



**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 text is a transcript of the February 9th meeting held by the California Health & Human Services Agency Center for Data Insights and Innovation to answer questions regarding the Qualified Health Information Organization Town Hall. 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.

[Alice H - Events] 12:00:25

Hello, and welcome. My name is Alice, and I'll be in the background to support with Zoom.

[Alice H - Events] 12:00:31

If you experience technical difficulties, please type your question into the Q.

[Alice H - Events] 12:00:34

A live close captioning will be available. Please click on the CC.

[Alice H - Events] 12:00:38

Button to enable or disable

[Alice H - Events] 12:00:43

There are a few ways. Attendees may participate today for spoken comments.

[Alice H - Events] 12:00:48

Participants must raise their hand for zoom. Facilitators to unmute them, to share comments.

[Alice H - Events] 12:00:53

The chair will notify participants and members of appropriate times to volunteer feedback.

[Alice H - Events] 12:00:57

If you locked in via zoom interface, press, raise hand in the reactions, button on the screen.

[Alice H - Events] 12:01:03

It's selected to share your comment. You'll receive a request to unmute.

[Alice H - Events] 12:01:07

Please ensure you. Accept before speaking. If you logged in via phone, only press Star 9 to raise your hand.

[Alice H - Events] 12:01:16

Listen for your phone number to be called by the Moderator and I've selected to share your comment.

[Alice H - Events] 12:01:20

Please ensure you are unmuted on your phone by pressing Star 6

[Alice H - Events] 12:01:26

Participants may submit written comments and questions through the Zoom, Q.

[Alice H - Events] 12:01:30

A box. All comments will be recorded and reviewed by Cdi.

[Alice H - Events] 12:01:37

Staff participants may also submit comments and questions as well as requests to receive data, exchange frameworks, updates to Cdi at Chs.

[Alice H - Events] 12:01:47

Ca.

[Alice H - Events] 12:01:49

Public comment will be taken during the meeting at designated times, and will be limited to the total amount of time allocated for the public comment on particular issues.

[Alice H - Events] 12:01:59

The chair will call on individuals in the order in which they hands were raised.

[Alice H - Events] 12:02:04

Individuals will be given 2 min. Please state your name and organizational affiliation.

[Alice H - Events] 12:02:10

When you begin. Participants are also encouraged to use the Q.

[Alice H - Events] 12:02:13

A to ensure all feedback is captured. Or again, you may email comments to Cdi.

[Alice H - Events] 12:02:18

At Chhs dotcom. And with that I'd like to introduce Dean McCallan, deputy Director of the Center for Data Insights and Innovation

[DeeAnne McCallin] 12:02:30

Good morning and welcome everyone sound check. It should be fine, I think we have a great crowd today.

[DeeAnne McCallin] 12:02:36

So it's actually feeling like a town hall for for the numbers I see showing up I don't even know what the next slide is, but it's probably a little more than welcome.

[DeeAnne McCallin] 12:02:48

Perhaps I am a new staff person with Cdi, the deputy director for the data exchange framework.

[DeeAnne McCallin] 12:02:57

I know a handful of you, maybe even more so. I'm really glad to see a lot of the folks that I've worked with over the past decade, and for the folks of you that I don't know.

[DeeAnne McCallin] 12:03:06

I look forward to getting to know you via comments, questions, emails, all that kind of stuff, engagement and everything.

[DeeAnne McCallin] 12:03:13

Well, I'm new to Cda. I I did sit on the advisory group for the data exchange framework, and I was on the lac as well.

[DeeAnne McCallin] 12:03:22

Through this fall, so I've been pretty engaged working with John and his team in the minute team on the data exchange framework.

[DeeAnne McCallin] 12:03:30

Here's an agenda for what we're doing today.

[DeeAnne McCallin] 12:03:32

We are covering an overview of the Qhio qualified health information organizations.

[DeeAnne McCallin] 12:03:40

And then where we have discussion items about the application to become a qualified Hio and the criteria for that public comment and informational items, closing remarks next steps.

[DeeAnne McCallin] 12:03:53

So as we typically do, we do encourage using. And man that help me out here. Is it? Q.

[DeeAnne McCallin] 12:03:59

A or chat feature for folks to be commenting in as we as we go through this.

[DeeAnne McCallin] 12:04:06

If we get no 1 h and a half

[Emma P - Events] 12:04:12

So our public attendees can use the Q. A. Today, and those of us that are in the Panelist section can communicate via the chat to everyone

[DeeAnne McCallin] 12:04:20

Okay. So no wrong door. If you, if you type in one of them, we will see that alright

[Jonah Frohlich] 12:04:25

Yeah. And if panelists, if panels can just make sure you're your chat is to everyone and not just to some panelists unless you really want it only to be hosting panelists, so everyone can see it

[DeeAnne McCallin] 12:04:35

Great. Thank you already. Next slide. Please.

[DeeAnne McCallin] 12:04:41

Vision and meeting objectives. Go ahead next slide, please

[DeeAnne McCallin] 12:04:46

So this is the vision for the data exchange framework.

[DeeAnne McCallin] 12:04:50

If anybody is new to this, we do really refer to it as Dx.

[DeeAnne McCallin] 12:04:53

So you might hear some of us say the except that will definitely be an hour and a half below the acronyms that we're all used to.

[DeeAnne McCallin] 12:05:01

But the vision, and I will read this every case, and the health and Human service providers and organizations that care for them will have timeline cure access to usable electronic information that is needed to address their health and social needs and enable the effective and thatable delivery of services to improve the

[DeeAnne McCallin] 12:05:20

Lives and well being. So that is the vision of the data exchange framework.

[DeeAnne McCallin] 12:05:25

Next slide, please.

[DeeAnne McCallin] 12:05:28

Here is the timeline of where what we have been traveling and navigating through.

[DeeAnne McCallin] 12:05:33

So the work started with the legislation that was passed in July 2021.

[DeeAnne McCallin] 12:05:39

There has been a lot of stakeholder engagement through the time since then, and a lot of folks working on it at both the Net Cdi.

[DeeAnne McCallin] 12:05:49

Other departments and things like that. So lots of work and efforts we are.

[DeeAnne McCallin] 12:05:53

We have just recently passed the January thirty-first deadline, for mandated signatories to sign a data sharing agreement.

[DeeAnne McCallin] 12:06:03

So while the deadline is passed. If you have not signed, the signing portal is still open, and we encourage anybody to navigate there, or for the folks.

[DeeAnne McCallin] 12:06:11

Most of this audience to encourage your clients, your customers, your members, to sign as as it is regulation, that the signing was January 30.

[DeeAnne McCallin] 12:06:23

First, we are working through a establishing the Qhio program.

[DeeAnne McCallin] 12:06:28

That's what this town Hall is about, and our aiming for applications to be released mid march and the program launch in May.

[DeeAnne McCallin] 12:06:39

And that is all for helping with the and an option on a pathway to being compliant with the exchange of data from January the twentieth, 24 for most signatories.

[DeeAnne McCallin] 12:06:51

So well use of an hio is not mandated in the regulation.

[DeeAnne McCallin] 12:06:56

It's either a pathway to doing it. And one of the probably easier paths to do it.

[DeeAnne McCallin] 12:07:03

So that's why there's a lot of them support via a Qhio program.

[DeeAnne McCallin] 12:07:10

And then some entities do not have to actually begin exchanging data until January 2026, and they're noted on the bottom of this slide and slides will be shared and available for everyone as well as a recording of this are ready next slide please so today's objective

[DeeAnne McCallin] 12:07:32

Discuss and receive feedback on the data, exchange frameworks, qualified health information organization program.

[DeeAnne McCallin] 12:07:38

The application and the criteria. So program, application and criteria, we don't hit those marks.

[DeeAnne McCallin] 12:07:44

Please let us know, and I believe that's it. And the upside is, we're running 2 min ahead of schedule

[DeeAnne McCallin] 12:07:54

Next slide.

[Cynthia Bero] 12:07:59

Yeah, and I think I'll take it from here

[DeeAnne McCallin] 12:08:02

Great. Thank you, Cindy.

[Cynthia Bero] 12:08:03

My pleasure. Go to the next slide. So, as Dan mentioned, the concept of a qualified health information organization or Qhio is that for many signatories this is an organization that can help them meet their Dsa obligations, and it for some it'll be as Dn said an easier path to meeting those obligations

[Cynthia Bero] 12:08:27

And trying to manage this alone. A number of folks in in Cdii, and with excellent input from stakeholders around the State have been providing input into the development of this Qh.

[Cynthia Bero] 12:08:41

I/O program. And I wanted to just refresh our memory on what some of these elements are before we open up for discussion on the application and the criteria.

[Cynthia Bero] 12:08:52

The first is the the principles that are guiding the development of the program, and these are, you know, on the slide in front of you.

[Cynthia Bero] 12:09:01

But first and foremost, we want the the program to provide a level of confidence to signatories that when they choose a qhio to help them meet their Dsa obligations that that organization has demonstrated that they have the ability to provide the services that are required to meet the

[Cynthia Bero] 12:09:22

Exchange frameworks requirements. We also wanna make sure that we are choosing organizations that will be able to support signatories for a a good long period of time.

[Cynthia Bero] 12:09:35

We don't want people to be coming and going out of this program, because that that is disruptive, not only to the data exchange framework, but to the individual signatories.

[Cynthia Bero] 12:09:45

We want to make sure the program is designed in a way.

[Cynthia Bero] 12:09:48

That is fair, and offers everybody a reasonable time to adapt to change remediate issues, address whatever arises.

[Cynthia Bero] 12:09:56

And lastly, we want to make sure that the program is offers opportunities for all signatories to be successful in the data exchange framework.

[Cynthia Bero] 12:10:07

Next slide. So we taken those core principles and thought about what makes a a good quality, stable, successful, qualified health information organization.

[Cynthia Bero] 12:10:21

And started to draft some some criteria and an application that could be used to assess those criteria that draft is on the Cdi website.

[Cynthia Bero] 12:10:33

And is available for folks to review, and we are interested in today getting some of your thoughts and feedback on the the capabilities that we're seeking in the qualified health information work.

[Cynthia Bero] 12:10:50

And, as Dean mentioned, with that feedback, we will publish a final version of the application and encourage, you know, help, information organizations across the State, and who feel that they meet the requirements to complete the application for consideration.

[Cynthia Bero] 12:11:10

Next slide.

[Cynthia Bero] 12:11:13

So the application is organized into 4 primary sections.

[Cynthia Bero] 12:11:19

Again. Each of these sections contains criteria that reflect our principles.

[Cynthia Bero] 12:11:25

They include some background on the organization itself, its structure, its governance.

[Cynthia Bero] 12:11:30

It's, you know, financial status, etc. A section on privacy and security.

[Cynthia Bero] 12:11:36

We are moving some very, you know, sensitive information around through the framework.

[Cynthia Bero] 12:11:42

We want to make sure these organizations know how to manage information well and and safely.

[Cynthia Bero] 12:11:47

We are looking at the functional capabilities. That is the ability of the Health information organization to support the types of transactions and the type of messaging that we expect across the framework.

[Cynthia Bero] 12:12:02

And lastly, some of the optical readiness of the organization to perform these functions.

[Cynthia Bero] 12:12:09

So that's the way the application has been organized.

[Cynthia Bero] 12:12:13

Next slide.

[Cynthia Bero] 12:12:16

And this is this is a modification or a slight focused look at the timeline that Dn showed earlier.

[Cynthia Bero] 12:12:25

Really calling out the the the 2 big qhio items below the timeline, and that is, as as Dn mentioned in March.

[Cynthia Bero] 12:12:35

We hope to post the application and start receiving responses from individual organizations.

[Cynthia Bero] 12:12:42

And in May we are hoping to start to announce the Qh.

[Cynthia Bero] 12:12:47

los, the the intent being that that would hopefully provide enough time between the announcement in May for signatories to make some decisions, connect with a a Qhio and be ready for the January. The twentieth 24 start of data exchange

[Cynthia Bero] 12:13:08
Next.

[Cynthia Bero] 12:13:11
So at this time what I'd like to do is take the questions that came in.

[Cynthia Bero] 12:13:19
We asked folks in in in through to the Cdi website and through other needs of communication.

[Cynthia Bero] 12:13:26
We asked folks to take a look at the application. That's on the website, and submit in advance any questions or topics.

[Cynthia Bero] 12:13:36
They would like to have discussed. I think, and appreciate all the responses we received from folks very, very helpful what we'd like to do now is to ask folks who are on the panel to push yourself on mute.

[Cynthia Bero] 12:13:51
But add your video, and we're gonna drop slides and have a good old fashioned conversation.

[Cynthia Bero] 12:14:00
My my good friend Rim, Catherine, and I will be facilitating the conversation, and what I've asked you to do is if you have a contribution to make.

[Cynthia Bero] 12:14:11
If you could raise your hand and wait till Rimmer I are able to acknowledge you, and then go off mute, and make the contribution or the the comments and what we're gonna do is again, as I said, focus on the questions that came in in advance. And if time.

[Cynthia Bero] 12:14:30
Permits, we will open up for other questions that are late breaking, or or more recent.

[Cynthia Bero] 12:14:39
So maybe I will start with the first question we we received, which was like Well, how is a Qhio different from a signatory?

[Cynthia Bero] 12:14:49
And let me just take a moment to explain how I think it's different.

[Cynthia Bero] 12:14:55

First of all, a qao is a signatory. They do sign the the Dsa.

[Cynthia Bero] 12:14:59

And they do agree to follow its policies and procedures.

[Cynthia Bero] 12:15:05

But what's different is that they have proven themselves to have capabilities to assist others in meeting their Dsa obligations.

[Cynthia Bero] 12:15:13

So. Yes, there's signatory, but there are signatory who also is demonstrated.

[Cynthia Bero] 12:15:19

Their ability to to support others. And the this was came as a question, a related question was, Well, who could apply?

[Cynthia Bero] 12:15:29

And honestly any organization that feels it could meet the criteria and has these abilities is welcome to apply the application is is not going to be restricted to any specific type.

[Cynthia Bero] 12:15:43

Of organization, except as defined by the criteria, so take a look at the criteria and the application to to consider it, and then related to that was, couldn't ehr vendor or an HIV via qhio?

[Cynthia Bero] 12:16:00

And again the answer is, if your organization, you know, can complete the application and meets the qualifications.

[Cynthia Bero] 12:16:08

Yes, they can be a qhio

[Cynthia Bero] 12:16:10

Let me pause and see if there's any comments or or thoughts on on that issue.

[Cynthia Bero] 12:16:21

Michelle.

[Michelle (Shelley) Brown] 12:16:24

Yeah. Good morning, Cindy. Yeah. One question I have is, what about community information exchanges?

[Michelle (Shelley) Brown] 12:16:32

This program seems to be very health centered. I'm wondering if Cis could also be a queue, a

[Cynthia Bero] 12:16:42

I mean I will start by giving my thoughts, but then open it up to others.

[Cynthia Bero] 12:16:49

If they meet the criteria that the application is assessing, for I think the answer is yes. The question is, can they meet the criteria

[Rim Cothren, CDII CalHHS] 12:16:59

And I would add to that if I think that at least some of our thought is that it would be good to have Cis participate as Qh.

[Rim Cothren, CDII CalHHS] 12:17:08

los, and so if there are criteria that are particularly difficult, let's make sure that we identify them and consider them, because I think that there there is value to bringing social services organizations in through a Cie, and if that is the appropriate process then let's at least think about things that they may

[Rim Cothren, CDII CalHHS] 12:17:33

Have difficulty meeting

[Michelle (Shelley) Brown] 12:17:35

Can can I add to that just a comment or question number one? A.

[Michelle (Shelley) Brown] 12:17:40

On the application has a minimum requirement. Minimum identities, requirement of 250,000.

[Michelle (Shelley) Brown] 12:17:48

My thought is that we kind of hope that a community information exchange will not have that many identities to manage right ideally.

[Michelle (Shelley) Brown] 12:17:57

We're, you know, as a society. We're making that number go pretty low.

[Michelle (Shelley) Brown] 12:18:01

So would there be some consideration or some other qualifiers here that that could be the number.

[Michelle (Shelley) Brown] 12:18:07

One thing that would kick out CIA

[Michelle (Shelley) Brown] 12:18:13

So.

[Cynthia Bero] 12:18:16
That's great feedback. Thank you.

[Jonah Frohlich] 12:18:20
Okay, I guess I the, I guess my response would be.

[Jonah Frohlich] 12:18:26
And I'm just speaking for Manhattan. Here is the the volume.

[Jonah Frohlich] 12:18:33
Requirements are really meant as a benchmark for the capacity of an organization to handle the load that's expected of them.

[Jonah Frohlich] 12:18:42
So if the CIA does not have the capability and but the expectation is they have to.

[Jonah Frohlich] 12:18:49
They have to need certain volume requirements, because that's what the expectation is, and that we would expect that they would need to handle that kind of all human mode of traffic, especially with things like 80 notifications which can be pretty resp. pretty significant.

[Jonah Frohlich] 12:19:05
I think I would be a little reluctant to relax that, because the entity is, doesn't have experience or the capacity to do it.

[Cynthia Bero] 12:19:16
Thanks, Shawn.

[Cynthia Bero] 12:19:22
John.

[John Helvey] 12:19:27
You know, I just see the you know some of the, you know, if the Grants are being tied to on boarding to Qhio.

[John Helvey] 12:19:34
Yeah. The Cis are needed. We're needing to get the social services data onboarded.

[John Helvey] 12:19:41
We need to support them in the grant process I think that there might be some opportunity to change.

[John Helvey] 12:19:49
Maybe the grant processes it relates to Qhio.

[John Helvey] 12:19:52

So that in the support of of you know, folks joining a cie.

[John Helvey] 12:19:58

As for the social services data, so it's just a quick thought on that

[Cynthia Bero] 12:20:08

Thank you, Jason.

[Jason Buckner] 12:20:12

Yeah, I think, just very quickly. Our perspective. That is that the the Qhio process should be completely agnostic to anybody applying.

[Jason Buckner] 12:20:23

If you meet the requirements you meet the requirements right, and you can be considered, and if you don't, then I don't think you should, so it doesn't necessarily preclude anybody, including a cbo.

[Jason Buckner] 12:20:37

But you know, piling on Jonas comments to the ask and the obligations of Qi.

[Jason Buckner] 12:20:42

Trial are rather significant, and I think the State wants to make sure that the folks that become a Qho can handle the complex security requirements.

[Jason Buckner] 12:20:55

The complex technical requirements and such. So we support that, being completely agnostic to the type of organization applying

[Cynthia Bero] 12:21:04

Thanks, Jason, and that was, I think, the intense. Behind some of these criteria to be to recognize organizations that have the ability to support the volumes.

[Cynthia Bero] 12:21:19

We expect not to, you know, draw lines. It would be favorable for some or versus others, so I think that was definitely the intense

[Jonah Frohlich] 12:21:29

Yeah, and and just so that can add one other comment to that, we we very much agree.

[Jonah Frohlich] 12:21:35

The principal. Jason articulated about the form.

[Jonah Frohlich] 12:21:39

There will be requirements around governance operations, capacity that doesn't require at this point.

[Jonah Frohlich] 12:21:47

Are you a for profit? Are you not for profit?

[Jonah Frohlich] 12:21:50

What type of organization are you per se? But you would have to meet the governance capacity, operational technical security requirements, because there are, we expect that there will be a lot of traffic that will go through a keyword that there needs to be sort of governance parameters about how the

[Jonah Frohlich] 12:22:09

Organization is structured and engages with various types of organizations to inform how they operate, and so it's again, as long as they meet those requirements, we would, we would be, I think, see, that would be open to a variety different types of organizations.

[Jonah Frohlich] 12:22:29

I I think this basically gets to to the question of, are the requirements that we're specifying the rights that are requirements.

[Jonah Frohlich] 12:22:35

That is part of the reason why we're overly here to get your input

[Cynthia Bero] 12:22:43

Sanjay

[Sanjay Jain] 12:22:46

Good morning. So I have a question about H. Is who decide not to apply for Qh.

[Sanjay Jain] 12:22:55

I/O, or they are not qualified to become qhi you.

[Sanjay Jain] 12:23:00

But as a participant. If we are connected to those hes, were not Qh. I/O.

[Sanjay Jain] 12:23:06

Would we still be meeting the Dxf. Requirement

[Cynthia Bero] 12:23:11

So I I think the answer to that is, yes, you could very well be meeting the date exchange framework requirements, because I I it's the we say, I think, Dean said at the outset.

[Cynthia Bero] 12:23:26

No one is required to use a qhio. We just think for some organizations.

[Cynthia Bero] 12:23:31

This is an easier path to have a assistance from someone who's demonstrated their their ability to support the Dx parameters.

[Cynthia Bero] 12:23:40

So you don't have to use one, and if you're h ie.

[Cynthia Bero] 12:23:45

That you currently work with is able to support all of the requirements of the Ds.

[Cynthia Bero] 12:23:51

Dsa. Without being a qualified HIV or HIV.

[Cynthia Bero] 12:23:54

That's absolutely fine. Shelley!

[Sanjay Jain] 12:23:56

Thank you.

[Jonah Frohlich] 12:23:58

I think Graham has a comment, too.

[Cynthia Bero] 12:23:59

Oh, sorry!

[Rim Cothren, CDII CalHHS] 12:24:02

Yeah, I just wanted to note that there have been a couple of things that have come through the Q.

[Rim Cothren, CDII CalHHS] 12:24:06

A that I just wanted to interrupt with for a second, so that we can clarify a few things.

[Rim Cothren, CDII CalHHS] 12:24:12

One of them is what Cindy just talked about. That.

[Rim Cothren, CDII CalHHS] 12:24:15

No, you don't have to use a qhio if you can meet your obligations to an hio that is not qualified.

[Rim Cothren, CDII CalHHS] 12:24:21

That's fine. There been questions about whether people or signatories must use a Qh.

[Rim Cothren, CDII CalHHS] 12:24:27

Out Qhio. Absolutely not, what is required is to meet your exchange obligations, and Qh.

[Rim Cothren, CDII CalHHS] 12:24:34

los are one path, but not a mandatory path.

[Rim Cothren, CDII CalHHS] 12:24:37

There also been a number of questions about, but if my organization can't meet the qualifications of a Qhio, I don't know how many Qh, los we're gonna have.

[Rim Cothren, CDII CalHHS] 12:24:48

There are thousands or tens of thousands of signatories.

[Rim Cothren, CDII CalHHS] 12:24:52

There will not be tens of thousands of qhos.

[Rim Cothren, CDII CalHHS] 12:24:57

I think that the number is likely to be a few like 6 to a dozen as organizations that are committed to helping other organizations meet their obligations.

[Rim Cothren, CDII CalHHS] 12:25:07

So don't look at the Qhio as your goal unless you want to play the role as an intermediary to help others meet their obligations.

[Rim Cothren, CDII CalHHS] 12:25:18

Cbos don't need to become qh los.

[Rim Cothren, CDII CalHHS] 12:25:21

Hospital systems don't need to become qh, ios.

[Rim Cothren, CDII CalHHS] 12:25:24

They're not precluded from it, but the purpose of a qhio is to help other signatories meet their obligations, and so I would encourage people to think about it in that way.

[Rim Cothren, CDII CalHHS] 12:25:34

Sorry to interrupt Cindy

[Cynthia Bero] 12:25:35

Oh, no, it's quite a right, Felix

[Felix Su] 12:25:40

Hi, thanks, Cindy. I thought this would be a good time.

[Felix Su] 12:25:43

To ask at the inverse of the question and that you and Rim are addressing, which is that we've gotten a lot of questions from some of our partners and stakeholders that amount to basically the following, you know, if we are participating in a Qhio is that sufficient for

[Felix Su] 12:26:05

Devastating compliance with the Dsa. And terms

[Cynthia Bero] 12:26:14

So I I'm going to say there are a lot of terms of the Dsa.

[Cynthia Bero] 12:26:20

There are a lot of policies and procedures, and some of them relate to the services that a qhio might provide, but some of them may also relate to other behaviors or other actions, and so I don't know that just because you sign up.

[Cynthia Bero] 12:26:37

With a qhio, you could say, you know I'm all done.

[Cynthia Bero] 12:26:41

I think it would be wise for anybody who signs the Dsa.

[Cynthia Bero] 12:26:45

To look carefully at the agreement, and all the supporting policies and procedures, and and make sure that they are feel comfortable, that they're meeting all of those I don't know if any of my colleagues who have worked more closely with the policies and procedures would

[Cynthia Bero] 12:27:01

Would want to weigh in, or happy to take a comment

[Cynthia Bero] 12:27:11

Okay. So when we let me

[Jonah Frohlich] 12:27:13

And can I I elevate another? Q.

[Jonah Frohlich] 12:27:18

A issue came from Christie. I. Newsie, as a considering for the organizations that are not structured as the Us. Register Corporation.

[Cynthia Bero] 12:27:19

Sure.

[Jonah Frohlich] 12:27:24

I. E. Our hi. Is established in our county.

[Jonah Frohlich] 12:27:27

I think she's referencing the Alameda Information Exchange that was established as part of whole person.

[Jonah Frohlich] 12:27:36

Karen's now, I think, supporting Kelly so it's like a county based system. Not necessarily Us.

[Jonah Frohlich] 12:27:43
Which is a . It's a good question

[Cynthia Bero] 12:27:49
Yeah.

[Jonah Frohlich] 12:27:49
I'm not sure. Yeah, answer for it.

[Cynthia Bero] 12:27:52
Well, thank you for bringing that one up. We will take that into consideration.

[Jonah Frohlich] 12:27:59
Yeah.

[Cynthia Bero] 12:28:01
Okay.

[Jonah Frohlich] 12:28:01
I think that the the main purpose was to ensure that it we we were.

[Jonah Frohlich] 12:28:07
We were concerned that if there is a organization that is an overseas company, that they have different laws and practices around here, privacy and security, I think that's the rationale behind the Us.

[Cynthia Bero] 12:28:20
Yes.

[Jonah Frohlich] 12:28:20
Corporation

[Jonah Frohlich] 12:28:23
I think what we would need to consider is whether there are any related issues with it being accounting organized I don't think it is, but I think we need to work on.

[Jonah Frohlich] 12:28:38
Let me go. Considerations there!

[Cynthia Bero] 12:28:40
A great Jonah, and that's a that's a good clarification, and we will take that back and and work on it.

[Cynthia Bero] 12:28:48
I want to jump to a related question that that came in asking about funding for Qh.

[Cynthia Bero] 12:28:57

los. There there is! There are onboarding grants that signatories can apply for, and I am not a Grant expert, but that is an opportunity for funding through the State to help organizations that will need some financial assistance to you know, start working with a.

[Cynthia Bero] 12:29:19

Qhio, but that is the only source of funding through the program through the day exchange framework for Qh.

[Cynthia Bero] 12:29:27

los. There is no funds that come with the qualification process

[Cynthia Bero] 12:29:36

And maybe I'll turn now to rim to cover a couple of topics on the the forms of data exchange, and how organizations will work with each other

[Rim Cothren, CDII CalHHS] 12:29:47

Sure it's Cindy. So one of the other questions we received asked about what forms the data exchange are included, and how Qa.

[Rim Cothren, CDII CalHHS] 12:29:55

Trials will fit in. I would point people to the technical requirements for exchange.

[Rim Cothren, CDII CalHHS] 12:30:00

Pnp. As it calls out, the current forms of exchange that are recommended or required, and that includes those that may be required of queues, and may be available through qh i.

[Rim Cothren, CDII CalHHS] 12:30:14

I really encourage people to review that document and comment on it.

[Rim Cothren, CDII CalHHS] 12:30:19

If you have concerns suggestions, or frankly, thoughts in favor of some of its provisions as well.

[Rim Cothren, CDII CalHHS] 12:30:25

Often public comment only raises problems and doesn't agree with things that are there.

[Rim Cothren, CDII CalHHS] 12:30:33

Just to remind people. Public comment is open through next Tuesday.

[Rim Cothren, CDII CalHHS] 12:30:38

So, we're getting towards the end of the public comment period. Briefly.

[Rim Cothren, CDII CalHHS] 12:30:42

So I'm just not pointing people at that document.

[Rim Cothren, CDII CalHHS] 12:30:45

Qaos need to support all forms of exchange which include requests for Hhsi. H.

[Rim Cothren, CDII CalHHS] 12:30:52

Scar, sorry health and social Services information or Hssi, as it's defined in the Dsa.

[Rim Cothren, CDII CalHHS] 12:31:00

So that includes requests for Hhs side I and responses to those requests.

[Rim Cothren, CDII CalHHS] 12:31:09

Delivery, of health and social service, information and notifications of acute care, events such as hospital or D.

[Rim Cothren, CDII CalHHS] 12:31:16

LED admissions, like other intermediaries, they would provide these services on behalf of their participants.

[Rim Cothren, CDII CalHHS] 12:31:22

So you would need to onboard to an Hio in order to do that.

[Rim Cothren, CDII CalHHS] 12:31:27

And in the case of the dxf, we're really talking about the except signatories as a subset potentially of their participants.

[Rim Cothren, CDII CalHHS] 12:31:37

Qh. los are different from other hios, and that they've committed to meeting all of the Dxf.

[Rim Cothren, CDII CalHHS] 12:31:44

Requirements. I'll note here real quickly, Ryan noted that the technical requirements for exchange, currently as currently drafted, requires hospitals to use a qhio in sending them 80 team messages.

[Rim Cothren, CDII CalHHS] 12:32:04

We've been saying that organizations aren't required to use a qhio. That is the one potential exception to that.

[Rim Cothren, CDII CalHHS] 12:32:10

There is an item that we are welcoming and have specifically identified as welcoming in as part of public comment.

[Rim Cothren, CDII CalHHS] 12:32:19

So please feel free to to comment on that through the public comment process one of the other questions asked, how?

[Rim Cothren, CDII CalHHS] 12:32:25

Okay, los will work with different organizations or agencies.

[Rim Cothren, CDII CalHHS] 12:32:29

And qhos are simply hos that have been qualified for a structured application and assessment process.

[Rim Cothren, CDII CalHHS] 12:32:37

So we're discussing today any health or social services organization may participate in a exchange using an Hio, including exchange beyond the requirements, the data exchange framework.

[Rim Cothren, CDII CalHHS] 12:32:50

Some of the Hios in California have been an operation for more than 20 years.

[Rim Cothren, CDII CalHHS] 12:32:54

They're very mature. Have a large set of services, and what we're specifying is required.

[Rim Cothren, CDII CalHHS] 12:33:00

Types of exchange. Here is just a subset of what they already provide. Today.

[Rim Cothren, CDII CalHHS] 12:33:05

Organizations that make use of a you hio services or a qhio services by by onboarding to the Hio and becoming a participant.

[Rim Cothren, CDII CalHHS] 12:33:16

They're usually fees for the services the hills provide, just like their fees associated with use of a hosted Dhr or your email system.

[Rim Cothren, CDII CalHHS] 12:33:25

I want to pause there for a second, because that's been a fair amount of information, and see if there are any questions or thoughts of any of our other panelists about any of those topics

[Jonah Frohlich] 12:33:46

I think Jim wanted a clarification about the hospital exception.

[Jonah Frohlich] 12:33:48

Maybe

[Rim Cothren, CDII CalHHS] 12:33:55

So what what you will find in the technical, the technical requirements for exchange policy and procedure.

[Rim Cothren, CDII CalHHS] 12:34:05

Right now, is it? Calls out the types of exchange that are required for certain organizations, and in response to a lot of comment at not our last, but the previous lac meeting there was a request to make it mandatory for hospitals to send ads to a qhio as a

[Rim Cothren, CDII CalHHS] 12:34:29

Safety net to ensure that all signatories in California had the opportunity to receive ads through a single path.

[Rim Cothren, CDII CalHHS] 12:34:39

It does place an obligation on hospitals to send those ad feeds to at least one qhio that they select, but it reduces the potential obligation of organizations that want to receive notifications, and that they could go to any qhio dri to receive them there

[Rim Cothren, CDII CalHHS] 12:34:59

May be other solutions to the problem of ensuring that itts get to the right places.

[Rim Cothren, CDII CalHHS] 12:35:06

And again, I think that's a good topic for the public comment.

[Rim Cothren, CDII CalHHS] 12:35:08

We really recommend that people weigh in there, John, I see you have your hand up

[John Helvey] 12:35:13

Yeah, I think, with that, with regards to atp events going to Aqhio.

[John Helvey] 12:35:20

And it, there's a competing situation here where we're also required to match Adt and delete what doesn't match, so that doesn't necessarily fit well with an organization sending Adp to one entity when we don't have established yet in California

[John Helvey] 12:35:40

Pcdh model to where that can get centralized and for weekend as a Qhio.

[John Helvey] 12:35:46

Push that forward to the appropriate other Qhio, that that might be the home. For so I think that you know in the current language, there might be some alteration to that, so that you know we could be good stewards of the of the data and the attendant here

[John Helvey] 12:36:06

That's all.

[Rim Cothren, CDII CalHHS] 12:36:07

Thanks, thanks for that, John. The applications for Qh.

[Rim Cothren, CDII CalHHS] 12:36:13

los will be coming out for public comment in the next couple of weeks, and, as I said, the technical requirements shop for public comment.

[Rim Cothren, CDII CalHHS] 12:36:20

Now, thanks for that comment, and feel free to reiterate that neither of those opportunities shelly.

[Rim Cothren, CDII CalHHS] 12:36:26

I see your hand up

[Michelle (Shelley) Brown] 12:36:29

Hi! RAM! I'm looking at the application and kind of made some notes about the requirements with respect to ads.

[Michelle (Shelley) Brown] 12:36:38

Section Sixe says that a queue hio must be able to share adts with all other day exchange.

[Michelle (Shelley) Brown] 12:36:46

Qhios, so is this like a a mandatory, you know?

[Michelle (Shelley) Brown] 12:36:52

Send it out the moment you get it to all. Qh, los only have the capacity to be able to share an adt message.

[Michelle (Shelley) Brown] 12:36:59

My thought is, why would we want to send patient data all over the place when we really only want to keep it where it's being used and needed?

[Michelle (Shelley) Brown] 12:37:10

So I I'm not sure I could use some clarification on that requirement.

[Rim Cothren, CDII CalHHS] 12:37:13

Again. I think that there's a good opportunity for public comment here.

[Rim Cothren, CDII CalHHS] 12:37:18

I can tell you the intent. There, and some of the alternatives that I've heard suggested the intent.

[Rim Cothren, CDII CalHHS] 12:37:24

There is that if a participant at one Qhio has put in a roster of patients that they want to get notifications on, but an event happens, and is reported to a different Qhio, how do we make that happen?

[Rim Cothren, CDII CalHHS] 12:37:41

One answer to that is to make sure that all adts are seen by all queues, and that would require Qh.

[Rim Cothren, CDII CalHHS] 12:37:52

los to share adt messages. Another alternative might be that all queues can receive rosters from all other Qh.

[Rim Cothren, CDII CalHHS] 12:38:01

los, and forward we chose one of those examples as a means to make sure that a participant can ask for notifications with one organization and get them wherever they take place in the State.

[Rim Cothren, CDII CalHHS] 12:38:16

If there are other solutions, be happy to hear them, I don't want to get hung up on Adts here, but I I don't wanna avoid these questions, either, shelling.

[Michelle (Shelley) Brown] 12:38:20

Yeah.

[Rim Cothren, CDII CalHHS] 12:38:26

So go ahead.

[Michelle (Shelley) Brown] 12:38:26

Thank you. I I just wanted to comment that you know one of the underlying concepts here is that there is a relationship with that patient.

[Michelle (Shelley) Brown] 12:38:34

And you know the thought is that sending eightyts, or any type of patient information just everywhere just to make sure it's always somewhere.

[Michelle (Shelley) Brown] 12:38:42

Might, you know it just creates security issues and a lot of other questions.

[Michelle (Shelley) Brown] 12:38:47

Right in terms of process and storage and security and privacy.

[Michelle (Shelley) Brown] 12:38:52

So I is that concern. Thank thank you.

[Rim Cothren, CDII CalHHS] 12:38:53

Understood.

[Rim Cothren, CDII CalHHS] 12:38:56

And and we've flagged that for some discussion internally as well.

[Rim Cothren, CDII CalHHS] 12:39:00

Thanks. DM, see, you have your hand up

[DeeAnne McCallin] 12:39:03

Yes, I. So to a couple of the questions that have W.

[DeeAnne McCallin] 12:39:08

One in chat, at least one in Q. A. Dub telling into the national networks similar to the responses about the Qhos.

[DeeAnne McCallin] 12:39:20

Participants cannot, should not assume that if they're on boarding with a qhio or if they're already on and national network, or about to start implementing one, that it will meet the requirements.

[DeeAnne McCallin] 12:39:36

So you would want to crosswalk either the marketing, the services provided with the requirements within the Dean, except which is in the Dsa.

[DeeAnne McCallin] 12:39:47

And the policies and procedures likely these exchanges will work, and these networks will suffice, but not for any one of them.

[DeeAnne McCallin] 12:40:00

Whether it's a qhio, whether it's a California hio that does not apply, whether it's a CIA or whether it's a national network, none of us can assume that it meets the requirements.

[DeeAnne McCallin] 12:40:13

So we they should. They might, they probably will, but need to do the crosswalking and and checking the boxes to make sure, and some of that will flush out as exchange.

[DeeAnne McCallin] 12:40:24

Starts to be happening, or the request start coming in and be in my book.

[DeeAnne McCallin] 12:40:28

Here's our reality. Got it? So that's in part of verbal answer to a couple of different questions.

[DeeAnne McCallin] 12:40:36

And we recognize that it's likely something that we need to tighten up, some in messaging and materials.

[DeeAnne McCallin] 12:40:45

Pmps, that type of stuff, that wholesome

[Rim Cothren, CDII CalHHS] 12:40:47

And and we'll talk a little bit more about nationwide networks and frameworks later on.

[Rim Cothren, CDII CalHHS] 12:40:54

Cause. There was some specific questions about them before I pass things back to Cindy.

[Rim Cothren, CDII CalHHS] 12:40:58

I wanted to address one other very specific question from Aaron in the chat.

[Rim Cothren, CDII CalHHS] 12:41:04

Thanks for pointing this up, and especially places where you think that Cindy and I are giving conflicting answers to a question.

[Rim Cothren, CDII CalHHS] 12:41:10

Please flag that force so we can clarify that.

[Rim Cothren, CDII CalHHS] 12:41:13

So what Cindy said is that joining a Q.

[Rim Cothren, CDII CalHHS] 12:41:18

Hi will not necessarily satisfy your obligations, and I said that Qh.

[Rim Cothren, CDII CalHHS] 12:41:25

los can do everything did disconnect. There is that if you join a qhio, but share no data with them, then you're not meeting your obligations.

[Rim Cothren, CDII CalHHS] 12:41:34

And so it is not a guarantee each each signatory to the Dsa.

[Rim Cothren, CDII CalHHS] 12:41:40

Must still participate. They must share data. They must provide data.

[Rim Cothren, CDII CalHHS] 12:41:45

And so joined in a qhio, but not sharing any data, would not meet your obligations, even though the Qhio could share on your behalf.

[Rim Cothren, CDII CalHHS] 12:41:55

And that's what the disconnect is. And thanks Aaron for pointing that out.

[Rim Cothren, CDII CalHHS] 12:41:58

With that I'll pass things back to Cindy

[Cynthia Bero] 12:42:01

Thanks, for. So what the next set of topics I wanted to to bring out had to do with information, security, and we've already touched on it briefly.

[Cynthia Bero] 12:42:12

But there were some questions that came in in advance that that went a little deeper, and one of the questions was around the criteria that asked that, all the data being

managed within the United States, so that in essence we could be confident that us laws around data privacy and security would apply and then

[Cynthia Bero] 12:42:33

The related question was, Well, what if my company? My business, has other contracts with other organizations that include the management of data outside the Us.

[Cynthia Bero] 12:42:46

I I my company wouldn't necessarily be managing all the data within the Us.

[Cynthia Bero] 12:42:52

And would I not be able to be a qhio?

[Cynthia Bero] 12:42:54

I thought that was a good point, because I really the we should rephrase this, because I think our intent is to make sure the data that is part of the data exchange framework should be managed within the us, so that we can be contact around the laws that apply to the privacy and security that data

[Cynthia Bero] 12:43:11

If your business has other clients and other contracts that involve data being managed outside the Us.

[Cynthia Bero] 12:43:19

That's that's not a something that we're going to, you know, inject ourselves into.

[Cynthia Bero] 12:43:26

That's that's a separate line of business, and and that's that should be fine.

[Cynthia Bero] 12:43:32

I just let me see if anybody had any further thoughts on the management of data

[Cynthia Bero] 12:43:38

Location. Okay? The other related to security the other issue that came in was regarding the requirement that the the Hio conduct external security assessments and penetration testing and I'm sure everyone here appreciates the idea that having an outside organization come in and test your security and

[Cynthia Bero] 12:44:06

Test, your this, the privacy with which you protect information is, is important.

[Cynthia Bero] 12:44:13

So that I think everyone agrees with the question was, you know, really the the frequency of this kind of testing.

[Cynthia Bero] 12:44:22

So we are asking for organizations to have an annual assessment and to provide some documentation that this assessment has been done within the last year.

[Cynthia Bero] 12:44:34

This is a, because this draft was started in the fall of 2,022.

[Cynthia Bero] 12:44:40

We were looking for assessments that headed 2,021 or 2,022 date on it.

[Cynthia Bero] 12:44:45

But someone rightfully pulled out that a 2,023 assessment would would meet them.

[Cynthia Bero] 12:44:49

A criteria as well. So I just want to note that we will make that adjustment.

[Cynthia Bero] 12:44:53

But that's the intent is to make sure we're checking.

[Cynthia Bero] 12:44:57

And having that kind of external assessment done to to validate security.

[Cynthia Bero] 12:45:02

Tom, you have a question

[Tom Schwaninger, L.A. Care Health Plan] 12:45:04

Yeah, it's more of a comment, a an a general comment. I apologize.

[Tom Schwaninger, L.A. Care Health Plan] 12:45:09

On on cameras now, but you know I represent Lic here here in Los Angeles, and we work very closely with lanes. Are local.

[Cynthia Bero] 12:45:10

That's quite all right.

[Tom Schwaninger, L.A. Care Health Plan] 12:45:20

H I. O. And intend to use them to satisfy our requirements as a signatory.

[Tom Schwaninger, L.A. Care Health Plan] 12:45:27

I think I understand and appreciate the concept of having qualified Hivos, but I think, as we define the requirements and qualifications for them, we should really focus on, can they?

[Tom Schwaninger, L.A. Care Health Plan] 12:45:41

Adhere to the necessary exchange requirements, and going further, and even things like penetration test and so forth, are good.

[Tom Schwaninger, L.A. Care Health Plan] 12:45:51

But I just worry that we're gonna put such a level of burden and raise the bar for an entity to become a Qh. I.

[Tom Schwaninger, L.A. Care Health Plan] 12:46:01

O that it has the effect of state picking winners and losers, and I don't think that's the intent of a B 1, 33.

[Tom Schwaninger, L.A. Care Health Plan] 12:46:08

The intent is to share data, to do it in certain ways.

[Tom Schwaninger, L.A. Care Health Plan] 12:46:12

So it's just kind of a, a you know, a cautionary advice not to go too far in these callifications.

[Tom Schwaninger, L.A. Care Health Plan] 12:46:23

I think we need to ratchet it back and focus on the fundamentals.

[Tom Schwaninger, L.A. Care Health Plan] 12:46:26

Can they do it or not? And then it's up to the signatory to kind of pick and choose who they want to use that I just worry that at the end of the day requirements they become so great state ends up picking qualified hio, and that's not the intense we all know

[Tom Schwaninger, L.A. Care Health Plan] 12:46:43

Thank you.

[Cynthia Bero] 12:46:45

Thanks, Tom, you're right. That is not the intense, I think if the only one organization myth the criteria that would.

[Cynthia Bero] 12:46:53

That would not be a good thing, but at the same time I also feel very strongly that the security of health information is important, and and there are some industry standards around.

[Cynthia Bero] 12:47:06

What constitutes a good security program? What constitutes a good?

[Cynthia Bero] 12:47:15

You know up what? What constitutes sort of a thoughtful approach towards you know sick managing this very important data.

[Cynthia Bero] 12:47:21

So we're trying to find that balance, and and we'll take your your comments into consideration.

[Cynthia Bero] 12:47:28

But you're right. We're not trying to eliminate people. We're trying to make sure that the date is protected

[Tom Schwaninger, L.A. Care Health Plan] 12:47:33

I appreciate the delicate balancing.

[Cynthia Bero] 12:47:34

Yeah, I I yeah, I see that, too, Rim. Maybe I'll pass it back to you for the next set of topics

[Rim Cothren, CDII CalHHS] 12:47:46

Sure.

[Rim Cothren, CDII CalHHS] 12:47:50

Sorry I wanted to finish a note that I was sending off to to Matt.

[Rim Cothren, CDII CalHHS] 12:47:57

I wanna focus just people real quickly on the conversation that Matt, and some others have been having surrounding Teca Tefk is about to make an announcement of their initial Q hands.

[Rim Cothren, CDII CalHHS] 12:48:12

I think we all are looking forward to that, and it's timely because next question that I wanted to talk about is that the application asks that we're organizations participate in a nationwide network or framework and specifically calls out care quality commonwealth health announced a

[Rim Cothren, CDII CalHHS] 12:48:31

Alliance, or e health exchange is examples of nationwide networks or frameworks that would be appropriate.

[Rim Cothren, CDII CalHHS] 12:48:40

Any of those 3 were thought acceptable, because those 3 are linked to each other, and effectively participating in one means to participate in all 3.

[Rim Cothren, CDII CalHHS] 12:48:49

And so it eliminates a stowe pipe, and that was one of the reasons to to include, as we await for Tefka we anticipate, the Tefka may become one of those networks as well, today, you can't join

[Rim Cothren, CDII CalHHS] 12:49:02

We're gonna learn more next week. And over the coming months about what Teca means and what it's capabilities are.

[Rim Cothren, CDII CalHHS] 12:49:07

And when they'll be meet, as we know that Q ends are coming online.

[Rim Cothren, CDII CalHHS] 12:49:12

So I just say that tef cut is something that we're monitoring and maybe become part of this as well.

[Rim Cothren, CDII CalHHS] 12:49:19

We're really interested in people's thoughts about this, though in particular we had a question about adding a epics care everywhere, network as one of the acceptable networks we had thought about that, and hadn't added it since it was vendor specific but interested in people's thoughts

[Rim Cothren, CDII CalHHS] 12:49:40

About that. We also had questions asking for additional time in order to meet this obligation and I'm interested in people's top thoughts about that, too, Steven.

[Rim Cothren, CDII CalHHS] 12:49:52

I see your hand up, and I was hoping you would raise your hand, because I know that you know a lot more about care everywhere than I do, and might have some thoughts on that

[Steven Lane] 12:50:02

Yeah. Thanks. Room. So that was my suggestion, or it was a suggestion of mine that that we call out the epic care everywhere network as a national network, that a similar to the commonwealth network is is a vendor supported network it supports exchange between folks who use certain

[Steven Lane] 12:50:24

Vendors, ehrrs, and as you say, is also connected to the nationwide care quality framework.

[Steven Lane] 12:50:30

That supports cross network communications. So I think when you know when we're looking for the major nationwide interoperability networks, we should look at the Health Exchange commonwealth care everywhere, you know, and direct trust.

[Steven Lane] 12:50:45

Which you guys also mentioned in in one of the documents, but not not in the slides.

[Steven Lane] 12:50:51

So I think that that it is important to to incorporate.

[Steven Lane] 12:50:54

You know these networks that reach across the country that handle millions and millions of transactions regularly, and my my colleague, Matt Eisenberg, may want to chime in as well as as he also is very familiar with both care everywhere and the health exchange and and care calls

[Matthew Eisenberg] 12:51:11

Yeah, I, I, I agree with Steven. I think we just.

[Matthew Eisenberg] 12:51:14

You know. My point is that as the Tf can network gets established and grows we kind of have to look to where that's going to be.

[Matthew Eisenberg] 12:51:25

As we consider this, this whole idea of State connectivity and, as I've stated in the in the chat, I'm just also concerned about you can't do everything at once.

[Matthew Eisenberg] 12:51:34

So we're gonna have to a as as as a health organization, our organization has limited resources, even though this is a focus for us.

[Matthew Eisenberg] 12:51:42

So you can't do it all at once, and I just think we need to be thoughtful about that.

[Rim Cothren, CDII CalHHS] 12:51:48

Thanks for that, Alex. I see your hand up

[Felix Su] 12:51:54

Yeah, thanks. Rim. I we'll start. But I'm actually going to.

[Felix Su] 12:51:58

Also phone a friend here with my colleague Jason on this issue, and and I'll explain why we really feel that, you know, stepping back in terms of you know, core principles like the reason why it's important to stipulate that a queueio be

[Felix Su] 12:52:18

on some subset of these, widely used, widely known national networks is to basically create a unknown pathway, right?

[Felix Su] 12:52:30

An ability for queues to readily be able to exchange things like Ccads.

[Felix Su] 12:52:36

And other, you know, clinical records. That's when they're queried, and also when they want to actually retrieve that that information on behalf of one of their participants like E health exchange seems to be you know compared to all of the options that are laid out like the

[Felix Su] 12:52:52

ones known network, where this can be easily done. I think what we don't want to get into a situation of, and what we want to avoid is to, you know, really allow the participation.

[Felix Su] 12:53:08

In a very vendor specific network, you know whether it's, you know, tied to one Ehr system or so forth, on that would be in of itself limiting right?

[Felix Su] 12:53:17

Because a qio that is not able to, you know, pull the information on systems that aren't supported by that network is going to be basically holding the bag.

[Felix Su] 12:53:30

In a sense, but I will actually now pass on to Jason to see whether he wants to.

[Felix Su] 12:53:36

Anything, you know, from his much smarter

[Jason Buckner] 12:53:37

Yeah, I mean you. You said, well, feel like I mean, like the end of the day, the email exchange.

[Jason Buckner] 12:53:43

Network is the most vendor, agnostic, national network that exists from our perspective.

[Jason Buckner] 12:53:49

Right, others have either driven by a vendor or only support certain vendors, he held exchange.

[Jason Buckner] 12:53:57

Really, we'd look at it as completely sort of independent and not tied to a vendor.

[Jason Buckner] 12:54:02

An H i. E. Anything of that nature, and I think it's important to know that none of those national networks to date align exactly with the Requirements on A B-* that We've gone, through right so that includes, the the responses to treatment, Versus, payment, Versus.

[Jason Buckner] 12:54:20

Operations, are not necessarily aligned, but there's no adt right.

[Jason Buckner] 12:54:24

80 t. Is, is not on those national networks, as of now and then.

[Jason Buckner] 12:54:28

The last reminder is just the tfco like. Well, I mean, certainly this is going to evolve, and we'll know more Monday.

[Jason Buckner] 12:54:35

But as of now, tof is voluntary right, and and maybe 1, 33 is not for for those in California.

[Jason Buckner] 12:54:42

So there's a couple of key differences between those

[Rim Cothren, CDII CalHHS] 12:54:46

Thanks for that.

[Rim Cothren, CDII CalHHS] 12:54:48

John, you have your hand up

[John Helvey] 12:54:51

Yeah, I just wanted to tag on to that, because although E.

[John Helvey] 12:54:57

Health exchange is is very helpful network, and the national networks are very helpful we don't have a national identifier.

[John Helvey] 12:55:04

We don't have a state identifier and searching, you know, if you're not in epic, then not everything is searchable unless you have exactly the criteria, and as we know, people move, people change addresses change, and if you have one missing criteria and you're searching.

[John Helvey] 12:55:26

that ever you're not getting returned any data we have this complication all the time.

[John Helvey] 12:55:31

That people will provide, you know, a unique demographic, and you're putting in a search criteria.

[John Helvey] 12:55:39

And it doesn't match historically, you're not getting that data back.

[John Helvey] 12:55:44

So you know, I think that's where Qhitos really kind of play an intermediary to these national networks.

[John Helvey] 12:55:53

And you know, eventually, hopefully, all this gets better. But until then you know national networks aren't the answer for everything.

[John Helvey] 12:56:01

So we, you know, Matt, I do understand competing priorities, but you know we've got to close the gaps, not just for the big epic institutions, but for all the providers across the across the State

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

Thanks. John.

[Matthew Eisenberg] 12:56:15

Yeah, you know, just to, yeah. First of all, epic may actually, who knows?

[Matthew Eisenberg] 12:56:22

Be approved as a a federally qualified health information network to support the cure everywhere network.

[Matthew Eisenberg] 12:56:29

It's an independent network that is not exclusive to to epic.

[Matthew Eisenberg] 12:56:33

Our our one of our biggest local exchange partners is dignity, and we we do it through care everywhere.

[Matthew Eisenberg] 12:56:37

But we, you know we we exchange with with dignity, and the their and common spirit, and they're not on epic.

[Matthew Eisenberg] 12:56:43

So I I think we just need to be careful about. You know, they went through this with the original discussions about Q.

[Matthew Eisenberg] 12:56:50

Hens federally, and whether vendor supported networks can or can't participate, and that we've already that's been a judiciary, and we'll be adjudicated.

[Matthew Eisenberg] 12:56:56

So the the issue is exchanging information securely and safely.

[Matthew Eisenberg] 12:57:00

You know who who, who, the who, the next is, is structured through at this point is going to become mood over time as these frameworks go forward.

[Matthew Eisenberg] 12:57:08

And and again, I just think that we need to be really careful.

[Matthew Eisenberg] 12:57:11

Adt events were required to share adt events, you know, through Cms.

[Matthew Eisenberg] 12:57:16

And it's just one piece, but it doesn't give you the whole piece of puzzle about a patient.

[Matthew Eisenberg] 12:57:19

That's for sure.

[Rim Cothren, CDII CalHHS] 12:57:22

Thanks for that. Good comedy. Steven brought up direct trust, and we had some other questions about direct trust as well one of the things that you may note is that the current draft of the technical requirements for exchange Pnp that's out for public comment added direct secure

[Rim Cothren, CDII CalHHS] 12:57:44

Messaging as a potential transport. What comes along with that is whether qh, I.

[Rim Cothren, CDII CalHHS] 12:57:49

O should be required to participate in direct trust, to support, direct, secure, messaging, really interested in people's thoughts about the use of direct in California.

[Rim Cothren, CDII CalHHS] 12:58:02

It is a a common capability in certified Dhrrs, and therefore is a failure, and whether direct trust participation should be a requirement of qhi.

[Rim Cothren, CDII CalHHS] 12:58:22

I see Shelley's hand up

[Michelle (Shelley) Brown] 12:58:25

No, I I believe direct trust should be. It's it's a way for some participants who don't quite meet all the criteria in terms of technical ability to transact messages.

[Michelle (Shelley) Brown] 12:58:37

So being the qhio is really intended to help facilitate data transfer.

[Michelle (Shelley) Brown] 12:58:44

I think that that would be a good thing, and I'd also say that with respect to part 2 information, it is one method that allows the displacement part 2 at least until part 2 changes, and meet the requirements apart too.

[Michelle (Shelley) Brown] 12:58:58

So I would be in favor of direct or Qhio

[Matthew Eisenberg] 12:59:08

I I'm sorry I I threw it in the chat, but one of the challenges about direct.

[Rim Cothren, CDII CalHHS] 12:59:09

Thanks.

[Matthew Eisenberg] 12:59:13

I love direct, we should use direct more. We use direct. Every day we try.

[Matthew Eisenberg] 12:59:18

It's really a bear in the real world situation, because there's no National Directory and I think the reality is until there is some some clarity there.

[Matthew Eisenberg] 12:59:26

Technically, you're just gonna it's just torture for us.

[Matthew Eisenberg] 12:59:28

It's really, we're constantly updating directories doing the best we can.

[Matthew Eisenberg] 12:59:32

But it it it. That is a real, real challenge.

[Rim Cothren, CDII CalHHS] 12:59:34

Thanks, Matt and and I do know that Cms is recently put out an Rfi on directories.

[Rim Cothren, CDII CalHHS] 12:59:41

I know the Direct trust manages one. I don't have any personally experienced with that.

[Rim Cothren, CDII CalHHS] 12:59:46

We've been talking about a participant registry ourselves.

[Rim Cothren, CDII CalHHS] 12:59:49

It's a big problem. That is longstanding and not going to be simple to address.

[Rim Cothren, CDII CalHHS] 12:59:53

But thanks for putting that out, David, you have your hand up

[David Ford, CMA Physician Services] 12:59:57

Alright, yeah, and Matt kind of stole my comment, which is the short answer to your question is, yes, and then I would like to see that somehow paired with a a directory for direct trust Protestants, because I think what I found dealing with small practices is many of them our direct trust

[David Ford, CMA Physician Services] 13:00:17

Participants. I just don't necessarily know that they are, and it could be a very quick way to get them up and moving on in data exchange.

[David Ford, CMA Physician Services] 13:00:26

And I think you know, Cma actually had high hopes that that would eventually be part of the symphony effort to create.

[David Ford, CMA Physician Services] 13:00:34

You know this creating this provider to be really nice to have direct trust in there as well.

[David Ford, CMA Physician Services] 13:00:39

So that was my only comment.

[Rim Cothren, CDII CalHHS] 13:00:41

Great thanks, David Stephen, you have your hand up

[Steven Lane] 13:00:45

And I'll just file on there that also use direct regularly.

[Steven Lane] 13:00:50

It really is, you know. Now for many, many years the tool that supports exchange across vendor systems, irregardless of, you know, participation in other networks and we've discussed in some of our meetings previously central value of using a few of these dollars that

[Steven Lane] 13:01:09

We're planning on spending on the date exchange framework to support a statewide directory and a rim's done a lot of thinking in this area.

[Steven Lane] 13:01:16

If we had that suddenly we would unlock the value of direct for you.

[Steven Lane] 13:01:20

Across the State. We don't need to wait for this to be solved on a nationwide basis.

[Steven Lane] 13:01:25

This, this would be an area where we really could innovate in California and lead the way.

[Steven Lane] 13:01:30

And I encourage us to consider that

[Rim Cothren, CDII CalHHS] 13:01:32

Great thanks, Stephen and I would continue to encourage people to weigh in through public comment to the technical requirements where we talk about direct messaging.

[Rim Cothren, CDII CalHHS] 13:01:45

Today's topic is really about Qh. los.

[Rim Cothren, CDII CalHHS] 13:01:50

But we take the the comments people are providing here I'll just point out having been participant in creating 3 directories, 2 of them in the State of California over the past several years.

[Rim Cothren, CDII CalHHS] 13:02:03

It is not a simple task, and I think that is one of the things we've discussed. But we'll take a some time to get there, shelly. I see your hand up

[Michelle (Shelley) Brown] 13:02:13

Yeah, on this topic. One of the requirements is that Qh ios have a registrate with input export capability.

[Michelle (Shelley) Brown] 13:02:21

So I'm wondering was kind of wondering what that really meant.

[Michelle (Shelley) Brown] 13:02:26

In terms of functionality and purpose and publication. There's a lot of unknowns around that requirement

[Rim Cothren, CDII CalHHS] 13:02:35

Sure and

[Rim Cothren, CDII CalHHS] 13:02:38

I I I think there, there is an intent around that requirement to ensure that we can

[Rim Cothren, CDII CalHHS] 13:02:50

I'll step back here for a second. So one of the things that we talked about at the last I see meeting is the intent for us to create a participant registry which would be a way for organizations to identify how to request me information of them or send information to them if organizations are

[Rim Cothren, CDII CalHHS] 13:03:10

participating in a qh, i, o, or and one or more of the nationwide networks or frameworks.

[Rim Cothren, CDII CalHHS] 13:03:19

We need to know how they're participating and the requirement here was to ensure that Qh.

[Rim Cothren, CDII CalHHS] 13:03:26

los could participate in that process. That'll be a developing process, and I know that there've been some questions to add clarity to what information is required.

[Rim Cothren, CDII CalHHS] 13:03:34

There, that I think that we will touch on later in today's session.

[Rim Cothren, CDII CalHHS] 13:03:39

Jason. I see your hand up, and then I'm gonna try to move us on.

[Rim Cothren, CDII CalHHS] 13:03:43

So last comment on this topic

[Rim Cothren, CDII CalHHS] 13:03:47

And you are on mute, Jason

[Jason Buckner] 13:03:52

Thanks. RAM. Sorry I just to reiterate. I was.

[Jason Buckner] 13:03:54

Gonna say something similar to your right. I think the intent here is that the State?

[Jason Buckner] 13:03:59

We'll create or or guide a registry that our directory that will say, here's how everybody's gonna connect, so that you know, if I'm going connect to a Dsa participant.

[Jason Buckner] 13:04:09

What is their entry point is it e. Health exchange?

[Jason Buckner] 13:04:12

Is it some other mechanism, whatever it may be? And the Qh.

[Jason Buckner] 13:04:16

los need to be able to consume that directory and use it to know where to go.

[Jason Buckner] 13:04:22

Ask, and probably all Dsa signatories need to be able to utilize that directory as well.

[Jason Buckner] 13:04:27

So it's not necessarily we're creating a managing directory, but that work the State will, and we will support and integrate with that direct

[Rim Cothren, CDII CalHHS] 13:04:35

And and that is the intent, thanks to Jason before I pass things on to Cindy.

[Jason Buckner] 13:04:36

Okay. Great.

[Rim Cothren, CDII CalHHS] 13:04:40

There was one question in the Q. A. That I wanted to touch on, and that was for the qhos must be live as a participant in one of the nationwide networks at the time of the application.

[Rim Cothren, CDII CalHHS] 13:04:56

Quite frankly, I don't recall what it says in the application, and we will take that back and try to clarify that.

[Rim Cothren, CDII CalHHS] 13:05:04

I think the intent is by the time of January thirty-first, 20 twenty-fourth, that that capability be in place.

[Rim Cothren, CDII CalHHS] 13:05:14

But we'll take that back and get clarification on that, and thanks for your thanks for your question on that, Cindy.

[Rim Cothren, CDII CalHHS] 13:05:20

I think I'm gonna pass things back to you now.

[Cynthia Bero] 13:05:21

Thank you, Rim, and based on the, you know, questions and topics that were submitted in advance.

[Cynthia Bero] 13:05:29

I'd like to return now to the discussion about the acute care adt events.

[Cynthia Bero] 13:05:36

One of the questions was around this notion that it, in order to make sure that the events end up in the hands of a Qhio, who is monitoring for events on behalf of a signatory, these, you know, the Qh.

[Cynthia Bero] 13:05:52

los, or the design is that they'll share the events with all other.

[Cynthia Bero] 13:05:56

Qh. los. And the question was about, well, you know this concept that if you don't, if you receive a an event and it's not related to any patient, you're monitoring on behalf of one of your signatories, the the structure, is that you'll delete it.

[Cynthia Bero] 13:06:13

You'll get rid of it. And the question was, well, maybe we should, you know, should qh, los keep that data.

[Cynthia Bero] 13:06:20

I think that the Via the construct is that you really should only be keeping data if you're keeping it on behalf of someone and on behalf of it, of an organization and and managing it according to you know their wishes in the agreement that you have with them, so if

[Cynthia Bero] 13:06:39

you receive data from a hospital. You, you know, through a this sort of forwarding from another qhio.

[Cynthia Bero] 13:06:49

It's not unclear to me who you would be.

[Cynthia Bero] 13:06:51

Maintaining the data for. So that's why the structure is that that that data would be deleted if it doesn't match someone that you're managing on behalf of a signatory or a client.

[Cynthia Bero] 13:07:04

So let me just over it up, and see if that makes sense.

[Cynthia Bero] 13:07:09

If there are other approaches folks can think about. But the idea is, we really want these events to get in the hands of the people that need them, and those are the people that are monitoring on behalf of you know that patient but that might not be in the same circle or the same Q.

[Cynthia Bero] 13:07:25

Hio. So we need to have this sharing across. Qh.

[Cynthia Bero] 13:07:29

los John

[John Helvey] 13:07:31

Okay, I understand this correctly. The intent is that to meet the data exchange framework Dsa requirements good.

[John Helvey] 13:07:39

An entity. A hospital could send a queue, an AD t to a qhio.

[John Helvey] 13:07:45

If we don't, Matt, with that patient within our region or within our subscriptions, then we delete it, and we would delete it after forwarding it to other hos.

[Cynthia Bero] 13:07:58

Yes, that's the concept. Yes.

[John Helvey] 13:07:58

Is that correct? Okay, thank you.

[Cynthia Bero] 13:08:03

Does that make sense? Yeah, okay.

[Steven Lane] 13:08:11

Just a follow on Cynthia. Sorry to. To John's question, so you'd receive the adt.

[Cynthia Bero] 13:08:11
Sure.

[Steven Lane] 13:08:19
You wouldn't recognize the patient, you would then forward it to other H.

[Steven Lane] 13:08:22
OS, and again any h I they ask for it. Whether they knew that patient or not, apparently, and then that hey?

[Steven Lane] 13:08:30
I would have the same opportunity to either keep it or delete it right

[Cynthia Bero] 13:08:36
Yes, I think the concept is you're going to receive adt events, but you only keep them if they relate to a patient you're monitoring for on behalf of one of your clients.

[Cynthia Bero] 13:08:48
That's the the concept.

[Cynthia Bero] 13:08:52
And I think the question was, Can should I just keep it, anyway?

[Cynthia Bero] 13:08:56
But on whose behalf are you keeping I think that's the the greater question.

[Cynthia Bero] 13:09:00
And so that's where we think it should, you know, not be kept unless you're keeping it on behalf of someone ally.

[Steven Lane] 13:09:06
Yeah, you know, I I did raise that question, Cynthia.

[Cynthia Bero] 13:09:08
Oh, I'm sorry. Yeah.

[Steven Lane] 13:09:10
You know, in in my comments there are nationwide networks that we haven't even talked about, you know, that are vendor supported networks like share scripts that provide a record locator service based on just that.

[Steven Lane] 13:09:25
They become aware of transactions for an individual, and they they use those transactions as a way of knowing where a patient has received care across across the country, and, you know, provide value.

[Steven Lane] 13:09:38

Sell that as a product, etc. So I think it's important just to realize that there are multiple models that have been pursued here in terms of what to do when you receive information about an individual and about care that they've received I think it's just important to point out it's

[Steven Lane] 13:09:57

Certainly fine to say you only keep it. If if you previously knew the patient, it's also rational in some cases to say that you would use that information to start a shell record to understand that that patient even exists, and where they may have received care for future years

[Cynthia Bero] 13:10:15

Okay. Thank you.

[Cynthia Bero] 13:10:18

How we.

[Ali Modaressi] 13:10:20

Thank you. I'm traveling I can't have the camera on, but I wanted to get a clarification on this.

[Cynthia Bero] 13:10:25

That alright.

[Ali Modaressi] 13:10:28

Add. Yeah. Well, first of all, I think health care is local, and most of the data will be delivered to the local communities.

[Ali Modaressi] 13:10:38

So the concept of a state, you know, sending it statewide is

[Ali Modaressi] 13:10:45

Is, I guess the minimum necessity is kind of good. The questions, the minimum necessity of sharing data.

[Ali Modaressi] 13:10:54

But beyond that, the if we have to remove that record, is it based on the repository, the the patients?

[Ali Modaressi] 13:11:06

Or is it based on the Records that was discussed in the previous meetings?

[Ali Modaressi] 13:11:12

Is that clear?

[Cynthia Bero] 13:11:13

Hey? It is, I think, and I think the intent is that you that an Hio should only retain the data if they're retaining it on the behalf of someone you know, an organization.

[Cynthia Bero] 13:11:29

So.

[Cynthia Bero] 13:11:33

So, if you're managing a record on behalf of client, or you're managing a roster on behalf of a client than those would both be legitimate.

[Cynthia Bero] 13:11:42

Reasons to maintain it.

[Cynthia Bero] 13:11:48

Let me so related. Yeah.

[Ali Modaressi] 13:11:49

Okay.

[Ali Modaressi] 13:11:52

Yeah. Go ahead.

[Cynthia Bero] 13:11:53

No, I was gonna say, we had a related question here around.

[Cynthia Bero] 13:11:57

Thinking about this, from the from the point of view of a recipient of these notifications, that sometimes it can be overwhelming, and then the number of additional events discharge events, transfer events.

[Cynthia Bero] 13:12:10

You know, if you're a large organization, it can be overwhelming.

[Cynthia Bero] 13:12:14

And so there was a suggestion that the qhio should also have the ability to apply some logic to the receipt of adts.

[Cynthia Bero] 13:12:25

And let's say, perhaps your the organization that is monitoring for events.

[Cynthia Bero] 13:12:30

Only wants emergency department admissions. They don't want transfers.

[Cynthia Bero] 13:12:35

They don't want this charges. They just want LED admits that the Qh.

[Cynthia Bero] 13:12:40

I have the ability to include, you know, some filtering logic to make sure that that recipient gets the type of events that they're looking for I'd be interested in others.

[Cynthia Bero] 13:12:51

Thoughts on whether or not that seems like a reasonable expectation that a Qao can do that type of filtering

[Cynthia Bero] 13:13:00

John.

[John Helvey] 13:13:03

I think the one place that it gets complicated is at the payer level.

[John Helvey] 13:13:08

When your payer is a customer, are you? And you know the regions that you serve versus the data that you get that gets to be a complicated model.

[John Helvey] 13:13:18

And I think in a, in the true Pcdh.

[John Helvey] 13:13:23

You know, kind of model that kind of solves itself.

[John Helvey] 13:13:27

But you know, that's a big

[John Helvey] 13:13:31

That's a big thing to address is, you know, having that as a payers customer

[Cynthia Bero] 13:13:39

Agreed.

[Cynthia Bero] 13:13:44

Steven.

[Steven Lane] 13:13:46

Yeah, I mean, we speak of of Adt messaging as as kind of the Holy Grail like it's it's really, you know what we're willing to completely, you know, burden hospitals and and upset the balance of power and patient privacy in order to be able to accomplish

[Steven Lane] 13:14:02

this the goal of delivering adt messages. But I can tell you, as a primary care physician who who really cares about you know my patients even just having getting every AD on my my, you know handful of patients it can be really overwhelming because some of them are important and some

[Steven Lane] 13:14:18

of them aren't, or they're more important for certain patients than others.

[Steven Lane] 13:14:21

So your question about Philippine, I think, is critical. That they'd be filtering the people who are really in the best position to manage and receive eightyts, or our care managers, or folks who are perhaps doing analytics on patient population.

[Steven Lane] 13:14:36

You know only Pcs who truly have Ocd.

[Steven Lane] 13:14:39

Like some of us on the call, you know. Really, take the the time to manage those, and and look through them all.

[Steven Lane] 13:14:47

And I think a lot of people, just, you know, round file them along the way. So I think that filtering capability which was really your question is, is really critical.

[Cynthia Bero] 13:14:55

Thank you, Jason.

[Jason Buckner] 13:14:59

Yeah, I mean, I would completely agree with Steven on that topic if we were looking at the free market complete free market on the 18 applications.

[Jason Buckner] 13:15:10

All of the vendor support filtering, meeting the needs of the requester.

[Jason Buckner] 13:15:14

And we we think that that should be a requirement as well.

[Jason Buckner] 13:15:17

Not everybody wants every adt, and I think it's uncomfortable upon the Q.

[Jason Buckner] 13:15:21

Hires to provide that filtering service

[Cynthia Bero] 13:15:25

Right. Thank you

[Cynthia Bero] 13:15:28

Rem. I'll turn things back to you

[Rim Cothren, CDII CalHHS] 13:15:32

Great city. Just checking to make sure I was off mute.

[Rim Cothren, CDII CalHHS] 13:15:37

Another question came up regard requesting more clarity on what is included in audit logs, and how long they are to be maintained, and what sorts of analysis, discovery, reporting the qhio is expected to be able to do based on their audit logs the draft application requests that other logs

[Rim Cothren, CDII CalHHS] 13:15:56

be maintained for 12 months. Also, the thinking is log would be used to support a range of activities, including reporting and investigation of potential data breaches.

[Rim Cothren, CDII CalHHS] 13:16:09

A questions to this group. Should we include specific data to be included in the logs, perhaps beyond Hipaa's requirement to register data?

[Rim Cothren, CDII CalHHS] 13:16:18

What data was accessed, and when and what changes were made to the data, and are the purpose and maintenance period that we are identifying here is that appropriate?

[Rim Cothren, CDII CalHHS] 13:16:32

Or should we be thinking about broadening that or changing that inside

[Rim Cothren, CDII CalHHS] 13:16:40

It is really hard to talk about audit logs when you've been talking about adts.

[Rim Cothren, CDII CalHHS] 13:16:45

I know that that was a shift to the boring end of exchange, but unnecessary, and as well

[Rim Cothren, CDII CalHHS] 13:16:55

Yes, Shelly, thank you for bailing me out

[Michelle (Shelley) Brown] 13:16:59

Well, whenever I think about audit logs and storing data that doesn't really relate directly to patient care, I get concerned because of the cost of storage and the security of storage.

[Michelle (Shelley) Brown] 13:17:12

So I'm always in favor of minimizing that timeframe and the amount of data that you have to store just for not.

[Michelle (Shelley) Brown] 13:17:19

2 cents.

[Rim Cothren, CDII CalHHS] 13:17:23

Thanks shelly, Jason, I saw you raise your hand for a second.

[Rim Cothren, CDII CalHHS] 13:17:28
Was that a mistake?

[Jason Buckner] 13:17:28
No, I just agree. I mean the aligning with hipaa.

[Jason Buckner] 13:17:34
I'm not sure why we would go beyond those requirements.

[Jason Buckner] 13:17:37
There! Maybe there's a business reason, but I I can't quite think of one right now.

[Jason Buckner] 13:17:42
So I agree with Shelley.

[Rim Cothren, CDII CalHHS] 13:17:43
Great thanks. Jason.

[Rim Cothren, CDII CalHHS] 13:17:50
I don't see any other hands. So, Cindy, I think I'm turning it back over to you

[Cynthia Bero] 13:17:54
Thank you. In our application we ask a number of things about the organization's operations, including that they are willing to provide services to any signatory regulations of you know their size, their type of organization, which geography they're in.

[Cynthia Bero] 13:18:19
Really if they're technically compatible and willing to pay whatever fees are necessary, that that you would provide services to that client.

[Cynthia Bero] 13:18:29
This has. This relates directly back to the equity principle that we talked about.

[Cynthia Bero] 13:18:33
We want to make sure that services are available to all signatories in all parts of the State, in all forms of organizations.

[Cynthia Bero] 13:18:44
So I just wanted to double-check, because I think there was a question regarding this concept of nondiscription to make sure that folks were comfortable with that approach

[Cynthia Bero] 13:19:03
I'll take no hands. This meaning, yes. Okay. Another set of questions came in, or request to discuss this a little bit was the requirement around solvency and what we're

looking for is, you know, a little bit of information about the financial stability of the Hio to make sure that this is a company that will

[Cynthia Bero] 13:19:25

be able to provide services for you years to come for the signatories, and you know, aigning with other similar efforts, including Tekka's evaluation of Q.

[Cynthia Bero] 13:19:39

Hints we chose the standard of 6 months cash on hand or cash equivalence to as a as an indicator of financial stability.

[Cynthia Bero] 13:19:50

And there was some question there about whether that was too high a bar, and I just would be interested in, and comments and thoughts on that

[Cynthia Bero] 13:20:02

Shelly

[Michelle (Shelley) Brown] 13:20:03

Okay. I'm when I saw that, I immediately thought it was too high of a bar, especially for a nonprofit, because when you think about it, nonprofits really base their fees.

[Michelle (Shelley) Brown] 13:20:13

On recovering costs. And so, if you have to have that high of a real reserve, you're gonna be charging your participants more money, right?

[Michelle (Shelley) Brown] 13:20:23

So it does kind of create a rub in terms of what we can afford to do and what we will be requiring participants to pay the other.

[Michelle (Shelley) Brown] 13:20:33

The other thought was Well, if we need to have that kind of reserve, would it be okay not to have it all in cash?

[Michelle (Shelley) Brown] 13:20:40

But perhaps be able to demonstrate a line of credit or some other resources so that we don't have to have that much much cash sitting around so you know, it's a lot of money.

[Michelle (Shelley) Brown] 13:20:50

You're talking about and it's not being used.

[Michelle (Shelley) Brown] 13:20:54

So I do have concerns about that. That requirement. I think it's too high of a requirement

[Cynthia Bero] 13:21:00
Okay, thank you. Shelly. John.

[John Helvey] 13:21:06
By second. What shelly said. However, I will throw this caveat in there, that if Cdii or Dhcs in support of the Queuehio process is willing to support and find you know the administrative burden of becoming a Qhio, we might be able to better

[John Helvey] 13:21:26
Meet that requirement. 6 months. I even talking with some of the queue hands.

[John Helvey] 13:21:34
That was a problem. It's gonna require us to go out and get lines of credit and things of that nature that yeah, we are a nonprofit.

[John Helvey] 13:21:45
I think that that should be lowered

[Cynthia Bero] 13:21:48
Okay. Thank you. I want to thank everyone for what has been a really good conversation.

[Cynthia Bero] 13:21:55
And unfortunately, we're running up against the clock, and we want to allow some time for public comment if there is any.

[Cynthia Bero] 13:22:03
So I am again. Thank you very much. This is very, very helpful.

[Cynthia Bero] 13:22:08
Not only the spoken word, but some of the Q.

[Cynthia Bero] 13:22:11
A that was happening through. That means. So thank you again.

[Cynthia Bero] 13:22:16
And, Dean, I'll turn it over to you

[DeeAnne McCallin] 13:22:22
So my question is, are there any public commenters out there?

[DeeAnne McCallin] 13:22:27
Good have a hand raised, or apps in the instructions on how to do so.

[Alice H - Events] 13:22:35
Yes, we actually currently have one hand raised

[Alice H - Events] 13:22:41

Rather you should now be able to unmute. Please state your name and organizational affiliation

[DeeAnne McCallin] 13:22:56

Are there any keystrokes to unmute proteins like a down 6 or anything

[Alice H - Events] 13:23:05

Case Bar should work. I've also sent a request to unmute.

[Alice H - Events] 13:23:09

Probably, if you are speaking, we cannot hear you. There are no other hands raised in the audience right now.

[DeeAnne McCallin] 13:23:21

Already, Emma, if you can keep your eye on that, in case you do see any, and then we should be able to go back to Shelley.

[DeeAnne McCallin] 13:23:28

Is that correct?

[Michelle (Shelley) Brown] 13:23:30

Yeah. Hi, thank you. I I do. One question. I had that we didn't get to touch on during our conversation was the concept of a bi-directional feature I didn't see that in the application requirements I'm just wondering if Q H.

[Michelle (Shelley) Brown] 13:23:44

los would be required to support bidirectional patient access to to data

[Cynthia Bero] 13:23:54

Chili. I'm not sure I fully understand the question.

[Cynthia Bero] 13:23:58

Sorry.

[Rim Cothren, CDII CalHHS] 13:23:59

Cindy. I think that she's referring to individual access

[Cynthia Bero] 13:24:04

Okay.

[Cynthia Bero] 13:24:08

So I

[Cynthia Bero] 13:24:11

It isn't part of the criteria today. Let me ask you, do you think it should be

[Michelle (Shelley) Brown] 13:24:18

Well, I I would leave it up to the other participants of this panel, who are actually hes, but I I believe that the data exchange framework requires participants to enable direct.

[Michelle (Shelley) Brown] 13:24:34

Individual access to their records. So it feels like Qhio should have that capacity as well.

[Michelle (Shelley) Brown] 13:24:42

So I'm just looking for some clarification

[Cynthia Bero] 13:24:49

Stevens.

[Steven Lane] 13:24:51

Yeah, I'll try man, I mean, I think there are number ways, as Devin's pointed out, that we could define the bi-directional exchange.

[Steven Lane] 13:24:57

Certainly individual access services or patients accessing their own data or caregivers is something that is already required under the information sharing requirements and we know that the H a. H.

[Steven Lane] 13:25:14

Ends are actors under information blocking both editions.

[Steven Lane] 13:25:16

So this year should be in place today, though I don't believe that it is, and this is a deficiency we already have in our system.

[Steven Lane] 13:25:24

I think the other point is, the bidirectionality in the sense of these individuals who are accessing their data, being able to actually contribute to their data, whether we're talking about the data that is maintained within an A an H.

[Steven Lane] 13:25:37

I, o h, e, or or via provider. And here again this is clearly part of the future, of of health, information, exchange, and patient engagement.

[Steven Lane] 13:25:46

But at this point most of the focus has been on patient access to data as opposed to patient.

[Steven Lane] 13:25:51

You know, corrections, deletions, exceptions, agenda and contributions, patient-generated health data, all of which are opportunities for us to to move forward

[Cynthia Bero] 13:26:06
David.

[David Ford, CMA Physician Services] 13:26:10
Yeah, thank you I was actually typing something in the chat box and then but it's very related to this line of comments.

[David Ford, CMA Physician Services] 13:26:17
So I've just thought it'd come off mute and say it out loud, which is, I continue to wonder, sort of in general about the data exchange framework.

[David Ford, CMA Physician Services] 13:26:24
But then very specifically about the Qio's, what the role of consumer mediated exchange is because that does seem to be where the world is moving as well as more of the the tech world moves into health care.

[David Ford, CMA Physician Services] 13:26:40
You know, everything's moving to smartphone apps. That was certainly where the Feds were going with information blocking and patient access to health information.

[David Ford, CMA Physician Services] 13:26:49
And so I think increasingly, we might see providers using consumer, mediated forms of exchange are patient, mediated.

[David Ford, CMA Physician Services] 13:26:58
However, you want to call it, and I I say, I still don't exactly get how that fits under this under this framework.

[David Ford, CMA Physician Services] 13:27:05
But that's a long conversation to drop with. 3 min left, I know.

[Cynthia Bero] 13:27:08
Yeah, I, I,

[David Ford, CMA Physician Services] 13:27:09
So we can. I just want to raise it, and we can discuss it more at another time.

[Cynthia Bero] 13:27:13
It's a very good conversation, but you're right.

[Cynthia Bero] 13:27:16
We are a little short on time I will turn things back to Dean for closing

[DeeAnne McCallin] 13:27:25
Almost an hour and a half ago I actually wondered to myself where are we gonna fill this time in?

[DeeAnne McCallin] 13:27:32

We have done so alright! So lots of good chat questions.

[DeeAnne McCallin] 13:27:39

This will be the recording of this meeting and the slide decks will be posted on Cdis data exchange framework website.

[DeeAnne McCallin] 13:27:48

So I'm pretty sure in that access you can even read the chat during a playback.

[DeeAnne McCallin] 13:27:55

We we have the few points that we'll be taking back.

[DeeAnne McCallin] 13:27:58

We don't always have all the answers, so I think there was a lot of good conversation and then responses, but we recognize that we don't always have all of the answers.

[DeeAnne McCallin] 13:28:07

I'm not quite sure. Is there another slide

[DeeAnne McCallin] 13:28:11

Alright, that's not so. So. A reminder that there is public comment open on until next Tuesday, February fourteenth.

[DeeAnne McCallin] 13:28:22

So we encourage folks to go there and submit comments. The through.

[DeeAnne McCallin] 13:28:26

The public comment, opportunity that you have. We have an email.

[DeeAnne McCallin] 13:28:32

Cdi@cakjess.ca.gov for you to submit comment.

[DeeAnne McCallin] 13:28:39

But that's also where you submit questions or follow up, and things like that.

[DeeAnne McCallin] 13:28:44

There is a template that is requested that you use that helps to streamline and and accelerate responses and and group same questions together.

[DeeAnne McCallin] 13:28:55

Type of approach any other in the last minute, any other slides

[DeeAnne McCallin] 13:29:04

Closing remarks, these are the closing remarks, so thanks for coming everybody and there are additional material that when you access the slide you'll be able to resource those.

[DeeAnne McCallin] 13:29:15

But it's likely information that's already out on the data exchange framework.

[DeeAnne McCallin] 13:29:20

Thanks for joining today. Thank you. Rim and Cindy, especially for leading and for the number of attendees who participated in it, had a good active engagement time with us today, a lot to of work to carry forward, appreciate everyone's time