

**California Health & Human Services Agency
Center for Data Insights and Innovation (CDII)**

**Joint Data Exchange Framework (DxF) Implementation Advisory Committee (IAC)
and Data Sharing Agreement Policies & Procedures (DSA P&P) Subcommittee
Meeting**

Meeting Summary

November 7, 2024, 12:30 p.m. to 3:00 p.m.

Attendance

Presenters: John Ohanian (CalHHS/CDII), Cindy Bero (Manatt Health Strategies (Manatt), Sophia Chang (Independent Consultant to CDII), Dr. Rim Cothren (Independent Consultant to CDII), Jonah Frohlich (Manatt), Rita Nguyen (California Department of Public Health (CDPH), Jacob Parkinson (CalHHS/CDII), Nick Picinich (CalHHS/CDII), Dr. Linette Scott (California Department of Health Care Services (DHCS)), and Lauren Sears (Manatt).

Attendees: approximately 48 public attendees joined this meeting via Zoom video conference or through call-in functionality.

See Appendices for DxF IAC and DSA P&P Subcommittee () member attendance.

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, CalHHS Chief Data Officer and Director of CDII, welcomed attendees to the joint meeting.

Vision

John reviewed the vision for data exchange in California. Rita Nyugen, Assistant Health Officer, CDPH, highlighted the public health department's support for the DxF and its alignment with CDPH's public health data modernization initiatives.

DxF Summit

John announced that the 2025 DxF Summit, "The Road to Whole-Person Care," will be held on March 20, 2025. John highlighted the Summit's goal to bring together health

and social services leaders, community organizations, technology experts, and policymakers to inspire connections and partnerships.

Member comments included:

- CDII should consider inviting a speaker from Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) to review the priorities under the new administration and discuss DxF alignment with federal initiatives.

DxF Implementation Updates

Jacob Parkinson, QHIO Program Manager, CDII, provided a brief update on DxF Advisory Committees, DSA P&P development, DxF Grants, and the QHIO program. Jacob also reminded attendees that progress reports are due from all grantees by December 31, 2024, and encouraged attendees to contact the grants email inbox with questions (DSAGrants@pcgus.com; CDIIgrants@chhs.ca.gov).

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

Advancing United States Core Data for Interoperability (USCDI) Standards Requirements

Dr. Rim Cothren, Independent Consultant, CDII, provided an update on the Technical Advisory Subcommittee (TASC) and Standards Committee recommendations to advance USCDI standard requirements from version 2 to version 3 by January 1, 2026, and to automatically align the version of USCDI with federal requirements. Rim presented CDII's proposed plan to amend the [Data Elements to Be Exchanged P&P](#) to adopt USCDI version 3 while not automatically aligning with federal standards. Rim opened the floor to member comments.

Member comments included:

- Several members urged CDII to consider automatic alignment with federal requirements, as most DxF participants must comply with federal standards and cannot operate on multiple USCDI versions.
- Consider granting providers additional time to implement USCDI version 3, as the federal timeline is intended for electronic health record (EHR) vendors.
- Provider sites using Epic Systems software are already moving to version 3.
- USCDI version 3 provides more comprehensive demographic information than prior versions, and it is important for participants to implement version 3.
- Errors can occur in data transmission if DxF participants are not on the current version.
- The DxF is not a “network”, and there is no mechanism to monitor compliance with the required USCDI version.

Rim acknowledged the strong support for advancing USCDI standards to version 3 and aligning with federal standards. Rim mentioned that committee recommendations will be

considered and the proposed amendment to the Data Elements to be Exchanged P&P will be released for public comment this month.

Roadmap Overview and Priority Areas

John introduced the DxF roadmap, which is now available for public comment on the [CDII website](#).

Event Notifications

Rim presented the goals and recommendations associated with the Event Notifications Pillar and opened the floor for member comments.

Member comments included:

- Consider implementing a federated identity management for event notifications to reduce cybersecurity risks, simplify governance, and mitigate implementation challenges.
- Standards for event notifications should include measures to protect the privacy and safety of individuals receiving sensitive services, such as reproductive health care or gender-affirming treatments.
- The technical architecture for event notifications should specify whether participants are obligated to follow a standardized statewide structure for notifications.
- Individual consent to share data must be considered in the event notifications workflow.
- USCDI data elements do not align with data elements in some social services information systems, which may create challenges in capturing consent and interpreting event notifications.

Social Services Data

Lauren Sears, Manager, Manatt, presented the goals and recommendations associated with the Social Services Data Pillar and opened the floor for member comments.

Member comments included:

- Guidance on social services data should consider the differences in policies, procedures, technology, and organizational culture between health care and social services organizations.
- Certain state laws, such as the California Information Protections Act (IPA), apply to state-level entities but do not extend to counties or community-based organizations. The social services data strategy should aim to enhance statewide consistency while avoiding undue burden on small and local organizations.
- Many social services organizations require funding to develop electronic data exchange capabilities, as they have not received the same level of financial support as healthcare organizations for implementing EHRs.
- The sharing of social services data is contingent upon obtaining individual consent, especially for those receiving services from behavioral health providers and the child welfare system.

Consent and Identity Management

Jonah Frohlich, Senior Managing Director, Manatt, presented the goals and recommendations associated with the Consent and Identity Management Pillar. Dr. Linette Scott, DHCS, expressed support for the recommendations and noted areas of alignment with DHCS initiatives. Jonah opened the floor for member comments.

Member comments included:

- A statewide centralized identity management system requires collaboration with EHR vendors and may result in delays in data exchange transactions due to additional authorization checks.
- A statewide centralized identity management system could be more efficient than a federated approach, and intermediaries can help alleviate operational challenges.
- A statewide centralized consent management system may introduce operational challenges. Managing consent within individual systems with flags tied to specific individuals could help reduce staff workload and reduce security risks.
- Consent management standards should require a consent flag for each data field to prevent the release of data without consent.
- A consent management system must ensure compliance with laws and regulations governing specific types of data.
- Consider adding a recommendation to focus on health equity and obtain meaningful consent. This necessitates clear consent forms, which should be evaluated with focus groups and provided in multiple languages.
- Consider engaging county councils in consent and identity management initiatives to promote the adoption of standards and services.

Public Health Data

Sophia Chang, Independent Consultant, CDII, presented the goals and recommendations associated with the Public Health Data Pillar and opened the floor for member comments.

Member comments included:

- Smaller local public health jurisdictions often lack technical expertise to support and interpret syndromic surveillance data.
- Consider including QHIOs in electronic case reporting and syndromic surveillance.

Impact Measurement

Cindy Bero, Senior Advisor, Manatt, presented the goals and recommendations associated with the Impact Measurement Pillar and opened the floor for member comments.

Member comments included:

- Baseline data from 2023 and 2024 is necessary to measure changes over time.
- Consider reporting the number of participants that began exchanging data via a QHIO or a national network after signing the DxF's DSA.
- Consider incorporating consumer experience and health outcome metrics (e.g., changes in care coordination, reductions in medical errors).
- Consider incorporating health equity metrics to assess variation in DxF impact across stakeholder types and to ensure that individuals in the safety net are not being left behind.
- Consider adding a recommendation to the Roadmap about ensuring adequate funding to support impact measurement.

Participant Engagement

Nick Picinich, CDII, presented the goals and recommendations associated with the Participant Engagement Pillar and opened the floor for member comments.

Member comments included:

- While all counties have signed the DSA, not all counties are participating in data exchange.
- Participant engagement is necessary to enable all pillars of the DxF Roadmap.

Roadmap

Jonah summarized cross-cutting Roadmap themes and provided an overview of the Roadmap development process and timeline.

Member comments included:

- CDII should consider engaging a “community of practice” to inform the implementation of recommendations within each Roadmap pillar.
- CDII should communicate the priority recommendations within the Roadmap.

Public Comment

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

Next Steps and Closing Remarks

John reviewed the next steps to close the meeting. John reminded committee members to participate in the public comment of the DxF Roadmap and Data Elements to be Exchanged P&P.



Appendix 1. DxF IAC Members - Meeting Attendance (November 7, 2024)

Last Name	First Name	Title	Organization	Present
Chavez	Dan	Executive Director	Serving Communities Health Information Organization	Yes
Diaz	Joe	Senior Policy Director	California Association of Health Facilities	No
Ford	David	Vice President, Health Information Technology	California Medical Association	Yes
Goodale	Aaron	Vice President, Health Information Technology	MedPoint Management	Yes
Henricksen	Brian	Director, Global Medical Response	California Ambulance Association	No
Kaiser	Cameron	Deputy Public Health Officer	County of Solano	Yes
Kaji	Troy	Associate Chief Medical Informatics Officer	Contra Costa Regional Medical Center and Health Centers	Yes
Kiefer	Andrew	Vice President, State Government Affairs	Blue Shield of California	Yes
Knee	Mark	Director, Interoperability Division	Office of the National Coordinator for Health IT	No
Legé	Matt	Government Relations Advocate	SEIU California	Yes
Leveroni	Carol	Executive Director	California Association of Health Information Exchanges	No
Martinez	Pam	Emergency Medical Services Director	Ontario Fire Department	No



Miller	Amie	Executive Director	California Mental Health Services Authority	Yes
Modaressi	Ali	CEO	Los Angeles Network for Enhanced Services	Yes
Saenz	Lucy	Assistant Director of Data Informatics	California Primary Care Association	Yes
Savage-Sangwan	Kiran	Executive Director	California Pan-Ethnic Health Network	Yes
Su	Felix	Director, Health Policy	Manifest MedEx	Yes
Willis	Jim	Systems Informatics Leader	CommonSpirit Health	No

Appendix 2. DxF DSA P&P Subcommittee - Meeting Attendance (November 7, 2024)

Last Name	First Name	Title	Organization	Present
Barcellona	William	Executive Vice President for Government Affairs	America's Physician Groups	Yes
Brown	Michelle (Shelley)	Attorney	Private Practice	No
Buckner	Jason	Chief Information Officer & Chief Technology Officer	Manifest Medex	No
Cretaro	Louis	Lead County Consultant	County Welfare Directors Association of California	Yes
Eisenberg	Matthew	Associate Chief Medical Informatics Officer	Stanford Health	Yes
Helvey	John	Executive Director	SacValley MedShare	Yes
Jain	Sanjay	Manager, Data Analytics	Health Net	Yes
Kaempfer-Tong	Diana	Attorney	California Department of Public Health	No
Knee	Mark	Director, Interoperability Division	Office of the National Coordinator for Health IT	Yes
Lane	Steven	Chief Medical Officer	Health Gorilla	Yes
Lind	Kelby	Vice President of Regulatory Affairs	Planned Parenthood Affiliates of California	Yes

Lowell	Sunny	Acting Chief Privacy Officer	California Department of State Hospitals	Yes
Luu	Belinda	Senior Counsel	Kaiser Permanente	Yes
McGraw	Deven	Chief Regulatory and Privacy Officer	Ciitizen	No
Nordhoff	Jackie	Director of Regulatory Affairs	PointClickCare	Yes
Porto	Margaret	Attorney	California Department of Health Care Services	No
Savage	Mark	Managing Director, Digital Health Strategy and Policy	Savage & Savage LLC	Yes
Schwaninger	Tom	Senior Executive Advisor, Digital Ecosystem Interoperability	LA Care	Yes
Steffen	Elizabeth	Chief Information Officer	Plumas District Hospital	No
Tien	Lee	Legislative Director and Adams Chair for Internet Rights	Electronic Frontier Foundation	Yes
Waltman	Belinda	Director of Analytics Integration	Los Angeles County Department of Health Services	Yes