California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee and Data Sharing
Agreement (DSA) Policies and Procedures (P&P) Subcommittee Meeting
Chat Log (1:00 PM – 2:15 PM PT, September 17, 2024)

The following comments were made in the Zoom chat log by Members of the IAC, DSA P&P Subcommittee, and staff during the September 17, 2024 meeting:

13:10:54 From Rim Cothren to Everyone:

You can find the Technical Standards Advancement Process on our webpage at https://www.cdii.ca.gov/wp-content/uploads/2024/06/Technical-Standards-Advancement-Process.pdf.

13:14:34 From DeeAnne McCallin, CDII DxF to Everyone:

dxf@chhs.ca.gov

13:20:51 From Belinda Luu to Hosts and panelists:

Are all QHIOs now connected to Carequality as was required in the 2023 QHIO application?

13:24:39 From Jacob Parkinson to Everyone:

Thanks for your question Belinda. Yes, all QHIOs are participating in Carequality, with some QHIOs participating in other national networks as well.

13:25:11 From Matthew Eisenberg to Hosts and panelists:

At Stanford Health Care, we have not been able to see any measurable change to our exchange volumes that we can attribute to the DxF. We continue to see robust exchange with our QHIO.

13:26:10 From Steven Lane MD MPH to Everyone:

All the other national networks also connect through Carequality, so the opportunity to exchange should be equal for all.

13:26:59 From William (Bill) Barcellona to Everyone:

Is CDII going to move to clarify the definition of physician organizations under AB 133?

13:27:43 From Matthew Eisenberg to Everyone:

At Stanford Health Care, we have not been able to see any measurable change to our exchange volumes that we can attribute to the DxF. We continue to see robust exchange with our QHIO.

13:28:58 From Matthew Eisenberg to Everyone:

Adding to Andrew's comments, I see no change in progress on CBO to Health Provider exchange.

13:30:03 From Belinda Luu to Everyone:

Regarding signatories to the DxF, we assume a large portion of the required signatories who have not signed the DSA yet have failed to do so given how broad the requirements are. It maybe daunting for organizations to agree to all that the DxF encompasses, particularly when their EHR vendors may not support or have the functionality for all that is required. If the DSA were laid out in more of a phased approach (and one that aligns with national programs like TEFCA and CMS Interoperability), then perhaps more would be willing to sign the DSA and see a path forward to compliance.

For example, perhaps start with the Request for Information Treatment and ADT use cases. Then gradually phase in RFI for payment/operations and public health. There also needs to be much better definition of what "Information Delivery" truly entails and how it's supposed to work at scale in an automated fashion, since this is not supported by the national networks.

13:30:41 From Steven Lane MD MPH to Everyone:

Encourage the state to focus on encouraging and incentivizing meaningful exchange, as opposed to signing a document.

13:30:54 From Andrew Kiefer to Everyone:

Thanks, John. Appreciate those comments and we'll share more details comments.

13:30:55 From John Helvey to Everyone:

We should probably talk more in the near future the impact of organizations pulling out of Carequality and moving to a QHIN. The unintended consequence of TEFCA, eHX, and Carequality is the amount of duplicative queries that entities are seeing as a result of being a part of multiple National Networks

13:30:59 From Jason Buckner to Everyone:

Agree with Dr. Eisenberg's comment. New exchange tied to DxF is small to date and there are large gaps of usable data.

13:31:43 From Steven Lane MD MPH to Everyone:

Providers, in particular, are already required to exchange data under federal Information Blocking prohibitions, to the focus for encouragement/enforcement should be on new participants covered by DxF, e.g., payers and CBOs.

13:34:04 From Steven Lane MD MPH to Everyone:

@JohnHelvey - I anticipate that much of the exchange occurring via Carequality today will transition to TEFCA (QHIN) by the end of 2025. As such, we should do all that we can to encourage CA participants to get on board with TEFCA exchange over the coming 15 months.

13:34:31 From Tom Schwaninger to Everyone:

Payers are naturally incented to exchange because the data is so valuable and useful to us. Payers have always been the key financial supporters of HIE's for decades.

13:37:11 From Matthew Eisenberg to Everyone:

We are focused on the FEDERAL SVAP as these are required
https://www.healthit.gov/isp/standards-version-advancement-process

13:38:57 From Rim Cothren to Everyone:

Yes, and the Standards Committee will be asked to consider items in SVAP when considering advancing standards for DxF, along with the QHIN Technical Framework, and other sources.

13:39:04 From John Helvey to Everyone:

@StevenLane - I agree - it is complicated and somewhat creates an us/them model that we have to navigate especially for the Safety Net providers.

13:40:14 From Matthew Eisenberg to Everyone:

@Rim - I will continue to push for alignment in both data elements and timeline between the DxF and the federal requirements. Otherwise we are simply adding burden without benefit in our State.

13:42:33 From Tom Schwaninger, L.A. Care Health Plan to Everyone:

@ Matthew - Yes, please. Thank you.

13:42:39 From Steven Lane MD MPH to Everyone:

Great to see >50% signing for all three of these organization types!

13:44:36 From Kevin McAvey to Everyone:

Please note any questions you might have for DeeAnne and Cindy in the chat

13:45:36 From Matthew Eisenberg to Everyone:

Can you remind us what the final TOTAL $ amount was funded for both TA and QHIO Onboarding grants?

13:46:22 From Andrew Kiefer to Everyone:

One of the metrics we look at is the percentage of our members where their providers/hospitals have not only signed the DSA, but have an agreement with us on how they are complying and when the exchange is live. For us, the most important metric is if the DSA is working for our members.

13:46:36 From Steven Lane MD MPH to Everyone:

We should assure/encourage that QHIO participants are also participating in nationwide network exchange through the QHIO (if not also directly connected) as this provides the most reliable access to available clinical data.

13:48:40 From Steven Lane MD MPH to Everyone:

Many safety net providers are ABFM diplomates, so this is a great group for focus.

13:49:11 From DeeAnne McCallin, CDII DxF to Everyone:

Matthew - I will look into whether we have that information.

13:51:10 From Matthew Eisenberg to Everyone:

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TEFCA exchange can be measured using the standards in the QTF and the unique framework digital security certificates used by participants and subparticipants. Since the DxF has neither a technical implementation guide (technology agnostic) or unique digital security certificates, I don't know how we will ever measure the exchange of information across the DxF?

13:56:18 From Mark Savage to Everyone:

Big picture comment about slide 23 and the timeline overall. Phase 1 for 2024 and 2025 is process measures--at least, that's what we're hearing so far. Phase 2 for 2026 I *do* appreciate the ABFM data, but I'm not hearing anything that tells me about actual DxF impact per se. If we do not have actual measurement of DxF exchange now--even crude measurement--we will not have baselines against which to measure progress. We cannot wait until 2026 to do this as on slide 23. Perhaps CDII is already considering this, but Phase 2 also needs to begin now in 2024, in parallel, so that we get essential baseline measurements and can measure improvement in real time.

14:00:23 From Troy Kaji to Everyone:

Regarding consent management, is the state effort aligned with a national consent standard? Alignment with TEFCA in particular will be crucial, with particular attention to recent developments in purposes of use after the Particle Health incidents

14:00:59 From Andrew Kiefer to Everyone:

We agree with Mark. At Blue Shield, we are measuring success by the number of our members who are served by the DSA based upon live connections with our provider network that is live, and not just whether they've signed the DSA. We are also looking at the whether we are simply receiving ADT's or information necessary to meet the full health care operations required under the DSA.

14:01:07 From Lee Tien to Everyone:

It'd be great to understand the legal privacy/security framework that currently governs county and other non-state entities, especially in terms of sharing with other government entities (federal, state, county, municipal) and their ability of commercial entities to access patient health data (with or without patient consent).

14:04:55 From Linette Scott to Everyone:

Troy, Yes, we are paying attention to national work around consent and how we can leverage that as well. DHCS will be working with CMS related to federal funding, which requires consistency with national standards. Thank you for the comment.

14:06:06 From Rim Cothren to Everyone:

@Matthew: I didn't at the time, but wanted to acknowledge now that I noted your comment RE "I will continue to push for alignment in both data elements and timeline between the DxF and the federal requirements." Thanks for that.

14:06:36 From Linette Scott to Everyone:

Guiding documents in our work on consent include the SHIG and the DSAG - for more information: https://www.dhcs.ca.gov/dataandstats/Pages/DHCS-Data-Exchange-and-Data-Sharing.aspx

14:08:10 From DeeAnne McCallin, CDII DxF to Everyone:

Grants email: DSAGrants@pcgus.com and CDIIgrants@chhs.ca.gov. Reminder 9/30/2024 Progress report due from all Grantees.