Data Exchange Framework (DxF)

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

February 13, 2025

9:00AM – 11:30AM

CalHHS

CENTER FOR DATA INSIGHTS AND INNOVATION

1

Meeting Participation Options
Onsite

- Members who are onsite are encouraged to log in using their panelist link on Zoom.

  o Members are asked to **keep their laptops' video, microphone, and audio off** for the duration of the meeting.

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

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

- Please email Akira Vang (akira.vang@chhs.ca.gov) with any technical or logistical questions about onsite meeting participation.

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Meeting Participation Options
Written Comments

- Participants may submit comments and questions through the **Zoom Q&A box;** all comments will be recorded and reviewed by CDII staff.

- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to DxF@chhs.ca.gov.

  - Questions that require follow-up should be sent to DxF@chhs.ca.gov.

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Meeting Participation Options
Spoken Comments

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

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

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Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.

- Public comment will be limited to the total amount of time allocated for public comment on particular issues.

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

- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.

- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to DxF@chhs.ca.gov.

DATA EXCHANGE FRAMEWORK

Agenda

9:00 AM
Welcome and DxF Vision

9:05 AM
DxF Implementation Updates

9:25 AM
DxF Roadmap Updates

10:20 AM
Amendment to Data Elements to Be Exchanged P&P

10:30 AM
Technical Standards for Event Notifications

11:00 AM
Impact Measurement Q4 2024

11:15 AM
Public Comment

11:20 AM
Next Steps and Closing Remarks

DATA EXCHANGE FRAMEWORK

Welcome and DxF Vision

Speaker Introductions

John Ohanian

CDO, CalHHS
Director, CDII

Corrin Buchanan

Undersecretary,
CalHHS

Jacob Parkinson

QHIO Program
Manager, CDII

Jonah Frohlich

Senior Managing Director,
Manatt Health Strategies

Rim Cothren

Independent HIE
Consultant, CDII

Cindy Bero

Senior Advisor, Manatt
Health Strategies

DATA EXCHANGE
FRAMEWORK

The Vision for Data Exchange in California

Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care.
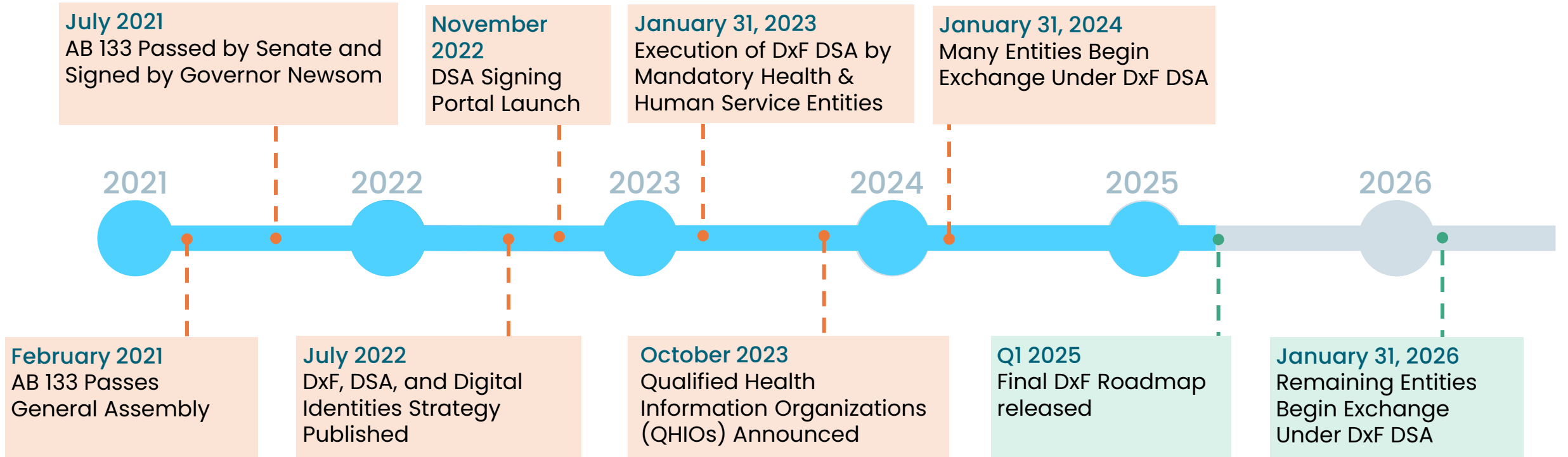
The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.

DxF Implementation Updates

DxF Implementation Timeline
Past + Upcoming Milestones

July 2021
AB 133 Passed by Senate and Signed by Governor Newsom

November 2022
DSA Signing Portal Launch

January 31, 2023
Execution of DxF DSA by Mandatory Health & Human Service Entities

January 31, 2024
Many Entities Begin Exchange Under DxF DSA

2021 · 2022 · 2023 · 2024 · 2025 · 2026

February 2021
AB 133 Passes General Assembly

July 2022
DxF, DSA, and Digital Identities Strategy Published

October 2023
Qualified Health Information Organizations (QHIOs) Announced

Q1 2025
Final DxF Roadmap released

January 31, 2026
Remaining Entities Begin Exchange Under DxF DSA

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DxF Implementation Updates

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

Advisory Committees
- 2024 Standards Committee completed its meetings and submitted its recommendations to CDII for technical standards advancement (to be discussed today).
- CDII released an application to participate in 2025 TASC focus groups on consent management, identity management, social services information exchange, and event notification.

DSA P&P Development
- Finalized the amendment to Data Elements to Be Exchanged P&P to advance the version of USCDI required for exchange by all Participants (to be reviewed today).
- Considering an amendment to Technical Requirements for Exchange P&P (to be discussed today).

DxF Grants
- DSA Signatory Grantees continue to work toward their Milestone achievements.
- As of December 31, 2024, 13% of the 785 grantees had achieved both Milestone 1 and Milestone 2.

QHIO
- QHIOs continue to make significant progress establishing data exchange between one another.
- CDII will conduct a compliance review in late March to confirm QHIOs are meeting fundamental program requirements.

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Call for 2025 TASC Applications

CDII is now accepting applications to serve on the 2025 Technical Advisory Subcommittee (TASC).

- In 2025, CDII will transition the Technical Advisory Subcommittee (TASC) into discrete focus groups that will advise CDII on targeted DxF technical topics that would benefit from specialized expertise.

- CDII intends to select volunteers to serve on the focus groups through responses to an online application. These subject matter experts may apply to serve on one or more of the focus groups.

- For 2025, TASC Focus Groups will include:

    Social Services Architecture: Developing recommendations for a common approach to sharing social services information through the DxF

    Consent Management: Ensuring authorized health and social services information sharing on the DxF while protecting individual privacy and respecting individual wishes

    Event Notification Architecture: Developing recommendations for a common approach to advancing event notification through the DxF

    Identity Management: Advancing information sharing on the DxF through common processes, standards, and/or technologies in identity assurance, identity management, and person matching

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CDII will solicit subject matter expert (SME) volunteers to serve on each focus group. Individuals may apply to serve on one or more focus groups by submitting an application by February 21, 2025.

13

GLENBROOK
HEALTH CENTER

Sadie Harness

Administrator

Ali Modaressi

Chief Executive Officer

DATA EXCHANGE
FRAMEWORK

WIC Closed-Loop Referral

Goal

Enhance coordination between WIC agencies and healthcare providers to improve access to WIC services.

- Implement pilots in two Los Angeles locations—Northeast Valley Health Corporation (NEVHC) and Watts Healthcare— to test and refine this collaboration

- Simplify the WIC referral and enrollment process for both participants and providers.

- Establish a sustainable model for healthcare-WIC collaboration using Health Information Exchange (HIE) technology.

Stakeholders Profile

LANES

Northeast Valley Clinic

- 19 Locations
- 181 Providers
- 83,000 Patients/yr

Watts Clinic

- 6 Locations
- 50 Providers
- 20,000 Patients/yr

Northeast Valley WIC

- 9 Centers
- 40,210 participants
- San Fernando & Santa Clarita Valleys

Watts WIC

- 5 Centers
- 11,270 participants
- South LA, Compton, Huntington Park

LANES

WIC Eligible Population:

Women

Pregnant, postpartum, and breastfeeding women

Infants

Children up to their first birthday

Children

Children from 1 year up to fifth birthday

Referral Delivery Method:

- Via Roster from referral originator based on standing orders

- Derived by receipt of a well child visit encounter, any pre-natal visit, a failure to thrive diagnosis of any child 0-18 months

Referral Workflow

LANES

FQHC

- IT staff generates a roster of patients seen at prenatal & well child visits

- Send roster to LANES weekly

LANES

- Matches patients and validate and add visit encounters

- Creates a worklist for WIC staff

- Populates "WIC View" with health data necessary for enrollment, assessment, and certification

WIC Agency

- WIC Staff access LANES Portal daily and use the worklist, to contact the family

- Update status codes and number of contact attempts, etc.

- For the new and reenrolling participants, staff retrieve health data needed for certification in the "WIC view"

Referral System - Worklist

LANES

Welcome, NEVHC test
View Participants Sharing Data

WIC

WIC Patient Search
Start Typing to search. Grid will load all roster patients.

New: 759 | In Process: 393 | In Process - New to WIC – invite sent: 566 | In Process - Previous – message sent: 525 | Pending Enrollment: 4

Already on NEVHC WIC: 4401 | Already on WIC elsewhere: 455 | Enrolled: 196 | Not eligible – income: 14 | Not eligible – moved: 5 | Not eligible - other: 389

Declined: 36 | Unable to Reach: 478 | Other: 0

First Name	Last Name	Date Of Birth	× New

View Patient	First Name	Middle Name	Last Name	Birth Date	Age	Gender	Address	Latest Status
Patient Synopsis	Demo First Name	CARLOS	Demo Last Name	Demo DOB	Demo DOB	M	815 S KALISHER ST SAN FERNANDO CA 91340	New
Patient Synopsis	Demo First Name		Demo Last Name	Demo DOB	Demo DOB	M	27042 LANGSIDE AVE CANYON COUNTRY CA 91351	New
Patient Synopsis	Demo First Name	MAGALY	Demo Last Name	Demo DOB	Demo DOB	F	15201 VICTORY BLVD APT 13 VAN NUYS CA 91411	New
Patient Synopsis	Demo First Name	TERESA	Demo Last Name	Demo DOB	Demo DOB	F	18540 SOLEDAD CYN RD SPC 65 CANYON COUNTRY CA 91351	New
Patient Synopsis	Demo First Name	JUAN	Demo Last Name	Demo DOB	Demo DOB	M	13350 CORNELIUS ST PACOIMA CA 91331	New
Patient Synopsis	Demo First Name	GRACE	Demo Last Name	Demo DOB	Demo DOB	F	6337 MIDDLETON ST. APT.302 HUNTINGTON PARK CA 90255	New
Patient Synopsis	Demo First Name	JULIETTE	Demo Last Name	Demo DOB	Demo DOB	F	13101 1/2 CARL ST 1/2 PACOIMA CA 91331	New
Patient Synopsis	Demo First Name	ERZA	Demo Last Name	Demo DOB	Demo DOB	M	9044 LEDGE AVE SUN VALLEY CA 91352	New

Referral System - WIC Clinical View

Demographics

Demo Name (D) 🔵
08/21/2023 (1 yrs.)
(818) 983-7103 🕐
Demo Address City
CA 91324 🕐

Patient Languages

Current Status: In Process – New to WIC – invite sent
Date: **06/13/2024 12:32 PM**
User:**christinegoulet@nevhc.org**

Update Status ▾

Notes

[Save]

Status History

Date	Status	User	Organization
06/13/2024 12:32 PM	In Process - New to WIC – invite sent	christinegoulet@nevhc.org	Northeast Valley Health Corporation
04/24/2024 03:38 PM	In Process	joyahrens@nevhc.org	Northeast Valley Health Corporation

2 total

Conditions

Condition	Source
No data to display	

0 total

Observations

Date	Observation	Observation Value	Source
08/23/2024	Birth length | BODY HEIGHT^LYING	29.25 [in_i]	Northeast Valley Health Corporation
05/24/2024	Birth length | BODY HEIGHT^LYING	28 [in_i]	Northeast Valley Health Corporation
09/21/2023	Birth length | BODY HEIGHT^LYING	21.5 [in_i]	Northeast Valley Health Corporation
08/30/2023	Birth length | BODY HEIGHT^LYING	20.25 [in_i]	Northeast Valley Health Corporation
08/21/2023	Height (most recent) | Body height	19.5 [in_i]	Northeast Valley Health Corporation

5 total

LANES

Initial Observations:

- Three months look back

- Replaced manual referral at the clinics with standing order.

- Reduced burden on the providers to send health information to WIC.

- Reduce the lag time between provider visits and WIC outreach.

- Health information helps nutritionist make informed decision and recommendation.

- **Participant Feedback:** Families appreciated the proactive contact initiated by their healthcare providers.

NEVHC:

- 6,471 referrals made through LANES.

- 30% were eligible but not enrolled.

- Streamlined access to clinical data reduced participant burden, especially in remote scenarios.

Watts Healthcare:

- 3,100 referrals made.

- The use of LANES helped re-engage children aged 1-5 who had missed appointments

- Improved early prenatal outreach.

Thank you!

lanesla.org

DxF Roadmap Updates

Overview and Priority Areas

CDII is developing a three-year DxF Roadmap to detail DxF implementation priorities, incorporating feedback from a broad range of stakeholders, including the DxF Implementation Advisory Committee (IAC), CalHHS state departments, other subject matter experts, and members of the public.

Roadmap Purpose

The DxF Roadmap identifies implementation priorities, milestones, and actionable steps that the state and stakeholders can take through 2027 to drive meaningful improvements in data exchange.

Developed with significant input from a broad range of stakeholders, it builds from CalHHS program priorities and aligns with state and national frameworks, including CalAIM and the Trusted Exchange Framework and Common Agreement (TEFCA).

Roadmap Structure

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

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

The Roadmap also details several cross-Pillar considerations that span across multiple Pillars.

Identified Priority Areas

1. Event Notifications
2. Social Service Data Sharing
3. Consent Management
4. Public Health
5. Impact Measurement
6. Participant Engagement

Cross-Cutting Roadmap Themes

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

QHIOs	Privacy	Identity Management	Behavioral Health
The widespread use of QHIOs by DxF Participants makes them important partners in improving data exchange. QHIOs will play a role in coordinating event-based exchange, implementing a consent management strategy, and demonstrating the impact of the DxF.	The laws and regulations governing privacy are complex. The Roadmap includes recommendations to develop policies, guidance, and educational materials to help stakeholders navigate privacy laws.	Identity management encompasses identity assurance, access management, and person matching. The Roadmap includes recommendations to update the Strategy for Digital Identities, revise or develop new P&Ps, and engage stakeholders to identify and detail identity management capabilities and technical standards.	California is investing in major behavioral health initiatives, including Behavioral Health Transformation. The Roadmap includes recommendations to improve data exchange within the behavioral health system by developing guidance, use cases, and technical assistance supports.

DATA EXCHANGE FRAMEWORK

Public Comments Received

CDII released the draft DxF Roadmap on November 7, 2024 and solicited public comment through December 9, 2024. In total, CDII received **583 individual comments** from **29 different organizations**.

Purpose of this Section

Share with Committee Members changes made to the Roadmap in response to Public Comments received.

DATA EXCHANGE FRAMEWORK

Speaker Introductions

1	**Event Notifications**	**Rim Cothren** Independent HIE Consultant, CDII
2	**Social Services Data**	**Sophia Chang** Independent Consultant, CDII
3	**Consent Management**	**Jonah Frohlich** Senior Managing Director, Manatt Health
4	**Public Health Data**	**Sophia Chang** Independent Consultant, CDII
5	**Impact Measurement**	**Cindy Bero** Senior Advisor, Manatt Health
6	**Participant Engagement**	**Nick Picinich** Deputy Director, CDII

DATA EXCHANGE FRAMEWORK

Cross-Cutting Roadmap Themes

Changes made in response to Public Comments

Feedback Incorporated Into Revised DxF Roadmap

1. Reinforced equity as an overarching priority in the Roadmap's development and implementation.

2. Highlighted alignment with the DxF's and CalHHS' Guiding Principles and federal and state initiatives and frameworks such as CalAIM and TEFCA.

3. Split the prior "Consent and Identity Management" Pillar into a Pillar focused just on "Consent Management" and developed a new Cross-Cutting section with specific recommendations on "Identity Management".

4. Emphasized data security and protecting sensitive information to address concerns about the potential harms of sharing certain data.

DATA EXCHANGE FRAMEWORK

1 Event Notifications

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

Issues

- There is no common statewide architecture for sending and receiving event notifications in California.

- The DxF did not establish technical standards for communicating events or notifications.

- DxF Participants do not have access to shared identities to facilitate matching events to requests for notifications.

Key Recommendations

- Promote the Event-Based exchange type in which notifications of significant events are used by Participants to request additional information when needed.

- Establish a logical architecture for Event-Based Exchange.

- Explore establishing shared services including for consent and identity management to support Event-Based Exchange.

- Establish minimum technical standards for content of rosters and notifications, and for how notifications are exchanged; retaining flexibility to encourage innovation.

DATA EXCHANGE FRAMEWORK

Event Notifications

Changes made in response to Public Comments

Feedback Incorporated Into Revised DxF Roadmap

1. Emphasized **considering costs and burden for DxF Participants** to adopt a common architecture, use shared services, and implement new standards when developing requirements for Event-Based Exchange.

2. Emphasized the need to **support adoption through funding, technical assistance, and guidance**, especially for some DxF Participants such as social services.

3. Expanded language on **privacy and consent considerations**, especially when communicating protected health information to social services organizations.

4. Added **exploration of legislative changes** to allow requirements for mandatory use of a common architecture or its components, such as shared services.

5. Added **new use cases** for event-based exchange in public health, social services, and care coordination.

6. Advanced **exploration of new use cases earlier** in the Roadmap's timeline.

DATA EXCHANGE FRAMEWORK

2 Social Services Data

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

Issues	Key Recommendations

• Disparate health care IT systems among counties and CBOs that deliver social services create interoperability challenges.
 	
• Stakeholders are apprehensive about sharing sensitive social services information without clear insight into its use.
 	
• Individual consent is often required for social service data exchange and California currently lacks a consistent framework for scalable consent management.
	• Develop data sharing guidance and minimum standards to support locally driven use cases beginning with three priority life events for Californians:
	
	    • Having a Child and Early Childhood;
	
	    • Preventing Involvement and Supporting Families Involved with the Child Welfare System; and
	
	    • Preventing and Interrupting Homelessness.

DATA EXCHANGE FRAMEWORK

2 Social Services Data

Feedback Incorporated Into Revised DxF Roadmap

1. Added the possibility of expanding to additional use cases for critical life events in the future, such as considerations for older adults.

2. Added language that the DxF will align with other federal social data exchange initiatives, including USCDI version and requirements.

3. Added language to indicate that the development of the statewide vision will include a deeper examination into the potential role of QHIOs in social service information sharing.

4. Clarified actionable steps for the development of statewide capabilities for social and health data exchange.

DATA EXCHANGE FRAMEWORK

3 Consent Management

Goal: Develop a consent management strategy that allows individuals to provide, update, and revoke their consent to securely share protected HSSI between their health care and social service partners.

Issues

- Legal and regulatory complexities create uncertainty and resistance to sharing protected HSSI, especially around substance use disorder (SUD) data.

- Resource and technology limitations prevent many organizations from participating in data exchange and implementing consent management systems.

- Absence of a standard consent form leads to inconsistencies in tracking and managing consent, leading to information siloes and uncoordinated care.

Key Recommendations

- Establish use cases, guidance, and policies and procedures for implementing consent management services.

- Develop a consent management strategy, building on DHCS' work, to encompass all health and social services organizations in California.

- Support DHCS in rolling out ASCMI e-consent services.

- Create an education and outreach campaign for patients, providers, and other stakeholders.

- Collaborate with DHCS, CDSS, and other departments to launch, incentivize, manage and govern consent management services.

DATA EXCHANGE FRAMEWORK

3 **Consent Management**

Feedback Incorporated Into Revised DxF Roadmap

1. Focused the Pillar solely on "consent management" and moved "identity management" to the cross-pillar section, which has been expanded to include specific activities and recommendations.

2. Added "prevent potential harms that may be caused by inappropriate sharing of sensitive data" as a central tenet.

3. Clarified that CDII is still exploring whether to pursue a statewide or a federated approach to consent management.

4. Emphasized that the consent management strategy is not limited to Medi-Cal and will be developed considering all health and social services for all Californians.

5. Broadened stakeholder engagement strategy to include county privacy officers and California Department of Social Services.

DATA EXCHANGE FRAMEWORK

4 Public Health Data

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

Issues

- Fragmentation across local public health jurisdictions and data systems complicate efforts to standardize data sharing.

- California Department of Public Health is undergoing Data Modernization efforts and public health data exchange is being added to TEFCA requirements (shifting landscape).

- California has lower rates of adoption of existing CDC/national infrastructures, such as those related to electronic case reporting (eCR) and syndromic surveillance.

Key Recommendations

- Clarify how local health jurisdictions (LHJs) can access additional information electronically after receipt of the electronic initial case reports (eICR) and the roles of DxF and/or TEFCA.

- Develop guidance for hospitals on ADT event message standards to meet both DxF and CDC syndromic surveillance requirements. Explore the role of the QHIO program in supporting hospital ED participation in syndromic surveillance.

- Work with CDC, ASTP/ONC, CDPH, and LHJs over the next three years to identify additional use case intersections with the DxF to support public health, and advocate for funding to support these efforts.

DATA EXCHANGE FRAMEWORK

Public Health Data

Changes made in response to Public Comments

Feedback Incorporated Into Revised DxF Roadmap

1. Clarified that all activities are not solely aligned with TEFCA, but the next three years will better inform public health entities re: the relative roles that DxF and/or TEFCA can play in support of public health Data Modernization efforts.

2. Noted that CDII/DxF will be supportive of funding efforts, while clarifying that CDII is not positioned to specifically request funding for public health data system modernization efforts.

DATA EXCHANGE FRAMEWORK

5 Impact Measurement

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

Issues

1. **Framework, Not a Network or Technology**. The DxF's designation as a framework and not a network or prescribed technology creates challenges for measurement. Thus, some measures may capture the broad impact of data exchange and not focus exclusively on the data exchange tied to the DxF.

2. **Multiple Factors Influence Outcomes**. Improvements in wellbeing and health outcomes are influenced by many factors including genetic, care, social, environmental, economic, and other factors. While increases in data exchange may be associated with improvements in wellbeing, DxF Impact Measurement cannot detect causal relationships.

Key Recommendations

Phase 1 — Continued development of measures of DxF structure and process (e.g., signatories, QHIO transaction volumes, and grant funding) and DxF Participant satisfaction with quality and timeliness of data.

Phase 2 — Measures demonstrating improvements in health and social services delivery (e.g., effective transitions in care, reduced readmission rates, reductions in redundant testing, shorter time to referrals, etc.)

Phase 3 — Measures demonstrating improvements in health and social services outcomes (e.g., reductions in disease incidence).

This phased approach will also incorporate metrics from other DxF Roadmap Pillars.

DATA EXCHANGE FRAMEWORK

5 Impact Measurement

Feedback Incorporated Into Revised DxF Roadmap

1. **Reporting and Technological Burden.** Adjusted the Roadmap language to make clear Impact Measurement does not intend to add to DxF Participants' reporting burden nor establish separate technology demands on DxF Participants.

2. **Tenet on Health Equity.** Added tenet to state that impact measurement will aim to assess the DxF's impact on equity across health and social service domains.

3. **Communication of Findings.** Added language to note that Impact Measurement will share its data and insights in public meetings.

4. **Measuring Benefits and Potential Harms.** Adjusted roadmap language to reflect that Impact Measurement will consider both the harm as well as the benefits of data sharing.

5. **Data Usability.** Expanded the assessment of data exchange to include data usability.

DATA EXCHANGE FRAMEWORK

6 Participant Engagement

Goal: Strengthen pathways and processes to engage with mandatory and voluntary DSA signatories to increase participation in and compliance with the DxF and enhance DxF Participant monitoring.

Issues

- **Definitions of some required signatory groups** were not provided in statute and need further clarification

- **Lack of DxF enforcement mechanisms**

- **Lack of understanding** around DxF requirements, benefits, and risks

- **DxF Participant Directory limitations**, including usability and lack of capabilities that support DxF Participant collaboration and workshopping. It also lacks automation for back-end data collection and reporting.

- Some DxF Participants have **limited technical infrastructure and resources.**

Key Recommendations

- **Pursue legislative changes** and establishment of a governing board that provide the state with enforcement and rule-making authority.

- **Develop an accountability framework** that leverages peer agency regulatory and enforcement mechanisms and establishes a cadence for communicating DxF compliance rates.

- **Implement a statewide communication and education plan** that includes a "DxF Welcome Guide" and uses official channels (e.g., All-Plan Letters) tailored to specific stakeholder groups.

- **Improve DxF Participant Directory infrastructure** and bolster technical capabilities for under-resourced organizations.

DATA EXCHANGE FRAMEWORK

Feedback Incorporated Into Revised DxF Roadmap

1. Emphasized **alignment with state and federal programs** including CalAIM and TEFCA.

2. Emphasized the aim **to explore expansion of definitions of mandatory DSA Signatories** to other stakeholder categories that would mutually benefit from participating in the DxF.

3. Added a recommendation for CDII to **aid in stakeholder technical resourcing** by supporting identification of funding and resourcing opportunities where feasible.

DATA EXCHANGE FRAMEWORK
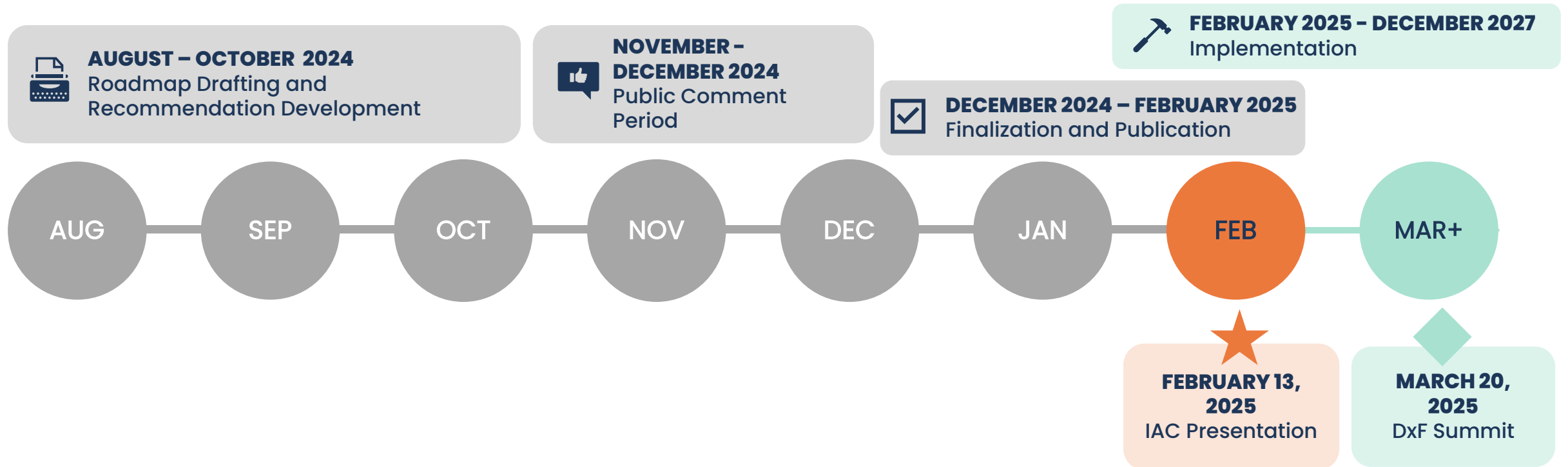
Amendment to Data Elements to Be Exchanged P&P

Purpose of the Amendment

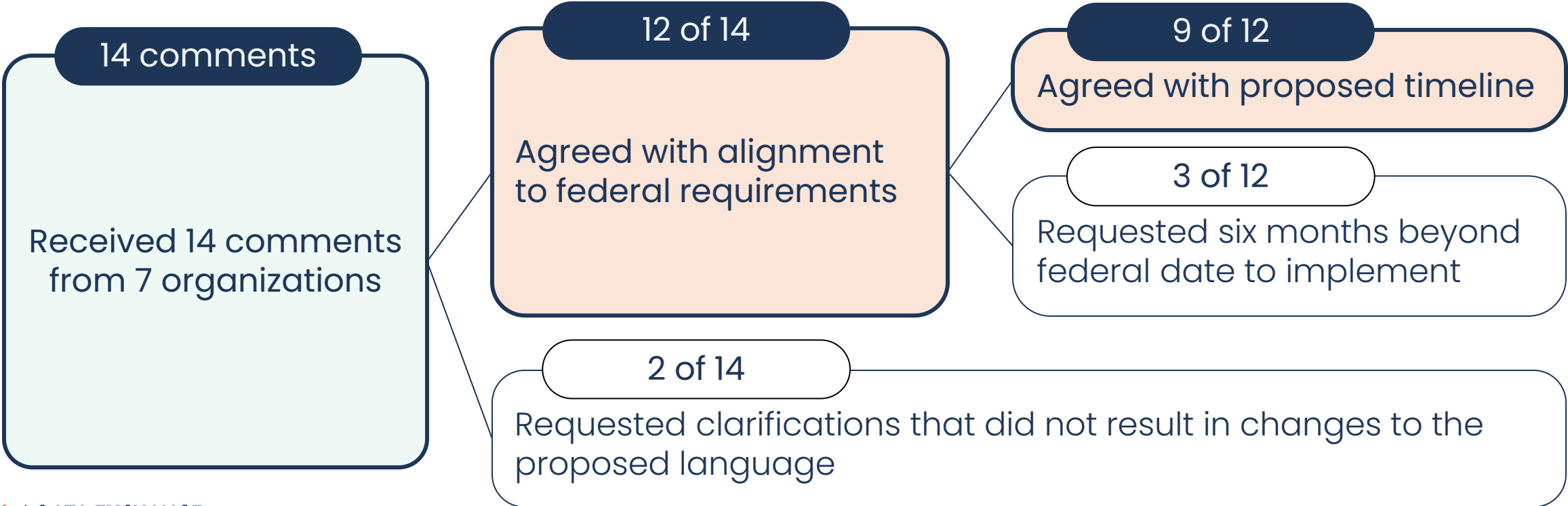| **2024 Standards Committee Recommendations** |
|---|
| Advance the US Core Data for Interoperability (USCDI) requirement to exchange data under the DSA for all Participants: From USCDI Version 2 To the version of USCDI specified by ASTP/ONC for the Health IT Certification Program, automatically aligning DxF with this federal requirement. Do not delay implementation date beyond ASTP/ONC's January 1, 2026 deadline. Provide more than six months' runway for Participants to implement USCDI Version 3. |

IAC and DSA P&P Subcommittee Recommendations
The IAC and DSA P&P Subcommittee agreed with 2024 Standards Committee recommendations at the joint meeting on November 7, 2024.

DATA EXCHANGE FRAMEWORK

Summary of Public Comments

CDII released a proposed amendment to the Data Elements to Be Exchange P&P implementing the 2024 Standards Committee recommendations for public comment on November 11, 2026.

Public comment closed on January 2, 2025.

14 comments

Received 14 comments from 7 organizations

12 of 14

Agreed with alignment to federal requirements

9 of 12

Agreed with proposed timeline

3 of 12

Requested six months beyond federal date to implement

2 of 14

Requested clarifications that did not result in changes to the proposed language

DATA EXCHANGE FRAMEWORK

Finalized Amendment

CalHHS Data Exchange Framework Policy and Procedure

Subject: Data Elements to Be Exchanged	
Status: Final	Policy: OPP-8
Publication Date: January 21, 2025	Version: 1.2

I.   Purpose

California Health and Safety Code § 130290 was enacted in 2021 and establishes the creation of the California Health & Human Services Data Exchange Framework ("Data Exchange Framework"). The Data Exchange Framework requires Access to or Exchange of usable Health and Social Services Information by health and social service providers and organizations. The purpose of this policy is to define the Health and Social Services Information to which Access is to be provided or that is to be Exchanged by Participants.

II.   Policy

This policy shall be effective as of January 1, 2026.

After January 1, 2026, future changes to the United States Core Data for Interoperability (USCDI) within this policy shall have the effective date established within the ASTP/ONC Health IT Certification Program.

1.   **DATA TO BE EXCHANGED**

a.   Participants shall provide Access to or Exchange of, at a minimum, data as defined in the subparagraphs below.

i.   Health care providers, including but not limited to physician practices, organizations, and medical groups, general acute care hospitals, critical access hospitals, long term acute care hospitals, acute psychiatric hospitals, rehabilitation hospitals, skilled nursing facilities, and clinical laboratories, shall provide Access to or Exchange of, at a minimum, all Electronic Health Information ("EHI") as defined under federal regulation in 45 C.F.R. § 171.102, including data elements in the United States Core Data for Interoperability (USCDI), if permitted by Applicable Law and Maintained by the entity.

ii.   County health facilities shall provide Access to or Exchange of, at a minimum, the same data required of health care providers in paragraph II.1.a.i if permitted under Applicable Law and if Maintained by the entity.

iii.   Health insurers and health care service plans, including but not limited to health care service plans and disability insurers that provide hospital, medical, or surgical coverage that are Medi-Cal managed care plans or are regulated by the Department of Managed Health Care or the Department of Insurance, shall provide Access to or Exchange of, at a minimum, the data required to be shared under the Centers for Medicare and Medicaid Services Interoperability and Patient Access regulations for public programs as contained in United States Department of Health and Human Services final rule CMS-9115-F, 85 FR 25510 including, but not limited to, adjudicated claims, encounter data, and clinical data elements in the United States Core Data for Interoperability (USCDI), if permitted by Applicable Law and Maintained by the entity.

a.   For Individual Access Services, adjudicated claims and encounter information shall include cost information, specifically provider remittances and enrollee cost-sharing.

1

- **CDII finalized the language as proposed**, aligning with 2024 Standards Committee, IAC, and DSA P&P Subcommittee recommendations and the majority of public comments.

- Data Elements to Be Exchanged P&P version 1.1 and version 1.2 are both published on the DxF webpage.
  - **Version 1.1 remains effective through 2025** until replaced by version 1.2 on its effective date.
  - Version 1.2 becomes effective beginning January 1, 2026.

https://www.cdii.ca.gov/wp-content/uploads/2025/01/CHHS-Data-Elements-to-Be-Exchanged-PP-v1.2-1.pdf

DATA EXCHANGE FRAMEWORK

Technical Standards for Event Notifications

Purpose of the Amendment

Spring 2024

<u>TASC</u> recommended that CDII establish standards for Notifications of ADT Events, retaining rosters as the method for requesting notifications.

May 2024

<u>IAC</u> agreed with TASC recommendations and CDII's plan to charge the 2024 Standards Committee with recommendations for technical standards.

Fall 2024

<u>Standards Committee</u> recommended specific technical requirements and standards for admissions and discharges.
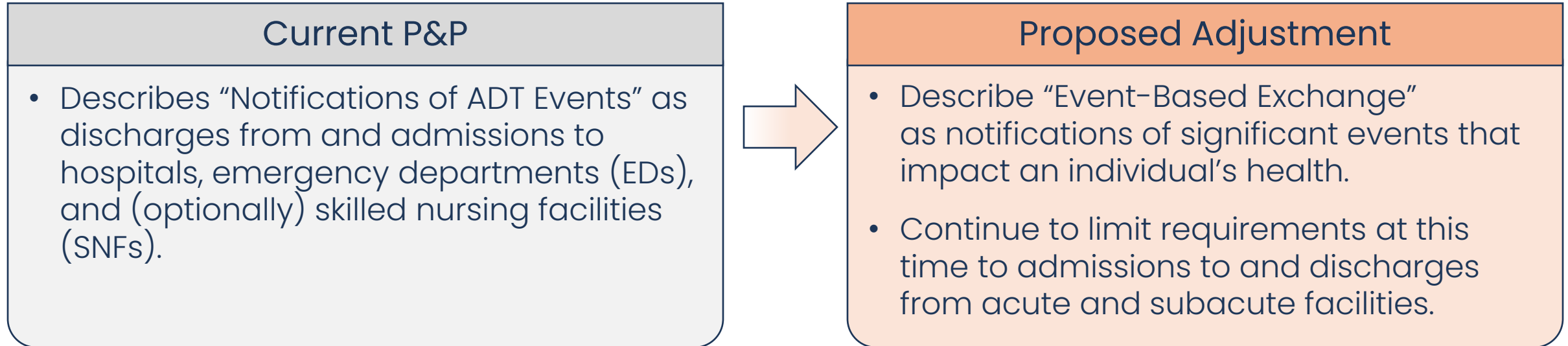
Feb 2025

<u>DxF Roadmap</u> recommends describing Event-Based Exchange to prepare for generalizing notifications beyond admissions and discharges.
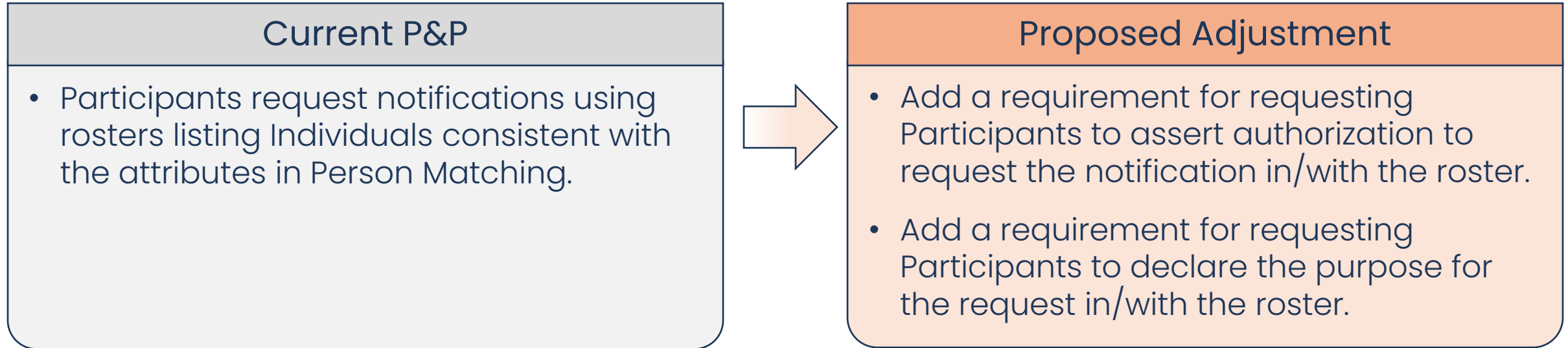
Today

Seeking input from IAC and DSA P&P Subcommittee on proposed amendments.

DATA EXCHANGE FRAMEWORK

48

1. Generalize to Event-Based Exchange

Current P&P
• Describes "Notifications of ADT Events" as discharges from and admissions to hospitals, emergency departments (EDs), and (optionally) skilled nursing facilities (SNFs).

Proposed Adjustment
• Describe "Event-Based Exchange" as notifications of significant events that impact an individual's health. • Continue to limit requirements at this time to admissions to and discharges from acute and subacute facilities.

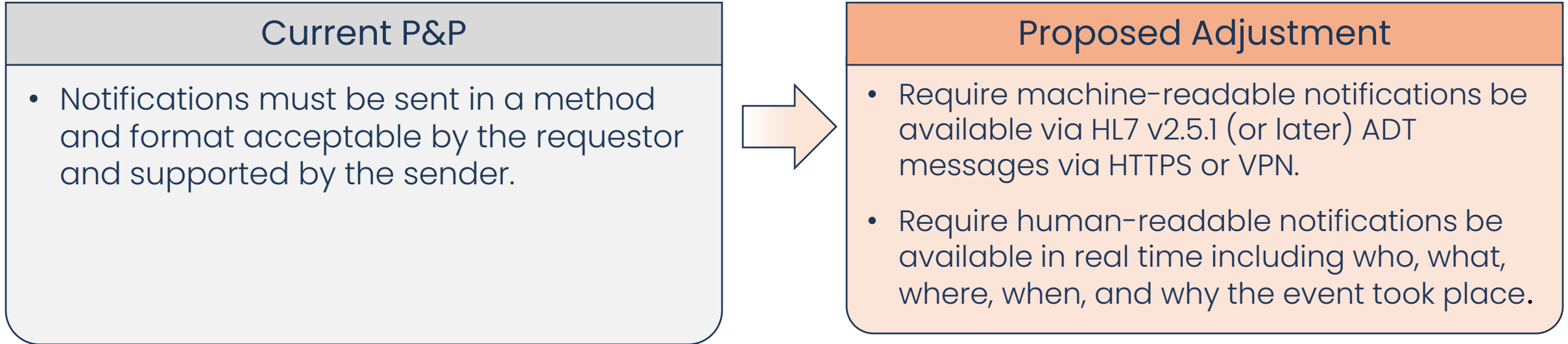| Impact	
	• Aligns with recommendations of the DxF Roadmap pillar on Event Notifications, establishing the Event-Based Exchange type for future use cases. • Does not advance specific requirements for any Participant.

DATA EXCHANGE FRAMEWORK

2. Add Requirements for Rosters

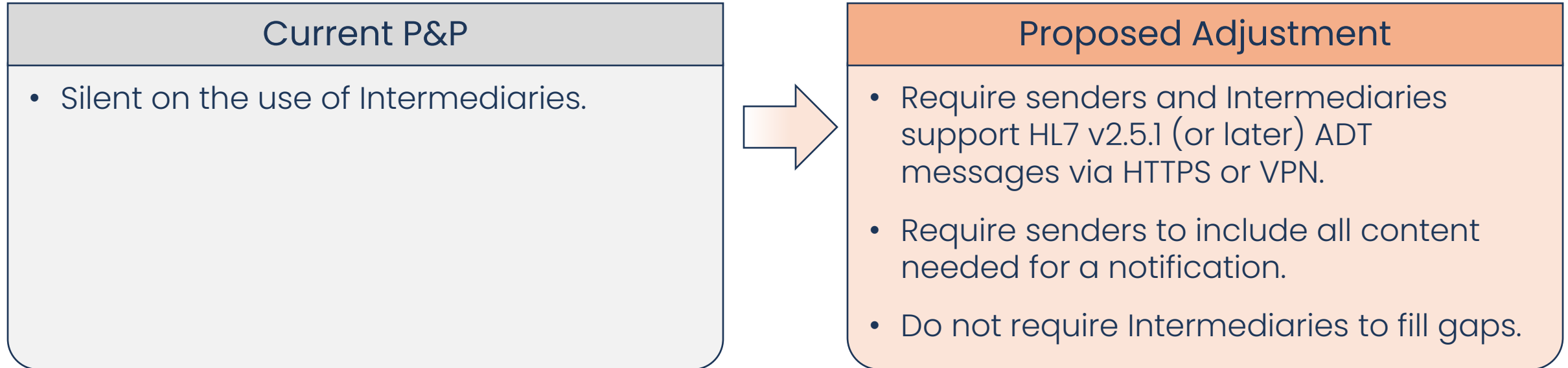| Current P&P	Proposed Adjustment
• Participants request notifications using rosters listing Individuals consistent with the attributes in Person Matching.	• Add a requirement for requesting Participants to assert authorization to request the notification in/with the roster. • Add a requirement for requesting Participants to declare the purpose for the request in/with the roster.

Impact	• Does not establish a new mandatory technical format for rosters. • Clarifies that the requesting Participant is responsible for ensuring and communicating that they are authorized to obtain the requested HSSI. • Allows notifying Participants to determine whether the notification is required and whether minimum necessary requirements apply.

DATA EXCHANGE FRAMEWORK

3. Add Requirements for Notifications

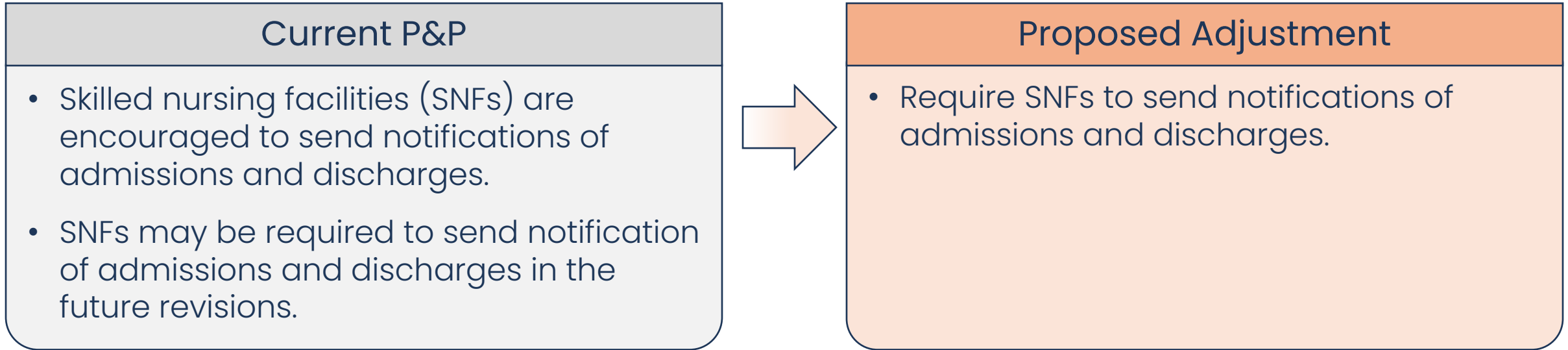| Current P&P	Proposed Adjustment
• Notifications must be sent in a method and format acceptable by the requestor and supported by the sender.	• Require machine-readable notifications be available via HL7 v2.5.1 (or later) ADT messages via HTTPS or VPN. • Require human-readable notifications be available in real time including who, what, where, when, and why the event took place.

Impact	
	• Establishes minimum content standards that must be made available in both human- and machine-readable formats. • Leverages HL7 standard messages for those that can accept them. • Requires real-time notifications be available but provides flexibility in the way they are sent and received.

4. Add Requirements for Events

Current P&P	Proposed Adjustment
• Silent on the use of Intermediaries.	• Require senders and Intermediaries support HL7 v2.5.1 (or later) ADT messages via HTTPS or VPN. • Require senders to include all content needed for a notification. • Do not require Intermediaries to fill gaps.

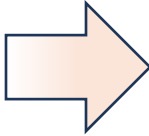| Impact	
	• Leverages HL7 standard messages as the minimum baseline that Participants must support. • Establishes that Intermediaries are not responsible for filling gaps in content when creating and sending notifications.

5. Amend Requirement for SNFs

Current P&P	Proposed Adjustment
• Skilled nursing facilities (SNFs) are encouraged to send notifications of admissions and discharges. • SNFs may be required to send notification of admissions and discharges in the future revisions.	• Require SNFs to send notifications of admissions and discharges.

Impact	
	• Addresses public comments to the DxF Roadmap calling for admissions and discharges be required for SNFs. • Advances notifications of this important event that some SNFs are choosing to participate in as a requirement, perhaps in 2026.

DATA EXCHANGE FRAMEWORK

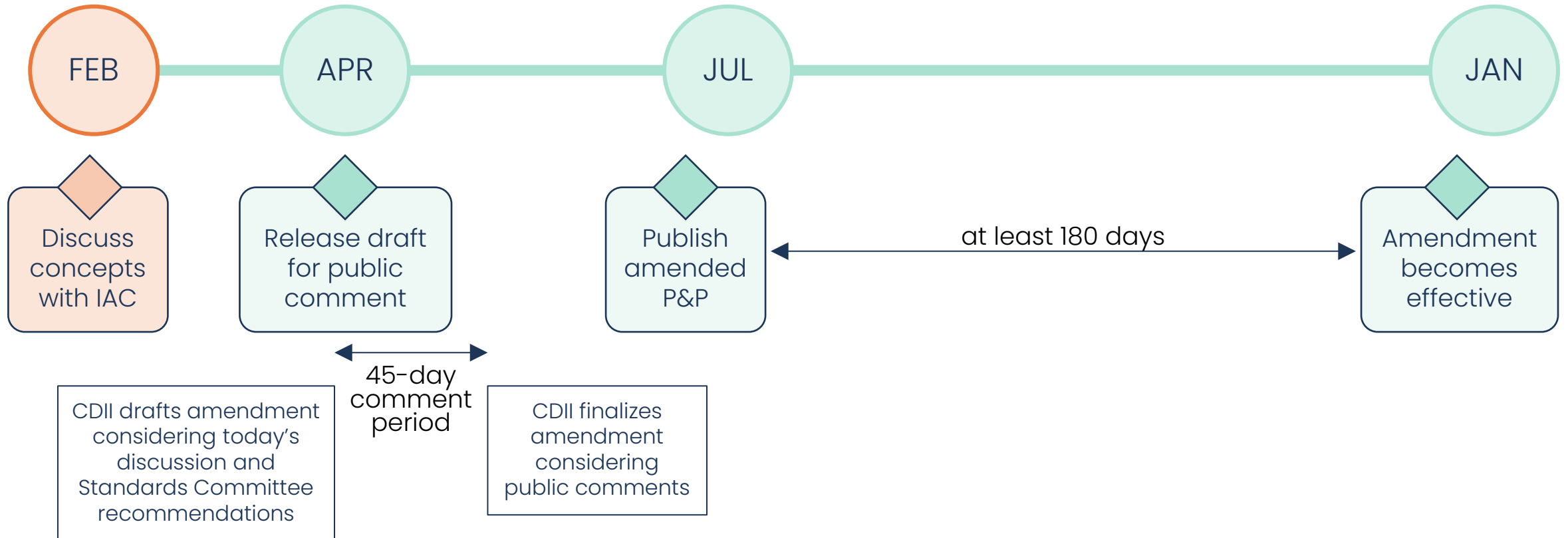# 6. Amend Restrictions for Person Matching

Current P&P	Proposed Adjustment
• Prohibits use of gender for purposes of Person Matching unless required by the underlying technical specification.	• Prohibit the use of sex, sex determined at birth, gender, gender identity, or other sex- or gender-related attributes unless required by the underlying technical specification.

Impact	
	• Aligns with the Strategy for Digital Identities, specifying that these attributes not be used to establish a digital identity.
	• Still allows Participants to comply with technical requirements that require use of sex determined at birth for Person Matching.
	• Does not prohibit Participants from exchanging sex, sex determined at birth, gender, or gender identity for purposes other than Person Matching.

DATA EXCHANGE FRAMEWORK

Next Steps

FEB — APR — JUL — JAN

FEB — Discuss concepts with IAC

APR — Release draft for public comment

JUL — Publish amended P&P

JAN — Amendment becomes effective

at least 180 days

45-day comment period

CDII drafts amendment considering today's discussion and Standards Committee recommendations

CDII finalizes amendment considering public comments

DATA EXCHANGE FRAMEWORK

55

Impact Measurement
October – December 2024

Reminder: Why Impact Measurement?

Assessing the impact of the DxF allows CalHHS/CDII to better understand how the DxF is being operationalized and communicate its value.

Primary Objective

Determine whether the purpose and goals of the DxF are being met.

Secondary Objectives

Communicate the value of the DxF to Participants, Individuals, legislators, and other stakeholders.
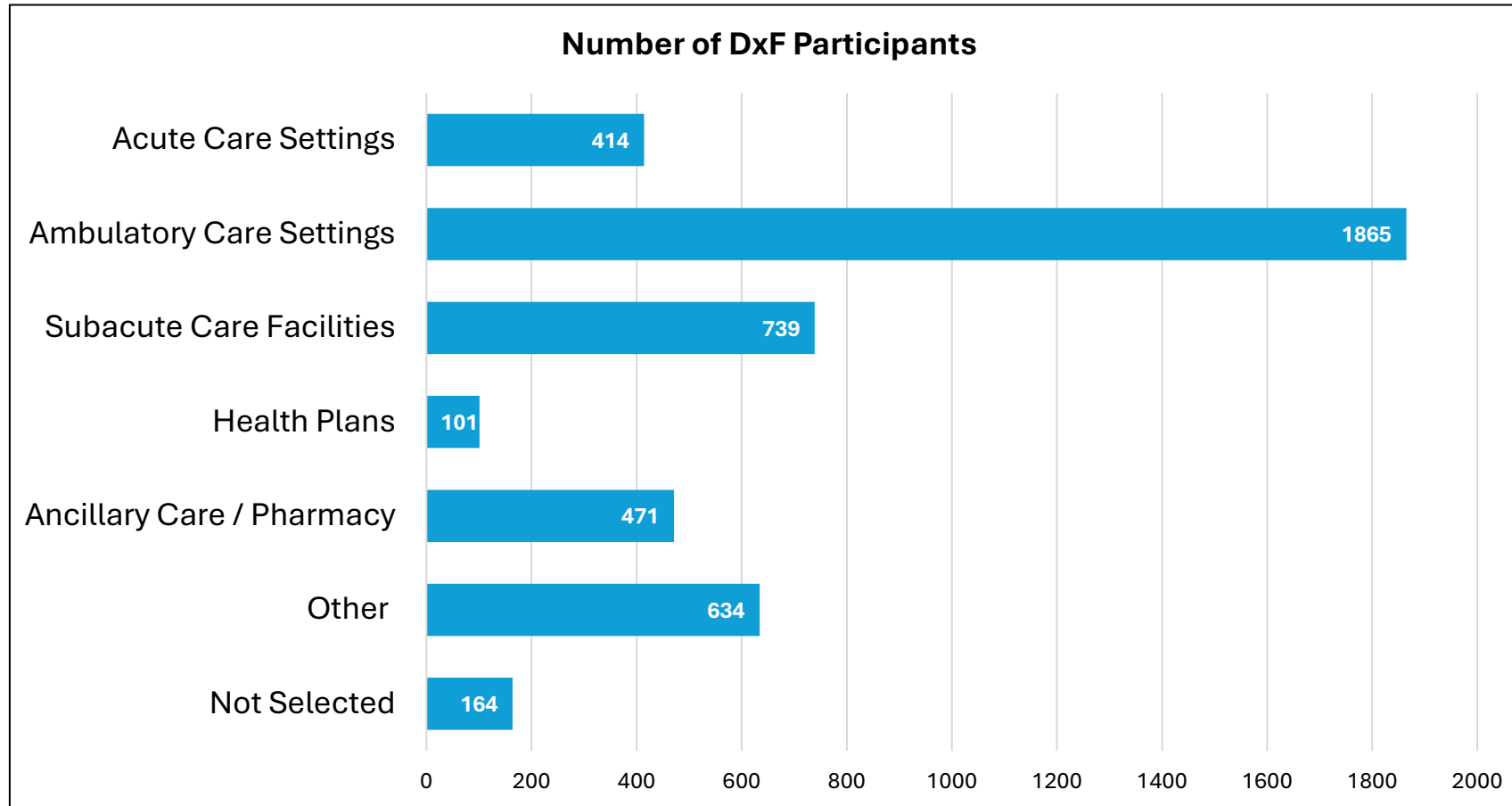
Identify the DxF components that are working well and areas in need of improvement.

Identify future opportunities to expand and/or extend the DxF.

DATA EXCHANGE FRAMEWORK

Impact Measurement: Phase 1
DxF Participants *(as of December 31, 2024)*

Number of DxF Participants

Category	Number
Acute Care Settings	414
Ambulatory Care Settings	1865
Subacute Care Facilities	739
Health Plans	101
Ancillary Care / Pharmacy	471
Other	634
Not Selected	164

As of December 31, 2024, DxF includes 4,388 Participants.

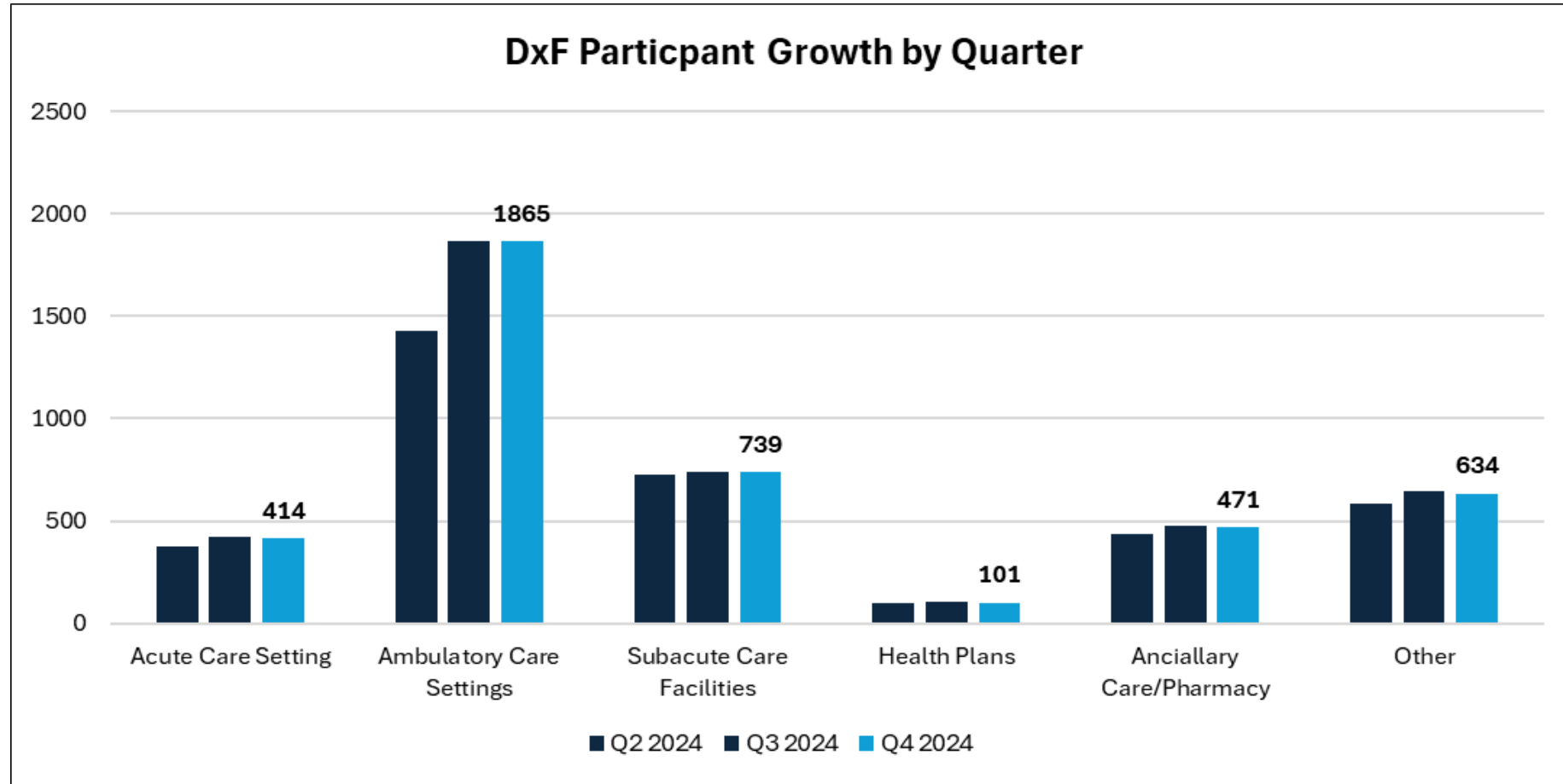These Participants represent a wide range of health and social service organizations.

Ambulatory Care Settings represent 43% of all Participants.

Based on Participant self-identified status
"Other" includes Community-based Organizations, EMS Providers, Counties and Intermediaries

DATA EXCHANGE FRAMEWORK

Impact Measurement: Phase 1
DSA Participant Growth *(as of December 31, 2024)*

DxF Particpant Growth by Quarter

Category	Value
Acute Care Setting	414
Ambulatory Care Settings	1865
Subacute Care Facilities	739
Health Plans	101
Anciallary Care/Pharmacy	471
Other	634

Legend: Q2 2024, Q3 2024, Q4 2024

Since June 30, the number of Participants has grown within each organization type, including a 30% increase in Ambulatory Care Settings.

Based on Participant self-identified status
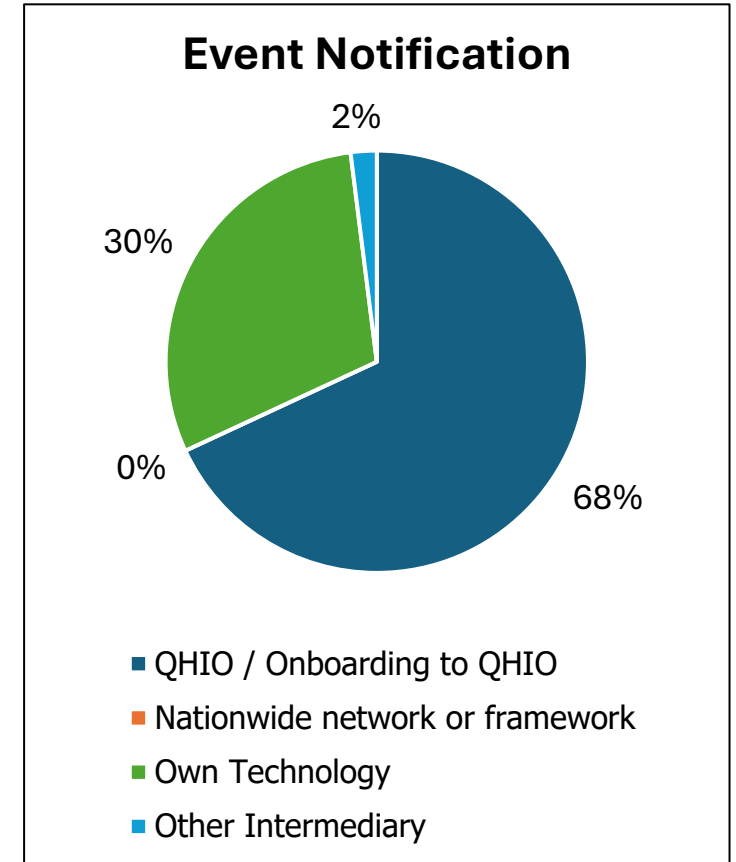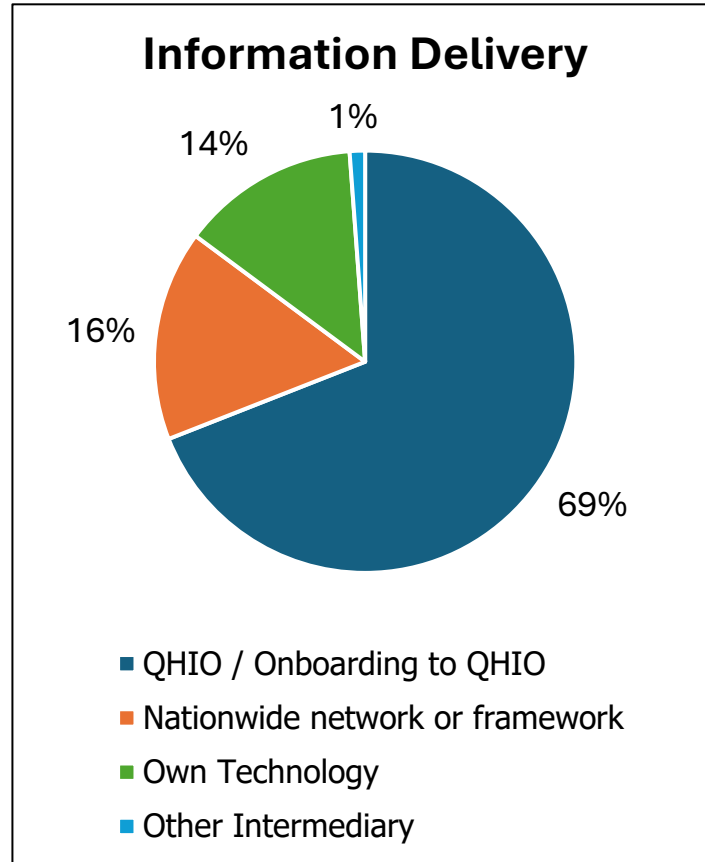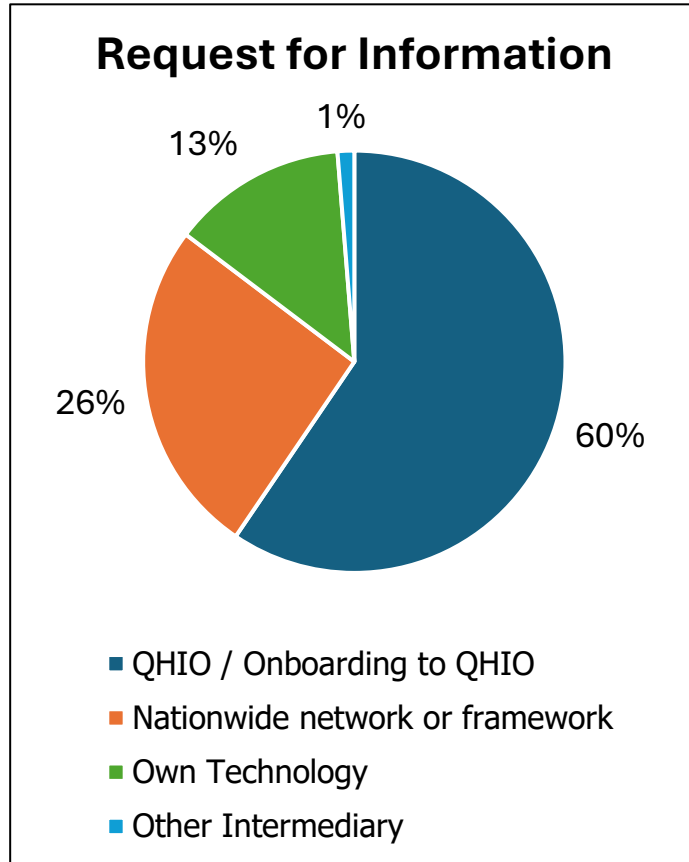*"Other" includes Community-based Organizations, EMS Providers, Counties and Intermediaries*

DATA EXCHANGE FRAMEWORK

Impact Measurement: Phase 1
DSA Participant Directory *(as of December 31, 2024)*

DSA Participants with Directory Entry
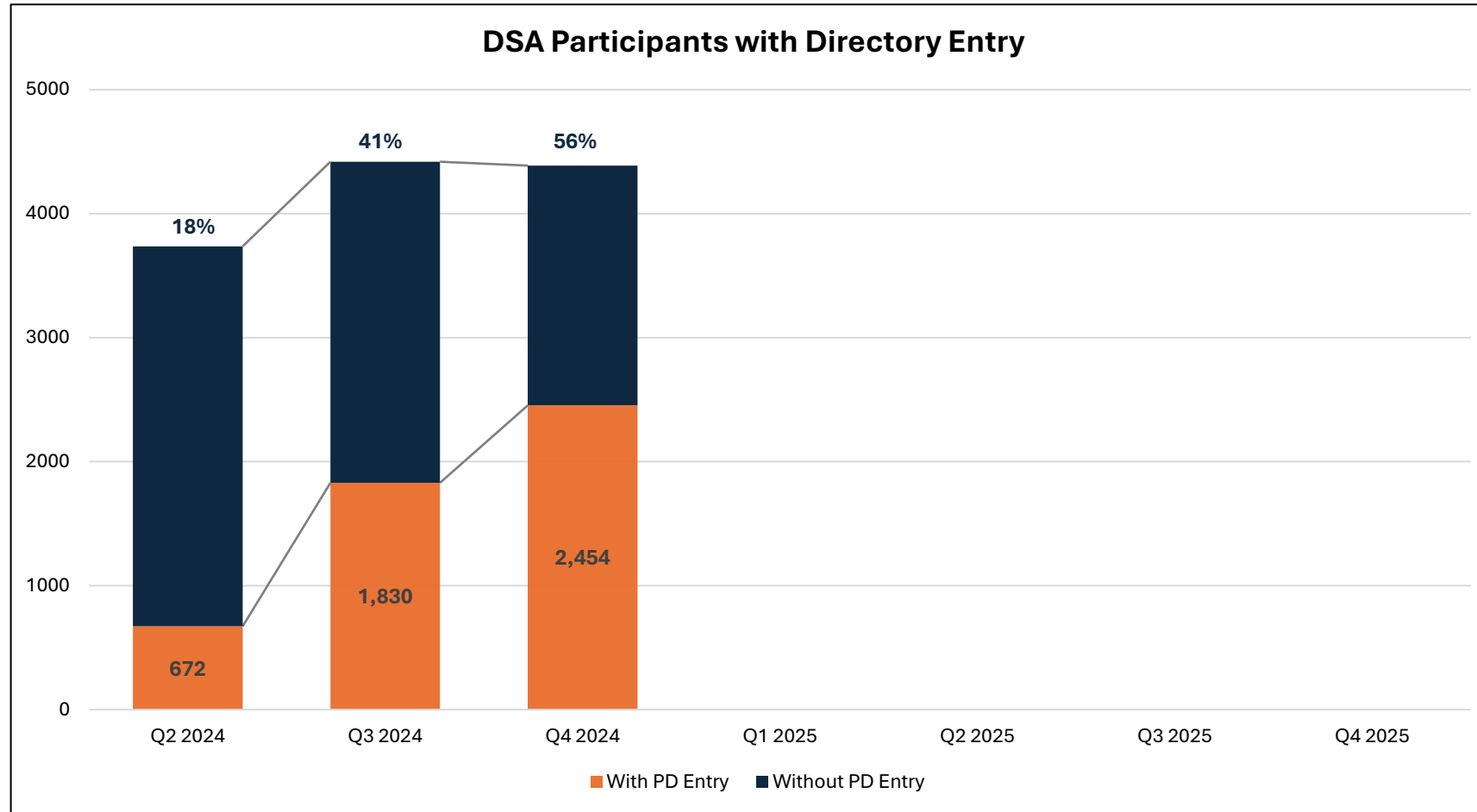
Significant progress was made during the third and fourth quarters where the percentage of Participants completing their Participant Directory selections grew to 56%.
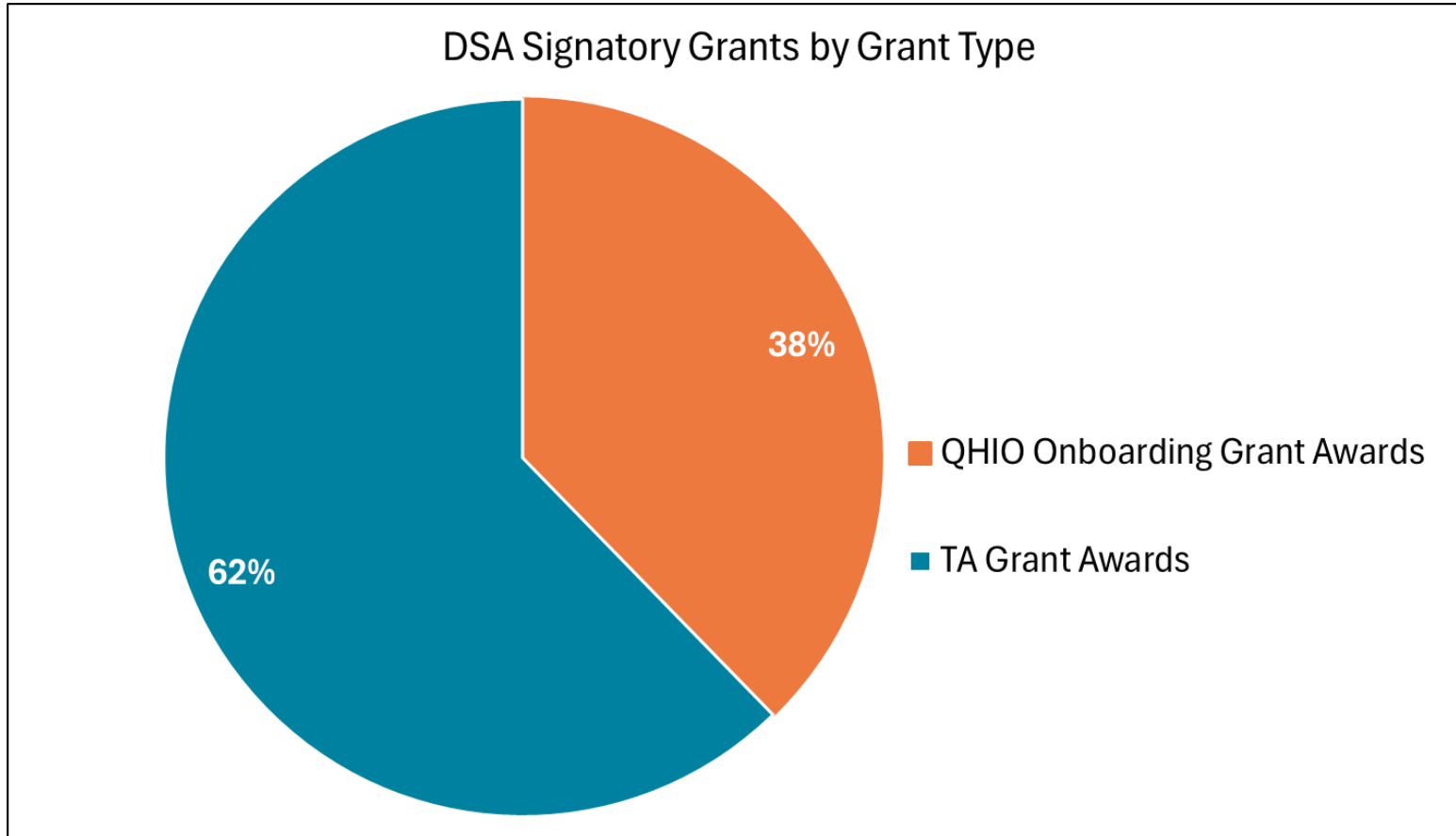
DATA EXCHANGE FRAMEWORK

Impact Measurement: Phase 1
Exchange Methods *(as of December 31, 2024)*

Request for Information

- 1%
- 13%
- 26%
- 60%

- ■ QHIO / Onboarding to QHIO
- ■ Nationwide network or framework
- ■ Own Technology
- ■ Other Intermediary

Information Delivery

- 1%
- 14%
- 16%
- 69%

- ■ QHIO / Onboarding to QHIO
- ■ Nationwide network or framework
- ■ Own Technology
- ■ Other Intermediary

Event Notification

- 2%
- 30%
- 0%
- 68%

- ■ QHIO / Onboarding to QHIO
- ■ Nationwide network or framework
- ■ Own Technology
- ■ Other Intermediary

Through their Participant Directory selections, two-thirds of Participants have indicated their intention to leverage a DxF Qualified Health Information Organization (QHIO) to support exchange.

DATA EXCHANGE FRAMEWORK

(excludes Not Applicable responses)

Impact Measurement: Phase 1
DSA Signatory Grants *(as of December 31, 2024)*

DSA Signatory Grants by Grant Type

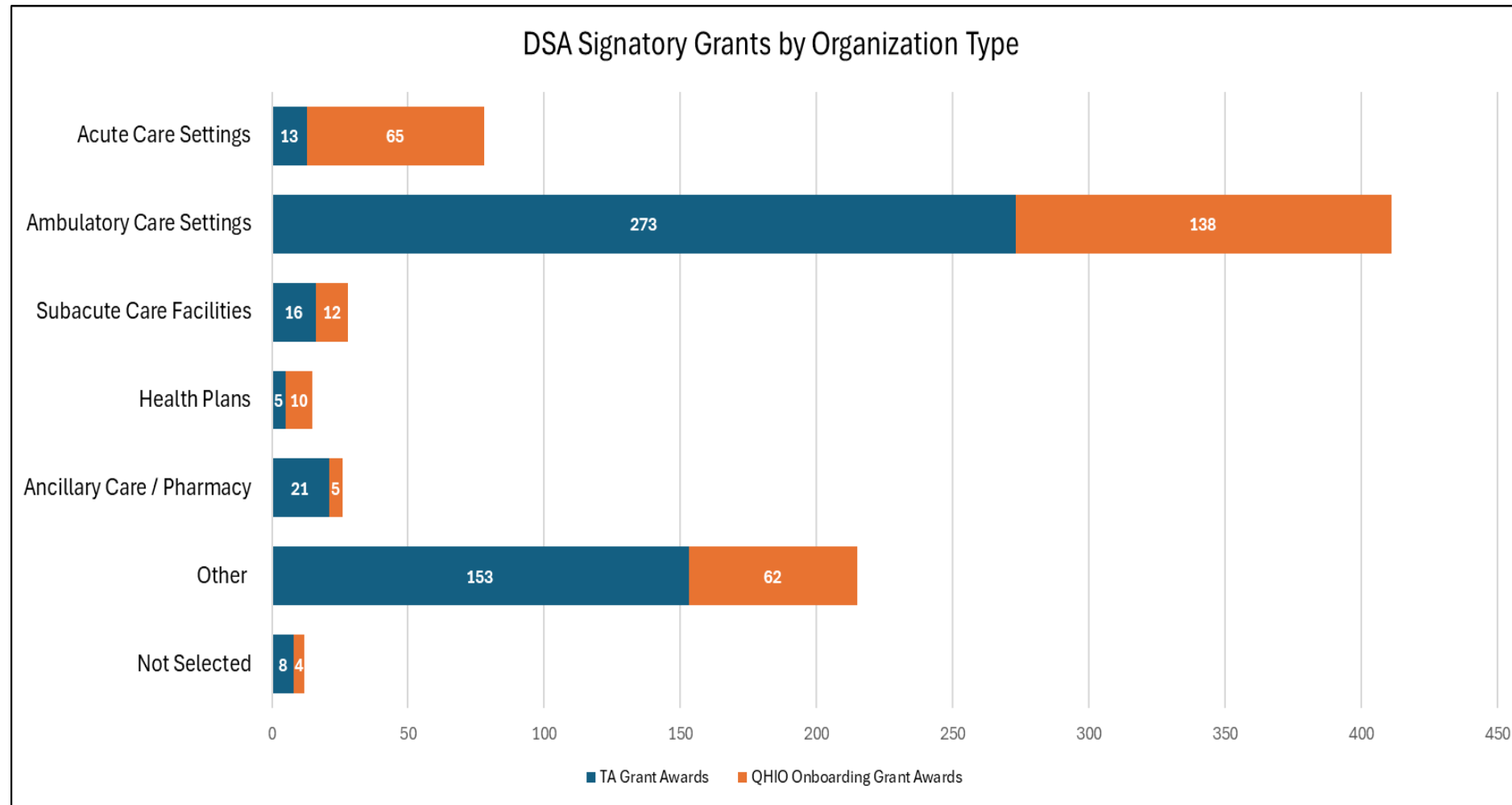- ■ QHIO Onboarding Grant Awards — 38%
- ■ TA Grant Awards — 62%

DSA Signatory Grants provide funding to help Participants prepare for and engage in data exchange.

785 grantees are working toward their grant objectives through early 2026.

DATA EXCHANGE FRAMEWORK

DSA Signatory Grants by Organization Type

(as of December 31, 2024)

DSA Signatory Grantees are found across all DSA organization types.

Based on Participant self-identified status
"Other" includes Community-based Organizations, EMS Providers, Counties and Intermediaries

Impact Measurement: Phase 1
DSA Signatory Grants *(as of December 31, 2024)*

Grant Milestone Achivements by All Signatory Grantees

- ■ No Milestone Met
- ■ Milestone 1 Met
- ■ Milestone 1 and 2 Met

13%

24%

63%
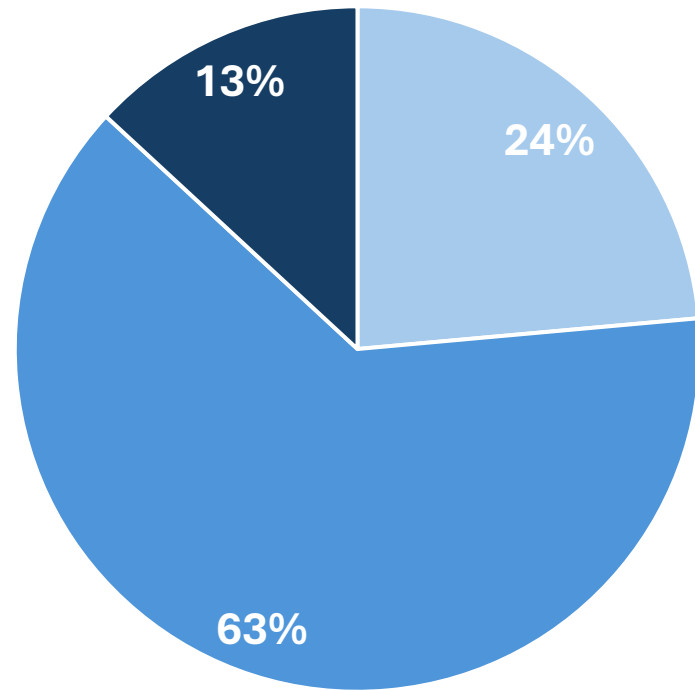
As of December 31, 2024, 13% percent of grantees had met both grant milestones and were engaged in data exchange.

Another 63% of grantees had met their first milestone and were on their way to achieving the objectives associated with their grant.

DATA EXCHANGE FRAMEWORK

Impact Measurement: Phase 1
DSA Signatory Grants *(as of December 31, 2024)*

Milestone Achievement by DxF Grantees by Organization Type

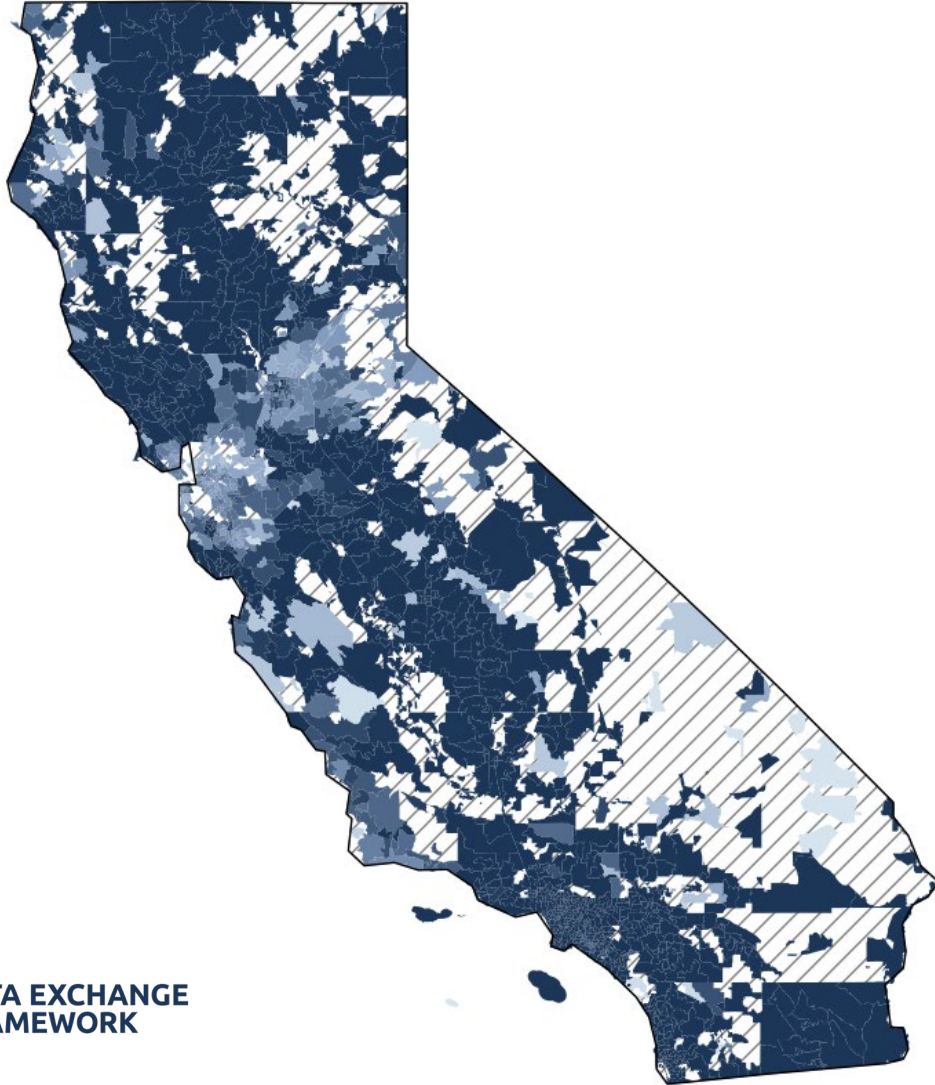Legend: No Milestone Met · Milestone 1 Met · Milestone 1 and 2 Met
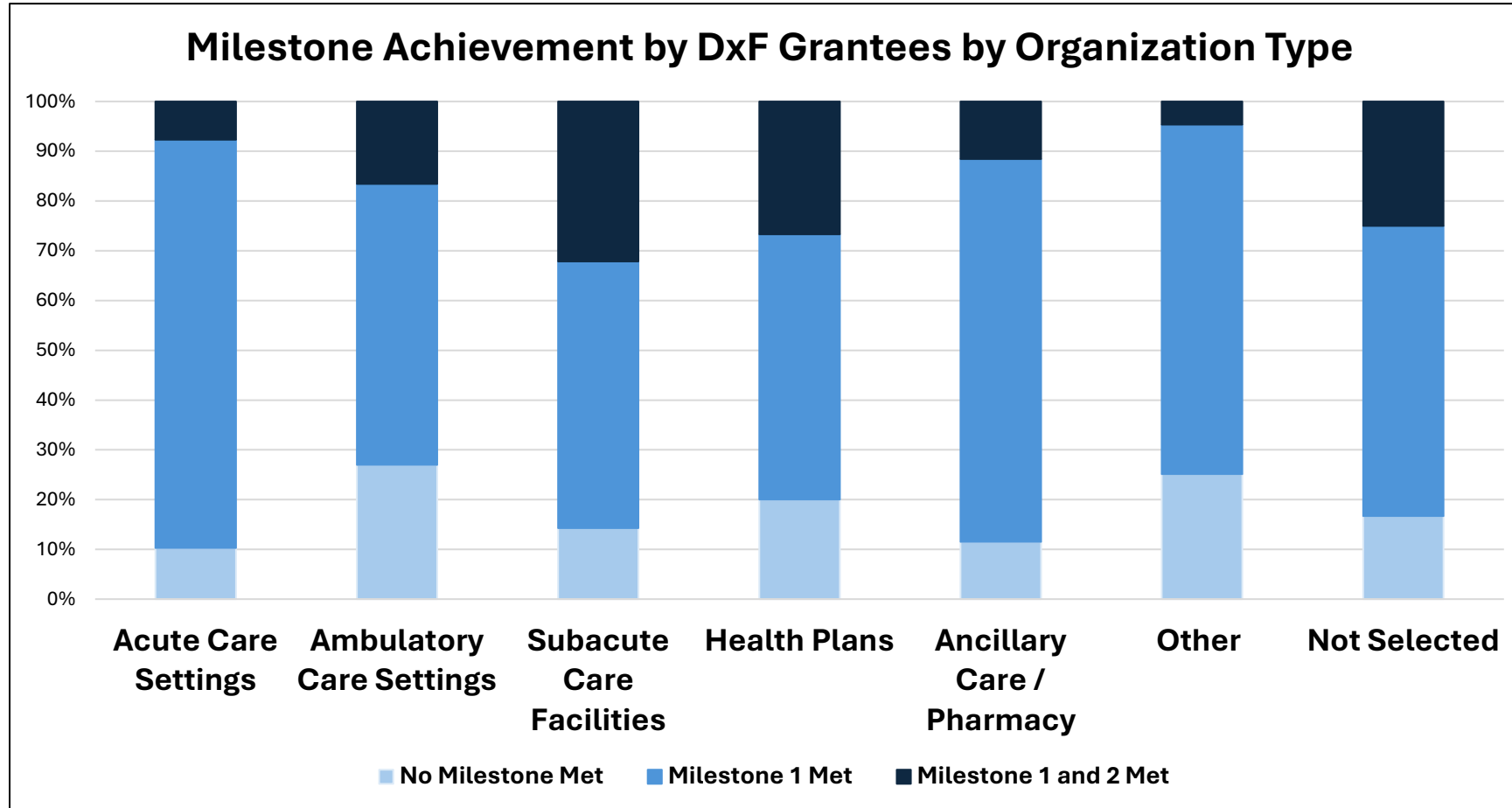
Grant achievements are found across all organization types. Significant progress is seen among Subacute Care Facilities where 1/3rd have completed both grant milestones.

Based on Participant self-identified status
"Other" includes Community-based Organizations, EMS Providers, Counties and Intermediaries

DATA EXCHANGE FRAMEWORK

DxF QHIO Program *(as of September 30, 2024)*

Nine Qualified Health Information Organizations (QHIOs) were announced in September 2023.

These organizations assist approximately 2/3rds of DxF Participants with their data exchange activities.

Collectively, QHIOs manage data on more than 60 million individual identities covering California's vast geography and beyond.

DATA EXCHANGE FRAMEWORK

Impact Measurement: Phase 1
DxF QHIO Program *(as of September 30, 2024)*

QHIO Program highlights from Q3 2024 (July through September 2024):

- During Q3, the QHIOs initiated **9.8M Requests for Information** and completed **2.3M Information Delivery** transactions.

- IHE standards are the dominant form of inter-entity query and information delivery exchange with **fewer than 5% of transactions leveraging FHIR**.

- **544 DxF Participants subscribe to event notifications** through the QHIO Program and identified 44M individuals for whom they would like to be notified when an event occurs.

- During Q3, **108M events were received by the QHIOs** and **43M (40%) of these events were shared** as a notification with a DxF Participant.

Public Comment

Next Steps and Closing Remarks

Next Steps

CDII will:

- Consider the feedback provided by the IAC and DSA P&P Subcommittee.

- Incorporate Member feedback into impact measurement approach and metrics.

- Release draft amendment to Technical Requirements for Exchange P&P, considering feedback from today's discussion and Standards Committee recommendations.

Members will:

- If you are interested in participating in any TASC focus group(s), please complete and submit an application by **February 21, 2025**. Please also forward the application any appropriate colleagues.

- Provide any additional feedback to CDII at dxf@chhs.ca.gov.

DATA EXCHANGE FRAMEWORK

CDII DxF Webpage Resources

For more information on the DxF, please visit the CDII DxF <u>webpage</u>.

There you can find:

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

DATA EXCHANGE FRAMEWORK