



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Data Sharing Agreement Subcommittee
Meeting 1 (November 8, 2021, 11:00AM – 1:00PM PT)
Chat Log**

The following comments were made in the Zoom chat log by Data Sharing Agreement Subcommittee Members during the November 8th virtual meeting:

11:21:34 From Shelley Brown to Hosts and panelists:

Will we be drafting the recommendations or will those be drafted by your team and then voted upon and approved by the subcommittee?

11:22:13 From Kevin McAvey (Manatt Health) to Everyone:

Please note that the full Data Sharing Agreement draft was in your Friday material delivery and is live on our website here: https://www.chhs.ca.gov/wp-content/uploads/2021/11/CalHHS-Data-Exchange-Framework_AG-DSA-Subcommittee_Charter_Draft.pdf

11:27:54 From Kevin McAvey (Manatt Health) to Everyone:

Any other thoughts and comments on the DSA Subcommittee Charter? For easy reference, please find the document here: https://www.chhs.ca.gov/wp-content/uploads/2021/11/CalHHS-Data-Exchange-Framework_AG-DSA-Subcommittee_Charter_Draft.pdf

11:35:23 From Kevin McAvey (Manatt Health) to Everyone:

To members of the public: thank you so much for joining. To receive updates on the development of the Data Exchange Framework and the work of this committee, please email CDII@chhs.ca.gov.

11:37:33 From Deven McGraw, Invitae to Everyone:

Seems reasonable to me

11:37:54 From Louis Cretaro CWDA to Everyone:

I agree

11:38:02 From Terry Wilcox, Health Center Partners to Everyone:

I agree

11:38:11 From Kevin McAvey (Manatt Health) to Everyone:

We will reshare the charter with this team over email this week

11:38:12 From Ryan Stewart, CommonSpirit Health to Everyone:

I'm supportive

11:38:13 From Bill Barcellona to Hosts and panelists:

I agree

11:38:14 From Eric Raffin, SFDPH to Hosts and panelists:

Agree

11:38:17 From Jonah Frohlich, Manatt to Hosts and panelists:

[Thumbs Up Icon]

11:38:17 From Lee Tien to Everyone:

yup

11:38:23 From Morgan Staines, DHCS to Everyone:

Agree

11:38:28 From Lisa Matsubara (she/her) PPAC to Hosts and panelists:

Agree

11:38:42 From Ashish Atreja, MD, UC Davis Health to Everyone:

agree

11:39:26 From Kevin McAvey (Manatt Health) to Everyone:

"The DSA Subcommittee will consider and provide recommendations on topics including:

- Technical, policy, and operational issues related to the development of a single statewide data sharing agreement, such as data standards and specifications; data exchange and transmission protocols; privacy and security requirements; interoperability; information blocking; and disclosure requirements...."

11:40:16 From Lee Tien to Everyone:

We should NOT take out references to privacy and security etc.

11:40:29 From Carrie Kurtural, Dept. of Developmental Services to Hosts and panelists:

That's fine - we have a short timeframe and I would recommend this small change/blurb and moving on ASAP due to deadlines.

11:42:43 From Deven McGraw, Invitae to Everyone:

And I realized I spoke without raising my hand - my apologies!

11:43:11 From Kevin McAvey (Manatt Health) to Everyone:

And I thought you were a good citizen, Deven

11:46:26 From Eric Raffin, SFDPH to Hosts and panelists:

I believe Dr. Lane's suggestion applies - add the language "including but not limited to" to wherever there are specific references to statute or specs.

11:52:38 From Steven Lane MD, Sutter Health (he/him) to Everyone:

Does the MMPA also address sharing between HIOs, something that we will ideally address in our CA agreement given our multiple regional HIOs?

11:53:22 From Lee Tien to Everyone:

One additional thought about the charter: it uses the word "equitable," and our experience with health care during the pandemic has been that there are tremendous equity issues—but do we have anything like an analysis of the data sharing agreements in terms of racial, ethnic, gender, or other bias/equity issues?

11:54:27 From Lee Tien to Everyone:

Or even of the current practical growth or deployment of HIE relative to equity?

11:54:50 From Steven Lane MD, Sutter Health (he/him) to Everyone:

I have to object to the characterization of Carequality as a network, which it is not. CeQ is the only nationwide framework that allows networks to share data between them. While there are a number of HIT vendors that connect their customers to the framework all the major nationwide networks and many regional HIOs leverage the framework as well.

11:57:54 From Lee Tien to Everyone:

<https://www.law.berkeley.edu/research/bclt/bcltevents/btlj-cmtl-bclt-symposium-race-technology-law-innovating-health-equity/agenda-btlj-cmtl-bclt-symposium-race-technology-law-innovating-health-equity/>

11:58:00 From Steven Lane MD, Sutter Health (he/him) to Everyone:

Like the CeQ Connected Agreement, the coming federal Common Agreement under TEFCA will be an agreement between Qualified Health Information Networks (QHINs). It will also include flow-down requirements for those who connect to the framework through these QHINs, as does the CeQ Connected Agreement.

12:00:24 From Deven McGraw, Invitae to Everyone:

Lee, it's a good question - these agreements tend to be silent on equity issues based on my reading of them. I suspect that at least some of the challenges to achieving equity through information exchange have been related to the costs of connecting to some of these networks, which can be hard for providers of underserved communities to afford in the absence of subsidies.

12:01:00 From Eric Raffin, SFDPH to Hosts and panelists:

Equity is in the the Advisory Group's set of guiding principles

12:04:09 From Rim Cothren to Everyone:

@ Steven- No, the MMPA does not really address HIO-to-HIO exchange specifically, which is one reason driving creation of the CalDURSA.

12:04:18 From Kevin McAvey (Manatt Health) to Everyone:

Please note that the following artifacts will be posted on our website from today's meeting: recording, rough transcript, public questions (in Q&A), and full DSA SC chat.

12:04:31 From Ashish Atreja, MD, UC Davis Health to Hosts and panelists:

I agree Elizabeth. We need to very cognizant of capacity (of all organizations involved) to implement/operationalize DxP whether on its own or through partnerships/vendors. Goal should be no organization gets left behind.

12:04:48 From Kevin McAvey (Manatt Health) to Everyone:

Friendly reminder for DSA SC Members to send messages to "Everyone"

12:05:35 From Rim Cothren to Everyone:

@Steven, @Elizabeth - Thanks again for helping clarify the differences between a framework versus network.

12:08:15 From Ashish Atreja, MD, UC Davis Health to Everyone:

Agree- We need to very cognizant of capacity (of all organizations involved) to implement/fund/operationalize DxF whether on its own or through partnerships/vendors. Goal should be no organization gets left behind. Also needs to be inclusive including major predictors of health/access to care delivery such as SDOH.

12:09:00 From Steven Lane MD, Sutter Health (he/him) to Everyone:

What HAS worked: ONC Information Sharing (anti Information Blocking) rules' requirement that HIE/HINs, providers and HIT vendors must share the patient data defined in USCDI Version 1. If we, in California could extend this requirement to other stakeholders it would be a HUGE win.

12:11:19 From Steven Lane MD, Sutter Health (he/him) to Everyone:

One challenge is that we are now hoping to extend the scope of information sharing requirements beyond HIPAA covered entities and actors covered by the ONC Information Sharing requirements. We may need additional legislative support if we intend to require equitable and reciprocal data sharing by new stakeholder groups.

12:16:13 From Steven Lane MD, Sutter Health (he/him) to Everyone:

While the coming federal TEFCA is incredibly promising to extend data sharing to new stakeholders and use cases, it is going to be voluntary at first and also limited to exchange based on queries for documents as defined in the Consolidated Clinical Document Architecture (C-CDA). We have an opportunity and responsibility in CA to require data sharing (access, exchange and use) well beyond query-based document exchange.

12:17:47 From Carrie Kurtural, Dept. of Developmental Services to Everyone:

The 21 RCs with developmental disability data will have an issue as we do not have an EHR. Beyond differing confidentiality requirements, the issue with the existing data (entered by RC employees), and connecting with hospital EHRs, will be a technical challenge for DDS/RCs/providers to our 379k individuals who are dd in California. Funding will likely need to be provided to fix this issue so this vulnerable population doesn't fall behind.

12:20:12 From Steven Lane MD, Sutter Health (he/him) to Everyone:

Our agreement should separately address: * stakeholders, * use cases, * data structure, * data content, * transmission standards, * privacy standards, * data security standards, * acceptable purposes for data access, * standards/requirements regarding the repurposing/reuse of data.

12:22:17 From Kevin McAvey (Manatt Health) to Everyone:

DSA SC Members - thank you all for using the chat so well. Please feel free to use it as a mechanism to document your suggestions and counsel, as we try to move through our robust agenda. Thank you!

12:23:21 From Steven Lane MD, Sutter Health (he/him) to Everyone:

We also should address issues of re-release of data by data holders. There may be stakeholders with a valid need for data access who are unable to access that data from the original source, but may be able to access a copy of the data held by another entity, e.g. a provider, HIO, public health entity, etc.

12:24:38 From Lee Tien to Everyone:

This is a question from ignorance — what is current California policy/law with respect to MPI/patient ID?

12:24:52 From Kevin McAvey (Manatt Health) to Everyone:

Please find links to all of these agreements and other resources in your Friday delivery and on our website here: https://www.chhs.ca.gov/wp-content/uploads/2021/11/CalHHS_DxF-DSA-Subcommittee_Existing-and-Forthcoming-DSAs-Resource.pdf

12:26:27 From Deven McGraw, Invitae to Everyone:

Age of these agreements was also a factor for me in how I ranked them.

12:30:08 From Deven McGraw, Invitae to Everyone:

Lee, most matching takes place through algorithms based on demographic data, whether an MPI does or doesn't exist. There is no master patient ID.

12:31:28 From Steven Lane MD, Sutter Health (he/him) to Everyone:

<https://rce.sequoiaproject.org/common-agreement-elements/>

12:35:48 From Deven McGraw, Invitae to Everyone:

CalDURSA hasn't been updated in a long time, correct? Feels like the more recent models would be a better place to start

12:37:29 From Steven Lane MD, Sutter Health (he/him) to Everyone:

<https://www.ca-hie.org/initiatives/cten/caldursa/> - Last updated July 24, 2014.

12:38:13 From Steven Lane MD, Sutter Health (he/him) to Everyone:

<https://ehealthexchange.org/dursa/> - 8/13/2019

12:39:04 From Steven Lane MD, Sutter Health (he/him) to Everyone:

<https://carequality.org/wp-content/uploads/2019/08/Carequality-Connected-Agreement-CCA-v2.0-FINAL-7-29-2019-Agreement-Only.pdf> - 7/29/19 with revision being reviewed for finalization presently.

12:49:15 From Deven McGraw, Invitae to Everyone:

+1 to Elizabeth's comment

12:51:00 From Steven Lane MD, Sutter Health (he/him) to Everyone:

<https://carequality.org/active-sites-search/> - There are >2,400 California sites/practices connected through the framework today.

12:51:26 From Lisa Matsubara (she/her) PPAC to Hosts and panelists:
some of these will be required to ensure that entities can be in compliance with the law

12:53:04 From Bill Barcellona to Everyone:

I feel that including compliance and penalties without prioritizing funding has a detrimental impact on smaller physician practices.

12:53:04 From Carrie Kurtural, Dept. of Developmental Services to Everyone:

I think we need clarification in the agreement at least on breach delegation, but simplify the requirements or as Deven says point to the law

12:53:10 From Elizabeth Killingsworth, Manifest MedEx to Everyone:

Breach notification/privacy does go back to Deven's prior comment. I would argue that individuals' right to access as well. To the extent that it is covered by law today, it may not be necessary or desirable to modify by this agreement, at least beyond what is necessary to cover connected entities that would not otherwise be covered by those applicable laws.

12:58:13 From Bill Barcellona to Everyone:

Agree with Steven's comment about reciprocity

12:58:36 From Lee Tien to Everyone:

How does reciprocity work when some entities might be under different rules (e.g. Part 2)?

12:59:10 From Lee Tien to Everyone:

I have to run to my 1 pm.

12:59:14 From Jonah Frohlich, Manatt to Hosts and panelists:

@ Lee Tien: everyone will need to operate under the same Part 2 rules

13:00:07 From Morgan Staines (he), DHCS to Everyone:

Right, Lee. Some participants won't be able to completely reciprocate. Part 2 programs are the poster child for this. They can receive data but can give almost nothing without patient consent.

13:00:09 From Steven Lane MD, Sutter Health (he/him) to Everyone:

Great job team!