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
Chat Log (9:00 AM – 11:30 AM PT, February 13, 2025)

The following comments were made in the Zoom chat log by Members of the IAC, DSA P&P Subcommittee, and staff during the February 13, 2025, meeting:

Rim Cothren, CalHH CDII 09:13 AM:

You can find the link to the TASC application on our webpage at Application to Serve on the 2025 DxF TASC. The application for TASC closes next Friday, Feb 21.

Matthew Eisenberg 09:21 AM:

Apologies for the late join. Please mark me (Matthew Eisenberg) as present. Thanks.

Lee Tien 09:22 AM:

Same as Matthew, Lee Tien joined late but here now.

Andrew Kiefer 09:25 AM:

Same for Andrew Kiefer.

Kelby Lind 09:25 AM:

Me as well, thank you.

Lucy Saenz 09:26 AM:

It was very helpful to hear about the use cases and successes. Thank you to both organizations for sharing!

From Mark Savage to everyone 09:26 AM

+100 Lucy

Lee Tien 09:29 AM:

Is there any process for reviewing how the new administration in DC might have implications for the roadmap?

Steven Lane to everyone 09:31 AM:

Is the updated Roadmap posted on the public web site? I'm having trouble finding it.

Rim Cothren, CalHH CDII 09:31 AM:

Not yet, but it should be soon.

Lee Tien 09:32 AM:

Is there any process for reviewing how the new administration in DC (which has been doing things with data since the comment period ended) has implications for the Roadmap?

Nick Picinich - CDII 09:32 AM:

Lee - There is a process across all CalHHS Departments and Offices to ensure we understand any implications to the Roadmap and DxF at large.

Troy Kaji 09:35 AM:

Sequoiaproject.org posted a timely review of Consent Management at scale The Sequoia Project Publishes State of Consent Capabilities

Steven Lane 09:35 AM:

Once the HHS Secretary and National Coordinator for HIT are appointed, the communications freeze at HHS is lifted, and the future direction for TEFCA is clarified, it would make sense to carefully consider how the Roadmap can optimally align with federal interoperability policy.

Troy Kaji 09:36 AM:

Agree with Steven

David Ford 09:37 AM:

In case anyone missed it, RFK Jr was confirmed this morning, 52-48

Steven Lane 09:38 AM:

Note that the Sequoia Project white paper Troy linked above is currently open for public comment until 2/21. I invite anyone with an interest in this topic to review the published draft so that any missing perspectives or observations can be added before the document is finalized, likely in March-April. The Sequoia Project. Thank you @DavidFord. Now we await the ONC lead.

Matthew Eisenberg 09:39 AM:

Rim - as you know, when discussing ADT event notification transactions, we should keep established standards in mind (see link) and include key discussions regarding "minimum necessary" as we extend sharing and use of this messaging type.
https://www.healthit.gov/isp/sending-a-notification-a-patients-admission-discharge-andor-transfer-status-other-providers

Rim Cothren, CalHH CDII 09:41 AM:

Thanks, Matt.

Mark Savage 09:43 AM:

Amen to what Sophia is saying about the need to understand much, much more about how social services provide services, collect and exchange data, assess outcomes, etc. so we can integrate better!

*social services organizations

Steven Lane 09:49 AM:

Should there be a convening/committee of CA social service orgs under the auspices of DxF, with additional dedicated representation on the various DxF governance committees?

Troy Kaji 09:49 AM:

Especially in this current regulatory moment, we need strong state level coordination of Consent Management to collaborate and unify around the best approach

Steven Lane 09:51 AM:

Agree @Troy! This is a time where states will need to step up with applicable policy and ENFORCEMENT to assure regionally appropriate protections of health data privacy.

Pam Martinez 09:52 AM:

Is anyone working with connecting the pre-hospital providers who collect a significant amount of data both medical and behavioral health?

Andrew Kiefer 09:52 AM:

As one of the many Blue Shield volunteers supporting the state's COVID-19 response, it goes without saying that the public health work is incredibly important.

Cameron Kaiser 09:53 AM:

I'll put myself in queue for comments on the public health portion.

Rim Cothren, CalHH CDII 09:54 AM:

Thanks, Cameron.

Pam asked "Is anyone working with connecting the pre-hospital providers who collect a significant amount of data both medical and behavioral health?"

Several pre-hospital providers have signed the DSA and participated in the TA grant program.

David Ford 09:56 AM:

Tagging on to Steven and Troy's exchange above: One of CMA's comments on Consent Management is that, in California, Consent is not "yes" or "no." There are specific rules that govern specific types of data (repro health, mental health, SOGI, etc.) that need to be considered.

Jonah Frohlich 09:56 AM:

@Steve, @Troy: per your comments re social service committee: we are open to how we might support the social service pillar. There's a need for technical standards development (which can be done through the TASC) but we also might need to consider privacy policies that require engagement with different actors (e.g., county social service agencies) and SMEs who understand state and federal privacy rules. That could be done by expanding representation of those experts and/or convening a separate committee dedicated to social service data exchange.

Jake Zaleski 09:57 AM:

Apologies all, slide lag.

Jonah Frohlich 09:58 AM:

and @David Ford: Agree that consent management is complex - not an opt-in/out for all. But needs to consider an individual's preferences to share SUD, housing, child welfare, reproductive health, and other data types. the latter + gender affirming care in light of the new Administration is extremely critical.

Matthew Eisenberg 10:04 AM:

Agree with @David Ford - the consent landscape is particularly challenging for the pediatric/adolescent communities. In addition, operational management of consents may be complex - leveraging opt-in notice of privacy practices, prospective consent that his either time limited or not, point of care consents and digital opt-in/out technologies. We have some existing models that work well but are technically complicates (e.g. SSA disability benefits electronic

data exchange). https://www.ssa.gov/dataexchange/

Lee Tien 10:04 AM:

I can't understate how much the new Administration worries me with respect to the privacy/security of patient data including social services data. That's not a Q.

Matthew Eisenberg 10:05 AM:

I've stated this before, but as a health system that provides electronic case reporting to CDPH for ALL REPORTABLE CONDITIONS, it would be great if the manual process required by our local County agencies could be relaxed.

Mark Savage 10:05 AM:

+1 @Lee and including reproductive health data.

Steven Lane 10:08 AM:

Excellent decision to align DxF content requirements with those applicable to Certified Health IT, as certified systems are the source of the vast majority of the clinical data that is exchanged.

Jason Buckner 10:08 AM:

I appreciate the roadmap and we should always be looking to expand, but we should all be aware that we are building upon an already shaky foundation. The directory does not reflect reality. There are vast amounts of organizations that have not signed the DSA. There still is no denominator for all signatories to even know the percentage who have signed. There is no requirement or mechanism for all organizations to verify/confirm compliance. I strongly recommend CDII ensure resources are assigned to shore up this foundation, of which everything else stands upon.

Sophia Chang 10:10 AM:

@Matt Eisenberg. Our work on this public health pillar has also been with CDPH and the LHJs on common data elements for reporting so that manual processes can end. . . (timeline still TBD).

Matthew Eisenberg 10:11 AM:

Thanks @Sophia. Happy to help in any way!

Steven Lane 10:11 AM:

Relief for providers who can replace manual disease reporting with eCR will go a LONG way to bringing California providers onto the DxF and TEFCA. I am also happy to support tis efforts in

any way that I can.

Lee Tien 10:11 AM:

+1 to Jason, especially verifying/confirming compliance with privacy/security/confidentiality requirements.

Nick Picinich - CDII 10:12 AM:

@Jason Buckner - Thanks for this feedback. The Roadmap, specifically pillar 6, points to many of the foundational issues that you bring up here, including recommendations. The implementation of this pillar will be resource dependent, but wanted to note we appreciate your framing here.

Matthew Eisenberg 10:12 AM:

Epic systems is already USCDI V3 compliant, ahead of the ASTP regulatory requirement.

Dan Chavez 10:15 AM:

Are there any plans to survey or gather individual consumer feedback on DxF?

Felix Su 10:16 AM:

@Nick we would welcome a discussion on the public/private resources required to implement Pillar 6.

Felix Su 10:19 AM:

@Nick we would welcome a discussion on the public/private resources required to implement Pillar 6.

Lee Tien 10:21 AM:

How would participants document individuals' assent for that purpose?

Troy Kaji 10:21 AM:

This was exactly the conundrum that CareQuality dealt with last year and neede dispute resolution process to resolve. And which is driving code level changes through TEFCA

Deven McGraw 10:22 AM:

Treatment requests and disclosures aren't subject to minimum necessary so not sure this would cause an issue for event notifications, at least where the notifications are going to providers (vs. health plans) as long as it's treatment on an individual basis.

Jason Buckner 10:24 AM:

Great point Deven! Part of the complication is that notifications are allowed for Operations under the DxF as well.

Steven Lane 10:24 AM:

Relevant TEFCA SOP mentioned by Troy: https://rce.sequoiaproject.org/wp-content/uploads/2024/07/SOP-Treatment-XP-Implementation_508.pdf

Deven McGraw 10:24 AM:

A narrowing of the treatment definition similar to what happened in TEFCA would definitely cause issues with social service data sharing for whole person care.

Rim Cothren, CalHH CDII 10:25 AM:

Understood, Deven. However, it is possible that not all requests for notifications will be for treatment. Thta is why we are suggesting that a purpose be explicit in the roster.

Steven Lane 10:26 AM:

My understanding is that, to date, DxF relies on the ambiguous definition of Treatment provided by CMS OCR. As Troy mentioned, TEFCA has defined a more narrow subset of the TEFCA Treatment definition in order to maintain trust within the new framework. We may want to consider incorporating the narrowed yet evolving definition of TEFCA Required Treatment into DxF policies.

Andrew Kiefer 10:27 AM:

Will we get a draft version of the P&P document itself or only these slides? And when are these recommendations to be finalized?

Belinda Luu 10:29 AM:

How frequently do the rosters need to be updated to minimize sending ADTs to an organization that no longer has a relationship with that patient?

Deven McGraw 10:29 AM:

Again, Steven, that will have a big impact on sharing with social service agencies, which is a clear goal of DxF as distinct from TEFCA…. I need to recheck the exact treatment required

response definition of TEFCA but recall it is limited to licensed health care providers…. Just a suggestion to tread carefully here given the broader goals of DxF

Dan Chavez 10:30 AM:

Concur Deven

Deven McGraw 10:30 AM:

TEFCA now has both TEFCA required treatment and TEFCA optional treatment

Belinda Luu 10:30 AM:

How frequently do the rosters need to be updated to minimize sending ADTs to an organization that no longer has a relationship with that patient?

Rim Cothren, CalHH CDII 10:31 AM:

Thank you for your question, Belinda. Do you have a recommendation?

Steven Lane 10:31 AM:

Concur, Deven. We are attempting to thread a needle here.

John Helvey 10:31 AM:

100% agree with Deven's Point

Louis Cretaro 10:32 AM:

I have stated in prior meetings that the social services systems will have to be modified to capture the specific consent and a corresponding link to the data elements. Consent = yes, respond with data. This would likely be at program level within the social services application, and why it needs to be flagged there so the consent is "informed" by a relationship between the social services staff and their client.

Deven McGraw 10:32 AM:

By the way I agree with Troy around the need for dispute resolution process

Felix Su 10:33 AM:

@Rim even if this proposed amendment clarifies that a facility still must send ADTs in response to TPO, there are still concerns that language allowing the sender to determine whether/how minimum necessary applies to P/O will unnecessarily delay notifications.

Belinda Luu 10:33 AM:

I agree with @louis. Consent needs to be informed.

Andrew Kiefer 10:33 AM:

We agree w/ Felix's concerns.

Lee Tien 10:33 AM:

+1 louis

Belinda Luu 10:36 AM:

@Rim, I think the work group should discuss the best approach. There should be an ability to indicate when a patient is nolonger a patient of the provider/hospital so that they can still remain compliant with HIPAA obligations.

Felix Su 10:42 AM:

@Rim the Standards Committee also recommended minimum data elements (screenshotted below) but we do not see that reflected in this slide. Thanks Rim.

Jason Buckner 10:45 AM:

We strongly support this change

John Helvey 10:45 AM:

Yes

Dan Chavez 10:46 AM:

Strongly support

Tom Schwaninger, L.A. Care 10:46 AM:

Yes, please!

Steven Lane 10:46 AM:

Also support.

Sanjay Jain 10:47 AM:

Strongly Support it!

Lee Tien 10:47 AM:

Why is that?

William (Bill) Barcellona 10:47 AM:

I support SNF notifications because hospitals are increasingly transferring discharged patients to SNFs to free up bed space.

From John Helvey to everyone 10:47 AM:

Agree with you Dan.

Ali Modaressi 10:47 AM:

Strongly support SNFs notifications

Steven Lane 10:48 AM:

Like public health, there is a need to raise the technical capabilities of new exchange participants, e.g., SNFs.

John Helvey 10:48 AM:

Many SNF's scan documents that are more difficult to facilitate interoperability.

Steven Lane 10:49 AM:

A number of major HIT vendors that support SNFs are making meaningful progress in their interoperability capabilities.

David Ford 11:00 AM:

Absolutely shameless plug: At CMA's Health IT Summit (May 6-7 in San Diego), we will have a pre-conference workshop with physicians/medical groups, C4BH and all 9 QHIOs.

HIT Summit