Data Exchange Framework

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

Thursday, November 7, 2024

12:30 PM – 3:00 PM

CalHHS

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Meeting Participation Options

Onsite

- Members who are onsite are encouraged to log in through their panelist link on Zoom.
  - Members are asked to **keep their laptop's video, microphone, and audio off** for the duration of the meeting.
  - The room's cameras and microphones will broadcast the video and audio for the meeting.
- Instructions for connecting to the conference room's Wi-Fi are posted in the room.
- Please email Akira Vang (akira.vang@chhs.ca.gov) with any technical or logistical questions about onsite meeting participation.

Meeting Participation Options

Written Comments

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

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Meeting Participation Options

Spoken Comments

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

Onsite		Offsite	
Logged into Zoom	**Not Logged into Zoom**	**Logged into Zoom**	**Phone Only**
If you logged on onsite via Zoom interface Press "Raise Hand" in the "Reactions" button on the screen or physically raise your hand If selected to share your comment, please begin speaking and do not unmute your laptop. The room's microphones will broadcast audio	**If you are onsite and not using Zoom** Physically raise your hand, and the chair will recognize you when it is your turn to speak	**If you logged on from offsite via Zoom interface** Press "Raise Hand" in the "Reactions" button on the screen If selected to share your comment, you will receive a request to "unmute;" please ensure you accept before speaking	**If you logged on via phone-only** Press "*9" on your phone to "raise your hand" Listen for your phone number to be called by moderator If selected to share your comment, please ensure you are "unmuted' on your phone by pressing "*6"

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Public Comment Opportunities

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

Agenda

12:30 PM
Welcome and DxF Vision

12:35 PM
2025 DxF Summit

12:40 PM
DxF Implementation Updates

12:45 PM
Advancing USCDI Standards Requirements

1:10 PM
DxF Roadmap Presentation and Discussion

2:50 PM
Public Comment

2:55 PM
Next Steps and Closing Remarks

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Welcome and DxF Vision

Speaker Introductions

John Ohanian

CDO, CalHHS
Director, CDII

Jacob Parkinson

QHIO Program Manager

Rita Nguyen

Assistant Health Officer, CDPH

Rim Cothren

Independent HIE Consultant, CDII

The Vision for Data Exchange in California

Every Californian, no matter where they live, should be able to walk into a doctor's office, a county social services agency, or an emergency room and be assured that their health and social services providers can access the information they need to provide safe, effective, whole-person care—while keeping their data private and secure.

California's Data Exchange Framework (DxF) will help achieve this vision and improve care for all Californians by enabling statewide, secure data exchange between health and social services providers.

2025 DxF Summit

2025 Annual California DxF Summit:

The Road to Whole-Person Care

SAVE THE DATE

March 20th

LOCATION

Tsakopoulos Library Gallery
828 I Street, Sacramento, CA 95814

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DxF Implementation Updates

DxF Implementation Updates

Since the last IAC meeting, CDII & stakeholders have continued to advance DxF implementation across several domains.

Advisory Committees

- Since September 2024, CDII convened three Standards Committee meetings focused on advancing the required version of United States Core Data for Interoperability (USCDI) and establishing technical standards for event notification.
- TASC will begin meeting in November to discuss a Fast Healthcare Interoperability Resources (FHIR) roadmap for DxF.

DSA P&P Development

- No new P&Ps are in development at this time.
- Developing an amendment to Data Elements to Be Exchanged P&P to advance the version of USCDI required for exchange by all Participants.

DxF Grants

- Each Grantee must submit a progress report by December 31, 2024. Grantees who received their grant award in Round 1 or 2 must report Milestone 1 on or before December 31, 2024.
- QHIOs will submit progress reports on behalf of QHIO onboarding grantees; Technical Assistance Grantees will submit their own reports.

QHIO

- CDII finalized the remaining program requirements related to oversight and change management in October 2024. The initial design of the QHIO Program is now complete.

Impact Measurement

- CDII is finalizing the metrics for Phase 1 of Impact Measurement and anticipates sharing Q3 2024 data and visualizations at the next IAC Meeting.

Signatory Count as of 11/01/2024

There are over 2,500 signed DSAs that represent over 4,400 Participants

Participant Category based upon Type Analysis*	Unique DXF IDs (records)
Hospitals (General acute care settings and acute psychiatric settings)	321 of 462 (69%)
Physician organizations and medical groups	2,110 (of unknown)
Skilled Nursing Facilities (SNF)	823 of 1,197* (69%)
Health Care Service Plans and Disability Insurers (Plans)	95 of 103 (92%)**
Clinical Laboratories	350 of 2,476 (14%)
Qualified HIOs (QHIOs)	9 of 9 (13 due to ***aliases)
County – health, public health, social services	61
County (DSA has Primary Org, county level only)	14
State	5
Other (CBOs, non-QHIO Intermediaries, others)	406
Primary Organization with Subs, has indicated will exchange at this level	81
Primary Organization with Subs, no Primary level exchange indicated	144
Total Participant Type Count	4,423

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**The denominator includes all SNFs in California.*
***6 plan unique DxF IDs map to 6 additional Required Plans based on Plan organization name, 98% (101/103) Plans signed.*
****What is a DSA or Participant Directory facility or location organization alias? An alias, not a defined DxF term, is an organization name used by some signatories to identify their known-to-some names or acronyms. (e.g. SCHIO, Santa Cruz HIO, and Serving Communities Health Information Organization)*

Participant Directory Choices as of 11/01/2024

Organizations (primary and subordinate) entering choices	2,019 (47%)

Of those organizations entering choices in the Participant Directory and not delaying Exchange until 2026:

Entity Type Selected	Requests for HSSI (query)	Delivery of HSSI (push)	Requests for ADT Notifications
Nationwide networks and frameworks	20%	19%	-
Qualified HIOs	59%	59%	33%
SELF (point-to-point connections)	9%	7%	13%
OTHER (not nationwide network, SELF, or QHIO)	2%	2%	3%
ONBOARDING TO QHIO	3%	3%	3%
NOT APPLICABLE	7%	11%	48%

Organizations electing to exercise the option to delay Exchange until January 31, 2026, as allowed under Health and Safety Code § 130290 or the Requirement to Exchange Health and Social Services Information P&P	408 (20%)

The Participant Directory Listing in machine-readable flat-file format is available on the DxF webpage.

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Advancing USCDI Version Requirements

Current USCDI Requirements for DxF

- HSC § 130290 requires "hospitals, clinics, and physician practices… [to exchange] United States Core Data for Interoperability (USCDI) Version 1 data until October 6, 2022. After this date, [exchange] shall include all electronic health information… held by the entity."

- Data Elements to Be Exchanged P&P requires health care providers, county health facilities, health insurers and health care service plans, public health agencies, intermediaries (as required by their customers), and voluntary Participants to exchange all data listed in USCDI Version 2.

- Technical Requirements for Exchange P&P requires that, "unless noted otherwise … in the Data Elements to Be Exchanged Policy and Procedure, data attributes for Person Matching must follow the guidelines and standards established by the USCDI Version 2."

Standards Committee Recommendations

1. Advance the requirement in DxF for all Participants from USCDI Version 2 to USCDI Version 3 no later than January 1, 2026, to align with the federal requirement.
    - Noted that the federal requirement from Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information (ASTP/ONC) is for healthcare providers only
    - Recommended advancing to USCDI version 3 for all DxF Participants, not only healthcare providers

2. Consider automatically aligning the version of USCDI to ASTP/ONC requirements for the ASTP/ONC Health IT Certification Program rather than naming a specific version in the P&P.

3. Provide more than six months runway for Participants to implement USCDI Version 3.
    - Recommends against delaying the implementation date beyond ASTP/ONC's January 1, 2026 deadline.
    - Instead, recommends finalizing any amendment to P&P(s) as early as possible to maximize available implementation time.

<u>Primarily impacts the Data Elements to Be Exchanged P&P</u>

USCDI Version 3

The Office of the National Coordinator for Health Information Technology

Allergies and Intolerances
- Substance (Medication)
- Substance (Drug Class)
- Reaction

Assessment and Plan of Treatment
- Assessment and Plan of Treatment
- SDOH Assessment

Care Team Member(s)
- Care Team Member Name
- Care Team Member Identifier
- Care Team Member Role
- Care Team Member Location
- Care Team Member Telecom

Clinical Notes
- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

Clinical Tests
- Clinical Test
- Clinical Test Result/Report

Diagnostic Imaging
- Diagnostic Imaging Test
- Diagnostic Imaging Report

Encounter Information
- Encounter Type
- Encounter Diagnosis
- Encounter Time
- Encounter Location
- Encounter Disposition

Goals
- Patient Goals
- SDOH Goals

Health Insurance Information ★
- Coverage Status ★
- Coverage Type ★
- Relationship to Subscriber ★
- Member Identifier ★
- Subscriber Identifier ★
- Group Number ★
- Payer Identifier ★

Health Status/ Assessments ★★
- Health Concerns ➔
- Functional Status ★
- Disability Status ★
- Mental Function ★
- Pregnancy Status ★
- Smoking Status ➔

Immunizations
- Immunizations

Laboratory
- Test
- Values/Results
- Specimen Type ★
- Result Status ★

Medications
- Medications
- Dose ★
- Dose Units of Measure ★
- Indication ★
- Fill Status ★

Patient Demographics/ Information ★★
- First Name
- Last Name
- Middle Name (Including middle initial)
- Name Suffix ★★
- Previous Name
- Date of Birth
- Date of Death ★
- Race
- Ethnicity
- Tribal Affiliation ★
- Sex ★★
- Sexual Orientation
- Gender Identity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address
- Related Person's Name ★
- Related Person's Relationship ★
- Occupation ★
- Occupation Industry ★

Problems
- Problems
- SDOH Problems/Health Concerns
- Date of Diagnosis
- Date of Resolution

Procedures
- Procedures
- SDOH Interventions
- Reason for Referral ★

Provenance
- Author Organization
- Author Time Stamp

Unique Device Identifier(s) for a Patient's Implantable Device(s)
- Unique Device Identifier(s) for a patient's implantable device(s)

Vital Signs
- Systolic blood pressure
- Diastolic blood pressure
- Heart Rate
- Respiratory rate
- Body temperature
- Body height
- Body weight
- Pulse oximetry
- Inhaled oxygen concentration
- BMI Percentile (2 - 20 years)
- Weight-for-length Percentile (Birth - 24 Months) ★★
- Head Occipital-frontal Circumference Percentile (Birth - 36 Months)

★ New Data Classes and Elements ➔ Data Element Reclassified ★★ Name and Other Changes to Existing Data Classes/Elements

Plan for Advancing USCDI

1. **Begin process now to amend Data Elements to Be Exchanged P&P to advance USCDI to Version 3 for all Participants.**
   - Conduct 45-day public comment by end of 2024 and publish amendment by Q2 2025.
   - Make effective January 1, 2026, providing >180 days for implementation and retaining alignment with ONC requirements for healthcare providers.

2. **Do not implement the recommendation to automatically advance USCDI version requirements to align with federal requirements advanced by ASTP/ONC.**
   - CDII intends for the DxF to remain in alignment but will continue to require deliberations through the process for technical standards advancement and modification of Policies and Procedures.
   - Allows the public to comment on the readiness of all Participants to advance USCDI version in alignment with ONC requirements that may be intended for healthcare providers only.

3. **Align Technical Requirements for Exchange P&P in 2025 if/when amended to add technical standards for Notifications of ADT Events under consideration by Standards Committee now.**
   - Align through Administrative Changes otherwise.

Discussion

1

Are there concerns with advancing USCDI to version 3?

2

Are there concerns with requiring implementation by all Participants by January 1, 2026?

3

Are there concerns with not automatically advancing USCDI to align with ASTP/ONC requirements?

Next Steps

CDII will:

- Finalize proposed amendments to Data Elements to Be Exchanged P&P, considering the feedback provided today by the IAC and DSA P&P Subcommittee.
- Release proposed amendments to Data Elements to Be Exchanged P&P for public comment in the next 1-2 weeks.
- Work towards finalizing amendments to Data Elements to Be Exchanged P&P no later than Q2 2025.
- Continue work with Standards Committee on establishing technical standards for Notifications of ADT Events with potential amendment to Technical Requirements for Exchange P&P in 2025.

DxF Roadmap Presentation and Discussion

DXF ROADMAP

Overview and Priority Areas

CDII drafted a three-year DxF Roadmap to detail DxF implementation priorities, incorporating feedback from the Roadmap Workshop on September 17, 2024.

Roadmap Purpose

The DxF Roadmap is a CalHHS priority. Its purpose is to identify DxF design and implementation priorities to health and social service information exchange in California over the next three years (2025-2027).

Roadmap Structure

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

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

Identified Priority Areas

1. Event Notifications
2. Social Services Data
3. Consent and Identity Management
4. Public Health Data
5. Impact Measurement
6. Participant Engagement

DXF ROADMAP

Today's Discussion

Today we will review recommendations for each of the six Roadmap Pillars. We invite Committee Members to share feedback following each Pillar presentation.

1

Have the **highest priority issues** been identified?

2

What other **solutions or activities** should be considered to address the identified issues?

3

Are there any **additional considerations** you would like to raise?

DXF ROADMAP

Speaker Introductions

1	Event Notifications	**Rim Cothren** Independent HIE Consultant, CDII
2	Social Services Data	**Lauren Sears** Manager, Manatt Health
3	Consent and Identity Management	**Jonah Frohlich,** Senior Managing Director, Manatt Health **Linette Scott,** Chief Medical Information Officer, DHCS
4	Public Health Data	**Sophia Chang** Independent HIE Consultant, CDII
5	Impact Measurement	**Cindy Bero** Senior Advisor, Manatt Health
6	Participant Engagement	**Nick Picinich** Deputy Director, CDII

1 Event Notifications

Goal: Establish a common, statewide structure to communicate significant events that impact an individual's health to all authorized DxF Participants that request them to improve whole person care.

Current State

- There is no nationwide or statewide framework for sharing notifications that the DxF can leverage.
- The DxF requires Hospitals and Emergency Departments and encourages skilled nursing facilities to share admissions and discharges unless prohibited by Applicable Law.
- The DxF P&P opted for flexibility in how event notifications are requested and delivered rather than establishing technical standards and minimum information requirements

Issues

- There is no overarching, common, statewide architecture for sending and receiving event notifications in California, resulting in uncertainty and fragmentation in approaches.
- The DxF did not establish technical standards for communicating events or notifications, resulting in significant complexity and fragmentation in implementation details.
- DxF Participants do not have access to shared identities of the individuals they serve, resulting in variability and high costs when matching Individuals in events to notification requests in rosters.

1 Event Notifications

Goal: Establish a common, statewide structure to communicate significant events that impact an individual's health to all authorized DxF Participants that request them to improve whole person care.

Recommendations

- Promote the concept of Event-Based Exchange where Participants are prompted to request health and social services information (HSSI) from other Participants when notified of significant events impacting an Individual's health.
- Establish a logical architecture for Event-Based Exchange.
- Explore establishing centralized or federated services to support Event-Based Exchange.
- Establish and require the use of minimum technical standards for rosters, information communicated in notifications, and how notifications are exchanged; retaining flexibility to encourage innovation.
- Advance use cases beyond notifications of admissions and discharges from acute/subacute facilities.
- Establish a shared identity for individuals among all Participants to ease matching events to rosters, potentially as a centralized or federated person matching service.
- Secure funding for the development and adoption of centralized services as appropriate.
- Promote the use of and sustainability of centralized services as appropriate in collaboration with the QHIO Program.

2 Social Services Data

Goal: Establish scalable social service and health data exchange to connect individuals to the programs and services they need and enable care coordination.

Current State

- In California, social services span beyond state or federal government-funded programs and are often administered by a range of CBOs and non-profit organizations.
- Models of social service data infrastructures range from simple to sophisticated, from 2-1-1 service lookups to client-level multi-program information, and are driven by local counties, payers, and other funders.
- There are efforts across the state underway to enable service data sharing and advance whole person care, largely driven by DHCS through CalAIM initiatives (e.g., Community Supports).

Issues

- Social service data sharing is in its early stages; local efforts have not scaled broadly and are challenged with timely information sharing.
- Counties and CBOs lack infrastructure and resources to fully participate in the DxF.
- Due to the sensitivity of social services data, there is apprehension from stakeholders about sharing information without clear insight into its use.
- California does not have a consistent framework and infrastructure to support scalable consent management for social service and health information sharing, which often requires individual or authorized representative consent for data exchange.

2 Social Services Data

Goal: Establish scalable social service and health data exchange to connect individuals to the programs and services they need and enable care coordination.

Recommendations

- Establish guidance to help navigate potential legal barriers to data sharing and interoperability capabilities between data systems. Assess current social service data sharing requirements and needs across various programs.
- Develop standards for social service data exchange by creating minimum viable data sets and system capability requirements to support use case transactions, leveraging existing data sharing agreements and standards (e.g., Gravity, FHIR).
- Create a vision for social service data exchange that connects and scales social and health data exchange across California's diverse systems.
- Identify and secure funding sources to support local social services data exchange capacity, including state and federal funding for local capacity-building grants.
- Establish scalable identity and consent management services to ensure accurate and authorized sharing of protected social service and health information.

3 Consent and Identity Management

Goal: Develop a statewide consent and digital identity management framework that allows individuals to provide, update, and revoke their consent to share protected HSSI between their care and social service partners.

Current State

- Consent management practices are highly variable and limited across health and social service organizations, ranging from paper forms to electronic systems.
- CalHHS and DHCS developed guidance, tool kits, and consent management tools to help organizations navigate privacy laws and streamline consent processes.*
- Various standard bodies and federal initiatives, including Trusted Exchange Framework and Common Agreement (TEFCA) and Health Level 7 (HL7), are working to support consent management.

Issues

- Legal and regulatory complexities create uncertainty and resistance to sharing protected HSSI, especially around substance use disorder (SUD) treatment data.
- Resource and technology limitations prevent many organizations from implementing consent management systems.
- Identity management gaps makes it challenging to link individuals with their consent preferences.

DATA EXCHANGE FRAMEWORK

*Includes: CalAIM Data Sharing Authorization Guidance, State Health Information Guidance, and Authorization to Share Confidential Medi-Cal Information Pilot

3 Consent and Identity Management

Goal: Develop a statewide consent and digital identity management framework that allows individuals to provide, update, and revoke their consent to share protected HSSI between their care and social service partners.

Recommendations

- Establish use cases, guidance, and policies and procedures for implementing a statewide, centralized or federated, consent management services. For example, tactical toolkits to help health and social service providers navigate complex data exchange and consent regulations in housing, SUD treatment, the criminal legal system, and the child welfare system.
- Leverage ASCMI eConsent services to establish a scalable architecture for statewide consent and identity management services. Align to national standards including HL7, TEFCA, and FHIR.
- Develop a scalable consent and identity management strategy in collaboration with OTSI, CDT, and other agencies.
- Create education, outreach, and technical assistance resources in coordination with DHCS, CDSS, and other CalHHS departments to support organizations in adopting consent management services.
- Collaborate with DHCS, CDSS, and other departments to launch, incentivize, manage, and govern statewide consent and identity management services.
- Support DHCS in identifying vendors for statewide consent and identity management services.

4 Public Health Data

Goal: Accelerate the adoption and use of interoperable data systems for public health activities.

Current State

- California's public health data systems are currently distributed across 61 local health jurisdictions (LHJs), with different systems of records across a range of public health programs.
- Restrictive privacy laws drive local jurisdictions to operate in data silos. Integrating across these silos is part of the CDPH Future of Public Health (FoPH) Data Modernization efforts.

Issues

- The existing fragmentation in California's public health data systems and inflexible funding structure complicate efforts to standardize data sharing across public health reporting requirements and systems.
- The absence of a unified approach and common technical standards is leading to inefficiencies and large public resource demands to draw connections between and make modifications to individualized systems of record.
- California has lower rates of adoption of existing CDC/national infrastructures, such as those related to electronic case reporting (eCR) and syndromic surveillance.

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4 Public Health Data

Goal: Accelerate the adoption and use of interoperable data systems for public health activities.

Recommendation: Develop DxF Guidance to support public health use cases.

- Play a supportive role in eICR implementation via TEFCA.
  a) Based on experience from the eICR implementation via the TEFCA framework, the DxF should clarify how LHJs can access additional information electronically after receipt of the eICR.
  b) DxF will work with CDC/ASTP to streamline support for eCR activities (and define the relative risks/benefits of LHJ participation in TEFCA and/or DxF).
- Investigate opportunities for DxF to support Syndromic Surveillance.
  a) Based on investigation of Syndromic Surveillance needs and DxF's encounter notification work, the DxF should develop guidance to hospitals – with regard to ADT event message standards that would meet both DxF and CDC syndromic surveillance reporting standards.
  b) The DxF should explore the role, if any, that the QHIO program might play in supporting hospital ED participation in Syndromic surveillance.
- Explore further opportunities to align DxF activities with public health data modernization efforts.

5 Impact Measurement

Goal: Measure DxF impact on data exchange, health and social services delivery, and health outcomes, and leverage these measures to inform future DxF design considerations.

Current State

In 2024, CDII began identifying metrics in the first phase of DxF Impact Measurement. These metrics were derived from readily available data and focus primarily on DxF structures and early progress. They include details on Participants and how they participate in the DxF. They include stakeholder perceptions of data exchange and metrics from the Grants program, an important facilitator of data exchange. In late 2024, these metrics are being expanded to include QHIO transaction volumes.

Issues

- The DxF's designation as a framework, rather than a network or technology, creates challenges for measurement. While some DxF elements are common (e.g., Signing Portal and Participant Directory), there are few required elements, and the use of QHIOs is optional. Lacking common infrastructure to measure, Impact Measurement will need to look beyond the DxF and possibly leverage data from other organizations and CalHHS Departments. Thus, measures may capture the broad impact of data exchange and not focus exclusively on the data exchange tied to the DxF.
- Improvements in well-being and health outcomes are influenced by many factors including genetic, care, social, environmental, economic, and other factors. While increases in data exchange may be associated with improvements in well-being, DxF Impact Measurement cannot detect causal relationships.

5 Impact Measurement

Goal: Measure DxF impact on data exchange, health and social services delivery, and health outcomes, and leverage these measures to inform future DxF design considerations.

Recommendations

- In 2025, expand Phase 1 metrics from their current focus on DxF signatory characteristics and DxF grant outcomes, to include information on QHIO transaction volumes.
- In 2025, begin to assess the impact of the DxF on the delivery of health and social services.
- In 2026, extend the assessment to the DxF impact on well-being and health outcomes.
- Use Impact Measurement findings to inform design and ongoing management of the DxF.
- Maintain alignment between QHIO Program requirements and the Impact Measurement Roadmap.
- Identify hardware, software and technical resources required to collect, manage and report Impact Measurement data and measures.
- Engage federal partners, national networks, and TEFCA's Qualified Health Information Networks (QHINs) to identify collaboration opportunities.
- Collaborate with other Roadmap Pillars to support their efforts and provide data to reflect their work and achievements.

6 Participant Engagement

Goal: Enhance CDII's DxF DSA signatory monitoring infrastructure and strengthen pathways and processes to engage with mandatory and voluntary signatories to increase compliance and participation in the DxF.

Current State

- As of September 2024, the DxF has over 2,500 signed DSAs representing over 4,000 Participants.
- After discounting voluntary signatories, this indicates that about 50% of all Mandatory Signatories have signed the DSA.
- Of those who have signed, around 40% have completed a corresponding entry in the Participant Directory.
- Of those entries, many contain inaccuracies that misrepresent the types of data exchange activities they undertake and exchange methods they intend to use, hindering monitoring efforts.

Issues

- Definitions of some required signatory groups were not provided in statute and need further clarification to support education, technical assistance, compliance, and enforcement.
- Lack of DxF oversight mechanisms results in some organizations not feeling compelled to comply.
- Lack of understanding around DxF requirements, benefits, and risks results in some organizations not seeing a clear benefit to participation. There remain concerns that exchanging HSSI with non-HIPAA covered entities could increase liability.
- Participant Directory limitations, including usability issues, lack of back-end automation, and inability to support Participant collaboration and workshopping, diminishes its value.
- Some Participants have limited technical infrastructure and resources, making it difficult to participate in and comply with the DxF.

6 Participant Engagement

Goal: Enhance CDII's DxF DSA signatory monitoring infrastructure and strengthen pathways and processes to engage with mandatory and voluntary signatories to increase compliance and participation in the DxF.

Recommendations

- Establish and expand definitions of mandatory signatories by 1) pursuing and leveraging state legislative changes to allow for development and implementation of definition for POMGs and 2) expanding required signatory groups beyond current definitions.
- Develop accountability framework by 1) pursuing legislative action to refine DxF governance and introduce oversight authorities, 2) developing processes to leverage peer agency regulatory enforcement mechanisms, and 3) establishing a regular cadence for calculating and communicating compliance rates by signatory type.
- Implement a statewide communication and education plan that tailors communication strategies by stakeholder groups and may include 1) communicating DxF educational materials and updates via official and high-exposure channels such as All-Plan Letters, 2) clarifying questions and misconceptions regarding the DxF, and 3) publishing a "DxF Welcome Guide" to educate Participants about the DxF.
- Ensure continued alignment with state and national frameworks and programs (e.g., CalAIM, TEFCA).
- Support Participant technical capacity by developing and implementing a strategy for supporting equitable statewide access to necessary technical infrastructure.

Cross-Cutting Roadmap Themes

While the DxF Roadmap presents recommendations across six discrete Pillars, there are considerations that span across multiple pillars.

QHIOs

The widespread use of QHIOs by DxF Participants makes them partners by improving data exchange through coordinating event-based exchange, implementing a consent management framework, and demonstrating the impact of the DxF.

Privacy

The laws and regulations governing privacy are complex.

The Roadmap includes recommendations to develop standards, use cases and other educational materials to help stakeholders navigate privacy laws.

Identity Management

Identity management encompasses identity assurance, access management, and person matching.

The Roadmap includes recommendations to create guidance, P&Ps, technical standards and implementing services to support capabilities.

Behavioral Health

California is investing in major behavioral health initiatives, including the Behavioral Health Transformation.

The Roadmap includes recommendations to improve data exchange within the behavioral health system by developing guidance, standards, and shared services.

DXF ROADMAP

Development Process and Timeline

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

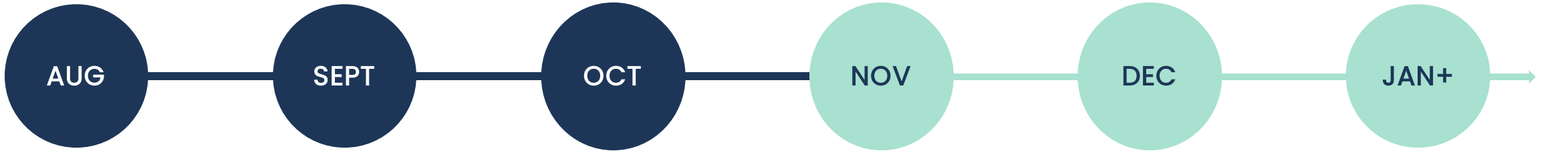
AUGUST – SEPTEMBER, 2024
Roadmap Drafting and Recommendation Development

OCTOBER 2024
CalHHS Review

NOVEMBER 2024
Public Comment Period

LATE DECEMBER 2024
Finalization and Publication

JANUARY 2025 – DECEMBER 2027
Implementation



SEPTEMBER 17, 2024
IAC Workshopping

NOVEMBER 7, 2024
IAC Presentation

MARCH 20, 2024
DxF Summit

DATA EXCHANGE FRAMEWORK

Public Comment

Next Steps and Closing Remarks

Next Steps

CDII will:

- Consider the feedback provided by the IAC and DSA P&P Subcommittee.
- Finalize proposed amendments to Data Elements to Be Exchanged P&P based on today's feedback, release them for public comment within 1-2 weeks.
- Incorporate Member feedback into technical standards and DxF Roadmap revisions, and where applicable, solicit public comment.

Members will:

- Review the draft DxF Roadmap.
- Share CDII's Centralized Roster Service Request for Information with relevant contacts that may be interested in submitting a response. Responses are due by Friday, December 20th.
- Provide any additional feedback to CDII at dxf@chhs.ca.gov.

CDII DxF Webpage Resources

For more information on the DxF, please visit the CDII DxF webpage.

There you can find:

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

Appendix

1 Event Notifications

Goal: Establish a common, statewide structure to communicate significant events that impact an individual's health to all authorized DxF Participants that request them to improve whole person care.

Issue Statement

There is no coordinated, statewide method in California for those providing health and social services to remain informed of significant events impacting the health of those they serve, creating gaps in care coordination among healthcare providers, health plans, social services providers, and government agencies and missing opportunities to improve whole person health.

Tenets

1. Only send Participants the Health and Social Services Information they request. Assume Participants can and likely will request more information if made aware of significant events.
2. Do not stifle innovation.
3. Design for large scale implementation.
4. Minimize barriers to participation, prioritizing minimizing barriers for those that request notifications over those that must provide notifications when necessary.
5. Build upon what already exists whenever possible.

2 Social Services Data

Goal: Establish scalable social service and health data exchange to connect individuals to the programs and services they need and enable care coordination.

Issue Statement

The current Social Services data ecosystem is **highly complex,** encompassing state departments, counties, community-based organizations, clinics, and nonprofits, each with distinct data exchange capabilities. These disparate systems are often disconnected from each other, making it difficult to create a comprehensive view of an Individual's needs or to facilitate cross enrollment despite often collecting similar information.

Tenets

1. Build on existing health and social data exchange capabilities without interrupting existing/successful community data exchange activities.
2. Do not create new data sharing infrastructure, instead leverage existing systems and emerging interoperability standards and capabilities, such as local/regional 211 systems, county service and HIEs.
3. Where possible, align with and leverage peer state and federal best practices for social service data exchange (e.g., FHIR)
4. Adopt an agile and learning systems approach to this Roadmap as the social services data sharing ecosystem is rapidly evolving at the state and national level.
5. Incorporate health equity by design from the beginning, throughout design, build, and implementation.

3 Consent and Identity Management

Goal: Develop a statewide consent and digital identity management framework that allows individuals to provide, update, and revoke their consent to share protected HSSI between their care and social service partners.

Issue Statement

A complex set of **federal and state laws and regulations** that govern the sharing of HSSI combined with disparate interpretation of those laws and regulations, including concern about liability and privacy, and a general lack of technical standards and infrastructure to govern consent-to-share practices has resulted in **information siloes and uncoordinated care.** These factors have enabled a culture of institutions electing not to share information even when legally permissible to do so.

Tenets

1. Empower individuals to control HSSI sharing through accessible systems that support meaningful consent.
2. Improve individual health outcomes by ensuring appropriate data exchange across organizations.
3. Establish, standardize, coordinate, and streamline consent and identity management processes without disrupting community data exchanges.
4. Minimize the burden on individuals, providers, and other institutions to authorize and manage consent.
5. Design for scalable implementation that adapts to local needs while supporting widespread adoption and evolving interoperability standards.

4 Public Health Data

Goal: Accelerate the adoption and use of interoperable data systems for public health activities.

Issue Statement

California's public health data systems are siloed and lag in adoption of interoperable systems, with potential roles for DxF and TEFCA in supporting public health data exchange.

Tenets

1. Align DxF with existing and emerging electronic Public Health data systems.
2. Better define and clarify interactions between different interoperability capabilities and standards (TEFCA, CDC, DxF) to enable Participants to exchange public health data at scale.
3. Support CDPH Data Modernization and Standardization efforts as their ecosystem moves to cloud-based, API-driven data exchange.

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5 Impact Measurement

Goal: Measure DxF impact on data exchange, health and social services delivery, and health outcomes, and leverage these measures to inform future DxF design considerations.

Issue Statement

As CDII works toward the vision for data exchange in California, measurement of progress will be necessary to determine if goals are being met, to identify areas in need of more attention, and to explore new opportunities to further the aims of health and social services data exchange. These measures of progress and impact will serve to guide CDII's efforts and communicate DxF benefits.

Tenets

- Metrics must be tied to well-defined DxF goals to assess DxF progress and direction.
- Qualitative and quantitative metrics should assess the effectiveness of DxF-related structures, processes and outcomes.
- Metrics should have well-defined definitions, numerators, and denominators, where applicable.
- Impact Measurement will not focus on real-time DxF monitoring or daily performance, nor will it be a formal evaluation of the program's success and outcomes.
- Where possible, Impact Measurement will aim to leverage existing data and reporting capabilities to maximize efficiency and reduce burden of data collection.

6 Participant Engagement

Goal: Enhance CDII's DxF DSA signatory monitoring infrastructure and strengthen pathways and processes to engage with mandatory and voluntary signatories to increase compliance and participation in the DxF.

Issue Statement

There are several challenges related to supporting and monitoring compliance with DxF requirements among prospective and current Participants.

1. Many mandatory signatories have not yet signed the DSA.
2. Some mandatory signatory categories—including "Physician organizations and medical groups," are not clearly defined in statute, making it difficult to measure the total number of required DSA Signatories.
3. The completion rate of Participant Directory entries among signatories is significantly below 100% and there are major inconsistencies with how signatories fill out the Participant Directory.

Tenets

- State policy and guidance should clearly indicate what types of organizations are mandatory signatories and what types of organizations can become Voluntary Signatories.
- All DxF Participants should have access to information and assistance to help them adopt the DxF, regardless of their data exchange maturity level.
- Levers at the disposal of various state agencies should be used to encourage widespread adoption of the DxF and reinforce signatory compliance.
- Efforts to support Participants should align with the priorities of state and federal programs such as CalAIM and TEFCA.
- An effective engagement plan should leverage, to the extent feasible, mechanisms and resources that are cost-free or would incur the lowest cost to the state, stakeholders, and DxF Participants.