



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Data Sharing Agreement Subcommittee
Meeting 5 (March 22, 2022, 12:00PM – 2:30PM PT)
Chat Log**

The following comments were made in the Zoom chat log by Data Sharing Agreement Subcommittee Members during the March 22nd virtual meeting:

12:07:26 From Eric Raffin to Hosts and panelists:

I am here, but I think John missed my name

12:07:49 From Rim Cothren to Everyone:

We missed Eric Raffin, who I've seen as present.

12:07:56 From Rim Cothren to Everyone:

Thanks, Eric.

12:10:11 From Jenn Behrens to Everyone:

I will be in-person in April.

12:10:15 From Terry Wilcox to Hosts and panelists:

I prefer to attend virtually

12:10:16 From Michelle Brown to Hosts and panelists:

I can attend, but will be out of state. If possible would like to zoom in.

12:10:17 From Belinda Waltman, MD to Everyone:

I can attend in person 4/26

12:10:21 From Deven McGraw to Everyone:

I should be able to make the meeting in person on 4/26

12:10:25 From Eric Raffin to Hosts and panelists:

I believe I can attend in person.

12:10:33 From Helen Kim to Hosts and panelists:

I can attend in person.

12:10:36 From Carrie M. Kurtural to Hosts and panelists:

Yes. For those that do not know, there is a state garage parking next door (13th and O st) \$8 cash a day :)

12:10:36 From Lamot du Pont to Everyone:

Thank you for the responses!

12:10:37 From Elaine Ekpo to Everyone:

I cannot attend 4.26 in person

12:10:40 From Steven Lane MD (Sutter Health) to Hosts and panelists:

It is challenging to cancel an entire day of patient care to attend a 2 hour meeting. I respectfully request permission to attend remotely if/when possible.

12:10:51 From Ryan Stewart to Hosts and panelists:

I can NOT attend in person

12:11:07 From Louis Cretaro to Hosts and panelists:

I believe I can attend in person

12:12:00 From Morgan Staines to Everyone:

I can attend in person

12:13:09 From Diana Kaempfer-Tong to Hosts and panelists:

With other meetings it would be challenging to attend in person, but I can make it work if needed for quorum.

12:13:58 From Steven Lane MD (Sutter Health) to Everyone:

Suggest that #4 reference both review of national/federal efforts as well as ongoing monitoring of changes in this very dynamic space and to make adjustments to state requirements to maintain alignment/harmonization with national requirements.

12:15:13 From Steven Lane MD (Sutter Health) to Everyone:

Similarly #10 should reference ongoing review of and modifications to the DSA.

12:17:46 From Jon Copley to Everyone:

Will we be looking to establish a QHIN under this DSA IAW with TEFCA?

12:19:10 From Lamot du Pont to Everyone:

The determination of what constitutes a "qualified" entity and the process for determining the identification of "qualified" entities remains to be determined. This topic will be discussed later today.

12:19:59 From Kevin McAvey to Hosts and panelists:

Friendly reminder to please address comments to "Everyone" so the public can benefit from your thoughts. Thank you.

12:20:53 From Steven Lane MD (Sutter Health) to Hosts and panelists:

While COVID-19 case rates and deaths continue to drop in CA, they remain significant with nearly 10K cases and 160 deaths in the state yesterday. I hope that, with our desire to enjoy the benefits of in person meetings, we can set reasonable expectations for participants re vaccination, masking, distancing, etc. in response to the current state of the pandemic.

12:23:20 From Lamot du Pont to Hosts and panelists:

Thank you, Steven. The upcoming meetings will be held in full compliance with all CalHHS procedures regarding in-person gatherings. We will provide information regarding the requirements in forthcoming communications to the group.

12:26:16 From Lamot du Pont to Everyone:

Additional information on the Digital Identity Strategy is available on the DxF website: <https://www.chhs.ca.gov/data-exchange-framework/>.

12:28:36 From Jon Copley to Everyone:

Do we want to leverage the 2 national Digital Identify strategies being pursued by the CARIN Alliance and Davinci?

12:31:47 From Lammot du Pont to Everyone:

Thank you, Jon. Slide 24 provides additional details regarding standards and guidelines that have been discussed.

12:31:55 From Lee Tien to Everyone:

In terms of our statutory mandate, what is the degree of confidence believed to be needed for these two attributes: uniqueness and security?

12:32:27 From Steven Lane MD (Sutter Health) to Everyone:

@Jon - We should absolutely align/harmonize our standards with the work being done by CARIN, Da Vinci and other national entities, as our CA users will need to interact with those as well for interstate and federal exchange and we do not want to introduce additional burden on our California users.

12:35:24 From Steven Lane MD (Sutter Health) to Everyone:

Patient Identifier (<https://www.healthit.gov/isa/taxonomy/term/2711/level-2>) and Identifier Type (<https://www.healthit.gov/isa/taxonomy/term/3661/level-2>) have been evaluated by ONC for inclusion in USCDI and are considered sufficiently mature for inclusion (Level 2). These have NOT been suggested by ONC for inclusion in Version 3.

12:35:37 From Bill Barcellona to Everyone:

I believe that the HPD is tasked with developing a master patient index, correct? They would need to issue regulations, etc. Coordinate?

12:38:59 From Steven Lane MD (Sutter Health) to Everyone:

If CA stakeholders feel strongly that it would be helpful to include additional Identifiers (e.g., MediCal #) in USCDI V3, this suggestion can be submitted NOW as public comment through the ISA until 4/30/2022.

<https://www.healthit.gov/isa/user/register?destination=/isa/about-isa%23comment-form>

12:39:42 From Lee Tien to Everyone:

I think I raised this issue in the first focus group (about IDing the folks who access the system).

12:50:11 From Diana Kaempfer-Tong to Hosts and panelists:

I will echo what Elaine said. There are public health statutes with opt in / opt out requirements as well as requirements to provide notice of how information will be used.

13:01:02 From Diana Kaempfer-Tong to Everyone:

I will echo what Elaine and Morgan said. There are public health statutes with opt in / opt out requirements as well as requirements to provide notice of how information will be used.

13:03:10 From Elizabeth Killingsworth to Everyone:

Agree with Deven

13:04:02 From Deven McGraw to Everyone:

Good discussion.

13:10:12 From Lammot du Pont to Everyone:

Additional information on the Digital Identity Strategy, including the schedule of upcoming meetings, is available on the DxF website: <https://www.chhs.ca.gov/data-exchange-framework/>. Please scroll to the bottom of the page to find the information on the Digital Identity Strategy.

13:12:26 From Lammot du Pont to Everyone:

The DxF Data Sharing Agreement Draft Language – Third Set of Topics is available on the DxF website at: https://www.chhs.ca.gov/wp-content/uploads/2022/03/CalHHS_DxF-DSA-Subcommittee_Meeting-5_Mar-22-2022_Third-Set-of-Topics_Final_v1_Tagged.docx.

13:17:58 From Steven Lane MD (Sutter Health) to Everyone:

Here is the list of all the Health Information Service Providers (HISPs) on the DirectTrust network: <https://directtrust.org/about-membership/member-list>. Would we name the network as a whole as "qualified" or require state level vetting and approval of each intermediary?

13:18:15 From Jenn Behrens to Everyone:

+1 for a qualified information exchange intermediaries

13:20:01 From Steven Lane MD (Sutter Health) to Everyone:

There are #30 Accredited HISPs listed on the DirectTrust site.

13:20:25 From Jenn Behrens to Everyone:

This can be supported by state-funded support to expand/structure the infrastructure for this.

13:20:48 From Steven Lane MD (Sutter Health) to Everyone:

Rim - What is the current count of regional HIE/HIOs in CA?

13:21:06 From Deven McGraw to Everyone:

+1 to Jenn Behrens

13:26:03 From Helen Kim to Hosts and panelists:

Perhaps once "qualified" (emphasizing that the issue is what "qualified" means), then that intermediary can be used. Not advocating a new review each time an intermediary would like to participate in this HIE. It may be that we accept other orgs or HIEs that have already "qualified" these intermediaries under other schemes.

13:26:30 From Michelle Brown to Hosts and panelists:

I believe organizations should have the option to sign directly or use an intermediary. Why impose this limitation when our goal is to expand sharing beyond HIPAA entities?

13:27:10 From Jenn Behrens to Everyone:

+1 for options

13:27:28 From Helen Kim to Everyone:

Perhaps once "qualified" (emphasizing that the issue is what "qualified" means), then that intermediary can be used. Not advocating a new review each time an intermediary would like to participate in this HIE. It may be that we accept other orgs or HIEs that have already "qualified" these intermediaries under other schemes.

13:27:38 From Sanjay Jain to Everyone:

agree with Deven

13:27:47 From Elizabeth Killingsworth to Everyone:

+1 Deven

13:29:12 From Deven McGraw to Everyone:

Rather than having an intermediary be a signatory to the agreement we could require them to include the agreement provisions in their participation agreements in order to be "qualified"

13:32:23 From Michelle Brown to Everyone:

I believe organizations should have the option to sign directly or use an intermediary. Why impose this limitation when our goal is to expand sharing beyond HIPAA entities?

13:32:40 From Helen Kim to Everyone:

We can also have required flow downs of a signatory with their intermediary, and not require the intermediary sign the DSA.

13:33:31 From Deven McGraw to Everyone:

11.2 makes sense to me

13:35:20 From Elizabeth Killingsworth to Everyone:

I think that 11.2 makes sense.

13:37:04 From Elizabeth Killingsworth to Everyone:

Narrowing the use case materially increases complexity with information recipients potentially having to silo data received through this process and treat it differently from other exchanged information

13:37:36 From Michelle Brown to Everyone:

I was going to ask why there is a reference to "Future" use. What is the purpose of that qualification. Further the concept is that use may be as broad as that use the law permits, but may be limited by an entities own privacy practices.

13:39:41 From Steven Lane, MD (Sutter Health) to Everyone:

There are clearly stakeholders in the state, e.g., payers, health IT developers and large technology companies, who stand to benefit from and/or monetize received data in multiple ways. While many believe that "privacy is dead", we should be mindful about what we are promoting in our statewide efforts to advance data exchange.

13:40:34 From Deven McGraw to Everyone:

But training an AI algorithm so that it's more effective isn't necessarily a bad thing ...

13:41:01 From Michelle Brown to Everyone:

Isn't benefit for the patient or client, or for internal business purposes.

13:43:14 From Eric Raffin to Everyone:

It still feels like we need to understand "own benefit"

13:45:43 From Eric Raffin to Everyone:

Perhaps 11.4 is just too much language - less is more - make it clear in one sentence that participants cannot redisclose/use/etc. for their own benefit, and have a definition for own benefit

13:46:23 From Deven McGraw to Everyone:

Sometimes the technology gets in the way of minimum necessary

13:46:37 From Michelle Brown to Everyone:

This looks pretty standard.

13:48:55 From Deven McGraw to Everyone:

Any disclosure will be limited...to the extent technologically feasible"?

13:49:43 From Helen Kim to Everyone:

Re: downstream use of data, maybe a first step would be to clearly state prohibited uses of such data, for e.g., it can not be sold to a 3rd party for compensation, which is already included as a concept in Section 11.4. Perhaps we can add more clearly prohibited uses of data. An idea.

13:51:19 From Jenn Behrens to Everyone:

Noting that data is legally permitted to be "sold" as part of acquisition or bankruptcy...and many commercial privacy policies designate that allowance...

13:52:04 From Michelle Brown to Everyone:

Disclosure is responsive... I don't believe the disclosing person should have the power to determine what the recipient needs and what is the minimum necessary. Apart from that... agree that technology may produce more information than needed.

13:53:20 From Rim Cothren to Everyone:

I really appreciate all of the great participation and discussion today. Thanks!

13:53:55 From Deven McGraw to Everyone:

Thanks, Rim - great job bringing us through this material.

13:56:10 From Bill Barcellona to Everyone:

John, I have to be out of town that day and cannot make it in person.