Meeting Participation Options
Onsite

- Members who are onsite are encouraged to log in using their panelist link on Zoom.

  o Members are asked to **keep their laptops' video, microphone, and audio off** for the duration of the meeting.

  o The room's cameras and microphones will broadcast the video and audio for the meeting.

- Instructions for connecting to the conference room's Wi-Fi are posted in the room.

- Please email Akira Vang (akira.vang@chhs.ca.gov) with any technical or logistical questions about onsite meeting participation.

DATA EXCHANGE FRAMEWORK

Meeting Participation Options
Written Comments

- Participants may submit comments and questions through the **Zoom Q&A box;** all comments will be recorded and reviewed by CDII staff.

- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to DxF@chhs.ca.gov.

  - Questions that require follow-up should be sent to DxF@chhs.ca.gov.

DATA EXCHANGE FRAMEWORK

Meeting Participation Options
Spoken Comments

Committee members and public participants must "raise their hand" for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of the appropriate time to volunteer feedback.

Onsite		Offsite	
Logged into Zoom	**Not Logged into Zoom**	**Logged into Zoom**	**Phone Only**
If you logged on from onsite via Zoom interface	If you are onsite and not using Zoom	If you logged on from offsite via Zoom interface	If you logged on via phone-only
Press "Raise Hand" in the "Reactions" button on the screen or physically raise your hand	Physically raise your hand, and the chair will recognize you when it is your turn to speak	Press "Raise Hand" in the "Reactions" button on the screen	Press "*9" on your phone to "raise your hand"
If selected to share your comment, please begin speaking and do not unmute your laptop. The room's microphones will broadcast audio		If selected to share your comment, you will receive a request to "unmute;" please ensure you accept before speaking	Listen for your phone number to be called by moderator
			If selected to share your comment, please ensure you are "unmuted' on your phone by pressing "*6"

DATA EXCHANGE FRAMEWORK

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.

- Public comment will be limited to the total amount of time allocated for public comment on particular issues.

- The Chair will call on individuals in the order in which their hands were raised.

- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.

- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to DxF@chhs.ca.gov.

DATA EXCHANGE FRAMEWORK

Agenda

9:00 AM
Welcome and
DxF Summit Reflections

9:10 AM
2025 Technical Standards
Advancement

9:25 AM
DxF Participant Directory

9:45 AM
Consent Management
Architecture

10:20 AM
DxF Advisory Committee
Structure Updates

10:30 AM
DxF Implementation Updates

10:40 AM
Public Comment

10:50 AM
Next Steps and
Closing Remarks

DATA EXCHANGE FRAMEWORK

Speaker Introductions

John Ohanian

CDO, CalHHS
Director, CDII

Jacob Parkinson

Deputy Director,
CDII

Rim Cothren

Independent HIE
Consultant, CDII

Aparna Ramesh

Chief, Research and Data
Insights Branch,
Department of Social
Services

Dr. Linette Scott

Deputy Director and CDO,
Enterprise Data
and Information
Management Division, DHCS

DATA EXCHANGE FRAMEWORK

Welcome and DxF Summit Reflections

The Vision for Data Exchange in California

Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care.

The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.

236 attendees and 34 expert speakers

2025 ANNUAL CALIFORNIA DxF SUMMIT

The Road to Whole-Person Care

CalHHS · CENTER FOR DATA INSIGHTS AND INNOVATION
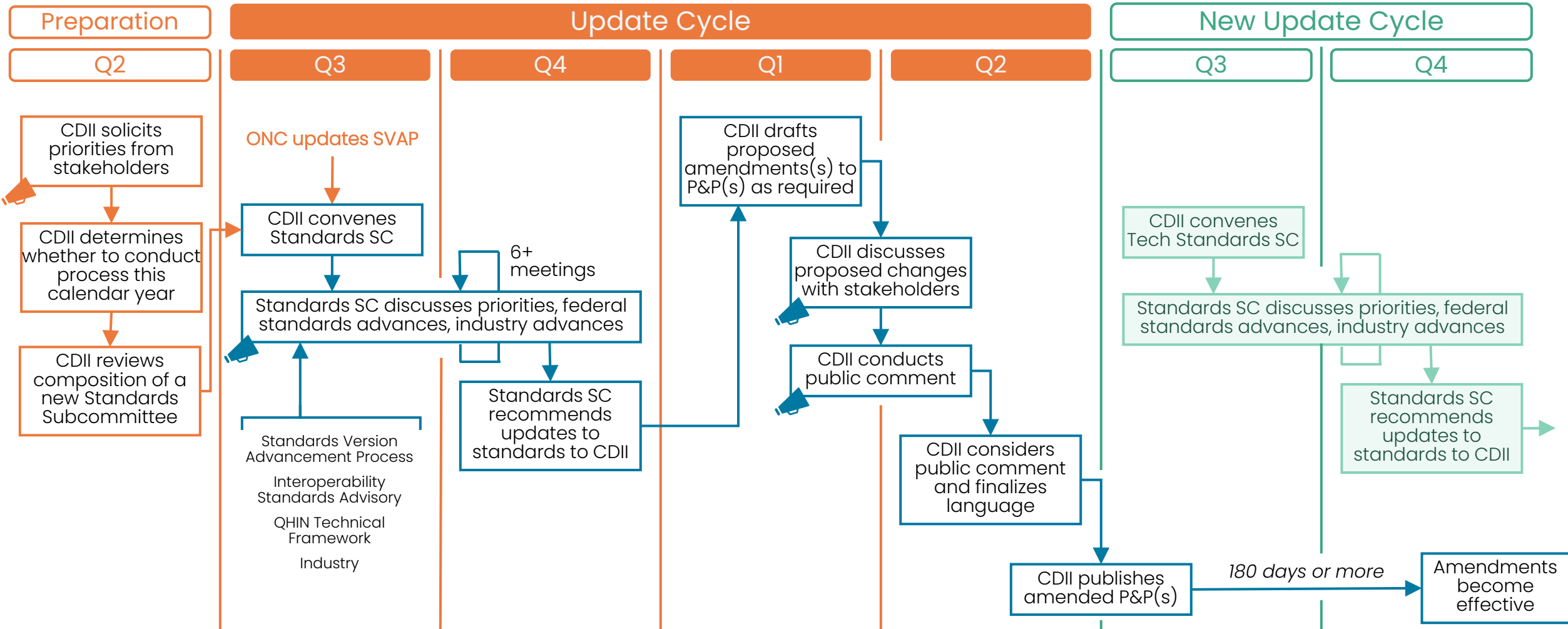
DATA EXCHANGE FRAMEWORK

DxF Summit Objectives

- ✓ Demonstrated a unified commitment to the Data Exchange Framework, reflecting collaboration and alignment across all CalHHS departments and offices

- ✓ Unveiled the three-year DxF Roadmap and emphasize that its successful implementation is a shared responsibility—not solely that of CDII or CalHHS, but of all stakeholders across the health and social services landscape

- ✓ Elevated local data sharing success stories, highlight the importance of community collaboration, and shine a spotlight on barriers and areas for improvement

- ✓ Facilitated meaningful connections and knowledge exchange between experienced data-sharing stakeholders and social services providers at both the state and local levels.
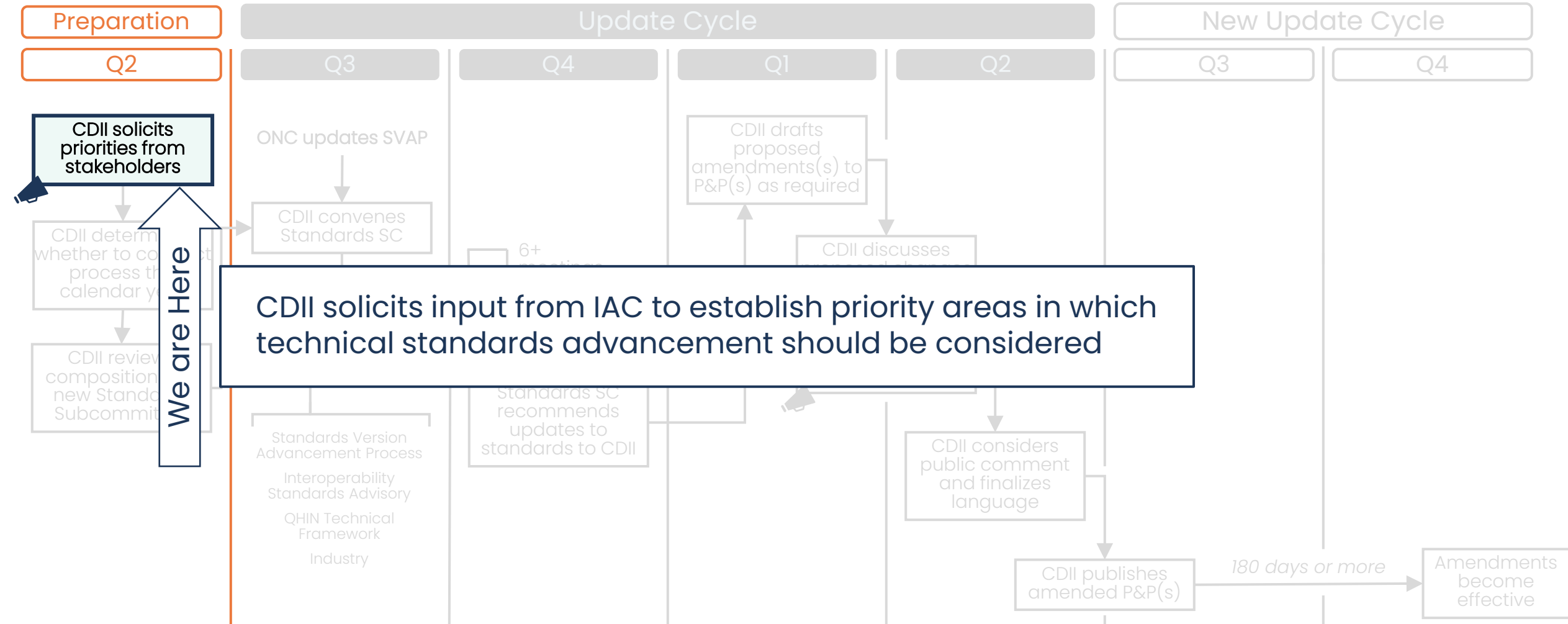
Any feedback or reflections from those that attended the DxF Summit?

2025 Technical Standards Advancement

Technical Standards Advancement

Preparation	Update Cycle				New Update Cycle	
Q2	Q3	Q4	Q1	Q2	Q3	Q4

CDII solicits priorities from stakeholders

ONC updates SVAP

CDII drafts proposed amendments(s) to P&P(s) as required

CDII determines whether to conduct process this calendar year

CDII convenes Standards SC

CDII discusses proposed changes with stakeholders

CDII convenes Tech Standards SC

6+ meetings

Standards SC discusses priorities, federal standards advances, industry advances

CDII reviews composition of a new Standards Subcommittee

CDII conducts public comment

Standards SC discusses priorities, federal standards advances, industry advances

Standards Version Advancement Process

Interoperability Standards Advisory

QHIN Technical Framework

Industry

Standards SC recommends updates to standards to CDII

CDII considers public comment and finalizes language

Standards SC recommends updates to standards to CDII

CDII publishes amended P&P(s)

180 days or more

Amendments become effective

DATA EXCHANGE FRAMEWORK

Quarters indicate approximate dates that may vary year-to-year

Stakeholder Input Opportunity

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Technical Standards Advancement

Preparation

Q2

Update Cycle

Q3   Q4   Q1   Q2

New Update Cycle

Q3   Q4

CDII solicits priorities from stakeholders

We are Here

ONC updates SVAP

CDII determines whether to conduct process that calendar year

CDII reviews composition of new Standards Subcommittee

CDII convenes Standards SC

Standards Version Advancement Process

Interoperability Standards Advisory

QHIN Technical Framework

Industry

6+ meetings

Standards SC recommends updates to standards to CDII

CDII drafts proposed amendments(s) to P&P(s) as required

CDII discusses

CDII considers public comment and finalizes language

CDII publishes amended P&P(s)

180 days or more

Amendments become effective

> CDII solicits input from IAC to establish priority areas in which technical standards advancement should be considered

DATA EXCHANGE FRAMEWORK

Stakeholder Input Opportunity

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Review: Advancement in 2024/25

The 2024 Standards Committee made the following recommendations.

1. Advance the version of the United States Core Data for Interoperability (USCDI) to align with the version specified in the ASTP/ONC Health IT Certification Program.
   - The Data Elements to Be Exchanged P&P was amended January 22, 2025, to implement this recommendation.
   - The amended P&P and USCDI v3 become effective January 1, 2026.

2. Establish technical standards for event notification.
   - Establish requirements for format and content for machine- and human-readable notifications.
   - Recommendations were included in the DxF Roadmap.
   - Amendment to Technical Requirements for Exchange P&P is being drafted for public comment.
   - New technical standards, if adopted, could become effective in mid- or late-2026.

DATA EXCHANGE FRAMEWORK

Potential Topics for 2025

Roadmap Initiatives

- Standards advancement to support Event Notification is already underway as a result of 2024 activities.

- The Technical Advisory Subcommittee (TASC) focus group on Social Data Exchange has no recommendations at this time. Further work in 2025 may suggest standards advancement, but none are anticipated.

- The Authorization to Share Confidential Medical Information (ASCMI) initiative may suggest technical API standards to be adopted for Consent Management.

Other Exchange Initiatives

- CalEMSA's electronic POLST registry may adopt FHIR standards for submission and retrieval of electronic POLST information.

DATA EXCHANGE FRAMEWORK

2025 Technical Standard Priorities

Considering that technical standards advancement is an 18+ month process, what advancements should be considered in 2025 for implementation in 2026/2027?

?

- Are there sufficient advancements in social services data standards to prioritize them?

- Are there additional health data elements that should be exchanged?

- Are there new exchange types that should be considered for the DxF?

- Should DxF consider establishing standards Consent Management or POLST?

- Where are there gaps to fill or opportunities for California to lead?

The request of IAC is not to identify technical standards, but to advise on whether to convene the Standards Committee and to help prioritize topics for the Standards Committee to consider.

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DxF Participant Directory

DxF Participant Directory

The Participant Directory is a list of organizations, intermediaries, and technologies for sharing health and social services data across California

- The Participant Directory collects data exchange choices for the networks, intermediaries, or technologies of each DxF Participant

- Public listing available to DxF Participants

- Believed to be necessary to support AB 133's requirement to allow Participants to use any health information exchange network, health information organization, or technology

- **All participants** are required to enter choices into the Participant Directory

DATA EXCHANGE FRAMEWORK

Participant Directory
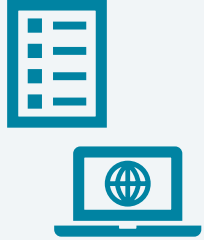
What is the Participant Directory?

Both an application and listing of organizations' choices of intermediaries and/or technologies to exchange Health and Social Services Information (HSSI) under the DxF. The listing is available for download to support organizations in identifying how to exchange HSSI with other organizations.

Who is required to enter choices into the Participant Directory?

All Participants. QHIOs and other Intermediaries may advise or assist Participants, but Participants are responsible for entering their own choices into the Participant Directory.

What choices need to be entered?

- Whether an organization is exercising its option to delay exchange until 2026, if permitted by HSC § 130290 or P&Ps
- Choice for accepting Requests for Information
- Choices for receiving Information Delivery (optional)
- Choice for accepting rosters for Notifications of ADT Events

DATA EXCHANGE FRAMEWORK

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For Discussion: Participant Directory Feedback

CDII is considering how to prioritize and maintain the Participant Directory and seeks to understand how organizations use this resource.

1. How does your organization use the Participant Directory?

2. Does the Participant Directory provide value to your organization?

3. How could the Participant Directory be improved?

DATA EXCHANGE FRAMEWORK

Consent Management Architecture

ASCMI Initiative

The ASCMI (Authorization to Share Confidential Medi-Cal Information) initiative seeks to promote coordinated, person-centered care for all Californians by streamlining consent to share Health and Social Services Information (HSSI).

The Issue

Broad and secure access to HSSI is limited, in part, by:

- Complex privacy rules governing consent and data exchange

- Outdated technology and use of paper forms

- Fragmented and incomplete HSSI exchange ecosystem

Source: Why California Needs Better Data Exchange (CHCF)

The ASCMI Approach

Care partners can use standardized tools for obtaining an individual's consent to share data, and store that consent record in a secure database that other care partners can access.

1 ASCMI or other consent forms describe what information an individual agrees (or does not want) to have shared about them and how it may be shared and used with other partners

2 Consent management service stores and manages individuals' consent preferences electronically

3 Care partners (e.g., healthcare and social services providers, health plans) capture and access individuals' consent preferences via the consent management service

ASCMI Form Overview

Section 1. What types of information may be shared?

↓

Section 2. Which of these require consent...

├─ ...when AB 133 applies?

└─ ...when AB 133 does not apply?
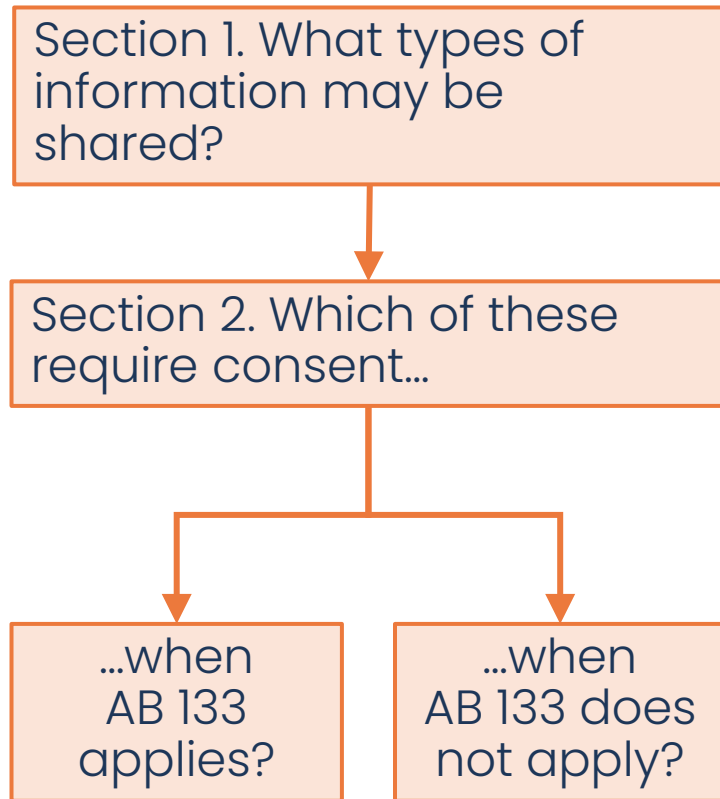
Why is the Form divided into two sections?

- ✓ Clearly delineate the types of information that can be shared without consent versus what types of information require consent to share (e.g., Part 2 information)
- ✓ Clarify why consent is not always required for data sharing
- ✓ Only request consent when it is required
- ✓ Reinforce messaging that choosing to not sign the form will <u>not</u> impact access to services

Who does AB 133 apply to?

1. Individuals enrolled in a Medi-Cal managed care plan;
2. Individuals receiving behavioral health services under Medi-Cal; and
3. Individuals involved in the criminal-legal system that qualify for pre-release Medi-Cal benefits.

California Assembly Bill (AB) 133

Assembly Bill (AB) 133, enacted in July 2021, limits the application of certain state privacy laws so that information can be shared more easily in order to coordinate care. See <u>CalAIM Data Sharing Authorization Guidance (October 2023)</u> for more information

ASCMI Form Proposed Outline and Use Cases

What types of information may be shared?

- Medical, mental health, and substance use disorder (SUD) status and treatment information
- Health insurance information
- Housing and income status, history, and supports
- Limited criminal legal information, including booking data, dates / location of incarceration, parole status
- Individualized Education Programs, other information about health / social services provided in schools

Which types of information require consent?	AB 133	Non-AB 133
• SUD information protected by 42 CFR Part 2	✓	✓
• Housing-related personal information when sharing with HMIS	✓	✓
• School-based health and social services information protected by Family Educational Rights and Privacy Act (FERPA)	✓	✓
• Mental health treatment information protected by Lanterman-Petris-Short Act (LPS)		✓
• Some medical information (HIV test results, genetic testing)		✓

DATA EXCHANGE FRAMEWORK

HCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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Electronic Consent Management Overview

DHCS proposes launching a Consent Management Platform (CMP) that would include a statewide repository to store consent records and is exploring how QHIOs and other intermediaries could facilitate Care Partners' access to the CMP.

Preliminary
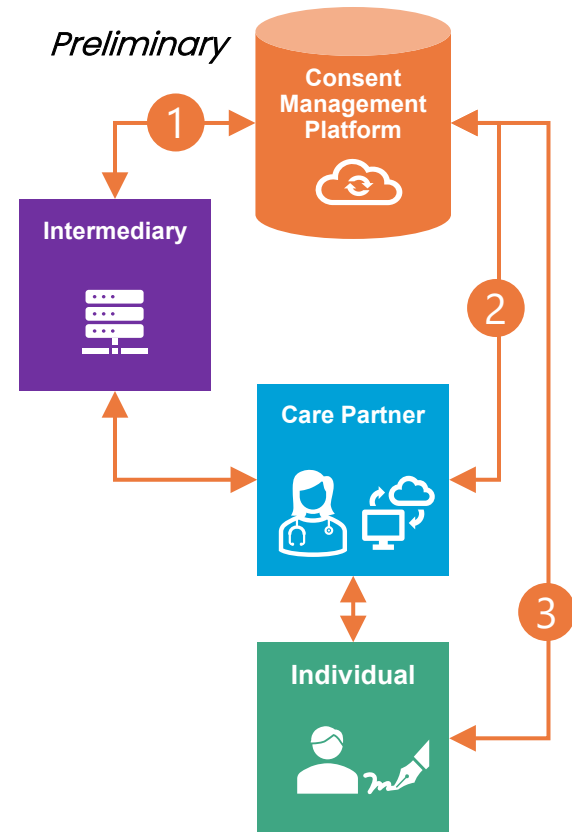
Potential Pathways to Access CMP

1) <u>Intermediary Integration</u>: Care Partner is connected to an Intermediary which facilitates the exchange of consent information between Care Partner and CMP
2) <u>Care Partner Integration</u>: Care Partner is connected directly to CMP via API with client database (e.g., EHR)
3) <u>Portal</u>: Care Partners and/or individuals can access the CMP via a portal to update consent preferences

Key Terms

- <u>Consent Management Platform</u> (CMP) would be a central database that stores individual consent records
- <u>Intermediaries</u>, such as Qualified Health Information Organizations (QHIOs), would receive, transform, and send consent information from Care Partners to CMP; query CMP for an individual's consent preferences, and facilitate the exchange of protected HSSI where an individual has provided consent to share data
- <u>Care Partners</u>:
  - Health and social service providers; housing providers; reentry services providers
  - Managed care plans and behavioral health delivery systems
  - State and county agencies

Workflow for Documenting Consent

DHCS engaged QHIOs and other intermediaries to develop a preliminary high-level workflow for documenting consent.

## Preliminary Workflow Steps & Requirements for Discussion
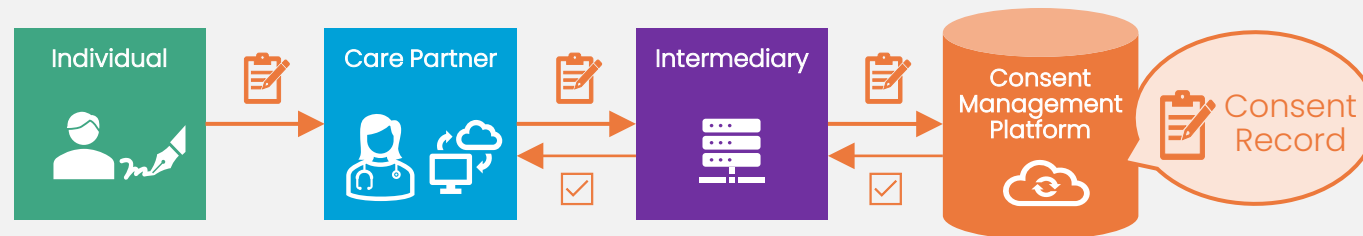
1. Care Partner documents Client's consent preferences using ASCMI Form
2. Care Partner digitizes form and shares image with the Intermediary
3. Intermediary validates and transforms image into structured consent data
4. Intermediary sends structured data and image to CMP
5. CMP validates consent data
6. CMP conducts identity match and create a new consent record for a new identity or supersedes an existing consent record for an existing identity
7. CMP sends acknowledgement of receipt and validation to Intermediary
8. Intermediary sends acknowledgement of receipt, validation, and storage in CMP to Care Partner

Workflow for Exchanging Data

DHCS will engage QHIOs and other intermediaries to develop a preliminary high-level workflow for applying consent.

Preliminary Workflow Steps & Requirements for Discussion
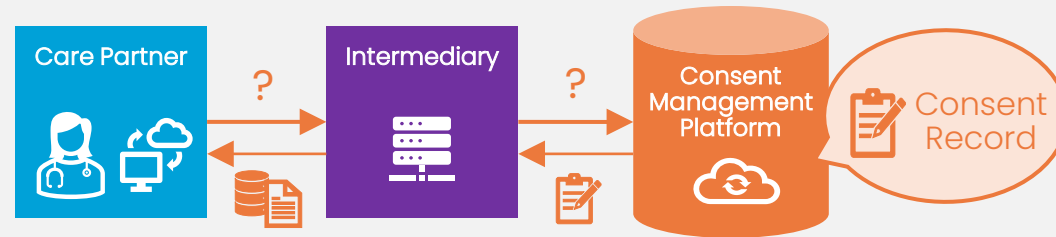
1. Care Partner requests HSSI from another Care Partner via an Intermediary (e.g., a QHIO)

2. Intermediary matches identity, returns "not found" if no matching identity exists, or requests consent record from CMP if a matching identity is found

3. CMP matches identity, returns "not found" if no active consent exists, or returns structured active consent if a matching identity is found

4. Intermediary applies business rules for sharing data in accordance with Client consent, following allowable sharing if no consent record is found or following Client consent if one exists

5. Care Partner receives HSSI that can be shared in accordance with Client consent

Next Steps

DHCS 2025 Priorities

- Define business needs and requirements for CMP
- Refine statewide consent management framework, including roles and responsibilities of QHIOs and other data exchange intermediaries
- Publish Refined ASCMI Form (Non-AB 133 and AB 133 Versions) and promote adoption among Care Partners
- Secure funding to develop and launch CMP

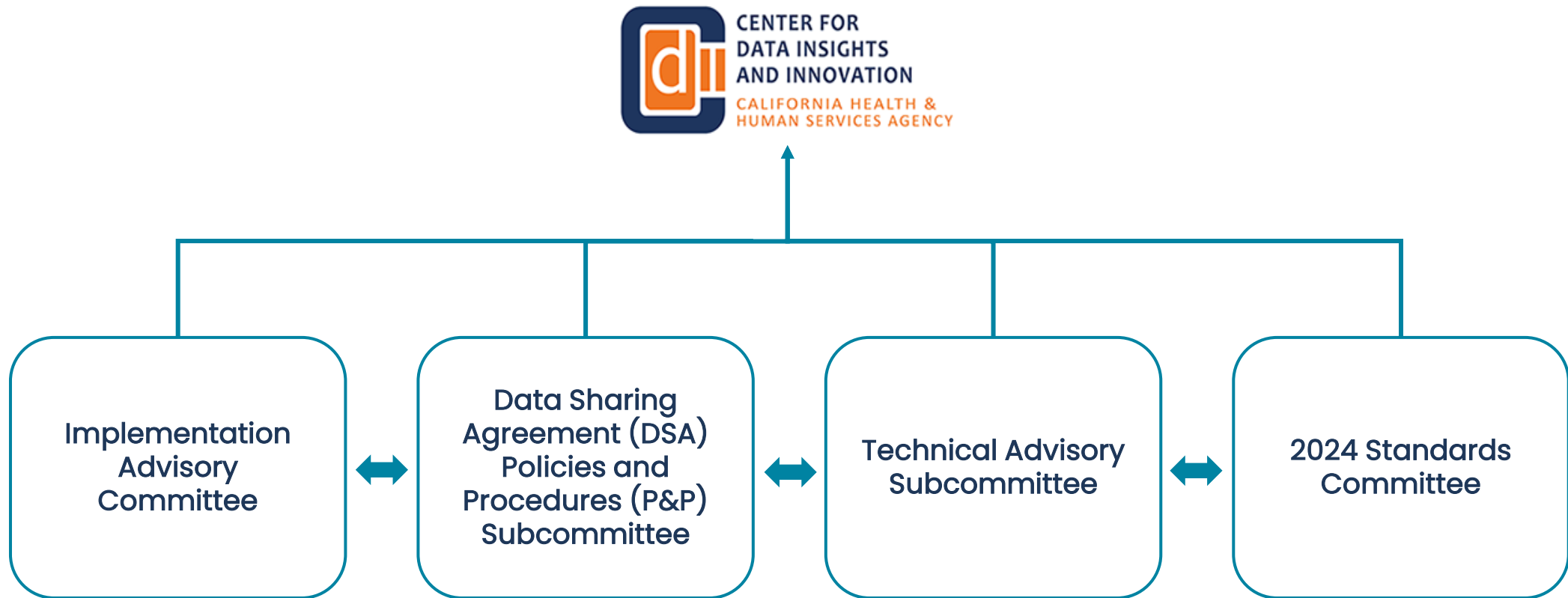### Discussions with TASC Focus Group

May 29, 2025

June 12, 2025

June 26, 2025

July 10, 2025

DATA EXCHANGE FRAMEWORK

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

DxF Advisory Committee Structure Updates

DxF Advisory Committees: 2024

CDII currently maintains four advisory committees, comprised of public and private stakeholders, to provide input on DxF implementation.

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| Implementation Advisory Committee | ⟷ | Data Sharing Agreement (DSA) Policies and Procedures (P&P) Subcommittee | ⟷ | Technical Advisory Subcommittee | ⟷ | 2024 Standards Committee |

DATA EXCHANGE FRAMEWORK

DxF Advisory Committee Feedback

TEFCA Alignment: CDII's TEFCA-DxF comparative analysis identified opportunities to further align TEFCA/DxF governance models where possible, which could reduce stakeholder confusion.

Administrative Burden: Establishing and operating advisory committees requires significant resources; CDII wants to be strategic in how it prioritizes resources.

Stakeholder and Expertise Gaps: More input and representation is needed from select stakeholder groups, such as social service providers and skilled nursing facilities (SNFs).

Committee Role Clarity: Lack of clarity around the roles of the IAC vs. DSA P&P Subcommittee, and how each informs the other within the broader advisory structure.
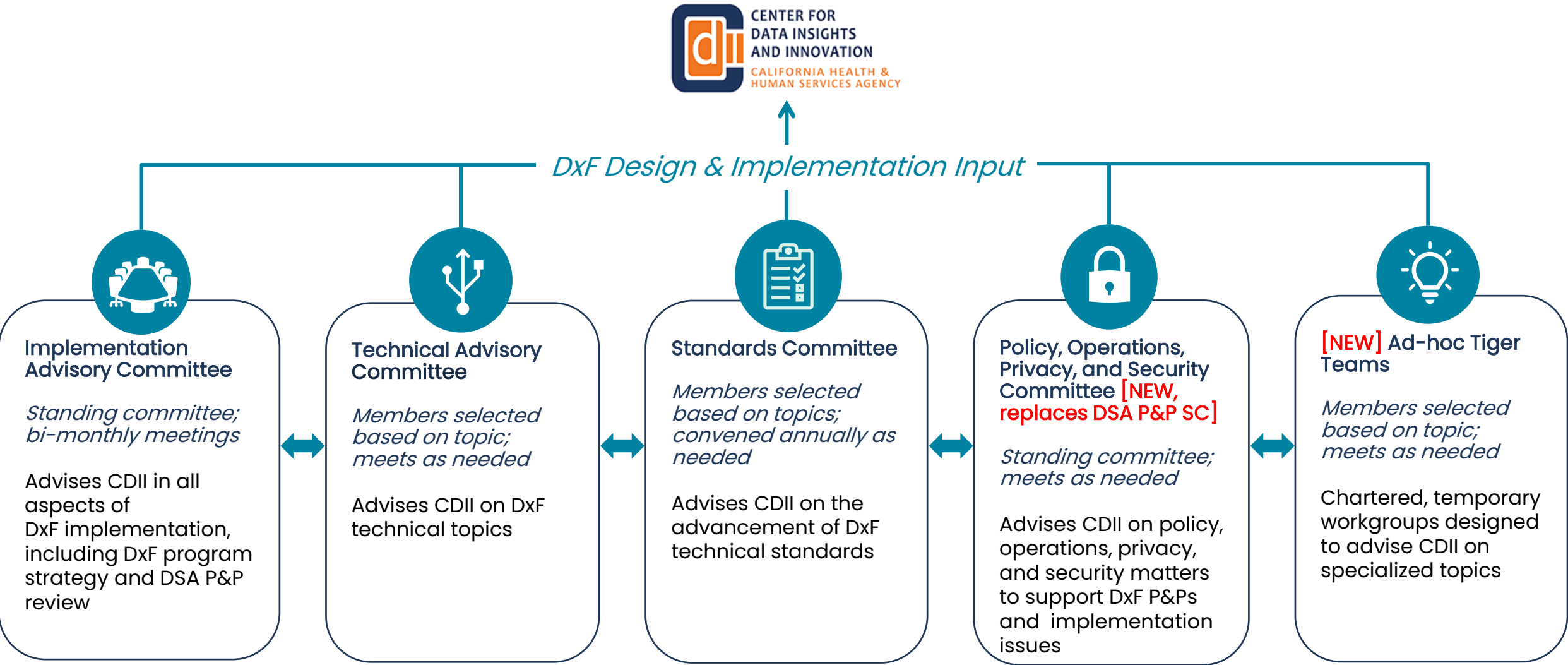
Low Attendance: Low attendance at some advisory committee meetings, indicating potential disengagement.

DxF Advisory Committee Updates

This summer, CDII plans to restructure DxF advisory committees to support the next phase of DxF implementation and management.

1. Replace the DSA P&P Subcommittee with a Policy, Operations, Privacy, and Security (POPS) Committee that meets on an as needed basis.

   a. *Note: The DSA P&P Subcommittee was chartered to meet bi-monthly. The POPS would meet as needed, and likely no more than quarterly.*

2. Increase representation from social services and community-based organizations.

3. Rename the 'Technical Advisory Subcommittee (TASC) to 'Technical Advisory Committee'. Elevating it recognizes that this advisory body is not a subcommittee of another advisory body and makes recommendations directly to CDII.

4. Hold ad-hoc advisory committee meetings or 'Tiger Teams' to engage stakeholders on topics, as needed.

5. Refresh and invite new stakeholders to participate in committees

2025-2026 DxF Advisory Committee Structure

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DxF Design & Implementation Input

Implementation Advisory Committee

Standing committee; bi-monthly meetings

Advises CDII in all aspects of DxF implementation, including DxF program strategy and DSA P&P review

Technical Advisory Committee

Members selected based on topic; meets as needed

Advises CDII on DxF technical topics

Standards Committee

Members selected based on topics; convened annually as needed

Advises CDII on the advancement of DxF technical standards

Policy, Operations, Privacy, and Security Committee [NEW, replaces DSA P&P SC]

Standing committee; meets as needed

Advises CDII on policy, operations, privacy, and security matters to support DxF P&Ps and implementation issues

[NEW] Ad-hoc Tiger Teams

Members selected based on topic; meets as needed

Chartered, temporary workgroups designed to advise CDII on specialized topics

DATA EXCHANGE FRAMEWORK

Note: Information will be shared across committees; Committees may make recommendations about how other committees could advise CDII on certain topics.

Policy, Operations, Privacy, and Security (POPS) Committee [NEW]

CDII will sunset the DSA P&P SC and replace with a POPS Committee that will meet on an as needed basis.

Roles and Responsibilities

Provide privacy, policy, operations and security advice and guidance to CDII in the context of:

- DSA and P&P revisions and development of new P&Ps, including review of draft language

- Data exchange issues that may require CDII attention and action

- Stakeholder guidance

Expertise

- Health and community information exchange policy

- Privacy

- Information and system security

- Hospital/SNF/other subacute facility, clinic/practice/MSO, social services, HIE/CIE/SHIE, health plans, CBOs, and public agency operations

Potential Experts

- Chief Medical Information Officers

- Security Officers

- Privacy Officers

- Legal Counsel

- Chief Operations Officers

- Health Information Management Directors

DxF Implementation Updates

DxF Implementation Updates

Advisory Committees
- The TASC convened to discuss the capabilities needed for social and health data exchange under the DxF
- CDII informed applications of selection for the remaining three focus groups: Consent Management, Event Notification, and Identify Management

DSA P&P Development
- Drafted an amendment to Technical Requirements for Exchange P&P to be released for public comment in the coming weeks *(see appendix for details)*

DxF Grants
- As of April 30, 2025, $22,967,120.22 has been disbursed to Grantees
- Round 1 and 2 Milestone 1 deadline was December 31, 2024, and Round 3 Milestone 1 deadline was March 31, 2025. 88% of Grantees have achieved Milestone 1 and 31% of Grantees have achieved Milestone 2

QHIO
- The QHIO Program recently began conducting a compliance review to ensure QHIOs are meeting critical requirements of the program
- QHIOs continue to collaborate to exchange data with one another, creating a statewide network for those who use them

DATA EXCHANGE FRAMEWORK

Impact Measurement:
DxF 2025 Participant Survey

- CDII is conducting an anonymous survey of DxF participants to learn more about their data exchange experiences.

- The survey results will help CDII assess DxF progress to date and identify opportunities to further accelerate data exchange.

- The survey will gather Participant characteristics, data exchange practices, and satisfaction with the timeliness, accuracy and quality of the data received.

- Participants will also have the opportunity to identify data exchange challenges for DxF to address in the future.

- Participants will receive the survey in May 2025 with a two-week window to submit survey responses.

DATA EXCHANGE FRAMEWORK

Public Comment

Next Steps and Closing Remarks

Next Steps

CDII will:

- Consider the feedback provided by the IAC and DSA P&P Subcommittee.

- Incorporate Member feedback into TASC meeting discussions on consent management architecture.

- Release draft amendment to Technical Requirements for Exchange P&P for public comment.

- Send details on 2025-2026 IAC and POPS Committees

Members will:

- Provide any additional feedback to CDII at dxf@chhs.ca.gov.

DATA EXCHANGE FRAMEWORK

CDII DxF Webpage Resources

For more information on the DxF, please visit the CDII DxF <u>webpage</u>.

There you can find:

- The DxF, DSA, and P&Ps;
- Information about the QHIO and DxF Grant programs;
- Materials from previous and upcoming meetings, webinars, and listening sessions;
- FAQs on the DxF;
- Link to the DSA Signing Portal and Participant Directory; and
- Weekly update to the DSA Signatory List that Includes Participant Directory Fields.
- And more!

DATA EXCHANGE FRAMEWORK

Stay informed!

Add yourself to our mailing
list for DxF updates.

dxf.chhs.ca.gov/stayinformed/
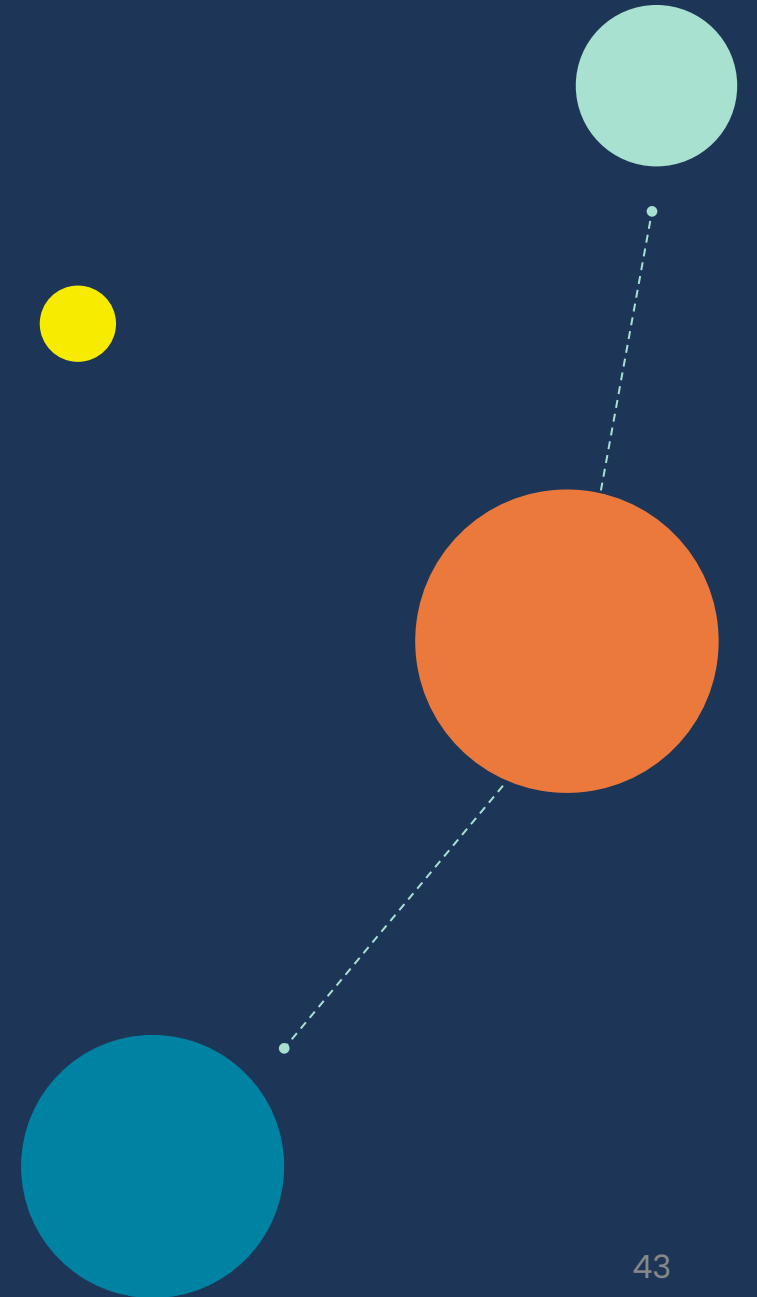
Appendix

Amendment to Technical Requirements for Exchange P&P – Event Notification

Align with DxF Roadmap

- Transition use of defined terms from "Notifications of ADT Events" to "Event Notification"
- Limit requirements to Events that are Admissions and Discharges

Requirements for Rosters

- Define Roster as list of identities using person attributes described in Person Matching

Requirements for Notifications

- Must support for both Machine-Readable and Human-Readable formats
- Require Machine-Readable content in HL7 v2.5.1 (or later) ADT message format
- Establish data requirements for both Machine-Readable and Human-Readable formats
- Require use of any National and Federally Recognized Standard for transport

Skilled Nursing Facilities

- ☆ Require SNFs to begin sending notifications of Admissions and Discharges January 1, 2027

DATA EXCHANGE FRAMEWORK

☆ *Will specifically invite public comment on the date by which SNFs must begin sending notifications of Admissions and Discharges*

Amendment to Technical Requirements for Exchange P&P – Other Exchange Types

Request for Information

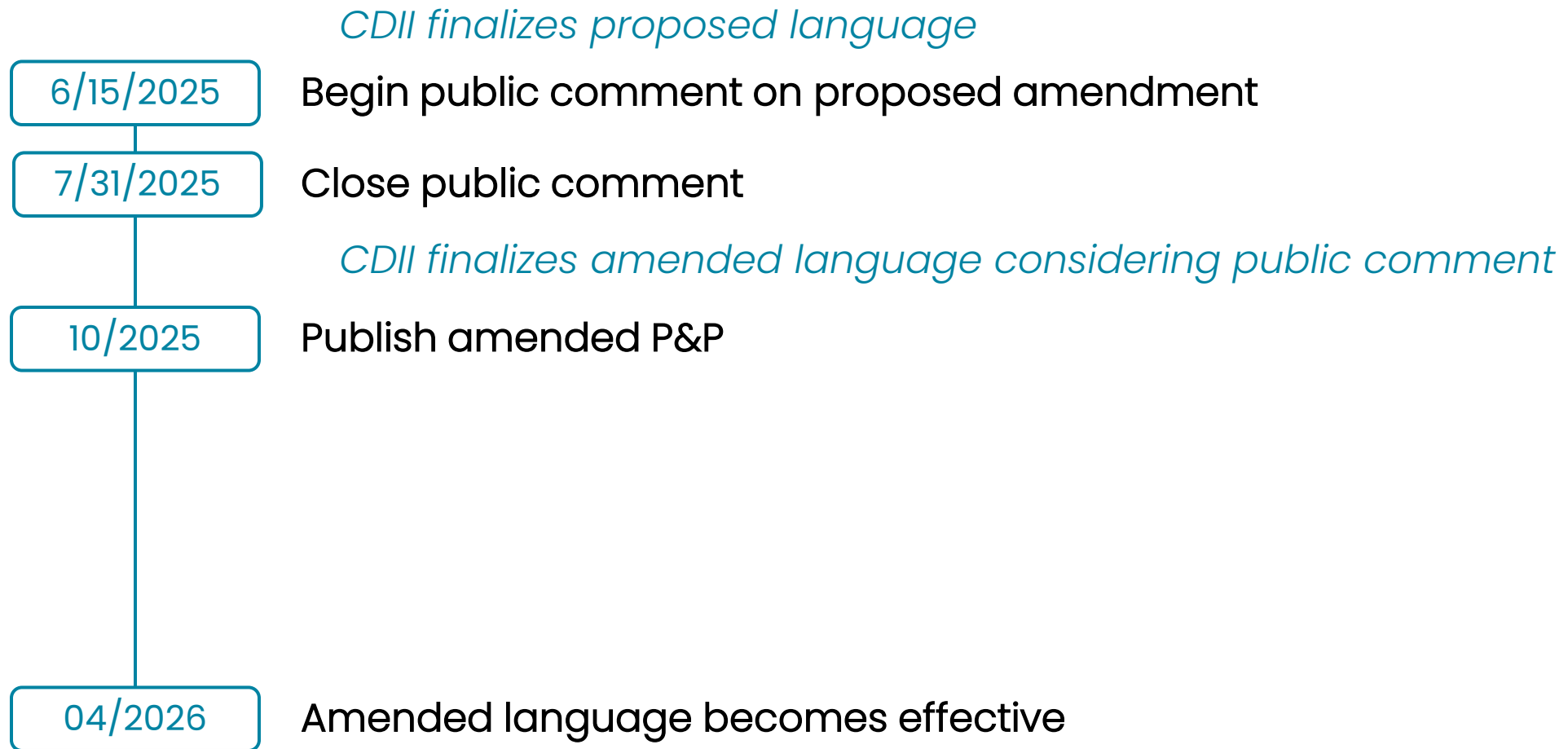- Remove the technical requirement when using a Nationwide Network or Framework

Information Delivery

- Remove the technical requirement when using a Nationwide Network or Framework

Person Matching

- Prohibit the use of sex, administrative sex, sex determined at birth, gender, administrative gender, gender identity, or other sex- or gender-related attributes unless required by the underlying technical specification

DATA EXCHANGE FRAMEWORK

Next Steps (dates are approximate)

CDII finalizes proposed language

6/15/2025 — Begin public comment on proposed amendment

7/31/2025 — Close public comment

CDII finalizes amended language considering public comment

10/2025 — Publish amended P&P

04/2026 — Amended language becomes effective

DATA EXCHANGE FRAMEWORK

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Impact Measurement:
DxF Participants *(as of March 31, 2025)*

Number of DxF Participants

Category	Number
Acute Care Settings	421
Ambulatory Care Settings	1877
Subacute Care Facilities	751
Health Plans	101
Ancillary Care / Pharmacy	466
Other	627
Not Selected	190
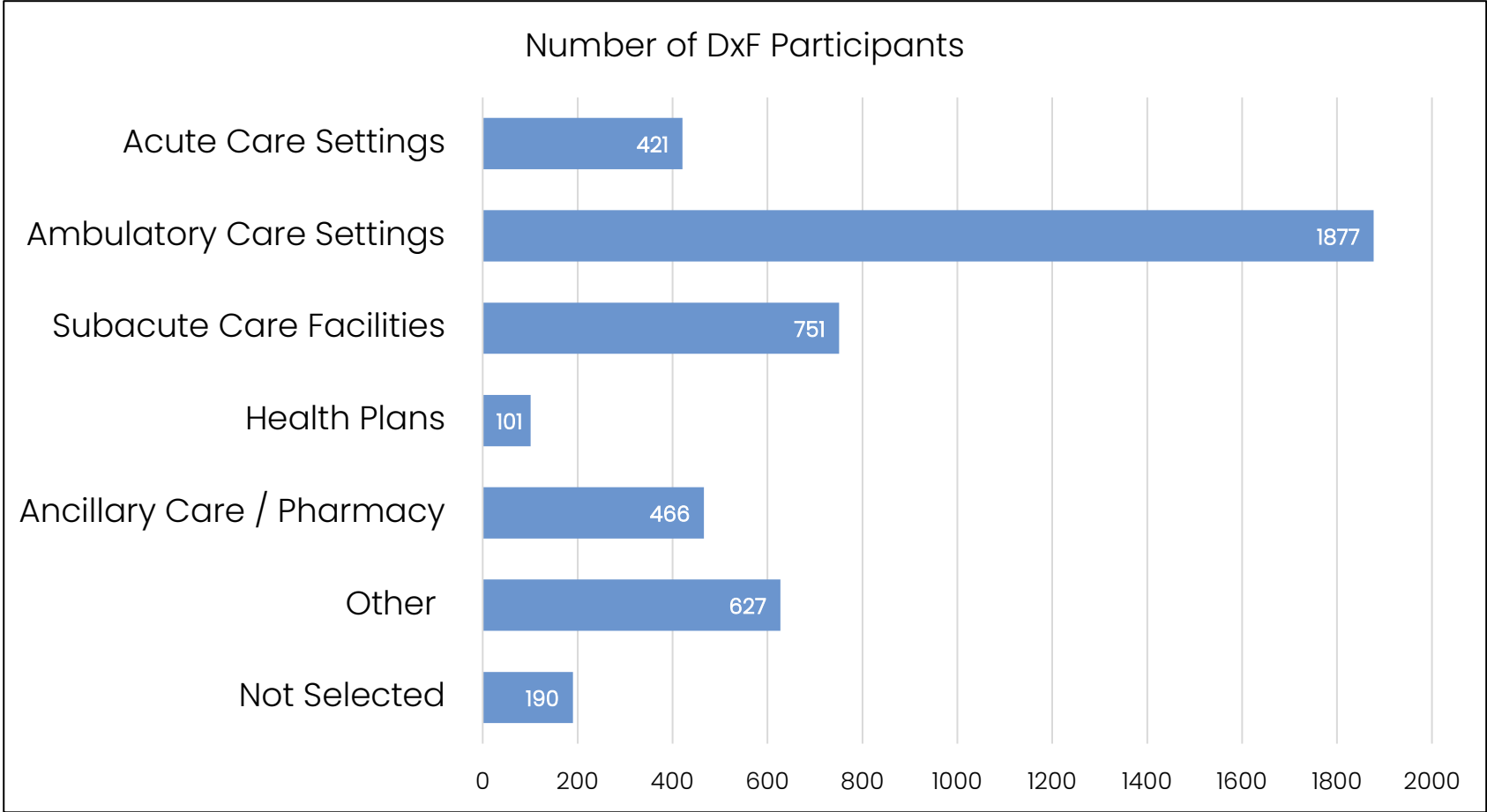
As of March 31, 2025, DxF includes 4,433 Participants.

These Participants represent a wide range of health and social service organizations.

Ambulatory Care Settings represent 42% of all Participants.

"Other" includes Community-based Organizations, EMS Providers, Counties and Intermediaries

DATA EXCHANGE FRAMEWORK

Impact Measurement:
Exchange Methods *(as of March 31, 2025)*

Request for Information
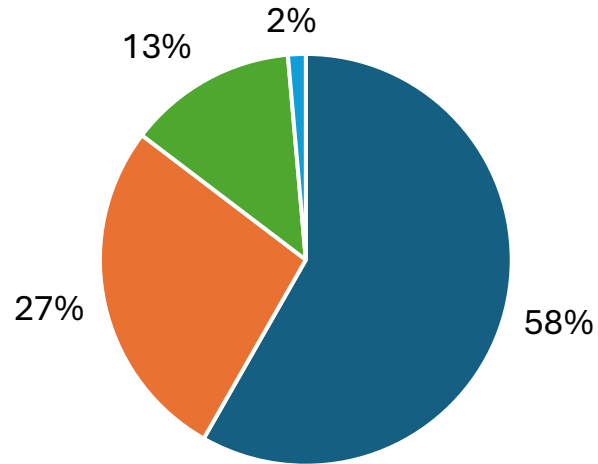
- 2%
- 13%
- 27%
- 58%

■ QHIO / Onboarding to QHIO
■ Nationwide network or framework
■ Own Technology
■ Other Intermediary

Information Delivery
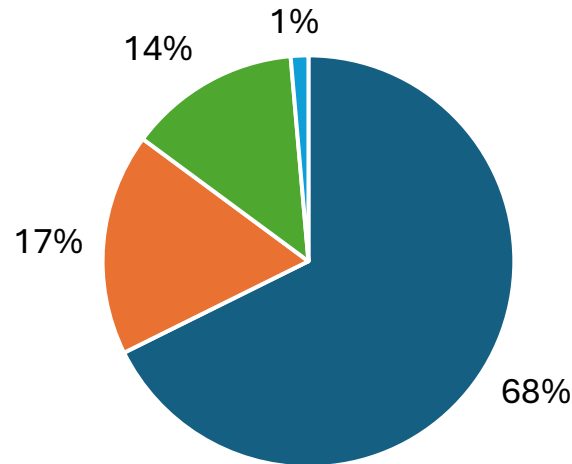
- 1%
- 14%
- 17%
- 68%

■ QHIO / Onboarding to QHIO
■ Nationwide network or framework
■ Own Technology
■ Other Intermediary

Event Notification
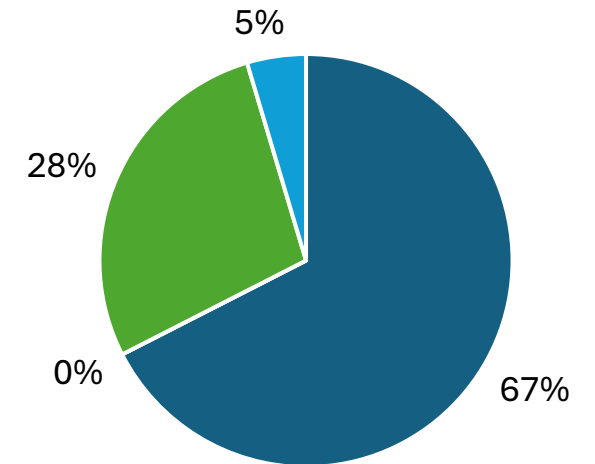
- 5%
- 28%
- 0%
- 67%

■ QHIO / Onboarding to QHIO
■ Nationwide network or framework
■ Own Technology
■ Other Intermediary

Through their Participant Directory selections, two-thirds of Participants have indicated their intention to leverage a DxF Qualified Health Information Organization (QHIO) to support exchange.

(excludes Not Applicable responses)

DATA EXCHANGE FRAMEWORK

Impact Measurement:
DSA Signatory Grants *(as of March 31, 2025)*

Grant Milestone Submission Status

- No Milestone Submitted
- Milestone 1 Submitted
- Both Milestones 1 and 2 Submitted

12%

31%

57%
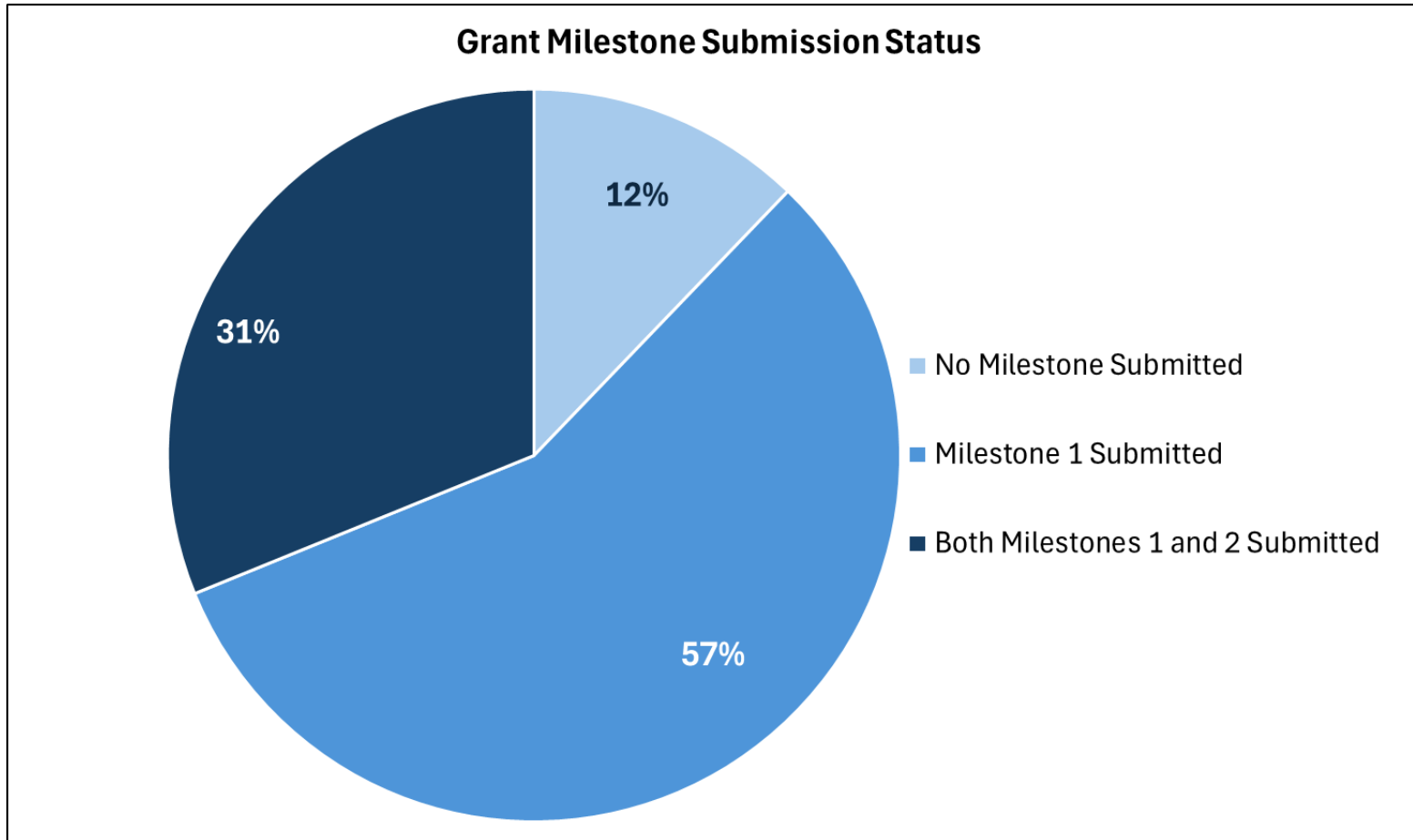
As of March 31, 2025, 31% percent of grantees reported Milestones 1 and 2 had been met, and their organizations were actively engaged in data exchange. This represents an increase from 18% of grantees in December 2024.

57% of grantees have reported their first milestone and are well on the way to achieving the objectives associated with their grant.

DATA EXCHANGE FRAMEWORK

Participant Directory (1/4)

The Participant Directory P&P requires Participants to make choices for each Exchange type.

The Technical Requirements for Exchange P&P establishes the types of Exchange required of each Participant.

- Every Participant must indicate an exchange choice for Request for Information, or "NOT APPLICABLE" if the Participant Maintains <u>no</u> HSSI.

- Participants that wish to receive HSSI (optional for all Participants) indicate that desire by indicating an Exchange choice for Information Delivery, or "NOT APPLICABLE" if they choose not to participate.

- Participants that are Hospitals or Emergency Departments must indicate an exchange choice for requests for Notification of ADT Events; others may choose "NOT APPLICABLE".
  - Participants that are SNFs may also indicate a choice for Notifications.

- Participants that are Intermediaries must indicate:
  - A choice for Information Delivery if any Participant they serve elects to receive HSSI
  - A choice for Notification of ADT Events if any Participant they serve is required to or elects to provide Notifications of ADT Events

DATA EXCHANGE FRAMEWORK

Participant Directory (2/4)

What choices can Participants make in how they will exchange HSSI?

A Participant listed in HSC § 130290(b)(2) or Requirement to Exchange HSSI P&P may elect to delay providing Access to or Exchange of HSSI until January 31, 2026.

- These Participants may delay entering their choices for Exchange of HSSI under DxF until January 31, 2026, after choosing the option to delay in the Participant Directory.

A Participant may choose to provide Access to or Exchange of HSSI via:

- A Nationwide Network or Framework
- A Participant that is an Intermediary, such as a QHIO
- An Intermediary that is not a Participant
- "SELF" if they choose to use Point-to-Point Interfaces to their own technology
- "OTHER" if they are using an Intermediary not yet listed as an Exchange choice in the Participant Directory application
- "NOT APPLICABLE" if the Exchange type is optional for their organization type or the organization Maintains no HSSI

DATA EXCHANGE FRAMEWORK

Participant Directory (3/4)

A Participant that is a signatory to the DSA must enter and maintain within the Participant Directory the names and choices of all subordinate organizations.

A Participant that chooses to use Point-to-Point Interfaces to its own technology by choosing "SELF" must also enter:

- A URL to a public web page at which to find more information on how to establish the connection; and/or
- An email address and phone number of the technical contact that maintains point-to-point interfaces to the Participant's technology

A Participant that chooses "OTHER" must provide the name of the Intermediary and contact information to allow CDII to determine whether the Intermediary can be included in Participant Directory choice(s) for the Exchange type(s).

- It remains the responsibility of the Participant to ensure it uses Intermediary services in compliance with the DSA and its Policies and Procedures.

DATA EXCHANGE FRAMEWORK

Participant Directory (4/4)
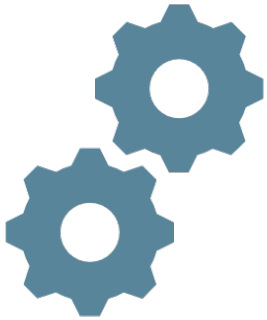
Background:
- Technical connection details (endpoint URLs, certificates, etc.) often found in a network's directory may present a security risk if made publicly available.
- Intermediaries (nationwide networks, QHIOs, etc.) manage their own directories that include connection details.

How the DxF Participant Directory listing can be used by a Participant:
1. The Participant Directory listing points Participants to a particular Intermediary.
2. Participants then use the Intermediary's directory to gain the connection details necessary.

Advantages of this approach:
- Connection details remain secure.
- Connection details are maintained by the Intermediaries that are authoritative for and have control over verifying the connection information.

DATA EXCHANGE FRAMEWORK