

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting 8 Transcript (10:00AM – 1:00PM PT, May 18, 2022)**

The following text is a transcript of the May 18th meeting of the California Health & Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Stakeholder Advisory Group. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework [website](#) to ensure accuracy.

The following meeting was conducted in a “hybrid” format, where presenters, Stakeholder Advisory Group members, and members of the public were both present in-person at the Clifford L. Allenby Building, 1215 O Street, Sacramento, CA 95814 and able to join virtually via Zoom. The hybrid format provides expanded meeting access for Californians, while respecting public health concerns. The meeting transcript notes all comments delivered in-person and recorded via the in-room microphone as “CalHHS CDII,” not differentiating between meeting attendees. CDII recommends reviewers seeking to know the exact speakers, review the full video recording of the meeting, also available on our website.

1

00:00:09.750 --> 00:00:13.349

CalHHS CDII: Thanks everyone for joining, I will be getting voluntarily, this is the date.

2

00:00:16.470 --> 00:00:19.320

CalHHS CDII: Thank you for your interest in participation.

3

00:00:27.990 --> 00:00:28.950

CalHHS CDII: Are you with us.

4

00:00:30.090 --> 00:00:30.840

Carmela Lopez: Yes, we can.

5

00:00:38.910 --> 00:00:46.830

CalHHS CDII: Thank you everyone for joining us, so I didn't see many of you in person again welcome to those joining on zoom and Jonathan young very.

6

00:00:48.420 --> 00:00:58.230

CalHHS CDII: welcome you all to our advisory today that change frameworks, they pull their advisor group these number eight as always we have much to cover Secretary It has been called the way.

7

00:00:59.610 --> 00:01:07.530

CalHHS CDII: To a press conference with the governor until we have undersecretary Marco will be covering his introductory remarks.

8

00:01:08.610 --> 00:01:21.000

CalHHS CDII: As a reminder that we have a few kind of reminders heads up at the end of the meeting full draft, so the the SAP and fees were released on April 21 we received 16 comments and a revised copy was shared with the EG.

9

00:01:22.020 --> 00:01:25.980

CalHHS CDII: On may 12 along with the broader draft of the data exchange framework.

10

00:01:26.670 --> 00:01:27.360

A full draft.

11

00:01:30.690 --> 00:01:41.640

CalHHS CDII: The full draft of the strategy for digital identities, will be released next week comments on the graph or the data exchange framework to be saying that the empties will be accepted, through the end of the day, on June 1.

12

00:01:42.720 --> 00:01:58.560

CalHHS CDII: comments on the draft strategy for digital identities, will be accepted for 10 business days after release and we will have an update on the strategy for digital identity so with that i'd like to just begin with a quick roll call.

13

00:02:04.080 --> 00:02:08.340

CalHHS CDII: By began by falling on Danielle wanda.

14

00:02:12.420 --> 00:02:16.290

CalHHS CDII: Okay lucky President as your diamond.

15

00:02:19.890 --> 00:02:21.060

CalHHS CDII: Shall burn.

16

00:02:22.890 --> 00:02:23.700

CalHHS CDII: Well, but.

17

00:02:25.740 --> 00:02:26.190

CalHHS CDII: The one.

18

00:02:27.390 --> 00:02:29.790

Rahul Dhawan: Thank you for having me thank you.

19

00:02:29.910 --> 00:02:30.690

CalHHS CDII: Job yes.

20

00:02:32.970 --> 00:02:34.830

CalHHS CDII: David Fort doesn't.

21

00:02:35.910 --> 00:02:36.360

CalHHS CDII: Have any.

22

00:02:46.470 --> 00:02:47.040

Lori Hack: i'm here.

23

00:02:48.330 --> 00:02:51.060

CalHHS CDII: But leave your Saturday.

24

00:02:52.080 --> 00:02:53.700

Dr. Sandra Hernández: Good morning morning.

25

00:02:54.090 --> 00:02:54.390

Every.

26

00:02:57.300 --> 00:02:58.830
CalHHS CDII: Every paper problem.

27
00:02:59.940 --> 00:03:01.200
Cameron Kaiser: um so i'm sorry i'm on.

28
00:03:02.040 --> 00:03:02.280
amy.

29
00:03:03.990 --> 00:03:04.440
CalHHS CDII: Goodman.

30
00:03:09.270 --> 00:03:10.050
CalHHS CDII: David letterman.

31
00:03:14.070 --> 00:03:16.050
CalHHS CDII: amanda towcester waller.

32
00:03:17.190 --> 00:03:17.700
Amanda McAllister-Wallner (she/her): present.

33
00:03:23.400 --> 00:03:25.350
CalHHS CDII: me a call and.

34
00:03:26.370 --> 00:03:27.570
CalHHS CDII: i'll model recipe.

35
00:03:29.730 --> 00:03:30.360
Ali Modaressi: prison.

36
00:03:31.830 --> 00:03:32.640
CalHHS CDII: Erica Murray.

37
00:03:34.950 --> 00:03:35.370
Erica Murray: i'm here.

38

00:03:36.540 --> 00:03:37.770

CalHHS CDII: And what i'm looking at us.

39

00:03:43.950 --> 00:03:48.300

CalHHS CDII: Mark savage morning morning here in starbucks I want.

40

00:03:49.530 --> 00:03:51.420

CalHHS CDII: It can be centrally mcconnell.

41

00:03:53.700 --> 00:03:54.840

CalHHS CDII: Thank you, oh, thank you.

42

00:03:55.800 --> 00:03:56.250

hi.

43

00:03:57.930 --> 00:04:00.480

CalHHS CDII: buddy when you leave your.

44

00:04:04.950 --> 00:04:06.390

CalHHS CDII: Country amarna.

45

00:04:07.440 --> 00:04:07.770

CalHHS CDII: morning.

46

00:04:09.060 --> 00:04:10.140

CalHHS CDII: Just puts people.

47

00:04:13.050 --> 00:04:13.830

CalHHS CDII: quite badly.

48

00:04:14.880 --> 00:04:16.800

Mark Beckley: Good morning, present the morning.

49

00:04:19.560 --> 00:04:22.860
CalHHS CDII: It was coming to David fouling.

50
00:04:26.130 --> 00:04:26.850
CalHHS CDII: A Fisher.

51
00:04:28.050 --> 00:04:28.590
Price it.

52
00:04:29.880 --> 00:04:30.690
CalHHS CDII: browser.

53
00:04:32.130 --> 00:04:32.970
CalHHS CDII: Julie well.

54
00:04:37.710 --> 00:04:38.370
CalHHS CDII: Being a more.

55
00:04:40.950 --> 00:04:41.640
CalHHS CDII: Open up.

56
00:04:44.040 --> 00:04:45.540
Nathan Nau: The morning morning.

57
00:04:49.500 --> 00:04:50.400
CalHHS CDII: Sure Larson.

58
00:04:53.580 --> 00:04:54.720
CalHHS CDII: Giuliana a lot.

59
00:04:59.010 --> 00:04:59.550
CalHHS CDII: And Leslie.

60
00:05:01.710 --> 00:05:03.210
CalHHS CDII: Thank you everyone.

61

00:05:05.520 --> 00:05:11.490

CalHHS CDII: Before we turn it over to my friend to get a couple of housekeeping items, so we can just sit there, though.

62

00:05:15.540 --> 00:05:23.760

Emma Petievich: There are a few ways that participants may join the meeting today Members who are on site are encouraged to login through their panelists link on zoom.

63

00:05:24.360 --> 00:05:37.560

Emma Petievich: There, please keep your video microphone and audio off for the duration of the meeting which most of you are already doing, thank you instructions for connecting to the conferences wi fi are posted in the room and quad is there to answer any other questions.

64

00:05:39.480 --> 00:05:40.260

Emma Petievich: Next time.

65

00:05:41.460 --> 00:05:49.320

Emma Petievich: to submit written comments participants may submit questions through the zoom Q amp a box all comments will be recorded and reviewed by advisory group staff.

66

00:05:49.680 --> 00:05:58.590

Emma Petievich: Participants may also submit comments and questions, as well as request to receive data exchange framework updates to CDI at CA CA.

67

00:06:01.710 --> 00:06:11.010

Emma Petievich: purchase participants and advisory group members must raise their hand for zoom facilitators to unmute them to share comments and the Chair will notify participants members of appropriate time to volunteer feedback.

68

00:06:11.400 --> 00:06:16.830

Emma Petievich: If you're on site and not using zoom physically raise your hand and the Chair will recognize you when it's your turn.

69

00:06:17.310 --> 00:06:24.330

Emma Petievich: If you logged in on site via zoom press raise hand and the reactions button on this on your screen to or physically raise your hand.

70

00:06:24.600 --> 00:06:30.870

Emma Petievich: If selected to share your comment, please begin speaking and do not unmute your laptop the rooms microphones will broadcast audio.

71

00:06:31.380 --> 00:06:41.310

Emma Petievich: If you logged on for off site via zoom press raise hand in the reactions button and if selected to share your comment, you will receive a request to unmute please ensure you accept before speaking.

72

00:06:42.330 --> 00:06:53.520

Emma Petievich: If you logged on by a phone only press star nine on your phone to raise your hand listen for your number to be called by the moderator and if selected please ensure you are unmuted on your phone by pressing star six.

73

00:06:55.350 --> 00:07:02.760

Emma Petievich: Public comment will be taken during the meeting at designated times, it will be limited to the total amount of time allocated for public comment on particular issues.

74

00:07:03.120 --> 00:07:10.500

Emma Petievich: The Chair will call on individuals in the order in which their hands were raised, beginning with those in the room and followed by those dialed in or connected remotely.

75

00:07:11.070 --> 00:07:26.820

Emma Petievich: Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements participants are encouraged to use the comment box to ensure all feedback is captured or again email comments to cvi at ch hs.ca gov's.

76

00:07:29.610 --> 00:07:30.780

Emma Petievich: john i'll hand it back to you.

77

00:07:33.510 --> 00:07:35.460

CalHHS CDII: And I will turn it over to under separate.

78

00:07:37.290 --> 00:07:44.070

CalHHS CDII: hi everyone, thank you for joining us and Charles I hope that this room is big enough to buy their.

79

00:07:45.750 --> 00:07:59.310

CalHHS CDII: stuff we accommodated and for those of you who have not had the opportunity, my mark on each of the Under Secretary at the Agency and i'm just working at the secretary this morning was called in to.

80

00:08:00.990 --> 00:08:11.130

CalHHS CDII: rethink with the governor and it will be completing the governor of the central valley for that event, so he sends his regrets for not being able to join.

81

00:08:12.060 --> 00:08:27.330

CalHHS CDII: We just want to also just say thank you to all of you, those of you who are joining us in person, it is very strange to be around people but it's really nice for some matt, who is a new data to you're looking very good.

82

00:08:29.340 --> 00:08:32.400

CalHHS CDII: So, congratulations on your 20s and.

83

00:08:33.840 --> 00:08:42.300

CalHHS CDII: It is just wonderful to see some of you in person and those of you who are joining us by zoom, thank you for making the time to be here.

84

00:08:42.870 --> 00:09:02.910

CalHHS CDII: You know i'll make my remarks relatively brief it so that we can really get into the nitty gritty of why we're here, I do want to express my gratitude of the things to a lot of different people so first and foremost john and the CDI team for their tremendous leadership in the space.

85

00:09:04.050 --> 00:09:19.620

CalHHS CDII: The when we negotiated the trailer the language we were pushed to really accelerate the pace of this, we agreed to do it, and I was a little hesitant, because I was worried that is going to.

86

00:09:20.400 --> 00:09:29.070

CalHHS CDII: require a lot of work in a very fast pace, but folks here really have stepped up to the plate and have done a tremendous job I also want to extend.

87

00:09:29.460 --> 00:09:44.130

CalHHS CDII: My thanks to the mat to jonah and everyone else who's been supporting us in this effort, and then, most importantly, to all of you for the very thoughtful comments and feedback that you all have provided us today counsel and advice.

88

00:09:44.880 --> 00:09:58.830

CalHHS CDII: has been extremely useful in terms of just our thinking about where we go i'm really excited and hopeful that I think we can make something meaningful come to fruition here, and I think that.

89

00:09:59.490 --> 00:10:16.080

CalHHS CDII: Although other states definitely are leading in terms of some of the data exchange framework, I think we have the opportunity to do something in a California way, I think that what we pulled together collectively is a testament to that.

90

00:10:17.460 --> 00:10:29.670

CalHHS CDII: Later, during our conversation will spend a little bit of time talking about the main revision it's I don't know if it's the beginning of the agenda or at the end, but.

91

00:10:30.180 --> 00:10:40.500

CalHHS CDII: You probably have noticed that we heard your feedback related to kind of how we think about the data exchange framework.

92

00:10:41.130 --> 00:10:46.020

CalHHS CDII: The resources that are needed, particularly amongst some of our.

93

00:10:46.440 --> 00:10:56.640

CalHHS CDII: smaller world provider providers who are participating at to be able really to build up that infrastructure at the local level so we'll spend a little bit of time.

94

00:10:57.030 --> 00:11:15.300

CalHHS CDII: explaining to you are thinking related to the major revision proposal that is before the legislature for consideration related to some of this work, but I will just say

is that these efforts are not designed in isolation they're really designed to close off of each other's.

95

00:11:17.280 --> 00:11:19.080

CalHHS CDII: Work I think about it as kind of a.

96

00:11:19.080 --> 00:11:26.850

CalHHS CDII: puzzle piece, with all the different pieces of our agency coming together the different disparate initiatives coming together.

97

00:11:27.180 --> 00:11:38.730

CalHHS CDII: And so the work that you all do here it's going to have a profound impact on our work related to elaine it will have a profound impact in our implementation of the master plan for aging.

98

00:11:39.090 --> 00:11:54.150

CalHHS CDII: And we'll have a pretty direct impact related to our work around the integration of health and human services, more broadly, and so we're just really excited about what we are able to do.

99

00:11:54.780 --> 00:12:09.060

CalHHS CDII: The Secretary of reminds us quite frequently kinda to not forget the at the end goal, or the objective, and here I think it's probably more important because each of you represent different perspectives and.

100

00:12:09.840 --> 00:12:22.890

CalHHS CDII: Issues of the industry, and I think that it is important for us to remember that the reason why we're doing this is to ensure that we can deliver a holistic, better quality care of all California.

101

00:12:23.430 --> 00:12:30.090

CalHHS CDII: And it is that end user, that person at the end that we are really trying to ensure that their.

102

00:12:30.990 --> 00:12:41.940

CalHHS CDII: engagement with both the health care system, but then also our human services system in a more holistic way and now also public health, based on our experience with regards to the pandemic.

103

00:12:42.720 --> 00:12:52.770

CalHHS CDII: is much more integrated and I think that this is one of the many steps and getting to that point so that we are not looking at people based on.

104

00:12:53.220 --> 00:13:04.260

CalHHS CDII: Previous kind of silos but we're really looking at people, based on their publicity so as we begin to dig into the draft of the data sharing agreement.

105

00:13:04.560 --> 00:13:13.290

CalHHS CDII: As you begin to work at the policies and procedures that we drafted as you engage and provide feedback to assemble that each of you and your organizations.

106

00:13:13.620 --> 00:13:20.430

CalHHS CDII: Ultimately, keep that in mind, because I think that is predicated in kind of what we are trying to.

107

00:13:21.090 --> 00:13:34.350

CalHHS CDII: Do with regards to this data exchange framework so i'm really excited to hear the conversation today and represent the secretary you again senses regrets about being able to join.

108

00:13:34.710 --> 00:13:55.710

CalHHS CDII: We did have a pretty in depth briefing with them walking through the nuances of the data sharing agreement and will continue to keep them apprised will be part of the next couple of meetings as we look to finalize this and are excited to kind of see where we go from here so with that.

109

00:13:57.420 --> 00:14:15.060

CalHHS CDII: Thank you very much and we're going to now as we mentioned we're going to cover the last part corporate governance budget so stay with us for the end we're going to turn it over to her because partner with finance working on the sharing agreement policies and procedures Ellen welcome.

110

00:14:15.720 --> 00:14:17.460

Helen Pfister: Thank you, can you hear me okay.

111

00:14:18.960 --> 00:14:19.380

CalHHS CDII: Thank you.

112

00:14:19.830 --> 00:14:20.760

Helen Pfister: Okay excellent.

113

00:14:22.050 --> 00:14:27.180

Helen Pfister: So next slide please so as I think everybody knows the.

114

00:14:28.410 --> 00:14:36.330

Helen Pfister: At 133 requires that by July 1 of this year, a little data sharing agreement and it comments that have policies and procedures be established.

115

00:14:36.780 --> 00:14:40.770

Helen Pfister: And so we will be going over two sets of documents today.

116

00:14:41.520 --> 00:14:51.330

Helen Pfister: One is the data sharing agreement itself, which is the legal agreement that a wide variety of healthcare organizations will be required to execute by January 31 of 2023.

117

00:14:52.080 --> 00:15:07.350

Helen Pfister: and the other is the first set of policies and procedures that will be the sort of rules and guidance that support implementation of the that exchange framework and the idea here is that the data sharing agreement itself is a streamlined document that focuses on key legal terms.

118

00:15:08.460 --> 00:15:14.910

Helen Pfister: We would like to make it high level to avoid the need to amend it as much as possible, since it will be signed by literally thousands of organizations.

119

00:15:15.660 --> 00:15:23.490

Helen Pfister: We also want to make sure, make sure it aligns with and voice explication or conflicts with other types of data sharing and arrangements that folks might have entered into.

120

00:15:25.320 --> 00:15:25.410

Helen Pfister: The.

121

00:15:26.790 --> 00:15:27.900

Helen Pfister: Like I said there.

122

00:15:29.010 --> 00:15:30.210

Helen Pfister: provide more details.

123

00:15:31.320 --> 00:15:35.880

Helen Pfister: It will be easier to men men will be process for doing that which we'll get into later in this in this presentation.

124

00:15:36.840 --> 00:15:45.570

Helen Pfister: And they are going to be released in phases, there are 8pm pst that will be released on July 1 of this year and there's the eight that we're going over today.

125

00:15:46.050 --> 00:15:55.890

Helen Pfister: And then there will be additional tmp developed again through stakeholder feedback and the data exchange framework governance process next slide please.

126

00:15:57.120 --> 00:16:01.680

Helen Pfister: So this sets forth on the left side here the table of contents of the data sharing agreement.

127

00:16:02.190 --> 00:16:09.000

Helen Pfister: And on the right side the policies and procedures which includes the eight that are being released July 1 which we're reviewing today and then.

128

00:16:09.600 --> 00:16:15.420

Helen Pfister: sort of preliminary list a future PM piece that we know we're going to be developing in the next phase of this project.

129

00:16:16.110 --> 00:16:26.640

Helen Pfister: In some instances, as you'll see marked in red are there sort of a high level reference to certain topics in the dsa itself, but the sort of details and specifics, are in a p&p.

130

00:16:27.990 --> 00:16:29.040

Helen Pfister: Next slide please.

131

00:16:30.360 --> 00:16:40.290

Helen Pfister: So just one note these slides are somewhat high level they are intended to give an overview of the provisions of dsa and of the parties they do not.

132

00:16:41.280 --> 00:16:50.280

Helen Pfister: recite word for word what the dsa MP MP say so, encourage all of you have looked at the actual documents which are part of what was circulated for the specific language.

133

00:16:51.870 --> 00:17:05.160

Helen Pfister: i'm just as an overview of Section one the dsa will be executed by Kelly to chest and participants who either are required to under at 133 or left to exchange, health and social service information.

134

00:17:05.910 --> 00:17:15.930

Helen Pfister: And the key definition here is the definition of health and social service information which is basically any automation that is shared, pursuant to the dsa.

135

00:17:16.350 --> 00:17:30.120

Helen Pfister: including data elements that are set forth in the p amp P, that will discuss later on information relating to the provision of health care services, including pH is defined in hipaa and then information related to related to the provision of social services.

136

00:17:31.860 --> 00:17:41.940

Helen Pfister: Some provisions of the dsa applied to all health and social services, information, but some apply only to personally identifiable information, including pha.

137

00:17:44.280 --> 00:17:45.270

Helen Pfister: Next slide please.

138

00:17:51.360 --> 00:18:01.890

Helen Pfister: Okay um purpose and intent so as required, as required by the Statute, the dsa sets forth the common terms conditions obligations that will support the secure real time access.

139

00:18:02.520 --> 00:18:12.930

Helen Pfister: To our exchange of health and social services information among the participants, it is intended to the facility data exchange and comply with applicable laws, it is not an.

140

00:18:14.550 --> 00:18:26.970

Helen Pfister: mandate and it sort of specific technology create any sort of entity changes, health and social service information is not created on HBO, nor is it intended to create any sort of single repository of data.

141

00:18:29.970 --> 00:18:30.960

Helen Pfister: Next slide please.

142

00:18:33.510 --> 00:18:35.010

Helen Pfister: So section for.

143

00:18:38.370 --> 00:18:43.680

Helen Pfister: contains language, which basically talks about the use of social, health and social service information.

144

00:18:44.730 --> 00:18:57.450

Helen Pfister: The purposes which participants must or may exchange information and under the data services agreement will be set forth in a permitted required prohibited purposes policy which, again I sound like a broken record just one of the policies that will be reviewing today.

145

00:18:58.680 --> 00:19:11.370

Helen Pfister: And the key point here which we can discuss in more detail when we review the policy is that participants may not use information to require a dsa for their own direct or indirect financial benefit.

146

00:19:13.860 --> 00:19:14.880

Now next slide please.

147

00:19:16.410 --> 00:19:21.840

Helen Pfister: And by the way, if anyone has questions or comments obviously as a process for raising your hand and getting acknowledged to please feel free to.

148

00:19:22.080 --> 00:19:28.620

Helen Pfister: feel free to do that i'm assuming others are monitoring that and you'll let me know if I need to stop speaking let full to give folks a chance to jump in.

149

00:19:31.050 --> 00:19:39.240

Helen Pfister: Okay, so section five of the dsa is a section which actually requires participants to comply with the policies and procedures and specifications.

150

00:19:40.110 --> 00:19:43.710

Helen Pfister: It says that they're incorporated into the essay or part of the agreement, essentially.

151

00:19:44.130 --> 00:19:53.430

Helen Pfister: And it also says, but there'll be amended, from time to time, as described in the policies and procedures and again the policies and procedures and specifications are meant to be flexible.

152

00:19:53.850 --> 00:20:02.730

Helen Pfister: To just changing needs and can be modified, from time from time to time, the specifications just sort of to distinguish them from the policies are basically.

153

00:20:03.240 --> 00:20:14.400

Helen Pfister: specs that would establish minimum data requirements for for specific use cases and technical and security requirements we don't have any draft specifications yet, but we expect that in the future, those will be will be developed.

154

00:20:16.080 --> 00:20:32.130

Helen Pfister: A next section is section six authorizations and in response to comments that we received after our initial draft was released back in April, we did simplify this considerably, so this will look quite different than the original draft For those of you who had who had looked at that.

155

00:20:33.300 --> 00:20:38.610

Helen Pfister: It basically says that, obviously, except for the spiritual that can be made under law without an authorization.

156

00:20:38.940 --> 00:20:45.090

Helen Pfister: A participant can't disclose phr API without an authorization from from the patient or a patient representative, as the case may be.

157

00:20:45.990 --> 00:20:51.660

Helen Pfister: And then also says that if a participant discloses any health and social services information that is.

158

00:20:52.410 --> 00:21:07.770

Helen Pfister: A representation that the participant has gotten any required authorizations and unless the participant received such data actually knows has knowledge to the contrary, the participant that's receiving the information can just kind of rely on that representation.

159

00:21:12.600 --> 00:21:13.530

Helen Pfister: Next slide please.

160

00:21:15.810 --> 00:21:24.840

Helen Pfister: Okay, Section seven talks about the requirement that participants exchange, health and social service information and it requires participants to.

161

00:21:25.620 --> 00:21:30.840

Helen Pfister: engage in exchanging such information, either through execution of an agreement with a qualified H I o

162

00:21:31.590 --> 00:21:35.400

Helen Pfister: And if you look at the bottom there there's a definition of qualified HBO.

163

00:21:35.880 --> 00:21:43.140

Helen Pfister: And it's basically a State doesn't made it exchange intermediary that facilitates the exchange of health and social service information between participants.

164

00:21:43.560 --> 00:21:53.070

Helen Pfister: And the process for state designation of QA Chios is still to be determined, and that will be set forth in a forthcoming one of the in a forthcoming policy.

165

00:21:55.980 --> 00:22:04.200

Helen Pfister: Alternatively, a participant exchange information through exit through an agreement with another entity that provides data exchange, or through its own technology.

166

00:22:05.070 --> 00:22:15.270

Helen Pfister: If it to if a participant shoes, is one of those latter two options and then the participant has to comply has to comply with or ensure that the third party complies with.

167

00:22:15.810 --> 00:22:27.660

Helen Pfister: Minimum minimum requirements for data exchange there'll be set forth in the policies and procedures or the specs So the idea really is, but if you're not acting through a qualified hmo there'll be there'll be specifications and requirements that that have to be met.

168

00:22:30.480 --> 00:22:42.840

Helen Pfister: The a couple other topics couple be covered and the requirement to exchange policy include participants duty to respond to requests and also the intend for the data exchange framework to be technology agnostic.

169

00:22:47.100 --> 00:22:48.390

Helen Pfister: Okay next slide please.

170

00:22:49.860 --> 00:22:52.740

Helen Pfister: So section eight is the privacy and security section.

171

00:22:53.250 --> 00:23:02.490

Helen Pfister: And here, to those of you who saw the prior draft of the dsa will see that we've simplified this considerably as well in in response to comments that we received.

172

00:23:02.790 --> 00:23:08.970

Helen Pfister: and move some of what was originally in the dsa itself into a separate privacy and security policy and procedure.

173

00:23:09.450 --> 00:23:19.650

Helen Pfister: Again, we did this because some of the provisions were things that we think might change over time and one leaf flexibility of making changes policies without actually having to change the dsa itself.

174

00:23:20.580 --> 00:23:27.540

Helen Pfister: And so the main facility in points with this section it really that pilot participants have to comply with all applicable law.

175

00:23:28.050 --> 00:23:45.330

Helen Pfister: Relating to the dsa and the exchange of unused of health and social services information obtained are shared with the SI M and each participant is responsible for making sure this is a secure environment that supports the exchange of phr rpi again so forth, and the policies and procedures.

176

00:23:49.830 --> 00:23:53.400

Helen Pfister: Okay i'm minimum necessary so.

177

00:23:54.570 --> 00:24:03.750

Helen Pfister: The dsa provides of any use or disclosure of pH I has to be limited to the minimum phr API necessary to achieve the purpose which information is shared.

178

00:24:04.740 --> 00:24:12.000

Helen Pfister: There are a couple of exceptions, one is were limiting the user displeasure to minimize or just isn't feasible.

179

00:24:12.900 --> 00:24:23.910

Helen Pfister: One is where it's not required under hipaa regulations so, for example, um has I think many people know disclosure for training purposes is not subject to minimum minimum necessary under under hipaa.

180

00:24:25.200 --> 00:24:27.690

Helen Pfister: same if it's not required under any other applicable law.

181

00:24:28.770 --> 00:24:33.420

Helen Pfister: The third exception is if it's a disclosure to an individual user or their personal representative.

182

00:24:34.650 --> 00:24:48.420

Helen Pfister: The fourth is if it's a disclosure made pursuant to an individual users authorization i'm on the fifth is if it's a disclosure required by applicable law so that's the sort of the position on minimum necessary.

183

00:24:51.090 --> 00:24:52.320

Helen Pfister: Questions or comments so far.

184

00:24:57.270 --> 00:25:01.380

Helen Pfister: Okay section 10 obviously a key tenet of a big one.

185

00:25:03.870 --> 00:25:17.670

CalHHS CDII: yeah we can leave at any point, if you want to raise a question or comment place it in the question box about who is speaking it people to rename themselves and or somebody answering the vegetables.

186

00:25:19.080 --> 00:25:24.750

CalHHS CDII: Okay, and also maybe not all in the room, before you speak to state your name of your organization before.

187

00:25:28.170 --> 00:25:30.510

CalHHS CDII: We all probably maybe be.

188

00:25:34.560 --> 00:25:36.630

CalHHS CDII: What we can we can hold so we can open.

189

00:25:38.640 --> 00:25:42.570

CalHHS CDII: When we get to the end of the session of the vision and then also.

190

00:25:43.890 --> 00:25:47.280

CalHHS CDII: Again okay keep going okay.

191

00:25:47.910 --> 00:25:49.890

Helen Pfister: just want to make sure i'm not ignoring anybody or anything.

192

00:25:52.410 --> 00:25:55.200

Helen Pfister: Okay, so section 10 individual access services so.

193

00:25:55.980 --> 00:26:04.920

Helen Pfister: In addition to sort of facilitating the exchange of data among participants, one of the sort of tenants of at 133 is to enable individuals to access that about themselves.

194

00:26:06.000 --> 00:26:16.200

Helen Pfister: And so, here again, the dsa is very high level arm basically what it provides is that an individual use an individual user or they're authorized representative.

195

00:26:16.710 --> 00:26:29.130

Helen Pfister: will have the right to inspect and copy any phr php php rpi about them again as set forth in the policies and procedures and again that's a policy procedure that will be will be will be reviewing later on today.

196

00:26:32.280 --> 00:26:39.750

Helen Pfister: Okay um so section 11 sets for the various provisions relating to cooperation among participants and non discrimination.

197

00:26:40.860 --> 00:26:48.810

Helen Pfister: So it requires each participant to cooperate in good faith with both the governance entity and the other participants to implement the provisions of the SI.

198

00:26:49.860 --> 00:27:01.440

Helen Pfister: It requires each participant provide non privileged information to the governance entity and other participants if that information is reasonably requested for purposes of performing activities related to the dsi.

199

00:27:02.820 --> 00:27:17.100

Helen Pfister: It requires each participant to devote such time as maybe requested by the governance entity recently requested to review information or meet with or advise the government entity or other participants with respect to activities related to the dsi.

200

00:27:18.330 --> 00:27:22.770

Helen Pfister: It requires each participant to provide reasonable assistance to the government's to be again.

201

00:27:24.720 --> 00:27:29.010

Helen Pfister: Reasonable reasonable assistance when performing activities related to the dsi.

202

00:27:30.780 --> 00:27:35.430

Helen Pfister: They provide it requires each participant participant to provide information.

203

00:27:36.900 --> 00:27:41.430

Helen Pfister: and assistance in the investigation of breaches and disputes with certain limitations.

204

00:27:43.200 --> 00:27:52.290

Helen Pfister: It sort of requires participants to accommodate each other's schedules and it says sort of at the end there that i'm a participant can't require any sort of exclusivity.

205

00:27:52.860 --> 00:28:03.780

Helen Pfister: or prohibit or try to prohibit any other individual entity from joining or exchanging health and social services information under the dsa so it's really kind of as men to acknowledge the fact that this.

206

00:28:04.800 --> 00:28:17.160

Helen Pfister: This this framework is going to require a lot of cooperation interaction among the participants and the government entity and to set for some standards for for for how that should for for how that how that should work.

207

00:28:20.070 --> 00:28:21.180

Helen Pfister: hey next slide please.

208

00:28:23.550 --> 00:28:36.360

Helen Pfister: Information blocking so what the dsa says is that all participants will comply with any information blocking provisions set forth in the policies and procedures, this is a policy, we have not drafted, yet it will be in the next suite of policies.

209

00:28:37.380 --> 00:28:51.420

Helen Pfister: And you'll notice that it says all participants, so this is deliberately intended to apply to not just participants who are already covered by the Federal information rock blocking rule but all participants in the data exchange framework.

210

00:28:53.250 --> 00:28:58.590

Helen Pfister: Obviously the rule went into effect that this point, I think, over a year ago, but there's still many open questions about it.

211

00:28:59.070 --> 00:29:07.710

Helen Pfister: And then guide spring pretty sparse of the rules, but unfortunately get to be issued on so we kept this very high level at this point with the idea that.

212

00:29:08.460 --> 00:29:17.580

Helen Pfister: Specific service will be in the forthcoming policy and procedure, but the idea really is that information blocking is prohibited for all the participants in the data exchange framework.

213

00:29:20.190 --> 00:29:31.410

Helen Pfister: Section 13 sets forth just some additional legal requirements it says the governance entity, will have the right, but not the obligation to monitor an audit participants compliance with our obligations with the SI.

214

00:29:32.250 --> 00:29:39.030

Helen Pfister: It will require participants to cooperate with those monitoring, auditing activities unless doing so would be prohibited under applicable law.

215

00:29:39.750 --> 00:29:48.660

Helen Pfister: And it also contains a provision that says, but if any information shared by a participant with the governance entity in the course of this is confidential participant information.

216

00:29:49.140 --> 00:29:55.620

Helen Pfister: Then the governance entity has to hold that confidence and not disclose except as required under applicable law.

217

00:29:56.400 --> 00:30:02.340

Helen Pfister: And the definition of confidential participant information is at the bottom of the slide i'm not going to read it.

218

00:30:02.880 --> 00:30:11.760

Helen Pfister: You can all take a look at it and, obviously, any comments on it, or any edits we welcome feedback through the off to the comment process that will be, in effect, after this after this meeting.

219

00:30:15.420 --> 00:30:24.600

Helen Pfister: Okay representations and warranties so this contains I think relatively standard REPS and warranties the participants with respect to their authority to execute the dsa.

220

00:30:25.500 --> 00:30:31.620

Helen Pfister: But they'll comply with the dsa with respect to the accuracy of information that are exchanged into the dsi.

221

00:30:32.070 --> 00:30:35.490

Helen Pfister: With respect to their authority to disclose information that disclosing of the dsi.

222

00:30:36.000 --> 00:30:41.970

Helen Pfister: And then, with respect to any third party technology they use to support the exchange of information to the dsa.

223

00:30:42.450 --> 00:30:53.340

Helen Pfister: So this basically that laps but the last one there basically requires participants to have agreements in place that require third party technology vendors, to provide reliable stable and secure services.

224

00:30:53.820 --> 00:31:02.970

Helen Pfister: and adhere to the same privacy privacy and security standards that are the same or similar privacy and security standards as applied to the participants under the under the dsi.

225

00:31:06.090 --> 00:31:16.980

Helen Pfister: Section 15 suspension and termination so consistent with a B 133 the effective date of the dsa will be January 1 2023.

226

00:31:18.090 --> 00:31:19.380

Helen Pfister: But we recognize that.

227

00:31:20.400 --> 00:31:31.830

Helen Pfister: Compliance obligations with stage, depending on what type of entity that type of entity in question and we have more specifics on that, and one of the policies, but the effective date of agreement will be January 1 2000.

228

00:31:33.630 --> 00:31:35.280

Helen Pfister: January 31 2023.

229

00:31:37.380 --> 00:31:45.240

Helen Pfister: The section does provide so we expect that they'll be participants are required to send a dsi and participants voluntarily send a dsi.

230

00:31:45.660 --> 00:31:55.350

Helen Pfister: So this section provides for the participants, but that isn't that is not required to send the dsa contaminated by giving at least 10 is visit 10 business days written notice.

231

00:31:56.730 --> 00:31:58.740

Helen Pfister: It also says that the.

232

00:32:00.300 --> 00:32:08.370

Helen Pfister: Governance entity, will have the power to enforce the dsa again, as I said earlier, the enforcement policy is not get drafted that's forthcoming.

233

00:32:09.270 --> 00:32:17.310

Helen Pfister: But that the governance entities authorities in that area might include suspension or termination or participants right to exchange data under the dsi.

234

00:32:21.570 --> 00:32:40.080

Helen Pfister: Section 16 participant liability, this also I think it's been a little bit simplified, since the prior draft and the basic principles here are the each participants for each participant is responsible for its own Apps and emissions and not for those any other participant and that.

235

00:32:42.390 --> 00:32:48.360

Helen Pfister: No participant will be liable for any after admission if a cause of action for that actor actor mission is otherwise prohibited.

236

00:32:51.060 --> 00:33:00.960

Helen Pfister: And then section 17 just campaigns sort of a typical general provisions you expect to see in an agreement like this governing law California clause, of course.

237

00:33:02.460 --> 00:33:11.370

Helen Pfister: Which prohibitions on assignment which provisions survive waiver, etc, etc, etc again.

238

00:33:12.090 --> 00:33:22.890

Helen Pfister: feel free to take a look at this give us any comments you have, I think they're pretty straightforward I don't think we got much comment first first round, but obviously welcome any thoughts that anyone on the advisory group may have for us.

239

00:33:26.130 --> 00:33:32.400

Helen Pfister: Okay, so on to the policies procedures which, as I said, will be released on July 1 July 31.

240

00:33:34.590 --> 00:33:34.860

Helen Pfister: yep.

241

00:33:34.920 --> 00:33:50.280

CalHHS CDII: The big at this point, we may want to pause to that expect there will be a set of questions on that vision, at least give an opportunity for Members to comment and then, if we can turn to the PS PS and we'll go one by one and open the comic.

242

00:33:50.730 --> 00:33:51.090

sure.

243

00:33:54.300 --> 00:33:54.750

CalHHS CDII: By now.

244

00:34:01.680 --> 00:34:02.100

CalHHS CDII: Okay.

245

00:34:06.000 --> 00:34:07.950

CalHHS CDII: So this is on the Deity itself.

246

00:34:10.380 --> 00:34:15.870

CalHHS CDII: would be open to all my comments say you know they relate to different sections.

247

00:34:18.180 --> 00:34:22.950

CalHHS CDII: And section two, which relates to.

248

00:34:25.740 --> 00:34:39.240

CalHHS CDII: I think that's definitely which relates to doing exchange through a qualified to order of technology, and I think you technologists and then future leading stuff we definitely need a process for doesn't.

249

00:34:41.100 --> 00:34:50.760

CalHHS CDII: But we also need a process for probably St Louis as a beautiful child so well so for the practices and getting in times, you know that.

250

00:34:52.050 --> 00:34:52.500

that's.

251

00:34:56.340 --> 00:35:01.920

CalHHS CDII: On the minimum requirements, and this is something in the comments at all.

252

00:35:04.770 --> 00:35:08.010

CalHHS CDII: We really need to go after edition can use.

253

00:35:10.080 --> 00:35:29.820

CalHHS CDII: An example would be a patient getting discharged from the hospital or getting implemented for political and as clearly doesn't serve those purposes, so we requested that proactive at data sharing a proper 14 be included in this, otherwise it can be a month ago.

254

00:35:31.950 --> 00:35:34.110

CalHHS CDII: So that's that's the second.

255

00:35:35.640 --> 00:35:42.360

CalHHS CDII: And i'm sure you guys had your reasons for not responding so like people, for your thinking on their side.

256

00:35:44.190 --> 00:35:50.190

CalHHS CDII: Final and this I don't think there's time in the agenda, discuss the back to the website it's just 10 minutes.

257

00:35:51.720 --> 00:36:06.270

CalHHS CDII: So I just wanted to La we are, I think we're in a great direction that hires are recognized that part of this this PSA implementation.

258

00:36:07.290 --> 00:36:15.390

CalHHS CDII: were concerned about the lack of budget funding so that critical infrastructure and it will get all of the other states who have succeeded.

259

00:36:16.620 --> 00:36:29.190

CalHHS CDII: US they have used but are blending match funding to invest in that so we're a member of the equity coalition, and we are very much will be know the money in the final budget money.

260

00:36:30.930 --> 00:36:44.940

CalHHS CDII: To build that infrastructure piece and set because it's fine to have in a small grants or an important but we can't forget that we need to invest in infrastructure as well, so I know that I covered quite a bit of ground there.

261

00:36:48.540 --> 00:36:50.970

CalHHS CDII: And then, those are the nice things about it.

262

00:36:53.190 --> 00:36:54.540

CalHHS CDII: So I think you made.

263

00:36:55.590 --> 00:37:04.620

CalHHS CDII: three general points, one is around definition stage is only three, we need to develop a policy around the nation process would expect that should have been.

264

00:37:05.910 --> 00:37:18.900

CalHHS CDII: Following the release location of the vision and the process and ensure that their expectation, we want to work two examples and other States and national.

265

00:37:23.340 --> 00:37:23.850

CalHHS CDII: programs are.

266

00:37:24.870 --> 00:37:27.390

CalHHS CDII: selected those as comfortable.

267

00:37:28.410 --> 00:37:30.960

CalHHS CDII: I think is recognized and necessary.

268

00:37:31.980 --> 00:37:36.360

CalHHS CDII: do think that that is like the fundamental need for that dollars.

269

00:37:37.620 --> 00:37:46.620

CalHHS CDII: And just prepared that's a proposed in the budget numbers to be less than zero we're hoping it's a free standing up and.

270

00:37:49.410 --> 00:37:51.390

CalHHS CDII: CCP dbcp still needs to be clarified.

271

00:37:53.190 --> 00:37:53.370

That.

272

00:37:57.060 --> 00:37:58.740

CalHHS CDII: So that's that's the.

273

00:38:00.210 --> 00:38:01.080

that's the china's.

274

00:38:03.420 --> 00:38:09.360

CalHHS CDII: So I think in terms of the private data sharing, and we have to proactively.

275

00:38:11.790 --> 00:38:18.390

CalHHS CDII: I think areas some some others that's more concerned that there needs to be more broad.

276

00:38:19.890 --> 00:38:20.970

CalHHS CDII: Broadly applicable.

277

00:38:22.950 --> 00:38:29.580

CalHHS CDII: To the patient, meaning that federal federal rules are really ready to a patient centered care.

278

00:38:30.660 --> 00:38:41.520

CalHHS CDII: that the work that went out to this moment we share this room that's definitely feel that patients with the broader set of.

279

00:38:42.570 --> 00:38:43.860

Plans potential.

280

00:38:45.840 --> 00:38:48.450

Charges possible departments of that.

281

00:39:00.240 --> 00:39:00.690

Additional.

282

00:39:03.510 --> 00:39:03.960

Work just.

283

00:39:05.190 --> 00:39:05.700

Before.

284

00:39:06.810 --> 00:39:08.760

This and essentially like cigarettes.

285

00:39:09.960 --> 00:39:10.110

and

286

00:39:11.790 --> 00:39:13.770

i'm very angry.

287

00:39:15.840 --> 00:39:22.020

CalHHS CDII: And so I don't know if others are similar Okay, I will raise my voice sorry.

288

00:39:23.400 --> 00:39:29.280

CalHHS CDII: And this is general topic of notifications is one of interest to certainly be.

289

00:39:31.020 --> 00:39:32.700

CalHHS CDII: So what I was saying is that there.

290

00:39:33.750 --> 00:39:44.700

CalHHS CDII: There is an interest and we've advanced the concept of broadening that notification two more entities to want to do, and that needs to be further expanded it all.

291

00:39:47.280 --> 00:39:57.060

CalHHS CDII: Thank you, and one just clarification of the 50 million in the main revise it was for small practices, which is an appropriate and valuable investment.

292

00:39:57.930 --> 00:40:08.610

CalHHS CDII: Just to clarify what i'm talking about is a complimentary investment in ios and data infrastructure to support the unknown exchange, which I don't think was in the navy.

293

00:40:11.160 --> 00:40:18.900

CalHHS CDII: So that that would be a compliment compliment to the practice, but allow any ongoing infrastructure so that so we.

294

00:40:20.460 --> 00:40:22.380

CalHHS CDII: Just to clarify that those are different.

295

00:40:25.920 --> 00:40:29.130

CalHHS CDII: You know I never different from additional comments have yet to hear that.

296

00:40:30.270 --> 00:40:30.840

CalHHS CDII: About yourself.

297

00:40:32.820 --> 00:40:53.430

CalHHS CDII: Right I knew lap time me an account with CCA a couple things so information blocking like Cambodia, but I don't really understand the reality of it really elementary example would be like cardiologists today and does not use an ehr is not subjective.

298

00:40:54.750 --> 00:41:08.280

CalHHS CDII: So it seems a big leap, though I really like to follow the rules, I wonder about probably just say everybody in the data exchange framework is subjective information, what can we go there.

299

00:41:10.620 --> 00:41:24.180

CalHHS CDII: don't necessarily need an answer today i'm on a Sunday, when I read the treadmill language, for instance, to provide technical assistance to the entity belt windy subdivisions Ian APP.

300

00:41:24.840 --> 00:41:38.970

CalHHS CDII: And in those divisions, it says provider organizations and medical groups, a few agencies service at that, but they're not a small and solo or a small practice often so.

301

00:41:39.780 --> 00:41:49.920

CalHHS CDII: I don't like to speak for two receivers and more specificity on any funding and technical assistance that that comes via at 133.

302

00:41:51.750 --> 00:41:52.950

CalHHS CDII: Procedurally.

303

00:41:54.000 --> 00:42:00.930

CalHHS CDII: I hate to have to browse but the word excel workbook to submit comments definitely administrative.

304

00:42:01.620 --> 00:42:19.440

CalHHS CDII: Burden permission to to a degree, I thought it was going to show up as one master aggregated results for having it all go into a template but from what was posted last round comments it just seemed like it was a lot of data entry work just to make it happen that was posted guys's.

305

00:42:20.760 --> 00:42:25.950

CalHHS CDII: CPC will be submitting so we thank thanks everyone for that.

306

00:42:27.570 --> 00:42:27.840

CalHHS CDII: First.

307

00:42:30.750 --> 00:42:32.760

CalHHS CDII: response, I think, to information blocking.

308

00:42:34.320 --> 00:42:36.900

CalHHS CDII: want to have a session here.

309

00:42:38.940 --> 00:42:53.430

CalHHS CDII: I do think it's worth considering my Cisco with information block and federal federal guidance and trying to do that as best we can, and we need to be careful about the burdens upon practices, we also need to make sure that we're.

310

00:42:54.720 --> 00:43:01.260

CalHHS CDII: we're addressing the needs of individuals who are trying to ensure order to ensure that access to their information available.

311

00:43:03.330 --> 00:43:04.590

CalHHS CDII: So that may require some.

312

00:43:05.790 --> 00:43:08.040

CalHHS CDII: But again we're trying to do as much as we can.

313

00:43:10.290 --> 00:43:15.960

CalHHS CDII: that's an important principle that we advanced in our principles that are.

314

00:43:17.730 --> 00:43:25.440

CalHHS CDII: And again, I think we should before the funding question to towards the end of this meeting, and probably afterwards as we go through this the budget process.

315

00:43:26.400 --> 00:43:43.200

CalHHS CDII: So I recognize that's a that's a question out to moments on that for a fact that they are and totally understand the excel workbook and we will be steps are that the last moment, and really tried to do that, we will we can try to revise it.

316

00:43:44.670 --> 00:43:51.570

CalHHS CDII: is voluntary, to us, but we receive something over like 100 individual comments from different organizations.

317

00:43:52.140 --> 00:44:03.840

CalHHS CDII: And the old catalog and ensure that every single one of them responded to is an important part of our process, and this is something to do that so we'll try to make it do what we can make it as simple as possible but.

318

00:44:05.310 --> 00:44:05.490

If.

319

00:44:06.990 --> 00:44:07.980

CalHHS CDII: Everyone is trying to be.

320

00:44:11.220 --> 00:44:11.700

CalHHS CDII: you're.

321

00:44:12.600 --> 00:44:26.970

Linnea Koopmans: Right good morning when they improvements with Alex BBC a couple of questions on on process and timing, so I think first just a hanger with respect to the dsa that will be published on July 1.

322

00:44:28.200 --> 00:44:41.700

Linnea Koopmans: It should it be the expectation that that version of the dsa will be considered final, at least for purposes of those entities that have to execute the dsa by January 1 2023.

323

00:44:42.390 --> 00:44:54.300

Linnea Koopmans: And then a second question on process and timing is about that second grouping of pn piece that we're not reviewing and discussing today, but will be in development in the future.

324

00:44:54.900 --> 00:45:00.270

Linnea Koopmans: And so I think what is going to be the process for developing those will be.

325

00:45:01.140 --> 00:45:13.710

Linnea Koopmans: Through this group as well for discussion and and with respect to timing will that occur before January 2023 when the dsa has to be executed, I think you know some of those.

326

00:45:14.310 --> 00:45:25.710

Linnea Koopmans: that are in the second phase, are really important so would would hope that that is the goal that before there's an expectation for execution that those that core grouping of P amp P are completed.

327

00:45:27.480 --> 00:45:30.870

CalHHS CDII: yeah Thank you john again the process.

328

00:45:32.010 --> 00:45:38.070

CalHHS CDII: Is that July, one is expected to be signed by January 31 by participants.

329

00:45:39.300 --> 00:45:47.250

CalHHS CDII: The second point about the second grouping of the NPs I think our objective should be to to get as many of those drafted.

330

00:45:47.640 --> 00:45:54.480

CalHHS CDII: Through a process identical very similar to what we've done here, I think there would likely be more engagement from.

331

00:45:55.080 --> 00:46:02.370

CalHHS CDII: similar types of organizations to develop those as we've done this on any elevating into an advisory group, like this.

332

00:46:03.090 --> 00:46:17.820

CalHHS CDII: The only question is this exact same group we're going to continue to to indeed and will probably discussion about governance, towards the end of this meeting, which will even the next iteration of.

333

00:46:18.840 --> 00:46:31.170

CalHHS CDII: This forum, plus the subcommittee you would expect a very similar process with this subcommittee that is charged with developing additional parties elevating from advisory group.

334

00:46:32.190 --> 00:46:42.000

CalHHS CDII: or an entire public comment process for those are about the time so in terms of like how many of those may actually be done.

335

00:46:43.920 --> 00:46:49.830

CalHHS CDII: As many as we can realistically accomplish and there are some that I think are higher priority than others quote lines going.

336

00:46:50.760 --> 00:47:01.290

CalHHS CDII: To I was maybe one there's some questions about things like technical or some technical aspects and points and organizations actually making sure that they.

337

00:47:01.860 --> 00:47:05.730

CalHHS CDII: update those along with signatures for the data sharing agreement.

338

00:47:06.480 --> 00:47:17.340

CalHHS CDII: And record it a subcommittee that that is really critical to that would be quite nice a year we'll go through a process to prioritize what the fees are try to get through the music.

339

00:47:17.970 --> 00:47:24.480

CalHHS CDII: And just the last point when I think the MPs are going to be continually develop they're not whenever we're never going to stop.

340

00:47:25.620 --> 00:47:29.490

CalHHS CDII: There going to continually develop as the environment, changes, you can either then.

341

00:47:31.710 --> 00:47:34.320

CalHHS CDII: They need to be developed in an open and collaborative process.

342

00:47:35.130 --> 00:47:46.560

CalHHS CDII: And so that that is the project, just to continue to do that and as new people are needed and elevated by stakeholders to run through a process to establish.

343

00:47:48.600 --> 00:47:55.410

Linnea Koopmans: Thanks jonah and I know I know we need to move on, but just to respond to your your comment around P and T is evolving changing.

344

00:47:55.830 --> 00:48:01.860

Linnea Koopmans: Adding over time completely appreciate that and agree understand, I think the the.

345

00:48:02.250 --> 00:48:14.940

Linnea Koopmans: I think the request would be that some of those into your point around prioritizing some of those that are outlined as being in that second phase seem really critical and and core you know kind of core components of what.

346

00:48:15.480 --> 00:48:25.680

Linnea Koopmans: you're agreeing to by executing the dsa So in addition to the qualified a job, I think I would put the you know the monitoring and an oversight into that bucket as well as the technical requirements.

347

00:48:26.730 --> 00:48:35.400

Linnea Koopmans: So appreciate that they will evolve over time and that would hope that the the timeline for some of those really important ones is before execution, thank you.

348

00:48:37.980 --> 00:48:38.670

CalHHS CDII: encourage those.

349

00:48:39.420 --> 00:48:43.470

CalHHS CDII: Again we're going to do, public comments days we've got the conclusion of this meeting.

350

00:48:44.790 --> 00:48:49.710

CalHHS CDII: system and some of your considerations about how we should prioritize that and actually.

351

00:48:51.330 --> 00:48:56.220

CalHHS CDII: ci l hhs to get access or triage isn't very long.

352

00:48:57.270 --> 00:48:57.660

CalHHS CDII: Long.

353

00:48:58.860 --> 00:49:00.000

CalHHS CDII: What is the most critical.

354

00:49:02.460 --> 00:49:03.360

CalHHS CDII: Time in Europe.

355

00:49:03.960 --> 00:49:05.670

Andrew Bindman: Thank Thank you very much.

356

00:49:07.140 --> 00:49:10.590

Andrew Bindman: So um I just want to comment, a little bit about.

357

00:49:11.790 --> 00:49:18.240

Andrew Bindman: The discussion we've had up until this point we've we've had I think at previous meetings.

358

00:49:19.290 --> 00:49:25.830

Andrew Bindman: On some discussion about the relationship between Telefonica and the.

359

00:49:27.000 --> 00:49:32.550

Andrew Bindman: Standing up of our own governance entity within the state and.

360

00:49:33.630 --> 00:49:46.470

Andrew Bindman: I think you know, one of the things that we talked a little bit about is that, by creating our own governance entity in the state we'd be able to bring some additional values and important issues to bear.

361

00:49:47.190 --> 00:49:57.690

Andrew Bindman: You know, relative to our state that may not be sufficiently captured in the federal standards within Tesco.

362

00:49:58.500 --> 00:50:11.670

Andrew Bindman: And I think the the issue that we've had some concern about at kp that i've tried to bring voice to is that a we may be under realizing the benefit of the federal standards by not.

363

00:50:12.570 --> 00:50:24.630

Andrew Bindman: declaring that we should make them mandatory for our state and i'd love to hear again why we're pausing on doing that, and still is least as I can tell.

364

00:50:25.110 --> 00:50:45.690

Andrew Bindman: proposing that these still be regarded as voluntary standards and, secondly, there is a concern that by standing up a governance entity within our own state that we could inadvertently create conflicts with a federal framework that many of us will be.

365

00:50:47.610 --> 00:50:55.890

Andrew Bindman: needing to adhere to, because of course state exchange doesn't just happen within the state but occurs across state lines and and the like.

366

00:50:56.520 --> 00:51:07.890

Andrew Bindman: And i'll call out one example, where I think there's the right intention in mind, but underscores the potential conflicts that can arise between.

367

00:51:08.460 --> 00:51:25.500

Andrew Bindman: A state government entity and and tough so, for example, on page two of the p amp P, it states after October 620 22 clinical data shall include data elements in the US CDI version two.

368

00:51:26.520 --> 00:51:41.190

Andrew Bindman: is held by the entity, and so this is really as I would try to interpret it an attempt by our state to endorse the notion of we should be able to share.

369

00:51:42.240 --> 00:51:51.630

Andrew Bindman: Social determinants of health type data which we completely support the problem is that those version two standards are.

370

00:51:52.200 --> 00:52:03.690

Andrew Bindman: have not been adopted by any of the vendors as of yet, and so that the ability to kind of execute on what is a really good concept is.

371

00:52:04.320 --> 00:52:23.970

Andrew Bindman: going to be highly problematic because there's no way to actually practically do this and tough guy by comparison has a much clearer set of statements related to the adoption timeline and updated standards which has to do with.

372

00:52:25.200 --> 00:52:37.620

Andrew Bindman: Basically, allowing that to happen after they've gone through in that there's a reasonable time after these you know data classes have been officially added.

373

00:52:39.000 --> 00:52:56.970

Andrew Bindman: By by the the the the standards, so I just worry that we are in the in our attempts to kind of try to do the things that are consistent with the values of our state, and I think probably almost all of us around the table, we may be introducing.

374

00:52:59.130 --> 00:53:10.320

Andrew Bindman: Issues that may make it very difficult for providers that are adhering to federal standards for the obvious purposes of sharing not only within our state but across states.

375

00:53:11.010 --> 00:53:21.870

Andrew Bindman: in ways that become unworkable, and so I just really want to call that out as why I think we need to be cautious about the use of a governance entity.

376

00:53:22.230 --> 00:53:31.080

Andrew Bindman: That doesn't supersede or raise conflicts with Tesco, which provides for many of the kinds of things that we're trying to accomplish so.

377

00:53:31.470 --> 00:53:40.440

Andrew Bindman: I would endorse making tough QA mandatory for state and having that be much more of the guiding principle for how we.

378

00:53:40.890 --> 00:53:54.810

Andrew Bindman: proceed with this kind of work and only using state governance, when this really glaring gaps that the Federal Government is not addressing and we're ensuring that they're not in conflict with what is going on at the federal level.

379

00:53:57.240 --> 00:54:09.120

CalHHS CDII: Okay, thank you very much for your comments, I do want to encourage all of the participants of the members of the public to contemplate those comments and they consider.

380

00:54:10.170 --> 00:54:18.780

CalHHS CDII: Where the current agreement and pmt may from your perspective is he misaligned with federal requirements and suggest.

381

00:54:20.040 --> 00:54:40.320

CalHHS CDII: As I would expect kp Mike how to better align with them, so if, for example, that suggests that we should embrace the one as the Federal Government has waited until the two is officially established and eight months or so we welcome those comments.

382

00:54:41.430 --> 00:54:45.420

CalHHS CDII: Just to note that the adoption of V2 is.

383

00:54:46.680 --> 00:54:55.710

CalHHS CDII: But it's done parties have been very vocal about adopting them early on, so we are trying to balance the needs of California and.

384

00:54:56.850 --> 00:55:05.160

CalHHS CDII: With the with the alignment of federal requirements and that's difficult balance, and so we definitely appreciate.

385

00:55:07.050 --> 00:55:18.900

CalHHS CDII: If those who are able to comment on misalignment can do so I I do just concerned about that that Dr Biden raised about.

386

00:55:19.890 --> 00:55:28.140

CalHHS CDII: Governance state governments part of the reason state governments is is to be established, is to address issues that race.

387

00:55:28.620 --> 00:55:41.970

CalHHS CDII: around this alignment and to raise those in a public forum, so that we can have a public process to ensure that there is this good alignment as possible, I don't see state governments as being an antithetical to.

388

00:55:43.050 --> 00:55:51.570

CalHHS CDII: to align it with with federal rules, I see it as a as a process by which we can ensure that we align are necessary and filling gaps are they.

389

00:55:52.710 --> 00:55:58.830

CalHHS CDII: And I think that's a policy in our work and approach you should continue to there's thousands of principle.

390

00:55:59.610 --> 00:56:12.510

CalHHS CDII: So point very well taken I think government should embrace his role to ensure that were possible, it follows federal requirements and, when necessary, need to be eight where there are gaps.

391

00:56:14.010 --> 00:56:24.630

CalHHS CDII: So I definitely appreciate those comments, Dr environment, we have a number of others to keep us moving, you can try to keep comments, some of the minute I just read if you wouldn't mind, we have a lot to get group.

392

00:56:25.860 --> 00:56:31.140

CalHHS CDII: number of policies and procedures, but this is very, very local weather stations like moving next chart.

393

00:56:31.980 --> 00:56:44.370

CalHHS CDII: Thanks john and Charles bottles in California association health plans i'm going to actually hold on my comments and all the people go through them all out, but I do have things to say about government funding.

394

00:56:47.310 --> 00:56:57.720

CalHHS CDII: I do want to just comment on the dsa framework and whether or not I think this group, consider it does have that ability for the participants of this process.

395

00:56:58.950 --> 00:57:03.630

CalHHS CDII: And I think it's really important because the goal here is to get people to adopt this.

396

00:57:04.590 --> 00:57:21.330

CalHHS CDII: Exchange element actually have data and have it help people and they'll put a halt outcomes and not only people actually fairly agree with requirements, so I just think we will provide comments to this because.

397

00:57:22.440 --> 00:57:34.200

CalHHS CDII: there's just some Washington DC Washington writing some parts of the dsa one of them to call out is is words like using reasonable efforts, you know accommodating.

398

00:57:35.220 --> 00:57:44.190

CalHHS CDII: And we all love reason with all have accommodations that like you're looking to actually import something reasonable could be, we could never reach us.

399

00:57:44.940 --> 00:57:51.780

CalHHS CDII: or it's reasonable for us to never invest in technology and our answer yourself to.

400

00:57:52.440 --> 00:58:01.620

CalHHS CDII: The speeds between parties non clients and sandbag basically so I just think that, as you look at the PSA before it's finalized.

401

00:58:02.340 --> 00:58:14.010

CalHHS CDII: Removing words like that or terms that could be misconstrued and replacing them with actual metrics or timeline or words that enforcement agency could actually force.

402

00:58:14.640 --> 00:58:28.650

CalHHS CDII: Because otherwise you know if you're trying to force this you've got to go through the whole process that you're quite reasonable and I take some cool me It just seems like it could fall so that's it on the DSM Thank you Joe.

403

00:58:30.390 --> 00:58:38.430

CalHHS CDII: I mean this might know this, this goes back to our discussion about enforcement that I know is of great interest to.

404

00:58:39.270 --> 00:58:44.880

CalHHS CDII: Many not all the participants here that I don't think we will settle we're not going to sell much alive welcome.

405

00:58:45.750 --> 00:58:55.830

CalHHS CDII: In a subsequent discussion putting on developing P amp T or unenforceable and including potentially establishing a difference and he said define.

406

00:58:56.490 --> 00:59:11.850

CalHHS CDII: horseman mechanisms out here, you about the language about reasonableness we may need to tie enforcement into a policy procedure that defines what reasonable reasonable miss communities.

407

00:59:13.080 --> 00:59:24.510

CalHHS CDII: Otherwise we'll consider and especially again if public comments are submitted, whether we can strengthen the language or make it less and you're wishy washy so that it is a little bit more concrete.

408

00:59:25.590 --> 00:59:26.250
appreciate that.

409
00:59:27.720 --> 00:59:28.740
CalHHS CDII: I think we're going to David.

410
00:59:31.080 --> 00:59:40.410
CalHHS CDII: For you, thank you i'll make us to come and make them very quickly in the first time I do want to click the piggyback on something funny I said earlier.

411
00:59:41.580 --> 00:59:44.010
CalHHS CDII: i'm trying to report the Catholic Medical Association.

412
00:59:45.150 --> 01:00:00.840
CalHHS CDII: i'll piggyback on something party said around assignment, which is there is a definitely not in the PSA and we do you do envision that there may be sort of a second level of assignment, where he yes, a physician may come to manifest and say i'm assigning.

413
01:00:02.250 --> 01:00:14.190
CalHHS CDII: My feelings being worked to manifest, but we also need to have a process where X y&z IPA may participate and manifests on the half of the small practices and IPA.

414
01:00:15.030 --> 01:00:24.510
CalHHS CDII: And even in that case, it would be much better for this agreement to be held by that idea and a half of those divisions frantically trying to chase each individual practice.

415
01:00:25.170 --> 01:00:34.080
CalHHS CDII: or not, I think we're gonna see a lot of that is medical groups in California so be nice if there was some sort of process in place to do that.

416
01:00:36.060 --> 01:00:49.770
CalHHS CDII: I appreciate the comments about aligning with federal standards, although I don't know, I know, several places in there, we seem to be doing the opposite of that, I wonder why there's a whole key to finding breach notification, which is incredibly well defined in Federal and State law.

417

01:00:51.360 --> 01:00:52.830

CalHHS CDII: And why we're.

418

01:00:54.120 --> 01:01:09.660

CalHHS CDII: Information blocking as well, which is as a very well defined and federal regulations and then one final comment, I just want to make sure everybody remembers one important thing we can we keep comparing this to calendar so or to ssa or covered California.

419

01:01:11.040 --> 01:01:13.380

CalHHS CDII: All of those are voluntary for the participants.

420

01:01:14.400 --> 01:01:15.330

CalHHS CDII: This is not.

421

01:01:16.830 --> 01:01:21.930

CalHHS CDII: A very much changes, how we have to look at this, this is not a contract, this is a regulation.

422

01:01:22.950 --> 01:01:30.120

CalHHS CDII: We actually this document any material changes to this document going forward should go through a complete IR process.

423

01:01:32.760 --> 01:01:41.010

CalHHS CDII: Because they are the fact that regulation yeah so we've made a comment in writing, but I wanted to just underline it i'm like Okay, thank you, David.

424

01:01:42.840 --> 01:01:49.230

CalHHS CDII: We may we may need more discussion on this definition of the sign in if there's something in the order.

425

01:01:50.280 --> 01:01:52.290

CalHHS CDII: well known California, to develop a model.

426

01:01:55.140 --> 01:02:09.150

CalHHS CDII: hydrant hundred and that's a lot of people all to be cared for by admissions under delegated all a server itself to to develop the policy rabbit or to extrapolate more interesting policy, so we walk them.

427

01:02:10.290 --> 01:02:10.740

CalHHS CDII: Through that.

428

01:02:12.960 --> 01:02:13.890

CalHHS CDII: I think we.

429

01:02:15.600 --> 01:02:32.520

CalHHS CDII: All things you dont preach outpatient etc, I do know that there is a desire to ensure that there is clarity about what things in California around breach notification and we can let me get your kids let's talk about that, and then I think the third around town there's.

430

01:02:34.200 --> 01:02:46.890

CalHHS CDII: This, this is actually a contract the the dsa the contract they at 133 years of all this contract the GSA is going to be forced under contract.

431

01:02:48.570 --> 01:03:00.870

CalHHS CDII: And this one that's where it's dense and so part of why we need, and I agree it's not voluntary there's requirements that we wanted to send some edit the mandate to sign this contract to enforce the terms.

432

01:03:02.190 --> 01:03:08.070

CalHHS CDII: That may change each alarming change and i'm not beholden to any plans on that one but.

433

01:03:09.270 --> 01:03:12.780

CalHHS CDII: that's the interpretation of the binding nature of this.

434

01:03:16.410 --> 01:03:16.830

CalHHS CDII: lori.

435

01:03:20.430 --> 01:03:26.820

Lori Hack: Thanks lori hack the interim director of California association of a try ease.

436

01:03:27.930 --> 01:03:39.090

Lori Hack: I think we just have a couple comments one related to what you were just speaking about China with the implementation of this agreement as a regulated agreement by law.

437

01:03:40.050 --> 01:03:54.360

Lori Hack: There are a number of many hundreds of agreements already in place between qualified a Chios and and provider organizations state agencies, etc.

438

01:03:54.840 --> 01:04:08.070

Lori Hack: And I just want to make sure that as we're as we're implementing this particular document that we think through whether or not it's replacing completely superseding.

439

01:04:08.880 --> 01:04:18.300

Lori Hack: preempting the current agreements that are already in place and established with the he goes around California so that's one.

440

01:04:19.440 --> 01:04:20.550

Lori Hack: The second thing is.

441

01:04:21.600 --> 01:04:37.350

Lori Hack: sort of further to this issue of qualified a child oh having oversight and compliance activities, I want to make sure that this option to use a private technology that.

442

01:04:37.980 --> 01:04:48.090

Lori Hack: would understandably not be qualified still be held to the same standard as the qualified organizations, I think that that's an area where.

443

01:04:49.230 --> 01:04:59.610

Lori Hack: I don't know if if Charles his comment was Lucy goosey for for the language, I think that needs to be tightened up as well, and then finally there's been some.

444

01:05:00.180 --> 01:05:12.180

Lori Hack: comments in the chat that I wanted to point out from Eric and katie Fisher and so forth around the minimum necessary permitted uses and data sharing.

445

01:05:12.840 --> 01:05:33.210

Lori Hack: Particularly now around sensitive health and family planning and so forth it's just, we need to be cautious with the types of data, where it's going to who seeing it and how we keep track of that to ensure the safety of the person the patients who are participating.

446

01:05:34.590 --> 01:05:34.950

Lori Hack: Thank you.

447

01:05:36.060 --> 01:05:36.330

CalHHS CDII: Thank you.

448

01:05:39.240 --> 01:05:41.670

CalHHS CDII: yeah this is CDI.

449

01:05:43.200 --> 01:06:00.060

CalHHS CDII: I think boy, for your comment about contracts with a child is that organizations, you know, obviously we don't have a hawaiian inciting one of the languages in those contacts are is not the intent to conflict with those in any significant way.

450

01:06:01.980 --> 01:06:11.880

CalHHS CDII: did find is during the comment process if there is if there's like say particularly problematic pointed out, for us, so we can we can look at how how best.

451

01:06:14.460 --> 01:06:17.010

CalHHS CDII: To do saying, will be a requirement on everyone.

452

01:06:18.270 --> 01:06:23.130

CalHHS CDII: It is a to sign it, so if there are going to be.

453

01:06:28.800 --> 01:06:29.910

CalHHS CDII: From Allah Please go ahead.

454

01:06:31.860 --> 01:06:40.710

Carmela Coyle: Thank you very much and I'll keep my comments brief, the first on governance, please, and that is reiterating a comment that we made previously.

455

01:06:41.700 --> 01:06:55.710

Carmela Coyle: That just feels very strongly that we need to understand what the function of the governance entity is before we can decide what types of people and skill sets and conflict of interest challenges.

456

01:06:57.930 --> 01:07:09.150

Carmela Coyle: may need to be addressed so feel very strongly that form follows function, we need to understand the role the responsibilities before we decide who can and can't sit.

457

01:07:09.990 --> 01:07:23.010

Carmela Coyle: Second, on enforcement and compliance, thank you for raising that issue, I just want to raise the concern that the enabling legislation at 133.

458

01:07:23.400 --> 01:07:35.970

Carmela Coyle: did not include any language about enforcement or compliance or really provide any authority for enforcement or compliance and so that is of concern.

459

01:07:36.960 --> 01:07:46.350

Carmela Coyle: And we can we can talk about whether a B 133 would have passed had there been enforcement and compliance language included so just want to flag that.

460

01:07:46.860 --> 01:07:58.620

Carmela Coyle: Last is just a view I think we are all dedicated by virtue of how much time we've spent in these rooms together on accelerating health information exchange.

461

01:07:59.340 --> 01:08:06.480

Carmela Coyle: It feels to me like we still have a wide variety of views on how some of these critically important issues need to be handled.

462

01:08:06.990 --> 01:08:23.520

Carmela Coyle: And i'm just not sure we're getting to consensus and maybe the objective isn't to get to consensus and I just wanted to raise a flag it's feeling like like we are disparate as opposed to as opposed to a coming together on these critical issues thanks.

463

01:08:25.980 --> 01:08:35.070

CalHHS CDII: Thank you from Allah on governance recognized raised the point about form follows function and meet you've done that, we spent an entire meeting on function.

464

01:08:35.880 --> 01:08:45.630

CalHHS CDII: That before we discussed form, which is to your point exactly why you didn't need it to define what is it the governance needs to do what activities.

465

01:08:46.290 --> 01:08:55.860

CalHHS CDII: In that whole process you publish those requirements for those children those functions are 10 of them, we welcome comments on whether or not those are appropriate.

466

01:08:56.910 --> 01:09:15.120

CalHHS CDII: The second enforcement you're right everyone, please, please did not define what those enforcement mechanisms are I open it up to my colleagues at Kelly justin city is to describe the current enforcement it and it's departments house to establish rules.

467

01:09:16.140 --> 01:09:27.240

CalHHS CDII: The enforcement really at this point is really I guess subject to contract law at this point there is it really more than that, at this point would be defined in the future.

468

01:09:28.110 --> 01:09:35.760

CalHHS CDII: Future policy but you're right there's no specific language in at 133 lines enforcement.

469

01:09:36.540 --> 01:09:51.690

CalHHS CDII: And I think we always as a group to to help define what enforcement should look like, and that would be one of the best steps in this in in this set of discussions and meetings that we have post publication reputation.

470

01:09:52.800 --> 01:10:05.520

CalHHS CDII: And I think familiar right, we do have a bunch of disparate views very much by design we've tried to bring as many different perspectives to this meeting, so that we can hear them and try to come to consensus.

471

01:10:05.970 --> 01:10:16.650

CalHHS CDII: That has always been the goal and the goal, from the beginning it's in our Charter and it's our charge to try to come to consensus and you said in the chart that if we can't get there.

472

01:10:18.000 --> 01:10:21.510

CalHHS CDII: Then the issues will be elevated to the Secretary the pros and cons of the.

473

01:10:22.680 --> 01:10:37.320

CalHHS CDII: various points of view, for the Secretary to weigh in and to and to offer the recommendation about what the policies and the program should be to advance the vision for days.

474

01:10:38.280 --> 01:10:53.340

CalHHS CDII: So we definitely recognize that you're not going to get consensus on everything we very intentionally designed this process, as you can see that many different voices at the table so that we can hear them and we can do everything we can to try to rationalize and come to consensus.

475

01:10:54.540 --> 01:10:59.700

Carmela Coyle: So really Thank you will will provide some suggestions on consensus building processes well, thank you jonah.

476

01:11:02.520 --> 01:11:03.600

CalHHS CDII: Under Europe.

477

01:11:05.160 --> 01:11:05.700

CalHHS CDII: Thank you.

478

01:11:07.980 --> 01:11:12.810

belabor a lot of the technical pieces here, but I just want to get sort of experience with the health plan.

479

01:11:14.430 --> 01:11:17.700

CalHHS CDII: In the context of what you're describing is wishy washy.

480

01:11:19.140 --> 01:11:27.600

CalHHS CDII: To the extent that we don't detail out with more granularity in policies and procedures that's going to devolve into the contracting process.

481

01:11:28.170 --> 01:11:38.490

CalHHS CDII: Now prejudice and more organizations come from, but the results of that devolving into contract negotiations between power plants and fossil or how plants and providers.

482

01:11:39.360 --> 01:11:50.520

CalHHS CDII: will create different experiences for a membership and so just it just goes to both the need to do this and then also the timeliness of doing it.

483

01:11:51.810 --> 01:12:00.960

CalHHS CDII: As we wrap up to not only the signing of it, but that implementation those processes that my team that does apply started working on this stuff.

484

01:12:01.680 --> 01:12:11.520

CalHHS CDII: And how that is effectuate across our enterprise that work is already started and so we're not celebrating network as quickly as possible, I think it's.

485

01:12:12.210 --> 01:12:24.840

CalHHS CDII: going to get friction, where we where we where we could possibly live with, I attached myself to a couple of comments on the Charles admitted as well as the timeliness and timeliness questions that the race does.

486

01:12:26.550 --> 01:12:29.730

The ETS and others have submitted my letter stop stop.

487

01:12:31.620 --> 01:12:42.750

CalHHS CDII: That, again, I mean I hear your comments is sort of reinforcing the need to define what this enforcement process and then better definition to support your contracting process.

488

01:12:44.520 --> 01:12:46.020

CalHHS CDII: That that Nice and appreciate those.

489

01:12:47.400 --> 01:12:53.100

CalHHS CDII: We have a couple more last two comments and then rewind kiran right, so thank you.

490

01:12:54.840 --> 01:13:01.890

CalHHS CDII: Maybe more of a process question which is this that I don't see the individual or the patient or the consumer.

491

01:13:02.250 --> 01:13:11.010

CalHHS CDII: Very well represented in this agreement and that made sense because they're not a party to the agreements i've seen that that I want to understand is there, another.

492

01:13:11.940 --> 01:13:23.580

CalHHS CDII: document or process or something coming that will hang up and solidify what's in our principles around the summer access, like the data sharing agreement really only has.

493

01:13:23.970 --> 01:13:30.930

CalHHS CDII: The consumer being able to receive a copy of their records and we had extensive discussion in our early meetings about.

494

01:13:31.170 --> 01:13:46.410

CalHHS CDII: The consumer being an active participant in the data exchange being able to add to their record correct the record interact with it and I don't see that represented here, which again may make sense that I would understand from a process perspective, where we see that the solidify.

495

01:13:49.980 --> 01:13:52.320

CalHHS CDII: Know Helen or others want to comment on it.

496

01:13:53.670 --> 01:13:59.520

CalHHS CDII: you're you're you're totally right in terms of the agreement itself not speaking specifically to.

497

01:14:00.720 --> 01:14:05.400

CalHHS CDII: Requirements around consumer access and again that may be something that would be.

498

01:14:06.480 --> 01:14:22.020

CalHHS CDII: best interest in the policy, and that would be an addendum to write all these policies to the nation as those its as its environment technology change, I think we have tried to line up behind federal requirements around.

499

01:14:23.970 --> 01:14:30.510

CalHHS CDII: patient access and apply a lot and make sure that we are in alignment with with that policy.

500

01:14:31.620 --> 01:14:47.640

CalHHS CDII: But I think, as you noted we're trying to go as far as we can to empower consumers so we welcome comments about how we make you that the life of federal guidance rules around patient access and how we went straight to that.

501

01:14:49.710 --> 01:14:52.950

CalHHS CDII: Thank you, then finally number one of all seniors holly.

502

01:14:56.460 --> 01:15:09.600

Ali Modaressi: Thank you jonah going to make my comments brief it's really great to see the dsa recognizes the HIV or infrastructure as the backbone for data sharing in California.

503

01:15:10.440 --> 01:15:24.870

Ali Modaressi: I were to meet the requirements of the dsa and kaleem and to support the equity initiatives, I think, is essential to allocate funds in the budget to maintain the infrastructure.

504

01:15:25.950 --> 01:15:40.110

Ali Modaressi: As you know, you know the Chios in California have me resilient in sustaining themselves over the years to serve their local communities, but, as with the expansion of the data sharing across California.

505

01:15:41.490 --> 01:15:57.420

Ali Modaressi: The investment in HIV in infrastructure match with the Federal funds will ensure high quality data which is critical, as the state aims to integrate clinical behavior how and social services.

506

01:15:58.590 --> 01:16:08.760

Ali Modaressi: HR yours can act as a data refinery to produce useful data for improved health care, quality, but I think that funding is critical.

507

01:16:09.300 --> 01:16:19.290

Ali Modaressi: To maintain this infrastructure and expand as the technology keeps changing so just want to put that out there and we'll send that in writing as well, thank you.

508

01:16:20.520 --> 01:16:27.600

CalHHS CDII: Thank you Ali we're going to move on to all the procedures and there any other questions or comments.

509

01:16:28.740 --> 01:16:29.130

That.

510

01:16:34.740 --> 01:16:36.030

CalHHS CDII: Oh, and you want to go ahead with.

511

01:16:38.010 --> 01:16:38.400

CalHHS CDII: Your get.

512

01:16:38.700 --> 01:16:51.060

Helen Pfister: Back to me i'm so and just to remind you associate with the dsa the slide here are very high level and don't have all the languages in the actual policy drafts to refer to the actual documents for for specific language.

513

01:16:52.080 --> 01:17:01.320

Helen Pfister: The first policy sets forth the process for amending the dsa like we said, our hope is that this is not going to happen very often next slide please, by the way.

514

01:17:02.850 --> 01:17:09.210

Helen Pfister: But if it does, we want to make sure was quite clear as to the process that would have to be gone through in order to make any sort of amendment.

515

01:17:10.500 --> 01:17:22.170

Helen Pfister: And so the idea is that any member of the government entity any participant or any other stakeholder that the government governance entity deems appropriate can submit a written request for an amendment and then say.

516

01:17:23.340 --> 01:17:30.570

Helen Pfister: Alternatively, there might be a situation where the governance entity actually goes out with requests for changes from participants interested stakeholders.

517

01:17:32.460 --> 01:17:45.270

Helen Pfister: The idea is that the criteria governance and then established criteria for an amendment to be worth considering, so to speak, we have a push those criteria out yet that's still underway, but there will be some sort of some sort of.

518

01:17:47.340 --> 01:17:52.410

Helen Pfister: Some standards that request has to meet in order to be considered to.

519

01:17:53.790 --> 01:17:55.290

Helen Pfister: help ensure fairness basically.

520

01:17:56.550 --> 01:18:05.970

Helen Pfister: But if an amendment request satisfies the criteria that it will first be subject to legal review, and then there will be a task force.

521

01:18:06.990 --> 01:18:19.350

Helen Pfister: That will basically take a look at the request and determine make recommendations as to how to address it, that task force will solicit comments from the participants on any proposed amendment.

522

01:18:20.790 --> 01:18:29.580

Helen Pfister: It may pose proposed proposed changes in a public public location of the words make available to the public and not just to the participants.

523

01:18:30.780 --> 01:18:40.890

Helen Pfister: If the task force ultimately does approve an amendment, then there will be a 45 day period where participants have.

524

01:18:41.640 --> 01:18:52.020

Helen Pfister: The opportunity to register an objection if they think if a participant things that the amendment will have a significant adverse operational or financial impact on a participant and.

525

01:18:53.190 --> 01:18:58.440

Helen Pfister: If the amendment is actually ultimately approved it'll be circulated to all the participants for signature.

526

01:18:59.100 --> 01:19:11.220

Helen Pfister: At least 45 days in advance of the effective date, the only exception would be is if there was some sort of legal reason why even had to be in place and a time here it's shorter than than 45 days.

527

01:19:12.750 --> 01:19:19.530

Helen Pfister: The other elements of this just again for transparency purposes is that the governance entity is going to be required to maintain.

528

01:19:20.190 --> 01:19:24.540

Helen Pfister: In a public public location, a publicly accessible location online.

529

01:19:25.320 --> 01:19:39.960

Helen Pfister: copy the dsa and all the amendments, as well as a list of all of the current and prior participants and a list of the individuals entities that are required under at 133 to execute the dsa but have not yet done so.

530

01:19:40.890 --> 01:19:50.190

Helen Pfister: So let me stop there, and I think I think john if it's okay with you, maybe in the policies we solicit comments, one by one, as opposed to waiting to the end, but I defer to you during the room so which what's your take.

531

01:19:50.790 --> 01:20:06.570

CalHHS CDII: yeah let's pause after each one and see if there any comments and we can take comments, towards the end that we may have not been able to capture any I think both carmela understand they're still raised, I think that's over from the last.

532

01:20:08.190 --> 01:20:11.970

CalHHS CDII: Alright, so i'm going to go to Karen you have just a quick.

533

01:20:13.110 --> 01:20:28.740

CalHHS CDII: The way that I read this, so the task force may but doesn't have to post proposed changes for the public to review and then they're taking input from participants to the agreement only, so I would encourage that we make sure that the public can see any.

534

01:20:29.820 --> 01:20:32.190

comment on the comments will be considered.

535

01:20:35.310 --> 01:20:35.760

Helen Pfister: Okay.

536

01:20:36.240 --> 01:20:37.140

yeah.

537

01:20:38.520 --> 01:20:41.340

CalHHS CDII: that's completely reasonable and aligned with our principal.

538

01:20:43.320 --> 01:20:51.630

Helen Pfister: yeah no I think that's fine, those of you who are familiar with how they're so busy time causes this look familiar to you and I think in this context prime make sense to have it be publicly.

539

01:20:51.900 --> 01:20:56.130

Helen Pfister: Publicly posted as opposed to in the in the context of counter so, so I think that does make sense.

540

01:21:03.990 --> 01:21:04.470

CalHHS CDII: yeah.

541

01:21:07.530 --> 01:21:10.140

CalHHS CDII: And I just want to confirm and.

542

01:21:12.390 --> 01:21:16.860

CalHHS CDII: Say that DNA change 45 days and.

543

01:21:19.200 --> 01:21:33.330

CalHHS CDII: Is it, I know, there was a lot of talk conversation and really this subcommittee recommending 180 days for implementation from when it's finalized one minute, given the substantial technical.

544

01:21:34.170 --> 01:21:44.940

CalHHS CDII: and governance adjustments that are related to each other, I would support the hundred and 80 days, but I wasn't sure a 45 days here is how long you have to.

545

01:21:47.310 --> 01:21:50.490

CalHHS CDII: file, can you can you eliminate.

546

01:21:51.510 --> 01:21:58.680

CalHHS CDII: With whether this was for compliance with updated as a requirements or.

547

01:21:59.730 --> 01:22:01.290

CalHHS CDII: process or follow.

548

01:22:02.640 --> 01:22:06.390

Helen Pfister: So now, this was meant to be for the effective date of the amendment.

549

01:22:08.040 --> 01:22:11.130

Helen Pfister: I think 180 days, where we landed when it came to changes in the.

550

01:22:12.180 --> 01:22:20.610

Helen Pfister: Implementation changes in the policies and procedures, and I think we're open to the idea of extending the compliance deadline here as well, so that is a that's a fair point.

551

01:22:21.240 --> 01:22:30.420

CalHHS CDII: So I guess our content would you recommend 100 a day period minima to implement changes to the ESA once that changes.

552

01:22:31.980 --> 01:22:34.650

CalHHS CDII: yeah that seems very reasonable, given that.

553

01:22:37.170 --> 01:22:39.930

CalHHS CDII: you're working grievances or similar.

554

01:22:41.340 --> 01:22:48.840

Helen Pfister: yeah I think I think that's fine, especially given that with the language that if it's something that has to happen quick more quickly to comply with law than a shorter time frame would be would be possible.

555

01:22:54.450 --> 01:23:00.840

CalHHS CDII: Just this has been covered, just one real quick question about comments before we move off of this one here here.

556

01:23:01.530 --> 01:23:16.920

CalHHS CDII: comment part of the reasons the language said there is to breast nuisance suggestions and if you have any thoughts about how you make sure that a Bay does isn't the views in appropriately, I think that that's something to be said.

557

01:23:20.310 --> 01:23:33.780

CalHHS CDII: And I would ask them, and this is responding back to run into some of your comments, your comment here about alignment of the agreement with the common agreement and if there's a feeling that there is misalignment in some aspects of it.

558

01:23:34.950 --> 01:23:49.950

CalHHS CDII: Then we should like to hear that from stakeholders so that they understand where you see that alignment and whether it should change it should be

made out of the agreement or policies and procedures in some case to make intentional if there's a desire for some reason to.

559

01:23:51.150 --> 01:23:58.650

CalHHS CDII: propel for you go beyond, but it may also be unintentional and we want to hear how what you are under spiel about that.

560

01:23:59.700 --> 01:24:10.140

CalHHS CDII: i'm covering is important is voluntary and it's really around networks to network communication, but we really don't want to interfere with we want to compliment and align with needs that.

561

01:24:13.350 --> 01:24:27.270

CalHHS CDII: That David tennant, and so did for the Catholic Medical Association again um one way, I think we can sort of minimize chaos, putting some limits in the previous about how much and how often this process to take place.

562

01:24:29.430 --> 01:24:43.230

CalHHS CDII: I know, ideally, I think I feel like most people's perspective, this would be like medicare physician fee schedule what comes out in October, we know it is predictable the way this has this region, right now, you could actually have multiple levels of changes happening at once.

563

01:24:45.060 --> 01:24:54.150

CalHHS CDII: And there should be some time given to if we're going to have a government entity, they should have there should be some predictable process for how they gather up the the.

564

01:24:55.080 --> 01:25:12.060

CalHHS CDII: The two rooms point about nuisance suggestion some way they got around with aggression separate the wheat from the chaff put them into one set of changes that come down in some predictable schedule, so that all of us can implement them on some sort of predictable schedule yeah.

565

01:25:13.170 --> 01:25:32.670

CalHHS CDII: I really like that idea I feel like we can be more concrete about that sort of frivolous frivolity destiny from shaft and some predictability about updates, to the extent that we can add language here, we should consider it, and if you have another son perfect, there is a.

566

01:25:35.040 --> 01:25:35.490

CalHHS CDII: Great.

567

01:25:35.730 --> 01:25:36.510

Helen Pfister: Well, I think that was.

568

01:25:36.900 --> 01:25:45.390

Helen Pfister: That was sort of the idea of the criteria that are referenced in the second bullet point, there is a way for the governance to weed out sort of all nuisance newsome centuries i'm.

569

01:25:45.960 --> 01:25:52.890

Helen Pfister: i'm fine with putting a certain like a timeframe, but I think there may be instances for something more urgent comes up that requires an amendment that might have to.

570

01:25:53.490 --> 01:25:59.670

Helen Pfister: happen in between the in between this timeframe so but we'll take that into consideration, think about how to best best address it.

571

01:26:01.140 --> 01:26:02.040

CalHHS CDII: like wildfire the.

572

01:26:06.390 --> 01:26:07.980

CalHHS CDII: viral viral.

573

01:26:09.750 --> 01:26:18.300

CalHHS CDII: Any other comments in the room for those who are joining hand raised and okay let's move on to the second.

574

01:26:20.040 --> 01:26:25.920

Helen Pfister: Okay, remember the tmp again here any Member any participant of next slide please.

575

01:26:26.580 --> 01:26:33.480

Helen Pfister: um any participant or any other stakeholder the governance entity deems appropriate may submit a written written written request.

576

01:26:34.350 --> 01:26:48.300

Helen Pfister: To the governance entity for development of a new policy or amendment or repeal of an existing policy and then separately any member of the governance entity could also raise any concern or question they have regarding the policies.

577

01:26:49.830 --> 01:26:53.880

Helen Pfister: The governance entity, will consider under request that means it's like it's submission criteria.

578

01:26:54.390 --> 01:27:02.190

Helen Pfister: And there's a basically the request has to describe why the Member is necessary and just drive or provide analysis, but the impact of the amendment.

579

01:27:03.090 --> 01:27:15.840

Helen Pfister: On the governance entity within prioritize requests consider their merits consider the impact they'll have in any case, whatever the governance governance entity does will be communicated to the request or.

580

01:27:16.920 --> 01:27:34.560

Helen Pfister: If the governance entity decides that it makes sense to potentially move ahead with a new or change a change of the policies it will consider it will solicit comments from the participants on the proposed changes, and it will also post proposed changes to a public location.

581

01:27:35.820 --> 01:27:43.920

Helen Pfister: If, after getting the initial set of comments or feedback the governance entity decides to move ahead there'll be a second comment period, so to speak.

582

01:27:44.520 --> 01:27:54.930

Helen Pfister: At least 45 days, where the participants get another chance to to weigh in again they'll be an exception if 45 days is too long a period to permit compliance with the law.

583

01:27:55.920 --> 01:28:03.960

Helen Pfister: And then next slide please if the governance entity doesn't get any comments during that comment period, then the new policy will go into effect as written.

584

01:28:04.710 --> 01:28:12.300

Helen Pfister: um if the governance and he does receive comments, then it will review the policy and whether those comments and decide how to proceed.

585

01:28:13.980 --> 01:28:21.240

Helen Pfister: And if the governance entity does decide to make a change, it will give at least 280 calendar days, to the point, quality raised earlier.

586

01:28:23.430 --> 01:28:37.650

Helen Pfister: For implementation unless again there's a reason that it has to be quicker to comply with applicable law and again from a transparent transparency perspective all policies and changes the policies will be kept up, it will be made publicly available.

587

01:28:39.510 --> 01:28:40.980

Helen Pfister: So Questions or comments on that.

588

01:28:44.430 --> 01:28:45.390

CalHHS CDII: are going around the room.

589

01:28:49.980 --> 01:28:56.490

CalHHS CDII: Just notice the same comment on this and I expect us to go through all these but in terms of well for the same.

590

01:28:57.120 --> 01:29:12.450

CalHHS CDII: similar type of issues in terms of the public nature of input and I think that's again totally reasonable, we should be very clear about the public input process showing comments to others when these things are being committed or develop.

591

01:29:14.640 --> 01:29:15.420

Helen Pfister: yep agreed.

592

01:29:17.070 --> 01:29:17.910

CalHHS CDII: Anything else.

593

01:29:19.530 --> 01:29:21.000

CalHHS CDII: Right seeing on.

594

01:29:22.020 --> 01:29:22.770

The third call.

595

01:29:24.960 --> 01:29:35.610

Helen Pfister: Okay breach notification so with this policy does require each pop each participant to identify notified investigate and mitigate any known breach or potential breach.

596

01:29:36.240 --> 01:29:43.080

Helen Pfister: And then, to provide notification the breach as set forth in the the the bullet points underneath the second bullet point here.

597

01:29:45.720 --> 01:29:54.840

Helen Pfister: As soon as possible, but within 72 hours of discovery breaches occurred, the participant would have to notify the government entity and any other participants that were affected.

598

01:29:56.010 --> 01:30:00.960

Helen Pfister: We don't expect this to be a full report obviously take some time to discover all of the.

599

01:30:02.790 --> 01:30:10.050

Helen Pfister: sort of like the nature of the breach how much information was involved, how many people how many records were involved, how many individuals were involved.

600

01:30:10.320 --> 01:30:21.750

Helen Pfister: etc, etc, so maybe it really is a notification within 72 hours, but there has been a breach and then as soon as practicable after that, but within within no later than within 10 calendar is.

601

01:30:22.860 --> 01:30:31.530

Helen Pfister: The participant will provide a more fulsome written report that contains information that I mentioned nature of breach type of info which participants were impacted.

602

01:30:32.100 --> 01:30:38.790

Helen Pfister: How many individuals were impacted what the current status is what's being done unmitigated corrective actions things of that of that nature.

603

01:30:40.050 --> 01:30:53.250

Helen Pfister: There is a quicker timeframe here is a breach that involves a governmental participant, then the participant has to provide notice notice within 24 hours following discovery of the breach.

604

01:30:54.360 --> 01:31:04.380

Helen Pfister: And sort of consistent with hipaa there is an exception for with respect to breaches where law enforcement requests to delay the questions or comments on that.

605

01:31:06.360 --> 01:31:08.100

CalHHS CDII: We have one from Claudia.

606

01:31:13.020 --> 01:31:31.650

CalHHS CDII: Previously, for that we we we we think the right approaches to ask each end to follow with reaching a patient that exists for itself, but if I as a very prescribed set of requirements and several other.

607

01:31:33.000 --> 01:31:50.640

CalHHS CDII: Other types of entities, the challenge with this approach, this is appropriate appropriate for that, so we participated in exchange, we are required to share certain data support certain technology and we're required to do these kinds of things when we're exchanging on that.

608

01:31:52.290 --> 01:31:54.810

CalHHS CDII: The tsa dishonest fellowship.

609

01:31:56.010 --> 01:32:14.010

CalHHS CDII: So, this would create a completely confusing apartments on organizations and it's not even clear what slides because there is no network, there is

no technology, there are no it's just like you shall go off and exchange, so I think this is going to be.

610

01:32:15.150 --> 01:32:25.830

CalHHS CDII: Not results and what we want a lot of folks these timelines and requirements are completely different than what they're required to do under existing lot of.

611

01:32:31.650 --> 01:32:32.610

CalHHS CDII: Excellent comment.

612

01:32:33.900 --> 01:32:45.480

CalHHS CDII: I think we, I think we have our come to be completely transparent struggling with this it's really counting are contemplating not covered entity in participants in this.

613

01:32:46.170 --> 01:32:59.850

CalHHS CDII: Exchange framework and public health entity social service organizations ultimately housing provider others for the whole bunch of other types of requirements and it's difficult I think we're trying to find a needle.

614

01:33:01.110 --> 01:33:13.500

CalHHS CDII: You know, possibly with elastic very hard with the terrible analogy, but we're trying to throw out a number of deals with three a policy that's going to work for a broad set of stakeholders that are the oldest of different.

615

01:33:15.090 --> 01:33:33.150

CalHHS CDII: I don't know that we have a great solution, better than what we have defined here, and I know this is putting to give us your comments were me I know this, this has gone through some iterations and from the initial draft and step back somewhat maybe not far enough, but he.

616

01:33:34.380 --> 01:33:46.140

CalHHS CDII: feels, we need to do something to recognize that there are other participants here with the public health that we open want to engage through this process and the party to this agreement.

617

01:33:46.950 --> 01:34:00.150

CalHHS CDII: And really need a degree genuinely help in defining what and how we define that policy what what's wrong i'm just saying, whatever applies to you what what's the what's the one that.

618

01:34:01.260 --> 01:34:01.800

CalHHS CDII: I don't know.

619

01:34:04.650 --> 01:34:06.030

Helen Pfister: I think one of the one of the.

620

01:34:06.360 --> 01:34:06.900

sentence.

621

01:34:08.160 --> 01:34:09.480

CalHHS CDII: Why did you not accept.

622

01:34:10.950 --> 01:34:22.050

Helen Pfister: So I think one of the one of the issues and the sort of like there's the timeframes that apply to hipaa which we can certainly consider, although I think there were some concern perhaps some stateside about those time frames.

623

01:34:22.950 --> 01:34:27.300

Helen Pfister: I think we have to do those crafted in a way to make sure that it applies not just to covered entities or hybrid.

624

01:34:27.660 --> 01:34:43.650

Helen Pfister: hybrid components you covered entities or business associates, but also to organizations like social service organizations who, under this framework will be getting pH I have other participants um but can we align this better with a framework.

625

01:34:44.850 --> 01:34:49.380

Helen Pfister: While expanding that hipaa framework to apply to non hipaa covered entities that's certainly an option.

626

01:34:52.260 --> 01:34:57.300

CalHHS CDII: Okay, Charles yes, I just want to first agree with with Claudia on.

627

01:34:59.490 --> 01:35:10.080

CalHHS CDII: which others have been chat but also just a suggestion constructively worried about opportunities need to have timeframes set a time not covered in covered in these.

628

01:35:10.590 --> 01:35:20.070

CalHHS CDII: operate under their current statutory requirements and he waited for the legal make sure that there's there's complications, all the way around.

629

01:35:25.290 --> 01:35:35.490

CalHHS CDII: Work ability, I mean 24 hours 72 hours of you saying the side, what the policy is, those are pretty fast timelines are occasions, I think.

630

01:35:35.940 --> 01:35:40.800

CalHHS CDII: You know, those are pastors in some cases, then we have to respond to requests for surgery.

631

01:35:41.640 --> 01:35:56.520

CalHHS CDII: You know I certainly do is like I think you kind of need to sort of looking at like we're talking about a data breach it's a big deal but i'm not sure that these are going to be doable for all contacted partners for ourselves just.

632

01:35:57.780 --> 01:36:00.360

CalHHS CDII: If you're not going to come up with a solution solve bigger.

633

01:36:01.740 --> 01:36:04.620

CalHHS CDII: city pretty good yeah.

634

01:36:04.680 --> 01:36:14.130

Helen Pfister: No, I totally agree and I will confess, this came out of a subcommittee before I got involved in it and I had the same reaction you all did so I am I, I definitely I definitely get it.

635

01:36:16.050 --> 01:36:29.400

CalHHS CDII: Or we may we may need to consider a different time frame for notification and maybe it's a different time frame for different participants, because you

have different capabilities, but we also have to be very careful about rejection of people's individual.

636

01:36:33.360 --> 01:36:34.500

CalHHS CDII: I think we have more words.

637

01:36:36.570 --> 01:36:36.840

CalHHS CDII: Then.

638

01:36:38.130 --> 01:36:44.910

CalHHS CDII: thing, yes, they are so very quickly in a more permanent public health Center to six, perhaps.

639

01:36:45.510 --> 01:37:02.820

CalHHS CDII: i'm here I think probably anomalies a department, you know apple covered and non covered for brands are over 220 programs and the department and not have a variety different os that cover all the data sharing other bi directional unidirectional a lot.

640

01:37:04.380 --> 01:37:18.330

CalHHS CDII: And the different types of entities and systems that you share with us so we wanted to be as open as possible to providing the data that we've to stakeholders to make critical decisions and complexity.

641

01:37:19.590 --> 01:37:28.200

CalHHS CDII: We have to consider how to do that and I just think as another layer they want to be really transparent, as well as ourselves.

642

01:37:29.670 --> 01:37:30.150

Thank you.

643

01:37:31.980 --> 01:37:37.320

CalHHS CDII: You Thank you damn it the poet now, this is obviously very challenging.

644

01:37:38.550 --> 01:37:40.680

CalHHS CDII: In many respects to action.

645

01:37:42.510 --> 01:37:46.650

CalHHS CDII: And you have to recognize that again it's part of the deal credit.

646

01:37:47.790 --> 01:37:48.120

We got.

647

01:37:49.320 --> 01:37:50.340

CalHHS CDII: to figure out.

648

01:37:54.450 --> 01:37:54.720

Okay.

649

01:37:56.130 --> 01:37:56.700

CalHHS CDII: Please go ahead.

650

01:38:07.980 --> 01:38:14.940

CalHHS CDII: Patients just curious if people that all this other secret programs I know.

651

01:38:16.110 --> 01:38:18.510

You have certain you know harvest.

652

01:38:21.600 --> 01:38:25.080

CalHHS CDII: periodicity but just curious have done that analysis.

653

01:38:30.360 --> 01:38:36.810

CalHHS CDII: Just for those of the phone have we looked at how how these requirements align with what other state state the state programs.

654

01:38:38.160 --> 01:38:38.820

CalHHS CDII: programs.

655

01:38:40.800 --> 01:38:47.910

CalHHS CDII: I don't think it's been offering and I don't think you better comprehensive review, for example, public health, how they align.

656

01:38:48.930 --> 01:38:55.650

CalHHS CDII: I think we would certainly welcome you know expertise from public health and apartments about.

657

01:38:56.790 --> 01:39:01.560

CalHHS CDII: How other pieces what their requirements are and how we might be able to incorporate this.

658

01:39:04.410 --> 01:39:04.830

well.

659

01:39:09.510 --> 01:39:15.000

CalHHS CDII: I don't see any ever had yeah, so I would suggest, I dont preach is a big deal.

660

01:39:17.700 --> 01:39:18.750

CalHHS CDII: i'm sure we're going to get along.

661

01:39:20.550 --> 01:39:21.240

CalHHS CDII: so well.

662

01:39:22.410 --> 01:39:28.050

CalHHS CDII: After this meeting is over product process can you turn to the fourth, please.

663

01:39:30.180 --> 01:39:36.150

Helen Pfister: Okay, so the fourth policy is prohibited prohibited permitted requiring prohibitive purposes.

664

01:39:36.780 --> 01:39:50.520

Helen Pfister: And the first category is required purposes were currently the dresses but participants are required to exchange information for treatment payment some limited health corporate health coverage healthcare operations and public health activities.

665

01:39:52.980 --> 01:40:03.300

Helen Pfister: I we've already gotten comments on the healthcare operations piece this came out of the Subcommittee, which we have Members who felt that for purposes of the tsa.

666

01:40:04.770 --> 01:40:14.610

Helen Pfister: Only exchange like only be permitted for healthcare operations purposes that further the objectives of the tsa we've had already gotten comments, saying that.

667

01:40:16.080 --> 01:40:23.400

Helen Pfister: It should be broader than that so definitely expect that I will will get comments on that so look forward to hearing that.

668

01:40:24.060 --> 01:40:29.700

Helen Pfister: um The other thing I just want to mention when it comes to required purposes is we do have language consistent with hipaa.

669

01:40:30.690 --> 01:40:40.890

Helen Pfister: That a participant only displays information to another participant health corporations if each entity either had or had a relationship with the person who is the subject of that.

670

01:40:41.430 --> 01:40:51.720

Helen Pfister: Of that information, so let me just stop there, because I think they'll be comments on on this i'd like to just stop make sure we have time to to hear folks view on that she definitely went back and forth on on the health corporations piece.

671

01:40:55.680 --> 01:40:57.990

CalHHS CDII: michelle's your hands go up or is this new.

672

01:41:00.090 --> 01:41:13.140

CalHHS CDII: Project yeah I definitely trying to Michelle givens with teac I am just trying to understand how public health activities are considered are defined in this context.

673

01:41:14.790 --> 01:41:30.540

CalHHS CDII: into some of the earlier comments I don't feel like it infrastructure as a filter I think it's being considered I don't think it's being built and invested in to really do this so like if I think about where we stand today I don't know how this information.

674

01:41:33.060 --> 01:41:38.100

CalHHS CDII: So I just want to read that as a flag, because there are there's this effort, I know that there is.

675

01:41:38.490 --> 01:41:48.450

CalHHS CDII: Efforts around kind of future health and information technology investments i've asked this question in several different forms of just how are we connecting the dots and how we.

676

01:41:48.930 --> 01:41:56.550

CalHHS CDII: How are we even participating from a little bit further into this right, I just not really fighting that connectivity other pathway for.

677

01:41:58.560 --> 01:42:02.520

CalHHS CDII: Which doesn't really do that or, should I can restate them.

678

01:42:06.510 --> 01:42:21.900

Helen Pfister: So, so I think so, in terms of how public health activities is defined, there is a definition in the actual policy itself um So if you want to you know welcome comments on on that one to taking a look at that um.

679

01:42:27.090 --> 01:42:31.080

CalHHS CDII: I think I think on the infrastructure piece I don't think that is.

680

01:42:32.340 --> 01:42:42.480

CalHHS CDII: Like the development and expansion of county all infrastructure, you know addressed in Of course I know the budget I don't know.

681

01:42:43.830 --> 01:42:44.130

For sure.

682

01:42:45.240 --> 01:42:45.450

CalHHS CDII: So.

683

01:42:47.580 --> 01:42:49.620

CalHHS CDII: yeah if I make myself, and I was.

684

01:42:51.450 --> 01:43:02.850

CalHHS CDII: association and kind of like this chat earlier, but it is for the hosts and panelists can be mental health and our specialty mental health.

685

01:43:04.380 --> 01:43:16.440

CalHHS CDII: providers also, I believe, would be largely left out of the proposed date investment in first or third under the neighbors.

686

01:43:17.520 --> 01:43:21.030

So the 2 million plus they're.

687

01:43:24.660 --> 01:43:42.990

CalHHS CDII: Not for 200,000,050 million worldwide substance use and behavioral health providers, it would not apply to the county so the county does not apply for those resources, but a provider in the Community could apply and receive a grant pursuant to the requirement.

688

01:43:45.240 --> 01:43:49.320

CalHHS CDII: is both a direct service providers yeah I think that's one thing that we're.

689

01:43:49.830 --> 01:44:08.970

CalHHS CDII: Having conversations with DHS about right now and and trying to figure out what what the parameter of that is but the way we structure our initial thinking of this was that a behavioral health provider, independent of the county could apply for this particular.

690

01:44:10.230 --> 01:44:11.400

contract on.

691

01:44:14.220 --> 01:44:14.580

Sunday.

692

01:44:16.590 --> 01:44:23.610

CalHHS CDII: Yes, and that's the problem of many of our providers are not not on the 15 million, but yes good vs.

693

01:44:26.280 --> 01:44:40.380

CalHHS CDII: Are not largely overlapping with the mcp networks, and so I think it creates a disparity that you're sort of reinforcing at the state level you don't have to necessarily federally be wrong providers.

694

01:44:41.640 --> 01:44:48.390

Out of HIV investments, and so the plan was We certainly don't double down on that state.

695

01:44:49.740 --> 01:44:58.410

And I just fell off an ass in regards to it being defined in the policy, and I think the drop policy seven and don't see the definition missing something.

696

01:45:02.370 --> 01:45:08.610

Helen Pfister: yeah it's in the primitive required for the purpose of policy there's a definition section toward the end section for and.

697

01:45:10.050 --> 01:45:11.970

Helen Pfister: Public Health activities is defined in that section.

698

01:45:18.540 --> 01:45:20.400

CalHHS CDII: All not seeing it.

699

01:45:21.510 --> 01:45:22.860

CalHHS CDII: Right that's.

700

01:45:24.510 --> 01:45:24.930

CalHHS CDII: Why.

701

01:45:27.960 --> 01:45:41.310

CalHHS CDII: we've commented about this before we don't understand why operations differently from federal law and hipaa finance operations.

702

01:45:41.850 --> 01:45:54.270

CalHHS CDII: All of operations is going to be included in topeka and information walking through these operations so and he was already mentioned treatment in operation for about one minute.

703

01:45:55.050 --> 01:46:05.880

CalHHS CDII: So in our view, the best way to meet everyone repeat an alliance federal law is to not try to class a different definition of operation.

704

01:46:08.040 --> 01:46:21.390

CalHHS CDII: Taking will be very confusing to folks and they'll be constantly asking as far so I guess we'll we're happy to come together to hear from you guys why.

705

01:46:22.590 --> 01:46:28.890

CalHHS CDII: Why it's limited and what why it hasn't you know we kind of what is the rationale.

706

01:46:30.930 --> 01:46:38.520

Helen Pfister: So the rationale for limiting it came out of the subcommittee and there was concerned by at least one of the sub committee members or a couple of Sub committee members.

707

01:46:39.420 --> 01:46:55.590

Helen Pfister: That sharing information under the dsa for all healthcare operation purposes it's just too broad and that sharing should be limited to the types of activities quality improvement quality assessment and population based activities that were really tied to.

708

01:46:56.940 --> 01:46:59.400

Helen Pfister: Patient sharing in terms of patient health.

709

01:47:00.780 --> 01:47:13.050

Helen Pfister: And like I said before, we've gotten quite a few comments on that and I certainly understand that others think that it should be broader so we're really trying to get a sense from all the participants is really as to where they land on this.

710

01:47:15.780 --> 01:47:24.840

CalHHS CDII: I will certainly comments again on this, because I think this is one who is creating a lot of misalignment with federal policy.

711

01:47:26.340 --> 01:47:30.690

Helen Pfister: Yes, understood, which is why flight that one is when I want to comment on specifically I totally agree.

712

01:47:35.340 --> 01:47:36.150

CalHHS CDII: in Europe.

713

01:47:37.380 --> 01:47:45.240

Cameron Kaiser: Thank you Cameron Kaiser county of San Diego representing the California conference local health officers and hi mark Oh, by the way, nice to hear your voice again.

714

01:47:47.040 --> 01:47:56.760

Cameron Kaiser: A couple notes under public health activities there's the final sense public health activities excludes activities related to oversight or enforcement of laws.

715

01:47:57.180 --> 01:48:06.360

Cameron Kaiser: Strictly speaking, public health officers are defined with law enforcement capability under statute and some of the things that we do will be under that.

716

01:48:07.290 --> 01:48:16.320

Cameron Kaiser: It may need you, this needs to be more precisely specified, so it doesn't exclude the ability of a health officials to use data.

717

01:48:17.100 --> 01:48:24.120

Cameron Kaiser: tan from this for the purposes of quarantine or isolation which are things which are actually permitted under the health and safety code.

718

01:48:25.110 --> 01:48:40.740

Cameron Kaiser: But i'd also like to point out to that under research, there may be some health departments which may engage in some level of research as well, particularly the larger ones and i'd like public health activities to be entertained in a in a fairly.

719

01:48:42.000 --> 01:48:42.930

Cameron Kaiser: Open ended.

720

01:48:44.400 --> 01:48:53.430

Cameron Kaiser: purpose, because this there's substantial opportunity here for us to look at ways in serving our populations better we haven't been able to before.

721

01:48:53.760 --> 01:48:59.820

Cameron Kaiser: The number of the local health jurisdictions have reached out to me directly with concerns about communicable disease data, for example.

722

01:49:00.480 --> 01:49:04.710

Cameron Kaiser: They they definitely are are encouraged by the fact that would.

723

01:49:05.340 --> 01:49:15.300

Cameron Kaiser: You know, we had a we had a situation my former county where one of the local hospitals said no we're not going to allow you access to our ehr we're going to send you facts data because that's all we're required to do for you.

724

01:49:15.720 --> 01:49:32.160

Cameron Kaiser: And I appreciate that this hopefully will put some teeth into requiring them to do it in a more efficient way, but I would not want this to restrict the ability of health departments to be able, with within the constraints of research and any appropriate.

725

01:49:33.630 --> 01:49:42.000

Cameron Kaiser: Patient privacy constraints, to be able to look at populations in a way that we haven't been able to do before with the tools we have in front of us, thank you.

726

01:49:42.600 --> 01:49:45.030

Helen Pfister: I think those are excellent points, I thank you for raising them.

727

01:49:48.120 --> 01:49:50.820

CalHHS CDII: Very good, thank you, brother and.

728

01:49:52.050 --> 01:49:52.350

CalHHS CDII: again.

729

01:49:53.910 --> 01:49:54.690

For now.

730

01:49:56.250 --> 01:49:56.550

All right.

731

01:49:59.370 --> 01:49:59.910

CalHHS CDII: All right.

732

01:50:01.980 --> 01:50:13.710

Helen Pfister: Okay permitted purposes i'm basically permitted to exchange information under the tsa for any purposes as long as it's compliant with applicable law and or any necessary authorizations have been have been received.

733

01:50:15.990 --> 01:50:22.830

Helen Pfister: And then, let me actually finish prohibited purposes as well, and then get any comments you may have on permitted and prohibited So if you can go on to the next slide.

734

01:50:24.240 --> 01:50:32.460

Helen Pfister: So what the policy currently says is that unless otherwise permitted by applicable law participants cannot.

735

01:50:33.480 --> 01:50:42.750

Helen Pfister: Basically, reuse, we disclose aggregated to identify identify or sell information they received their site for their own direct or indirect financial benefit.

736

01:50:44.130 --> 01:51:01.200

Helen Pfister: Without obviously we can send to the party they receive the information from, and it does carve out exceptions that sort of say that a party is not a participant is not considered to be atkinson benefit if it's a business associate that has an agreement authorizing the use the information.

737

01:51:02.280 --> 01:51:03.750

Helen Pfister: If the participants providing.

738

01:51:04.890 --> 01:51:10.170

Helen Pfister: Access to an individual or they're authorized user or their personal representative of the information.

739

01:51:10.650 --> 01:51:27.720

Helen Pfister: Or if the participants of social services organization that has a written agreement with the governmental entity authorizing the reuse we disclose etc of that information um the other sort of prohibit primitive purpose, we have is that because of the.

740

01:51:28.740 --> 01:51:36.390

Helen Pfister: Very strict requirements of 42 CFR, part two, which I think most people know is be federal regulation governing confidentiality stuff is nice information.

741

01:51:37.470 --> 01:51:43.800

Helen Pfister: participants will not be required to share information that is subject to 42 CFR, part two.

742

01:51:45.120 --> 01:51:48.690

Helen Pfister: I think we went one slide ahead so go back to the previous slide.

743

01:51:50.610 --> 01:51:59.790

Helen Pfister: um a couple of the points on the slide there will be a directory that sets forth how to exchange information among the participants.

744

01:52:00.180 --> 01:52:12.540

Helen Pfister: And participants will have to provide information for that directory and participants can't charge fees to each other for any exchange of information that's required or done under the essay so Questions or comments on that.

745

01:52:24.600 --> 01:52:25.050

CalHHS CDII: Okay.

746

01:52:28.560 --> 01:52:28.980

CalHHS CDII: Okay.

747

01:52:32.640 --> 01:52:42.420

So just want to be clear proposal years to sidestep wanting to stay together and say that no substances data is huge.

748

01:52:48.660 --> 01:53:02.040

Helen Pfister: So just, just to clarify and maybe that's the reason fair for me to shoot, it should be phrased differently, that is, that like is that you know participant will be required to share for to to see if our part to information and.

749

01:53:04.320 --> 01:53:11.850

Helen Pfister: If appropriate consents authorizations are obtained, then that information sharing isn't prohibited so maybe to your point, it should be.

750

01:53:12.180 --> 01:53:18.780

Helen Pfister: We may have to rephrase this Epistle 20 prohibited purposes, but the idea is that you can't you're not required to share party data under this under this framework.

751

01:53:19.560 --> 01:53:33.240

CalHHS CDII: yeah I think we really need help, defining what should show language to specify around consent and 48 CFR, part two, and if this language around not required is.

752

01:53:33.960 --> 01:53:43.020

CalHHS CDII: it's not perfectly, it is not as well aligned with what to do we want to share these data under appropriate circumstances and with informed consent.

753

01:53:43.500 --> 01:53:53.070

CalHHS CDII: With the right parties, and we want to be as clear as possible that that is not only allowable but encouraged to support person Karen integrated physical behavioral health.

754

01:53:53.490 --> 01:53:59.520

CalHHS CDII: So if there's if there's some suggestions about how we might work this appropriately to ensure that is done, then we.

755

01:54:00.630 --> 01:54:12.270

Well, one of the things that come up in the process of selling a belief here, too, is that you know from our perspective it's painful for the state to provide.

756

01:54:13.710 --> 01:54:18.240

CalHHS CDII: clarifying guidance on all levels of.

757

01:54:19.380 --> 01:54:28.260

CalHHS CDII: Experience hundred 40 vfr, and so I have understood that there was an effort underway at the state level do just that and.

758

01:54:29.400 --> 01:54:30.750

CalHHS CDII: You know this sort of thing.

759

01:54:31.980 --> 01:54:38.340

That you know benney setting the parameters around me.

760

01:54:39.360 --> 01:54:40.830

Especially when it.

761

01:54:43.200 --> 01:54:45.210

CalHHS CDII: For this, one about him being out of her that.

762

01:54:47.490 --> 01:54:54.030

CalHHS CDII: Michelle suggested be helpful for the state to provide additional guidance about what's allowed one or consent Asia.

763

01:54:55.290 --> 01:54:55.770

CalHHS CDII: or.

764

01:54:57.360 --> 01:55:09.570

CalHHS CDII: fat loss of data sharing so some parameters that I would do this in the context of the state by nature framework condition agreement, which I think is probably for with medical issues, some guidance in April vcs.

765

01:55:10.500 --> 01:55:25.560

CalHHS CDII: That define sort of 42 CFR, part two, what is requiring what purposes for data sharing the 10th of consent and it sounds like as part of the governance process and advancing work that the sheet has done, we may need additional guidance.

766

01:55:26.700 --> 01:55:31.980

CalHHS CDII: To clarify that simple Rachel thumbs up from the show all right alright.

767

01:55:33.060 --> 01:55:36.750

CalHHS CDII: I think we're going to Cameron, what is there, it is alright.

768

01:55:40.980 --> 01:55:53.670

Cameron Kaiser: Thanks just one quick note under I guess it's the participant is a social services organization, there are there are many counties that have integrated social services agencies which may include.

769

01:55:54.240 --> 01:56:02.640

Cameron Kaiser: behavioral health, you know in San Diego we have we have our homeless solutions group under this public health clinic systems things like that.

770

01:56:04.020 --> 01:56:09.030

Cameron Kaiser: It i'm not sure how this document is defining social services organization exactly.

771

01:56:09.660 --> 01:56:16.920

Cameron Kaiser: But in those kinds of integrated areas, there may be some information sharing that necessarily occurs within the organization itself.

772

01:56:17.790 --> 01:56:30.120

Cameron Kaiser: Just because we're trying to approach a you know no wrong door way of dealing with these folks who may need these services, and I would not want that to the definition to restrict the ability of an integrated agency to do that.

773

01:56:31.080 --> 01:56:40.140

Helen Pfister: Definition does refer to government entities, but if you want to take a look at that and let us know if you think there are changes that will make it clear that it doesn't present the kind of a barrier, we would definitely be we would appreciate that.

774

01:56:41.310 --> 01:56:46.650

Cameron Kaiser: I just wanted to be explicit us all, but i'll follow up with some suggested verbiage.

775

01:56:47.010 --> 01:56:47.310

Helen Pfister: That we.

776

01:56:48.180 --> 01:56:49.740

CalHHS CDII: were up in that from Dr.

777

01:56:50.190 --> 01:56:58.410

CalHHS CDII: bill York as well yeah prior conversation before this meeting, and if we can make sure we walk down that definition and as as as.

778

01:56:59.820 --> 01:57:00.390

CalHHS CDII: Specific.

779

01:57:01.470 --> 01:57:02.460

CalHHS CDII: as possible we bought.

780

01:57:05.460 --> 01:57:05.910

CalHHS CDII: What.

781

01:57:09.000 --> 01:57:09.360

I just.

782

01:57:10.860 --> 01:57:11.220

CalHHS CDII: read this.

783

01:57:12.240 --> 01:57:14.460

CalHHS CDII: is the first time I met somebody missed.

784

01:57:16.110 --> 01:57:17.460

CalHHS CDII: It hears that.

785

01:57:20.730 --> 01:57:22.140

Is your.

786

01:57:23.760 --> 01:57:26.610

CalHHS CDII: plan, I cannot add.

787

01:57:27.690 --> 01:57:35.280

CalHHS CDII: or so brings and build a separation of management system, and I want to rest and I want to give her foundation.

788

01:57:36.030 --> 01:57:45.180

CalHHS CDII: I don't see it usually the way it is, and all the networks is once you do have the records of legal legal right to the reference table compared to your preferences.

789

01:57:45.720 --> 01:57:56.190

CalHHS CDII: And they're subject to the same requirements as your records that's the way we want to change this seems to create a new segmentation on the music that you like to see.

790

01:57:57.030 --> 01:58:05.430

CalHHS CDII: which I think is overreach, and so I the business as if that makes sense to me because we shouldn't be doing, none of us are familiar with the business associate agreement.

791

01:58:05.910 --> 01:58:15.300

CalHHS CDII: But I don't think we are in a place to be limiting providers and plans from our data data data data in ways that are currently permissible.

792

01:58:16.830 --> 01:58:28.380

CalHHS CDII: I think if that's the interpretation that's not the intent and ELENA he can speak to that and if you're wrong, but I think the intent was to allow for that the purposes of, for example, population health.

793

01:58:28.950 --> 01:58:41.400

CalHHS CDII: and heard that that was really important for the for organizations who are increasingly providing population offensive programs and services for their members of their for their patients.

794

01:58:42.870 --> 01:58:44.490

CalHHS CDII: But I just want to confirm Helen.

795

01:58:45.750 --> 01:58:59.220

Helen Pfister: yeah yeah I mean what this prohibition applies to is using the information obtained through the framework for participants own direct or indirect financial benefit and we realized, there was a very big terms and welcome any suggestions on how to tighten it up.

796

01:58:59.940 --> 01:59:02.970

Helen Pfister: But it's not intended to preclude the kind of activities that you just you just mentioned.

797

01:59:04.080 --> 01:59:05.310

CalHHS CDII: Because I don't know what that is.

798

01:59:07.320 --> 01:59:14.760

CalHHS CDII: Correct benefit is serving my numbers so there's no that's not a defined term and my whole business.

799

01:59:16.530 --> 01:59:17.940

CalHHS CDII: I think I think.

800

01:59:19.260 --> 01:59:21.570

CalHHS CDII: I think that would be appropriate for something like this.

801

01:59:23.670 --> 01:59:25.560

CalHHS CDII: But that would be that would be caught up.

802

01:59:28.200 --> 01:59:33.990

CalHHS CDII: Data you put the sound either the idea but that's a big can of worms and the song.

803

01:59:36.180 --> 01:59:39.420

CalHHS CDII: I think your problem we're or the first yeah.

804

01:59:41.190 --> 01:59:49.170

CalHHS CDII: That implies that it's the prohibition is on anything before the yeah I think what you need is to engage in sales so.

805

01:59:51.240 --> 01:59:59.370

CalHHS CDII: Something like that I totally get what you're saying I didn't read that way first time yeah but something there's widespread.

806

02:00:01.200 --> 02:00:03.510

CalHHS CDII: And we could decide, we want to stop and.

807

02:00:04.830 --> 02:00:07.680

CalHHS CDII: that's a big decision and that we don't do that.

808

02:00:13.830 --> 02:00:14.280

CalHHS CDII: and

809

02:00:19.980 --> 02:00:28.140

CalHHS CDII: feels like we need to feel like we need to re examine the language and make sure that we're clear that in fact there's a sale.

810

02:00:29.130 --> 02:00:47.820

CalHHS CDII: And you don't want to restrict access or immediate figure, because every business is to support collection distribution submission etc are some of your stuff for one way to do it, this is just to say what are some.

811

02:00:49.440 --> 02:00:50.640

CalHHS CDII: Other entity here on.

812

02:00:54.960 --> 02:00:56.310

CalHHS CDII: This and you cannot stop.

813

02:00:58.350 --> 02:01:05.760

CalHHS CDII: got it got it and I wondered if it's the Channel by the positive the very beginning last other line by out a lot.

814

02:01:06.990 --> 02:01:12.090

CalHHS CDII: And this is this is if it's not going to be fearless.

815

02:01:13.530 --> 02:01:14.130

CalHHS CDII: leader were.

816

02:01:16.470 --> 02:01:18.390

CalHHS CDII: We we.

817

02:01:18.480 --> 02:01:29.910

Helen Pfister: I think we hear your point so let's take it back and see what we can do to clarify the language to make it to make it work yeah I don't think we're all set I don't think we're saying anything different I think it just do with the language that's not quite as clear as it needs to be.

818

02:01:32.670 --> 02:01:33.270

CalHHS CDII: let's keep going.

819

02:01:39.390 --> 02:01:39.660

Okay.

820

02:01:41.820 --> 02:01:42.990

CalHHS CDII: How would you go.

821

02:01:43.080 --> 02:01:48.150

Helen Pfister: Oh so i'm sorry I didn't hear what you said okay um so next policy is.

822

02:01:49.200 --> 02:01:59.280

Helen Pfister: You know, as we said the dsa requires participants to exchange information as supporting the policies business policy that provides more details on those obligations next slide please.

823

02:02:01.320 --> 02:02:15.570

Helen Pfister: and basically it provides that a participant has to respond to any requests for information about other participants and to share information when required under the required permitted and private abuses policy, which is what we just we just talked about.

824

02:02:16.590 --> 02:02:20.880

Helen Pfister: It also notes that the data exchange framework is meant to be technology technology agnostic.

825

02:02:23.040 --> 02:02:31.620

Helen Pfister: That each participant agrees to exchange information in accordance with the data exchange framework, to the extent that it's technologically able and ready.

826

02:02:32.850 --> 02:02:37.950

Helen Pfister: But that a participant that's not able and ready can't use that as a justification for not exchanging information.

827

02:02:38.880 --> 02:02:44.340

Helen Pfister: it's both to engage in meaningful exchange and basically what that means is that if participant is not.

828

02:02:45.270 --> 02:02:56.250

Helen Pfister: ready enable it has for us best efforts to contract with another entity that provides that exchange services um what we didn't do here i'm realizing now is layer in the.

829

02:02:57.120 --> 02:03:11.400

Helen Pfister: Qualified H I O concept, which we will need to do um but this came out this also came out of the subcommittee process, obviously, and I welcome folks that are comments and and and thoughts on this on this language.

830

02:03:18.120 --> 02:03:32.220

Helen Pfister: The other thing i'll say is, if you go to the next slide the next play does specifically set forth the timing, the timing requirements under at 133 four different types of healthcare entities so that's consistent with the with the with the Statute.

831

02:03:41.550 --> 02:03:42.210

CalHHS CDII: yeah I.

832

02:03:43.500 --> 02:03:44.370

CalHHS CDII: heard about.

833

02:03:47.370 --> 02:03:48.750

It and.

834

02:03:49.860 --> 02:03:51.150

Helen Pfister: i'm having a hard time hearing.

835

02:03:55.980 --> 02:04:03.450

CalHHS CDII: Thinking through this if a health department participate they're required to respond for additional requests that they don't have infrastructure.

836

02:04:04.560 --> 02:04:16.470

CalHHS CDII: You know and there's a duty to try to be you know, to respond within a reasonable time like How does that even work what's the ramifications I don't disagree that that you know if you're participating in.

837

02:04:17.520 --> 02:04:20.010

A response request, but i'm just thinking through the logistics.

838

02:04:23.190 --> 02:04:31.410

CalHHS CDII: In case you didn't hear that I think that was because you didn't hear that football health departments are participating and there's a requirement to respond, but they don't have the.

839

02:04:31.800 --> 02:04:46.920

CalHHS CDII: capacity to do it how's it going how's that going to be we're seeing are they supportive are the best we can enforce I don't know that we have a good answer for that and it's not the mobile health departments it's going to be also help in some cases other social service.

840

02:04:48.120 --> 02:04:56.550

CalHHS CDII: position, so I think there's a cohort of potential signatories that are going to fall in this in this category.

841

02:04:58.440 --> 02:05:02.490

CalHHS CDII: want to participate that dominant structure capacity to do that and I.

842

02:05:03.540 --> 02:05:13.080

CalHHS CDII: don't know that we have a great solution for that, at this point and we're going to consider what we do with those types of organizations who want to participate have enough people to comply.

843

02:05:17.160 --> 02:05:18.720

CalHHS CDII: or not a very fulfilling answer.

844

02:05:19.770 --> 02:05:24.720

CalHHS CDII: that's kind of where we're at and to spend more time into their work.

845

02:05:25.980 --> 02:05:27.570

CalHHS CDII: arts is good this.

846

02:05:29.340 --> 02:05:32.760

CalHHS CDII: Is a I think of estate is big fish apple.

847

02:05:33.810 --> 02:05:37.710

CalHHS CDII: And the line without responding to requests.

848

02:05:38.730 --> 02:05:39.060

and

849

02:05:40.500 --> 02:05:41.430

Responses typical.

850

02:05:44.430 --> 02:05:45.270

CalHHS CDII: There this.

851

02:05:46.980 --> 02:05:48.810

is just a couple referral.

852

02:05:50.400 --> 02:05:51.210

CalHHS CDII: For requests.

853

02:05:56.100 --> 02:06:03.630

Helen Pfister: And I think that came up earlier in the DS itself, so I think we can we can change that language to make it clear that's not just responding to requests I think that's an excellent point.

854

02:06:10.950 --> 02:06:12.540

Helen Pfister: Anything else on policy fine.

855

02:06:13.890 --> 02:06:22.650

CalHHS CDII: yeah yeah yeahs from CCA by the I guess that's sort of the second bullet, as opposed to some bullets.

856

02:06:23.400 --> 02:06:37.950

CalHHS CDII: So participants may access the data but they're not required to disclose information so ready like best not extreme either, so I know get it, but some but I don't have to give anything that trips me for sure.

857

02:06:38.970 --> 02:06:49.950

Helen Pfister: Right, so this applies to entities that are not required under under under at 133 to start to exchange information as of January 31 2024.

858

02:06:50.400 --> 02:07:02.760

Helen Pfister: So the idea is that they don't have to share data, the ideas I mean, ideally, they would join, they would change by level changed information, but if they're not in a position to share at the very least, they should be able to access the data that's that's the concept here.

859

02:07:08.250 --> 02:07:15.570

CalHHS CDII: And I am the only one that you're you're you don't have to exchange your level of access that that's.

860

02:07:17.670 --> 02:07:27.000

CalHHS CDII: What I think what we're on a pelican point is that there are multiple parties, especially small solar plexus and others that are specifically called out that.

861

02:07:28.050 --> 02:07:30.840

CalHHS CDII: Ideally, would not be shut out of date exchanges.

862

02:07:31.980 --> 02:07:34.260

CalHHS CDII: requirements so in your share, so I think it's trying to.

863

02:07:35.370 --> 02:07:42.570

CalHHS CDII: specify that happiness that probably clickable possible I don't know if this is the record of arrangement, but.

864

02:07:44.010 --> 02:07:45.870

CalHHS CDII: For what we're trying to accommodate here.

865

02:07:51.870 --> 02:07:52.200

Okay.

866

02:07:53.220 --> 02:07:55.200

CalHHS CDII: Any other comments on thought.

867

02:07:57.030 --> 02:08:03.630

CalHHS CDII: It was common I need to buy you a big house that are definition on the ready.

868

02:08:04.710 --> 02:08:05.940

it's not a defined term.

869

02:08:08.370 --> 02:08:11.070

CalHHS CDII: I know there's some structure about presumptions Dr.

870

02:08:14.910 --> 02:08:15.270

Were.

871

02:08:16.860 --> 02:08:17.700

announced for.

872

02:08:18.750 --> 02:08:24.060

Helen Pfister: will get yeah we did see that comment mark, as you know, we weren't able to important.

873

02:08:24.690 --> 02:08:25.440

CalHHS CDII: yeah but.

874

02:08:25.470 --> 02:08:30.180

Helen Pfister: Yes, I did see that comment and didn't make them to this specific into this version but I I hear you.

875

02:08:34.200 --> 02:08:39.300

CalHHS CDII: Right let's be going got a couple more calls he's got about seven minutes we'll try to.

876

02:08:40.680 --> 02:08:41.940

CalHHS CDII: stick to our timeline.

877

02:08:45.240 --> 02:08:49.350

Helen Pfister: Okay next slide policy number six privacy and security safeguards.

878

02:08:50.820 --> 02:08:58.590

Helen Pfister: One point here is that if a participant is not a covered entity or business associate or a common component of a hybrid entity, in other words we're not subject to hipaa.

879

02:08:59.280 --> 02:09:05.820

Helen Pfister: By not covered by hipaa then as a contractual standard, they have to comply with the provisions of.

880

02:09:06.480 --> 02:09:12.360

Helen Pfister: The privacy rule with the privacy and security rule as if, in the same way as they would, if they were a business associate.

881

02:09:12.900 --> 02:09:19.980

Helen Pfister: And what this is or isn't intended intended to address is, for example, social service organizations which will be exchanging data under this agreement.

882

02:09:20.910 --> 02:09:30.270

Helen Pfister: And the idea is that they have to they have to comply with the same privacy and security obligations, as they would, if they were a business associate, even though they are not a business associate of covered entities that are sharing data.

883

02:09:32.760 --> 02:09:39.000

Helen Pfister: Second bullet just really talks about each participant maintaining a secure environment consistent with hipaa.

884

02:09:41.160 --> 02:09:52.380

Helen Pfister: We do anticipate that there may be specifications or policies and procedures down the line that set forth requirements for enterprise privacy and security if there are and participants would have to comply with those.

885

02:09:53.580 --> 02:09:55.860

Helen Pfister: And then sort of tied to Point number one.

886

02:09:57.120 --> 02:10:03.510

Helen Pfister: The fact that two participants exchange data under this framework does not mean that one is a business associate, of the other.

887

02:10:05.220 --> 02:10:06.420

Helen Pfister: i'm not sure I just.

888

02:10:07.650 --> 02:10:12.750

Helen Pfister: never felt super important to specify that to make sure there was no no computer no confusion.

889

02:10:13.980 --> 02:10:15.990

Helen Pfister: So any comments on on that.

890

02:10:30.690 --> 02:10:31.830

Helen Pfister: Hearing lunch we move on.

891

02:10:31.830 --> 02:10:32.430

CalHHS CDII: To last.

892

02:10:33.630 --> 02:10:34.170

Night was.

893

02:10:36.270 --> 02:10:38.310

Helen Pfister: Okay, it took.

894

02:10:38.430 --> 02:10:42.960

CalHHS CDII: A decade for Harvard and some flyers.

895

02:10:45.450 --> 02:10:53.220

CalHHS CDII: And this is proposing extending those every organization estate yesterday I just, I guess, I would just like really thick.

896

02:10:54.480 --> 02:10:55.290

And i'm not saying.

897

02:10:56.610 --> 02:10:59.910

CalHHS CDII: But are we really saying every little.

898

02:11:01.140 --> 02:11:01.800

CalHHS CDII: homeless shelter.

899

02:11:04.020 --> 02:11:06.870

CalHHS CDII: So I would just ask that you really think about what.

900

02:11:09.450 --> 02:11:09.840

CalHHS CDII: And what.

901

02:11:13.260 --> 02:11:16.770

Helen Pfister: yep point taken, I think, like my two responses to that is that.

902

02:11:17.340 --> 02:11:27.570

Helen Pfister: It did take a decade, I agree, but hopefully you've learned a bit and there's deck in that decade and also such social services organizations won't necessarily be participating right away, I mean no one has to participate until.

903

02:11:27.960 --> 02:11:34.770

Helen Pfister: January 2024 and it could be after that, so there is a ramp up period here it's about a decade, but there is a ramp up period.

904

02:11:36.180 --> 02:11:37.680

Helen Pfister: But I take I take your point Claudia.

905

02:11:38.370 --> 02:11:39.240

CalHHS CDII: I do wonder.

906

02:11:40.290 --> 02:11:40.830

CalHHS CDII: Though you're.

907

02:11:42.540 --> 02:11:49.560

CalHHS CDII: Talking about this that comment Claudia made about organizations who are not subject to it but they're not.

908

02:11:51.600 --> 02:12:09.060

CalHHS CDII: Being able to comply with privacy and security requirements defined in hipaa and whether or not you have any thoughts or advice on it too seriously I submitted this meeting about how supportive those organizations and.

909

02:12:11.430 --> 02:12:16.800

CalHHS CDII: me, we are some of the comments to that to the privacy and.

910

02:12:18.480 --> 02:12:18.900

phones.

911

02:12:24.450 --> 02:12:32.850

CalHHS CDII: Okay, thank you so for those on the phone bill your stated that they will be submitting comments about how they've supported organizations are not covered entities and compliance.

912

02:12:35.790 --> 02:12:36.000

Okay.

913

02:12:37.110 --> 02:12:47.280

CalHHS CDII: Right and I, I understand, this is also just piling is being implemented there's a great deal of engagement with Community support providers that are non traditional not covered entities.

914

02:12:47.670 --> 02:12:56.340

CalHHS CDII: And I understand that health plans and negotiating those agreements are doing this directly in those contracts and and having to deal with you know medical.

915

02:12:56.940 --> 02:13:08.520

CalHHS CDII: bills providers that are not covered entities, sharing information with them to ensure that their beneficiaries get access to those incredibly important services, so we do have some.

916

02:13:09.660 --> 02:13:16.470

CalHHS CDII: Developing some experience with this and we welcome again, so I had his comments about how we can address this policy.

917

02:13:17.880 --> 02:13:21.150

CalHHS CDII: I think this is a couple more more thing.

918

02:13:22.290 --> 02:13:23.610

CalHHS CDII: One more than one.

919

02:13:29.280 --> 02:13:36.720

Helen Pfister: So policy seven relate to individual access services and talks about an individual's right to access information.

920

02:13:37.950 --> 02:13:43.590

Helen Pfister: Access their own information, and I know what we'll call it we've gotten so far as but that's like a very limited.

921

02:13:44.610 --> 02:13:53.310

Helen Pfister: element of individual involvement in the dsa and the dx F and that individual should have more rights to to to to to.

922

02:13:54.660 --> 02:14:00.540

Helen Pfister: make changes to their data and just interact with your data, more so that is not addressed in this next slide please, by the way.

923

02:14:01.350 --> 02:14:08.850

Helen Pfister: That is not addressed in this policy at all, and that is something that we will have to do some thinking about so definitely appreciate appreciate that point.

924

02:14:09.420 --> 02:14:16.950

Helen Pfister: um other than that mindful effect that we've one minute left before public comment i'm not going to talk anymore and see if anything is anything that you'd like to say here.

925

02:14:29.670 --> 02:14:32.310

CalHHS CDII: She didn't open it up, I think, why don't we.

926

02:14:34.530 --> 02:14:37.530

CalHHS CDII: have questions or we can we can find some other comments.

927

02:14:38.910 --> 02:14:46.830

CalHHS CDII: To the bill access and services that's right should we do each day and the public comment.

928

02:14:49.500 --> 02:14:52.050

CalHHS CDII: Right let's go to the next slide please.

929

02:14:54.900 --> 02:14:58.110

CalHHS CDII: So i'm going to give them a break here and talk about this.

930

02:15:00.120 --> 02:15:07.230

CalHHS CDII: Fine i'm not gonna leave compliance team, there are few things that I want to point out it's taking her first of all slide here.

931

02:15:07.710 --> 02:15:19.320

CalHHS CDII: But across all these categories that will require data to see if it actually holds, and so I have that data they were there there's no requirement share it for healthcare providers.

932

02:15:19.890 --> 02:15:33.270

CalHHS CDII: When they're largely a white folks in at 133 However, it does elevate the requirement after October six to unc the IV to that has changed from the last graph that you may have seen.

933

02:15:34.320 --> 02:15:40.500

CalHHS CDII: To be intense there was to include sth data, which is the largest change in.

934

02:15:41.040 --> 02:15:53.610

CalHHS CDII: The two, I just want to recall the comments productive been earlier in today's session about raising the requirements above current federal standards but also refer people.

935

02:15:53.910 --> 02:16:07.320

CalHHS CDII: To some of the conversation from Dr Wade into Q amp a which reflects some conversation of vs a subcommittee on this topic as well, one of the areas where we would encourage comment.

936

02:16:09.840 --> 02:16:20.010

CalHHS CDII: In particular, County health to settings and public health agencies as as restriction only allowed by applicable law health plans has been.

937

02:16:20.700 --> 02:16:35.220

CalHHS CDII: expanded a little bit beyond the previous draft in elevating to us CIV tues the same invitation for comment there but also it is intended to reflect the language.

938

02:16:35.700 --> 02:16:48.150

CalHHS CDII: In the cms interoperability law which at 133 references, but also some of the restrictions on sharing of cost information that were found in cms says.

939

02:16:49.530 --> 02:16:58.350

CalHHS CDII: Reduced reducing provide a burden rule that was withdrawn in early 2021 so that those are efficiency last time.

940

02:17:00.210 --> 02:17:08.910

CalHHS CDII: let's move on out and just one quick note the final bullet there, there is some additional discussion that we really need to count on how to deal with.

941

02:17:09.960 --> 02:17:16.020

CalHHS CDII: data requirements for some organizations, such as social service organizations work skills.

942

02:17:17.160 --> 02:17:35.970

CalHHS CDII: let's move on to the next slide the what what is largely fear is again we always use the requirement to us CIV to and again would encourage comments on that, but also call out specific.

943

02:17:36.540 --> 02:17:48.750

CalHHS CDII: Standards for content that are reflected here, he will seven messaging CDA documents and fire with specific standards that do align largely with federal guidance right, you know.

944

02:17:49.110 --> 02:17:57.450

CalHHS CDII: What is missing from this policy and procedure altogether, which is on purpose isn't it does not call call out the standards.

945

02:17:57.840 --> 02:18:15.630

CalHHS CDII: on how this data is to be exchanged we anticipated additional policy procedure to call out the technical standards for exchange that we'd be working on over the next six months, and would be a companion to this and that is the reason also be considered as clooney.

946

02:18:17.850 --> 02:18:22.200

CalHHS CDII: funny I can't remember the term you use for event notification.

947

02:18:23.370 --> 02:18:42.330

CalHHS CDII: Other push technologies we consider putting them in here, but I believe that that required some additional discussion and five, as we discussed earlier today,

and like appears either as a separate policy procedure work in a change this one and in Pakistan.

948

02:18:44.250 --> 02:18:48.060

CalHHS CDII: Go i'll pause there and see if there any comments or questions.

949

02:18:51.390 --> 02:19:07.230

CalHHS CDII: i'm gonna offer them as comments about some variation of the plan plans and their cms that they maintain by the plan and specific and interpreted, when speaking for you, so please correct me if I miss be.

950

02:19:08.760 --> 02:19:21.240

CalHHS CDII: maintained by the planets interpreted as information that is curated and structure, I know, faxes, which should be our principal but generally that we may want to update language to unwind.

951

02:19:22.620 --> 02:19:31.110

CalHHS CDII: That one that we could say the support site information maintained by the entity and try to align that the.

952

02:19:35.880 --> 02:19:36.570

CalHHS CDII: Answers Thank you.

953

02:19:38.190 --> 02:19:47.370

CalHHS CDII: Mark maybe room, this will be covered by on Saturday, maybe this will be our fourth stage that we're at the last bullet.

954

02:19:48.390 --> 02:19:49.200

CalHHS CDII: point out.

955

02:19:50.520 --> 02:20:02.850

CalHHS CDII: are released or that you could use a lesser standard international recognize because it just says to show one of the following, and since me when you want to.

956

02:20:03.870 --> 02:20:04.740

keep us keep.

957

02:20:06.300 --> 02:20:09.720

CalHHS CDII: Our yeah if the borrower are not lower.

958

02:20:11.130 --> 02:20:24.720

CalHHS CDII: So the intent here is that you put out the fire three which you couldn't do each oh seven in tune is the giraffe language wise let's say that because yeah a lesser standard Okay, and so, because.

959

02:20:26.970 --> 02:20:43.200

CalHHS CDII: I do want to also call attention to claudia's comment here notice that this does not include separate administrative transactions export transactions and in fact needs to be included here, we should, we should note that, but that doesn't consider.

960

02:20:44.940 --> 02:20:45.270

CalHHS CDII: That.

961

02:20:46.500 --> 02:20:48.510

CalHHS CDII: So feel free to comment on that.

962

02:20:51.870 --> 02:20:52.350

CalHHS CDII: yeah.

963

02:20:54.600 --> 02:21:05.250

Cameron Kaiser: Thanks i'm trying to i'm trying to go through the individual documents to find this, but my only comment I think this was dressed obliquely, but I just want to make sure i'm hearing under correctly.

964

02:21:06.000 --> 02:21:13.290

Cameron Kaiser: Many health departments, especially those that don't have clinical services are not going to have all the data elements under US CDI be to.

965

02:21:14.370 --> 02:21:21.600

Cameron Kaiser: What is it okay just simply say we don't have that or is you know it's going to be something more formal to fire.

966

02:21:22.350 --> 02:21:28.560

CalHHS CDII: Oh, so what the policy procedure requires, and I think it's explicit in the language, but if it isn't will make sure that it is.

967

02:21:28.620 --> 02:21:32.460

Cameron Kaiser: Which which which document is which documentary you specifically referring to I don't.

968

02:21:32.460 --> 02:21:41.550

CalHHS CDII: get a yeah in data, I want to be game and then he was he was exchange only the data elements APP.

969

02:21:42.810 --> 02:21:45.630

CalHHS CDII: So that's missing there, the only thing.

970

02:21:46.980 --> 02:21:49.800

Cameron Kaiser: Which which bullet point is that not document i've got enough.

971

02:21:55.470 --> 02:21:59.730

CalHHS CDII: i'm pulling it up right, I think I think if we can pull that off line and.

972

02:22:01.380 --> 02:22:09.000

CalHHS CDII: d amp D, the intent is and if it's not there, we should we can elaborate, but I think it is there is that it's data that is man.

973

02:22:09.930 --> 02:22:11.310

Cameron Kaiser: i'll confirm, thank you.

974

02:22:11.700 --> 02:22:13.380

CalHHS CDII: yeah they don't have it, then they can be.

975

02:22:15.150 --> 02:22:16.980

CalHHS CDII: mentioned that okay.

976

02:22:18.000 --> 02:22:21.060

CalHHS CDII: I think we're about to move to the public comments.

977

02:22:22.410 --> 02:22:25.710

CalHHS CDII: Any last thoughts before we do Okay, thank you Joanna.

978

02:22:26.730 --> 02:22:28.950

CalHHS CDII: Please note that individuals have the public audience.

979

02:22:30.060 --> 02:22:37.260

CalHHS CDII: And started in the q&a or otherwise physically raise your hand if not on site, though you soon we can use the raise hand feature, and soon.

980

02:22:38.580 --> 02:22:53.100

CalHHS CDII: It will be recognized and then Emma will go ahead and take you off mute see your comments, please keep your comments break respectful and in your state your name and organization, so will now open for public company.

981

02:22:57.270 --> 02:23:09.270

CalHHS CDII: We have a comment in the room, can we, since you may not be able to see them if we can we have the individual to finance themselves and composer does it look like can see it.

982

02:23:10.860 --> 02:23:11.700

CalHHS CDII: Right right.

983

02:23:13.950 --> 02:23:27.270

CalHHS CDII: yeah i'm katie my IMAC get older adults and people with disabilities and basically i'm good advocate to really flesh out yes do ah exchanging letters I think a lot of things are discussing.

984

02:23:27.780 --> 02:23:40.680

CalHHS CDII: Today, can be addressed skills and also looking at that from authorization to the several states, as well as a way to look at that I know Sarah what's up through the data exchange.

985

02:23:41.700 --> 02:24:00.720

CalHHS CDII: scenarios, I think one of the scenarios that should be added to this is especially for older adults is rather than against our mascot for those are

institutionalized purpose institutionalization was or some what they want to get incorporating services are awakening.

986

02:24:03.300 --> 02:24:04.530

CalHHS CDII: On doing.

987

02:24:05.850 --> 02:24:07.860

CalHHS CDII: All sorts of apartment in long term care.

988

02:24:11.130 --> 02:24:11.640

Thank you.

989

02:24:13.200 --> 02:24:14.160

CalHHS CDII: Thank you very common.

990

02:24:16.380 --> 02:24:20.250

CalHHS CDII: I don't see any other comments in the room, so we can go to the.

991

02:24:22.170 --> 02:24:27.030

Emma Petievich: Great first up, we have Lucy John's Lucy you should be able to unmute now.

992

02:24:29.520 --> 02:24:30.840

Lucy Johns: Thank you, can you hear me.

993

02:24:31.860 --> 02:24:32.370

CalHHS CDII: yeah.

994

02:24:32.700 --> 02:24:44.490

Lucy Johns: Great, thank you for all this incredible work, my comment relates to something that was addressed way back at the beginning of the meeting so forgive me if.

995

02:24:45.330 --> 02:25:08.790

Lucy Johns: Everybody listening can't possibly remember what i'm talking about, I would like to propose that there's going to be enormous interest in by the public by the legislature by other States by the media in how this law is going to influence.

996

02:25:10.200 --> 02:25:14.790

Lucy Johns: Exchange in California there, so I think.

997

02:25:16.080 --> 02:25:30.360

Lucy Johns: There needs to be accountability on the part of participants to be reporting, as required by the governance entity so i'm thinking about section 11.

998

02:25:31.050 --> 02:25:48.090

Lucy Johns: way back in the dsa concerning cooperation and section 13 about monitoring is it understood in those drafts that the governance entity can require reporting.

999

02:25:48.750 --> 02:26:04.470

Lucy Johns: can specify what needs to be reported and potentially have enforcement authority, if what it wants, reported isn't and I would say that reporting should be at least semi annual.

1000

02:26:04.950 --> 02:26:14.880

Lucy Johns: If I were in the legislature, I want to know about this frequently, and I would expect some of my constituents who pay attention to these things.

1001

02:26:15.210 --> 02:26:27.360

Lucy Johns: to want to know about this at least semi annually So could you please clarify about reporting by participants to the governance entity as it may, specify.

1002

02:26:29.700 --> 02:26:30.630

CalHHS CDII: Thank you very much for.

1003

02:26:32.910 --> 02:26:33.180

That.

1004

02:26:37.320 --> 02:26:42.570

Emma Petievich: Great next step, I will call on the Laura screen Dolores you should be able to unmute now.

1005

02:26:45.480 --> 02:26:56.970

Dolores Green: Good afternoon, thank you, this to Laura screen i'm the Executive Director of riverside county Medical Association, which represents over 1900 physicians in riverside county.

1006

02:26:57.570 --> 02:27:02.370

Dolores Green: And we are committed to the success of the data exchange framework and cal aim.

1007

02:27:03.000 --> 02:27:13.290

Dolores Green: Are cma was very glad to see the administration support funding to assist small and safety net practices and meeting the requirements to connect to an hie.

1008

02:27:13.950 --> 02:27:20.700

Dolores Green: We feel this is a very important step to ensure robust data sharing exchange among all providers in California.

1009

02:27:21.540 --> 02:27:28.320

Dolores Green: Also, the dsa rightly recognizes H ios as the backbone for sharing data in California.

1010

02:27:29.010 --> 02:27:40.140

Dolores Green: However, the may revised proposal did not find the actual infrastructure to transform data into timely usable information through California, he knows.

1011

02:27:41.130 --> 02:27:47.040

Dolores Green: Our cma has been working for over 15 years and assisting physicians in utilizing their ehr.

1012

02:27:47.490 --> 02:27:56.790

Dolores Green: For population health in order to be successful, it is not all, it is necessary to not only share data to treat patients at the point of care.

1013

02:27:57.060 --> 02:28:10.800

Dolores Green: But to also know what care their patients received outside of their four walls or to even know when their patients are being charged discharged from the hospital to ensure appropriate follow up care and prevent readmissions.

1014

02:28:11.670 --> 02:28:19.230

Dolores Green: Our cma has been involved in the formation and supportive and H I O, in order to share data across our region and throughout California.

1015

02:28:20.340 --> 02:28:34.710

Dolores Green: We all know these are very expensive endeavors and with the hundreds of the hrs currently be being used in California is imperative that we have robust he knows to deliver these data sharing services.

1016

02:28:35.460 --> 02:28:43.680

Dolores Green: We strongly support that the equity investment request also be funded in the budget which, which would also set the data exchange framework.

1017

02:28:44.070 --> 02:29:03.330

Dolores Green: For success California needs to make a real investment in H I O infrastructure and we strongly support the data sharing equity equity coalition 95 million budget request for this purpose, which is also eligible for substantial federal match Thank you.

1018

02:29:05.070 --> 02:29:05.730

CalHHS CDII: you're.

1019

02:29:09.240 --> 02:29:12.840

Emma Petievich: Next up is john healthy telling you should be able to unmute.

1020

02:29:14.250 --> 02:29:20.730

John Helvey: I think you this is john healthy from SAC valley MED share also speaking as a stakeholder data sharing equity coalition.

1021

02:29:22.320 --> 02:29:33.240

John Helvey: We assess accurately measure and the equity coalition are very supportive of the data exchange framework colleen and all the other priorities and health and wellness Raul California.

1022

02:29:34.140 --> 02:29:54.030

John Helvey: i'm a revised proposal does not fun are most critical needs for these priorities it's turned into the Wild West as its sdo he has come forward and many or many regions are doing things that we have learned over the years, not to do everybody's trying to recreate the wheel.

1023

02:29:56.220 --> 02:30:01.050

John Helvey: Supporting the ask the requested \$95 million budget ass.

1024

02:30:02.100 --> 02:30:06.300

John Helvey: will help us the HR owes support accounting initiatives.

1025

02:30:08.760 --> 02:30:23.880

John Helvey: We are very proud to have the leadership of Jim would Chair of the Assembly health committee as our sponsor for this request and we're asking this administration to also support the request to support a Chios in providing quality data.

1026

02:30:25.020 --> 02:30:26.340

John Helvey: For healthcare, thank you.

1027

02:30:28.890 --> 02:30:29.580

CalHHS CDII: Thank you very much.

1028

02:30:31.440 --> 02:30:35.850

Emma Petievich: Next up, we have tiffany Matthews tiffany you should be able to unmute.

1029

02:30:37.980 --> 02:30:49.590

Tiffany Mathews: hey this is tiffany Matthews i'm calling on behalf of the inland empire health plan and i'm also calling on behalf of the data sharing equity coalition that my previous colleague spoke of.

1030

02:30:50.160 --> 02:30:58.980

Tiffany Mathews: As a State expands its focus on quality and equity through a population health management strategy, we need to fund the infrastructure to accomplish this.

1031

02:30:59.430 --> 02:31:07.380

Tiffany Mathews: Through hie connectivity health plans like inland empire health plan and practitioners have a critical tool that provides timely.

1032

02:31:07.710 --> 02:31:18.510

Tiffany Mathews: actionable clinical data to improve treatment options, including safe discharge is timely follow up and preventing avoidable reduce readmissions.

1033

02:31:18.930 --> 02:31:30.570

Tiffany Mathews: Well, also identifying clinical care gaps and improving preventive care outreach and treatment for individual medicare beneficiaries addressing local population health management needs.

1034

02:31:31.230 --> 02:31:46.020

Tiffany Mathews: we're glad to see that the administration is taking steps to address resources for data exchange, but there was no a mountain that may revise to support the actual infrastructure so in February, our coalition requested this \$95 million budget us for the purpose.

1035

02:31:47.190 --> 02:31:59.610

Tiffany Mathews: To meet these goals, and it would also take down some matching federal funds, so we appreciate the conversation that we've had so far and we would like to continue those as we move forward, thank you.

1036

02:32:03.210 --> 02:32:03.840

CalHHS CDII: very much.

1037

02:32:04.890 --> 02:32:08.820

Emma Petievich: And next up, we have bill Barcelona phil you should be able to unmute.

1038

02:32:13.230 --> 02:32:23.220

Bill Barcellona: Thank you, this is bill Barcelona with america's physician groups, I want to agree with the statements from my colleagues in the equity coalition about.

1039

02:32:23.700 --> 02:32:34.890

Bill Barcellona: The necessity of getting this funding to build the infrastructure, so that we can comply, you know as you see the p and P today that have come out and subcommittee and that have been discussed by this body.

1040

02:32:36.810 --> 02:32:43.260

Bill Barcellona: are large physician groups who might represent will have to be ready to fully comply with the infrastructure requirements.

1041

02:32:43.680 --> 02:32:59.100

Bill Barcellona: You know, a couple of years, we need this infrastructure funding for a Chios in order to to meet that requirement, and so we would urge the administration to consider this very carefully as we move through the final budget process, thank you.

1042

02:33:00.120 --> 02:33:00.630

CalHHS CDII: Thank you.

1043

02:33:03.990 --> 02:33:05.940

Emma Petievich: There are no additional hands highest.

1044

02:33:07.860 --> 02:33:13.770

CalHHS CDII: Okay, thank you very much and public comment jonna cover that the the transcript documents.

1045

02:33:15.240 --> 02:33:16.950

CalHHS CDII: You can invest the next slide.

1046

02:33:18.180 --> 02:33:25.950

CalHHS CDII: In addition to the nation three minutes policies procedures that we reviewed, he also published for public comment, a series of documents.

1047

02:33:26.970 --> 02:33:37.530

CalHHS CDII: which we have developed through this process with the advisory group of an updated with a number of comments that have been.

1048

02:33:38.790 --> 02:33:46.980

CalHHS CDII: provided by you and others, I just want to numerate what they are and provide an opportunity for those to comment on these materials.

1049

02:33:47.370 --> 02:33:54.480

CalHHS CDII: They also represent components of the framework, the agreement and policies and procedures being sort of primary to the framework.

1050

02:33:54.900 --> 02:34:10.710

CalHHS CDII: But they provide important context for what we're doing in our in our process and our vision and approach basically the development process this process that you've all been engaged in from inception of the agreement of the day, sharing.

1051

02:34:12.090 --> 02:34:12.690

CalHHS CDII: advisory group.

1052

02:34:13.920 --> 02:34:22.500

CalHHS CDII: describe the principles that we spend a couple of days working through and a number of different incorporating number different comments through.

1053

02:34:23.400 --> 02:34:36.720

CalHHS CDII: It includes an extensive data exchange landscape with information that has been provided by a number of sources, including new primary research conducted by new CSM.

1054

02:34:37.140 --> 02:34:53.970

CalHHS CDII: With the support of PCs and the California healthcare foundation and includes information provided by purchase items such as Stephen lane on the national networks are supporting data its thing and expand facilitating exchange in California, with a number of entities.

1055

02:34:55.380 --> 02:35:06.720

CalHHS CDII: We included a stage scenarios, we still may not have the population health plus scenario then right if you don't, we would like to make sure that we get comments to prove it and.

1056

02:35:07.980 --> 02:35:11.340

CalHHS CDII: appreciate comments way back when that environment and.

1057

02:35:13.170 --> 02:35:18.840

CalHHS CDII: I need to really update that scenario, so we appreciate any improvements that you might see on those you can think.

1058

02:35:19.980 --> 02:35:21.360

CalHHS CDII: It includes data exchange.

1059

02:35:22.440 --> 02:35:25.170

CalHHS CDII: The exchange framework governance in photos.

1060

02:35:26.400 --> 02:35:33.870

CalHHS CDII: by the administration and through this process as we discuss establishing a board through policy.

1061

02:35:34.740 --> 02:35:42.120

CalHHS CDII: Through that and public process with the plastic with that subcommittees they would inform future policies or procedures.

1062

02:35:42.810 --> 02:35:55.770

CalHHS CDII: And then defines that we thought the gaps and opportunities that are required a very good 123 to define and we spent a couple of a budget for doing those and developing a series of recommendations.

1063

02:35:56.820 --> 02:36:06.030

CalHHS CDII: So we really appreciate I know there's a lot of content here public comments on through June one and any comments that this group does.

1064

02:36:06.450 --> 02:36:16.230

CalHHS CDII: On these materials, either here if there any comments and welcome them discussion, but false misleading as well, they will all be published as noted.

1065

02:36:17.160 --> 02:36:29.850

CalHHS CDII: and public comments that we will receive region, one and the template the excel spreadsheet template allows for comments to the structure and use it, but it definitely will help us make sure that we capture.

1066

02:36:33.570 --> 02:36:36.600

CalHHS CDII: Any comments from those on the.

1067

02:36:43.140 --> 02:36:43.620

CalHHS CDII: Hello.

1068

02:36:45.360 --> 02:36:46.800

Dr. Sandra Hernández: Thank you, Jeremy can you hear me okay.

1069

02:36:47.490 --> 02:36:58.050

Dr. Sandra Hernández: yeah I really want to thank everybody for all the great work on these documents there's a lot of important information here and we're certainly happy to continue to contribute to those.

1070

02:36:58.560 --> 02:37:08.850

Dr. Sandra Hernández: I just wanted to name on the governance model documents, the description of the function of this policy board.

1071

02:37:09.630 --> 02:37:18.450

Dr. Sandra Hernández: As we talked about earlier and really just encourage the State to move forward on establishing that policy board and Statute as soon as possible.

1072

02:37:19.380 --> 02:37:30.780

Dr. Sandra Hernández: I think everybody recognizes how important it will be to have a venue by which policy can be deliberated with consumer input stakeholder input and the like.

1073

02:37:31.260 --> 02:37:43.260

Dr. Sandra Hernández: And so my suggestion was if any way to get that into statute before the end of the year so as we start the next year and, in particular as Kelly methods get underway.

1074

02:37:44.130 --> 02:38:03.270

Dr. Sandra Hernández: we're in the best position, we can possibly be to have discourse debate bring data and evidence and input into the policy conversations on a go forward basis, so thank you for all the work on that, and again I hope we can move that into statute as quickly as possible.

1075

02:38:09.000 --> 02:38:19.980

CalHHS CDII: I really want to thank you as well, for your advancement of the concepts around governance and the support the Foundation is provided to assess governance models and other states.

1076

02:38:20.550 --> 02:38:33.510

CalHHS CDII: I mean it's really been a major contributor to the administration's thinking and establishing a board, and I will take those comments about as quickly as possible, establishing to statute that the board.

1077

02:38:36.810 --> 02:38:42.750

CalHHS CDII: Here and very similar sort of comments and I particularly want to appreciate the government's.

1078

02:38:43.980 --> 02:38:51.300

CalHHS CDII: functions that were laid out, I find it very reflective of our conversation here, and I think it's really helpful to have that all in one place, so thank you for putting that together.

1079

02:38:51.540 --> 02:38:56.880

CalHHS CDII: But I did want to echo the same comment around timing, I am concerned about not feminine governance board.

1080

02:38:57.210 --> 02:39:03.360

CalHHS CDII: For the launch which seems like a particularly for the time to have a governance board, and I understand the logistics.

1081

02:39:03.720 --> 02:39:19.230

CalHHS CDII: Inside enough, there could be some kind of consideration to the interim government or startup government quarter, you know something that meets that need of having that appropriate accountability for getting things in place but it's also recognizes the logistical challenges.

1082

02:39:27.570 --> 02:39:29.430

CalHHS CDII: Okay, we are moving on.

1083

02:39:33.540 --> 02:39:42.390

CalHHS CDII: Sure, thank you let's go on to the next slide we spent a great deal of time at our last meeting talking about step three for digital identities.

1084

02:39:43.410 --> 02:39:44.370

CalHHS CDII: I'm not going to.

1085

02:39:46.050 --> 02:39:49.710

CalHHS CDII: go through a lot of that material again, but I want to summarize some of the.

1086

02:39:52.320 --> 02:40:09.120

CalHHS CDII: As part of that first of all, the most of the comments were in general support of the attributes that the fly the leading into identity to quitting local identifier, those are the briefing on change in the draft documentation.

1087

02:40:10.350 --> 02:40:11.340

CalHHS CDII: There were.

1088

02:40:12.630 --> 02:40:32.730

CalHHS CDII: some suggestions actually exchange ED statewide identifiers, for example, driver's licenses That was something we discussed in quite a bit of detail in the focus groups, at least for now are proposing that be deferred until token ization or some other protection can be reported.

1089

02:40:33.780 --> 02:40:43.440

CalHHS CDII: There was some suggestion to not limit attributes or retain all potential attributes those limitations are being.

1090

02:40:44.190 --> 02:40:58.890

CalHHS CDII: retained for now at least because of a great deal of discussion on consumer privacy around big data and then, finally, there was suggested to consumer she had control over elements.

1091

02:40:59.730 --> 02:41:13.800

CalHHS CDII: Within the digital identities on this was something to be discussed some of the folks who needs as well, but we'll add in that that is something to be explored, along with a statewide index for how that can be.

1092

02:41:15.630 --> 02:41:24.030

CalHHS CDII: managed is that important point on purposes, for us, there were a number of comments about the exclusion of public.

1093

02:41:24.330 --> 02:41:34.800

CalHHS CDII: Research population health research from the use of digital identities and want to clarify the intent there, but this is an area that we're still seek additional comments on.

1094

02:41:35.370 --> 02:41:46.560

CalHHS CDII: The intent was digital identities, will not be used to stratify populations, but it does not exclude the use of digital identities.

1095

02:41:46.860 --> 02:41:59.760

CalHHS CDII: In retrieving identifying data for the purpose of population health research, it is it those stratified populations must be based on the information that's President already within the organization.

1096

02:42:00.090 --> 02:42:18.510

CalHHS CDII: If that is not appropriate, we welcome comment on that and that will have potentially implications from the dsa as well, because for branding purposes appeared there and then, finally, there was one comment suggesting that statewide index isn't very little value because of.

1097

02:42:19.740 --> 02:42:34.950

CalHHS CDII: The fact that healthcare is all delivered only within the state of California, at least for now, the routine of the recommendation explore statewide index or in state matching personas discussion.

1098

02:42:36.480 --> 02:42:46.170

CalHHS CDII: let's move on to the next slide and really the next steps here are the draft strategy for digital identity will be released for public comment next week and we would encourage.

1099

02:42:47.100 --> 02:43:00.840

CalHHS CDII: You all to take that as an additional opportunity to comment on the strategy for digital identities, in particular city input on the attributes for digital identities, if you have additional thoughts there.

1100

02:43:01.500 --> 02:43:14.010

CalHHS CDII: The use of digital identities for population health research and knowing language that was in the dsa that we discussed today other purposes for use that may read not.

1101

02:43:14.820 --> 02:43:24.660

CalHHS CDII: should or should not be restricted on the use of digital identities and utilities take like index obviously you can comment on whatever you like there, but those are some areas.

1102

02:43:29.550 --> 02:43:32.490

CalHHS CDII: Are there any comments or questions on that.

1103

02:43:38.610 --> 02:43:43.230

CalHHS CDII: I think quality any question about the process of the restrictions on any.

1104

02:43:44.880 --> 02:43:50.070

CalHHS CDII: Chairman, I think, to the extent that there may be a future procurement, if that is forthcoming.

1105

02:43:50.970 --> 02:44:03.780

CalHHS CDII: There any parties involved in sort of the grace of God to just be clear that there is emphasized, I don't think this is an issue here we're not talking about the tournament is a public forum there's an epidemic right now.

1106

02:44:04.830 --> 02:44:06.870

CalHHS CDII: So it's a second on the product.

1107

02:44:07.980 --> 02:44:08.880

CalHHS CDII: is in the public.

1108

02:44:13.800 --> 02:44:16.830

CalHHS CDII: Okay, unless there are any comments.

1109

02:44:19.110 --> 02:44:23.010

CalHHS CDII: And parking lot issues and turn over to mark for discussion on governments and budget.

1110

02:44:24.510 --> 02:44:37.890

CalHHS CDII: One there's a there's a comment that I think is really there some consideration, I think he has another Subcommittee on reproductive health that's the potentially overturn roe V Wade concerns about sharing of information.

1111

02:44:39.060 --> 02:44:47.490

CalHHS CDII: I know this is meditation very interested in extending access to reproductive health services, some concerns about how that information may be sharing this location for people.

1112

02:44:48.540 --> 02:44:55.920

CalHHS CDII: it's something we'll need to consider this is obviously up to the minute kind of celebrations for just something to.

1113

02:44:56.640 --> 02:45:05.490

CalHHS CDII: keep on our radar and really think through to protect the rights of the second is a comment that Stephen lane made about notification triggers.

1114

02:45:05.850 --> 02:45:18.750

CalHHS CDII: And we do we understand funding mentioned earlier, we really need to think about sort of the federal policies and then how we might be able to scope for stole this.

1115

02:45:19.680 --> 02:45:31.320

CalHHS CDII: Specifically around pre existing relationships around the patient, including with their with their health plans to ensure that those who are involved in the treatment of patient care for patients are notified but.

1116

02:45:33.150 --> 02:45:41.100

CalHHS CDII: How we can resolve that then the third thing last year, and you mentioned this glory, also on the phone from patient access.

1117

02:45:42.780 --> 02:45:48.810

CalHHS CDII: To consider I would suggest you do having an explicit policy procedure on patient access, which is not yet.

1118

02:45:49.320 --> 02:45:55.950

CalHHS CDII: Formally, on the docket it was on that page, I would like to advance that as a policy procedure that we put on.

1119

02:45:56.640 --> 02:46:12.480

CalHHS CDII: Our docket to consider and then to have much more explicit deliberation about what that might look like other than that, so that those are just organizations, I had from various comments i'm going to turn over to mark up for discussion of women's budget.

1120

02:46:15.570 --> 02:46:25.290

CalHHS CDII: We did want to spend a little bit of time just kind of highlighting what the government or movies, are made on Friday.

1121

02:46:25.860 --> 02:46:56.550

CalHHS CDII: And I think that there are two components in this particular five here that are designed to further help us implement the data framework built on the other system One of those is is a \$50 million grant programs will be at CBI at cal hhs design really to help small research providers.

1122

02:46:58.110 --> 02:47:01.260

CalHHS CDII: come into compliance with the data framework.

1123

02:47:04.560 --> 02:47:11.280

CalHHS CDII: This was both of these items I will step back for a minute and just say that they were designed.

1124

02:47:11.910 --> 02:47:20.100

CalHHS CDII: In response to the feedback that we received from a lot of different folks around the need for additional resources when I will also say that.

1125

02:47:21.030 --> 02:47:41.640

CalHHS CDII: This is just a proposal, the proposal that has to be approved by the legislature and we look forward to engaging with you and others that shaping kind of

the nuances of what's this all about quite many of you will have it just Lillian technical questions around.

1126

02:47:42.660 --> 02:47:51.150

CalHHS CDII: Well, this person apply and this person applying this will this money be used for this or that and, to be honest with you, we don't have all the answers.

1127

02:47:52.560 --> 02:48:01.920

CalHHS CDII: And I think we we recognize the to recognize that we're here and we're committed to working with folks to figure out what this will.

1128

02:48:02.940 --> 02:48:13.530

CalHHS CDII: look like we also are engaging with our legislative colleagues to to make sure that the parameters of what we are trying to propose a live with their priorities as well.

1129

02:48:13.890 --> 02:48:28.530

CalHHS CDII: As this is, they are political rhetoric government to have to have the same terms of breakfast breakfast so and we wanted to say, first and foremost, thank you to all of you for flagging some of these resource gaps for us and.

1130

02:48:29.490 --> 02:48:38.460

CalHHS CDII: Also, to say that there's a lot more work to be done to complete a meat on the bones related to these proposals, so what I would urge you to do.

1131

02:48:39.330 --> 02:48:46.860

CalHHS CDII: Is if you have ideas around how we should think about the Michelle.

1132

02:48:47.400 --> 02:48:57.060

CalHHS CDII: had some ideas already but and I took note of those, but if you have ideas of ways in which we should be thinking about these please do share them with us.

1133

02:48:57.690 --> 02:49:09.840

CalHHS CDII: share them with myself and john and please do include our via just colleagues and that's because we're working we've created a collaborative within the Agency to work on the implementation of some of these pieces so.

1134

02:49:10.230 --> 02:49:17.580

CalHHS CDII: I, this is a call to all of you to provide some input around ultimately what this this looks like.

1135

02:49:18.120 --> 02:49:28.500

CalHHS CDII: And so the there's the one component, which is the \$50 million grant at CPI the second component is a few hundred million dollar.

1136

02:49:29.220 --> 02:49:40.710

CalHHS CDII: grant program that the backs off of the practice transformation grant programs that we have proposed with the January 10 project we're adding some more money in that space.

1137

02:49:41.910 --> 02:49:54.660

CalHHS CDII: or children's issues and adding another bucket of money off for trance practice transformation to add to what the governor's budget already added plus we're adding this \$200 million.

1138

02:49:55.020 --> 02:50:03.660

CalHHS CDII: And the \$200 million is made up of 100 million dollars general plan and 100 million dollar fft that will drive down the federal government.

1139

02:50:04.290 --> 02:50:17.400

CalHHS CDII: pulling together the 200 idea here really is has to be some or small practices and small providers in building up their clinical infrastructure.

1140

02:50:18.090 --> 02:50:22.920

CalHHS CDII: In order for us to be able to not only this is not only focused on.

1141

02:50:23.250 --> 02:50:34.170

CalHHS CDII: The access but really it's also designed to help some of these small providers begin to look at value based payment models etc so it's really intended to be there.

1142

02:50:34.380 --> 02:50:43.050

CalHHS CDII: There is an equity component in this particular piece as well, because we do want to harness our energy and our resources here.

1143

02:50:43.260 --> 02:51:02.550

CalHHS CDII: In provider practices of predominantly Sir individuals that are unhealthy places to invest courthouse wanting to and those of you who are familiar with all the places index, that is a score score that we have been using with regards to the team, it is kind of the.

1144

02:51:05.190 --> 02:51:17.100

CalHHS CDII: bread and butter of our equity measure that we used in response to our program work, but the secretary very much is keen on trying to make sure that these resources are really focused.

1145

02:51:18.420 --> 02:51:32.520

CalHHS CDII: In communities and among populations that are really underserved and so anchoring this this ramp program, in particular in the API one 8pm to four hours is going to be very important.

1146

02:51:33.300 --> 02:51:47.790

CalHHS CDII: And what I will just say again, is that this is just a proposal, it still has to go through the legislative process for approval and we urge you to also engage with the legislative staff around.

1147

02:51:48.690 --> 02:51:59.790

CalHHS CDII: This particular proposal because it still needs to get across the finish line and the other component here is that we welcome your feedback and if it's just very.

1148

02:52:00.450 --> 02:52:09.360

CalHHS CDII: High Level feedback with details for coming, that is fine, too, we are obviously moving very quickly in our negotiations with the legislature.

1149

02:52:10.620 --> 02:52:25.800

CalHHS CDII: just released that we have proper budget signed by June 15, but we will welcome tiger things feedback that you have in terms of what that looks like so i'll pause there and take a few questions or no turnovers.

1150

02:52:28.260 --> 02:52:29.910

CalHHS CDII: like David staffers.

1151

02:52:31.980 --> 02:52:41.580

CalHHS CDII: It great Thank you I do for the California Medical Association conference on this, maybe I have enough in both both on the most forward about the importance of planning.

1152

02:52:42.930 --> 02:52:56.370

CalHHS CDII: And so, with that as background, I feel it necessary to take a moment to say thank you, this is really an historic investment in what we're starting to refer to as the hidden safety that went to the opposition practices and under resourced areas.

1153

02:52:57.480 --> 02:53:13.140

CalHHS CDII: Who, you know, want to be part of the larger health perspective it really can, and I think when we combine this funding, with the separate funding that was approved last year around broadband we actually do have an opportunity to break that conversation and out of the front.

1154

02:53:14.610 --> 02:53:24.960

CalHHS CDII: You know the sadness, I was very vocal about this, and so I do want to express my appreciation, thank you for the work you did on this part of it goes, all the way back to the conversation we had last year.

1155

02:53:25.980 --> 02:53:27.990

CalHHS CDII: You know, we look forward to working to get depressed.

1156

02:53:29.940 --> 02:53:30.090

or.

1157

02:53:32.310 --> 02:53:44.190

CalHHS CDII: Something yeah I kind of looked at a few buckets for level different that would be necessary, I think the first is mapping out the formation of synergy with others initiatives like the future of public health, it investments.

1158

02:53:45.090 --> 02:53:54.090

CalHHS CDII: break you still have things that are being facts, so you have to update our systems and we're able to be a player in this, I think the second thing is the.

1159

02:53:54.480 --> 02:54:02.250

CalHHS CDII: pathway to the readiness of what i'll call it right, once we figure out what those needs are then we also have to figure out how do we get there because.

1160

02:54:02.670 --> 02:54:11.640

CalHHS CDII: Nobody I wish I could say something like one system right, but like it's a bunch of different programs that all have their own structures and so very, very good answer.

1161

02:54:12.120 --> 02:54:18.990

CalHHS CDII: Okay, so thinking about how can we create this product readiness practice, you know surveys and assessments in.

1162

02:54:19.650 --> 02:54:22.170

CalHHS CDII: Some technical assistance to help us get ready for this.

1163

02:54:22.560 --> 02:54:32.220

CalHHS CDII: And then the actual investments in IT infrastructure it's built in a way that does all of the different statewide initiatives, but it like builds it together in a way that makes it helpful for us.

1164

02:54:32.610 --> 02:54:42.120

CalHHS CDII: And then the last piece would be ongoing technical assistance and implementation assistance, this is new and different for health departments, probably for many of us, but I will speak for health department.

1165

02:54:42.630 --> 02:54:51.390

CalHHS CDII: So there's going to be element of training, retraining and best practice sharing that needs to happen, and I should also mention that this is not a typo.

1166

02:54:53.790 --> 02:54:55.980

CalHHS CDII: This actually be more frequently needed.

1167

02:55:00.600 --> 02:55:07.140

CalHHS CDII: ya know, and I appreciate your comments, I think one of the things that I have been having some conversations with.

1168

02:55:08.550 --> 02:55:21.960

CalHHS CDII: finale about is that hundred million dollar going to the State literally looking at ways in which to leverage that to build some economies of scale related to what we can do for the local jurisdictions.

1169

02:55:22.350 --> 02:55:36.150

CalHHS CDII: Related to either the purchase of technology components or and or adding some training capability, so that local health departments are not having to do the training on their own, rather than we scale, the training at a higher level and make that.

1170

02:55:37.080 --> 02:55:46.710

CalHHS CDII: An iterative process of testing that's available constantly and then really thinking about how do we went similar to what we did during the pandemic related to the.

1171

02:55:47.190 --> 02:55:58.080

CalHHS CDII: prison system and others where are there opportunities, where we have the ability to scale sustainable and then, if books 1000 schools have a long history, we can add those.

1172

02:55:58.800 --> 02:56:04.380

CalHHS CDII: Deeper foods are really thinking about how do we leverage \$7 million investment that we have.

1173

02:56:04.950 --> 02:56:15.990

CalHHS CDII: coming into the state to be able to do that at the aggregate to the locals are not like really using all their 200 millions to really focus on that i'm using it on.

1174

02:56:16.320 --> 02:56:23.280

CalHHS CDII: The bread and butter work of what the local public health departments are doing related to service delivery at the local level.

1175

02:56:25.980 --> 02:56:39.660

CalHHS CDII: We know what this alone for a lovable and you're going to get different Cisco and well, we could have a comprehensive strategy still have some variety, at least, there could be like guidelines for here's what we all want, you know the systems to do with.

1176

02:56:41.280 --> 02:56:52.320

CalHHS CDII: The data, but you know there's like the common practices that we need, and then we'll we'll kind of fit into that guy, but I do worry that absolutely us sitting down specifically for public.

1177

02:56:53.970 --> 02:56:57.450

CalHHS CDII: We will get to the point sooner than later, where everybody's going at it.

1178

02:56:59.700 --> 02:57:02.880

CalHHS CDII: For last question with the work, study about five minutes over.

1179

02:57:05.340 --> 02:57:07.500

CalHHS CDII: California primary care association.

1180

02:57:08.730 --> 02:57:25.590

CalHHS CDII: So the 15 million seems to be driven by at 133 and, as I mentioned earlier it's a great funding it's necessary funding and technical assistance that come with it, but at 130 3000 limited it too small or under resource provider.

1181

02:57:26.370 --> 02:57:40.050

CalHHS CDII: something to look look at, we hope to work with the administration on all of these things, and then for the 200 million equity of course we're all on that page one of the problems we found with the vaccination.

1182

02:57:41.190 --> 02:58:04.440

CalHHS CDII: Core tiles and whatnot an example of a help Center in Palo Alto their administrative office buildings and code, this is that is Palo Alto but they serve these Palo Alto so the trip data wise because they don't look like they're serving the Community in these big one, too, so one of the.

1183

02:58:06.180 --> 02:58:15.750

CalHHS CDII: Challenges or barriers within data so and then learning more in the next couple weeks about how this friends who managed care plans.

1184

02:58:16.470 --> 02:58:30.840

CalHHS CDII: That we don't want it to go into a black hole nothing against their plans, but how, how is it, thank you, thank you and just comment on the 15 million related to so obviously.

1185

02:58:31.830 --> 02:58:37.110

CalHHS CDII: One likely not enough money tend to do what we really deserve but it felt that it was a star.

1186

02:58:37.380 --> 02:58:50.460

CalHHS CDII: And we also really wanted to try to figure out how do we are good some entities that have not been benefactors of federal assistance related to ehr adoption etc so.

1187

02:58:51.090 --> 02:59:05.040

CalHHS CDII: really trying to figure out how to lean in on in a space where we're adding more players to the table and how do we ensure that some of those players have access to some resources to be able to be able.

1188

02:59:05.490 --> 02:59:13.890

CalHHS CDII: To be able to participate in this particular and behavioral health is a great example of not previously.

1189

02:59:15.360 --> 02:59:15.900

dance.

1190

02:59:17.280 --> 02:59:23.730

CalHHS CDII: Okay, I do want to spend just a minute on this hot topic of the conversation of governments.

1191

02:59:24.900 --> 02:59:32.820

CalHHS CDII: And you know we've we really have appreciated kind of the the depth and breadth of the conversation I see.

1192

02:59:33.270 --> 02:59:51.060

CalHHS CDII: Where the secretary is related to this, after hearing and the conversation is that going into the July 1 component is that the administration is going to really focus on making sure that we have the capabilities within CDI to will.

1193

02:59:51.420 --> 03:00:01.440

CalHHS CDII: implement the provisions of ad 133 the tricky thing here with regards to compliance is that.

1194

03:00:02.100 --> 03:00:06.480

CalHHS CDII: The tools in our toolbox related to compliance are very limited.

1195

03:00:06.900 --> 03:00:22.170

CalHHS CDII: And so I think what we can do is you know, make sure publicly folks understand what entities have participated and run these have not participated, pursuant to the law, but the law is the law and so entities do need to abide by the law.

1196

03:00:22.920 --> 03:00:28.980

CalHHS CDII: We do not have the authority to penalize and or take any other action related to.

1197

03:00:30.180 --> 03:00:36.180

CalHHS CDII: These particular piece who might be there, so we do have the ability to.

1198

03:00:37.230 --> 03:00:50.130

CalHHS CDII: shout from the rooftops those entities were not participating and we certainly do that, and so we will, I think, move forward July 1 with the idea that we are really looking at this.

1199

03:00:50.850 --> 03:00:59.070

CalHHS CDII: From the parameters of what we have and then work with folks through the summer, with the idea that we will have some stature when the proposals.

1200

03:00:59.310 --> 03:01:10.770

CalHHS CDII: Either before the end of the year or in January around the notion of a policy board with the idea that that will help us a small board that will help us really continues.

1201

03:01:11.100 --> 03:01:25.260

CalHHS CDII: The governance process and as part of that really a conversation around what mechanisms we ultimately have or the board might have in terms of making sure that we're all the entities into account, so I think those.

1202

03:01:27.480 --> 03:01:30.900

CalHHS CDII: We are ultimately working on here at the agent.

1203

03:01:36.390 --> 03:01:37.440

CalHHS CDII: Thank you very much.

1204

03:01:37.890 --> 03:01:50.070

CalHHS CDII: And we're a few minutes over, I just wanted to thank everyone, again I do want to give a special shout out to all day who you've all been working with who's going to leave us shortly geez on a trip to be long.

1205

03:01:50.280 --> 03:02:01.440

CalHHS CDII: Until we're seeing us two weeks, but it's done and they come back and suggested course they eat for for covering for fun or have some fun Thank you so much for all your efforts from from our team.

1206

03:02:02.910 --> 03:02:11.880

CalHHS CDII: We have a slide deck that will outline what's going on, we kind of mentioned the time length of one of your guys time and just thank you all for all of your participation.

1207

03:02:12.480 --> 03:02:21.930

CalHHS CDII: I continue to learn during this process, so please reach out, let me know how I can be helpful, I didn't want to take a moment and just remind everyone this awareness month it.

1208

03:02:22.980 --> 03:02:30.510

CalHHS CDII: comes from a family struggles with this, I really just want to put a shout out to take care of yourself take care of your loved ones and we'll see you next month, thank you very much.

1209

03:02:40.650 --> 03:02:42.810

Mario Schiavi: Thank you for joining me now disconnect.