California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting Summary
Tuesday, December 14, 2021, 10:00 a.m. to 12:30 p.m.

Attendance

Stakeholder Advisory Group Members in attendance: Jamie Almanza, Ashrith Amarnath, Charles Bacchi, Nancy Bargmann, Andrew Bindman, Mark Beckley, Michelle Doty Cabrera, Scott Christman, Carmela Coyle, Rahul Dhawan, Kayte Fisher, David Ford, Liz Gibboney, Michelle Gibbons, Lori Hack, Sandra Hernandez, Cameron Kaiser, Andrew Kiefer, Linnea Koopmans, David Lindeman, Amanda McAllister-Wallner, DeeAnne McCallin, Ali Modaressi, Erica Murray, Nathan Nau, Janice O'Malley, Mark Savage, Kiran Savage-Sangwan, Linette Scott, Cathy Senderling-McDonald, Juliana Vignalats, Claudia Williams, Leslie Witten-Rood, William York.

Stakeholder Advisory Group Staff and Presenters in attendance: Jonah Frohlich (Manatt Health Strategies), Dr. Mark Ghaly (CalHHS), Kevin McAvey (Manatt Health Strategies), John Ohanian (CalHHS/CDII), Jennifer Schwartz (CalHHS/CDII), Elaine Scordakis (CalHHS/CDII), Khuoa Vang (CalHHS/CDII).

Public in attendance: approximately 152 public attendees joined this meeting via Zoom video conference or through call-in functionality.

Meeting Notes

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

Welcome and Roll Call

John Ohanian, Chief Data Officer, California Health & Human Services, welcomed attendees and thanked them, in advance, for their counsel on possible strategies for private and public stakeholders to address the health information technology gaps previously identified by the Advisory Group, building on the significant system transformation efforts underway nationally and in California. He asked that all Advisory Group Members enter the conversation with an open mind; listen to one another; and offer specific and concrete alternatives to the draft options presented, while keeping the health and wellbeing of Californians as the horizon as we work together to improve invaluable health information exchange capabilities. He requested additional feedback on the opportunities presented by Tuesday, December 21st [since extended to Thursday, December 23rd].

John Ohanian also noted several changes to the agenda:

- *Updated Principles of Data Exchange in California* was moved to the end of the agenda
- Jennifer Schwartz, Chief Counsel, CalHHS, CDII and Kevin McAvey, Director, Manatt Health Strategies will present on the *Digital Identity Strategy Considerations* topic because Dr. Rim Cothren was called in for jury duty and unable to attend.

Stakeholder Advisory Group Members were named and introduced via roll call.

Vision and Meeting Objectives

Dr. Mark Ghaly, Secretary, CalHHS thanked Stakeholder Advisory Group Members and public attendees for their continued engagement in the Data Exchange Framework development process and reminded the Group of the progress already made over its previous four meetings. He requested Advisory Group Members keep the agency's consumer-focused goal in mind when sharing their feedback: to create an environment where "every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing."

Dr. Ghaly also asked Members, when considering the possible opportunities to address some of the previously identified gaps, to consider how existing CalHHS programs, incentives, and initiatives may be leveraged; and what philanthropic and private sector actions and investments would be possible.

Dr. Ghaly reviewed the vision for data exchange in California and reviewed progress made, and next steps for, developing the Data Exchange Framework. Dr. Ghaly concluded by reiterating the meeting's objectives.

Technical Infrastructure Opportunities: Addressing HIT Capacity Gaps

Jonah Frohlich, Managing Director, Manatt Health Strategies, described the Data Exchange Framework development process before introducing the key considerations and feedback being requested on the potential opportunities to address HIT capacity gaps. He then provided an overview of the four HIT capacity gaps and potential opportunities to address each. Stakeholder Advisory Group Members broadly supported the potential opportunities and shared feedback that included:

- Opportunity 1a: Multi-Payer EHR Incentive Program, should also:
  - Ensure that the a potential EHR incentive program is adequately funded to avoid placing strain on existing funding sources. Additional resources and funding sources -particularly for small and solo-community providers, providers serving underserved populations and communities and behavioral health providers – should be investigated by public and private payers.

- o Direct potential EHR incentive program towards adoption of CEHRT for HIPAA-covered entities, and allow it to support clinical documentation technologies that are not CEHRT for non-HIPAA covered entities, as long as those technologies are capable of and implemented to support California's DxF goals and objectives and DSA requirements.
  - o Allow potential EHR incentive program funding to be used to upgrade providers' existing EHRs as long as in doing so, providers meet specified DxF goals and objectives and DSA requirements.
  - o Pair a potential EHR incentive program with training and technical assistance to enable providers to optimize investments. Guidance should be developed to support provider selection of technology and services that meet state data sharing requirements.
  - o Build equity and social determinants of health (SDOH) components into the EHR incentive program, by requiring EHRs acquired using such funds must be able to collect, store, exchange, and use race, ethnicity, sexual orientation, and gender identity data; and
  - o Allow human service providers to access EHR incentive program funds.
- Opportunity 2a: HIE On-Boarding Program, should also:
  - o Pair a potential HIE on-boarding program with training and technical assistance opportunities for providers.
  - o Explore lessons learned from other HIE Onboarding Programs (e.g., Cal-HOP) to identify participation and technical barriers and lessons learned, with a focus on behavioral health agencies (e.g., identifying challenges navigating data sharing consent related to 42 CFR Part 2), and other under-resourced providers, small provider organizations and practices.
  - o Build in sufficient program application time for development, approval; and,
  - o Focus HIE on-boarding program funding on implementation, not defraying ongoing costs associated with connecting to a qualifying information exchange intermediary.
- Opportunity 2b: Qualified Networks and State Data Sharing Requirements, should also:
  - o Align with national programs that qualify health information networks (e.g., Sequoia Project Regional Coordinating Entity, TEFCA); and,
  - o Designate the state to establish and oversee data exchange governance qualification processes, requirements and criteria.
- Opportunity 3a: Policies that Expand Event Notification Requirements, should also:
  - o Require notifications to be sent to a beneficiary's health plan/payer.
  - o Establish a goal to expand alert notification requirements to additional entities (e.g., housing agencies, jails, youth correctional facilities, state prisons and state hospitals) to alert care team members to changes in a client's incarceration, housing and other statuses.
  - o Provide additional guidelines for event notification requirements from incarceration settings (jails, youth correctional facilities and state prisons)

to ensure timely notifications related to individuals with physical and behavioral health needs that include the type of information useful to managing care transitions, and to ensure that the appropriate Releases of Information (ROIs) are provided to physical, behavioral, social service and other care team members where appropriate.

- o Explicitly reference and connect additional stakeholders (e.g., health plans, county behavioral health departments, housing support providers, EMS providers, firefighters, and individual consumers) and data types (e.g., housing, incarceration) involved in cross-sector data exchange.
- o Ensure that individuals consent to share event notifications is obtained, when necessary.
- Opportunity 4a: Public Health and Human Services Data Exchange Capacity Building Program, should also:
  - o Include additional specificity on the scope and direction of data exchange activities that would be supported by the public health and human services data exchange capacity building program.
- Opportunity 4b: Policies that Expands Human Service Data Reporting Requirements, should also:
  - o Require government-approved technology vendors (e.g., HMIS vendors) to offer application programming interfaces (APIs) to allow other providers to access client-level data.
  - o Use the federal Information Blocking and Patient Access Interoperability rules as a starting point for developing human service data reporting requirements.
- Additional, non-specific points of feedback included:
  - o Develop additional opportunities to advance consumer data access for discussion in a future Stakeholder Advisory Group meeting.

Jonah noted that additional Stakeholder Advisory Member feedback would be collected through Tuesday, December 21st [since extended to Thursday, December 23rd].

Public Comment

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

- Michael Marchant, UC Davis Health, who suggested developing capacity building programs to incentivize adoption of other data exchange technologies in addition to EHRs. Michael also suggested creating additional workgroups to focus on issues related to identity management and consent.

Digital Identities Strategy Considerations

Jennifer Schwartz reviewed the AB133's requirement to for CalHHS in consultation with the Stakeholder Advisory Group, to develop, "a strategy for unique, secure digital

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[1] Name spelling approximated based on verbal statements.

identities capable of supporting master patient indices to be implemented by both private and public organizations in California". Jennifer defined and explained each component of the AB133's requirement to develop a digital identities strategy.

Kevin McAvey reviewed the proposed approach and timeline for developing the digital identities strategy. Kevin noted that CalHHS will engage experts in several focus groups representing an array of health industry sectors to inform the development of the digital identities strategy. Kevin explained the process that will be used to solicit feedback from the focus groups and reviewed some of the potential topics that will be covered. He emphasized that Stakeholder Advisory Group Member feedback on the composition of, and topics covered by, the focus groups is welcome. Kevin explained that the Stakeholder Advisory Group will be regularly updated on progress and engaged around key decision-points.

Stakeholder Advisory Group Members broadly supported the process and timeline for developing a digital identities strategy and shared feedback that included:
- Initially, focus on developing a digital identities service that improves identity matching within and between state government programs and the use cases that will have the broadest cross-sector impact.
- Suggestion to develop a unique patient identifier, such as a number, potentially building from California's immunization information system.

Data Sharing Agreement Subcommittee Update
Jennifer Schwartz reviewed the key takeaways from the first Data Sharing Agreement Subcommittee meeting and the agenda for the second Data Sharing Agreement Subcommittee meeting (materials from both meetings can be found at: https://www.chhs.ca.gov/data-exchange-framework/). Jennifer also noted that draft components of the Data Sharing Agreement will be posted on the Data Exchange Framework website and public comment will be accepted during the to be specified public comment period.

Updated Principles of Data Exchange in California
John Ohanian described how the Data Exchange Framework Guiding Principles were developed and the key revisions that were made to the Principles in response to the 11 comments received from 10 Stakeholder Advisory Group Member organizations.

Stakeholder Advisory Group Members shared feedback that included:
- Adding *Principle 8: Accountability* back into the set of Guiding Principles.

Closing Remarks
John Ohanian thanked Stakeholder Advisory Group Members and the public for their engagement. John Ohanian reviewed project next steps and noted that the next Stakeholder Advisory Group meeting is scheduled for January 13th [since rescheduled to January 25th] .

Appendix 1. Data Exchange Framework Stakeholder Advisory Group Member - Meeting Attendance (December 14, 2021)

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

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

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