



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting Summary (v1)
Thursday, October 7, 2021, 10:00 a.m. to 12:30 p.m.**

Attendance

Stakeholder Advisory Group Members in attendance: Chair Mark Ghaly, Jamie Almanza, Ashrith Amarnath, Charles Bacchi, Andrew Bindman, Michelle Doty Cabrera, Scott Christman, David Cowling, Carmela Coyle, Rahul Dhawan, Joe Diaz, Kayte Fisher, David Ford, Liz Gibboney, Lori Hack, Sandra Hernández, Cameron Kaiser, Andrew Kiefer, Linnea Koopmans, David Lindeman, Julie Lo, Amanda McAllister-Wallner, DeeAnne McCallin, Ali Modaresi, Dana E. Moore, Erica Murray, Nathan Nau, Janice O'Malley, Mark Savage, Kiran Savage-Sangwan, Linette Scott, Cathy Senderling-McDonald, Julianna Vignalats, Claudia Williams, Leslie Witten-Rood, William York.

Stakeholder Advisory Group Staff and Presenters in attendance: Rim Cothren (Independent HIE Consultant to CDII), Jonah Frohlich (Manatt Health Strategies), Kevin McAvey (Manatt Health Strategies), John Ohanian (CHHS/CDII), Elaine Scordakis (CHHS/CalOHII).

Public in attendance: approximately 215 public attendees joined this meeting via Zoom video conference or through call-in functionality.

Meeting Notes

Meeting notes elevate points made by presenters, Stakeholder Advisory Group Members, and public commenters during the Data Exchange Framework Stakeholder Advisory Group meeting. Notes may be revised to reflect public comment received in advance of the next Stakeholder Advisory Group meeting. Meeting materials, full video recording, transcription, and public comments may be found at: <https://www.chhs.ca.gov/data-exchange-framework/>.

Welcome and Roll Call

John Ohanian, Chief Data Officer, California Health and Human Services, welcomed attendees. Stakeholder Advisory Group Members were named and introduced via roll call.

Vision and Meeting Objectives

Dr. Mark Ghaly, Secretary, California Health and Human Services, welcomed Stakeholder Advisory Group Members - including new Members - and the public to the second CHHS Data Exchange Framework Stakeholder Advisory Group meeting. Dr. Ghaly acknowledged the progress that has been made since the first meeting and directed attendees to the public Framework website to access meeting materials

(<https://www.chhs.ca.gov/data-exchange-framework/>). Dr. Ghaly restated the vision statement for the Framework and reinforced that this means creating an environment where “real time usable information” is “no longer a barrier to people getting the care and services that really change the arc of their lives.” He noted that the scenarios the Group will discuss - while not exhaustive - will help it identify the critical issues that need to be addressed.

Dr. Ghaly acknowledged previous efforts at advancing data exchange within the state, which he hoped the Group would build upon to address a data exchange environment that still “does not work” for Californians. Dr. Ghaly encouraged the Advisory Group Members to keep “our patients and clients, the communities we serve,” front-and-center in its conversations. He also reminded Advisory Group Members that the Framework will not mandate the creation of a single, statewide data repository, and will be technology agnostic. The Framework should help to bring critical patient information together to help us address Californians’ health and social needs.

Advisory Group Members noted:

- How important health information exchange is for “life and death” situations, as witnessed through the pandemic, particularly for individuals in lower-income communities who could greatly benefit from “whole perspective” service coordination and connection.
- That it should not “reinvent the wheel” as it develops the Framework, but to use this as an opportunity to advance national standards and build on existing national, regional and local systems to address identified barriers.
- Support for inviting a representative from the Office of the National Coordinator for Health IT (ONC) to participate in subsequent meetings of the Advisory Group.

Public Comment

John Ohanian opened the meeting to receive public comment, which included:¹

- Marty Omoto, Executive Director of California Disability Community Action Network (CDCAN) voiced support for the work being conducted by CHHS and the Stakeholder Advisory Group, noting the “transformative” potential of whole person data exchange.
- Ben Stover, Philips, asked for additional detail on the scope of clinical data that will be considered in the Data Exchange Framework and noted that full resolution imaging data is one of the richest but most underutilized data types.
- Melissa Cannon, Nourish California, requested that the Data Exchange Framework address data exchange related to Women, Infants, and Children (WIC) program eligibility. Melissa noted that to be eligible for WIC services, participants must often manually provide proof of eligibility, as there is no pathway for electronic exchange of these data from health care providers. The WIC program is also treated differently under California’s privacy laws.

¹ Name spelling approximated based on verbal statements.

- Mario Diaz, Inland Empire Health Plan, voiced support for the Data Exchange Framework and pointed to a joint letter of support submitted with Riverside County Medical Association and San Bernardino County Medical Society.
- Hector Ramirez, Medicare-Medi-Cal beneficiary from Los Angeles County, expressed a hope that the Data Exchange Framework would advance equity by focusing on communities that have been previously marginalized, and appreciated the Group’s commitment to developing “plain language” materials.
- Lisa Chan-Sawin, Founder and CEO of Transform Health, noted that differing privacy and data standards between healthcare and other industries pose barriers to data exchange; it has been a significant challenge in the Whole Person Care pilots.

Data Exchange Framework Development Overview

John Ohanian described the Data Exchange Framework development process, the likely structure of the Framework, and project timelines.

Stakeholder Advisory Group Members shared feedback, including:

- The importance of addressing how data will be used and protected, with public trust requiring strong principles of accountability, consent, oversight and enforcement, and stakeholder education, training and systematic inequalities.
- Scenarios should acknowledge strengths in our current system of exchange and represent the existing data exchange between actors across physical health, behavioral health, and social services; and distinguish between data collection, data exchange, and data use.

In response to Advisory Group questions, it was clarified that the Group would be engaged to advise on Framework form, structure, and contents of deliverables; and that subcommittees may be formed as subject matter expertise is needed, given Framework development timelines. “Technical assistance,” “common digital identifiers,” and “data privacy” were identified as areas of future importance for potential subcommittee consideration.

Break

Jonah Frohlich suggested cutting the break and moving on to the next agenda item to no objection by Stakeholder Advisory Group Members.

Data Exchange Framework Scenario Discussion

Jonah Frohlich introduced the six data exchange scenarios that would be used to identify shortcomings of our current system of electronic information exchange, and inform policy, program, and fiscal recommendations and actions that can be incorporated into the Data Exchange Framework (see Presentation and Pre-Read materials at <https://www.chhs.ca.gov/data-exchange-framework/#october-7-2021>). Frohlich noted that the scenarios were designed for discussion purposes and are not

intended to be exhaustive or fully representative of data exchange that is already occurring.

Scenario 1: Acute or Chronic Health Needs

Jonah Frohlich introduced the scenario and Stakeholder Advisory Group Members shared the feedback including, but not limited to:

- Barriers to data exchange in this scenario include: lagging health information technology adoption (e.g., EHRs) due to cost and lack of education on the potential ROI for such investments, particularly with small clinical practices; variation in existing EHR capacity; identify matching; data completeness and usability; and education and technical assistance for data use, particularly with small and under-resourced providers and organizations. The Advisory Group noted that most of these barriers would be present across all of the scenarios, and elevated the importance of “technical assistance” (TA) in realizing the Framework; the Group requested further discussion of TA needs during future meetings.
- Scenarios should center on the individual and incorporate considerations on how the individuals may: provide; receive; connect to; update; and use their data.
- Scenarios should clearly state that the “Data Exchange Entity” does not denote a single entity or form or transmission.

Scenario 2: Complex Health & Social Needs

Jonah Frohlich introduced the scenario and Stakeholder Advisory Group Members shared the feedback including, but not limited to:

- Barriers to exchanging data needed to address complex health and social needs include: costs of acquiring health information technology capable of supporting exchange, particularly for organizations that were not eligible for previous health information technology funding (e.g., behavioral health providers, skilled nursing facilities, social service organizations); lack of standards for social service data; consent management challenges, including maintaining a model that addresses consent-needs when sharing with non-HIPAA-covered entities; connecting patient records across organizations and sectors without a unique patient identifier; and broader technical, legal, and cultural barriers to cross-sector data sharing, particularly with behavioral health and social service organizations/data.
- Scenario should acknowledge: the important role health plans play in managing health and social needs of complex patients; the importance of improving connectivity between discharging hospitals and primary care providers; the relation to personal emergency services, which are routinely depended upon by this population, and CalAIM’s Enhanced Care Management (ECM) benefit.

Scenario 3: Population Health and Value-based Care

Jonah Frohlich introduced the scenario and Stakeholder Advisory Group Members shared the feedback including, but not limited to:

- The scenario does not fully represent population health management and the functions involved in caring for populations (e.g., risk stratification, population management, role/importance of health plans). Members recommended that the population health management should begin with identification of individuals in need in services, which requires access to clinical, administrative, and – increasingly – social service data information. The scenario would benefit from a shift in focus from an individual's experience to that of a population and an increased focus on the unique opportunities and barriers of working with population-level and aggregated data.
- The Advisory Group should consider the impact of the federal Interoperability and Patient Access Final Rule (and the limited subset of health plans it applies to) when developing the Framework, as well as other initiatives (e.g. CalAIM) that are concurrently taking place or are being developed.

Scenario 4: Emergency Response

Jonah Frohlich introduced the scenario and Stakeholder Advisory Group Members shared the feedback including, but not limited to:

- There are opportunities to expand the use and awareness of emergency response data exchange systems such as PULSE and SAFR, and connections with systems that serve other care and service delivery settings. There are ongoing efforts to deploy SAFR using FHIR-based exchange.
- Language data is important in all scenarios, including Emergency Responses, to support individual outreach and engagement.

Scenario 5: Public Health Response

Jonah Frohlich introduced the scenario and Stakeholder Advisory Group Members shared the feedback including, but not limited to:

- Public health data includes many different types of data that are subject to different governing laws and regulations, which change depending upon whether an emergency has been declared.
- The Advisory Group should consider how best to link clinical and public health data and whether that would involve sharing clinical data with public health agencies, using intermediaries like Health Information Organizations, or a different mechanism – and how to do so while protecting patient privacy.

Scenario 6: Coordinating Reentry Health Services

Jonah Frohlich introduced the scenario and Stakeholder Advisory Group Members shared the feedback including, but not limited to:

- Improving health and wellbeing for the reentry and justice-involved populations are key priorities in the CalAIM initiative.
- Justice-involved individuals experience health disparities including high rates of disease and need strong reentry support upon release from correctional facilities.

Data Sharing Agreement Subcommittee Update

John Ohanian noted that over 50 individuals representing over 40 organizations responded to the Data Sharing Agreement Subcommittee Statement of Interest. The Data Sharing Agreement Subcommittee will advise CHHS and the Stakeholder Advisory Group in the development of a “single data sharing agreement and common set of policies and procedures” that builds on national information exchange and data content standards to govern health information exchange among health care entities and government agencies in California. The Subcommittee will ideally comprise between 10 and 15 individuals representing a diverse set of public and private health care stakeholders with expertise and experience relevant to the design, development, and implementation of health and cross-sector data sharing agreements. It is expected to be appointed by mid-October.

Jonah Frohlich noted that the breadth of organizations expected to sign the data sharing agreement will extend beyond organizations that have signed the DURSA, making it important to avoid making the agreement overly complex. The Advisory Group supported aligning the data sharing agreement with TEFCA and the CalDURSA, to the extent possible.

Closing Remarks

Secretary Ghaly thanked Stakeholder Advisory Group Members and the public for their engagement. John Ohanian reviewed project next steps and noted that the next meeting is scheduled for November 10th.

Appendix 1. Data Exchange Framework Stakeholder Advisory Group Member - Meeting Attendance (October 7, 2021)

Last Name	First Name	Title	Organization	Designee	Present
Ghaly	Mark	Secretary (Chair)	California Health and Human Services Agency	N/A	Yes
Almanza	Jamie	CEO	Bay Area Community Services	N/A	Yes
Amarnath	Ashrith	Medical Director	California Health Benefit Exchange	N/A	Yes
Bacchi	Charles	President and CEO	California Association of Health Plans	N/A	Yes
Bargmann	Nancy	Director	Department of Developmental Services	N/A	No
Beckley	Mark	Chief Deputy Director	Department of Aging	N/A	No
Bindman	Andrew	Executive Vice President; Chief Medical Officer	Kaiser Foundation Health Plan, Inc. and Hospitals	Adams	Yes
Cabrera	Michelle Doty	Executive Director	County Behavioral Health Directors Association of California	N/A	Yes
Christman	Scott	Chief Deputy Director	Department of Health Care Access and Information	N/A	Yes
Cowling	David	Chief, Center for Information	California Public Employees' Retirement System	N/A	Yes
Coyle	Carmela	President and CEO	California Hospital Association	N/A	Yes
Dhawan	Rahul	Associate Medical Director	MedPoint Management (representing America's Physician Groups)	Crane	Yes
Diaz	Joe	Senior Policy Director and Regional Director	California Association of Health Facilities	Cornett	Yes
Fisher	Kayte	Attorney	Department of Insurance	N/A	Yes
Ford	David	Vice President, Health Information Technology	California Medical Association	Corcoran	Yes
Gibboney	Liz	CEO	Partnership HealthPlan of California	N/A	Yes

Last Name	First Name	Title	Organization	Designee	Present
Gibbons	Michelle	Executive Director	County Health Executives Association of California	Chawla	No
Hack	Lori	Interim Executive Director	California Association of Health Information Exchanges	N/A	Yes
Hernández	Alma	Executive Director	SEIU California	N/A	No
Hernández	Sandra	President and CEO	California Health Care Foundation	N/A	Yes
Kaiser	Cameron	Deputy Public Health Officer	County of San Diego (representing the California Conference of Local Health Officers)	Relucio	Yes
Kiefer	Andrew	Vice President, State Government Affairs	Blue Shield of California	Markovich	Yes
Koopmans	Linnea	CEO	Local Health Plans of California	N/A	Yes
Lindeman	David	Director, CITRIS Health	UC Center for Information Technology Research in the Interest of Society	N/A	Yes
Lo	Julie	Executive Officer	Business, Consumer Services & Housing Agency	N/A	Yes
McAllister-Wallner	Amanda	Deputy Director	Health Access California	Wright	Yes
McCallin	DeeAnne	Director of Health Information Technology	California Primary Care Association	Beaudry	Yes
Modaressi	Ali	CEO	Los Angeles Network for Enhanced Services	N/A	Yes
Moore	Dana E.	Acting Deputy Director	Department of Public Health	N/A	Yes
Murray	Erica	President and CEO	California Association of Public Hospitals and Health Systems	N/A	Yes
Nau	Nathan	Deputy Director, Office of Plan Monitoring	Department of Managed Health Care	N/A	Yes
O'Malley	Janice	Legislative Advocate	California Labor Federation	Pulaski	Yes

Last Name	First Name	Title	Organization	Designee	Present
Savage	Mark	Managing Director, Digital Health Strategy and Policy	Savage & Savage LLC	N/A	Yes
Savage- Sangwan	Kiran	Executive Director	California Pan-Ethnic Health Network	N/A	Yes
Scott	Linette	Chief Data Officer	Department of Health Care Services	N/A	Yes
Senderling- McDonald	Cathy	Executive Director	County Welfare Directors Association	N/A	Yes
Toche	Diana	Undersecretary, Health Services	Department of Corrections and Rehabilitation	N/A	No
Vignalats	Julianna	Assistant Deputy Director	Department of Social Services	N/A	Yes
Williams	Claudia	CEO	Manifest MedEx	N/A	Yes
Witten-Rood	Leslie	Chief, Office of Health Information Exchange	Emergency Medical Services Authority	N/A	Yes
York	William	President and CEO	211 San Diego/Community Information Exchange	N/A	Yes