California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting Summary
Tuesday, January 25, 2022, 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, Carmela Coyle, Rahul Dhawan, Kayte Fisher, David Ford, Liz Gibboney, Michelle Gibbons, Lori Hack, Sandra Hernandez, Cameron Kaiser, Andrew Kiefer, Linnea Koopmans, Matt Legé, 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, 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), Dr. Rim Cothren (Independent HIE Consultant to 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 advice on possible strategies for private and public stakeholders to address the gaps in data exchange standards, provider identity management, and consumer data access previously identified by the Advisory Group, building on the significant system transformation efforts underway nationally and in California. He asked that 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 to improve invaluable health information

exchange capabilities. He requested additional feedback on the opportunities presented by Tuesday, February 1st.

John also acknowledged that the Office of the National Coordinator for Health Information Technology (ONC) released the Trusted Exchange Framework and Common Agreement (TEFCA) the preceding week, noting that CalHHS is reviewing the new guidance to ensure alignment with the framework.

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. 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 acknowledged ongoing state initiatives that, along with the Data Exchange Framework, have the potential to advance equity and improve the health and wellbeing of Californians, including: the successful negotiation of the CalAIM waiver with CMS; the Healthcare for All and Office of Healthcare Affordability proposals in the Governor's 2022-23 Proposed Budget; and the proposal to create a Unified Financing system in California.

Jonah Frohlich, Senior Managing Director, Manatt Health Strategies, reviewed the meeting objectives.

Data Exchange Standards, Provider Identity Management, and Consumer Data Access Opportunities
Jonah Frohlich described the Data Exchange Framework development process before introducing the key considerations and feedback being requested on the potential opportunities to address gaps in data exchange standards, provider identity management, and consumer data access. He then provided an overview of the gaps and potential opportunities to address each. Stakeholder Advisory Group Members broadly supported the potential opportunities and shared feedback that included:

- Opportunity (1a), Consider establishing SDOH data collection and use standards, requirements, and incentives and Opportunity, and (1b) Consider establishing demographic data collection and use standards, requirements:
    - Consider recommending that federal standards and a process for maintaining alignment with updated federal standards are reflected in the

Framework. US Core Data for Interoperability (USCDI) version 3 standards, once released, for example, will include separate data elements for functional, mental, and disability status, and additional granularity on demographic data. The Gravity Project is also workshopping new demographic data standards that may eventually be incorporated into federal standards.
  - o Avoid developing data elements and standards specifically for California,.
  - o Include additional detail on the types of incentives that will be used to encourage SDOH and demographic data collection and use. Private payers and public purchasers, including Medi-Cal, CalPERs, and Covered CA, could require or incentivize adoption in their contracting; including in how they establish quality/performance measures..
- Opportunity (1c): Consider enhancing cross-state agency data sharing efforts to support the exchange of program enrollment data and consumer demographic and SDOH information to support cross-program service coordination and whole person care:
  - o Explore the possibility sharing of data from California Reportable Disease Information Exchange (CalREDIE), Controlled Substance Utilization Review and Evaluation System (CURES), and other agency health and human service databases with providers in the field.
  - o Consider incentivizing the expansion of community information exchange efforts (CIE) in California. San Diego's CIE, for example, regularly supports for cross-sector data exchange.
- Opportunity (1d): Consider advancing recommendations to federal government to improve demographic data collection nationally
  - o Develop a process to advocate for and advance data standards that better align with national standards and fill data standard gaps that are needed to advance state priorities. California should develop processes to evaluate and provide feedback on proposed federal SDOH standards and data collection, sharing and use regulations to determine whether and how they may be implemented and improved.
- Opportunity (2a): Consider expanding upon the provider directory Application Programming Interface (API) Requirements in CMS's Interoperability and Patient Access Final Rule:
  - o Require that all clinical and claims data that is shared under the Data Exchange Framework include, as relevant, type 1 (organizational) and type 2 (individual provider) National Provider Identifiers (NPIs) to start. Requiring inclusion of Direct Addresses should be deferred until there those sharing modalities are better defined.
  - o Consider building upon SB 137 to enhance provider NPI information (type 1 and type 2) and for sharing provider Endpoints.
- Opportunity (2b): Consider requiring qualifying HIOs to participate in a federated provider identity management service:
  - o No verbal or written comments were provided during the meeting.

- Opportunity (3a): Consider adopting policies to ensure consumers have meaningful access to their longitudinal health information across all health care organizations subject to AB-133, allowing them to make informed health care decisions:
    - Note that Health Information Technology for Economic and Clinical Health Act (HITECH) requires that HIPAA-covered entities (physicians, payers, clearinghouses, and their business associates) who use EHRs must follow a direction from a patient to transmit the patient's PHI electronically to any person, entity, or application the patient chooses, such as a public health agency, a community-based service provider, and the patient's third-party health application.
    - Obtain guidance from the Federal Health and Human Services Office of Civil Rights (OCR) on whether HIEs can share patients' data through an API. Per the federal Information Blocking and Patient Access Interoperability rules, HIEs are required to collect patient data from providers and plans, but they may have business associate agreements under HIPAA that prevent them from sharing data with patients.
    - Provide clarity around what creating a centralized service for identity proofing, authentication, and authorization in connection with a consumer access API would mean.
    - Identify where California law governs access to consumers' longitudinal health information (e.g., California Health and Safety Code 123110) since the federal Information Blocking and Patient Access Interoperability rules defer to state law.
- Opportunity (3b): Consider adopting policies to ensure consumers understand how their health information may be used and trust in the systems in place that govern its use.
    - No verbal or written comments were provided during the meeting.
- Other feedback included:
    - It will be important to review opportunities across the various domains holistically to prioritize which should be prioritized.
    - Evaluate how all the API Requirements in CMS's Interoperability and Patient Access Final Rule could be expanded to include organizations subject to AB133, but not subject to the federal requirements.

Jonah noted that additional Stakeholder Advisory Member feedback would be collected through Tuesday, February 1st.

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

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[1] Name spelling approximated based on verbal statements.

- John Helvey, SacValley MedShare, thanked CalHHS and the Stakeholder Advisory Group for their efforts and appreciated the momentum of the Stakeholder Advisory Group meetings.
- Lucy Johns appreciated breadth and depth of the Stakeholder Advisory Group's presentation materials and discussion. Lucy noted that the U.S. HHS is starting a pilot that is addressing the federated vs. centralized digital identity issue. Lucy suggested that California should align with the efforts of the efforts already underway and emphasized that the federated vs. centralized digital identity management issue is complex.
- Cheryl Esters thanked CalHHS and the Stakeholder Advisory Group on behalf of California's counties.
- Deven McGraw, DSA Subcommittee Member, applauded CalHHS and the Stakeholder Advisory Group for embracing individual access as a component of the Data Exchange Framework.

Digital Identities Strategy Update
Dr. Rim Cothren, Independent HIE Consultant to CDII, reviewed the AB133's requirement for CalHHS in consultation with the Stakeholder Advisory Group, to develop, "a strategy for unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations in California". Rim reviewed the development plan for the digital identities strategy and the goals for the for stakeholder focus group meetings that will inform the strategy. Rim closed by requesting suggestions from the Stakeholder Advisory Group for participants on the consumer, provider, plan, or social services focus groups.

Stakeholder Advisory Group member feedback on the digital identities strategy included:
- Request for additional specificity on the use cases that the digital identities strategy is solving for and the composition of the social services focus group.

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

DxF Principles and HIT Capacity Gaps & Opportunities Feedback Update
John Ohanian thanked members for input on the DxF Guiding Principles and the HIT Capacity Gaps and Opportunities presented during the fourth Stakeholder Advisory Group meeting. John reviewed the revisions that were made to the Principles and HIT capacity opportunities based on Stakeholder Advisory Group feedback and noted that

redlined versions of both documents are available on the [Data Exchange Framework website.](#)

In closing the meeting, Members shared feedback including:
- Request to revise Principle 4: Promote Individual Data Access to allow patients to add information to their longitudinal health information.
- Request to invite ONC to a future Stakeholder Advisory Group meeting to present on TEFCA.
- Concern that potential HIE onboarding program funds would not be allowed to be used to defray ongoing costs associated with connecting to a qualifying data exchange intermediary.
- General concern that the Governor's 2022-23 Proposed Budget that was released in January does not include funding for the Data Exchange Framework. John Ohanian noted that he heard the concern and would share additional information as it is available.

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 March 3rd.

Appendix 1. Data Exchange Framework Stakeholder Advisory Group Member - Meeting Attendance (January 25, 2022)

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	No
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	Yes
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