

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee
Data Sharing Agreement Policies and Procedures Subcommittee
Meeting 4 Chat Log (9:00AM – 10:30AM PT, January 26, 2023)**

The following comments were made in the Zoom chat log by Subcommittee Members during the January 26th meeting:

12:12:03 From Mark Savage to Everyone:

Might help to include on list of P&Ps the ones already finalized in July 2022 so everyone sees full scope in one place.

12:14:03 From Jonah Frohlich to Everyone:

Thanks Mark - to include where?

12:14:03 From Deven McGraw to Everyone:

Don't we need a policy on accountability/enforcement? At least with an indication of the process involved, as likely "penalties" might need to be established in regulation?

12:14:27 From Mark Savage to Everyone:

+1 Deven

12:14:57 From Lee Tien to Everyone:

+1 Deven

12:16:25 From Deven McGraw to Everyone:

+1 to Steven re: publication of exchange modalities.

12:16:35 From Rim Cothren to Everyone:

Thanks for that feedback, Steven.

12:16:48 From Deven McGraw to Everyone:

I.e., each Participant has to say through what mechanisms (networks and otherwise) they can exchange

12:17:51 From Mark Savage to Everyone:

@Jonah my initial thought is, say, another column with P&Ps already developed, for a full view.

12:18:31 From Deven McGraw to Everyone:

+1 to Elaine - dispute resolution and accountability/enforcement? Maybe we call Dispute Resolution something Conflict and Dispute Resolution?

12:19:08 From Jonah Frohlich to Everyone:

@Mark: got it

12:19:08 From Steven Lane to Everyone:

The federal Information blocking Civil Monetary Penalties final rule are expected later this year: -

<https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202210&RIN=0936-AA09>

12:20:08 From Steven Lane to Everyone:

The NPRM clarifying disincentives for Providers is also anticipated in September: - <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202210&RIN=0955-AA05>

12:22:06 From Steven Lane to Everyone:

+1 Matt (We'll miss you). Also worth noting that HIEs are starting to publicly announce which QHIN they plan to use to facilitate TEFCA exchange. This will apply to both intra- and interstate exchange.

12:23:12 From Deven McGraw to Everyone:

It's nice to see the published federal regulatory timelines - I find they frequently miss those timeframes despite best efforts, so we should be careful about waiting for them or hoping to depend on them for models.

12:24:30 From Elaine Ekpo to Everyone:

To clarify my point a bit more: I am concerned that any conflicts automatically being elevated to Dispute Resolution may be counterintuitive to the cooperative and collaborative spirit that this DxF embodies. If we could consider a more informal "meet and confer" approach or P&P that encourages Participants to work things out between themselves and outlines how to do so effectively (before elevating conflicts to DR), I think that would be great.

12:25:39 From Deven McGraw to Everyone:

+1 to Elaine - perhaps we can re-scope the DR policy that it includes that first level of "meet collaboratively to resolve concerns".

12:25:45 From Jonah Frohlich to Everyone:

I like the proposed approach and your clarification Elaine !

12:26:15 From Eric Raffin to Everyone:

We could consider chartering an information governance function - data quality, privacy, security, etc. could live within an IG program.

12:27:14 From Steven Lane to Everyone:

The method outlined by Elaine is precisely how disputes are managed within the existing Carequality framework: <https://ceq-project.s3.amazonaws.com/wp-content/uploads/2018/09/30163029/Carequality-Dispute-Resolution-Process-Approved-11-5-2015.pdf>. Of note, we are planing to make updates to clarify this document.

12:27:47 From Elaine Ekpo to Everyone:

Thank you for clarifying, Steven!

12:28:25 From Steven Lane to Everyone:

+1 to formal Data Governance and the inclusion of Data Quality under this function.

12:29:53 From Lee Tien to Everyone:

I think it's important, if there are less formal mechanisms for resolving disputes, that there is still an ability to learn from the resolutions — in other settings it can be a problem when “settlements” are private or confidential especially if the disputes being resolved are not “one-off” disputes (perhaps the Carequality approach already addresses this transparency/consistency issue)

12:31:01 From Deven McGraw to Everyone:

Are the comments public?

12:32:04 From Justin Yoo to Everyone:

Yes - received comments will be posted to the DxF website.

12:35:50 From Steven Lane to Everyone:

+1 Lee. I have raised this same concern to Carequality. I agree that it is worthwhile to record some details about concerns that are resolve between participants without formal dispute resolution so that the community can learn from these events.

12:37:15 From Jonah Frohlich to Everyone:

Feels like with the comments and input from chat we have a good basis for constructing a solid dispute resolution P&P. Thank you this is great!

12:39:13 From Steven Lane to Everyone:

The addition of a requirement to send ADT to a QHIO is a HUGE change and additional burden on hospitals that are already required by CMS to send ADT alerts to members of a patient's care team and other interested parties.

12:40:06 From Deven McGraw to Everyone:

Per the concerns about private settlements, there is a balance to be struck between having a mechanism for resolution of concerns between two parties that doesn't require them to public about it and needing to escalate concerns or disputes that have or could have an impact on exchange more broadly.

12:41:02 From Lee Tien to Everyone:

+1 Deven

12:41:30 From Deven McGraw to Everyone:

Rim, can you share the rationale for why a QHIN connection is required - vs. deeming compliance with a requirement to share by use of a recognized QHIN?

12:42:52 From Deven McGraw to Everyone:

QHIO -

12:43:18 From Steven Lane to Everyone:

Though, of note, QHIN is likely to be another future path for the delivery of ADT messages.

12:46:04 From Rim Cothren to Everyone:

Thanks for your note on QHINs, Steven. Is there public information on the plan for ADTs on TEFCA that we should review?

12:49:22 From Rim Cothren to Everyone:

Thanks @Louis for your question. Participants in nationwide networks and frameworks, such as eHealth Exchange and Carequality, are developing best practices to help reduce the burden on Participants to respond to broadcasts.

12:49:55 From Steven Lane to Everyone:

It comes as no surprise that entities aspiring to be a/the QHIO and their allies would want to require that all hospitals send ADTs to a/the QHIO. This has been the singular goal for some stakeholders since the onset of this process 5+ years ago, even before the CMS requirement for ADT alerts respecting patient preferences were

implemented. It is important to fully consider the privacy, cost and burden implications of requiring a duplicative method for sharing ADT alerts.

12:51:46 From Rim Cothren to Everyone:

Thanks, Steven.

12:52:05 From Deven McGraw to Everyone:

TEFCA will be voluntary, though - so although info blocking compliance by providers is not voluntary, using a QHIN to do so would be voluntary.

12:55:31 From John Helvey to Everyone:

@Jason Bucker's Comment +1

12:55:34 From Deven McGraw to Everyone:

I do see the value of coming at this ADT issue through lens of recipients of ADT alerts (particularly those who are under resourced) vs. just viewing through the senders lens.

12:55:48 From Jason Buckner to Everyone:

While I appreciate your perspective, Steven, we respectfully disagree with that assessment of the intent of ADT to QHIOs and with the level of effort required by hospitals. The goal previously discussed was that we ensure we provide a digital safety net to non-hospital based providers.

12:55:58 From Steven Lane to Everyone:

Thanks Jason. The CMS rules require hospitals to send ADT alerts to non-hospital providers involved in the patient's care upon request by the provider or the patient.

12:57:13 From John Helvey to Everyone:

There are initiatives around PCDH models throughout the nation that this will help support and leverage economies of scale for everyone as it relates to ADT's and push notifications.

12:58:48 From Steven Lane to Everyone:

Prior to this discussion, the role of a/the QHIO in this framework was voluntary/optional. Now we are proposing formalizing the role of a/the QHIO and requiring ALL hospitals to connect and send data to them. This completely changes the importance of the QHIO requirements and any such requirements that limit the opportunity for a diverse group of entities to qualify to play this role.

12:59:07 From Helen Kim to Everyone:

Agree with that there are a lot of unknowns, for example: What exactly will QHIOs need to implement technically, operationally, and from a compliance and security perspective in order to receive this designation? How will they be evaluated on an ongoing basis? What data will QHIOs be allowed to retain or purge?

13:00:39 From Steven Lane to Everyone:

Good point John. Another option to assure that all interested parties can receive ADT alerts would be to implement the Patient Centered Data Home model in CA, as opposed to forcing all ADT alerts to be sent to one or a small number of QHIOs.

13:02:18 From Steven Lane to Everyone:

The PCDH model would allow any HIO across the state to support ADT notifications and continue to exist and serve the local needs of their communities.

13:04:51 From Rim Cothren to Everyone:

Thanks @John and @Steven for surfacing the PCDH model. We'd welcome your thoughts on how to promote development of this model in California and how to ensure it likewise does not require hospitals to participate in an HIO, a current requirement as I understand.

13:04:56 From Jonah Frohlich to Everyone:

Given that the CMS rules require hospitals to send ADT alerts to non-hospital providers involved in the patient's care upon request by the provider or the patient; and IF the provider indicates to the hospital that they would like them to send the notification to their proxy (i.e., a QHIO), are there any reservations about requiring the hospital to comply with that request and send ADTs for that provider through their designated QHIO?

13:05:06 From Tom Schwaninger, L.A. Care Health Plan to Everyone:

Is the upcoming Town Hall open to the public?

13:05:23 From Courtney Hansen to Everyone:

Yes! The upcoming Town Hall will be open to the public.

13:05:39 From Michelle Brown to Everyone:

Technology companies that charge a fee for profit?

13:14:20 From Tom Schwaninger, L.A. Care Health Plan to Everyone:



L.A. Care has signed!

13:14:27 From John Helvey to Everyone:
Great Group!