



**California Health & Human Services Agency  
Center for Data Insights and Innovation  
Data Exchange Framework Information is Power Webinar Series:  
The DxF Data Sharing Agreement and Policies & Procedures: An Overview  
Webinar #2 Transcript (2:00 PM – 3:00 PM PT, October 24, 2022)**

The following text is a transcript of the October 24<sup>th</sup> Data Exchange Framework Information is Power Webinar Series: The DxF Data Sharing Agreement and Policies & Procedures: An Overview Webinar. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework [website](#) to ensure accuracy.

[John Ohanian] 14:01:28  
framework and its data, sharing the green and policies and procedures

[John Ohanian] 14:01:36  
These are these policies or procedures and the data sharing agreement are new programs.

[John Ohanian] 14:01:41  
We're developing to support the implementation and for your ongoing reference.

[John Ohanian] 14:01:46  
Each webinar will be recorded and posted to our data exchange framework website along with the presentation slides.

[John Ohanian] 14:01:53  
Today's presentation will focus on foundational aspects of the data exchange framework.

[John Ohanian] 14:01:58  
The data, sharing agreement, the policies and procedures.

[John Ohanian] 14:02:02  
Our goal is to help stakeholders better understand the parameters and requirements of the data sharing agreement and the policies and procedures as well as how they fit into the vision of a better data

[John Ohanian] 14:02:14  
exchange to improve the health and well-being of all California's, and that is why i'm joined today by moment at health colleagues Helen Feyster Partner Jonah Froy, senior

[John Ohanian] 14:02:26  
managing director and Jonathan dello manager who will be leading us through a detailed discussion of how the data sharing agreement and pmps were developed.

[John Ohanian] 14:02:35  
What's in them, and what the future Holds before diving into the the Dsa. and Pmps.

[John Ohanian] 14:02:41  
We're gonna review our vision for the data exchange in California and provide a status update on key data exchange framework implementation activities.

[John Ohanian] 14:02:49  
Since the first information in power webinar back on September thirteenth. Well, then, spend the bulk of the time today reviewing the Dsa.

[John Ohanian] 14:02:59  
The Pmps, including how they were developed, what they require and what comes next.

[John Ohanian] 14:03:05  
As you have questions through Today's discussion please ask them in the chat or Q.

[John Ohanian] 14:03:09  
A feature. We'll try to respond to those questions as well as a few of the questions we we have received over the past few weeks, through your registration of close today.

[John Ohanian] 14:03:20  
So with that, let's look at a slide 5 that goes over the vision for data exchange and our vision is that every Californian and the health and human service providers and organizations that care for them will have timely

[John Ohanian] 14:03:33  
and secure access to usable electronic information that is needed to address health and social needs.

[John Ohanian] 14:03:40  
Also to enable the effective and equitable delivery of services to improve their lives and well-being Next, slide.

[John Ohanian] 14:03:47  
Please. as stated our vision. The reason we're engaged in this work is the promise that Dick better data exchange holds for improving health and well-being for all California.

[John Ohanian] 14:03:58  
We were reminded of this promise by a study that was released by Millbury Mill Bank Memorial Fund a few weeks ago, that found it practices participating in the comprehensive primary care plus program as well as a health information

[John Ohanian] 14:04:11  
exchange, reported Beta. Better patient outcomes in several key metrics than practices that didn't participate in either of them.

[John Ohanian] 14:04:21  
When practices participated in both Cpc. plus and H. E.

[John Ohanian] 14:04:25  
They saw it. 24% reduction in admission and hospital admission rates and 21% decrease in outpatient surgery rates.

[John Ohanian] 14:04:39  
You can see quite a disparity there as well as if you look at average length, and of stay in hospitals, there were 32% lower and readmission rates.

[John Ohanian] 14:04:49  
30% are all this further evidence that H. ie. can play an integral role in supporting value-based care and improving patient outcomes.

[John Ohanian] 14:04:58  
So since this is our per since our first information and power webinar on September thirteenth, there's been several key activities that Cdi and stakeholders have been engaged in so further the data exchange

[John Ohanian] 14:05:11  
framework implementation. Here are a few highlights of this month.

[John Ohanian] 14:05:15  
During the first Implementation Advisory committee meeting we discussed key data exchange, framework, implementation, active initiatives, including the development of additional Dsa.

[John Ohanian] 14:05:27  
Pmps, the Data Exchange Framework Grant program and the qualified Health Information Organization program during the first Dsa.

[John Ohanian] 14:05:36  
Pmp. Subcommittee meeting. We discussed the prioritization of Pmp.

[John Ohanian] 14:05:41  
Topics for development in early 22 2022 and the content of 3 pmps in development for the data exchange screen exchange framework. grants We released an educational grant

[John Ohanian] 14:05:55  
Rfi and held listening sessions to gathering input from participants on our data data exchange framework.

[John Ohanian] 14:06:03  
Grant pro Grant program implementation. Upcoming is the release of the technical assistance, and H. I. onboarding grants next year.

[John Ohanian] 14:06:13  
So in 2,023 for the Qh lo.

[John Ohanian] 14:06:15  
Qualification criteria and draft application is being developed, and will be available for public comment in early 2,023.

[John Ohanian] 14:06:22  
The Qh lo program. Details will be shared in this.

[John Ohanian] 14:06:26  
In the second 8, I see meeting set for november third. so you'll be able to join us for that.

[John Ohanian] 14:06:32  
So it's now my pleasure to turn the mic over to John Jonathan develop to go over our data sharing agreement policies and procedures development.

[Jon DiBello] 14:06:41  
Jonathan. Thanks, John. So before we get too far into the details on the data sharing agreement and the policies and procedures, I just wanted to share a bit of information about their development in July of 2022 call hhs in

[Jon DiBello] 14:07:01  
partnership with the Stakeholder Advisory Committee and the Data sharing Agreement Subcommittee published the Data exchange framework, the Dsa.

[Jon DiBello] 14:07:11  
The data sharing agreement and the initial set of policies and Procedures Data sharing agreement, or Dsa is a legal agreement that a broad spectrum of organizations are required to execute by

[Jon DiBello] 14:07:26  
January, the 30, first, 2023. The Dsa.

[Jon DiBello] 14:07:33  
Is a streamlined document that focuses on the key legal requirements.

[Jon DiBello] 14:07:38  
Mps. P. Mps. On the other hand, are the rules and guidance that support the on the ground implementation, and are expected to evolve and be refined over time through a participant tory governments and process involving

[Jon DiBello] 14:07:56

stakeholders. Both the Dsa. and its Pmp is were developed to align with and build upon existing State and Federal data exchange rules, regulations, initiatives wherever possible.

[Jon DiBello] 14:08:10

And you can see that we have a few examples there So the the way that we will organize today's presentation.

[Jon DiBello] 14:08:20

First we'll talk about the dsa and its section so which the Dsa.

[Jon DiBello] 14:08:28

There are 17 sections. and it has foundational definitions, lays out expectations for health and human services.

[Jon DiBello] 14:08:38

Data sharing in California. Later on my colleague, Helen will be going through the sections.

[Jon DiBello] 14:08:44

You see, bolted on this slide in greater detail.

[Jon DiBello] 14:08:51

The pnps. the Dsa. supported by 8 psp that were simultaneously released in July of 2,020, along with the data sharing agreement and the exchange, framework and we are in

[Jon DiBello] 14:09:06

the Khs and Cdi I. are in the process of developing additional.

[Jon DiBello] 14:09:13

5 pieces released in early 2023 finally it's important to note that certain Dsa sections really map to the Pmps, and we've shown on this slide on how that mapping takes place Pmp is just like the

[Jon DiBello] 14:09:30

data sharing agreement are also considered requirements and important for stakeholders to understand what's in them and what they mean.

[Jon DiBello] 14:09:41

So to that in that regard i'd like to turn it over to Helen, who will be leading us through a deep dive on the Dsa.

[Helen Pfister] 14:09:48

And Pmp. Great thanks, everybody. so I think we already have some background on this slide, so we'll go through all of it.

[Helen Pfister] 14:09:58

I think that the 2 most important points are that this is the to set forth a sort of set of common terms and conditions and obligations to support the real-time exchange of information and more importantly, it's not supposed

[Helen Pfister] 14:10:11

to replace or supersede any existing arrangements or future arrangements among participants that provide for any more expensive that exchange than the Dsa.

[Helen Pfister] 14:10:21

Requires. So next slide, please, in terms of who has to sign the Dsa 81, 33.

[Helen Pfister] 14:10:29

The statute establishes the symmetry groups that will be required to to execute the Dsa.

[Helen Pfister] 14:10:35

And they include general acute care hospitals, physician organizations and medical groups, skilled nursing facilities, healthcare service plans and disability insurance that provide hospital medical or surgical coverage

[Helen Pfister] 14:10:49

clinical labs and acute psychiatric hospitals.

[Helen Pfister] 14:10:53

And there is an Faq that provides additional guidance on the types of entities that have to send the Dsi, and that's available through on the Dxf.

[Helen Pfister] 14:11:03

Website next slide, please. Okay. So as John, noted the diocese has 17 sections, and we're not going to go through all of them in detail in this presentation, just for context, with first 2 sexual sections, one

[Helen Pfister] 14:11:15

and 2 discussed the parties that will sign the Dsi and the purpose of Dsa, which we've already discussed.

[Helen Pfister] 14:11:23

And then Section 3 is just definitions and we'll highlight. some of the key definitions during the course of this webinar.

[Helen Pfister] 14:11:28

But the full setup definitions is in section 3 of the of the dsa So for purposes of this webinar, I will start with Dsa section 4 which address to the purposes for which pro for which participants

[Helen Pfister] 14:11:41

are required to permit it to, and prohibited from exchanging information under the Dsi

[Helen Pfister] 14:11:48

Those purposes will be set forth in a separate pmp which i'll review a little bit later in this presentation, and the key definition here is Health and social services.

[Helen Pfister] 14:11:59

Information That's the information That's governed by the Dsa and the Dsf.

[Helen Pfister] 14:12:03

And basically that includes any information that's That's share present to the via to to the dsa

[Helen Pfister] 14:12:15

But it includes the data elements that are set forth in a data elements to exchange policy, which i'll be reviewing a little bit later.

[Helen Pfister] 14:12:21

This webinar It includes all information related to the provision of healthcare services, including Phi. Phi.

[Helen Pfister] 14:12:30

Is defined under Hipaa, and it also includes information relating to the provision of social services, and as noted on the bottom of the slide.

[Helen Pfister] 14:12:39

It can include both pace patient, specific information as well as the identified data anonymized data.

[Helen Pfister] 14:12:45

Other types of data listed on the slide. next slide, please.

[Helen Pfister] 14:12:50

Okay, So that moves us onto Section 6 of the Dsi authorization, and that section provides that before disclosing any Ph. I or P.

[Helen Pfister] 14:13:02

I. participants are required to obtain any patient consent or patient authorizations that may be required by applicable law.

[Helen Pfister] 14:13:09

So, whether it required, or hipaa, or under 42 cfr.

[Helen Pfister] 14:13:13

Part 2, which is the Federal regulation governing confidentiality of stuff and space information, or under California law.

[Helen Pfister] 14:13:20

All concerns need to be obtained before in any information can be shared.

[Helen Pfister] 14:13:26  
And then sort of as a corollary to this section.

[Helen Pfister] 14:13:29  
6 also says that anytime a participant disposes health and social services.

[Helen Pfister] 14:13:35  
Information to another participant, they will be viewed to have been made and expressed.

[Helen Pfister] 14:13:43  
Representation that the the submitting participants, the submitter, has obtained any authorizations that are required under any of those applicable laws.

[Helen Pfister] 14:13:51  
Next slide, please. Okay. So Section 7 is titled requirement to exchange health and social services.

[Helen Pfister] 14:14:01  
Information and its purposes is to require participants to exchange information in accordance with the Pmps.

[Helen Pfister] 14:14:08  
And there are, in order to meet this requirements, participants can exchange health and social services information either through a qualified hio which we mentioned earlier, through another intermediate intermediary entity, or by using their own technology and consistent with

[Helen Pfister] 14:14:28  
the language of Ab. 1, 33, section 7 also specifically says that participants have to exchange in their real-time exchange of health and social services.

[Helen Pfister] 14:14:37  
Information. Obviously real time Exchange is a bit of a least a bit of a room for interpretation.

[Helen Pfister] 14:14:45  
But that is language from from the statute itself. Next slide, please.

[Helen Pfister] 14:14:51  
Okay moving on to section 8, probably since security the purpose of this section is to require participants to protect the confidentiality of any of an individual's personal information when they're sharing data under the dsa

[Helen Pfister] 14:15:06  
and there are 2 main points here. the first is that participants are responsible for maintaining a secure environment that supports the exchange of Phr Api, and there's a specific privacy and security policy which i'll



[Helen Pfister] 14:15:20

go into later. That provides more detail on this. and the second point is that participants have to use tools and resources made available by California by Count Hs.

[Helen Pfister] 14:15:34

To help individual users understand the benefits of information sharing and as noted on this slide, The term individual user which I use a few times, means obviously the person that is the subject of the Phi or pi that's being

[Helen Pfister] 14:15:48

exchanged. Okay, next section. So section 9 is minimum necessary and the purpose of this section is to set forth provisions to ensure to protect the privacy of data and ensure that the data that's disclosed under the

[Helen Pfister] 14:16:05

dsa isn't more than the amount necessary for the purpose that it's being disclosed for

[Helen Pfister] 14:16:12

And so basically what this says with the section says is that, like I just said, a disclosure of Phr Api must be limited to the minimum that necessary to achieve the purpose of which the information is shared except under circumstances, under certain

[Helen Pfister] 14:16:26

circumstances. and those are where it's not feasible to limit the amount.

[Helen Pfister] 14:16:32

Share where it's not required under either the hip that regulations or any other click of a law. or where the disclosure is made to an individual user or with their authorization.

[Helen Pfister] 14:16:45

Or, finally, where the disclosure is otherwise permitted under applicable law.

[Helen Pfister] 14:16:51

Next slide, Please: Okay. Section 10 is individual access services, and its purpose is to ensure that individual users have the right to access their health information.

[Helen Pfister] 14:17:05

And so specifically, what Section 10 says is that an individual user has the right to inspect, obtained a copy of and have bidirectional electronic access to Phi or Pai about them.

[Helen Pfister] 14:17:19

Asset forth in the pmp just there's an individual access Pmp.

[Helen Pfister] 14:17:24

That we'll talk about later, and to the extent consistent with a applicable law.

[Helen Pfister] 14:17:28

Of course. next slide, please, alright. Section 11 is cooperation and non-discrimination, and the purpose of this section is to ensure the participants cooperate with other participants and with the governance entity in

[Helen Pfister] 14:17:43  
implementing in in the implementation of the Dsa.

[Helen Pfister] 14:17:46  
And so what section 11 does is requires each participant to, among other things, actively exchange in the bilateral exchange of information.

[Helen Pfister] 14:17:55  
As reasonably requested by the government's entity to meet with, respond to and advise the government's entity on Dsa.

[Helen Pfister] 14:18:04  
Related activities to reasonably assist the governance entity with any any.

[Helen Pfister] 14:18:09  
Dsa related activities, and with investigating any reaches and disputes, and to not unfairly or unreasonably limit the exchange or interrupt rebuild with any other participant or individual user and the governance

[Helen Pfister] 14:18:25  
entity is the entity within Kal Hhs that is being established to oversee the data exchange framework.

[Helen Pfister] 14:18:32  
The Dsa. and the policies and procedures.

[Helen Pfister] 14:18:39  
Okay. The next section of the Dsa. deals with information blocking and the purpose of the information blocking provisions is to prohibit anything.

[Helen Pfister] 14:18:48  
Actions that are likely to interfere with access interfere with the access it's exchange or use of health and social service.

[Helen Pfister] 14:18:55  
Information participants will be required to comply with the information, black and provision set forth in an information blocking college and procedure.

[Helen Pfister] 14:19:05  
That is one of the pmp that is still under development.

[Helen Pfister] 14:19:08  
So we don't have that yet. so that will be that will be.

[Helen Pfister] 14:19:11  
That will be forthcoming. Okay. Section 13 sets, birth sets.

[Helen Pfister] 14:19:20  
Fourth some additional legal requirements, but apply under the data sharing agreement.

[Helen Pfister] 14:19:25  
So first Section 13 requires participants to cooperate with the governance entity in the monitoring and auditing activities with the governance entity conducts and as part of this, it requires the participants to

[Helen Pfister] 14:19:40  
provide complete accurate information to the governance entity.

[Helen Pfister] 14:19:45  
To facilitate those monitoring in auditing activities.

[Helen Pfister] 14:19:50  
Section 13 does expressly state that to the extent that any of the information provided by participants to the governance entity is confidential information, then the governance entity has to hold that information and confidence and may not we

[Helen Pfister] 14:20:05  
disclose that information to any other personal entity except as required under applicable law. and the next slide sets forth definition of confidential participant information, and it basically means any proprietary or competent or

[Helen Pfister] 14:20:21  
confidential materials, a participant in any format, any medium that a participant, either.

[Helen Pfister] 14:20:27  
Marx is confidential on disclosure, or that, given the nature, the information of the circumstance of disclosure should be assumed to be confidential.

[Helen Pfister] 14:20:36  
And that said It is not confidential. Just information does not include information which becomes known publicly through no fault of the receiving party.

[Helen Pfister] 14:20:47  
In this case the governance entertained is learned to learn of by the receiving party from a third party who is entitled to dispose of information is already known to the receiving party before the receiving party gets it from

[Helen Pfister] 14:20:59  
the disposing party, or is independently developed by the receiving party without relying on

[Helen Pfister] 14:21:07

The disgrace and participants confidential participant information.

[Helen Pfister] 14:21:13

Next slide, please. Okay. So the final element of Section 13 is set forth here.

[Helen Pfister] 14:21:18

And this is important. It specifically says: It specifically calls out that nothing in the Dsa.

[Helen Pfister] 14:21:25

Would prohibit an individual user for that person's personal representative from opting out of having their data exchanged pursuant to the Dsa.

[Helen Pfister] 14:21:33

So the idea is that this the Dsa mandates that exchange among participants, but still enables individuals to opt out of having their data exchanged

[Helen Pfister] 14:21:47

Okay. Section 14 sets forth certain representations and warranties that participants resounded.

[Helen Pfister] 14:21:54

Dsa. will be required to make they'll be required to warn that they have the power and authority to enter into the Dsi.

[Helen Pfister] 14:22:02

That they will fully comply with the dsi that if they are transmitting data that data will be an accurate representation of the data that's contained in or available through their system.

[Helen Pfister] 14:22:15

And that if they contact with a third party technology vendor support their exchange of data under the Dsi, then that third party vendor must comply with the same privacy and security standards that apply to the participant

[Helen Pfister] 14:22:27

themselves. Next slide, Please: right? Okay. So Section 15 sets forth termination term termination of system provisions the term in the Dsa is perpetual in terms of termination.

[Helen Pfister] 14:22:44

As we said earlier, some participants are required to send the Dsa.

[Helen Pfister] 14:22:48

Some may like to do so. Any participants. that elect to do so, and it's not maybe required to sign it can terminate on 10 business days written notice, and then finally, the governance entity has the can enforce the agreement

[Helen Pfister] 14:23:02  
through measure set forth in the Pmps for forthcoming.

[Helen Pfister] 14:23:05  
But we expect expect those measures would include the ability to suspend or terminate a participants right to exchange data under the Dsi next slide.

[Helen Pfister] 14:23:16  
Please. Okay. So the final Dsa section that I'm gonna review is Section 16, which is intended to to intended to clarify a participant potential scope of liability under the Dsa.

[Helen Pfister] 14:23:31  
And section 2, Section 16 is 2 primary points. First, it makes clear that each participant is required for its own app, for emissions, and not for the actual missions of any other participant.

[Helen Pfister] 14:23:46  
And then it also states clearly that no participant will be liable for any actor emission.

[Helen Pfister] 14:23:52  
If a cause of action for that actor emission is otherwise prohibited by applicable law, so we're not intending to to expand liability here.

[Helen Pfister] 14:24:01  
So that is the Dsa. itself. let me just grab a sip of water.

[Helen Pfister] 14:24:06  
It's a lot of talking

[Helen Pfister] 14:24:12  
So now, moving on to the pmps i'm going to go into a more in-depth overview of the Pmp.

[Helen Pfister] 14:24:18  
For the company. The Dsa. I think, John mentioned earlier the first set of Apmp.

[Helen Pfister] 14:24:23  
We're published back in July but listed on the slide, and those are the ones we'll be reviewing on this webinar.

[Helen Pfister] 14:24:31  
Okay, next slide, please. So the first one sets forth procedures for amending the Dsa.

[Helen Pfister] 14:24:38  
And one of the reasons the Dsa is relatively high level is that the intent was to try to eliminate or to try to minimize the need to amend it going forward.

[Helen Pfister] 14:24:49

So a lot of the policies a lot of information in the causes and procedures, and not the Dsa.

[Helen Pfister] 14:24:55

To avoid amending a Dsa that's going to be signed by literally thousands of of California entities.

[Helen Pfister] 14:25:01

But in the event that there is need to amend the dsa we get to put together a policy for how that how that would work.

[Helen Pfister] 14:25:09

The policy is a little bit more detailed than what's on the slide.

[Helen Pfister] 14:25:12

But at a high level. What the policy proposes is that any member of the governance committee, or any participant, or any other stakeholder that the governance entity deems appropriate can submit a written request to the

[Helen Pfister] 14:25:25

governance entity. to make an amendment to the Dsi.

[Helen Pfister] 14:25:29

And the policy doesn't stay here with policy also authorizes the government's entity to solicit request for amendments from participants, and other interest in stakeholders the policy provides for the governance entity to

[Helen Pfister] 14:25:41

define criteria to determine which requests mer consideration.

[Helen Pfister] 14:25:46

It requires the governance entity to solicitate, solicit, and consider comments from participants. before approving any amendments, it provides that if the governance entity does approve an amendment to the

[Helen Pfister] 14:25:57

Dsa participants will be given a at least calendar at least 45 calendar days to review the amendment and register any objections they may have, and then, if ultimately an amendment is adopted, it will

[Helen Pfister] 14:26:07

be circulated at least 180 days before it's effective date, unless there's a reason under applicable law that a shorter time period would be necessary.

[Helen Pfister] 14:26:18

Next slide, please. Okay, the second pmp sets for the process for modifying, for developing new campaigns and make modifications to existing Pmp: And this policy 2 has a little more detail in it than what's on the slide but

[Helen Pfister] 14:26:34

again at a high level. What this policy does is provide that any participant, or, again, any other stakeholder of the government's entity games appropriate transmitter equip can submit a request for a new or amended

[Helen Pfister] 14:26:48

or repeal. Pmp. It requires that provide before proving any new amended or appealed.

[Helen Pfister] 14:26:56

Pmp: The gonna governance entity has been solicit and considered comments.

[Helen Pfister] 14:27:01

It says that if the governance entity approves a new pmp or an amendment to a Pmp.

[Helen Pfister] 14:27:07

The participants will get at least 45 days to review the pmp and provide written comments with governance entity.

[Helen Pfister] 14:27:15

And again, as with the Dsa. it provides that the governance entity will provide at least 180 calendar days notice of the new amended, repealed, or replaced.

[Helen Pfister] 14:27:26

Pampate, unless a shorter time period is necessary in order to comply with any applicable law

[Helen Pfister] 14:27:35

The third Pmp. is breach notification, and the purpose of this pmp is set forth how the participants and the governance entities will fulfill their respective breach, notification obligations under the dsa

[Helen Pfister] 14:27:47

and this policy provides that if there is a breach the participant, the participants must notify and provide a great report to the governance entity and all other participants impacted by the breach, of What the breach was

[Helen Pfister] 14:28:01

what happened? why it happened. any details that the that the participants that experience the breach is aware of.

[Helen Pfister] 14:28:08

It also expressed the States that, complying with the breach, notification, agreement, obligations, and the psi does not in any way relieve a participant of any breach notification application that participant might have under

[Helen Pfister] 14:28:22

any other applicable law under for example, consumer notifications, or or anything else.

[Helen Pfister] 14:28:28

The definition of breach is set forth at the bottom of the slide.

[Helen Pfister] 14:28:33

Here, and it means the unauthorized acquisition, access, disclosure, or use of health and social services.

[Helen Pfister] 14:28:41

Information in a matter that's not permitted by the dsa or by applicable law, and it can include growth.

[Helen Pfister] 14:28:50

A breach of like. it includes both unauthorized acquisition, access, disclosure, or use of unencrypted data that was or is believed.

[Helen Pfister] 14:28:58

They've been a private, an un authorized person or encrypted data that was or is believed to have been, acquired by an authorized person, and the encryption and security credential which is pretty credential was acquired

[Helen Pfister] 14:29:11

by an authorized person, and the agency that owns or license to encrypted information has a reasonable belief that the Encryption key or Security convention could render that data readable or usable next one Okay, the

[Helen Pfister] 14:29:26

fourth pmp is the permitted required and prohibited purposes.

[Helen Pfister] 14:29:31

Pmp. and this sets for the purposes which participants are required, and are permitted to exchange healthcare health and social services.

[Helen Pfister] 14:29:39

Information and purposes from which they are prohibited from accessing health and social services.

[Helen Pfister] 14:29:45

Information under the data exchange framework, So participants are required to exchange and provide access to health and social services.

[Helen Pfister] 14:29:53

Information for treatment, payment, healthcare operations, and public health activity purposes.

[Helen Pfister] 14:30:01

The definitions are sit for for the bottom of the slide.

[Helen Pfister] 14:30:05



Keep treatment and payment have the same definition as in Hipaa.

[Helen Pfister] 14:30:08

Healthcare operations includes a subset of the definition of health care operations in under Hipaa.

[Helen Pfister] 14:30:14

It includes specifically party assessment, quality, system and improvement, activities and population-based activities and public health activities is also the same.

[Helen Pfister] 14:30:23

Definition as Hipaa, for it excludes overstate activities, audits, investigations, things of that nature other than enforcement activities by county health officer that are under authorized under California law for example, preventing the

[Helen Pfister] 14:30:37

spread of contagious diseases. I will go back, please.

[Helen Pfister] 14:30:45

One comment to make Hipaa permits exchange for these purposes.

[Helen Pfister] 14:30:49

The Dsa actually requires it so that's one big distinction between Hipaa and and and the Dsa. We're using hipaa definitions.

[Helen Pfister] 14:30:55

But the point is, these are the purposes for which participants have to exchange data out of the Dsi Participants are prohibited from accessing help and social services information to sell data or to take any adverse

[Helen Pfister] 14:31:08

actions against individual like denying the access limiting the access to medical services or discriminating against them, and participants may exchange health and social services information for any other purpose that we haven't already discussed next slide

[Helen Pfister] 14:31:23

please. Okay, The fifth Pmp is the requirement to exchange health and social services.

[Helen Pfister] 14:31:30

Information. Pmp: and this purpose is to set forth the responsibility of participants to respond to requests of healthcare requests for health and social service.

[Helen Pfister] 14:31:40

Information, pursue it to the data exchange framework and it provides that all participants have to respond to requests for such information made by other participants, either by providing the information or by explaining why it can't be

[Helen Pfister] 14:31:55  
provided it clarifies that the data exchange framework is supposed to be technology agnostic, meaning that no particular technology or method to exchange data is preferred and consistent with Ab 133 with a

[Helen Pfister] 14:32:10  
statutory language. It provides that participants must exchange health and social services.

[Helen Pfister] 14:32:15  
Information in accordance with specified time lines, and specifically by January, 30, first, 2,024 healthcare organizations specified in what?

[Helen Pfister] 14:32:27  
81, 33. Those 6 categories I mentioned earlier.

[Helen Pfister] 14:32:31  
Have to exchange Hssi except for the ones with a January 26 that line listed below and health information networks, health information organizations, health information service providers and electronic

[Helen Pfister] 14:32:43  
health Technology Providers also have to change data. By January 30, first, 2,024.

[Helen Pfister] 14:32:49  
There is a later deadline for some categories of healthcare providers, as well as for governmental participants and social services.

[Helen Pfister] 14:32:57  
Organization. That deadline is January 30, first, 2,006, and on the Healthcare Provider side.

[Helen Pfister] 14:33:06  
Help your organization side. The categories of healthy organizations that have a delayed effective date are position practices of fewer than 25 positions, rehabilitation hospitals, long-term acute care

[Helen Pfister] 14:33:17  
hospitals, acute psychiatric Hospitals critical access hospitals.

[Helen Pfister] 14:33:23  
We're all general acute your hospitals a fewer than a 100 acute care. Beds state wanna keep psychiatric hospitals and any nonprofit clinic with fewer than 10 healthcare providers so They have

[Helen Pfister] 14:33:31  
2 extra years to come into clients with the requirements of the of the Dsi.

[Helen Pfister] 14:33:38  
Next slide, please. Okay. So the 6 Pmp is the privacy.

[Helen Pfister] 14:33:45  
Standards and Security State groups campaign that I mentioned earlier, and its purpose is to require each participant to use appropriate safeguards to protect the privacy of Phi or P.

[Helen Pfister] 14:33:54  
I, and we didn't specify, This on the slide, but obviously covered entities that are participants that are covered entities or participants that are business associates under hepa are required to comply with Hipaa and any other

[Helen Pfister] 14:34:07  
application laws. for participants that are not covered entities and not business associates.

[Helen Pfister] 14:34:14  
They are required to comply with the Hippocracy rule and the hypocrisy rule, as if they were acting in the capacity of a business associate, or especially sending certain provisions.

[Helen Pfister] 14:34:27  
Certain provisions of hipaa to all participants but aren't, already covered by hipaa privacy standards and security safeguards.

[Helen Pfister] 14:34:35  
Pmp. also requires each participant to maintain a secure environment that supports the exchange of P.

[Helen Pfister] 14:34:43  
li. P. lii. pursue into the data data sharing agreement.

[Helen Pfister] 14:34:47  
It has expressed language. It says that before using or accessing or disposing any behavioral health information, the participant has to implement appropriate safeguards to protect that information in accordance with all applicable log which would include

[Helen Pfister] 14:35:01  
42 Cfr. part 2 as well as California law, and it also requires each participant to have written privacy and security policies in place, and to train its staff, including its contractors.

[Helen Pfister] 14:35:12  
On this privacy and security policies before granting any access to Phi or Pi.

[Helen Pfister] 14:35:16

So for anyone who's already complying with Hipaa. This should be relatively straightforward, and not at all unfamiliar.

[Helen Pfister] 14:35:24

But it is also said, also intended to cover participants that are sharing data that are not otherwise subject to hip hop.

[Helen Pfister] 14:35:32

Okay, moving on to Number 7. So the seventh Pmp is the individual access services.

[Helen Pfister] 14:35:38

Pmp. and its purpose is to require participants to provide individuals with access to their own.

[Helen Pfister] 14:35:45

Phi or P. I. and what it says is that to the extent permitted by applicable law, an individual or their personal representative has the right of access to inspecting copy.

[Helen Pfister] 14:35:58

Any Phi or P. I maintained by them, maintained about them by a participant.

[Helen Pfister] 14:36:02

For as long as the participant maintains that that information it requires participants.

[Helen Pfister] 14:36:09

If this, if a if an individual requests to add self-reported health and social services, information to that individual's health record, then participants are required to respond to that request and participants also required to have a process in place to

[Helen Pfister] 14:36:23

correct any inaccurate information, in a health record and for reconciling descriptions, recommending and discrepancies to ensure accuracy; and finally, it provides that if a participant doesn't maintain

[Helen Pfister] 14:36:37

the Phi or Pai that the individual requests and the participant knows where that data isn't is maintained and the participant has to inform the individual or their personal representative where they can access that data Okay, So the last

[Helen Pfister] 14:36:57

Pmp is the data elements to be exchanged.

[Helen Pfister] 14:36:59

Policy and its purpose is to provide a little more definition about the health and social services information that is to be exchange under the Dsi.

[Helen Pfister] 14:37:10

And so it specifies with that elements that all signature is the to Dsa.

[Helen Pfister] 14:37:16

Whether mandatory voluntary have to make available or exchange and for healthcare providers for county health facilities and for public health and agencies.

[Helen Pfister] 14:37:26

It's all electronic health information as defined in 45 Cfr.

[Helen Pfister] 14:37:30

Once they do. Well, 1 point, one or 2, and that includes all of the data elements in us.

[Helen Pfister] 14:37:35

Cbi version, 2 for health plans it's adjudicated claims, encounter data and clinical data as defined in Us.

[Helen Pfister] 14:37:44

Cdi, and this includes cost information. It providing access to works changing data, individual access services for that intermediaries.

[Helen Pfister] 14:37:54

It's the data elements required of their healthcare provider, health, plan, county health facility or public health agency participants.

[Helen Pfister] 14:38:03

In other words, data elements of their participants have to provide, or the Dsa.

[Helen Pfister] 14:38:07

And then, for all other participants, it's that elements in us Cdi version, 2

[Helen Pfister] 14:38:14

The policy also provides with all participants, have to use standardized development formats, terminology and code sets and identify the Us. Cdi version.

[Helen Pfister] 14:38:23

2, or in applicable national and federal adopted standards published in the Standards version advancement process, and then finally,

[Helen Pfister] 14:38:34

It does state that a participant is required to provide access to or exchange of Hssi, if and only if it is access to you, control over an authority to share that data.

[Helen Pfister] 14:38:43

So that completes the overview of the Dsa.

[Helen Pfister] 14:38:46

And the Pmp. so I will turn it over to Joan at this point to talk about Dsm.

[Jonah Frohlich] 14:38:52

Pmp. next steps great, and I think we have some questions that I know we're answering a few of them as we go.

[Jonah Frohlich] 14:39:01

We can probably take if we have some time a little bit, if you have time at the end.

[Jonah Frohlich] 14:39:05

If we do to answer any that we could do not have a chance to get to and through our chat and through the Q.

[Jonah Frohlich] 14:39:11

A so in terms of what is under development.

[Jonah Frohlich] 14:39:19

The near term priorities are the 5 priority policies, even procedures, you see on the left hand side of your screen, information blocking and monitoring, auditing are the first 2 up and then 3 more required.

[Jonah Frohlich] 14:39:32

Transaction patterns and technical requirements, requirements, real time, date, exchange and qualified

[Jonah Frohlich] 14:39:37

Designation process. So those 5 are all expected to be done this year and early next. really try to coincide with the January 30, first, 2023 signing date for the data sharing agreement There are

[Jonah Frohlich] 14:39:52

a number of other potential topics, those that are on the left plus those on the right.

[Jonah Frohlich] 14:39:58

Those potentials have been discussed at some length, and in various committees, including a subcommittee, generally agreed to this approach census.

[Jonah Frohlich] 14:40:07

But there are other things that are of great interest. including dispute resolutions.

[Jonah Frohlich] 14:40:13

Enforcement. is a is a great interest but it's since the Board is not yet in place there's a general feeling that we need that that governance and oversight body to be ready to go and actually in place before

[Jonah Frohlich] 14:40:27

there enforcement policy kennedy's formally established.

[Jonah Frohlich] 14:40:32

There's also a great deal of interest around consent management and consent management primarily is would be focused on for sharing sensitive data.

[Jonah Frohlich] 14:40:40

That is subject to other federal or state rules. part.

[Jonah Frohlich] 14:40:46

2 data is of great interest, so that health plans, providers, counties, and others can appropriately share share part 2 information part, 2.

[Jonah Frohlich] 14:40:58

Information is loosely defined as information subject to Federal requirements that concern substance.

[Jonah Frohlich] 14:41:04

Use and and the part 2 providers that deliver those services in this case in individual who receives the services needs to provide a consent and assign release of information for that information be shared between a part 2 and a part 2

[Jonah Frohlich] 14:41:20

provider. So there's a lot of interest in that because there's Federal law that really prevents that from that kind of information from being shared without a consent being signed. And then there are a number of other topics

[Jonah Frohlich] 14:41:31

and Tmps are on the list for the future, and being considered implementation on boarding data, quality and obligations.

[Jonah Frohlich] 14:41:43

With respect to the exchange framework, so those are both those that are on on deck, one through 5, plus others that are being considered.

[Jonah Frohlich] 14:41:51

I expect those on the right, those being considered will likely expand over time.

[Jonah Frohlich] 14:41:56

Next slide, please. in terms of how these policies are developed.

[Jonah Frohlich] 14:42:05

I mentioned the first 2 on the on the block are information blocking and monitoring and auditing.

[Jonah Frohlich] 14:42:11

So we know a lot more about information blocking. coming up to the next subcommittee.

[Jonah Frohlich] 14:42:16

As you may be familiar with Federals, or information blocking, there are going to be very similar and aligned requirements or day sharing agreement. but there will be some additional items in part because of who is subject to the

[Jonah Frohlich] 14:42:28  
mandate, and there's some different and what is required under Federal information blocking those, And I mentioned the second is monitoring and auditing, and then the next 3 are coming up would be real time, date, exchange transaction

[Jonah Frohlich] 14:42:43  
patterns from standards and the Itjo designation process in terms of the the process for actually going through and developing and ratifying these, the first set would be reviewed in the September October

[Jonah Frohlich] 14:42:58  
timeframe, and then going to the Ic.

[Jonah Frohlich] 14:43:01  
In November for their review and for comment.

[Jonah Frohlich] 14:43:05  
Once comments are received. Just to remind everyone, is that governance here, both the Subcommittee and the Implementation Advisory Committee Ic.

[Jonah Frohlich] 14:43:15  
Develop recommendations to the health and human services agency and cdi.

[Jonah Frohlich] 14:43:20  
They're not decision making, but their stakeholders with a lot of external expertise that we rely on to help make inform decisions about

[Jonah Frohlich] 14:43:27  
All these policy should be put into place. so the Ic.

[Jonah Frohlich] 14:43:31  
Will review the recommendations from the in early November.

[Jonah Frohlich] 14:43:34  
There'll be a public comment. phase in which those policies would be put out into the public for comment

[Jonah Frohlich] 14:43:42  
And then in late december finalizations i'm going to come back in, they're reviewed give we try to give the Ic.

[Jonah Frohlich] 14:43:49  
And subcommittee another look before they get finalized and approved by the Secretary and Cdi.

[Jonah Frohlich] 14:43:55  
That would happen late December. The second set the 3 on the right in that darker gray box.



[Jonah Frohlich] 14:44:02

Are set to be in the next month. They would then go to the by the subcommittee.

[Jonah Frohlich] 14:44:09

They then go to the Ic. tool end of December,

[Jonah Frohlich] 14:44:12

Before the end of the new year, before the end of the year and released in public around the same time.

[Jonah Frohlich] 14:44:19

And then in early January they come out of public comment.

[Jonah Frohlich] 14:44:20

They come back. all those comments get reviewed and corporate rated into a new draft again.

[Jonah Frohlich] 14:44:28

Back to subcommittee. I see there any additional comments, and then finalized by agency.

[Jonah Frohlich] 14:44:33

I could give you a timeline of where we how we get to essentially do January 30 first, and when the day sharing agreements are due for all required signatories. Next likely So in terms of signing the

[Jonah Frohlich] 14:44:50

Dsa. I know there have been a few questions about this.

[Jonah Frohlich] 14:44:53

You will have noted if you looked at the day sharing agreement when it was posted in July.

[Jonah Frohlich] 14:44:56

There's no signatory page and that was not an oversight it's really important that cdi I have up now sure signatures, because there are categories of mandated required signatories in accordance

[Jonah Frohlich] 14:45:11

with they're listed in ab 1 33 and So it was important by the State to ensure that we're capturing, not just a signature, but information for those who submit Signed Dsas about the organization them including who is

[Jonah Frohlich] 14:45:29

authorized to actually sign on behalf of an organization.

[Jonah Frohlich] 14:45:34

We also anticipate that there'll be voluntary signatories that may begin executing the Dsa.

[Jonah Frohlich] 14:45:40

It early is November and submitting them to to the department, and just a reminder that 81, 33, mentions that honor before January, 30 first, of 2023, all those who are indicated in ab 1 33 is required

[Jonah Frohlich] 14:45:57

signatories must submit days to to Cdi.

[Jonah Frohlich] 14:45:59

So there's no signature page because the the agency in the department.

[Jonah Frohlich] 14:46:05

Yeah, I were very interested in making sure we're categorized cataloging, and can capturing all the information necessary to manage log and try and monitor those who have signed.

[Jonah Frohlich] 14:46:18

So Cia is creating a web based service application on that top application will allow signatories to sign the Dsa.

[Jonah Frohlich] 14:46:25

Electronically, they will need. so any any signatories we'll need to. determine a few things.

[Jonah Frohlich] 14:46:33

One is when your organization is authorized to sign the Dsa.

[Jonah Frohlich] 14:46:37

Second is what facilities, or some more subordinate entities.

[Jonah Frohlich] 14:46:40

So it could be clinics. it could be. Labs within an organization are included in Dsa.

[Jonah Frohlich] 14:46:47

So a signatory, maybe an individual, maybe able to sign on behalf of multiple facilities if they are authorized to do so.

[Jonah Frohlich] 14:46:55

And then information about the individual signing. We need some information, including who their organization is.

[Jonah Frohlich] 14:47:02

Contact information, and who those subordinate entities are That would be That would be counted as as organizations that assigned a Dsa.

[Jonah Frohlich] 14:47:11

So it could be that there's one individual they're signing on behalf of 5 hospitals and other subordinates like clinics or labs or other signatories they would need to indicate which specifically

[Jonah Frohlich] 14:47:22

of those organizations they are authorized to sign on behalf of, and who they're signing for and that way those can then be cataloged and logged by the department and then posted on

[Jonah Frohlich] 14:47:34

the website. so that all of California can see who signed the day sharing agreement.

[Jonah Frohlich] 14:47:41

Mandatory signatories will be reviewed they'll be reviewing the Dsa.

[Jonah Frohlich] 14:47:45

Now, and they should plan for executing it by the end of January.

[Jonah Frohlich] 14:47:49

And just to make sure everyone is clear the Dsa.

[Jonah Frohlich] 14:47:53

Has incorporated all the Pmps, both those that are published now, and those that will be established in the future.

[Jonah Frohlich] 14:47:59

The Pmps are in many respects like amendments that follow.

[Jonah Frohlich] 14:48:04

And so it's important that all signatories understand not just what's in the data sharing agreement.

[Jonah Frohlich] 14:48:08

But the policies that are also posting couple of clarifications.

[Jonah Frohlich] 14:48:12

There's some questions that have come in or organizations are not allowed to negotiate the Dsa.

[Jonah Frohlich] 14:48:17

These are State documents. what you see on the website is what you will find There's no back and forth of the State about changing language.

[Jonah Frohlich] 14:48:26

All changes that go to the Dsa. or the Pmps must go through a formal governance process, and there are actual Pmps about changing the Dsa.

[Jonah Frohlich] 14:48:35

And pnps and those must be followed and so it's important that organizations can monitor the development of these Pmt's and Cdi will continue to have state holder engagement Webinars and we'll be

[Jonah Frohlich] 14:48:48

working with stakeholders to support outreach and education for those signatories that are required to sign the Dsa.

[Jonah Frohlich] 14:48:56

And participate in data sharing hopefully that covers for everyone the signing of the Dsa.

[Jonah Frohlich] 14:49:02

And again we can try to answer a couple of questions if we have time.

[Jonah Frohlich] 14:49:05

Towards the end. next slide, please. So in terms of the benefits, I think these go kind of without saying but just to be clear they're there multiple different segments of our population and organizations that stand to benefit from this first and

[Jonah Frohlich] 14:49:22

foremost, and if you've been working with us since the beginning of this initiative, the consumers in the middle, and we feel that this is an a really important change for consumers that they'll have better access to more timely

[Jonah Frohlich] 14:49:33

information, their information about the health and human service data that clients, and that the providers and organizations that serve them manage.

[Jonah Frohlich] 14:49:44

So the intent is for the consumers more and better access to this information would be required to share it.

[Jonah Frohlich] 14:49:50

I'm. under State laws, in addition to Federal law providers will have better and more timely access to more complete information.

[Jonah Frohlich] 14:49:55

Not just what is stored in their ehers, but for all of those who are required signatories in Dsa.

[Jonah Frohlich] 14:50:03

Should be able to access that complete information in a more timely way.

[Jonah Frohlich] 14:50:07

Help. Plans will similarly have better access to information which will, for their own population, health, management activities. and then county and community based

organizations will have a more complete picture of patient of the clients that they serve for those who for

[Jonah Frohlich] 14:50:21

example, are producing it, participating in medical and calam there's a whole cadre of new organizations based organizations that are providing enhance, care, management, support.

[Jonah Frohlich] 14:50:34

Many of them have an interface with metacal and with help. Plans or providers very much, and are being referred clients from, and patients from the, and don't know much about them.

[Jonah Frohlich] 14:50:45

And this will give them better access to background information about those clients that are coming to them, or being referred to them to receive services.

[Jonah Frohlich] 14:50:56

So wanna make sure that folks understand not just like the watson wise.

[Jonah Frohlich] 14:50:59

But what's an out? but the y and Why, we're doing this, and the benefits that all stakeholders stand to gain.

[Jonah Frohlich] 14:51:09

I think we probably have a a couple of minutes for questions and answers.

[Jonah Frohlich] 14:51:13

We have a few minutes left end of our material.

[Jonah Frohlich] 14:51:17

And so I if I can ask John other specific questions that got flag for being first to be in

[Rim Cothren, CDII CalHHS] 14:51:31

And I think i'm i'm channeling John today.

[Rim Cothren, CDII CalHHS] 14:51:36

So I thanks everybody for your attention. During the webinar.

[Rim Cothren, CDII CalHHS] 14:51:41

We have a large number of participants here, and we did have a lot of questions. So i'm going to try to keep us focused on questions that were about the Dsa.

[Rim Cothren, CDII CalHHS] 14:51:49

Or the policies and procedures today. we will start with one that was asked during registration.

[Rim Cothren, CDII CalHHS] 14:51:56

When it is, he has a large number of physicians or providers to the entity sign on behalf of its providers.

[Rim Cothren, CDII CalHHS] 14:52:03

Instead of each provider signing I want to draw people's attention that Ab.

[Rim Cothren, CDII CalHHS] 14:52:07

1, 33 calls for organizations, not individuals to be signing the Dsa.

[Rim Cothren, CDII CalHHS] 14:52:12

So it's targeted at individuals excuse me at organizations.

[Rim Cothren, CDII CalHHS] 14:52:16

There were several questions about Qh ios both before the meeting and during the webinar today I would refer people to the upcoming.

[Rim Cothren, CDII CalHHS] 14:52:28

lc. meetings where we'll be talking about the Qh. lo process and you can get more information about the process.

[Rim Cothren, CDII CalHHS] 14:52:38

There. There are also a number of questions about we're going to see their own technology using tefco or queue hands using other national networks.

[Rim Cothren, CDII CalHHS] 14:52:48

Ab. 133, doesn't call for any organization to use any particular technology or method to exchange data.

[Rim Cothren, CDII CalHHS] 14:52:56

I would encourage people to attend tomorrow's dsa meeting where we'll be talking about the requirements for

[Rim Cothren, CDII CalHHS] 14:53:04

The technical requirements for exchanging data, and that will be one of the topics that we'll start to get into more.

[Rim Cothren, CDII CalHHS] 14:53:14

At that Dsa. meeting

[Rim Cothren, CDII CalHHS] 14:53:16

There was a out Our require the Dsa. defined as only those entities that are based or headquartered in California, and for any questions about who is required to sign the Dsa.

[Rim Cothren, CDII CalHHS] 14:53:31

I would refer people back to the language in a v 133, or the frequently asked question page that you'll find on the Cdi website.

[Rim Cothren, CDII CalHHS] 14:53:46

Those give specific guidance into which organizations are required to sign.

[Rim Cothren, CDII CalHHS] 14:53:52

Please clarify who makes individual access possible. Helen.

[Rim Cothren, CDII CalHHS] 14:53:59

Can you speak a little bit to the organizations that are required to make individual access part of their participation under the dfa?

[Helen Pfister] 14:54:10

Yeah, I mean, the requirement of the requirement applies to all of the participants.

[Helen Pfister] 14:54:15

Big question is how individual access is actually going to be granted and I think there's a that's probably a longer discussion that we have time for on this, on this call to be honest. with you.

[Helen Pfister] 14:54:23

But the the short answers it applies to all participants.

[Rim Cothren, CDII CalHHS] 14:54:26

Thank you, Helen. there was also a question: Can you please clarify what is a prohibited purpose in Pnp: Number 4? Helen, Can you take that one as well?

[Helen Pfister] 14:54:38

Sure. Yeah. So just the specific language in the Pmp is

[Helen Pfister] 14:54:43

The participants may not access health and social services information through the Dsa.

[Helen Pfister] 14:54:48

In order to sell it, and they may not access that information for the Dsa.

[Helen Pfister] 14:54:53

To discriminate or unlawfully deny or limit access to medical services, or to prosecute or take any other adverse action against an individual who accesses medical services and the Pmp.

[Helen Pfister] 14:55:05

Are available as we've said so the specific languages in the Pmb itself, which is available on the on the Df.

[Rim Cothren, CDII CalHHS] 14:55:12

Website? Thank you. Are there other questions that other people are seeing

[Jonah Frohlich] 14:55:31

And there's a question, I think I think about h los, and if are they gonna be expected to sign that Dsa

[Rim Cothren, CDII CalHHS] 14:55:41

Will be talking more about the Qh lo program and upcoming lc meetings.

[Rim Cothren, CDII CalHHS] 14:55:54

And the potential requirement for qh ios to sign the dsa.

[Rim Cothren, CDII CalHHS] 14:55:58

There was also a question on whether organizations that participate and an Hio are required to sign the Dsa.

[Rim Cothren, CDII CalHHS] 14:56:09

Or whether the hio signs on their behalf.

[Rim Cothren, CDII CalHHS] 14:56:12

Ab. 133 calls out the organization so that required, assigned the Dsa.

[Rim Cothren, CDII CalHHS] 14:56:18

And so again I would refer you back to 81, 33.

[Jonah Frohlich] 14:56:21

But that includes a maintenance of an hio that are required to sign. And I think that's right.

[Jonah Frohlich] 14:56:33

And I think That's related. Yeah, the question I think Rachel asked about Ipas You know lots of Ip is being required to sign a Dsa.

[Jonah Frohlich] 14:56:42

But what if they have many small practices? Can they sell on their behalf?

[Jonah Frohlich] 14:56:45

And I think again the response there is refer to Ab 1, 33 required signatories. Those are listed there.

[Jonah Frohlich] 14:56:53

I know there's some, perhaps lack of clarity about whether practices, clinics, Ipas are expected assign and Cdi will come out with additional guidance about that once.

[Rim Cothren, CDII CalHHS] 14:57:08

There is authority for Cvi to do that. Thanks.

[Rim Cothren, CDII CalHHS] 14:57:15

There was another question. Here is, will the process replace other state or local report reporting requirements?



[Rim Cothren, CDII CalHHS] 14:57:24

Helen, do you want to speak to This being replacement of other or other agreements?

[Helen Pfister] 14:57:32

If people are signing or other requirements so So this is I mean there's another question that said

[Helen Pfister] 14:57:42

Am I correcting them? This game, if these signers will also be implicitly going to revive any addition to the Dna or the pmps, not a new system of time assigning, and they're tied

[Helen Pfister] 14:57:49

together, because this is going to be an evolving framework, and its functionalities now may well be very different from functionalities to 4 6 years from now.

[Helen Pfister] 14:58:00

I think at this point i'm not sure that we know whether the debt exchange on the Dx will replace any other reporting functionalities at some point.

[Helen Pfister] 14:58:09

Maybe it will, and that's sort of asked the question that the camps like the idea is that because things will change over time.

[Helen Pfister] 14:58:14

We do expect the Pmp. to change, or for new pmps to be put into place.

[Helen Pfister] 14:58:20

But we understand that it is somewhat nerve wracking for participant to have to be bound by changes or future pmp systems, yet which is why we put into place a robust methodology for how to change pmps

[Helen Pfister] 14:58:34

time for input time for comment. soliciting public public public comments, etc., etc.

[Helen Pfister] 14:58:40

So the short answer is, we're not quite sure yet. but we do think this is going to change over time.

[Rim Cothren, CDII CalHHS] 14:58:46

Great. Thank you, Helen. Well, we've just about reach the end of our hour.

[Rim Cothren, CDII CalHHS] 14:58:54

I want to on behalf of John and Cdi.

[Rim Cothren, CDII CalHHS] 14:58:56

I really want to thank everybody for joining us today. This is a great session, and we hope you will stay in involved in the data exchange framework as we move forward.

[Rim Cothren, CDII CalHHS] 14:59:07

Our next webinar on data exchange framework grants will be on Tuesday, November 20, s, from 1130 Am.

[Rim Cothren, CDII CalHHS] 14:59:16

To 1230 Pm. webinar materials will soon be posted on the Cdi website.

[Rim Cothren, CDII CalHHS] 14:59:24

We also invite you to participate in the upcoming data, sharing agreement and policy and procedure Subcommittee meeting, which is scheduled for tomorrow morning at 10 Am.

[Rim Cothren, CDII CalHHS] 14:59:32

You can find information on how to join that meeting on the Cdi website, and also the implementation Advisory Committee meeting.

[Rim Cothren, CDII CalHHS] 14:59:41

Next meeting is on November third

[Rim Cothren, CDII CalHHS] 14:59:47

Finally, do not forget, to email us at Cdi, at Chhs.

[Rim Cothren, CDII CalHHS] 14:59:54

Ca: Gov. to be added to our community less serve

[Rim Cothren, CDII CalHHS] 14:59:58

Please also let us know if there is any other topic that you would like to see as covering in the future.

[Rim Cothren, CDII CalHHS] 15:00:04

Information is power webinar. Thank you again for attending today, and we'll we'll talk again soon. Thank you.