California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting 4 Q&A Log (10:00AM – 12:30PM PT, December 14, 2021)

The following table shows comments that were entered into the Zoom Q&A by public attendees during the December 14th virtual meeting:

Count	Name	Comment	Response
1	Lane, Steven MD MPH	I suggest that you clarify in the Chat that it is disabled for public participants who must put comments into the Q&A tool. Also please clarify whether all AG members can see the Q&A or whether it is up to the moderators to represent entered questions. Also please respond to my prior question as to whether Chat and Q&A content is being saved, shared with AG members, and/or being made a part of the public record. Thanks!	Hi Dr. Lane - Thank you for joining. Chat is restricted to AG members to allow them to publicly communicate with one another as they support this public committee. All AG members can see the Q&A. Meeting chat and Q&A are regularly posted after each AG and DSA Subcommittee website on CalHHS' DxF website: https://www.chhs.ca.gov/data-exchange-framework/.
2	Lane, Steven MD MPH	Thanks Kevin. I would again suggest that you announce this, e.g., at the beginning of each meeting. I can see the Chat and Q&A from the prior meetings on the web site. Thanks!	
3	Michael Marchant	I Feel EHR is specific to healthcare Orgs - some areas where exchange is needed are not 'healthcare' do we need to change that to terminology?	

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4	Michael Marchant	I don't see the state registries - like CAIR/CURES as EHR's but really need interoperability with both	
5	Karen Ostrowski	Echo Michael's question - many human services orgs use homegrown or COTS case management systems, if anything at all. Focusing on CERHT might not be the right fit for those service providers.	
6	Lane, Steven MD MPH	Agree with Michael Marchant that we should be looking well beyond the needs of providers to implement EHRs to include the implementation of modern HIT solutions for other stakeholders including public health jurisdictions, CDPH, CBOs, state social service agencies, regional HIEs, etc.	
7	Lane, Steven MD MPH	It would be advantageous to find or create data regarding the existing and shrinking gap of EHR adoption by CA providers. This gap is certainly smaller than it was when we had this discussion 1, 5 or 10 years ago.	
8	Michael Marchant	'+1 Dr. Lane - Landscape assessement on EHR adoption statewide could help with targeting fund	
9	Michael Marchant	*targeting funds to the most needed areas	
10	Lane, Steven MD MPH	Re SOGI data, recall that this has now been included in USCDI V2 and will in time be required for all certified EHRs. https://www.healthit.gov/isa/taxonomy/term/2741/uscdi-v2 https://www.healthit.gov/isa/taxonomy/term/2736/uscdi-v2	
11	Lane, Steven MD MPH	Like EHR adoption, the data classes and elements that are routinely required/supported by EHRs and other Health IT systems (based on CMS and ONC requirements) continues to evolve, progressively	

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		addressing the very gaps that we are discussing. We can be on the forefront of this evolution in CA, but need to continue to drive and align our statewide efforts with the work ongoing at the federal level.	
12	Lane, Steven MD MPH	Yes! While all certified EHRs have the ability to interoperate using modern standards not all customers/users of these EHRs have implemented the capabilities. THIS is where we can make a difference with our envisioned statewide directives and support.	Agreed! So much facing and phone calls still proliferate.
13	Lane, Steven MD MPH	Providers who do not use an EHR for documentation, practice management, etc. can still economically leverage modern interoperability solutions including access to the EHR data of other providers and secure Direct messaging with other community providers.	
14	Michael Marchant	Agree with David Ford - Incentive Program did not cover all providers and the carrot wasn't available for some - nor was the stick impactful for all	
15	Lane, Steven MD MPH	The information sharing requirements of the ONC Cures Act final rule and evolving CMS Promoting Interoperability and Conditions of Participation requirements are likely to require connectivity with and use of national networks and the TEFCA framework. Anything that we require at the state level will likely present an additional costs/burdens for California providers.	
16	Lane, Steven MD MPH	TEFCA is a framework that allows networks to connect and share with one another. HIEs are intended to be active participants in TEFCA. It will be in place in 2022.	

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17	Lane, Steven MD MPH	How can we incentivize and support our California HIEs to connect more meaningfully (and bidirectionally) to the existing interoperability framework so that the data they maintain can be made available to other stakeholders? There are policy levers that can be broght to bear to bring them into existing exchange and prepare them for more robust participation in the national framework as it moves forward.	
18	Timi Leslie	'@Michelle Gibbons - well said; Communications are important part of program success; also agree that the IMZ use case is extremely useful in illustrating needs and gaps	
19	Lane, Steven MD MPH	TEFCA Timeline: https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement	
20	Timi Leslie	Fact sheet here outlining how we can improve vaccine/IMZ data sharing through exisitng HIE infrastructure here: https://connectingforbetterhealth.com/wp-content/uploads/2021/09/Vaccine-Data-Issue-Brief-.pdf	
21	Timi Leslie	TEFCA 101 here: https://connectingforbetterhealth.com/wp-content/uploads/2021/09/CBH-TEFCA-fact-sheet-v09272021-1.pdf	
22	Lane, Steven MD MPH	TEFCA 102 here: https://rce.sequoiaproject.org/	
23	Karen Ostrowski	'+1 for Carmela’s comments and I will also note that a lot of work around outreach and onboarding, particularly for CBOs/non-Covered Entities, was done	

Count	Name	Comment	Response
		during the WPC pilots that can and should inform this work. To the points about the amount of work and time, the communities that put in that work have seen great success while those that did not continue to struggle.	
24	Michael Marchant	'@Jonah - Event nofication needs an accurate directory for provider / care team member contacts - almost impossible for orgs to keep an accurate record of all provider 'digital' addresses - this really needs a solution	
25	Lane, Steven MD MPH	DirectTrust has taken on the development and maintenance of technical standards to support vendor agnostic event notifications. See: https://directtrust.org/standards/event-notifications-via-direct	
26	David Lown	While ADT notification did go into effect earlier this year, not all providers have digital addresses nor are those addresses easily accessible by the notifying actors, both of which significantly limit the successful implementaiton of ADT notification. How can the state support/facilitate improvements on both of these factors?	Hi David - Nice to see you. Do you have any specific suggestions for the AG to consider?
27	Lane, Steven MD MPH	Event notifications via FHIR are also possible and wil likely define the standard in the future: https://build.fhir.org/ig/DavidPyke/CEQSubscription/ These standards are being designed to support hospitals in meeting their event notification requirements under the recent CMS rules and to include the need to share notifications across the ecosystem and care team.	

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28	Karen Ostrowski	Many care coordination systems implemented during WPC included event notifications that greatly helped non-health care providers who previously did not have access to such alerts, especially for individuals experiencing homelessness.	
29	Lane, Steven MD MPH	Example of a vendor providing economical standards-based interoperability services to clinicians and CBOs, including query, push, access to national provider directory, etc.: https://kno2.com/interoperability-as-a-service/	
30	David Lown	'@kevin I defer to my frontline and technically more knowledgeable collegues for their suggestions.	
31	Jim Sullivan - TCS Heathcare Consulting & Services Integration	in addition to ADTs - is CA planning to take advantage of and leverage HIE enabled alerts and notifications to create and monitor situational awareness, like COVID spike and hot-spots for example, and any population/geographic health management situation for that matter?	in addition to ADTs - is CA planning to take advantage of and leverage HIE enabled alerts and notifications to create and monitor situational awareness, like COVID spike and hot-spots for example, and any population/geographic health management situation for that matter?
32	Troy Kaji	'@Jonah Agree with Michael Marchant's comments. Notifications need a curated directory. Whether health plans, providers, agencies. Many have asked the NPPES to assume this role, but they have not.	
33	Lane, Steven MD MPH	The vendor that has had the greatest success addressing the interoperability and event notificaion needs related to ED utilization and now post-acute care is https://collectivemedical.com/ CMT has also	There are several organizations supporting this functionality in California. Qualified HIOs (MX, LANES

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		connected to the Carequality framework so that they can exchange data with all other connected providers and organizations. I recently collected functionality and volume exchange updates from CMT and a number of the other live networks functioning today in CA and have forwarded these to the CalHHS team supporting the Advisory Group.	etc) and commercial companies (CMT, Patient ping). We need policies and requirements that each of these entities share ADT data with each other, for shared patients, if they are going to be deemed as options for providers to meet data sharing requirements.
34	John Helvey - SacValley MedShare (Nor CA)	I agree with that Statement Claudia	
35	Lane, Steven MD MPH	Work ongoing now (meetings this morning) to evolve an EMS-hospital interoperability solution set built on Carequality framework access to patient data and FHIR to push information to relevant stakeholders and workflows, thus avoiding the costs and risks of managing this via bespoke HL7 V2 interfaces and centralized data stores as we have in use in a few communities today. Anyone interested is welcome to contact me LaneS@SutterHealth.org.	
36	Troy Kaji	State PH is currently fragmented into 58 local health districts, which increases complexity of system. Propose agreement that exchanging PH data through network would satisfy all 58 LHDs, such as for Confidential Morbidity Reports, etc	
37	Troy Kaji	To add to PH comment, PH local health departments need technical assistance, since they vary widely in resources and IT sophistication	

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38	Lane, Steven MD MPH	'+1 Troy!	
39	Jennifer Inden (she/her), RCHC	yes Kiran and Mark! don't leave patients behind in this conversation.	
40	Timi Leslie	Is Opportunity #4 where there is also focus on CAIR/CURES? Acknowledging that CURES is in DOJ	
41	Mary-Sara Jones (AWS, HHS)	Requiring an EHR may not be the best approach for getting all the data needed, especially for human or social program providers such as Housing. There are ways to share the data without requiring EHRs. This is being done in several states/counties.	
42	Michael Marchant	would disagree - that a centralized MPI is required - could be federated - or a technology like blockchain could provide a Self-sovereign identity that allows for consent as well	
43	L. Johns	Will there be a subcommittee for Digital Identities Strategy? This is heart of the matter for consumer/patients.	
44	Allen Noriega	Will CHW or Care Coordinater related representatives be included as providers or other groups included in the focus groups?	
45	Allen Noriega	coordinator	
46	Timi Leslie	Agree with @claudiawilliams we need solve for specific use cases and the rest will follow. The urgency to get COVID data in the hands of providers seems like a great place to start	
47	Timi Leslie	Colorado approach here: https://connectingforbetterhealth.com/updates/blog-corhios-innovative-to-building-health-information-exchange-in-colorado/	

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48	cjensen	Agree that the Digital Identities Strategy is critical. Have seen and worked incidents where data was incorrect and the problems it created.	
49	Timi Leslie	and Michigan here https://connectingforbetterhealth.com/updates/blog-building-a-statewide-hie-network-in-months-not-years/	
50	Lane, Steven MD MPH	and Maryland+ here: https://www.hcinnovationgroup.com/interoperability-hie/health-information-exchange-hie/article/21224708/crisps-david-horrocks-important-hie-innovation-is-happening-across-statesand-across-state-lines	
51	Lane, Steven MD MPH	Another leading (small) state HIE with a long history of success is Indiana: https://www.ihie.org/	
52	Timi Leslie	Thank you Steven! Yes!	
53	Timi Leslie	Accountability is required across the board inlcuding the state's requirement to be a good partner in data sharing	
54	Timi Leslie	More from Maryland here - terrific presentation with public health/COVID response : https://connectingforbetterhealth.com/updates/our-first-hie-and-public-health-panel-featuring-leaders-from-across-the-country/	

Total Count of Zoom Q&A comments: 54