

WEBVTT

1

00:00:00.870 --> 00:00:02.559

Julian W - Manatt Events: Then I have for John.

2

00:00:03.780 --> 00:00:19.130

John Ohanian: Thanks, Julian. Thank you for joining us. I'm. Excited to welcome all of you to our first Webinar, and Our information is our Webinar series. My name is John O'hannon. I'd be the chief aid officer here at Lhs and our Director for our Center for Data insights and innovation

3

00:00:19.190 --> 00:00:31.489

John Ohanian: as we will discuss over the past year. Kali, Js. And Cdi have been working very closely with consumer organizations, health plans, helping him and service providers, State and local government departments,

4

00:00:31.500 --> 00:00:40.080

John Ohanian: and other healthy and and service stakeholders to develop a strategy and a pathway to improve health and human Service Information exchange in California.

5

00:00:40.130 --> 00:00:43.490

John Ohanian: Today we want to provide an overview of our progress

6

00:00:43.500 --> 00:00:45.390

John Ohanian: and all that is yet to come.

7

00:00:45.810 --> 00:01:05.570

John Ohanian: Today's presentation is the first in a series of informational Webinars Cdi. I will be hosting over the next year and recording for your ongoing records blue, which, discussing the California's data, exchange framework, its data, sharing agreement and policies and procedures and new programs we're developing to support their implementation.

8

00:01:05.580 --> 00:01:08.690

John Ohanian: My goal, Our goal is to help

9

00:01:08.820 --> 00:01:21.810

John Ohanian: all of you who may benefit from the framework and its requirements. We want you to understand the goals and the steps we're taking to realize and to healthcare organizations whose participation is essential for our success

10

00:01:21.820 --> 00:01:29.040

John Ohanian: to understand what is being asked of them and what resources they may access to support data, extreme framework implementation.

11

00:01:29.610 --> 00:01:31.869

John Ohanian: This is the start of a discussion

12

00:01:31.880 --> 00:01:48.360

John Ohanian: Once that will, we will only continue next week at our first data, exchange framework, implementation, advisory committee meeting, and then a week after that, and our first data, data, sharing agreement and policies and procedures subcommittee meeting,

13

00:01:48.370 --> 00:01:53.219

John Ohanian: and then next month at our second Webinar. In this series, all which are open to the public

14

00:01:53.230 --> 00:02:03.889

John Ohanian: materials for our meeting, dates and times and materials can be found on our website. We'll drop that out there for you at Calhoun,

15

00:02:03.900 --> 00:02:11.670

John Ohanian: and if You'd like to join our data Exchange framework mailing list. Please email us at Cdii at See Hhs: Ca:

16

00:02:12.270 --> 00:02:25.669

John Ohanian: We'll use this list. Serve to make sure our community has the latest information on our activities and opportunities to engage in this community-driven process, and with that i'd like to just go over. Who's going to be presenting for you today.

17

00:02:25.680 --> 00:02:41.969

John Ohanian: We have members of our team that are here to not only share with you some very important information for all of you, but here to answer any of your questions as we go on, and i'll have them introduce themselves. They join in a little later in the program.

18

00:02:42.280 --> 00:02:56.589

John Ohanian: So on our next slide what you can see that we have a lot to cover today. But we're going to take our time and reviewing some baseline information about our data exchange framework. We call it the Dxf. And commonly refer to it as that, and it's related documents.

19

00:02:56.600 --> 00:03:14.059

John Ohanian: We will then give a preview of some of the new programs. Cdi will be advancing over this next year to support the Data Exchange framework implementation. I anticipate that will likely do a deeper dive on the data, sharing agreement, and its and its policies and procedures in a future Webinar. But Cordney will provide an introduction to them today,

20

00:03:14.290 --> 00:03:20.199

John Ohanian: as you have questions through today's discussion. Please ask them in the chat or Q. And a picture

21

00:03:20.210 --> 00:03:38.580

John Ohanian: we will review and try to get. Ah, try to respond to all of them in future communications and Webinars, as it's been true. At every one of our nearly two dozen meetings of presentations we've had our participate in the past year. Your input and your voice is critical for supporting the work that we're doing.

22

00:03:38.590 --> 00:03:41.409

John Ohanian: Thank you for advancing and thank you for sharing.

23

00:03:41.510 --> 00:03:49.390

John Ohanian: We will try to respond to a few of the questions we received over the past weeks through your registration, and at the close of the close of today's meeting.

24

00:03:49.490 --> 00:03:59.790

John Ohanian: So with the next slide. I want to just take you through this data exchange vision that we have in color, because when we speak about data exchange, we envision a time when every California

25

00:03:59.800 --> 00:04:16.859

John Ohanian: and the health and human service providers and the organisations that care for them, that they will have timely secure access to usable information that is needed to address their health and social needs, and affect and enable the effective and equitable delivery of services to improve their lives, and will be.

26

00:04:17.110 --> 00:04:26.650

John Ohanian: And on the next slide we see one of the clients that we serve, and in this world of lots of programs and lots of information going out to the public. We know

27

00:04:26.660 --> 00:04:38.090

John Ohanian: that individuals, not all individuals, have the capacity themselves to to navigate programs and services, and if you can see on the next slide a lot of our programs and services that are in the community.

28

00:04:38.100 --> 00:04:48.029

John Ohanian: Sometimes Don't have a coordinated effort, meaning they don't have access to that real time information to know where our clients ban Ah! To know what services that client has received.

29

00:04:48.040 --> 00:04:59.790

John Ohanian: And so our vision at Cal Hhs that that slide shows is really a coordinated effort to ensure that someone's help and social needs, and that information is shared among providers to help

30

00:04:59.800 --> 00:05:04.579

John Ohanian: mobilize that person for the benefit of their themselves and their families.

31

00:05:04.590 --> 00:05:20.029

John Ohanian: Um! We we call it a person-centered approach to delivery services, I think in in this world, many of you who deliver services either at a local or regional level, know the importance of of person-centered services and the core of that is to have that real-time information.

32

00:05:20.040 --> 00:05:23.259

John Ohanian: So do you see on the next slide as we move in?

33

00:05:23.650 --> 00:05:26.889

John Ohanian: Oh, sorry. One more. That was our connection. One:

34

00:05:26.900 --> 00:05:28.800

John Ohanian: Yeah, one more, please.

35

00:05:28.890 --> 00:05:45.500

John Ohanian: It really all began with ab one hundred and thirty-three, with the governor, signing Ab one hundred and thirty-three in two thousand and twenty one last summer with the Governor and legislature. They agreed that it was a time to disrupt the health and human service information that exists

36

00:05:45.510 --> 00:05:53.919

John Ohanian: by resolving the numerous information exchange barriers that make it difficult for millions of Californians to inform and effective care.

37

00:05:54.520 --> 00:06:06.190

John Ohanian: The legislation directed Kelly Jos to develop a data exchange framework that would govern the seamless and secure exchange of health and human services data between healthcare entities across California,

38

00:06:06.200 --> 00:06:12.329

John Ohanian: and it convene a stakeholder advisory group to advise on the development and implementation of the data, exchange framework.

39

00:06:14.340 --> 00:06:27.080

John Ohanian: And so, really, what you look at is a situation where there are, there are a lot of health information organizations out there, health information exchanges, and there is a large community of health providers that are exchanging information.

40

00:06:27.090 --> 00:06:33.890

John Ohanian: But we know that it's not all social and health organizations, but we wanted to leverage the infrastructure that was there.

41

00:06:33.900 --> 00:06:46.669

John Ohanian: So when we speak about eighty, one, thirty, three in the data Exchange framework, we're not talking about building new technology, But what we're talking about is leveraging the systems of care that are out there leveraging the technology that's out there and really provide

42

00:06:46.680 --> 00:06:58.550

John Ohanian: ah rules of the road and guiding principles. Ah! And guides, and you'll see this in our policies and procedures as well to how the house and what's of information sharing? That's critical. We'll get into that more.

43

00:06:58.560 --> 00:07:12.310

John Ohanian: But it really is a a milestone and a historic step for the State of California to have this mandate of the sharing, and really allows us now to connect in so much better ways with our health and social service organizations.

44

00:07:12.410 --> 00:07:14.190

John Ohanian: If we go to the next slide

45

00:07:14.200 --> 00:07:33.590

John Ohanian: we can see that the timeline that we've been on for not only a number of years, but just in the last year a lot of effort, and where we're headed. And really our goal is now that we have come to the point where we have a data sharing agreement. We have policy, the procedures. Now we're moving into implementation phase

46

00:07:33.600 --> 00:07:40.890

John Ohanian: where all of you come in, and where the purpose of these Webinar series is to help, educate and guide you through that.

47

00:07:41.120 --> 00:07:43.840

John Ohanian: So if we say on the next slide,

48

00:07:44.020 --> 00:07:54.809

John Ohanian: when we, when you look at resolving massive and resolving issues like we've been speaking about, it's really important that we understand the issues.

49

00:07:54.820 --> 00:08:14.489

John Ohanian: And so our number. One issue is that while parts of California's health care system really rely on coordinated interoperable electronic systems to exchange data. Other parts of the system are decentralized. They are a manual process. There are silent systems of data exchange, and a lot of cases is voluntary in those situations.

50

00:08:14.700 --> 00:08:23.249

John Ohanian: And so, through a methodical process, we sought to identify the most pervasive gaps and challenges to health and human service data exchange in California,

51

00:08:23.260 --> 00:08:39.729

John Ohanian: and we found that we found low Ehr adoption, limited data, exchange capacity. I mean many health care and human service organizations, and a lack of a consistent approach to digital identification of individuals to link records.

52

00:08:39.880 --> 00:08:49.419

John Ohanian: Well, as a lack of common health and human service data, exchange governance, and you'll see if you can see a full list of our gaps and opportunities on our website.

53

00:08:49.580 --> 00:08:54.990

John Ohanian: But if we just roll into some of these issues, if we go to gap one in terms of Dhr adoption.

54

00:08:55.000 --> 00:09:14.390

John Ohanian: We know that many health and human service organizations do not have digital record systems which are required for the electronic collection and exchange of health information to support effective service delivery. Something complete adoption leaves critical data, Silo limiting care, coordination. And you can see some of the statistics here that show the lesson.

55

00:09:14.400 --> 00:09:32.049

John Ohanian: Half of California H. los report that private health plans contribute data view or receive data or pay to participate that Ehr adoption among smaller hospitals around seventy percent, which is much lower than the ninety percent for medium at large and and many others.

56

00:09:32.060 --> 00:09:42.080

John Ohanian: Ah, these technology gaps present barriers to informing routine care, but also critical, acute care for behavioral health and Sd. Treatment.

57

00:09:42.090 --> 00:09:46.819

John Ohanian: So if you see on the next slide as we move in, there's yeah number two is data, exchange capacity,

58

00:09:46.830 --> 00:09:58.590

John Ohanian: effective health and human service Information Exchange requires investment and capable of supporting data, exchange and the ability to connect and share information with other purchase events.

59

00:09:58.600 --> 00:10:06.090

John Ohanian: However, many health and human service organizations confront technical, operational financial barriers to making those connections.

60

00:10:06.100 --> 00:10:11.920

John Ohanian: California health information organizations exchanged it with only about half of the State hospitals,

61

00:10:11.930 --> 00:10:37.040

John Ohanian: and where connections to H. los national networks or data exchange intermediaries are possible. Providers may not be connected due to lack of understanding of the value that data exchange for brain patient care, but most likely expected challenges with integrating information in tech workflows, legal concerns, and the cost of addressing concerns and paying data exchange on board and Participation

62

00:10:37.880 --> 00:10:56.379

John Ohanian: Gap, Three speaks to identity. California has no robust or systematic coordination of digital identities, person resolution or data linking across organizational boundaries, and it limits the efficiency of cross-organizational data access and exchange.

63

00:10:56.390 --> 00:11:12.360

John Ohanian: A one hundred and thirty three required us to develop a strategy for unique, secure digital identities capable of supporting masterpatient indices to be implemented both private and public organizations, which we did, and rem will be discussing that in a few minutes.

64

00:11:12.390 --> 00:11:28.970

John Ohanian: If we look at the the final gap that we're speaking about today is governance. California

currently lacks a governing entity to develop implement and oversee policies that will advance meaningful exchange and the use of health and human service data throughout the State

65

00:11:29.100 --> 00:11:48.360

John Ohanian: against A. B, one hundred and thirty. Three describe California's voluntary patchwork imposes burdens on providers and patients. It limits the the health care ecosystem for making material advances in equity and falling and functionality inhibits patient access to personalized, longitudinal records.

66

00:11:48.440 --> 00:12:07.639

John Ohanian: Further, a lack of clear policies and requirements to share data between providers, payers, hospitals, and public health systems is a significant hindrance to addressing public health crises as demonstrated by challenges inherent by the to the Covid nineteen pandemic.

67

00:12:08.570 --> 00:12:14.120

John Ohanian: So we really sought to address many of these issues, and many more. With all of you.

68

00:12:14.130 --> 00:12:30.010

John Ohanian: We engage stakeholders from across California, supporting one of the biggest and most transparent advisory group series of the past two covid years for the Data Exchange Framework advisory, group, including one of, if not the first, in-person meetings of the True to a close.

69

00:12:30.060 --> 00:12:39.490

John Ohanian: Through this process we benefit from a spectrum of valuable and unique perspectives from members across our system of health in California, and from your voices.

70

00:12:39.500 --> 00:12:49.379

John Ohanian: More than six hundred members of the public participated in our public meetings, and thank you to all of you for hanging in there with us, no matter what, no matter how technically it got.

71

00:12:50.550 --> 00:13:01.309

John Ohanian: We established principles to guide our solutioning guard rails to continually keep us focused on what we do and what we do not want to accomplish. Through this

72

00:13:01.810 --> 00:13:17.929

John Ohanian: we had great work to build. On setting these principles nationally and locally. We had Calih's vision and strategic priorities for our our North star. We benefited from the previously developed consumer andpatient action principles for electronic exchange in California,

73

00:13:17.940 --> 00:13:31.330

John Ohanian: many of which remain relevant and important to guide our work today, and we continually sought to align with all the good work being done federally, particularly with Kafka and the office of the National Coordinator and the Sequoia Project.

74

00:13:33.540 --> 00:13:46.829

John Ohanian: Further informed by rigorous debate. We created eight guiding principles for our work and its objectives, advancing health equity, making data available to drive decisions and outcomes, support the whole person. There

75

00:13:47.860 --> 00:14:04.390

John Ohanian: promote individual access, reinforce individual data, privacy and security, establish clear and transparent terms and conditions for data, collection, exchange and use adhere the data to data exchange standards, and finally accountability,

76

00:14:04.480 --> 00:14:08.050

John Ohanian: detailed descriptions of these principles to be found on our website.

77

00:14:08.250 --> 00:14:14.660

John Ohanian: Finally, as we sought to develop strategies to address the issues we've identified. Guided by these principles,

78

00:14:14.680 --> 00:14:18.490

John Ohanian: we developed a data exchange framework that includes a landscape assessment,

79

00:14:18.500 --> 00:14:30.679

John Ohanian: gaps and opportunities, analysis and a first ever statewide data sharing agreement that will accelerate and expand the exchange of health information among health care organizations, beginning two thousand and twenty four,

80

00:14:30.810 --> 00:14:43.180

John Ohanian: the data sharing agreement, or Dsa and the common set of policies and procedures or pmps that spell out the standards for and governance of information exchange

81

00:14:43.190 --> 00:14:50.859

John Ohanian: a digital identity strategy that enables providers and public organizations to match shared clients while keeping identity secure.

82

00:14:50.910 --> 00:14:55.900

John Ohanian: Now I'm going to pass it to Cordy to describe the essay, and It's P. And

83

00:15:01.040 --> 00:15:03.879

Courtney Hansen: always need to unmute. Thank you, John.

84

00:15:05.290 --> 00:15:07.390

Courtney Hansen: My name. Good afternoon, everyone.

85

00:15:07.400 --> 00:15:11.670

Courtney Hansen: My name is Courtney Hansen, and I am the Assistant Chief Council of Cdi. I.

86

00:15:12.110 --> 00:15:22.190

Courtney Hansen: My role in the data. Exchange framework is first and foremost to act as legal for this effort, and to make sure everything we do complies with both State and Federal law.

87

00:15:22.530 --> 00:15:34.609

Courtney Hansen: In addition, I will serve as the chair of the new data, sharing agreement policies and Procedures Subcommittee, which is kicking off next Friday, September twenty, third, at nine, thirty Am. We hope you will join us.

88

00:15:34.880 --> 00:15:40.700

Courtney Hansen: This subcommittee will focus on developing new policies and procedures to the data sharing agreement.

89

00:15:41.040 --> 00:15:45.390

Courtney Hansen: And today I'm, presenting on the data sharing agreement, and it's current

90

00:15:45.400 --> 00:15:47.029

Courtney Hansen: policies and procedures.

91

00:15:49.430 --> 00:15:59.160

Courtney Hansen: So A. B thirty, three, which was later codified in statute at Health and Safety Code Section one, three, zero, two, nine zero for all the lawyers out there.

92

00:15:59.920 --> 00:16:13.640

Courtney Hansen: So a B, three, one hundred and thirty, three required the establishment of a single data, sharing agreement and a common set of policies and procedures to govern and require the exchange of health information in California.

93

00:16:14.360 --> 00:16:24.859

Courtney Hansen: This agreement was created and vetted through the previous Dsa subcommittee, made up of legal, technical and Hiv experts from a variety of stakeholders.

94

00:16:25.170 --> 00:16:34.770

Courtney Hansen: These stakeholders included health plans, hospitals, physicians, social service organizations, consumers, privacy and security professionals,

95

00:16:35.260 --> 00:16:39.119

Courtney Hansen: organized labor at both state and county agencies, and more,

96

00:16:39.850 --> 00:16:41.889

Courtney Hansen: the Gsa. At

97

00:16:42.330 --> 00:16:44.289

Courtney Hansen: is a legal agreement

98

00:16:44.300 --> 00:16:52.360

Courtney Hansen: that a broad spectrum of health organizations will be required to sign by January the thirty, first, two thousand and twenty three.

99

00:16:52.500 --> 00:17:00.420

Courtney Hansen: The Dsa. Is intended to facilitate data exchange between participants in compliance with applicable federal, state and local law and policy.

100

00:17:02.050 --> 00:17:15.650

Courtney Hansen: The Dsa sets forth a common set of terms, conditions and obligations, to support, secure real-time access to and exchange of health and social services, information between and among participants.

101

00:17:15.810 --> 00:17:29.889

Courtney Hansen: The Dsa is not intended to replace or supersede any existing or future agreement between, or among participants that provides for extensive, more extensive data exchange than the Dsa requires.

102

00:17:30.130 --> 00:17:31.480

Courtney Hansen: Next slide, please.

103

00:17:33.600 --> 00:17:37.439

Courtney Hansen: So the big question, who has to sign the Dsa

104

00:17:37.780 --> 00:17:44.459

Courtney Hansen: Ab. One hundred and thirty. Three specifically calls out several significant groups that will be required to sign the Dsa.

105

00:17:44.870 --> 00:17:50.829

Courtney Hansen: Those include general acute care, hospitals, physician organizations, and medical groups,

106

00:17:50.930 --> 00:17:52.960

Courtney Hansen: skilled nursing facilities,

107

00:17:53.430 --> 00:18:00.519

Courtney Hansen: health care, service plans and disability insurers that provide hospital, medical or surgical coverage,

108

00:18:01.090 --> 00:18:05.260

Courtney Hansen: clinical laboratories and acute psychiatric hospitals.

109

00:18:05.990 --> 00:18:15.909

Courtney Hansen: Well, These entities are required to sign the Dsa. By January thirty, first, two thousand and twenty three. You'll notice, i'm repeating that date for you, as it is quickly approaching,

110

00:18:16.050 --> 00:18:26.659

Courtney Hansen: most entities will be required to exchange health information, beginning on January thirty, first, two thousand and twenty, four, and some entities will have, until January thirty, first, two thousand and twenty. Six

111

00:18:27.740 --> 00:18:37.070

Courtney Hansen: other groups not listed, including both State and county agencies, are highly encouraged to sign on to the Dsa and participate in the data exchange framework.

112

00:18:38.720 --> 00:18:51.490

Courtney Hansen: We have received a number of questions about who has to sign the Dsa. And I'm. Pleased to announce. We will be releasing a frequently asked questions sheet that includes these signatory requirements. Very soon.

113

00:18:51.580 --> 00:18:52.620

Courtney Hansen: Next slide

114

00:18:55.550 --> 00:19:03.259

Courtney Hansen: the Gsa's policies and procedures provide rules and guidance to support the on the ground implementation of the Tsa,

115

00:19:04.700 --> 00:19:11.049

Courtney Hansen: the Dsa Subcommittee identified and prioritized all season procedures. To support this implementation.

116

00:19:11.510 --> 00:19:17.919

Courtney Hansen: We released the first set of Ds today policies and procedures in July and they are available on the Dxf website.

117

00:19:18.590 --> 00:19:30.589

Courtney Hansen: The current policies and procedures are the current policies and procedures. Establish a process for amending the Dsa, establish a way to develop and modify policies and procedures,

118

00:19:30.730 --> 00:19:34.830

Courtney Hansen: establish a breach notification process. So folks know

119

00:19:34.840 --> 00:19:40.260

Courtney Hansen: the steps they should take. Should there be any breach of health or social services, information,

120

00:19:40.680 --> 00:19:47.510

Courtney Hansen: establish the permitted required or prohibited purposes for sharing health or social services, information

121

00:19:48.080 --> 00:19:53.559

Courtney Hansen: develop the requirements to exchange health and social services, information,

122

00:19:53.580 --> 00:20:01.490

Courtney Hansen: develop privacy and security safeguards to make sure entities know how to adequately protect often social services, information,

123

00:20:01.500 --> 00:20:03.680

Courtney Hansen: including protected health information,

124

00:20:04.490 --> 00:20:11.739

Courtney Hansen: establish individual access services to make sure individuals can access their health and social services, information

125

00:20:11.830 --> 00:20:21.049

Courtney Hansen: and develop the data elements to be exchanged. So all entities can have an expectation of what information they will share and receive.

126

00:20:22.050 --> 00:20:25.389

Courtney Hansen: I do say, the first set, because, as I mentioned before,

127

00:20:25.400 --> 00:20:38.000

Courtney Hansen: our stakeholder process, Ah identified other priority pnps that are now in development, and which we'll be discussing more at the Iac and Dsa. Policies and Procedures subcommittee meetings next week.

128

00:20:38.250 --> 00:20:40.370

Courtney Hansen: Please join us to hear more,

129

00:20:40.900 --> 00:20:49.669

Courtney Hansen: and as John mentioned, there is so much more to dig into here which we look forward to doing exclusively on a future Webinar.

130

00:20:50.340 --> 00:20:57.369

Courtney Hansen: And now I will turn it over to the wonderful Dr. Rim Kaufman to discuss the digital identity strategy.

131

00:20:57.380 --> 00:20:58.230

Courtney Hansen: Okay,

132

00:20:59.790 --> 00:21:01.350

Dr. Rim Cothren: thank you, Courtney.

133

00:21:01.930 --> 00:21:09.839

Dr. Rim Cothren: My name is Rim Katherine. I'm. An independent consultant, Cdi. I working with the team on the data exchange framework.

134

00:21:09.880 --> 00:21:28.259

Dr. Rim Cothren: I've been working in health information interoperability in California since two thousand and ten and bring a focus on technology and technical standards to the work we do, as well as

policy and operational experience and health Information exchange. I'm very happy to be a part of the team and be talking to you today.

135

00:21:28.290 --> 00:21:45.189

Dr. Rim Cothren: As John mentioned earlier, the stakeholder advisory group identified a key gap in its review of the H. A landscape in the need for a coordinated person matching service to improve effective exchange of health and social services. Information

136

00:21:45.290 --> 00:21:56.919

Dr. Rim Cothren: stakeholder, advisory group called for the State to develop and adopt a strategy for digital identities which was also called for an Ab. One hundred and thirty, three. As a component of the data exchange framework.

137

00:21:58.070 --> 00:22:05.640

Dr. Rim Cothren: A need for digital identities exists within a tension between effective service, delivery and consumer privacy.

138

00:22:05.710 --> 00:22:26.459

Dr. Rim Cothren: When we faced ourselves with answering two key questions: First, How do health care and social services. Providers find information on their patients and clients, and our approach to address this question was to divine standards for attributes of a digital identity, and to create a masterperson index

139

00:22:26.470 --> 00:22:34.270

Dr. Rim Cothren: that matches certain pieces of information to confirm an identity, even if names don't exactly match.

140

00:22:34.640 --> 00:22:40.089

Dr. Rim Cothren: The other question is how our patients are assured their identity is secure. The

141

00:22:41.790 --> 00:22:52.409

Dr. Rim Cothren: so digital identities does not collect sensitive information, and we resolved that we would treat identities with the same care afforded to health information.

142

00:22:52.560 --> 00:22:54.289

Dr. Rim Cothren: Next slide, please.

143

00:22:55.070 --> 00:23:10.979

Dr. Rim Cothren: As mentioned, the strategy for digital identities was not only called for in A. B one hundred and thirty three, but also by the advisory group. Importantly, the strategy is for digital

identities, not necessarily a digital identifier

144

00:23:10.990 --> 00:23:24.970

Dr. Rim Cothren: for which consumers might apply, and which they must carry and present a digital identity instead is a collection of data attributes that helps us associate a real person with their health information.

145

00:23:25.360 --> 00:23:28.500

Dr. Rim Cothren: Strategy is required to be secure. The,

146

00:23:29.030 --> 00:23:42.100

Dr. Rim Cothren: However, we also added privacy as a key requirement during development of the strategy. Privacy is related to security, but is focused not on the system but on the consumer's data.

147

00:23:42.530 --> 00:23:50.180

Dr. Rim Cothren: The strategy is required to support, but not necessarily replace existing person indices.

148

00:23:50.770 --> 00:23:54.749

Dr. Rim Cothren: The strategy adopts as its purpose is,

149

00:23:55.780 --> 00:23:58.289

Dr. Rim Cothren: Excuse me and use case.

150

00:23:58.610 --> 00:24:08.650

Dr. Rim Cothren: The digital identities are to associate access or exchanged health and social service information with the correct real person.

151

00:24:10.030 --> 00:24:33.799

Dr. Rim Cothren: Importantly, the focus is not to a developer, develop a confirmed or consensus golden record for the demographics or other attributes associated with any person. As a result, attributes of digital identities focus on those attributes that have value in purchase person matching not necessarily in providing contact information

152

00:24:33.810 --> 00:24:37.540

Dr. Rim Cothren: fully describing the demographics of any individual

153

00:24:38.190 --> 00:24:53.219

Dr. Rim Cothren: digital identities include attributes that are part of the patient. Excuse me, the patient demographics from the Us. Core data for interoperability version two or Us. Cdi v. Two.

154

00:24:54.050 --> 00:25:10.709

Dr. Rim Cothren: As a sensitive attribute. It includes gender only if required by technical standards to regulations, but does include among those attributes, name, date of birth addresses, phone numbers and email addresses.

155

00:25:11.510 --> 00:25:24.119

Dr. Rim Cothren: Digital Identities also include unique identifiers, but only if associated with healthcare delivery, such as the medical record number in an Ehr or the Health Plan identifier. Id

156

00:25:24.900 --> 00:25:40.100

Dr. Rim Cothren: like other aspects of the data, exchange framework, digital identities adopt nationally recognized standards for data attributes where they exist, and emerging national standards to fill gaps. For example, for address,

157

00:25:41.050 --> 00:26:00.369

Dr. Rim Cothren: next slide, please. Our work on digital identities is not yet complete. The next steps surrounding digital identities focus on the potential for sharing identity information statewide and will be discussed during the Implementation Advisory Committee and Dsa Subcommittee meetings beginning next week.

158

00:26:00.380 --> 00:26:05.280

Dr. Rim Cothren: So again, i'd like to invite you to attend those meetings to hear more

159

00:26:05.680 --> 00:26:18.640

Dr. Rim Cothren: first How can the State create a statewide person index that can be used for person matching among health care and social services organizations? How is it funded? How is it made sustainable?

160

00:26:18.710 --> 00:26:33.729

Dr. Rim Cothren: Part of that effort will be understanding the existing and emerging person matching initiatives among Cal Hhs departments, coordinating and collaborating with them to leverage and promote use of digital identity statewide.

161

00:26:34.900 --> 00:26:54.629

Dr. Rim Cothren: There have been questions during our discussions with digital identities about how we engage consumers in their digital identities, the data, exchange framework identified consumer access to their health information is an important aspect of our work. How my digital identity supports consumer access.

162

00:26:54.640 --> 00:27:10.259

Dr. Rim Cothren: There may be a place for coordinated identity assurance given the requirement to provide access for providers and for Cms regulated health plans. And now for additional non cms, regulated health plans under Ab. One hundred and thirty three,

163

00:27:10.690 --> 00:27:15.100

Dr. Rim Cothren: finally separate from digital identities, but often link to it

164

00:27:15.220 --> 00:27:32.650

Dr. Rim Cothren: is for us to explore creating a shared understanding of a consumer's consent to have their information shared. With whom, and under what limitations for circumstances. Again, I encourage you to join our upcoming meetings, to hear more about our plans for digital identities.

165

00:27:32.700 --> 00:27:41.789

Dr. Rim Cothren: Now i'll turn things over to Elaine to discuss the digital strategies. Excuse me to discuss Grants

166

00:27:42.400 --> 00:27:42.890

thanks for

167

00:27:42.900 --> 00:27:57.339

Elaine Scordakis - CalHHS CDII: um. My name's Elaine Scordocchus, and I am a deputy director at Cdi. I and I've had the pleasure over the past year working on the Data exchange framework, and with a great group of team and a great team and a great group of stakeholders.

168

00:27:57.350 --> 00:28:01.930

Elaine Scordakis - CalHHS CDII: Today. I'm going to talk a little bit about the Data Exchange Framework Grant program.

169

00:28:01.940 --> 00:28:17.399

Elaine Scordakis - CalHHS CDII: Um, as some people maybe wouldn't be aware. Cdi. I will be administering a fifty million dollars. Ah, brand program over two years, and it will be to provide education, technical assistance, and Hiv on boarding support

170

00:28:17.410 --> 00:28:23.350

Elaine Scordakis - CalHHS CDII: for signatories to the data exchange framework to help them implement the data exchange framework.

171

00:28:23.710 --> 00:28:40.280

Elaine Scordakis - CalHHS CDII: The key program goals are to first support implementation. Um among the signatories specifically in under-resourced geographies and or those serving historically marginalized

populations and underserved communities in addition

172

00:28:40.290 --> 00:28:49.399

Elaine Scordakis - CalHHS CDII: one of the goals is to address significant barriers to implementation for the signatories. Some days could be things like operational or technical barriers, and I'm sure many others.

173

00:28:49.410 --> 00:29:03.190

Elaine Scordakis - CalHHS CDII: And then, finally, the last goal is to align across other grant programs and promote activities that have been available for funding by other grant programs. And those could be grant programs in the past or rep programs that are currently in place.

174

00:29:05.290 --> 00:29:35.270

Elaine Scordakis - CalHHS CDII: Very shortly, Cdi. I will begin to gather stakeholder input on the design of the Data Exchange Framework Grant program, and the eggs will be through listing sessions That, I believe begin in October, and we really want to hear from folks to help us develop this grant program. Our near term priorities over the next couple of months will be to host those learning sessions develop. And in those sessions. We're going to develop criteria and application materials based on what we learned in these listing sessions. In the

175

00:29:35.280 --> 00:29:36.680

that you provide,

176

00:29:36.720 --> 00:29:48.410

Elaine Scordakis - CalHHS CDII: as far as timing goes, and when we hope to begin issuing the grants is that Cdi, we expect to accept applications for the education initiatives

177

00:29:48.420 --> 00:30:00.250

Elaine Scordakis - CalHHS CDII: in the fourth quarter of this calendar year, and then for the technical assistance and hio onboarding grants, we look to kick off that program in the first quarter of two thousand and twenty three.

178

00:30:00.260 --> 00:30:17.380

Elaine Scordakis - CalHHS CDII: So more to come on this. If you just keep an eye on our website or sign up for our lists, we will get more information out about this, and we really hope that folks can participate in the listing sessions and help us develop a program that's beneficial for everywhere everybody. So with that i'll turn it back over to ring.

179

00:30:19.960 --> 00:30:21.859

Dr. Rim Cothren: Thank you, Elaine.

180

00:30:22.040 --> 00:30:38.759

Dr. Rim Cothren: Talk to us briefly about the Qh. Io program. The stakeholder advisory recommended the development of a formal process for qualifying data, exchange intermediaries that meet Calhs data, exchange framework requirements.

181

00:30:39.000 --> 00:30:52.019

Dr. Rim Cothren: The qualification process will align with Federal and State models, including the Federal Trusted exchange framework and common agreement or tefka process for qualified health information networks.

182

00:30:52.070 --> 00:31:10.980

Dr. Rim Cothren: The process will also draw on the experience from dhcs, as C-tap and Calhoun programs, both of which had criteria for qualified H. Ios and the California Trust, the Exchange naked network, which has a process for qualifying H. Ios and their organizations as Statewide exchange partners.

183

00:31:11.160 --> 00:31:17.549

Dr. Rim Cothren: Qh: Ios. Will be expected to demonstrate through a well-defined application process,

184

00:31:17.760 --> 00:31:19.600

Dr. Rim Cothren: corporate stability,

185

00:31:19.750 --> 00:31:27.000

Dr. Rim Cothren: technical capability, effective data, privacy and security measures and service accountability

186

00:31:27.010 --> 00:31:42.530

Dr. Rim Cothren: cdi I will gather stakeholder input in the design of the Qh. I. O. Program through the implementation advisory committee meetings beginning next week. So once again, we encourage you to participate in those meetings.

187

00:31:42.540 --> 00:31:55.490

Dr. Rim Cothren: Upcoming Topics for discussion will include the extent of alignment with Qh. I. N. Requirements and initial design of the Qh. Io. Application, submission and assessment process.

188

00:31:56.100 --> 00:31:59.689

Dr. Rim Cothren: Now, John, i'll turn it back over to you to discuss governance.

189

00:31:59.700 --> 00:32:02.589

John Ohanian: Excellent. Thank you. Um. Thank you. Team.

190

00:32:02.600 --> 00:32:07.929

John Ohanian: We're going to go over governance, and then take threes through some questions for receiving.

191

00:32:07.940 --> 00:32:22.059

John Ohanian: So, with respect to governance, Cdi has established an implementation advisory committee, and it's really building on the best practices we've learned during our past year, as I mentioned, solicitor input has been incredible.

192

00:32:22.070 --> 00:32:37.530

John Ohanian: This lac will advise us on a range of topics related to data, exchange framework implementation. We will engage the lac for advisory support until an Hhs Data Exchange Board is established in two thousand and twenty three.

193

00:32:37.540 --> 00:32:43.249

John Ohanian: The Board may then choose to establish new advisory advisory committees to support its work.

194

00:32:43.460 --> 00:33:00.419

John Ohanian: The lac will be chaired by the Cdi director. We will, it will advise Cdi on implementation issues. It's not a decision making body. It will be open to the public. So please always check the Cdi website for meeting login information,

195

00:33:00.450 --> 00:33:04.039

John Ohanian: sign up for our lists, but you'll get meeting announcements.

196

00:33:04.050 --> 00:33:13.290

John Ohanian: This group will be comprised of nineteen industry representatives from consumer community-based organization, providers, health systems,

197

00:33:13.300 --> 00:33:28.799

John Ohanian: and health plants. In addition to health it data, privacy, and other data security experts. We will have a data sharing agreement policies and procedure subcommittee which will convene between the lac meetings. That, or you will be sharing

198

00:33:29.040 --> 00:33:38.959

John Ohanian: this group. This lec will be meeting approximately every six weeks, starting next week, September the twenty first, from ten, A. M. To twelve, thirty, P. M.

199

00:33:39.980 --> 00:33:56.839

John Ohanian: And with that we are going to move into questions and answers; and as I mentioned, we received some of the questions and answers prior to. And at the beginning of this this Webinar. So we're we're gonna take them. I'm going to take the first one,

200

00:33:56.850 --> 00:34:19.650

John Ohanian: Elaine, I think i'm going to hand it to you next. So one of the questions came in of how to attend our iac meetings, and we'd like all all the public to know that members of the public are welcome to attend all, and any and all. I see meetings virtually or in person. The location and dial and instructions are both available on the Data Exchange framework website under the iac section

201

00:34:19.659 --> 00:34:30.950

John Ohanian: and the I. The first I see meeting will be taken place on September twenty third, and we'll feature discussions of the prioritization of the next set of Pmgs to be developed,

202

00:34:30.960 --> 00:34:40.720

John Ohanian: The data exchange intermediary qualification program and the Data Exchange Grants program as well as updates on activities related to the Data Exchange framework,

203

00:34:42.090 --> 00:34:43.419

John Ohanian: And

204

00:34:44.920 --> 00:34:47.289

John Ohanian: i'm going to hand it to a link for the next question.

205

00:34:47.300 --> 00:34:55.500

John Ohanian: Actually, I misspoke it's not September the twenty third. It's September, the twenty first September, the twenty first ten a M. To one thousand two hundred and thirty.

206

00:34:55.679 --> 00:35:00.089

John Ohanian: Pardon me a link. I'll take the next function operation

207

00:35:00.100 --> 00:35:08.899

Elaine Scordakis - CalHHS CDII: great. So we did get a couple of questions in advance about the Grant program. The first one was about. When will signatories be able to apply for the

208

00:35:09.230 --> 00:35:27.500

Elaine Scordakis - CalHHS CDII: grants for technical assistance, and H. I. O. On boarding. And right now our plan is to start issuing those grants in the first order of two thousand and twenty three. The next

question is about, How can stakeholders provide input on the design of the Data Exchange Framework program.

209

00:35:27.510 --> 00:35:50.200

Elaine Scordakis - CalHHS CDII: I mentioned in my presentation that we're going to be holding listing sessions in October and we're inviting all the signatory groups to provide input on the design of the program. And really it's a great opportunity to provide insight on the biggest technical assistant needs for your stakeholder group, because we really need to know about that, and how this grant program can best address those needs.

210

00:35:50.210 --> 00:36:09.990

Elaine Scordakis - CalHHS CDII: It's also an opportunity to provide the feedback in a follow-up to the session session. So, like I mentioned, we're going to send out more details for these sessions to the data change framework community in the coming weeks. So please sign up for that list. Serve or check back on our website, and we hope to have lots of participation.

211

00:36:10.570 --> 00:36:13.289

Elaine Scordakis - CalHHS CDII: Uh, who is next? Is it?

212

00:36:13.300 --> 00:36:15.819

John Ohanian: We have some questions for him? Yes,

213

00:36:16.340 --> 00:36:45.100

Dr. Rim Cothren: yes, there are a couple of questions specifically on the Qh. Io program first was, How does that the Data Exchange framework. Qh: Io program relate to the Taka, Qh. I. N. Or Qhen program, and that's an excellent question. Both the data exchange framework and takka seek to improve healthcare delivery through effective data exchange, and therefore the programs are related with those shared goals. The data exchange framework,

214

00:36:45.110 --> 00:36:58.909

Dr. Rim Cothren: Two H. I. O. Program will seek to align its requirements with those with Tefka to create greater consistency across the programs and to leverage what Tfta learns about the Qm. Program as they move forward.

215

00:36:58.920 --> 00:37:28.340

Dr. Rim Cothren: Ah! The second question, which when will Qh. Aio criteria be available, and the Q. H. O. Criteria will be informed by lessons learned from health, information, exchange efforts across the country, as well as from our policies, procedures which are still under development. However, we anticipate sharing draft criteria later this year for review and comment again attending the lac and Dsa Subcommittees is a great place.

216

00:37:28.350 --> 00:37:34.709

Dr. Rim Cothren: You learn more about those criteria and Courtney. I think there were some questions on the P. Andps as well. The

217

00:37:36.230 --> 00:37:38.239

Courtney Hansen: Yes, thanks, Ram.

218

00:37:38.310 --> 00:37:46.390

Courtney Hansen: So I was asked how stakeholders provide input on the development of new pnps, which is a really exciting question.

219

00:37:46.400 --> 00:37:47.990

Courtney Hansen: So, as I mentioned before,

220

00:37:48.000 --> 00:37:55.880

Courtney Hansen: Cdi is developing the data, sharing agreement policies and procedures subcommittee to support the development of the new p andps, the

221

00:37:55.920 --> 00:38:01.550

Courtney Hansen: meetings will be conducted virtually, and will be open to the public with an opportunity for public comment.

222

00:38:01.800 --> 00:38:11.739

Courtney Hansen: The first subcommittee meeting will be held on September twenty, third from nine, thirty, a to twelve Pm. At specific standard time for our friends. Following this effort from different regions

223

00:38:11.760 --> 00:38:16.379

Courtney Hansen: and participation, information will be available on the Dxf website.

224

00:38:16.830 --> 00:38:25.769

Courtney Hansen: Stakeholders will also have the opportunity to provide input on draft P. Andps, which will be released for public comment prior to finalization.

225

00:38:25.890 --> 00:38:31.890

Courtney Hansen: Your input is absolutely critical, and we want to hear from you. We really hope that you join us.

226

00:38:33.060 --> 00:38:37.880

Courtney Hansen: And then we were also asked, How can entities sign the Dsa

227

00:38:38.160 --> 00:38:43.290

Courtney Hansen: Khs is developing a process to collect and manage Dsa signatures.

228

00:38:43.300 --> 00:38:53.019

Courtney Hansen: More information, as well as a signable version of the Dsa will be shared with stakeholders and made available on the Cal Hhs Dxf. Website later this year,

229

00:38:54.780 --> 00:38:56.089

Courtney Hansen: and

230

00:38:56.360 --> 00:38:59.639

Courtney Hansen: uh, don't know where questions go Now

231

00:39:00.250 --> 00:39:01.600

John Ohanian: i'm thinking about it.

232

00:39:01.770 --> 00:39:03.979

John Ohanian: Thank you. Thank you all?

233

00:39:08.200 --> 00:39:11.689

John Ohanian: Do we have any live questions? We'd like to.

234

00:39:15.750 --> 00:39:30.500

John Ohanian: Okay, We have a question coming in like, How will local public health departments benefit from this? Can you share other share of the demographic and other standards? You're free,

235

00:39:37.750 --> 00:39:57.370

Dr. Rim Cothren: John. I can at least perhaps Ah shit some light on this question. One of the policies and procedures we developed over the past nine months has been specifically around the data that must be exchanged, the elements that must be exchanged. We're also going to be working

236

00:39:57.380 --> 00:40:26.600

Dr. Rim Cothren: on policies procedures during the upcoming six months on the transaction patterns, the technical standards to use and exchanging data. Those are opportunities for all of our stakeholders to weigh in on the type of information that needs to be exchanged between what entities, what triggers, those exchange for one of the best technical standards to use for that. So those are questions that we

are answering in the up,

237

00:40:26.610 --> 00:40:34.740

Dr. Rim Cothren: I mean, in the upcoming months, and I would encourage people to participate in the Dsa Subcommittee, where that would be going on,

238

00:40:38.260 --> 00:40:47.509

Dr. Rim Cothren: John, while I have the mic open. There was also a question about their definition of interoperability that may have come from some of my use of that word.

239

00:40:47.520 --> 00:41:15.589

Dr. Rim Cothren: Interoperability has a lot of different meanings, and and and has evolved over time. But at least when i'm using that word, i'm talking about two systems that can exchange information and make use of that information, and that makes use of is an important part of it. From the question it was implied that maybe that's between two copies of the same system, and at least when we're talking about it. It's absolutely disparate systems

240

00:41:15.600 --> 00:41:25.640

Dr. Rim Cothren: systems that may have been created for different purposes by dead for different vendors, but share a common standard and understanding of the data that they need to be exchanging.

241

00:41:26.340 --> 00:41:34.470

John Ohanian: Thank you, Ram, for that. Thank you. The next question is, will adult day health care centers be required for

242

00:41:38.400 --> 00:41:41.240

John Ohanian: thanks for you.

243

00:41:42.470 --> 00:41:48.979

Courtney Hansen: So if they qualify as one of the required signatories, the ones that I listed before

244

00:41:49.100 --> 00:42:04.909

Courtney Hansen: ah, then they would be required to, and participate. All other entities are highly encouraged to sign on and gain access to this wonderful um program that we're building so that way we can really emphasize full-person care.

245

00:42:05.410 --> 00:42:07.869

John Ohanian: Thank you so much, Bernie. Thank you for that.

246

00:42:07.880 --> 00:42:22.829

John Ohanian: Ah, our next question has digital identity so room. You may want to start with this one. But then we can go around. But what's the plan to build digital identity to support social service providers and we'll leave it. Will there be any integrations with existing social service seeds.

247

00:42:23.080 --> 00:42:41.020

Dr. Rim Cothren: That's an excellent question. And when we talk about digital identities we have a tendency to think about it only in the healthcare delivery setting. The data Exchange framework intends to include not only healthcare delivery setting, but social services, care, delivery, as well as the plans.

248

00:42:41.030 --> 00:42:57.499

Dr. Rim Cothren: And so the intent is absolutely Yes, the digital identities can help all of those different organizations ensure they're talking about the same real person and integration with social services systems is a definite possibility and something that we look forward to doing.

249

00:43:00.640 --> 00:43:03.380

John Ohanian: Okay? Great. Thank you. Um.

250

00:43:03.430 --> 00:43:12.589

John Ohanian: Will there be a directory of sorts that will allow exchanging organizations to know what entities have signed the Dsa and what exchange platforms. He,

251

00:43:13.420 --> 00:43:29.879

Elaine Scordakis - CalHHS CDII: I can take that one um. So we're in the process of creating that process for collecting signatures, and in that our our vision is that in the end, as signatures are collected, we will have a way to publish that to a website, so everybody will know who has signed on to the Tsa.

252

00:43:30.160 --> 00:43:45.879

Elaine Scordakis - CalHHS CDII: We're currently developing what other information we may be collecting. So this is a great question about finding out what different platforms or tech that different entities are using. So we'll definitely add that to our list of items to consider.

253

00:43:54.680 --> 00:43:58.470

John Ohanian: Okay, I think we may have gone through the question.

254

00:44:05.690 --> 00:44:07.409

John Ohanian: Get one more minute,

255

00:44:07.860 --> 00:44:23.390

John Ohanian: and we know that there's a number of questions that are in the the Q. And a area as well

and like we said some of those questions may need a little bit more info, but we will definitely have answers to all those questions here.

256

00:44:29.250 --> 00:44:35.589

John Ohanian: Yeah, that'd be great. Let's go to our slide then, on staying connected with us,

257

00:44:39.360 --> 00:44:41.750

John Ohanian: I think it's five thirty-four

258

00:44:43.520 --> 00:44:57.660

John Ohanian: excellent. So I just want to thank everyone for joining, and please encourage everyone to stay connected. I think that's been the common theme with all of our speakers. Is it's great to sit here, and and really share with you the work that's been done, and the work that we're planning

259

00:44:57.670 --> 00:45:11.640

John Ohanian: the hope is that the message you're receiving is, we're here to help. But we're also here to listen, and we're here to answer your questions and and make this as successful as we're excited all of us to see this framework reach its potential.

260

00:45:11.650 --> 00:45:28.800

John Ohanian: So, as as we thank you, we want to let you know one more time for clarification that our next public meeting of our iac is just next Wednesday, September twenty first, from ten A. M. To twelve thirty. You can join virtually or in person. Ah, please visit our website for details.

261

00:45:28.810 --> 00:45:41.900

John Ohanian: Don't forget to send us an email at Cdi, at Chhs, Gov. To be added to our mini listser, and we look forward to connecting with all of you. Soon. Please stay in touch and thank you for your participation today.

262

00:45:43.510 --> 00:45:46.520

Julian W - Manatt Events: Thank you for joining. You may now disconnect.