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 --> 00:02:13.830
Mario Schiavi: mo will now cover the meeting participation options Emma.
00:02:14.940 --> 00:02:21.240
Emma Petievich, Manatt Events: At designated time spoken comment will be permitted.
00:02:21.900 --> 00:02:33.810
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.
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.

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

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.

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.

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.

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.

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.

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.

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.

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.

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

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.

John Ohanian, Cal HHS: From uc Davis chief information officer and chief digital health officer, but she's a trail.

John Ohanian, Cal HHS: Americas america's physician groups executive Vice President for government affairs to Barcelona.

John Ohanian, Cal HHS: You some links chief information security officer chair Jen Aaron present.

John Ohanian, Cal HHS: At.

John Ohanian, Cal HHS: Private practice attorney.


John Ohanian, Cal HHS: Here hi john.

John Ohanian, Cal HHS: Kelly well for directors association of California Lee county consultant Louise Cordero.

John Ohanian, Cal HHS: Carson.

Louis Cretaro CWDA: Thank you.

John Ohanian, Cal HHS: For manifest as X general counsel and chief privacy officer Elizabeth killings work.

John Ohanian, Cal HHS: From Kaiser permanente in your counsel Helen cam.

John Ohanian, Cal HHS: From health band director of electronic medical records and health information exchange, Patrick.
Patrick Kurlej: Hello good morning.

John Ohanian, Cal HHS: California department of developmental services attorney and privacy officer Carey Chris right.

Carrie Kurtural, Dept. of Developmental Services: Here, its cultural things.

Cultural.

John Ohanian, Cal HHS: eyeglasses glasses are not as clean, this morning I apologize.

John Ohanian, Cal HHS: apologize in advance to everyone on please go to the park, you can go to the next slide Thank you.

John Ohanian, Cal HHS: From sutter health Palo Alto medical foundation clinical informatics director family physician Steven Lee morning.

John Ohanian, Cal HHS: morning planned parenthood affiliates of California general counsel and Vice President of policy Lisa must, to borrow.

Lisa Matsubara (she/her) PPAC: morning.

John Ohanian, Cal HHS: from any retires lead data stewardship and data sharing citizen platform, the oven mcgraw.

Deven McGraw, Invitae: i'm here it's in detail.

But that was close enough job.

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.

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

John Ohanian, Cal HHS: Good morning to.
John Ohanian, Cal HHS: California Department of Health care services privacy officer and assistant chief counsel Morgan same.

Morgan Staines (he), DHCS: morning everybody.

John Ohanian, Cal HHS: morning.

John Ohanian, Cal HHS: common spirit health system of system Vice President data interoperability and compliance Ryan Stewart morning.

John Ohanian, Cal HHS: For my electronic frontier foundation legislative director and Adams chair for Internet rights lead to.

John Ohanian, Cal HHS: hear.

John Ohanian, Cal HHS: The morning.

John Ohanian, Cal HHS: Los Angeles county department of public health services, acting director of whole person Charolais Belinda waldman morning.

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

John Ohanian, Cal HHS: Good morning.

John Ohanian, Cal HHS: morning.

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.

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.

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.
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 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'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.

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.

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.

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.

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

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

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.

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.

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

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.

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.

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

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.

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.

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.

Jennifer Schwartz, CalHHS (she/her): Next slide please.

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.

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.

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.

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

Jennifer Schwartz, CalHHS (she/her): Next slide please.
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.

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.

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.

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.

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.

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.

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.

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.

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.

Jennifer Schwartz, CalHHS (she/her): Yes, Stephen it looks like you have your hand raised yeah.
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.
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.

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.

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.

Steven Lane MD, Sutter Health (he/him): Because that is the only agreement that supports exchange with the Federal partners, the VA the DoD, the SSA.

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.

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.

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.

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 envision what would be the role of our California agreement as it relates to all these other agreements.

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.

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.
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.

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.

Jennifer Schwartz, CalHHS (she/her): Should we have a recommendation that maybe changes the legislation and talks through re envisioning what this looks like.

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.

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.

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.

Steven Lane MD, Sutter Health (he/him): raise.

Steven Lane MD, Sutter Health (he/him): hands tend to float to the top of your screen grabs The only other one.

Jennifer Schwartz, CalHHS (she/her): Okay Devon, thank you.

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.

Deven McGraw, Invitae: Of the data sharing expectations that were set by the legislature, it happens in the agreement.
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.

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

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.

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.

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.

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.

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.

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

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.
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 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.
Lee Tien: In data leaks or data spills throughout the system that we may not fully be aware of, right now, and you know I’m happy to take any kind of.

Lee Tien: learnings or education or knowledge and experience that other people in this group have to, because I know I am not as well, but those are the things that I’ve been concerned about thanks.

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.

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.

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.

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.

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.

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.

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.

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.
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 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.
Jonah Frohlich, Manatt: Just hope you can hear me but i'm wondering if we might take stephen's.

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.

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.

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.

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.

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.

Jonah Frohlich, Manatt: Before entertaining some.

Jennifer Schwartz, CalHHS (she/her): Is because I think we did.

Jennifer Schwartz, CalHHS (she/her): The goal is to leverage what's.

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.

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

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.

Jennifer Schwartz, CalHHS (she/her): So where other folks in agreement will make some modifications.

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.

Jennifer Schwartz, CalHHS (she/her): And then I don't want to speak for jonah or Kevin or lamar but.

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.

Ashish Atreja, MD, UC Davis Health: sounds good.

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.

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.

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.

Jennifer Schwartz, CalHHS (she/her): Hello Helen I think you have your hand raised.
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.

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

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.

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.

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.

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.

Jennifer Schwartz, CalHHS (she/her): In the sense of you know, making sure that we stick to just 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.

Jennifer Schwartz, CalHHS (she/her): Are there any concerns from jonah or Kevin or Lamont.

Jennifer Schwartz, CalHHS (she/her): natalie I agree.

Jennifer Schwartz, CalHHS (she/her): Definitely privacy and security should be.

Jennifer Schwartz, CalHHS (she/her): Well we'll get to that piece in terms of the terms and the.
Jennifer Schwartz, CalHHS (she/her): Element

hang tight for that.

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

But.

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

Deven McGraw, Invitae: that some of these topics for our consideration.

removed.

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

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.

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

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

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.

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.
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.
Ashish Atreja, MD, UC Davis Health: And that’s probably an activity on my part i’m.

Ashish Atreja, MD, UC Davis Health: Having an agreement without alluding to our technical framework at all.

Ashish Atreja, MD, UC Davis Health: In any capacity, probably be limited the operational and implementation part of it.

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.

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.

Jonah Frohlich, Manatt: know why I guess I can respond to that first to the last point, I think this.

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.

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.

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.

Jonah Frohlich, Manatt: We should point to other agreements as sort of the approach.

Jonah Frohlich, Manatt: sort of like that the framework and our own which will the state’s going to create a.

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

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.

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.

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.

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

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.

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

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

Jennifer Schwartz, CalHHS (she/her): And now i'd like to introduce Robert Catherine or him Catherine.
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.

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.

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.

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.

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.

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.

Rim Cothren: apply on a national level, but these are the agreements that we most often hear about.

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.

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.

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.
Rim Cothren: The e health exchange dosa was the first one to really emerge approximately in 2009 that was that reflects the year that.

Rim Cothren: The open sea initiative in the nationwide health information network transitioned to the private sector.

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.

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.

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.

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.

Rim Cothren: The calendar 16 out soon after the MPA and it was modeled heavily after the dirt.

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.

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.

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.
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 unique in that it is the only agreement that has federal participants in it.

00:51:35.040 --> 00:52:10.680
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 --> 00:52:16.770
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 --> 00:52:24.450
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 "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.

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.

Rim Cothren: Their care quality connected agreement was designed to have a broader applicability that would include vendors being able to 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.

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.

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 talks more broadly perhaps about the types of organizations that it covers.

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.

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.

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 an opportunity here for some discussion, I know that Stephen has his hand up and.

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.
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.
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.

Elizabeth Killingsworth, Manifest MedEx: But it does that concept is one that I don't want to cast aside.

Elizabeth Killingsworth, Manifest MedEx: As a potential solution.

Rim Cothren: Thank you for them.

Rim Cothren: Other other thoughts.

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

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.

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.

Rim Cothren: encourage all of the committee members to take a look at the chat.

Rim Cothren: If not, then Jen I think we're passing things back to you.

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

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.

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.
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.

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.

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.

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.

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.

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.

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.

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

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.
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.

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

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.

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

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. 

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.

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.

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.

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.

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.

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.

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.
Jennifer Schwartz, CalHHS (she/her): Thank you Alyssa best.

Elizabeth Killingsworth, Manifest MedEx: Ever Stephen I want to add.

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.

Elizabeth Killingsworth, Manifest MedEx: We have structures in place today to share data and people don't use them.

Elizabeth Killingsworth, Manifest MedEx: And some of them, perhaps just can't because again they have very minimal resources, but most.

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.

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.

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.

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.

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.

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.

Jennifer Schwartz, CalHHS (she/her): Thank you Elizabeth Shelley.
Jennifer Schwartz, CalHHS (she/her): you're on mute.

Shelley Brown: and

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.

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.

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.

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.

Lisa Matsubara (she/her) PPAC: hi this is Lisa, and so I agree just building on what she.

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.

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.

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.

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.

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.
Jennifer Schwartz, CalHHS (she/her): Thank you Lisa Morgan.

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.

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 parts of the health care system that serve the underserved.

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.

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.

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.

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.

Jennifer Schwartz, CalHHS (she/her): Thank you, Morgan Devon.

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.

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.
Deven McGraw, Invitae: expectation in terms of the purposes for which data is going to be shared, as well as a thankfully a bigger.

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.

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.

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.

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.

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.

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.

Jennifer Schwartz, CalHHS (she/her): Thank you, Louis.

Louis Cretaro CWDA: i'm not sure that I was next I think morgan's hand was raised before me.

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

Jennifer Schwartz, CalHHS (she/her): Did you just want to take.

Morgan Staines (he), DHCS: There you go yeah I smoke.

Louis Cretaro CWDA: Thank you, I just trying to be correct.
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.

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.

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.

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.

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.

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.

Louis Cretaro CWDA: i'm looking at opportunities here that that this.

Louis Cretaro CWDA: standardization of this framework but provide.

Louis Cretaro CWDA: For some new endeavors and to reduce the number of agreements that might be needed.

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.

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

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.
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.

Lammot du Pont, Manatt: Okay, I think i’m ready to pass over the next slide pass it to you Courtney.

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.

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.

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.

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.

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.

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.

Exchange, you know occasionally updates.

response.

Steven Lane MD, Sutter Health (he/him): It hasn’t even.

Steven Lane MD, Sutter Health (he/him): exist.

Steven Lane MD, Sutter Health (he/him): So just wanted to share that perspective.

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

Courtney Hansen, CalHHS (she/her): anyone else.

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

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.
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.
Courtney Hansen, CalHHS (she/her): very open to hearing about what folks thanks think will work best for us.
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.
Thanks Ryan.
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.
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 consideration that there's sort of this.

Deven McGraw, Invitae: technical architecture, where there are sort of networks that that sort of link up at the top of the queue hinz the qualified health information networks that.

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.

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

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

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.

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.

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.

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.
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.

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

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.

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.

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

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.

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.

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.

Shelley Brown: And kind of address those access levels and patience clarity on the SEC onboard rather than.

Steven Lane MD, Sutter Health (he/him): will just be clear and surely all this respond.
Steven Lane MD, Sutter Health (he/him): You know the complexity is for the Cubans, you know the 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 hands 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.

01:33:04.290 --> 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.
Courtney Hansen, CalHHS (she/her): anyone else.

Courtney Hansen, CalHHS (she/her): Right Devon.

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.

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.

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.

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

Jonah Frohlich, Manatt: If I m say, 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.

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.

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.

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.

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.

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.
Jonah Frohlich, Manatt: Things every California specifically want to address.

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

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.

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.

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.

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.

Courtney Hansen, CalHHS (she/her): and Elizabeth Shelley.

Shelley Brown: I just want to put one pitch and therefore culture send that as they think.

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.

No, no fraud not scope to.

Courtney Hansen, CalHHS (she/her): Think Shelley.

Courtney Hansen, CalHHS (she/her): So I think a lot of you have mentioned that.
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.

Louis Cretaro CWDA: One a grip on one framework.
Courtney Hansen, CalHHS (she/her): Thanks to us, I think that's a great.

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.

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.

Courtney Hansen, CalHHS (she/her): All of these different entities.

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.

Jennifer Schwartz, CalHHS (she/her): Was there perhaps an agreement that was very complicated that was less.

Jennifer Schwartz, CalHHS (she/her): enticing because of the complexity of it.

Jennifer Schwartz, CalHHS (she/her): they’re all hard I got it seven.

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.
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.

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.

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.

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

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.

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.

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.

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.

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.

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.

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.
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 --> 01:44:44.60
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.
Jennifer Schwartz, CalHHS (she/her): Thank you very much, so we did receive 14 responses to this question in the survey.

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.

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.

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

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.

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

Jonah Frohlich, Manatt: yeah.

Right.

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.

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.

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.
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.

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.
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.

Deven McGraw, Invitae: we've got the appropriate protections on the information or that we've got the trust.

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.

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 they are.

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.

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.

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.

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.

Jennifer Schwartz, CalHHS (she/her): Thank you devin Lee.

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.

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 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.

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.

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.
Jennifer Schwartz, CalHHS (she/her): Can you go ahead and pop on it and and weigh in on that.

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

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.

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.

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.

Jennifer Schwartz, CalHHS (she/her): To folks have some shelley.

Shelley Brown: yeah I would just say in response to your question that some of the items in the bottom.

Jonah Frohlich, Manatt: are calling things that we should put in policies and procedures, so they can take.

Shelley Brown: into account changes, particularly.

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.

An amendment.

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.
Jennifer Schwartz, CalHHS (she/her): Thank you Shelley John I think you wanted to say something.
Jonah Frohlich, Manatt: yeah I would I would definitely support.

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.

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.

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.

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.
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.

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.

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.

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.
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.
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.
Mario Schiavi: You for joining.
Kevin McAvey (Manatt Health): Have a good day.
01:58:27.240 --> 01:58:27.660
bye bye.