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 PST)
Transcript

The following text is a transcript of the California Health & Human Services Agency Data Exchange Framework Stakeholder Advisory Group Data Sharing Agreement Subcommittee Meeting 1. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework website – to ensure accuracy.

00:00:36.780 --> 00:00:39.270
Mario Schiavi: Thank you for joining today's program will begin shortly.

00:01:31.980 --> 00:01:37.590
Mario Schiavi: and welcome to today's program my name is Mario nobody in the background answering any zoom technical questions.

00:01:38.220 --> 00:01:47.940
Mario Schiavi: If experience difficulties during this session, please type your question into the Q amp a section located at the bottom of your zoom webinar viewer and a producer will respond.

00:01:48.870 --> 00:01:56.370
Mario Schiavi: During today's event live closed captioning will be available, please click the CC button at the bottom of your zoom window to enable or disable.

00:01:57.450 --> 00:02:01.590
Mario Schiavi: mo will now cover the meeting participation options Emma.

00:02:05.220 --> 00:02:07.860
Emma Petievich, Manatt Events: At designated time spoken comment will be permitted.

00:02:11.070 --> 00:02:13.830
Emma Petievich, Manatt Events: So there are a few ways that people can participate today.

00:02:14.940 --> 00:02:21.240
Emma Petievich, Manatt Events: written comments and questions can come through the zoom Q amp a box and all comments will be recorded and reviewed by subcommittee staff.

00:02:21.900 --> 00:02:33.810

Emma Petievich, Manatt Events: participants can also submit comments and questions, as well as requested, receive data exchange framework and data sharing agreement subcommittee updates to CDI at the hhs.ca.gov if you could go to the next slide please.

00:02:39.450 --> 00:02:40.650

Emma Petievich, Manatt Events: And then one more slide please.

00:02:45.180 --> 00:02:52.170

Emma Petievich, Manatt Events: participants and sub committee members must raise their hand for zoom facilitators to unmute them to share comments and the Chair will notify participants.

00:02:52.590 --> 00:02:59.430

Emma Petievich, Manatt Events: Members of appropriate time to volunteer feedback if you logged on by a phone only press star nine on your phone to raise your hand.

00:02:59.880 --> 00:03:05.580

Emma Petievich, Manatt Events: Listen, for your phone number to be called and a selected to share your comment, please ensure you're unmuted on your phone by pressing star six.

00:03:06.210 --> 00:03:15.030

Emma Petievich, Manatt Events: If you logged on via the zoom interface just press raise hand and if selected to share you'll receive a request to unmute and please ensure you except before speaking next slide.

00:03:16.470 --> 00:03:22.260

Emma Petievich, Manatt Events: Public comment will be taken during the meeting at designated times and will be limited to the total amount of time allocated.

00:03:23.160 --> 00:03:30.120

Emma Petievich, Manatt Events: Individuals be called on an order in which their hands were raised and will be given two minutes, please state your name and organizational affiliation, when you begin.

00:03:30.780 --> 00:03:41.160

Emma Petievich, Manatt Events: participants are also encouraged to use the Q amp a to ensure all feedback is captured or, again, you can email CDI at ch hs that CA and with that i'd like to introduce.

00:03:42.420 --> 00:03:44.910

Emma Petievich, Manatt Events: teaches just chief data officer john oh honey and.

00:03:46.860 --> 00:03:54.510

John Ohanian, Cal HHS: Good morning, everyone thanks for joining us, as you can tell, we have a busy agenda, I appreciate everyone participating, we have great attendance here.

00:03:56.040 --> 00:03:58.380

John Ohanian, Cal HHS: Thank you so much to our team for.

00:03:59.400 --> 00:04:06.990
John Ohanian, Cal HHS: shaping us and bringing us together we're really excited to have you here for our first meeting but i'd love to do is just go through and.

00:04:07.290 --> 00:04:17.130
John Ohanian, Cal HHS: roll call our committee members and and after a pronounced you if you can just let us know you're here, that would be great i'm going to start at the top, if you can go to the next slide please.

00:04:21.060 --> 00:04:27.420
John Ohanian, Cal HHS: From uc Davis chief information officer and chief digital health officer, but she's a trail.

00:04:31.410 --> 00:04:36.630
John Ohanian, Cal HHS: Americas america's physician groups executive Vice President for government affairs to Barcelona.

00:04:41.160 --> 00:04:47.340
John Ohanian, Cal HHS: You some links chief information security officer chair Jen Aaron present.

00:04:49.500 --> 00:04:49.770
John Ohanian, Cal HHS: At.

00:04:51.060 --> 00:04:52.440
John Ohanian, Cal HHS: Private practice attorney.

00:04:52.860 --> 00:04:53.490
John Ohanian, Cal HHS: Charlie Brown.

00:04:54.840 --> 00:04:56.040
John Ohanian, Cal HHS: Here hi john.

00:04:58.290 --> 00:05:03.120
John Ohanian, Cal HHS: Kelly well for directors association of California Lee county consultant Louise Cordero.

00:05:04.350 --> 00:05:04.770
John Ohanian, Cal HHS: Carson.

00:05:06.600 --> 00:05:07.140
Louis Cretaro CWDA: Thank you.

00:05:07.680 --> 00:05:12.030
John Ohanian, Cal HHS: For manifest as X general counsel and chief privacy officer Elizabeth killings work.

00:05:16.140 --> 00:05:19.200
John Ohanian, Cal HHS: From Kaiser permanente in your counsel Helen cam.

00:05:22.290 --> 00:05:26.970
John Ohanian, Cal HHS: From health band director of electronic medical records and health information exchange, Patrick.

00:05:27.780 --> 00:05:28.560
Patrick Kurlej: Hello good morning.

00:05:31.170 --> 00:05:36.150
John Ohanian, Cal HHS: California department of developmental services attorney and privacy officer Carey Chris right.

00:05:37.980 --> 00:05:40.650
Carrie Kurtural, Dept. of Developmental Services: Here, its cultural things.

00:05:41.550 --> 00:05:42.330
Cultural.

00:05:43.530 --> 00:05:45.870
John Ohanian, Cal HHS: eyeglasses glasses are not as clean, this morning I apologize.

00:05:47.820 --> 00:05:52.800
John Ohanian, Cal HHS: apologize in advance to everyone on please go to the park, you can go to the next slide Thank you.

00:05:54.390 --> 00:06:01.500
John Ohanian, Cal HHS: From sutter health Palo Alto medical foundation clinical informatics director family physician Steven Lee morning.

00:06:02.970 --> 00:06:11.280
John Ohanian, Cal HHS: morning planned parenthood affiliates of California general counsel and Vice President of policy Lisa must, to borrow.

00:06:12.990 --> 00:06:13.500
Lisa Matsubara (she/her) PPAC: morning.

00:06:14.850 --> 00:06:15.330
morning.

00:06:16.440 --> 00:06:23.370
John Ohanian, Cal HHS: from any retires lead data stewardship and data sharing citizen platform, the oven mcgraw.

00:06:24.180 --> 00:06:25.410
Deven McGraw, Invitae: i'm here it's in detail.

00:06:26.190 --> 00:06:27.300
But that was close enough job.

00:06:30.030 --> 00:06:36.210
John Ohanian, Cal HHS: By eight meetings and if I still am working on it, you know you guys, have a lot of a lot of work to do with me thank you.

00:06:37.950 --> 00:06:44.970
John Ohanian, Cal HHS: definitely go department of public health chief information officer Eric breath and morning afternoon or evening, thank you.

00:06:47.130 --> 00:06:47.940
John Ohanian, Cal HHS: Good morning to.

00:06:48.270 --> 00:06:53.580
John Ohanian, Cal HHS: California Department of Health care services privacy officer and assistant chief counsel Morgan same.

00:06:54.600 --> 00:06:55.320
Morgan Staines (he), DHCS: morning everybody.

00:06:56.850 --> 00:06:57.210
John Ohanian, Cal HHS: morning.

00:06:58.500 --> 00:07:06.030
John Ohanian, Cal HHS: common spirit health system of system Vice President data interoperability and compliance Ryan Stewart morning.

00:07:07.920 --> 00:07:15.810
John Ohanian, Cal HHS: For my electronic frontier foundation legislative director and Adams chair for Internet rights lead to.

00:07:16.920 --> 00:07:17.250
John Ohanian, Cal HHS: hear.

00:07:19.560 --> 00:07:19.980
John Ohanian, Cal HHS: The morning.

00:07:20.250 --> 00:07:28.440
John Ohanian, Cal HHS: Los Angeles county department of public health services, acting director of whole person Charolais Belinda waldman morning.

00:07:30.390 --> 00:07:38.610
John Ohanian, Cal HHS: Good morning, and finally, health care partners director of health information technology, privacy and security officer tell Terry wilcox.

00:07:39.330 --> 00:07:40.020
John Ohanian, Cal HHS: Good morning.

00:07:41.850 --> 00:07:42.360
John Ohanian, Cal HHS: morning.

00:07:43.800 --> 00:07:50.070
John Ohanian, Cal HHS: Well, what i'd like to do, I really appreciate everyone joining, and we want to welcome also the members of the public, better here as well.

00:07:51.210 --> 00:08:00.900
John Ohanian, Cal HHS: We are just shared kind of our objectives for this first meeting together and kind of the vision of what we're we haven't planned for it, so you can please go to the next slide.

00:08:02.130 --> 00:08:11.370
John Ohanian, Cal HHS: I feel like our vision is is really well stated here when I go to you receive this as I had but i'd like to read through it just so we can all kind of have the same perspective.

00:08:12.120 --> 00:08:19.920

John Ohanian, Cal HHS: We envisioned that every California and the health and human service providers and the organizations that care for them will have timely and secure access.
00:08:20.280 --> 00:08:29.070
John Ohanian, Cal HHS: To usable life electronic information that is needed to address for health and social needs and enable the effective and equitable delivery.
00:08:29.580 --> 00:08:41.130
John Ohanian, Cal HHS: of services to improve their lives and well being, and I would say, we went through a number of words missing on this one, but I feel like we landed in hitting the key areas and the things that are most important.
00:08:41.850 --> 00:08:47.460
John Ohanian, Cal HHS: To all of us that that serve on the advisory group and hope that cheers a nice vision of how we're going.
00:08:48.960 --> 00:08:50.250
John Ohanian, Cal HHS: If you can go to the next slide please.
00:08:53.400 --> 00:09:04.170
John Ohanian, Cal HHS: So when we envision data, the data exchange and our and our goal together the legislation that that guides this is really that top part but.
00:09:04.830 --> 00:09:16.050
John Ohanian, Cal HHS: The legislative requirements required because I guys are work is a call applicable entities and organizations must execute a single data sharing agreement prior to January 31 2023.
00:09:16.530 --> 00:09:26.130
John Ohanian, Cal HHS: Which is really just around the corner and so it's an ambitious goal when we look at our currency, we really want to build upon what's there.
00:09:27.030 --> 00:09:34.110
John Ohanian, Cal HHS: I think we have a unique opportunity in the state with the leadership of the Secretary and the governor putting out there are charged, that we will.
00:09:35.070 --> 00:09:44.010
John Ohanian, Cal HHS: We will move forward in in sharing and so we don't want to fix what's what what's working and obviously we want to fix what's not working.
00:09:44.730 --> 00:09:56.700
John Ohanian, Cal HHS: We want to lay a foundation for a robust data exchange that will improve the health of California, and so you can envision our future state with us and happy to have you guys apart on this journey and go the next slide.
00:10:00.150 --> 00:10:01.680
John Ohanian, Cal HHS: So our meeting objectives today.
00:10:02.370 --> 00:10:13.560

John Ohanian, Cal HHS: we're going to take a look at the requirements to we're going to take you through some background, both on our exchange framework and the discussions that we've had over the past couple months with our advisory group to then kick off this subcommittee.

00:10:13.980 --> 00:10:19.890
John Ohanian, Cal HHS: we're going to look at our Charter in the process of how we're going to get this work done as we mentioned a short months away.

00:10:20.940 --> 00:10:30.900
John Ohanian, Cal HHS: we're going to also develop an understanding of both the existing and emerging frameworks that are out there there's a lot of great practices out there that we can build on.

00:10:31.680 --> 00:10:45.270
John Ohanian, Cal HHS: And we're going to discuss the options for the potential content of the data sharing agreement and just get started on that so a lot of work to do, i'm going to then just kind of explain and jump into a couple of comment and then we're going to get to work.

00:10:49.590 --> 00:10:59.670
John Ohanian, Cal HHS: Okay, public comments going to work is you can insert a comment into the Q amp a or otherwise, you can raise your hand using the zoom teleconferencing option.

00:11:00.180 --> 00:11:06.690
John Ohanian, Cal HHS: And when you do that you'll be called on in the order that your hand was raised, if you can please just speak your name and organization.

00:11:07.170 --> 00:11:16.500
John Ohanian, Cal HHS: If you can please keep your comments for each been respectful and Emma will recognize individuals and when we take you off mute I believe you have two minutes for public comment.

00:11:19.170 --> 00:11:21.120
John Ohanian, Cal HHS: So with that we will open public comments.

00:11:33.330 --> 00:11:35.280
Emma Petievich, Manatt Events: don't see any hands raised at this time.

00:11:42.450 --> 00:11:42.960
Okay.

00:11:44.520 --> 00:11:49.650
John Ohanian, Cal HHS: We can five more seconds and make sure everyone can find the unmute button and jump in.

00:11:51.420 --> 00:11:54.750
John Ohanian, Cal HHS: With that then i'm going to close public comment.

00:11:56.580 --> 00:11:58.530

John Ohanian, Cal HHS: and move on to the next agenda.
00:12:04.560 --> 00:12:09.240
John Ohanian, Cal HHS: Excellent so it's now my pleasure to hand this off to.
00:12:09.810 --> 00:12:24.330
John Ohanian, Cal HHS: Courtney Hansen, and with our team and you'll meet her and Jennifer Schwartz Google speeding and guide them, I just want to thank them very much they are part of our CDI team phenomenal leaders bait and I wanted to work with both of them so Courtney Europe, thank you.
00:12:27.300 --> 00:12:38.160
Courtney Hansen, CalHHS (she/her): Good morning Thank you so much john as john mentioned my name is Courtney Hansen, and I am the assistant chief counsel of the Center for data insights of innovation.
00:12:40.950 --> 00:12:42.540
Courtney Hansen, CalHHS (she/her): I losing my slides.
00:12:46.170 --> 00:13:02.790
Courtney Hansen, CalHHS (she/her): There we are so I do want to say you will be seeing quite a bit of me, as well as my colleague and chief counsel Jennifer Schwartz you will be seeing a bit more of Jennifer in the coming months as I will be going out on maternity leave shortly and will we join you all the spring.
00:13:03.960 --> 00:13:15.630
Courtney Hansen, CalHHS (she/her): Jennifer and I are primary role is to develop the drafts of the data sharing agreement based on the feedback and discussions from this group's review we really look forward to our work ahead with you.
00:13:17.130 --> 00:13:29.790
Courtney Hansen, CalHHS (she/her): So now we're going to take a minute to go through, just a quick overview of the ab 133 which really sets our charge so as you all know, at 133 was signed, earlier this year.
00:13:30.780 --> 00:13:39.270
Courtney Hansen, CalHHS (she/her): It requires that cal hhs established the stakeholder advisory group to develop a data exchange framework for health information exchange in California.
00:13:40.440 --> 00:13:51.870
Courtney Hansen, CalHHS (she/her): It also requires, notably for us a the development of a single data sharing agreement by July 1 2022 that will all named entities will need to sign on to.
00:13:53.700 --> 00:13:59.820
Courtney Hansen, CalHHS (she/her): Our group is going to take the lead on developing the draft Single data sharing agreement to recommend the advisory group.
00:14:01.200 --> 00:14:06.480

Courtney Hansen, CalHHS (she/her): As you see, we have a lot to do in a very short period of time next slide.

00:14:09.030 --> 00:14:24.150

Courtney Hansen, CalHHS (she/her): I want to emphasize that the data exchange framework will be technology agnostic, we will not support one technology solution over another, the data exchange frameworks charges instead to develop the framework for how HIV should be enacted in California.

00:14:26.130 --> 00:14:33.330

Courtney Hansen, CalHHS (she/her): In addition to developing the single data sharing agreement this group may be asked to take a look at a common set of policies and procedures.

00:14:33.990 --> 00:14:43.560

Courtney Hansen, CalHHS (she/her): However, this group will not be the ones tasked with developing the policies and procedures, instead, our focus is really developing that single data sharing agreement.

00:14:44.820 --> 00:14:45.420

Courtney Hansen, CalHHS (she/her): Next slide.

00:14:48.360 --> 00:14:54.330

Courtney Hansen, CalHHS (she/her): Here the entity is that will need to sign on to the data sharing agreement by July 31 2023.

00:14:55.860 --> 00:15:02.550

Courtney Hansen, CalHHS (she/her): So we have a lot of different diverse entities that we need to take into account in developing this agreement.

00:15:04.020 --> 00:15:14.220

Courtney Hansen, CalHHS (she/her): Please note there's also additional smaller entities that will be required to sign on to the agreement by a later date, we really have a big charge ahead of us next slide.

00:15:16.980 --> 00:15:24.000

Courtney Hansen, CalHHS (she/her): So everyone 33 really requires health information to be included in the health information exchange and health information exchange.

00:15:24.750 --> 00:15:34.470

Courtney Hansen, CalHHS (she/her): However, I do want to note that at 133 also requires that we consider how to include social determinants of health which have largely been excluded from HIV.

00:15:35.550 --> 00:15:43.020

Courtney Hansen, CalHHS (she/her): To that end, this group will consider whether and how social services information can be included in the data sharing agreement.

00:15:45.660 --> 00:15:46.320

Courtney Hansen, CalHHS (she/her): Next slide.

00:15:50.670 --> 00:15:58.230
Jennifer Schwartz, CalHHS (she/her): So thank you so much Courtney good morning everyone, as already introduced i'm Jennifer shorts i'm CDI as chief counsel.

00:15:58.560 --> 00:16:05.370
Jennifer Schwartz, CalHHS (she/her): there's a lot to get through today, so I want to thank everyone in advance for your patience we're going to take a few minutes to go over the Charter and the work plan.

00:16:05.700 --> 00:16:15.240
Jennifer Schwartz, CalHHS (she/her): The goal is to approve the Charter today we do really, really want your feedback, so please speak up put your comments in the chat, let us hear your voice next slide please.

00:16:17.340 --> 00:16:32.190
Jennifer Schwartz, CalHHS (she/her): First let's talk about the purpose and role of the Subcommittee, the purpose is to develop language for a single data sharing agreement or roles to discuss suggestions and recommendations as a group review draft language and submit formal recommendations to the advisory group.

00:16:33.330 --> 00:16:34.170
Jennifer Schwartz, CalHHS (she/her): Next slide please.

00:16:36.300 --> 00:16:51.480
Jennifer Schwartz, CalHHS (she/her): This particular group the subcommittee will consider and submit recommendations on any challenges or barriers to the creation of a single statewide data sharing agreement or dsa, for example, recommendations of any legal changes that might need to be done to support one.

00:16:52.980 --> 00:16:58.350
Jennifer Schwartz, CalHHS (she/her): we're here to ensure that the standards that are in this agreement are consistent with the law or policy.

00:16:58.920 --> 00:17:11.310
Jennifer Schwartz, CalHHS (she/her): And we're here to consider the point of view of the signatories and challenges or benefits they may have were going to consider the points of view of health information organizations or he knows and health information exchanges or hr.

00:17:12.420 --> 00:17:17.190
Jennifer Schwartz, CalHHS (she/her): And this group will review and make recommendations to questions raised by the Advisory Group.

00:17:18.540 --> 00:17:19.320
Jennifer Schwartz, CalHHS (she/her): Next slide please.

00:17:21.450 --> 00:17:30.330

Jennifer Schwartz, CalHHS (she/her): Please note that the subcommittee is the subject matter expert team and makes recommendations for the advisory group to consider it doesn't really have any decision making authority.
00:17:30.870 --> 00:17:39.180
Jennifer Schwartz, CalHHS (she/her): We will discuss issues and suggestions to get the best product, we can and we will attempt to gain consensus for recommendations to the advisory group to consider.
00:17:39.690 --> 00:17:48.060
Jennifer Schwartz, CalHHS (she/her): will be meeting monthly and like today's meeting there'll be materials that need to be reviewed in advance to get the most out of our time together next slide please.
00:17:53.430 --> 00:18:00.360
Jennifer Schwartz, CalHHS (she/her): We very much appreciate your time, we know that you're busy, and that you have many other priorities and workload we value your help and input.
00:18:00.810 --> 00:18:07.860
Jennifer Schwartz, CalHHS (she/her): We absolutely cannot do this without you we want to thank you in advance for attending and participating and investing your time with us.
00:18:08.250 --> 00:18:15.360
Jennifer Schwartz, CalHHS (she/her): Our goal is to get to yes to support the legislature's and the governor's vision for health information exchange framework in California.
00:18:15.810 --> 00:18:28.230
Jennifer Schwartz, CalHHS (she/her): We all want to ensure Californians have equal access to quality care, we are very excited to hear your creative solutions to help us get to yes on a single statewide data sharing agreement next slide please.
00:18:31.080 --> 00:18:40.890
Jennifer Schwartz, CalHHS (she/her): Tell hhs is responsible to help move this process forward, I want to thank john doe haney and for his work and leadership as our Subcommittee chair next slide please.
00:18:42.900 --> 00:18:48.270
Jennifer Schwartz, CalHHS (she/her): This time i'd like to open it up to folks for any feedback questions or concerns about the draft Charter.
00:18:54.090 --> 00:18:57.060
Jennifer Schwartz, CalHHS (she/her): Yes, Stephen it looks like you have your hand raised yeah.
00:18:57.210 --> 00:18:59.370

Steven Lane MD, Sutter Health (he/him): Thank you so much, can you hear me okay Jennifer.

00:18:59.790 --> 00:19:11.850
Steven Lane MD, Sutter Health (he/him): Yes, wonderful, so I think the terminology in the Charter challenges me a little bit because it when I read it, it sort of as soon as we're going to write.

00:19:12.270 --> 00:19:20.910
Steven Lane MD, Sutter Health (he/him): A data sharing agreement that will cover everything that is needed to support sharing across the state, and I think that's frankly unrealistic.

00:19:21.150 --> 00:19:37.320
Steven Lane MD, Sutter Health (he/him): Given the time available, and the complexity of the issues you know, there are as as we've all learned multiple existing national data sharing agreements that are out there that have taken decades to evolve and have deep.

00:19:37.980 --> 00:19:51.330
Steven Lane MD, Sutter Health (he/him): groups of people who are maintaining them from both a technical and a legal and an operational standpoint to to attempt to or to even think that we could replicate that kind of infrastructure.

00:19:51.810 --> 00:20:07.530
Steven Lane MD, Sutter Health (he/him): To maintain a parallel California agreement, I think, is is probably not not wise, so I would suggest, as we look at the terminology and the Charter that we stay open to the idea that we might point to other agreements.

00:20:08.160 --> 00:20:18.150
Steven Lane MD, Sutter Health (he/him): that are already covering much of the need to hear and avoid replicating or attempting to keep up with everything else that's going on.

00:20:18.570 --> 00:20:28.110
Steven Lane MD, Sutter Health (he/him): I mean we those agreements really do evolve as they're evolving use cases stakeholder groups and technical advances.

00:20:28.380 --> 00:20:34.350
Steven Lane MD, Sutter Health (he/him): And, as I say, there's a lot of people doing a lot of work to do that, that that we, we are not prepared to do here.

00:20:34.650 --> 00:20:45.510
Steven Lane MD, Sutter Health (he/him): I think that our agreement rather should focus on identifying and closing the gaps that may exist in the existing agreement or agreements that we may point to.

00:20:45.780 --> 00:20:54.180
Steven Lane MD, Sutter Health (he/him): And that, then we can modify our California agreement over time, as you know, the master agreement address and incorporate.

00:20:54.750 --> 00:21:00.360
Steven Lane MD, Sutter Health (he/him): The gaps that we have identified, I think we have the opportunity to really be at the forefront of this.

00:21:00.570 --> 00:21:12.930
Steven Lane MD, Sutter Health (he/him): In California identifying those gaps in existing agreements addressing them and then having that feedback to the national agreements so that everybody can benefit from the hard work that we do.

00:21:13.410 --> 00:21:20.910
Steven Lane MD, Sutter Health (he/him): And then, finally, I would just say I think it's really important that whatever agreement we come up with points to the federal versa.

00:21:21.270 --> 00:21:27.930
Steven Lane MD, Sutter Health (he/him): Because that is the only agreement that supports exchange with the Federal partners, the va the do D, the SSA.

00:21:28.260 --> 00:21:42.060
Steven Lane MD, Sutter Health (he/him): Who are obviously critical exchange partners for many of us in California certainly all the provider organizations and many of the social service organizations that are helping to support people and getting disability and managing their benefits.

00:21:42.630 --> 00:21:51.450
Steven Lane MD, Sutter Health (he/him): So I think that, whether you know whether we point to the director, directly or by some other means you know all you attorneys can help us figure that out, but.

00:21:51.900 --> 00:22:03.210
Steven Lane MD, Sutter Health (he/him): But when you know we, we will need in California, to be able to exchange with the Federal partners, whether it's through direct exchange through the health exchange or through the care quality framework.

00:22:03.390 --> 00:22:16.770
Steven Lane MD, Sutter Health (he/him): of which he health exchanges apart, so I just wanted to throw that out there as a way to potentially kind of re re envision what would be the role of our California agreement as it relates to all these other agreements.

00:22:17.490 --> 00:22:24.960
Jennifer Schwartz, CalHHS (she/her): And, and what you're saying is probably on the minds of many people and we absolutely want to hear that feedback.

00:22:25.410 --> 00:22:35.730
Jennifer Schwartz, CalHHS (she/her): reason why what you're seeing in the Charter is of what you're seeing is because that's what the legislation says, however, what is critical to note is that if it's not something that we can achieve.

00:22:36.390 --> 00:22:45.300

Jennifer Schwartz, CalHHS (she/her): that's where the recommendations come in our conversations today will include barriers and challenging and challenges to creating a single statewide agreement.
00:22:45.630 --> 00:22:54.960
Jennifer Schwartz, CalHHS (she/her): These some of what you've mentioned are barriers and challenges to doing that and what we want to do in the Subcommittee, in particular, today, is talk through what that is you know.
00:22:55.230 --> 00:23:01.500
Jennifer Schwartz, CalHHS (she/her): Should we have a recommendation that maybe changes the legislation and talks through re envisioning what this looks like.
00:23:01.980 --> 00:23:08.790
Jennifer Schwartz, CalHHS (she/her): What does that look like so we're definitely going to have a space here to talk through that a little bit more coming up in our.
00:23:09.240 --> 00:23:21.150
Jennifer Schwartz, CalHHS (she/her): In our slides so that we all can kind of get on the same page with respect to what, what does this look like you know, is this where we need or can go if not you know where should we go, what does that look like.
00:23:21.570 --> 00:23:35.910
Jennifer Schwartz, CalHHS (she/her): And so, and I recognize that there are other hands raised and I do want to make sure that we do what we said, which is to go in the order, I actually can't see everyone with hand so i'm wondering if maybe I can get some help from somebody who can.
00:23:36.870 --> 00:23:37.230
Steven Lane MD, Sutter Health (he/him): raise.
00:23:37.260 --> 00:23:41.340
Steven Lane MD, Sutter Health (he/him): hands tend to float to the top of your screen grabs The only other one.
00:23:41.730 --> 00:23:42.930
Jennifer Schwartz, CalHHS (she/her): Okay Devon, thank you.
00:23:44.580 --> 00:23:58.710
Deven McGraw, Invitae: Okay, great so I actually we wouldn't be doing our jobs for the committee that we report to if we didn't come up with recommendations for what needs to be in a California agreement that's the linchpin.
00:23:59.130 --> 00:24:04.590
Deven McGraw, Invitae: Of the data sharing expectations that were set by the legislature, it happens in the agreement.
00:24:04.950 --> 00:24:17.370

Deven McGraw, Invitae: Whether we use and leverage existing agreements in order to shape that I think that absolutely makes sense, there are a number of them, in addition to the federal Teresa and the.

00:24:17.790 --> 00:24:23.220

Deven McGraw, Invitae: calton we got a great set of materials from folks and in preparing for this, and many of us.

00:24:23.550 --> 00:24:31.080

Deven McGraw, Invitae: have a lot of experience with one or more of those agreements, so we certainly don't need to reinvent the wheel, necessarily, but I think.

00:24:31.500 --> 00:24:40.260

Deven McGraw, Invitae: To me, the Charter spoke very well to our ultimate task which is there needs to be an agreement it's the linchpin of the data sharing expectations.

00:24:40.680 --> 00:24:53.100

Deven McGraw, Invitae: Out of the bill, and we need to do the best job that we can in order to make recommendations about what has to be in california's version in order to facilitate exchange in the state consistent, of course, with what's going on at federal level.

00:24:57.600 --> 00:25:07.530

Jennifer Schwartz, CalHHS (she/her): I believe I saw that lead tn also had his hand raised, I just want to make sure that if that was true he has an opportunity i'm not ignoring you Devon.

00:25:08.250 --> 00:25:11.910

Deven McGraw, Invitae: And i'm done and i'm looking for i'm trying to remember how I learned my hands never made it.

00:25:13.170 --> 00:25:13.770

Deven McGraw, Invitae: Thank you.

00:25:14.100 --> 00:25:25.860

Lee Tien: I accidentally raised my hand Jennifer was I I was looking for the reactions thing which is different than this one and it's like I didn't realize, I was automatically raising my hand so i'll shut up now.

00:25:31.980 --> 00:25:39.330

Jennifer Schwartz, CalHHS (she/her): So we do have some additional time for discussion, so it sounds like oh Louis Louis go for it.

00:25:41.940 --> 00:25:57.360

Louis Cretaro CWDA: I am sorry I just a little weight and gathering my thoughts and I I was trying to be mindful of the of the Labor that has been specified in and the duration of the time taken to create the existing.

00:25:58.770 --> 00:26:10.890

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Louis Cretaro CWDA: frameworks and also recognizing that we've asked for the inclusion of social service data into you know where possible into this framework, and that would.

00:26:11.700 --> 00:26:23.220
Louis Cretaro CWDA: Obviously, take us away from some of the existing framework so we'd almost have to come up with a compromise where we definitely leverage and existing framework.

00:26:24.330 --> 00:26:24.990
Louis Cretaro CWDA: And then.

00:26:26.160 --> 00:26:27.660
Louis Cretaro CWDA: You know, having additional.

00:26:28.680 --> 00:26:38.190
Louis Cretaro CWDA: augmentation to it, it might give us the benefit of both of the Labor, of the other groups to sustain it with with our additional.

00:26:39.270 --> 00:26:48.180
Louis Cretaro CWDA: elements, if you will, for to the framework so that they could do the heavy lifts in the work that they've already done with the resources they have.

00:26:48.720 --> 00:27:03.870
Louis Cretaro CWDA: And then, our system sort of augmentation to it that's what came to mind I don't know how we well, I appreciate not having to pick up then lift if we don't have certainly on the resources, I was trying to think of how we can satisfy our needs.

00:27:05.400 --> 00:27:13.920
Louis Cretaro CWDA: It if we just simply did that we couldn't and so maybe we we hybrid it somehow that's just my thought, thank you.

00:27:14.850 --> 00:27:16.500
Jennifer Schwartz, CalHHS (she/her): And to go to devon's and to.

00:27:16.500 --> 00:27:24.930
Jennifer Schwartz, CalHHS (she/her): louis's point with respect to all of the hard work that's been performed with existing agreements, we will be talking about.

00:27:25.530 --> 00:27:31.500
Jennifer Schwartz, CalHHS (she/her): what's to love in those existing agreements what's missing from those existing agreements can we leverage.

00:27:31.950 --> 00:27:42.630
Jennifer Schwartz, CalHHS (she/her): An agreement, maybe cut from other agreements and take pieces and move them around, so we are going to have a conversation a little bit later about the survey that you filled out.

00:27:43.080 --> 00:27:56.160
Jennifer Schwartz, CalHHS (she/her): The survey results and the existing agreements and the different elements or terms within those agreements as well, so just to kind of

get you some understanding of where we're headed and then I believe Lee you do still okay.

00:27:56.400 --> 00:28:03.450
Lee Tien: Thank you i'm it is intentional, because I actually like recollecting my train of thought so very quickly.

00:28:04.410 --> 00:28:13.830
Lee Tien: To related things the first is, you know I how I spent a lot of time with various of these kinds of agreements back in 2014 great and that I left.

00:28:14.130 --> 00:28:30.990
Lee Tien: The sort of the space for a while, as you know, and now i'm back in it, partly because of the pandemic and the way it really exposed a lot of the information flow and data confidentiality and back end.

00:28:31.410 --> 00:28:43.380
Lee Tien: data flow concerns that you have have has always had on in terms of how data flows throughout the information economy, so one as a person who is relatively ignorant of.

00:28:43.740 --> 00:28:55.800
Lee Tien: of what has happened in the last few years i'm wondering if there's anything like a backgrounder or a document that relatively you know objectively looks at.

00:28:56.310 --> 00:29:08.010
Lee Tien: How these agreements have fared in the last few years, particularly under pressure or within the context of the tab pandemic, to make sure that we have the.

00:29:08.730 --> 00:29:24.000
Lee Tien: You know that we're in sort of a relatively sane one same page in terms of understanding what the common problems or not have been and then for myself, because we are very consumer privacy patient privacy.

00:29:24.600 --> 00:29:39.450
Lee Tien: focus it feels and I will just say this because I don't know if everyone agrees, but I have been concerned over during in California do, since the pandemic about the way that the executive branch has been.

00:29:40.980 --> 00:29:52.500
Lee Tien: of public and private sort of data flows around contact racing around pandemic information, including public health and research access, so I want so.

00:29:53.010 --> 00:30:01.560
Lee Tien: i'm just saying that you know, for my part of my contribution in this room my concerns for being here is to try to make sure that we are not.

00:30:02.670 --> 00:30:11.100
Lee Tien: getting worse, at any of those things that we're actually doing something in this process to to pick up some of what I feel I have been.

00:30:11.430 --> 00:30:20.010
Lee Tien: In data leaks or data spills through out the system that we may not fully be aware of, right now, and you know i'm happy to take any kind of.

00:30:20.400 --> 00:30:31.110
Lee Tien: learnings or education or knowledge and experience that other people in this group have to, because I know i'm I am not as well, but those are the things that i've been concerned about thanks.

00:30:31.740 --> 00:30:40.110
Jennifer Schwartz, CalHHS (she/her): Absolutely, and just so folks know we are going to do sort of a high level overview of the different agreements at very high level.

00:30:41.640 --> 00:30:50.730
Jennifer Schwartz, CalHHS (she/her): i'm not sure to what extent leave that anything exists with respect to sort of that study on how these agreements have held up, if you will.

00:30:51.300 --> 00:30:59.850
Jennifer Schwartz, CalHHS (she/her): But I think that's where the sub committee members can assist us with giving us their insights and their experiences using these documents and.

00:31:00.090 --> 00:31:15.450
Jennifer Schwartz, CalHHS (she/her): You know whether there are gaps, whether you know there's something that we could do to you know tighten it or to make it more usable those kinds of that kind of feedback is what we're really hoping to to get out of today and future discussions Stephen I think you have another.

00:31:15.900 --> 00:31:27.690
Steven Lane MD, Sutter Health (he/him): yeah another comment, thank you, I really I really appreciate devon's point that the legislation calls for an agreement and I don't I don't argue with that you know, we need to have a California agreement.

00:31:27.960 --> 00:31:35.490
Steven Lane MD, Sutter Health (he/him): My question was whether it needs to be completely standalone covering everything soup to NUTS technology use cases.

00:31:35.790 --> 00:31:43.320
Steven Lane MD, Sutter Health (he/him): You know stakeholders, etc, or whether we could point to other agreements and then as those other agreements evolve.

00:31:43.560 --> 00:31:52.140
Steven Lane MD, Sutter Health (he/him): You know, with technology advances, etc, that we could then review and approve, you know pointing to the latest version of those agreements in across.

00:31:52.350 --> 00:32:03.840

Steven Lane MD, Sutter Health (he/him): The health it ecosystem, this is very commonly done where we're standards advance, and you know if we have to have a standalone agreement, we have to rewrite it every time any standard advances.
00:32:04.860 --> 00:32:18.120
Steven Lane MD, Sutter Health (he/him): We will need to make recommendations about who's going to do that work, you know what is the army of people who are going to monitor all of that, and make those changes, you know, on on an intermittent basis that that was the point I was trying to make.
00:32:19.500 --> 00:32:20.040
Jennifer Schwartz, CalHHS (she/her): Thank you.
00:32:21.120 --> 00:32:30.090
Jennifer Schwartz, CalHHS (she/her): So why don't we go ahead and we want to make sure we actually have time to dive into some of those things that everybody has raised, and we still need to do a little bit of background.
00:32:30.540 --> 00:32:45.390
Jennifer Schwartz, CalHHS (she/her): an overview, so why don't we sort of for a moment, take a take a focus on the Charter, I just want to get a sense of the Charter, really, in large part, has a reiteration of what the law says.
00:32:45.900 --> 00:32:56.610
Jennifer Schwartz, CalHHS (she/her): And and pretty much in key point, it talks about that so and and it uses some of the language from the law itself, which you know is fairly.
00:32:57.480 --> 00:33:07.980
Jennifer Schwartz, CalHHS (she/her): Sophisticated as opposed to clear in plain language um so i'm wondering if with the understanding that we're going to have opportunities to talk through all of these different things.
00:33:08.520 --> 00:33:18.480
Jennifer Schwartz, CalHHS (she/her): Whether we have one standalone agreement or whether we point to other agreements, whether we say hey we can't do it in the time frame all of those things will have an opportunity to talk about.
00:33:19.560 --> 00:33:20.640
Jennifer Schwartz, CalHHS (she/her): The Charter itself.
00:33:21.630 --> 00:33:37.470
Jennifer Schwartz, CalHHS (she/her): Is this something that folks can adopt can we agree that you know the legislation is what it is and but our role is to do our best to see if we can achieve that, and if we can provide recommendations and jonah it looks like you want to step in why don't you go ahead and do.
00:33:37.470 --> 00:33:37.710
That.

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00:33:40.650 --> 00:33:44.700
Jonah Frohlich, Manatt: Just hope you can hear me but i'm wondering if we might take stephen's.

00:33:46.020 --> 00:33:54.210
Jonah Frohlich, Manatt: comment and, perhaps, and then the language to suggest that, wherever possible, we will use and leverage existing Federal and State agreements.

00:33:55.620 --> 00:34:05.100
Jonah Frohlich, Manatt: and reduce any amount of duplication and the agreement that needs to be developed and under this process, and if that would be agreeable because I think he makes a really good point.

00:34:05.550 --> 00:34:12.240
Jonah Frohlich, Manatt: We don't want to like recreate this from scratch, we want this is going to be something that thousands of institutions are going to need to sign.

00:34:12.780 --> 00:34:26.160
Jonah Frohlich, Manatt: In California by law, so it needs to be minimally encumbered with reams of requirements, most of those have been taken care of already in the federal agreements or the calendar Sarah the federal versa.

00:34:27.390 --> 00:34:43.110
Jonah Frohlich, Manatt: extent, I think that we can leverage them and just point to that with some language change it probably needs a sentence and the Charter, and I think it's a good I think it's a good practice for us to to follow that guidance, I would recommend that if others agree before.

00:34:44.400 --> 00:34:45.480
Jonah Frohlich, Manatt: Before entertaining some.

00:34:46.650 --> 00:34:49.860
Jonah Frohlich, Manatt: emotion, if a word to to move forward with this.

00:34:52.260 --> 00:34:53.790
Jennifer Schwartz, CalHHS (she/her): Is because I think we did.

00:34:53.820 --> 00:34:55.200
Jonah Frohlich, Manatt: make clear that the.

00:34:55.440 --> 00:34:57.000
Jennifer Schwartz, CalHHS (she/her): The goal is to leverage what's.

00:34:57.060 --> 00:35:06.630
Jennifer Schwartz, CalHHS (she/her): in existence so and I feel like we fail to level set without, at the beginning, so I apologize for that, if that was unclear, but Stephen you had something that was.

00:35:06.660 --> 00:35:10.650
Steven Lane MD, Sutter Health (he/him): One other comment is at the bottom of page one, where we have that.

00:35:10.680 --> 00:35:17.490
Steven Lane MD, Sutter Health (he/him): last paragraph, where we say, including and then we list a few of the agreements, I would say, including but not limited to.

00:35:18.120 --> 00:35:29.010
Steven Lane MD, Sutter Health (he/him): Because there are other you know we don't have, for example, the care quality connected agreement here, even though we for it we've talked about it, I think, for the Charter we should probably just create that added flexibility for group.

00:35:40.590 --> 00:35:43.770
Jennifer Schwartz, CalHHS (she/her): So where other folks in agreement will make some modifications.

00:35:44.280 --> 00:36:01.110
Jennifer Schwartz, CalHHS (she/her): To the language of the Charter to specifically refer that we're not really going to reinvent the wheel in large part we're going to do what we can to leverage existing language existing work, as well as make that change that Steven mentioned does that work for folks yes.

00:36:03.000 --> 00:36:05.280
Jennifer Schwartz, CalHHS (she/her): And then I don't want to speak for.

00:36:07.050 --> 00:36:09.540
Jennifer Schwartz, CalHHS (she/her): jonah or Kevin or lamar but.

00:36:11.310 --> 00:36:21.120
Jennifer Schwartz, CalHHS (she/her): Is this something that maybe we could bring back to the group showing them some track changes and then next meeting, maybe we can finalize and vote on on approving the Charter How does that sound.

00:36:25.470 --> 00:36:26.070
Ashish Atreja, MD, UC Davis Health: sounds good.

00:36:29.520 --> 00:36:33.600
Kevin McAvey (Manatt Health): yeah and I think what we can do to kind of keep us moving, knowing that the time frame is so tight.

00:36:33.900 --> 00:36:41.940
Kevin McAvey (Manatt Health): Is over the course of the next few days, share track change version of the Charter, with a few modifications based upon this really helpful conversation.

00:36:42.270 --> 00:36:51.990
Kevin McAvey (Manatt Health): And, and you can let us know whether this those hit the mark, are there any other changes, you would suggest, with the goal of reaching consensus around our charge in the next week or so.

00:36:55.710 --> 00:36:57.360
Jennifer Schwartz, CalHHS (she/her): Hello Helen I think you have your hand raised.

00:36:59.040 --> 00:37:13.620
Helen Kim - Kaiser: Yes, I do um I just some language kind of popped out at me under the roles and responsibilities section five so you know I do agree that we've got a lot of work before us, and primarily drafting this.

00:37:14.790 --> 00:37:19.890
Helen Kim - Kaiser: You know this agreement, but the first bullet where it talks about our recommendations for technical.

00:37:21.570 --> 00:37:34.470
Helen Kim - Kaiser: Policy operational issues, some standards data standards specifications and those type of things that may be really difficult thing to nail down with this group in particular.

00:37:35.910 --> 00:37:49.920
Helen Kim - Kaiser: And also, I would recommend any of those kind of terms to be outside this agreement because of they changed so often so something and it's very hard to monitor that and to keep those up to date, especially the technical specifications.

00:37:50.730 --> 00:37:56.100
Jennifer Schwartz, CalHHS (she/her): So Helen you raise a really good point this group is not really going to be drafting policies and procedures.

00:37:56.340 --> 00:38:10.110
Jennifer Schwartz, CalHHS (she/her): And a lot of what you just described as is really in the policies and procedures which the legal agreement refers to, so that it can be changed with some flexibility, so perhaps you know if the group agree is there some modification, that we can do to that line.

00:38:11.190 --> 00:38:22.590
Jennifer Schwartz, CalHHS (she/her): In the sense of you know, making sure that we stick to just the the the sort of data sharing agreement and we ensure that we have the right experts for that technical piece which this group, perhaps is not.

00:38:23.850 --> 00:38:26.370
Jennifer Schwartz, CalHHS (she/her): Are there any concerns from jonah or Kevin or Lamont.

00:38:27.780 --> 00:38:29.040
Jennifer Schwartz, CalHHS (she/her): natalie I agree.

00:38:29.340 --> 00:38:32.040
Jennifer Schwartz, CalHHS (she/her): Definitely privacy and security should be.

00:38:32.550 --> 00:38:34.860
Jennifer Schwartz, CalHHS (she/her): Well we'll get to that piece in terms of the terms and the.

00:38:34.860 --> 00:38:36.360

Jennifer Schwartz, CalHHS (she/her): Elements so.

00:38:36.660 --> 00:38:37.740

hang tight for that.

00:38:38.760 --> 00:38:42.630

Jennifer Schwartz, CalHHS (she/her): pretty much everyone agreed that privacy and security pieces should be in agreement.

00:38:43.050 --> 00:38:43.350

But.

00:38:48.780 --> 00:38:51.570

Deven McGraw, Invitae: i'm sorry is that is a suggestion on the table that.

00:38:51.600 --> 00:38:53.160

Deven McGraw, Invitae: that some of these.

00:38:53.190 --> 00:38:55.260

Deven McGraw, Invitae: topics for our consideration.

00:38:55.470 --> 00:38:56.340

removed.

00:38:58.800 --> 00:39:04.770

Jennifer Schwartz, CalHHS (she/her): No, I think it was a clarification of that line in the Charter that talks about technical data standards.

00:39:08.070 --> 00:39:17.280

Deven McGraw, Invitae: Okay, I guess, I mean we're not setting standards, but I think we should be cognizant of the need to consider what a technical sharing architecture would look like because i'm not sure you can.

00:39:17.940 --> 00:39:22.890

Deven McGraw, Invitae: Set up what an agreement looks like in the different elements of it, without taking into consideration what.

00:39:23.310 --> 00:39:32.760

Deven McGraw, Invitae: What technical architectures are exist or maybe even a recommendation to land on sort of a particular architecture for sharing.

00:39:33.180 --> 00:39:39.030

Deven McGraw, Invitae: And to leverage the standards that are out there, so I certainly wouldn't it I don't think it makes sense for it to be silent.

00:39:39.540 --> 00:39:53.580

Deven McGraw, Invitae: recognize we don't may not have a lot of expertise on the on the group, but I think it would be we'd be remiss in trying to craft an agreement without those pieces because there's sort of so central to health information as health information sharing ecosystem.

00:39:55.320 --> 00:40:01.980

Jennifer Schwartz, CalHHS (she/her): And that's a really fair point so Helen i'm wondering if maybe you could make a recommendation.
00:40:02.370 --> 00:40:14.070
Jennifer Schwartz, CalHHS (she/her): For change to that particular line that you had some concerns around and maybe the group could see that change and have a discussion, next time, or we could maybe do some of this over.
00:40:14.460 --> 00:40:23.070
Jennifer Schwartz, CalHHS (she/her): email in terms of you know, the changes that folks agreed to plus maybe have a little bit more of discussion around that whatever that looks like.
00:40:24.540 --> 00:40:30.720
Jennifer Schwartz, CalHHS (she/her): jonah Kevin lamar do you have any recommendations for how to address that piece in the Charter.
00:40:33.450 --> 00:40:37.140
Jonah Frohlich, Manatt: Stephen were you going to speak to this responsibility.
00:40:38.490 --> 00:40:47.640
Steven Lane MD, Sutter Health (he/him): yeah I was just going to jump in I think that this this notion of technical data standards really is is the sort of place where we want to be able to point to other resources.
00:40:48.570 --> 00:40:51.210
Steven Lane MD, Sutter Health (he/him): That that would advance I mean I haven't.
00:40:51.210 --> 00:40:58.920
Steven Lane MD, Sutter Health (he/him): Personally, be involved in the federal effort to advance the US core data for interoperability, which I would hope that we would reference in our.
00:40:59.130 --> 00:41:06.060
Steven Lane MD, Sutter Health (he/him): Agreement in terms of the data set that could be shared, you know, we now have us to do a version one new CD version to published.
00:41:06.300 --> 00:41:12.780
Steven Lane MD, Sutter Health (he/him): You know, and an annual cycle of advancing that I think that's a great opportunity where we could say you know for California.
00:41:13.050 --> 00:41:24.330
Steven Lane MD, Sutter Health (he/him): you're expected to share the data and your ci version two if you have the technical capability and then we might have our own little list of things that we want to add on On top of that, to cover more that has to age.
00:41:24.330 --> 00:41:26.400
Steven Lane MD, Sutter Health (he/him): Social services, etc.
00:41:26.640 --> 00:41:40.650

Steven Lane MD, Sutter Health (he/him): And then hopefully we would then also You know, as a corollary engage in the national effort to further against that that's sort of what I was getting at before as the national standards advance, we can drop things out of our state specific agreement and have it.

00:41:41.280 --> 00:41:45.000

Steven Lane MD, Sutter Health (he/him): apply only to that which is missing from national exchange.

00:41:49.650 --> 00:42:00.330

Jonah Frohlich, Manatt: I would be very much in support of that I think Helen does that speak to your concerns, it seems like it's the most appropriate thing to do, we definitely want to reference us vdi there are other emerging standards.

00:42:00.600 --> 00:42:04.830

Jonah Frohlich, Manatt: Where there aren't and we are, we have concerns that we might need to.

00:42:05.220 --> 00:42:12.150

Jonah Frohlich, Manatt: advance them that's a good place for this group to weigh in not necessarily put it, a data sharing agreement but put that back to the advisory group.

00:42:12.540 --> 00:42:25.890

Jonah Frohlich, Manatt: and say we're going to need to address this at some point in state policy guidance if the federal government doesn't have standards in place and our policy, so I think that amendment seems to make sense and i'd ask if you could respond, please.

00:42:27.690 --> 00:42:41.250

Helen Kim - Kaiser: Yes, I agree that's that's exactly my point it just you know to reference something external to make it clear that's not something that's going to be baked into the agreement itself, because those are evolving standards and technologies.

00:42:42.510 --> 00:42:48.180

Helen Kim - Kaiser: And maybe it's just a cleanup of the language to make it clear that it's not baked into the agreement.

00:42:53.250 --> 00:43:10.020

Jennifer Schwartz, CalHHS (she/her): Okay, so are there any other concerns about the suggestion to maybe tweak that sentence, so that it's clear that it's not necessarily something that is contemplated to be within the agreement, but that we still have an opportunity for flexibility, about what does need to be in the agreement.

00:43:14.250 --> 00:43:15.870

Ashish Atreja, MD, UC Davis Health: I have a chair and.

00:43:18.330 --> 00:43:20.100

Jonah Frohlich, Manatt: let's just go ahead, sorry.

00:43:20.490 --> 00:43:24.390
Ashish Atreja, MD, UC Davis Health: And that's probably an activity on my part i'm.

00:43:25.590 --> 00:43:30.750
Ashish Atreja, MD, UC Davis Health: Having an agreement without alluding to our technical framework at all.

00:43:31.800 --> 00:43:37.050
Ashish Atreja, MD, UC Davis Health: In any capacity, probably be limited the operational and implementation part of it.

00:43:38.670 --> 00:43:51.930
Ashish Atreja, MD, UC Davis Health: i'm just it cannot be completely divorced, I presume, from the from the agreement, it can be referred or alluded to, and perhaps submitted non mandatory, there are other openings or other suggestions.

00:43:52.560 --> 00:43:57.510
Ashish Atreja, MD, UC Davis Health: But i'm speaking from a very nice voice here, but I, like other people's to be in June, if you want to.

00:44:02.010 --> 00:44:07.500
Jonah Frohlich, Manatt: know why I guess I can respond to that first to the last point, I think this.

00:44:08.640 --> 00:44:21.450
Jonah Frohlich, Manatt: And just in response to Jennifer to your to your follow up as long as this group is can advance recommendations about things like standards that don't exist yet that may be important for California for to accomplish a division.

00:44:22.080 --> 00:44:30.930
Jonah Frohlich, Manatt: And to promote those are advanced those to the steering committee i'm sorry the advisor Group, I want to i'd hope that that would be part of this charge.

00:44:32.610 --> 00:44:43.530
Jonah Frohlich, Manatt: I think the second thing that you raise ashish is really important, in it to get it really speaks to some of stephens earlier comments and some of those from others, that we should really point to.

00:44:46.560 --> 00:44:50.190
Jonah Frohlich, Manatt: We should point to other agreements as sort of the approach.

00:44:52.290 --> 00:44:58.740
Jonah Frohlich, Manatt: sort of like that the framework and our own which will the state's going to create a.

00:44:59.280 --> 00:45:09.750
Jonah Frohlich, Manatt: Data exchange framework and this agreement absolutely needs to reference California has to exchange framework on which will be a published document posted at about the same time as this agreement.

00:45:10.650 --> 00:45:16.470
Jonah Frohlich, Manatt: So I think it needs to include at least references to those existing frameworks as a basis of its own.

00:45:17.430 --> 00:45:25.110
Jonah Frohlich, Manatt: without creating something completely new i'm not sure if that answers your question, but I think that's kind of the approach that i'm hearing, at least from the group, and I think that makes sense.

00:45:28.920 --> 00:45:38.700
Jennifer Schwartz, CalHHS (she/her): And then we did get a suggestion for how to modify the language to add that, including but not limited to portion which would help sort of qualify that sentence.

00:45:41.430 --> 00:45:53.490
Jennifer Schwartz, CalHHS (she/her): i'm seeing some nods so maybe we could make these changes and then present that at the next subcommittee for folks to view and and consider how does that sound to folks.

00:45:56.670 --> 00:45:57.210
Ashish Atreja, MD, UC Davis Health: sounds great.

00:46:01.170 --> 00:46:06.360
Jennifer Schwartz, CalHHS (she/her): So just want to give it one more second in case anyone wants to raise something and then i'm going to ask next slide please.

00:46:09.960 --> 00:46:13.260
Jennifer Schwartz, CalHHS (she/her): Okay, just seeing smiles i'm going to say next slide please.

00:46:20.970 --> 00:46:29.700
Jennifer Schwartz, CalHHS (she/her): So here's the draft work plan in the schedule for the subcommittee as Courtney noted, we do have tight timelines to get through, but we can manage this so.

00:46:30.210 --> 00:46:39.750
Jennifer Schwartz, CalHHS (she/her): just keep in mind that we were all in this together and we're we're we have a you know, a difficult charge, but you know we're really here to help.

00:46:41.130 --> 00:46:47.550
Jennifer Schwartz, CalHHS (she/her): Essentially, help make sure that all Californians have equal access to quality care next slide please.

00:46:49.860 --> 00:46:52.920
Jennifer Schwartz, CalHHS (she/her): And now i'd like to introduce Robert Catherine or him Catherine.

00:46:55.440 --> 00:46:57.030
Rim Cothren: Thank you Jen can you hear me all right.

00:46:58.530 --> 00:47:17.610
Rim Cothren: Thank you, well, it is good to see so many familiar faces, this morning I think it's still this morning I am Jim coffee and i'm a consultant to Center for data insights in innovation, supporting john gin and Courtney in this effort, in particular, but in the data exchange framework in general.

00:47:19.110 --> 00:47:27.540
Rim Cothren: let's go on to the next slide please the purpose of this section of the agenda is really start to take a look at a comparison to some of the primary data.

00:47:27.870 --> 00:47:36.960
Rim Cothren: Sharing agreements that are used by or have an impact on some of the organizations here in California and to some of the comments during the.

00:47:37.590 --> 00:47:44.700
Rim Cothren: Discussion of the Charter will start to talk about some of the characteristics and some of the contrasts of those data sharing agreements.

00:47:45.270 --> 00:48:03.060
Rim Cothren: This just by necessity won't be an in depth discussion of any of them, we have a very short period of time to kind of give this overview, we want to make sure that we reserve sufficient time to talk about what we want to be in a data sharing agreement in the next section instead.

00:48:04.770 --> 00:48:12.300
Rim Cothren: And so we're going to talk about five separate agreements this isn't exhaustive you could even find some additional agreements that might.

00:48:12.900 --> 00:48:18.180
Rim Cothren: apply on a national level, but these are the agreements that we most often hear about.

00:48:18.690 --> 00:48:27.900
Rim Cothren: And I want to reinforce that they're in alphabetical order here, this is not meant to be any indication of which are most appropriate this isn't even in chronological order.

00:48:28.500 --> 00:48:43.350
Rim Cothren: But I, we will be talking just very briefly on the calendar on the care quality connected agreement on the health exchange dollars on the MOD model modular participants agreement and, on the common agreement that's part of def con.

00:48:44.730 --> 00:48:46.380
Rim Cothren: let's go on to the next slide please.

00:48:48.300 --> 00:48:58.590
Rim Cothren: So, to get started, if we start to take a look at just the purpose and the overall scope of the networks are frameworks that these different agreements are meant to address.

00:48:59.700 --> 00:49:09.630
Rim Cothren: The e health exchange dosa was the first one to really emerge approximately in 2009 that was that reflects the year that.

00:49:10.320 --> 00:49:17.010
Rim Cothren: The open sea initiative in the nationwide health information network transitioned to the private sector.

00:49:18.000 --> 00:49:34.620
Rim Cothren: And the health exchange became governed by the square project and now by a separate organization, that is, the health exchange and it's really a nationwide framework to cover the exchange among a number of different organizations on the nationwide scale.

00:49:36.060 --> 00:49:46.170
Rim Cothren: The modular the model modular participants agreement or and then PA was the next one to emerge this came out of efforts during the high tech.

00:49:46.590 --> 00:49:58.740
Rim Cothren: State HIV cooperative agreement program funded by oh and C and was a set of components that might go into an agreement between an H I O and their participants.

00:49:59.160 --> 00:50:15.540
Rim Cothren: As such, it is the broadest potential agreement on this list, in that the participants that it actually applies to that it's not just large health systems or plans or government agencies but also applies to small practices labs health systems, etc.

00:50:17.190 --> 00:50:24.420
Rim Cothren: The calendar 16 out soon after the MPA and it was modeled heavily after the dirt.

00:50:26.070 --> 00:50:42.210
Rim Cothren: free health exchange and initially was thought largely to be a transition for organizations in California, is a framework for them to exchange data with each other on their way to participating in nationwide networks such as he health exchange.

00:50:43.350 --> 00:50:51.090
Rim Cothren: The care quality connected agreement came out in that same year, or the the care quality initiative came out in that same year.

00:50:52.560 --> 00:50:53.220
Rim Cothren: and

00:50:54.240 --> 00:51:09.990
Rim Cothren: is like the health exchange a peer to peer network but, unlike the health he health exchange that has a nationwide framework largely forward and the station's care quality was initially founded, largely as a nationwide framework between vendors.

00:51:11.640 --> 00:51:13.320

Rim Cothren: let's go on to the next slide please.

00:51:15.270 --> 00:51:24.090

Rim Cothren: Now, if we take a look at any of these agreements and their most typical participants you'll continue to see some differences among these agreements.

00:51:24.900 --> 00:51:33.930

Rim Cothren: First of all, he health exchange Stephen had pointed out early is the is unique in that it is the only agreement that has federal participants in it.

00:51:35.040 --> 00:51:50.160

Rim Cothren: and continues to be the only organization network and which federal participants participate Similarly, the the calendar says, the only one that has a State participants within a California state government.

00:51:51.510 --> 00:52:10.680

Rim Cothren: Both of those networks are governed by elected representatives network partners care quality, on the other hand, is largely comprised of ehr vendors and others specialized commercial exchange networks and is governed by a group that is appointed by the board.

00:52:12.930 --> 00:52:16.770

Rim Cothren: pethica and the common agreement is a.

00:52:17.850 --> 00:52:24.450

Rim Cothren: Really, the participants, there are envisioned to be a small number of qualified health information networks that serve.

00:52:25.500 --> 00:52:37.650

Rim Cothren: providers ha's plans government agencies and others and is governed through a cooperative agreement between the recognized coordinating the entity or that our CEO that's the sequoia project.

00:52:38.100 --> 00:52:47.400

Rim Cothren: That does Convening of stakeholders to talk about issues associated with stefka but, ultimately, the agreements and other documents are.

00:52:48.510 --> 00:53:04.650

Rim Cothren: must be approved by oh nc and then the MPA is a little bit of an outlier here in the governance model is going to be specific to each HBO but the participants, as I said before, our broader set of potential participants.

00:53:08.850 --> 00:53:22.020

Rim Cothren: The next slide please, this is a bit of an eye chart and i'm not going to talk about this one in any great detail, it is meant to be a characterization of some of the components that exist within each of these documents.

00:53:22.410 --> 00:53:27.450

Rim Cothren: it's probably the patterns here that are most interesting to look at so, for instance.

00:53:29.040 --> 00:53:30.900
Rim Cothren: Many of the documents.

00:53:32.550 --> 00:53:43.110
Rim Cothren: define the data that is to be exchanged, but not all of them do, however, all of the documents here say something about breach notification, it is the next slide.

00:53:44.310 --> 00:53:48.690
Rim Cothren: We move on to the next slide that highlights a few things here that I just want to point out.

00:53:49.260 --> 00:54:01.080
Rim Cothren: That, for instance, most of these documents, the NPA being an outlier talk about requirement for organizations to respond to queries under certain circumstances.

00:54:01.380 --> 00:54:11.820
Rim Cothren: And a requirement to cooperate and not discriminate among the organization they share information with all of them establish the governance authority.

00:54:12.240 --> 00:54:32.850
Rim Cothren: But then there are some areas where the agreements don't touch on, for instance, all those many of them are starting to expand into the thoughts of structure determines data, none of them were initially thought of or conceived with sth data in mind.

00:54:34.020 --> 00:54:46.380
Rim Cothren: and tough QA is somewhat unique and specifically saying in the data sharing agreement and considering an individual's right to access their own information.

00:54:47.100 --> 00:54:56.340
Rim Cothren: To some of the comments that were made earlier today in the discussion of the Charter, all of these documents point to external documents to talk about.

00:54:56.940 --> 00:55:11.970
Rim Cothren: technical standards, the care quality connected agreement to implementation guides the dermis and calendars to policies and procedures and tough QA to the Q H I n technical framework.

00:55:12.750 --> 00:55:19.890
Rim Cothren: However, tough guy does start to talk about some of the transaction patterns that that happened within the agreement.

00:55:21.840 --> 00:55:24.390
Rim Cothren: And if we talk turn to the next slide then please.

00:55:26.160 --> 00:55:35.040
Rim Cothren: I don't want to talk in any great detail about the limitations of any of these agreements it's just there are some things that we've learned over time.

00:55:35.430 --> 00:55:42.810

Rim Cothren: As we've worked with them that I think we should bear in mind, for instance, the dirksen the calendars are somewhat limited.
00:55:43.200 --> 00:55:55.920
Rim Cothren: To being signed by health organizations and government entities that vendors that are looking at those agreements often find that they can't easily meet some of the obligations those agreements call out.
00:55:56.850 --> 00:56:07.230
Rim Cothren: Their care quality connected agreement was designed to have a broader applicability that would include vendors being able to.
00:56:07.770 --> 00:56:18.690
Rim Cothren: sign that agreement and help networks of E health exchange and some regionally Chios in particular have found that that agreement is something that they can sign as well.
00:56:19.200 --> 00:56:32.160
Rim Cothren: Care quality also, I believe was initially a limited to treatment purposes, has expanded that over time so there's a good example of a data sharing agreement that is expanded over time.
00:56:32.910 --> 00:56:41.760
Rim Cothren: The MPA was designed to be an agreement between a service providers, such as an H I O and Community participants, as a result of that it.
00:56:42.330 --> 00:56:47.910
Rim Cothren: Talks more broadly perhaps about the types of organizations that it covers.
00:56:48.300 --> 00:56:57.900
Rim Cothren: And then teff CA envisions or, at least initially envisioned a small number of top level nodes that have to meet specific requirements.
00:56:58.290 --> 00:57:14.490
Rim Cothren: But does intend to cover a very broad list of potential participants that are all served by those Q hints that reaches down into public health benefits determination public access and other purposes for us.
00:57:16.620 --> 00:57:29.730
Rim Cothren: We want to move on to the next slide please that's really well, I guess, we can we can back up there's a opportunity here for some discussion, I know that Stephen has his hand up and.
00:57:30.900 --> 00:57:45.480
Rim Cothren: Interested again, we will talk most about things that need to go into the California data sharing agreement, the next section, but if there are questions or comments about any of what I presented here, please Stephen.
00:57:46.200 --> 00:57:55.140

Steven Lane MD, Sutter Health (he/him): rim, I really want to thank you for putting that together so succinctly that that's very helpful, I think, especially for people who are who are new to this.

00:57:55.440 --> 00:58:03.420
Steven Lane MD, Sutter Health (he/him): I did put some comments in the chat that I just wanted to highlight for folks care quality is not is not a network, it is a framework.

00:58:03.750 --> 00:58:16.500
Steven Lane MD, Sutter Health (he/him): That allows networks to connect to one another in much the same way that the trust exchange framework that that's going to hopefully go live this coming year will be a framework that allows qualified or.

00:58:16.770 --> 00:58:22.410
Steven Lane MD, Sutter Health (he/him): health information networks to connect to one another, so I just think we need to be careful with our language.

00:58:23.700 --> 00:58:30.930
Steven Lane MD, Sutter Health (he/him): And, and I think a lot of these these more framework agreements include flow down and present provisions.

00:58:31.470 --> 00:58:45.000
Steven Lane MD, Sutter Health (he/him): That then flow, all the way down to the actual connections and that also is seems to be an architecture that works well and we may want to consider as when you contemplate what we're going to do for California.

00:58:46.140 --> 00:59:00.990
Rim Cothren: Thank you, Stephen I usually try to be very precise in my language, but thank you for pointing that out, and that there is potentially a difference between frameworks and networks that we really want to bear in mind here, so thank you for that Stephen.

00:59:02.190 --> 00:59:04.290
Rim Cothren: Smith looks like you have your hand up as well.

00:59:05.580 --> 00:59:15.870
Elizabeth Killingsworth, Manifest MedEx: Yes, I do agree completely the quality is no network, it is framework, but it does have some elements to it that might solve for this problem that you were talking about.

00:59:16.500 --> 00:59:29.130
Elizabeth Killingsworth, Manifest MedEx: Where the smaller entities can't really live up to all the requirements, it does have the implement or construct right where you have you can join you are officially implement recommend you kind of resolve all of the smaller beings on this earth.

00:59:29.910 --> 00:59:33.390
Elizabeth Killingsworth, Manifest MedEx: That might impact we're interested in taking here is saying.

00:59:34.380 --> 00:59:48.720
Elizabeth Killingsworth, Manifest MedEx: We will allow you know, obviously HR us or major systems to connect as part of this framework and then just do the flow downs, and all the smaller ones can go through them if they so choose they want to implement themselves it's always an option available to them.

00:59:49.770 --> 00:59:53.490
Elizabeth Killingsworth, Manifest MedEx: But it does that concept is one that I don't want to cast aside.

00:59:55.050 --> 00:59:56.400
Elizabeth Killingsworth, Manifest MedEx: As a potential solution.

00:59:58.170 --> 00:59:58.860
Rim Cothren: Thank you for them.

01:00:01.290 --> 01:00:02.670
Rim Cothren: Other other thoughts.

01:00:09.990 --> 01:00:14.970
Rim Cothren: If there aren't I think it would be good to move on, then into our next agenda item.

01:00:15.270 --> 01:00:23.400
Rim Cothren: So we can really talk about things I would reference people to the chat as Stephen said that he put a number of things in the chat and there's been some discussion in the chat.

01:00:23.970 --> 01:00:31.290
Rim Cothren: So I don't know if anybody wants to highlight anything that they put in the chat before we move on and if not, I would.

01:00:32.370 --> 01:00:35.820
Rim Cothren: encourage all of the committee members to take a look at the chat.

01:00:39.330 --> 01:00:42.690
Rim Cothren: If not, then Jen I think we're passing things back to you.

01:00:47.790 --> 01:00:54.540
Jennifer Schwartz, CalHHS (she/her): Beautiful Thank you so let's talk a little bit about the data sharing agreement then next slide please.

01:00:56.490 --> 01:01:05.730
Jennifer Schwartz, CalHHS (she/her): So we really need your feedback on four questions that are readily level setting first what issues are we actually trying to solve with a single data sharing agreement.

01:01:06.570 --> 01:01:18.480
Jennifer Schwartz, CalHHS (she/her): Is it costs is it creating a common set of rules or understanding what is it second what challenges or barriers are there to creating a single statewide data sharing agreement.

01:01:18.960 --> 01:01:26.280
Jennifer Schwartz, CalHHS (she/her): That might prevent one from moving forward we've already heard some thoughts around that so we also want to continue that discussion here.

01:01:26.760 --> 01:01:40.530
Jennifer Schwartz, CalHHS (she/her): Third, are there any existing agreements that we can leverage to develop this new one, and if not, what pieces or terms or elements are there in existing agreements that we can leverage to develop a new single statewide agreement.

01:01:41.190 --> 01:01:57.090
Jennifer Schwartz, CalHHS (she/her): Lastly, what elements or terms, should the single statewide dsa include if existing documents have gaps what's missing that is needed, or what has been working well in your experience, these are all things that we absolutely need to hear from you next slide please.

01:01:59.880 --> 01:02:09.810
Jennifer Schwartz, CalHHS (she/her): So the first question we'd really like to hear from you, with challenges or barriers you've experienced or seen on a single statewide agreement, what is it trying to solve.

01:02:10.320 --> 01:02:18.810
Jennifer Schwartz, CalHHS (she/her): we've heard from stakeholders that some challenges are that the data itself is an issue or that he owes are missing key partners, so the picture is incomplete.

01:02:19.200 --> 01:02:26.820
Jennifer Schwartz, CalHHS (she/her): we've heard that certain data is missing from He owes or there's confusion about what data covered by specific state or federal laws.

01:02:27.180 --> 01:02:37.230
Jennifer Schwartz, CalHHS (she/her): And, and how to how to comply with those laws such as involuntary mental health treatment developmental or intellectual disabilities or substance use disorder treatment.

01:02:38.100 --> 01:02:42.600
Jennifer Schwartz, CalHHS (she/her): we've heard that there's complexity or difficulty in sharing health information data.

01:02:43.020 --> 01:02:51.330
Jennifer Schwartz, CalHHS (she/her): And that has a disproportionate impact on smaller providers who have less resources to hire attorneys or absorb the costs of compliance with privacy laws.

01:02:51.840 --> 01:03:00.330

Jennifer Schwartz, CalHHS (she/her): So at this point we'd really love to hear from you on what you think this single statewide agreement is trying to solve, and I believe Stephen that you have your hand up.

01:03:01.980 --> 01:03:03.870
Steven Lane MD, Sutter Health (he/him): Hope it's Okay, that I keep raising my hand and.

01:03:05.970 --> 01:03:12.210
Steven Lane MD, Sutter Health (he/him): I think one of the challenges that we faced you know i've been working on California statewide interoperability for almost 20 years now.

01:03:13.080 --> 01:03:18.060
Steven Lane MD, Sutter Health (he/him): is really getting everyone on the same page with the technical and data standards.

01:03:18.570 --> 01:03:27.420
Steven Lane MD, Sutter Health (he/him): Whether it's you know what you put into your CCD documents, whether it is you know, the timing of the release, whether it is the.

01:03:27.660 --> 01:03:35.310
Steven Lane MD, Sutter Health (he/him): The content standards that are underlying that whether you can pull individual and counter nodes versus only a patient summary.

01:03:35.550 --> 01:03:42.120
Steven Lane MD, Sutter Health (he/him): So I think whatever we develop, we have to think about what are the teeth behind it, you know how are we going to enforce this.

01:03:42.510 --> 01:03:49.350
Steven Lane MD, Sutter Health (he/him): This has been a struggle and you know everywhere, you know, in the exchange quality and etc, you know the but.

01:03:49.800 --> 01:04:01.350
Steven Lane MD, Sutter Health (he/him): There are evolving testing capabilities, you know that this quiet project and health exchange have been sponsoring there is more and more of a notion of kind of real world data.

01:04:02.010 --> 01:04:10.170
Steven Lane MD, Sutter Health (he/him): In the nc requirements for each our certification, but I think, especially as we extend the scope beyond providers.

01:04:10.350 --> 01:04:20.460
Steven Lane MD, Sutter Health (he/him): And those who have had the benefits of the ehr incentive program over the past, you know 10 or 15 years, you know as we go to social service and home care and post acute care.

01:04:21.090 --> 01:04:29.400
Steven Lane MD, Sutter Health (he/him): Individual access we just, we have to think it's one thing to have an agreement it's another thing to actually enforce that, so I think we should keep that in mind.

01:04:31.290 --> 01:04:33.000
Jennifer Schwartz, CalHHS (she/her): Thank you alyssa best.

01:04:35.610 --> 01:04:37.980
Elizabeth Killingsworth, Manifest MedEx: Ever Stephen I want to add.

01:04:40.560 --> 01:04:50.190
Elizabeth Killingsworth, Manifest MedEx: The quality of the data who's involved that's been an issue since the dawn of time and to some extent, will continue to be for quite a while there's also.

01:04:50.910 --> 01:04:56.460
Elizabeth Killingsworth, Manifest MedEx: We have structures in place today to share data and people don't use them.

01:04:57.390 --> 01:05:03.360
Elizabeth Killingsworth, Manifest MedEx: And some of them, perhaps just can't because again they have very minimal resources, but most.

01:05:03.690 --> 01:05:14.520
Elizabeth Killingsworth, Manifest MedEx: won't and even on these broad exchanges and we're talking about how care quality all three of three or four of the five potential model agreements all require some element of response.

01:05:14.880 --> 01:05:25.560
Elizabeth Killingsworth, Manifest MedEx: But you only get those responses for treatment payment operations, public health, get denied denied denied so it's beyond just the technical capability, there is not.

01:05:26.250 --> 01:05:33.150
Elizabeth Killingsworth, Manifest MedEx: Everyone wants to consume data, but very few people want to share it beyond the absolute minimum, so we have to determine.

01:05:33.450 --> 01:05:43.170
Elizabeth Killingsworth, Manifest MedEx: What that absolute minimum should actually be should it remain treatment should we add payment and operations and public health, those things are available today but they're not used enough.

01:05:45.030 --> 01:05:55.110
Elizabeth Killingsworth, Manifest MedEx: And then we have, frankly, we have to fund it, you know Steven mentioned the HR incentives that they've been getting the writers have been getting for the last 15 years or so.

01:05:55.650 --> 01:06:06.180
Elizabeth Killingsworth, Manifest MedEx: That is helpful, it is not sufficient, we need something that gets people moving now and we need something that will help maintain this infrastructure over time.

01:06:11.280 --> 01:06:12.900
Jennifer Schwartz, CalHHS (she/her): Thank you Elizabeth shelley.

01:06:15.090 --> 01:06:15.750
Jennifer Schwartz, CalHHS (she/her): you're on mute.

01:06:23.670 --> 01:06:23.970
Shelley Brown: and

01:06:27.690 --> 01:06:38.940
Shelley Brown: So one of the issues that we've experienced is the concept of the use case and whether or not we're all aligned and understand these kids, so I think that kind of builds on one Elizabeth saying.

01:06:39.780 --> 01:06:49.200
Shelley Brown: What is the pre approved use case, what kind of data are we going to use to support that use case the other issue that i'm finding is that we.

01:06:49.860 --> 01:06:59.130
Shelley Brown: cross the state adopted different types of opt out opt in models so again, we have issues that relate to what kind of data is going to flow based on.

01:06:59.820 --> 01:07:09.900
Shelley Brown: Our how we're going to respect patient rights, so I think those are issues that we need to also address our contemplating and rooting for them.

01:07:15.540 --> 01:07:17.040
Jennifer Schwartz, CalHHS (she/her): Thank you shelly Lisa.

01:07:21.690 --> 01:07:27.000
Lisa Matsubara (she/her) PPAC: hi this is Lisa, and so I agree just building on what she.

01:07:29.490 --> 01:07:41.700
Lisa Matsubara (she/her) PPAC: just said, I do think that there needs to be sort of we do need to think ahead a little bit to make sure that whatever we come up with is going to work for our practices of all sides sizes.

01:07:42.480 --> 01:07:53.130
Lisa Matsubara (she/her) PPAC: I think that funding is definitely crucial, not everybody has a team of attorneys or huge it department or frankly even.

01:07:53.760 --> 01:08:02.460
Lisa Matsubara (she/her) PPAC: HR that is capable of doing some of these things that are going to be required so funding, I think, is going to be crucial in that piece.

01:08:03.060 --> 01:08:14.490
Lisa Matsubara (she/her) PPAC: Not just funding but also support and then, finally I you know planned parenthood does, obviously we patient confidentiality is paramount in the work that.

01:08:14.970 --> 01:08:29.910
Lisa Matsubara (she/her) PPAC: The health centers do and then that says really making sure that we do keep the patient centered on in terms of privacy and security policies that are in place.

01:08:34.260 --> 01:08:35.550
Jennifer Schwartz, CalHHS (she/her): Thank you Lisa Morgan.

01:08:36.930 --> 01:08:56.310
Morgan Staines (he), DHCS: Thanks Jennifer waste of touched on this in part and a couple of folks have raised this in the in the chat about about equity and if we go back to the our authorizing statute sick, the requirement that we have to have.

01:08:57.360 --> 01:09:18.960
Morgan Staines (he), DHCS: To get participation is limited in ways that that gives us the opportunity to leave out so ones that are already left out, and just aggravates existing situation to rural providers small practices small hospitals, the one the the the the parts of the health care system that serve the underserved.

01:09:20.160 --> 01:09:33.330
Morgan Staines (he), DHCS: And if if we want, if we want an equitable system, we need to, we need to come at this work in a way that's mindful of making it possible for those.

01:09:34.080 --> 01:09:41.370
Morgan Staines (he), DHCS: Smaller you know smaller facilities smaller practices to come on board and a couple of books and such time funding that said i'll be a solution.

01:09:42.270 --> 01:09:59.190
Morgan Staines (he), DHCS: I want to wish that I think we should not limit our vision of that to just to just finding that we need, we need to to to just be to really watch full of how can we build this in a way that invites those who are who are perpetually left out.

01:10:00.420 --> 01:10:08.820
Morgan Staines (he), DHCS: To get on board and to be part of this because that's really a significant part I think of how this could be equitable or not, if we don't do it.

01:10:11.160 --> 01:10:12.600
Jennifer Schwartz, CalHHS (she/her): Thank you, Morgan Devon.

01:10:13.890 --> 01:10:25.980
Deven McGraw, Invitae: yeah I want to, I want to sort of give a couple of plus ones to some comments that Stephen has put in the chat around sort of taking a look at the approach that has been taken in the federal information blocking rules.

01:10:26.940 --> 01:10:39.300
Deven McGraw, Invitae: which do have some limitations, but in terms of creating a sort of expectation, if not an outright requirement again given that language and statute we're leaning into requirement that goes well beyond treatment, most of these networks have significant.

01:10:39.690 --> 01:10:53.760
Deven McGraw, Invitae: Their biggest limitations of this is that, while they may permit sharing for other purposes, the only reciprocal requirements exist with respect to sharing for treatment and many of these agreements, and we have a sort of bigger.

01:10:55.050 --> 01:11:00.990
Deven McGraw, Invitae: expectation in terms of the purposes for which data is going to be shared, as well as a thankfully a bigger.

01:11:01.530 --> 01:11:13.710
Deven McGraw, Invitae: larger group to which these requirements are going to be applicable than the requirement to sign the agreement cuts across a lot of entities that are not covered by some of these other sort of hipaa.

01:11:15.120 --> 01:11:26.130
Deven McGraw, Invitae: confidentiality of medical Information Act federal information black general standards but, but I do think that the way that the that the that those information black and rules essentially create this sort of.

01:11:27.060 --> 01:11:33.750
Deven McGraw, Invitae: robot almost rebuttal presumption that you're going to share for any purpose for which the law would allow you to share as long as the.

01:11:34.110 --> 01:11:43.410
Deven McGraw, Invitae: requirements are met, for being able to share that data absent, you know a few you know, a handful of really good excuses just to put some shorthand on it so.

01:11:43.770 --> 01:11:56.400
Deven McGraw, Invitae: i'd like i'd like to see how we can again leverage the broader language in our in our in our statute to be able to put a set of recommendations that again build on book what's happening at the federal level but also.

01:11:57.870 --> 01:12:10.920
Deven McGraw, Invitae: were able to accomplish exchange for many more purposes than currently occurs at the federal level and also with health care providers and others who were tend to be left out of exchange patients being another one.

01:12:12.900 --> 01:12:14.520
Jennifer Schwartz, CalHHS (she/her): Thank you, Louis.

01:12:18.960 --> 01:12:23.070
Louis Cretaro CWDA: i'm not sure that I was next I think morgan's hand was raised before me.

01:12:25.410 --> 01:12:25.920
Jennifer Schwartz, CalHHS (she/her): Martin.

01:12:26.580 --> 01:12:27.720
Jennifer Schwartz, CalHHS (she/her): Did you just want to take.

01:12:28.290 --> 01:12:30.660
Morgan Staines (he), DHCS: There you go yeah I smoke.

01:12:33.510 --> 01:12:35.070
Louis Cretaro CWDA: Thank you, I just trying to be correct.

01:12:36.600 --> 01:12:43.470
Louis Cretaro CWDA: So i'm going to have a little different perspective than everybody and and bear with me as I, as I get up to up to speed because.

01:12:44.100 --> 01:12:54.270
Louis Cretaro CWDA: i've spent some time healthcare in the counties over the years about 20 years of road rotating my time between healthcare systems and social services systems.

01:12:54.750 --> 01:13:11.820
Louis Cretaro CWDA: and recognizing the integration between them, but the data exchanges to me there's a there's a data quality issue obviously there's there's data matching issues and a lot of reluctance to.

01:13:13.290 --> 01:13:30.060
Louis Cretaro CWDA: Not being able to be at 100% match, or even the resources to make sure they even with the best software that this is actually the person that you know, on our merge that record with i'm the various systems and.

01:13:31.530 --> 01:13:47.160
Louis Cretaro CWDA: I think there's there's data silos and they're stale data, in some cases, and in a lot of cases there's data available and not everybody's aware of of the of the data and.

01:13:49.290 --> 01:14:05.490
Louis Cretaro CWDA: or actually maybe not wearing a complete picture of how often this kind of data is already being exchanged between the systems or some relationship between all of our systems that exist So for me.

01:14:06.540 --> 01:14:10.200
Louis Cretaro CWDA: i'm looking at opportunities here that that this.

01:14:11.370 --> 01:14:14.400
Louis Cretaro CWDA: standardization of this framework but provide.

01:14:15.600 --> 01:14:22.200
Louis Cretaro CWDA: For some new endeavors and to reduce the number of agreements that might be needed.

01:14:23.520 --> 01:14:35.610
Louis Cretaro CWDA: You know whether it's a State system with the counties and 58 green that's needed for every system we had or for the you know, to get down to a singular well defined.

01:14:37.080 --> 01:14:45.330
Louis Cretaro CWDA: agreement that can serve us and I have business examples that of things i'd love to see, and these.

01:14:46.050 --> 01:14:56.910

Louis Cretaro CWDA: These may lab this exchange standard or framework may leverage help us to leverage that and bring us to places that we can for a brief time we.
01:14:57.600 --> 01:15:08.130
Louis Cretaro CWDA: In the time that I worked in my county we have a rural health clinic and for a brief time we had epic, which was a hospital system, shared by.
01:15:08.640 --> 01:15:16.110
Louis Cretaro CWDA: You know uc Davis Kaiser and we have natively integrated with solder, in our Community and.
01:15:17.100 --> 01:15:22.500
Louis Cretaro CWDA: That was wonderful because the folks that came to our clinic we knew if they were we could break the glass know they were.
01:15:22.950 --> 01:15:30.540
Louis Cretaro CWDA: In solder, over the weekend, we had a full patient records, so if they had access to the Internet, even you know that they could.
01:15:31.020 --> 01:15:48.630
Louis Cretaro CWDA: check their own records and we're you know it's an underserved community that you know that came to our real homeschooling so we got to a great place in technology and then, of course, some economic events occurred and we lost a lot of the capabilities that.
01:15:49.890 --> 01:15:55.320
Louis Cretaro CWDA: We had unfortunately for our citizens, in my opinion, so.
01:15:57.210 --> 01:16:07.260
Louis Cretaro CWDA: I see this wonderful opportunity to reduce the Labor associated with the getting these agreements in place, I want to say that some of the.
01:16:08.040 --> 01:16:19.350
Louis Cretaro CWDA: Alcohol or drug policies, the csl doesn't get updated with any real frequency and it's always been a barrier to sharing data from substance abuse, and I think.
01:16:19.800 --> 01:16:30.210
Louis Cretaro CWDA: I want to say, this is a decade between those updates for that for that csl and I think that causes problems that will be will have to address.
01:16:31.200 --> 01:16:40.080
Louis Cretaro CWDA: Or will be a barrier because because some of those federal regulations in the cycle, by which they update though so.
01:16:41.040 --> 01:16:48.030
Louis Cretaro CWDA: i've gone out a little bit, but I wanted to just can be a little bit of where I did coming from and I tried to get up to up to speed on.
01:16:48.750 --> 01:17:08.640

Louis Cretaro CWDA: The specifics, I was looking through and some of the things that I will I came here without lunch i'll have to adjust to meet your needs of this company, but I think I can add some insight, maybe, from my perspective, and hopefully that'll help you make the best decisions, so thank you.

01:17:10.050 --> 01:17:10.770

Louis Cretaro CWDA: Thank you guys.

01:17:11.430 --> 01:17:13.020

Jennifer Schwartz, CalHHS (she/her): So I think there was.

01:17:17.670 --> 01:17:22.740

Jennifer Schwartz, CalHHS (she/her): We do have one more hand shelley do you have something quick that you can share with us, we.

01:17:22.770 --> 01:17:24.660

Jennifer Schwartz, CalHHS (she/her): don't need to kind of move forward sorry.

01:17:24.930 --> 01:17:36.330

Shelley Brown: yeah sorry just another issue that we might consider trying to solve, and that is how we respond to patient request for a copy of the record, I think that that.

01:17:37.560 --> 01:17:51.810

Shelley Brown: That issue may be handled differently between different Chinese and the participants, but I think it does need to be considered in light of rules or patient access, so this is something that we might be able to.

01:17:52.890 --> 01:17:54.990

Shelley Brown: Contrast or this process.

01:17:58.230 --> 01:18:03.480

Jennifer Schwartz, CalHHS (she/her): Thank you so Eric anything really quickly, we do need to move on to the next topic.

01:18:03.960 --> 01:18:19.320

Eric Raffin, SFDPH: So maybe hopefully help wrap it up i'm really pleased to see the all the comments and I think the advisory group places equity the addressing the needs of the whole person.

01:18:20.130 --> 01:18:28.170

Eric Raffin, SFDPH: front and Center and I think that what I would propose this group is that there are many parts of us in the healthcare delivery environment.

01:18:28.380 --> 01:18:39.600

Eric Raffin, SFDPH: That have less problem, sharing information than others, and there are so many more that require a much deeper look and i'm hoping that what we can get out of this experience, we will have together is that.

01:18:40.050 --> 01:18:48.330

Eric Raffin, SFDPH: As someone who lives in the public health space and in the provision of health care services and married to somebody who works for one of our regional centers in California.
01:18:48.630 --> 01:18:56.910
Eric Raffin, SFDPH: I every day, all I see is broken linkages and those look like great opportunities for me, but I think the funding.
01:18:57.360 --> 01:19:08.970
Eric Raffin, SFDPH: is going to be the biggest thing that we have to deal with because many of these systems simply are not built were never designed to actually share the information that is necessary for us to achieve.
01:19:09.540 --> 01:19:13.980
Eric Raffin, SFDPH: The equity goals that I think the advisor group is charged to achieve, and I think.
01:19:14.550 --> 01:19:21.660
Eric Raffin, SFDPH: While it may not be our purview for to address the funding issues I think that's something that we need to make sure is well understood.
01:19:21.960 --> 01:19:34.350
Eric Raffin, SFDPH: that a lot of the environment that we're talking about here in the organization types on this particular slide just aren't equipped as much as there may be a desire to share they may not be equipped to do that work.
01:19:35.460 --> 01:19:43.050
Jennifer Schwartz, CalHHS (she/her): Thank you Eric, so why don't we go ahead and move on to the next slide and i'm not ignoring what i've heard we're just we have a lot to get through today.
01:19:43.410 --> 01:19:53.910
Jennifer Schwartz, CalHHS (she/her): So we actually did hear some folks already sort of talk around some of the challenges to creating this data sharing agreement, our group really has two major.
01:19:54.690 --> 01:19:59.100
Jennifer Schwartz, CalHHS (she/her): challenges to our success, one is the aggressive timeline July 1 is coming fast.
01:19:59.520 --> 01:20:08.070
Jennifer Schwartz, CalHHS (she/her): And the document does need to be something that works for all applicable entities in the legislation, these are very different entities with very different business processes.
01:20:08.580 --> 01:20:15.000
Jennifer Schwartz, CalHHS (she/her): Are there other challenges to creating a single statewide data sharing agreement so i'd like to open it up for folks.
01:20:16.500 --> 01:20:19.410

Jennifer Schwartz, CalHHS (she/her): Maybe hearing some new comments around that.
01:20:21.750 --> 01:20:23.640

Jennifer Schwartz, CalHHS (she/her): And it's okay if we've already discussed it.
01:20:26.430 --> 01:20:27.840

Jennifer Schwartz, CalHHS (she/her): i'll give it one more moment.
01:20:33.480 --> 01:20:45.690

Jennifer Schwartz, CalHHS (she/her): Alright, so before I move on, I just want to kind of sense, whether folks feel like we've already thoroughly discussed that piece in the last slide yeah yeah okay all right let's go ahead and move on to the next slide please.
01:20:52.080 --> 01:20:53.760

Jennifer Schwartz, CalHHS (she/her): And then i'm going to hand it on over to lamar.
01:20:55.050 --> 01:20:56.340

Lammot du Pont, Manatt: Thank you Jen can you hear me okay.
01:20:57.810 --> 01:20:58.260

Jennifer Schwartz, CalHHS (she/her): Yes.
01:20:58.320 --> 01:21:05.040

Lammot du Pont, Manatt: Good nod and a thumbs up Thank you so in pivoting into this next series of slides we ask.
01:21:06.450 --> 01:21:16.050

Lammot du Pont, Manatt: set of survey questions for the subcommittee members and our first question we asked Members to rate their knowledge and familiarity of the five data sharing agreements.
01:21:16.410 --> 01:21:26.070

Lammot du Pont, Manatt: And as a distribution of responses show here, there was a great deal of knowledge and understanding of the calendar, the dirt to Africa and.
01:21:27.540 --> 01:21:38.280

Lammot du Pont, Manatt: With respect to little less understanding is with the MPA, so I think this was helpful and and are we getting materials organized.
01:21:38.880 --> 01:21:53.490

Lammot du Pont, Manatt: and provision for you all, and I also hope that rim summary help augment our collective understanding of these frameworks and agreement so we're starting at a good spot, and I hope and envision that will be advancing these understanding of these in the future.
01:21:54.390 --> 01:22:05.340

Steven Lane MD, Sutter Health (he/him): Let me just say bravo to him, he worked very hard on the calendar and getting it out there and understood by people, the fact that it is more well understood, then these other agreements is pretty impressive.
01:22:09.000 --> 01:22:15.840

Lammot du Pont, Manatt: Thank you, any other comments before we pivot into the meat of what's to be included.

01:22:22.650 --> 01:22:26.580
Lammot du Pont, Manatt: Okay, I think i'm ready to pass over the next slide pass it to you Courtney.

01:22:27.900 --> 01:22:28.590
Courtney Hansen, CalHHS (she/her): Thanks for not.

01:22:29.730 --> 01:22:35.370
Courtney Hansen, CalHHS (she/her): So this is kind of the crux of what we've been talking about we're starting to talk about.

01:22:36.930 --> 01:22:48.600
Courtney Hansen, CalHHS (she/her): We in the survey gave this question of which agreements can we really leverage from, and I do want to kind of level set that we did have a significant.

01:22:49.560 --> 01:22:55.680
Courtney Hansen, CalHHS (she/her): segment significantly fewer folks respond to this question, so it sounds like people were as comfortable answering it.

01:22:56.190 --> 01:23:07.200
Courtney Hansen, CalHHS (she/her): And they also want to note that they all ended up really around the same average and there was no clear this agreement should be used, and there was no clear this agreement should not be used.

01:23:07.860 --> 01:23:19.890
Courtney Hansen, CalHHS (she/her): So I just kind of want to pull out some of that and hear from you guys, so the care quality agreement really was the top one, not by a whole lot.

01:23:20.490 --> 01:23:28.860
Courtney Hansen, CalHHS (she/her): And I wanted to know if anyone wanted to care to or wanted to speak about why they like the care quality agreement and now we've heard a little bit about it earlier.

01:23:29.910 --> 01:23:35.910
Courtney Hansen, CalHHS (she/her): But why what about the care quality agreement works for leveraging it for our purposes here.

01:23:37.320 --> 01:23:40.020
Courtney Hansen, CalHHS (she/her): Steven I see you have your hand up yeah.

01:23:40.080 --> 01:23:48.690
Steven Lane MD, Sutter Health (he/him): i'll just say, of all the agreements it's the one is the one that i'm most personally involved in maintaining as the chairman of Eastern community.

01:23:49.650 --> 01:24:03.840

Steven Lane MD, Sutter Health (he/him): And I think again, there were other things it's so important to realize, is that this is being updated regularly there are teams and committees, you know receiving feedback from those who are leveraging the framework.

01:24:04.410 --> 01:24:20.490
Steven Lane MD, Sutter Health (he/him): Looking at where things could be improved or trustworthy into their data content could be through the use cases can be expanded, and I think is probably one of the more dynamic of these agreements, I don't know when the last time, the counter.

01:24:23.280 --> 01:24:25.740
Exchange, you know occasionally updates.

01:24:26.940 --> 01:24:27.420
response.

01:24:29.130 --> 01:24:29.280
and

01:24:31.020 --> 01:24:31.920
Steven Lane MD, Sutter Health (he/him): It hasn't even.

01:24:33.030 --> 01:24:38.370
Steven Lane MD, Sutter Health (he/him): been it hasn't even been published, yet so we're still still waiting on that one so it's impressive that original size did.

01:24:40.020 --> 01:24:40.680
Steven Lane MD, Sutter Health (he/him): exist.

01:24:41.850 --> 01:24:43.770
Steven Lane MD, Sutter Health (he/him): So just wanted to share that perspective.

01:24:44.520 --> 01:24:45.270
Courtney Hansen, CalHHS (she/her): Thanks Stephen.

01:24:46.440 --> 01:24:47.190
Courtney Hansen, CalHHS (she/her): anyone else.

01:24:52.770 --> 01:24:53.250
Courtney Hansen, CalHHS (she/her): Kelly.

01:24:56.640 --> 01:25:10.290
Shelley Brown: I would just say that the framework for the model that we use should you know, should go back and refer to that Nice chart that rim prepared that gives us an idea of you know, the common elements and the one that has the most of those probably the best one starting.

01:25:13.530 --> 01:25:23.460
Courtney Hansen, CalHHS (she/her): that's a great point I think shelley I can also bring up the that chart now if that's helpful for folks and Devon what.

01:25:24.120 --> 01:25:36.930

Deven McGraw, Invitae: I was gonna say i'm not sure that there that maybe we need to focus on it a single one of these models, but rather, maybe, maybe there, there is one that feels appealing because it's more recent because it's more.

01:25:37.650 --> 01:25:47.340
Deven McGraw, Invitae: ties us ties us in a little more closely on a on a more immediate basis to what's going on at the federal level but there's so much commonality in some of the provisions that.

01:25:47.940 --> 01:26:04.260
Deven McGraw, Invitae: Or at least the types of provisions and the way that they address them and a lot of these agreements that on some level like she choosing one feels a bit odd unless unless again again sort of scoping out what we need to include in terms in terms of the topics.

01:26:05.430 --> 01:26:17.250
Deven McGraw, Invitae: is going to be important i'd still rather look, you know, make sure that we can look to all of them to make sure if there are unique provisions or unique ways that any particular one of these agreements is treated a particular topic that we want to.

01:26:17.250 --> 01:26:23.370
Deven McGraw, Invitae: borrow from that we would be able to go back in and do that, and then I think the other thing that's important that we haven't really sort of.

01:26:23.760 --> 01:26:29.820
Deven McGraw, Invitae: dove into is that there are different exchange architectures that are presumed in some of these.

01:26:30.150 --> 01:26:35.850
Deven McGraw, Invitae: Agreements in terms of the models of exchange and I think it's going to be important for us if in fact we're going to pick.

01:26:36.240 --> 01:26:46.680
Deven McGraw, Invitae: One that we probably have that discussion about how we envision this exchange happening in terms of the overarching architecture, because that will have a.

01:26:47.310 --> 01:27:03.570
Deven McGraw, Invitae: That will play a big role in deciding what kind of agreement is you know, maybe, maybe the most ideal to look for as the kind of a backbone, but while we use the other ones to kind of see if there are provisions that we wouldn't, we want a model in something we decide for California.

01:27:04.890 --> 01:27:07.560
Courtney Hansen, CalHHS (she/her): Thanks Devon, and I do want to say.

01:27:08.700 --> 01:27:20.460

Courtney Hansen, CalHHS (she/her): We are really open to hearing whether we should just use an update a single agreement for our purposes or take pieces from each of them so we're.

01:27:21.960 --> 01:27:26.520
Courtney Hansen, CalHHS (she/her): very open to hearing about what folks thanks think will work best for us.

01:27:28.410 --> 01:27:28.920
Courtney Hansen, CalHHS (she/her): Right.

01:27:29.820 --> 01:27:41.100
Ryan Stewart, CommonSpirit Health: yeah first i'll just say that I, I really agree with everything Devon just said, also, I think, consideration should be who will be the signatories to the California data sharing agreement when.

01:27:41.910 --> 01:27:47.640
Ryan Stewart, CommonSpirit Health: I look at some of the agreements that we absolutely want to leverage, I believe.

01:27:48.180 --> 01:28:00.180
Ryan Stewart, CommonSpirit Health: You help exchange the calendar so signatories our provider organizations HIV, AIDS HIV, AIDS versus care quality connected agreement, I believe the signatories are the implemented same with.

01:28:01.020 --> 01:28:11.190
Ryan Stewart, CommonSpirit Health: The collaborative agreement of Tesco, so there should be aspects of the agreement that apply to who's going to actually be signing this room.

01:28:12.660 --> 01:28:13.260
Thanks Ryan.

01:28:14.790 --> 01:28:30.390
Courtney Hansen, CalHHS (she/her): So I do want to note that technica even though it's not completed and still in progress rated very highly and do folks want to touch on why what we can leverage from Africa.

01:28:31.470 --> 01:28:31.830
Courtney Hansen, CalHHS (she/her): Devon.

01:28:32.670 --> 01:28:44.430
Deven McGraw, Invitae: So although there's no there hasn't been more recent versions of a common agreement there were prior iterations of common agreements that I think, maybe, at least for me were floating in my head as to why.

01:28:45.360 --> 01:28:51.180
Deven McGraw, Invitae: It might be a model for looking at, even though we don't really have a draft of what the most recent would look like I.

01:28:51.480 --> 01:28:58.920

Deven McGraw, Invitae: I think part of what makes it appealing to me is that it does take architecture in into into consideration that there's sort of this.
01:28:59.370 --> 01:29:10.200
Deven McGraw, Invitae: technical architecture, where there are sort of networks that that that sort of link up at the top of the queue hinz the qualified health information networks that.
01:29:10.470 --> 01:29:29.340
Deven McGraw, Invitae: that allow for exchange across a broad geography but allow allow people down at the participant level to be able to plug in through through any single mechanism that then connects up to the broader network and allows for exchange of data across a broader geography.
01:29:30.990 --> 01:29:31.650
Courtney Hansen, CalHHS (she/her): Thanks Stephen.
01:29:32.790 --> 01:29:33.270
Courtney Hansen, CalHHS (she/her): Stephen.
01:29:33.870 --> 01:29:48.240
Steven Lane MD, Sutter Health (he/him): yeah I think one of the key things done, made a good point about of those agreements that are being actively worked on and developed around the city responding to the current state of technology use cases regulation, etc.
01:29:48.960 --> 01:30:02.130
Steven Lane MD, Sutter Health (he/him): The common agreement being developed as part of the test is there was just recently, a broad round of public engagement and feedback I just put a link in the chat as to where.
01:30:02.820 --> 01:30:10.020
Steven Lane MD, Sutter Health (he/him): The the feedback is, to all those elements again this involved, you know hundreds and hundreds of people from across the country.
01:30:10.290 --> 01:30:18.990
Steven Lane MD, Sutter Health (he/him): represent them all the stakeholder groups that were interested in here in California, so I think like Devon I painted highly, even though it doesn't exist.
01:30:19.590 --> 01:30:28.860
Steven Lane MD, Sutter Health (he/him): Because you know it's being really actively worked on and again i'm one of those people that think that we should point to you know these other.
01:30:29.460 --> 01:30:33.000
Steven Lane MD, Sutter Health (he/him): agreements for the technical and operational.
01:30:33.690 --> 01:30:46.320

Steven Lane MD, Sutter Health (he/him): detail that they're going to provide and then again keep our focus on what what is missing, so when tesla does come out of the common agreement will the common agreement that will be used for the first iteration of test.

01:30:46.800 --> 01:30:48.900
Steven Lane MD, Sutter Health (he/him): is supposed to come out in the first quarter of next year.

01:30:49.530 --> 01:31:00.990
Steven Lane MD, Sutter Health (he/him): i'm guessing it's going to be January, but you know it all depends on how quickly don't see goes through it it's been fully drafted it's going through the rnc approval process at this point, and once we have that I think we should.

01:31:01.650 --> 01:31:15.540
Steven Lane MD, Sutter Health (he/him): Look at it very quickly and very carefully see if there's anything in there that we can't live with you know and then use that as the starting point to see what's missing from a list of requirements that I presumed will have a chance to develop between now and then.

01:31:16.950 --> 01:31:18.870
Courtney Hansen, CalHHS (she/her): Thanks Stephen Kelly.

01:31:20.430 --> 01:31:32.670
Shelley Brown: My only concern about tech at this point not have you seen the final agreement, but is that it looks like it's going to be extremely complicated and arduous for organizations to onboard.

01:31:33.930 --> 01:31:45.120
Shelley Brown: To the human so i'm a little concerned about that, since what our goal is to really bring on a variety of participants, some not as sophisticated is.

01:31:45.960 --> 01:32:01.800
Shelley Brown: Health systems health plan, so I think we need to be cognizant of those requirements and look, perhaps for a more simplistic version that can be more flexible when it gets them to the policies.

01:32:02.850 --> 01:32:11.460
Shelley Brown: And kind of address those access levels and patience clarity on the SEC onboard rather than.

01:32:13.200 --> 01:32:15.090
frank that requirement that.

01:32:17.640 --> 01:32:20.010
Steven Lane MD, Sutter Health (he/him): will just be clear and surely all this respond.

01:32:20.670 --> 01:32:29.460

Steven Lane MD, Sutter Health (he/him): You know the the complexity is for the Cubans, you know the Q hands have to meet all those requirements it's then designed to be very.

01:32:29.730 --> 01:32:34.350

Steven Lane MD, Sutter Health (he/him): Much more straightforward for those who are actually connecting all the way down to the individual.

01:32:34.620 --> 01:32:44.490

Steven Lane MD, Sutter Health (he/him): The tough guy is specifically designed to individuals can access the system and utilize the framework to access the data, no matter where it exists so don't don't confuse the the.

01:32:44.880 --> 01:32:53.880

Steven Lane MD, Sutter Health (he/him): complex technical and security requirements, you know that the Q hinz must meet with those that that would be required of those connected.

01:32:56.370 --> 01:32:56.940

Courtney Hansen, CalHHS (she/her): And Stephen.

01:32:58.050 --> 01:32:59.250

Courtney Hansen, CalHHS (she/her): Kelly, did you want to respond.

01:33:02.220 --> 01:33:02.550

Courtney Hansen, CalHHS (she/her): Okay.

01:33:04.290 --> 01:33:18.030

Courtney Hansen, CalHHS (she/her): um I also want to note that it looks like the federal ursa that he has exchanged our server seems more support than the calendar So is there anything that's missing from the calendar so or any reason that folks are.

01:33:19.080 --> 01:33:24.300

Courtney Hansen, CalHHS (she/her): more likely to support the doors over calendar so specific provisions or what.

01:33:26.970 --> 01:33:27.510

Courtney Hansen, CalHHS (she/her): Stephen.

01:33:28.080 --> 01:33:37.770

Steven Lane MD, Sutter Health (he/him): I haven't read the calendars and, recently, but but, as I mentioned earlier, the Federal gerson does include the provisions required for exchange with the Federal partners.

01:33:38.340 --> 01:33:50.850

Steven Lane MD, Sutter Health (he/him): which I suspect we did not replicate in the calendar so so that it written can correct me if i'm wrong, but I think it covers a different set of exchanges cases.

01:33:52.890 --> 01:33:53.520

Courtney Hansen, CalHHS (she/her): Thanks David.

01:33:55.200 --> 01:33:55.890
Courtney Hansen, CalHHS (she/her): anyone else.

01:34:01.140 --> 01:34:02.550
Courtney Hansen, CalHHS (she/her): Right Devon.

01:34:03.660 --> 01:34:09.120
Deven McGraw, Invitae: Age of agreements weighed very heavily with me I don't I don't know about other folks that the sort of the that.

01:34:09.600 --> 01:34:18.810
Deven McGraw, Invitae: That that worked well at the time, but if it hasn't been curated and sort of brought up to speed with where where the ecosystem that has evolved in terms of.

01:34:19.290 --> 01:34:34.230
Deven McGraw, Invitae: Technology and policy standpoint it's may not be as helpful, but again, since it was very California specific I think it's probably worth pulling out those provisions that that might be more sensitive to California law that we would want to replicate.

01:34:35.610 --> 01:34:36.360
Courtney Hansen, CalHHS (she/her): Thanks Devon.

01:34:41.490 --> 01:34:50.370
Jonah Frohlich, Manatt: If I may, one of the one that I agree with those comments Devon made and previously, but I think one of the benefits of the calendar says that it brought to bear.

01:34:51.000 --> 01:35:00.600
Jonah Frohlich, Manatt: And it's been used by for example department health care services to try to encourage HIV in the state, so there are certain things like that that are helpful, but it hasn't.

01:35:01.470 --> 01:35:08.490
Jonah Frohlich, Manatt: I think it's more limited in terms of the scope of what we're trying to do here and so there's probably some limiting factors and now.

01:35:09.360 --> 01:35:14.760
Jonah Frohlich, Manatt: It took ability of it to address all the needs that we have for the day sharing agreement, we have to, we have to create here.

01:35:15.720 --> 01:35:23.100
Jonah Frohlich, Manatt: So they're like I think you are some of the comments were like we don't want to pick just one of these and be like we're gonna we're gonna go with.

01:35:24.030 --> 01:35:33.600
Jonah Frohlich, Manatt: This one agreements got everything we need or Scott most everything they're probably elements in each where we're like this is useful, this is helpful and then there's certain things that we have to add.

01:35:35.430 --> 01:35:37.650
Jonah Frohlich, Manatt: Things every California specifically want to address.

01:35:39.270 --> 01:35:40.800
Courtney Hansen, CalHHS (she/her): Thanks jenna Elizabeth.

01:35:43.560 --> 01:35:52.920
Elizabeth Killingsworth, Manifest MedEx: So I agree very much with jenna that the we're going for a broader scope than the calendar so accommodated frankly, but I think we also need to ask ourselves.

01:35:53.670 --> 01:36:03.930
Elizabeth Killingsworth, Manifest MedEx: Did the calendar set accomplish what it was intended to accomplish and do we believe that has been a particularly successful agreement.

01:36:04.320 --> 01:36:13.650
Elizabeth Killingsworth, Manifest MedEx: With respect to dramatically increasing data exchange and if we believe that it has been then great maybe we should look at it a little bit more seriously, but if we.

01:36:14.160 --> 01:36:32.430
Elizabeth Killingsworth, Manifest MedEx: believe that one of the reasons we're here today is because data exchange still needs to move much further than it has I think they're going to use the base agreement that wasn't wildly successful and encouraging a massive uptick in exchange is probably not the ideal starting point.

01:36:33.780 --> 01:36:35.400
Courtney Hansen, CalHHS (she/her): and Elizabeth shelley.

01:36:37.440 --> 01:36:40.740
Shelley Brown: I just want to put one pitch and therefore culture send that as they think.

01:36:41.280 --> 01:36:58.410
Shelley Brown: That it was really designed and sensitive to California law recognizing that the interest it doesn't really address some of the nuances of California law and that the counters to also did include federal agencies so Federal and State Agency so there's.

01:37:00.240 --> 01:37:02.160
No, no fraud not scope to.

01:37:06.540 --> 01:37:07.170
Courtney Hansen, CalHHS (she/her): Think shelley.

01:37:08.520 --> 01:37:10.980
Courtney Hansen, CalHHS (she/her): So I think a lot of you have mentioned that.

01:37:12.360 --> 01:37:20.700

Courtney Hansen, CalHHS (she/her): There we can use particular elements from a bunch of these different from these various different agreements, ones that are stronger than others.

01:37:21.450 --> 01:37:35.670

Courtney Hansen, CalHHS (she/her): And we'll talk a little bit more about the particular data elements on the next slide but are there any sections of any of these agreements that you would like to take the time to get us to.

01:37:36.720 --> 01:37:38.850

Courtney Hansen, CalHHS (she/her): To that you would advocate for leveraging.

01:37:49.740 --> 01:37:50.340

Courtney Hansen, CalHHS (she/her): Little Lewis.

01:37:58.650 --> 01:37:59.760

Courtney Hansen, CalHHS (she/her): Think, you might be on mute.

01:38:01.980 --> 01:38:05.070

Louis Cretaro CWDA: Are there any agreements here that are preferred by.

01:38:06.360 --> 01:38:15.480

Louis Cretaro CWDA: A different set of providers across the state form versus another and if if our Charter is to you know, come up with one.

01:38:16.830 --> 01:38:34.770

Louis Cretaro CWDA: Because I is there the possibility that we should have maybe in a tandem to teach or many of these to point back to, so to speak, so when they maintain that any particular framework than ours is in California and to be used.

01:38:35.880 --> 01:38:36.960

Louis Cretaro CWDA: If you use.

01:38:38.550 --> 01:38:46.770

Louis Cretaro CWDA: A particular framework, then this is in California this accompanies it or this as part of it, or do we have to get to one.

01:38:48.510 --> 01:38:49.590

Courtney Hansen, CalHHS (she/her): yeah I don't know if this is.

01:38:50.010 --> 01:38:50.670

Louis Cretaro CWDA: sounds I don't.

01:38:52.110 --> 01:39:01.170

Louis Cretaro CWDA: want to take anybody back, but is it occurred to me that many of these will be actively been modernized and may appeal to one group versus another.

01:39:01.530 --> 01:39:13.290

Louis Cretaro CWDA: If we had a subset that could be applied to each or a subset of these then wouldn't we be in a better position or that would violate our standard.

01:39:14.340 --> 01:39:16.080

Louis Cretaro CWDA: One a grip on one framework.

01:39:17.100 --> 01:39:17.820
Louis Cretaro CWDA: stop there.

01:39:19.170 --> 01:39:22.260
Courtney Hansen, CalHHS (she/her): Thanks to us, I think that's a great.

01:39:23.490 --> 01:39:33.990
Courtney Hansen, CalHHS (she/her): challenge that you've brought brought up, we are required to create a single data sharing agreement and if that's not feasible, we can provide that recommendation back to the legislature.

01:39:34.530 --> 01:39:41.310
Courtney Hansen, CalHHS (she/her): But right now we're really looking at trying to get to one single agreement that is going to be one size.

01:39:41.310 --> 01:39:42.270
Louis Cretaro CWDA: fits all for.

01:39:42.690 --> 01:39:43.980
Courtney Hansen, CalHHS (she/her): All of these different entities.

01:39:46.650 --> 01:39:47.070
Thank you.

01:39:48.990 --> 01:39:49.350
Louis Cretaro CWDA: and

01:39:51.900 --> 01:39:59.580
Courtney Hansen, CalHHS (she/her): Any other thoughts or questions before we move on to talking about particular elements, they do want to be mindful of time.

01:40:01.380 --> 01:40:12.090
Jennifer Schwartz, CalHHS (she/her): I do have one question I heard a lot about complexity and simplicity and i'm wondering if simplicity was something that folks really loved about that care quality connect agreement.

01:40:23.490 --> 01:40:27.240
Jennifer Schwartz, CalHHS (she/her): Was there perhaps an agreement that was very complicated that was less.

01:40:28.380 --> 01:40:30.720
Jennifer Schwartz, CalHHS (she/her): enticing because of the complexity of it.

01:40:35.790 --> 01:40:37.890
Jennifer Schwartz, CalHHS (she/her): they're all hard I got it seven.

01:40:38.370 --> 01:40:44.130
Deven McGraw, Invitae: Well, I was going to say they all have a huge level of detail in them, and I think part of the challenge is that.

01:40:44.700 --> 01:40:56.250

Deven McGraw, Invitae: Because the Statute sort of vests in the agreement itself, all of the expectations around data sharing it's hard to imagine how we could get something that was thinner.
01:40:56.820 --> 01:41:00.990
Deven McGraw, Invitae: In terms of sort of expectations policies requirements.
01:41:01.800 --> 01:41:11.220
Deven McGraw, Invitae: Because Ideally I think you'd want the law to set all that out right, and then the agreements themselves might be able to be very simple, in theory, but each of these but.
01:41:11.760 --> 01:41:23.310
Deven McGraw, Invitae: But I guess maybe each of these other agreements that we're looking at now that i'm thinking about it was created in in a climate where they're already you know, there was a fair amount of law existing in terms of.
01:41:24.360 --> 01:41:31.530
Deven McGraw, Invitae: You know, heavily regulated entities being expected to sign on to them, and yet still the agreements themselves are very, very, very complex.
01:41:33.030 --> 01:41:47.490
Deven McGraw, Invitae: You know, even if we were to take the approach, for example, just to sort of separate out the sort of substance provisions onto almost like an appendix and say you just have to sign this one page that says that you agree to all of the policies and.
01:41:48.180 --> 01:41:54.960
Deven McGraw, Invitae: You still have to read and understand you know essentially what you've signed on to, even though the signature pages, only one page long.
01:41:55.950 --> 01:42:00.360
Deven McGraw, Invitae: So it's hard to imagine getting out of some of the complexities.
01:42:01.320 --> 01:42:13.620
Deven McGraw, Invitae: Although we could look to the extent to which we've we've got sort of legal requirements that each entity has to meet and whether, for example, we need to go into excruciating detail on breach notification.
01:42:14.040 --> 01:42:25.020
Deven McGraw, Invitae: If the entities that we expect to be signing on to this network are all covered by a law that would require them to make that notification, in which case I think the provisions might be able to be more simple.
01:42:25.560 --> 01:42:32.790
Deven McGraw, Invitae: than again, we are dealing with a broader spectrum of participants and some of them are going to be covered by some of these laws and some will not.
01:42:34.320 --> 01:42:40.470

Deven McGraw, Invitae: So that wasn't a very good answer there's no single answer, but I think I think it's hard to get out of the complexity, because we've been set up.
01:42:41.250 --> 01:42:51.330
Deven McGraw, Invitae: By the legislature to essentially create the penultimate vehicle for facilitating exchange in the state, and we have a lot of issues to cover in order, in order to make that work.
01:42:58.140 --> 01:42:58.680
Courtney Hansen, CalHHS (she/her): Okay.
01:43:00.030 --> 01:43:13.410
Carrie Kurtural, Dept. of Developmental Services: yeah I was gonna ask and actually anyone in the floor i'm unfamiliar with these frameworks, admittedly um but i'm wondering from everyone's experience and expertise.
01:43:14.070 --> 01:43:26.310
Carrie Kurtural, Dept. of Developmental Services: What is the opinion on each of the five and what's the most nimble and flexible leaving complexity aside what has been the most nimble and flexible for smaller providers.
01:43:34.410 --> 01:43:51.210
Steven Lane MD, Sutter Health (he/him): And all i'll jump in, if you like, I think that you know when you look at the numbers but small providers across California, who are now connected through the care quality framework it's it's huge i've shared that with folks who are leading the.
01:43:53.190 --> 01:44:01.740
Steven Lane MD, Sutter Health (he/him): parent committee, I was reading all the news but yeah it's clearly working, I think you know Elizabeth has your name up if we can look at.
01:44:02.100 --> 01:44:09.690
Steven Lane MD, Sutter Health (he/him): You know the the child knows you know, I think that they are again a lot of small provider organizations have been able to to access that data.
01:44:09.990 --> 01:44:24.180
Steven Lane MD, Sutter Health (he/him): So those those seem to be working well, I think the direct connection to the health exchange tends to be large organizations, but because there are now connected through care quality it's like everyone who's going to care quality can get to them.
01:44:24.720 --> 01:44:31.560
Steven Lane MD, Sutter Health (he/him): See town, I think, was really developed for some pretty special purposes within the state that where we didn't feel like they were being covered.
01:44:31.830 --> 01:44:39.180

Steven Lane MD, Sutter Health (he/him): You know by the the national exchange capabilities, so that that's also more limited and I don't think it's specific directly.
01:44:39.450 --> 01:44:44.460
Steven Lane MD, Sutter Health (he/him): benefiting small practices and obviously mbas and different thing altogether, so I think that.
01:44:44.760 --> 01:44:53.070
Steven Lane MD, Sutter Health (he/him): You know if you really you want to look the notion of nimble and flexible i'm not quite sure what that means is context, I mean once you're connected you're connected, you know.
01:44:53.250 --> 01:45:10.320
Steven Lane MD, Sutter Health (he/him): I mean, so the idea of making connectivity accessible that that I think is really important, and i'm happy to share with this group, the information i've also been sharing with the the task force leadership unless john or others feel like that's not a good idea.
01:45:11.850 --> 01:45:20.460
Steven Lane MD, Sutter Health (he/him): Because i've been working hard to collect information about you know the exchange that's going on in California using these various networks and frameworks over the past week personal.
01:45:21.630 --> 01:45:32.790
Courtney Hansen, CalHHS (she/her): Think Stephen Elizabeth just a quick comment and we are running short on time and I do want to make sure we have time to discuss data elements are not data elements, the elements of the agreement.
01:45:34.290 --> 01:45:38.670
Elizabeth Killingsworth, Manifest MedEx: Sure 90% of what I was going to say was that by Stephen so that shortens it.
01:45:40.080 --> 01:45:53.250
Elizabeth Killingsworth, Manifest MedEx: But no, honestly, the none of them are nimble are flexible and I don't think thinking of them that way is productive, frankly, but some of the structures still make it much easier for smaller groups to climb in.
01:45:53.610 --> 01:46:06.240
Elizabeth Killingsworth, Manifest MedEx: And the care quality agreement again with the implemented structure where you can kind of pick who you want to be enabled by and there are lots of different paths, there is one of the simplest ones for smaller orgs to connect for.
01:46:08.310 --> 01:46:17.940
Courtney Hansen, CalHHS (she/her): Elizabeth all right next slide and I will turn it over to Jennifer to talk about the different elements that were voted on thanks.
01:46:19.530 --> 01:46:24.180

Jennifer Schwartz, CalHHS (she/her): Thank you very much, so we did receive 14 responses to this question in the survey.

01:46:24.690 --> 01:46:31.800

Jennifer Schwartz, CalHHS (she/her): I want to note that the elements are term on exchanging data with state government is actually intended to be bilateral not.

01:46:32.160 --> 01:46:45.390

Jennifer Schwartz, CalHHS (she/her): Just to say government, but to and from state government or any other government sorry does that change anyone's thoughts on including or excluding it, are there any changes and folks thoughts on that particular.

01:46:46.920 --> 01:46:47.730

Jennifer Schwartz, CalHHS (she/her): topic.

01:46:50.850 --> 01:46:51.540

Jennifer Schwartz, CalHHS (she/her): Elizabeth.

01:46:51.960 --> 01:47:01.620

Elizabeth Killingsworth, Manifest MedEx: We expand the question, not just exchanging data with state government but exchanging data with the other entities, who are connected to this exchange.

01:47:09.510 --> 01:47:13.620

Jonah Frohlich, Manatt: With all with all their signatory with all other signatories to this agreement.

01:47:14.850 --> 01:47:15.150

Jonah Frohlich, Manatt: yeah.

01:47:15.330 --> 01:47:15.660

Right.

01:47:16.740 --> 01:47:17.850

yeah great.

01:47:20.550 --> 01:47:31.650

Jennifer Schwartz, CalHHS (she/her): Okay, I thought folks would probably be happy to hear that it was actually not just to state government, and so we did want to make that clear with the understanding that everybody.

01:47:33.120 --> 01:47:41.220

Jennifer Schwartz, CalHHS (she/her): should be sharing, so it does look like folks thought that some elements are critical that's hardly shocking and some are less critical.

01:47:41.640 --> 01:47:48.330

Jennifer Schwartz, CalHHS (she/her): So a lot of the typical legal terms are at the top of this list, and this is a two page list and we'll get to the second page in a moment.

01:47:48.960 --> 01:48:01.800

Jennifer Schwartz, CalHHS (she/her): So can we get some consensus or thoughts on whether folks agree that the elements on this particular page all of these should be in the statewide agreement, are there any objection to these elements.
01:48:03.390 --> 01:48:14.250
Jennifer Schwartz, CalHHS (she/her): And this slide is moving from the highest voting to the lowest voting so out of 1413 thought that individuals right of access, was a critical component.
01:48:18.780 --> 01:48:27.090
Jennifer Schwartz, CalHHS (she/her): So again, do we all kind of agree that these these particular elements on this list should be part of our statewide agreement.
01:48:28.470 --> 01:48:31.770
Jennifer Schwartz, CalHHS (she/her): I saw a faces and i'm not sure if I was clear on my question.
01:48:35.010 --> 01:48:50.760
Steven Lane MD, Sutter Health (he/him): i'm not sure we need breach notification, since each of the individual, you know agreements that are out there, I think, includes that it seems like it might introduce unnecessary confusion.
01:48:55.500 --> 01:48:56.280
Jennifer Schwartz, CalHHS (she/her): And then Devon.
01:48:57.810 --> 01:49:09.810
Deven McGraw, Invitae: yeah I think I think for some of these that I voted a little bit lower they were they are elements that are typically in agreements, I just with an eye towards trying to be a little bit leaner.
01:49:10.380 --> 01:49:19.680
Deven McGraw, Invitae: and wondering whether they're it's necessary to include some of the things on you know what's the government, we probably do need to put governance authority and approach in there, but I sort of feel like.
01:49:20.040 --> 01:49:33.060
Deven McGraw, Invitae: Getting the requirements to share right and to to and who is able to enjoy the benefits of that sharing, ie individuals and, in addition to the other participants in the in the.
01:49:33.630 --> 01:49:44.490
Deven McGraw, Invitae: In the in the framework privacy and security breach notification if we've got a law that covers all the participants, but maybe if those who are not covered that's that's, the only thing that's tricky about that.
01:49:45.720 --> 01:49:58.440
Deven McGraw, Invitae: We can guarantee that everybody else has signed on to other agreements and that it's picked up there, but that that was the generally the approach is you know let's get the elements that will facilitate data sharing.

01:50:00.150 --> 01:50:12.540
Deven McGraw, Invitae: or make sure that data sharing happens for the purposes for which we want to make sure that data sharing does occur among all the participants and then I think for me at least it's a little bit like do we need to include this in order to make sure that we're.

01:50:13.680 --> 01:50:17.820
Deven McGraw, Invitae: we've got the appropriate protections on the information or that we've got the trust.

01:50:18.180 --> 01:50:26.280
Deven McGraw, Invitae: In the network in terms of people trusting in exchange with each other that's what floats these agreements, more than anything is people feel like they want to make sure that the the.

01:50:26.670 --> 01:50:35.790
Deven McGraw, Invitae: recipient of the data on the other end of the of the exchange is subject to the same sort of rules and expectations around how they handle that data as as they are.

01:50:36.360 --> 01:50:46.200
Deven McGraw, Invitae: And the fact that we have a patchwork in terms of what laws apply to do what entities often results in new needing to build a lot more into the agreements than you might otherwise want to.

01:50:47.670 --> 01:50:54.240
Deven McGraw, Invitae: be nice to be able to say well just comply with law privacy and security breach notification, etc, but if we've got some actors.

01:50:54.630 --> 01:51:03.570
Deven McGraw, Invitae: Who, we need to be in this network, and we need and who are required to sign the agreement by law or who we want to sign the agreement, even if they're not required to do so by law.

01:51:04.050 --> 01:51:12.420
Deven McGraw, Invitae: There has that it's what provisions are going to encourage that trust and have you know, a network where there's a set of sort of common expectations.

01:51:14.520 --> 01:51:15.750
Jennifer Schwartz, CalHHS (she/her): Thank you devin Lee.

01:51:17.070 --> 01:51:24.840
Lee Tien: yeah I mean i'm I think i'm going to be restating what governance said to mostly but I mean there's there are.

01:51:25.230 --> 01:51:43.800
Lee Tien: Two at least two reasons to have things in a contract right one, is that you actually want to regulate the relationships among the parties that's the usual reason we

write these, but at the same time, in a public policies setting, we are also as as Devon so well pointed out also.

01:51:45.390 --> 01:51:57.060
Lee Tien: doing a certain amount of optics right about what matters in this state what matters to policy and what we think people will care about when they look at it.

01:51:57.420 --> 01:52:11.160
Lee Tien: So I mean, for instance, like obviously you have to talk about individuals rights in the agreement because, because when once you get out of the look the arm, you know the small group or false quite deep state.

01:52:13.020 --> 01:52:20.970
Lee Tien: And they are care about privacy, they care about trust they care about security, and so, if it's not in the agreement that people are pointing to.

01:52:21.330 --> 01:52:29.010
Lee Tien: Then they'll say, well, what are you doing about So those are to me Those are two very different though considerations that you know one is.

01:52:29.400 --> 01:52:42.930
Lee Tien: Primarily PR political the other one is what is actually needed, so I am I know you guys are much more into what is actually needed in order to make something work, I just want to to.

01:52:43.440 --> 01:52:59.700
Lee Tien: To to say that I agree with devin that we also need to consider how are we are answering the questions that every you know, thoughtful person in California, is going to be asking about you know the privacy security and equity of the health data flow.

01:53:01.020 --> 01:53:08.670
Jennifer Schwartz, CalHHS (she/her): Thank you, so why don't we go ahead and go to the next slide where bass we're very quickly running out of time and.

01:53:09.930 --> 01:53:14.310
Jennifer Schwartz, CalHHS (she/her): i'm going to try and get as much out of this, as we can with the understanding that.

01:53:14.880 --> 01:53:21.420
Jennifer Schwartz, CalHHS (she/her): You know, we we are running out of time, so here are the rest of the elements, it appears said some of the more technical elements are at the bottom.

01:53:21.870 --> 01:53:36.840
Jennifer Schwartz, CalHHS (she/her): So can folks just weigh in Why are these considered less critical is there an expectation that some of these would be added to policies and procedures that the agreement would refer to do folks think that all of these elements are terms should be in the statewide agreement.

01:53:38.370 --> 01:53:41.910
Jennifer Schwartz, CalHHS (she/her): Can you go ahead and pop on it and and weigh in on that.

01:53:51.330 --> 01:53:56.520
Jennifer Schwartz, CalHHS (she/her): Are there any terms from existing agreements that you particularly like and would like included in the statewide version.

01:53:58.260 --> 01:54:06.270
Jennifer Schwartz, CalHHS (she/her): Only i'm assuming that your hand is up because you made a comment, I just want to make sure that you weren't hope being to make another one Okay, thank you.

01:54:10.590 --> 01:54:11.220
Jennifer Schwartz, CalHHS (she/her): Stephen.

01:54:11.760 --> 01:54:18.360
Steven Lane MD, Sutter Health (he/him): The term that I hear a lot is reciprocity, you know that if you have data, you have to share data.

01:54:19.380 --> 01:54:33.450
Steven Lane MD, Sutter Health (he/him): non discrimination so requirement to respond in it to me is sort of reciprocity and that might might include that there, but I think you know, reciprocity and non discrimination or key concepts that we want to support.

01:54:40.260 --> 01:54:41.880
Jennifer Schwartz, CalHHS (she/her): To folks have some shelley.

01:54:42.840 --> 01:54:46.200
Shelley Brown: yeah I would just say in response to your question that some of the items in the bottom.

01:54:46.320 --> 01:54:50.070
Jonah Frohlich, Manatt: are calling things that we should put in policies and procedures, so they can take.

01:54:51.090 --> 01:54:53.280
Shelley Brown: into account changes, particularly.

01:54:54.630 --> 01:55:05.490
Shelley Brown: Face access and technical standards those types of items are tend to be very technical and change over time and and what we want to avoid is having to have.

01:55:07.290 --> 01:55:07.800
An amendment.

01:55:09.720 --> 01:55:20.550
Shelley Brown: So for simplicity of implementation, we probably want to take some things out that change over time how the agreement or allow that to be changed by policy.

01:55:22.080 --> 01:55:24.570

Jennifer Schwartz, CalHHS (she/her): Thank you shelley john I think you wanted to say something.

01:55:25.950 --> 01:55:29.400

Jonah Frohlich, Manatt: yeah I would I would definitely support.

01:55:30.660 --> 01:55:41.970

Jonah Frohlich, Manatt: Remember, this advisory committee, but I would definitely support Stevens, and which I think was based, in large part, and also on Elizabeth your comments and Devon yours on reciprocity, if you if we're talking about an agreement.

01:55:43.110 --> 01:55:49.350

Jonah Frohlich, Manatt: it's going to be signed by thousands of signatories, I think it's really important that there's a common understanding that everyone is following the same rules.

01:55:49.890 --> 01:56:06.090

Jonah Frohlich, Manatt: In obligation, so that it's very clear to everyone what the data are intended to be used for and and what purposes there to be shared for and reciprocity can really help get at that until I turned to imagine having this kind of agreement with that something that reciprocity.

01:56:10.200 --> 01:56:16.950

Jennifer Schwartz, CalHHS (she/her): And then I just want to make sure Stephen shelley jonah you all still have your hands up okay Stephen you have a new comment.

01:56:17.100 --> 01:56:26.550

Steven Lane MD, Sutter Health (he/him): yeah yeah um well benefits of participation are obviously important for us to communicate i'm not sure that belongs in the data sharing agreement.

01:56:26.940 --> 01:56:41.580

Steven Lane MD, Sutter Health (he/him): I mean people the different parties will see different benefits from participation and there may be benefits that we haven't contemplated that people will come up with like i'm not used to seeing a list of benefits in an agreement, but others may see them differently.

01:56:43.980 --> 01:56:50.940

Jennifer Schwartz, CalHHS (she/her): It was a last thought does anyone have any other responses on this any thoughts before I turn it over to john.

01:56:53.700 --> 01:57:02.670

Jennifer Schwartz, CalHHS (she/her): Okay, seeing nothing, and please feel free to you know put things in the chat i'm going to turn it over to john doe Canyon and next slide please.

01:57:04.140 --> 01:57:10.590

John Ohanian, Cal HHS: Thank you Jennifer well, we have a minute to spare Unfortunately I only have a minute of closing comments, so if you go to the next slide.
01:57:11.970 --> 01:57:21.030
John Ohanian, Cal HHS: We will obviously be seeing you at our next meeting, we will be circulating the notes, please feel free to reach out with any questions you might have or further dialogue.
01:57:21.720 --> 01:57:31.200
John Ohanian, Cal HHS: We will be working on these comments here which we really appreciate it it's great to see that we're all about building on what's working and looking at alignment.
01:57:32.280 --> 01:57:38.160
John Ohanian, Cal HHS: If you want to please participate and take a look at those notes one Yes, they get out to you, and hopefully.
01:57:39.210 --> 01:57:46.530
John Ohanian, Cal HHS: Get back to us with any concerns and additional suggestions that would be great to our staff and then next slide.
01:57:47.640 --> 01:57:56.520
John Ohanian, Cal HHS: So it will be targeting to see you just before the holidays or in between the holiday season and in the meantime, if you haven't already connected with quality with our staff.
01:57:56.790 --> 01:58:09.090
John Ohanian, Cal HHS: If you need any logistics for additional information, please feel free to reach out, I just want to give a shout out to our team here both behind the scenes and in front of all of you that have done a lot of work to I think contribute to a great.
01:58:09.600 --> 01:58:18.900
John Ohanian, Cal HHS: Meeting hope you feel like that, as well, thank you very much for your time it's exciting work that we're a part of, thank you for being a part of it and have a great day, thank.
01:58:21.390 --> 01:58:22.020
Mario Schiavi: You for joining.
01:58:25.860 --> 01:58:26.340
Kevin McAvey (Manatt Health): Have a good day.
01:58:27.240 --> 01:58:27.660
bye bye.