Data Exchange Framework Implementation Advisory Committee Meeting #4

California Health & Human Services Agency

Thursday, February 2, 2023
9:00 a.m. – 11:30 a.m.

CalHHS
CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

Meeting Participation Options

Onsite

- Members who are onsite are encouraged to log in through their panelist link on Zoom.
  - Members are asked to **keep their laptop's video, microphone, and audio off** for the duration of the meeting.
  - 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 Jocelyn Torrez (jocelyn.torrez@chhs.ca.gov) with any technical or logistical questions about onsite meeting participation.

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

Meeting Participation Options

Spoken Comments

- *Participants and IAC Members* must “raise their hand” for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of appropriate time to volunteer feedback.

Onsite

Logged into Zoom

If you logged on <u>onsite</u> via <u>Zoom interface</u>

Press “Raise Hand” in the “Reactions” button on the screen or physically raise your hand

If selected to share your comment, please begin speaking and <u>do not unmute your laptop</u>. The room’s microphones will broadcast audio

<u>Not</u> Logged into Zoom

If you are <u>onsite</u> and <u>not using Zoom</u>

Physically raise your hand, and the chair will recognize you when it is your turn to speak

Offsite

Logged into Zoom

If you logged on from <u>offsite</u> via <u>Zoom interface</u>

Press “Raise Hand” in the “Reactions” button on the screen

If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking

Phone Only

If you logged on via <u>phone-only</u>

Press “*9” on your phone to “raise your hand”

Listen for your <u>phone number</u> to be called by moderator

If selected to share your comment, please ensure you are “unmuted’ on your phone by pressing “*6”

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, beginning with those in the room and followed by those dialed in or connected remotely through Zoom.
- 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 CDII@chhs.ca.gov.

Agenda

9:00 AM	**Welcome and Roll Call** • *John Ohanian, Chief Data Officer, California Health and Human Services*
9:05 AM	Informational Item**: Vision and Meeting Objectives** • *Dr. Mark Ghaly, Secretary, California Health and Human Services* • *John Ohanian*
9:10 AM	Informational Item: **DxF Grant Program Update** • *Juliette Mullin, Senior Manager, Manatt Health Strategies*
9:20 AM	Discussion Item**: Data Sharing Agreement and Policies & Procedures** • *Courtney Hansen, Assistant Chief Counsel, CDII* • *Rim Cothren, Independent HIE Consultant, CDII* • *Helen Pfister, Partner, Manatt Health Strategies* • *Cindy Bero, Senior Advisor, Manatt Health Strategies*
10:10 AM	Discussion Item**: QHIO Application** • *Cindy Bero*
11:00 AM	Discussion Item: **Participant Registry** • *Rim Cothren*
11:15 AM	**Public Comment**
11:25 AM	Informational Item**: Closing Remarks and Next Steps** • *John Ohanian*

Welcome and Roll Call

IAC Members (1 of 2)

Name	Title	Organization
John Ohanian (*Chair*)	Director	CalHHS Center for Data Insights and Innovation
Norlyn Asprec	Deputy Director of Policy	County Health Executives Association of California
Andrew Bindman	Executive Vice President & Chief Medical Officer	Kaiser Permanente
Joe Diaz	Senior Policy Director	California Association of Health Facilities
David Ford	Vice President, Health Information Technology	California Medical Association
Aaron Goodale	Vice President, Health Information Technology	MedPoint Management
Lori Hack	Interim Executive Director	California Association of Health Information Exchanges
Cameron Kaiser	Deputy Public Health Officer	County of San Diego
Troy Kaji	Associate Chief Medical Informatics Officer	Contra Costa Regional Medical Center and Health Centers
Cindy Keltner	Vice President of Health Access & Quality	California Primary Care Association
Andrew Kiefer	Vice President, State Government Affairs	Blue Shield of California

IAC Members (2 of 2)

Name	Title	Organization
Paul Kimsey	Deputy Director	California Department of Public Health
Linnea Koopmans	CEO	Local Health Plans of California
Matt Lege	Government Relations Advocate	SEIU California
Amie Miller	Executive Director	California Mental Health Services Authority
Ali Modaressi	CEO	Los Angeles Network for Enhanced Services
Jonathan Russell	Chief Strategy and Impact Officer	Bay Area Community Services
Cary Sanders *(designated by Kiran Savage-Sangwan)*	Senior Policy Director	California Pan-Ethnic Health Network
Cathy Senderling-McDonald	Executive Director	County Welfare Directors Association
Ryan Sommers	System Director, HIE and Interoperability Information Technology & Digital	CommonSpirit Health
Felix Su	Director, Health Policy	Manifest MedEx

Vision & Meeting Objectives

Vision for Data Exchange in CA

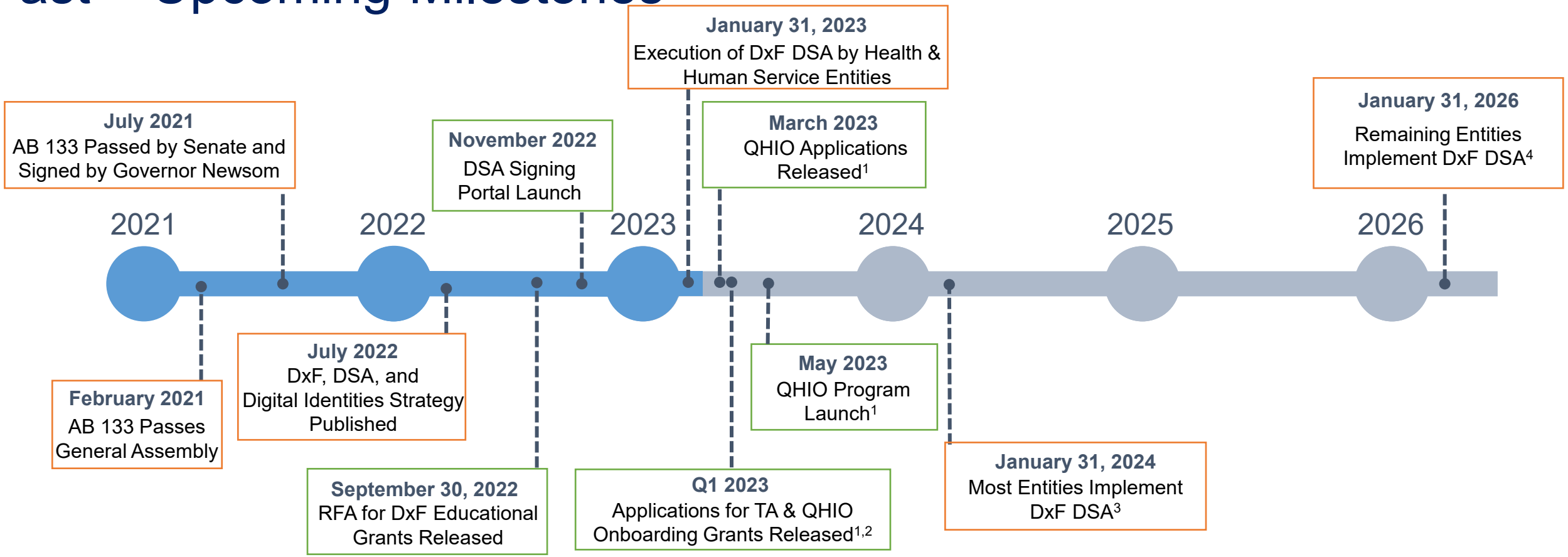
Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

Meeting #4 Objectives

- Provide an overview of revisions to proposed DSA Signatory Grant funding maximums based on discussion during IAC Meeting #3B.
- Discuss the updates made to the draft P&Ps, now out for public comment, based on IAC and DSA P&P Subcommittee feedback.
- Discuss Parts C and D of the draft QHIO application.
- Discuss the approach and next steps for the development of a participant registry.

DxF Implementation Timeline

Past + Upcoming Milestones



Notes

1. DxF Program implementation milestones are estimates and subject to change.
2. TA Grant Applications close on a quarterly basis.
3. General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. County health, public health, and social services providers are encouraged to connect to the DxF.
4. Physician practices of <25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with <100 acute care beds, state-run acute psychiatric hospitals, and nonprofit clinics with <10 providers

IAC Meeting Topic Roadmap

#	Date	Anticipated Topics[1]

1	Sept 21, 2022	• Overview of structure and next steps for:
		  • DSA & P&Ps development
		  • DxF Grant Program,
		  • QHIO Program
		  • Strategy for Digital Identities

2	Nov 3, 2022	• Monitoring & Auditing P&P • QHIO guiding principles and program structure • Criteria for QHIO Onboarding and Technical Assistance Grants • Strategy for Digital Identities next steps
3A	Dec 20, 2022	• P&Ps in development (Drafts of Early Exchange, Real-Time Data Exchange, Technical Requirements for Exchange, and California Information Blocking Prohibitions) • QHIO Program core concepts
3B	Jan 10, 2023	• Criteria and Parameters for Technical Assistance, QHIO Onboarding Grants • QHIO Application: Parts A & B
4	Feb 2, 2023	• P&Ps released for public comment and draft QHIO P&P • DSA Signatory Grants: Updated proposal for funding maximums • QHIO Application: Parts C & D • Digital identities and participant registry
5	Mar 21, 2023 (*Joint IAC-DSA P&P SC Meeting*)	• P&Ps in development (near-final versions of P&Ps released for public comment) • Feedback on QHIO Application test and public comment • Grant Program: Application Process and Implementation Update

1. Topics of future meetings may change.

Extended IAC Meeting Schedule

Meeting #	Date/Time
6	**Monday, April 24:** 10:30am – 1:00pm PT
7	**Monday, June 5:** 10:30am – 1:00pm PT
8	***Thursday, July 20:** 9:30am – 12:00 pm PT
9	***Monday, August 28:** 1:00pm-3:30pm PT

**Tentative date*

DxF Grants Program Update

DSA Signatory Grants:
Overview

CDII intends to award two types of DSA signatory grants to subsidize signatories' investments to implement the DSA.

A DSA Signatory may apply for ***one*** of the following grant opportunities:

Qualified Health Information Organization (QHIO) Onboarding Grants

This an "assisted" pathway in which CDII and QHIOs support grantees in identifying a technology solution to achieve their DSA requirements, and in securing and managing the funds to pay for the initial costs of that solution.

- Applications submitted by third-party application support
- Funds dispersed to QHIOs
- Milestone reporting submitted by QHIOs

Technical Assistance (TA) Grants

This is a "build-your-own-solution" grant opportunity that signatories can use to fund a range of technical and operational assistance activities to achieve their DSA requirements.

- Applications submitted by signatories
- Funds dispersed to signatories
- Milestone reporting submitted by signatories

DSA Signatory Grants:
Funding Maximum Per DSA Signatory

- Signatories will be eligible for different funding maximums based on their organizational type and characteristics.
    - Funding maximums take into account whether organizations have received prior federal/state funding for similar investments and whether they serve **Californians in historically marginalized populations or underserved/underfunded geographic areas**.
- Applicants for the TA Grants must justify the amount of funding they are requesting based on the TA they would procure with the funding.
- Informed by funding maximums used in the Cal-HOP program, CDII proposes setting a range of DSA Signatory Grant funding maximums, between $15,000 and $100,000 depending on signatory type and organizational characteristics.
- Funding is intended to subsidize investments in achieving DSA requirements.

DSA Signatory Grants:
Funding Maximum Per DSA Signatory

Proposed DSA Signatory Grant Funding Maximums -- Revised Based on IAC Feedback		
Organization Type	**Characteristics**	**Funding Maximum**
• General Acute Care Hospitals • Acute Psychiatric Hospitals • Skilled Nursing Facilities	Serving Underserved Communities/Geographies and Did Not Receive Funding From Relevant Past HIT Funding Programs	$100,000
	Other	$50,000
Physician Organizations and Medical Groups	Serving Underserved Communities/Geographies and Did Not Receive Funding From Relevant Past HIT Funding Programs	$50,000
	Other	$35,000
Counties, CBOs, and Other DSA Signatories	Serving Underserved Communities/Geographies and Did Not Receive Funding From Relevant Past HIT Funding Programs	$50,000
	Other	$25,000
Health Insurance Plans	All	$25,000
Clinical Laboratories	All	$15,000

Dollars would be disbursed across two milestones.

DSA P&Ps

P&Ps Released for Public Comment

Draft P&Ps Released for Public Comment

CDII is inviting public comment on drafts of the below P&Ps through February 14, 2023.

P&P Topic	Description
California Information Blocking Prohibitions	Prohibits all Participants from undertaking any practice likely to interfere with access, exchange, or use of Health and Social Services Information (HSSI) for the required purposes set forth in the Permitted, Required and Prohibited Purposes P&P.
Technical Requirements for Exchange	Describes data exchange patterns for the DxF and those that Participants must support, at a minimum, as well as the technical specifications Participants must adhere to for each of the required data exchange patterns.
Privacy Standards and Security Safeguards (amended)	Describes privacy standards and security safeguards Participants must comply with in connection with the exchange of HSSI under the DSA. *Note: CDII is soliciting comments only on the proposed modifications to this P&P.*
Real-Time Data Exchange	Establishes a definition of 'Real Time Data Exchange' and associated obligations of Participants.
Early Exchange	Establishes requirements for participants using the DSA to engage in early exchange of HSSI (i.e., exchange prior to statutorily mandated date(s) by which many entities must begin exchanging data).

Draft P&Ps, questions to guide comment, & submission instructions are available on the DxF website

CA Information Blocking Prohibitions

Overview

Prohibits all Participants from undertaking any practice likely to interfere with access, exchange, or use of Health and Social Services Information (HSSI) for the required purposes set forth in the Permitted, Required and Prohibited Purposes P&P.

Key Updates in Draft Released for Public Comment (*compared to version discussed at December meeting)*

1. **Updated Title.** The title of the P&P was updated to 'California Information Blocking Prohibitions' (*formerly called 'Information Obstruction'*) to reflect that this P&P is a state-level policy that leverages yet is distinct from the federal information blocking rules.

2. **Obligations Under Applicable Law**. Clarifies that the P&P does not affect a Participant's responsibility, if any, to comply with the Federal Information Blocking Regulations **or other applicable law**.

3. **Licensing Exception.** Revised to provide that Participants subject to the Federal Information Blocking Regulations may not use the Licensing Exception to withhold Health and Social Services Information for a Required Purpose (as described in the Permitted, Required, and Prohibited Purposes Policy and Procedure).
    a. Similarly revised to remove the Licensing Exception as a qualifying exception through which the Behavior of a Participant who is not subject to the Federal Information Blocking Behavior would not be considered Information Blocking.

4. **Professional Relationship.** Defines the term 'Professional Relationship' in the context of describing which individuals may determine the risk of harm under the Preventing Harm Exception

Technical Requirements for Exchange (1)

Overview

Describes data exchange patterns for the DxF and those that Participants must support, at a minimum, as well as the technical specifications Participants must adhere to for each of the Required Transaction Patterns.

Key Updates in Draft Released for Public Comment (*compared to version discussed at December meeting)*

Requests for Information

1. **Broadcast Queries.** Updated to no longer prohibit nor discourage broadcast queries for Health and Social Services Information (HSSI).

Information Delivery

1. **Ability to Receive HSSI.** Requires Participants to be able to receive HSSI sent to them by another Participant (e.g., a radiology report sent by a radiology clinic).
2. **Use of Direct Secure Messaging.** Expands the standards that may be used to include Direct secure messaging in addition to the IHE reliable delivery standard promoted for TEFCA. Recipients of delivered HSSI are only required to support one of the two standards and senders of HSSI must support both standards.

Technical Requirements for Exchange (2)

Overview

Describes data exchange patterns for the DxF and those that Participants must support, at a minimum, as well as the technical specifications Participants must adhere to for each of the Required Transaction Patterns.

Key Updates in Draft Released for Public Comment (*compared to version discussed at December meeting)*

Requested Notification

1. **ADT Messages to QHIOs.** Requires that hospitals send admission, discharge, and transfer (ADT) messages to a Qualified Health Information Organization (QHIO).
2. **Exchange Between QHIOs.** Continues to require that QHIOs receive ADTs from Participating Hospitals and distribute them to other QHIOs as a common means of ADT message delivery but solicits comments on burden and alternatives.

General

1. **Definitions.** Defines Qualified HIO (using same definition as in the DSA).
2. **Secure Exchange**. Clarifies security expectations (applicable to all transaction types).
3. **Authorizations.** Clarifies authorization expectations (applicable to all transaction types) and references updated authorization section in revised Privacy Standards and Security Safeguards P&P. (*see next slide*)

Privacy Standards and Security Safeguards (*Amended)*

Overview

Describes the privacy standards and security safeguards Participants must comply with in connection with the exchange of HSSI under the DSA.

Key Updates in Draft Released for Public Comment (*compared to version discussed at December meeting)*

1. **Definitions.** Defines the terms ‘Authorization’ and ‘Individual’.

2. **Authorization and Responsibility to Securely Destroy.** Clarifies Participant expectations pertaining to authorizations and requires Participants who receive information about an individual in error to securely destroy the information and notify the Participant that erroneously disclosed the information.

Real-Time Data Exchange

Overview

Establishes definition of ‘Real Time Data Exchange’ and associated obligations of Participants.

Key Updates in Draft Released for Public Comment (*compared to version discussed at December meeting)*

1. **Connection to CA Information Blocking Prohibitions P&P.** Revised to note that violation of this policy may constitute a violation of the California Information Blocking Prohibitions P&P.

2. **Admission, Discharge, Transfer (ADT) Event.** Definition revised to specify reference to "acute" healthcare facilities.

3. **Timeliness.** Revised to remove language that Health and Social Services Information be shared within a certain time period (e.g., "within 24 hours”) and instead require such information to be shared without delay.

4. **Programmatic Delay.** Defines “Programmatic Delay" (as used in the context of a delay in sharing Health and Social Services Information between Participants).

Early Exchange

Overview

Establishes requirements for participants using the DSA to engage in early exchange of Health and Social Services Information (i.e., exchange prior to statutorily mandated date(s) by which many entities must begin exchanging data).

Key Updates in Draft Released for Public Comment (*compared to version discussed at December meeting)*

1. **Voluntary Nature of Early Exchange.** Revised to clarify that early exchange is voluntary and that no entities are required to share Health and Social Services Information prior to January 31, 2024.

Instructions for Public Comment

CDII is inviting public comment on the draft P&Ps through February 14, 2023.

The **draft P&Ps are available in the Public Comment section of** the DxF website.

CDII has also released a **list of questions for public input** to guide comment. Please note that CDII appreciates all comments and recommendations and invites comments on other components of the P&Ps not addressed by the questions listed in this document. For the amended Privacy Standards and Security Safeguards P&P, CDII is only soliciting comments on the highlighted sections which indicate changes made to the version released in July 2022.

The ***DxF Comment Template*** is CDII's preferred method for the creation and submission of your comments.

To assist us with processing of your comments, **please name your completed Excel file as follows**: *[Your Organization Name]_[Your Last Name]_[Date Prepared]* and **transmit the file attached in an email to CDII@chhs.ca.gov**.

DSA P&Ps

Draft Language for "QHIO Program" P&P in Development

QHIO Program (1)

Purpose | Policy & Procedure

Purpose

California Health and Safety Code section 130290 was enacted in 2021 and establishes the creation of the California Health and Human Services Data Exchange Framework ("Data Exchange Framework"), which requires certain data sharing among Participants.

The California Health and Human Services Agency has delegated authority to the Center for Data Insights and Innovation ("CDII") to establish and manage the Qualified Health Information Organization (HIO) Program.

The Qualified HIO Program will, among other things, set forth the requirements an Intermediary must satisfy to be designated a Qualified HIO.

Definitions (Proposed)

"Qualified HIO Program" means the requirements made publicly available by CDII that a Participant must satisfy to obtain and maintain its designation as a Qualified HIO.

"Intermediary" means a health information exchange network, health information organization, or technology that assists a Participant in the exchange of Health and Social Services Information and adheres to the standards and policies of the Data Sharing Agreement (DSA) and associated Policies and Procedures (P&Ps). An Intermediary may be used by a Participant to allow it to meet some or all of its exchange obligations in the DSA and the P&Ps. Examples might include nationwide networks or frameworks, vendors that provide applicable services, health information exchange organizations (HIOs) including Qualified HIOs, or community information exchanges (CIEs).

"Qualified HIO" means a state-designated data exchange Intermediary that facilitates the exchange of Health and Social Services Information between Participants.

QHIO Program (2)

Purpose | Policy & Procedure

Purpose

This designation process is intended to provide Participants with confidence in the organizational structure, service completeness, and technical and programmatic capabilities offered by Qualified HIOs and enable such Participants to comply with their obligations under the Data Sharing Agreement (“DSA”).

Participants may choose to engage a Qualified HIO to comply with their obligations under the DSA, but are not required to.

QHIO Program (3)

Purpose | Policy & Procedure

Policy

This policy establishes the Qualified HIO Program.

This policy shall be effective upon publication of the final version by CDII.

QHIO Program (4)

Purpose | Policy & Procedure

Procedure

1. **ESTABLISHMENT OF QUALIFIED HIO PROGRAM**

    a. CDII shall establish, manage, and oversee a Qualified HIO Program that, among other things, shall set forth the requirements for a Participant, who is also an Intermediary, to be designated as a Qualified HIO and any ongoing obligations that a Qualified HIO must meet in order to retain such designation.

2. DESIGNATION OF QUALIFIED HIO

    a. A Participant that complies with all requirements set forth by the Qualified HIO Program shall be designated a Qualified HIO by CDII under the Data Exchange Framework.

QHIO Program (5)

Purpose | Policy & Procedure

Procedure

3. ONGOING COMPLIANCE REQUIREMENTS

a. In order to maintain its status as a Qualified HIO, a Participant must comply with any ongoing obligations set forth by the Qualified HIO Program.

4. SUSPENSION AND/OR TERMINATION OF QUALIFIED HIO STATUS

a. In accordance with procedures set forth in the Qualified HIO Program, CDII may temporarily suspend or may terminate a Participant's status as a Qualified HIO if it determines the Qualified HIO is not in compliance with this policy.

i. Complaint Process. The Qualified HIO Program shall establish a complaint process by which individuals, entities, or Participants may file a complaint against a Qualified HIO, and by which, CDII shall investigate such complaint.

ii. Appeal Process. The Qualified HIO Program shall establish an appeal process to allow a Participant to appeal an action where CDII has suspended or terminated a Participant's Qualified HIO status.

Note: CDII will be announcing a Townhall meeting to be held in February to solicit additional stakeholder feedback on the QHIO Program.

QHIO Application and Criteria

QHIO Program: Guiding Principles

Confidence. The program shall provide signatories with confidence in the quality and level of service offered by QHIOs

Stability. The program shall create sufficient stability so that QHIOs and signatories can make business decisions with minimal concern for change or disruption

Fairness. The program design shall be fair, offering all participants reasonable time to adapt to change and/or remediate issues

Equity. The program shall create opportunities for all signatories to successfully participate in the DxF

QHIO 2023 Application

The QHIO 2023 Application is designed to gather information to assist CDII in determining if an organization has the structure and capabilities to function as a Qualified Health Information Organization (QHIO) to support and enable California's Data Exchange Framework (DxF)

QHIOs will be identified for DSA signatories who are seeking assistance to meet their DSA obligations

Organizations interested in serving as QHIOs are encouraged to complete the application for consideration

QHIO 2023 Application

The QHIO 2023 Application requests responses to questions in four sections:

A. Organization Information

B. Privacy and Security

C. Functional Capabilities

D. Operations

At our last meeting, the questions and criteria in Sections A and B were discussed. Today, Sections C and D will be reviewed.

Part C: Functional Capabilities

#	Question	Criteria
1a	Managing identities	Manages 250,000+ identities
1b	Person matching	Clearly defined process to assess and improve patient matching logic
2	Managing participants	Manages participant registry with import/export capability
3	Nationwide network or framework	Participates in eHealthExchange, CareEquality or CommonWell Health Alliance
4a	Request for information: request	Two references confirm the organization's ability to construct a query consistent with DxF standards
4b	Request for information: response	Two references confirm the organization's ability to respond to a query consistent with DxF standards
5	Information delivery	Two references confirm the organization's ability to deliver information consistent with DxF standards

Part C: Functional Capabilities: Requested Notification

#	Question	Criteria
6a	Receive ADT events from acute healthcare facilities	Current capability and ready to receive events by January 31, 2024 without assessing a fee
6b	Manage rosters of at-risk patients	Current capability or will achieve capability by April 30, 2024
6c	Match incoming ADT events to at-risk patients; delete events with no match	Current capability or will achieve capability by July 31, 2024
6d	Notify participants of events associated with their at-risk patients	Committed to achieving by July 31, 2024
6e	Share incoming ADT events with other QHIOs	Committed to achieving by October 31, 2024 without assessing a fee

Discussion Questions

- *Does a milestone-based approach to meeting the Requested Notification capabilities balance the time HIOs need to develop these capabilities with the signatory's need to determine the QHIO's capabilities?*
- *Is the overall length of time to develop these notification capabilities (18 months) sufficient?*

Part D: Operations

#	Question	Criteria
1	Communications	Agrees to follow promotional guidelines, share DSA updates with participants, and notify CDII of significant organizational changes
2	Cooperate with QHIO Program	Agrees to cooperate with CDII and other QHIOs
3	Non-discrimination	Agrees to offer services to all signatories who are technically compatible and able to pay the established fees
4	Onboarding grant progress reports and receipt of grant payments	Agrees to manage grant progress reports and payments
5	System performance and reliability	• Offers at least two weeks' notice of scheduled downtime • Offers immediate notification of unscheduled downtime • Less than 10 hours of unscheduled downtime in past year

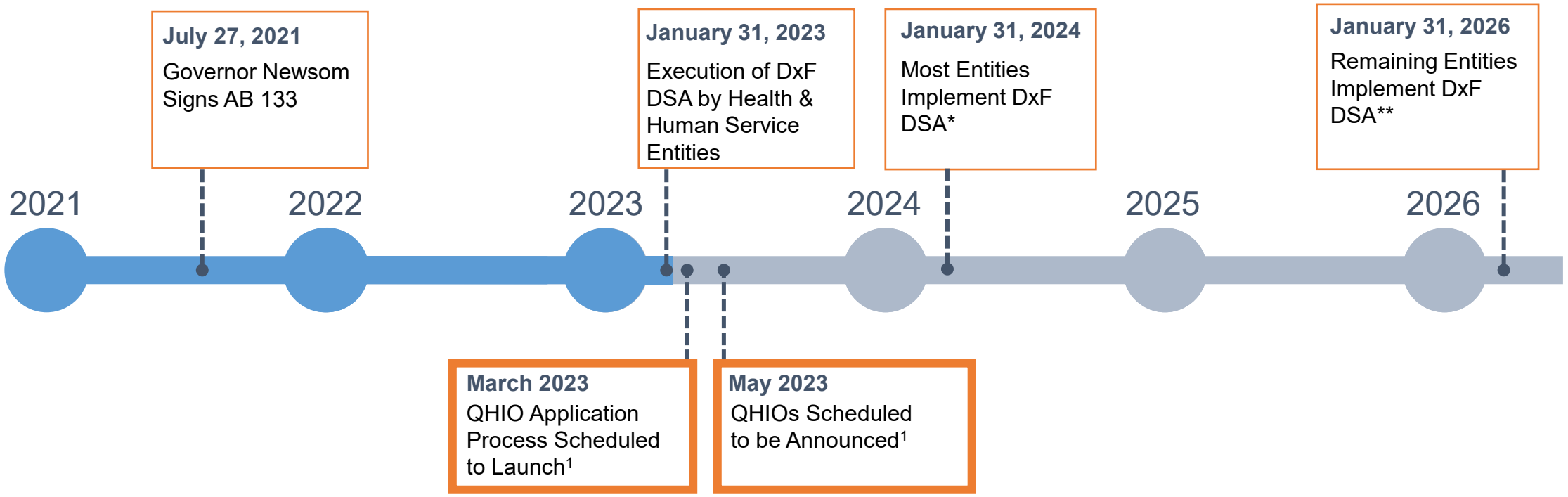
Part D: Operations

#	Question	Criteria
6	Audit trails and transaction logging	• Maintains audit logs of individual transactions • Maintains 12 months of transaction activity
7	Transaction volumes	• Currently manages at least 25,000 transactions daily • Submits statement of growth plans
8	Monthly reports of activity	Agrees to submit monthly activity reports including transactions by type, active participants, unscheduled downtime, etc.
9	Annual attestation	Agrees to submit annual attestation

Discussion Questions

- *Does the minimum daily transaction volume reflect adequate operational readiness?*
- *Are there other capabilities or commitments we should be seeking from QHIOs?*

QHIO 2023 Application Timeline



[1] Subject to change

Notes

*General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. County health, public health, and social services providers are encouraged to connect to the DxF.

**Physician practices of <25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with <100 acute care beds, state-run acute psychiatric hospitals, and nonprofit clinics with <10 providers

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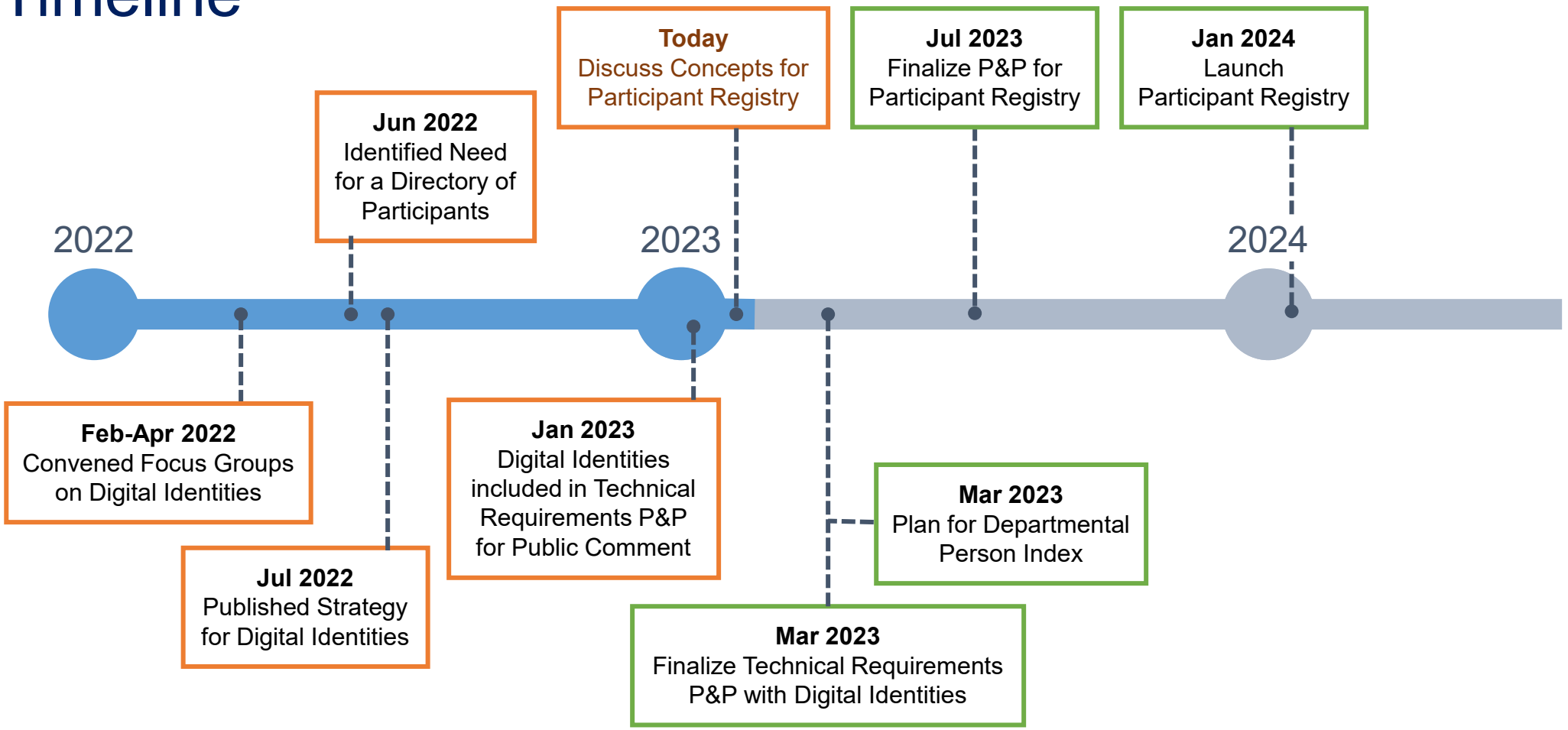
Digital Identities & Participant Registry

Participant Registry
Timeline



Participant Registry
Purpose

Per AB-133

"Data Exchange Framework will be designed to enable and require real-time access to, or exchange of, [health and social services information]… through any health information exchange network, health information organization, or technology that adheres to specified standards and policies."

Most Participants will use an intermediary to exchange health and social services information:

1. A nationwide health information exchange network or framework
2. A health information organization (HIO) or Qualified HIO

Some may use their own technology solutions.

Question the Registry Seeks to Address

How do I know how to request information from or send information to another Participant?

Participant Registry

What questions do I want to be able to answer?

1. How do I access or exchange data with:
    1. A large organization?
    2. A specific facility that is part of a larger organization?
    3. Facilities within a geography (city, county, ZIP)?
    4. An individual?
2. How do I ensure when exchanging data with an individual it is at the proper facility or role?

Participant Registry
Other Examples

1. eHealth Exchange and Carequality share a directory of all organizations that participate of the respective network or framework based on FHIR
2. DirectTrust accredited HISPs participate in a shared directory of Direct addresses for all participating healthcare professionals
3. TEFCA anticipants a directory that QHINs share to identify participants and subparticipants
4. CTEN maintains a directory of all organizations that participate, also based on FHIR

Participant Registry
Approach

A starting point…

1. Meet minimum requirements to allow organizations and facilities to exchange data
2. Enable automation
3. Add individuals and their roles at organizations and facilities

Phase 1

1. Focus on orgs and facilities
2. Collect information from QHIOs and Participants
3. Enable portal uploads and downloads

Phase 2

4. Add real-time APIs for additions, updates, searches, and access

Phase 3

5. Add individuals and their roles

Where eHealth Exchange / Carequality are today

More time for Participants to develop processes

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Participant Registry
Key Data Elements

A starting point…

1. Base requirements after those already established for eHealth Exchange and Carequality
2. Extend requirements to meet the needs of DxF using FHIR US Core and R4
3. Monitor developments of the directory for TEFCA

Organization

1. Name(s)
2. Identifiers (e.g., NPI)
3. DSA status/linkage

Facilities

1. Name(s)
2. Address
3. Managing organization

Individuals

1. Name(s)
2. Role(s)
3. With which organization
4. At which location(s)

Connections

1. Type (e.g., query, push)
2. Path (e.g., self, HIO, network)
3. Managing organization
4. Connection point

Phase 3

Participant Registry
Next Steps

1. Solicit IAC and DxF community thoughts on the approach, data requirements, processes
2. Build out development plan based on feedback
3. Establish acceptable use and Participant obligations in a Policy and Procedure
4. Establish Phase 1 by January 31, 2024

Public Comment Period

Closing Remarks and Next Steps

Next Steps

CalHHS will:

- Post a summary of today’s meeting.
- Consider the feedback provided by the IAC on the DSA & P&Ps, QHIO and Grant programs, and Participant Registry.

Members will:

- Provide additional feedback on today's topics to CDII.

Meeting Schedule

IAC Meetings	Date
IAC Meeting #5 (*Joint meeting with DSA P&P SC*)	**March 21, 2023, 9:00 AM to 11:30 AM**
IAC Meeting #6	April 24, 2023, 10:30 AM – 1:00 PM
IAC Meeting #7	June 5, 2023, 10:30 AM – 1:00 PM
IAC Meeting #8	July 20, 2023, 9:30 AM – 12:00 PM
IAC Meeting #9	August 28, 2023, 1:00 PM – 3:30 PM

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #5 (*Joint meeting with IAC*)	**March 21, 2023, 9:00 AM to 11:30 AM**
DSA P&P SC Meeting #6	April 18, 2023, 12:00 PM – 2:30 PM PT
DSA P&P SC Meeting #7	May 25, 2023, 9:30 AM – 12:00 PM
DSA P&P SC Meeting #8	June 27, 2023, 10:00 AM – 12:30 PM
DSA P&P SC Meeting #9	August 17, 2023, 9:30 AM – 12:00 PM

For more information or questions on IAC meeting logistics, please email CDII (cdii@chhs.ca.gov).

DxF Webinar Schedule

DxF Webinars*	Date
DxF Webinar #6	**February 21, 2023, 10:00 AM – 11:00 AM**
DxF Webinar #7	March 23, 2023, 9:30 AM – 10:30 AM
DxF Webinar #8	April 18, 2023, 10:00 AM – 11:00 AM
DxF Webinar #9	May 16, 2023, 10:00 AM – 11:00 AM
DxF Webinar #10	June 22, 2023, 1:00 PM – 2:00 PM
DxF Webinar #11	July 25, 2023, 10:00 AM – 11:00 AM
DxF Webinar #12	August 24, 2023, 1:30 PM – 2:30 PM

*Future webinars may be released at CDII's discretion.

Appendix

The following draft DSA Signatory Grant criteria and parameters are for IAC discussion, are not comprehensive, and are subject to change.

DSA Signatory Grants: Scoring Criteria

Identifying Signatories Serving Underserved Areas/Communities

Organizations Operating in Underserved Geographies

- CDII intends to use the California Healthy Places Index to identify organizations operating in underserved geographies.
- CDII also intends to use the list of Rural Areas by County, as defined by California's OAG.

Organizations Serving Underserved and/or Historically Marginalized Communities

- CDII intends to use a combination of classifications and metrics to identify organizations serving Underserved and/or Historically Marginalized Communities, which may include (but are not limited to):
  - Organizations classified as a Critical Access Hospital under an official designation.
  - Organizations identified as an official FQHC/Community Health Center (or look-a-like) under an official designation (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the SSA).
  - Public hospitals or Sole Community Hospitals who serve at least 30% of all Medicaid, uninsured, and Dual Eligible members in their county or multi-county community.
  - Public hospitals or Sole Community Hospitals for which at least 35% of all patient volume in their outpatient lines of business is associated with Medicaid, uninsured and Dual Eligible individuals *and* at least 30% of inpatient treatment is associated with Medicaid, uninsured, and Dual Eligible individuals.

NOTE: This list is not a determination of whether organizations are required to sign the DSA.