

Connecting for Better Health Meeting

October 10, 2024

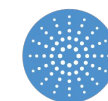


Connecting for Better Health

Advancing data sharing to improve the health of all Californians

Agenda

No.	Item	Minutes
1	Welcome and Introductions	5 minutes
2	Data Exchange Framework Qualified Health Information Organization Program Update <ul style="list-style-type: none">Jacob Parkinson, DxF QHIO Program Manager, CalHHS Center for Data Insights and Innovation	15 minutes
3	DxF Community Design Studio Use Case: Enhanced Care Management Referral and Care Coordination	20 minutes
4	California State Legislation Tracking	5 minutes
5	C4BH Report Out: <ul style="list-style-type: none">Data Exchange Framework 2024 Standards CommitteeConference Takeaways	5 minutes
6	News, Events, and Announcements	5 minutes



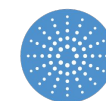
About The Coalition

Our Vision: Every Californian and their care teams have the information and insights they need to make care seamless, high quality and affordable



Policy Priorities

- **DSA Education & Implementation:** Promote awareness of the DSA and support data exchange implementation to realize the promise of AB 133
- **Funding:** Advocate for the state to dedicate continued funding for health and social services data sharing and encourage state agencies to seek federal match when and where appropriate
- **Integration of social services data:** Develop and communicate case studies and policy recommendations that support cross-sector data sharing, consent, and authorization
- **Advance DxF Governance, Enforcement, and Accountability:** Work towards the passage of DxF legislation, monitor state legislation and budgetary actions related to data sharing, and provide critical feedback to CDII and other state agencies to resolve challenges

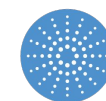


Data Exchange Framework Qualified Health Information Organization Program Update

Jacob Parkinson

DxF QHIO Program Manager

CalHHS Center for Data Insights and Innovation



The QHIO Program

October 10, 2024

Program Impact

QHIOs support exchange for **over 50%** of all DSA Signatories who have completed the Participant Directory.

- This includes **more than 75%** of physician organizations and medical groups.

Program Updates

The QHIO Program is being actively developed and published to the CDII webpage.

QHIOs are **collaborating** with one another to build connections and ensure statewide exchange for those using a QHIO.

“

The DxF's Qualified Health Information Organizations (QHIOs) are collaborating on topics that have historically been very challenging to find alignment on, showcasing an exceptional level of engagement across the industry to promote secure data exchange. **This cooperation will help improve health outcomes across our state, and is a testament to the DxF's ability to bring people together** in the shared commitment to create a Healthy California for All.



Steven Lane, MD, MPH
Chief Medical Officer
Health Gorilla (QHIO)

 Learn more at dxf.chhs.ca.gov

QHIO-to-QHIO Exchange

Why build these connections?

- A connected HIO network expands access to critical data.
 - Rural Californians often travel to metropolitan areas for specialized treatment, fragmenting their data.
 - Public health and population health management platforms require statewide data to track trends.
 - Large-scale emergencies displace patients, increasing the demand for extra-regional medical record access.
 - CalAIM and integrated care models require integrated data from various sectors.
- The methods and purposes of exchange supported by the national networks do not completely overlap with those required under the DxF.

QHIO-to-QHIO Exchange

Request for Information Connection Status (as of 10/08/2024)

	Cozeva	Health Gorilla	Long Health	LANES	MX	OCPH HIE	SCHIO	SDHC	SVMS
Cozeva	Complete	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress
Health Gorilla	Complete	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress
Long Health	Complete	Complete	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress
LANES	Complete	Complete	Complete	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress
MX	Complete	Complete	Complete	Complete	In Progress	In Progress	In Progress	In Progress	In Progress
OCPH HIE	Complete	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress
SCHIO	Complete	Complete	Complete	Complete	Complete	In Progress	In Progress	In Progress	In Progress
SDHC	Complete	Complete	Complete	Complete	Complete	In Progress	Complete	In Progress	In Progress
SVMS	Complete	In Progress	Complete	Complete	Complete	In Progress	Complete	Complete	In Progress

QHIO-to-QHIO Exchange

ADT Notifications Connection Status (as of 10/08/2024)

	Cozeva	Health Gorilla	Long Health	LANES	MX	OCPH HIE	SCHIO	SDHC	SVMS
Cozeva	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
Health Gorilla	Yellow	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
Long Health	Yellow	Yellow	Grey	Grey	Grey	Grey	Grey	Grey	Grey
LANES	Yellow	Yellow	Yellow	Grey	Grey	Grey	Grey	Grey	Grey
MX	Orange	Orange	Orange	Orange	Grey	Grey	Grey	Grey	Grey
OCPH HIE	Yellow	Orange	Yellow	Yellow	Orange	Grey	Grey	Grey	Grey
SCHIO	Yellow	Orange	Orange	Yellow	Orange	Orange	Grey	Grey	Grey
SDHC	Yellow	Yellow	Orange	Yellow	Orange	Orange	Orange	Grey	Grey
SVMS	Orange	Orange	Orange	Orange	Orange	Orange	Green	Orange	Grey



ADTs Shared

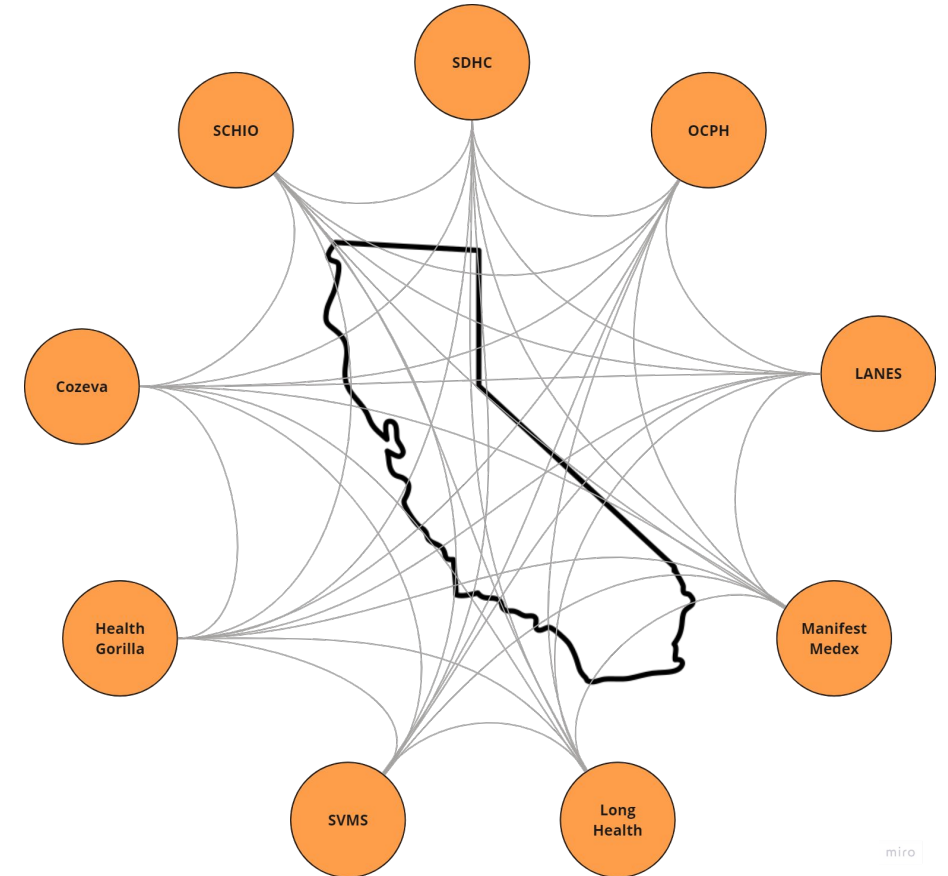
Rosters Shared

In Discussion

The QHIO Program

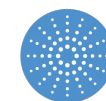
What's next?

- Completing QHIO-to-QHIO exchange connections
- Finalizing the program
- Submitting Phase I Impact Measurement reports
- Completing onboarding milestones for the 146 DxF Participants that were awarded QOB grant funds



DxF Community Design Studio Use Case: Enhanced Care Management Referral and Care Coordination

Connecting for Better Health



DxF Community Design Studio



What it offers

- Partners within a community work together, under C4BH staff guidance, to enhance their collaboration through better data exchange.
- Groups identify business needs, map current workflows and technical capacities and collaboratively create actionable next steps to enhance data exchange.



How You Contribute

- Participate with your community partners in 6-8 weekly “sprints” led by experienced C4BH staff.
- Collaboratively develop an end-to-end priority use case to enhance a particular aspect of the care continuum for your highest priority clients.



What you leave with

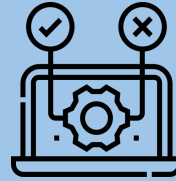
- Well documented use case, workflow diagrams, validation reports and other artifacts that can be used to determine future workflow changes to suit DxF requirements.
- Synthetic data that can be used to test in the DxF Community Sandbox or other test environments.

DxF Community Design Studio: 3 Stage Focus



Discover

Gather preliminary information from Design Studio participants and community subject matter experts for community alignment and capabilities required for running the Community Design Studio.



Build

Work in weekly Design Studio sprints with clinical, social care and technical participants using Human Centered Design methods.

Artifacts: Library of reusable Story, Persona and associated Use Cases including data set requirements, data & system flow diagrams, and synthetic data that can be used to test in the DxF Sandbox or other test environments.



Validate

Leverage DxF Community Sandbox to overlay Community Design Studio Use Cases using synthetic data created during the Design Studio for validation and gap identification.

Artifacts: Validation report showing gaps in current data and systems.



ECM Referral and Care Coordination Use Case in Los Angeles County



Mei Lin: Person Story

Mei experiences strong stomach pains, a complication of her diabetes, and is driven by a friend, who she has been couch surfing with, to a local hospital where she is admitted and receives appropriate care. When she is discharged, she is referred to enroll in ECM and Community Supports to prevent future re-admission to the hospital and to stabilize her housing situation.

1. ED admit and subsequent discharge w/ ECM enrollment (using QHIO)
2. Hospital admit and subsequent discharge (using non-QHIO intermediary)
3. Community Supports Referral
4. MCP Review of the ECM Care Plan



Actors

- Emergency Department
- QHIO
- ECM Coordinator
- ECM Provider
- Primary Care Physician
- ECM Managed Care Plan
- Community Supports

Goals

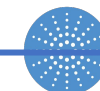
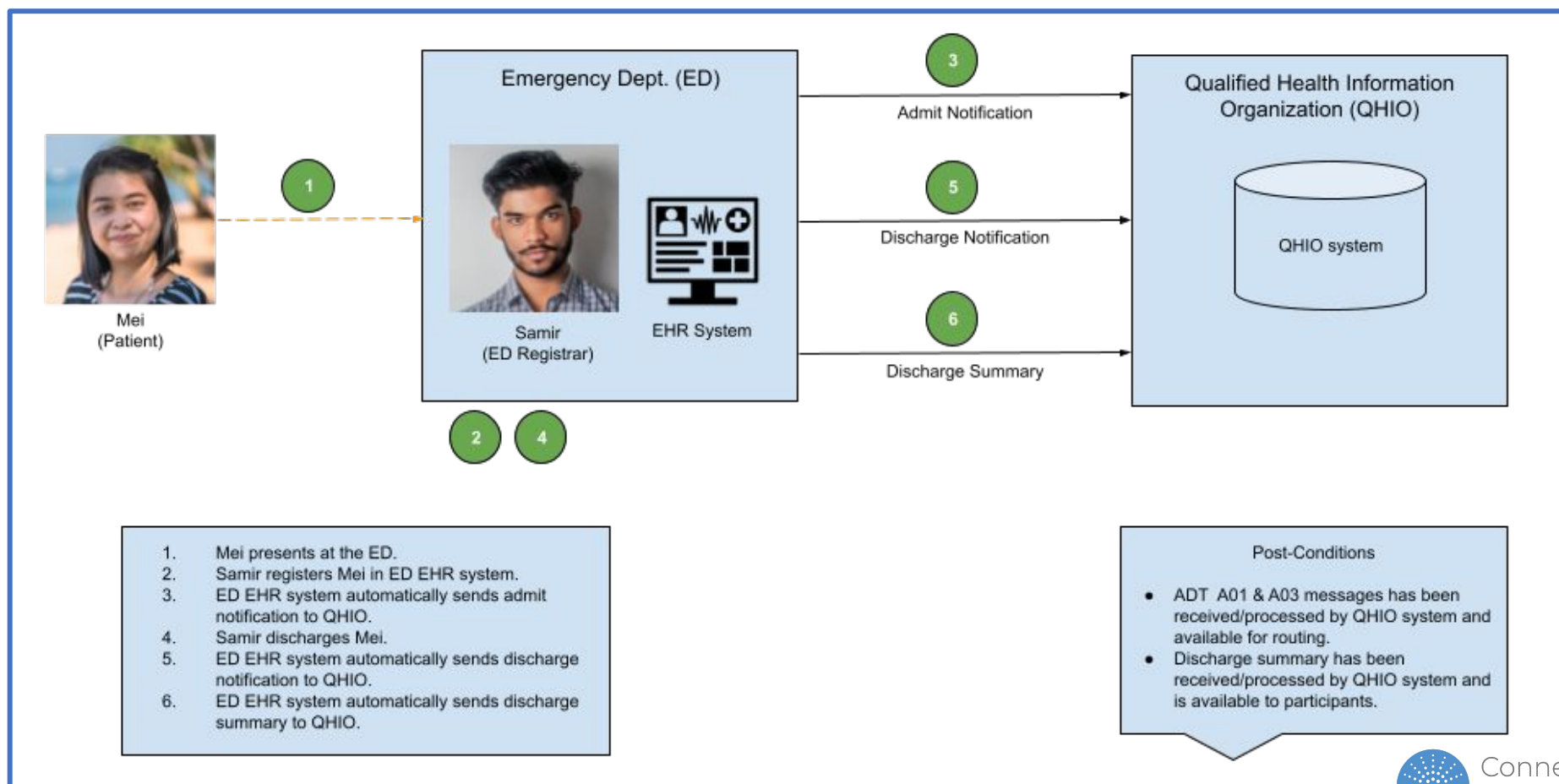
Ensure that all parties have access to notifications and ECM care plan as Mei transitions through multiple care settings.

Data Exchange Assumptions

- CBO System, the Case Management platform used by the ECM Providers, has bidirectional data exchange with QHIO and rosters are sent to create/update the ECM Care Plan.
- Roster-based service is in place for attribution (linking patients to care team members).
- Notifications between the hospital and QHIO/Intermediary and between QHIO/Intermediary and the CBO System are in real-time (within minutes).
- QHIO has implemented the capability to query and retrieve documents via one of the National Networks.
- The ECM Coordinating Entity has chosen to satisfy its “Request for Information” DxP requirement by making ECM Care Plans available via their QHIO relationship.
- ED complies with CMS Conditions of Participation (CoP) event notification requirements.
- Policy and regulatory framework is in place to protect the patient and their health information.

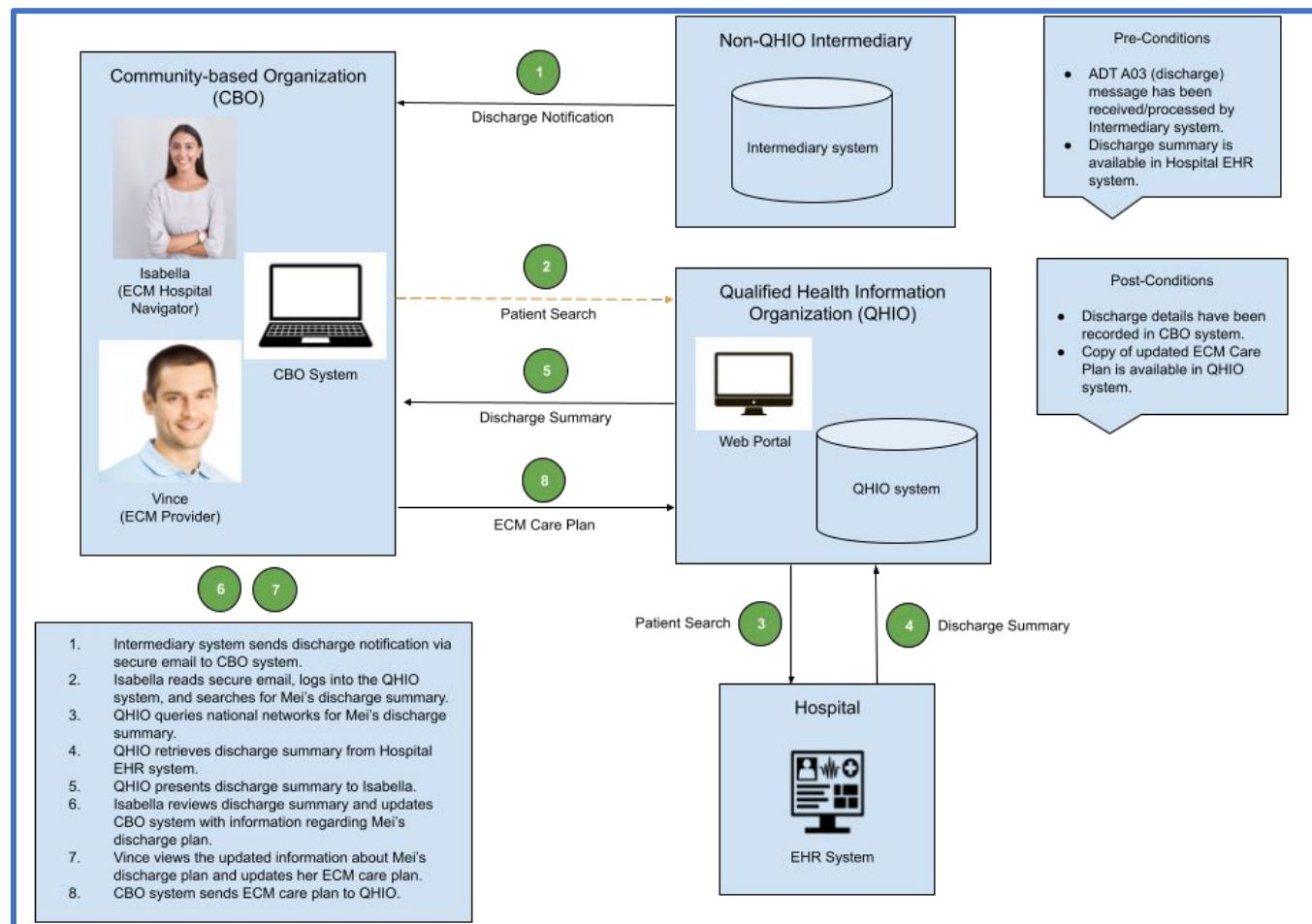
Example of a Use Case Diagram

Scene 1A: ED Admission and Discharge



Example of a Use Case Diagram

Scene 2C: ECM Care Plan Update



ECM Referral and Care Coordination Learnings

Data Variability

ADTs and discharge summaries that were being sent to the ECM provider varied in the quality and completeness of data, making it difficult for the ECM Provider to synthesize the data and create an action plan.

Recommendation

We developed minimum data set requirements to satisfy each use case and created a validation report showing how data from each participant aligns with data set requirements.

Timeliness of Data

There was a delay in discharge instructions being sent from the hospital to the ECM provider for patient follow-up causing patient care to be delayed.

Recommendation

We highlighted the importance for the QHIO to accelerate their connection to the national data exchange network, allowing for the ECM provider to query the national network to find relevant data for hospitals that may not be contributing to the ECM provider's chosen QHIO.

ECM Referral and Care Coordination Learnings

Workflow Inefficiencies

The ECM Care Plans are needed by community providers and health plans to enhance care coordination and document progress. However, the ECM provider relied on a myriad of mostly manual steps to send care plans to those that needed them.

Recommendation

We recommended that the QHIO become the central hub where ECM care plans can be stored and shared upon request, enabling organizations to query the QHIO for ECM care plans and receiving them immediately rather than relying on manual processes.

ECM Enrollment

There were recurring delays in assigning patients to ECM services and occasionally, enrolling a patient into ECM who was already enrolled in a CalAIM program, disabling concurrent enrollment in ECM.

Recommendation

We proposed that the QHIO would receive a health plan roster from participating MCPs and be the clearinghouse for organizations to see which health plans their members are enrolled in and what services they are receiving to prevent misalignment.

DxF Community Sandbox Use Case Library



ECM Referral and Care Coordination Evaluation

- 100% of participants agreed that it was meaningful to meet with their trading partners to facilitate meaningful dialogue in a synchronous setting.
- 100% of participants agreed that their level of understanding of the DxF was greater after completing the Design Studio.
- 60% of participants are already able to implement learnings from the Community Design Studio into their work.

“I appreciate the overview provided on the process. I also really enjoyed and felt inspired by the potential of the impact of this project on the future of our program.”

“Very informative and a lot of great possibilities to solve data exchange issues.”

Community Design Studio Use Cases

Underway

Housing Focused
Use Case

Sacramento
County

Planning

Justice-Involved
Population
Use Case

Alameda County

Design Studio Opportunities

Reproductive
Health Privacy
Use Case

AB 352
Implementation

Operations /
Quality
Use Case

Aging /
Dementia
Use Case

**Email maya.harrison@bluepathhealth.com to inquire about starting your own
Community Design Studio!**



Q&A



California State Legislation Tracking



California Legislation Tracking - Passed

No./Author	Summary	Recent Developments	Impact
<u>SB 957</u> (Wiener)	Requires CDPH to collect sexual orientation, gender identity, and variations in sex characteristics/intersex status (SOGISC) data from third-party entities, including local health jurisdictions, on any forms or electronic data systems unless prohibited by law. This bill would only require health care providers to disclose SOGISC information that is voluntarily self-identified and prohibit disclosures for individuals under 18 years of age.	Signed by the Governor (9/28)	Improves SOGISC data collection by CDPH to identify disparities and inform interventions for LGBTQ+ communities.
<u>SB 1016</u> (Gonzalez)	Requires CDPH by 2028 to use OMB demographic categories for Hispanic and Latino groups, additional categories for each major Latino group and Mesoamerican Indigenous nation, and specified language categories when collecting language preference.	Signed by the Governor (9/28)	Improves data disaggregation and collection by CDPH to identify disparities and inform interventions for Hispanic, Latino, and Mesoamerican Indigenous populations.
<u>SB 896</u> (Dodd)	Requires generative AI benefits and risk report from Executive Order N-12-23 to be updated as needed for developments and requires the Office of Emergency Services to risk assess potential generative AI threats to CA's critical infrastructure. State must disclose AI use in communicating government services and benefits.	Signed by the Governor (9/29)	Increases state monitoring of generative AI risks in particular for state infrastructure, and increased AI transparency in state communications.
<u>SB 1120</u> (Becker)	Establishes requirements for health plans and disability insurers using AI, algorithm, or software tools for utilization review or management decisions to be compliant with specified requirements, including that it is fairly and equitably applied, does not discriminate, is open for state audit, and medical necessity decisions are made by a licensed decision or health care professional.	Signed by the Governor (9/28)	Regulates how health plans and disability insurers can use AI to make utilization decisions and prohibits AI use for medical necessity determinations.

California Legislation Tracking - Passed

No./Author	Summary	Recent Developments	Impact
<u>AB 3030</u> (Calderon)	Requires health care providers using AI for clinical communications to include AI disclaimers with clear instructions to connect with a human, exempting communications reviewed by a licensed or certified provider. Violations are subject of state medical boards, as appropriate.	Signed by the Governor (9/28)	Increases AI transparency from health care providers for clinical communications.
<u>AB 2013</u> (Irwin)	Requires AI developers to publicly post high-level summaries of datasets used to train generative AI developed or modified after January 1, 2022 with certain exceptions for AI used for national security and integrity.	Signed by the Governor (9/28)	Increases AI transparency with public disclosures of training data.
<u>AB 2198</u> (Flora)	Requires departments to require health care service plans and health insurers to establish and maintain federal API requirements and authorize departments to issue guidance relating to these provisions by 2027 or when final federal rules are implemented, whichever occurs later.	Signed by the Governor (9/22)	Aligns existing state law with federal API requirements.

California Legislation Tracking - Vetoed

No./Author	Summary	Recent Developments	Impact
<u>AB 2250</u> (Weber)	Establishes SDOH screeners as a covered benefit for Medi-Cal beneficiaries and require health plans and insurers to cover SDOH screenings. Additionally, requires providers to use specified tools or protocols to document patient responses and require health plans and insurers to provide PCPs access to peer support specialists, lay health workers, social workers, or CHWs.	Vetoed by the Governor (9/22), for duplication and lack of clarity	No changes for commercial plans and Medi-Cal MCPs; CalAIM initiatives continue to include needs assessments under Medi-Cal.
<u>AB 2058</u> (Weber)	Requires legible disclosures on devices that collect or analyze medical or physiology information regarding effectiveness limitations for the device's intended population considering patient characteristics, including age, color, disability, ethnicity, gender, or race. Infractions are considered to be criminal by 2027.	Vetoed by the Governor (9/29), for lack of clarity	No new disclosure requirements for medical devices that analyze physiological data.
<u>SB 892</u> (Padilla)	Requires the Department of Technology to establish an automated decision systems procurement standard, which would include risk and equity assessments, and require state contracts to comply with this standard.	Vetoed by the Governor (9/20), for state initiatives and budget disruptions In Senate for Consideration	No common risk & equity AI standard across state agencies and departments, but they must still develop guardrails to deploy AI ethically and responsibly to reduce risks (Executive Order N-12-23).
<u>SB 1047</u> (Weiner)	Requires AI developers to implement safety and security protocol, use third-party auditors to perform and submit annual compliance certifications, and prohibit AI use if unreasonable risk could cause harm. Establishes a governing board and division, whistleblower protections, and civil action for unlawful acts.	Vetoed by the Governor (9/29), to not limit innovation In Senate for Consideration	Large AI models deployed in California are not regulated by the state with safety, security, and risk protocols at this time.

C4BH Report Out: DxF 2024 Standards Committee and Conference Takeaways



DxF 2024 Standards Committee

Purpose: Convene experts to advise CDII on evolution of technical standards for the DxF

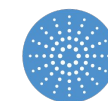
2024 Topics

- United States Core Data for Interoperability (USCDI)
- Data standards for content of acute care events and notifications
- Transport standards for acute care events and notifications

Next Meeting: [October 18, 1-2PM PT](#)

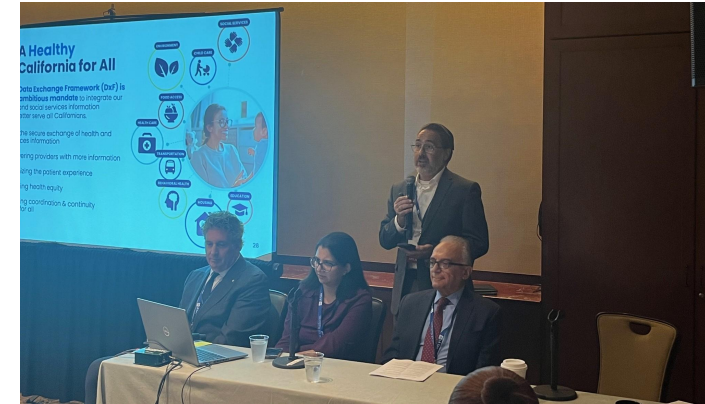
Members

- *Chair* - Rim Cothren, CDII
- Ray Duncan, Cedars-Sinai Health System
- Jonathon Feit, Beyond Lucid Technologies
- Danielle Friend, EHRA
- Evelyn Gallego, EMI Advisors
- Dave Green, PointClickCare
- John Helvey, SacValley MedShare
- Sheljina Ibrahim Kutty, Elevance Health
- Mani Nair, Blue Shield of California
- Tim Polsinelli, Manifest MedEx
- Ken Riomales, CalMHSA

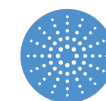


Recent Events

- State of Reform Southern California
 - Interoperability panel featuring CDII, LANES, Blue Shield of California, and Anthem
 - [Blog post here](#)
- County Health Executives Association of California Annual Meeting
 - Increased familiarity of the DxF among County leadership



News, Events, and Announcements



Final 2024 DxF Bootcamp for All-Comers

October 11th
10AM - 1PM PST

*Learn about
the DxF and
determining
priority use
cases*

**Held
Virtually
on Zoom**

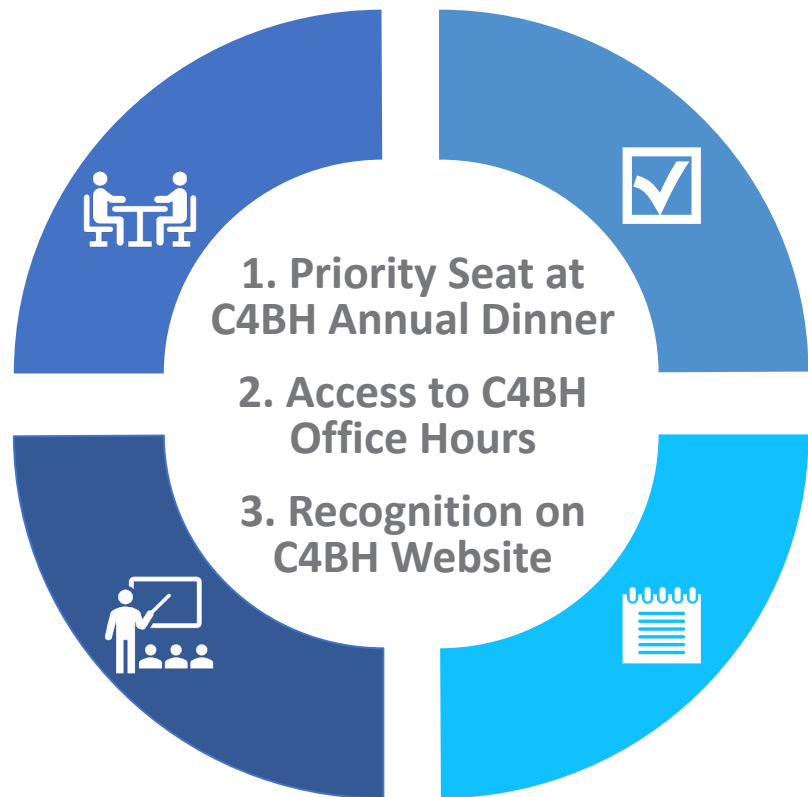
**RSVP
TODAY:**



Call for C4BH Supporters

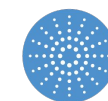
Join C4BH as a Supporter
\$500 contribution

Supporter Benefits



Why Become a Supporter?

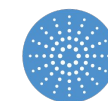
- **Impact:** Be on the Leading Edge of Policy and Research
- **Impact:** Contribute to California's Meaningful Transformation
- **Opportunity:** Network with Industry Leaders over Shared Mission
- **Recognition:** Showcase Your Commitment to Health Improvement



C4BH On The Road - Upcoming Conferences

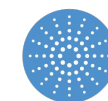
- **October 15-17:** Civitas Annual Conference | Detroit, MI | [Register here](#)
Coalition Meetup: October 15 at 7:30PM, Located at FUELL (Detroit Marriott)
- **October 20-23:** HLTH 2024 | Las Vegas, NV
- **October 21-23:** CAHP Annual Conference | Palm Desert, CA | [Register here](#)
After Hours Meetup: October 22 at 8PM, Located at Aquifer65 (JW Marriott)
- **December 4-5:** ASTP/ONC | 2024 Annual Meeting | Washington D.C. | [Register here](#)

Find the full C4BH calendar of events [here](#)



Upcoming Meetings & Webinars

- **October 15, 10-11AM PT:** ASTP/ONC | 2024-2030 Federal Health IT Strategic Plan Information Session | [Register here](#)
- **October 17, 1:30-3PM PT:** ITUP | Justice-Involved and Behavioral Health Policy Forum | [Register here](#)
- **October 18, 1-2PM PT:** CalHHS CDII | 2024 DxF Standards Committee Meeting #2 | [Register here](#)
- **October 29, 1:30-3PM PT:** ITUP | 2024 Election Policy Forum | [Register here](#)
- **November 7, 12:30-3PM PT:** CalHHS CDII | DxF Implementation Advisory Committee Meeting | [Register here](#)



What We're Reading – Check Out C4BH's Newsletter!

HHS Update on SDOH Strategic Approach

HHS shared current initiatives and early accomplishments across HHS agencies to implement their strategic approach to address SDOH, with the first of three goals focusing on enhancing data infrastructure to collect, exchange, and use more robust SDOH data. [Read More](#)

ASTP/ONC Draft FHIR Action Plan

Outlining how federal agencies are using the HL7 FHIR standard with mature and early-stage implementation specifications, ASTP/ONC released a draft FHIR Action Plan to support coordination, adoption, and consistent use across federal agencies and the greater health IT community. [Read More](#)

Data Matching in Kings and Tulare Counties to Support Unhoused Individuals

A recent project led by the Center for Health Care Strategies (CHCS) to integrate CalAIM services with homeless response found success in data matching by identifying eligible individuals in local Homeless Management Information Systems (HMIS) and matching them to MCP data rosters to initiate faster enrollment and service delivery. [Read More](#)



C4BH Storytelling Continues - Reach Out!

DATA SHARING TO ASSIST CARE MANAGERS



Anwar Zoueihid
Vice President Long Term Services & Supports,
Partners in Care Foundation

DATA SHARING TO PROVIDE LIFE-SAVING NUTRITION



Michelle Kuppich
Executive Director
California Food is Medicine Coalition

SAVING LIVES WITH INFORMED EMERGENCY CARE



Jonathon Feit
Jonathon Feit, Co-Founder & CEO,
Beyond Lucid Technologies

Jonathon's Vision

To transform pre-hospital care systems through enhanced data sharing, eliminating inefficiencies and ensuring seamless, effective emergency medical services.

and
ge to
effective
patients

EMPOWERING HEALTH WITH INTEGRATED SOCIAL AND HEALTH CARE DATA



Bill York
President & CEO,
211 San Diego

Bill's Vision

My vision is an integrated system of social and health care data that empowers decision-making so individuals can build and sustain healthy lives.

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CENTERING COMMUNITY CARE



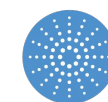
Scott Perryman
Battalion Chief, Paramedic, PA-C,
Sacramento Metropolitan Fire District

Scott's Vision

My vision is for Sacramento's Mobile Integrated Health (MIH) to use data sharing to optimize coordinated care for better community health and well-being.



Appendix



Now Live: DxF Community Sandbox Platform

Find and Filter DxF Participants in your Region

ID	Name	Sub Name	Category	Type	St
DXF000011	Serving Communities Health Information Organization - SCHIO	none identified	QHIO	Intermediaries	He Int
DXF000012	Bakersfield Heart Hospital	none identified	Hospital	Acute Care Settings	nor
DXF000013	Manifest MedEx	none identified	QHIO	Intermediaries	He Int
DXF000015	SacValley MedShare	none identified	QHIO	Intermediaries	He Int
DXF000016	Beyond Lucid Technologies, Inc.	none identified	Voluntary	not selected	nor
DXF000017	Aetna Medicaid Administrators, LLC/Aetna Better Health of ...	none identified	Primary with Subs, no exchange at Primary level	Plans	He dis
DXF000019	San Francisco Department of Public Health	none identified	Primary with PD selections and Subs	Acute Care Settings	Ge
DXF000025	Health Plan of San Mateo	none identified	Health Care Service Plans and Disability Insurers	Plans	nor
DXF000027	DAP Health	none identified	Physician organizations and medical groups	not selected	nor
DXF000054	Avenal Community Health Center dba Aria Community Health Center	none identified	Physician organizations and medical groups	Ambulatory Care Settings	Fet Ce
DXF000037	Department of State Hospitals	none identified	Primary with Subs, no exchange at Primary level	Acute Care Settings	Ps
DXF000038	Julie G Duquette MD A Medical Copartation	none identified	Physician organizations and medical groups	Ancillary Care	nor
DXF000040	Health Plan of San Joaquin	none identified	Health Care Service Plans and Disability Insurers	Plans	nor

Access the Sandbox Platform

The Sandbox enables DxF Participants to

- **Use visualization tools** to identify neighboring organizations and learn how they are sharing data
- **Explore available use cases** to further your organization's data sharing practices - with more coming soon!
- **Simulate data exchange and test use cases** with organizations that have onboarded to the Sandbox



Available Technical Assistance

	Level of DxF Readiness	C4BH Supports	What it is	Outputs
1	Planning	DxF Bootcamp	Half day education of what the DxF is, overview of Policies and Procedures, and help with identifying priority use cases	Develop a DxF Roadmap and Identify Priority Use Cases
2	Assessment	DxF Community Design Studio	6-8 weekly sprints to design real-world community use cases	Technical and Functional data exchange workflows, test data and reports
3	Ready to Connect!	DxF Community Sandbox	Real-world testing environment for DxF priority use cases.	Test and Validate Use Case to Establish Workflows



C4BH Annual Sponsor Tiers

Annual Sponsor Tiers <i>See next slide for exclusive sponsor benefits</i>	Platinum <i>\$100,000+</i>	Gold <i>\$50,000</i>	Silver <i>\$25,000</i>	Supporters <i>\$500</i>
End-of-Year Dinner	Table of 8-10 seats with recognition	4 seats with recognition	2 seats with recognition	Priority Invitation
Add Logo to Website and Sign-On Letters with Opt-Out Approach	✓	✓	✓	✓
Access to Office Hours	✓	✓	✓	✓
Advisory Group Representatives	1+	1	1	
Access to DxF Sandbox Community Studio	Priority Access	✓	✓	
Access to DxF Bootcamps	Priority Access	✓		
First Right to Engage in New C4BH Projects	✓			
White-Labeled DxF Implementation Toolkit	✓			

Do Your Priorities Differ From The Annual Sponsor Tiers? Reach Out To Us!

Additional Sponsor Opportunities Available For Our Annual Dinner