Data Exchange Framework
Data Sharing Agreement Policies & Procedures Subcommittee
Meeting #1

California Health & Human Services Agency

Friday, September 23, 2022
9:30am – 12:00 pm

Meeting Participation Options
Written Comments

- Participants and Subcommittee Members may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by Subcommittee staff.

- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to CDII@chhs.ca.gov.

Meeting Participation Options
Spoken Comments

- Participants and Subcommittee Members must "raise their hand" for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of appropriate time to volunteer feedback.

If you logged on via <u>Zoom interface</u>	**If you logged on via <u>phone-only</u>**
Press "Raise Hand" in the "Reactions" button on the screen	Press "*9" on your phone to "raise your hand"
If selected to share your comment, you will receive a request to "unmute;" please ensure you accept before speaking	Listen for your <u>phone number</u> to be called by moderator
	If selected to share your comment, please ensure you are "unmuted' on your phone by pressing "*6"

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.

- Public comment will be limited to the total amount of time allocated for public comment on particular issues.

- The Chair will call on individuals in the order in which their hands were raised.

- 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 Q&A box to ensure all feedback is captured or email their comments to CDII@chhs.ca.gov.

Agenda

9:30 AM	**Welcome and Roll Call** • *Courtney Hansen, Assistant Chief Counsel, CalHHS CDII*
9:35 AM	Informational Item**: Vision and Meeting Objectives** • *Courtney Hansen*
9:40 AM	Informational Item: **Data Exchange Framework (DxF) Background and Implementation Roadmap** • *Jonah Frohlich, Senior Managing Director, Manatt Health*
9:50 AM	Discussion Item: **Data Sharing Agreement (DSA) Policies & Procedures (P&Ps) Subcommittee** • *Courtney Hansen*
10:05 AM	Discussion Item: **Prioritization of Next Set of P&Ps** • *Helen Pfister, Partner, Manatt Health*
10:25 AM	<u>**Public Comment**</u>
10:40 AM	Discussion Item: **Content for P&Ps in Development** • *Courtney Hansen* • *Helen Pfister* • *Dr. Rim Cothren, Independent HIE Consultant to CDII*
11:55 AM	Informational Item: **Next Steps and Closing Remarks** • *Courtney Hansen*

Welcome and Roll Call

DSA P&P Subcommittee Members (1of 2)

Name	Title	Organization
Courtney Hansen (Chair)	**Assistant Chief Counsel**	**CDII**
William (Bill) Barcellona	Executive Vice President for Government Affairs	America's Physician Groups (APG)
Michelle (Shelley) Brown	Attorney	Private Practice
Jason Buckner	Chief Information Officer & Chief Technology Officer	Manifest Medex
Yvonne Choong	Director of Government Affairs	California Association of Health Facilities
Louis Cretaro	Lead County Consultant	County Welfare Directors Association of California
Matthew Eisenberg	Medical Informatics Director for Analytics and Innovation	Stanford Health
Elaine Ekpo	Attorney	CA Dept. of State Hospitals
John Helvey	Executive Director	SacValley MedShare
Sanjay Jain	Manger, Data Analysis	Health Net
Bryan Johnson	Chief Information Security Officer	CA Dept. of Developmental Services
Diana Kaempfer-Tong	Attorney	CA Dept. of Public Health

DSA P&P Subcommittee Members (2 of 2)

Name	Title	Organization
Helen Kim	Senior Counsel	Kaiser Permanente
Steven Lane	Chief Medical Officer	Health Gorilla
Lisa Matsubara	General Counsel & VP of Policy	Planned Parenthood Affiliates of California
Deven McGraw	Lead, Data Stewardship and Data Sharing, Ciitizen Platform	Invitae
Leo Pak	Chief Technology Officer	Los Angeles Network for Enhanced Services
Mark Savage	Managing Director, Digital Health Strategy and Policy	Savage & Savage LLC
Tom Schwaninger	Senior Executive Advisor, Digital Ecosystem Interoperability	LA Care
Morgan Staines	Privacy Officer & Asst. Chief Counsel	CA Dept. of Health Care Services
Elizabeth Steffen	Chief Information Officer	Plumas District Hospital
Lee Tien	Legislative Director and Adams Chair for Internet Rights	Electronic Frontier Foundation
Belinda Waltman	Acting Director, Whole Person Care LA	Los Angeles County Department of Health Services

Vision and Meeting Objectives

Vision for Data Exchange in CA

Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

Meeting #1 Objectives

1. Provide an **overview of the Data Exchange Framework** (DxF), including progress made and key milestones.

2. Discuss the **purpose and role of the Data Sharing Agreement Policies & Procedures (DSA P&P) Subcommittee.**

3. Discuss **approach for prioritizing topics** for development of new P&Ps.

4. Discuss **concepts to inform development of new P&Ps** that have been prioritized for development.

Data Exchange Framework Background and Implementation Roadmap

What is the Data Exchange Framework?

California's Health and Human Services **Data Exchange Framework** is comprised of a single, statewide data sharing agreement and associated policy documents that will accelerate and expand the exchange of health information electronically among health care entities, government agencies, and social service programs beginning in 2024.

Note: The DxF, inclusive of its Policy Documents, DSA, and P&Ps can be found on the **CalHHS DxF** website.

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Overview of Assembly Bill 133
Health and Safety Code § 130290

AB 133 (Chapter 143, Statutes of 2021) **signed by Governor Newsom on July 27, enacted Health and Safety Code §130290 and put California on a path to building a Health and Human Services Data Exchange Framework (DxF) that will advance and govern the exchange of electronic health information across the state.**

- AB 133 required that CalHHS, along with its departments and offices, and in consultation with stakeholders and local partners through an established Stakeholder Advisory Group, establish the California Health and Human Services **Data Exchange Framework (DxF)**.

- AB 133 **mandates that a broad spectrum of health care organizations execute the Framework's data sharing agreement by January 31, 2023**, and exchange or provide access to health information with other mandated organizations by January 31, 2024.

- AB 133 also required CalHHS to publish a **Strategy for Digital Identities** by July 31, 2022.

What Does the DxF Comprise?

The DxF, released in July 2022, comprises six component policy documents as well as a single statewide Data Sharing Agreement (DSA) and its associated Policies & Procedures (P&Ps).

Data Exchange Framework

DxF Policy Documents

- **DxF Development Process**
- **Vision and Guiding Principles**
- **CA Data Exchange Landscape**
- **Data Exchange Scenarios**
- **DxF Governance**
- **Data Exchange Gaps and Opportunities**

DSA and P&Ps

- **Single Data Sharing Agreement**
- **Policies & Procedures**
  (eight P&Ps were finalized by July 2022)

Note: The DxF, inclusive of its Policy Documents, DSA, and P&Ps can be found on the **CalHHS DxF** website.

DSA and P&P Development
Background

The DSA and its P&Ps set forth a common set of terms, conditions, and obligations to support secure, real-time access to and exchange of health and human services information. The DSA must be signed by private and public health care and human service organizations specified in AB 133.

DxF Data Sharing Agreement (DSA)

A legal agreement that a broad spectrum of health organizations execute by January 31, 2023

- ✓ *Streamlined document that focuses on the key legal requirements*

Policies & Procedures

Rules and guidance to support "on the ground" implementation

- ✓ *Detailed implementation requirements*
- ✓ *Will evolve and be refined over time through a participatory governance process involving stakeholders*
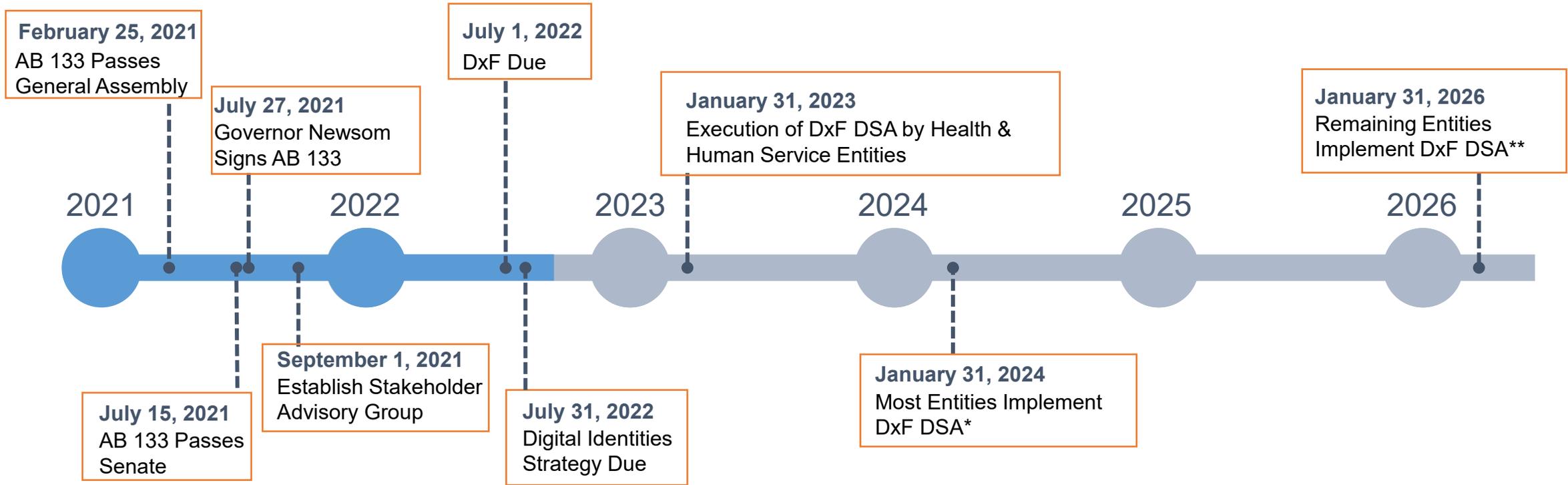
DSA and P&P Development
Published P&Ps

Eight (8) P&Ps were published in the first set released in July 2022.

#	Topic	Description
1	**Amendment of DSA**	Sets forth process for amending the DSA.
2	**Development of and Modifications to P&Ps**	Sets forth process for developing new P&Ps and modifying existing P&Ps.
3	**Breach Notification**	Sets forth definition of Breach and the obligations of Participants in the event of a Breach, including breach notification timelines.
4	**Permitted, Required, & Prohibited Purposes**	Sets forth the purposes for which Participants shall, may and may not exchange HSSI under the DSA.
5	**Requirement to Exchange Health & Social Services Information (HSSI)**	Sets forth requirements for Participants to exchange HSSI.
6	**Privacy and Security Safeguards**	Sets forth the privacy standards and security safeguards Participants must comply with in connection with the exchange of HSSI under the DSA.
7	**Individual Access Services**	Sets forth requirements for Participants to provide Individual Users or their Personal Representatives access to the Individual User's PHI or PII.
8	**Data Elements to be Exchanged**	Sets forth the data elements that Participants must make available or exchange, at a minimum.

Who Has to Sign the DxF's DSA?

#	Required Signatory Type
1	**General acute care hospitals**, as defined by Section 1250.
2	**Physician organizations and medical groups.**
3	**Skilled nursing facilities**, as defined by Section 1250, that currently maintain electronic records.
4	**Health care service plans and disability insurers that provide hospital, medical, or surgical coverage** that are regulated by the Department of Managed Health Care or the Department of Insurance. This section shall also apply to a Medi-Cal managed care plan under a comprehensive risk contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code that is not regulated by the Department of Managed Health Care or the Department of Insurance.
5	**Clinical laboratories**, as that term is used in Section 1265 of the Business and Professions Code, and that are regulated by the State Department of Public Health.
6	**Acute psychiatric hospitals**, as defined by Section 1250.

Statutory Requirements & Timeline

February 25, 2021
AB 133 Passes General Assembly

July 27, 2021
Governor Newsom Signs AB 133

July 1, 2022
DxF Due

January 31, 2023
Execution of DxF DSA by Health & Human Service Entities

January 31, 2026
Remaining Entities Implement DxF DSA**

July 15, 2021
AB 133 Passes Senate

September 1, 2021
Establish Stakeholder Advisory Group

July 31, 2022
Digital Identities Strategy Due

January 31, 2024
Most Entities Implement DxF DSA*

2021   2022   2023   2024   2025   2026

Notes

*General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. County health, public health, and social services providers are encouraged to connect to the DxF.
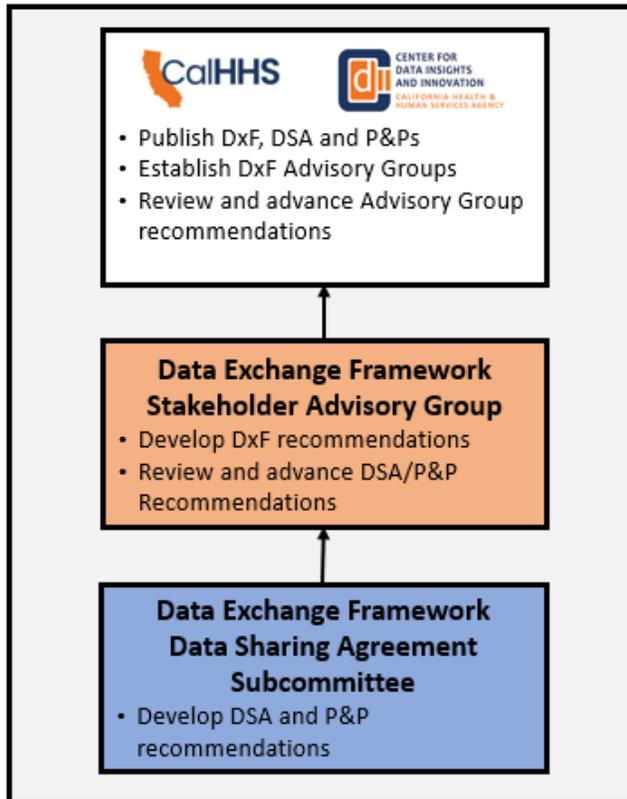
**Physician practices of <25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with <100 acute care beds, state-run acute psychiatric hospitals, and nonprofit clinics with <10 providers

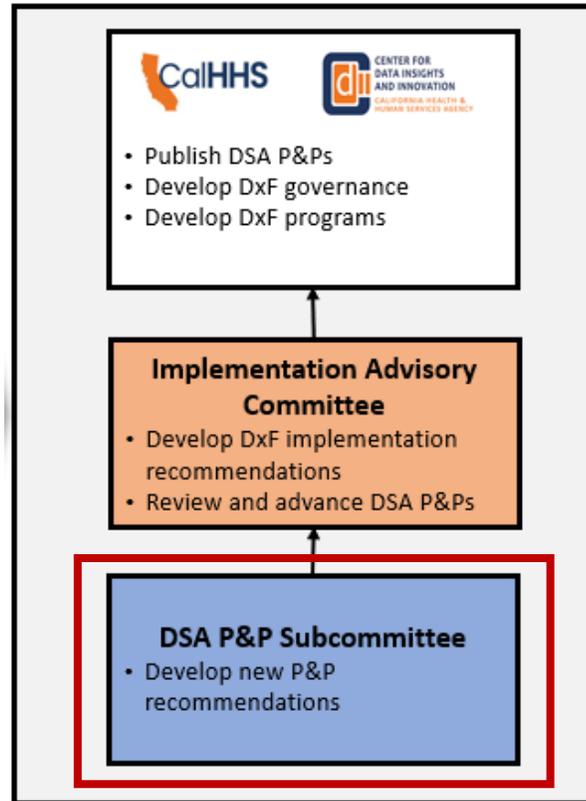# Data Sharing Agreement and Policies and Procedures Subcommittee

DxF Implementation Overview

The DSA P&P Subcommittee will advise on the development of, and modifications to, the DSA and its P&Ps.

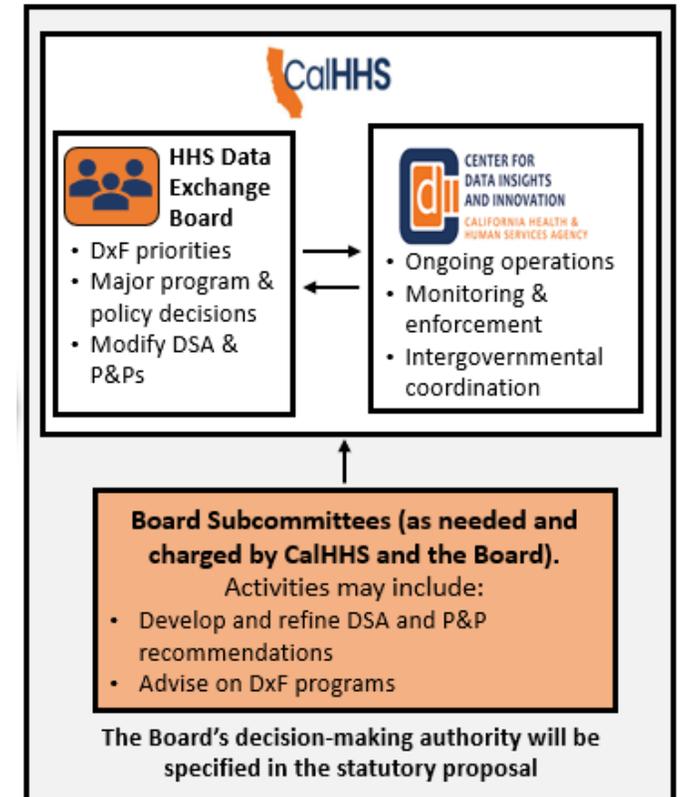**August 2021 – June 30, 2022: Develop Data Exchange Framework, DSA and P&Ps**

CalHHS / CENTER FOR DATA INSIGHTS AND INNOVATION, CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
- Publish DxF, DSA and P&Ps
- Establish DxF Advisory Groups
- Review and advance Advisory Group recommendations

Data Exchange Framework Stakeholder Advisory Group
- Develop DxF recommendations
- Review and advance DSA/P&P Recommendations

Data Exchange Framework Data Sharing Agreement Subcommittee
- Develop DSA and P&P recommendations

July 1, 2022 – Q2 2023: Develop New P&Ps and Support Initial DxF Implementation

CalHHS / CENTER FOR DATA INSIGHTS AND INNOVATION, CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
- Publish DSA P&Ps
- Develop DxF governance
- Develop DxF programs

Implementation Advisory Committee
- Develop DxF implementation recommendations
- Review and advance DSA P&Ps

DSA P&P Subcommittee
- Develop new P&P recommendations
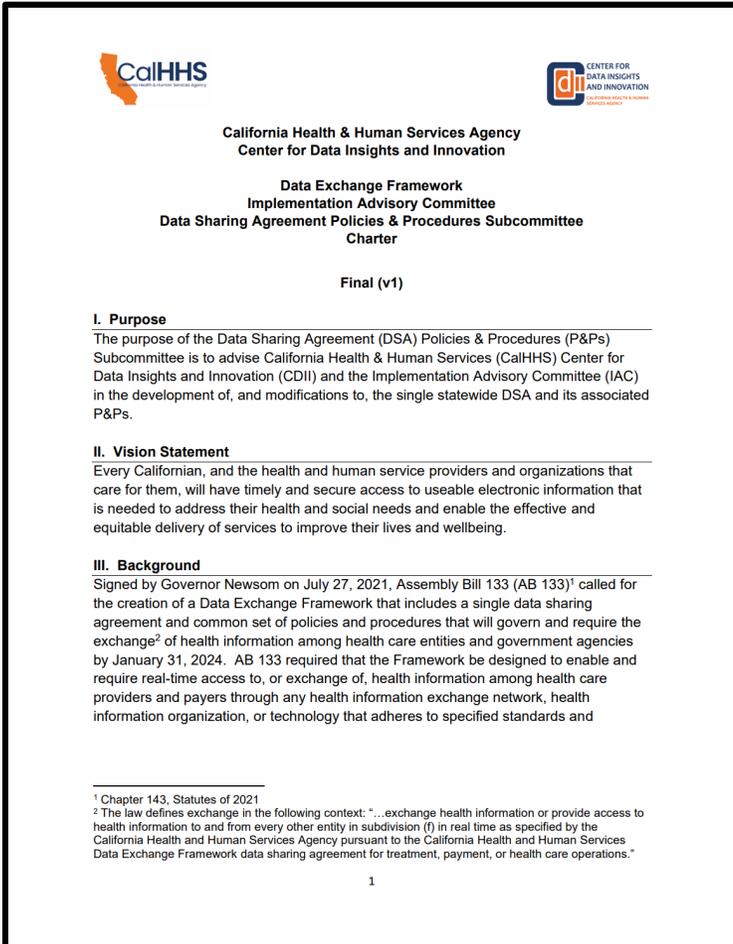
↑ Flow of recommendations

Q3 2023+ Establish HHS Data Exchange Board to oversee major DxF program and policy decisions

HHS Data Exchange Board
- DxF priorities
- Major program & policy decisions
- Modify DSA & P&Ps

CENTER FOR DATA INSIGHTS AND INNOVATION, CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
- Ongoing operations
- Monitoring & enforcement
- Intergovernmental coordination

Board Subcommittees (as needed and charged by CalHHS and the Board).
Activities may include:
- Develop and refine DSA and P&P recommendations
- Advise on DxF programs

The Board's decision-making authority will be specified in the statutory proposal

Note: Pending legislative updates, CalHHS/CDII will establish the HHS Data Exchange Board in Q3 2023.

DSA P&P Subcommittee Charter

CalHHS

California Health & Human Services Agency
Center for Data Insights and Innovation

Data Exchange Framework
Implementation Advisory Committee
Data Sharing Agreement Policies & Procedures Subcommittee
Charter

Final (v1)

I. Purpose
The purpose of the Data Sharing Agreement (DSA) Policies & Procedures (P&Ps) Subcommittee is to advise California Health & Human Services (CalHHS) Center for Data Insights and Innovation (CDII) and the Implementation Advisory Committee (IAC) in the development of, and modifications to, the single statewide DSA and its associated P&Ps.

II. Vision Statement
Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to useable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

III. Background
Signed by Governor Newsom on July 27, 2021, Assembly Bill 133 (AB 133)[1] called for the creation of a Data Exchange Framework that includes a single data sharing agreement and common set of policies and procedures that will govern and require the exchange[2] of health information among health care entities and government agencies by January 31, 2024. AB 133 required that the Framework be designed to enable and require real-time access to, or exchange of, health information among health care providers and payers through any health information exchange network, health information organization, or technology that adheres to specified standards and

[1] Chapter 143, Statutes of 2021
[2] The law defines exchange in the following context: "…exchange health information or provide access to health information to and from every other entity in subdivision (f) in real time as specified by the California Health and Human Services Agency pursuant to the California Health and Human Services Data Exchange Framework data sharing agreement for treatment, payment, or health care operations."

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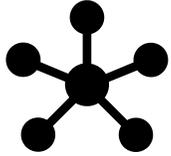## Charter Purpose

The DSA P&P Subcommittee Charter (available online) aims to:

- Provide background on the DxF

- Describe the Subcommittee's purpose and role

- Detail the composition of the Subcommittee and the responsibilities and expectations of its members

- Identify the Chair and define their role

- Outline expected Subcommittee meetings, milestones, and outputs

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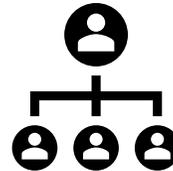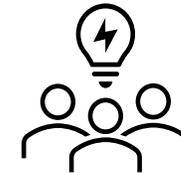# DSA P&P Subcommittee Charter
Purpose and Roles

The purpose of the DSA P&P Subcommittee is to advise California Health and Human Services (CalHHS) Center for Data Insights and Innovation (CDII) and the Implementation Advisory Committee (IAC) in the development of, and modifications to, the single statewide DSA and its associated P&Ps.

CalHHS/CDII will receive guidance from the Subcommittee on the development of / modifications to the DSA and its P&Ps, draft language for new P&Ps, and share materials for stakeholder review and input.

CDII's Assistant Chief Counsel, or their designee, will serve as **Subcommittee Chair**. Chair duties will include: presiding over DSA P&P Subcommittee meetings, coordinating meeting agendas, and reviewing and approving draft meeting summaries.

The **IAC** will be kept informed of Subcommittee activities and be provided opportunities to provide input on work products stemming from Subcommittee discussion, including drafts of new P&Ps.

DSA P&P Subcommittee Member Expectations

Subcommittee Members have been selected for their expertise and will serve an important advisory role to CalHHS, CDII, and the IAC on implementation of the DxF.

Subcommittee Member Expectations

Members will be expected to:

- Consistently attend and actively participate in meetings;

- Inform the Subcommittee Chair and staff if they are unable to attend a scheduled meeting at least 48 hours in advance of the meeting;

- Review shared materials in advance of each meeting;

- Keep statements during meetings respectful, constructive, relevant to the agenda topic, and brief;

- Be respectful of others and the opinions they advance;

- Be solutions-oriented in their deliberations and comments, offering alternatives or suggested revisions where possible;

- Provide input on draft materials, as requested; and

- **Serve as ambassadors to their networks**; sharing and collecting input on DSA P&P development and related topics.

DSA P&P Subcommittee Meeting Timeline

DSA P&P Subcommittee Meetings (Sept. 22 – Mar. 23)

Sept 23, 2022	Oct 25, 2022	Dec 15, 2022	Jan 26, 2023	Mar 9, 2023
Meeting #1	Meeting #2	Meeting #3	Meeting #4	Meeting #5

2023

Sept   Oct   Nov   Dec   Jan   Feb   Mar   Apr
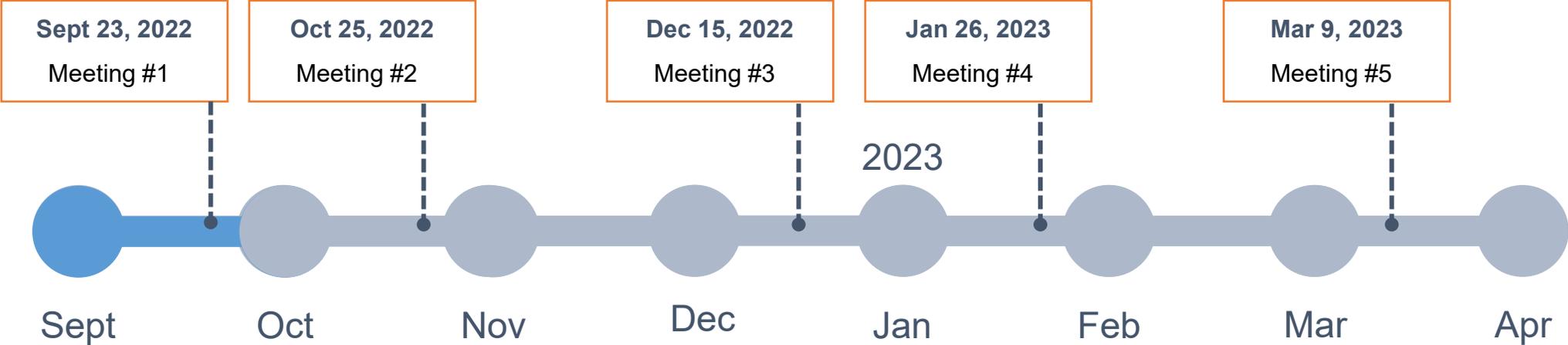
Meeting agendas will be posted on the CDII DxF website 10 days in advance of each Subcommittee meeting. Meeting materials will be distributed five days in advance of each meeting.

For Discussion

Does the Subcommittee have any suggested amendments to the proposed charter?

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CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

Prioritization of Next Set of P&Ps

P&P Development
Prioritized Topics

> **Additional P&Ps will be needed to support DxF implementation.**
> **There are six (6) P&P topics prioritized for near-term development.**

#	Prioritized Topics	Potential Contents
1	**Information Blocking**	Prohibits all Participants from undertaking any practice likely to interfere with access, exchange, or use of Health and Social Services Information (HSSI).
2	**Monitoring and Auditing**	Sets forth processes to ensure that all Participants that are required to execute the DSA do so, and that all Participants comply with their obligations under the DSA.
3	**Required Transaction Patterns**	Sets forth data exchange patterns for the DxF and those that Participants must support, at a minimum.
4	**Real-Time Data Exchange**	Sets forth definition of 'Real Time Data Exchange' and associated obligations of Participants.
5	**Technical Requirements for Exchange**	Sets forth the technical specifications Participants must adhere to for each of the Required Transaction Patterns.
6	**Qualified HIO Designation Process**	Sets forth the process for designating an organization as a 'Qualified Health Information Organization'.

P&P Development
P&Ps for Development

> Additional P&Ps may be needed beyond the six prioritized for development.

#	Prioritized Topics for Near-Term Development
1	**Information Blocking**
2	**Monitoring and Auditing**
3	**Required Transaction Patterns**
4	**Real-Time Data Exchange**
5	**Technical Requirements for Exchange**
6	**Qualified HIO Designation Process**

Other Potential P&P Topics

- Dispute Resolution
- Authorizations
- Consent Management
- Enforcement
- Rules-Based Access

- Implementation and On-Boarding
- Data Quality
- Obligations to Cooperate with Respect to the DxF

For Discussion

Do the prioritized P&P topics appropriately identify the key topics needed to implement the DxF and further the vision for data exchange in California? Are there other topics, including those listed in the 'Other Potential P&P Topics' box, that should be prioritized for development in either the near- or long-terms?

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Public Comment Period

Content for P&Ps in Development

P&P Content
Purpose of the Discussion

The goal for this section of the meeting is to obtain input on draft content for three P&Ps in development.

The topics of these P&Ps are:

- ➤ **Information Blocking**

- ➤ **Monitoring and Auditing**

- ➤ **Required Transaction Patterns**

Information Blocking (1) – *Draft Content*

Purpose of Proposed P&P

To prohibit all Participants from engaging in any practice likely to interfere with access, exchange, or use of Health and Social Services Information (HSSI).

Definitions (From DSA)

1. **Participant(s)**: Each health care organization as set forth in California Health and Safety Code § 130290(f) and any other person or organization that is a signatory to this Agreement. Participants may include, but are not limited to, a health information network, a community information exchange, a laboratory, a health system, a health IT developer, a community-based organization, a payer, a government agency, a research institute, or a Social Services Organization.

2. **Health and Social Services Information (HSSI):** Any and all information received, stored, processed, generated, used, transferred, disclosed, made accessible, or shared pursuant to the DSA, including but not limited to:
   (a) Data Elements as set forth in the applicable Policy and Procedure;
   (b) Information related to the provision of health care services, including but not limited to Protected Health Information (PHI); and
   (c) Information related to the provision of social services.

   Health and Social Services Information may include PHI, Personally Identifiable Information (PII), de-identified data (as defined in the HIPAA Regulations at 45 C.F.R. §164.514), anonymized data, pseudonymized data, metadata, digital identities, and schema.

Information Blocking (2) – *Draft Content*

Overview

The Information Blocking P&P would prohibit ALL Participants from engaging in Information Blocking, which is defined as a practice that is likely to interfere with access, exchange, or use of HSSI and:

1. if conducted by a health IT developer of certified health IT, health information network or health information exchange, such developer, network or exchange knows, or should know, that such practice is likely to interfere with access, exchange, or use of HSSI; or

2. if conducted by any other Participant, such Participant knows that such practice is unreasonable and is likely to interfere with access, exchange, or use of HSSI.

Notes

The federal definition of information blocking is noted below. Differences in language between the federal definition and the proposed DSA definition above have been **bolded**.

45 CFR § 171.103 Information blocking: Information blocking means a practice that is likely to interfere with access, exchange, or use of **electronic health information**;

1. if conducted by a health IT developer of certified health IT, health information network or health information exchange, such developer, network or exchange knows, or should know, that such practice is likely to interfere with access, exchange, or use of **electronic health information**; or

2. if conducted by a **health care provider**, **such provider** knows that such practice is unreasonable and is likely to interfere with access, exchange, or use of **electronic health information**.

Information Blocking (3) – *Draft Content*

Overview

Actions that satisfy an exception, such as the ones set forth in subparts B or C of the federal <u>Information Blocking Regulations</u> will not constitute Information Blocking. Those exceptions are as follows (applicability of the federal exceptions are to be discussed):

- **Preventing Harm** (engaging in practices that are reasonable and necessary to prevent harm to an individual, provided certain conditions are met).

- **Privacy** (not fulfilling a request to exchange HSSI in order to protect an individual's privacy, provided certain conditions are met).

- **Security** (practice directly relates to safeguarding the confidentiality, integrity, and availability of HSSI, provided certain conditions are met).

- **Infeasibility** (legitimate practical challenges limiting a Participant's ability to comply with requests for access, exchange or use of HSSI, provided certain conditions are met).

- **Health IT Maintenance** (e.g., taking IT offline temporarily to perform system maintenance, provided certain conditions are met).

- **Content and Manner** (e.g., technically unable to fulfill a request in a manner requested).

- **Fees** (charging a reasonable fee, provided certain conditions are met) [Note: Except for Qualified HIOs, Participants may not, pursuant to the Permitted, Required, and Prohibited Purposes Policy & Procedure, charge a fee to another Participant].

- **Licensing** (licensing interoperability elements for HSSI to be accessed, exchanged, or used, provided certain conditions are met).

Notes

[1]"Information Blocking Regulations" refers to regulations set forth in Part 171 (Information Blocking) of Title 45 of the Code of Federal Regulations. For purposes of the Information Blocking P&P, any reference to Electronic Health Information set forth in the Information Blocking Regulations will be interpreted to mean HSSI.

Monitoring and Auditing (1) – *Draft Content*

Purpose of Proposed P&P
To ensure that all Participants that are required to execute the DSA do so, and that all Participants comply with their obligations under the DSA.

Overview
Governance Entity Obligations

- Will engage in any monitoring activities it deems necessary in order to ensure that all entities set forth in California Health and Safety Code section 130290 have executed the DSA.

- Will engage in any monitoring and auditing activities it deems necessary in order to ensure that all Participants are in compliance with their obligations under the DSA.

- Will establish a complaint process that enables reporting of non-compliance with the DSA, and will make available information detailing how individuals or entities may submit complaints and the Governance Entity's process for investigating such complaints

Definitions (From DSA)

Governance Entity: The entity within the California Health and Human Services Agency established to oversee the California Data Exchange Framework, the Framework's Data Sharing Agreement and its Policies and Procedures.

Monitoring and Auditing (2) – *Draft Content*

Overview

Participant Obligations

- Will make its internal practices, books, and records relating to compliance with the DSA available to the Governance Entity for purposes of determining the Participant's compliance with the DSA.

- *If a Participant engages in the exchange of HSSI through a* <u>*Qualified HIO*</u>, the Participant must attest, on an annual basis, that the Participant has entered into an agreement with a Qualified HIO and that the Participant is exchanging HSSI in accordance with the DSA.

- *If a Participant engages in the exchange of HSSI through an entity other than a Qualified HIO*, the Participant must attest, on an annual basis, that it has entered into an agreement with such an entity and that it is exchanging HSSI in accordance with the DSA through such entity, and specify which entity it is.

- *If a Participant engages in the exchange of HSSI through use of its own technology*, the Participant must attest, on an annual basis, that it is exchanging HSSI in accordance with the DSA and, upon request by the Governance Entity, provide written demonstration of such compliance.

Definitions (From DSA)

Qualified Health Information Organization or **Qualified HIO**: A state-designated data exchange intermediary that facilitates the exchange of Health and Social Services Information between Participants.

Required Transaction Patterns (1) – *Draft Content*

Purpose of Proposed P&P

To ensure that all Participants have a common understanding of the transaction patterns supported on the DxF, and the patterns that Participants must support, at a minimum.

Key Definitions

1. **Transaction Pattern(s):** Interactions between Participants undertaken to provide access to or exchange of Health and Social Services Information to meet a defined business need or use case.

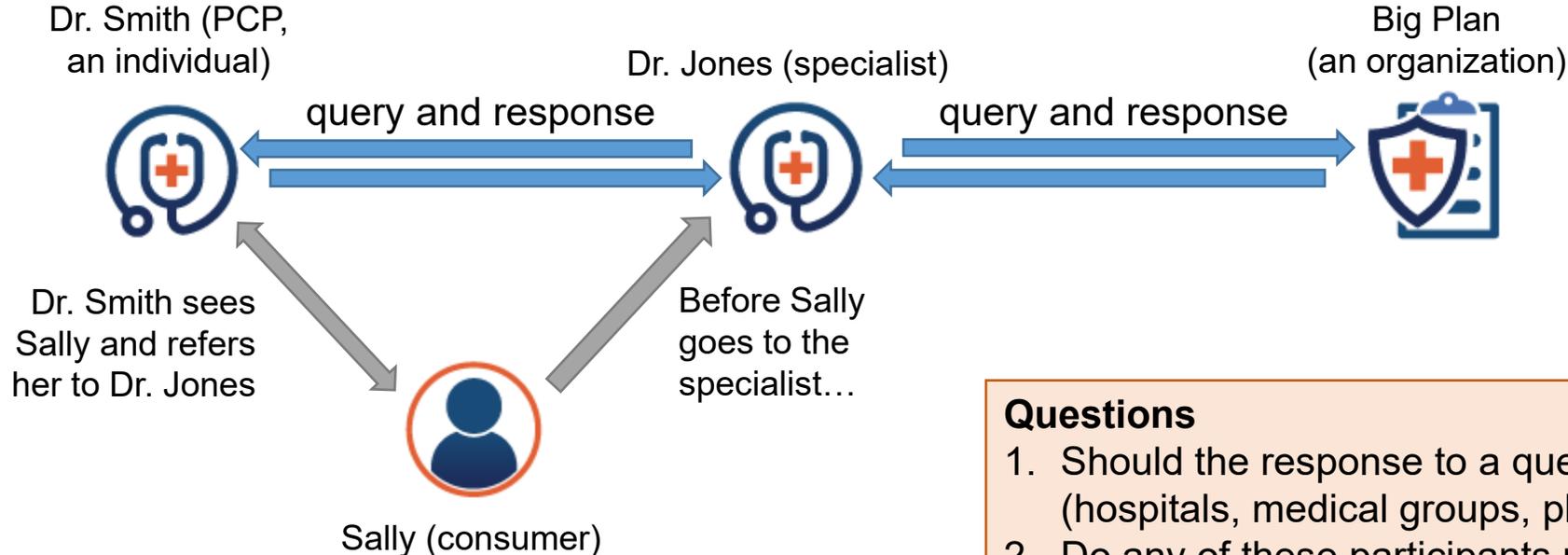**Key Transaction Patterns** and the business needs they address:

1. **Targeted Request for Health Information** – A Participant would like access to health information for a specific person and knows who to ask.

2. **Broadcast Request for Health Information** – A Participant would like access to health information for a specific person but does not know who to ask.

3. **Targeted Health Information Delivery** – A Participant has new health information and knows who to send it to.

Supported by TEFCA

4. **Request for Notification** – A Participant wishes to be alerted to certain health events such as admissions or encounters for select but known patients.

Required Transaction Patterns (2)- *Draft Content*

Transaction: Targeted Request for Health Information

Scenario: Dr. Smith scheduled a referral with Dr. Jones to assess Sally's asthma. Dr. Jones would like a summary of Sally's medications, allergies, problems, and family history before or during her visit. Dr. Smith should have that information, and Sally's insurance company, Big Plan of California, may also have useful information.

Dr. Smith (PCP, an individual)

Dr. Jones (specialist)

Big Plan (an organization)

query and response

query and response

Dr. Smith sees Sally and refers her to Dr. Jones

Before Sally goes to the specialist…

Sally (consumer)

Potential Standards
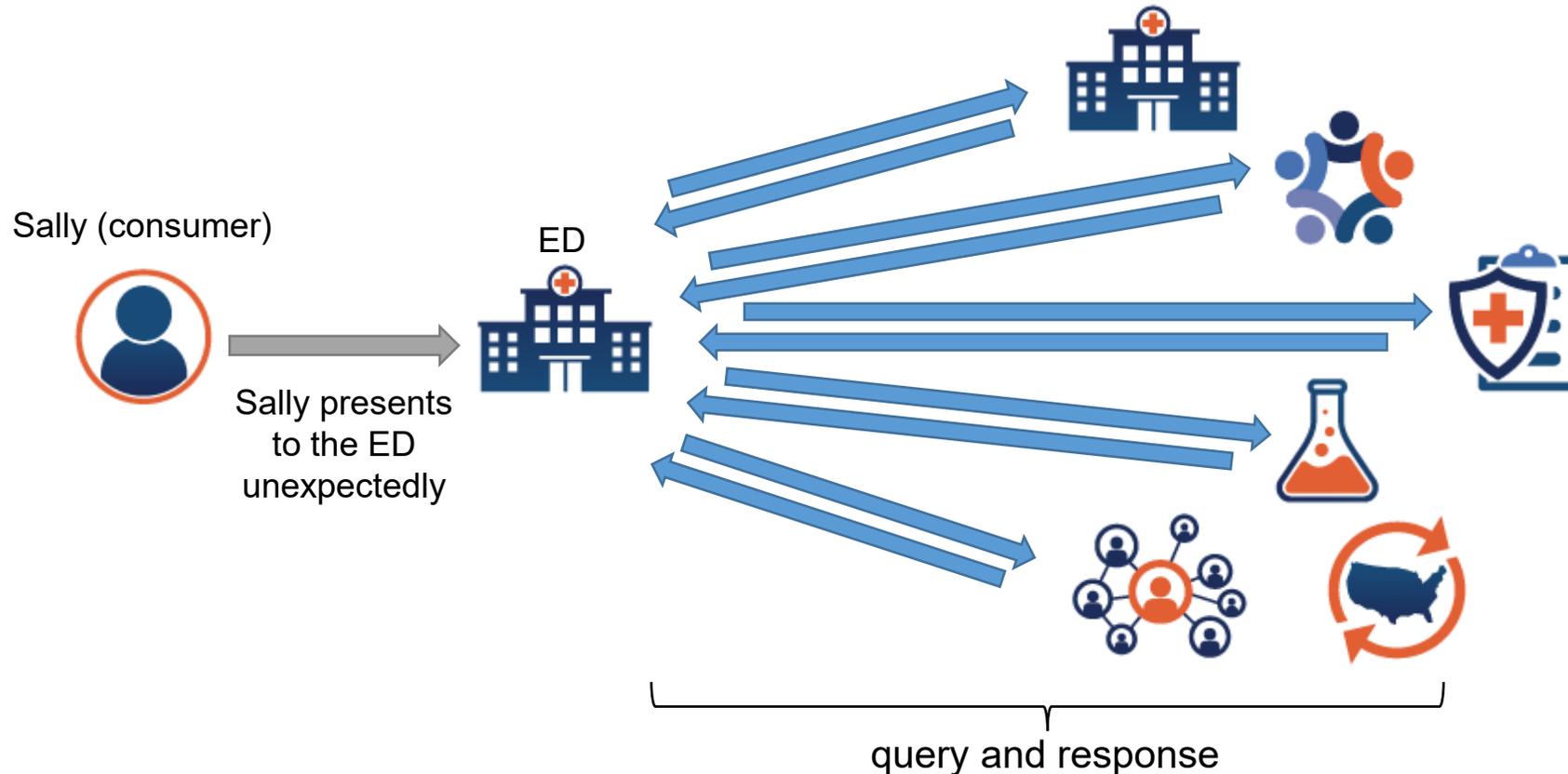1. IHE document query
2. FHIR query

Questions
1. Should the response to a query be required of all DxF Participants (hospitals, medical groups, plans, LTC facilities, clinical labs, etc.)?
2. Do any of these participants need more time than 1/31/2024 to be compliant?
3. Are there other requirements associated with this business need?

Required Transaction Patterns (3) – *Draft Content*

Transaction: Broadcast Request for Health Information

Scenario: Sally just showed up in the emergency department (ED) with an acute asthma attack. The ED would like to obtain a medical history, but Sally cannot speak. Sally's driver's license says she lives in the Sacramento metropolitan area. Someone in that area must have information on Sally.

Sally (consumer)

Sally presents to the ED unexpectedly

ED

query and response

Potential Standards
1. IHE document query
2. FHIR query

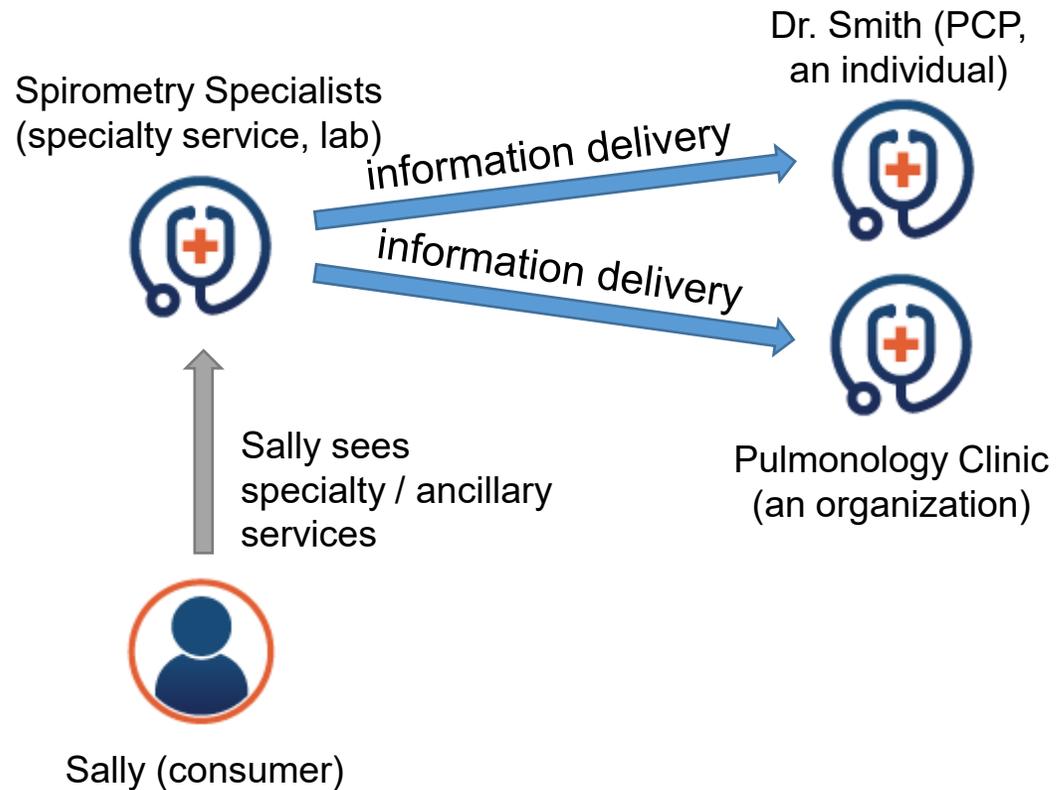**Questions**
1. Any new considerations?

Required Transaction Patterns (4) – *Draft Content*

Transaction: <u>Targeted Health Information Delivery</u>

Scenario: Dr. Smith ordered spirometry from Spirometry Specialists to better understand Sally's poorly controlled asthma. The spirometry report is ready and should be sent back to Dr. Smith as the ordering physician, and to the pulmonology clinic to whom Sally will be referred and who Dr. Smith asked to be copied on the results.

Dr. Smith (PCP, an individual)

Spirometry Specialists (specialty service, lab)

information delivery

information delivery

Sally sees specialty / ancillary services

Pulmonology Clinic (an organization)

Sally (consumer)

Potential Standards
1. HL7 v2 messaging
2. Direct messaging
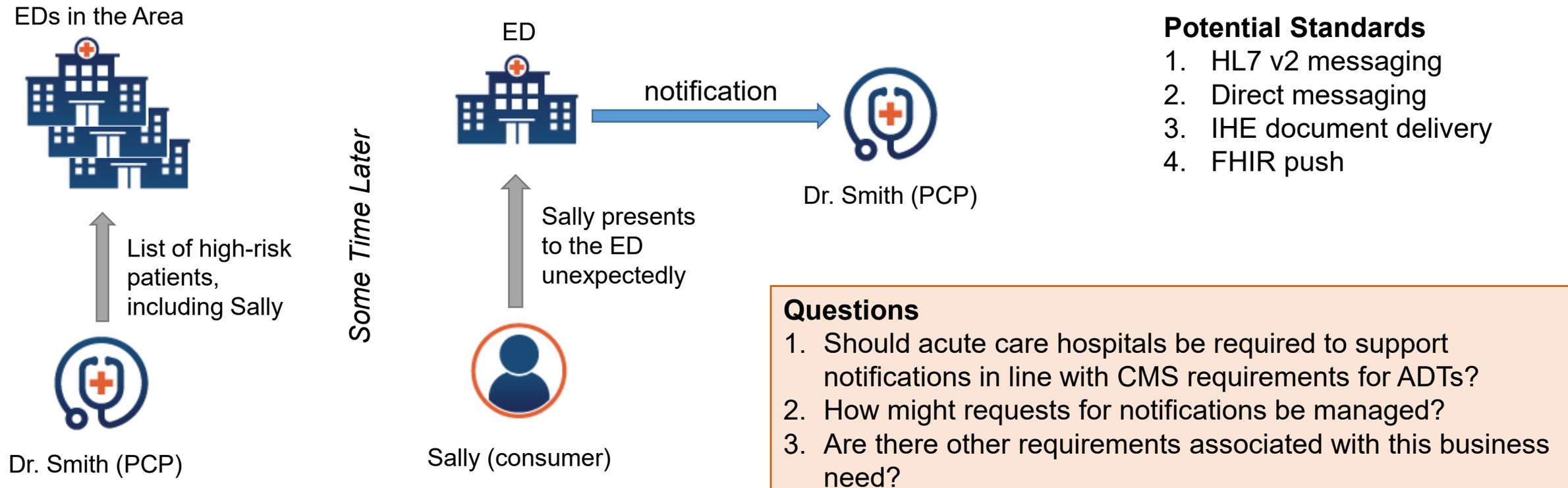3. IHE document delivery
4. FHIR push

Questions
1. Should information delivery be required of any DxF Participants (hospitals, medical groups, plans, LTC facilities, clinical labs, etc.)?
2. Are there other requirements associated with this business need?

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Required Transaction Patterns (5) – *Draft Content*

Transaction: <u>Request for Notification</u>

Scenario: Dr. Smith is having trouble managing Sally's asthma and wishes to be alerted each time she is taken to an ED in the Sacramento metropolitan area. Dr. Smith then knows to schedule follow-up and adjust treatment. Dr. Smith can request information on each of Sally's ED admissions through a Targeted Request for Health Information.

EDs in the Area

ED

notification

Dr. Smith (PCP)

Some Time Later

List of high-risk patients, including Sally

Sally presents to the ED unexpectedly

Dr. Smith (PCP)

Sally (consumer)

Potential Standards
1. HL7 v2 messaging
2. Direct messaging
3. IHE document delivery
4. FHIR push

Questions
1. Should acute care hospitals be required to support notifications in line with CMS requirements for ADTs?
2. How might requests for notifications be managed?
3. Are there other requirements associated with this business need?

Next Steps and Closing Remarks

Next Steps

Manatt will:

- Post a summary of today's meeting.
- Post the final DSA P&P Subcommittee charter
- Consider feedback from Subcommittee Members on the prioritization and development of the DSA P&Ps.
- Draft language for new P&Ps that are prioritized for development.

Members will:

- Provide additional feedback on today's topics to CDII.

Meeting Schedule

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #1	September 23, 2022, 9:30 AM to 12:00 PM
DSA P&P SC Meeting #2	October 25, 2022, 10:00 AM to 12:30 PM
DSA P&P SC Meeting #3	December 15, 2022, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #4	January 26, 2023, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #5	March 9, 2023, 9:00 AM to 11:30 AM

For more information or questions on Subcommittee meeting logistics, please email CDII (CDII@chhs.ca.gov).

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