



# Data Exchange Framework

Implementation Advisory Committee (IAC) and Data Sharing Agreement (DSA) Policies and Procedures (P&Ps) Subcommittee Meeting

Tuesday, September 17, 2024

1:00 PM – 2:15 PM



# Meeting Participation Options

## *Written Comments*

- Participants may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by CDII staff.
- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to [DxF@chhs.ca.gov](mailto:DxF@chhs.ca.gov).
  - Questions that require follow up should be sent to [DxF@chhs.ca.gov](mailto:DxF@chhs.ca.gov).

# Meeting Participation Options

## *Spoken Comments*

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

### Logged into Zoom

If you logged on via [Zoom interface](#)

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

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

### Phone Only

If you logged on via [phone-only](#)

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

Listen for your [phone number](#) to be called by moderator

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

# Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Public comment will be limited to the total amount of time allocated for public comment on particular issues.
- The Chair will call on individuals in the order in which their hands were raised.
- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.
- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to [DxF@chhs.ca.gov](mailto:DxF@chhs.ca.gov).

# Agenda



- 1:00 PM  
Welcome & Renewing Our  
Commitment to Realizing the DxF Vision
- 1:05 PM  
DxF Implementation Updates
- 1:20 PM  
Advisory Committee Updates &  
Recommendations
- 1:35 PM  
Impact Measurement

- 1:45 PM  
CA State Department Data  
Initiatives
- 1:55 PM  
Planning for California's DxF Future
- 2:05 PM  
Public Comment
- 2:10 PM  
Next Steps & Closing Remarks

# Welcome & Renewing Our Commitment to Realizing the DxF Vision



# Speaker Introductions

## John Ohanian

CDO, CalHHS  
Director, CDII

## Jacob Parkinson

QHIO Program  
Manager, CDII

## Linette Scott

Chief Medical Information  
Officer, DHCS

## Brendan McCarthy

Acting Undersecretary,  
CalHHS

## Rim Cothren

Independent HIE  
Consultant, CDII

## Michelle Baass

Director, DHCS

## DeeAnne McCallin

Deputy  
Director, CDII

## Cindy Bero

Senior Advisor, Manatt  
Health Strategies

# The Vision for Data Exchange in California

The Data Exchange Framework (DxF) creates new connections and efficiencies between health and social services providers, improving whole-person care.

The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.





# DxF Implementation Updates



# DxF Implementation Updates



## Advisory Committees

- As described in the Technical Standards Advancement process, CDII will convene the 2024 Standards Committee between September and December of this year.
- Since May 2024, CDII convened two TASC meeting series focused on admission and discharge event notification strategy and sharing abortion, abortion-related, and gender affirming care related data.



## DSA P&P Development

- No new P&Ps are in development.
- No modifications to existing P&Ps are in progress.



## DxF Grants

- All Grantees must submit progress reports by September 30, 2024.
- QHIOs are responsible for submitting reports on behalf of QHIO onboarding grantees.
- Technical Assistance Grantees are required to submit their own reports.



## QHIO

- CDII published the QHIO Program Guide in July 2024, which provides an overview of QHIO Program requirements.
- CDII is developing remaining compliance and change management program requirements.

# Signatory Count as of 09/10/2024

There are over 2,500 signed DSAs that represent over 4,000 Participants

Participant Category based upon Type Analysis*	Unique DXF IDs (records)
Hospitals (General acute care settings and acute psychiatric settings)	323 of 463 (70%)
Physician organizations and medical groups	1,797 (of unknown)
Skilled Nursing Facilities (SNF)	824 of 1,190* (69%)
Health Care Service Plans and Disability Insurers (Plans)	88 of 104 (85%)
Clinical Laboratories	319 of 2,480 (13%)
Qualified HIOs (QHIOs)	9 of 9 (13 due to **aliases)
County – health, public health, social services	49
County (DSA has Primary Org, county level only)	15
State	5
Other (CBOs, non-QHIO Intermediaries, others)	416
Primary Organization with Subs, has indicated will exchange at this level	33
Primary Organization with Subs, no Primary level exchange indicated	191
<b>Total Participant Type Count</b>	<b>4,073</b>

# Participant Directory Choices as of 9/9/2024

Organizations (primary and subordinate) entering choices	1238 (33%)
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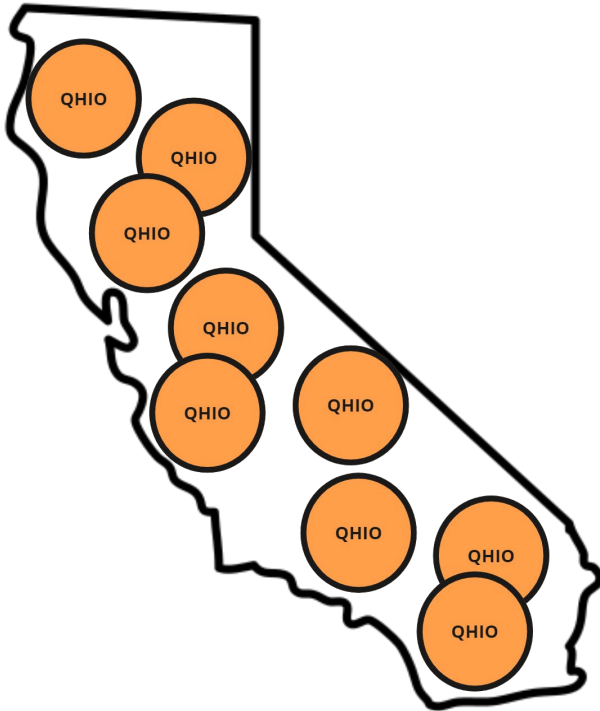
Of those organizations entering choices in the Participant Directory and not delaying Exchange until 2026:

Entity Type Selected	Requests for HSSI (query)	Delivery of HSSI (push)	Requests for ADT Notifications
Nationwide networks and frameworks	28%	27%	-
Qualified HIOs	51%	50%	45%
SELF (point-to-point connections)	12%	8%	17%
OTHER (not nationwide network, SELF, or QHIO)	1%	1%	2%
ONBOARDING TO QHIO	1%	1%	4%
NOT APPLICABLE	7%	13%	31%

Organizations electing to exercise the option to delay Exchange until January 31, 2026, as allowed under Health and Safety Code § 130290 or the Requirement to Exchange Health and Social Services Information P&P	280 (23%)
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The Participant Directory Listing in machine-readable flat-file format is available on the DxF webpage.

# QHIO Program Updates

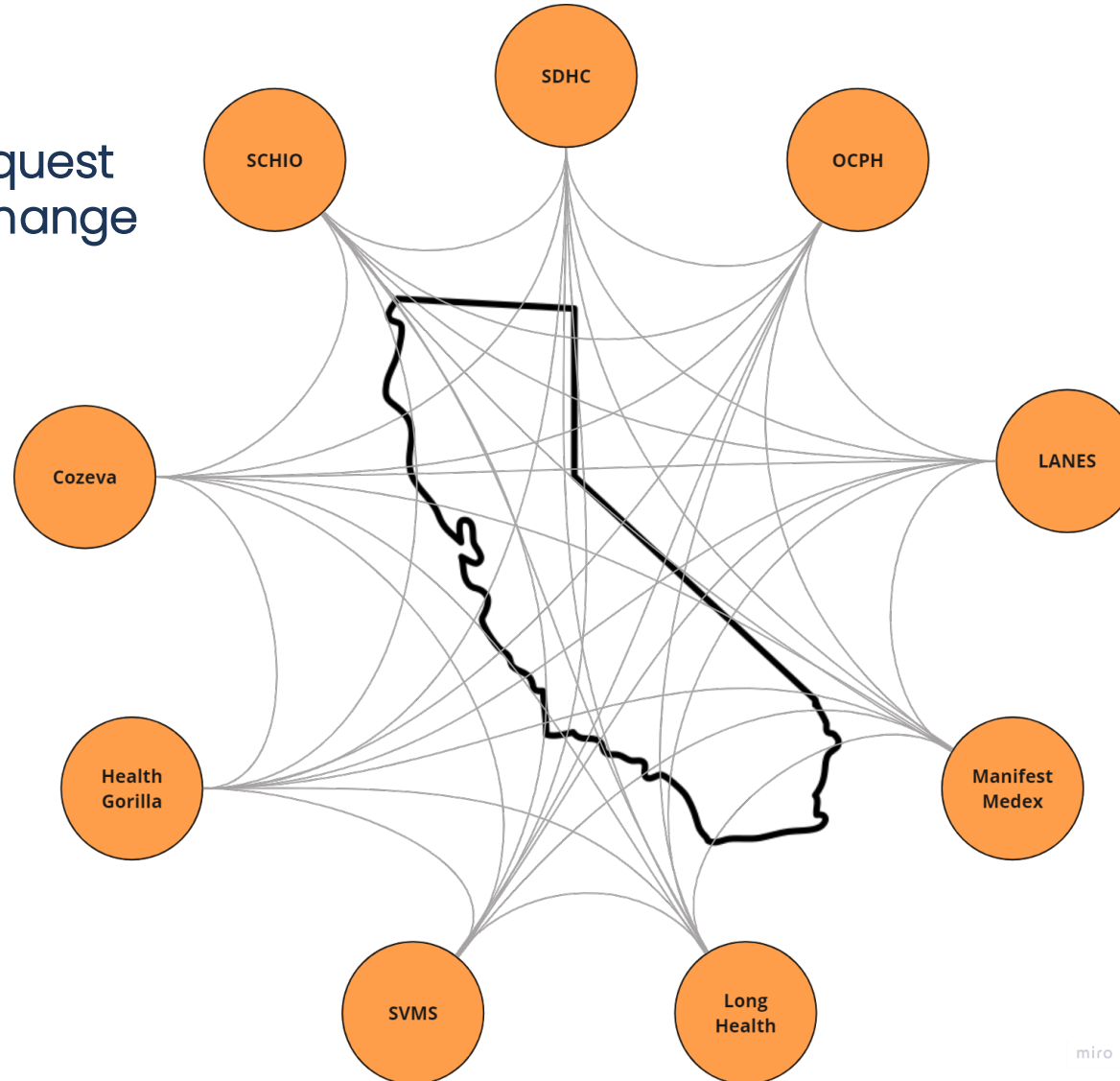


1. QHIOs are facilitating exchange between their DxF Participant clients. **Today, they are supporting exchange for half of all DSA Signatories who have completed the Participant Directory!**
2. The QHIO Program is being actively developed to ensure QHIOs support the goals of the DxF and the well-being of Californians.
3. While QHIOs have historically exchanged data between their own clients, today they work towards exchanging data with one another, expanding access to all who use them.

# Building the QHIO Network

81% of QHIO-to-QHIO Request for Information (RFI) exchange connections have been established.

Cozeva  
Health Gorilla  
LANES  
Long Health  
Manifest Medex  
OCPH  
SCHIO  
SDHC  
SVMS



6% of QHIO-to-QHIO ADT exchange connections have been established.

Cozeva  
Health Gorilla  
LANES  
Long Health  
Manifest Medex  
OCPH  
SCHIO  
SDHC  
SVMS

# For Discussion: Go-live Implementation Feedback



1. What successes have your organization/sector experienced following the start of exchange under the DxF on January 31, 2024?
2. What challenges have your organization/sector encountered?
3. What actions can CDII and stakeholders take to support the successful exchange of information under the DxF?

# Advisory Committee Updates & Recommendations





# Technical Advisory Subcommittee (TASC) Update

- TASC has completed three meeting series:
  1. Technical Standards Evolution
  2. ADT Event Notification Strategy
  3. Sharing Reproductive and Gender-Affirming Care Data
- TASC recommendations for technical standards advancement were discussed at the May IAC meeting, and CDII established the Technical Standards Advancement Process based on TASC recommendations and our IAC discussion in May.
- A summary of strategy for event notification will be shared today.
- A summary of Series 3 and future meeting series will be shared at upcoming IAC meetings.
- Future topics are expected to include Fast Healthcare Interoperability Resources (FHIR) roadmap and social services data exchange.



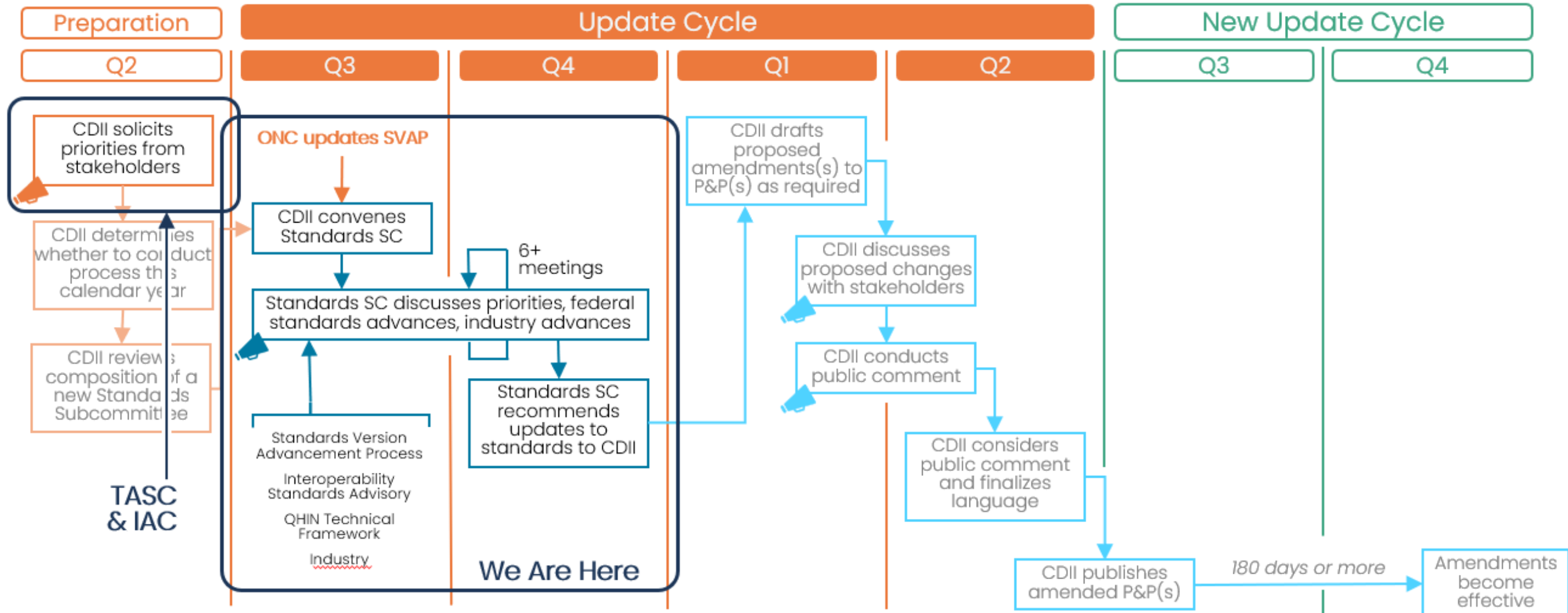
# TASC Recommendation: Event Notifications



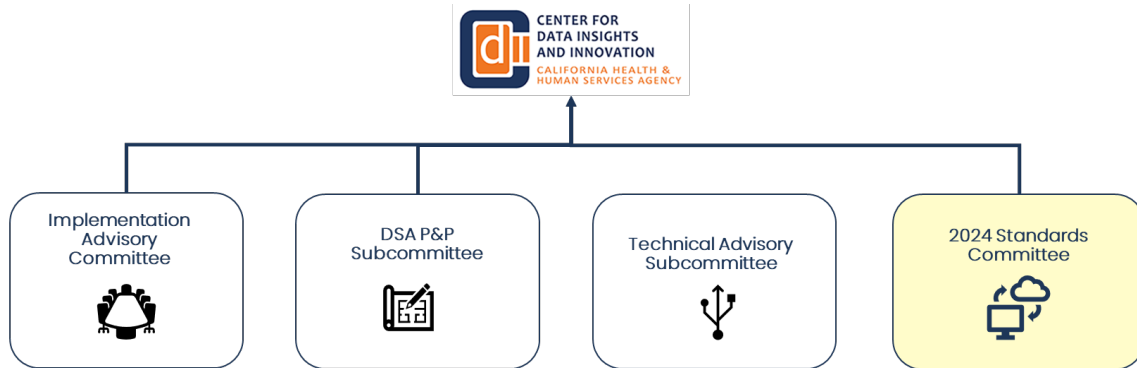
- TASC met four times in “Series 2” April –June 2024.
- Included presentations from event notification initiatives, and a discussion of the benefits and challenges of each.
- TASC also discussed event notification opportunities under DxF.
- TASC made four recommendations to CDII:
  - Establish minimum content standards for events and notifications to establish a “common language” and expectations.
  - Establish a mandatory transport standard for events and notifications that must be supported, leaving open the door to alternatives and innovation.
  - Continue to use rosters to request notifications.
  - Explore establishing a statewide roster service to reduce the burden of receiving multiple rosters.
- The 2024 Standards Committee will consider the standards issues; CDII will consider the statewide roster service recommendation

# Reminder: Technical Standards Advancement Process

*published June 2024*



# 2024 Standards Committee



## 2024 Standards Committee Members:

### Chair

- Rim Cothren, Independent HIE Consultant, CDII

### Members

- Ray Duncan, Cedars-Sinai Health System
- Jonathon Feit, Beyond Lucid Technologies, Inc.
- Danielle Friend, EHRA
- Evelyn Gallego, EMI Advisors
- Dave Green, PointClickCare
- John Helvey, SacValley MedShare
- Sheljina Ibrahim Kutty, Elevance Health
- Mani Nair, Blue Shield of California
- Tim Polsinelli, Manifest MedEx
- Ken Riomales, CalMHSA

## Charge:

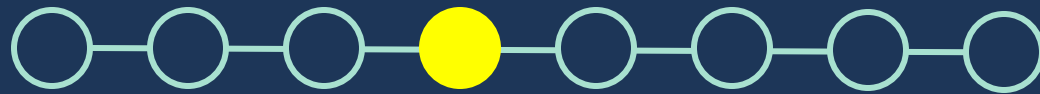
2024 Standards Committee will advise CDII on advancement of DxF technical standards in specific areas, including:

- Advancing USCDI to version 3
- Establishing event and notification content standards
- Establishing event and notification transport standards

## Meeting Cadence:

The Committee will meet up to six times before the end of 2024. The meeting schedule and public meeting information are available on the DxF webpage.

# Impact Measurement



# Reminder: Why Impact Measurement?

Assessing the impact of the DxF allows CalHHS/CDII to better understand how the DxF is being operationalized and communicate its value.

## Primary Objective



*Determine whether the purpose and goals of the DxF are being met.*

## Secondary Objectives



*Communicate the value of the DxF to Participants, Individuals, legislators, and other stakeholders.*



*Identify the DxF components that are working well and areas in need of improvement.*



*Identify future opportunities to expand and/or extend the DxF.*

# Reminder: DxF Impact Measurement Phasing

A phased approach will allow CDII to quickly launch measurement efforts and set programmatic baselines, while permitting longer runways to assess impact on key downstream outcomes.

2024	2025	2026	2027	2028	2029	
Phase 1: Structure & Process Focus						
		Phase 2: Intermediate Outcomes Focus				
				Phase 3: Health Outcomes Focus		
<p>Phase 1 of Impact Measurement will leverage the <u>most readily available data from accessible sources</u> such as the Participant Directory and QHIO program to set baselines with a focus on <u>utilization, transaction volumes, and program adoption.</u></p>		<p>Phase 2 will take advantage of growing data exchange and infrastructure maturation to <u>build on Phase 1 metrics</u> and add metrics related to <u>care quality and efficiency.</u></p>			<p>By Phase 3, the DxF and its Participants will have evolved to the point where data is available to show the degree of impact the DxF has had on <u>downstream population- and community-level health outcomes.</u></p>	

# Impact Measurement: Phase I Data

The following slides detail key insights and visualizations from Phase I metrics.

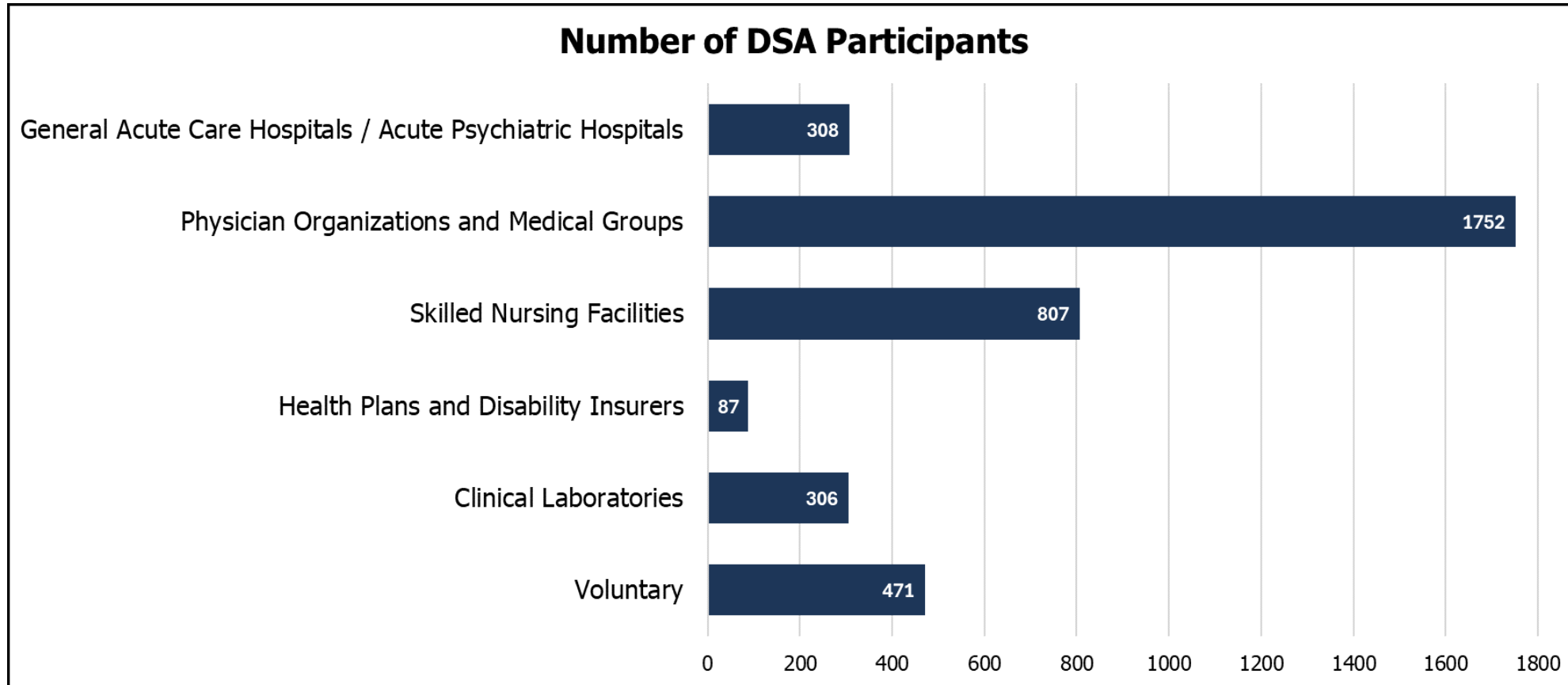
Metric Domain	Metric	Data Source
Participants	Participants by organization type	Participant Directory
	Signing progress by organization type	
	Participants by exchange method	
DxF Grants	Grant awards by organization type	DxF Grants Program Data
	Grant funds disbursed	
Participant Experience	Frequency of electronic PHI received from external sources using EHR or web portal	American Board of Family Medicine National Recertification Survey
	Frequency of searching for electronic PHI through EHR or web portal	
	Satisfaction with accessing external patient information electronically	
	Documenting social needs "often" or "sometimes" by method	

*Note: Future Phase I visualizations will include these metrics trended over time*



## Impact Measurement: Phase 1

# DSA Participants *(as of June 30, 2024)*



As of June 30, 2024, **3,740 facilities or locations** were referenced in a signed DSA and/or the Participant Directory.

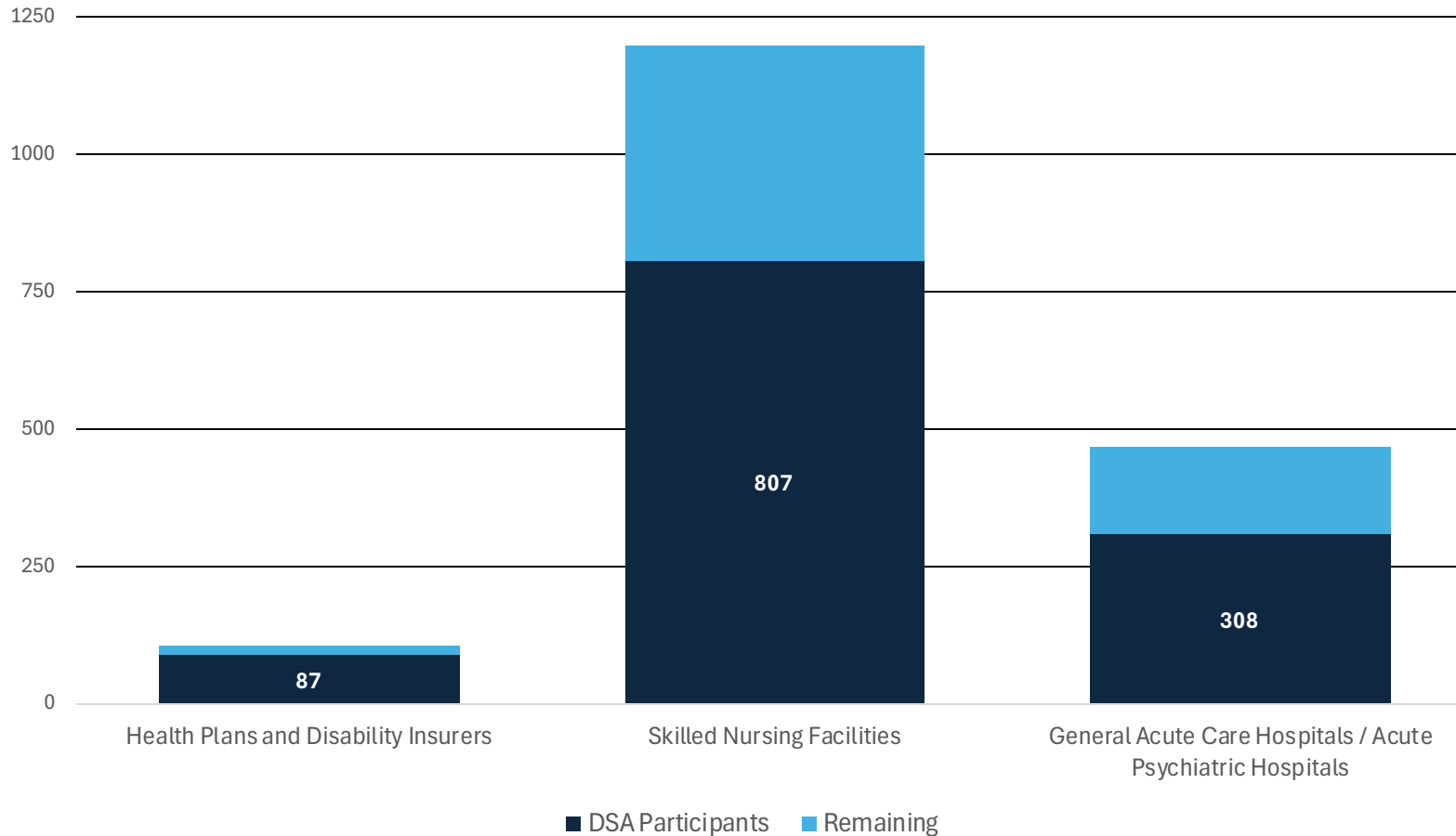
**Voluntary** includes state departments, counties, county departments, social service organizations, and others.

*Note: Graph does not include the nine QHIO Participants*

## Impact Measurement: Phase 1

# Signing Progress by Organization Type

(as of June 30, 2024)



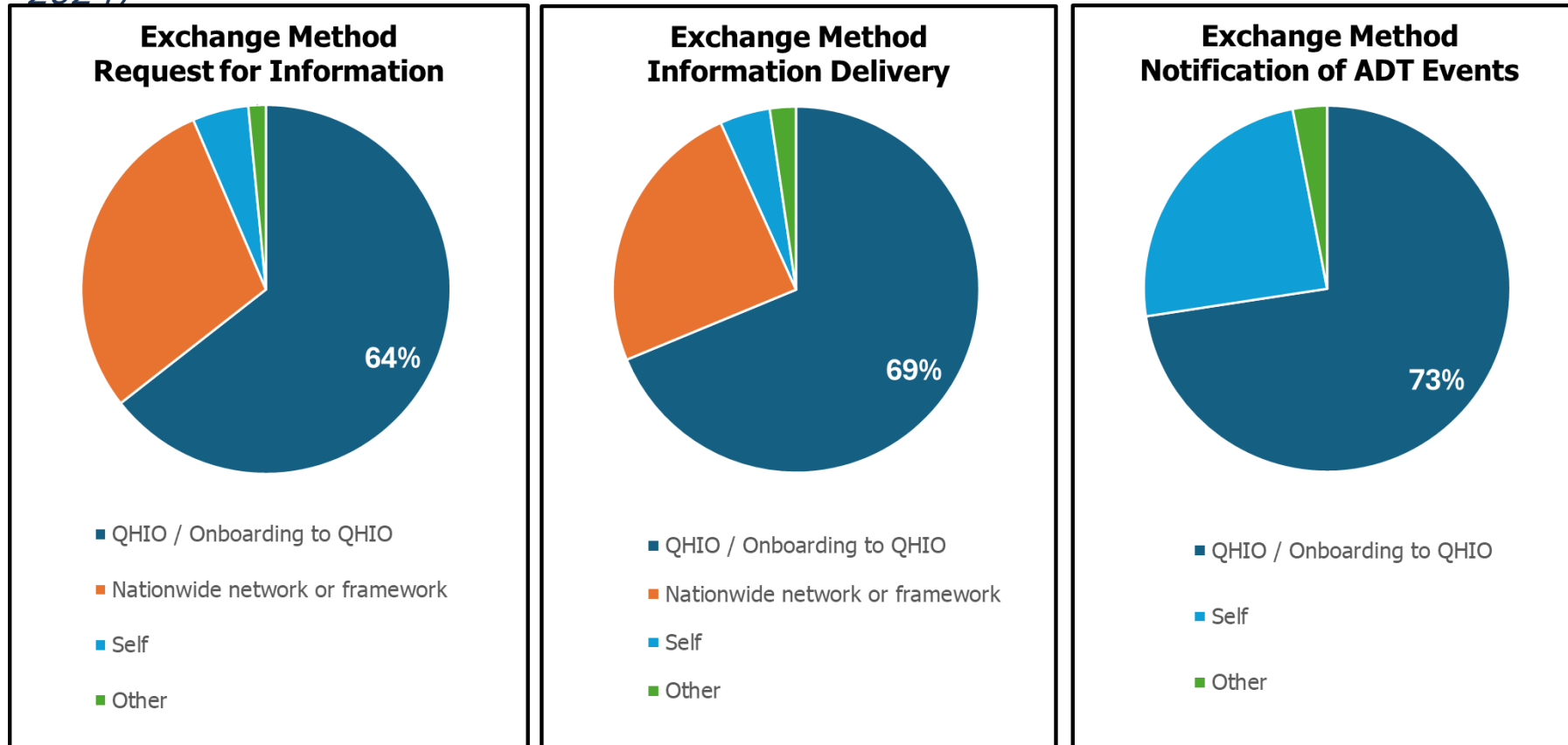
Denominators are not available for every organization type, but where a denominator is known, good signing progress has been made:

- 82% of health plans
- 66% of hospitals
- 67% of skilled nursing facilities

# DSA Participants by Exchange Method

(as of June 30,

2024)



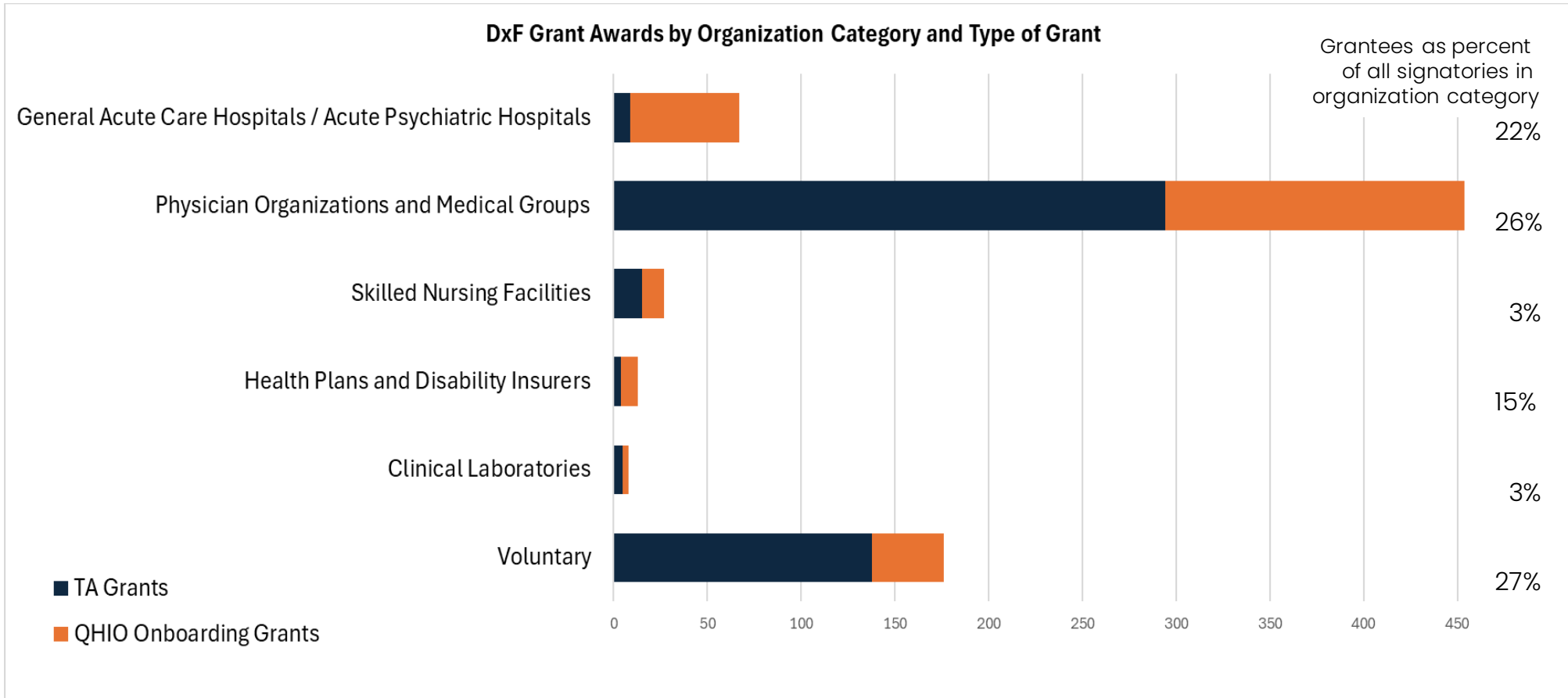
As of June 30, 2024, 18% of Participants (672 of 3740) recorded their methods of data exchange in the DxF Participant Directory.

Underscoring their critical role in the DxF, QHIOs were selected by two-thirds of the DSA Participants who recorded their exchange methods.

Note: "Other" is a temporary state which will require follow-up with the Participant

# Impact Measurement: Phase 1

## DxF Grant Awards



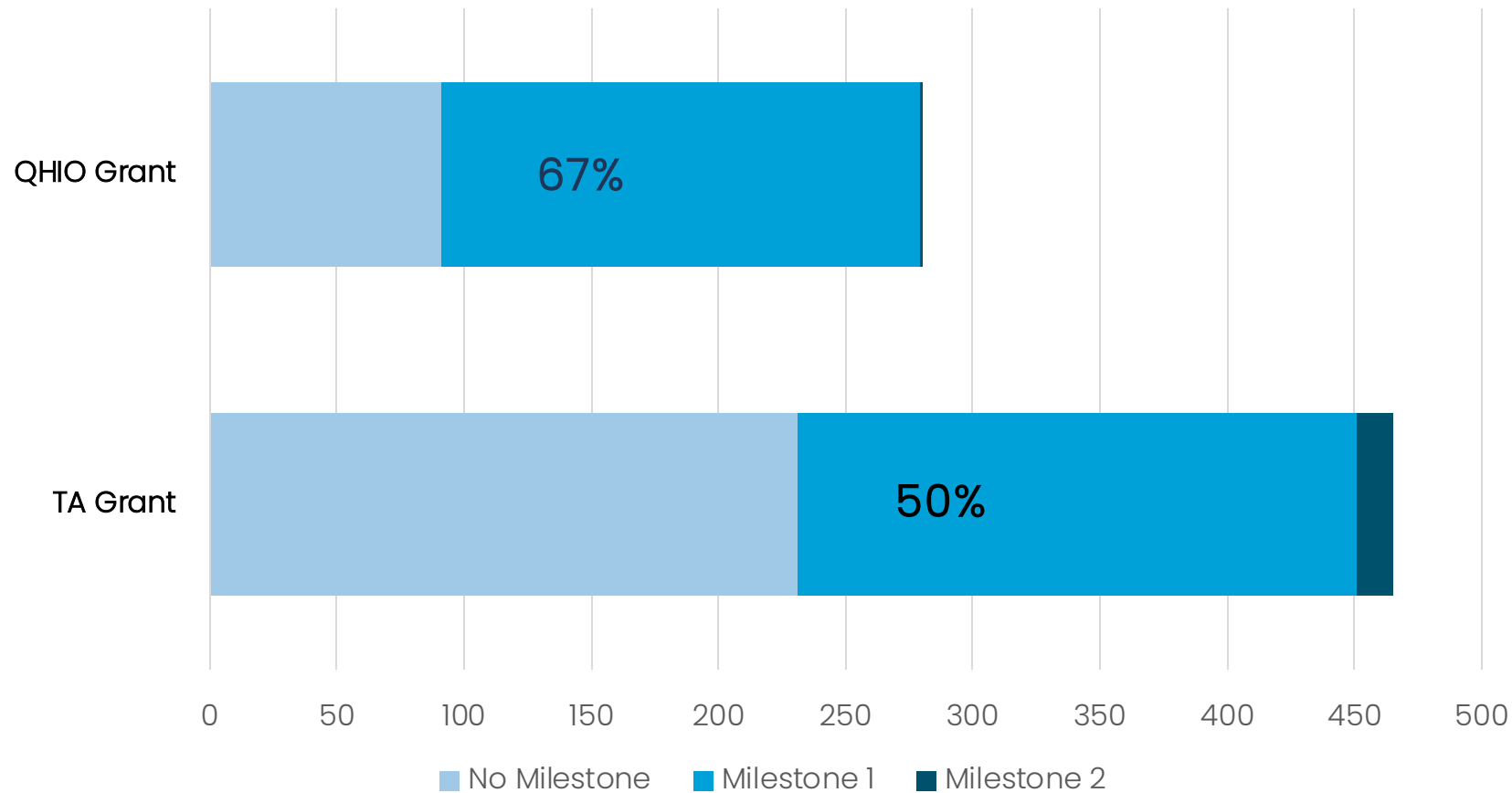
Two-thirds of all grants are for Technical Assistance.

For several organization types, roughly one quarter of signatories receive support through the DxF Grants program.

60% of the voluntary participants receiving grants are community-based organizations.

## Impact Measurement: Phase 1

# DxF Grant Funds Disbursed *(as of June 30, 2024)*



DSA Grant fund disbursement is conditional upon Milestone achievement.

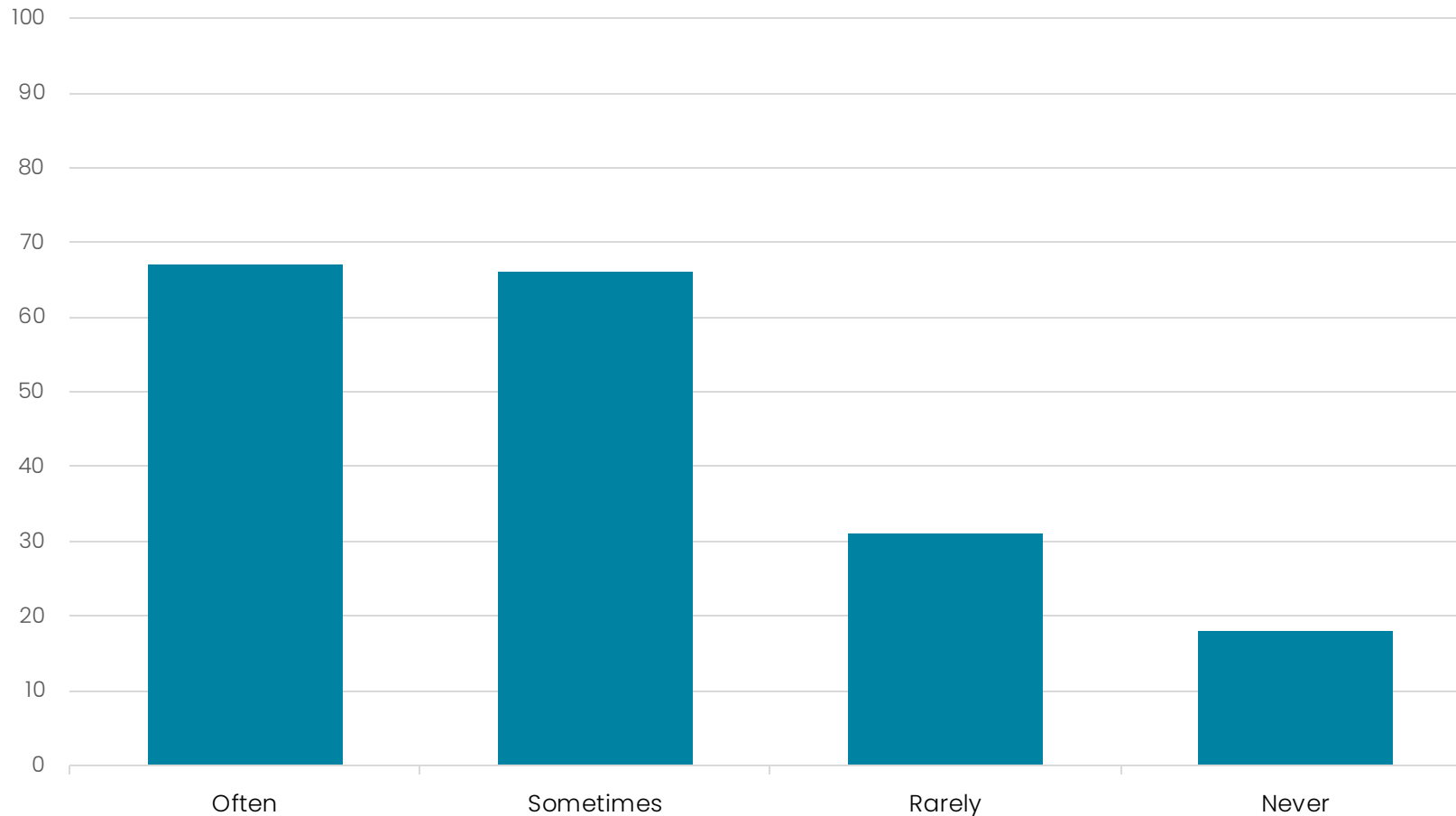
As of June 13, 2024, approximately 67% of QHIO grantees and 50% of TA grantees had reported achievement of the first of their two milestones. This indicates resources were procured to account for at least 50% of the TA grant budget, or a contract or contract amendment was signed with a QHIO for a QHIO Onboarding grant.

June 30 was a progress report submission deadline. Milestones achieved and reported on June 30 are associated with payments in July and are not reflected here.

# American Board of Family Medicine

- American Board of Family Medicine (ABFM) members renew with the Board every three to ten years (varies based on continuing medical education credits earned).
- The ABFM renewal process involves a mandatory survey.
- ASTP/ONC (Assistant Secretary for Technology Policy / Office of the National Coordinator for Health Information Technology) has been working with ABFM to introduce questions into the survey that will assess the impact of Meaningful Use and TEFCA (Trusted Exchange Framework and Common Agreement) programs.
- ABFM shared the survey data with CDII to help with the assessment of DxF impact. ABFM shared two data sets:
  - A **national** data set of family medicine physicians collected during **CY2023** who provide **direct patient care** (n=8,448 respondents)
  - A **California** data set of family medicine physicians collected during **CY2023** who provide **direct patient care** (n=986 respondents or 12% of the national sample)
  - Some questions were randomized and not offered to all respondents

# Frequency of electronic PHI received from external sources using EHR or web portal



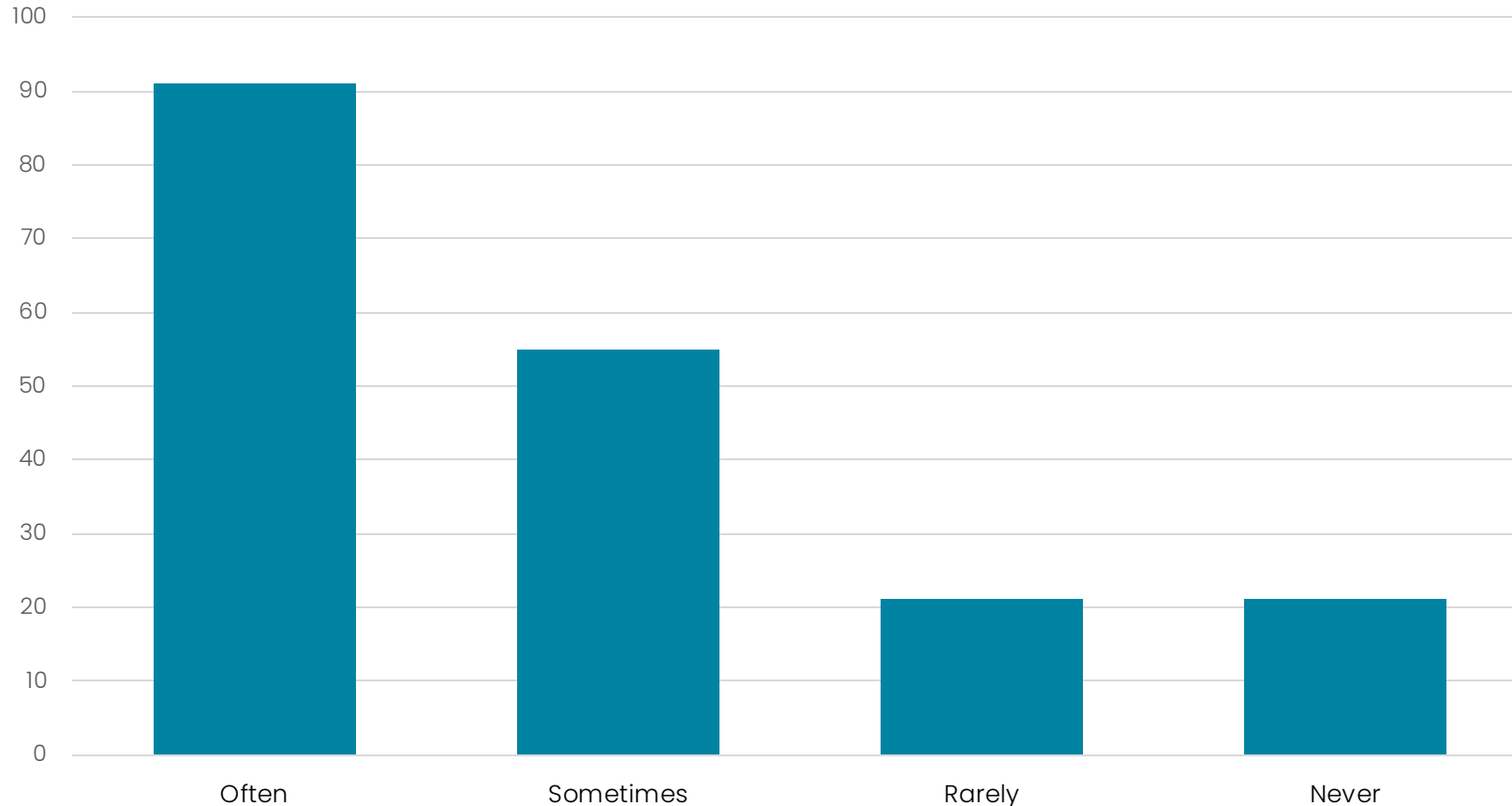
505 of the 986 CA respondents (51%) report Epic as their primary EHR. (This compares to 40% in the national sample.)

Given the nature of their specialty, family medicine MDs often seek information from other clinical sources. Thus, the importance of data received via the EHR or web portal.

64% of the 208 respondents to this question reported electronic PHI is received "often" or "sometimes" via their EHR or web portal.

(Excludes those who reported "don't know".)

# Frequency of searching for electronic PHI through EHR or web portal

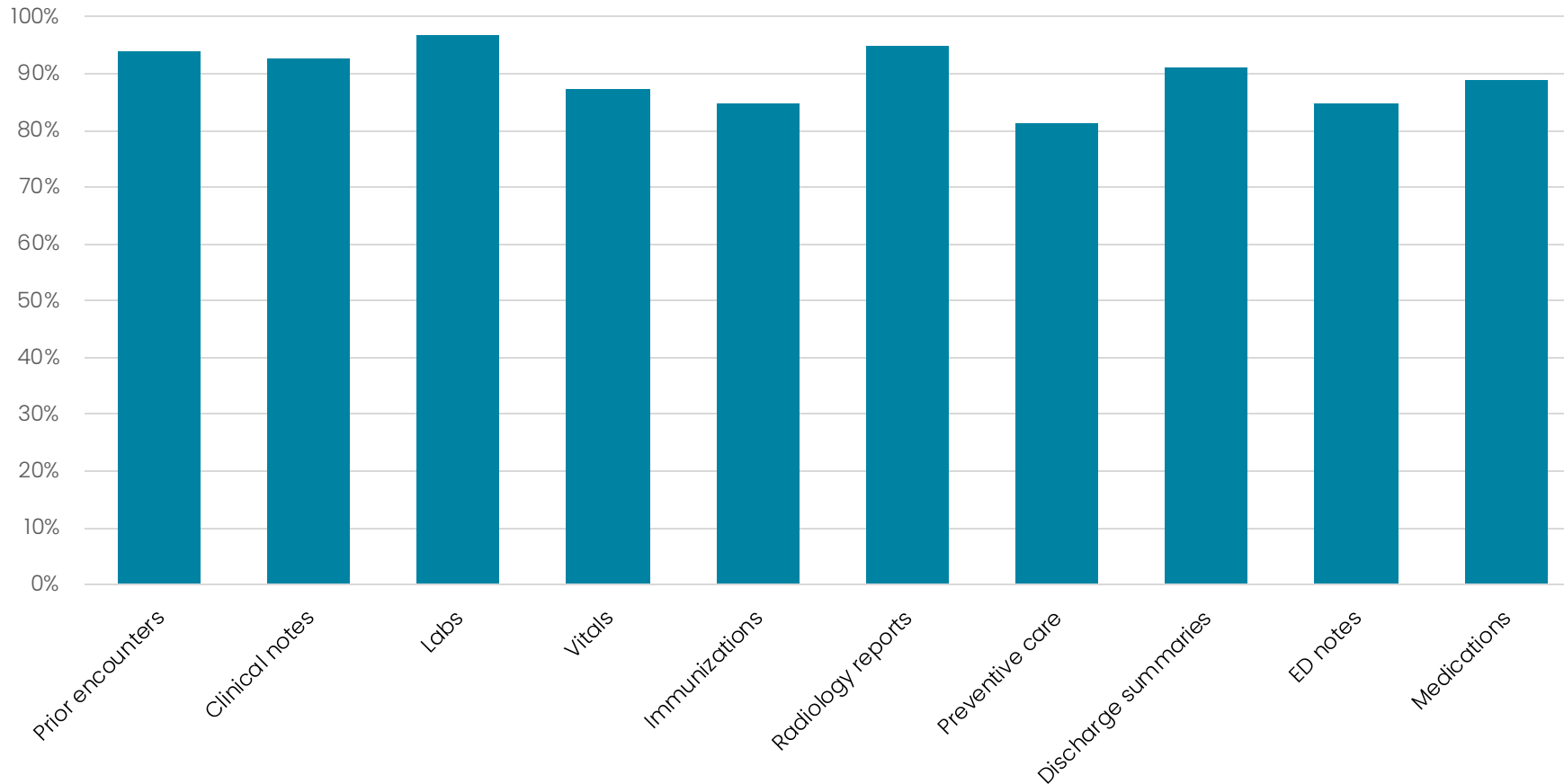


70% of the California survey respondents report search "often" or "sometimes" for patient health information through an EHR or via a web portal.

(Excludes those who reported "don't know".)



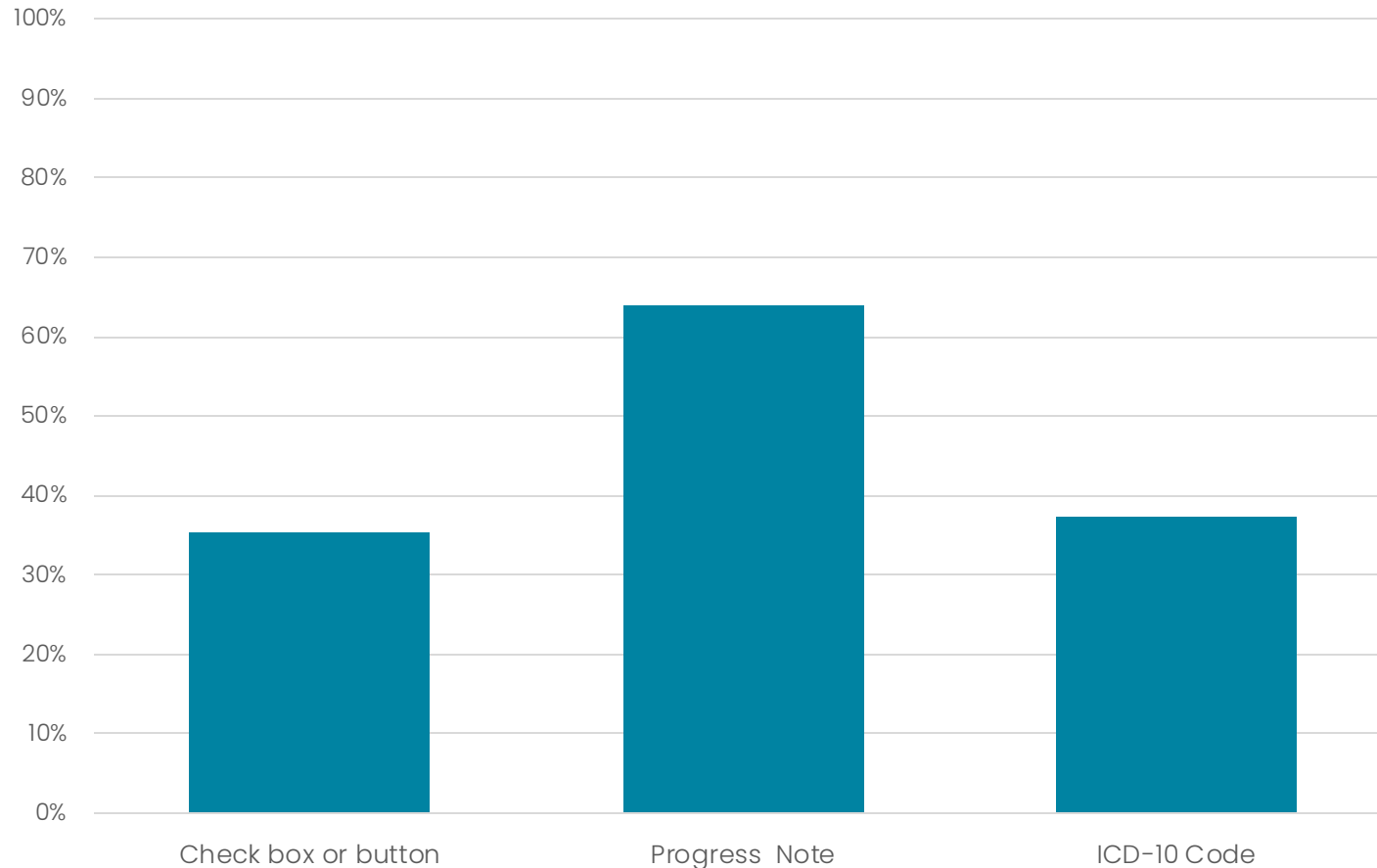
# Satisfaction with accessing external patient information electronically



Family medicine physicians report high rates of satisfaction with electronic access to patient information with 80% or more reporting very satisfied or somewhat satisfied.

These satisfaction rates are similar to those found in the national data set.

# Documenting social needs “often” or “sometimes” by method



Family medicine physicians were asked to report how often they document screening for social needs in their EHR and the location in the EHR where they store this information.

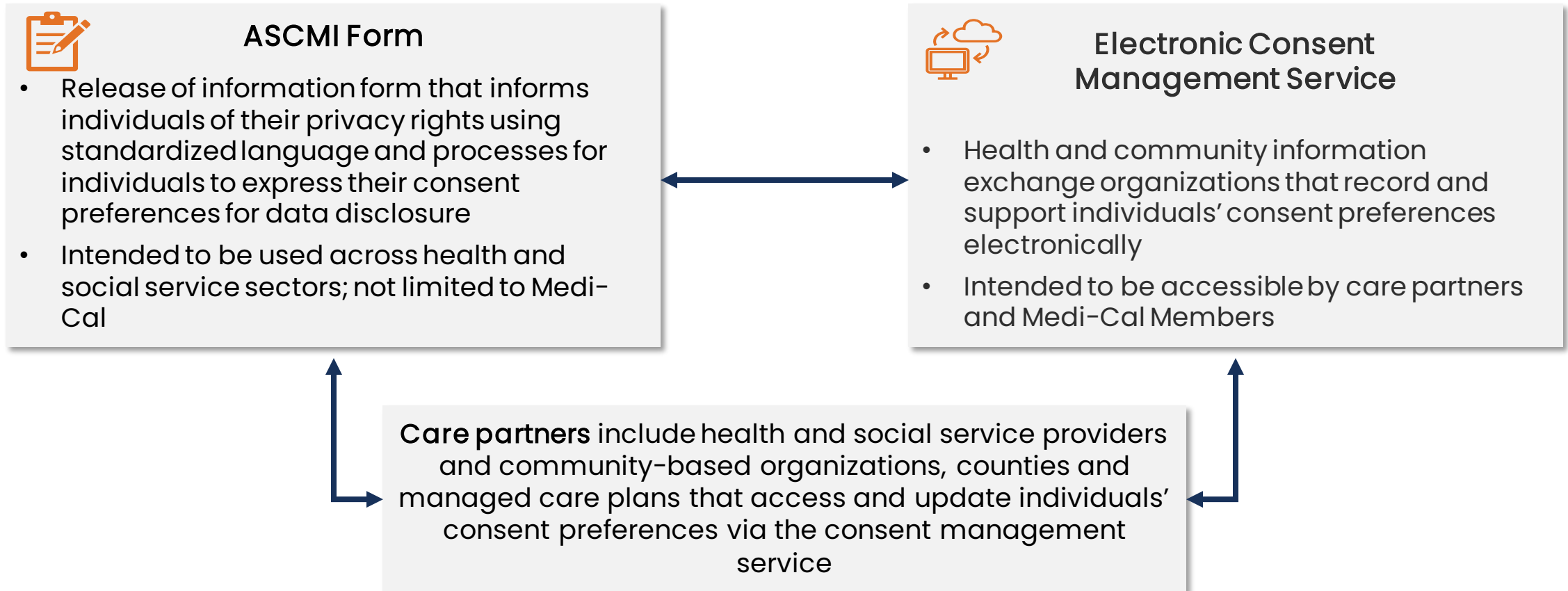
For those who reported documenting social needs “often” and “sometimes”, most documented the screening in the progress note – a chart element not easily exchanged.

# CA State Department Data Initiatives



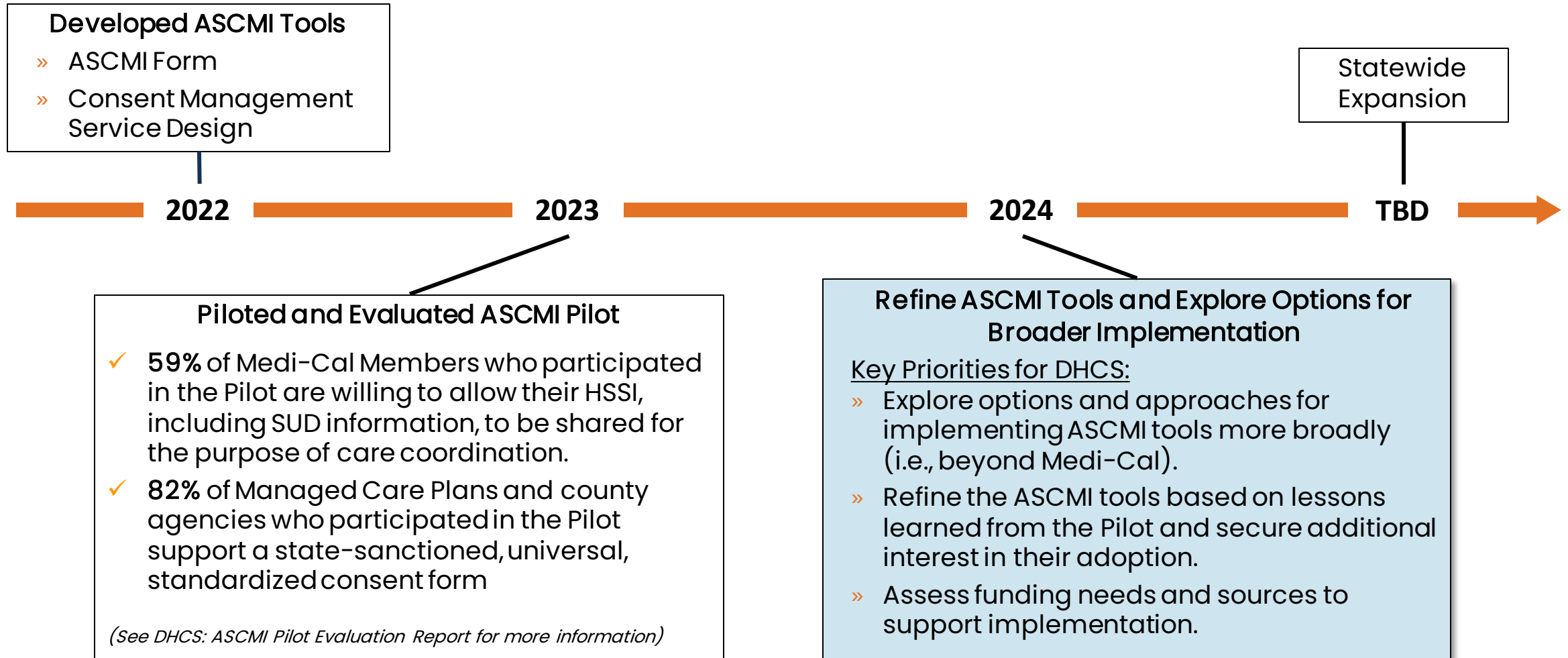
# Authorization to Share Confidential Medi-Cal Information (ASCMI) Tools

In 2023, DHCS developed ASCMI tools to streamline the process of obtaining and managing consent to share Medi-Cal Member information.



# ASCFI Next Phase

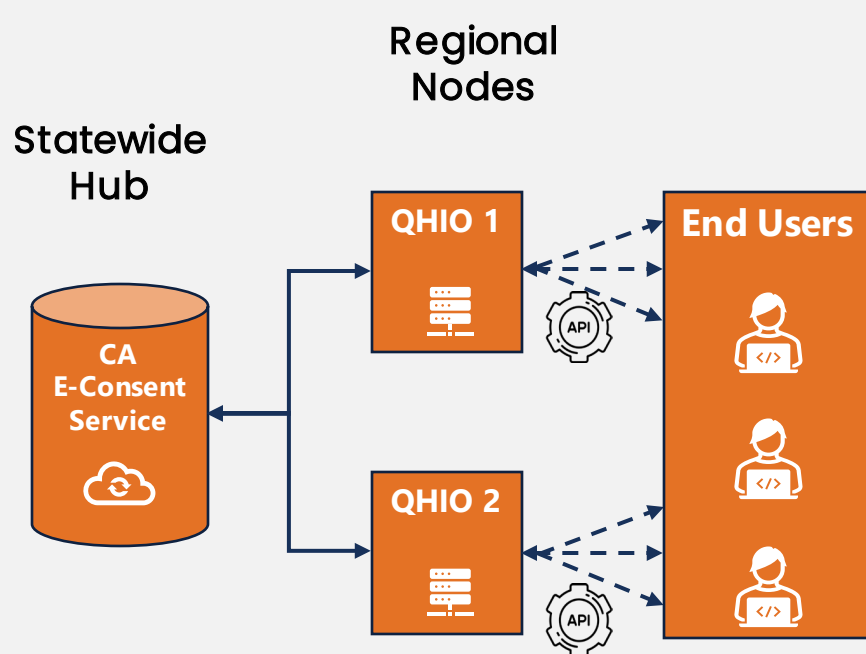
DHCS piloted the tools in 2023, which demonstrated Medi-Cal Members are receptive to the ASCFI Form and validated that Medi-Cal partners are interested in using the ASCFI tools.



# Vision for Consent Management Service

DHCS is exploring a flexible, statewide approach for electronically managing the consent preferences of any Individual in California for sharing Health and Social Services Information (HSSI) that leverages the infrastructure of QHIOS.

## Hub and Spoke ASCMI Model



California Electronic Consent Management Service (E-Consent Service) is a database that stores consent records of any individual who signs the ASCMI Form

Qualified Health Information Organizations (QHIOs) manage consent records at a local/regional level and transmit consent information between the Statewide Hub and End Users

**End Users (Individuals)**

- » Any individual in California

**End Users (Care Partners)**

- » Providers of health and social services, including non-HIPAA compliant community-based organizations (CBOs)

- » Managed Care and Behavioral Health Plans

- » County Agencies that deliver or oversee the delivery of health and social services

- » State Agencies that govern and/or pay for the delivery of health and social services

# Planning for California's DxF Future



# DxF Roadmap Overview and Priority Areas

CDII is developing a three-year DxF Roadmap to detail critical DxF implementation priorities in 2025 – 2027.

## Roadmap Purpose

To identify DxF design and implementation priorities to advance nation-leading health and social service data exchange in California over the next three years (2025-2027).

## Roadmap Structure

The Roadmap will comprise six "Priority Areas" for advancing health and social service data exchange in California (see right sidebar), and for each, describe the:

- Issues to be addressed;
- Goals and tenets guiding resolution strategy development;
- Recommendations to address issues and advance DxF in California.

The DxF Roadmap will be structured as a narrative document.

## Identified Priority Areas



1. Event Notifications



2. Social Services Data



3. Consent Management



4. Public Health Data



5. Impact Measurement









6. DxF Signatory Campaign Strategy



# DxF Roadmap Priority Areas

The DxF Roadmap will focus on six critical DxF implementation priorities over the next three years (2025 – 2027) detailing specific recommendations and actionable next steps.

Priority Areas	Goal
 1. Event Notifications	Establish a common, statewide structure for communicating significant events that impact an Individual's health to all Participants that request them.
 2. Social Services Data	Establish scalable social service and health data exchange to connect individuals to the programs and services they need and enable care coordination.
 3. Consent Management	Develop a statewide consent and digital identity management framework that allows individuals to provide, update, and revoke their consent to share protected Health and Social Service Information (HSSI) between their care and social service partners.
 4. Public Health Data	Accelerate the adoption and use of interoperable data systems for public health activities.
 5. Impact Measurement	Measure the DxF's impact on data exchange, health and social services deliver, and health outcomes, and leverage these measures to inform future DxF design considerations.
 6. DxF Signatory Campaign Strategy	Enhance CDII's DxF DSA signatory monitoring infrastructure and strengthen pathways and processes to engage with mandatory and voluntary Signatories to increase compliance and participation in the DxF.

# DxF Roadmap Expected Outputs

The DxF Roadmap will include both topic-specific and cross-cutting recommendations to support implementation of identified DxF priorities.

*Roadmap recommendations may address the following issue areas:*



## ***Resource Requirements***

*To address staffing, technology, and funding needs*



## ***Qualified Health Information Organization (QHIO) Program Updates***

*To align QHIO requirements to critical DxF priorities.*



## ***Regulatory Requirements and Guidance***

*To establish or clarify regulations in support of improved data exchange*



## ***Stakeholder Engagement***

*To ensure relevant stakeholders are engaged in designing and implementing Roadmap recommendations*



***DxF Data Sharing Agreement and Policies & Procedures Requirements***  
*To propose new P&Ps or modifications to existing P&Ps to advance DxF priorities*



## ***Technical Guidance***

*To clarify expectations pertaining to use of technical solutions and standards under the DxF*

# Stakeholder Engagement Approach

CDII will engage stakeholders throughout Fall 2024 to inform DxF Roadmap Development.

## *Stakeholders to Be Engaged*

## *Purpose*



DxF Implementation Advisory Committee

To solicit executive-level input on DxF priorities from a broad range of health information and service delivery leaders throughout California



CalHHS State Departments

To ensure alignment between the DxF and other State priorities



Subject Matter Experts (*representing providers, plans, intermediaries, government agencies, etc.*)

To solicit expert and specialized input to inform pillar-specific recommendations (*e.g., engaging DirectTrust to inform the strategy for Event Notifications*).

# Development Process and Timeline

CDII will work with CalHHS to develop the Roadmap and finalize by end of year. Implementation of Roadmap priorities will begin in January 2025.

Milestone	Timeframe	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.+
1. Roadmap Drafting and Recommendation Development	August – September 2024	█					
2. IAC Workshopping	September 17, 2024		▼				
3. CalHHS Review	October 2024			█			
4. IAC Presentation	November 7, 2024				▼		
5. Public Comment Period	November 2024				█		
6. Final Presentation <i>(tentatively during DxF webinar)</i>	Early December, 2024					▼	
7. Finalization and Publication	Mid/Late December 2024					█	
8. Implementation	January 2025 – December 2027						█

# Public Comment



# Next Steps & Closing Remarks



# Next Steps

## CDII will:

- Consider the feedback provided by the IAC and DSA P&P Subcommittee.
- Incorporate Member feedback into impact measurement approach and metrics.
- Continue advancing the QHIO program.

## Members will:

- Provide any additional feedback to CDII at [dxf@chhs.ca.gov](mailto:dxf@chhs.ca.gov)

# CDII DxF Webpage Resources

For more information on the DxF, please visit the [CDII DxF webpage](#).

## There you can find:

- The DxF, DSA, and P&Ps;
- Information about the QHIO and DxF Grant programs;
- Materials from previous and upcoming meetings, webinars, and listening sessions;
- FAQs on the DxF;
- Link to the DSA Signing Portal and Participant Directory; and
- Weekly update to the DSA Signatory List that Includes Participant Directory Fields.
- And more!



# Upcoming Meetings

IAC Meetings	Date
IAC Meeting #18	November 7, 2024, 12:30 PM – 3:00 PM

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #18	December 5, 2024, 12:30 PM – 3:00 PM