California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework
Qualified Health Information Organization
Town Hall Q&A Log (9:00AM – 10:30AM PT, February 9, 2023)

The following comments were made in the Zoom chat log by participants during the February 9th meeting:

12:03:36 From Kevin McAvey to Everyone:
Welcome DeeAnne!

12:31:25 From Steven Lane to Everyone:
@DeeAnne, Thank you for your response to Paul Wilder in Q&A. Can you answer the question that is on the minds of providers across the state which is whether the provider being connected to and utilizing the existing national networks and/or framework, and complying with existing CMS requirements to share ADT messages allows them to meet their connectivity and data sharing obligations under the DxF, presuming that they share any Social Care data that they maintain in their HIT systems?

12:32:45 From Felix Su to Everyone:
@Rim, it's helpful to hear you say that QHIOs need to support all forms of exchange and all DxF requirements (Required Purposes, etc.). That doesn't seem to be explicitly stated in the QHIO draft application (e.g., under Section C "Functional Capabilities")

12:32:56 From Kevin McAvey to Everyone:
DxF P&Ps out for public comment can be found on our website:
https://www.chhs.ca.gov/data-exchange-framework/#background-and-instructions

12:33:40 From Kevin McAvey to Everyone:
These include the "technical Requirements for Exchange" P&P, which Rim referenced (https://www.chhs.ca.gov/wp-content/uploads/2023/01/CalHHS_Tech-Reqs-for-Exchange-PP_Draft_Jan-2023_For-Public-Comment.pdf)

12:36:14 From Aaron Goodale to Everyone:
+1 to Felix's comment. Rim's comment also seems to conflict with Cynthia's comment that connecting to a QHIO will not necessarily satisfy a participant's obligations for data exchange. Could you please clarify?

12:39:32 From Rim Cothren, CDII CalHHS to Everyone:

Thanks, Aaron. I'll try to address this quickly verbally.

12:42:01 From Aaron Goodale to Everyone:
Thank you.

12:42:10 From Matthew Eisenberg to Everyone:
As we await the announcement next Monday of approved applicants for the federally qualified QHINs under the TEFCA framework, and our organization is focused on participating in this new national framework, my organization is concerned about unclear overlaps with State QHIOs and challenges in meeting CA State obligations while focusing on our federal efforts.

12:43:38 From Steven Lane to Everyone:
Thank you Cynthia for that clarification.

12:44:15 From Rim Cothren, CDII CalHHS to Everyone:
Thanks, Dr. Eisenberg. We are monitoring TEFCA and like you anticipate the QHIN announcement. Our intent is that we do not conflict with federal requirements, but we are all still learning about TEFCA. If there are conflicts you see, please alert us to them.

12:46:05 From Matthew Eisenberg to Everyone:
Thanks @Rim. The basic conflict is in time and resources since the state and federal efforts will require parallel resources and expertise. Also, there is no equivalent health system requirement for an ADT interface with QHINs.

12:46:46 From Michelle (Shelley) Brown to Everyone:
agree with Tom

12:47:04 From Steven Lane to Everyone:
Strongly agree with Tom.

12:47:49 From Rim Cothren, CDII CalHHS to Everyone:
Understood. And yes, we recognize that no nationwide network today meets the ADT requirement. The AG earlier and IAC now has identified that as a priority. It is a balance between federal and state priorities.

12:51:26 From Deven McGraw to Everyone:
Seems to me that any entity seeking to be a QHIO would need to apply - are we talking about deeming the federal QHINS to be QHIOs? Seems that our required exchange

purposes in CA are greater than the expectations for the federal QHINs (at least initially).

12:51:27 From Rim Cothren, CDII CalHHS to Everyone:
DirectTrust is the next question that we will get to in a minute. Thanks, Steven, for raising that additional network.

12:52:10 From Deven McGraw to Everyone:
A QHIO should be able to meet all of the exchange purposes in CA, shouldn't any candidate should have to be vetted on that basis.

12:52:13 From Rim Cothren, CDII CalHHS to Everyone:
A QHIN is only a QHIO if it applies to and meets the requirements of the QHIO program.

12:52:23 From Deven McGraw to Everyone:
Thanks, Rim!

12:53:26 From Steven Lane to Everyone:
All of the networks that have been discussed allow for the ready exchange of CCDs.

12:54:48 From Deven McGraw to Everyone:
Not for all of the required purposes…

12:54:52 From Steven Lane to Everyone:
Any vendor can join the CommonWell network or connect directly to the Carequality Framework. Not all vendors have chose to join eHealth Exchange.

12:55:16 From Rim Cothren, CDII CalHHS to Everyone:
Thanks for pointing that out, Steven.

12:55:37 From Rim Cothren, CDII CalHHS to Everyone:
Thanks for your comment as well, Deven.

12:55:47 From Deven McGraw to Everyone:
Aren't most of the national networks still limited in the purposes for which response is required? If so, they would have to step up to meet the required responses for the more expansive CA list.

12:57:00 From Jason Buckner to Everyone:

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Note that the eHealth Exchange network allows a single entry point to connect to both Carequality and Commonwell.

12:58:41 From Steven Lane to Everyone:
Continuing concern that we may be structuring CA requirements in such a way that we are, intentionally or inadvertently, "picking winners", either amongst HIOs national networks.

12:59:04 From Matthew Eisenberg to Everyone:
The real challenge, as seen by recent CMS call for comments, is the challenge of not having a national DIRECT address directory.

12:59:04 From Rim Cothren, CDII CalHHS to Everyone:
Thanks for continuing to raise that concern, Steven.

13:00:07 From Jason Buckner to Everyone:
Agree with Dr. Eisenberg. DirectTrust presents challenges in practical implementations.

13:00:11 From Steven Lane to Everyone:
A statewide directory service would unlock tremendous value from the use of Direct across CA. ALL certified EHRs have the ability to send and receive Direct messages.

13:01:47 From John Helvey to Hosts and panelists:
Given Provider Name duplication across our state alone it is going to have to link to an NPI in my opinion for it ensure data is making it to the correct John Smith.

13:02:43 From Steven Lane to Everyone:
+1 @John

13:03:32 From DeeAnne McCallin to Everyone:
IAC = Implementation Advisory Committee (of the DxF)

13:03:37 From Matthew Eisenberg to Everyone:
How will the QHIO participant registries be defined and updated over time to avoid conflict with the minimum necessary elements of HIPAA?

13:06:26 From Steven Lane to Everyone:
@David - At this point the blunt instrument being used is largely providers inviting patients to opt out of all information sharing, as they have not implemented targeted tools that allow the withholding of specified information. There are technical standards

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available and supported by all certified HIT systems called DS4P that could be used. Some are attempting to promote this as a available step forward to help maintain needed data sharing while protecting individuals AND providers from harm related to receiving or providing certain clinical services.

13:07:06 From Rim Cothren, CDII CalHHS to Everyone:
Thanks, Matt. It is to be determined what information is in the registry as we move that effort forward. It will be a topic of continued conversation at IAC meetings, perhaps at DSA meetings. Will be interested in your continued thoughts and input.

13:12:08 From Felix Su to Everyone:
Going back to some of the earlier discussion on ADTs and the CMS Medicare Conditions of Participation: those requirements for sharing ADTs are provider-centric and do not cover all the stakeholders in the DxF

13:13:10 From Michelle (Shelley) Brown to Everyone:
yes agree

13:14:59 From Aaron Goodale to Everyone:
+1 for filtering

13:15:01 From Felix Su to Everyone:
Apologies all--I need to leave for another offsite meeting, but this is a really important discussion. Thank you for having us on.

13:15:04 From Rim Cothren, CDII CalHHS to Everyone:
As pointed out, the CMS rule is provider-centric and DxF goes further. If you believe that the DxF should limit availability of notifications to providers only, please comment in the Technical Requirements for Exchange public comment.

13:17:08 From Steven Lane to Everyone:
I would argue that the CMS ADT requirements are primarily patient centric as the patient can specify who does and who does NOT receive notification. The proposal to require hospitals to send ADTs to a single or a network of HIOs takes patient preference out of the mix, unless, as discussed above, patients opt out of all data sharing (depending on provider capabilities), thus forcing patients to chose between privacy and interoperability.

13:17:37 From Rim Cothren, CDII CalHHS to Everyone:
Thanks, Steven!

13:24:13 From Deven McGraw to Everyone:
But I assumed by bi-directional she was talking about receipt of data from patients as well?

13:24:45 From Deven McGraw to Everyone:
It requires participant access to records - but doesn't require acceptance of data from patients,

13:26:28 From DeeAnne McCallin to Everyone:
Additional comments and questions can be sent to cdii@chhs.ca.gov after we close this meeting down in a few minutes.

13:26:56 From Helen Pfister to Everyone:
The P&Ps require Participants to respond to requests that self-reported data be added to an individual's health records, but not necessarily to incorporate such data.

13:27:40 From Steven Lane to Everyone:
Consumer-mediated exchange includes not only patients accessing their own data but directing that their data be exchanged/shared from Point A to Point B, including support for research, benefits determination, and other use cases.

13:27:43 From Helen Pfister to Everyone:
And the P&Ps require Participants to have a process to correct inaccurate information and for reconciling discrepancies to ensure accuracy.

13:28:11 From Deven McGraw to Everyone:
Thanks, Helen - interesting to think of what role the QHIOs would play in that...

13:28:37 From Deven McGraw to Everyone:
Presumably inaccurate data should be corrected at the source and then propagated forward….