

Data Exchange Framework

Technical Advisory Committee (TAC) Meeting #2A: Consent Management

Thursday, May 29, 2025

12:00 PM - 1:00 PM PT



Members are strongly encouraged to **enable their video** to foster increased interaction and discussion.





The Vision for Data Exchange in California

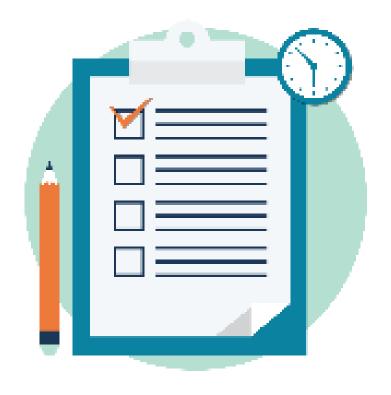
Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care.

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.





Agenda







Consent Management TAC Members



Members are strongly encouraged to **enable their video** to foster increased interaction and discussion.

Name	Organization	
Rim Cothren (Chair)	Center for Data Insights and Innovation	
Cindy Bero	Manatt Health Strategies	
Elison Alcovendaz	California Department of Healthcare Services	
Irene Lintag Alvarez,	Aliados Health	
Hans J Buitendijk	EHRA	
Linda Deaktor	MedPOINT Management	
Adam Davis	Sutter Health	
Diane Dooley	American Academy of Pediatrics California	
Kayte Fisher	California Department of Insurance	
Robby Franceschini	Blue Shield of California	
Eric Jahn	Bitfocus, Inc	
Jeff Jarrett	Pacific Partners Management Services Inc.	
Alana G Kalinowski	San Diego 211/CIE	
David McCann	United Ways of California 211 DxF Collaborative	

Name	Organization	
Eric Nielson	California Welfare Director's Association (CWDA)	
Derek Plansky	Health Gorilla	
Ken Riomales	CalMHSA	
Shannon Rohall	California Department of Social Services	
Linette Scott	California Department of Healthcare Services	
James Shalaby	Elimu Informatics, Inc	
Ambrish Sharma	Interface Children & Family Services	
Julie Silas	Homebase	
Debbie Spray	Alameda Alliance for Health	
Joe Sullivan	Emergency Service Medical Authority	
Dr. Brian Thomas	Alameda Alliance for Health	
Rita Torkzadeh	Kaiser Permanente	
Daniel Wilson	California Department of Social Services	
Jennifer Womack	California Department of Public Health	

Public Comment Opportunities

Public comment will be taken during the meeting at the approximate time listed on the agenda and limited to the total amount of time allocated for public comment.

Members of the public may also use the Zoom's Q&A feature to ask questions or make comments during the meeting, or can email their questions or comments to DxF@chhs.ca.gov.



Technical Advisory Committee (TAC)

Meeting Format and Post-Meeting Documentation

Meeting Format

- Materials may be circulated in advance of each meeting to help members prepare
- Meetings will minimize presentation and focus on discussion
- Meetings will be open to the public and time will be reserved for public comment

Post-Meeting Documentation

- Meetings will be recorded (including chat and Q&A) and recordings will be posted on the DxF webpage following the meeting
- Meeting notes will record Committee member attendance, key discussion topics, and recommendations. CDII will summarize feedback, recommendations, and questions.



Technical Advisory Committee (TAC)

Composition, Cadence, & Output



Composition

 Subject matter experts with technical and operational experience in data exchange representing health and social service providers, intermediaries, vendors, and state/county government



Meeting Cadence

- CDII anticipates four, one-hour meetings held every other week
- For continuity, members are asked to prioritize attendance at all meetings if possible



Output

 CDII seeks actionable recommendations from TAC members that might be implemented by DxF.

Consent Management TAC Series Objective

The objective of this meeting series is to develop recommendations for coordinating collection, sharing, and use of an individual's consent, ensuring it is applied consistently when exchanging HSSI under the DxF.



ASCMI Initiative

The ASCMI (pronounced "ask me") initiative seeks to promote coordinated, person-centered care for all Californians by streamlining consent to share 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 a Client's consent to share data, and store that consent record in a secure database that other Care Partners can access.





information a Client agrees (or does not want) to have shared about them and how it may be shared and used with other Care Partners





Consent
Management
Platform stores and
manages Clients'
consent preferences
electronically

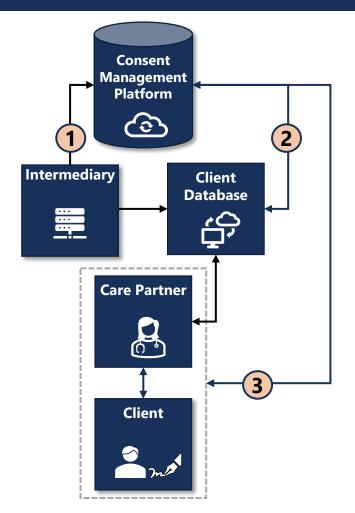




Care Partners (e.g., health plans, providers) access and update Clients' consent preferences via the consent management service

Consent Management Service 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.



Potential Pathways to Access CMP

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

Key Terms

- Consent Management Platform (CMP) would be a central database that stores the consent records of Clients
- Intermediaries, such as Qualified Health Information Organizations (QHIOs), other health information exchanges (HIEs), and community information exchanges (CIEs), would collect, transform, and send consent information from Care Partners to CMP; query CMP for a Client's consent preference sand facilitate the exchange of protected HSSI where a Client has provided consent to share data
- » **Care Partners:** Organizations providing health care or social services to a Client, including behavioral health delivery systems; managed care plans with whom a Client is enrolled; and state and county agencies including housing, reentry, and other providers.
- » Clients: An individual who signs the ASCMI Form. They may or may not be a Medi-Cal Member.

Questions for Today: Component Parts of Consent

- 1. What core elements of consent should be captured to ensure that the process is both legally compliant and can integrate with backend programming and interoperability?
- 2. How should we define and structure those core elements of consent? By <u>legal</u> <u>frameworks</u>? (e.g., HIPAA, 42 CFR Part 2, AB 133), by <u>data domains</u> (e.g., housing, SUD), or by <u>use cases</u> (e.g., care coordination, benefits eligibility)? Should certain components be intentionally left out (e.g., reproductive health)?
- 3. How can we turn consent choices into actionable system logic that link what individuals agree to with the data systems that those choices affect? Are there other models we can use to test this mapping?
- 4. What does digital informed consent look like, such that it can be programmed and automated and can comply with interoperability standards as well as legal requirements?



Public Comment

Next Steps

CDII will:

- Post meeting materials and recording to the DxF webpage.
- Share pre-read materials for next TAC meeting with members.

Members will:

- Review and familiarize themselves with the ASCMI's Model for Centralized Consent.
- Be prepared to discuss specific recommendations on what the model for consent should be under DxF at the next meeting.

Upcoming Meetings

Consent Management TAC Focus Group	Date
Meeting #2B	Thursday, June 12, 2025, 12:00 PM – 1:00 PM PT
Meeting #2C	Thursday, June 26, 2025, 12:00 PM – 1:00 PM PT
Meeting #2D	Thursday, July 10, 2025, 12:00 PM – 1:00 PM PT

