



**California Health & Human Services Agency
Center for Data Insights and Innovation
Joint Implementation Advisory Committee and Data Sharing Agreement Policies
and Procedures Subcommittee Meeting Summary
Tuesday, September 17, 2024, 1:00 p.m. to 2:15 p.m.**

Attendance

Presenters: John Ohanian (CalHHS/CDII), Brendan McCarthy (CalHHS), DeeAnne McCallin (CalHHS/CDII), Jacob Parkinson (CalHHS/CDII), Dr. Rim Cothren (Independent Consultant to CDII), Cindy Bero (Manatt Health Strategies), Dr. Linette Scott (DHCS), Michelle Baass (DHCS)

Attendees: approximately 60 public attendees joined this meeting via Zoom video conference or through call-in functionality.

Meeting Notes

Notes aim to elevate major points made by presenters, DxF Advisory Committee members, and public commenters during the meeting, and may not be a comprehensive accounting of all points made. Meeting materials, full video recording, transcription, and public comments may be found on the [Data Exchange Framework webpage](#).

Welcome

John Ohanian, Director, Center for Data Insights and Innovation (CDII) welcomed attendees to the joint meeting of the Data Exchange Framework IAC and DSA P&P Subcommittee.

Vision

John reviewed the vision for data exchange in California. Brendan McCarthy, Acting Undersecretary, CalHHS, emphasized the administration's commitment to the Data Exchange Framework (DxF) and its importance in integrating health and human services.

DxF Implementation Updates

DeeAnne McCallin, Deputy Director, Data Exchange Framework, CDII, provided a brief update on DxF Advisory Committees, DSA P&P development, DxF Grants, and the QHIO program. DeeAnne also reminded attendees that progress reports are due from all grantees by September 30, 2024.

DeeAnne reviewed progress from the DSA Signing Portal and Participant Directory and encouraged attendees to email dxfc@chhs.ca.gov with any questions.

Jacob Parkinson, QHIO Program Manager, CDII, provided QHIO Program updates, including the growing number of QHIO-to-QHIO connections established.

John opened the floor for go-live implementation feedback:

Member comments included:

- It is critical that QHIOs maintain connections to national networks to support and participate in nationwide exchange.
- QHIOs have experienced a decline in the number of new providers onboarding to QHIOs, potentially due to the wind down of the DxF Grants Program application periods.
- Despite an increase in the number of DSA signatories, many organizations are not yet exchanging data as required by the DSA or for all its required purposes.
- Progress in data exchange between community-based organizations (CBOs) and healthcare providers remains limited.
- The number of available exchange networks (e.g., TEFCA, eHealthExchange, Carequality) presents challenges with duplicative queries.
- CDII should consider clarifying the definition of the term 'physician organizations and medical groups' used in [California Code, HSC 130290](#).
- CDII should consider establishing new funding sources to support QHIOs in managing increases in query volume and addressing costs associated with sharing sensitive data with other QHIOs.
- CDII should consider opportunities to advance the DxF in a phased approach (e.g., by prioritizing the Request for Information and ADT use cases for the treatment exchange purpose).
- CDII should consider strategies to increase accountability among DSA signatories, such as offering incentives for meaningful data exchange to drive compliance and engagement.

Advisory Committee Updates & Recommendations

Dr. Rim Cothren, Independent Consultant, CDII, provided an update on the Technical Advisory Subcommittee (TASC), event notification strategy recommendations, and the [Technical Standards Advancement Process](#).

Member comments included:

- CDII should consider aligning state initiatives with federal requirements, such as the Federal Standards Version Advancement Process (SVAP) to reduce the burden on providers.
 - *CDII confirmed that the Standards Committee considers federal requirements, such as the QHIN technical framework, and SVAP when recommending advancing standards for the DxF.*
- CDII should consider aligning the DxF timeline to the timeline of federal requirements.

Impact Measurement

Cindy Bero, Senior Advisor, Manatt Health Strategies, and DeeAnne, outlined the three-phase impact measurement approach for the DxF and highlighted findings from the first phase.

Member comments included:

- A member noted the increase in signing rates across Health Plans and Disability Insurers, Skilled Nursing Facilities, and General Acute Care Hospitals.
- A member noted that their organization measures the percentage of members whose providers and hospitals include DSA compliance in health plan contracts.
- Impact attributable to the DxF will be difficult to measure. While the impact of TEFCA can be measured using QHIN Technical Framework (QTF) standards and unique digital security certificates, the DxF's role as a framework rather than a network and the variation of permissible exchange methods present challenges to demonstrating causality.
- CDII should consider starting Phase 2 of impact measurement in 2024 or 2025 to establish baselines and track progress in real time, rather than waiting until 2026 as proposed in the current timeline.
- Impact should be measured by the number of Individuals served through the DxF, rather than the number of DSA signatories.

CA State Department Data Initiatives

Dr. Linette Scott, Chief Information Officer, California Department of Healthcare Services (DHCS), discussed the department's initiatives to introduce consent management services to facilitate data sharing among Medi-Cal providers. She discussed the Authorization to Share Confidential Medi-Cal Information (ASDMI) pilot, which featured universal consent and eConsent Management services, and plans for wider adoption of these tools.

Member comments included:

- Aligning DHCS consent management efforts with TEFCA will be crucial, considering recent incidents affecting purposes of use.
 - *Linette confirmed DHCS is focusing on national consent standards and working with CMS to ensure consistency.*
- It would be helpful to provide clarity on the legal, privacy, and security frameworks governing data sharing between county, state, and federal entities, and how commercial entities may access patient health data with or without consent.
 - *Linette shared [State Health Information Guidance \(SHIG\)](#) and [Data Sharing Authorization Guidance \(DSAG\)](#) which address these topics.*

Planning for California's DxF Future

Michelle Baass, Director, DHCS, highlighted the department's commitment to advancing the DxF, emphasizing the importance of data sharing and strategies to promote whole-person care.

John introduced the DxF Roadmap, which will establish DxF priorities and actionable steps for the next three years. John outlined the Roadmap's six priority areas: event notifications, social service data, consent management, public health data, impact measurement, and the DxF Signatory Campaign Strategy. John provided an overview of the DxF Roadmap development process, including planned stakeholder engagement and associated timeline, and announced that the final Roadmap will be published by the end of year with implementation starting in 2025.

Public Comment

DeeAnne opened the meeting to public comment. There were no public comments.

Next Steps and Closing Remarks

John reviewed next steps to close the meeting. John noted the next IAC meeting is on November 7, 2024, and the next DSA P&P Subcommittee meeting is on December 5, 2024