California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee

Meeting 3A Chat Log (10:00AM – 1:00PM PT, December 20, 2022)

The following comments were made in the Zoom chat log by Implementation Advisory Committee Members during the December 20th meeting:

13:27:45 From Kevin McAvey To All Panelists:

We cannot hear Felix

13:28:16 From John Ohanian To All Panelists:

sorry that was me

13:29:32 From Paul Kimsey To All Panelists:

Happy to assist with education and communication with the inclusion of the local Public Health Labs thru the California Public Health Laboratory Directors (CAPHLD)

13:30:28 From Cameron Kaiser To All Panelists:

thanks, Paul! I think it will be a big topic at the next CCLHO meeting in January

13:30:34 From Rim Cothren, CDII CalHHS To Everyone:

https://www.chhs.ca.gov/data-exchange-framework/#dxf-data-sharing-agreement-and-policies-procedures

13:39:02 From DeeAnne McCallin To Everyone:

+1 David Ford as primary question that FQHCs ask, "do FQs fall under 'Physician organizations and medical groups".

13:56:28 From Cameron Kaiser To All Panelists:

lost audio

13:58:26 From DeeAnne McCallin To Everyone:

slide 30 please

14:16:19 From Felix Su To Everyone:

To clarify for the record--we strongly urge part (2) of the hospital ADT P&P to at least one QHIO to be REQUIRED (not an either/or choice between part (1))

14:22:16 From Felix Su To Everyone:

One more thing to consider--IF a SNF operates a certified EHR, it should be required to send ADTs in the Technical Requirements P&P (along with hospitals)

14:40:16 From Troy Kaji To All Panelists:

For the Info Blocking P&P, was Feasibility exception included?

14:41:11 From Troy Kaji To All Panelists:

Olivia answered YES

14:45:53 From DeeAnne McCallin To Everyone:

semantics but should "Event" be "event" (or events)?

14:52:19 From Ryan Sommers To All Panelists:

Comment on QHIO / ADT - The HIO organizations that will likely qualify for QHIO status typically have data sharing requirements beyond ADT sharing when organizations sign a participation agreement. I think it should be considered for QHIO's to not require clinical data beyond ADT of onboarded participants to meet the ADT requirements in a more narrow sense so there is flexibility on how organizations meet the full scope of DSA/P&P requirements

14:57:38 From Cary Sanders To All Panelists:

+1 to Ali's comments on the importance of non-profits as QHIO's and alignment with the state's vision of data exchange.

15:07:27 From Lori Hack To All Panelists:

I think the Participant should take consideration regarding their QHIO. They should think about which one fits their needs the best and is organized to support their community needs. They may also select a few of them if that works.

15:11:00 From Matt Lege (SEIU He/Him) To All Panelists:

Agree with the points that Felix raises. Important that we can both see population data and individual patient data exchange so that public health departments (like those we heard from today) can participate and coordinate care as needed.

15:12:34 From Lori Hack To All Panelists:

Agree with Aaron!

15:14:18 From DeeAnne McCallin To Everyone:

Oh, I forgot - under "Core Concepts" perhaps consider "requirements" and "preferred" and/or "encouraged:, two tiers

15:15:38 From DeeAnne McCallin To Everyone:

proposed Core Concept 5 - established as of when?

15:23:29 From Lori Hack To All Panelists:

Agree with Steve Lane that requiring participation on grant writing for participants is a problem

15:30:16 From David Ford To Everyone:

Regarding the question about patient opt out - California law is pretty strong owing physicians to withhold information according to patient wishes.

15:30:33 From David Ford To Everyone:

*allowing

15:32:21 From Cathy Senderling-McDonald, CWDA (Member) To All Panelists:

You know that's the day the budget comes out (Jan 10) eek.

15:32:44 From David Ford To Everyone:

Merry Christmas!