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 Zoom interface

Press “Raise Hand” in the “Reactions” button on the screen

If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking

If you logged on via phone-only

Press “*9” on your phone to “raise your hand”

Listen for your phone number 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.
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenter(s)</th>
</tr>
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<tr>
<td>9:30 AM</td>
<td>Welcome and Roll Call</td>
<td>Courtney Hansen, Assistant Chief Counsel, CalHHS CDII</td>
</tr>
<tr>
<td>9:35 AM</td>
<td>Informational Item: Vision and Meeting Objectives</td>
<td>Courtney Hansen</td>
</tr>
<tr>
<td>9:40 AM</td>
<td>Informational Item: Data Exchange Framework (DxF) Background and Implementation Roadmap</td>
<td>Jonah Frohlich, Senior Managing Director, Manatt Health</td>
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<tr>
<td>9:50 AM</td>
<td>Discussion Item: Data Sharing Agreement (DSA) Policies &amp; Procedures (P&amp;Ps) Subcommittee</td>
<td>Courtney Hansen</td>
</tr>
<tr>
<td>10:05 AM</td>
<td>Discussion Item: Prioritization of Next Set of P&amp;Ps</td>
<td>Helen Pfister, Partner, Manatt Health</td>
</tr>
<tr>
<td>10:25 AM</td>
<td>Public Comment</td>
<td></td>
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<tr>
<td>10:40 AM</td>
<td>Discussion Item: Content for P&amp;Ps in Development</td>
<td>Courtney Hansen, Helen Pfister, Dr. Rim Cothren, Independent HIE Consultant to CDII</td>
</tr>
<tr>
<td>11:55 AM</td>
<td>Informational Item: Next Steps and Closing Remarks</td>
<td>Courtney Hansen</td>
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Welcome and Roll Call
<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Courtney Hansen (Chair)</td>
<td>Assistant Chief Counsel</td>
<td>CDII</td>
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<tr>
<td>William (Bill) Barcellona</td>
<td>Executive Vice President for Government Affairs</td>
<td>America's Physician Groups (APG)</td>
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<tr>
<td>Michelle (Shelley) Brown</td>
<td>Attorney</td>
<td>Private Practice</td>
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<tr>
<td>Jason Buckner</td>
<td>Chief Information Officer &amp; Chief Technology Officer</td>
<td>Manifest Medex</td>
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<tr>
<td>Yvonne Choong</td>
<td>Director of Government Affairs</td>
<td>California Association of Health Facilities</td>
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<tr>
<td>Louis Cretaro</td>
<td>Lead County Consultant</td>
<td>County Welfare Directors Association of California</td>
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<tr>
<td>Matthew Eisenberg</td>
<td>Medical Informatics Director for Analytics and Innovation</td>
<td>Stanford Health</td>
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<tr>
<td>Elaine Ekpo</td>
<td>Attorney</td>
<td>CA Dept. of State Hospitals</td>
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<tr>
<td>John Helvey</td>
<td>Executive Director</td>
<td>SacValley MedShare</td>
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<tr>
<td>Sanjay Jain</td>
<td>Manger, Data Analysis</td>
<td>Health Net</td>
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<tr>
<td>Bryan Johnson</td>
<td>Chief Information Security Officer</td>
<td>CA Dept. of Developmental Services</td>
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<tr>
<td>Diana Kaempfer-Tong</td>
<td>Attorney</td>
<td>CA Dept. of Public Health</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Helen Kim</td>
<td>Senior Counsel</td>
<td>Kaiser Permanente</td>
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<td>Steven Lane</td>
<td>Chief Medical Officer</td>
<td>Health Gorilla</td>
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<tr>
<td>Lisa Matsubara</td>
<td>General Counsel &amp; VP of Policy</td>
<td>Planned Parenthood Affiliates of California</td>
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<tr>
<td>Deven McGraw</td>
<td>Lead, Data Stewardship and Data Sharing, Ciitizen Platform</td>
<td>Invitae</td>
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<tr>
<td>Leo Pak</td>
<td>Chief Technology Officer</td>
<td>Los Angeles Network for Enhanced Services</td>
</tr>
<tr>
<td>Mark Savage</td>
<td>Managing Director, Digital Health Strategy and Policy</td>
<td>Savage &amp; Savage LLC</td>
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<tr>
<td>Tom Schwaninger</td>
<td>Senior Executive Advisor, Digital Ecosystem Interoperability</td>
<td>LA Care</td>
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<tr>
<td>Morgan Staines</td>
<td>Privacy Officer &amp; Asst. Chief Counsel</td>
<td>CA Dept. of Health Care Services</td>
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<tr>
<td>Elizabeth Steffen</td>
<td>Chief Information Officer</td>
<td>Plumas District Hospital</td>
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<tr>
<td>Lee Tien</td>
<td>Legislative Director and Adams Chair for Internet Rights</td>
<td>Electronic Frontier Foundation</td>
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<tr>
<td>Belinda Waltman</td>
<td>Acting Director, Whole Person Care LA</td>
<td>Los Angeles County Department of Health Services</td>
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Vision and Meeting Objectives
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.
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.

<table>
<thead>
<tr>
<th>DxF Data Sharing Agreement (DSA)</th>
<th>Policies &amp; Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>A legal agreement that a broad spectrum of health organizations execute by January 31, 2023</td>
<td>Rules and guidance to support “on the ground” implementation</td>
</tr>
<tr>
<td>✓ Streamlined document that focuses on the key legal requirements</td>
<td>✓ Detailed implementation requirements</td>
</tr>
<tr>
<td></td>
<td>✓ Will evolve and be refined over time through a participatory governance process involving stakeholders</td>
</tr>
</tbody>
</table>
## DSA and P&P Development

### Published P&Ps

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

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

<table>
<thead>
<tr>
<th>#</th>
<th>Required Signatory Type</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>General acute care hospitals</strong>, as defined by Section 1250.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Physician organizations and medical groups.</strong></td>
</tr>
<tr>
<td>3</td>
<td><strong>Skilled nursing facilities</strong>, as defined by Section 1250, that currently maintain electronic records.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Health care service plans and disability insurers that provide hospital, medical, or surgical coverage</strong> that are regulated by the Department of Managed Health Care or the Department of Insurance. This section shall also apply to a <strong>Medi-Cal managed care plan under a comprehensive risk contract</strong> 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.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Clinical laboratories</strong>, 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.</td>
</tr>
<tr>
<td>6</td>
<td><strong>Acute psychiatric hospitals</strong>, as defined by Section 1250.</td>
</tr>
</tbody>
</table>
Statutory Requirements & Timeline

February 25, 2021
AB 133 Passes
General Assembly

July 15, 2021
AB 133 Passes
Senate

July 27, 2021
Governor Newsom
Signs AB 133

July 1, 2022
DxF Due

September 1, 2021
Establish Stakeholder
Advisory Group

July 31, 2022
Digital Identities
Strategy Due

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

January 31, 2024
Most Entities Implement
DxF DSA*

January 31, 2026
Remaining Entities
Implement DxF DSA**

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

- 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

- 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

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

- Ongoing operations
- Monitoring & enforcement
- Intergovernmental coordination

Board Subcommittees (as needed and charged by CalHHS and the Board).
Activity 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.
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
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: Meeting #1
- Oct 25, 2022: Meeting #2
- Dec 15, 2022: Meeting #3
- Jan 26, 2023: Meeting #4
- Mar 9, 2023: Meeting #5

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?
Prioritization of Next Set of P&Ps
Additional P&Ps will be needed to support DxF implementation. There are six (6) P&P topics prioritized for near-term development.

<table>
<thead>
<tr>
<th>#</th>
<th>Prioritized Topics</th>
<th>Potential Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Information Blocking</td>
<td>Prohibits all Participants from undertaking any practice likely to interfere with access, exchange, or use of Health and Social Services Information (HSSI).</td>
</tr>
<tr>
<td>2</td>
<td>Monitoring and Auditing</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>Required Transaction Patterns</td>
<td>Sets forth data exchange patterns for the DxF and those that Participants must support, at a minimum.</td>
</tr>
<tr>
<td>4</td>
<td>Real-Time Data Exchange</td>
<td>Sets forth definition of ‘Real Time Data Exchange’ and associated obligations of Participants.</td>
</tr>
<tr>
<td>5</td>
<td>Technical Requirements for Exchange</td>
<td>Sets forth the technical specifications Participants must adhere to for each of the Required Transaction Patterns.</td>
</tr>
<tr>
<td>6</td>
<td>Qualified HIO Designation Process</td>
<td>Sets forth the process for designating an organization as a ‘Qualified Health Information Organization’.</td>
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P&P Development

P&Ps for Development

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

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<th>#</th>
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<table>
<thead>
<tr>
<th>Other Potential P&amp;P Topics</th>
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<tbody>
<tr>
<td>• Dispute Resolution</td>
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<tr>
<td>• Authorizations</td>
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<td>• Consent Management</td>
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<tr>
<td>• Enforcement</td>
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<td>• Rules-Based Access</td>
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<tr>
<td>• Implementation and On-Boarding</td>
</tr>
<tr>
<td>• Data Quality</td>
</tr>
<tr>
<td>• Obligations to Cooperate with Respect to the DxF</td>
</tr>
</tbody>
</table>

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?
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.
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.
## Overview

Actions that satisfy an exception, such as the ones set forth in subparts B or C of the federal Information Blocking Regulations, 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.
### 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.
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 Qualified HIO, 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.
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.

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

Supported by TEFCA
**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.

**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?
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.

Potential Standards
1. IHE document query
2. FHIR query

Questions
1. Any new considerations?
Required Transaction Patterns (4) – Draft Content

**Transaction: Targeted Health Information Delivery**

**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.

**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?
**Transaction: Request for Notification**

**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.

**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

<table>
<thead>
<tr>
<th>DSA P&amp;P Subcommittee Meetings</th>
<th>Date</th>
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<tbody>
<tr>
<td>DSA P&amp;P SC Meeting #1</td>
<td>September 23, 2022, 9:30 AM to 12:00 PM</td>
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<tr>
<td>DSA P&amp;P SC Meeting #2</td>
<td>October 25, 2022, 10:00 AM to 12:30 PM</td>
</tr>
<tr>
<td>DSA P&amp;P SC Meeting #3</td>
<td>December 15, 2022, 9:00 AM to 11:30 AM</td>
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<tr>
<td>DSA P&amp;P SC Meeting #4</td>
<td>January 26, 2023, 9:00 AM to 11:30 AM</td>
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<tr>
<td>DSA P&amp;P SC Meeting #5</td>
<td>March 9, 2023, 9:00 AM to 11:30 AM</td>
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For more information or questions on Subcommittee meeting logistics, please email CDII (CDII@chhs.ca.gov).