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

The following text is a transcript of the February 13, 2025, 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.

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00:01:12.870 --> 00:01:13.800

John Ohanian: Anyway, in concre.

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00:01:17.040 --> 00:01:19.304

Jake Zaleski: Hello and welcome.

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00:01:23.700 --> 00:01:28.239

Jake Zaleski: and I'll be in the background to support with zoom.

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00:01:28.760 --> 00:01:35.670

Jake Zaleski: if you experience technical difficulties, please type your question into the Q. And a live closed captionings

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00:01:35.840 --> 00:01:41.129

Jake Zaleski: will be available. Please click the CC. Button to enable or disable

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00:01:41.270 --> 00:01:46.050

Jake Zaleski: members who are on site are encouraged to log in through the zoom panelist link.

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00:01:46.320 --> 00:01:53.929

Jake Zaleski: We ask that you keep your laptop video and audio off during the meeting, as the rooms, cameras and microphones will handle the broadcast.

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00:01:54.100 --> 00:02:05.710

Jake Zaleski: Wi-fi and technical instructions are posted in the room. Participants may submit comments and questions through Zoom, Q. And a box which will be recorded and reviewed by Cdi staff

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00:02:05.870 --> 00:02:21.260

Jake Zaleski: for spoken comments. Committee members and public participants must raise their hand for zoom facilitators to unmute them, to share comments, additional details for onsite and offsite instructions are included on the slide.

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00:02:21.630 --> 00:02:25.569

Jake Zaleski: Public comment will be taken at designated time. During the meeting

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00:02:25.760 --> 00:02:38.200

Jake Zaleski: the chair will call on individuals in order in which their hands were raised. Individuals will have 2 min to speak, and will be asked to state name and organizational affiliation at the beginning of comments.

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00:02:38.440 --> 00:02:42.309

Jake Zaleski: With that I'll pass it to John to get into the meeting agenda.

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00:02:43.000 --> 00:03:07.780

John Ohanian: Thank you. Akira. Great job hands for Akira, the Cdi team for putting all of this together today. Appreciate the work. Welcome everyone to today's data exchange framework joint implementation Advisory committee as well as our data sharing agreement policies and procedures subcommittee meeting. Nice to see all of you here today.

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00:03:07.870 --> 00:03:18.660

John Ohanian: During our time. Today, we are going to provide a brief data exchange framework implementation update. And here a number of the implementation updates that are going on.

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00:03:18.870 --> 00:03:28.979

John Ohanian: We're also going to discuss the data exchange Framework roadmap, including providing an overview of public comments received and revisions that will be incorporated into the roadmap.

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00:03:29.210 --> 00:03:44.760

John Ohanian: We will also provide an update on the amendment to the data elements to be exchanged under the Pmps and discuss potential amendments to the technical requirements for exchange Pmp that include updated technical standards for event notifications.

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00:03:44.900 --> 00:03:55.619

John Ohanian: And finally, we're going to provide a brief overview of the data exchange framework impact measures and using refresh data from October to December 2024,

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00:03:55.740 --> 00:04:07.920

John Ohanian: we're definitely going to have time throughout today's meeting for discussion and to take public comments. We encourage members of the Advisory Committee and the public to utilize the Chat and Qa. Functions throughout the meeting.

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00:04:09.440 --> 00:04:31.569

John Ohanian: All right, next slide, please. We are excited to have our California Health Human Services Agency, Undersecretary, Corinne Buchanan, here with us today, as well as a number of other speakers who you probably are familiar with. So with that turn to the next slide, and I'm going to hand it over to Corinne.

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00:04:32.640 --> 00:05:02.200

Corrin Buchanan - CalHHS: Thank you so much, John. Hi, folks, I'm really happy to be here. I'm Corinne Buchanan. I serve as our undersecretary at the California Health and Human Services Agency. I want to start by saying that the data exchange framework continues to be a top priority for our agency, and it underpins many of our strategic initiatives. The exchange of accurate, timely, and usable information is critical, and Calhs believes in the promise of the data exchange framework to really strengthen the connections between health and social service organizations.

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00:05:02.470 --> 00:05:27.379

Corrin Buchanan - CalHHS: I want to say that, thanks to the efforts of this group and many others, the data exchange framework is a reality for thousands of participants and millions of individuals across the State. It's created opportunities to create a shared foundation across those health and service organizations, establish our common rules of the road and bring Californians closer to a shared vision of seamless data exchange.

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00:05:27.710 --> 00:05:33.869

Corrin Buchanan - CalHHS: And all of this is needed to be able to make good on our promise of building a healthy California. For all

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00:05:34.080 --> 00:05:48.399

Corrin Buchanan - CalHHS: I am especially excited about the data exchange frameworks focus on reinforcing social service data exchange. This is an acknowledgement that one of that health and social well-being

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00:05:48.400 --> 00:06:06.679

Corrin Buchanan - CalHHS: are inextricably linked. Integrating this health and social services. Data is one of Calhs's key strategic priorities, and it's honestly a prerequisite for being able to achieve a whole person approach to care and improving outcomes, especially for the folks who are most vulnerable among us.

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00:06:07.320 --> 00:06:22.070

Corrin Buchanan - CalHHS: And to make this real means that we need all the players at the table. We need healthcare and social service organizations. We need the public and private entities. We need the full mosaic of organizations and individuals throughout the State.

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00:06:22.440 --> 00:06:43.079

Corrin Buchanan - CalHHS: I also want to share that while we're in a federal transition, and there are a number of unknowns. California will continue to be steadfast in advancing critical initiatives, including the data exchange framework. California will continue to lead and take action to prioritize the needs of its communities and our support of a healthy California for all.

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00:06:43.210 --> 00:06:59.449

Corrin Buchanan - CalHHS: So with that, I want to extend my gratitude to the members of the advisory committees and the public who's gathered here today. I look forward to working together to make our shared vision of a data exchange framework a reality for all Californians. Thank you so much, John.

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00:06:59.970 --> 00:07:08.119

John Ohanian: Thank you. Thanks for being here. I did want to give a moment. If there were questions or comments from the advisory group.

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00:07:14.020 --> 00:07:18.080

John Ohanian: there will be time later. But if you had any for Corinne, she may have to

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00:07:18.280 --> 00:07:21.490

John Ohanian: leave to another meeting, so wanted to give you an opportunity.

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00:07:21.490 --> 00:07:23.430

Corrin Buchanan - CalHHS: I'll stay. I'll stay as long as I can, John.

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00:07:23.430 --> 00:07:25.470

John Ohanian: Of course. Thank you so much. Yeah.

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00:07:27.630 --> 00:07:47.080

John Ohanian: Okay, so with that very, very appreciative for you being here, Corinne and members excited to head into some of the work that we've been up to. I will say personally, it's been really interesting over the last month, attending a number of sessions out in the community

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00:07:47.416 --> 00:08:01.560

John Ohanian: where, you know, we we were able to connect with the folks at Apg. Who had a Northern California convening. Thank you very much, Bill Barcelona for your hospitality, and convening that group, really listening to our physician groups and their needs.

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00:08:01.560 --> 00:08:22.609

John Ohanian: and allows us to roll up our sleeves and really get into some of the issues and opportunities that that arise, as well as meeting with path collaboratives in Alameda County, and hearing about specific examples that we can come back and and work on to help that social and health exchange happen. So I just really appreciate

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00:08:22.610 --> 00:08:35.159

John Ohanian: those open doors. We're going to be looking to do more listening throughout the State. So if there are events or convenings that are happening in your communities that you'd like us to be at, please let us know.

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00:08:35.490 --> 00:08:42.930

John Ohanian: With that, I'm going to head into our data exchange framework implementation updates and turn it over to Jacob.

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00:08:43.820 --> 00:08:45.990

John Ohanian: Thank you, John. Thank you. Corinne.

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00:08:47.327 --> 00:08:52.470

John Ohanian: So now that it's February, we have a full year under our belts of

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00:08:52.570 --> 00:09:00.340

John Ohanian: data exchange under the data exchange framework Dsa. And that means a whole lot of lessons learned.

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John Ohanian: And we've been able to use those lessons to actually start defining a roadmap with 6 core areas which we're going to look to improve and advance upon the exchange that's occurring.

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00:09:11.590 --> 00:09:28.450

John Ohanian: So we are finalizing that roadmap. Now we can go back to the last slide. We are finalizing that roadmap now, and we are looking to publish it this quarter. And then, later on, this year, we're actually going to be looking to execute on that roadmap across all 6 pillars

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John Ohanian: next slide.

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00:09:31.690 --> 00:09:47.140

John Ohanian: So some of the things that we've been working on since we last met our 2024 Standards Committee came to a close, and with it they provided a number of recommendations to advance the technical standards across the State.

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00:09:47.690 --> 00:09:57.309

John Ohanian: rather across our policies. And we're going to be talking about those technical standards in a lot more detail today, so I won't. I won't get into the detail now.

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00:09:57.480 --> 00:10:09.890

John Ohanian: We also released an application to participate in our 2025 technical Advisory subcommittee, which is going to talk about 4 different focus areas which we'll look into on the next slide

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00:10:10.820 --> 00:10:14.249

John Ohanian: for our policies and procedures. We've finalized an amendment

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00:10:15.425 --> 00:10:26.319

John Ohanian: to the data elements to be exchanged. Pnp, which advances the required version of Uscdii Uscdi, that we mentioned in our policies.

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00:10:26.570 --> 00:10:35.120

John Ohanian: and we are considering amendments to the technical requirements for exchange. Pnp, which we're going to go into in a lot of detail in just a bit.

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00:10:35.990 --> 00:10:46.880

John Ohanian: The Grants program been very busy. We have a lot of grantees, 785 of them all working to advance the data, exchange capabilities of their organizations

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00:10:46.930 --> 00:11:12.709

John Ohanian: and our impact measurement slides. We're actually going to be looking at their progress. But I just want to highlight. At the end of last year, December 31, st 13% of our 785 grantees had achieved both their milestone, one and milestone 2 grants, which means they've come to a close on their grant projects, and successfully met all of the goals that they stated when they applied for their grant, which is wonderful, tremendous progress. This early in the Grants program.

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00:11:13.320 --> 00:11:33.369

John Ohanian: and lastly, our Qhio program, the Qhis. All 9 of them are continuing to make significant progress in establishing the connections between each other to query each other, for with requests for information, and share events with each other, so, namely, Adts. So a lot of great work being done there.

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00:11:33.480 --> 00:11:47.260

John Ohanian: and we are going to be conducting a compliance review in late March to ensure that these Qhios are meeting a number of the fundamental program requirements that we've stated in our program guide on our webpage

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00:11:47.760 --> 00:11:48.750

John Ohanian: next slide.

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00:11:49.530 --> 00:12:15.350

John Ohanian: Okay? Circling back to the task applications. We are transitioning this year from a single technical advisory subcommittee into a few different focus groups with subject matter experts that can advise us on very specific topics. Those 4 topics include social services architecture where we talk about common approaches to sharing social services, information under the Dxf.

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00:12:15.520 --> 00:12:25.729

John Ohanian: Consent management, where we look to protect Californians. Privacy, respect their wishes as facilities, share their health and social services, information.

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00:12:26.250 --> 00:12:47.619

John Ohanian: event, notification, architecture. Where we're looking at common approaches to advance event-based exchange under the Vxf and identity management, where we talk about the processes, the standards, the technologies that are necessary for identity, assurance,

identity management person, matching all of those critical components to exchange, to make sure it is successful and accurate.

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00:12:47.940 --> 00:13:08.380

John Ohanian: So we are soliciting applications for volunteers to serve on these focus groups. We're looking for subject matter experts. So if you are one, or if you have any in your network, please do send in an application. They are due February 21st of this year.

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John Ohanian: Next slide.

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00:13:11.170 --> 00:13:28.699

John Ohanian: With that I am very excited for this next section. We are actually bringing in a couple of our Dxf participants to talk about their experience with the data exchange framework and with our Grants program. So 1st off I get to welcome in Sadie Harness

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00:13:28.700 --> 00:13:44.280

John Ohanian: from Glenbrook Health Center. Now Sadie and Glenbrook are one of our Dsa signatory grantee recipients. And they're going to be talking about their experience with the grant and more broadly, with the data exchange framework.

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00:13:44.600 --> 00:13:45.490

John Ohanian: Sadie.

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00:13:45.830 --> 00:14:05.210

Sadie Harness: Hi, thank you so much. I'm Sadie Harness. I am working here. I'm the administrator at Glenbrook, and Glenbrook is the recipient of the tech grant. We were grateful to have that. We work in a large Ccrc. In northern San Diego County, in California we have about 850 seniors at our independent living.

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00:14:05.380 --> 00:14:14.620

Sadie Harness: and I have about 140 people here at the Health Center, and of the 140 we have an 80 bed sniff on site, we typically run a census of 60 to 70.

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Sadie Harness: And so it was important to us to apply for the grant, because we do serve mostly La Costa Glen, which is our Il attached. But we serve the broader community in San Diego County, and we wanted the opportunity to improve our services.

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00:14:28.620 --> 00:14:37.999

Sadie Harness: So how we use the tech grant. We had the 2 options and we chose the tech grant so we could bet our own consulting company, and we settled on a company called Pathway.

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00:14:38.040 --> 00:15:02.069

Sadie Harness: and we got a nurse consultant who was an expert in informatics, and she came in for 2 solid days and trained all of our staff, anybody that had any access to medical records. So activities, even reception, social services, certainly all of nursing myself. And we went through, how we were going to incorporate the data exchange through our platform, which happens to be Pcc. And so

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00:15:02.130 --> 00:15:03.620

Sadie Harness: she helped us

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00:15:04.110 --> 00:15:11.880

Sadie Harness: put all the pieces in place, and then walked us through, rolling it out. And so some of the challenges that we have faced

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00:15:11.990 --> 00:15:27.719

Sadie Harness: are bumps in the road, silly things like demographics. There are some small nuances to how you enter information with the consent form to make sure that it is recognized, and then we can receive information from the hospitals.

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00:15:27.720 --> 00:15:45.919

Sadie Harness: and we found early on that, even in our residential living units. If we put in one missing hyphen like Canyon, you'd see 1, 2, 2. If we're missing the hyphen, or if there's some small piece that doesn't match the same as the common working file. For example, we couldn't get information.

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00:15:45.960 --> 00:15:48.210

Sadie Harness: Small workflow issues that we had.

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00:15:48.811 --> 00:15:54.359

Sadie Harness: Pardon me, and then the other piece that we've had some bumps in the road, or that the hospitals that we've been coordinating with

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00:15:54.960 --> 00:16:02.490

Sadie Harness: the big system here is on point, and we get information from them. But the other hospitals have been a little bit slower. We got a couple of community hospitals that

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00:16:02.850 --> 00:16:18.040

Sadie Harness: not all the information is available to us at the time of admission. So our goal was to have this timely exchange of admission information, because, relying on residents or their family members when they're poor historians or

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00:16:18.230 --> 00:16:31.970

Sadie Harness: worse, they don't tell you things on purpose. We have an accurate medical record with the data exchange. So we're thrilled to have the data exchange. But we have found that not every hospital has been as thorough in their implementation.

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00:16:34.440 --> 00:16:35.947

Sadie Harness: So how the

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00:16:37.090 --> 00:16:44.970

Sadie Harness: if you're looking for some technical feedback on, you know what we do, we? We implement the we bring over the Ccd, the immunizations and the medical diagnoses.

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00:16:45.150 --> 00:17:05.810

Sadie Harness: The last piece that we're waiting on, that we have retained our consultant, for through the Grant process is to train our admissions nurses and importing the actual orders from discharge the hospital to admission to our nursing center. And there again, it's a workflow issue. We have some people that are kind of old school that want to do their own.

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00:17:06.130 --> 00:17:20.520

Sadie Harness: They want to transcribe them by hand. And the whole point of the data exchange is that this information is available to us, we import it, and then we reconcile within the medical record. And so that's our last and final hurdle that we have with the data exchange.

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00:17:20.780 --> 00:17:32.580

Sadie Harness: I think that you asked how we, the signatory grant, has also helped. We also spent a little bit of our Grant money on an attorney to verify that our consent form was accurate and within standards. We wanted to do that.

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00:17:32.580 --> 00:17:58.089

Sadie Harness: and then we hired a company called Evotech because we wanted some cyber security and hipaa feedback from on our side to make sure that everything all of our t's were crossed and our i's were dotted so. But we're thrilled and grateful for the opportunity. And I think it's making a huge difference for our community, because again, we have a full picture of someone's health history as opposed to kind of the limited snapshot that we used to get on a Pdf file, or

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00:17:58.220 --> 00:18:09.520

Sadie Harness: it's a small snapshot that we used to get on admission. And now we have this comprehensive view of who residents are, or patients are, so that we can best help them continue the recovery when they leave our center.

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00:18:15.490 --> 00:18:16.790

Sadie Harness: Are you still there?

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00:18:19.120 --> 00:18:20.599

Sadie Harness: You're on mute, Jacob.

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00:18:23.540 --> 00:18:41.830

John Ohanian: Thank you, Sadie, so much for talking about your experience. I just want to say that Glenbrook has done a wonderful job of getting so much advancement in their capabilities in such a short amount of time in the Grants program. So kudos to Glenbrook, and thanks for the feedback.

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00:18:42.160 --> 00:18:43.879

John Ohanian: Okay, next slide.

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00:18:44.460 --> 00:19:12.860

John Ohanian: The last success story that we have time for today is with one of our qualified health information organizations. Lanes. Now with us is Ali Moresi, who is the CEO of Lanes. He could talk all meeting about a number of the unique programs that they're supporting as a qhio. But we just have 5 min. We just have time for one. So he's going to be talking to us about

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00:19:12.870 --> 00:19:19.390

John Ohanian: how their Qhio has supported the Wic program in California, and I'm excited to hear

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00:19:19.550 --> 00:19:21.239

John Ohanian: how it's going. I'll leave.

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00:19:22.590 --> 00:19:36.289

Ali Modaressi: Thank you, Jacob, and good morning, everyone. As Jacob mentioned. I'm here to talk about a closed loop referral that lanes implemented last year. Next slide, please.

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00:19:37.060 --> 00:19:56.839

Ali Modaressi: Yeah. We had an opportunity to work with the California Wic Association, which was awarded the Kaiser Grant to pilot a closed loop referral system at 2 Fqhcs. By connecting them to the local wic agencies.

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00:19:57.120 --> 00:20:21.760

Ali Modaressi: The pilot aimed at enhancing care. Coordination between the week agencies and the care providers improve access to the supplemental nutrition programs and support for pregnant moms, new mothers, and also the young children. The goal was to simplify the referral and enrollment process for both

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00:20:21.760 --> 00:20:29.220

Ali Modaressi: for both the stakeholders and establish a sustainable model for healthcare and with collaboration

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00:20:30.560 --> 00:20:56.040

Ali Modaressi: next slide, please. Yeah. Thank you. So the 2 large Fqhcs with multiple locations were chosen for this pilot, as their profile shows. Here they operate in 2 distinct and diverse geographic area in Los Angeles, serving the medical members and broader safety net population

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00:20:56.420 --> 00:20:58.269

Ali Modaressi: next slide, please.

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00:20:59.180 --> 00:21:18.690

Ali Modaressi: So the eligible population for this use case with women, pregnant postpartum and breastfeeding moms, infants, children up to their 1st birthday, and children from one year up to the 5th birthday

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00:21:18.960 --> 00:21:43.639

Ali Modaressi: next slide, please. So we automated this referral process by establishing a standing order for a well child. Prenatal and postpartum visits requiring no input from the clinicians and minimizing providers. Burden, in fact, just the It staff at Fqhcs.

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00:21:43.640 --> 00:21:50.930

Ali Modaressi: Sends a roster of the patients for those particular visits, prenatal postpartum, and well, child.

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00:21:50.930 --> 00:22:15.879

Ali Modaressi: they upload it to lanes and lanes. Take that and matches that with the encounters that we receive from the Fqhcs and create a work list for the week staff to work with, and we also feed them with the clinical information that they need such as height, weight a 1 c level, relevant diagnosis or specific

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00:22:15.880 --> 00:22:41.889

Ali Modaressi: with clinical data that the weak agencies need. So by automating this process, they get the latest information on the clinical side, and the weak agencies can reach out to the members and enroll them in the program and get the services that they need next slide, please.

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00:22:41.920 --> 00:23:06.550

Ali Modaressi: So this is a sample of work list that they receive. And they're color coded, meaning that the different status. And as they click on each of those members, then they will be able to see the clinical information that they need to provide the services. So next slide, please. So this is what we call a week view

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00:23:06.550 --> 00:23:20.720

Ali Modaressi: clinical view. There's obviously, you know, a lot of privacy and and privacy concerns about this as well. So they're only getting the information that they need to do the services, the services

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00:23:20.720 --> 00:23:22.429

Ali Modaressi: next slide, please.

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00:23:23.160 --> 00:23:45.009

Ali Modaressi: So the impact and the lessons learned, the clinics actually wanted to go. The agencies. The week agencies wanted to go back 3 months and see if they had missed anything, and they actually found out that 30% that were eligible were not enrolled through the manual process.

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00:23:45.120 --> 00:24:00.970

Ali Modaressi: So basically, this new system replaced the manual referral, reduce the burden on the on the clinic side and and overall kind of improving the enrollment on the on the Wic agency side.

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00:24:02.620 --> 00:24:09.600

Ali Modaressi: I be happy to answer any questions that you have

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00:24:16.770 --> 00:24:18.849

Ali Modaressi: back to you, Jacob. Thank you.

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00:24:19.710 --> 00:24:32.655

John Ohanian: Okay, thank you, Ali. We love to see this kind of work being done, and and we hope in the future to be able to bring more participants and hear their voice. With that, I'm going to send it over to Johnny to talk about the Dx.

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00:24:33.150 --> 00:24:36.650

John Ohanian: Excellent, thank you, Jacob. Thank you. Ali I.

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00:24:36.840 --> 00:24:46.920

John Ohanian: We are going to go over some, our overview and priority areas. So today we are pleased to continue our discussion on the data exchange framework roadmap

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00:24:46.980 --> 00:25:16.360

John Ohanian: and to provide an update following the conclusion of public comment period that ended in December 2024, remember, December, Cdi is developing this roadmap to to describe data, exchange framework implementation priorities. The roadmap incorporates feedback from a broad range of stakeholders, including the group gathered here today as well as Calhs, state departments, other subject matter experts and members of the public.

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00:25:16.650 --> 00:25:28.800

John Ohanian: The roadmap identifies implementation priorities, milestones, and actionable steps that the State and stakeholders can take through 2027 to drive meaningful improvements in data, exchange.

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00:25:29.050 --> 00:25:37.280

John Ohanian: The roadmap comprises 6 priority areas or pillars for advancing health and social service data exchange in California.

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00:25:37.670 --> 00:25:52.140

John Ohanian: and for each describes issues, goals, and recommendations. The pillars shown here on this slide were identified in partnership with stakeholders, and to align with other Calhs priorities, including Calane.

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00:25:52.750 --> 00:25:54.000

John Ohanian: Next slide. Please.

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00:25:55.070 --> 00:25:56.260

John Ohanian: Great. Thank you.

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00:25:56.520 --> 00:26:07.349

John Ohanian: The roadmap also details several cross pillar considerations that span across multiple priority areas. These considerations include Qhios privacy.

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00:26:07.480 --> 00:26:16.730

John Ohanian: identity, management, and behavioral health, all which are both foundational to, and informed by the recommendations described in the roadmap

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00:26:17.050 --> 00:26:38.059

John Ohanian: based on feedback received in public comment. We expanded on several of these sections, which are now included at the beginning of the roadmap. Notably, we developed recommendations in support of a robust identity management, strategy and highlighted. How strong identity management strategy enables the recommendations described in our other pillar sections.

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00:26:39.120 --> 00:27:03.319

John Ohanian: So public comments received today, we aim to share with you an update on the roadmap, including the changes made based on public comments received as well as next steps for roadmap finalization. I want to give a big thank you. To everyone who provided public comment on the roadmap. As noted on this slide, we saw strong interest and engagement with 583,

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00:27:03.430 --> 00:27:12.989

John Ohanian: 583 individual comments from 29 organizations. We greatly appreciate the thought, care, and knowledge that went into the this feedback.

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00:27:13.130 --> 00:27:26.519

John Ohanian: and it was critical in developing the roadmap that works for all of us and for all Californians. With that I'd like to pass it to Jonah to introduce our pillar leads and set the stage for this next part of our meeting.

124

00:27:26.580 --> 00:27:43.689

John Ohanian: Thank you, John. Are you muted, or shall I? You can see I'm muted. What's that? I'm on mute. Okay, great. Please let me know if you can't hear me. But it's Jonah frolic. I'm with Monatta. Been supporting the data exchange framework since it was established back in 2021 good morning.

125

00:27:44.490 --> 00:27:53.009

John Ohanian: so we are gonna run through the roadmap pillars, and I'll be turning it over to various speakers to present both the

126

00:27:53.210 --> 00:28:00.620

John Ohanian: issues that have been addressed are being addressed in the roadmap, and some of the changes that were made as a result of the public comment that was received.

127

00:28:01.348 --> 00:28:10.859

John Ohanian: We're gonna start after I go through some cross pillar considerations, I'll turn over to him, Catherine, and he'll describe some of the updates to event notifications. Pillar.

128

00:28:11.652 --> 00:28:18.360

John Ohanian: Dr. Sophia Chang will review the Social Service State Exchange pillar. I'll touch on consent management

129

00:28:18.918 --> 00:28:30.739

John Ohanian: Sophia will then go back and discuss public health data. We'll turn back to her. Cindy Barrow will describe impact measurement updates and changes, and the percentage will talk about participant engagement

130

00:28:31.120 --> 00:28:32.410

John Ohanian: next slide, please.

131

00:28:33.410 --> 00:28:41.060

John Ohanian: So we got a lot of feedback about the roadmap, as John had just described, including

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00:28:41.704 --> 00:28:46.329

John Ohanian: some areas that needed particular attention and spotlighting that

133

00:28:47.233 --> 00:28:53.600

John Ohanian: the public felt weren't really highlighted enough in the roadmap, or were incorporated into sections that should have been called out.

134

00:28:54.351 --> 00:29:02.149

John Ohanian: So we were highlighting some of those main themes here, and things that have been done to update the roadmap in response to that feedback.

135

00:29:03.036 --> 00:29:13.479

John Ohanian: One that we heard loud and clear is that we needed to reinforce equity as an overarching priority in the roadmap. Both in terms of its development and its implementation.

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00:29:13.950 --> 00:29:22.210

John Ohanian: And so you will see that there's more highlighted sections and description of equity is an overarching sort of theme of priority in the roadmap.

137

00:29:23.420 --> 00:29:27.110

John Ohanian: We also heard and agreed with the statements that

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00:29:27.210 --> 00:29:30.160

John Ohanian: this roadmap really should very intentionally

139

00:29:30.350 --> 00:29:36.159

John Ohanian: highlight the alignment with the data exchange framework and Calhhs's guiding principles.

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00:29:36.621 --> 00:29:44.718

John Ohanian: and Federal and State initiatives and frameworks, such as Calum and Tefca as you recall from the beginning, we spent a lot of time developing

141

00:29:45.250 --> 00:29:53.249

John Ohanian: data exchange framework principles. We align them with calhs guiding principles, and the roadmap has a series of tenants in each of the pillars

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00:29:53.430 --> 00:29:59.140

John Ohanian: wanted to make sure that those tenants were properly aligned. So we did make some adjustments to do that.

143

00:29:59.870 --> 00:30:16.640

John Ohanian: 3, rd we heard a lot about consent and identity management. A number of things, including that we needed to be more clear about what was meant by identity management, because there are many components of it, and being very clear about what the intent was is important.

144

00:30:17.362 --> 00:30:22.849

John Ohanian: Second is that we had had. We had consent and identity management in the same pillar

145

00:30:23.353 --> 00:30:37.919

John Ohanian: and we heard routinely that yes, identity management is critical to consent management. But it's also important for all sorts of other pillars and and data exchange patterns, and as such that identity management should be pulled out.

146

00:30:38.477 --> 00:31:06.189

John Ohanian: So what we did is we have we put identity management in a cross cutting pillar, we developed that pillar with some new specific recommendations, or at least pull them out to specifically describe what actions Cdi, Calhs, and others should take in order to develop a a, an identity management strategy. And so that is now its own cross pillar in in the roadmap.

147

00:31:06.520 --> 00:31:33.999

John Ohanian: And then finally, and we've seen comments already about this. We emphasized data security and protection of sensitive information. I mean, that was to address concerns about potential harms and sharing certain data. Given the elevation of things like consent management, we agree that we have to reinforce the principles and processes for making sure that individuals privacy is respected, and that there's security of data that both at transit and rest.

148

00:31:34.120 --> 00:31:40.679

John Ohanian: So those are the changes that have been made the roadmap will obviously have more detail about what specific changes are there?

149

00:31:41.343 --> 00:31:50.710

John Ohanian: I'm gonna turn it over to Rem. He's gonna start stepping into event notification unless there any question. Well, let's keep going. Let's keep going. Let's keep going. Rem. Please go ahead.

150

00:31:50.860 --> 00:31:52.519

John Ohanian: Sure. Thank you. Jonah.

151

00:31:53.390 --> 00:32:15.519

John Ohanian: So just very briefly, on event notifications. We did get a great number of comments in public comment on event notification people will recall that we took a step in Dxf. In event notifications by requiring certain organizations to notify others of admissions and discharges.

152

00:32:15.520 --> 00:32:24.970

John Ohanian: However, we took that step without defining a common statewide architecture for sending notifications, and without establishing

153

00:32:24.970 --> 00:32:44.719

John Ohanian: common technical standards. And, as we've noted, across a number of the different pillars, there still remains a challenge among participants to establish consensus on identities, and in particular that would be useful for events and

154

00:32:45.360 --> 00:32:48.910

John Ohanian: matching events to the request for notifications.

155

00:32:49.010 --> 00:33:16.570

John Ohanian: There were a number of key recommendations within this pillar, 1st to promote event-based exchange as a type of exchange and a potential expansion on just notifications of admissions and discharges. We'll talk about that a little bit more later on in the meeting today, and to establish a logical architecture for event based exchange. That will be one of the topics

156

00:33:16.570 --> 00:33:20.849

John Ohanian: that we will have come before the task later on this year.

157

00:33:21.365 --> 00:33:38.890

John Ohanian: We plan to explore establishing shared services, including for consent and identity management to support event based exchange. People may have seen the Rfi. That we sent out on shared services for rosters.

158

00:33:39.120 --> 00:33:41.650

John Ohanian: and then establishing minimum

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00:33:41.830 --> 00:33:52.769

John Ohanian: technical standards for content of rosters and notifications, and how notifications will be exchanged. And again, we'll talk about that a little bit later in this meeting.

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00:33:52.910 --> 00:33:55.029

John Ohanian: Let's go on to the next slide, please.

161

00:33:55.830 --> 00:34:23.589

John Ohanian: Some of the things that we did here in public comment that caused us to make some changes to this pillar. 1st of all, there was a lot of discussion about potential costs and burden for participants to adopt a new type of exchange. So we emphasized considerations on those costs and burden and emphasize the need to support adoption through funding technical assistance and guidance, especially in social services. Domain

162

00:34:24.070 --> 00:34:39.439

John Ohanian: we expanded the language on privacy and consent considerations. As there was a number of comments with concerns about communicating protected health information to social services and other organizations. Through notifications.

163

00:34:40.058 --> 00:34:54.190

John Ohanian: We did add exploration of legislative changes to help us, mandate use of a common architecture and shared services. And so we will look at exploring that in the coming years.

164

00:34:54.199 --> 00:35:14.929

John Ohanian: and then there was a great deal of interest in expanding notifications to new use cases. And so there are new use cases that are described within the roadmap. There isn't a great deal of detail on those use cases as we'll be expanding those use cases in the coming months and years

165

00:35:15.374 --> 00:35:26.039

John Ohanian: but there was interest in advancing the timeline for fleshing out those use cases, and we move that forward on the roadmap as well.

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00:35:27.310 --> 00:35:33.009

John Ohanian: That's it. On event notification. I think I'm passing it next to Sophia on social services.

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00:35:33.890 --> 00:35:36.220

Sophia Chang: Hi! I think that's me. Can you hear me?

168

00:35:37.580 --> 00:35:38.280

John Ohanian: We can.

169

00:35:38.280 --> 00:35:53.239

Sophia Chang: Okay, thank you. So I'm gonna just step back for a second on the social services data data pillar, because it's huge. And I wanna make sure that before I go into the details of the changes and responses in response to the comments

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00:35:53.370 --> 00:36:04.969

Sophia Chang: that we are mindful of the fact that the whole approach that we're taking to social services, data sharing and exchange is really in the context of learning

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00:36:05.280 --> 00:36:14.180

Sophia Chang: and understanding what is working, especially right now in more local levels, with existing trusted partnerships.

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00:36:14.450 --> 00:36:21.750

Sophia Chang: as we think about on the technical side, how we can enable sharing to happen at scale

173

00:36:22.510 --> 00:36:27.359

Sophia Chang: the technology and the data flow does not replace

174

00:36:27.740 --> 00:36:40.989

Sophia Chang: the actual trusted relationships between partners, and, importantly, the importance of the client and their ability to provide consent for their information to be shared. These are all really big things.

175

00:36:41.150 --> 00:36:47.139

Sophia Chang: So as we're trying to figure out consent management as we're trying to figure out identity management.

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00:36:47.570 --> 00:36:54.390

Sophia Chang: we're in this pillar. We're really trying to learn about what is working. And how do we enable

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00:36:54.650 --> 00:37:18.029

Sophia Chang: more of those electronic data flows, such as the lane's example that you heard right? How do we provide and support things like a wick view of clinical information? That really is the right amount of information needed for specific use cases. And that's the reason that we are moving forward trying to focus on some of these use cases as the bigger

178

00:37:18.410 --> 00:37:40.169

Sophia Chang: ecosystem is being worked out to then figure out, how do we start more and more to enable those automated flows? Because, as we even heard from, like the Glenmott example, even when you have the data flowing, there's still a lot of work at the front line to help people move away from still going back to their manual work.

179

00:37:40.530 --> 00:37:43.670

Sophia Chang: So I sorry.

180

00:37:43.860 --> 00:37:57.980

Sophia Chang: Okay. And so I think that gives you a sense of what the issues are. The key recommendations, again, is that we're really going to start with some very discrete use cases and priority life events.

181

00:37:58.250 --> 00:38:22.530

Sophia Chang: and those were having a child in early childhood. So you heard a little bit more about the wic example, and thanks to the work that Lane's did actually cal wic just recently received a Usda grant, which I hope is still coming to allow that model and the exchange of clinical data between Hies

182

00:38:22.740 --> 00:38:27.879

Sophia Chang: and and the Wic program to be spread further across the State.

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00:38:28.840 --> 00:38:35.140

Sophia Chang: We're also looking at the whole child welfare system, which is probably one of the most complex

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00:38:35.280 --> 00:38:53.170

Sophia Chang: I in in the era, I mean in the area of trying to share social and health information as a way to try to learn what are all of the potential challenges, especially as the State builds and starts to roll out their statewide child welfare case management system.

185

00:38:53.460 --> 00:39:14.369

Sophia Chang: And the last is the preventing and interrupting homelessness. Where there's a lot of work already underway, many agreements, many relationships that have been formed to share housing information where we're working to see, how can we better support those activities with with more electronic data sharing?

186

00:39:14.570 --> 00:39:15.650

Sophia Chang: So next slide?

187

00:39:18.090 --> 00:39:35.820

Sophia Chang: So I think we also received a lot of really good public comments, and the thing that excited us I think the most is that there were folks stepping forward, who said, I really want to be a part of helping us define and design this, which is exactly what

188

00:39:35.820 --> 00:39:51.570

Sophia Chang: Cdii and the team was really looking for, we need more partners. This is not an easy phenomenon, and in particular, I think we need to be looking at this with a deeper understanding of the existing human services.

189

00:39:51.610 --> 00:39:53.010

Sophia Chang: Ecosystem.

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00:39:53.220 --> 00:40:18.449

Sophia Chang: many of us, myself included, comes very much from the medical clinical, clinical informatics side of the house, and there is a longstanding history of how human services are run operated with their own data systems. And we need to be thinking and learning a lot more about how those work, how we can work with them. And again, many of our Cbos

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00:40:18.570 --> 00:40:29.899

Sophia Chang: interact with those systems because many of them are contracted with these human service agencies, whether they be federal, state, or local

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00:40:30.190 --> 00:40:43.120

Sophia Chang: understanding. Full well, that that doesn't mean that that's hitting all of the social services that ultimately we would like to engage, but I think it's a reasonable way for us to try to start to untangle the challenges.

193

00:40:44.150 --> 00:41:04.689

Sophia Chang: We also added the possibility of expanding to additional use cases and additional critical life events. I think the next area that we'll be considering will be care for older adults. Where again, big big intersection between social and health data. We've added language that will clarify that

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00:41:04.990 --> 00:41:10.319

Sophia Chang: California is not intending to create all kinds of new

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00:41:10.500 --> 00:41:30.079

Sophia Chang: new data standards, etc. If there is existing ones that we can leverage on the Federal side, Uscdi in particular, and that there needs to be a dialogue. If there are things that we're trying to develop and need. We need to have more of an iterative conversation, and we'll see what happens on the Federal side.

196

00:41:30.570 --> 00:41:56.040

Sophia Chang: And we, of course, will be thinking about and learning what is the role of Qhios in the Social service. Information sharing. Many of them are moving forward, such as you heard with Wic data sharing. And again, it's learning a lot more about what are the technical capabilities that are needed? And how do we marry that

197

00:41:56.370 --> 00:41:57.970

Sophia Chang: with the relationships?

198

00:41:58.370 --> 00:42:27.479

Sophia Chang: And then we also started to clarify some of the actionable steps that we can be doing on the statewide capabilities, and that is, as I had alluded to better understanding, our existing human services, data infrastructure as well as thinking from a really broad perspective.

What are the kind of technical architectures that we can be thinking about and understanding as we try to bring these 2 really big domains.

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00:42:27.490 --> 00:42:30.659

Sophia Chang: together with the client in the middle.

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00:42:31.390 --> 00:42:32.969

Sophia Chang: Sorry for taking so long.

201

00:42:35.170 --> 00:42:38.869

Sophia Chang: and I get to pass it on. Is it back to you, Jonah? I think.

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00:42:47.070 --> 00:42:48.649

Sophia Chang: Jenna, we can't hear you.

203

00:42:51.430 --> 00:42:53.162

John Ohanian: Okay. Good. Alright.

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00:42:54.240 --> 00:43:03.660

John Ohanian: thanks via so I just want to recognize some of the comments that we saw in the we've seen in the chat around consent management. And no, please go back to the next slide.

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00:43:05.349 --> 00:43:16.429

John Ohanian: about consent management, and specifically some of the Sequoia White paper and the public comments. It's definitely something that we are are tracking and want to make sure that

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00:43:17.246 --> 00:43:25.359

John Ohanian: we are. We are aligning, notwithstanding administration changes and all the other comments we've seen about appointments and direction around Tefca.

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00:43:26.980 --> 00:43:45.769

John Ohanian: Assuming that we are going to advance, we are going to continue to advance our the State's needs around consent management. This pillar is focused on developing a strategy that allows individuals to provide update and revoke their consent to securely share protected health and social service information

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00:43:46.160 --> 00:43:50.930

John Ohanian: between all parties who might need to share it in order to deliver whole whole person care

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00:43:51.587 --> 00:44:11.159

John Ohanian: the the issues on the left are well known to everyone on this call legal and regulatory issues are very complex, even part 2, which was simplified the part 2 rule which was simplified, there's still issues with Cmi in California. And then when you, when you get into certain social service information, particularly around children and youth.

210

00:44:11.440 --> 00:44:16.339

John Ohanian: and others. There are real challenges with respect to how to

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00:44:16.790 --> 00:44:20.899

John Ohanian: obtain that consent, manage and share it across all parties appropriately.

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00:44:21.680 --> 00:44:29.059

John Ohanian: There are also considerable resource and technology limitations. At the point of care and across delivery systems.

213

00:44:29.688 --> 00:44:42.919

John Ohanian: Many of the organizations that maintain some of this protected information don't use certified Ehrs, or technology of that type? And and or can't segment data, some of which needs consent, others don't

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00:44:43.543 --> 00:44:48.269

John Ohanian: so that those limitations are known and are a challenge to overcome.

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00:44:48.961 --> 00:45:01.099

John Ohanian: And there are an absence of standard consent forms. There are some emerging Federal standards. HI, 7, etc, that are being considered. We would absolutely consider in any implementation

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00:45:01.696 --> 00:45:12.370

John Ohanian: but having even just standardized forms and using like a standard electronic tool, is, remains a challenge. Many of these forms either reside in

217

00:45:12.872 --> 00:45:29.299

John Ohanian: a legacy system, or they are filed in a drawer or faxed around organizations that are authorized to share information. So making this transition is almost like going back into high tech days, and having to start with rudimentary systems.

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00:45:29.510 --> 00:45:42.269

John Ohanian: So recommendations, including establishing use cases, guidance and policies and procedures for implementing consent management services. So we're that's part of the process. But we also need a strategy that builds on

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00:45:42.906 --> 00:45:47.790

John Ohanian: Dhcs's work. So the Department of Health care services is embarking on

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00:45:48.410 --> 00:46:13.960

John Ohanian: a an initiative to have statewide consent management services, starting with substance use disorder information, but also including housing information and potentially children and youth and school-based services. So all of that work might be tip of the spear initiatives that Cdi wants to support and develop, you know, policies and guidance around and and other supports.

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00:46:14.756 --> 00:46:23.040

John Ohanian: So that includes rolling out what's known as the ask me consent, form and services, including potentially a centralized consent management service.

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00:46:24.058 --> 00:46:30.620

John Ohanian: creating an education and outreach campaign for parents, patients, individuals, providers, and other stakeholders.

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00:46:30.820 --> 00:46:45.320

John Ohanian: We have heard, loud and clear, and in many conversations with various stakeholders, there's a massive need for education, not just of the providers, but individuals at the point of care. So they understand when they're providing their consent. What are they consenting to?

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00:46:46.068 --> 00:46:58.560

John Ohanian: And then collaborating with various departments to launch this this initiative and and try to create incentives to support adoption. Okay, so that's that's the key recommendations. Next slide, please.

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00:46:58.690 --> 00:47:02.100

John Ohanian: There are a number of things that we got feedback on here

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00:47:02.380 --> 00:47:15.350

John Ohanian: 1st is that we really need to focus this pillar solely on consent management. As I mentioned in the outset, we had this combined with identity management, those have been split. Identity management is now in a cross pillar area. Consent management is its own pillar.

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00:47:15.970 --> 00:47:24.909

John Ohanian: we added, prevent potential harms that may be caused by inappropriate sharing of sensitive data as a central tenant to this particular pillar.

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00:47:25.521 --> 00:47:32.560

John Ohanian: We clarified that Cdi is still exploring whether to pursue a statewide or federated approach to consent management.

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00:47:33.080 --> 00:47:40.850

John Ohanian: We emphasize that the cassette management strategy is not limited to medi-cal and will be developed. Considering all health and social services for all Californians.

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00:47:41.030 --> 00:48:03.530

John Ohanian: Prop, one behavioral health transformation really is is also helping to sort of advance the need to share this information to support individuals who are unhoused or at risk being unhoused, and who have a subst use disorder, condition. But we need to support those individuals would benefit, having more robust consent management services to share information about them.

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00:48:03.840 --> 00:48:11.750

John Ohanian: and then a broader in stakeholder engagement strategy to include county private privacy, health officers and departments of social services.

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00:48:12.200 --> 00:48:17.760

John Ohanian: I'm going back to Sophia Chang. So, Sophia Cheese. You're up for public health data.

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00:48:18.590 --> 00:48:21.310

Sophia Chang: Thank you. Thanks, Jenna. Next slide, please.

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00:48:21.730 --> 00:48:39.140

Sophia Chang: So public health is, if anything, a little bit more of leaning on things that are already existing or emerging. And in particular, when we're thinking about the sharing of information to support public health activities.

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00:48:39.150 --> 00:48:51.820

Sophia Chang: there are some important use cases that are being developed and implemented through the National Tefca infrastructure and program, if you will.

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00:48:52.020 --> 00:48:59.599

Sophia Chang: And at the same time we have data systems on the public health side that need to be updated just like everywhere.

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00:48:59.740 --> 00:49:24.710

Sophia Chang: And so we are really looking at, how do we align the state approach which is really trying to help modernize the data infrastructure across the State and all the local health jurisdictions, and then align that with what we're trying to do on in terms of data, sharing and clinical data information networks statewide.

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00:49:25.040 --> 00:49:33.800

Sophia Chang: I mean because of the fact that we've had a lot of local health jurisdiction, activity and

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00:49:33.940 --> 00:49:57.879

Sophia Chang: delegation. I think of responsibility to the Lhjs. We have had a lot of variation in adoption of some of the national and statewide initiatives, such as syndromic surveillance, such as electronic case reporting. And now we're starting to align those efforts. And if anything, it's less

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00:49:57.910 --> 00:50:14.260

Sophia Chang: the data exchange framework, creating new standards. And it's much more about helping all of our participants engage in a more unified approach to sharing clinical information for public health uses.

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00:50:14.410 --> 00:50:28.240

Sophia Chang: And so, as part of that, we have been working to help broaden the adoption of electronic, at least initial case reporting. And I'm happy to say that

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00:50:28.450 --> 00:50:50.809

Sophia Chang: that some of our largest systems now have now engaged and are in the process of and rolling out electronic case, reporting across their network and along with the Department of Public Health. We are now going beyond Covid alone, and now moving to all reportable conditions. So this is not just a 1 off or one condition.

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00:50:52.056 --> 00:51:01.760

Sophia Chang: We are working with the Biosurveillance syndromic surveillance team at Cdph to help

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00:51:02.160 --> 00:51:14.110

Sophia Chang: unify the requirements for syndromic surveillance adt data elements with the ones that we have articulated through our task. Thanks to Rim and their good work

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00:51:14.380 --> 00:51:23.020

Sophia Chang: and looking at how we can support the making it easier frankly for hospitals to be able to

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00:51:23.150 --> 00:51:38.539

Sophia Chang: kind of do one plugin and done ideally or other ways to make the their connection easier. And then we're also working across all of the players to to really look at what are some of the next use cases next slide.

247

00:51:39.100 --> 00:52:00.010

Sophia Chang: So the the real clarification I think we wanted to make is that while we are aligning with Tefca we are not solely aligned with Tefca, and there are other use cases that we'll be looking at that we may have to where they're dxf. And and the state may have a separate role, and we're keeping our eyes open on what those might be.

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00:52:00.420 --> 00:52:23.649

Sophia Chang: and and that while at this point Cdi doesn't have the funds to actually support all of the public health data, infrastructure changes. We will continue to work with all of our partners, public and private, to figure out what are the ways that we can help promote the adoption of systems that are interoperable?

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00:52:27.490 --> 00:52:31.680

Sophia Chang: And who am I passing off to again.

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00:52:32.310 --> 00:52:37.979

Cindy Bero: I think you're passing to me, but I see we have a hand. We have a hand raised. I don't know if we want to take that now.

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00:52:39.230 --> 00:52:40.950

Sophia Chang: How do you want to manage this guys?

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00:52:42.510 --> 00:52:45.239

John Ohanian: We're gonna take questions at the end.

253

00:52:48.500 --> 00:53:15.859

Cindy Bero: Okay, so we can go to the next slide. I have the pleasure of chatting with you yet again, about impact measurement. As you know, impact measurement is designed to help us understand how data exchange is is taking off and how it's having. You know what impact it's having on the delivery of health and social services, and and to what extent we can associate that with some some improvements in outcome and whole person care

254

00:53:15.860 --> 00:53:40.779

Cindy Bero: the challenges we face which we've mentioned to you all before. Is that because the Dxf is a framework and not a network or technology, it's difficult to measure. And so we have to get creative about how we gather data to understand what's happening and what impact it's having. And then the other thing, we need to always recognize that data exchange is one of many factors that influence health outcomes. So while

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00:53:40.780 --> 00:53:46.839

Cindy Bero: we can associate better data exchange, maybe with better outcomes, it's not going to be a causal relationship.

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00:53:47.590 --> 00:54:12.580

Cindy Bero: We started this work in 2024, and it continues into 2025 with the roadmap. We're really sort of expanding the work into these 3 phases. The first, st which is following the sort of structure process, outcome approach is really focused on the readily available data that we have about data exchange.

257

00:54:12.580 --> 00:54:18.659

Cindy Bero: And you know, it's timeliness. It's quality, you know, just what's happening with data exchange.

258

00:54:18.660 --> 00:54:46.520

Cindy Bero: And then, in phase, 2 of the roadmap, we will start to look at. How does that data exchange impact health and social service delivery? Are people getting their care faster or readmission rates going down, you know, are we really having an impact on the the process of care? And then phase 3 will be, as I, as I mentioned, outcomes looking at? Is it. The relationship between data exchange and improvements and health and social service outcomes.

259

00:54:46.980 --> 00:54:58.360

Cindy Bero: Wanna thank everybody for the comments that came in as part of the the roadmap public comment period. And if we go to the next slide I can talk to you about what we heard and how we addressed it.

260

00:55:00.067 --> 00:55:23.019

Cindy Bero: The 1st one. There were a number of people that were concerned that measuring impact was going to put a burden on participants for reporting, or you know, and and or having to acquire additional technology to support the reporting. So we did spend some time to clarify the language. That is not the intent, you know, to put additional burden on participants. We're trying to

261

00:55:23.020 --> 00:55:47.990

Cindy Bero: use the data that is already being collected or is already evidence. So we're not going to. You know. We tried to clarify that, as mentioned in Jonah's opening comments, we reinforced the Association and the relationship to Health equity, and that that's a lens that we will put on the data collection here. We also added some language to confirm that the data

262

00:55:47.990 --> 00:56:00.590

Cindy Bero: that we do gather and we produce will be shared in public meetings like this one, so that every have, everyone has an opportunity to understand the impact that data exchange framework is happening. Having

263

00:56:01.110 --> 00:56:25.780

Cindy Bero: someone also very rightfully pointed out that sometimes data exchange can provide benefits. But maybe we should keep our eyes open for the potential harm of data sharing. So we adjusted our roadmap accordingly. And then, lastly, it was pointed out that we should look carefully at the usability of data exchanging poor data doesn't really help anybody, so we should look at whether

264

00:56:25.780 --> 00:56:31.170

Cindy Bero: the data is good quality and usable in clinical and social service settings.

265

00:56:32.040 --> 00:56:42.780

Cindy Bero: So again, thank you. Thank you. To everyone who commented, it was very helpful and appreciate it, and I will turn things over to Nick, who will now cover participant engagement.

266

00:56:45.380 --> 00:56:48.249

Nick Picinich - CDII: All right. I think we can advance to the next slide.

267

00:56:48.800 --> 00:56:58.619

Nick Picinich - CDII: Hi, everyone, Nick Pacinich, deputy here at Cdii over policy and operations. And I'll talk today about the participant engagement pillar.

268

00:57:01.180 --> 00:57:08.989

Nick Picinich - CDII: the goal here is just to strengthen the ways in which we engage with signatories to increase participation and compliance with the dxf.

269

00:57:09.795 --> 00:57:15.139

Nick Picinich - CDII: This pillar also focuses on how we can enhance participant monitoring.

270

00:57:15.410 --> 00:57:28.300

Nick Picinich - CDII: So throughout the implementation of the Dxf, we've noted some issues, namely, mandatory signatory groups have room for expansion

271

00:57:28.992 --> 00:57:34.409

Nick Picinich - CDII: their definitions could be enhanced. And we also need further clarification.

272

00:57:35.020 --> 00:57:38.970

Nick Picinich - CDII: There's a lack of dxf enforcement mechanisms.

273

00:57:39.350 --> 00:57:46.190

Nick Picinich - CDII: And there's a lack of understanding around the Dxf. Requirements, benefits, and risks.

274

00:57:47.890 --> 00:57:55.380

Nick Picinich - CDII: The Pd or Participant Directory definitely has some opportunities for improvement and further development.

275

00:57:55.530 --> 00:57:56.745

Nick Picinich - CDII: I think that.

276

00:57:57.700 --> 00:58:08.589

Nick Picinich - CDII: Lastly, dxf participants there's there's been experiences of limited technical infrastructure and resources for support. So

277

00:58:08.880 --> 00:58:11.605

Nick Picinich - CDII: definite room for improvement. And

278

00:58:12.650 --> 00:58:16.280

Nick Picinich - CDII: the roadmap identifies a few recommendations

279

00:58:17.411 --> 00:58:21.650

Nick Picinich - CDII: just to sort of counteract those. So number one.

280

00:58:21.760 --> 00:58:26.719

Nick Picinich - CDII: I think, in working with a lot of stakeholder groups, we've also identified that there's a need for

281

00:58:27.090 --> 00:58:34.450

Nick Picinich - CDII: the pursuit of some legislative changes and establishing a governing board that provides the State with

282

00:58:34.780 --> 00:58:37.980

Nick Picinich - CDII: enforcement and rulemaking authority.

283

00:58:38.790 --> 00:58:50.229

Nick Picinich - CDII: There's also a need for an accountability framework that leverages our peer agency regulatory and enforcement mechanisms throughout Calhs.

284

00:58:51.480 --> 00:58:55.960

Nick Picinich - CDII: There's a need to implement a statewide communication and education plan

285

00:58:56.600 --> 00:59:01.769

Nick Picinich - CDII: and sort of a plan that meets the stakeholder, participant

286

00:59:02.160 --> 00:59:05.529

Nick Picinich - CDII: or prospective participant where they're at.

287

00:59:06.640 --> 00:59:12.719

Nick Picinich - CDII: There's also a need for improving the Dxf Participant Directory infrastructure

288

00:59:12.980 --> 00:59:22.360

Nick Picinich - CDII: and sort of bolstering those technical capabilities for our under resourced organizations slide.

289

00:59:26.140 --> 00:59:29.160

Nick Picinich - CDII: So in response to some of the

290

00:59:30.745 --> 00:59:37.179

Nick Picinich - CDII: public comments received, we've made a few updates to the participant engagement pillar.

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00:59:38.020 --> 00:59:43.250

Nick Picinich - CDII: We've emphasized alignment with State and Federal programs, including

292

00:59:44.100 --> 00:59:49.550

Nick Picinich - CDII: our neighboring departments. Calaim, as well as

293

00:59:49.680 --> 00:59:52.529

Nick Picinich - CDII: more on the Federal side with Tefca.

294

00:59:53.620 --> 01:00:02.390

Nick Picinich - CDII: We've emphasized the aim to explore expansion of definitions of mandatory Dsa signatories to other stakeholder categories

295

01:00:02.580 --> 01:00:07.309

Nick Picinich - CDII: that would mutually benefit from participating in the data exchange framework.

296

01:00:07.930 --> 01:00:14.560

Nick Picinich - CDII: And we've also added a recommendation for Cdi to aid in stakeholder technical resourcing

297

01:00:14.900 --> 01:00:20.690

Nick Picinich - CDII: by supporting identification of funding and resourcing opportunities where feasible.

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01:00:21.960 --> 01:00:28.369

Nick Picinich - CDII: So this sort of wraps up the participant engagement pillar. I can pass this over to John

299

01:00:28.570 --> 01:00:34.549

Nick Picinich - CDII: to go over that development timeline that Jake originally hit on in the beginning.

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01:00:35.400 --> 01:00:54.410

John Ohanian: Thanks so much, Nick. Thank you to all our presenters, and thanks for all the work that happened behind the scenes with all of you for the many months that's passed. So thank you for that. In terms of next steps we are going to get to Q&A in a minute, so you can go ahead and queue up

301

01:00:54.891 --> 01:01:15.349

John Ohanian: and we'll we'll call upon members in terms of next steps. Cdi is working to finalize this roadmap and anticipates public release. Coming in the next few weeks, we're going to be publishing the roadmap to the Data exchange framework website and announce the release to all of you as well as our listserv.

302

01:01:15.520 --> 01:01:41.589

John Ohanian: We plan to speak about the roadmap during our data, exchange Framework Summit in March, and hope to see some of you there and then following the publication, Calhs and Cdi are going to focus on supporting implementation of the roadmaps recommendations, and we look forward to working with all of you to make that happen. So with that members of the committee that had questions. I know we had a hand raised earlier with Cameron.

303

01:01:42.270 --> 01:01:43.390

John Ohanian: Go ahead, Cameron.

304

01:01:43.390 --> 01:01:45.820

Cameron Kaiser: Thank you. Hang on. Let me let me mute something here.

305

01:01:47.115 --> 01:01:52.964

Cameron Kaiser: Just a couple of points, and I know that these were partially addressed by the slides.

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01:01:53.370 --> 01:02:10.260

Cameron Kaiser: with, with respect to the Dxf. Supporting those jurisdictions that aren't able to bring up their their own public health systems. That makes sense. That's kind of out of scope of this, although I will say that if this isn't a major goal.

307

01:02:10.260 --> 01:02:25.220

Cameron Kaiser: it's really only the large departments that can still support this. It may require some sort of state clearing house, or some larger infrastructure, there to support the small, to medium jurisdictions and the rural jurisdictions that can't feasibly do this on their own.

308

01:02:25.340 --> 01:02:31.379

Cameron Kaiser: One other comment I also want to make about electronic case reporting with respect to public health is that

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01:02:31.410 --> 01:02:58.919

Cameron Kaiser: I personally support it. The jurisdictions that I've worked for support it. It makes sense. We do see data quality issues with it. However, we don't always get the same information with Ecr that we will get with a standard. Confidential morbidity report. Often physicians and providers are not entering that data or their systems aren't passing it along. This requires a certain amount of work on our end to try and chase it up.

310

01:02:58.920 --> 01:03:18.000

Cameron Kaiser: and on top of that, with the recent questions around 45 Cfr. And attestation for public health purposes, especially where it relates to reproductive law. I know the State has recently issued a letter to that effect, but certainly the health systems will have their own interpretation. That also impairs our ability

311

01:03:18.000 --> 01:03:36.120

Cameron Kaiser: to pull some of this information together. I think that there's a lot positive to look there. But there are some technical aspects that need to be ironed out with respect to those. And again, as I say, it's going to be an incomplete rollout in the public health sphere if our smaller jurisdictions aren't able to come along with it. Thank you.

312

01:03:38.060 --> 01:03:42.029

Sophia Chang: Thank you. Super helpful. And I do know that

313

01:03:42.440 --> 01:03:57.450

Sophia Chang: this is part of the kind of learning phase if you will like, as we move forward with initial case reporting. That's where I think we will better surface the inconsistencies and the data elements that need to be completed, and at least for the initial case report.

314

01:03:57.680 --> 01:04:11.809

Sophia Chang: The next phase is for follow-up, and whether or not the public health entities can actually do queries via Tefca to receive additional information. And that is

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01:04:11.940 --> 01:04:14.099

Sophia Chang: one of the areas that.

316

01:04:14.610 --> 01:04:28.919

Sophia Chang: together with Cdph, we're trying to investigate. Does it make sense? Or is it even possible for the Lhjs to participate in Tefca as a way to query and and receive information or not.

317

01:04:29.080 --> 01:04:31.749

Sophia Chang: and it may be especially for those less

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01:04:32.516 --> 01:04:44.030

Sophia Chang: technically sophisticated local health jurisdictions. It may be some other type of query response for clinical information under Dxf.

319

01:04:44.260 --> 01:04:55.140

Sophia Chang: so that is exactly what we're trying to learn and to figure out how to do so, not only in a scalable way, but in a privacy, compliant way.

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01:04:57.340 --> 01:05:04.400

John Ohanian: Thanks, Sophia, thanks, Cameron, other questions from the committee.

321

01:05:08.520 --> 01:05:24.289

John Ohanian: and then we have some chat going on. So we'll watch that in spirit of time and moving us along. I'm gonna hand it over to Rim. Who's gonna be giving us an update on? You know, I have it here, Rim.

322

01:05:24.420 --> 01:05:37.039

John Ohanian: I know I have it right here, elements to be exchanged. There we go. Thanks. So so you're gonna have to listen to me talk for a couple of Pmps. But we'll start off

323

01:05:37.130 --> 01:05:52.430

John Ohanian: with an amendment to the data elements to be exchanged policy and procedure. Let's go on to the next slide, we'll start off with just a reminder of where we are. At our last meeting. Back in November we discussed

324

01:05:52.440 --> 01:06:09.240

John Ohanian: the recommendation that came out of the 2024 Standards Committee, and that was to advance the version of Uscdi from Version 2 is, it currently is within the Pnp to the

325

01:06:10.340 --> 01:06:24.749

John Ohanian: version specified by Astp for the Health it certification program, as of January 1, st 2026. That would be version 3 of Uscdi.

326

01:06:25.699 --> 01:06:40.389

John Ohanian: The the Standards committee also recommended that we not delay the implementation date beyond the January 1, st 2026 date, but that we provide more than 6 months runway for participants

327

01:06:40.570 --> 01:07:03.520

John Ohanian: to implement version 3, which was prompting really to undertake amendment of the data elements to be exchanged as quickly as possible. When we discussed this at our Iac and Dsa. P. And P. Subcommittee meeting in November. There was general support for those recommendations.

328

01:07:03.520 --> 01:07:13.729

John Ohanian: so we went to public comment with an amendment to the data elements to be exchanged that reflected those recommendations. Let's go on to the next slide, please.

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01:07:16.321 --> 01:07:29.580

John Ohanian: Public comment. Was released in November of 20. That should be 2025, and closed in on January second of 2025.

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01:07:31.160 --> 01:07:41.360

John Ohanian: we received 14 comments from 7 organizations. And I've outlined in this slide. In general terms what we heard

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01:07:41.510 --> 01:07:57.769

John Ohanian: of those 14 comments. 12 of them agreed with alignment with the Federal requirements. The other 2 talked to other aspects of the amendment of clarification on other aspects that didn't actually lead to any changes, to the language

332

01:07:58.030 --> 01:08:03.860

John Ohanian: of the 12 comments that agreed with alignment with Federal requirements.

333

01:08:04.280 --> 01:08:21.480

John Ohanian: 3 quarters of them agreed explicitly with the proposed timeline that is, to adopt as an implementation deadline the same deadline established by Stp. For the health it certification program.

334

01:08:21.529 --> 01:08:40.059

John Ohanian: 3 of them did ask for additional time. 3 comments from 2 organizations asked for additional time. However. We decided not to make a change, and therefore align with the bulk of comments about the proposed timeline.

335

01:08:40.779 --> 01:08:43.099

John Ohanian: Let's go on to the next slide, please.

336

01:08:43.310 --> 01:09:12.380

John Ohanian: So in late January we actually published the amended version of the data elements to be exchanged. Pnp, that is, version 1.2 of that document, 1.1 remains published as well. So you will find both versions of that document on our web page version 1.1 which specifies the use of Uscdi version 2 remains in effect

337

01:09:12.470 --> 01:09:14.210

John Ohanian: throughout this year.

338

01:09:15.069 --> 01:09:29.089

John Ohanian: and version 1.2, which calls out the new version of Uscdi does not go into effect till January 1st of 2026. So, just to be really clear.

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01:09:29.450 --> 01:09:41.249

John Ohanian: this is a new requirement for Version 3 to align with the Federal requirements that it takes effect in January 1st of 2026.

340

01:09:43.430 --> 01:09:49.590

John Ohanian: Let me pause there and see if there are any questions about the the new Pnp.

341

01:09:52.020 --> 01:09:59.140

John Ohanian: Just pointing out that that does give organizations about 11 months to implement that new, that new requirement.

342

01:10:07.310 --> 01:10:08.970

John Ohanian: There are no questions.

343

01:10:10.320 --> 01:10:12.250

John Ohanian: Why don't we go ahead and move on?

344

01:10:13.250 --> 01:10:15.599

John Ohanian: Sorry, Belinda. You have a question.

345

01:10:22.140 --> 01:10:49.258

Belinda Luu: Hi, sorry I was a bit slow putting up my hand. This is this is more of yeah, a question. In terms of the timeline, and also the the version of the Uscdi information. Will there be some consideration of whether you know it aligns in terms of timing with other like astp onc rulemaking timeframes or the requirements imposed on, you know other

346

01:10:50.080 --> 01:11:18.510

Belinda Luu: Ours? Because I think, for example, and this is just an example. But you know, epic has intention of implementing Uscdi version 3 by December 31, st 2025. But there's also a possibility that they would be implementing Uscdi version 4, version 5. And so those using epic, for example, would then not be compliant with Dhs data elements

347

01:11:18.710 --> 01:11:23.779

Belinda Luu: version 3. So do we. Are we contemplating, like what would

348

01:11:24.250 --> 01:11:29.109

Belinda Luu: what would be the applicable standard if those Major Ehrs

349

01:11:29.610 --> 01:11:35.079

Belinda Luu: have a different version of Uscdi other than version? 3. For that timeframe.

350

01:11:36.180 --> 01:11:54.130

John Ohanian: So I wanna make sure that I understand your question. What the requirement in the pnp is is to implement at least version 3. If Ehrs have implemented a later version that is not that should not be.

351

01:11:56.030 --> 01:12:24.090

John Ohanian: version 3 is the floor that must be supported. It doesn't mean that you can't exchange additional information that might be consistent with later versions. If you look at the data elements to be exchanged. Ultimately, healthcare providers are required to exchange all of Ehi and version 3 just establishes minimum set of data, elements and and terminologies to be used.

352

01:12:25.120 --> 01:12:28.080

Belinda Luu: Okay, I mean, that's a helpful clarification. Thank you.

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01:12:29.680 --> 01:12:31.220

John Ohanian: Are there any other questions?

354

01:12:35.800 --> 01:12:38.870

John Ohanian: Well, then, why don't we go on to the next slide?

355

01:12:39.200 --> 01:12:47.279

John Ohanian: And this is a discussion of potential amendments to the technicals of requirements

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01:12:47.280 --> 01:13:09.599

John Ohanian: or exchange pnp, specifically around technical standards for event notifications. And we are a little bit ahead of schedule here. But this could have quite a bit of discussion, as there are a number of different potential amendments to this pnp, that I wanted to bring up and get feedback from today.

357

01:13:10.040 --> 01:13:34.350

John Ohanian: Let's go on to the next slide, please. Again, just a little bit of history about where we have been with event notification. In the spring of 2024 task recommended that Cdi establish standards for notifications of adt events and retain rosters as the method for requesting notifications. We discussed those recommendations

358

01:13:34.420 --> 01:14:02.610

John Ohanian: at the Iac meeting. I believe it was a May meeting where the Iac. Agreed with those recommendations. At that time Cdi also discussed its intent to convene the 2024 Standards Committee and charge that committee with coming up with recommendations for technical standards, and the Iac. Agreed with that as well. So thank you for helping us move this all forward.

359

01:14:02.680 --> 01:14:28.850

John Ohanian: The Standards Committee then met in the fall of 2024, and recommended some specific technical requirements and standards for admissions and discharges. And we'll talk about some of those recommendations and what Cdi would like input on which of those to move forward with in a little bit. The other thing that I want to bring up here, though, is as we've already spoken, the Dxf roadmap

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01:14:29.365 --> 01:14:58.689

John Ohanian: talks about notifications, event notifications, and especially recommends describing event based exchange preparing for generalizing notifications beyond just admissions and discharges. So we're gonna talk about all of these topics a little bit, and what the implications might be to the technical requirements for exchange. Pnp, and really, as I said today, looking for input from this group.

361

01:15:00.230 --> 01:15:02.420

John Ohanian: Let's go on to the next slide, please.

362

01:15:02.910 --> 01:15:23.590

John Ohanian: And my intent, each one of these slides talks about a particular topic. And so my intent for all of these is to just very briefly discuss at a high level what the proposed judgment might adjustment might be, and then we'll pause to see if there's any feedback from the committee here.

363

01:15:23.780 --> 01:15:40.369

John Ohanian: Currently, the Pmp. Describes notifications of Adt events. It's very specific about admissions and discharges, and it is also specific to hospitals, emergency departments, and optionally to skilled nursing facilities.

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01:15:40.370 --> 01:15:59.030

John Ohanian: So one of the things in alignment with some of the recommendations of the Dxf roadmap is to adjust the description of this exchange type to be about event-based exchange rather than specific, only to notifications of admissions and discharges.

365

01:15:59.150 --> 01:16:03.760

John Ohanian: but at this time continue to limit requirements

366

01:16:03.800 --> 01:16:17.060

John Ohanian: to admissions, to, and discharges from acute and subacute facilities. So I'm not saying that we would move forward to acquire notifications of additional types of events, but that we would

367

01:16:17.060 --> 01:16:36.319

John Ohanian: adjust the language preparing for the future. What this really means is we'd be aligning with some of the recommendations of the roadmap, but would not be advancing any specific requirements. Because of this change to other participants or other types of events.

368

01:16:37.270 --> 01:16:41.169

John Ohanian: Let me pause there for a second, and see if there are any questions.

369

01:16:45.070 --> 01:16:56.100

John Ohanian: And, Jonah and Jacob, you have both been very much engaged in our discussions about event notifications. So if there's anything that you want to expand on, please feel free to as well.

370

01:16:57.790 --> 01:16:59.079

John Ohanian: I think you nailed it.

371

01:17:02.940 --> 01:17:04.909

John Ohanian: Let's go on to the next slide.

372

01:17:10.280 --> 01:17:38.669

John Ohanian: Here we're proposing that we would actually add to a current requirement. Currently, the Pnp requires participants to request notifications using rosters that list individuals consistent with the attributes of person matching, but it calls out no other requirements. We talked quite a bit at both the task meetings and at the standards. The technical Standards committee meeting.

373

01:17:38.840 --> 01:17:47.889

John Ohanian: and both of those organizations recommended against defining very specific standards for rosters.

374

01:17:48.420 --> 01:18:07.869

John Ohanian: However, there are 2 items. That we want to consider adding to rosters right now the requirement within the Pnp would be only that the roster contain a list of individuals using their person attributes.

375

01:18:08.130 --> 01:18:32.236

John Ohanian: and we would like to add to that the requirement for the requesting participant to assert positively the authorization to request the notification in or with the roster, that if consent is required, that consent has been obtained, and if consent is not required, that it is within the bounds of

376

01:18:32.800 --> 01:18:37.790

John Ohanian: regulation that allows for exchange without consent.

377

01:18:37.950 --> 01:18:45.869

John Ohanian: and then, second, that we would add a requirement for the requesting participant to also declare the purpose for the request

378

01:18:46.020 --> 01:18:47.887

John Ohanian: in the roster.

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01:18:48.670 --> 01:19:00.619

John Ohanian: it is potentially an assumption that these requests would always be for treatment purposes. But that is not necessarily true.

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01:19:00.740 --> 01:19:18.479

John Ohanian: And so we want to make sure that the purpose for use is asserted in the roster that allows organizations to make a determination whether a response to that request is required because it's for a required purpose.

381

01:19:18.800 --> 01:19:25.379

John Ohanian: and to determine whether minimum necessary applies to the request, so both of these

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01:19:25.900 --> 01:19:31.640

John Ohanian: would be proposed as amendments to the Pnp. To make those requirements.

383

01:19:36.020 --> 01:19:38.170

John Ohanian: Yes, Felix, I see your hand up.

384

01:19:39.040 --> 01:19:46.191

Felix Su: Yeah, thanks. Rim. I guess this is a concern in the or potential concern in the form of a question. Upon

385

01:19:46.830 --> 01:19:53.520

Felix Su: reading these proposed amendments. 1st off the

386

01:19:54.350 --> 01:19:59.241

Felix Su: proposal to allow the sender or the

387

01:20:00.090 --> 01:20:08.629

Felix Su: You know, the the entity being requested for notifications to determine whether minimum necessary requirements apply. I think, in

388

01:20:09.310 --> 01:20:18.259

Felix Su: particle reality, there's hardly a consensus nor common ground understanding of how minimum necessary applies to

389

01:20:18.640 --> 01:20:25.100

Felix Su: these types of notifications. So I think, while I can understand where the

390

01:20:25.280 --> 01:20:29.549

Felix Su: support for this amendment comes from, I think, the

391

01:20:30.130 --> 01:20:32.680

Felix Su: practical effect would be to probably stymie

392

01:20:32.900 --> 01:20:37.390

Felix Su: the flow of notifications where they are necessary for

393

01:20:37.540 --> 01:20:48.090

Felix Su: transitional care from the requesters. So we would, you know, potentially take issue with that. And we also wanted to register our concern with

394

01:20:48.902 --> 01:20:54.900

Felix Su: the lack of a technical standard for the roster, even though there were a lot of

395

01:20:55.300 --> 01:21:02.209

Felix Su: recommendations, helpful suggestions from the technical Standards committee around how those could be established.

396

01:21:04.600 --> 01:21:07.180

John Ohanian: Thank you, Felix Troy. I see your hand up.

397

01:21:07.860 --> 01:21:25.490

Troy Kaji: Hi, there! I am also posted a comment in the chat. This is exactly the real issue that happened last year in the carry quality network where participants in that network. Some were

398

01:21:25.640 --> 01:21:34.920

Troy Kaji: having a difference of opinion on how to interpret the treatment. Use case some very broadly, some

399

01:21:35.160 --> 01:21:44.129

Troy Kaji: that is not treatment at all, and it resulted in several things. But one thing I want to call out to this body

400

01:21:44.450 --> 01:21:50.589

Troy Kaji: is at least carry quality, had a clear dispute, resolution, pnp. In place.

401

01:21:51.000 --> 01:22:00.094

Troy Kaji: which they followed to the letter, and then, which you know, actually did resolve that disagreement.

402

01:22:01.810 --> 01:22:10.788

Troy Kaji: I think this calls out that we at Dxf need a dispute resolution process among participants.

403

01:22:11.480 --> 01:22:20.839

Troy Kaji: But aside from that, it also is resulting in Tefca issuing a sop

404

01:22:21.592 --> 01:22:29.180

Troy Kaji: which really details a narrowing of the definition of treatment. Use case

405

01:22:29.951 --> 01:22:47.480

Troy Kaji: so that it they developed a consensus. Everything's consensus there consensus on. Well, what do we mean by treatment? And let's clarify this vague hipaa language so that it actually is agreed to by everyone in the

406

01:22:48.060 --> 01:22:50.230

Troy Kaji: in the network.

407

01:22:51.190 --> 01:23:03.879

Troy Kaji: So I just want to point that out. This is not theoretic. It's happened. And there's a whole history and policy development that has gone on this past year.

408

01:23:06.090 --> 01:23:18.429

John Ohanian: Thank you, Troy. We've certainly been monitoring what care quality has been doing there, and are aware the the sop that they put out, but thanks for for bringing that to light. Here.

409

01:23:19.450 --> 01:23:21.190

John Ohanian: John, I see your hand up.

410

01:23:22.200 --> 01:23:27.829

John Helvey: I just kind of want to tag on to that, because I think that you know, in the complexity of working with

411

01:23:28.130 --> 01:23:38.459

John Helvey: Ecm. Cs providers, and the the need for notifications at those levels, even for non hipaa covered entities.

412

01:23:38.650 --> 01:23:45.210

John Helvey: Minimum necessary still applies. But even within the roles of meeting this.

413

01:23:45.380 --> 01:23:53.590

John Helvey: where you could send off notifications and notify them as they have a need to know, and as there is consent, there are layers of

414

01:23:53.900 --> 01:23:57.189

John Helvey: that need to know that apply within their solutions

415

01:23:57.300 --> 01:24:03.090

John Helvey: from a role-based perspective that also need to be kind of defined and articulated out

416

01:24:03.470 --> 01:24:21.370

John Helvey: as well. So when someone accesses a 3rd party system that we have shared information with ensuring that the roles are established, that that individual that only needs to know if they were admitted into the Ed, or inpatient, like a meals on wheels. Provider

417

01:24:21.650 --> 01:24:33.609

John Helvey: that that's all they get. They they really don't have a need to know necessarily, for diagnosis or or anything else, procedures, or anything else that could be contained within the adt.

418

01:24:33.720 --> 01:24:37.319

John Helvey: So there it is, a complex, and I think that

419

01:24:38.790 --> 01:24:43.600

John Helvey: it's more complex than in the than what we have in the proposed adjustment.

420

01:24:46.650 --> 01:24:49.910

John Ohanian: Thank you, John Jason. I see your hand up.

421

01:24:53.690 --> 01:24:56.210

Jason Buckner: Yeah, hey, thanks. Rem.

422

01:24:57.346 --> 01:25:04.452

Jason Buckner: Just flag that we we strongly recommend against these changes that are listed here.

423

01:25:05.160 --> 01:25:09.520

Jason Buckner: you, I think what's being proposed is if a roster is set.

424

01:25:09.680 --> 01:25:14.020

Jason Buckner: you would indicate what the the purpose of uses for each patient.

425

01:25:14.470 --> 01:25:20.799

Jason Buckner: Theoretically, you have a row that says I need. I'm I want notifications for this patient for treatment.

426

01:25:20.970 --> 01:25:28.580

Jason Buckner: I want notifications for this patient. For operations. I want notifications for this patient for payment, which are all covered under the Dsa.

427

01:25:28.820 --> 01:25:35.911

Jason Buckner: That requires changes to accepting panels. And then the second part, which is

428

01:25:36.560 --> 01:25:43.839

Jason Buckner: which is the most concerning, I think folks are flagging here, I mean, you. You're allowing the request to determine what they want to do.

429

01:25:44.312 --> 01:26:01.730

Jason Buckner: So if you wanna inhibit exchange, that's exactly what this would do, you would get folks who would say, I don't think I should share to you for operations, because my internal privacy officer says, x and y, and so forth. And this this will

430

01:26:01.840 --> 01:26:03.810

Jason Buckner: slow down exchange.

431

01:26:04.320 --> 01:26:14.130

Jason Buckner: which I believe is clearly allowed under the dsa, it will slow it down very, very quickly for adt notifications. So that's that's my input.

432

01:26:15.600 --> 01:26:31.433

John Ohanian: Thanks, Jason. I wanna make sure that I understand. We're not suggesting that there be any changes to required purposes here, but only that organizations declare what purpose for which they are making a request? Do you still see that as

433

01:26:32.070 --> 01:26:34.320

John Ohanian: a barrier here.

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01:26:34.730 --> 01:26:54.619

Jason Buckner: I think I mean, if you look at your 3rd bullet on impact, it says the allows the notifying participants to determine whether the notification is required to me that says the hospital supplying Adt can can elect to not respond that that's how I interpret that. Maybe I interpreted that incorrectly.

435

01:26:54.620 --> 01:27:00.780

John Ohanian: Thank yes, and and thanks for I for answering my question there.

436

01:27:00.950 --> 01:27:20.230

John Ohanian: What was intended by that 3rd bullet is that if someone is asserting for a required purpose, which, if I remember correctly, required purposes, include treatment, healthcare operations, payment, and public health purposes. That

437

01:27:20.290 --> 01:27:49.940

John Ohanian: that would be those would be required. Purposes not required. Purposes are, for instance, for research or other things that are identified in the allowable but not required purposes. P. And P. So. I did not mean to suggest here that a hospital would be able to determine that they would not respond if an organization was making a request for a purpose that is required under Dxf.

438

01:27:50.290 --> 01:27:58.600

Jason Buckner: Got it that is super helpful, and we should just make sure that there any any language changes. Make that crystal crystal clear. Thanks for that.

439

01:27:58.600 --> 01:28:04.739

John Ohanian: Thank you very much for that, Jason Andrew is asking. They'll get a version of the Pnp. Before

440

01:28:05.090 --> 01:28:06.180

John Ohanian: all of these slides.

441

01:28:09.220 --> 01:28:10.360

John Ohanian: I I.

442

01:28:10.920 --> 01:28:19.979

John Ohanian: So there will. There will, of course, be a version of the Pnp. That will be released for public comment.

443

01:28:20.440 --> 01:28:31.980

John Ohanian: Whether the Pnp. Will come to this committee for more discussion. I'm not sure, but at least it will come out for public comment, that is, that's required by our processes.

444

01:28:33.560 --> 01:28:34.280

John Helvey: Okay.

445

01:28:34.280 --> 01:28:38.170

John Helvey: And just to clarify we're being different than Tefka, because Tefca

446

01:28:38.270 --> 01:28:42.020

John Helvey: and correct me if I'm wrong, Steven. But Tefca really only requires treatment.

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01:28:42.450 --> 01:28:47.359

John Helvey: The others are optional, all the other things are optional. Am I

448

01:28:47.560 --> 01:28:51.779

John Helvey: correct or incorrect? You, as a facility.

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01:28:52.400 --> 01:28:55.949

Steven Lane: Tefca participation today requires that you respond.

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01:28:56.090 --> 01:28:57.110

John Ohanian: Or.

451

01:28:57.220 --> 01:29:19.860

Steven Lane: Queries for Tefca required treatment, which is a narrowed definition and more explicit than the hipaa definition of treatment, as I suggested in the chat, and it also requires

response for individual access services, queries with some caveats related to local policy. So so both

452

01:29:19.970 --> 01:29:26.160

Steven Lane: treatment and Ias are required responses. Today you are right on that.

453

01:29:26.823 --> 01:29:33.520

John Helvey: But 3 payment and operations are not. And we yeah.

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01:29:33.700 --> 01:29:37.600

John Helvey: we're saying, under Dxf that Tpo under the Dxf

455

01:29:38.000 --> 01:29:40.249

John Helvey: is a mandatory response, is that correct?

456

01:29:41.360 --> 01:29:44.230

Steven Lane: That's right. I think Devin can add color here.

457

01:29:46.130 --> 01:29:59.319

Deven McGraw: Yeah, I I raised my hand. I've been putting some stuff in the chat. Tefka's narrowing of the definition of treatment. I think if we were to go in the same direct. Let me say Efca now has 2 categories of treatment.

458

01:29:59.980 --> 01:30:16.489

Deven McGraw: They have taken the hipaa broad definition of treatment, and said, there is a subset of that for which a response will be required. And then there's another subset of that. Everything else that might fit into the hipaa definition of treatment that now the response is optional.

459

01:30:17.130 --> 01:30:30.610

Deven McGraw: So that means that I think I mean, it's worth going back and checking this policy that Tefca came up with very carefully. I think the Social service organizations would not be in the required response category for treatment

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01:30:30.870 --> 01:30:31.920

Deven McGraw: unless

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01:30:32.050 --> 01:30:55.469

Deven McGraw: there there was a licensed professional associated with that. So we I think we need to be very careful about want to use the word over rotating came to mind in response to what happened at the national level, where people are connected into a single network, albeit by by various actors versus what we're trying to facilitate here, which is a set of policies

462

01:30:55.770 --> 01:31:00.880

Deven McGraw: and a very distinct goal around social service, sharing

463

01:31:01.160 --> 01:31:12.969

Deven McGraw: that if we were to step, you know, just sort of blindly, go not blindly, if if without further thought, we went right in the direction of Tefca as a trust building mechanism.

464

01:31:13.330 --> 01:31:21.390

Deven McGraw: I think it's going to have a big impact on social service, sharing which hipaa defines as allowed under treatment.

465

01:31:21.560 --> 01:31:28.699

Deven McGraw: But I don't think it's necessarily always going to fit in the required response. Rubric that has now been put forth under Tefca.

466

01:31:30.110 --> 01:31:36.359

John Ohanian: Thank you, Devin Troy, you have your hand up, and then we'll move on to the next topic.

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01:31:37.110 --> 01:31:41.300

Troy Kaji: Yeah, I think the thing to point out is the basic

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01:31:42.041 --> 01:31:49.850

Troy Kaji: architecture of the network. On the one hand, you want to promote adoption. That sounds like a hub

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01:31:50.609 --> 01:31:59.780

Troy Kaji: and then there's, you know, a need for a different set of controls. If it's a hub, F guys a hub carry quality as a hub.

470

01:32:00.319 --> 01:32:08.070

Troy Kaji: If it's point to point. Of course you have all kinds of control over who you share whatever you want with

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01:32:08.590 --> 01:32:15.700

Troy Kaji: And I think because dxf is trying to

472

01:32:16.110 --> 01:32:23.810

Troy Kaji: match both kind of situations, it's actually harder, I guess that's all I'll say. That's all I'll say.

473

01:32:24.780 --> 01:32:25.800

John Ohanian: Thank you, Troy.

474

01:32:27.480 --> 01:32:31.350

John Ohanian: Thank you very much for the robust discussion here.

475

01:32:32.820 --> 01:32:44.339

John Ohanian: As as with a number of the slides here, the implications for some of these changes go beyond this one pnp, and so I I welcome that discussion. Let's go on to the next slide, please.

476

01:32:46.423 --> 01:32:53.199

John Ohanian: So there was a a recommendation by the Standards Committee to add requirements for notifications.

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01:32:53.230 --> 01:33:22.150

John Ohanian: and in particular, the Standards Committee recommended that notifications contain 2 components, one machine readable notification using a technical standard and a human readable notification for organizations that cannot consume the technical standard the technical standard recommended was Hl. 7 v. 2 5.1 or later Adt messages.

478

01:33:22.250 --> 01:33:45.200

John Ohanian: Matt, I wanted to point out specifically the link that you added some time ago to the Isa. Calls out that standard for notifications. So the recommendation of the Standards Committee did align with that. And so what this would mean is that all notifications coming to a requester would be required to support

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01:33:45.270 --> 01:34:11.689

John Ohanian: and include, if if desired, a machine readable, Hl. 7 v. 2 5.1 adt. Message, and would also be required to support and send, if requested, a human readable notification, and that notification would be required to contain certain minimum information.

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01:34:11.790 --> 01:34:23.350

John Ohanian: Who the notification is about so information about the individual to which it applies. What the notification is in this case, whether it's an admission or a discharge.

481

01:34:23.540 --> 01:34:27.199

John Ohanian: the facility where that event took place.

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01:34:27.300 --> 01:34:31.480

John Ohanian: So the Ed Hospital, or skilled nursing facility

483

01:34:31.640 --> 01:34:51.190

John Ohanian: when the event happened, the time and date of the admission or the discharge, and why the event took place at a discharge that might require include a discharge. Diagnosis at an admission might include a chief complaint.

484

01:34:52.069 --> 01:35:13.660

John Ohanian: What the impact. Here is, it would establish minimum content standards that must be made available for in both human and machine readable formats, and would establish a specific technical standard for machine readable notifications. And that those would be identified within the pnp.

485

01:35:14.550 --> 01:35:22.890

John Ohanian: let me pause there for a minute and see if there are any questions or comments on this new requirement.

486

01:35:24.740 --> 01:35:26.090

John Ohanian: Yes, feelings.

487

01:35:27.830 --> 01:35:30.470

Felix Su: Yeah, rim. Can you clarify whether

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01:35:30.960 --> 01:35:35.239

Felix Su: the human readable notifications, as proposed, would

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01:35:35.810 --> 01:35:46.419

Felix Su: only applied directly to the original suppliers of the Adts, you know facilities like hospitals and skilled nursing facilities? Or would it also.

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01:35:47.000 --> 01:35:54.510

Felix Su: you know, be imposed on the intermediaries that they may choose to use to send the notifications.

491

01:35:54.900 --> 01:36:06.550

John Ohanian: So I I think that what we're proposing is that it would be imposed on the intermediaries if they are providing that service on behalf of the hospitals, Eds or sniffs as their customers.

492

01:36:07.095 --> 01:36:25.270

John Ohanian: We'll talk a little later in the next slide about whether there is a requirement on intermediaries to fill gaps in information, and we are not proposing that there be a requirement there, that the information that is communicated, for instance, to you as an intermediary

493

01:36:25.510 --> 01:36:33.720

John Ohanian: has to include all of that information from the hospital or Ed, so that you can construct a conforming notification from that.

494

01:36:35.100 --> 01:36:39.579

Felix Su: Okay, thank you. Then, in response to that, I do want to register that

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01:36:40.640 --> 01:36:50.350

Felix Su: our team through our participation on the technical Standards Committee did argue that instead the any

496

01:36:50.500 --> 01:37:02.590

Felix Su: request to have a machine, human readable transmission of the notification should fall upon the requester, the recipient, that is and that could be provided through their own technology

497

01:37:02.750 --> 01:37:06.719

Felix Su: or through. You know, the intermediary used by the requester versus the sender.

498

01:37:10.380 --> 01:37:10.930

John Ohanian: Hey?

499

01:37:10.930 --> 01:37:14.030

John Ohanian: Thank you, Felix Jason. I see your hand up.

500

01:37:14.970 --> 01:37:17.010

Jason Buckner: Yeah, I mean, obviously, second.

501

01:37:17.130 --> 01:37:24.460

Jason Buckner: Felix's opinion. But I what I was curious to hear is like, what problem are we trying to solve. I'm not aware of a

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01:37:24.560 --> 01:37:27.870

Jason Buckner: en masse problem of requiring

503

01:37:28.250 --> 01:37:34.530

Jason Buckner: human readable notifications. I I don't. I'm not just not aware that there's an issue here. Why why did this come up.

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01:37:35.820 --> 01:37:55.639

John Ohanian: It came up in the I believe it came up in the Standards Committee. Because there was a feeling among the members there that not all organizations that are requesting notifications are capable of consuming. Hl. 7, v. 2 messages.

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01:37:55.890 --> 01:38:05.019

John Ohanian: and therefore there needed to be some other mechanism to make those notifications for organizations that can't consume the machine. Readable notifications.

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01:38:05.370 --> 01:38:08.270

Jason Buckner: Interesting. Okay, thanks.

507

01:38:13.770 --> 01:38:16.370

John Ohanian: Are there any other questions or comments?

508

01:38:22.220 --> 01:38:24.370

John Ohanian: Let's go on to the next slide.

509

01:38:24.830 --> 01:38:45.440

John Ohanian: And this speaks a little bit to the Ca, question and comment that Felix had earlier. Is that just if I step back for a second there are events, things that happen at a hospital, Ed or a skilled nursing facility?

510

01:38:45.937 --> 01:39:05.639

John Ohanian: And then there are notifications that are received by a requester if an organization is using an intermediary, then there needs to be a communication of the event to that intermediary, so that the intermediary can match it to rosters and present notifications.

511

01:39:05.690 --> 01:39:23.080

John Ohanian: And so this change in the requirements for events is about that situation. The proposed adjustment there again was to require senders that would be hospitals Eds and Snfs.

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01:39:23.745 --> 01:39:34.460

John Ohanian: To support Hl. 7 v. 2, 5 dot 5 dot, 1 80 team messages and intermediaries support that as well.

513

01:39:34.912 --> 01:39:54.349

John Ohanian: So that would be a minimum requirement. That is not a requirement that those organizations can only use that standard. They can also choose to use other standards should should they both agree, but that they both must support. Hl. 7 messages.

514

01:39:55.024 --> 01:40:20.740

John Ohanian: And then, as I said before, specifically, that senders must include all of the content that is necessary for a notification, and that intermediaries are not required to fill gaps in in that information. So, for example, if a notification comes from an organization, and it has little information about the individual.

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01:40:20.800 --> 01:40:32.610

John Ohanian: The intermediary is not required to fill in gaps in the information about the individual that should be, and must be provided by the originating organization.

516

01:40:33.360 --> 01:40:48.419

John Ohanian: Again, this leverages HI. 7 standard as the minimum baseline, but does allow organizations to choose something else if they wish, and it does limit the responsibility of intermediaries to fill gaps in data.

517

01:40:48.610 --> 01:40:50.239

John Ohanian: Dan, I see your hand up.

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01:40:50.680 --> 01:41:00.290

Dan Chavez: Yes, thanks rem specifically as it relates to this workflow, I believe. Tell me if I'm wrong. Consent is a consideration

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01:41:00.510 --> 01:41:05.189

Dan Chavez: that the patient consent from the sender must be

520

01:41:05.800 --> 01:41:12.909

Dan Chavez: synchronized and transmitted with and through the intermediary is is that fair rim? Please.

521

01:41:16.800 --> 01:41:18.560

John Ohanian: So the specifics.

522

01:41:19.530 --> 01:41:25.850

Dan Chavez: Has to do with consent in the transmission from the sender through the intermediary.

523

01:41:31.990 --> 01:41:43.640

John Ohanian: I am. I'm pausing here because I'm not sure that I I understand your question, and I'm not sure that I can answer your question without looking into things a little bit more. But.

524

01:41:43.790 --> 01:41:44.240

Dan Chavez: That's fair.

525

01:41:44.240 --> 01:42:01.699

John Ohanian: You're you're bringing up something that's really important for us to consider in all of these amendments is, where does consent fit in? When is it required? And how do we align? All of these? This workflow with other requirements at dxf.

526

01:42:01.840 --> 01:42:03.470

Dan Chavez: Yes, please. Rem, thank you.

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01:42:06.170 --> 01:42:08.159

John Helvey: And just for clarification.

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01:42:08.650 --> 01:42:14.760

John Helvey: And what I think Dan was saying for me, for my understanding is that if

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01:42:15.470 --> 01:42:19.479

John Helvey: if the Adt is to come out from the source

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01:42:20.960 --> 01:42:28.310

John Helvey: that matches their consent within their Emr, so that if the patient has opted out in the Emr, the adt

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01:42:28.470 --> 01:42:33.680

John Helvey: is not forwarded as well as if it comes into.

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01:42:33.970 --> 01:42:35.860

John Helvey: For example, Sac Valley.

533

01:42:36.200 --> 01:42:40.740

John Helvey: The patient has opted out from data sharing in Sac Valley.

534

01:42:40.970 --> 01:42:44.409

John Helvey: I have to honor that consent and not forward that adt.

535

01:42:46.470 --> 01:42:47.269

John Ohanian: Thanks for that.

536

01:42:47.270 --> 01:42:49.920

John Helvey: Regardless of the intermediary.

537

01:42:50.090 --> 01:42:52.969

John Helvey: And so intermediaries need to have a way

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01:42:53.210 --> 01:42:59.090

John Helvey: to give participants the ability to opt out or opt in.

539

01:42:59.350 --> 01:43:01.340

John Helvey: opt back in if they opted out.

540

01:43:05.880 --> 01:43:08.579

John Ohanian: Thank you for that clarification, John. That's helpful.

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01:43:12.520 --> 01:43:15.619

John Ohanian: Are there any other comments or questions about this?

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01:43:18.040 --> 01:43:47.830

John Ohanian: If you want to call attention to Felix's comment on recommended minimum data elements. Yes, I did not bring that to today's meeting. But the Standards Committee did make

specific recommendations about minimum data elements that should be included in an Adt. Message, and that might be included in the Pmp. As well. Thanks, Felix, for dropping that into the chat.

543

01:43:51.850 --> 01:44:01.510

John Ohanian: Maybe we should make a note to add, that is, an appendix to the slide deck when we post it on the website that's available for everyone.

544

01:44:04.560 --> 01:44:05.910

John Ohanian: Thank you, Felix.

545

01:44:07.220 --> 01:44:09.069

John Ohanian: Let's go on to the next slide.

546

01:44:09.200 --> 01:44:13.480

John Ohanian: I think we have 2 more topics here to try to touch on.

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01:44:14.814 --> 01:44:26.709

John Ohanian: there were not not recommendations that came out of task or of the Standards Committee, but recommendations that came out of the public comment associated with the roadmap

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01:44:26.790 --> 01:44:56.569

John Ohanian: to require skilled nursing facilities to send notifications of admissions and discharges. As you will recall, the current pnp makes it optional for skilled nursing facilities. They are encouraged to send notifications of admissions and discharges, but can choose not to do

so. And there were several comments in public comment on the roadmap that it was time to make this requirements for skilled nursing facilities.

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01:44:57.239 --> 01:45:19.749

John Ohanian: So that's at least something that I'm really interested in. Feedback from this group here today is whether you would recommend that we move forward to required missions and discharges from skilled nursing facilities. Jason, I thank you for your comment in chat that you would strongly support that.

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01:45:21.070 --> 01:45:22.739

John Ohanian: Are there any other thoughts?

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01:45:23.500 --> 01:45:26.910

John Ohanian: John said, yes, John said, Yes, too.

552

01:45:29.280 --> 01:45:30.190

John Ohanian: Troy.

553

01:45:31.231 --> 01:45:47.688

Troy Kaji: I'm aware of one solution for this that the Snps actually have in place, but it's a proprietary solution and it would cost extra on our for our enterprise. So we decided not to do it. But

554

01:45:48.220 --> 01:45:51.630

Troy Kaji: I'm just gonna say there might be dollar signs needed.

555

01:45:52.680 --> 01:45:58.580

John Ohanian: Thank you, Troy, Dan. I see your hand up.

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01:45:58.580 --> 01:46:05.220

Dan Chavez: Yes, thanks, Rem. It's tangential to this. But I would request that we

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01:46:05.800 --> 01:46:10.300

Dan Chavez: examine sniff participation in the data exchange framework.

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01:46:10.600 --> 01:46:19.879

Dan Chavez: I fully recognize that we allow and encourage utilization of the national networks in support of the data exchange framework.

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01:46:22.720 --> 01:46:27.550

Dan Chavez: Speaking as one qh, I/O, it is incredibly difficult

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01:46:27.850 --> 01:46:34.379

Dan Chavez: to get a medical record through the national exchanges from sniffs. I can't speak to others. Experience.

561

01:46:34.974 --> 01:46:41.000

Dan Chavez: I see a couple of heads nodding from the heads. I can see. But it's incredibly difficult

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01:46:41.270 --> 01:46:46.275

Dan Chavez: to get a specific, requested medical record

563

01:46:47.290 --> 01:46:56.819

Dan Chavez: from sniff organizations in support of the data exchange framework. I see a question in chat. Why is that? There seems to be an incredibly

564

01:46:58.170 --> 01:47:05.070

Dan Chavez: skewed hit rate, as it relates to patient identity from sniffs.

565

01:47:09.170 --> 01:47:11.260

John Ohanian: Thank you, Dan, appreciate that comment.

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01:47:15.160 --> 01:47:18.450

John Ohanian: Are there any other thoughts on this?

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01:47:23.030 --> 01:47:26.000

John Ohanian: If not, let's go on to the next slide, please.

568

01:47:28.900 --> 01:47:39.460

John Ohanian: One of the things that has come up in discussions about rosters has been the current language that's in person matching.

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01:47:39.550 --> 01:47:57.319

John Ohanian: and the current Pnp prohibits the use of gender for purposes of person matching unless required by an underlying technical specification. It's been pointed out that this does not properly this language does not properly align with the strategy for digital identities

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01:47:57.320 --> 01:48:14.650

John Ohanian: which called out prohibition of use of sex, sex determined at birth, gender or gender identity, and the language in the Pnp. Did not align with that strategy. So one of the other things that we would like to consider

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01:48:14.650 --> 01:48:42.670

John Ohanian: at this time is amending the technical requirements for exchange to adjust the language on person matching to make it clear that sex sex determined at birth, gender and gender identity were not to be used for person matching purposes. Now this does not mean that they cannot be exchanged, but it does mean that they are not to be used for person matching.

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01:48:44.840 --> 01:48:48.949

John Ohanian: Let me pause there and see if there are questions or comments on that.

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01:49:03.530 --> 01:49:07.070

John Ohanian: seeing none, we can go on to the next slide.

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01:49:07.900 --> 01:49:16.700

John Ohanian: This is just a wrap up of where we are. So we have. We have been talking about the concepts with folks here today.

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01:49:16.750 --> 01:49:39.829

John Ohanian: Our intent to move things forward would be to use input from today's discussion, from the Standards Committee, from the task and from our prior discussions to draft an amendment to the technical requirements for exchange, our target would be to release a draft for public comment. In April.

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01:49:40.070 --> 01:49:48.950

John Ohanian: Our current policies and procedures around amendments to Pnps requires a comment period of at least 45 days.

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01:49:49.260 --> 01:49:53.060

John Ohanian: and then we would target to complete

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01:49:53.230 --> 01:50:13.919

John Ohanian: and finalize the amendment, considering the public comments by the end of June, so that it can be published early in July. The advantage there is, as you will recall, our Pmps require at least 180 days before new requirements go into effect.

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01:50:14.040 --> 01:50:30.680

John Ohanian: If we can publish by the end of June. That would mean that technical standards associated with admissions and discharges could become effective at the same time as the us. Cdi changes in early January.

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01:50:31.218 --> 01:50:40.609

John Ohanian: As part of the amendment, however, it will call out when the effective dates are so that will be still subject to public.

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01:50:41.650 --> 01:50:45.109

John Ohanian: So you should be looking forward to those next steps.

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01:50:45.830 --> 01:50:55.749

John Ohanian: In particular, look for in by April to see a draft come out for public comment.

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01:50:58.400 --> 01:51:00.929

John Ohanian: I think that's it for this section.

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01:51:01.620 --> 01:51:08.409

John Ohanian: John. Okay, turn it back over to you. Yeah, we're gonna turn to Cindy to cover impact measurements. Cindy.

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01:51:08.790 --> 01:51:29.520

Cindy Bero: Thank you, John. Yes. As we talked about earlier, we we started the impact measurement effort in 2024, and we are you know, producing some data every quarter, and we'll use these meetings as an opportunity to share that data with you. So why don't we dive in and just to remind ourselves of the

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01:51:29.780 --> 01:51:58.469

Cindy Bero: the framework that we established for impact measurement. Our goal is to see if the the vision of the data exchange framework is being met. We also want to use this data to communicate to you and others about the data exchange framework to identify things that are working well, identify areas where we could use some improvement and also identify opportunities to expand and extend the data exchange framework. This is the purpose and the reason for impact measurement

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01:51:58.540 --> 01:52:18.340

Cindy Bero: being here today. The 1st slide is just shows us who is participating. These are the organizations that are part of the data exchange framework as of December 31st stratified by the the type of organization they identified at the time that they signed their Dsa

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01:52:18.738 --> 01:52:39.539

Cindy Bero: so we've got a little little under 4,400 participants representing a lot of different organization types. The dominant, you know, Group. Here is the ambulatory care which kind of makes sense is they're probably the largest share of organizations in the State, and they represent about 43% of all the participants.

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01:52:40.680 --> 01:52:50.189

Cindy Bero: I will go through each one of these slides just to sort of give you some of the highlights, but encourage you to ask questions or make observations along the way, if you like.

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01:52:51.610 --> 01:53:18.760

Cindy Bero: The next slide takes that participant data and and plots it quarter by quarter. And so you'll see that we saw since since June. We've seen a big growth, particularly in the ambulatory care settings, leveling off a little bit between quarters 3 and quarters, 4 and in some cases a couple of categories lost a few folks because we did have organizations that ceased operations during that last quarter.

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01:53:19.270 --> 01:53:34.739

Cindy Bero: But overall the the probably the most notable. Here thing here is the the jump in ambulatory care settings from end of September. I'm sorry end of June to to today. So nice growth in those that category.

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01:53:37.481 --> 01:54:00.680

Cindy Bero: We have been encouraging organizations to go into the Participant Directory and provide information about how they're exchanging data. You know whether it's query or information, delivery or event notification. That has improved steadily over the last 3 quarters. And so at this point, right now, 56% of those organizations have

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01:54:00.680 --> 01:54:13.409

Cindy Bero: still made their selections so that others can find out how to connect with them. The work continues to outreach, to organizations, to get them to complete these entries. But but nice progress is being made

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01:54:14.680 --> 01:54:33.280

Cindy Bero: when you look at their entries, this is the next slide and see what they're selecting. This goes to underscore the importance of the Qhio program. Roughly, 2 thirds of the organizations who have made selections have identified a qhio as their means of

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01:54:33.600 --> 01:54:47.670

Cindy Bero: querying, pushing information, or subscribing for event notifications. So this is a a re reinforces the importance of the Qhios and and the service that they're providing to the data exchange framework.

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01:54:49.910 --> 01:55:10.649

Cindy Bero: On the next slide. We we shift gears a little bit and and take a look at the Grants program. As was noted earlier, we have 785 grantees busily working towards their milestones. 2 thirds or 60% or so are those are technical assistance awards and about 38% are

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01:55:10.710 --> 01:55:35.370

Cindy Bero: Qhio onboarding grants. So that gives you a sense of these grants that we're tracking. As the program proceeds on the next slide, you will see the progress that has sorry the

distribution of those grants by organization type. So, again, reflecting the overall distribution of organizations in the Dxf, the Grant program does

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01:55:35.370 --> 01:55:44.939

Cindy Bero: same a lot in ambulatory care, a lot in in other, which I think is somewhat of a reflection of organizations that did not were not.

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01:55:44.940 --> 01:56:00.109

Cindy Bero: you know, high tech recipients, and and are, you know, need a little extra help to get ready for data exchange. And there is a a you know pretty good balance of ta grants and onboarding. Qh, onboarding grants in each group.

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01:56:01.000 --> 01:56:27.750

Cindy Bero: When you look at how grant progress is going, you'll see here that we have 13% have completed 2 of their milestones. 63% of the recipients have achieved at least their 1st milestone, and the 24% are still working towards that 1st milestone, so great progress in terms of of moving towards the Grant objectives and outcomes that they

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01:56:27.930 --> 01:56:29.480

Cindy Bero: that they identified

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01:56:31.360 --> 01:56:55.320

Cindy Bero: when you take that and break it down again by organization type. And remember, this is the type of organization they identified at the time they signed their Dsa. You'll see, there's progress being made across all of the categories. Perhaps it's the subacute care facilities that have made the greatest progress where almost a 3rd of those organizations have done both of their milestones. So they're

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01:56:55.320 --> 01:57:01.849

Cindy Bero: they're moving forward and moving forward. Well, by, you know, as time goes on, we should see these

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01:57:01.850 --> 01:57:10.779

Cindy Bero: these bars become fully navy blue, indicating that they've hit their 1st milestone and hit their second. And at that point

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01:57:10.840 --> 01:57:18.030

Cindy Bero: we're done. So. So this is this is nice progress being made in in many of these organizations

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01:57:20.770 --> 01:57:33.610

Cindy Bero: and then switching from the Grants program to the Qhio program, you'll recall, we identified 9 qualified health information organizations. Back in september of 20

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01:57:33.610 --> 01:57:52.060

Cindy Bero: 23, they have been working diligently to build out their services and, you know, help organizations connect to the data exchange framework. And as you saw, 2 thirds of those participants have selected a Qhio for these activities.

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01:57:52.060 --> 01:57:59.410

Cindy Bero: the Qhls have started to report some data to Cdi. So we can better understand the work that they're doing.

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01:57:59.410 --> 01:58:22.940

Cindy Bero: And it's fascinating when they report the number of individuals that they're managing data for and granted, there is some duplication across the Qhios in neighboring regions, but more than 60 million individual identities are represented across those 9 organizations. So it's a pretty impressive technical undertaking.

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01:58:23.256 --> 01:58:28.750

Cindy Bero: That they that they have that they have done on the next slide.

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01:58:29.260 --> 01:58:33.300

Cindy Bero: We identify some of the highlights, and it looks like

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01:58:33.670 --> 01:58:40.400

Cindy Bero: the computer is not Comp, you know, being very nice to you in terms of advancing slides. But maybe it'll get there.

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01:58:42.347 --> 01:58:58.579

Cindy Bero: The the next slide. What we do is start to identify some of the volume of transaction activity. And while the the there we go and so what we see is that the Qhios, you know, have.

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01:58:58.580 --> 01:59:16.309

Cindy Bero: during quarter 3 initiated 9.8 million requests for information and completed 2.3 million information delivery transactions. These are. These are big, staggering numbers and again reinforces the importance of these programs.

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01:59:16.430 --> 01:59:44.129

Cindy Bero: There isn't, you know, we are focused a lot on the Ihe data exchange standards, but we have encouraged people to use fire. Where possible. It still is a small percentage of the total transaction volume being supported by the qhios. But it's probably a number for us to watch, because I think organizations are increasingly looking to use fire to support data exchange

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01:59:45.770 --> 01:59:46.595

Cindy Bero: the

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01:59:48.112 --> 02:00:16.139

Cindy Bero: we had a fair number of organizations subscribe for event notifications. I think they find value in the opportunity to support. You know the transitions of care. So we 544 participants subscribe and ask to be notified. And they received across those organizations. They've submitted 44 million individual names of people who they would like to be notified. When an event occurs.

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02:00:16.170 --> 02:00:35.740

Cindy Bero: the Qhios received a hundred 8 million events during that quarter, and 40% of those were shared out as a notification to a participant who asked to be to be informed if something happened. So a lot of a lot of great work going on. A lot of

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02:00:35.840 --> 02:00:38.698

Cindy Bero: if you know evolution and

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02:00:39.590 --> 02:00:51.600

Cindy Bero: substantial progress by grants and Qhio programs to support all of this. So just wanted to give you a snapshot of where we are, and hopefully you will look forward to seeing more data in the future.

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02:00:52.830 --> 02:00:56.270

Cindy Bero: And at this point I think I turn it back to John and Akira.

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02:00:56.650 --> 02:01:00.431

John Ohanian: Thank you so much. Thank you, Sandeep. Really appreciate it.

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02:01:01.210 --> 02:01:11.609

John Ohanian: we are now at a point for public comment. We've heard from our committee members. We want to give a chance to the public. So Kiri want to handle public comment. Please.

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02:01:13.700 --> 02:01:14.690

Akira Vang: Thank you, John.

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02:01:14.820 --> 02:01:21.760

Akira Vang: Members of the public must raise their hand and zoom facilitators will unmute each member of the public to share comments.

626

02:01:21.920 --> 02:01:34.629

Akira Vang: If you logged on via zoom, press, raise hand at the bottom of the screen. If selected to share your comment, you will receive a request to unmute and please ensure you accept before speaking.

627

02:01:34.850 --> 02:01:47.210

Akira Vang: If you dialed in by phone, only press 9 to raise your hand and listen to your phone number to be called. If you selected to share your comment, please ensure you are unmuted on your phone by pressing 6

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02:01:47.490 --> 02:01:57.159

Akira Vang: people will be called in the order in which their hands were raised, and you will be given 2 min. Please state your name and your organizational affiliation. When you begin.

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02:02:00.180 --> 02:02:05.599

John Ohanian: Just wanna say there are no members of the public here in person, so we can turn to the zoom.

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02:02:09.310 --> 02:02:12.390

Akira Vang: There are no hands raised at this time. John.

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02:02:17.470 --> 02:02:29.939

John Ohanian: Okay. Well, congratulations to our advisory committee for asking all the questions that the public wanted to ask, and now have answered so great job. We are going to go into next steps then.

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02:02:35.330 --> 02:02:49.600

John Ohanian: and we'll let that catch up, and I will just walk through the next steps, so we, as usual, are taking all of your input into consideration as we finalize the roadmap and the amendment to the data elements to be exchanged. Pmp.

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02:02:49.760 --> 02:03:09.309

John Ohanian: considering feedback in our impact measurement approach and metrics moving forward in my own mind, obviously watching this impact measurement is, how does that compare to other states? You know, I mean. Other States have had statewide exchanges. I don't know if there's a way to take a look at that.

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02:03:09.500 --> 02:03:19.789

John Ohanian: The data and the experiences we're having in the State, and compare to our peers and counterparts in other States, and see what other metrics pop up as well.

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02:03:19.880 --> 02:03:42.196

John Ohanian: The other is, you know, more of a longer term. Thinking that we want to explore also at our summit is what is all this data exchange cost? And are there ways that as we talk about standing up utilities when we talk about you know, enabling social Service Exchange. What is the current cost? And how do we drive down that cost to make data exchange more

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02:03:43.073 --> 02:04:03.449

John Ohanian: edit flourishing throughout California, I guess, is how I would say it. And then also, finally, continuing to hit the ground throughout California with our partners, both with Caleen path collaboratives, but other meetings and sessions, so that we can hear straight from communities that are that are knee deep in this data exchange.

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02:04:04.570 --> 02:04:32.840

John Ohanian: So with that, you can see our input there. If you are interested in participating in any or all task focus groups. Please apply by February 21, st we appreciate you forwarding the application to appropriate colleagues, and, as always, please stay in touch and send Cdi any feedback on topics covered during today's meeting or other things that be on your mind.

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02:04:32.970 --> 02:04:46.849

John Ohanian: And next slide, please. You can always find lots of information out here on our webpage in the next coming weeks. You're going to see a video data exchange framework video that's going to help

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02:04:46.860 --> 02:05:08.239

John Ohanian: folks communicate in a few minutes. We're really excited about it to share what the data exchange framework is as a great lead in. So, thanks to all of you, thanks to our team, thanks to the team at Manette as well, and others that have made this meeting possible. With that I will leave you with a few minutes

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02:05:08.643 --> 02:05:14.830

John Ohanian: back on your calendar and look forward to seeing many of you at our March 20th summit.

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02:05:15.320 --> 02:05:16.910

John Ohanian: Thank you, and have a great day.