



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Subcommittee (TASC) Meeting
Q&A Log (2:00 PM – 3:00 PM PT, June 4, 2024)**

The following table shows comments that were entered into the Zoom Q&A by public attendees during the June 4, 2024 meeting:

Count	Name	Comment	Response(s)¹
1	Ray Duncan (Cedars-Sinai)	Do we really have to revisit the vision and the glorious future slides in every single meeting?	CDII includes with every public meeting in the event there are new comers in attendance.
2	Dan Chavez	What is the definition and role of an intermediary please?	The DxF Glossary includes a definition of Intermediary. https://www.cdii.ca.gov/wp-content/uploads/2024/02/CalHHS-DxF-Glossary_v1.0.2_1.30.24_FINAL.pdf
3	Lucy Johns	ADT to near patient address?? Thank you Michael! In urban area, many will get ADT that don't know and never will see the pt!	Thank you for also raising during the public comment period.
4	Ray Duncan (Cedars-Sinai)	The first option gives participants the most control over what notifications they would receive, so that would be preferred from our POV. We already have other methods of sending and receiving ADT notifications (as do all Epic customers) and forcing DXF notifications on us would create a lot of duplicate notifications.	this thread replied to via other thread at 2:31 pm

¹ Responses may have been provided by various Data Exchange Framework Technical Advisory Subcommittee Members or Center for Data Insights and Innovation staff.

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5	Ray Duncan (Cedars-Sinai)	The first option gives participants the most control over what notifications they would receive, so that would be preferred from our POV. We already have other methods of sending and receiving ADT notifications (as do all Epic customers) and forcing DXF notifications on us would create a lot of duplicate notifications.	Apologies, it was other thread with the #incomplete. Rim mentioned this one when acknowledging having seen some Q&A
6	Lindsey Lopez (KP)	I don't agree with only permitting Direct as the transport message. Other standards like HL7v2 should be permissible for the transport as well since the receiving organizations can generally do more with an HL7 ADT notification vs a Direct message	The Direct notification wraps an HL7 v2 ADT message into the Direct Message. That provides flexibility to have the same structure/content communicated through Direct, or through the HL7 v2 infrastructure.
7	Ray Duncan (Cedars-Sinai)	Direct Messaging has its own challenges - DM directories in EMRs are often complete and/or have outdated entries, keeping them in sync is laborious.	replied to via other thread related to correction with "incomplete" (as opposed to typo of "complete")
8	Ray Duncan (Cedars-Sinai)	*often incomplete	Agreed that endpoint directories are not necessarily up-to-date or complete. There are opportunities for networks (national, local, QHIO, etc.) to provide such services. That should be considered to enabling the reach and accuracy of Direct.
9	Jonathan Krause Synclarity Consulting (San Francisco)	Perhaps, once they know external parameters work, they can better align their internal processes.	
10	Jonathan Krause Synclarity Consulting (San Francisco)	A recommendation is a starting point as a frame of reference.	

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11	Jonathan Krause Synclarity Consulting (San Francisco)	Good work!	

Total Count of Zoom Q&A comments: 11