



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

The following text is a transcript of the May 22, 2024 meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Implementation Advisory Committee (IAC). 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.

[Alice K - Manatt Events] 15:00:53

Hello and welcome. My name is Alice and I'll be in the background to support with Zoom. If you experience technical difficulties, please type your question into the Q&A.

[Alice K - Manatt Events] 15:01:03

Live close captioning will be available. Please click on the CC button to enable or disable.

[Alice K - Manatt Events] 15:01:10

There are a few ways attendees may participate today. Members who are on site are encouraged to log in through their panelists link on Zoom and are asked to keep their laptops video, microphone, and audio off for duration of the meeting.

[Alice K - Manatt Events] 15:01:24

The rooms cameras and microphones will broadcast the video and audio for the meeting. Instructions for connecting to the conference rooms Wi-Fi are posted in the room.

[Alice K - Manatt Events] 15:01:34

Please email Amanda Johnston that is a MAND a dot JOHN STON at CHs.

[Alice K - Manatt Events] 15:01:45

COVe with any technical or logistical questions about on-site meeting participation.

[Alice K - Manatt Events] 15:01:52

Participants may submit written comments and questions through the Zoom Q&A box. All comments will be recorded and reviewed by CDII staff.

[Alice K - Manatt Events] 15:02:02

Participants may also submit comments and questions as well as requests to receive data exchange framework updates. To dxf@chhs.ca.

[Alice K - Manatt Events] 15:02:14

Any questions that require timely follow-up should be sent to dxf@chhs.ca.gov.

[Alice K - Manatt Events] 15:02:23

Members of the public and committee members must raise their hand for Zoom facilitators to unmute them to share comments.

[Alice K - Manatt Events] 15:02:30

The chair will notify participants and members of the appropriate time to volunteer feedback. If you are on site and logged into Zoom.

[Alice K - Manatt Events] 15:02:39

Press raise hand at the bottom of your zoom window or physically raise your hand. If selected to share your comment, please begin speaking and do not unmute your laptop.

[Alice K - Manatt Events] 15:02:49

The rooms microphones will broadcast audio. If you are on site and not using Zoom. Physically, raise your hand and the chair will recognize you and it is your turn to speak.

[Alice K - Manatt Events] 15:03:00

If you're off site and logged into Zoom. Press raise hand at the bottom of your zoom window.

[Alice K - Manatt Events] 15:03:06

If selected to share your comment, you will receive a request to unmute. Please ensure you accept before speaking.

[Alice K - Manatt Events] 15:03:12

And finally, if you are off-site and dialed in via phone only. Press star 9 on your phone to raise your hand.

[Alice K - Manatt Events] 15:03:20

And listen for your phone number to be called. If selected to share your comment, please ensure you're unmuted on your phone by pressing star 6.

[Alice K - Manatt Events] 15:03:30

Public comment will be taken during the meeting at designated times and will be limited to the total amount of time allocated for public comment on particular issues.

[Alice K - Manatt Events] 15:03:40

The chair will call on individuals in the order and which their hands were raised. Individuals will be given 2 min.

[Alice K - Manatt Events] 15:03:47

Please state your name and organizational affiliation when you begin. Participants are also encouraged to use the QA to ensure all feedback is captured.

[Alice K - Manatt Events] 15:03:58

Or again, you may email comments to DXF at CHS. Ca. And with that, I'd like to introduce John O'hannion, Chief Data Officer at California Health and Human Services.

[Alice K - Manatt Events] 15:04:27

Chan, I believe the room is is still muted.

[CalHHS CDII] 15:04:32

That was perfect. I know. There we go. 3 1. 1 3 1.

[Alice K - Manatt Events] 15:04:34

Yeah. Thank you. I can hear you.

[CalHHS CDII] 15:04:38

No problem. Thanks, Alice. Appreciate it. Thank you, everyone.

[CalHHS CDII] 15:04:41

Thanks for joining today's IC meeting. We're gonna take a look at our agenda today where we have a few brief implementation updates.

[CalHHS CDII] 15:04:51

I'm not going to be digging in with spending most of our time on a couple items. One is a procedure for adopting new and maturing technical standards.

[CalHHS CDII] 15:05:00

Second is technical implementation priorities and 3rd a recap as well as some updates on our data exchange framework. Measurement priorities.

[CalHHS CDII] 15:05:11

So we'll have time towards the end of the meetings take public comments but let's go into slide 7 and do a quick Oh, there's a couple of our folks today that are presenting.

[CalHHS CDII] 15:05:23

Before we get to roll call, just, I just wanna thank our, team as well as our CDII team for all their work over the last couple of months between meetings, what's been going on.

[CalHHS CDII] 15:05:36

And we really have a great team in place that's doing a lot of this work. So thank you, Team.

[CalHHS CDII] 15:05:41

We're gonna go to our IAC members that are here today. Let's do a quick roll call.

[CalHHS CDII] 15:05:47

You're low. Joe Diaz, are you there?

[Jim Willis] 15:05:50

Yes, good morning.

[CalHHS CDII] 15:05:52

Morning David Ford covering from your CMA IT summit. How are you?

[David Ford] 15:05:58

Yes, I am recovering but I am here.

[CalHHS CDII] 15:06:01

Awesome. Nice to see you. Erin, are you there today?

[CalHHS CDII] 15:06:05

With us.

[CalHHS CDII] 15:06:09

Very good. No? Okay, Brian Hendrickson.

[CalHHS CDII] 15:06:16

Hey, Cameron Kaiser.

[Cameron Kaiser] 15:06:18

Good afternoon.

[CalHHS CDII] 15:06:20

Good afternoon. Park me.

[CalHHS CDII] 15:06:26

Hey, we have Troy here in the room. Well, sir, I didn't. Andrew Kiefer.

[CalHHS CDII] 15:06:35

Thank you. Let us know he would be possibly late. Okay, sounds good. Carol, Lebaroni.

[Carol Leveroni] 15:06:42

I'm here, nice to be part of this.

[CalHHS CDII] 15:06:46

Matt just sent me a note. He's not able to join today, but Pam Martinez, are you there?

[CalHHS CDII] 15:06:56

Amy Miller.

[CalHHS CDII] 15:07:03

Link, moderacy.

[Ali Modaressi] 15:07:06

Here.

[CalHHS CDII] 15:07:08

Hey, Ellen. Lucy.

[CalHHS CDII] 15:07:12

Hello, I'm here.

[CalHHS CDII] 15:07:14

Hello.

[CalHHS CDII] 15:07:20

Hey, we have Felix in the room. And, and Jim Wells.

[CalHHS CDII] 15:07:28

Jim, Alright, thank you everyone. Thanks for joining. We're gonna jump in. I know many of you know our vision.

[CalHHS CDII] 15:07:39

Always good time at the beginning of our meetings to just step back, 30,000 foot view, look at what we're trying to do here.

[CalHHS CDII] 15:07:46

All the work that we've been able to accomplish, to all of you. For taking part.

[CalHHS CDII] 15:07:53

We are really focusing in today as well as others and you're going to hear more as we enter this phase of implementing the data exchange.

[CalHHS CDII] 15:08:01

Framework around really building these connections and efficiencies between the health and social service providers hearing more about how we're addressing.

[CalHHS CDII] 15:08:11

You know, we're really proud of that we have the state wide agreement in place and lot of traction in terms of signers.

[CalHHS CDII] 15:08:19

It's nice to see the momentum. I know we're gonna have a little update a little bit.

[CalHHS CDII] 15:08:22

We go to the next slide, 13. This is our timeline as we look at head. Obviously the next 2 years really focused on.

[CalHHS CDII] 15:08:31

Remaining entities and getting in, I call it the ruling of our sleeves of exchange that we're getting into now.

[CalHHS CDII] 15:08:38

If we go to the next slide, This is the point of border. We usually talk about the mandatory signers and how we still do not have all signers that have signed on board.

[CalHHS CDII] 15:08:53

So what I usually do in a group like this because I think this is our group of supporters and proponents and what we need are connections from all of you to get connected with folks that either are still are not aware, communities that need to hear more people that have questions about signing things of that nature.

[CalHHS CDII] 15:09:12

We're really leaning into that. So continue to send those folks our way. Please let people not to hesitate in calling us, emailing us regarding questions.

[CalHHS CDII] 15:09:24

To be able to participate in, get signed up, for the DXS. Next slide.

[CalHHS CDII] 15:09:30

And then once you've been able to sign on board the next requirement is to. Is to actually be inside the participant directory and, take those steps.

[CalHHS CDII] 15:09:44

Make those choices on how to exchange. And if you need information on, accessing our participant directory, obviously the 1st step is, you need to sign the DSA and once you do, you can go ahead and go to our web page and again, our team is there to support you, and ensuring that your information is up to date.

[CalHHS CDII] 15:10:04

These are really, foundational elements that are critical to the exchange. It's critical to a lot of the programs that we're trying to launch looking at the whole person and so obviously the folks here understand that important so please just keep getting word out.

[CalHHS CDII] 15:10:21

With that I'll hand it over to DM to cover the next thoughts. Thanks, John. Hi, everybody.

[CalHHS CDII] 15:10:27

Since our last IAC meeting, CDI and stakeholders have continued to advance the data exchange framework, the implementation across several domains.

[CalHHS CDII] 15:10:36

Domains include the advisory committees such as this IAC, the technical advisory subcommittee. Discusses technical standards adoption process.

[CalHHS CDII] 15:10:49

We've had a discussion on ADT notifications strategies is currently underway. There was a meeting yesterday.

[CalHHS CDII] 15:10:56

We do refer to this group as the task is currently underway. There was a meeting yesterday. We do refer to this group as the task TA SC.

[CalHHS CDII] 15:11:05

And CDI held a DSA Pmp's Policy and Procedures subcommittee on April, the 10th and provided an update on the data exchange framework implementation and discussion on priority topics for the year.

[CalHHS CDII] 15:11:17

We have PNPs like as always a thing. There are none in flight right now. We did finalize a couple recently from some administrative modifications.

[CalHHS CDII] 15:11:29

The grants program moving along very nicely round 3 close we do have an updated list on our web page of all of the awarded grantees.

[CalHHS CDII] 15:11:39

I think that list is 13 to 15 pages long, some 800 signatories are listed there alphabetically.

[CalHHS CDII] 15:11:47

Okay, hi. Thank you for your support over the years. And that their, grant writing support work with us for the submitting applications has ended and so any of the support for QHIO onboarding grants to to grantees that responsibility falls to our 3rd party administrator PCG.

[CalHHS CDII] 15:12:13

I'm all grantees can work with PCG for grant award support and questions. And then of course there's CDI staff who works with PCG daily.

[CalHHS CDII] 15:12:17

And then the QH IOs. And so above on these other implementation streams and CDI, our DXF staff has grown.

[CalHHS CDII] 15:12:27

We have 4 new hires and one of those is Jacob Parkinson who is the QH I/O program manager.

[CalHHS CDII] 15:12:35

So we do now have in place a grant manager manager, welcome Jacob. And then support also in the room is a Kira here is a new office technician who's running the controls for us in the room today and we have Michelle Land has also joined us and I think that rounds out 1, 2, 3, 4 of the new hires.

[CalHHS CDII] 15:12:58

So pretty exciting for the growth of the DXF and CDII. And under the QH I/O program, we're developing reporting requirements, which will feed into later discussion today on impact measurements and finalizing ADT.

[CalHHS CDII] 15:13:13

T rosters are shared between the QH IOs and other resources to come that support the QHIO program.

[CalHHS CDII] 15:13:25

As of May 13, th so this is the weekly DSA signatory list that is posted.

[CalHHS CDII] 15:13:32

This is source from the posting that is on our web page. We have over 2,400. Sign DSAs that represent about 3,800 participants I knew I actually and I did have a 5th we also have John Fahardo joined us so that's where the staff is so big I'm forgetting folks so is done.

[CalHHS CDII] 15:13:52

So back to signatories, hospitals. We, we have broken this down and you should be able to cross walk this to the list that is on CDI web page.

[CalHHS CDII] 15:14:04

The hospitals include the general acute care settings and acute psychiatrics. And then the numbers go through, so we're, sharing the statistics, the data of who has signed and we're working with everybody.

[CalHHS CDII] 15:14:16

Free of associates is the contracted partner to CDI that are working another entity that's working with us daily.

[CalHHS CDII] 15:14:24

So some of your membership, some of your constituents might receive some emails from Greed and they're working very closely with CDI.

[CalHHS CDII] 15:14:33

So it's good for everybody to have awareness of that. And I guess we, I will pause, oh no, we're gonna go into participant directory.

[CalHHS CDII] 15:14:43

So, and Rim is basically the project lead for the participant directory on the CDI side.

[CalHHS CDII] 15:14:52

We're tracking that of the signatory 672 have made their choices. Everyone has lined a line of sight into the participant directory choices that it's in the DSA signatory listing on our web page and then there is the separate

[CalHHS CDII] 15:15:25

Tended to be machine readable and usable, a little bit more on the tech side, hence why Rim is the owner of that.

[CalHHS CDII] 15:15:33

So we are seeing that. 32% of the entities who are thus bar made their choices per their PNP obligation have identified a nationwide network.

[CalHHS CDII] 15:15:45

60% have identified qualified HIOs. Self is point-to-point connections, 4% and tracking through there.

[CalHHS CDII] 15:15:54

So really good line of sight. And then we have 18% of the 672 have indicated that they meet the criteria and are electing to delay exchange until 2026 and that's really important.

[CalHHS CDII] 15:16:07

Data element for you all to know because they would be somebody that you would that would not be ready for exchange today that you should not be saying, hey, why are you not exchanging because they have selected and meet the criteria for 2026.

[CalHHS CDII] 15:16:24

And with that, we will move on. I'm not seeing any. Questions or comments already.

[CalHHS CDII] 15:16:32

So. QHIO program update and if any if I keep talking on top of anybody else when it's somebody else's turn to go please let me know.

[CalHHS CDII] 15:16:43

So as I mentioned, Jacob Parkinson is the QHIO manager. We are developing a material and components of the QHIO program such as grant requirements that QHIOs are instrumental in the QHIO onboarding grant domain.

[CalHHS CDII] 15:17:01

So there's overlap between the grant program and the QHIO, compliance and oversight, you know, ensuring that the entities that applied last fall of 2,023 to become a queue continue to meet everything that they attested to their capabilities too.

[CalHHS CDII] 15:17:17

We do meet with them weekly and, it's 1 of the most well attended and well engaged meetings that we have with the QHIOs.

[CalHHS CDII] 15:17:26

There's been a lot of collaboration and a lot of group thinking going on during the month. The weekly meetings with the QH IOs and that is both CDII and that and the QH IOs.

[CalHHS CDII] 15:17:40

We're developing other components of the programs on our webpages and QH at a glance that if you haven't seen that document or resource it's a really good very digestible short resource and then we're working on final about the QH IOs where there's a little bit more detailed information per QHIO that will be something that we hopefully can publish hopefully this month if not very

[CalHHS CDII] 15:18:08

early June and it's kind of shocking to me it's almost June. And then reporting requirements the QH I/O is our partners with CDII, so therefore they're a great resource.

[CalHHS CDII] 15:18:21

And as we saw in the previous slide with the participant directory, 60% of participants who have made a participant directory selection are telling us that they are using a QH I/O as their intermediary.

[CalHHS CDII] 15:18:32

So it's a great resource for us to be able to measure and show impacts of, the DXF and what exchanges happening.

[CalHHS CDII] 15:18:40

I will pause for a moment to. See if there's any questions or comments. Perfect.

[CalHHS CDII] 15:18:48

Alright, thanks. And the QHAO meetings that I mentioned are, workshops. They're, they're very, they're not open.

[CalHHS CDII] 15:18:59

They're or like Planning the materials that we might develop that CDII develops. It's not the QH I.

[CalHHS CDII] 15:19:09

OS still developing is what, for example, that QA, the added glance documents, that is an example of the output of one of those meetings that is close to on our web page.

[CalHHS CDII] 15:19:27

Alright, do any IAC members have any comments or questions on anything that we have covered thus far?

[CalHHS CDII] 15:19:39

Moving along. The grants program. So the final round of the grants program closed and everybody has been awarded.

[CalHHS CDII] 15:19:48

If you are a grantee and you are some have submitted so you could be a technical assistance grantee or QH I/O on boarding grantee, especially with the technical assistance grantees because you chose the pathway of your your domain where you are the manager of your grant, not the QHIO.

[CalHHS CDII] 15:20:11

And you need to be if you've submitted a progress. Report for a milestone payment and if you have not filled out banking information with PCG they will not be able to pay you for an approved milestone.

[CalHHS CDII] 15:20:23

So if you're scratching your head trying to figure out why you might not have been paid if you submitted everything that was required for a milestone payment, it might be because we haven't heard from you through the PCG side on their very secure is financially based.

[CalHHS CDII] 15:20:41

It's a different standalone system than the brand application portal. They need to know who you are and be able to set that up.

[CalHHS CDII] 15:20:48

Each QH I/O had to do that on their own for they or the conveyors of where the funds go on the benefit to the benefit of the DSA signatories who applied for QHIO onboarding grant.

[CalHHS CDII] 15:20:59

So those funds go to the QHIO so they as well had to go through this banking system.

[CalHHS CDII] 15:21:04

With the PCG side and we've hosted 3 office hours since late February. They're very well attended.

[CalHHS CDII] 15:21:17

And the next office hour will be June 13th from 11 a. M. For that and it is on the grants.

[CalHHS CDII] 15:21:23

Portion of our webpage.

[CalHHS CDII] 15:21:31

Drake that's I went too fast there. And then briefly mentioned on the, slide of updates was that we recently amended policies and procedures.

[CalHHS CDII] 15:21:44

They these were both open for public comment for 3 days. The technical requirements for exchange and the participant directory.

[CalHHS CDII] 15:21:53

Was open and so the technical requirements was modified to align with the requirements of the participant directory PMP.

[CalHHS CDII] 15:22:02

It had to be aligned technical. Receive the participant directory so it was an administrative we had no feedback from anyone during the public comment to any objections and then the participant directory PMP was even a more administrative let for.

[CalHHS CDII] 15:22:21

Aligning count business days as opposed to calendar days. And so thank you everybody who reviewed and participated in that open and transparent and public process of PMPs and presently there is nothing else in flight and all of our PMPs on our web page are final versions.

[CalHHS CDII] 15:22:40

Okay. Now, we are 2. Sounds good. Okay, so now we're gonna get into I think a really important part of our meetings going forward now that we're, you know, we mentioned the fact that now that we are in implementation mode.

[CalHHS CDII] 15:22:57

We wanna hear from you. We wanna hear from you about your experiences with the data exchange framework implementation.

[CalHHS CDII] 15:23:04

What you've been hearing from your stakeholders in your industry. When we pose these questions at our last meeting, we heard several points that have informed and continued to inform our collective work among them.

[CalHHS CDII] 15:23:16

Number one, we heard the need for broad participation across DXF across the state to maximize impact.

[CalHHS CDII] 15:23:22

Specifically, we heard for a call, a call for greater inclusion of counties and social service organizations and social service data.

[CalHHS CDII] 15:23:29

We agree as a priority and social services data is a key topic that will be discussed, by our, technical advisory subcommittee, later this year as well.

[CalHHS CDII] 15:23:40

We also heard that there continues to be a need to spread awareness about the exchange framework and dispel common misunderstandings of its intent.

[CalHHS CDII] 15:23:50

And scope. CDI has been working to expand reach and outreach, reach outreach, awareness, through public meetings such as this one, our weekly data exchange framework updates, updates to our FAQs, individual communications, many stakeholders partners, including many of you that are here.

[CalHHS CDII] 15:24:10

We also heard about challenges stakeholders are facing addressing maybe 3 52 requirements. The state is continuing to consider what additional guidance the relevant state agencies might be able to propagate to address stakeholder concerns.

[CalHHS CDII] 15:24:25

So a number of things going on, a number of works in progress. Just specifically if you take even just social services, there's a lot to break out there.

[CalHHS CDII] 15:24:36

We know critical components or ID management, consent and other things. So when we talk about one item, it's not, exclusive of other areas that obviously make something like that happen.

[CalHHS CDII] 15:24:47

So now I'd like to open the floor for additional thoughts or things you've heard in your organizations or from your peers since the last meeting.

[CalHHS CDII] 15:24:55

Maybe we can think of these questions up there and no particular order, whatever, sparks your interest.

[CalHHS CDII] 15:25:01

So number one, what successes have your organization and sector experience preparing for or following start update exchange.

[CalHHS CDII] 15:25:09

What challenges have you in your organization sector encountered and what actions can CDI our stakeholders this group other groups take to support successful exchange.

[CalHHS CDII] 15:25:22

So I'm gonna pause there and See what everyone has to say today on this fine day. Okay.

[CalHHS CDII] 15:25:33

Thank you, John. Well, I will just preference. One of the components at the end's review, which is the directory and the rate of entries for the lack thereof in the directory that continues to be.

[CalHHS CDII] 15:25:49

Hey, large gap and just the basic ability for Those of us who have signed the essay to even know you know, how to vary or would you go to pay when it comes to.

[CalHHS CDII] 15:26:00

I'm trying to ask for a percent information. So it's basic. It's fundamental.

[CalHHS CDII] 15:26:08

I know you guys know that. And it's something that seems like you need to work on to up that.

[CalHHS CDII] 15:26:12

Presentation, right? Do you have any ideas of how we do that? Beyond, you know, one by one reaching out.

[CalHHS CDII] 15:26:23

I know we've talked about potential automation or. You know, ways that we can get folks to do that.

[CalHHS CDII] 15:26:30

Yeah, I think those are good points, I think, in addition, what we've talked about before, in our complete control.

[CalHHS CDII] 15:26:38

It depends on what happens, especially things like. Attending legislation. Enforcement and oversight. Working this as a requirement to contracts with public payers and agencies.

[CalHHS CDII] 15:26:50

Like bad I think that would provide at least something in the way of a terror stick to get and it to take it to your Thank you.

[CalHHS CDII] 15:27:01

Right.

[CalHHS CDII] 15:27:05

To the extent that you have. Entities that are receiving. Stay health funding. Seems like you would have their names already.

[CalHHS CDII] 15:27:17

And if you did a gap analysis on who's in your directory versus Who's getting payments?

[CalHHS CDII] 15:27:24

That would give you information. That's all.

[CalHHS CDII] 15:27:31

Right. Checking that and we have something in flight to operationalize for you coming. Thank you.

[CalHHS CDII] 15:27:40

David Ford.

[David Ford] 15:27:47

So. I'm 1 point I have to make and I'm sure I sound like a bit of a broken record, but maybe 1331 is still sitting there.

[David Ford] 15:27:58

Hasn't moved, feel like hasn't been discussed in some time. But it's important and how the DXF goes forward.

[David Ford] 15:28:08

Especially as we continue the March 4th 2026 and the smaller practices. Safety net practices being folded into the DXF.

[David Ford] 15:28:18

So it. It would help if. To start building out that structure. And then I think, An unrelated comment is as we.

[David Ford] 15:28:34

Try to continue to build awareness. 50 XF.

[David Ford] 15:28:42

We I You know, we have these, all the contracts, you know, my organization had a contract and we, you know, we reached a lot of physicians, but.

[David Ford] 15:28:54

To boost up the numbers I wonder if we've looked at things like Every physician has to renew their license with the medical board every 2 years and they it's an opportunity when you have their attention to include some sort of reminder about the DXF.

[David Ford] 15:29:09

So processes like that that might. Sort of remind people this is out there, or, or increase awareness.

[CalHHS CDII] 15:29:17

Thank you. For that. Anything come out? I know you had a large group of folks together, were their feelings that other feelings that came out from The groups that you.

[CalHHS CDII] 15:29:30

Pad a sample. In terms of thoughts or perspectives on DXF.

[David Ford] 15:29:37

You mean as far as the folks who came to the summit?

[CalHHS CDII] 15:29:40

Yeah.

[David Ford] 15:29:44

You know, I think there's,

[David Ford] 15:29:48

What continues to be a discussion point. Is How the DXS connects to other state initiatives.

[David Ford] 15:30:00

Right, so we had speakers who are talking about EPT which ironic given what happened in the May revise but

[David Ford] 15:30:11

And. Calim and how how the DXF can support all the other state initiatives I think continues to be a point because it's another way that we can reach providers, we can talk to providers.

[David Ford] 15:30:25

You know, if you're looking at participating in EPT, you're gonna have to do data exchange.

[David Ford] 15:30:33

If you're looking, you know, if you're part of Cali, you're gonna have to do data exchange and here's how that supports it.

[David Ford] 15:30:35

And that just continues to be a discussion topic is figuring out how all these pieces fit together.

[CalHHS CDII] 15:30:42

Appreciate that. For the awareness of the group and those attending that may not know, Dance channel to this meeting.

[CalHHS CDII] 15:30:51

We also group the state departments and we get our state departments together to talk about the DXF tracking.

[CalHHS CDII] 15:30:58

We also do individual meetings with these departments to look at what their roadmaps look like with respect to data exchange.

[CalHHS CDII] 15:31:07

So the points I heard today, them knowing about the XF and where they can help support with existing contracts.

[CalHHS CDII] 15:31:13

Putting language in there and things like that. So, I'm glad to see that happening.

[CalHHS CDII] 15:31:18

But if there are, you know, sometimes there's something that pops up that we haven't bought or a group.

[CalHHS CDII] 15:31:24

So. Sometimes at the outside perspective is helpful as well. To give us an idea. So, Ollie.

[CalHHS CDII] 15:31:31

Hey, you're up.

[Ali Modaressi] 15:31:34

Thanks, John. Hi, good afternoon, everyone. Yeah, we're seeing an influx of new participants, joining lanes, which is a good problem to have.

[Ali Modaressi] 15:31:45

Quite a kind of a success in that regard. Some of the, the driver is, is obviously the except, but it's also, so we're seeing a lot of organizations, especially social service organizations that are joining as a result of the Calm and program.

[Ali Modaressi] 15:32:05

So just wanna pass that along. I have a question regarding getting, ADT data from hospitals that are using their own technology.

[Ali Modaressi] 15:32:17

Quite few in LA County that are using their own technology and want to find out what's the best way of getting those ADT data from those hospitals that are not using QUEUE, HHHH HH.

[CalHHS CDII] 15:32:38

Well, I'm under the exchange framework policy and procedure a participant is allowed to request and receive a notification from any possibility as a participant.

[CalHHS CDII] 15:32:54

And there is specific and it does specify like there are different types of. Technologies and standards that could be used for that.

[CalHHS CDII] 15:33:02

So there's a lot of different ways it could be. Set received, but they do have the.

[CalHHS CDII] 15:33:10

They do under the agreement they are allowed to request and are expected to receive those notifications from any other participating model.

[Ali Modaressi] 15:33:19

Those are DSS signatories.

[CalHHS CDII] 15:33:23

Yes. And that does, there is also, of course, a federal additional participation for us to do that, but they're required to send like these notifications.

[Ali Modaressi] 15:33:25

Okay.

[CalHHS CDII] 15:33:35

To send a notification to a private care provider that's very much more restrictive. It's much narrower than what the exchange framework acquires for participants.

[Ali Modaresi] 15:33:50

Thank you.

[CalHHS CDII] 15:33:52

That's all. Other. Right. I had a idea of how you could operationalize this better.

[CalHHS CDII] 15:34:04

They would take coordinating with health plans and that little ID card that all the patients bring in right now it does have a Pcp's name on there if they're in a HMO.

[CalHHS CDII] 15:34:14

If the Hey, HMO was. Participating with a QA child when they listed the name there.

[CalHHS CDII] 15:34:25

That's usually the clerical upfront people are just taking names and plugging them in. And they won't plug in name they don't see on it.

[CalHHS CDII] 15:34:33

So that was my idea. You mean at the hospital? Their ticket? Right.

[CalHHS CDII] 15:34:40

Every time anyone's admitted or, you know, emergency room, okay, who are we supposed to send this to?

[CalHHS CDII] 15:34:43

So the registration type of process. Yeah. And the only put names on there that.

[CalHHS CDII] 15:34:50

The people know to put on there.

[CalHHS CDII] 15:34:58

Other questions, feedback?

[CalHHS CDII] 15:35:03

I guess one of the things that we're curious about and it kind of goes into will be getting into kind of measurement.

[CalHHS CDII] 15:35:11

I think that's obviously on the top of binds is what difference are we seeing? Is anyone seeing any?

[CalHHS CDII] 15:35:18

Case where data now is being exchanged where it wasn't and there was a success story. There was something that actually changed.

[CalHHS CDII] 15:35:25

Post January yeah try Stephen Lang put something in the QA. Which just disappeared for me.

[CalHHS CDII] 15:35:40

SPEAKER. ONE. SPEAKER. ONE.

[CalHHS CDII] 15:35:44

SPEAKER. ONE. SPEAKER. So that's what Troy just referenced as

[CalHHS CDII] 15:35:49

Great.

[CalHHS CDII] 15:35:55

So I think that goes into when we talked about awareness when we talked about folks wanting to sign. People actually participating.

[CalHHS CDII] 15:36:02

If we could have more of those, situations and get them, get those stories out to the right folks.

[CalHHS CDII] 15:36:11

Alright, I feel like we've. Done this topic. So I'm gonna hand it over to Rim and Cindy.

[CalHHS CDII] 15:36:20

Before the next.

[CalHHS CDII] 15:36:23

Thanks, John. Where we go on to the next slide. So we're running a little bit behind here.

[CalHHS CDII] 15:36:29

So it sounds like I'm rushing through this part. It's because I want to make sure that we have a time for the section that follows.

[CalHHS CDII] 15:36:37

People may recall that the technical requirements for exchange policy procedure required CDI to develop an open and transparent process to consider new or maturing technical standards for inclusion in the DXF.

[CalHHS CDII] 15:36:55

It was the 1st topic that we put to the technical advisory subcommittee or the task to help us develop a process and that's what I'm going to be talking through quickly in this section.

[CalHHS CDII] 15:37:08

If you go on to the next slide, please.

[CalHHS CDII] 15:37:11

Just to get started, there were some guiding principles that the task adopted and suggest to CDI. To move this forward.

[CalHHS CDII] 15:37:23

I'm not gonna read all of these to you but there are few here that might be worthy of pointing out.

[CalHHS CDII] 15:37:26

One is that, the advancement process must be open and transparent and as we talk through the process I've tried to highlight areas where there are opportunities for stakeholder input.

[CalHHS CDII] 15:37:41

That we are attempting to keep in alignment with federal standards at least ensuring that we don't conflict with them but that doesn't need that we don't raise the bar above what some of the federal standards are.

[CalHHS CDII] 15:38:01

An example, what we've done in the past is adopted USCDIB 2 prior to it becoming a requirement.

[CalHHS CDII] 15:38:08

From the federal government so that continues to be at least something to consider. Scoring to the next slide and this is a long slide that builds over time, but I wanna give us an opportunity to kind of think through what the process might be in steps.

[CalHHS CDII] 15:38:24

You want to click to the next slide. The 1st process. Begins in quarter 2. And that is really that, CDI solicits priorities from this organization to help guide the process through this cycle.

[CalHHS CDII] 15:38:40

Notice that we're in order to right now and the second half of this discussion is going to be that 1st box.

[CalHHS CDII] 15:38:47

And so that's the 1st opportunity for public input and to, new technical standards based on that CDII will assemble a committee to advise on new technical standards for insurance standards should be adopted and will take input from the priorities the IC and assembly that body.

[CalHHS CDII] 15:39:10

Let's go to the next step, please. This is really driven then by publication of updates to the standards version.

[CalHHS CDII] 15:39:18

It's a process managed by OSC. People remember that's how we define. National and federally adopted, standards.

[CalHHS CDII] 15:39:31

It is not, that all of the standards in the S. FAP are required, but if they don't appear in the SBA, they are not considered by CDI as national or federally adopted standards.

[CalHHS CDII] 15:39:48

Sub committee and it would meet over the 2 3 q 4 through several meetings to consider standards that are adopted.

[CalHHS CDII] 15:39:59

Using standards that should be considered for adoption, bearing in mind the input from the IAC and other materials made available to them such as the S.

[CalHHS CDII] 15:40:13

Ap, Interoperability Standards Advisory and other publication out of OMC, the Q and technical framework again out of the, DEFCA program, or other industry advancements.

[CalHHS CDII] 15:40:26

To the next slide and what comes out of that process by the end of that calendar year are, and what comes out of that process by the end of that calendar year are recommendations from the committee.

[CalHHS CDII] 15:40:37

For updates. Sorry. Okay.

[CalHHS CDII] 15:40:44

For updates to be considered by CDI. Let's go to the next slide. So this now proceeds on into the following year.

[CalHHS CDII] 15:40:57

Any input from this body on those recommendations and from the DSA. And PNP subcommittee because most of those requirements are likely to be embodied in the to policies and procedures.

[CalHHS CDII] 15:41:13

And rouse, potential changes to those policies. Go on to the next slide, please.

[CalHHS CDII] 15:41:22

That then results in issuing a call for public comment on those amendments likely to happen in Q 2. But the following year.

[CalHHS CDII] 15:41:34

Once those comments are resolved, the new PAP amendments are published. If there are any and you'll recall from our current process for development.

[CalHHS CDII] 15:41:43

Then the policies, that begins the clock on at least 180 days worth of time before those new requirements.

[CalHHS CDII] 15:41:55

Become applicable. Become a factor. The technical subcommittee might recommend more time than that so that would be a minimum so it might be more than 180 days before some of those new requirements take effect.

[CalHHS CDII] 15:42:11

If you click the next slide, you see that this process overlaps with, the next potential cycle that.

[CalHHS CDII] 15:42:19

Again, we would start up at Q 2 of the following year. With meeting with the IAC to get recommendations and the process continues.

[CalHHS CDII] 15:42:29

Again, we're in Q 2 now. Today we will start this process with recommendations from the IAC and a year from now we would start that process again.

[CalHHS CDII] 15:42:41

Just gone to the next slide. And I'm gonna slow down a little bit. So again, we're beginning the cycle here.

[CalHHS CDII] 15:42:48

And that starts, with events that happened before publication of updates to the S. And that is soliciting input from this body and establishing the standard sub.

[CalHHS CDII] 15:43:00

I will say that O and C normally publishes the S. Fap in July or August, but they have no set cadence for that.

[CalHHS CDII] 15:43:10

So the timing for some of these events on will always be.

[CalHHS CDII] 15:43:15

Next slide. These are what happens in once the S. Fap has been, published. That CVII, the standard subcommittee, they consider new standards, make a recommendation.

[CalHHS CDII] 15:43:31

Back to cdi i and cdi comes back to this body as well as the DSA subcommittee for review of those recommendations.

[CalHHS CDII] 15:43:43

And then the next slide.

[CalHHS CDII] 15:43:50

And that, the process continues to be. Proposed amendments to the PNPs.

[CalHHS CDII] 15:43:56

Public comment on those proposed amendments and publishing a new PNPs and and effective date at least 180 days beyond.

[CalHHS CDII] 15:44:06

Let's go to the next slide and I'll quit talking for a minute. This is really your time to do you have questions about this process?

[CalHHS CDII] 15:44:15

Are there concerns that you have about the process? There are there additions to it that you'd like to see or steps that you don't understand when necessary.

[CalHHS CDII] 15:44:27

Right. I have. Comments as.

[CalHHS CDII] 15:44:34

From the perspective of implementing a lot of these over 12 years. The S. Fap list is, has established standards on there as well as perspective new ones.

[CalHHS CDII] 15:44:49

I think it would be good to look at the entire list. And I think some that are existing and not fully implemented, you'll get the most bang for your bugs simply like on document exchange getting that extra 30% that's not participating for the ADT exchange.

[CalHHS CDII] 15:45:09

Just to be able to prioritize how much is this new one going to get us on?

[CalHHS CDII] 15:45:15

Real time bothers say whatever it is, right? So that would be the frame that I would ask.

[CalHHS CDII] 15:45:24

The committee to. Consider, you know, what is the gap on each one of these?

[CalHHS CDII] 15:45:31

And then therefore prioritize perhaps where you get the most bang for your bus. It might be some of the existing ones 1st and.

[CalHHS CDII] 15:45:41

That'll give the other ones time to mature. And Streamline. Thanks.

[CalHHS CDII] 15:45:54

Yeah, I'm actually going to really Double down on what the point that Troy just made is I think it's very, very important.

[CalHHS CDII] 15:46:03

And stepping back the S. FAP, allows like help IT developers to voluntarily, a, a, of standard that hasn't necessarily been propagated and regulations for certified VHRs.

[CalHHS CDII] 15:46:18

Which I think maybe some of us are familiar with and I think that gets to the heart of a distinction between like what's mature or what's maturing.

[CalHHS CDII] 15:46:29

What? Which, wagon, you know, the task and the DXF. I should hitch themselves to, comes to the pace and the timeline of adoption.

[CalHHS CDII] 15:46:43

You know, Joy mentioned gaps, right? There's there's gaps obviously in just like, a standard, But it's also like a long tail of you know, providers that are less resource that have DGR systems that are the legacy that you have certified.

[CalHHS CDII] 15:46:59

I've been fully. integrated with, new standards and incorporated them. We see this action with CI version 2, today.

[CalHHS CDII] 15:47:08

Oh, we totally agree with the aspiration of getting that our data set. If you change the, . D.

[CalHHS CDII] 15:47:16

XF. There's daylight right between what's possible and what, is kind of the ambition there.

[CalHHS CDII] 15:47:22

So I would strike another caution between using the S. Fap as kind of a driving force for how, Stands adoption takes place in California.

[CalHHS CDII] 15:47:32

I think it's a general comment. It's prudent to try to not get ahead of our skis with what's actually been federally.

[CalHHS CDII] 15:47:39

Required, for, 1st 2. Update words. And, arguably, you know, Thursday.

[CalHHS CDII] 15:47:49

You know, a large and a long tail of small practices that don't even have to start exchanging data until 2026, you know, under VVP.

[CalHHS CDII] 15:47:59

Arguably, we shouldn't be looking yet. Changing standards, you know, ahead of that until that day passes and you know those organizations are actually required to onboard and to implement the DXF.

[CalHHS CDII] 15:48:11

Thanks. Are there any other comments or questions? And have you seen any relative to this in the QA?

[CalHHS CDII] 15:48:23

Can I ask just like, to Matt's comment about us back and I think you explain it to yours.

[CalHHS CDII] 15:48:32

I guess that is this process, right? And there are federal rules like HI one, which I think says we're going to be 3 by January 26.

[CalHHS CDII] 15:48:43

You, does that suggest that we key on those? Yes. Is something the key on to see a industry ready, but we also make sure we're lining with federal rules like HTI one.

[CalHHS CDII] 15:49:05

I think that's what you were suggesting. And I think that at least how I took that is we had identified as as a list of potential standards that are federally recognized.

[CalHHS CDII] 15:49:21

He's our the standards we're adopting. And so what I'm hearing is how we charge the standard sub that is what we want to think about and to consider.

[CalHHS CDII] 15:49:38

But also point out that this process is about a year and a half long, a little more than a year and a half long.

[CalHHS CDII] 15:49:43

So. Thinking about that adoption roadmap will be. Part of this process as well and a challenge.

[CalHHS CDII] 15:49:56

I had not had a chance to take a look at the. Q&a.

[CalHHS CDII] 15:50:09

Right, so which shall we move on? Process as I said, we are in step one of the process right now and that is looking to you to see where should we be thinking about our priorities.

[CalHHS CDII] 15:50:27

Or new standards. I'm not necessarily asking for standards, but what are the priorities for consideration? Do we charge the standard subcommittee to consider?

[CalHHS CDII] 15:50:37

For the next cycle. And that would be for adoption approximately in 2026 or in the latter portions of 2025 because that is what kind of delay we're looking.

[CalHHS CDII] 15:50:51

I just wanna acknowledge here real quickly that we've heard one already, which is consider nothing new until after 2026 that I heard Felix here so that is potentially at least 1 1 suggestion.

[CalHHS CDII] 15:51:06

Let's go on to the next slide, please. And I'm not going to spend a lot of time talking about where we are, but just kind of as a reminder.

[CalHHS CDII] 15:51:14

So healthcare providers are required to exchange. I, they maintain, which includes you, that's what's been our standards today, health insurance and healthcare service plans are required to exchange claims and counters plans are required to exchange claims and counters clinical data

in CIB 2 that they maintain other participants must exchange USCEIB 2 they make a at participants may use HL 72 messages CD AR 2 documents and fire resources.

[CalHHS CDII] 15:51:52

That's what's in our current policies. If we go on to the next slide, please.

[CalHHS CDII] 15:51:54

That. All participants are required to participate in query based exchange. Those that.

[CalHHS CDII] 15:52:03

Create data in response to an order or referral. Required to participate in push based exchange at hospitals in EDs.

[CalHHS CDII] 15:52:12

And sniffs then choose to. Participate in notifications of admissions and discharges. In all cases, other standards are allowed to read to by both parties, but the technical requirements for exchange call out standard requirements that parties must support.

[CalHHS CDII] 15:52:31

We go on to the next slide. This is really my open set of questions for you. Where do you believe that we need to put our concentration for the next year and a half?

[CalHHS CDII] 15:52:44

And identify new standards or exchange. On the DX. And there are at least some leaving questions here, but if there are other places, what to.

[CalHHS CDII] 15:52:54

Book concentration. This is the time to let us.

[CalHHS CDII] 15:53:03

Yeah, but I needed a previous meeting on social service data, which is really important. We want to see that obviously.

[CalHHS CDII] 15:53:13

Enabled and, flowing. I think the priority is even above standards, just. A basic rounding in set management infrastructure and policies is really going to be key.

[CalHHS CDII] 15:53:28

That standards adoption that we find they can, Okay, thanks. So you guys, to pull another one of the book, it should be HMS data.

[CalHHS CDII] 15:53:39

I think we can tremendous impact on. So, that we focus on HMS, in the state, in the state, give the amount of homelessness and it impacts on things like mental health and substitution disorder.

[CalHHS CDII] 15:53:53

So I think that be a high priority item. And as I think we all know, it's come pretty much 58 to 61 different ways.

[CalHHS CDII] 15:54:01

So we can find a way to drive convergence. On H by S data that is shared.

[CalHHS CDII] 15:54:07

Uniformly that would go a long way to solving a number one of our challenge. You referenced it before we get to get to AD.

[CalHHS CDII] 15:54:16

A standards convergence in terms of what should be shared. I think it's a great, A lot of variety there.

[CalHHS CDII] 15:54:25

We gotta drive that to conversions as well. So we can talk about what that is. And the QHO is working on it, but that may not be enough.

[CalHHS CDII] 15:54:35

We should try to figure out QHOs agree and drive agreement and consensus. Is that a de facto standard?

[CalHHS CDII] 15:54:43

If the answer is yes, I think we should know about that right up front. And I think that may be a good way to get standards for faster, dealing with 9 entities, right?

[CalHHS CDII] 15:54:52

Versus. The thousands that are in California. So, I think the gaps that exist in D except today should be poorly surfing.

[CalHHS CDII] 15:55:02

A structured survey released by CBI regularly. And with all due respect. Treat the national standards i think it's focused on california and i think we have a tendency to get distracted with national standards for sweat it takes to Just specifically make the data exchange framework operational and success.

[CalHHS CDII] 15:55:22

So I would request that onset subject. That issue and a survey structured survey every order to figure out what the most impactable barriers might be.

[CalHHS CDII] 15:55:38

Hi, Steve. Can I ask you to follow up question, of course? We go back to event notification.

[CalHHS CDII] 15:55:46

Are you looking for standards but comes out of the hospital's and ED's, the white is put into the demands for those receiving notifications or both.

[CalHHS CDII] 15:55:54

I would start with what's coming in our hospital as a. And it's important to differentiate between, again, the acute versus the emergency environments.

[CalHHS CDII] 15:56:03

Because it may not be the second.

[CalHHS CDII] 15:56:07

Alright, thought I saw you. Yes. The Bye I have is on representation in the technical advisory Sanders committee.

[CalHHS CDII] 15:56:18

Of. Health information management either at the state or national level, or I forget the California equivalent. They are the health information management directors are the ones who are often the compliance officers tasked with interpreting how to exactly comply with all the state and national laws on health information sharing as Our lawyer friends know and It would be good when discussing technical standards.

[CalHHS CDII] 15:56:52

Even though they attend might be clear, gives it technically able to do what. Needs to have that.

[CalHHS CDII] 15:57:02

So. Just as a concrete example, you know, sharing preferred name. All the new gender.

[CalHHS CDII] 15:57:13

Fields. And. You know, patient demographic type of.

[CalHHS CDII] 15:57:21

Changes that are going on and that it really impact on what could be shared not shared.

[CalHHS CDII] 15:57:28

There's also those changes in. The substance abuse part 2 programs, the bar, 42 part 2.

[CalHHS CDII] 15:57:39

That are going to work their way through the systems and they may well impact what your technical standards priorities might.

[CalHHS CDII] 15:57:49

That's what I throw out there. The other thing, I'll mention, I'm not exactly sure how it would impact this committee, but as you're aware, this federal level is very concerned about cybersecurity with the 2 huge network break-ins lately.

[CalHHS CDII] 15:58:07

Apparently. Ascension health and change healthcare. And some of the technical standards, I don't know what the security implications would be.

[CalHHS CDII] 15:58:20

I'm not a security person. But that might help. Also, the state evaluate the balances versus burdens and.

[CalHHS CDII] 15:58:32

Hi, I would encourage thank you, Troy. I'm a, I see members to take look at what we're seeing up in QA just very briefly.

[CalHHS CDII] 15:58:42

There's been some additional discussion. That would, build on what Felix had mentioned.

[CalHHS CDII] 15:58:48

And at least one question about is it time for us to think about starting to require fire? Okay, that's an interesting question as well.

[CalHHS CDII] 15:58:59

Is fire sure enough? To start, phasing it into the Excel exchange.

[CalHHS CDII] 15:59:11

Like to come back to a couple of the other questions here are there. I appreciate the input that we've got so far.

[CalHHS CDII] 15:59:19

Are there areas beyond, what we do today and a broader scale that we want to think about.

[CalHHS CDII] 15:59:28

For instance, we have been hearing about are there additional types of exchange beyond just query based exchange or what we're looking at for push in order to, in response to order.

[CalHHS CDII] 15:59:43

Or referral. Or, admissions and discharges from acute facilities. Are there other areas we should be exploring?

[CalHHS CDII] 15:59:54

Are there other participants? We should be focused on Dan brought us back to. social services, especially in housing.

[CalHHS CDII] 16:00:04

Are there other areas beyond that?

[CalHHS CDII] 16:00:11

It's going back to slide 2 days again, ADTs. I had to remind myself that there are no standards specified or how.

[CalHHS CDII] 16:00:22

You know, notifications are changed. I could have sworn that I thought that it was similar to the other types of transactions.

[CalHHS CDII] 16:00:30

Each 7, etc. Is there, is that something that the CVI. Stakeholders are comfortable with or is there Well, rationale for, I mean, that's, that's the question that I ask you is.

[CalHHS CDII] 16:00:50

Is that an area that we need to, Tap mandatory standards, but I think I heard in these content standards and perhaps more than that that is coming out of hospitals, perhaps not on the, chat.

[CalHHS CDII] 16:01:09

That's what we're asking for input.

[CalHHS CDII] 16:01:13

And of course we need to consider whether they're our mature standards for us to adopt. Oh, but we're going to create standards ourselves, which is.

[CalHHS CDII] 16:01:24

You know, problematic, they have to be secrets. I may be remembering this incorrectly, but I think the rationale for not specifying standards was that there are different mechanisms by which people oversee, or, or should might be capable of receiving them so they might not be able to consume like an.

[CalHHS CDII] 16:01:45

Some, go, get direct message. The thought of the was to allow for those different. Patterns and standards to bald process, not.

[CalHHS CDII] 16:02:00

I think that's why we went there. Thank you. So perhaps it's worth revisiting like to be in the direction where we're trying to go towards some specification or not.

[CalHHS CDII] 16:02:18

Yeah, it seems like there's just the basic chat off between flexibility and complexity. Right. Right?

[CalHHS CDII] 16:02:29

And perhaps the way to. Solve the branch of the question as criteria for success with the exchange framework.

[CalHHS CDII] 16:02:36

And if we determine that, AG Alerts as a for an example. Right? Is what is a barrier to that?

[CalHHS CDII] 16:02:46

Is it the standard or is it the lack of accessibility? Right, so we have to, I think.

[CalHHS CDII] 16:02:51

Yeah, I don't think standards, success. I think those of us would like right here, business for decades, no that standards don't necessarily drive right here, vision business for decades, no that standards don't necessarily drive utilization adoption or outcomes.

[CalHHS CDII] 16:03:05

They help. It doesn't try. So I think if we define criteria for success. And then determine at the standard is a barrier to the criteria for success.

[CalHHS CDII] 16:03:15

That helps with the answer. Okay, great. Thank you. That may be a little bit of a lead into our next section.

[CalHHS CDII] 16:03:23

Let's. We do have a hand raised by one of our staff, John Viardo.

[CalHHS CDII] 16:03:31

I wanna check if audio and everything like that is okay.

[CalHHS CDII] 16:03:36

And if you don't have any. Think for us John, find a little bit for. No, lower in hand.

[CalHHS CDII] 16:03:45

Alright, thanks. So next slide. Yeah, I think that brings us to the end of this section and it's time to pass things off to Cindy.

[CalHHS CDII] 16:03:52

Thank you very much.

[CalHHS CDII] 16:03:55

Okay.

[Cindy Bero] 16:03:55

Thanks for so what we're gonna do now is shift gears to talk a little bit about impact measurement.

[Cindy Bero] 16:04:03

You will remember that we introduced this topic back in March and at that time we started to sort of lay the foundation if you for impact measurement.

[Cindy Bero] 16:04:14

We agreed that we would anchor this in the D exchange frameworks vision and we would identify as you see here the primary and secondary objectives for impact measurement.

[Cindy Bero] 16:04:26

Which is to really, you know, determine whether or not the data exchange framework is meaning its goals to help communicate its value to see where things are working well, where we can improve, and then also identify opportunities for the future for for expansion.

[Cindy Bero] 16:04:43

We also went through several considerations that would challenge impact measurement. The fact that this is a technology agnostic framework where people can choose to participate in different ways as long as they follow the rules of the road.

[Cindy Bero] 16:05:01

That makes a little hard to measure. But despite that, I think we, have a sort of an obligation and a desire to measure how things are going.

[Cindy Bero] 16:05:10

And so what I'd like to do today is to go through a little bit about how we're going to approach that and get your input.

[Cindy Bero] 16:05:17

Next slide, please. So following on the discussion from our meeting in March We, at that time we have identified different types of metrics we could start to gather, including those that focus on the structure.

[Cindy Bero] 16:05:37

Like who has signed up, who's, who's part of the DXF, the process, what kind of data is moving and then outcomes.

[Cindy Bero] 16:05:46

Let's, what are we achieving? What's happening? Comes as many of you know, because I know many of you have probably done similar work like this in the past where you try to measure outcomes.

[Cindy Bero] 16:05:56

Outcomes are sometimes harder to measure. So what we decided is to sort of outline this in a 3 phased approach, where the 1st phase would focus primarily on the structure and the process, the basically the who's connected to the data exchange framework, what's happening in terms of data, movement, and then in future phases start to transition towards outcomes.

[Cindy Bero] 16:06:25

Are we seeing you know, changes in care quality or the efficiency of data exchange. Are we seeing better outcomes, you know, in the later years?

[Cindy Bero] 16:06:34

And based on the timelines that we have and the the work that is ongoing. We bucketed this into sort of 3 2 year phases.

[Cindy Bero] 16:06:47

But let me pause there and see if there's any comments or feedback on the the approach in terms of phasing and then in the early focused on structure and process.

[Cindy Bero] 16:07:06

Okay, silence means It must be okay. Alright, so when we move on and what I'd like to do now is to start to run through and bear with me there are a number of slides here.

[Cindy Bero] 16:07:19

Some of the metrics that we are looking at and as I, I want to point out the the word in the title they're proposed.

[Cindy Bero] 16:07:28

We still have work to do to confirm the the data source exists that the data is valid and reliable, but just to start off with these is some of the areas that we would like to explore.

[Cindy Bero] 16:07:42

The ones on this page we're identifying is higher priority because we have a pretty good sense of where the data is and we expect it to be pretty reliable.

[Cindy Bero] 16:07:50

And accurate. But let me run through these and I'll probably pause at the end of each page to see if there are comments or feedback.

[Cindy Bero] 16:08:01

As you saw when We opened this meeting. Dean took us through a slide that showed the number of signatories, by organization category.

[Cindy Bero] 16:08:13

We think that's a valuable measure in terms of seeing the level of participation who signed on how many people you know how many organizations are engaging in data exchange and including the start of exchange.

[Cindy Bero] 16:08:25

Are they, did they start in 24? Will they start in 26? So that's a important measure when you're looking at DXF impact.

[Cindy Bero] 16:08:35

So we plan to continue to do that and and report it on a regular basis. We also saw when Dean was sharing the participant directory, the number of participants by the method of exchange and and that's and you will I'm gonna call out now that the the 60% have so far are choosing to leverage the QHIO as they the means of exchange.

[Cindy Bero] 16:09:04

And that's important because when we get to some future metrics, you'll see we're tapping into the QHIOs for some additional data.

[Cindy Bero] 16:09:11

But understanding how people are to participating in the data exchange framework by, you know, whether they're using a national network using a QHI or relying on their own technology.

[Cindy Bero] 16:09:22

We think that too is an important Lens or view of the date exchange framework and how it's doing.

[Cindy Bero] 16:09:30

Moving on to this section called QHI utilization. We were really, Starting now to work with the QHIOs to understand their capacity to help support certain pieces of data again underscoring the fact that they are not a hundred percent of the data exchange.

[Cindy Bero] 16:09:51

Frameworks, transaction volume or participation. We think they're about, you know, for 60% of the signatories.

[Cindy Bero] 16:10:00

So there's some percentage of all of the data exchange they still are incredibly valuable source of information. So we are looking to gather from them the number of individuals in their patient index that have California zip code so we could start to get a sense.

[Cindy Bero] 16:10:18

Maybe we can't add those numbers together because it's too much duplication, but we can look for each QHIO to see how that grows over time.

[Cindy Bero] 16:10:28

Is there is the number of Californians they are serving continuing to grow because that will show that the DX app is reaching more people.

[Cindy Bero] 16:10:38

And we also related to that would like to look at the number of individuals on the rosters that been submitted by organizations tracking or wanting to see when there's been an admission or discharge event associated with one of their their patients or their members.

[Cindy Bero] 16:10:56

So again, another way to leverage the information that's being managed by the QHIO is to help understand the size and scope.

[Cindy Bero] 16:11:05

Of the Data Exchange framework. And then the last one on this list and then I'll pause.

[Cindy Bero] 16:11:12

Is the number of acute care and emergency and sniff events that they've received. Again, this is information flowing into the data exchange framework to help inform people and support those transitions of care.

[Cindy Bero] 16:11:30

I will look at that number, this is information flowing into the data exchange framework to help inform people and support those transitions of care.

[Cindy Bero] 16:11:33

I will look at that number over time to help inform people and support those transitions of care. We'll look at that number and support those transitions of care.

[Cindy Bero] 16:11:38

We'll look at that number and we'll look at that number Let me pause and see if there's any thoughts on these as metrics that we would be interested in seeing to understand.

[Cindy Bero] 16:11:44

The value, the data exchange framework is bringing and also thinking about these as data that we would track over time.

[Cindy Bero] 16:11:53

Felix.

[CalHHS CDII] 16:11:56

Yeah, thank you, Cindy. So. Definitely understand the spirit and intent of the proposed metric on the number of individuals.

[CalHHS CDII] 16:12:08

And then the Groster's MPI is maintained by each HIO. I would just copy off that.

[CalHHS CDII] 16:12:15

As it stands today, the vast majority of Patients or individuals that are almost rosters are not associated or necessarily tied to.

[CalHHS CDII] 16:12:26

A, the president, just reflecting the reality of, below. It's still low, both of them will sanitize.

[CalHHS CDII] 16:12:34

I think for our network, you know, looking at something like 9% of our providers, are actually, executors of the DSA.

[CalHHS CDII] 16:12:43

Think it was large comprised of, no. Care games and PCPs and practices that have yet to execute the agreement.

[CalHHS CDII] 16:12:52

So just point that out. You know, I imagine there's a similar dynamic or reality across the other QH.

[CalHHS CDII] 16:13:00

And if there's no adjustment for or screening, you know, for which individuals are actually associated with DSF exchange.

[CalHHS CDII] 16:13:09

There's a a likelihood of inflating in a sense.

[Cindy Bero] 16:13:11

Yeah.

[Cindy Bero] 16:13:15

Thank you, Felix. And, we are tracking that and that's 1 of the areas that we're exploring more with the QHIOs as to whether they can distinguish their DSF related.

[Cindy Bero] 16:13:27

Transaction business from their non DXF work. So we are exploring that right now, but I agree with you looking at everything that flows through those organizations would inflate the DXF impact.

[Cindy Bero] 16:13:42

So we are asking that question.

[Cindy Bero] 16:13:46

Other comments?

[Cindy Bero] 16:13:51

Dan?

[CalHHS CDII] 16:13:53

Yeah, so I'm not sure. I'm not sure. It's a good measurement at DXF success.

[CalHHS CDII] 16:14:01

I think we could test it. Your presentation was excellent, but you wanna see the applications of DXF on care.

[CalHHS CDII] 16:14:08

Well, here has a variety of settings and I'm not sure the QHOs are in a position to reflect those variety of settings right at the moment.

[CalHHS CDII] 16:14:17

So there may be a different way to measure this and the acute setting, the ambulatory setting in the ED setting the social services setting right versus what QHIOs can properly differentiate today.

[CalHHS CDII] 16:14:31

So I would encourage you just to look at this for a different manner. And I think you said it early on in your presentation, said the reflecting back on Dean's chart number, 18 and 19.

[CalHHS CDII] 16:14:45

Is that I think those matrices. Those line items, those matrices have to be individually looked at to determine the except success.

[CalHHS CDII] 16:14:57

I'm not sure that the QHA is a good measure. but I would really ask you to reflect on those matrices on chart on, slide 18 and 19.

[Cindy Bero] 16:15:10

Thank you.

[Cindy Bero] 16:15:17

Why don't we, then continue to the next? Page of high priority. Metrics.

[Cindy Bero] 16:15:26

As you know, DN earlier on was sharing with us some of the data coming from the grants program.

[Cindy Bero] 16:15:32

The grants program is part of the data exchange framework and and the way that we have been able to provide assistance to organizations that needed assistance.

[Cindy Bero] 16:15:43

To connect to the data exchange framework and be ready to exchange, data with their, their counterparts.

[Cindy Bero] 16:15:51

So, we are going to suggest because that data is, you know, is available. Good quality and shows us the impact we've had on some on signatories in many parts of the state that that needed assistance.

[Cindy Bero] 16:16:06

We are going to produce some metrics that show us the number of grants that were rewarded, the dollars that rewarded the outcomes that were achieved, and including in that also the educational grantees.

[Cindy Bero] 16:16:22

Now they have concluded their work at the end of 2,023 but I think it is still part of the data exchange framework and the impact it had is the work that was done by those grantees.

[Cindy Bero] 16:16:33

So these are another set of. Metrics really about the benefits of this program to preparing folks for data exchange.

[Cindy Bero] 16:16:43

Thoughts on the grant metrics.

[Cindy Bero] 16:16:48

Danish your hands up for before. Okay, Troy. Okay.

[CalHHS CDII] 16:16:51

No, it's not. So, so yeah, I think this is ambitious because you're trying to, yeah, I think this is ambitious because you're trying to, success on state level.

[CalHHS CDII] 16:17:00

And that's a big job where we've been. So perhaps the 5 largest counties would be a better success indicator than try to do this statewide.

[CalHHS CDII] 16:17:10

And I'm not picking on any any QH. Per se or anyone geography but nevertheless I just think this is too ambitious. It is statewide.

[CalHHS CDII] 16:17:20

I think it lacks focus and then a better indicator would be perhaps the tide. The top 5 counties in the state but maybe due large 2 medium too small thrown by counting into the mix.

[CalHHS CDII] 16:17:36

Collectively. But nevertheless, I think that's a better indicator of the success.

[CalHHS CDII] 16:17:44

Can I just ask like, At this time, we're really trying in a lot of ways to get baseline.

[CalHHS CDII] 16:17:48

Right. So my excluding others that may not be on their path. That's the danger. Yeah, that's absolutely the danger.

[CalHHS CDII] 16:17:57

Absolutely. But where is the best place to get baseline information? Where we have the most of, and that is where we've got the longest track record of interoperability, Los Angeles, and Rhododido Riverside, Santa Cruz.

[CalHHS CDII] 16:18:10

The Chico area Right? So it's tough question. But the state of California is so large, which is one reason, historically, we have not been successful.

[CalHHS CDII] 16:18:21

Right, and so continuing that statewide focus, I just think is a We have to serve as well.

[Cindy Bero] 16:18:31

So you're advocating. An approach that allows us to sort of focus on specific. Regions or areas where the You could study those as almost like case studies rather than trying to do statewide.

[CalHHS CDII] 16:18:46

I'm so Yeah, absolutely. It would be good to have some of those white areas. That could be one of the folks.

[Cindy Bero] 16:18:49

Okay.

[CalHHS CDII] 16:18:57

One of the white areas. But you know, San Diego, LA, Riverside, and Dino have the most track record of interoperability in our state.

[CalHHS CDII] 16:19:03

There's no question that. Absolutely, of fact. I mean, San Francisco is not a good place.

[CalHHS CDII] 16:19:07

Sacramento is not a good place. So let's go where we got track record, but also to your point, maybe we use Sacramento as part of the white space settings.

[Cindy Bero] 16:19:19

Thank you, Troy.

[CalHHS CDII] 16:19:19

Troy? I'll say 2 things. One is a county health system answerable to all sorts of local politicians.

[CalHHS CDII] 16:19:33

I don't know if that applies to your department, but. You are serving an audience with this data.

[CalHHS CDII] 16:19:44

It's important to consider what they might want to see. It might be legislator or simply district specific who knows.

[CalHHS CDII] 16:19:52

And if you were able to show impact that your grants on this specific assembly district, whatever Senate district whatever.

[CalHHS CDII] 16:20:01

You know, it might be interesting. There were different ways we sliced and diced our information down every single.

[CalHHS CDII] 16:20:07

On COVID, and so I'll just say that, you know, metric serve a purpose or audience.

[CalHHS CDII] 16:20:18

And who that is who knows i do understand Dan's point that as far as what you're gonna get.

[CalHHS CDII] 16:20:26

With the QA, you'll of course get. The areas where they've been longest established.

[CalHHS CDII] 16:20:33

Well, that makes sense. If that's your, but you're going for available data. I think your criteria for phase one said the most easily available data.

[CalHHS CDII] 16:20:42

It would be nice to have the grants. And that data somewhat roughly correlate. I'm thinking of again infectious disease.

[CalHHS CDII] 16:20:52

They have a sentinel chicken flocks. They're supposed to be monitoring what's going around.

[CalHHS CDII] 16:20:55

I mean, it's not perfect. But maybe good enough to see some sort of impact, which is kind of what you want to see again, I think.

[CalHHS CDII] 16:21:03

So I'll just throw that out there. I think it still might be useful even though definitely not perfect data.

[Cindy Bero] 16:21:11

Thank you. David?

[David Ford] 16:21:18

Yeah, I just, I wanted to make sure I'm reading this slide correctly. Because it looks like on the 1st 2 metrics.

[David Ford] 16:21:25

You'll be able to stratify the technical assistance. Grantees versus the Q Ohio one, grantees.

[David Ford] 16:21:32

But that drops off as you get to the 3rd and 4th metrics and I think That would be really a really important data point for a lot of us who have been involved in this is The folks who manage themselves versus the folks who are working with the Q hideos just to measure the effect of the Q high up program generally.

[David Ford] 16:21:51

So I just I'm wondering if I'm reading that correctly or if that isn't the plans to sort of track the QUEUE higher grantees all the way through.

[Cindy Bero] 16:21:57

No, no, the plan is to track them. I think the distinction is that if you get a TA grant you can specify what your outcomes are going to be and there are different outcomes with the QHIO onboarding grant there is one outcome.

[Cindy Bero] 16:22:14

You onboard the QHIO. So I don't think we call out the different outcomes there in terms of the stratifications.

[Cindy Bero] 16:22:20

Does that make sense?

[David Ford] 16:22:23

Yeah, yeah, it does. Okay, thank you.

[Cindy Bero] 16:22:24

Okay, okay. Alright, well thank you all. Let's move on to the next one. And given the conversation we just had about QHIOs, this is bound to generate even more conversation.

[Cindy Bero] 16:22:39

You know, if we are looking at the transaction patterns that are being established by our technical exchange standards. It's queries.

[Cindy Bero] 16:22:50

It's information delivery. It's ADT notifications. So we wanted to leverage the QHIO program and the QHIOs to see how much of that activity is going on, you know, how many.

[Cindy Bero] 16:23:06

Queries are generated, how many are successful, again, focusing on the DSA signatories who are part of that QHIOs program.

[Cindy Bero] 16:23:15

We are, you know, this is not. Validated we haven't confirmed that all this data is available from the QH.

[Cindy Bero] 16:23:21

IOs but this is area that we are exploring now. But we think it's important to get a sense of the movement of data.

[Cindy Bero] 16:23:31

Because that's what we're, you know, trying to achieve. You know, in support of better health outcomes.

[Cindy Bero] 16:23:38

But right now, are we moving data? And is that data getting to the, you know, to the recipient or the requesters in a successful manner.

[Cindy Bero] 16:23:47

So let me pause here and I'll just let you take in some of these items. And see if there's any thoughts on this.

[Cindy Bero] 16:24:01

Phillips.

[CalHHS CDII] 16:24:02

Yeah, I know this is still being, tested by. The experts that are on that weekly QA A.

[CalHHS CDII] 16:24:12

Huddle, which I'm really glad that they're obviously provide that reality check. Oh, one thing that stands out that's been mentioned to me.

[CalHHS CDII] 16:24:19

On more than one occasion is just how difficult it is in practice to do something as seemingly shape or does a screen.

[CalHHS CDII] 16:24:27

The queries that are happening over the networks over carat vault health change. You would think it's, relatively simple, straightforward.

[CalHHS CDII] 16:24:40

It is not, my folks tell me that it's a, manual, laborious process to get behind, you know, a query of see what the actual implementer is and then.

[CalHHS CDII] 16:24:46

Figure out whether they are a DSA signatory and then subsequently report on that. I think it's just a really good example in that, you know, if we want that type of metric and we find it useful and worthwhile to record on.

[CalHHS CDII] 16:25:00

A lot of this requires time and resource and, there needs to be a conversation about what the QAJOs, have like bad with without some, support.

[CalHHS CDII] 16:25:11

To pull it off. Yep.

[Cindy Bero] 16:25:12

Yep. And. No, that's a good point and that's exactly some of the vetting that we're going through with the QHIO right now is to understand what that what that would mean and what that would take.

[Cindy Bero] 16:25:24

Yeah.

[Cindy Bero] 16:25:31

Okay, next slide please. Thanks.

[Cindy Bero] 16:25:39

So these 2 are also fall into sort of the additional metrics category because we're still exploring what it will mean to do this.

[Cindy Bero] 16:25:48

The 1st one is really about, you know, looking at the signatories as a percentage of all signatories in organization category as as you might imagine having a good solid denominator is challenging in some categories so this this is you know why we're still exploring it.

[Cindy Bero] 16:26:08

We also have talked you know but when we talk back in March we talked about you know qualitative assessments rather than just quantities and numbers.

[Cindy Bero] 16:26:21

You know like what is the perception of data availability the quality of the data when it gets to how responsive and quick is the ADT notification process.

[Cindy Bero] 16:26:32

We, have down here as a data source provider survey. We think that's a little, ambitious.

[Cindy Bero] 16:26:39

Certainly for 2024 but I also wanted to point out that as part of our you know due diligence and research we've talked to other organizations that have done similar.

[Cindy Bero] 16:26:50

You know, kinds of programs and try to study their impact, including talking to our friends at ONC.

[Cindy Bero] 16:26:58

And through O NC, we learned that there's, you know, some surveying with they've been doing on a national level of, providers and they put us in touch with some folks that may be able to cut us up California slice of the survey they've been doing.

[Cindy Bero] 16:27:14

So there's a through collaboration with ONC and others we may be able to source some data that could be very helpful here to to understand whether or not the data is available when it's needed.

[Cindy Bero] 16:27:27

And is that getting better over time? So more to come on that one, but we do think it's important to understand from the people who are face to face with.

[Cindy Bero] 16:27:38

You know, our patients, our members, our clients to understand whether or not they feel they have the information available at the time that they need it.

[Cindy Bero] 16:27:49

Any comments thoughts on? The qualitative metrics.

[Cindy Bero] 16:28:03

Okay, so next slide.

[Cindy Bero] 16:28:07

Thanks. So I paused along the way, but, basically the 1st question. Was addressed in multiple phases but look maybe I could go to a few other questions here is there anything that we didn't identify that you would think should be you know identified as a or any other wants to be

identified that you would say should be definitely on our top top of our list high priority or anything that wasn't on this

[Cindy Bero] 16:28:35

list that you think should be in this 1st phase because the data is either that important or that available or really you know, so closely associated with impact.

[Cindy Bero] 16:28:51

Yeah.

[CalHHS CDII] 16:28:54

Suggest adding, simple metric, but it's potentially. Insightful and it began, which is to just document how many hospitals and facilities.

[CalHHS CDII] 16:29:05

Are sending, acute and post acute event notifications to at least one people in We know that's not required, currently.

[CalHHS CDII] 16:29:14

No, but despite that being the case, I think, To the extent that we can get a handle on.

[CalHHS CDII] 16:29:22

How much of this infrastructure is actually being leveraged to get notifications to the care teams that need them via the DXF.

[CalHHS CDII] 16:29:31

That's something that's helpful to have a view on.

[CalHHS CDII] 16:29:36

Yeah.

[Cindy Bero] 16:29:36

Great. Thank you. Yeah.

[CalHHS CDII] 16:29:42

Well, there's a competing initiative called Cal that has influence on exchange framework metrics. So I don't know what you could do to roll that in Cal A.

[CalHHS CDII] 16:29:55

To these metrics. Oh, but I think there's a great plover there with our CEOs with our counties, and the like.

[CalHHS CDII] 16:30:03

John articulated

[CalHHS CDII] 16:30:05

For open items, county participation. as a corollary, a b 3 52 and female reproductive health.

[CalHHS CDII] 16:30:16

It's also a competing initiative, but it's also a leverage point. That could be leveraged highly to add to the success of the data exchange framework adoption of utilization.

[CalHHS CDII] 16:30:27

So I don't know how you factor those in the metrics. That initial reaction, Cindy, but I think.

[CalHHS CDII] 16:30:34

K, and maybe some specific. You know, arguably justice involved care, youth, etc, can potentially be wrapped into these things and be lovers.

[CalHHS CDII] 16:30:49

That's the exchange framework could utilize to further root sense. Can I ask for example, or offer an example.

[CalHHS CDII] 16:31:02

We for example asked How many shares, departments or, you question? So these are have signed the Dexter or our shared data.

[CalHHS CDII] 16:31:13

Or both. I would go what opportunities are there for those institutions whether it be corner or incarceration.

[CalHHS CDII] 16:31:22

To get data to further their ends. That's why I back into it. Again, it's too easy to say.

[CalHHS CDII] 16:31:30

I've said an exchange remember and then do nothing about it after the fact. Yeah, we're back to the baseline issue.

[CalHHS CDII] 16:31:35

Yeah, right. Same. Required signatories, the DAN exchange for sharing agreement. But their focus is killing.

[CalHHS CDII] 16:31:45

So where is that overlap? If you brought together the MCOs, where's that overlap?

[CalHHS CDII] 16:31:50

That both Service K and the D exchange framework. And they know best, but they're often. Distracted by their own internal.

[CalHHS CDII] 16:31:59

Bonuses, goals, metrics. Okay.

[Cindy Bero] 16:32:09

Troy?

[CalHHS CDII] 16:32:12

Thank you, Gaba. That you're thinking now of specific entities to survey perhaps.

[CalHHS CDII] 16:32:22

I believe the health managed care, health care health plans have. And. At least ours is asking, how will we know that they've gotten admitted to a sniff?

[CalHHS CDII] 16:32:36

They're very interested in, notifications. And so to the extent that you may know grantees for help plans for that reason and the others that aren't at least it's a limited set of entities.

[CalHHS CDII] 16:32:50

You can survey. Oh, how does this help you? But it's a great point. It's a great point.

[CalHHS CDII] 16:32:58

The sniffs traditionally have not been players and then a Robert building state of California. So that is a great feel, absolutely true.

[CalHHS CDII] 16:33:04

And they might be, you know, absolutely onboarding with QH, I guess, to get that.

[Cindy Bero] 16:33:15

Great. Let me just also spend a moment or 2 on the last question on this slide. You know, there one of the areas of focus is equity and I, you know, I just wanted to get some thoughts on how we could.

[Cindy Bero] 16:33:30

Use the resources that we have or think about how to measure whether or not the data exchange firm are just having an impact.

[Cindy Bero] 16:33:39

On on equity. Thoughts on that one.

[Cindy Bero] 16:33:52

Felix.

[CalHHS CDII] 16:33:55

Yeah, I think Cindy, do you have the makings of this, in the earlier slide, which was about the, the grant program and the evaluation of the grant program and, and includes the, category for eligibility for hence funding, which by design.

[Cindy Bero] 16:34:04

Yeah, right.

[CalHHS CDII] 16:34:14

Was meant to be reserved for applicants that, demonstrated that they were serving. Understood areas.

[CalHHS CDII] 16:34:22

And you know, I think one of the factors was whether or not they are providing care or services in a HPI bottom quartile.

[Cindy Bero] 16:34:33

Right. Yeah.

[CalHHS CDII] 16:34:34

So, think that type of your geographic. Targeting, or proxy for, white spaces as down put it.

[CalHHS CDII] 16:34:46

And gaps in connectivity is, a really Good starting point, right? Because, I think.

[CalHHS CDII] 16:34:55

Health equity is downstream of a digital equity, but it comes to the ability for Safe net providers, diversion care, CBOs.

[CalHHS CDII] 16:35:05

And the like to be able to actually get the full benefit of data handed use. So yeah, I would encourage like that, to be able to actually get the full benefit of data expanded use.

[CalHHS CDII] 16:35:18

So, yeah, I would encourage like that kind of approach at that. I think, you know, yeah, I would encourage like that, approach at that at the.

[CalHHS CDII] 16:35:21

I think, you know, if you won't management tool to get that out the gate but at least that's kind of a good north start right to do or you

[Cindy Bero] 16:35:28

Yeah, that's great. Thank you.

[Cindy Bero] 16:35:33

David?

[CalHHS CDII] 16:35:34

Okay.

[David Ford] 16:35:37

It would be an imperfect measure, but, Have we considered geo mapping the DSA signatories?

[David Ford] 16:35:47

And I only bring that up because the the numbers that we tend to use so many providers have signed so many, you know, some percentage of the total target has signed.

[Cindy Bero] 16:35:54

Okay.

[David Ford] 16:36:02

Is interesting in of itself but if we're looking at equity measures Who signed it who hasn't is really interesting.

[David Ford] 16:36:11

And if as I think we all sort of assume. We saw a much higher percentages of.

[David Ford] 16:36:20

Position to it signed who are in. You know, wealthy suburban areas versus. Disparate rural areas for that sort of thing.

[David Ford] 16:36:30

It might just be one way to look at it is is to map who's actually signed and look at where the clusters are and where they aren't.

[Cindy Bero] 16:36:31

Yeah.

[Cindy Bero] 16:36:37

That's a great idea. Thanks. Okay.

[CalHHS CDII] 16:36:42

I believe that a lot of the, metrics are equity related. Believe there's the one about Getting.

[CalHHS CDII] 16:36:52

People released from a justice related facility back into the health system or at least we have a project going on with that.

[CalHHS CDII] 16:37:02

I also do think the policeman in of these MEDICAL patients has always been a

[CalHHS CDII] 16:37:10

Indicator of equity. So, I would look at your existing Calais metrics and see what you can repurpose there.

[CalHHS CDII] 16:37:19

If there's metrics you can re purpose it's always takes everyone Okay.

[Cindy Bero] 16:37:25

Thank you.

[Cindy Bero] 16:37:29

Okay, and with that, I believe.

[CalHHS CDII] 16:37:30

4 point. So send you back David Ford's point. Maybe you look at . I think and that's why Kaiser goes up the state.

[Cindy Bero] 16:37:39

Yes.

[CalHHS CDII] 16:37:47

10 counties in southern california 48 counties in Northern California. And, again, just try to do the whole state all in total.

[CalHHS CDII] 16:37:58

I just think this is a challenge. So I really do think even with the equity measurements. So in California versus Northern California are grossly different in how you approach the problem.

[Cindy Bero] 16:38:10

Thank you.

[Cindy Bero] 16:38:15

Okay, Dan, I think we could move to the next slide and I think that transitions us.

[CalHHS CDII] 16:38:22

Cindy, there's 1 other comment for, about of cooperation. I don't know if you're able to speak to this.

[Cindy Bero] 16:38:23

Yep. Oh.

[CalHHS CDII] 16:38:30

Andrew, but I assume you're talking about things like planes or encounters or other administrative information or authorizations that You thinking you should try to track?

[CalHHS CDII] 16:38:43

You elaborate?

[CalHHS CDII] 16:38:47

Maybe not.

[CalHHS CDII] 16:38:51

In the place to speak.

[CalHHS CDII] 16:38:55

I will table that question and try to. Circle back. It's a great question.

[CalHHS CDII] 16:39:03

And that's a good point to know. We do see in track and we post the. Okay, the transmitter and transcription of this meeting and everything like that.

[CalHHS CDII] 16:39:15

So what? We take these and follow up on things as well. And into consideration.

[CalHHS CDII] 16:39:22

Okay. I think so. Anything else Cindy?

[Cindy Bero] 16:39:26

I think we're all set. Thank you.

[CalHHS CDII] 16:39:32

Okay, so we look to our friends at the events.

[Alice K - Manatt Events] 16:39:36

Thank you. We currently don't have any hands raised from the audience at this time as a reminder, if you'd like to make a public comment statement.

[Alice K - Manatt Events] 16:39:45

Please click raise hand at the bottom of your zoom screen or if you dialed in via phone only press star 9 on your phone to raise your hand.

[Alice K - Manatt Events] 16:39:55

And we'll give you permission to unmute. See one hand now.

[Alice K - Manatt Events] 16:40:02

Lucy, you should now be able to unmute.

[Lucy Johns] 16:40:06

Yes, thank you. This has been a fascinating discussion with, thousands of implications. I would like to pick up on the comment just made.

[Lucy Johns] 16:40:18

About authorizations. One of the so-called vaunted benefits. Of interoperability.

[Lucy Johns] 16:40:27

Is impact on workflow. Making warflow more efficient, more effective. Whatever adjective you'd like to apply.

[Lucy Johns] 16:40:37

So maybe some thought could be given to what are workflow measures. That could maybe be. Measured someday because that's actually from my point of view.

[Lucy Johns] 16:40:53

The 1st layer of outcome impact. Is that work flow in the delivery of care. Workflow in the receipt of services has actually been improved.

[Lucy Johns] 16:41:05

By interoperability. Getting of course to impact on health status or population health. I don't know about that within my lifetime.

[Lucy Johns] 16:41:15

But maybe thinking about workflow. And how to measure it. I think a lot of entities have thought about this a lot.

[Lucy Johns] 16:41:24

So we wouldn't be reinventing any wheels here. But that is a concept measuring workflow.

[Lucy Johns] 16:41:31

That was just introduced. And I certainly support it. Thank you.

[Cindy Bero] 16:41:36

Thank you.

[Alice K - Manatt Events] 16:41:39

Thank you. John H, you should now be able to unmute.

[John Helvey] 16:41:48

This, I agree with Lucy. This is a fascinating, meeting and thankful for all that everyone is doing.

[John Helvey] 16:41:58

One of the last points I pointed out there is in, in the Q&A is that we are moving very fast.

[John Helvey] 16:42:05

And I think there needs to be maybe some reconsideration at all levels of the state about how fast we're moving because I think there's unintended consequences that are potentially coming.

[John Helvey] 16:42:16

That are kind of complex and and impact what we're what our intentions are in moving forward. Data interoperability and data sharing and moving forward.

[John Helvey] 16:42:27

These initiatives, I think. This is a, we're in a place in history in California that.

[John Helvey] 16:42:34

Critical and I think we've got a tremendous amount of momentum. Building and going? And we don't want these unintended consequences to come and knock our legs out from underneath us.

[John Helvey] 16:42:46

And with the alignment that's as John Ohanian pointed out in the beginning there's discussions amongst the state departments.

[John Helvey] 16:42:57

As that alignment comes into place. I think there's other things that. Can happen at the state.

[John Helvey] 16:43:02

Level and that we as QHAOs can help support. In mitigating some of the complexities and and some of the things that could come back and be unintended, unintended consequences.

[John Helvey] 16:43:15

So. I think as we move forward with everything that we're trying to do and trying to push forward.

[John Helvey] 16:43:21

We need to really truly consider unintended consequences that could potentially come down the pipe.

[CalHHS CDII] 16:43:31

Thank you, John.

[Alice K - Manatt Events] 16:43:34

Thank you. And, Stephen, L, you should now be able to unmute.

[Steven Lane] 16:43:45

How about now? Can you hear me?

[CalHHS CDII] 16:43:48

Yeah. Yes.

[Steven Lane] 16:43:49

Great. This is Stephen Lane, from Sutter Health Guerilla, etc.

[Steven Lane] 16:43:55

I think there were a number of useful comments in the chat about the fact that a number of the metrics being proposed have to do with Measuring things for DSA signatories versus non signatories.

[Steven Lane] 16:44:08

I just think we need to remember that what matters is how effectively we're advancing interoperability and the impact that that is having on individuals, providers, etc.

[Steven Lane] 16:44:21

It we're not here just to celebrate the success of our California initiative, interoperability, predated, you know, the success of our California initiative.

[Steven Lane] 16:44:31

Interoperability, predated, you know, this initiative and and it's advancing, you know, along and this is meant to help that.

[Steven Lane] 16:44:35

So I think focusing more on more general metrics that allow us to look at the the volume and effect and impact of interoperability in the state and engagement in that.

[Steven Lane] 16:44:50

Would probably be both more efficient as has been commented by by John and Felix and others but but would also really get at the key point. This is not about making political points.

[Steven Lane] 16:44:57

It's about actually impacting care and health.

[Alice K - Manatt Events] 16:45:05

Thank you. There are no other hands raised up this time.

[CalHHS CDII] 16:45:13

Great. Well, thank you everyone for your comments. Let's just move into a few next steps.

[CalHHS CDII] 16:45:22

But folks get out a little earlier. So I was always, we will be considering all feedback, presented today.

[CalHHS CDII] 16:45:30

Don't let that stop you that the meetings over feel free to contact us afterwards if you have other ideas or thoughts that do some of these things forward.

[CalHHS CDII] 16:45:39

We're gonna obviously be focusing a lot on some of the comments around QHAO program, the materials.

[CalHHS CDII] 16:45:46

Next steps for pmp's impact measurements and other things so you could find more information on all of this at our data exchange framework.

[CalHHS CDII] 16:45:57

There you go. See all the materials that are there for you. And then let's move into upcoming meetings, like 49.

[CalHHS CDII] 16:46:07

Meeting July 11th both 30 to 3 Nice to see anyone that can make it here in person. You can see the rest of the meetings for 2024 as we roll out through our next, PNP meeting early June.

[CalHHS CDII] 16:46:26

As well as office hours that we're offering to our brandees and questions and not to miss.

[CalHHS CDII] 16:46:33

Graham's next task meeting on June 4.th So lots of stuff going on. Thank you again for your engagement.

[CalHHS CDII] 16:46:39

I'm gonna let you guys off 14 min early. I'll be accruing that time and wait for it at the future date.
Have a great day.

[CalHHS CDII] 16:46:49

Thanks for joining. Okay.

[CalHHS CDII] 16:46:52

Okay.

[CalHHS CDII] 16:46:56

I just needed

[CalHHS CDII] 16:47:03

You can find Yep.