Data Exchange Framework Implementation Advisory Committee Meeting #1

California Health & Human Services Agency
Wednesday, September 21, 2022
10:00 a.m. – 12:30 p.m.
Meeting Participation Options

Onsite

• Members who are onsite are encouraged to log in through their panelist link on Zoom.
  
  • Members are asked to keep their laptop’s video, microphone, and audio off for the duration of the meeting.
  
  • The room’s cameras and microphones will broadcast the video and audio for the meeting.

• Instructions for connecting to the conference room’s Wi-Fi are posted in the room.

• Please email Jocelyn Torrez (jocelyn.torrez@chhs.ca.gov) with any technical or logistical questions about onsite meeting participation.
Meeting Participation Options

Written Comments

• Participants may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by IAC 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 IAC 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.

<table>
<thead>
<tr>
<th>Onsite</th>
<th>Offsite</th>
<th>Phone Only</th>
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<tbody>
<tr>
<td><strong>Logged into Zoom</strong></td>
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<td><strong>Logged into Zoom</strong></td>
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<td>If you logged on onsite via Zoom interface</td>
<td>If you are onsite and not using Zoom</td>
<td>If you logged on from offsite via Zoom interface</td>
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<tr>
<td>Press “Raise Hand” in the “Reactions” button on the screen or physically raise your hand</td>
<td>Physically raise your hand, and the chair will recognize you when it is your turn to speak</td>
<td>Press “Raise Hand” in the “Reactions” button on the screen</td>
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<td>If selected to share your comment, please begin speaking and do not unmute your laptop, The room’s microphones will broadcast audio</td>
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<td>Press “Raise Hand” in the “Reactions” button on the screen</td>
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<td>If selected to share your comment, you will receive a request to “unmute,” please ensure you accept before speaking</td>
<td>Press “9” on your phone to “raise your hand”</td>
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<td></td>
<td>Listen for your phone number to be called by moderator</td>
<td>If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “6”</td>
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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, beginning with those in the room and followed by those dialed in or connected remotely through Zoom.

• 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 email their comments to CDII@chhs.ca.gov.
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 AM</td>
<td>Welcome and Roll Call</td>
<td>John Ohanian, Chief Data Officer, California Health and Human Services</td>
</tr>
<tr>
<td>10:05 AM</td>
<td>Informational Item: Vision and Meeting Objectives</td>
<td>Marko Mijic, Undersecretary, California Health and Human Services</td>
</tr>
<tr>
<td>10:10 AM</td>
<td>Informational Item: Data Exchange Framework (DxF) Background and Implementation Roadmap</td>
<td>John Ohanian</td>
</tr>
<tr>
<td>10:20 AM</td>
<td>Discussion Item: Implementation Advisory Committee (IAC) Charter, Expectations and Timeline</td>
<td>Jonah Frohlich, Senior Managing Director, Manatt Health</td>
</tr>
<tr>
<td>10:35 AM</td>
<td>Discussion Item: Data Sharing Agreement and Policies &amp; Procedures</td>
<td>Courtney Hansen, Assistant Chief Counsel, CDII</td>
</tr>
<tr>
<td>10:55 AM</td>
<td>Discussion Item: Qualified Health Information Organization (QHIO) Program</td>
<td>Cindy Bero, Senior Advisor, Manatt Health</td>
</tr>
<tr>
<td>11:20 AM</td>
<td>Discussion Item: SFY 2023 Budget Update and DxF Grant Program</td>
<td>Juliette Mullin, Senior Manager, Manatt Health</td>
</tr>
<tr>
<td>11:45 PM</td>
<td>Informational Item: Strategy for Digital Identities, Participant Registry, and Consent Management</td>
<td>Rim Cothren, Independent HIE Consultant to CDII</td>
</tr>
<tr>
<td>11:55 PM</td>
<td>Discussion Item: DxF Communications</td>
<td>John Ohanian</td>
</tr>
<tr>
<td>12:05 PM</td>
<td>Informational Item: DHCS Data Exchange Efforts</td>
<td>Dr. Linette Scott, Deputy Director and Chief Data Officer, DHCS</td>
</tr>
<tr>
<td>12:15 PM</td>
<td>Public Comment</td>
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<tr>
<td>12:25 PM</td>
<td>Informational Item: Closing Remarks and Next Steps</td>
<td>John Ohanian</td>
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</table>
Welcome and Roll Call
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Ohanian (Chair)</td>
<td>Director</td>
<td>CalHHS Center for Data Insights and Innovation</td>
</tr>
<tr>
<td>Norlyn Asprec</td>
<td>Deputy Director of Policy</td>
<td>County Health Executives Association of California</td>
</tr>
<tr>
<td>Joe Diaz</td>
<td>Senior Policy Director</td>
<td>California Association of Health Facilities</td>
</tr>
<tr>
<td>David Ford</td>
<td>Vice President, Health Information Technology</td>
<td>California Medical Association</td>
</tr>
<tr>
<td>Aaron Goodale</td>
<td>Vice President, Health Information Technology</td>
<td>MedPoint Management</td>
</tr>
<tr>
<td>Lori Hack</td>
<td>Interim Executive Director</td>
<td>California Association of Health Information Exchanges</td>
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<tr>
<td>Cameron Kaiser</td>
<td>Deputy Public Health Officer</td>
<td>County of San Diego</td>
</tr>
<tr>
<td>Troy Kaji</td>
<td>Associate Chief Medical Informatics Officer</td>
<td>Contra Costa Regional Medical Center and Health Centers</td>
</tr>
<tr>
<td>Andrew Kiefer</td>
<td>Vice President, State Government Affairs</td>
<td>Blue Shield of California</td>
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<tr>
<td>Paul Kimsey</td>
<td>Deputy Director</td>
<td>California Department of Public Health</td>
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<tr>
<td>Name</td>
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<td>Linnea Koopmans</td>
<td>CEO</td>
<td>Local Health Plans of California</td>
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<tr>
<td>Matt Lege</td>
<td>Government Relations Advocate</td>
<td>SEIU California</td>
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<tr>
<td>DeeAnne McCallin</td>
<td>Director of Health Information Technology</td>
<td>California Primary Care Association</td>
</tr>
<tr>
<td>Amie Miller</td>
<td>Executive Director</td>
<td>California Mental Health Services Authority</td>
</tr>
<tr>
<td>Ali Modaressi</td>
<td>CEO</td>
<td>Los Angeles Network for Enhanced Services</td>
</tr>
<tr>
<td>Jonathan Russell</td>
<td>Chief Strategy and Impact Officer</td>
<td>Bay Area Community Services</td>
</tr>
<tr>
<td>Cary Sanders</td>
<td>Senior Policy Director</td>
<td>California Pan-Ethnic Health Network</td>
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<td>(designated by Kiran Savage-Sangwan)</td>
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<tr>
<td>Cathy Senderling-McDonald</td>
<td>Executive Director</td>
<td>County Welfare Directors Association</td>
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<tr>
<td>Ryan Stewart</td>
<td>System Vice President, Data Interoperability and Compliance</td>
<td>CommonSpirit Health</td>
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<tr>
<td>Felix Su</td>
<td>Director, Health Policy</td>
<td>Manifest MedEx</td>
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Vision & 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 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 IAC**

3. Discuss status of, and next steps for, the following key areas of program design and program implementation:
   a) **Data Sharing Agreement and Policies & Procedures**
   b) **Qualified Health Information Organization Program**
   c) **DxF Grant Program**
   d) **Strategy for Digital Identities**
   e) **DxF Communications**
DxF Background and Implementation Roadmap
What is the Data Exchange Framework?

California’s Health and Human Services **Data Exchange Framework** is a first-ever, 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](https://calhhs.com/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 27th, enacted Health and Safety Code §130290 and put California on a path to building a Health and Human Services Data Exchange Framework 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.

- Section 130290 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.

- Section 130290 also required CalHHS to publish a Strategy for Digital Identities by July 31, 2022.
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.
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.
DxF Priorities and Next Steps

DxF Implementation Priorities

- Broadly communicate the purpose of the DxF and implementation considerations to stakeholders.
- Establish a Qualified Health Information Organization (“QHIO”) program to help signatories meet their obligations under the DxF and AB-133.
- Launch a DxF Grants Program to provide technical assistance to DxF signatories.
- Develop additional P&Ps needed to implement the DxF.
- Establish a permanent DxF governance structure.
Implementation Advisory Committee (IAC) Charter, Expectations and Timeline
The Implementation Advisory Committee (IAC) will advise CalHHS on topics of DxF implementation.


- Publish DxF, DSA and P&P
- 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&P and Support Initial DxF Implementation

- Publish DSA P&P
- Develop DxF governance
- Develop DxF programs

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

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&P

- 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.
The IAC Charter (available online) aims to:

- Provide background on the DxF
- Describe the IAC's purpose and role
- Detail the composition of the IAC and the responsibilities and expectations of its members
- Identify the Chair and define their role
- Outline expected IAC meetings, milestones, and outputs
IAC Charter
Purpose and Roles

The purpose of the IAC is to advise California Health and Human Services (CalHHS) Center for Data Insights and Innovation (CDII) in its implementation of the statewide Data Exchange Framework.

CalHHS/CDII will receive guidance from the IAC on the implementation of the DxF, share reference materials on its DxF website for public view, and work to finalize team rosters.

The CDII Director, or his/her designee, will serve as IAC Chair. Chair duties will include: presiding over and facilitating IAC meetings; organizing agendas; and reviewing and approving draft meeting summaries.

The DSA P&P Subcommittee will provide recommendations to the IAC and CalHHS/CDII on modifications to and expansions of the DSA P&Ps. The IAC will have opportunities to provide input on work products stemming from Subcommittee discussion.
IAC Member Expectations

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

Members will be expected to:

- Consistently attend and actively participate in meetings;
- Inform the IAC 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 and help formulate recommendations, as requested; and
- **Serve as ambassadors to their networks**, sharing and collecting input on DxF developments and topics.
Meeting agendas will be posted on the CDII DxF website 10 days in advance of each IAC meeting. Meeting materials will be distributed five days in advance of each meeting.

For Discussion

Does the IAC have any suggested amendments to the proposed charter?
Data Sharing Agreement and Policies & Procedures
What is the Data Sharing Agreement (DSA)?

The Data Sharing Agreement (DSA) sets forth a common set of terms, conditions, and obligations to support secure, real-time access to and exchange of health and human services information. This agreement must be signed by private and public health care and human service organizations specified in AB 133.
## DSA and P&P Development

**Background**

In July 2022, CalHHS, in partnership with the Stakeholder Advisory Group and the DSA Subcommittee, published the DxF Data Sharing Agreement (DSA) and the initial set of Policies & Procedures (P&Ps).

### 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 (P&Ps)

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

The first set of eight (8) P&Ps were published in July 2022.

<table>
<thead>
<tr>
<th>#</th>
<th>Topic</th>
<th>Description</th>
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<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>
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<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>
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<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>
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### DSA and P&P Development

**P&Ps for Development**

Additional P&Ps will be needed to support DxF implementation, potentially including those listed below.

<table>
<thead>
<tr>
<th>#</th>
<th>Prioritized Topics for Near-Term Development</th>
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<tbody>
<tr>
<td>1</td>
<td>Information Blocking</td>
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<td>2</td>
<td>Monitoring and Auditing</td>
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<tr>
<td>3</td>
<td>Required Transaction Patterns</td>
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<tr>
<td>4</td>
<td>Real-Time Data Exchange</td>
</tr>
<tr>
<td>5</td>
<td>Technical Requirements for Exchange</td>
</tr>
<tr>
<td>6</td>
<td>Qualified HIO Designation Process</td>
</tr>
</tbody>
</table>

**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

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**For Discussion**

Do the “Prioritized” P&Ps identify the key topics needed to implement the DxF and further the vision for data exchange in California? Are there other topics that should be prioritized for development in either the near- or long-term?
**Path Forward**

Near Term Priorities/Activities:

- Establish and convene the DSA P&P Subcommittee to support development of new P&Ps.
  - The Subcommittee will be comprised of subject matter experts with the legal and technical expertise required to support drafting of new P&Ps.

- Draft new P&Ps and revise with input from the IAC, DSA P&P Subcommittee, and the public.
  - Draft P&Ps will be shared with the IAC for input prior to finalization. Draft P&Ps will also undergo a period of public comment to receive input from members of the public.
Qualified Health Information Organization Program
Qualified Health Information Organization Program

What is an HIO? What is a QHIO?

A **Health Information Organization (HIO)** is an organization that offers services and functions to support the exchange of health information. The HIO serves as an intermediary, assisting health and human services organizations as they initiate, receive, and reply to requests for information.

A **Qualified Health Information Organization (QHIO)** is an HIO that has demonstrated their ability to meet DxF/DSA data exchange requirements. As part of the DxF implementation program, CDII will establish these criteria as well as a process to qualify HIOs to validate their credentials.

Today, our discussion will focus on the development of high-level “QHIO” criteria.
The **Qualified Health Information Organization (QHIO) Program** is designed to identify Health Information Organizations that can help signatories meet their obligations under the DxF/DSA per AB 133. With clearly identified QHIOs, signatories can confidently choose a QHIO to help meet DSA requirements.

### QHIO Capability Content Areas

<table>
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<tr>
<th>Content Area</th>
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<tbody>
<tr>
<td>Organizational structure, governance and status</td>
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<tr>
<td>Functional capabilities to support data exchange scenarios</td>
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<tr>
<td>Data privacy and security practices</td>
</tr>
<tr>
<td>Reporting and ongoing program monitoring</td>
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</tbody>
</table>

### For Discussion

*Are these content areas consistent with the purpose (i.e., assuring signatories of a QHIO's ability to meet DSA requirements)? Are there other content areas that should be assessed in the qualification of HIOs?*
Qualified Health Information Organization Program

Path Forward

Near Term Priorities/Activities:

- Draft the QHIO criteria in each content area to align with the DSA, P&Ps, and other data exchange frameworks (e.g., TEFCA)
  - Draft criteria will be shared with IAC for review
  - Final draft will be released for public comment

- Propose an initial design for the QHIO application submission and assessment process
Qualified Health Information Organization Program

Data exchange growth - in both volume and scope - and the introduction of new technologies will necessitate QHIO qualification revisions over time. How much time would prospective QHIOs need to implement varying requirement changes?

*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
SFY 2023 Budget Update and DxF Grant Program
SFY 2023 Budget Update and DxF Grant Program
Overview

CDII will administer $50 million in funding over two years to provide education, technical assistance, and HIO onboarding support for DxF signatories to implement the DxF.

Key Program Goals

- Support DxF implementation among DxF signatories in under-resourced geographies and/or serving historically marginalized populations and underserved communities
- Address significant barriers to DxF implementation (operational, technical, or other) for DxF signatories
- Align across other grant programs and promote activities ineligible for funding by other grant programs (past or present)

For Discussion

What additional goals should CDII consider in the design of this program?
SFY 2023 Budget Update and DxF Grant Program

Grant Program Domains

DxF Grant Program will provide grant funding across three potential domains.

<table>
<thead>
<tr>
<th>Potential Grant Domain</th>
<th>Potential Domain Description</th>
<th>Potential Recipients</th>
<th>Anticipated Application Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Grants</td>
<td>Provides grant funding for educational initiatives designed to provide information about the DxF to signatories, such as webinars and conference sessions</td>
<td>Associations with relevant experience</td>
<td>Starting Q4 2022</td>
</tr>
<tr>
<td>Technical Assistance (TA) Grants</td>
<td>Provides grant funding for vendor identification, contracting, advisement, and other TA needs</td>
<td>DxF signatories</td>
<td>Starting Q1 2023</td>
</tr>
<tr>
<td>HIO Onboarding Grants</td>
<td>Provides grant funding for the initial costs of connecting to a qualified HIO and adjusting technical/electronic health record workflows</td>
<td>DxF signatories</td>
<td>Starting Q1 2023</td>
</tr>
</tbody>
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For Discussion

What significant gaps in understanding around the DxF should be prioritized through the Education Grants?

What are key needs and activities that CDII should consider for the TA and HIO Onboarding Grants?
**SFY 2023 Budget Update and DxF Grant Program**

**Stakeholder Listening Sessions**

DxF Grant Program will host public “Listening Sessions” for stakeholders to provide input on program design and help refine grant domains.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Format</th>
<th>Participants</th>
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<tbody>
<tr>
<td>CDII seeks to understand barriers to implementation for signatories and identify opportunities to address those barriers</td>
<td>Sessions will be hosted virtually and provide participants the opportunity for written and verbal feedback</td>
<td>Sessions will be open to the public, with each session focusing on specific signatory groups</td>
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</tbody>
</table>

**Dates**

- Oct 4 | 9:30-11am PT
- Oct 17 | 3:30-5pm PT

**For Discussion**

What are key questions to raise with stakeholders during these sessions? How can CDII ensure broad participation from all signatory groups in these sessions?
Near Term Priorities/Activities

- **Host virtual Listening Sessions** in October/early November 2022
- **Develop criteria and application materials** for three grant domains based on Listening Session input

*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.*
Strategy for Digital Identities, Participant Registry, and Consent Management
### Strategy for Digital Identities

#### Purpose and Use Case

*Purpose and Use Case:* Associate accessed or exchanged health and social services information with the correct real person

<table>
<thead>
<tr>
<th>Questions</th>
<th>Approaches</th>
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<tbody>
<tr>
<td>How do health care and social services providers find information on their patients and clients?</td>
<td>Define standards for attributes of a digital identity</td>
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<tr>
<td>How are patients assured their identity is private and secure?</td>
<td>Create a master person index that matches certain pieces of information to confirm a unique identity, even if names do not exactly match</td>
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<tr>
<td></td>
<td>Collect sensitive information or attributes not useful in person matching</td>
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<td></td>
<td>Treat identities with same care afforded to health information</td>
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</tbody>
</table>
Strategy for Digital Identities

Overview

Attributes of a Digital Identity

- Selected “Patient Demographics” from USCDI V2: name, date of birth, gender (if required by standard or regulation), address, phone number, email address
- Identifiers uniquely associated with a real person if related to health care services delivery
- Standard formats and datasets in USCDI or promoted by federal initiatives
- Fill gaps through a public and transparent process
- Consider tokenization or other technologies to reduce the threat of identity theft

A Statewide Index

- Include a statewide person index if funding can be identified and a sustainability plan can be developed
- Follow the same security and privacy requirements for digital identities as those afforded to health information
- Limit use of attributes obtained through statewide person index to linking health and social services information to a real person
- Explore how to involve consumers in accessing, contributing to, and/or managing their digital identities
Digital Identities, Provider Registry, Consent

Path Forward

Near Term Priorities/Activities:

1. Explore creating a statewide person index
   - Understand and leverage the person matching activities across CalHHS Departments
   - Explore funding, sustainability, launching a limited implementation

2. Determine if and how to engage consumers and support consumer access
   - Consider identity assurance

3. Explore creating a registry of DxF Participants
   - Facilitates exchange by allowing discovery of how to exchange health information with each participant

4. Explore creating a shared consent registry
   - Facilitates exchange through a shared understanding of consumer consent to share their information
   - Often associated with identity
DxF Communications
To realize a California where "Every Californian has timely and secure access to usable electronic information," engaging with the public and stakeholders is vital to ensuring they understand what the Data Exchange Framework means for and requires of them.
CDII established the *Information is Power* Webinar Series to disseminate information about the current status and next steps for the DxF.

**Webinar 1 Debrief & Next Steps**

- **360 Individuals Registered for Webinar 1 on September 13th**

**Data Exchange Framework**

**INFORMATION IS POWER**

**Webinar Series**

**WEBINAR 1**

*What is the Data Exchange Framework?*

*September 13, 2022*

**Agenda**

- Vision for Data Exchange in California
- CDI Data Exchange Framework ("DxF")
- DxIF Data Sharing Agreement + Policies & Procedures
- Digital Identities Strategy
- What's Next
  - DxF Grant Program
  - DxF Data Exchange Intermediary Qualification ("QHI") Program
  - DxF Governance
- Questions & Answers

**For Discussion**

- What platforms or communications tools are best to reach stakeholders and signatories?
- What topics would you like to see covered in future webinars?
- What do you see as the most exciting aspects of DxF, or the most challenging to communicate about effectively?
DHCS Data Exchange Efforts
Public Comment Period
Closing Remarks and Next Steps
Next Steps

CalHHS will:

- Post a summary of today’s meeting.
- Consider the feedback provided by the IAC in the development of the DSA P&Ps as well as the QHIO and Grant programs.
- Post the final IAC charter.

Members will:

- Provide additional feedback on today’s topics to CDII.
# Meeting Schedule

<table>
<thead>
<tr>
<th>IAC Meetings</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>IAC Meeting #1</td>
<td>September 21, 2022, 10:00 AM to 12:30 PM</td>
</tr>
<tr>
<td>IAC Meeting #2</td>
<td>November 3, 2022, 10:00 AM to 12:30 PM</td>
</tr>
<tr>
<td>IAC Meeting #3</td>
<td>December 20, 2022, 10:00 AM to 12:30 PM</td>
</tr>
<tr>
<td>IAC Meeting #4</td>
<td>February 2, 2022, 9:00 AM to 11:30 AM</td>
</tr>
<tr>
<td>IAC Meeting #5</td>
<td>March 16, 2022, 9:00 AM to 11:30 AM</td>
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<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>
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<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, 2022, 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, 2022, 9:00 AM to 11:30 AM</td>
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For more information or questions on IAC meeting logistics, please email CDII (CDII@chhs.ca.gov).
## DxF Webinar & Grant Listening Session Schedule

<table>
<thead>
<tr>
<th>DxF Grants Listening Sessions</th>
<th>Date</th>
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<tbody>
<tr>
<td>Listening Session #1</td>
<td>October 4, 2022, 9:30 to 11:00 AM</td>
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<tr>
<td>Listening Session #2</td>
<td>October 17, 2022, 3:30 to 5:00 PM</td>
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<thead>
<tr>
<th>DxF Webinars</th>
<th>Date</th>
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<tbody>
<tr>
<td>DxF Webinar #1</td>
<td>September 13, 2022, 1:30 PM to 2:30 PM</td>
</tr>
<tr>
<td>DxF Webinar #2</td>
<td>October 24, 2022, 2:00 PM to 3:00 PM</td>
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