Methods. But

00:34:08.560 --> 00:34:15.470
Felix Su: but yeah, you know, I I think this is really something that makes it challenging to actually get benefit out of the the portal

00:34:18.190 --> 00:34:19.759
Jacob Parkinson: Great feedback. Thanks, Felix.

00:34:22.850 --> 00:34:24.159
Jacob Parkinson: Any other thoughts?

00:34:28.840 --> 00:34:29.960
Jacob Parkinson: Okay.

00:34:30.487 --> 00:34:42.489
Jacob Parkinson: Well, a lot of great feedback both here and in the chat. I'll just summarize. Briefly, we want to better understand who's exchanging data for what purposes treatment payment operations.

00:34:42.902 --> 00:34:49.619
Jacob Parkinson: Contact information would be useful for a number of you in order to actually get a hold of the people to exchange data.

00:34:50.270 --> 00:34:58.969

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Jacob Parkinson: You would like to understand who's actually complying, who hasn't just listed a method of exchange. But who is live and operational with that method of exchange

00:34:59.180 --> 00:35:08.749
Jacob Parkinson: potentially going deeper, including endpoints, or at least that contact information focus on making the Directory more easily ingestible for automation tools

00:35:08.930 --> 00:35:12.719
Jacob Parkinson: make it less of a manual process to reconcile new updates

00:35:12.940 --> 00:35:30.800
Jacob Parkinson: and don't recreate the wheel. Use other directories as a guide. We have a few good examples of them, and then I think I saw a last one from Jason. Let's link those who have listed their entry as Ehealth exchange care, quality to their entry in their directories.

00:35:32.110 --> 00:35:35.180
Jacob Parkinson: All wonderful feedback. Did I miss anything there?

00:35:36.220 --> 00:35:37.310
Jacob Parkinson: Oh, Blinda.

00:35:39.480 --> 00:35:40.090
Belinda Luu: Thanks. Sorry. I was

00:35:40.090 --> 00:35:40.720
Jacob Parkinson: Have.

00:35:40.720 --> 00:36:08.810
Belinda Luu: Slow in finding the hand. Raise button, I would say just a quick comment on our experience. I'd say that the Directory is most useful for adt notifications, and also to know who to engage with, to request receipt of an adt notification. One suggestion would be, you know, for those sending data to to also less the preferred ways. They can send data. I know the director already allows for

00:36:08.810 --> 00:36:17.330
Belinda Luu: who receive data or to identify their preferred ways, but I think from a matching standpoint it's helpful if the senders can also nominate what's most helpful for them.

00:36:21.380 --> 00:36:22.800
Jacob Parkinson: Great feedback. Thanks. Blinda

00:36:23.900 --> 00:36:24.520
Belinda Luu: True.

00:36:29.720 --> 00:36:30.510
Jacob Parkinson: Okay.

00:36:31.100 --> 00:36:40.359
Jacob Parkinson: we are going to shift gears now we have a great topic up next. So I'm going to kick it over to Dr. Lynette Scott to talk about consent management. Dr. Scott

00:36:47.320 --> 00:36:52.890
Elison Alcovendaz: Hey, Jacob? Thanks. I don't know if Dr. Scott's on but I'll be doing the presentation today

00:36:53.480 --> 00:36:54.069
Elison Alcovendaz: so

00:36:54.990 --> 00:36:56.840
Elison Alcovendaz: Everyone can hear me. We're good.

00:36:57.450 --> 00:36:58.680
Elison Alcovendaz: Yes, I can hear you

00:36:58.680 --> 00:36:59.320
Jacob Parkinson: Yeah.

00:36:59.320 --> 00:37:00.780
Elison Alcovendaz: Okay. Great.

00:37:06.638 --> 00:37:16.211
Elison Alcovendaz: so Hi, everybody. I'm Allison Alcavendez. I am the Assistant Deputy Director for the Enterprise Data and Information Management organization at Dhcs. Under Dr. Scott.

00:37:16.800 --> 00:37:26.530
Elison Alcovendaz: also the Acting Division Chief for the Health Information Management Division, where we've been partnering with manat on

00:37:26.780 --> 00:37:44.329
Elison Alcovendaz: on the ask Me initiative, which is a project around consent management architecture. So I'm really excited to have some time and space to talk to you about the work we've been doing and get feedback and questions, and let you know how much progress we've made over the last couple of years.

00:37:45.680 --> 00:37:47.130
Elison Alcovendaz: Next slide, please.

00:37:49.440 --> 00:37:55.594
Elison Alcovendaz: So the ask me. Initiative is seeking to promote

00:37:56.470 --> 00:38:02.488
Elison Alcovendaz: better coordination for person centered care by streamlining consent to share Hssi.

00:38:03.040 --> 00:38:22.930
Elison Alcovendaz: Now you, you may know, under Dhcs. We've launched several whole person care initiatives under Calaim, which require that, you know we partner with sectors that we really haven't connected with in the past, and we haven't exchanged information with in the past. Either community supports Housing justice involved just to name a few.

00:38:22.930 --> 00:38:36.930
Elison Alcovendaz: We're also, you know, expanded our behavioral health services. And so, in order for us to better coordinate the care for these members, we need to be able to exchange information which, of course, means we need their consent to share.

00:38:37.610 --> 00:38:49.430
Elison Alcovendaz: We know that this type of exchange really isn't happening in a robust way. Now, if you look at the complexity of the privacy rules that manage different types of data.

00:38:49.811 --> 00:39:10.399
Elison Alcovendaz: Not just hipaa, but Ferpa lanchman Petra short. And you take into all the different types of legislation. And you can imagine how complex it is when we're constantly being told about how scary it is to share information improperly right? And so what happens in that type of environment is providers and others

00:39:10.400 --> 00:39:19.380
Elison Alcovendaz: to err on the side of caution, and they don't share information even when they can, even when they should, even when it would benefit the member to do so.

00:39:19.710 --> 00:39:29.019
Elison Alcovendaz: we also know that there's a lot of outdated technology. And still a lot of use of paper forms the high tech programs. And the Hr and Center programs

00:39:29.060 --> 00:39:36.660
Elison Alcovendaz: did provide money for infrastructure to the traditional healthcare space, but largely left out by behavioral health providers

00:39:36.830 --> 00:40:03.189
Elison Alcovendaz: and completely ignored social services providers. So we know that in terms of ehrs and other technology, there really isn't. The you know, people are starting at different places in terms of where the you know, in terms of whether they have ehrs, even and so we're we're aware of that and sort of all of that results in a ecosystem for exchange. That is sort of fragmented and incomplete.

00:40:04.070 --> 00:40:22.060
Elison Alcovendaz: So one of the ways we wanna help ameliorate these issues is with, Ask me and I should have said, what ask me stands for it stands for the authorization to share confidential member information which, if you ask me is a great acronym, so it works in many different ways.

00:40:22.400 --> 00:40:38.629

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Elison Alcovendaz: but the 1st part of our approach is a standardized, universal consent. Form that we call the ask me form that takes into account the different opt-in, the required opt-in consent that we need, whether it's related to housing or

00:40:38.630 --> 00:41:03.960
Elison Alcovendaz: education, or part 2 sud information. For example, it also provides information about what information can be shared, to whom and when, and why, and then when that information is provided on the form. Those preferences are submitted to a centralized consent, management service or consent management platform which will store their preferences.

00:41:04.569 --> 00:41:18.900
Elison Alcovendaz: And then the any care partner who's working with that member. Can query the consent, management service or platform to see if that individual has consented to share part 2 information, for example.

00:41:20.411 --> 00:41:26.309
Elison Alcovendaz: So that's the general approach in in context. Next slide, please.

00:41:29.570 --> 00:41:58.389
Elison Alcovendaz: All right. So we'll spend a little bit talking about the form itself, and we've done really robust stakeholdering over the last 2 years, working with different groups across different sectors. And one of the things that arose from those conversations is the need to split this form into 2 sections. The 1st section talks about what types of information might be shared, and then the second section talks about which of these types of information actually require consent?

00:41:59.152 --> 00:42:18.359
Elison Alcovendaz: The reason for dividing the form into 2 sections really 2 big things. One is, we wanted the individuals to understand that we don't always need their consent for data sharing right under hipaa. We can share the information for various purposes, and we're only gonna request consent when it is specifically required.

00:42:18.570 --> 00:42:27.360
Elison Alcovendaz: We also wanted to reinforce that whether or not they signed the form would not impact their access to services that they qualify for, or that they need

00:42:28.540 --> 00:42:47.390
Elison Alcovendaz: the other thing that we, the other big thing that we learned in our stakeholdering was the impact of Ab 1, 33, which I know this group knows a lot about one of the things it did, though in terms of Calaim is it lessened? The restrictions of some State privacy laws.

00:42:47.530 --> 00:42:55.050
Elison Alcovendaz: so that we wouldn't have to get consent for particular types of information, you know, for the purposes of achieving calaim.

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00:42:55.300 --> 00:43:04.070
Elison Alcovendaz: So Ab, 1, 33 applies to the 3 groups listed here. Any individual enrolled in a medi-cal managed care plan.

00:43:04.220 --> 00:43:14.039
Elison Alcovendaz: any individual receiving behavioral health services under medi-cal and any incarcerated individual who would qualify for pre-release medi-cal benefits.

00:43:14.420 --> 00:43:34.650
Elison Alcovendaz: One of the things we we hold from the stakeholders was, you know, we didn't. They didn't want to have several different forms for several different groups of individuals. And so what we've done is is we have basically 2 versions of the same form, one. When Ab, 1, 33 applies, and one when ab, 1, 33 does not apply.

00:43:35.910 --> 00:43:41.330
Elison Alcovendaz: I'll go through the next slide, and then I'll stop for some questions. So next slide, please thank you.

00:43:42.190 --> 00:44:04.840
Elison Alcovendaz: So that 1st section I talked about in terms of what types of information may be shared. This is the same information that's on the form, medical mental health, sud information, health insurance housing, limited criminal legal information and information related to education or health or social services that a individual is receiving in a school.

00:44:05.250 --> 00:44:09.970
Elison Alcovendaz: So they're informed that this type of information might be shared.

00:44:10.220 --> 00:44:18.069
Elison Alcovendaz: Now, if we look at the table here at the bottom. Here is where the distinction between Ab. 133 and non ab, 133 applies.

00:44:19.140 --> 00:44:33.390
Elison Alcovendaz: So what so for sud part 2 information housing, related information and school based information protected by Ferpa, regardless of Ab. 1, 33 applies or not, we will always require consent.

00:44:34.375 --> 00:44:41.620
Elison Alcovendaz: So that in in doesn't matter, you know AV 1, 33 or not. We always require consent for those 3 data types.

00:44:42.050 --> 00:44:51.839
Elison Alcovendaz: however, for mental health treatment, information protected by lps and some medical information that is normally protected, such as HIV test results and genetic testing.

00:44:51.980 --> 00:45:00.440
Elison Alcovendaz: Ab. 133 has allowed us to be able to share that information without consent. And so this is where the distinction between the 2 forms would apply.

00:45:02.226 --> 00:45:05.669
Elison Alcovendaz: I'll stop there for a second, see if there's any questions about

00:45:05.950 --> 00:45:09.449
Elison Alcovendaz: the context or background for asking about the form itself.

00:45:10.930 --> 00:45:13.730
Elison Alcovendaz: and then we'll get into the consent management platform.

00:45:19.160 --> 00:45:24.814
Elison Alcovendaz: Okay, not seeing any great next slide, please.

00:45:27.400 --> 00:45:43.893
Elison Alcovendaz: Alright. So this is the workflow, for how the Consent management platform would receive information and be queried. Some key terms here at the bottom. The consent management platform I'll refer to as the Cmp. Is that central database I was talking about earlier.

00:45:44.380 --> 00:46:06.409
Elison Alcovendaz: An intermediary would be a qhao or other hie or cie that would be able to receive and transmit consent preferences to and from the consent, management, platform, and the care provider or care partner, and then a care partner is any health or social service, provider plan or county that is engaged in an individual's care.

00:46:07.000 --> 00:46:23.770
Elison Alcovendaz: So we look at this diagram here on the left or the right, I guess, depending on how you're looking at it. There are 3 pathways to the Cnp. The 1st pathway is the one we think will be used the most which is through the intermediary or the qhio or other hiacie

00:46:24.436 --> 00:46:33.180
Elison Alcovendaz: the care partner would transmit the individual's consent, preferences to the intermediary. Who would then transmit that information to the Cmp.

00:46:34.120 --> 00:46:52.650
Elison Alcovendaz: The second pathway would be for organizations or providers that have any Hr. Or other technology that would be able to connect to the Cmp directly via an Api, so they wouldn't need an intermediary in that case, and they would just transmit the information. Directly to the Cmp.

00:46:53.020 --> 00:47:03.889
Elison Alcovendaz: The 3rd pathway is a portal that would sort of lay on top of the Cmp. Where individuals would be able to log in to update their consent preferences.

00:47:04.730 --> 00:47:08.630
Elison Alcovendaz: Those would be the 3 pathways next slide.

00:47:13.101 --> 00:47:36.640
Elison Alcovendaz: So we have a couple of workflows. We want to talk about and we have been engaging with the Qhs. Quite a bit. We have a monthly meeting, in fact, one today at 1 30. If anyone is interested, that isn't already in that meeting. About sort of how the qhos or other intermediaries would participate or be an actor in the various ask me, workflows.

00:47:36.800 --> 00:47:41.190
Elison Alcovendaz: So this is our preliminary workflow for documenting consent.

00:47:41.949 --> 00:47:49.190
Elison Alcovendaz: And individuals in an encounter with a care partner. The care partner requests the client's consent. Preferences using the ask me, form

00:47:49.400 --> 00:47:59.519
Elison Alcovendaz: the care partner would be responsible for digitizing that form into a Pdf. Or some other image or or file that would be shared with the intermediary.

00:47:59.850 --> 00:48:21.109
Elison Alcovendaz: the intermediary would validate and transform that image into structured consent. Data that would then be transmitted to the Cmp along with the original. Ask me, form we want to keep the original document the original documentation, for you know, various purposes, and so that can be stored in the Cmp as well.

00:48:21.500 --> 00:48:25.720
Elison Alcovendaz: The Cmp. Would validate the consent. Data, do an identity match.

00:48:25.960 --> 00:48:31.519
Elison Alcovendaz: either create a new consent, record or overwrite an existing consent, record.

00:48:32.310 --> 00:48:48.750
Elison Alcovendaz: The Cnp. Would then acknowledge to the intermediary that the consent preferences have been received and validated, and the intermediary would then send to the care partner, also a validation of receipt and validation by the Cnp.

00:48:51.210 --> 00:48:55.099
Elison Alcovendaz: I'll go through the next slide, and then we'll stop for questions again next slide, please.

00:48:56.870 --> 00:49:08.409
Elison Alcovendaz: Okay, so this is a workflow for actually exchanging data. And as I mentioned, we're still in discussions with the Qhs about this. And so this is preliminary. But this is where we're at now.

00:49:09.055 --> 00:49:16.449
Elison Alcovendaz: In this workflow the care partner would request the Hssi from another care partner via an intermediary.

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00:49:16.830 --> 00:49:28.070
Elison Alcovendaz: The intermediary run would run an identity match. If no match exists, they would return to not found. If a match does exist, they would then request consent. Record from the Cmp.

00:49:28.940 --> 00:49:35.660
Elison Alcovendaz: The Cmp also does an identity match, and similarly, returns are not found. If there's no active consent.

00:49:35.780 --> 00:49:41.340
Elison Alcovendaz: or would actually return the individual's consent. If the there is an identity match.

00:49:42.400 --> 00:49:49.616
Elison Alcovendaz: There would need to be some business rules that the intermediary would apply for sharing the data with the care partner,

00:49:50.220 --> 00:49:59.719
Elison Alcovendaz: and then the care partner would receive that Hssi, because it has already been documented that the client had consented to sharing that particular type of information.

00:50:01.560 --> 00:50:06.419
Elison Alcovendaz: So I'll stop there. Any questions, thoughts, feedback

00:50:08.960 --> 00:50:10.230
SC-1181-Sacramento: Questions from the group.

00:50:11.800 --> 00:50:15.620
SC-1181-Sacramento: Dan, Hi, we're gonna go with David Ford 1st

00:50:15.620 --> 00:50:17.310
Elison Alcovendaz: Okay, sure. Thank you.

00:50:18.003 --> 00:50:34.929
SC-1181-Sacramento: Presentation, and I realized it actually raised 2 questions. 1st of all, with regards to the consent form. You know, we think about our 5 W's. I saw what I saw, which I saw when I didn't see why

00:50:35.650 --> 00:50:47.219
SC-1181-Sacramento: and I I think experience has proven that patients are more likely to consent to data sharing when it's explained them, why, it might be beneficial. So I I 1st wondering if that is

00:50:48.160 --> 00:50:53.380
SC-1181-Sacramento: I don't. You know if that if there's a any step of that is taken in the form of explaining why this might.

00:50:53.530 --> 00:50:59.510
SC-1181-Sacramento: this information sharing might be done, and then my second question was, just if you could talk a little bit about how you're doing identity matching

00:51:01.470 --> 00:51:14.689
Elison Alcovendaz: Thanks, David. So the for the the first.st The 1st question. So we ran a pilot back in 2023. That sort of launched the work that we've been doing for the last 2 years. And then that pilot

00:51:15.480 --> 00:51:22.670
Elison Alcovendaz: you know, to your point. We found that the training and education of the individual that was presenting the form to the member

00:51:22.790 --> 00:51:30.830
Elison Alcovendaz: and helping them explain why this form is important was sort of a key factor in the success of whether or not someone actually signed the form.

00:51:31.320 --> 00:51:49.219
Elison Alcovendaz: We do have information in the form, I believe, about timelier access to services, you know. So while the form it's well signing or not signing the form will prevent you from getting access, signing the form and being able to exchange information might get you access sooner. And so

00:51:49.290 --> 00:52:10.310
Elison Alcovendaz: there is information in there about that. But you know the the training and education piece is sort of where we're going to rely on. You know that individual presenting the form to be able to explain. You know the benefits of the form. We will also have Faqs and things, understanding that people might not go look at them. But we're still going to have those just in case

00:52:10.770 --> 00:52:29.049
Elison Alcovendaz: the identity matching piece. Unfortunately, you know, I don't have a lot of information there. Our Ets partners or technology organization. The Dhcs is working on that in parallel. Not just for the ask me project. So it's they're working on it for several different

00:52:29.570 --> 00:52:33.420
Elison Alcovendaz: projects in the department, including bht, so

00:52:34.618 --> 00:52:40.470
Elison Alcovendaz: I think they're working on procuring a solution for that if they haven't done so already. David, but

00:52:41.050 --> 00:52:44.670
Elison Alcovendaz: that's as far as I can go on that one hopefully, that hopefully, that helps

00:52:45.536 --> 00:53:06.969

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SC-1181-Sacramento: Mentioned with the pilots and getting input from consumers. Language was that at the beginning, very clearly in language, explain, like, why? Why is your, why is this important? And it mentioned things like coordination? Again, it's in plain language. So it's clear. But that's not enough said. There needs to be like

00:53:07.210 --> 00:53:19.399
SC-1181-Sacramento: the real engagement with the individual before they sign. And the identity management piece is really important. You gotta have extremely high fidelity to matching, because this is sharing

00:53:19.400 --> 00:53:23.490
John Helvey: Hey, Jonah! The audio in the room is really poor when you're talking

00:53:24.670 --> 00:53:26.770
SC-1181-Sacramento: I'll yell next time. Sorry.

00:53:28.200 --> 00:53:31.699
SC-1181-Sacramento: Okay, we're gonna move over to Dan Chavez next

00:53:31.970 --> 00:53:41.160
Dan Chavez: Thanks. John Ellison. Great presentation just confirming the Cmp. Is it limited to medi-cal members? Only. 1st question

00:53:43.020 --> 00:54:08.039
Elison Alcovendaz: We're gonna do a phased approach, Dan, I think in the first.st In the 1st phase. We probably are going to be limiting it to to medical members and and perhaps to even, you know, smaller use cases related to bh, bht, but the intent is to scale it so that it will be a platform for to go beyond medi-cal, so not eventually, will be just, not for medi-cal members

00:54:08.040 --> 00:54:16.559
Dan Chavez: Thanks. Thanks, Nelson. And has there been any thought on the care partner workflow and the level of integration documentation.

00:54:17.880 --> 00:54:25.499
Dan Chavez: as it relates to the electronic health records or the other care partner legacy systems

00:54:27.450 --> 00:54:48.627
Elison Alcovendaz: We have engaged with different groups, and we understand that people are different places again. Some have ehrs, some don't. Some Ehrs are able to connect directly. Some aren't but, Dan, I don't think we've gone as far as to help document any any. Provide any documentation of the care partners workflow, but we are offering to help

00:54:49.060 --> 00:55:05.003
Elison Alcovendaz: help understand where they asked me for might fit into their workflow. For example, when we talk to the you know some of our partners in the justice involved arena? You know. Would that be done at a booking appointment? Would that be done.

00:55:05.500 --> 00:55:17.269
Elison Alcovendaz: you know, 30 days before they're eligible for pre-release benefits. You know. So we're, you know, we're we're able to, you know, have those talks and help. But no, we haven't actually done any documentation of that workflow

00:55:17.270 --> 00:55:18.000
Dan Chavez: Thank you.

00:55:18.960 --> 00:55:20.799
SC-1181-Sacramento: Thank you, Aaron.

00:55:22.870 --> 00:55:29.749
Aaron Goodale: Morning. Just curious is is the intent of the service here to be the source of truth

00:55:30.000 --> 00:55:31.349
Aaron Goodale: for this data

00:55:34.690 --> 00:55:36.679
Sunny Lowell: Yeah, it's a really great question.

00:55:37.810 --> 00:55:40.310
Elison Alcovendaz: Yeah, I, Aaron I

00:55:40.540 --> 00:55:49.430
Elison Alcovendaz: whether whether that's the intention. I you know I don't know that we've talked about it in that way. You know, part of part of the

00:55:50.530 --> 00:55:51.620
Elison Alcovendaz: Part of this

00:55:51.860 --> 00:56:01.439
Elison Alcovendaz: part of the consideration is that not most medical members are not going to require a consent form, you know, if if

00:56:01.530 --> 00:56:26.261
Elison Alcovendaz: it's only for those that we're gonna need housing intervention or are gonna be, you know, we, we need part 2 information shared the vast majority of our members, you know, will be able to share information under hipaa. Right? And so I think for the percentage of population that will have some opt in consent. The goal is yeah, that you know, the Cnp would eventually become.

00:56:27.980 --> 00:56:35.459
Elison Alcovendaz: I don't want to say the source of truth, but you know, one of the, you know, would be the central place where that information would be accessed and stored.

00:56:37.070 --> 00:56:38.730

Elison Alcovendaz: Does that help? Yeah.

00:56:39.050 --> 00:56:45.109
Aaron Goodale: It does and and just to follow up on the identity question is, I I know you mentioned that

00:56:45.380 --> 00:56:48.690
Aaron Goodale: the partners working with others. So is that going to

00:56:49.000 --> 00:56:55.819
Aaron Goodale: be the same partner working on the the other identity service that is being planned as well. And then

00:56:56.030 --> 00:57:02.069
Aaron Goodale: this would tie into that platform, or is that still up in the air?

00:57:02.070 --> 00:57:12.193
Elison Alcovendaz: Yeah, it's still up in the air. I don't know if it'll actually be an identity platform or or something that is you know, automated part of a service within Dhcs.

00:57:12.700 --> 00:57:14.679
Elison Alcovendaz: I'm not sure yet

00:57:17.580 --> 00:57:18.700
SC-1181-Sacramento: Thank you.

00:57:19.710 --> 00:57:23.690
SC-1181-Sacramento: Thank you. Sorry. And John Helby, are you?

00:57:23.910 --> 00:57:25.090
SC-1181-Sacramento: It's not a question

00:57:28.836 --> 00:57:34.770
John Helvey: Yes, so when I was listening to you talk about overriding

00:57:35.228 --> 00:57:41.150
John Helvey: I think that would be a key factor to discuss, because I I think of the previous

00:57:41.320 --> 00:57:45.419
SC-1181-Sacramento: Statement and questions around. Is this the source of truth?

00:57:45.720 --> 00:57:51.930
John Helvey: And not being able to keep keep historical insight into what was the consent?

00:57:54.430 --> 00:57:58.649
John Helvey: Documentation that was that was there, I mean, there was no point of

00:57:59.010 --> 00:58:08.280
John Helvey: of leveraging a the query into that, whether somebody did have right to share information or not. So I think that would be a key

00:58:08.430 --> 00:58:12.899
John Helvey: consideration is really, truly identifying what is the source of truth?

00:58:13.524 --> 00:58:22.110
John Helvey: And then, maybe, having the change management of that consent, documented or referenceable

00:58:24.850 --> 00:58:32.231
Elison Alcovendaz: We're we'll we'll need to come up with some some clear rules around.

00:58:32.820 --> 00:58:36.029
Elison Alcovendaz: you know, when a when a you know what is the

00:58:36.140 --> 00:58:38.869
Elison Alcovendaz: consent of record. I mean, I think there's.

00:58:39.160 --> 00:58:44.977
Elison Alcovendaz: you know. I think we can easily say it, that the most recent one, but you know it's not always so cut and dry.

00:58:46.090 --> 00:58:52.070
Elison Alcovendaz: so you know one of the things we would like to do, and we're still engaging with the qhis on as well is

00:58:52.830 --> 00:59:16.519
Elison Alcovendaz: adding metadata, you know, when it passes from the to from the Qhao to the Cmp. About the origin, the time the who who was the one who sent the form in you know, which will help us sort of adjudicate if there are any issues about, you know what the most recent, or the consent of record is that helps

00:59:19.090 --> 00:59:22.230
SC-1181-Sacramento: Great. Thank you. And we have, Amy. I think our last question

00:59:22.840 --> 00:59:48.380
Amie Miller: Yeah, I just want to. Once again, kind of applaud the work that you guys are doing here. This is hard work. It's not an easy path, and we're thankful you guys are taking this on so deeply grateful and excited to continue to partner, I feel like I'd be remiss if I didn't kind of reiterate and behavioral health. We have people go on and off of benefits a lot. So the non medical use case we don't want to disrupt or like frankly overburden our clinical team with like

00:59:48.380 --> 01:00:05.140
Amie Miller: checking every time they interact. Based on medi-cal status. It should be like, if consent is achieved. You know your runway, regardless of eligibility, I think in light of lots of

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Federal changes that are proposed. We're going to see even more volatility that we've been running an analysis on so

01:00:05.210 --> 01:00:12.200
Amie Miller: just sort of advocating that, particularly for the behavioral health use case being payer agnostic is really important.

01:00:12.420 --> 01:00:13.380
Amie Miller: Thank you.

01:00:15.390 --> 01:00:17.950
SC-1181-Sacramento: And Steven

01:00:18.370 --> 01:00:42.969
Steven Lane: Yeah, thank you. I really appreciate Amy's comments and and echo those. I also want to say that this is one of those situations where we in California are being innovative. I think we're ahead of a lot of folks around the country, though not all. There's a consent management platform that's been put in in Washington State. There is a lot of work being done on the national front

01:00:43.210 --> 01:01:08.369
Steven Lane: to develop standards, both technology and workflow standards for the management of consent that is not exclusively focused on, you know, a statewide program or social service data. It's really being built with very generic tools, very modern technology tools, not sort of forms based. But, you know, rules based, which is is really the direction that this will need to go eventually.

01:01:08.370 --> 01:01:18.189
Steven Lane: My concern about this. And and I've been peripherally involved in this discussion. Not as much as many of you. Is that it is building a big

01:01:18.190 --> 01:01:22.845
Steven Lane: California specific use case, specific infrastructure that

01:01:23.690 --> 01:01:42.269
Steven Lane: will either need to be replaced by, or we'll end up living in parallel with a more generic modern infrastructure for consent management, which is really going to blow everybody's mind. I mean, if we think this is going to be hard to manage for the medical population, you know. Imagine, as you know, we develop consents to to control.

01:01:42.510 --> 01:02:09.299
Steven Lane: you know, access to and use of data, you know, related to other highly sensitive areas, such as behavioral health and substance use and gender from care, you know, and HIV, etc, etc. So again, this is great work. I similarly applaud the fact that we are moving ahead. But I think we need to architect this in a way that we can either incorporate or pivot to a broader.

01:02:09.300 --> 01:02:14.579

Steven Lane: more modern national consent management system. When that becomes available

01:02:17.010 --> 01:02:26.500
Elison Alcovendaz: Thanks, Steven, appreciate that. And it is something that we are considering in terms of how we can scale this in the future. So thank you.

01:02:28.790 --> 01:02:42.730
SC-1181-Sacramento: All right. Any other questions, great conversation. I knew. I think we all knew that this would be a great topic for today. Give a minute if anyone else has any comments, and I see Lynette there. I didn't know, Lynette. If you had anything else to add

01:02:43.890 --> 01:03:05.269
Linette Scott: I'll just say, you know, Ellison did a great job presenting really appreciate everybody's feedback. And input. This is a lively area. And I know many of us have been working towards this for a long time. So we're we're hoping we can make some significant leaps forward this year. Really appreciate your partnership, and your guidance and feedback

01:03:08.460 --> 01:03:12.349
Elison Alcovendaz: We have one more slide just to, you know, I think we're gonna

01:03:12.370 --> 01:03:37.230
Elison Alcovendaz: yeah, that's right. Okay, yeah, I think I think we, you know we're trying to tee up the the next round of the the task focus group, which is on on consent. So those are the those are the dates there. But just so, everyone knows what our priorities are. For this year. We're in the middle of building the requirements and and identifying business needs for the Cmp, so these discussions are extremely important. Since we're in the middle of that now.

01:03:37.598 --> 01:03:48.650
Elison Alcovendaz: We want to refine the framework. You know we're gonna continue some stakeholdering and then sort of clear up the roles and responsibilities of qos and other intermediate intermediaries.

01:03:48.810 --> 01:04:15.910
Elison Alcovendaz: We are planning on publishing the ask me form. I think we've been talking about June, July, but we'll see so that folks can start using the form, even though the Cmp. Won't be ready yet, but the form, you know the form should be. And then you know the funding question that everyone usually asks about. No one asked about today. Thank you for not asking about funding. I appreciate that, anyway. That's it. Thank you. Thanks, John. Thanks. Team. Appreciate it.

01:04:16.260 --> 01:04:29.270
SC-1181-Sacramento: Thank you very much. Thank you, Lynette. Looking forward to it, I think I can echo Lynette that it's been talked about. It's great to see this stage where we are. And looking forward, really optimistic.

01:04:29.410 --> 01:04:30.360

SC-1181-Sacramento: I,

01:04:30.540 --> 01:04:58.160
SC-1181-Sacramento: okay, well, we are going to move on to our next subject, which is bringing you up to speed on advisory committee structure updates. During 2024, Cdi maintained 4 advisory committees for the data exchange framework, one, the implementation advisory Committee. Second, the data sharing agreement policies and procedures Subcommittee, the Technical Advisory Subcommittee and the 2024 Standards Committee.

01:04:58.670 --> 01:05:10.859
SC-1181-Sacramento: This year Cdi reviewed the structure of our advisory committees in the light of the roadmap priorities and ongoing evolution of Tefca and the Ascp at the Federal level.

01:05:11.150 --> 01:05:22.270
SC-1181-Sacramento: And specifically we performed a comparative analysis of Tefca and Dxf. Governance, and looked into strategies to align governance models where possible.

01:05:22.530 --> 01:05:34.029
SC-1181-Sacramento: we took into consideration how to best operate committees, prioritize resources, and ensure adequate representation on each of our committees. As we enter the next phase of implementation.

01:05:34.290 --> 01:05:43.790
SC-1181-Sacramento: we heard from many of you that there's some lack of clarity around the roles of the Iac versus the Dsa. Pmp. Committee.

01:05:44.050 --> 01:05:51.579
SC-1181-Sacramento: and so we considered strategies to clearly define each committee and how each informs one another.

01:05:52.080 --> 01:06:04.150
SC-1181-Sacramento: And then, finally, we considered how the data exchange framework roadmap signaled a set of priorities, and Cdi needs to consider how advisory committee structure could best support.

01:06:04.950 --> 01:06:29.349
SC-1181-Sacramento: So based on this feedback and internal analysis, Cdi plans to restructure the advisory committees to support implementation of the roadmap as follows, we are going to be replacing the Dsa. Emp Subcommittee with a policy operations, privacy and Security Committee or Pops, for short, that meets on an as needed basis.

01:06:29.640 --> 01:06:35.640
SC-1181-Sacramento: Second, we're going to increase representation from social services and community based organizations on these committees.

01:06:36.030 --> 01:06:48.239

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SC-1181-Sacramento: We're also gonna rename the technical advisory subcommittee to and elevating it to a committee versus a subcommittee, making that recommendations directly to Cdi

01:06:48.700 --> 01:07:08.159
SC-1181-Sacramento: and then holding ad hoc advisory committees or tiger teams to engage stakeholder stakeholders on topics on an as needed basis so refreshing and inviting new stakeholders to participates will be happening. And I'm sure we'll hear from folks after that.

01:07:08.640 --> 01:07:20.500
SC-1181-Sacramento: So, as you can see, Cdi is replacing this Dsa Pmp. Subcommittee with the Ops committee. And we're going to be sending emails inviting new members to participate.

01:07:20.740 --> 01:07:40.159
SC-1181-Sacramento: requesting some participants to consider serving for another 2 years, I think initially, when we brought folks on, we asked them to serve one year terms. We're extending that and asking for 2 year terms to ensure. You know, synergy. There's a lot happening here less disruption, more continuity and engagement

01:07:41.731 --> 01:08:02.549
SC-1181-Sacramento: so with that, you know, every new you know every new thing that we do at Dxf. Probably requires some good communication and branding. So I thought how appropriate for our new subcommittee to have a logo. So I introduced the Pops Committee. Logo, get your pool. If you were here in person.

01:08:03.110 --> 01:08:26.019
SC-1181-Sacramento: like David Ford is David Ford's getting his own pops, even though he's not on the committee. But anyway, there you go. So when you think of policy, operations, privacy, and security, think Pops and join us. So there you go. Okay, that's the aside for the day. But it's staying because it's just too dang cute so this committee

01:08:26.506 --> 01:08:40.599
SC-1181-Sacramento: we'll include members from a range of organizations that are impacted by the data exchange framework. With expertise in data exchange policy operations, data privacy information system security.

01:08:41.000 --> 01:08:54.140
SC-1181-Sacramento: Cdi is excited to continue making these changes in the next quarter of 2025, and we'll be sending out more details on advisory committee member membership in the next coming weeks.

01:08:54.270 --> 01:09:15.560
SC-1181-Sacramento: in the meantime feel free to share any recommendations for the new Pops committee members or stakeholders from the social services that you can believe would be a good fit for if you believe they would be a good fit for the data, exchange framework advisors. So with that, I'm going to pass it on to Jacob for implementation updates

01:09:17.729 --> 01:09:21.399

Jacob Parkinson: Thanks, Sean, disappointed. I'm not in the office today to get some cereal.

01:09:21.739 --> 01:09:34.589
Jacob Parkinson: Cdi has worked very hard to advance the Dxf. Across a number of domains. We're going to take a look at each of those individually, and just talk about highlights since the last time we talked

01:09:34.779 --> 01:09:51.209
Jacob Parkinson: so for our advisory committees. Last Thursday, May 8, th we concluded a 4 part social Data Exchange Task Series, really just focused on a discussion of reference capabilities and a model for health and social service data sharing.

01:09:51.549 --> 01:10:04.479
Jacob Parkinson: So in in those calls, we actually looked at specific specific examples of working models from counties across the State and the members of the task were able to share their feedback on those models.

01:10:04.649 --> 01:10:16.209
Jacob Parkinson: Really lively conversations, great feedback from the group. The recordings for those meetings are available on the Dxf web page along with all the post meeting artifacts. So I encourage you all to go. Take a look.

01:10:16.369 --> 01:10:33.569
Jacob Parkinson: We have 3 additional task series scheduled for this year, one on consent which Ellison reference that's actually coming up next starts on Thursday, May 29.th We have one on event, notification architecture and one on identity management. Both of those coming later in the year.

01:10:33.889 --> 01:10:42.869
Jacob Parkinson: Anyone is is welcome to join any of those calls as a member of the public by following the links available on the Dxf web page

01:10:43.859 --> 01:11:01.119
Jacob Parkinson: for our policy and procedure developments. We've drafted amendments to our technical requirements for exchange policy and procedure, and that's going to be released to public comment in the coming weeks. It's full of a number of of good quality changes from feedback from this group and other committees

01:11:01.769 --> 01:11:31.469
Jacob Parkinson: for our grants program, we have dispersed almost 23 million dollars, as of April 30th to our grantees. Now, round 1, 2, and 3 grantees have all passed their milestone, one deadlines, and 88% of our grantees have actually achieved milestone, one to date. Now, milestone 2 was actually well out in the future. But 31% of our grantees have accomplished milestone 2. So kudos to those who have.

01:11:31.869 --> 01:11:48.939

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Jacob Parkinson: And for our Qhao program, we actually recently conducted a compliance review to ensure that the Qhaos are meeting critical requirements of the program for privacy and security, technical capability requirements. And that really just came to a close.

01:11:49.119 --> 01:12:07.059
Jacob Parkinson: Our Qhao's have continued to collaborate with one another every single week, to start to connect and exchange data with one another. They've made tremendous progress on that front in an effort to create a statewide network that anyone who uses them can actually leverage

01:12:08.069 --> 01:12:20.559
Jacob Parkinson: next slide. Actually, before we go to the next slide, I'll open it up to any questions or comments on any of the implementation updates or any of the pre-read materials that we distributed ahead of the call.

01:12:27.729 --> 01:12:28.919
Jacob Parkinson: hearing none.

01:12:29.999 --> 01:12:36.569
Jacob Parkinson: Okay, we'll go to the next slide we are

01:12:36.599 --> 01:12:59.509
Jacob Parkinson: planning on distributing a survey to all Dxf participants later this month, and what we're hoping to do here is to learn about how they're exchanging data. What is their experience with exchanging data? And to really baseline some of the work we're doing from a qualitative perspective on the dxf, this is something we hope to continue doing

01:12:59.509 --> 01:13:12.439
Jacob Parkinson: in future years. But just to say, if you are a Dxf. Participant. Please do keep your eye out for that survey later this month, and we appreciate everyone's everyone's feedback.

01:13:13.609 --> 01:13:20.159
Jacob Parkinson: Okay? With that, I believe we are going to go to public comment, so I will pass it to Kira.

01:13:21.260 --> 01:13:22.940
Akira Vang: Alright. Thank you, Jacob.

01:13:23.210 --> 01:13:39.049
Akira Vang: Members of the public must raise their hand and zoom facilitators will unmute each member of the public to share comments. If you logged on via zoom, press, raise hand at the bottom of the screen. If selected to share your comment, you will receive a request to unmute

01:13:39.050 --> 01:13:54.420

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Akira Vang: and please ensure you accept before speaking. If you dialed in by phone, press 9 to raise your hand and listen to your phone number to be called, if selected to share your comment. Please ensure you are unmuted on your phone by pressing 6

01:13:55.590 --> 01:14:05.069
Akira Vang: people will be called in the order in which their hands are raised, and you will be given 2 min. Please state your name and organization affiliation when you begin.

01:14:16.400 --> 01:14:23.539
Akira Vang: We have no hands raised at this time to. Oh, wait! We do have one Veronica Santos.

01:14:26.710 --> 01:14:28.000
Akira Vang: Go ahead, and you can speak

01:14:28.000 --> 01:14:28.550
Veronica Santos: Yes.

01:14:28.670 --> 01:14:29.699
Veronica Santos: Can you hear me?

01:14:29.920 --> 01:14:30.550
Akira Vang: Yes.

01:14:30.890 --> 01:14:36.259
Veronica Santos: Okay. My name is Veronica Sanchez. I'm part of Molina healthcare. You mentioned that you audited?

01:14:36.718 --> 01:14:44.499
Veronica Santos: The Qh Ios. Are we going to, I guess, as part like the health plans going to be able to review those results

01:14:46.600 --> 01:15:14.659
Jacob Parkinson: Excellent question, Veronica. So I'll just be explicit. We were assessing some of the privacy and security capabilities we were assessing the ability for the Qhis to exchange data with one another, and we were assessing the Qhos ability to both send and receive adts to our participants of the data exchange framework and those currently. So the Compliance Review, I said, just came to a close.

01:15:14.760 --> 01:15:29.869
Jacob Parkinson: We just finished receiving documents. So Cdii has still a review of those documents underway, but those results results will be available later this year. We don't have a timeline yet.

01:15:31.280 --> 01:15:44.290

Veronica Santos: Okay, I guess, to follow up on that question. Will there be? I know I received the weekly updates from the D dxf. But do you? Would that be announced there, or where a communic a separate communication be sent out

01:15:46.585 --> 01:15:53.190
Jacob Parkinson: That is an excellent question. Why don't we get back to you on that? We don't have a strategy for releasing those results yet

01:15:53.510 --> 01:15:54.650
Veronica Santos: Okay. Thank you.

01:15:55.450 --> 01:15:56.023
Jacob Parkinson: Got it

01:15:59.060 --> 01:16:02.700
Akira Vang: And there are no more other hands raised at this time. Jacob

01:16:07.200 --> 01:16:10.700
SC-1181-Sacramento: Lisa, Nelson

01:16:12.240 --> 01:16:13.940
Akira Vang: Oh! Apologies!

01:16:18.860 --> 01:16:20.420
Lisa Nelson: I am unmuted

01:16:20.420 --> 01:16:20.890
Akira Vang: All right.

01:16:20.890 --> 01:16:21.259
Lisa Nelson: Can you hear me?

01:16:21.260 --> 01:16:22.890
Akira Vang: Go ahead. Yes, we can

01:16:22.890 --> 01:16:41.629
Lisa Nelson: Super. Thank you very much. Lisa Nelson and I live in westerly Rhode Island, but I'm here representing direct trust, and I just wanted to ask about the Adt information sharing is your framework using direct messages, direct, secure, messaging to share Adt

01:16:50.550 --> 01:17:19.100
Jacob Parkinson: I'm happy to start with that one. So ab, 1, 33, which established the data, exchange framework did not require or mandate the use of a specific technology, and that includes when sharing adts. So our participants today can share adts in a number of ways. I can speak to what the Qhao's are doing. They are exchanging in several different manners with one another. Rim, I see your hand up. Why don't I pass it to you for anything? I missed

01:17:20.710 --> 01:17:34.420
SC-1181-Sacramento: Well, I raised my hand completely by accident, but the one thing that I will go ahead and say is that the current policies and procedures don't call out any particular mechanism for notifications to be exchanged.

01:17:34.600 --> 01:17:53.880
SC-1181-Sacramento: but we are working in response to the Standards committee recommendations on standards for notifications that will most likely come out for public comment in the coming months. So stay tuned for some of the requirements. There

01:17:55.090 --> 01:18:16.854
Lisa Nelson: Excellent. We have a version, 2 of the Adts via direct. You know, it's event notification over direct implementation guide that is available, and you know something that your committee might want to take a look at. Taking advantage of. It's it's also a nice solution when you have less technologically savvy.

01:18:17.470 --> 01:18:25.609
Lisa Nelson: endpoints that need to receive this information, because it, of course, takes that human readable content part into consideration.

01:18:33.370 --> 01:18:34.780
Jacob Parkinson: Thanks for the feedback. Lisa

01:18:36.140 --> 01:18:37.050
SC-1181-Sacramento: Thank you.

01:18:37.530 --> 01:18:39.680
SC-1181-Sacramento: Any other comments.

01:18:40.040 --> 01:18:41.220
SC-1181-Sacramento: Public comments.

01:18:44.480 --> 01:18:53.011
SC-1181-Sacramento: Okay, we're gonna go on to the next item, which is just a a couple closing remarks and a couple of things that I'm gonna just

01:18:53.530 --> 01:18:54.930
SC-1181-Sacramento: take

01:18:55.030 --> 01:19:06.389
SC-1181-Sacramento: the initiative. Take the opportunity to share. So last week, as I mentioned, we have been doing our road show, and and a part of being in San Diego at the Path collaborative.

01:19:06.390 --> 01:19:30.590
SC-1181-Sacramento: We were fortunate enough by invitation, David Ford to speak at a pre-conference event that was specifically around bringing Qhios and physicians together at the

Cma it conference. So I thought, David, if you want to kind of share your thoughts and perspectives. That'd be great. Yeah, sure. Thank you, John. And a very public thank you to the Cdi team for participating in that event.

01:19:30.590 --> 01:19:34.999
SC-1181-Sacramento: and all 9 qhis participated, which was very heartening.

01:19:35.438 --> 01:19:57.119
SC-1181-Sacramento: And I would be remiss to, not to mention that the event was largely organized by the connecting for better health team in collaboration with Cma. So yeah, our annual Cma health. It. Summit was last week in San Diego. Honestly, it was a bit of an experiment. That we. We haven't done a pre conference workshop at that event before. But we.

01:19:57.400 --> 01:20:08.590
SC-1181-Sacramento: looking for a space to create an opportunity to foster a dialogue really, between the physicians who attend the event and the Qhis.

01:20:08.680 --> 01:20:31.159
SC-1181-Sacramento: we set up a pre conference workshop and did for those who are familiar with what we call world cafe style. Dialogue on different topics. Consent management dxf, one on one social services sharing I honestly woke up about 1 30 that morning in a blind sweat that no one was going to show up at the Pre Conference workshop.

01:20:31.743 --> 01:20:41.269
SC-1181-Sacramento: And we had about 80 people in the room. Which was amazing. I was counting them from the stage.

01:20:42.760 --> 01:20:53.969
SC-1181-Sacramento: Then. The other thing that I thought was really interesting was that in the structure of the event we had the workshop, and then we flowed right into the welcome reception, which, of course, is food and booze and socializing.

01:20:54.140 --> 01:21:03.810
SC-1181-Sacramento: We couldn't get people to leave the workshop. It was amazing to me, like guys, free food all out there. And they're like, No, we're not done yet. We're still talking

01:21:04.219 --> 01:21:18.220
SC-1181-Sacramento: so I think it was just really interesting, you know. They say they. The idea that Timmy Leslie and I sort of started with was, Let's put these folks together in a room and say, You know, what are the concerns? What are the barriers? What do we need from each other.

01:21:18.770 --> 01:21:26.990
SC-1181-Sacramento: And I think we all walked away with, you know, kind of a mission accomplished, and I hope the folks who participated felt like they got a lot out of it. A lot of perspective.

01:21:28.350 --> 01:21:57.129
SC-1181-Sacramento: and I hope there'll be more opportunities like that to foster that kind of dialogue. Yeah, I really appreciated it. It was. It was interesting to hear the conversation and and realize we feel. You know you never know how well you're doing in terms of messaging communication, and it just kind of made me feel like we need to triple quadruple down on that piece, because still people were coming to the I had the same panic of. There's going to be a breakout. And I was there at the Dxf. 101 table, and I was like, Oh, it's gonna really come by. And I think

01:21:57.130 --> 01:22:10.569
SC-1181-Sacramento: half of the 80 people surrounded this one table. And you know, getting through to them that this is not like our role at Cdia is not technology, I think, was a 1 of the breakthroughs. I think the second part was

01:22:10.850 --> 01:22:34.019
SC-1181-Sacramento: I. I don't know. I I played with something there when one of the doctors had asked. You know the importance of it, the importance of this social service. Obviously he understood the importance. But this seems like a lot more work. And we talked took people back to doctors making house calls and the things that you actually get from being in someone's home, and the more that we can, you know, partner mentioned it a little bit today in her talking points is like

01:22:34.240 --> 01:22:47.540
SC-1181-Sacramento: meeting individuals where they are is really what you know. I think we're all trying to do with whole person care, and it allows a physician or a provider to really have that I'm in your home experience by having certain data points available.

01:22:47.993 --> 01:22:54.736
SC-1181-Sacramento: So whatever we can do to continue helping that messaging, I think that's what we're looking for is probably focus on that. So
01:22:55.600 --> 01:23:10.349
SC-1181-Sacramento: I know there were other people at out there, and I'll just pause. Was anyone else there that wanted to share anything, either from a Qhio perspective, something that you learned or feel like we could now focus on to ensure these positions feel supported.

01:23:13.660 --> 01:23:18.949
SC-1181-Sacramento: Guys are playing through today. Relatively alright, John.

01:23:21.120 --> 01:23:25.039
John Helvey: Yeah, I'll just say it was a great I thought it was a great conference.

01:23:26.356 --> 01:23:34.270
John Helvey: a lot on AI. I really enjoyed the guest speaker that you brought back was excellent. Really appreciate that?

01:23:34.736 --> 01:23:49.209

John Helvey: I I enjoyed the pre conference as well. I thought people were highly engaged. I think the one thing that I would highlight is that there is. We have not arrived on educating folks in California, as it relates to the Dxl

01:23:49.915 --> 01:24:02.334
John Helvey: we're 3 and 4 years in, and people still don't understand it. So there was a lot of good questions I was able to be at the one on one table with John and

01:24:02.840 --> 01:24:09.700
John Helvey: There's a lot of good questions, and there's still a lot of great education that needs to take place. To continue to

01:24:09.820 --> 01:24:12.570
John Helvey: promote the dxf, and really what it means

01:24:14.110 --> 01:24:32.000
SC-1181-Sacramento: Thanks, John. Yeah, we're definitely gonna look at our stakeholder engagement pillar and ensure that physicians are called out. And and we can look at strategies. You know there's a number of groups, and maybe, David, you can put us in touch with that regularly. Engage with physicians. And how do we get them to, you know, be champions of Dxf.

01:24:32.980 --> 01:24:42.960
SC-1181-Sacramento: No, I was just gonna say, I mean on John's point. I think there's a tendency for those of us who were involved in the legislative process, who have been sitting in this room

01:24:43.738 --> 01:24:46.331
SC-1181-Sacramento: for the last 4 years.

01:24:47.200 --> 01:24:56.659
SC-1181-Sacramento: to forget that, you know we started this during a global pandemic right? When the healthcare system had. Let's face it. Other things to think about other than what we were doing.

01:24:57.212 --> 01:25:25.920
SC-1181-Sacramento: And so I think you know it. It stuck with me. There was a the independent practice physician who asked you the question about hipaa right up front. Oh, my gosh! We're still there, like, right like. And but it's important to know that that before we can get to so many things we're talking about, what's in the pnds and what the which version of Uscdi we're we're on. There's not physicians out there who say, Well, wait! How do I do this and stay in compliance with the law.

01:25:26.060 --> 01:25:30.540
SC-1181-Sacramento: It's it's a good reminder for us to be honest.

01:25:30.670 --> 01:25:45.490

SC-1181-Sacramento: Yeah, I think one of the other comments, and I don't know if it came up at that or the other meeting I was at earlier in the day, where people had asked like not what almost like, What's your biggest regret, or looking back with something that you wish, and I think that adds some color to

01:25:45.590 --> 01:25:49.859
SC-1181-Sacramento: things that I look back and go. Man, I wish I did X, right like

01:25:49.980 --> 01:26:12.290
SC-1181-Sacramento: speaking with some of these physicians having those conversations. But given how it was rolled out of the time period, we're gonna give ourselves a little grace to go. Okay, let's come back. But you know, if there's I think there's people who specialize in communicating with physicians also, and if we could tie that with some of our messaging, maybe it would be tighter. Love to know what's like really resonating whether, like I need to. I need to get on board with this.

01:26:12.700 --> 01:26:34.220
SC-1181-Sacramento: So all right. More to come the second thing that I wanted to bring up in closing is just timely announcement. So many of you probably already saw the Alert from from Federal Hhs that tomorrow an Rfi is going to be released Cms and Astp slash onc

01:26:34.250 --> 01:26:45.140
SC-1181-Sacramento: are seeking public input to improve the digital health ecosystem, particularly for medicare beneficiaries. They aim to enhance data, access, interoperability.

01:26:45.230 --> 01:27:09.889
SC-1181-Sacramento: the use of digital health tools to support better care cost reduction and patient empowerment. The Rfi addresses, challenges and opportunities across stakeholders, including patients, providers, payers, tech developers, key areas of interest include expanding Api functionality, reducing provider burden, improving digital act, identity, access and enabling value based care.

01:27:10.160 --> 01:27:30.800
SC-1181-Sacramento: public feedback will help shape future policy and regulatory actions to advance a more connected, patient-centered health system. So I think we're going to take it back as a team and find a way to engage. Iec, all of you, in developing some public input to help our Federal partners.

01:27:31.129 --> 01:27:53.179
SC-1181-Sacramento: And I think it's a great opportunity for us to highlight our progress for Dxf. And our plans moving forward Mickey Tripathi, former Assistant Secretary. And I really felt like, what's happening at the Federal space. And what's happening in California really can pick up and build on each other. And so with that spirit, we're gonna try again with this new group. So

443
01:27:53.650 --> 01:27:57.730
SC-1181-Sacramento: with that I'm gonna Stephen Lane

01:27:58.460 --> 01:28:22.589
Steven Lane: Yeah, sorry. I just wanted to echo what you said, and highlight as I did in the chat, that the fact that that Rfi came out co-authored by Astp. Onc. I see as a very positive sign that Astp. Onc. Will persist and be part of this conversation going forward with. This was the strongest sign that we've seen about that, you know, after

01:28:23.007 --> 01:28:39.899
Steven Lane: steve Posnack's appointment as acting, you know, national Coordinator, and the designation of of the 9th qin. But this, this is great to have seen this, and it's a great opportunity, I think, for for all of us to provide input, either individually or as organizations

01:28:40.690 --> 01:28:42.420
SC-1181-Sacramento: Excellent thanks, Stephen.

01:28:43.840 --> 01:28:48.629
SC-1181-Sacramento: Anyone else. Before I go into closing all right

01:28:48.960 --> 01:29:10.600
SC-1181-Sacramento: next steps from this meeting we will consider all feedback, as usual from our committee members incorporate it, incorporate feedback from consent management architecture into the task, meeting discussions and release the draft amendment to the technical requirements for exchange pmp. For public comment.

01:29:11.140 --> 01:29:15.325
SC-1181-Sacramento: if you please, as a reminder, send members

01:29:15.830 --> 01:29:41.879
SC-1181-Sacramento: an interest and nomination form so we're going to be sending members an interest and nomination form for the 2025, 2026 Iec. And Pops Committee, and as always, I encourage you to stay in touch with us at Cdi, and any additional feedback on the topics we covered today. You can always find more information at our Dxf program on our dxf webpage and

01:29:41.960 --> 01:29:59.609
SC-1181-Sacramento: you can find all those things that are listed there. With that I want to conclude today's meeting and thank you all for your participation. Thanks to the team for all the work. You're awesome and Jacob, welcome formally, and you all have a great day. Thank you.

01:30:01.080 --> 01:30:01.879
SC-1181-Sacramento: Thank you.