Data Exchange Framework Roadmap
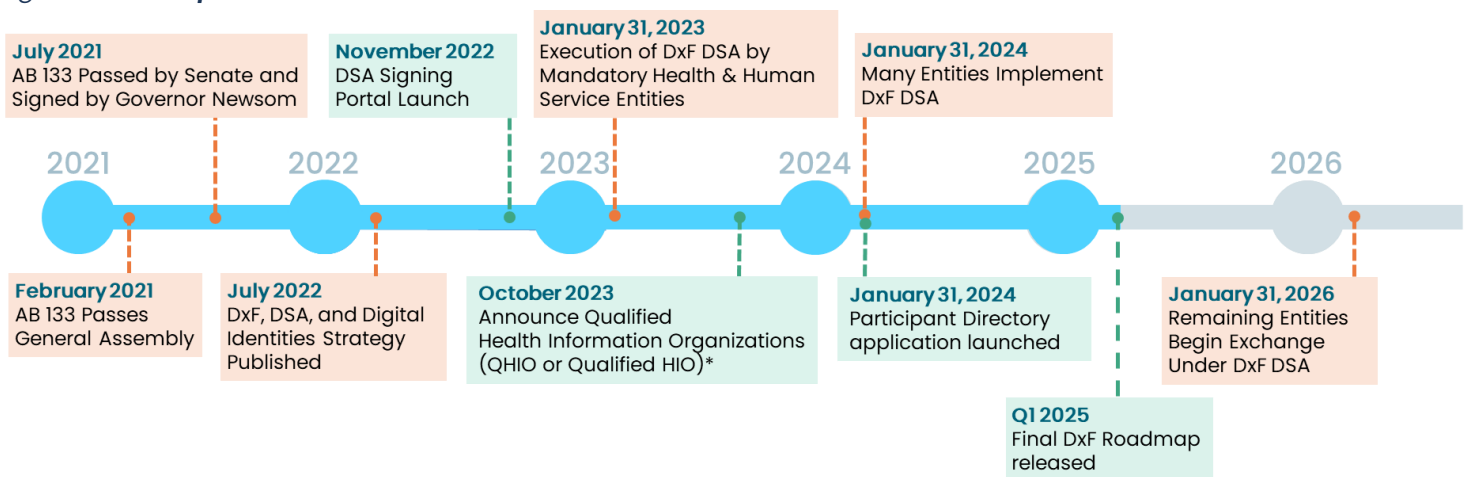
Executive Summary

2025–2027

Executive Summary

Data Exchange Framework Overview

Established by California Health and Safety Code § 130290 in 2021, the Data Exchange Framework (DxF) is California's first statewide Data Sharing Agreement (DSA) and Policies & Procedures (P&Ps) for the secure exchange of health and social services information (HSSI). The DxF requires acute and psychiatric hospitals, physician organizations and medical groups, skilled nursing facilities, health plans, clinical labs, and other health and social service organizations ("DxF Participants") who voluntarily choose to participate in the DxF to sign the DSA and exchange HSSI in real time starting on January 31, 2024.

The DxF aims to **advance health equity and reduce inequities and disparities** through comprehensive and secure data exchange and coordinated care and service delivery. It emphasizes the importance of sharing and integrating health and social service data to advance **whole person care,** and **promotes secure data exchange** by defining requirements to comply with federal and state privacy and security rules. It also supports the **integration of physical health, behavioral health, and social services data** by defining standards and addressing unique challenges in exchanging these types of data to improve care for individuals with mental health and substance use disorders and social service needs.

*Figure 1. **DxF Implementation Timeline***

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 Implement 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
Announce Qualified Health Information Organizations (QHIO or Qualified HIO)*

January 31, 2024
Participant Directory application launched

January 31, 2026
Remaining Entities Begin Exchange Under DxF DSA

Q1 2025
Final DxF Roadmap released

DxF Roadmap Overview

The DxF Roadmap was developed with significant input from a broad range of stakeholders, including the DxF Implementation Advisory Committee (IAC), CalHHS state departments, other subject matter experts, and public comments. It also builds from CalHHS program priorities and aligns with state and national frameworks, including CalAIM and the Trusted Exchange Framework and Common Agreement (TEFCA).

The Roadmap aligns with the [DxF](#)'s and [CalHHS' Guiding Principles](#) and identifies implementation priorities, milestones, and actionable steps that the state and stakeholders can take through 2027 to drive meaningful improvements in data exchange.

The Roadmap identifies six key DxF implementation priorities or "pillars":

1. **Event Notification.** Establishing a statewide structure to communicate significant events that impact an individual's health;
2. **Social Service Data Sharing.** Expanding social service data sharing to connect individuals to social and human services and programs they need;
3. **Consent Management.** Developing a strategy and architecture for managing an individual's data exchange preferences;
4. **Public Health.** Accelerating adoption of public health data exchange;
5. **Impact Measurement.** Measuring the impact of the DxF on data exchange;
6. **Participant Engagement.** Increasing participation in the DxF.

The DxF Roadmap also addresses "cross-pillar" topics that span some or all of the pillars and are essential for the successful implementation of the Roadmap including: Qualified Health Information Organizations (QHIOs); Privacy; Identity Management; and Behavioral Health. The Roadmap acknowledges that each priority area is in a different stage of planning and implementation. As a result, the Roadmap will be updated to reflect implementation progress, incorporating newly identified use-case priorities and responding to an evolving data exchange landscape.

DxF Roadmap Cross-Pillar Considerations

The DxF includes cross-pillar considerations that span multiple priority areas.

- **Qualified Health Information Organizations (QHIOs).** QHIOs are entities designated by CDII to facilitate the secure exchange of HSSI. The recommendations intend to drive a critical mass of organizations to leverage QHIO capabilities and create efficiencies for event notifications, consent management, and health and social service data exchange. QHIOs are critical partners for small providers, acute and post-acute care organizations, counties, and community-based organizations that have limited data exchange capabilities.

- **Privacy.** Many of the DxF Roadmap pillars include recommendations that implicate individual privacy. The sharing of sensitive behavioral health, social service, and public health information as described in each pillar will require additional guidance, policies and potentially legislative changes that both safeguard and empower Californians' right and abilities to determine and control when, what, why and how their sensitive information may be shared.

- **Identity Management.** In order to empower, safeguard, and expand secure data exchange, DxF Roadmap priorities will require the development and implementation of a robust identity management strategy to create efficiencies to link data sets and enable consent management, event notification, public health, and social service data sharing priorities.

- **Behavioral Health.** The state is making substantial investments to support individuals with behavioral health conditions – including Proposition 1, California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), and many others. DxF Roadmap recommendations to enable these initiatives include implementation of consent management services, improving data exchange within the counties and community behavioral health providers, and building connections with housing and other social service organizations.

DxF Roadmap Pillar Summaries

While not exhaustive of data exchange needs in the state, these pillars prioritize addressing critical gaps in the data exchange landscape in California, including variation in architecture, standards, and policies to help drive meaningful improvements in the ways data is accessed, used, and shared.

Pillar #1: Event Notification

There is no overarching, common, statewide architecture for sending and receiving event notifications in California, resulting in significant burdens for both those receiving and sending notifications. The goal of this pillar is to **establish a common, statewide structure to communicate significant events that impact an individual's health to all authorized DxF Participants that request them to improve whole person care**. Recommendations to establish a statewide event notification structure include:

- Developing notification use cases beyond acute care admissions and discharges, including use cases for changes in housing status, release from correctional facilities, and post acute care facilities.

- Establishing minimum technical standards and a common architecture for Event-Based Exchange that provide a common set of 'rules of the road' and implementation guidance that supports submitting, managing, and accessing rosters of individuals for whom notifications are desired, routing events to DxF Participants, and addressing consent preferences.

- Exploring statewide, shared Event-Based Exchange services that provide DxF Participants with infrastructure for transmitting and receiving event notifications.

- Securing funding and promoting the use of event notification services, leveraging federal financing and using department contracting levers to incentivize adoption and use.

Pillar #2: Social Service Data Sharing

Many counties and community-based organizations (CBOs) that deliver social services lack the infrastructure and resources required to fully participate in the DxF. **The goal of this pillar is to establish scalable social service data sharing to connect individuals to the programs and services they need and enable seamless and timely care coordination.** Recommendations to expand social service data sharing include:

- Creating a vision for statewide social services data exchange across California's diverse systems, including community information exchanges, HIOs, and county safety net services.

- Developing guidance to address administrative and legal barriers to social service data exchange between federal programs like SNAP/WIC and Medicaid for maternity care.

- Establishing technical standards for social service data exchange including minimum data sets and outlining system capabilities to support interoperability, data security, and privacy.

- Creating learning communities and piloting data sharing approaches for key state priorities such as managing unhoused populations and behavioral health integration.

- Identifying state and federal funding sources to support local capacity for social service data exchange including grants for smaller, under resourced CBOs.

Pillar #3: Consent Management

A complex set of regulations and lack of infrastructure results in siloed physical, behavioral and social service information that prevents sharing of critical information needed for whole person care. **The goal of this pillar is to 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.** Recommendations to develop a statewide strategy include:

- Developing a consent management strategy and expanding guidance including use cases, toolkits, policies and procedures, education, outreach and technical assistance initiatives.

- Establishing an architecture, leveraging DHCS' ASCMI eConsent Tools and regional infrastructure while aligning with and adopting national consent management standards.

- Securing funding for planning and implementation in collaboration with DHCS and other departments that leverages federal funding while incentivizing adoption.

Pillar #4: Public Health

California's public health data infrastructure faces significant challenges due to fragmentation and an inflexible funding structure, which complicate efforts to standardize data sharing across various reporting requirements and systems. **The goal of this pillar is to accelerate the adoption**

and use of interoperable data systems for public health activities. Recommendations to accelerate adoption of interoperable public health data systems include:

- Supporting electronic case reporting (eCR) in collaboration with the CDC and using TEFCA to allow state and local health jurisdictions to share information on reportable conditions.

- Investigating opportunities to support syndromic surveillance, to support early warning systems for new public health threats and emergency department compliance with SB159.

- Collaborating with CDPH, the CDC and ASTP/ONC to develop guidance, policies, and standards in alignment with public health system modernization initiatives.

Pillar #5: Impact Measurement

While there has been progress in assessing participation in the DxF, there is a need to assess the DxF's impact on the delivery of health and social services, well-being, and health outcomes. **The goal of this pillar is to measure and leverage the DxF's impact on data exchange, health and social services delivery, and health outcomes to inform future DxF design considerations.** Recommendations to assess the impact of the DxF on whole person care include:

- Developing QHIO reporting requirements to help assess changes needed to the DxF and their impact on the delivery of health and social services and outcomes.

- Identifying technical resources needed to collect, manage, and report measures. CDII will explore opportunities to build and leverage technical assets in collaboration with other Departments.

- Expanding measures and data collection to include information on transaction volumes from new and existing resources to support efficient management of accurate and usable data and insights.

Pillar #6: Participant Engagement

Some organizations that are required to sign the DxF DSA have not yet done so, and many haven't provided required documentation describing how they intend to participate in data exchange. **The goal of this pillar is to 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.** Recommendations to strengthen processes to engage and oversee DxF Participants include:

1. Pursuing legislative changes that provide the state with enforcement and rule-making authority and establish a governing board.

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

3. Implementing a statewide communication and education plan that includes a "DxF Welcome Guide" and uses official channels such as All-Plan Letters to disseminate guidance and educational materials tailored to specific stakeholder groups.

4. Improving DxF Participant Directory infrastructure and bolstering technical capabilities for under-resourced organizations by developing and implementing strategies including funding for Participant Directory updates and grants.

Conclusion

CDII and its partners and stakeholders will work together to execute the DxF Roadmap's recommendations to advance health equity and whole person care by strengthening care coordination, service delivery, and secure data exchange. By improving integration and communication between physical health, behavioral health, and social service providers we will realize our vision of a Healthy California for All.