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
Transcript (12:30 PM – 3:00 PM PT, November 7, 2024)

The following text is a transcript of the November 7, 2024 joint meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Implementation Advisory Committee (IAC) and Data Sharing Agreement (DSA) Policies and Procedures (P&P) Subcommittee. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework webpage to ensure accuracy.

[Alice K - Events] 15:30:42

have a great

[Alice K - Events] 15:30:56

Hello and welcome. My name is Alice, and I'll be in the background to support with Zoom.

[Alice K - Events] 15:31:02

If you experience technical difficulties, please type your question into the Q&A.

[Alice K - Events] 15:31:07

Live closed captioning will be available.

[Alice K - Events] 15:31:09

Please click on the CC button to enable or disable.

[Alice K - Events] 15:31:15

There are a few ways attendees may participate today.

[Alice K - Events] 15:31:17

Members who are on site are encouraged to log in through their panelist link on Zoom and are asked to keep their laptops video, microphone, and audio off for the duration of the meeting.

[Alice K - Events] 15:31:27

The room's cameras and microphones will broadcast the video and audio for the meeting.

[Alice K - Events] 15:31:32

Instructions for connecting to the conference room's Wi-Fi are posted in the room.

[Alice K - Events] 15:31:36

please email Akira Vang, that is A-K-I-R-A dot V-A-N-G at CHHS.ca.gov.

[Alice K - Events] 15:31:47

With any technical or logistical questions about on-site meeting participation.

[Alice K - Events] 15:31:54

Participants may submit

[Alice K - Events] 15:31:56

Written comments and questions through the Zoom Q&A box. All comments will be recorded and reviewed by CDII staff.

[Alice K - Events] 15:32:04

Participants may also submit comments and questions as well as requests to receive data exchange framework updates to dxf at chhs.

[Alice K - Events] 15:32:14

dot ca.gov.

[Alice K - Events] 15:32:17

Any questions that require timely follow-up should be sent to that address. Again, that's dxf at chhs.ca.gov.

[Alice K - Events] 15:32:27

For spoken comments, committee members and public participants must raise their hand for Zoom facilitators to unmute them to share comments.

[Alice K - Events] 15:32:34

The chair will notify participants of appropriate time to volunteer feedback.

[Alice K - Events] 15:32:40

If you are on-site and logged into Zoom, press raise hand at the bottom of your Zoom window or physically raise your hand.

[Alice K - Events] 15:32:47

If selected to share your comment, please begin speaking and do not unmute your laptop.

[Alice K - Events] 15:32:52

The room's microphones will broadcast audio.

[Alice K - Events] 15:32:55

If you're on site and not using Zoom.

[Alice K - Events] 15:32:58

physically raise your hand and the chair will recognize you when it's your turn to speak.

[Alice K - Events] 15:33:03

If you are off-site and logged into Zoom.

[Alice K - Events] 15:33:05

Press Raise Hand at the bottom of your Zoom window.

[Alice K - Events] 15:33:07

I've selected to share your comment, you will receive a request to unmute.

[Alice K - Events] 15:33:11

Please ensure you accept before speaking.

[Alice K - Events] 15:33:14

And finally, if you are off-site and dialed in via phone only.

[Alice K - Events] 15:33:19

Press star 9 on your phone to raise your hand.

[Alice K - Events] 15:33:21

Listen for your phone number to be called by the moderator, and if selected to share your comment.

[Alice K - Events] 15:33:27

Make sure you are unmuted on your phone by pressing star six.

[Alice K - Events] 15:33:31

Public comment will be taken during the meeting at the designated times and will be limited to the total amount of time allocated for public comment on particular issues.

[Alice K - Events] 15:33:42

The chair will call on individuals in the order in which their hands were raised.

[Alice K - Events] 15:33:46

individuals will be given two minutes. Please state your name and organizational affiliation when you begin.

[Alice K - Events] 15:33:52

Participants are also encouraged to use the Q&A to ensure all feedback is captured or again, you may email comments to dxf

[Alice K - Events] 15:34:01

at chhs.ca.gov.

[Alice K - Events] 15:34:04

And with that, I'd like to introduce John Ohanian, Chief Data Officer at California Health and Human Services.

[CalHHS CDII] 15:34:12

Alice, and thank you all for joining us and welcome to today's Data Exchange Framework Joint Implementation Advisory Committee.

[CalHHS CDII] 15:34:19

And our data sharing policies and procedures subcommittee meeting.

[CalHHS CDII] 15:34:23

During our time today, we're going to give you some information on our 2025 Data Exchange Framework Summit.

[CalHHS CDII] 15:34:30

We're going to provide some brief implementation and advisory committee updates for all of you.

[CalHHS CDII] 15:34:37

discuss, we're going to discuss a plan to advance the US CDI

[CalHHS CDII] 15:34:40

standards requirement. And we're going to discuss the data exchange framework roadmap

[CalHHS CDII] 15:34:45

which is CalHHS's draft of a three-year plan

[CalHHS CDII] 15:34:50

to realize more effective and health and social service data exchange across Californians for all Californians.

[CalHHS CDII] 15:34:56

We have some time throughout today's meeting for discussion and to take public comments.

[CalHHS CDII] 15:35:02

We encourage members of the advisory committee and public to utilize the chat and Q&A functions throughout the meeting.

[CalHHS CDII] 15:35:08

really helps us capture those questions. Some we can answer in real time and some will be answering

[CalHHS CDII] 15:35:13

After the meeting. So thank you for that.

[CalHHS CDII] 15:35:16

Next slide, please. Before our meeting officially begins, I definitely wanted to take a moment

[CalHHS CDII] 15:35:21

And thank Deanne McCollin, who was our deputy director, for her invaluable contributions to advancing the data exchange framework over the past two years.

[CalHHS CDII] 15:35:31

Although Deanne has stepped down as the Deputy Director of CDI,

her contributions will have a lasting impact. So if you haven't, maybe you can reach out and thank Deanne as well.

[CalHHS CDII] 15:35:41

I'd also like to take a moment to thank our CDII team.

[CalHHS CDII] 15:35:45

nick percentage as well as Jacob Parkinson, who's been taking on new roles and responsibilities and advancing DXF. In Deanne's absence.

[CalHHS CDII] 15:35:52

We do have an incredible team here at CDII, and I'm very thankful that we have them.

[CalHHS CDII] 15:35:58

Again, congratulations to Deanne and thanks again to the team.

[CalHHS CDII] 15:36:04

Okay, so we're going to kick off our meeting today. If we can go to slide nine.

[CalHHS CDII] 15:36:11

I am very excited today to have the California Department of Public Health Assistant

[CalHHS CDII] 15:36:16

health officer, Rita Nguyen, who's here with us today to discuss

[CalHHS CDII] 15:36:22

CDPH's commitment to data exchange framework and some work over there. So thanks for joining us today, Rita.

[Rita Nguyen] 15:36:29

Yeah, of course.

And…

[Rita Nguyen] 15:36:31

Yeah, thank you so much, Sean, for having me. I'm really happy to be here today.

[Rita Nguyen] 15:36:36

And honestly, to be able to track this tremendous progress on the data exchange framework.

[Rita Nguyen] 15:36:42

As a clinician who's been taking care of medically and very socially complex patients at San Francisco's United County Hospital for over a decade.

[Rita Nguyen] 15:36:51

It's immediately a parent to me how powerful and critical it is to be able to have

[Rita Nguyen] 15:36:56

communicating systems that actually connect patients and community members, medical and social records and

[Rita Nguyen] 15:37:01

Really appreciate all the efforts and progress to date that the data exchange framework has

[Rita Nguyen] 15:37:05

created to lay the groundwork for that.

[Rita Nguyen] 15:37:08

As some of you may know, CDPH's mission is to advance the health and well-being of California's diverse people and communities.

[Rita Nguyen] 15:37:14

We fully support the vision of the data exchange framework to improve data exchange across the state

[Rita Nguyen] 15:37:20

And believe that all these efforts will create a stronger, more integrated public health ecosystem as well as it contributes

[Rita Nguyen] 15:37:27

to our public health data.

[Rita Nguyen] 15:37:29

Many of you probably saw that in the COVID-19 pandemic, it exposed many gaps in our public health data systems.

[Rita Nguyen] 15:37:37

And it highlighted the need for system modernization and integration.

[Rita Nguyen] 15:37:42

we sort of were on the heels of decades of underinvestment.

[Rita Nguyen] 15:37:46

And it left many of our public health systems outdated and siloed.

[Rita Nguyen] 15:37:50

And so the DXF really has been this valuable opportunity to build important connections

[Rita Nguyen] 15:37:56

through a more robust public health data infrastructure.

[Rita Nguyen] 15:37:58

And it does feed nicely into what we've been calling the future of public health data modernization plan.

[Rita Nguyen] 15:38:06

Which is something CDPH has been working on for several years now.

[Rita Nguyen] 15:38:09

The DXF is this wonderful opportunity to establish common health system guidelines.

[Rita Nguyen] 15:38:14

bringing California closer to its vision of seamless data exchange.

[Rita Nguyen] 15:38:18

among diverse systems and agencies.

[Rita Nguyen] 15:38:20

The DXF provides this unique opportunity to support public health modernizations as well.

[Rita Nguyen] 15:38:24

And to create this unified approach to data exchange.

[Rita Nguyen] 15:38:29

We really appreciate that the goals of the DXF align with the goals of our future public IT and data modernization initiatives.

[Rita Nguyen] 15:38:36

In which we're trying to build resilient, agile, and equitable public health data system that enables timely data-driven decision making.

[Rita Nguyen] 15:38:44

And so I thank you, the members of the advisory committee, and the members of the public that are gathered here today

[Rita Nguyen] 15:38:50

For your time and your energy, for your continued dedication

[Rita Nguyen] 15:38:53

to improving data exchange and your role as advocates and leaders.

[Rita Nguyen] 15:38:57

in our communities to improve the ways that we deliver care to Californians.

[Rita Nguyen] 15:39:01

I really look forward to working together with

[Rita Nguyen] 15:39:04

CDI and others to make the vision of the data exchange framework a reality.

[CalHHS CDII] 15:39:12

Thank you for joining us. Members, I really appreciate the partnership that we have with you and your team.

[CalHHS CDII] 15:39:20

There are incredible transformational efforts happening throughout agency and

[CalHHS CDII] 15:39:25

to weave it together really just takes

[CalHHS CDII] 15:39:28

trust and relationships, not just like it's basic, but it really relies on those healthy relationships and trust that we have with our partners so

[CalHHS CDII] 15:39:37

We're very fortunate in that and look forward to hearing more from CDPH in the months and years ahead. So thanks again, Rita.

[CalHHS CDII] 15:39:46

Next slide, please. We're going to jump into our data exchange framework summit.

[CalHHS CDII] 15:39:52

If you haven't already.

[CalHHS CDII] 15:39:54

noticed. I know we have it on social media. I saw it on LinkedIn yesterday. We have

[CalHHS CDII] 15:39:59

the 2025 save the date, March 20th, 2025

[CalHHS CDII] 15:40:04

at the Library Galleria in Sacramento.

[CalHHS CDII] 15:40:07

It's going to be an all-day event.

[CalHHS CDII] 15:40:09

So please mark your calendars.

[CalHHS CDII] 15:40:12

uh you know the 2025 summit is a landmark event in our journey towards a more

[CalHHS CDII] 15:40:17

integrated, equitable health system in california

[CalHHS CDII] 15:40:20

We've been really fortunate to have

[CalHHS CDII] 15:40:23

folks that have partnered with us over the last year to make this event what I think is going to be a tremendous event.

[CalHHS CDII] 15:40:30

Having it in Sacramento, having it in our backyard, involving our partners, involving our departments within CalHHS.

[CalHHS CDII] 15:40:38

to show their progress.

[CalHHS CDII] 15:40:41

As well as to work through. In a lot of ways, we are in a deep implementation phase.

[CalHHS CDII] 15:40:46

a lot of the answers to questions are not there yet.

[CalHHS CDII] 15:40:49

All the solutions are not mapped out in one cohesive, simple to use plan.

[CalHHS CDII] 15:40:54

Because this is complex work, but building on what I shared earlier in terms of trust and relationships

[CalHHS CDII] 15:41:00

That's, I think, the magic that happens at the summit is really hearing where we are

[CalHHS CDII] 15:41:04

dreaming about where we need to be and then working through some solutions. One of the real milestones of last year's summit

[CalHHS CDII] 15:41:11

was the need for a three-year roadmap, which we're happy to share with you later on today. And it's that type of feedback that's really helpful for us as we move forward.

[CalHHS CDII] 15:41:21

So building on last year's theme of cultivating connections, this year's summit will bring together health and social service leaders

[CalHHS CDII] 15:41:28

technology experts, policymakers.

[CalHHS CDII] 15:41:31

community organizations to drive the next phase of DXF.

[CalHHS CDII] 15:41:34

it's going to be a full day of engaging panels, fireside chats, and real world storytelling.

[CalHHS CDII] 15:41:40

networking opportunities and Q&A.

[CalHHS CDII] 15:41:43

Every session is going to be crafted to inspire meaningful connections and spark ideas for partnerships that will advance the integration

[CalHHS CDII] 15:41:50

of Health and Social Services.

[CalHHS CDII] 15:41:52

data infrastructure in California.

[CalHHS CDII] 15:41:55

We encourage healthcare leaders, policy experts, and community organizations to join us in Sacramento for this event.

[CalHHS CDII] 15:42:00

We're in the process of confirming speakers and panelists

[CalHHS CDII] 15:42:04

and welcoming nominations from this group.

[CalHHS CDII] 15:42:07

I ask you, I know I attend a number of conferences

[CalHHS CDII] 15:42:12

webinars and other presentations through the year.

[CalHHS CDII] 15:42:15

If there are speakers that you think would bring a dynamic approach.

[CalHHS CDII] 15:42:19

maybe an interesting story or two.

[CalHHS CDII] 15:42:22

real world examples.

[CalHHS CDII] 15:42:24

maybe some cutting edge practices. We'd love to hear from you and get those recommendations as we put together this.

[CalHHS CDII] 15:42:30

So registration will open in the next coming weeks and we look forward to seeing you all there.

[CalHHS CDII] 15:42:35

And with that, I'm going to hand it over to Jacob to give the group some updates

[CalHHS CDII] 15:42:41

data exchange framework implementation.

[CalHHS CDII] 15:42:44

Jacob?

[Jacob Parkinson] 15:42:45

Thanks, Sean. I think we can jump to the next slide.

[Jacob Parkinson] 15:42:49

Yeah, so since the last time we had a chance to meet, we have worked with our stakeholders to continue to advance the DXF

[Jacob Parkinson] 15:42:56

Across a number of domains

[Jacob Parkinson] 15:42:58

But before we jump into those implementation updates, we're going to talk briefly about

[Jacob Parkinson] 15:43:03

some advisory committee updates.

[Jacob Parkinson] 15:43:05

So CDIA, we convened the 2024 Standards Committee

[Jacob Parkinson] 15:43:09

And since September, we've actually had three standards committee meetings, which have focused on advancing the required version of the USCDI

[Jacob Parkinson] 15:43:18

in RPNPs. We've also focused on establishing some technical standards for event notifications.

[Jacob Parkinson] 15:43:24

Namely around the content and transport mechanisms of those notifications.

[Jacob Parkinson] 15:43:29

And lastly, we plan to group the technical advisory subcommittee, our task.

[Jacob Parkinson] 15:43:35

In November this month to discuss a fire roadmap.

[Jacob Parkinson] 15:43:38

And really the goal there is to parallel some of the work being done on a federal level with TEFCA.

[Jacob Parkinson] 15:43:45

Our policies and procedures. We are currently developing an amendment to the data elements to be exchanged

[Jacob Parkinson] 15:43:51

PNP, and that's based on a lot of those conversations in the standards committee meeting I just talked about.

[Jacob Parkinson] 15:43:57

But I won't divulge too much there because we're going to talk about it on this call here shortly.

[Jacob Parkinson] 15:44:03

For the grants program, our grantee progress reports are for quarter four are due on December 31st.

[Jacob Parkinson] 15:44:10

For grantees who receive their awards in round one or two.

[Jacob Parkinson] 15:44:14

They must report on milestone 1 by the end of this quarter to continue in the grants program

[Jacob Parkinson] 15:44:21

Now, for QOB grantees, the QHIO onboarding grantees, it's the responsibility of the QHIOs to be submitting those progress reports

[Jacob Parkinson] 15:44:30

Prefer technical assistance grantees.

[Jacob Parkinson] 15:44:32

they should be submitting their own reports.

[Jacob Parkinson] 15:44:35

The QHIO program, a lot of great updates since the last time we talked

[Jacob Parkinson] 15:44:39

CDII has finalized the remaining program requirements related to oversight and change management just last month in October.

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HUMAN SERVICES AGENCY

[Jacob Parkinson] 15:44:47

All of those new program components are posted on the DXF web page.

[Jacob Parkinson] 15:44:51

And that really marks the end of the first iteration of the QHIO program.

[Jacob Parkinson] 15:44:58

As it is posted now on the webpage, which is really a significant milestone for the DXF.

[Jacob Parkinson] 15:45:05

On impact measurement, we are currently finalizing our phase one metrics for Q3.

[Jacob Parkinson] 15:45:10

And we hope to be able to actually show you some data, show you some visualizations.

[Jacob Parkinson] 15:45:15

The next time we meet at the IAC call.

[Jacob Parkinson] 15:45:18

I think we can jump to the next slide.

[Jacob Parkinson] 15:45:22

Signatory count. So as of November 1st we've

[Jacob Parkinson] 15:45:26

seen over 2,500 signed data sharing agreements

[Jacob Parkinson] 15:45:29

Representing a little over 4,400 participants.

[Jacob Parkinson] 15:45:34

Now, I'm not going to actually dive into the specific breakdowns by each category here, but just to say we have moved the needle since the last time we met.

[Jacob Parkinson] 15:45:41

And we plan to continue to move the needle here. There's a lot of work being done in terms of participant engagement.

[Jacob Parkinson] 15:45:48

Which you'll see actually later on this call.

[Jacob Parkinson] 15:45:51

If you want to see the full list of organizations that have signed the DSA, head to our webpage. We have a list published.

[Jacob Parkinson] 15:45:58

Next slide, please.

[Jacob Parkinson] 15:46:01

Okay. As of November 1st for participant directory choices as well.

[Jacob Parkinson] 15:46:06

We're seeing that about 2019 organizations

[Jacob Parkinson] 15:46:11

have entered their choices for how they plan to exchange data with other participants.

[Jacob Parkinson] 15:46:16

This is actually about 47% of our participants, which is

[Jacob Parkinson] 15:46:20

a great leap since the last time we met.

[Jacob Parkinson] 15:46:23

A lot of that due to the work from our consultants, from Deanne, who is no longer

[Jacob Parkinson] 15:46:28

from RIM and a lot of the amazing folks on this call. So kudos to everyone on this call who has continued to move that forward.

[Jacob Parkinson] 15:46:36

a lot of work being done there and a lot of work still to do to get that closer to 100%.

[Jacob Parkinson] 15:46:43

We hope to fill the gaps, but more than that, we actually hope to start

[Jacob Parkinson] 15:46:47

Considering what a participant directory 2.0 may actually look like.

[Jacob Parkinson] 15:46:53

to start setting up some real infrastructure to support participants

[Jacob Parkinson] 15:46:58

In a dynamic way.

[Jacob Parkinson] 15:46:59

And we're actually going to talk a little bit more about that as well. So I won't talk too much here.

[Jacob Parkinson] 15:47:05

In fact, let's jump to RIM to talk about USCDI technical standards updates.

[CalHHS CDII] 15:47:14

Thank you, Jacob. Scrolling to the next slide.

[CalHHS CDII] 15:47:19

So, um.

[CalHHS CDII] 15:47:20

As Jacob mentioned, the technical standards committee is meeting now. We're about halfway through what we anticipate for a series of meetings

[CalHHS CDII] 15:47:29

The first meeting concentrated on advancing USCDI standards and

[CalHHS CDII] 15:47:35

Thanks to Matt for dropping in the chat the link to the USCDI if people want to learn more about what's there. We're going to cover it much more

[CalHHS CDII] 15:47:44

at a much higher level, a lot less detail than you can find on that site.

[CalHHS CDII] 15:47:51

On this slide, it really identifies where USCDI is called out in our current documents.

[CalHHS CDII] 15:47:57

that are probably most important here are the data elements to be exchanged P&P.

[CalHHS CDII] 15:48:01

which requires health

[CalHHS CDII] 15:48:05

healthcare providers and actually most of

[CalHHS CDII] 15:48:09

the participants

[CalHHS CDII] 15:48:11

to utilize USCDI version 2 data elements and code sets in the exchange of information.

[CalHHS CDII] 15:48:18

The technical requirements for exchange also references USCDI version 2

[CalHHS CDII] 15:48:24

with respect to person matching.

[CalHHS CDII] 15:48:27

and the attributes of digital identity

[CalHHS CDII] 15:48:31

Unless it is

[CalHHS CDII] 15:48:33

superseded by a different version in other P&Ps.

[CalHHS CDII] 15:48:40

The reason for bringing this before the standards committee this year

[CalHHS CDII] 15:48:45

is that as many of you know.

[CalHHS CDII] 15:48:48

the Assistant Secretary for Technology Policy or ONC has

[CalHHS CDII] 15:48:54

advanced requirement for health IT certification

[CalHHS CDII] 15:48:58

to USCDI version 3

[CalHHS CDII] 15:49:01

skipping over version two

[CalHHS CDII] 15:49:04

Effective January 1st, 2026.

[CalHHS CDII] 15:49:08

And so the question that we took to the standards committee was, should we advance the version for USCDI

[CalHHS CDII] 15:49:16

USCDI to align with federal requirements

[CalHHS CDII] 15:49:20

Let's go on to the next slide. And this really identifies the recommendations

[CalHHS CDII] 15:49:26

that the standards committee made. The first is that, yes, they recommended that

[CalHHS CDII] 15:49:33

the requirement for dxf

For all participants move from USCDI version 2 to version three

[CalHHS CDII] 15:49:41

no later than January 1st, 2026. That aligns with the date that is established for

[CalHHS CDII] 15:49:48

federal requirements for health

[CalHHS CDII] 15:49:51

IT certified certification.

[CalHHS CDII] 15:49:54

I will note that the requirement there is aligned with the HIT certification program.

[CalHHS CDII] 15:50:01

but that the specific recommendation

[CalHHS CDII] 15:50:04

of the standards committee was to advance that for all participants in DXF.

[CalHHS CDII] 15:50:11

We have participants from a number of different stakeholders and the general consensus was

[CalHHS CDII] 15:50:17

that all of them should move forward as of 2026.

[CalHHS CDII] 15:50:22

not just health care providers.

[CalHHS CDII] 15:50:25

They also recommended that we at least consider

[CalHHS CDII] 15:50:28

automatically aligning the version of USCDI with federal requirements

[CalHHS CDII] 15:50:33

rather than calling out a specific version

[CalHHS CDII] 15:50:36

of USCDI and our own policies and procedures.

[CalHHS CDII] 15:50:41

And the final recommendation was to provide more than six months runway for participants to implement

[CalHHS CDII] 15:50:48

this new version of USCDI

[CalHHS CDII] 15:50:52

You'll recall from the PNP that governs uh

[CalHHS CDII] 15:50:58

development and amendment.

[CalHHS CDII] 15:51:00

of our policies and procedures that at least 180 days

[CalHHS CDII] 15:51:05

is required between the publication of a new requirement in the PNPs and when that requirement becomes effective

[CalHHS CDII] 15:51:13

The recommendation here was to provide more runway

[CalHHS CDII] 15:51:16

than that 180 days.

[CalHHS CDII] 15:51:18

When we talked about it, the recommendation was specifically not to delay implementation

[CalHHS CDII] 15:51:25

But that means make the change to the PNP as early as possible

[CalHHS CDII] 15:51:31

So that stakeholders, excuse me, participants knew that that requirement was coming in January.

[CalHHS CDII] 15:51:39

Let's go on to the next slide. I'm not going to cover in great detail the changes between version two and version three

[CalHHS CDII] 15:51:46

But this slide was raised from

[CalHHS CDII] 15:51:51

a publication coming out of ONC.

[CalHHS CDII] 15:51:54

to highlight those new elements

[CalHHS CDII] 15:51:56

or changed components.

[CalHHS CDII] 15:51:58

between version two and version three. This is, again, one of the things that was reviewed by the standards committee in making the recommendation.

[CalHHS CDII] 15:52:07

You can see here that most of the additions regard health insurance information.

[CalHHS CDII] 15:52:14

health status and assessments, some changes to laboratory and medication information, some additions to

[CalHHS CDII] 15:52:23

person demographics.

[CalHHS CDII] 15:52:25

And those are where the primary changes and additions for version three are.

[CalHHS CDII] 15:52:33

Let's go on to the next slide. And so here is what CDI's plan is to move forward.

[CalHHS CDII] 15:52:41

So the first step would to begin the process now to amend the data elements to be exchanged P&P

[CalHHS CDII] 15:52:48

to advance USCDI version, to advance

[CalHHS CDII] 15:52:52

to USCDI version three.

[CalHHS CDII] 15:52:54

for all participants as recommended by

[CalHHS CDII] 15:52:58

the standards committee.

[CalHHS CDII] 15:53:01

the um

[CalHHS CDII] 15:53:03

The reason for

[CalHHS CDII] 15:53:05

beginning that process now is to give participants as much runway as possible

[CalHHS CDII] 15:53:12

going through our standard process to amend a pnp

[CalHHS CDII] 15:53:16

We would anticipate publication

[CalHHS CDII] 15:53:19

either in late Q1 or early Q2 of 2025 and therefore giving participants

[CalHHS CDII] 15:53:27

significantly more than six months to implement

[CalHHS CDII] 15:53:31

this. What that means is getting amendments out for public comment

[CalHHS CDII] 15:53:38

very quickly. And what we're anticipating right now is trying to publish a version for public comment in the next couple of weeks.

[CalHHS CDII] 15:53:47

However, CDII is recommending that we not

[CalHHS CDII] 15:53:52

accept a recommendation of the standards committee

[CalHHS CDII] 15:53:54

to automatically align the version of USCDI

[CalHHS CDII] 15:53:59

with federal requirements. And the primary reason for that is that ONCs

[CalHHS CDII] 15:54:05

requirements there are primarily directed at healthcare providers.

[CalHHS CDII] 15:54:10

This allows us

[CalHHS CDII] 15:54:12

to continually monitor

[CalHHS CDII] 15:54:15

progress of other participants on DXF.

[CalHHS CDII] 15:54:19

And debate internally what is the most appropriate version for each of the stakeholders

[CalHHS CDII] 15:54:26

I know that if people are watching the um

[CalHHS CDII] 15:54:31

announcements of pending rulemaking may know that ONC is already talking about the next version beyond version

[CalHHS CDII] 15:54:40

Three.

[CalHHS CDII] 15:54:42

that might take effect in early 2028. So there's plenty of runway

[CalHHS CDII] 15:54:47

for us to learn from version three

[CalHHS CDII] 15:54:50

implementation and consider advancing to version four. So we're recommending that we not auto align.

[CalHHS CDII] 15:54:57

And finally.

[CalHHS CDII] 15:55:00

to align the technical requirements for exchange in 2025 rather than now. You'll recall that

[CalHHS CDII] 15:55:08

the technical requirements for exchange

[CalHHS CDII] 15:55:11

does name version two if a different version isn't already included in USCD, excuse me, in the data elements to be exchanged.

[CalHHS CDII] 15:55:21

There are other considerations that the standards committee is debating now.

[CalHHS CDII] 15:55:25

to make recommendations that would also affect the technical requirements for exchange

[CalHHS CDII] 15:55:30

And so we anticipate that there may be amendments to that PNP in early 2025, and we would adjust USCDI

[CalHHS CDII] 15:55:39

version at that time.

[CalHHS CDII] 15:55:41

or do it administratively if there won't be amendments to that P&P.

[CalHHS CDII] 15:55:48

Let's go on to the next slide, and this is really our place for discussion here.

[CalHHS CDII] 15:55:54

We have three questions that we're interested in your input on

[CalHHS CDII] 15:55:58

First, are there any concerns with advancing USCDI

[CalHHS CDII] 15:56:02

to version three.

[CalHHS CDII] 15:56:04

And in particular.

[CalHHS CDII] 15:56:07

Again, that would be advancing it for all participants, not just health care providers.

[CalHHS CDII] 15:56:12

Second question, or do you have concerns with requiring implementation by January 1st, 2026?

[CalHHS CDII] 15:56:19

that would align with ONC requirements for

[CalHHS CDII] 15:56:24

the certification program.

[CalHHS CDII] 15:56:26

And are there concerns with not automatically advancing USCDI to align with ONC requirements in the future?

[CalHHS CDII] 15:56:33

but withholding that as something that we would consider and advance through amendment of PMPs moving forward.

[CalHHS CDII] 15:56:42

I'll really shut up now and I'm really interested in anybody's thoughts.

[CalHHS CDII] 15:56:54

I have not been monitoring the chat. If anybody dropped comments in the chat that they'd like to make verbally.

[CalHHS CDII] 15:57:00

feel free. Matt, I see your hand up.

[Matthew Eisenberg] 15:57:04

I'm a little confused. Sorry. So it's Matt Eisenberg, Stanford HealthCare. I'm Associate CMIO.

[Matthew Eisenberg] 15:57:09

I'm on the Policy and Procedures Committee.

[Matthew Eisenberg] 15:57:12

So it sounds like there's a recommendation to align with the federal advancement

[Matthew Eisenberg] 15:57:18

But then how does that reconcile with number three

[Matthew Eisenberg] 15:57:22

and not automatically advancing. I don't understand that i mean

[Matthew Eisenberg] 15:57:27

Most of us who are actually sharing any data have to follow the federal requirements.

[Matthew Eisenberg] 15:57:32

And can't be on two versions.

[Matthew Eisenberg] 15:57:34

You can't be on version two for California and version three for the rest of the world or vice versa.

[Matthew Eisenberg] 15:57:40

has been stated in the chat. And all of us who are providers with data

[Matthew Eisenberg] 15:57:45

have to follow the federal standard. Why don't we just basically say California

[Matthew Eisenberg] 15:57:51

will follow the advancement for

[Matthew Eisenberg] 15:57:54

you know, that is laid out by the federal government

[Matthew Eisenberg] 15:57:57

I don't understand…

[Matthew Eisenberg] 15:58:01

Who is harmed by that? Is it the QHIOs who can't get to that version? I don't understand.

[CalHHS CDII] 15:58:07

So Matt, that's a really good question. And that's really what I wanted to hear from folks

[CalHHS CDII] 15:58:13

today. As I said, the recommendation of the standards committee was to auto align and we wanted to consider this today at today's meeting.

[CalHHS CDII] 15:58:23

The federal requirements apply to health care providers, but they don't

[CalHHS CDII] 15:58:26

applied to plans. They don't apply to the voluntary signatories.

[CalHHS CDII] 15:58:31

et cetera. They don't apply to social services organizations, but the DXF requirements do apply

[CalHHS CDII] 15:58:38

across the board. So that was the reason to consider them separately.

[CalHHS CDII] 15:58:42

However, I think that your point is a good one. And like I said, it is

[CalHHS CDII] 15:58:48

it was the recommendation of the standards committee

[CalHHS CDII] 15:58:51

to auto align for all of the DXF participants, not just health care providers.

[CalHHS CDII] 15:58:58

to keep all of California on the same version and to keep it aligned with the federal requirements.

[CalHHS CDII] 15:59:04

What I'm hearing from you is that you believe that that would be a better approach.

[Matthew Eisenberg] 15:59:08

Yeah, I mean, again, why, yeah, I think we should

[Matthew Eisenberg] 15:59:12

follow the recommendations and align with the federal government. The plans are going to have a whole new slew of requirements also starting

[Matthew Eisenberg] 15:59:20

In January of 2026.

[Matthew Eisenberg] 15:59:22

through API sharing that are required by CMS today if they're part of CMS. So let's just align the state with what we have to do federally. This is silly.

[Matthew Eisenberg] 15:59:33

We can't have a separate system. It just won't make sense.

[CalHHS CDII] 15:59:37

Thank you, Matt. Karen, I see your hand up.

[Kiran Savage-Sangwan] 15:59:41

Yeah, thanks so much, Karen Savage at CPEN. You know, we're really supportive and very glad that we're moving to version three, which has much more complete demographic information than prior versions.

[Kiran Savage-Sangwan] 15:59:53

The previous speaker's points are very well taken. We don't have a strong opinion on that. I would say the one thing is that

[Kiran Savage-Sangwan] 16:00:00

I think version three is a pretty big

[Kiran Savage-Sangwan] 16:00:05

change for a lot of entities. And I think it's really important that

[Kiran Savage-Sangwan] 16:00:08

folks be able to focus on the completeness of the version three data, but sort of before all else. So that's one consideration. The other thing I'll just throw out there is that even the most recent, the version five.

[Kiran Savage-Sangwan] 16:00:22

for some reason didn't update the rates ethnicity categories to align with the new OMB categories, which we think is a problem. Obviously, it's not up to California, but I do think it's something the state's going to have to grapple with as we're trying to update many of our systems to those OMB

[Kiran Savage-Sangwan] 16:00:37

race and ethnicity categories.

[CalHHS CDII] 16:00:42

Thank you. Troy, see your hand up.

[Troy Kaji] 16:00:48

Okay, good.

[Troy Kaji] 16:00:50

I just wanted to

[Troy Kaji] 16:00:53

Yes, echo the comments that have already been made.

[Troy Kaji] 16:00:57

better to stay aligned. And I'm just going to

[Troy Kaji] 16:01:02

throw out the practical problem if people are

[Troy Kaji] 16:01:06

not on the current version.

[Troy Kaji] 16:01:08

Then there's all sorts of errors that happen in

[Troy Kaji] 16:01:11

transmission of data. If somebody's lagging

[Troy Kaji] 16:01:16

There's all kinds of unpredictable errors that happen

[Troy Kaji] 16:01:21

So if we don't have one standard that is the current standard.

[Troy Kaji] 16:01:25

We're going to create other problems. Thanks.

[CalHHS CDII] 16:01:29

Thank you, Troy.

[CalHHS CDII] 16:01:33

Are there any other comments?

[CalHHS CDII] 16:01:35

Questions?

[CalHHS CDII] 16:01:36

Yeah, John. So, you know, when we're talking about standards, I'm thinking when you're talking about

[CalHHS CDII] 16:01:43

the health systems

[CalHHS CDII] 16:01:44

We're talking about the CCD that they produce being a version three that is sharing all those data elements. Not everybody shares CCD.

[CalHHS CDII] 16:01:53

So you've got all types of interfaces.

[CalHHS CDII] 16:01:55

that have to be

[CalHHS CDII] 16:01:57

upgraded and you know

[CalHHS CDII] 16:02:00

elements added to and things like that

[CalHHS CDII] 16:02:03

So I mean, from that version level that the health systems are talking about.

[CalHHS CDII] 16:02:08

I don't see that. I think that that's true. I think that we should be aligned at that arena.

[CalHHS CDII] 16:02:14

But it should separate out

[CalHHS CDII] 16:02:17

the other elements of interoperability that people are using, whether it's HL72

[CalHHS CDII] 16:02:22

right or you know jason or however people are

[CalHHS CDII] 16:02:26

contributing data, especially for CBOs, social services, and the like

[CalHHS CDII] 16:02:32

So I think it might be good to kind of delineate

[CalHHS CDII] 16:02:36

puts more clarity around

[CalHHS CDII] 16:02:41

the version and it's

[CalHHS CDII] 16:02:43

it's applicable to

[CalHHS CDII] 16:02:46

in that runway, right?

[CalHHS CDII] 16:02:48

I understand what you're saying there.

[CalHHS CDII] 16:02:52

I believe that the data elements to be exchanged calls out that you are only required to support those elements that are

[CalHHS CDII] 16:02:59

supported by the underlying standard, but we should review that language and make sure that that is still appropriate. And make sure there's education around yes

[CalHHS CDII] 16:03:11

Any other thoughts or comments, questions?

[CalHHS CDII] 16:03:16

Hearing none, I think that what I heard pretty resoundingly here was a recommendation to auto-align.

[CalHHS CDII] 16:03:24

We'll discuss that internally. What I would ask that people

[CalHHS CDII] 16:03:29

Watch for release for public comment.

[CalHHS CDII] 16:03:32

Let's go on to the next slide.

[CalHHS CDII] 16:03:34

And this is really our next steps then, is to finalize the proposed amendments. We'll be doing that in the next few days.

[CalHHS CDII] 16:03:43

get that reviewed internally.

[CalHHS CDII] 16:03:46

And then we'll release for the proposed amendments for public comment in the next week or two.

I actually anticipate that that'll probably be released for public comment next week.

So people should watch for that.

The data elements, excuse me, the development and amendment of PNPs, PNP calls for a 45 day

public comment period. So that's how long it'll go out for.

that would close public comment slightly before the end of this year. So that gives us that runway.

And then we'll continue to work with the standards committee over the course of the rest of this year to talk about

technical standards for event notifications.

that may lead to amendments to the technical requirements for exchange PNP.

[CalHHS CDII] 16:04:43

2025.

[CalHHS CDII] 16:04:44

John, I see your hand up.

[Jonah Frohlich] 16:04:47

Yeah, thanks. And sorry if I missed this a little bit earlier, but if we do move to like the auto alignment

[Jonah Frohlich] 16:04:54

do we need to consider the possibility that we have to adjust the 180 day

[Jonah Frohlich] 16:05:00

review process for making changes

[Jonah Frohlich] 16:05:03

to any of our policies and procedures.

[Jonah Frohlich] 16:05:06

Because the auto alignment has, it's like a different process

[Jonah Frohlich] 16:05:10

were not intentionally

[Jonah Frohlich] 16:05:11

like putting something out there for comment and then getting reactions and updating it um

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[Jonah Frohlich] 16:05:17

So I think it's more for us to consider if we do adopt this

[Jonah Frohlich] 16:05:22

we have to, I think we may have to consider whether another change might be necessary for that

[Jonah Frohlich] 16:05:30

180-day window for implementation. Does that make sense?

[CalHHS CDII] 16:05:34

It does. We'll take a look at that, I think.

[CalHHS CDII] 16:05:38

that we can just within the data elements to be exchanged call out

[CalHHS CDII] 16:05:42

that we will align with the version published by, if we can be explicit enough about what that is.

[CalHHS CDII] 16:05:49

But we'll take a good look at that and people during public comment should pay attention to that language too and make sure that that is clear enough so that participants know what's required.

[Jonah Frohlich] 16:05:50

Yeah.

[CalHHS CDII] 16:06:01

Belinda, I see your hand up as well.

[Belinda Luu] 16:06:05

Hi, while we're discussing the alignment topic, I just wanted to point out that the like the deadlines of the ONC deadlines for vendors and not providers. So, you know, it's recommended that the DXF requirements may need to provide additional time for those providers to implement the vendor's technology because

[Belinda Luu] 16:06:22

you know obviously when you turn it on, it doesn't work straight away. So having that grace period of making sure that providers can actually use the released technology would be helpful.

[CalHHS CDII] 16:06:35

Thank you, Belinda.

[Belinda Luu] 16:06:37

Thanks.

[CalHHS CDII] 16:06:38

Any other thoughts or comments?

[CalHHS CDII] 16:06:44

If not, I think we're done with that section to move on. Okay, great.

[CalHHS CDII] 16:06:46

Thank you, Brem. Thank you, team.

[CalHHS CDII] 16:06:49

All righty, we are going to move on to the data exchange framework roadmap conversation.

[CalHHS CDII] 16:06:54

So the DXF roadmap, for those of you that don't know, is an opportunity to communicate a set of DXF implementation priorities

[CalHHS CDII] 16:07:02

and propose actionable steps and milestones to be pursued over the course of

[CalHHS CDII] 16:07:08

the years 2025 to 2027.

[CalHHS CDII] 16:07:11

The purpose of the roadmap is to serve as a guide for the whole state.

[CalHHS CDII] 16:07:15

It describes how we can work together to collectively invest in data exchange efforts to advance whole person care initiatives.

[CalHHS CDII] 16:07:22

It's intended to reflect the desires and needs of communities, agencies, and stakeholders who are advancing health and social service initiatives.

[CalHHS CDII] 16:07:30

And the roadmap contemplates leveraging efforts across health and human service ecosystems, including both inside and outside of government.

[CalHHS CDII] 16:07:38

It's also intended to reflect the spirit and intent of AB 133 that put the data exchange framework into law.

[CalHHS CDII] 16:07:46

six priority areas are addressed in the DXF roadmap, which were identified in partnership with stakeholders and to align with other CalHHS priorities, including CalAIM.

[CalHHS CDII] 16:07:57

Slide 25, please.

[CalHHS CDII] 16:07:59

During our last meeting in September, we had the opportunity to introduce you to the roadmap and have a deep dive working sessions with many of you to refine our understandings of the issues in each of these areas.

[CalHHS CDII] 16:08:10

As well as opportunities to advance the resolution.

[CalHHS CDII] 16:08:13

The feedback we received was tremendously helpful and informative, and we hope to see you see your input reflected in these revised drafts.

[CalHHS CDII] 16:08:22

Today, we're going to aim to present these six roadmap pillars

[CalHHS CDII] 16:08:26

Along with some cross pillar considerations for additional input.

[CalHHS CDII] 16:08:30

As we launch our formal public comment process for the data exchange framework roadmap.

[CalHHS CDII] 16:08:36

So good news, within the last half hour, the roadmap has been posted. Thank you very much to Jake Zelensky on our team.

[CalHHS CDII] 16:08:44

for remediating it and getting it up so quickly.

[CalHHS CDII] 16:08:46

It is now available for public comment. I've asked, I think, Justin from an app will be dropping the link into the

chat so that folks can take a look at that.

And our goal is that you would encourage this to be shared in your networks.

with your organizations as ambassadors of the dxf

And also to ensure that folks know that this is a plan for all of Californians. So we want all of your input.

Over the next month, we'll be seeking broad and deep input on the roadmap.

Which is your roadmap. And what CalHHS should be prioritizing for implementation in the coming year.

So with that, to kick off our roadmap discussions, I'm going to hand it over

to rim to cover event notification.

it comes back to me again. So sorry.

[CalHHS CDII] 16:09:35

Yeah, if we can go on to the next slide.

[CalHHS CDII] 16:09:38

So we're going to talk just briefly about each one of the pillars, and I get the first one here on event notification. As folks know the

[CalHHS CDII] 16:09:47

Current policies and procedures require that

[CalHHS CDII] 16:09:50

hospitals, emergency departments, and recommends that skilled nursing facilities

[CalHHS CDII] 16:09:56

provide notifications of admissions and discharges to participants that request them.

[CalHHS CDII] 16:10:02

The event notification pillar is intended to take that

[CalHHS CDII] 16:10:07

significantly further. And that's to broaden the scope of event notification to notifications of

[CalHHS CDII] 16:10:16

events that are

[CalHHS CDII] 16:10:20

significant to significantly impact the health of individuals that may be beyond just admissions and discharges to acute or subacute facilities.

[CalHHS CDII] 16:10:31

The current state then is that

[CalHHS CDII] 16:10:33

we really have those requirements, but there isn't a nationwide or statewide framework for sharing that information that we

[CalHHS CDII] 16:10:40

could use in modeling as a model

[CalHHS CDII] 16:10:44

for DXF.

[CalHHS CDII] 16:10:46

As a result of that, we put the requirements in place in the PMPs

[CalHHS CDII] 16:10:51

But we did not establish either a statewide architecture for how that would be accomplished.

[CalHHS CDII] 16:10:57

and left flexible the standards that participants would be using.

[CalHHS CDII] 16:11:02

Those have become barriers to really advancing things very much further.

[CalHHS CDII] 16:11:07

As I said before, the Technical Standards Committee is already discussing establishing technical standards

[CalHHS CDII] 16:11:16

for admissions and discharges.

[CalHHS CDII] 16:11:19

to begin to address some of those issues.

[CalHHS CDII] 16:11:24

And so, and in addition to the lack of architecture.

[CalHHS CDII] 16:11:28

and the lack of technical standards, as we've discussed many times, we also don't have a common understanding of identities.

[CalHHS CDII] 16:11:37

Which makes it difficult to send notifications

[CalHHS CDII] 16:11:41

across enterprise boundaries about individuals without a common understanding of the identities of those individuals.

[CalHHS CDII] 16:11:48

So if we go on to the next slide.

[CalHHS CDII] 16:11:52

really talks about the high level recommendations that we're making to move this forward over the next

[CalHHS CDII] 16:11:58

three years. So first of all.

[CalHHS CDII] 16:12:01

promote a concept that we call event-based exchange

[CalHHS CDII] 16:12:07

as an extension of notifications of admissions and discharges.

[CalHHS CDII] 16:12:13

The concept was largely based

[CalHHS CDII] 16:12:16

on what patient-centered data home is doing today or notifications of a significant event are sent

[CalHHS CDII] 16:12:25

And organizations that want to understand more about that event are free to obtain that other information

[CalHHS CDII] 16:12:32

through other means such as query-based exchange. So it becomes an obvious partner with query-based exchange

[CalHHS CDII] 16:12:41

for how you obtain information.

[CalHHS CDII] 16:12:43

that we established the second recommendations that we establish a logical architecture

[CalHHS CDII] 16:12:49

for event-based exchange, that doesn't necessarily mean

[CalHHS CDII] 16:12:53

that we build statewide infrastructure, but that we describe how we expect event

[CalHHS CDII] 16:12:59

based exchange to take place in California.

[CalHHS CDII] 16:13:03

that we explore establishing centralized or federated

[CalHHS CDII] 16:13:08

coordinated federated services to support event-based exchange

[CalHHS CDII] 16:13:13

people that have been watching our biweekly update know that we released an RFI, a request for information

[CalHHS CDII] 16:13:23

to explore a centralized roster service as one step in potentially

[CalHHS CDII] 16:13:28

establishing some of those centralized services to help

[CalHHS CDII] 16:13:34

span the gap now where there aren't good federal

[CalHHS CDII] 16:13:39

initiatives that are already bringing some of those services to bear.

[CalHHS CDII] 16:13:44

that we establish and require the use of minimum technical standards for event-based exchange, starting with admissions and discharges, as I said.

[CalHHS CDII] 16:13:53

We are exploring those in the technical standards committee now and might be proposed as amendments to technical requirements for exchange in 2025.

[CalHHS CDII] 16:14:03

And then we advance use cases beyond just admissions and discharges to acute and subacute facilities.

[CalHHS CDII] 16:14:10

That will be a longer process to explore what are the priorities that we need.

[CalHHS CDII] 16:14:15

In order to move that forward and what are the most important events to improve

[CalHHS CDII] 16:14:20

whole person health of the individuals that participants are serving.

[CalHHS CDII] 16:14:29

An important component of this will be to explore establishing a shared understanding of individual identity

[CalHHS CDII] 16:14:35

you'll see that reflected across a number of the pillars, and so it's shared here as well.

[CalHHS CDII] 16:14:42

And then this will all require resources. So that means exploring

[CalHHS CDII] 16:14:48

funding both to establish event-based exchange and maintain it over time.

[CalHHS CDII] 16:14:55

Let me pause there a little bit and see if there are any questions.

[CalHHS CDII] 16:14:59

other members of the roadmap team, if there are important parts of that that I may have skipped over.

[CalHHS CDII] 16:15:12

Yeah, Belinda, I see your hand up.

[Steven Lane] 16:15:12

Thank you.

[CalHHS CDII] 16:15:14

Is that new or was that from before?

[Belinda Luu] 16:15:16

Sure, it was just an additional comment. We certainly support

[Belinda Luu] 16:15:21

the identity service regarding event notifications. We would recommend though from a security standpoint and a governance standpoint that those

[Belinda Luu] 16:15:31

the identity service be federated rather than centralized because when they're centralized, it's more vulnerable.

[Belinda Luu] 16:15:38

threats and governance and it makes it more challenging to govern. So that would be our recommendation there.

[Steven Lane] 16:15:38

Thank you.

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[Belinda Luu] 16:15:45

for the identity servers to be federated.

[CalHHS CDII] 16:15:48

Thank you, Belinda. I think that that's going to be a long conversation for us to have across many of the pillars.

[CalHHS CDII] 16:15:54

Thank you for bringing that forward.

[CalHHS CDII] 16:15:57

early in the conversation. I appreciate that.

[CalHHS CDII] 16:16:01

Felix, I see your hand up.

[Belinda Luu] 16:16:02

Sure.

[Felix Su] 16:16:03

Yeah, thanks, Rim.

[Felix Su] 16:16:07

I think obviously this is not going to be a new

[Felix Su] 16:16:12

record from me but

[Felix Su] 16:16:14

When we talk about a common statewide structure and I see the issues that were on the previous slide in terms of

[Felix Su] 16:16:20

you know, the gaps as to why ADTs are not getting to where

[Steven Lane] 16:16:25

Thank you.

[Felix Su] 16:16:25

everybody is requesting and needing them today.

[Felix Su] 16:16:27

under the dxf um

[Felix Su] 16:16:29

One thing that I did not see explicitly

[Felix Su] 16:16:31

called out and maybe that's by design, maybe it's by omission, maybe it's, you know.

[CalHHS CDII] 16:16:33

Okay.

[Felix Su] 16:16:37

being purposefully postponed.

[Felix Su] 16:16:40

to a further discussion is whether

[Felix Su] 16:16:43

Participants should be required to

[Felix Su] 16:16:47

you know, make use of and contribute if they are supplying ADPs

[Felix Su] 16:16:53

this common statewide structure, because the structure is only common and statewide

[Felix Su] 16:16:57

to the extent that it

[Felix Su] 16:17:00

gets that level of usage. And we've seen up to now that

[Felix Su] 16:17:05

you know, voluntary encouragement has not

[Steven Lane] 16:17:09

Okay.

[Felix Su] 16:17:10

really been entirely effective.

[Felix Su] 16:17:13

And getting towards any types of statewide adoption.

[CalHHS CDII] 16:17:17

Thanks, Felix and um

[CalHHS CDII] 16:17:22

I think in the language within the pillar it talks

[Steven Lane] 16:17:24

Thank you.

[CalHHS CDII] 16:17:26

briefly about

[CalHHS CDII] 16:17:28

to what extent some of the use of some of these technologies be required, but I think that is an important point

[CalHHS CDII] 16:17:37

about requiring certain approaches, the use of the architecture and the use of services. So that's something that

[CalHHS CDII] 16:17:43

absolutely will need to be

[CalHHS CDII] 16:17:45

considered as well. Thanks, Felix.

[CalHHS CDII] 16:17:47

Dan, I see your hand up.

[Dan Chavez] 16:17:50

Thanks, Rem. Just maybe stating the obvious, but I think it's got to be

[Steven Lane] 16:17:56

Okay.

[Dan Chavez] 16:17:58

documented and out front and center. And there's even a comment in the chat

[Dan Chavez] 16:18:01

that as it relates to event notifications, the consent or authorization wishes.

[Dan Chavez] 16:18:07

of the individual will be in consideration

[Dan Chavez] 16:18:10

as it relates to this workflow just

[Dan Chavez] 16:18:13

reaffirming that.

[Dan Chavez] 16:18:16

That if a person elects not to share

[Dan Chavez] 16:18:20

consents, opts out, or does not give authorization

[Dan Chavez] 16:18:23

that event notifications on that individual

[Steven Lane] 16:18:24

Thank you.

[Dan Chavez] 16:18:26

will not be transmitted through the data exchange framework. Thank you.

[CalHHS CDII] 16:18:30

Thanks, Dan. And

[CalHHS CDII] 16:18:33

I think it's good for us to keep that in mind. It's potentially an adjustment to the language in the pillar to bring that forward a little bit more than it is now.

[CalHHS CDII] 16:18:45

And

[Steven Lane] 16:18:45

Thank you.

[CalHHS CDII] 16:18:46

to make sure that it makes it in these summaries as well. Thanks for that reminder, Dan. I think it is good to document that a little bit more front and center.

[Steven Lane] 16:18:53

Thank you.

[CalHHS CDII] 16:18:55

I see your hand up.

[CalHHS CDII] 16:19:02

If you're speaking, we cannot hear you.

[Steven Lane] 16:19:03

Thank you.

[Louis Cretaro] 16:19:11

muted, I guess.

[Louis Cretaro] 16:19:13

That's a concern for the social services systems as well.

[Louis Cretaro] 16:19:17

the consent management informed consent

[Louis Cretaro] 16:19:20

has always been on our radar.

[Louis Cretaro] 16:19:22

And as I've stated before, the

[Louis Cretaro] 16:19:25

USCDI data elements

[Louis Cretaro] 16:19:28

don't exactly line up, you know, like they do in a health system.

[Louis Cretaro] 16:19:34

with our social services systems, especially the larger ones.

[Louis Cretaro] 16:19:39

that we would get the most benefit from.

[Louis Cretaro] 16:19:42

I do see, you know, a cursory look that in USCDI

[Louis Cretaro] 16:19:47

version 6 is starting to incorporate some social services elements but

[Louis Cretaro] 16:19:53

Right now, they're not a one-to-one match, so that's an adoption issue too.

[Louis Cretaro] 16:19:59

But if you look at the CalAIMS consent

[Louis Cretaro] 16:20:03

and put yourself into

[Louis Cretaro] 16:20:07

the place of a public member trying to give consent

[Louis Cretaro] 16:20:11

there's so many different areas that would not be clear to a

[Louis Cretaro] 16:20:15

a member of the public.

[Louis Cretaro] 16:20:18

without some guidance from

[Louis Cretaro] 16:20:21

a case manager, a physician, assistant, whoever would do that in that setting.

[Louis Cretaro] 16:20:28

or a social worker.

[Louis Cretaro] 16:20:30

to inform them properly of what they were consenting to be released.

[Louis Cretaro] 16:20:35

So that's our concern as we build out

[Louis Cretaro] 16:20:40

this and of course then the risk of that data being

[Louis Cretaro] 16:20:44

inappropriately exchanged and causing us

[Louis Cretaro] 16:20:49

and the patient or client.

[Louis Cretaro] 16:20:53

a liability of some sort.

[Louis Cretaro] 16:20:55

So thank you.

[CalHHS CDII] 16:20:58

Thank you, Louie. I'm going to defer commenting further on that because we have two pillars

[CalHHS CDII] 16:21:04

specifically on social services and on consent

[CalHHS CDII] 16:21:07

But appreciate your comments there. Let's make sure that that

[CalHHS CDII] 16:21:12

We cover maybe some of

[CalHHS CDII] 16:21:13

Louie's thoughts when we present there.

[CalHHS CDII] 16:21:20

Sir, anything else?

[CalHHS CDII] 16:21:24

If not, I think I'm turning things over to Lauren.

[Lauren Sears] 16:21:29

Great. Thanks, Rim. Lauren Sears, I'm a manager with Manat Health, and I'll be walking through the social services data pillar.

[Lauren Sears] 16:21:37

So the goal here is really to establish scalable social service and health data exchange to both connect individuals to the programs and services they need.

[Lauren Sears] 16:21:47

And enable kind of ongoing care coordination. In terms of current state, there are several examples of social service data exchange happening at the local level.

[Lauren Sears] 16:21:57

And this is expanded further under Colleen, but the current statewide social service landscape is kind of patchwork, both in terms of

[Lauren Sears] 16:22:06

service delivery and data infrastructure, which makes it difficult to get a full picture of an individual's needs.

[Lauren Sears] 16:22:14

In California, social services span beyond just state and federal government funded program and are often administered by a range of different CBOs and nonprofit organizations.

[Lauren Sears] 16:22:25

And on the data exchange side, models of social service data infrastructure can range from kind of simple to sophisticated from 211 type services to more

[Lauren Sears] 16:22:37

client level, multi-program information. And these are often driven at the local level again. So in terms of issues here at a high level, a lot of this data exchange is not scaled broadly due to the lack of infrastructure and resources

[Lauren Sears] 16:22:53

to share data electronically and to fully participate in the data exchange framework. And I think this topic came up a moment ago. This data is also highly sensitive, so stakeholders are often hesitant about sharing information without a clear insight to use.

[Lauren Sears] 16:23:09

And finally, and we'll dig into this in the next pillar, California does not have a consistent framework and infrastructure to support scalable consent management for social and health information sharing, which often requires individual or authorized representative consent for data exchange.

[Lauren Sears] 16:23:27

Okay, I think we can go to the next slide.

[Lauren Sears] 16:23:31

So the roadmap in this pillar really aims to enhance the interoperable exchange of social services data across various systems by establishing standards and guidance for data exchange.

[Lauren Sears] 16:23:43

So you'll see when you dig into the roadmap that we've narrowed the focus here through collaboration with DSS, DHCS, and other agencies.

[Lauren Sears] 16:23:52

to priority areas for social services, which include maternal and infant health, child welfare, and housing and homelessness in this first three-year roadmap. And that would be where we would plan to pilot and test some of these standards coming out of the recommendations.

[Lauren Sears] 16:24:09

So more specifically, some of the key action steps to reach this goal. First, assessing the current data sharing needs and providing guidance to navigate some of the existing legal barriers in this space.

[Lauren Sears] 16:24:21

Such as those between federal programs like SNAP and WIC and Medicaid for maternity and infant care information.

[Lauren Sears] 16:24:30

As well as breaking down some of the barriers for sharing data between departments and counties that exist.

[Lauren Sears] 16:24:36

In terms of standards, the vision here is really to create minimum viable data sets driven by these priority areas, as well as system capability requirements.

[Lauren Sears] 16:24:46

and leveraging existing agreements and standards emerging at the federal level, like the work from the Gravity Project and FIRE.

[Lauren Sears] 16:24:55

Also really creating a vision for social service data exchange, again, because so much of this is happening at the local level that connects and scales this type of exchange across these diverse systems.

[Lauren Sears] 16:25:06

including EHRs, population health tools, close of referral vendors, and CIEs.

[Lauren Sears] 16:25:13

And then identifying and securing funding sources to support local data exchange capacity. Again, a lot of these smaller CBOs don't have the capacity to share information electronically. So really trying to aid in capacity building at that level.

[Lauren Sears] 16:25:30

And lastly, again, a thread that will come up several times today is establishing scalable identity and consent management services to ensure accurate and authorized sharing of this protected social service and health information.

[Lauren Sears] 16:25:43

Which we'll talk about in the next pillar.

[Lauren Sears] 16:25:46

So I'll pause for a second. Sophia, oh, I see your hand raised. Sophia has been a

[Lauren Sears] 16:25:50

partner on this. I welcome her to chime in and then happy to take questions or recommendations.

[Lauren Sears] 16:25:56

Sophia?

[Sophia Chang] 16:25:57

So one of the things I did want to mention is that

[Sophia Chang] 16:26:02

I think especially in this pillar, this is qualitatively completely different from what many people have been thinking about and are familiar with in terms of health information exchange.

[Sophia Chang] 16:26:16

And so purposefully, this pillar is much more about

[Sophia Chang] 16:26:21

smaller steps

[Sophia Chang] 16:26:24

pilots learning, creating a learning community and really learning from where currently

[Sophia Chang] 16:26:30

Health and social data is being shared. And I mean shared. I'm not talking about any electronic movement

[Sophia Chang] 16:26:37

This is like where people are actually sharing the information before we kind of try to

[Sophia Chang] 16:26:44

leapfrog into a domain where

[Sophia Chang] 16:26:49

We know there are many, many potential

[Sophia Chang] 16:26:54

privacy, security, all kinds of concerns.

[Sophia Chang] 16:26:58

As well as the fact, as was raised by one of the earlier speakers, we're talking about longstanding histories of systems

[Sophia Chang] 16:27:06

that are very different and we need to better understand those differences before we just start talking about moving data.

[Sophia Chang] 16:27:15

The other piece, which was a tenet in the way we are approaching

[Sophia Chang] 16:27:19

is we want to be much more intentional about more

[Sophia Chang] 16:27:25

consistently hearing the consumer voice in this mix.

[Sophia Chang] 16:27:28

that it's not just about a bunch of organizations making these decisions.

[Sophia Chang] 16:27:34

This is individuals data and really there shouldn't be any design or thought about

[Sophia Chang] 16:27:40

sharing or exchanging that information without that consumer voice involved.

[Sophia Chang] 16:27:45

So those are the things that are a little bit

[Sophia Chang] 16:27:47

different. I, like many, come from the HIPAA HIE history.

[Sophia Chang] 16:27:53

And I think we need to be very humbled by the fact that there's an even longer standing history

[Sophia Chang] 16:28:01

of social services and a social service safety net in particular.

[Sophia Chang] 16:28:07

across California and the country.

[Sophia Chang] 16:28:09

that we really need to be learning from.

[Sophia Chang] 16:28:12

So that's just…

[Sophia Chang] 16:28:14

a framing piece.

[Lauren Sears] 16:28:16

Thanks, Sophia. Erin, I see your hand up.

[Aaron Goodale] 16:28:23

I noticed on this slide and several of the slides to come that identity management is a common theme. Is the idea that there will be a single identity management

[CalHHS CDII] 16:28:36

Okay.

[Aaron Goodale] 16:28:36

process or solution across all

[Aaron Goodale] 16:28:39

Just curious what the thoughts were on that part of these various pillars. Thank you.

[Lauren Sears] 16:28:46

Great question. And I think we'll dig into that in consent management, but Jonah or others, I don't know if you want to chime in on this one.

[Lauren Sears] 16:28:53

Before we get there.

[Jonah Frohlich] 16:28:55

Yeah, I mean, it is a common theme. We'll talk about it in the next section too. And we do

[Jonah Frohlich] 16:29:01

really need to consider

[Jonah Frohlich] 16:29:03

You know, Linda and other people's comments about

[Jonah Frohlich] 16:29:07

what gets established and how and how it gets implemented.

[Jonah Frohlich] 16:29:11

What we are noting in across

[Jonah Frohlich] 16:29:14

most of these pillars is that we

[Jonah Frohlich] 16:29:18

each of the

[Jonah Frohlich] 16:29:20

these different patterns

[Jonah Frohlich] 16:29:23

requires robust

[Jonah Frohlich] 16:29:25

identity management of some kind, whether it's full assurance, whether it's authentication, whether it's patient individual member matching.

[Jonah Frohlich] 16:29:34

It does depend on the use case.

[Jonah Frohlich] 16:29:38

But the common theme is that

[Jonah Frohlich] 16:29:40

And we've heard this from all of the stakeholdering and the engagement we've had is that there is

[Jonah Frohlich] 16:29:47

a need for more robust identity management services, whether centralized or federated. And again, depend on use case.

[Jonah Frohlich] 16:29:54

So we're going to be asking

[Jonah Frohlich] 16:29:57

for those types of feedback and comments from

[Jonah Frohlich] 16:30:00

you and others so that we can

[Jonah Frohlich] 16:30:04

update this roadmap and

[Jonah Frohlich] 16:30:06

try to support strategies that are going to allow us to enable these services using

[Jonah Frohlich] 16:30:12

identity matching services.

[Lauren Sears] 16:30:19

Jonah, Erin, anything else on that? Okay.

[Aaron Goodale] 16:30:19

Thank you.

[Lauren Sears] 16:30:22

Dan, see your hand?

[Dan Chavez] 16:30:25

Thanks, Lauren, Sophia, super job.

[Dan Chavez] 16:30:28

If I might add to the recommendations, I would ask that we take a concentrated

[Dan Chavez] 16:30:33

look and analysis at the differentiation

[Dan Chavez] 16:30:35

at the organizational

[Dan Chavez] 16:30:37

county level between health and human services, that organizational divide impacts

[Dan Chavez] 16:30:45

what we're talking about here as it relates to social services data, and there's that uniformity even at a single county level.

[Dan Chavez] 16:30:53

between how

[Dan Chavez] 16:30:55

rules, policy, technology, et cetera, is implemented between Health and Human Services.

[Dan Chavez] 16:31:00

So if we could look at that at a concentrated level, that would be very much appreciated. Thank you.

[Lauren Sears] 16:31:07

Absolutely. That definitely resonates and has come up and thank you for raising that to be more explicit there.

[Lauren Sears] 16:31:19

Other questions, I don't see anything in the chat, but I'll pause before we move to the next pillar if folks have other thoughts.

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[Lauren Sears] 16:31:30

Lee?

[Lee Tien] 16:31:31

Yeah, I just wanted to, you know, following on that last

[Lee Tien] 16:31:35

comment i mean

[Lee Tien] 16:31:37

we're sort of at the mercy to some extent of the fact that state law

[Lee Tien] 16:31:42

you know, the IPA applies to state level entities, but it doesn't apply to the local entities. So, you know, I understand a lot of the local entities would probably

[Lee Tien] 16:31:52

don't and wouldn't enjoy.

[Lee Tien] 16:31:55

like having to comply with the IPA rules. On the other hand, if our issue here is actually the lack of a statewide framework that regulates

[Lee Tien] 16:32:05

or that applies to a great deal of data in local government's hands.

[Lee Tien] 16:32:11

you know that's still a problem. They may be free to share, but no one knows how and no one knows how to do so responsibly and with

[Lee Tien] 16:32:21

accountability to guardrails and standards. And I think that

[Lee Tien] 16:32:25

That's the thing we're trying to solve, right? We're not trying to solve just

[Lee Tien] 16:32:29

sharing. We're trying to solve sharing with

[Lee Tien] 16:32:32

responsibility with accountability, with a consistency across, you know, the state in terms of how

[Lee Tien] 16:32:40

both the needs of the state for the data and also the importance of consent and understanding

[Lee Tien] 16:32:47

current political context and i i guess

[Lee Tien] 16:32:50

you know, nobody wants to talk about, especially given the budget, the idea of like subjecting

[Lee Tien] 16:32:57

like cities and counties to all these rules but at the same time

[Lee Tien] 16:33:02

Without something like that, this feels

[Lee Tien] 16:33:08

impossible to actually do

[Lee Tien] 16:33:11

you know uh a responsible and safe manner for patients and consumers. So I'll just shut up. Thanks.

[Lauren Sears] 16:33:18

Really helpful. Thank you.

[Lauren Sears] 16:33:24

Louie, sorry, I didn't see your hand.

[Louis Cretaro] 16:33:29

I think we have to recognize that

[Louis Cretaro] 16:33:32

with social services systems

[Louis Cretaro] 16:33:35

we have to overcome

[Louis Cretaro] 16:33:38

the 15 years that healthcare systems had to get to a standard place starting in

[Louis Cretaro] 16:33:44

with HIPAA compliance and then

[Louis Cretaro] 16:33:48

certified EMRs and EHRs.

[Louis Cretaro] 16:33:51

And all of that.

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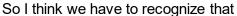CENTER FOR
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HUMAN SERVICES AGENCY

[Louis Cretaro] 16:33:53

who are asking to exchange health care data, social services systems

[Louis Cretaro] 16:33:58

that don't store

[Louis Cretaro] 16:34:00

all of the same information

[Louis Cretaro] 16:34:03

in the same location.

[Louis Cretaro] 16:34:05

or may have part of it.

[Louis Cretaro] 16:34:07

Which probably exists in the healthcare systems already and was manually entered into the social services systems.

[Louis Cretaro] 16:34:14

I've said this for a while now.

[Louis Cretaro] 16:34:17

And the consent management was, you know, as we talked about already, and I've brought up many times in the past.

[Louis Cretaro] 16:34:24

It's critical need.

[Louis Cretaro] 16:34:26

So I think we have to recognize that

[Louis Cretaro] 16:34:29

to achieve this goal

[Louis Cretaro] 16:34:32

those systems have to be funded

[Louis Cretaro] 16:34:34

to be modified to some a data set

[Louis Cretaro] 16:34:39

that somewhat aligns to

[Louis Cretaro] 16:34:43

with health care

[Louis Cretaro] 16:34:45

is using, but I don't know that we'd ever completely get there.

[Louis Cretaro] 16:34:52

There's some things that we need to identify that are

[Louis Cretaro] 16:34:55

of the most benefit to healthcare providers from social services systems.

[Louis Cretaro] 16:35:01

And I think I've said over the years in this committee that

[Louis Cretaro] 16:35:05

We would certainly benefit from the data

[Louis Cretaro] 16:35:09

that we get from health care.

[Louis Cretaro] 16:35:11

for the services that were rendered, whether it was for our children and child welfare

[Louis Cretaro] 16:35:15

Knowing that they got an immunization, knowing that they

[Louis Cretaro] 16:35:20

that the behavioral health and physical health services, knowing that they were at the doctor's last week or over the weekend at the emergency room.

[Louis Cretaro] 16:35:28

We have a lot to gain.

[Louis Cretaro] 16:35:30

And that helps us

[Louis Cretaro] 16:35:33

you know serve our communities better but we're misaligned on the

[Louis Cretaro] 16:35:38

across the various systems.

[Louis Cretaro] 16:35:40

on the data elements themselves.

[Louis Cretaro] 16:35:44

And securely being securely

[Louis Cretaro] 16:35:46

being able to use the framework, especially in small social services.

[Louis Cretaro] 16:35:51

agencies and

[Louis Cretaro] 16:35:53

having an effective consent management.

[Louis Cretaro] 16:35:56

So that the individuals we serve know precisely what they're signing up.

[Louis Cretaro] 16:36:02

to release.

[Louis Cretaro] 16:36:04

taller in part.

[Louis Cretaro] 16:36:05

Because there's partial release here as a factor as well.

[Louis Cretaro] 16:36:10

Thank you.

[Lauren Sears] 16:36:12

All really helpful. Thank you. I really hear the note on the need for bi-directional exchange between health and social services.

[Lauren Sears] 16:36:20

Really helpful. Thank you.

[Lauren Sears] 16:36:22

Okay, and for this sake of time, I think I can turn it over to Jonah and this kind of builds on your last point, Louie, on consent. So I think Jonah and Dr. Scott

[Lauren Sears] 16:36:34

are going to lead us through the consent

[Jonah Frohlich] 16:36:38

Yeah, thank you. So if we go to the next slide, thank you.

[Jonah Frohlich] 16:36:41

And Lynette will jump in and make other comments, I'm sure, as we go.

[Jonah Frohlich] 16:36:48

Focusing on consent and identity management, we have defined a goal to develop a statewide consent and a digital identity management framework.

[Jonah Frohlich] 16:36:56

It allows individuals to provide, update, and revoke their consent to share protected health and social services information between care and social service partners.

[Jonah Frohlich] 16:37:06

We very intentionally have a very broad goal for this given the need

[Jonah Frohlich] 16:37:10

for consent for a variety of different use cases, already discussed what some of those are.

[Jonah Frohlich] 16:37:15

some might be needed for event notifications, some for sharing protected information like part two data.

[Jonah Frohlich] 16:37:22

social service information like housing information and others.

[Jonah Frohlich] 16:37:26

And so the point here is to try to be broad and to try to target

[Jonah Frohlich] 16:37:32

and prioritize use cases that have a high degree of need and to expand over time.

[Jonah Frohlich] 16:37:39

Most everyone on this call know the issues we're dealing with in terms of consent management.

[Jonah Frohlich] 16:37:44

The practices are highly variable. There's limited technical infrastructure at many of the organizations who would need to implement

[Jonah Frohlich] 16:37:51

and support some sort of either technology or process

[Jonah Frohlich] 16:37:54

to ensure that anyone who expresses a desire to withhold information to be shared that doesn't need to be in accordance with law.

[Jonah Frohlich] 16:38:03

has the ability to do that and that those wishes can be respected.

[Jonah Frohlich] 16:38:08

There has been guidance that has been promulgated by agency, by DHCS.

[Jonah Frohlich] 16:38:13

there are a series of tools and toolkits um things

[Jonah Frohlich] 16:38:16

guidance like the SHIG and data sharing and authorization guidance

[Jonah Frohlich] 16:38:20

have been issued to try to make it as clear as possible what

[Jonah Frohlich] 16:38:25

federal and state laws say about disclosing some of this information, protected information

[Jonah Frohlich] 16:38:30

that requires consent either under federal or state law.

[Jonah Frohlich] 16:38:34

And they're very standard spotties who've begun and have published

[Jonah Frohlich] 16:38:40

implementation guides and guidance about consent and standards that might go into a consent form or transmissions of those

[Jonah Frohlich] 16:38:49

of those data between

[Jonah Frohlich] 16:38:51

between parties. Obviously, there are issues there, both legal and regulatory. They're complex.

[Jonah Frohlich] 16:38:58

Part two rules, federal part two rules that were adjusted

[Jonah Frohlich] 16:39:02

I believe it was earlier this year.

[Jonah Frohlich] 16:39:05

actually align much more now with HIPAA. It's fairly close, still requiring consent.

[Jonah Frohlich] 16:39:10

But it's much simplified the requirements around disclosures and redisclosures.

[Jonah Frohlich] 16:39:16

At the same time, California state law was amended to make it a little more complicated by having things like

[Jonah Frohlich] 16:39:22

Expiration dates for these for an individual that provides consent to share certain information like

[Jonah Frohlich] 16:39:29

substance use disorder treatment information.

[Jonah Frohlich] 16:39:32

I mentioned limitation of resources and technology and

[Jonah Frohlich] 16:39:35

probably more than anything process

[Jonah Frohlich] 16:39:38

So that there is a trusted way to understand what the actual current wishes of an individual are.

[Jonah Frohlich] 16:39:46

to validate that before initiating and completing any kind of exchange.

[Jonah Frohlich] 16:39:51

And as we have said and heard, identity management continues to be an issue. We need to have assurance assurance

[Jonah Frohlich] 16:39:59

that the individual has provided consent is the individual that we are asking about that we're asking for information about.

[Jonah Frohlich] 16:40:07

That needs to have a high level of definition and fidelity.

[Jonah Frohlich] 16:40:13

And matching capabilities so that we're identifying the right person who's expressed a desire to share or not share information that is subject to consent.

[Jonah Frohlich] 16:40:22

So those are the issues. If we go to the next slide, please, what we're proposing

[Jonah Frohlich] 16:40:27

In this roadmap.

[Jonah Frohlich] 16:40:29

is one is to establish a set of use case and additional guidance and potentially policies and procedures to have

[Jonah Frohlich] 16:40:37

and implement a statewide

[Jonah Frohlich] 16:40:40

either a centralized or federated consent management services.

[Jonah Frohlich] 16:40:45

We would, for example, want to create toolkits that would help organizations navigate these complex data exchange rules that would come alongside any kind of service that would be established.

[Jonah Frohlich] 16:40:57

Whether by a department or agency or in other settings outside of state government.

[Jonah Frohlich] 16:41:04

But if the state were to initiate or to support any kind of centralized or federated service.

[Jonah Frohlich] 16:41:11

a set of supporting documents that's going to be necessary.

[Jonah Frohlich] 16:41:15

to enable it.

[Jonah Frohlich] 16:41:18

one of the one of the um

[Jonah Frohlich] 16:41:20

one of the initiatives that DHCS have established is called AskMe. It's an acronym which is

[Jonah Frohlich] 16:41:28

was tested last year for sharing part two and other data. There were three sites that did it.

[Jonah Frohlich] 16:41:36

There were promising results from it, but it requires much more both study and refinement.

[Jonah Frohlich] 16:41:42

And there are initial plans underway to consider a broader rollout of both

[Jonah Frohlich] 16:41:47

standardized forms and a service that would allow for the sharing of

[Jonah Frohlich] 16:41:53

Part two, potentially housing and potentially other social service information.

[Jonah Frohlich] 16:41:58

Those would also, of course, need to align with national standards.

[Jonah Frohlich] 16:42:04

There is a consideration here and the recommendation is to develop a

[Jonah Frohlich] 16:42:09

a scalable consent and identity management strategy.

[Jonah Frohlich] 16:42:12

what is really clear in creating this sort of consent management services federated or centralized is you cannot do this without robust identity management.

[Jonah Frohlich] 16:42:22

And so that is a recommendation that is being made and whether or not it lives

[Jonah Frohlich] 16:42:27

in a department or an agency or at a third party is something that we would certainly seek input on.

[Jonah Frohlich] 16:42:33

And are considering.

[Jonah Frohlich] 16:42:36

We have heard that there is, and we know based on the pilot and from a lot of discussions with counties and

[Jonah Frohlich] 16:42:43

housing agencies and HUD and other organizations that there is a need for robust education and technical assistance.

[Jonah Frohlich] 16:42:53

for providers who would be educating an individual, for individuals to understand what they would be consenting to.

[Jonah Frohlich] 16:43:00

there has to be meaningful consent. They need to know what they would be agreeing to share

[Jonah Frohlich] 16:43:05

with whom and how.

[Jonah Frohlich] 16:43:07

And that requires a great degree of education.

[Jonah Frohlich] 16:43:10

And a lot of resources to make sure it is understood. Multiple languages, plain language forms that are clear.

[Jonah Frohlich] 16:43:21

We are proposing and recommending to to

[Jonah Frohlich] 16:43:24

develop these services and the strategy with

[Jonah Frohlich] 16:43:29

healthcare services, Department of Social Services, likely others like developmental services that would

[Jonah Frohlich] 16:43:35

participate in any kind of launch

[Jonah Frohlich] 16:43:37

And ideally would align incentives and support management of some sort of a statewide consent identity management services and then

[Jonah Frohlich] 16:43:45

Finally, to support the department, DHCS, and identifying any vendors that could potentially do this work.

[Jonah Frohlich] 16:43:51

I'm going to pause and see, Lynette, if there's anything you care to add to this

[Jonah Frohlich] 16:43:59

Hello.

[Linette Scott] 16:43:59

Great. Thank you so much. And thank you for the opportunity to join you on this.

[Linette Scott] 16:44:04

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This is the roadmap that CDII has been working on in relation to the data exchange framework.

[Linette Scott] 16:44:12

One of the things that's super exciting about it being at Department of Healthcare Services and working with our state Medicaid program.

[Linette Scott] 16:44:18

is that there is a fantastic alignment with the things that we've been working on.

[Linette Scott] 16:44:23

As many of you know well, we have requirements from our Centers for Medicaid and Medicare

[Linette Scott] 16:44:29

services related to

[Linette Scott] 16:44:31

interoperability and the need to make data available to our members.

[Linette Scott] 16:44:35

As well as being able to exchange data payer to payer and the more recent rule related to prior authorization.

[Linette Scott] 16:44:43

So data exchange is a critical piece of helping to support the interoperability requirements under CMS.

[Linette Scott] 16:44:50

The alignment of requirements between the data exchange framework and our CMS requirements.

[Linette Scott] 16:44:56

[Linette Scott] 16:45:00

exploring the potential for federal funds that we can use to help support

[Linette Scott] 16:45:04

some of the infrastructure that's necessary. So as Jonah said, the initiatives that the department is supporting, the effort that we're doing related to treating people holistically and putting people in the center of their care

[Linette Scott] 16:45:17

Whether it's behavioral health transformation, our CalAIM, California Advancing and Innovating Medi-Cal.

[Linette Scott] 16:45:24

or any of the other services that we're working on.

[Linette Scott] 16:45:29

Consent is incredibly important. So consent and identity

[Linette Scott] 16:45:34

are key components of that. So we have been working on this

[Linette Scott] 16:45:37

In parallel with the work under the data exchange framework, and then also synergistically.

[Linette Scott] 16:45:43

Which is why we're here together today to help share some updates. And so as Jonah said

[Linette Scott] 16:45:50

We did the initial ASME pilot, but we've been, and while that was the pilot that had an endpoint.

[Linette Scott] 16:45:56

We've been continuing to work through our stakeholder groups with many of you.

[Linette Scott] 16:46:01

In terms of what does that unified consent look like? What does it look like in the context of AB 133, which authorized our CalAIM initiatives?

[Linette Scott] 16:46:10

What does that look like if we go beyond that?

[Linette Scott] 16:46:13

So we've continued to work forward on those activities as well as the data sharing authorization guidance.

[Linette Scott] 16:46:19

But we've also been having conversations around what might this technical environment look like?

[Linette Scott] 16:46:25

What are the things we can do taking advantage of, again, things we learned from the ASME pilot.

[Linette Scott] 16:46:30

Things that we're learning from the data exchange framework, from the qualified health information organizations.

[Linette Scott] 16:46:37

How might this fit together federated

[Linette Scott] 16:46:40

centralized both all of the above

[Linette Scott] 16:46:43

And getting feedback is incredibly helpful so

[Linette Scott] 16:46:48

Folks are, I'm sure.

[Linette Scott] 16:46:49

I'm sure all aware of and watching the budget, so we don't have specific dollars around moving forward with technical components, but we're working on the

[Linette Scott] 16:46:59

conceptual and the conceptual

[Linette Scott] 16:47:03

policy aspects in terms of what does consent look like and how might this work.

[Linette Scott] 16:47:08

And very, very pleased to be partnering with CBI on that.

[Linette Scott] 16:47:12

So I'll stop there. And it looks like you've got a

[Linette Scott] 16:47:15

A bunch of familiar hands raised.

[Jonah Frohlich] 16:47:17

Louie, do you have a comment in addition to what's in your chat or do you want to expand on what's in the chat that you added?

[Louis Cretaro] 16:47:25

No, I don't need to expand on that. I hope it stands on its own.

[Louis Cretaro] 16:47:28

It's just one concept.

[Louis Cretaro] 16:47:32

Thank you.

[Jonah Frohlich] 16:47:33

Okay.

[Jonah Frohlich] 16:47:36

Just so folks note, Louie noted that you can't expect staff to step outside their own systems, basically that to manage

[Jonah Frohlich] 16:47:47

flows of data between like what's in an existing system at a county or another organization and what's centralized would be difficult.

[Louis Cretaro] 16:47:57

I'll speak to it. I apologize for

[Louis Cretaro] 16:47:59

For doing that.

[Louis Cretaro] 16:48:01

I'm concerned about the operational impact.

[Louis Cretaro] 16:48:05

fully centralized consent management system.

[Louis Cretaro] 16:48:08

but also we're doing a master patient index as well.

[Louis Cretaro] 16:48:13

But…

[Louis Cretaro] 16:48:16

It's feasible for staff working on the

[Louis Cretaro] 16:48:20

systems to go outside of their system to indicate whether or not a

[Louis Cretaro] 16:48:26

a person has consented

[Louis Cretaro] 16:48:29

or to manage that consent outside of their system that they're working in.

[Louis Cretaro] 16:48:33

or to manage partial consent.

[Louis Cretaro] 16:48:35

So when I say it's a concept.

[Louis Cretaro] 16:48:37

I envision consent associated to the person in the application they're working in.

[Louis Cretaro] 16:48:44

And by virtue of the services for

[Louis Cretaro] 16:48:48

programs that they're in in social services

[Louis Cretaro] 16:48:51

that there would be a flag set on the records that they can send it or they did not.

[Louis Cretaro] 16:48:56

So when an electronic request for data came in.

[Louis Cretaro] 16:49:01

that would be checked and the data could be released.

[Louis Cretaro] 16:49:04

And then each time a person presents themselves to

[Louis Cretaro] 16:49:09

those programs, they would go walk through what they consented to something of that nature so

[Louis Cretaro] 16:49:17

It stays valid.

[Louis Cretaro] 16:49:19

That's the way I envisioned it. I think it's going to require

[Louis Cretaro] 16:49:23

system changes for the many different types of social services systems.

[Louis Cretaro] 16:49:28

And so I just would like, if they're thinking about, if you're thinking about a centralized consent

[Louis Cretaro] 16:49:36

management system, please think about

[Louis Cretaro] 16:49:38

the maintenance and labor efforts that could get in the way if that was a

[Louis Cretaro] 16:49:43

the concept if it was

[Louis Cretaro] 16:49:45

some kind of other federated you know

[Louis Cretaro] 16:49:49

response and that would be great. Otherwise, I think it will be too hard to overcome.

[Louis Cretaro] 16:49:55

and would be vulnerable to compromise.

[Louis Cretaro] 16:49:57

if we have to have staff to leave their system.

[Louis Cretaro] 16:50:00

200, there you go.

[Louis Cretaro] 16:50:03

Thank you.

[Jonah Frohlich] 16:50:05

Thank you. David.

[David Ford] 16:50:10

Yeah, somebody mentioned this in the chat as well, but I had the same question. I think it's important

[David Ford] 16:50:18

In other words.

[David Ford] 16:50:20

California law, there's consent for

[David Ford] 16:50:23

Specific consent rules for specific types of data

[David Ford] 16:50:27

Such as

[David Ford] 16:50:31

then the health and safety code, there's specific rules

[David Ford] 16:50:34

Regarding sensitive data related to minor patients.

[David Ford] 16:50:40

And we need to make sure that's accounted for in whatever we're building around consent.

[David Ford] 16:50:45

Because it's not just yes, no, it can be yes, no, or sometimes

[Jonah Frohlich] 16:50:49

Okay.

[David Ford] 16:50:51

So I just wanted to underline that and make sure we're incorporating that into our thinking.

[Jonah Frohlich] 16:50:57

Yeah, no, it's a good point there. There's health and safety code that

[Jonah Frohlich] 16:51:03

references, information related to the criminal legal system.

[Jonah Frohlich] 16:51:08

minors, reproductive health, HIV status.

[Jonah Frohlich] 16:51:13

Lantern Petra Short, mental health. So there's a whole

[Jonah Frohlich] 16:51:18

host of state laws that need to be accounted for.

[Jonah Frohlich] 16:51:22

And as you said, sometimes it depends. It depends on the health status or the type of service that a minor might be

[Jonah Frohlich] 16:51:31

receiving, especially when it comes to reproductive health.

[Jonah Frohlich] 16:51:34

or a minor that doesn't have

[Jonah Frohlich] 16:51:36

that has a guardian or an individual that has a proxy. There are so many cases that need

[Jonah Frohlich] 16:51:42

to be considered and

[Jonah Frohlich] 16:51:44

this has to be done on a case-by-case basis.

[Jonah Frohlich] 16:51:47

So there does need to be this sort of like use case driven approach, which is, okay, we start with

[Jonah Frohlich] 16:51:52

what are the highest priority use cases that can be implemented and what are the process changes, workflow changes, what type of

[Jonah Frohlich] 16:52:01

education.

[Jonah Frohlich] 16:52:02

needs to be provided in order to implement it so there's a

[Jonah Frohlich] 16:52:06

There's a ton that needs to be considered to roll this out and it

[Jonah Frohlich] 16:52:11

and the

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[Jonah Frohlich] 16:52:13

the proposed approach is to have sort of the stepwise sequenced

[Jonah Frohlich] 16:52:18

over time, build more use cases

[Jonah Frohlich] 16:52:21

but there's

[Jonah Frohlich] 16:52:22

As you mentioned, there's a lot of work to do to overcome some of those challenges.

[Jonah Frohlich] 16:52:30

Yeah, thank you, David.

[David Ford] 16:52:32

Thank you.

[Jonah Frohlich] 16:52:33

Belinda?

[Belinda Luu] 16:52:37

Yes, my comments are follow on to the prior discussion about federated versus centralized and also just, you know, in addition to what was just said by david you know the reason why, thinking this room as we're building this out, the federated system may make more sense because not

[Belinda Luu] 16:52:55

you know all of the consents required all the time. And we'll also need the cooperation of the participants, EHR vendors.

[Belinda Luu] 16:53:04

to make sure that there are technologies

[Belinda Luu] 16:53:07

compatible whatever the centralized system is. And so if they're always pinging the centralized system, it may actually increase the performance

[Belinda Luu] 16:53:17

burden and slow down some of the transactions if

[Jonah Frohlich] 16:53:17

Yeah.

[Belinda Luu] 16:53:22

authorization is checked with the centralized system all the time so

[Jonah Frohlich] 16:53:25

No.

[Belinda Luu] 16:53:26

a federated system maybe more, there may be more of an opportunity to implement these nuances and at the same time balancing the speed of traffic and volume, you know, especially for those things that don't need consent.

[Jonah Frohlich] 16:53:36

Okay.

[Jonah Frohlich] 16:53:38

Yeah, that's a really good point. It'll

[Jonah Frohlich] 16:53:42

it would need it'll need to be very clear what types of transactions may require

[Jonah Frohlich] 16:53:48

So a query for whether there's a consent on file what we

[Jonah Frohlich] 16:53:53

What we don't want to do is make this something that has to be automated for any type of transaction. That would be incredibly burdensome to the system. Like you're saying, it would completely slow things down.

[Jonah Frohlich] 16:54:05

be very resource intensive

[Jonah Frohlich] 16:54:07

And we have to avoid that. So we have to create

[Jonah Frohlich] 16:54:11

the word flows that say, okay, there are only certain types of data and transactions that might require this.

[Jonah Frohlich] 16:54:18

and limit any type of query generally to those type of

[Jonah Frohlich] 16:54:23

transactions in those use cases even then

[Jonah Frohlich] 16:54:27

their considerations about and movie basically brought this up what if there is

[Jonah Frohlich] 16:54:32

a consent on file to local human services agency they have this

[Jonah Frohlich] 16:54:37

information about that individual how are we going

[Jonah Frohlich] 16:54:39

if there's a central service somewhere, how are we going to record that? How are we going to track that?

[Jonah Frohlich] 16:54:46

having multiple systems of record is going to be a challenge. So there are

[Jonah Frohlich] 16:54:51

I totally hear you that like the federated versus centralized is going to be a tough nut to crack.

[Jonah Frohlich] 16:54:58

And we're going to need some guidance as we design this.

[Jonah Frohlich] 16:55:03

And as we

[Jonah Frohlich] 16:55:05

begin to build it out.

[Jonah Frohlich] 16:55:08

Yeah, thank you, Belinda.

[Belinda Luu] 16:55:09

going to be.

[Jonah Frohlich] 16:55:11

Aaron, please go ahead.

[Aaron Goodale] 16:55:15

I think Sean. The mention of the AFCMI pilots, but also collaborating with other departments on this effort.

[Aaron Goodale] 16:55:28

is that pilot the main candidate for where you're looking to branch off from or is

[Jonah Frohlich] 16:55:30

No.

[Aaron Goodale] 16:55:34

There's still a search going.

[Aaron Goodale] 16:55:36

Is there like a leading candidate? Will that be disclosed at some point? I'm just curious where that effort is.

[Jonah Frohlich] 16:55:43

Yeah, we're going to have a competition. We don't actually have a…

[Jonah Frohlich] 16:55:49

we don't have any at this point

[Jonah Frohlich] 16:55:52

list of organizations that are like, they're ready to go, we're ready to jump on this and out the door. We've heard from

[Jonah Frohlich] 16:56:00

from some counties and organizations that are like, we'd like to be considered. We think this is important.

[Jonah Frohlich] 16:56:07

But we don't even have like authority to do any of this.

[Jonah Frohlich] 16:56:12

So like there needs to be funding authorized, there needs to be authority, there needs to be an organization who's driving it.

[Jonah Frohlich] 16:56:19

And before we start signing up people and starting actual with implementation so

[Jonah Frohlich] 16:56:27

sort of the doors open for organizations who might be interested but

[Jonah Frohlich] 16:56:31

there still needs to actually be funding and a plan put in place to roll this out.

[Jonah Frohlich] 16:56:35

The three pilots tested it and they and then that was it.

[Jonah Frohlich] 16:56:39

like they didn't implement it. They did not continue with that particular, like that form that was used or how they

[Jonah Frohlich] 16:56:47

tested it. So it's basically we'd be starting again from

[Jonah Frohlich] 16:56:52

from an early adopter perspective.

[Jonah Frohlich] 16:56:56

So Aaron, do you know any good IPAs or groups that might be interested? You let us know. Any MSOs want to jump on board, you just let us know.

[Aaron Goodale] 16:57:07

All right. Thanks, Joe.

[Jonah Frohlich] 16:57:09

John, please go ahead.

[CalHHS CDII] 16:57:11

Yeah, I just wanted to add that, you know, what I brought up in that consent meeting that we had a couple weeks ago

[CalHHS CDII] 16:57:20

is the legal portion, right?

[CalHHS CDII] 16:57:21

And we talked about 42 CFR Part 2 being a part of this

[CalHHS CDII] 16:57:27

We talked about, you know, counties

[CalHHS CDII] 16:57:30

I have checked with the majority of the counties that have signed with us at Sac Valley for behavioral health.

[CalHHS CDII] 16:57:37

And they are not aware of the ASPE pilot.

[CalHHS CDII] 16:57:40

And so getting legal

[CalHHS CDII] 16:57:43

a head or a group of legal

[CalHHS CDII] 16:57:46

to engage county

[CalHHS CDII] 16:57:48

councils to pave the way for us to do this seamlessly

[CalHHS CDII] 16:57:53

when we do get to a place.

[CalHHS CDII] 16:57:55

where we can actually do it.

[CalHHS CDII] 16:57:57

is critical to

[CalHHS CDII] 16:58:00

not keeping not getting the cart out in front of the horse, right?

[CalHHS CDII] 16:58:03

Because we're going to hit so many barriers.

[CalHHS CDII] 16:58:06

with the county councils.

And their approach on this. So there's education, there's buy-in

[CalHHS CDII] 16:58:12

And there's creation of what that

[CalHHS CDII] 16:58:14

looks like from a legal perspective.

[Jonah Frohlich] 16:58:19

Yes, totally, totally hear you.

[Jonah Frohlich] 16:58:25

there is

[Jonah Frohlich] 16:58:26

part of this roadmap is like this

[Jonah Frohlich] 16:58:30

concludes like the substantial stakeholdering and DHCS is also like going through a process of talking to multiple different organizations, including county councils.

[Jonah Frohlich] 16:58:39

Including County Behavioral Health Directors.

[Jonah Frohlich] 16:58:42

to get input about how this could be done.

[Jonah Frohlich] 16:58:46

It's a hill to climb.

[Jonah Frohlich] 16:58:47

No doubt.

[Jonah Frohlich] 16:58:51

But so appreciate hearing your thoughts on this and agree that we need to get alignment.

[Jonah Frohlich] 16:58:57

I also want to recognize, Karen, your comment about health equity and equal access to meaningful consent.

[Jonah Frohlich] 16:59:06

We definitely will want to make sure that we have treated this appropriately with

[Jonah Frohlich] 16:59:12

things like language access.

[Jonah Frohlich] 16:59:17

What's really important we found is that we need

[Jonah Frohlich] 16:59:21

As you're pointing out.

[Jonah Frohlich] 16:59:22

the form needs to be in

[Jonah Frohlich] 16:59:24

plain language and it needs to be translated in multiple forms. And then there needs to be education around it because there is a

[Jonah Frohlich] 16:59:32

highly variable understanding of what this means and

[Jonah Frohlich] 16:59:35

for the most part, people would not understand it if they saw a standard form that

[Jonah Frohlich] 16:59:39

I've seen in most places. It's incredibly complicated legal language.

[Jonah Frohlich] 16:59:43

I don't know if anybody would understand most of the forms that I've at least seen.

[Jonah Frohlich] 16:59:48

As part of this process.

[Jonah Frohlich] 16:59:51

We've made, DHCS has going through this process of updating the ask me form

[Jonah Frohlich] 16:59:56

And have created a plain language version.

[Jonah Frohlich] 17:00:00

And it needs to go through a process of refinement.

[Jonah Frohlich] 17:00:05

with input from stakeholders and it will need to be translated in multiple language so it's understood.

[Jonah Frohlich] 17:00:11

But if there's any opportunity for

[Jonah Frohlich] 17:00:15

you or others to help make sure that we've appropriately addressed this in the roadmap, we would absolutely welcome, even if that's the only part that

[Jonah Frohlich] 17:00:24

you have time to review and edit and comment on, we would welcome it because we could use the help.

[Kiran Savage-Sangwan] 17:00:29

Sure, yeah, we're happy to do that. And I think just in terms of like

[Kiran Savage-Sangwan] 17:00:33

I think we're going to want to be really careful. You know, translation is sort of the first step, but I think if you really want any kind of

[Kiran Savage-Sangwan] 17:00:40

consumer facing materials that people really need to understand and even agree to. It needs to be a little bit deeper process of sort of

[Kiran Savage-Sangwan] 17:00:47

focus grouping the translations, et cetera. So I'm happy to talk through that with you folks.

[Jonah Frohlich] 17:00:51

Thank you.

[Jonah Frohlich] 17:00:56

Yeah, and then reflecting on Felix comments too, and John, thank you for your response to that as well.

[Jonah Frohlich] 17:01:02

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you know felix note that you don't feel it necessarily will be like a performance heavy

[Jonah Frohlich] 17:01:08

impact on having some sort of a centralized identity management service

[Jonah Frohlich] 17:01:13

And using QHIOs to verify consent is

[Jonah Frohlich] 17:01:17

indeed a model that is being considered at least right now by DHCS and potentially could be a model for the state.

[Jonah Frohlich] 17:01:24

and using fire like APIs to enable it and to query. So again.

[Jonah Frohlich] 17:01:30

we think it can be done.

[Jonah Frohlich] 17:01:32

there's no test case with 40 million lives that we see anywhere in the country.

[Jonah Frohlich] 17:01:38

So it needs to be something that does get

[Jonah Frohlich] 17:01:42

that does have like pressure testing and

[Jonah Frohlich] 17:01:44

And we need to design this considering what the load will be on the system.

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[Jonah Frohlich] 17:01:55

Great.

[Jonah Frohlich] 17:01:56

Yeah, Dan, like having an equity or quality subcommittee on the roadmap i

[Jonah Frohlich] 17:02:02

I think we're open to all considerations here.

[Jonah Frohlich] 17:02:09

Okay. I took a little bit more time than I was…

[Jonah Frohlich] 17:02:14

allotted. I'm sorry about that, but we're only about two minutes behind. So I think we're okay and really just appreciate everyone's comments. Thank you.

[Jonah Frohlich] 17:02:24

So now we are going to public health. So I think we're going back to you, Sophia.

[Sophia Chang] 17:02:28

Hi, I'm sorry, I realized I hadn't introduced myself earlier. I'm Sophia Chang. I'm a consultant to CDII and

[Sophia Chang] 17:02:36

It's been an honor to try and help the team work on the data exchange framework.

[Sophia Chang] 17:02:42

I'm here to present the public health pillar. I'm not sure if Rita is still on.

[Sophia Chang] 17:02:49

But this has been a real opportunity, I think, to think more about

[Sophia Chang] 17:02:54

How does this whole data exchange framework actually align with

[Sophia Chang] 17:02:58

some of the other goals across the department. We just heard about the work with DHCS and this in particular

[Sophia Chang] 17:03:05

is working closely with CDPH.

[Sophia Chang] 17:03:09

You know, we were trying to accelerate the adoption and use of interoperable data systems here. And so what we're really trying to do, given, for example.

[Sophia Chang] 17:03:18

that we are starting to pilot different TEFCA use cases.

[Sophia Chang] 17:03:23

For public health, this is an opportunity to start to bring all of this together and to show and demonstrate alignment and how these

[Sophia Chang] 17:03:32

these kind of two efforts can really start to be and feel like one, especially for providers.

[Sophia Chang] 17:03:40

So as we know, the current state is that

[Sophia Chang] 17:03:43

California, like the rest of the country, has tons of different public health data systems.

[Sophia Chang] 17:03:48

They've been distributed across what they call the local health jurisdictions.

[Sophia Chang] 17:03:53

which includes counties.

[Sophia Chang] 17:03:55

tribes as well as cities in some cases in California. And so we've been, there's been a longstanding effort under this future of public health and data modernization work that Rita had alluded to.

[Sophia Chang] 17:04:09

to try to align these things so that it's not as crazy. I mean.

[Sophia Chang] 17:04:13

For those of us like me with white hair, we will remember when there were multiple, multiple different immunization systems across the state and now at least

[Sophia Chang] 17:04:22

We have now aligned so that we can go to one source to get that information for Californians.

[Sophia Chang] 17:04:29

We also have a lot of restrictive privacy rules. And as we just heard about

[Sophia Chang] 17:04:35

earlier, you know, lots of different rules and approaches locally.

[Sophia Chang] 17:04:39

And trying to harmonize across that for the state will continue to be a challenge. But I think one that is addressable in some cases.

[Sophia Chang] 17:04:49

So I won't go into more detail about, you know.

[Sophia Chang] 17:04:53

fragmentation, et cetera, et cetera. This is stuff that stems from the way federal funds have flowed as well as just the ways that we've stood up public health programs historically.

[Sophia Chang] 17:05:06

So I'm going to go ahead and go to the next slide. But one of the problems that we do want to try to solve is

[Sophia Chang] 17:05:15

CDC and the federal level have succeeded in creating some national standards and some larger platforms

[Sophia Chang] 17:05:24

Which could be taken advantage of

[Sophia Chang] 17:05:26

California is actually a little bit slow on the uptake in terms of engagement.

[Sophia Chang] 17:05:32

Those in particular are the electronic case reporting system, as well as a syndromic surveillance. And Cameron, I do see your hand and I'll get to you as soon as I finish presenting.

[Sophia Chang] 17:05:43

And so one of the first places where we are starting is to

[Sophia Chang] 17:05:48

really

[Sophia Chang] 17:05:50

broaden the adoption of electronic initial case reporting.

[Sophia Chang] 17:05:54

And so what we have in particular in California is we have systems or provider entities that cross county lines

[Sophia Chang] 17:06:02

And right now we've been historically dealing with slightly different reporting requirements by county, and this is

[Sophia Chang] 17:06:10

kind of a joint effort on the part of CDPH to work across all of those local jurisdictions.

[Sophia Chang] 17:06:17

to come up with and have a better streamlined, consistent set of data elements

[Sophia Chang] 17:06:23

For initial reporting, make it easier for provider systems to onboard.

[Sophia Chang] 17:06:29

But then I think most importantly.

[Sophia Chang] 17:06:31

what happens next, right? Usually you have to have key information to say, oh, I have a potential case of X, Y, or Z reportable condition.

[Sophia Chang] 17:06:40

But then there's often a lot of back and forth between the local health restriction and the provider organization or the provider to get more detail and more detailed information.

[Sophia Chang] 17:06:51

how can we make that

[Sophia Chang] 17:06:53

access and query response a little bit more electronic.

[Sophia Chang] 17:06:57

And not so much either have to pick up the phone or God forbid, send a fax.

[Sophia Chang] 17:07:02

So this is an opportunity for us to say, to what degree can that follow up actually be supported appropriately through TEFCA or through the data exchange framework?

[Sophia Chang] 17:07:14

What are those differences as we're trying to get both of those data flows working? And again, start to have

[Sophia Chang] 17:07:21

a more streamlined approach so that all of us can start to get the right job done

[Sophia Chang] 17:07:28

appropriately and more efficiently.

[Sophia Chang] 17:07:31

The second area is, as I'd mentioned, in syndromic surveillance, and that is because related to the work that Rim was talking about earlier around event notification.

[Sophia Chang] 17:07:43

A lot of this is based on for admissions and discharges in particular, ADT flows that come out of electronic health record systems or health

[Sophia Chang] 17:07:54

health management system. It's not the record side. But in any case, this is focused on EDs and ED visits.

[Sophia Chang] 17:08:04

And it is a chance for us to see how can we streamline those requirements for the data elements

[Sophia Chang] 17:08:10

So even though they may not be a DXF requirement, at minimum for those systems that are implementing.

[Sophia Chang] 17:08:17

They have a clear side by side of what's required for DXF, what is needed for CDC syndromic surveillance, and can we make it easier for those

[Sophia Chang] 17:08:25

Hospitals in particular to implement as opposed to making every single one of these connections a completely new project.

[Sophia Chang] 17:08:34

So those are some

[Sophia Chang] 17:08:37

examples. This is just the beginning of a three-year roadmap. And so we're very much with CDPH thinking about what are some of the next steps and some of the next areas.

[Sophia Chang] 17:08:49

We're really trying to take advantage of as these systems are modernizing, being able to take advantage of more modernized systems.

[Sophia Chang] 17:08:58

And so I'm happy to cut to Cameron's question or

[Sophia Chang] 17:09:02

comment.

[Cameron Kaiser] 17:09:04

Thank you. So just speaking as one of those local jurisdictions.

[Cameron Kaiser] 17:09:09

I think, and this is less of a problem for us because we have good relationships, but I know that a number of our smaller jurisdictions and cities too, because those are part of this as well.

[Cameron Kaiser] 17:09:20

Both of these may require

[Cameron Kaiser] 17:09:22

technical expertise, which doesn't exist

[Cameron Kaiser] 17:09:25

in sufficient numbers at the local jurisdictional level.

[Sophia Chang] 17:09:30

Okay.

[Cameron Kaiser] 17:09:30

Particularly for syndromic surveillance, that may be something that could be very difficult for them to implement or make good use of.

[Cameron Kaiser] 17:09:40

And I'd want to make sure that if these are going to be

[Cameron Kaiser] 17:09:45

these are going to be linchpins of how we're going to

[Cameron Kaiser] 17:09:48

deal with those situations that we can

[Cameron Kaiser] 17:09:50

actually make this meaningful. Case reporting is one thing we have to respond to the cases that we get.

[Cameron Kaiser] 17:09:55

Syndromic surveillance can be a real bugaboo because there is certainly a lot of argument over how much you can separate signal from the noise.

[Cameron Kaiser] 17:10:03

And for many jurisdictions, even if the information is collected and made available to them, it may be very difficult to make use of it.

[Cameron Kaiser] 17:10:08

I think if we're going to see the data exchange framework really achieve

[Cameron Kaiser] 17:10:13

some of the synergies that have been envisioned

[Cameron Kaiser] 17:10:16

We're also going to need to make sure that the responding

[Cameron Kaiser] 17:10:20

government agencies and those at the local level can actually make use of them.

[Cameron Kaiser] 17:10:23

I think this is where the QHIOs and other organizations will be especially critical and need to be mindful of it because they

[Cameron Kaiser] 17:10:32

may throw a party and nobody actually shows up.

[Sophia Chang] 17:10:35

Got it. I mean, I do think that um

[Sophia Chang] 17:10:39

there has been a fair amount of effort that's been put into place in the standing up of the BioSense platform and as you

[Sophia Chang] 17:10:46

I think you're familiar that syndromic surveillance data

[Sophia Chang] 17:10:50

has those views both at the national, state, and then local health jurisdictional level.

[Sophia Chang] 17:10:55

And I think with the passage of the recent legislation in California that makes CDPH as a statewide entity.

[Sophia Chang] 17:11:03

kind of one of the hosts, if you will, because before it was only the local health jurisdictions.

[Sophia Chang] 17:11:10

kind of one of the hosts or sponsors of the platform.

[Sophia Chang] 17:11:15

I think it puts the state in a slightly better position to help

[Sophia Chang] 17:11:19

the smaller health jurisdictions as well, but I'm happy to take that back and talk about that further, especially with

[Sophia Chang] 17:11:28

with Epi leads across the counties.

[Sophia Chang] 17:11:31

I actually…

[Cameron Kaiser] 17:11:31

That would be good. Thank you.

[Sophia Chang] 17:11:34

I did a long time ago before health informatics, I was in public health. So some of the old Epi chops are somewhere in there still.

[Sophia Chang] 17:11:48

Okay, and there's a comment here from Stephen Lane.

[Sophia Chang] 17:11:52

Given Tepka's plans to focus initially on supporting UCR, ELR, and public health.

[Sophia Chang] 17:11:58

queries for a data, it would seem advisable that we look to opportunities to align our DXF scope and technical requirements with those being promulgated by ASTP.

[Sophia Chang] 17:12:06

Yes. And so that is very much what we are doing and that

[Sophia Chang] 17:12:10

Also for a note that CDC is funding to drive jurisdictional use of Tufka Exchange.

[Sophia Chang] 17:12:16

Though I don't know, yeah, we don't know what will happen with the

[Sophia Chang] 17:12:21

with the change of administration.

[Sophia Chang] 17:12:24

Dan?

[Dan Chavez] 17:12:26

Yes, thanks, Sophia. Just reinforcing Stephen's point, I would ask that we

[Dan Chavez] 17:12:32

involve the QHIOs.

[Dan Chavez] 17:12:35

in both processes, the electronic case reporting

[Dan Chavez] 17:12:38

as well as syndromic surveillance. I think there's a lot of reusable information

[Dan Chavez] 17:12:44

Especially as it relates to dramatic surveillance with the ADT feeds, a solid ADT feed.

[Dan Chavez] 17:12:50

From a health system can satisfy a number of use cases. If it is set to a QHIO, so I would

[CalHHS CDII] 17:12:53

Thank you.

[Dan Chavez] 17:12:57

advocate, please, to involve the QHIOs in both data workflows. Thank you.

[Sophia Chang] 17:13:06

We have involved the QHOs, especially in speaking about syndromic surveillance. I think part of the challenge of the AIMS platform is that that is a direct EHR.

[Sophia Chang] 17:13:14

to AIMS platform connection, but I'm happy to discuss that further to understand

[Sophia Chang] 17:13:20

what role the QAHIOs can help play there.

[Dan Chavez] 17:13:23

that that would be very helpful. Again, I think we may be doing redundant efforts that can be streamlined.

[Dan Chavez] 17:13:28

Thanks, Sophia.

[Sophia Chang] 17:13:30

Thanks, Rim.

[CalHHS CDII] 17:13:33

Two things real quick. First.

[CalHHS CDII] 17:13:35

It's interesting, syndromic surveillance is also one of the things that we touched on

[CalHHS CDII] 17:13:41

in the event notification pillar, there's an example of an event

[CalHHS CDII] 17:13:45

for a different expanding use case. And so I don't want to dwell on that here but just

[CalHHS CDII] 17:13:51

As an example of how we might expand use cases. We also have a question here in the room.

[CalHHS CDII] 17:13:56

Yeah, and this is building Dan Desmond building on the alignment with the federal government, building on what Belinda said with

[CalHHS CDII] 17:14:06

the deadlines and timelines from ONC that the use of AIMS and ECR

[CalHHS CDII] 17:14:13

is to generate an ECR, but it does require the use of aims

[CalHHS CDII] 17:14:17

Until at least 1-1 of 2028.

[CalHHS CDII] 17:14:20

So I think it's important not to get ahead of ourselves since that's a moving target and ensure the alignment with that.

[CalHHS CDII] 17:14:26

And the other thing is to ensure that all the state laws are that it's clear that especially with the QHIOs, the state laws are following

[CalHHS CDII] 17:14:36

with the content of that with USCI to ensure that just the appropriate data for public health is being

[CalHHS CDII] 17:14:42

provided. So that's important because the ecrs

[CalHHS CDII] 17:14:46

are modified NAS of Linda pointed out

[CalHHS CDII] 17:14:49

that 1-1-2028 is when we'll have to support the next standard probably under hti2

[CalHHS CDII] 17:14:55

not under HTI1. So we don't want to get too far ahead of that

[CalHHS CDII] 17:14:59

is my recommendation.

[Sophia Chang] 17:15:01

Got it. Thank you.

[Sophia Chang] 17:15:05

Uh…

[Sophia Chang] 17:15:07

And then Mark Savage noted that DXF is agnostic about exchange. So yes, TEFCA, but alignment with other methods of exchange too, including FHIR APIs.

[Sophia Chang] 17:15:17

Yes.

[Sophia Chang] 17:15:20

Any other comments or questions?

[Sophia Chang] 17:15:26

Thank you. I think I'll move this on to Cindy.

[Cindy Bero] 17:15:30

Thank you, Sophia. Sydney Barrow, Senior Advisor with Manat. I've had the pleasure of chatting with you all about impact measurement in the past, and I want to thank you for your

[Cindy Bero] 17:15:40

prior input and look forward to more of that today. As you know, impact measurement is a journey where we are seeking to look at how the data exchange framework is being taken up and how engagement is going on with data exchange.

[Cindy Bero] 17:16:00

We're actually looking to see how it affects the delivery of health and social services and also looking to see how it improves income.

[Cindy Bero] 17:16:08

outcome, sorry. We started this work in early 2024 and we started to identify some metrics focusously

[Cindy Bero] 17:16:18

Focusing primarily on the metrics that were readily available to us. And as time goes on, we will be going beyond that to look at data that is aligned with the data exchange framework, but may

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not be as easy to put our hands on, but data that would show us that data exchange is increasing, that healthcare delivery is

[Cindy Bero] 17:16:42

getting smoother and better, social services delivery is getting better.

[Cindy Bero] 17:16:47

And that outcomes are improving. We have some early data from the signatory portal from the participant directory, and we are now incorporating data from the grants program and the QHIO programs, both of which are very important enablers of the data exchange framework.

[Cindy Bero] 17:17:05

The challenges we face is, as you all know, is the data exchange framework is not a single technology and not a common infrastructure. So it's a little challenging to figure out how to measure some of the volumes that we're talking about.

[Cindy Bero] 17:17:22

I think another challenge that we face is that as you look at things like health outcomes, there are many things that influence health outcomes. It's not just data exchange. It's environmental factors, social factors, economic factors, many. So we can look at outcomes and

[Cindy Bero] 17:17:42

to try to determine if data exchange was a contributor, but we're never going to be at a point where you can identify it as a causal relationship.

[Cindy Bero] 17:17:50

If we look at how the data exchange frameworks impact measurement efforts will

[Cindy Bero] 17:17:56

move going forward, we have a variety of areas that we'll be working on in our recommendations.

[Cindy Bero] 17:18:04

The first one really is to, you know.

[Cindy Bero] 17:18:08

fully build out the phase one metrics, looking at who's engaging in data exchange, looking at the grant program and looking at the QHIO program. So we'll complete that work in early 2025.

[Cindy Bero] 17:18:24

We'll also start to look at the data exchange framework in terms of its impact on the delivery of services to see if we see a shortening of time periods between event A and event B, let's say.

[Cindy Bero] 17:18:39

And then in 2026, we'll go more towards outcomes and looking to see if the data exchange is associated with improvements in health outcomes and well-being.

[Cindy Bero] 17:18:51

Throughout this three-year journey, we'll also be looking closely at the data that we get to see if there are opportunities to improve

[Cindy Bero] 17:19:01

The data exchange framework or areas where we could sort of, you know, re-engineer or tweak things a little bit to be more effective.

[Cindy Bero] 17:19:11

And throughout that journey, we'll also stay closely aligned with the QHIO program because as we've noted and has been mentioned in multiple work streams, that the QHIO program is a very important enabler of the work

[Cindy Bero] 17:19:26

of the data exchange framework. And so staying aligned with the QHAOs is important.

[Cindy Bero] 17:19:31

Another area that we want to look at is as we're starting to gather data and produce data visualizations, really looking at some of the technologies that we use to collect, manage, and report out this data. So we'll be taking a look at that.

[Cindy Bero] 17:19:49

And then throughout the process, we want to stay very closely engaged with federal partners, TEFCA and others who are doing similar work so that we can learn from them and they can learn from us.

[Cindy Bero] 17:20:02

And then lastly, I'd like to stay very closely tied to all of these other pillars you're hearing about today to see how impact measurement can help them measure the results of the work that they're doing, whether it be in social services or public health or

[Cindy Bero] 17:20:19

consent management, I think there's an opportunity for the impact measurement

[Cindy Bero] 17:20:24

pillar to support the other pillars as well.

[Cindy Bero] 17:20:27

So let me pause and see if there are questions, comments, or

[Cindy Bero] 17:20:32

Feedback, Belinda.

[Belinda Luu] 17:20:36

Sure. I was wondering if there's an opportunity or if there's any value in reporting on how many participants are new to joining AQHio or a national network after they sign the DXF agreement.

[Belinda Luu] 17:20:50

It may be an opportunity to show that the DXS was able to encourage accelerated participation um

[Belinda Luu] 17:20:58

if they weren't already participating in these types of networks.

[Cindy Bero] 17:21:02

Yeah. Yes, that's a great suggestion. And that's one of the areas that we're looking at. We have received the data from the QHIOs for the third quarter, July through September. We're going through that data right now and starting to learn what we can about the QHIOs as an important

[Cindy Bero] 17:21:22

you know source of support for data exchange.

[Cindy Bero] 17:21:26

So more to come on that one.

[Belinda Luu] 17:21:28

Great, thank

[Cindy Bero] 17:21:29

Yep. Mark?

[Mark Savage] 17:21:31

Just sharing a comment I've shared previously, which is.

[Mark Savage] 17:21:35

And it comes from seeing sort of the amount of time that it's taking to

[Mark Savage] 17:21:39

develop a framework for doing initial measurement. In my work, a baseline is really important and

[Cindy Bero] 17:21:45

Mm-hmm.

[Mark Savage] 17:21:45

So measuring something in 2023 even

[Mark Savage] 17:21:49

or something in 2024.

[Mark Savage] 17:21:52

If January of 2024

[Mark Savage] 17:21:53

would have been ideal in order to measure the delta.

[Mark Savage] 17:21:57

So the longer we…

[Mark Savage] 17:21:59

The longer it takes for us to do anything.

[Mark Savage] 17:22:03

the less of a true baseline we have. Thank you.

[Cindy Bero] 17:22:06

Yeah, thank you, Mark. We do have some data from early 2024, not as much as we are collecting now, but we will have some of our metrics. We'll have January 2024 baseline. And as we go forward, that data

[Cindy Bero] 17:22:24

you know will grow and we'll have more opportunities to trend things over time.

[Cindy Bero] 17:22:29

Karen?

[Kiran Savage-Sangwan] 17:22:31

Yeah, thank you for that. I appreciate it. I think one thing in terms of the recommendations, because this was on a couple other ones.

[Kiran Savage-Sangwan] 17:22:40

was funding and seeking funding for CDII to do you know meaningful

[Kiran Savage-Sangwan] 17:22:45

Impact measurement, I'd love to see that here. I don't know how you can do it without that. So particularly.

[Cindy Bero] 17:22:52

Yeah.

[Kiran Savage-Sangwan] 17:22:54

when we're thinking about the consumer experience, which doesn't seem to be really contemplated here, and I understand the points on the

[Kiran Savage-Sangwan] 17:23:03

previous slide about the difficulty of establishing

[Kiran Savage-Sangwan] 17:23:07

causal relationships, but it would seem that there's still things you'd want to measure about

[Kiran Savage-Sangwan] 17:23:13

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are consumers having more coordinated care as a result of providers being able to share information or

[Kiran Savage-Sangwan] 17:23:19

Are there fewer errors with medications or, you know, there's like, I feel like there are things like that that

[Kiran Savage-Sangwan] 17:23:25

you would want to measure. And then the other thing is I think there needs to be, again, I'm the broken record on this, but the explicit focus on equity. I think what we don't want to see is consumers in the safety net really being left behind by all of this, et cetera, et cetera. So I think that needs to be an important

[Cindy Bero] 17:23:26

Yeah.

[Cindy Bero] 17:23:27

Yes.

[Kiran Savage-Sangwan] 17:23:40

dimension of the impact measurement throughout the different phases.

[Cindy Bero] 17:23:44

Thank you. And I agree with you. I think that there is this desire sort of in what we are calling phase two to look at the delivery of services and to see does that get stronger? Do we have a less of a delay between the delivery of services because information moved more smoothly or do we see fewer readmissions because better

[Cindy Bero] 17:24:09

that notification occurred. That will be part of that second phase where we're looking at the data movement

[Cindy Bero] 17:24:17

you know improving service delivery. So looking, you know, we're looking forward to that, you know, starting to flush that out in more detail in the coming months.

[Cindy Bero] 17:24:32

Any other comments?

[Cindy Bero] 17:24:34

If not, I will turn things over to our next speaker.

[Nick Picinich] 17:24:39

Hi, everyone. Nick Pacinich.

[Nick Picinich] 17:24:42

standing in for pillar number six today, but I support CDII as the deputy over policy and operations. So nice to meet many of you for the first time.

[Nick Picinich] 17:24:54

Jumping right in to pillar number six, participant engagement.

[Nick Picinich] 17:24:58

We'll touch on issues in just a moment, but first the goal

[Nick Picinich] 17:25:02

of this pillar is to enhance how we monitor

[Nick Picinich] 17:25:06

and strengthen pathways to increase the compliance

[Nick Picinich] 17:25:10

between participation

[Nick Picinich] 17:25:12

just overall participation.

[Nick Picinich] 17:25:15

And it was mentioned on an earlier slide, I think Jacob Parkinson actually touched on it.

[Nick Picinich] 17:25:22

And there was updated figures there. But as of September of 2024,

[Nick Picinich] 17:25:26

We've had just over 2,500 DSAs signed

[Nick Picinich] 17:25:30

Representing over 4,000 participants

[Nick Picinich] 17:25:34

However, only 50% of mandatory signers have signed today.

[Nick Picinich] 17:25:38

I think that's a little bit higher now.

[Nick Picinich] 17:25:42

maybe 55%.

[Nick Picinich] 17:25:44

And we're just over 40% completion rate for those that have filled in accurate entries in our participant directory.

[Nick Picinich] 17:25:54

Some of the current challenges in this pillar include

[Nick Picinich] 17:25:59

ambiguities and signatory definitions affecting both

[Nick Picinich] 17:26:04

support and compliance

[Nick Picinich] 17:26:06

there is a lack of DXF oversight

[Nick Picinich] 17:26:09

an enforcement mechanisms

[Nick Picinich] 17:26:13

There's limited stakeholder

[Nick Picinich] 17:26:15

and public understanding of some of the DXF benefits.

[Nick Picinich] 17:26:19

And liability concerns that have been heavily discussed already today, discouraging overall participation.

[Nick Picinich] 17:26:28

the participant directory usability

[Nick Picinich] 17:26:33

has some issues and there's limitations on

[Nick Picinich] 17:26:37

how we automate things internally and just

[Nick Picinich] 17:26:40

overall usability for

[Nick Picinich] 17:26:42

our participants or users.

[Nick Picinich] 17:26:46

the stakeholder technical resourcing constraints also hinder participation for

[Nick Picinich] 17:26:52

some of our organizations.

[Nick Picinich] 17:27:00

So we can jump to

[Nick Picinich] 17:27:03

our recommendation slide.

[Nick Picinich] 17:27:06

In response to some of the challenges that I just listed, we've developed a number of different recommendations aiming to enhance

[Nick Picinich] 17:27:14

engagement and compliance.

[Nick Picinich] 17:27:15

So number one is to expand definitions of mandatory signatories by leveraging state legislative changes.

[Nick Picinich] 17:27:24

to include POMGs or physician organizations and medical groups

[Nick Picinich] 17:27:29

and broadening the range of required signatory groups. So there's kind of a two part there.

[Nick Picinich] 17:27:35

The second one is to develop a strong accountability framework through

[Nick Picinich] 17:27:40

legislative action, refining governance.

[Nick Picinich] 17:27:44

collaborating with peer agencies for enforcement mechanisms.

[Nick Picinich] 17:27:49

And regular reporting on compliance rates by signatory type.

[Nick Picinich] 17:27:55

The third that we have highlighted is

[Nick Picinich] 17:27:59

implementing a targeted statewide comms plan so sort of just

[Nick Picinich] 17:28:04

welcome guide meeting

[Nick Picinich] 17:28:06

participants where they're at and their data sharing or

[Nick Picinich] 17:28:11

information exchange journey.

[Nick Picinich] 17:28:17

Also thinking about the channels in which we distribute those educational materials.

[Nick Picinich] 17:28:23

The fourth one here is maintaining alignment with state and national frameworks like CALE and TEFCA.

[Nick Picinich] 17:28:31

also spoken to a lot today, especially in the chat.

[Nick Picinich] 17:28:36

And then support participants technology capacity

[Nick Picinich] 17:28:39

by ensuring equitable access to necessary infrastructure across the state.

[Nick Picinich] 17:28:46

Without limiting some geographies.

[Nick Picinich] 17:28:51

So the steps that I just listed are designed to strengthen the

[Nick Picinich] 17:28:56

data exchange frameworks reach

[Nick Picinich] 17:28:58

and compliance.

[Nick Picinich] 17:29:00

And I think I can pause here and open up for any questions.

[Nick Picinich] 17:29:07

Thank you.

[Dan Chavez] 17:29:10

Thanks, Nick, can you

[Dan Chavez] 17:29:13

provided any expectation on when counties and the entire health and human services agencies will be required signatories to

[Dan Chavez] 17:29:23

the data exchange framework in dsa

[Dan Chavez] 17:29:25

I know Jacob on page 14

[Dan Chavez] 17:29:29

presented county line items

[Dan Chavez] 17:29:32

This does not reflect my firsthand experience. Arguably, the way this is presented is all 61 counties

[Dan Chavez] 17:29:40

have signed the DSA.

[Dan Chavez] 17:29:43

But depending on the county.

[Dan Chavez] 17:29:46

I'm not sure this is accurate.

[Dan Chavez] 17:29:50

And as I think about

[Dan Chavez] 17:29:53

the single segment of the ecosystem that we can leverage for data exchange frameworks

[Dan Chavez] 17:30:00

success, it would be the county

[Dan Chavez] 17:30:01

Health and Human Services Agency so any

[Dan Chavez] 17:30:04

color and guidance you could provide there nick

[Dan Chavez] 17:30:08

would be most appreciated. And I think, by the way, it impacts all five pillars previously discussed.

[Nick Picinich] 17:30:16

Yeah, thanks for catching that and

[Nick Picinich] 17:30:19

I'll welcome input from other team members, but I will say that conversations

[Nick Picinich] 17:30:24

are happening around the inclusion of counties

[Nick Picinich] 17:30:28

But yeah, welcome others to jump in as they're

[Nick Picinich] 17:30:32

or any more concrete conversations that I'm not aware of.

[CalHHS CDII] 17:30:39

Guess what I would probably add to that is, Dan, as you know.

[CalHHS CDII] 17:30:42

Not every county is organized the same way and that complicates

[CalHHS CDII] 17:30:46

what it means for a county to be participating but it is an ongoing discussion

[CalHHS CDII] 17:30:53

topic of discussion between CDII and various counties on

[CalHHS CDII] 17:30:57

how to best participate and to move things forward but

[CalHHS CDII] 17:31:01

I completely agree

[CalHHS CDII] 17:31:03

that counties are an important part of this.

[CalHHS CDII] 17:31:06

And that it impacts all of the pillars, as you said, that county engagement is going to be a component

[CalHHS CDII] 17:31:13

of EXF success.

[Dan Chavez] 17:31:16

And CalA and success, I might add, Rim. So getting that consensus at the county level between DXF and CalAIM,

[Dan Chavez] 17:31:24

is just a huge multiplier in the work we are all collectively doing. Thanks, Rem.

[CalHHS CDII] 17:31:29

Great, thanks.

[Nick Picinich] 17:31:32

Thanks, Ryan. Thank you, Dan.

[Nick Picinich] 17:31:35

And seeing the note from felix

[Nick Picinich] 17:31:38

and showing support for

[Nick Picinich] 17:31:40

pursuing legislative action to refine DXF governance and introduce oversight authorities

[Nick Picinich] 17:31:45

while leveraging peer agency

[Nick Picinich] 17:31:50

regulatory enforcement mechanisms. Thanks, Felix.

[Nick Picinich] 17:32:03

John, I see your hand.

[CalHHS CDII] 17:32:05

Yeah, I just also think that you know from a

[CalHHS CDII] 17:32:10

recommendation perspective, I would recommend continuing to educate because there's a lot of people out there with the perception that

[CalHHS CDII] 17:32:17

the DXF is not fully baked yet. We're still adding ingredients.

[CalHHS CDII] 17:32:21

And I think we've reached a kind of a critical mass point.

[CalHHS CDII] 17:32:26

that people don't realize. And I think they're stuck in some old thoughts about

[CalHHS CDII] 17:32:32

we're still throwing a bunch of

[CalHHS CDII] 17:32:34

recipes in the pot and they don't understand

[CalHHS CDII] 17:32:37

how the change to the DXF and the processes

[CalHHS CDII] 17:32:40

are there so there's a tremendous opportunity to really overcome

[CalHHS CDII] 17:32:44

some of those that are resistant to sign the DSA because of that well

[CalHHS CDII] 17:32:49

And leveraging some great partners

[CalHHS CDII] 17:32:52

for education around that, you know, California Hospital Association.

[CalHHS CDII] 17:32:56

Those folks, you know, giving them a ball to educate, educating them and giving them a ball to pass that on.

[CalHHS CDII] 17:33:02

might be extremely helpful.

[Nick Picinich] 17:33:09

That's great feedback, John.

[Nick Picinich] 17:33:11

Taking down that note.

Great.

I'm not seeing any other questions, so I think I can pass it to Jonah.

All right. Seeing as we're starting to lose people, I'm going to get through this and get to public comment.

I want to highlight a few things that cut across

the roadmap. I'm actually not going to cover identity management

Because we've already done that considerably.

And I think that the issue around privacy has also been covered, but what we um

want to recognize is the complex rules, both federal and state, that apply to many of the pillars.

that require things like guidance, potentially rule changes, state rule changes at least.

[Jonah Frohlich] 17:34:12

are acknowledged and are things that we are going to need to consider taking action on.

[Jonah Frohlich] 17:34:20

The two things on the outside of these

[Jonah Frohlich] 17:34:23

The two box on the outside of this slide, I do want to cover the QHIOs being the first.

[Jonah Frohlich] 17:34:29

The

[Jonah Frohlich] 17:34:30

CDII and the data exchange framework recognize how important QHAOs are to the success of data sharing, particularly for

[Jonah Frohlich] 17:34:38

organizations that have more limited capacity, but also for systems that want to use the efficiencies that can be created by

[Jonah Frohlich] 17:34:48

by facilitating things like event notifications through QHIOs or query-based exchange.

[Jonah Frohlich] 17:34:55

And so being able to

[Jonah Frohlich] 17:34:58

support sustainability and a series of activities that

[Jonah Frohlich] 17:35:03

would be supported by QHAs. It's pretty clearly in our view.

[Jonah Frohlich] 17:35:10

across as many of these pillars.

[Jonah Frohlich] 17:35:13

And so there needs to be consideration of how what role QHAs will continue to play to advance the framework.

[Jonah Frohlich] 17:35:20

and data sharing, particularly when it comes to

[Jonah Frohlich] 17:35:23

data that requires consent and more complex patterns that require sort of a collection of organizations

[Jonah Frohlich] 17:35:31

to collaborate on like notifications.

[Jonah Frohlich] 17:35:34

So we call this out in the roadmap and would certainly welcome comments on how we've characterized sort of the role of QHIOs throughout.

[Jonah Frohlich] 17:35:43

And then just calling on the far right behavioral health, there's

[Jonah Frohlich] 17:35:48

I don't think we can underscore enough just how important this is to the state to support behavioral health transformation initiatives.

[Jonah Frohlich] 17:35:56

Whether it's at DHCS or statewide.

[Jonah Frohlich] 17:36:01

Prop 1 has

[Jonah Frohlich] 17:36:03

really reinforce the need to integrate physical and behavioral health care.

[Jonah Frohlich] 17:36:07

delivery of services, and we recognize that this is

[Jonah Frohlich] 17:36:11

an area that needs considerable attention and investment in order to really seamlessly integrate services across

[Jonah Frohlich] 17:36:20

county behavioral health agencies, community-based organizations, health plans, and providers that provide

[Jonah Frohlich] 17:36:27

healthcare to people in California.

[Jonah Frohlich] 17:36:31

So we intentionally wanted to elevate

[Jonah Frohlich] 17:36:34

the need to address behavioral health data sharing.

[Jonah Frohlich] 17:36:37

It obviously has implications for things like consent management.

[Jonah Frohlich] 17:36:42

But it's going to be a critical cross cutting

[Jonah Frohlich] 17:36:46

a theme in the years ahead, particularly given how much is being invested right now and how high priority is for the administration.

[Jonah Frohlich] 17:36:54

So those are the themes that cut across. I don't know that there's anything really to say more about them. I'm certainly happy to have comments about it, but just want to point these out for folks. We've recognized that these cut across and needed really sort of their own treatment.

[Jonah Frohlich] 17:37:09

And the roadmap.

[Jonah Frohlich] 17:37:12

And then just in terms of timeline, as John mentioned at the beginning of this call, the roadmap was published today in draft form for public comment.

[Jonah Frohlich] 17:37:20

It's a 30-day public comment period.

[Jonah Frohlich] 17:37:23

We would really appreciate

[Jonah Frohlich] 17:37:25

you and others to review and comment. We have like our standard comment template. We'll take whatever you can give us.

[Jonah Frohlich] 17:37:35

If you have stakeholders, if you're an association, you have members.

[Jonah Frohlich] 17:37:39

who have any interest in this, we'd encourage wide dissemination and input

[Jonah Frohlich] 17:37:45

So we have a 30-day public comment period that starts today, ends December 6th or 7th. I'm not sure.

[Jonah Frohlich] 17:37:52

what day gets counted when, but it's in 30 days will be done with that period. And then we take the comments back in December and we will

[Jonah Frohlich] 17:38:02

We all triage all of them and disposition them.

[Jonah Frohlich] 17:38:06

And then update and review internally and then publish in the new year. December 9th, apparently. Ryan, thank you.

[Jonah Frohlich] 17:38:14

So December 9th is when it closes.

[Jonah Frohlich] 17:38:16

So please get comments in before then. And then in January, we intend to publish this in the early part of 2025 and then

[Jonah Frohlich] 17:38:26

we will have our summit in March, which much of the summit will be focused on

[Jonah Frohlich] 17:38:31

elements of the roadmap and what we need to do to implement it.

[Jonah Frohlich] 17:38:36

With that, I think I'm going to turn it back over to John. Any comments, we're welcome to take from the committee, but otherwise, if we're going to public comment.

[CalHHS CDII] 17:38:47

Committee first and we'll go to public comment. Troy, you're up.

[CalHHS CDII] 17:38:52

You're on mute.

[Troy Kaji] 17:38:57

Sorry.

[CalHHS CDII] 17:38:58

No worries.

[Troy Kaji] 17:38:59

One thing I would like to comment about the roadmap is

[Troy Kaji] 17:39:03

It would be nice to have crews to build each segment of the road.

[Troy Kaji] 17:39:09

I've said this before, but I think a community of practice

[Troy Kaji] 17:39:15

If this…

[Troy Kaji] 17:39:17

CDII can act as a convener.

[Troy Kaji] 17:39:22

to connect

[Troy Kaji] 17:39:24

different entities

[Troy Kaji] 17:39:26

let's say you take one of those priority areas

[Troy Kaji] 17:39:30

And they act as a convener to

[Troy Kaji] 17:39:33

have promote discussions and solution sharing on how to

[Troy Kaji] 17:39:38

tackle, whatever it is.

[Troy Kaji] 17:39:40

And solve that. That is one feature that both

[Troy Kaji] 17:39:45

But, you know, TEFCA and carry quality and

[Troy Kaji] 17:39:48

eHealth exchange have is they have communities of practice that are

[Troy Kaji] 17:39:53

part of their structure and both inform

[Troy Kaji] 17:39:56

Ongoing policy but

[Troy Kaji] 17:39:58

More importantly, I think are the connections

[Troy Kaji] 17:40:02

Which you can't regulate, you know, making people

[Troy Kaji] 17:40:06

actually talk to each other we're promoting that

[Troy Kaji] 17:40:11

And so I just think that that would be valuable to have

[Troy Kaji] 17:40:16

CDII act as a convener

[Troy Kaji] 17:40:19

Once this roadmap is hammered out and say, okay, well, we have this priority area, who would like to

[Troy Kaji] 17:40:26

join discussions on how you're going to solve this.

[Troy Kaji] 17:40:30

That's it. Thank you.

[CalHHS CDII] 17:40:30

Thanks, Troy. Really appreciate that. And yeah, like Jonah mentioned, after this

[CalHHS CDII] 17:40:36

publicly released and we formalize it and come back, our hope is that the summit will be a great opportunity to prioritize

[Jonah Frohlich] 17:40:38

All right.

[CalHHS CDII] 17:40:44

Prior to the summit, as well as getting folks reactions to the prioritization

[CalHHS CDII] 17:40:49

um using our, you know, our limited

[CalHHS CDII] 17:40:51

But I hear what you're saying and we completely agree that

[CalHHS CDII] 17:40:55

where are the areas, the sweet spot where CDII can advance this work? And I think that's a

[CalHHS CDII] 17:41:01

critical part of the convening. Aaron, to you.

[CalHHS CDII] 17:41:10

Karen?

[CalHHS CDII] 17:41:14

It's a stand up from before, maybe?

[Aaron Goodale] 17:41:16

All right. I was double muted there

[CalHHS CDII] 17:41:18

No worries.

[Aaron Goodale] 17:41:19

Classic mistake, sorry.

[CalHHS CDII] 17:41:21

Welcome.

[Aaron Goodale] 17:41:21

I just wanted to

[Aaron Goodale] 17:41:24

add to the comments about prioritization for will we expect to see

[Aaron Goodale] 17:41:31

Prioritization across all the individual recommendations being made across all the pillars.

[Aaron Goodale] 17:41:37

or individual items from each pillar to be prioritized first.

[Aaron Goodale] 17:41:44

What is the thinking there?

[CalHHS CDII] 17:41:47

I don't know if I have the exact answer, but probably it might be a mix.

[CalHHS CDII] 17:41:53

You know, part of the prioritization

[CalHHS CDII] 17:41:57

Part of the prioritization is understanding what other efforts are in place

[CalHHS CDII] 17:42:03

to know. I mean, we have no problem setting a table and making it a priority, but we want to make sure that aligns with other efforts that are happening as well.

[CalHHS CDII] 17:42:11

I don't know if you have a recommendation in there, if it's one versus the other, but I see it being a combination

[CalHHS CDII] 17:42:17

firsthand.

[Aaron Goodale] 17:42:20

Yeah, I think we may make like an official comment on that on different recommendations there, but I think in order to communicate the roadmap.

[CalHHS CDII] 17:42:26

Yeah.

[Aaron Goodale] 17:42:29

to all our constituents.

[Aaron Goodale] 17:42:32

I think.

[Aaron Goodale] 17:42:34

you know, it'd be nice to have

[Aaron Goodale] 17:42:35

be able to show at least where the efforts are going to go for prioritization, but knowing that

[CalHHS CDII] 17:42:39

Correct.

[Aaron Goodale] 17:42:41

states and things change along the way.

[CalHHS CDII] 17:42:44

Absolutely.

[Aaron Goodale] 17:42:45

All right. Thank you.

[CalHHS CDII] 17:42:46

Thanks, Karen.

[CalHHS CDII] 17:42:48

Yeah, I think that's all the

[CalHHS CDII] 17:42:50

comments from our group. So we're going to make a pivot into public comment.

[CalHHS CDII] 17:42:57

As Alice mentioned at the beginning of the call, we're going to open public comment on the Zoom.

[CalHHS CDII] 17:43:04

If you can raise your hand with the Zoom feature for teleconferencing.

[CalHHS CDII] 17:43:08

And then we will call upon you in the order that your hand was raised. Please state your name and organization affiliation, and please keep your comments respectful and brief.

[CalHHS CDII] 17:43:17

I don't see any members of the public in the room.

[CalHHS CDII] 17:43:20

So I will turn to Manak to

[CalHHS CDII] 17:43:24

canvas the virtual way.

[Alice K - Events] 17:43:27

Thank you, John. We do not have any hands raised at this time. As a reminder for the public.

[Alice K - Events] 17:43:35

If you've joined via Zoom, you can click raise hand at the bottom of your Zoom window.

[Alice K - Events] 17:43:40

And if you've dialed in by phone only, press star nine to raise your hand and listen for your phone number to be called.

[Alice K - Events] 17:43:48

And we still do not have any hands raised from the audience.

[CalHHS CDII] 17:43:53

Okay, I know we've had a lot of comments during the meeting and I know that came up from our committee members, so we'll give it a few minutes. If someone pops in, let me know. If not, I'm going to go into

[CalHHS CDII] 17:44:03

closing remarks and uh

[CalHHS CDII] 17:44:04

If anyone pops up, let me know.

[CalHHS CDII] 17:44:07

So we can get you out of here early. Just a couple comments on next steps.

[CalHHS CDII] 17:44:13

Moving forward, following today's meeting, we're going to take all of your input and consideration

[CalHHS CDII] 17:44:19

to inform both technical standards, the proposed amendments to data elements to be exchanged

[CalHHS CDII] 17:44:25

in PMPs, as well as the DXF roadmap revisions.

[CalHHS CDII] 17:44:29

We're also asking committee members to review our DXF program draft

[CalHHS CDII] 17:44:33

Which will be posted. It is posted.

[CalHHS CDII] 17:44:36

So please go ahead and let us know.

[CalHHS CDII] 17:44:40

We're looking for a lot of feedback and we've got a 30-day mark.

[CalHHS CDII] 17:44:45

So with that, I always encourage you to stay in touch.

[CalHHS CDII] 17:44:49

And please let CDI know if there's additional comments, questions. I heard a number of comments today around communication.

[CalHHS CDII] 17:44:56

both communication about the roadmap, communicating folks

[CalHHS CDII] 17:45:00

on where we are with the data exchange framework. We have it in process.

[CalHHS CDII] 17:45:06

a roadshow where we are attending conferences we have

[CalHHS CDII] 17:45:11

representation at a number of events around the state as well. If there are others, please let us know.

[CalHHS CDII] 17:45:17

And we're working with our agency departments as well so that when they're out, they have talking points related to data exchange framework and are also

[CalHHS CDII] 17:45:26

looking and listening for opportunities.

[CalHHS CDII] 17:45:29

You can always find information on slide 44 visiting our DXF webpage.

[CalHHS CDII] 17:45:36

And lastly, I would just like to thank all of you for your continued participation. I think we're at a

[CalHHS CDII] 17:45:42

people have mentioned we're at critical mass.

[CalHHS CDII] 17:45:44

I think 50, 54% of all of folks

[CalHHS CDII] 17:45:50

is the critical mass and we can do a lot with that.

[CalHHS CDII] 17:45:53

And so it's great to see all of you. We look forward to seeing you again meeting

[CalHHS CDII] 17:45:58

In a couple of months. And with that, I bid you a good dink.