

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee
Meeting 4 Q&A Log (9:00AM – 12:30PM PT, February 2, 2023)**

The following table shows comments that were entered into the Zoom Q&A by public attendees during the February 2nd meeting:

Count	Name	Comment	Response
1	Ken Riomales	Can you qualify "Relevant Past HIT Funding Programs"? For example, would "Meaningful Use" or CalHOP be considered past funding programs?	
2	Will P	Would local public health departments be eligible for the DSA Signatory Grant? I.e. City of Pasadena Public Health Department. Thanks!	
3	Yvonne Choong (CAHF - she/her)	For skilled nursing facilities, the grant amounts are per facility site, correct? We have companies operate multiple facilities across CA. Would they need to apply separately for each licensed SNF?	Yes, entities that are required to execute the DSA are eligible (given the draft criteria that will be finalized). For skilled nursing, that means (per AB 133): "Skilled nursing facilities, as defined by Section 1250, that currently maintain electronic records"
4	John Helvey	Audio is not the best in the room.	
5	Jennifer Inden (she/her) # Aliados Health (formerly RCHC)	Apologies if this was already discussed, just hopped on. What is the reasoning behind excluding entities who previously participated in past HIT funding programs? (ex: CalHOP) This greatly impacts those serving in the safety net who used that program to connect to a HIE that MAY NOT be a QHIO so they need to make a new connection to be in compliance w/ the DxF. This comes at a time when safety net providers are	Great point Jennifer. Noted. Thanks

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		continuing to face financial struggles.	
6	John Helvey	audio is breaking up heard every other word from Jonah	how does Courtney sound to you?
7	Darius Stelmach	PLease clarify what funding and WHEN will County PHL Public Health Labs be able to expect those fund available for aplication and disbursment!	
8	Greg Stein	The Info Blocking provisions are incredibly important and I thought the initial draft to be well written. My question is; who is the enforcing agency? For CURES Act info blocking, there are links to reporting (unclear as to enforcement so far). Would there perhaps be a similar link to CA Attorney General or other state designee + auto referral to ONC/DOJ? As social service providers are not (may not?) be subject to federal info blocking rules, is a separate set of CA legislation/regulation required? Should enforcement be included in this P&P?	
9	John Helvey	good	
9	Sean Folweiler - Valley Health Team	This issue with information blocking bring up the similar issue with HIPAA Covered Entity definition. Social Service Providers are are not covered entities as defined by HIPAA. It seems that we would need patient concest to send PHI data to these entities. Clarification would be appricated.	live answered
10	Sean Folweiler - Valley Health Team	*patient consent	
11	John Helvey	Acute healthcare facilities...does this include stand alone ED's	

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12	John Helvey	In Acute facilities, does this include Emergency Room, Inpatient, Observation, and Swing Statuses?	
13	Zach Gillen (KP)	Thank you, Troy. This is a good comment regarding "orders" and "request for services." There's definitely room for the language to be ammended so that this doesn't provide operational burden for organizations to understand or electronically exchange all external orders or requests for services. Instead, perhaps the language can state that there's a mechanism in place to electronically exchange (query/response, direct) results in reponse to an order that was placed.	
14	Robby Franceschini	For the QHIO program, what is meant by the terms "technically compatible" (slide deck) and "technically capable" (draft application) in the non-discrimination section? Will compatibility/capability standards be set by the QHIOs themselves, or by CDII?	
15	Bill Barcellona	For the QHIO Program, would the patient identifier methodology adopted by the HCAI HPD not serve as a uniform standard under which all QHIOs could function?	
16	John Helvey	Thank you Cynthia for confirming the audio issues in the room...	
17	Zach Gillen (KP)	For QHIO functional capabilities, shouldn't Part C, #3 also include that a QHIO participate as a QHIN, participant or sub-participant under TECCA?	
18	Adam_Carroll	Regarding the patient consent forms, will the forms address interstate data exchange for the individuals signing the forms, specifically for the data matching?	
19	John Helvey	Cynthia,	

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20	Zach Gillen (KP)	For QHIO Part C, #1b - Can some more detailed provisions, beyond just the assessment and improvement of patient matching, be included that outline best practices that should be avoided? For example, if the QHIO person index needs to reseed their patient identity IDs, that they're NOT reusing perviously issued IDs? This has created significant issues across existing exchanges, requiring extensive remediation across participatnts and should be avoided in the future.	
21	John Helvey	CAHIE CIC has done this already under CTEN. No need to reinvent the wheel here.	
22	Wes Rishel	How woulda QHIO know or decide which patients are "at risk"?	
23	John Helvey	I think you should take out at risk patients and let the providers have the flexibility of defining there groups of patients - a roster is all that is needed in my opinion	Totally agree John.
24	Wes Rishel	A provider that declares a patient at risk must be able to retire that designation, e.g., on the 31st day after a discharge	
25	John Helvey	Agree with Jonah - on his comment about QHIO's doing this on behalf of the provider	
26	Zach Gillen (KP)	Would any consideration be given to allowing 'specialist' QHIOs only providing some of the exchange services? Example might be a QHIO that just wants to participate in the Event Notification (ADT) component, but not other services.	
27	John Helvey	Less than 10 hours of unscheduled down-time is to broad given all the elements of the QHIO. This needs to be limited to certain functions of the QHIO especilaly as it relates to	

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		parameters outside the QHIO control	
28	Ken Riomales	Is the proposed QHIO application internal to the IAC, or is it available for public viewing?	live answered
29	Ken Riomales	Is the proposed QHIO application internal to the IAC, or is it available for public viewing?	No one has seen it yet. It is under development.
30	John Helvey	Agree with Aaron Goodale comment in chat transactions 6-7	
31	John Helvey	there seems to be a significant add of compliance to be a QHIO and I do not hear anything about supporting the cost of this governance structure and requirements. Someone has to pay for all of these requirements and being a 501c3 that is funded by participant membership fees these additional costs are increasing its members fees. We need a financial support framework to this model for QHIO's.	
32	Jennifer Inden (she/her) # Aliados Health (formerly RCHC)	maybe an aggregated CDII publication providing base information of services offered. Relying on marketing from QHIO's is a slippery slope especially for those signatories who are required to participate in the DxP but are new to this work and may not know what to be looking for to meet their needs.	
33	Steven Lane	I am just returning now from a Carequality Steering Committee where we also discussed the maintenance of transaction logs and discussed 12 months as a potential appropriate time for maintaining these logs.	
34	Sean Folweiler - Valley Health Team	Doesn't the proposed requirement for an HL7 ADT feed from Hospitals eliminate CareQuality and Commonwell from becoming a QHIO?	

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35	Ken Riomales	You mention "1st round of QHIO's". Does that mean there will be multiple application periods?	
36	RM	If the federal changes in the Notice of Proposed Rule Making to amend 42 CFR Part 2 to bring it more into align with HIPAA move forward how will that affect the master Data-Sharing Agreement and on what timeline?	
37	Sean Folweiler - Valley Health Team	Please clarify. It was stated during this call that a covered entity can share PHI to a social service provider for treatment. It is my understanding that under HIPAA PHI for payment, treatment and operations can only be shared securely with covered entities. I am not aware of a treatment exception. It would be good to clarify and point us to the language in 45 CFR that allows this exception.	
38	Steven Lane	I think you mean the Harm Exception.	
39	Steven Lane	While Provenance information as required in USCDI includes the organization name, there is not data field that specifies whether the organization is directly covered by HIPAA or through a BAA.	
40	Steven Lane	https://www.healthit.gov/isa/uscdi-data-class/provenance	
41	Jennifer Inden (she/her)# Aliados Health (formerly RCHC)	I agree w/ David & Lori's comments in chat-this goes back to the grant funding eligibility. to	
42	Jennifer Inden (she/her)# Aliados Health	'@Felix's comment-its not a requirement to connect to a QHIO but it the most likely path for participants. The only other CLEAR guidance for participants is	

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	(formerly RCHC)	to set up thier own technology to share data. Given that is unclear if sharing data via a national frameworks qualify and the cost to set up individual technology really limits the ability of participants to comply	
43	Robby Franceschini	Re Dobbs: Here is a fact sheet w/ some federal and state recommendations to further protect repro health data: https://connectingforbetterhealth.com/resources/protecting-the-privacy-of-reproductive-health-information-post-dobbs/	live answered
44	Robby Franceschini	Re Dobbs: Here is a fact sheet w/ some federal and state recommendations to further protect repro health data: https://connectingforbetterhealth.com/resources/protecting-the-privacy-of-reproductive-health-information-post-dobbs/	thanks, sharing in the chat
45	Wes Rishel	Rim suggested that the participant registry could be used to look up the physician caring for a patient. Seriously?	
46	Jennifer Inden (she/her)# Aliados Health (formerly RCHC)	Public Comment: Jennifer Inden Aliados Health. Requests CDII is fully transparent with participant exclusion reasoning for any DxF grant/funding opportunities.	
47	Jennifer Inden (she/her)# Aliados Health (formerly RCHC)	Public Comment: Clarify specifics on FQHC/Rural/Tribal/Look-a-likes classifications under DxF Participants	

Total Count of Zoom Q&A comments: 47