

Connecting for Better Health Meeting

June 13, 2024

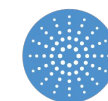


Connecting for Better Health

Advancing data sharing to improve the health of all Californians

Agenda

No.	Item	Minutes
1	Welcome and Introductions	5 minutes
2	Data Exchange Framework Technical Advisory Subcommittee Update <ul style="list-style-type: none">Rim Cothren, Independent HIE Consultant, CalHHS Center for Data Insights and Innovation (CDII)	20 minutes
3	Considerations for AB 352 Implementation	10 minutes
4	State Updates <ul style="list-style-type: none">California State Legislation TrackingBudget Update	10 minutes
5	News, Events, and Announcements	15 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

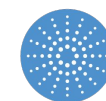


Data Exchange Framework Technical Advisory Subcommittee Update

Rim Cothren

Independent HIE Consultant and TASC Chair

CalHHS Center for Data Insights and Innovation (CDII)





Data Exchange Framework

Technical Advisory Subcommittee (TASC)

Thursday, June 13, 2024



The Vision for Data Exchange in California

The Data Exchange Framework (DxF) creates new connections and efficiencies between health and social services providers, improving whole-person care.

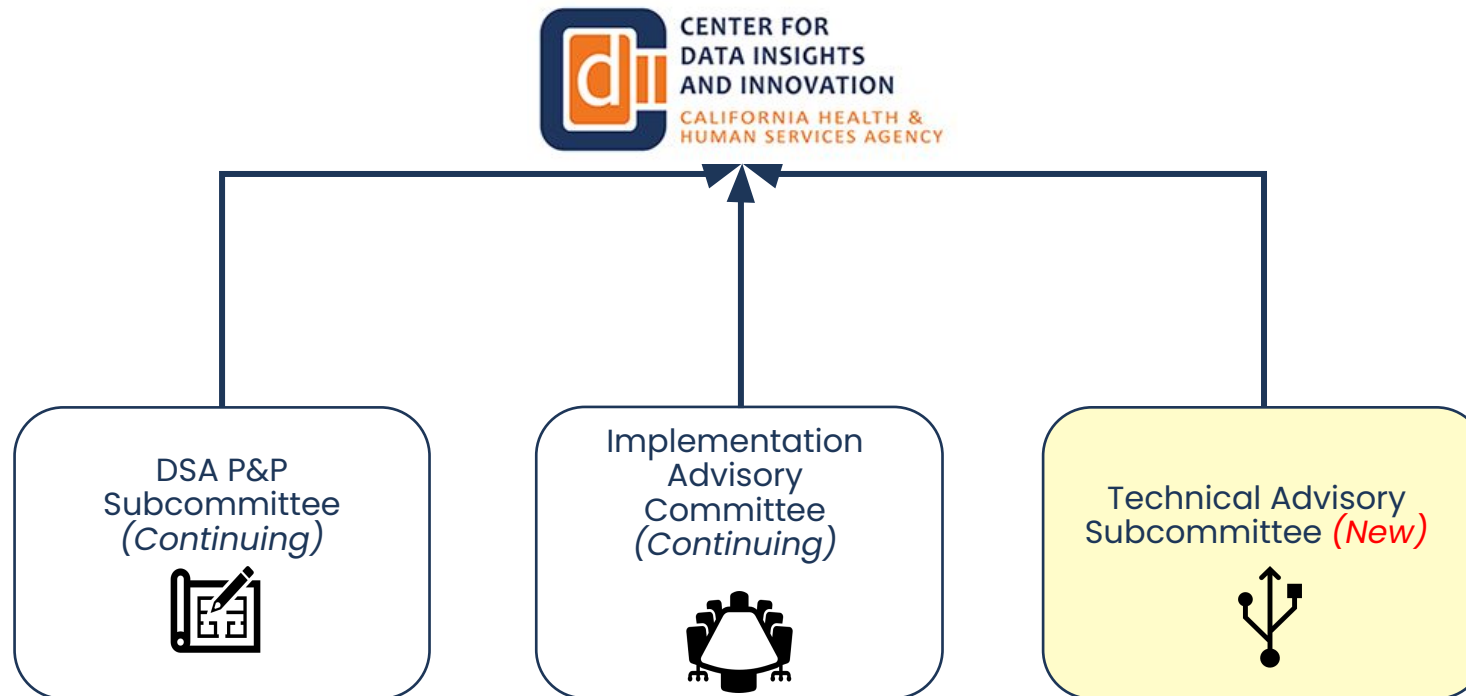
The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.



Technical Advisory Subcommittee

DxF Advisory Committees

CDII established the Technical Advisory Subcommittee (TASC) to advise on DxF Implementation topics requiring significant and/or specialized technical and operational expertise.



TASC Members

Name	Organization	Stakeholder Group
Rim Cothren (Chair)	Center for Data Insights and Innovation	Consultant to CDII
Cindy Bero	Manatt Health Strategies	Consultant to CDII
Prashant Gupta	LabCorp	Clinical Laboratory
Hans Buitendijk	Oracle (EHRA)	EHR Vendors
Joe Sullivan	California EMS Authority	Emergency Medical Services
Chris Muir	Office of the National Coordinator for Health IT	Federal Initiatives
Cassie-Ann Bush	Adventist Health	Health System
Michael Marchant	UC Davis	Health System
John Helvey	SacValley Medshare	Healthcare Intermediary
Mohit Ghose	Anthem Blue Cross	Healthcare Plan
Ken Riomales	CalMHSA	Mental Health
Kimberly Krause	Providence Administrative Consulting Services	Post-Acute Care
Jess Sanford	California Department of Public Health	Public Health
Kameron Mims-Jones	Nourish California	Social Services
Hanan Scrapper	People Assisting the Homeless (PATH)	Social Services
Brian Thomas	Alameda County	Social Service Intermediary
Sarah DeSilvey	Gravity Project	Social Services Interoperability

TASC Concepts



Scope

Formed to advise CDII on a variety of DxF technical and implementation priorities and topics requiring significant and/or specialized technical and operational expertise.



Composition

- Nimble, multi-stakeholder body comprising technical experts with operational knowledge
- Additional experts may be invited to specific meetings to add knowledge on some topics



Identifying Agenda Topics

- CDII will identify TASC agenda topics
- CDII may distribute read-ahead materials, usually links to documents

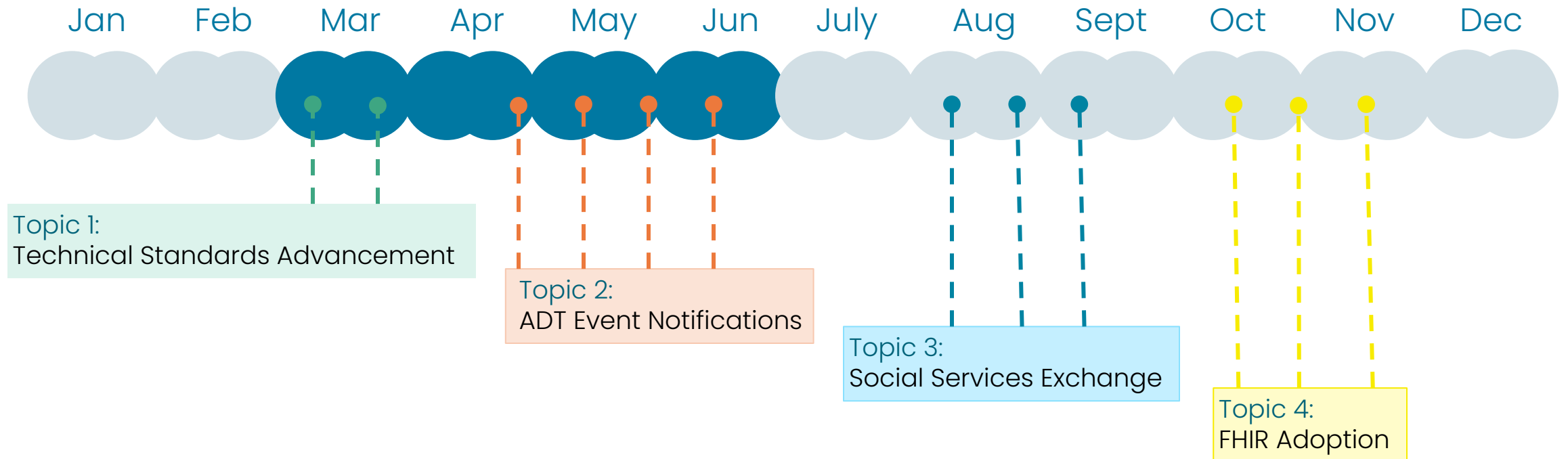


Meeting Cadence

- Series of three, one-hour meetings for each selected topic
- CDII anticipates 10-15 hours of meetings throughout the year
- For continuity, members are asked to prioritize attendance at all meetings if possible

TASC Discussion Topics

TASC meetings are held in short series of 60-minute meetings to support rapid decision-making on priority topics



Technical Standards Advancement

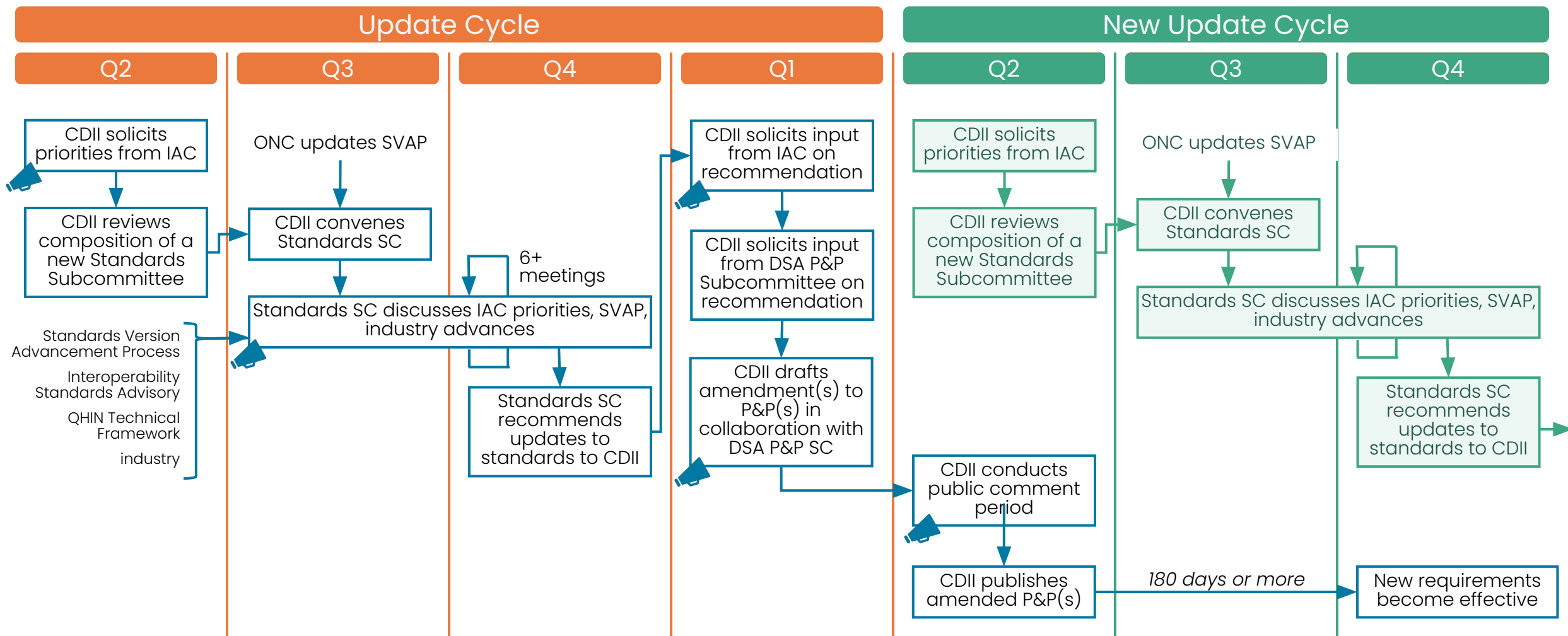
Goal for this discussion topic

- The [Technical Requirements for Exchange P&P](#) requires that CDII develop an open and transparent process to review and consider new and maturing technical standards for potential inclusion in the DxF.
- The TASC was convened to make recommendations to CDII on how to conduct that process

6. Technology Updates. The Governance Entity must create an open and transparent process to review and consider new and maturing National and Federally Adopted Standards for potential inclusion in the Data Exchange Framework.
 - a. The process must be put in place no later than July 1, 2024.
 - b. The process must consider both data content standards and data exchange standards to be adopted as amendments to the Data Elements to Be Exchanged Policy and Procedure and to this policy, respectively.
 - c. The process must establish a regular review cadence, no less than annually.
 - d. The process must align with requirements of the Development of and Modifications to Policies and Procedures Policy and Procedure.

Excerpt from [Technical Requirements for Exchange P&P](#)

Process Summary



What's Next?



CDII has presented this process to the IAC for feedback



IAC provided feedback to CDII on priorities for 2024/2025 technical standards advancement

The technical standards advancement process will be finalized and published on the DxF webpage

ADT Event Notifications

TASC was asked to consider...

Architecture

DxF allows hospitals, emergency departments, and skilled nursing facilities to use any intermediary or technology to send notifications of admissions and discharges.

Should DxF utilize:

- a single, centralized service,
- a small number of collaborating and cooperating intermediaries (such as QHIOS), or
- any intermediary or technology to collect admission and discharge events, collect requests for notifications of those events, and send notifications to DxF Participants?

TASC was asked to consider...

Requests for Notifications

DxF requires participants to submit a roster of patients if they wish to receive admission and discharge notifications for these individuals.

Should DxF send notifications:

- for patients found on rosters submitted by DxF participants,
- to participants identified by the patient,
- to intermediaries near the address of the patient, or
- to participants that have care or payer relationship with the patient as determined by some other means?

- ← Many QHIOs do this
- ← CMS requires this
- ← PCDH does this
- ← Not as common

A survey of TASC members supported several options.

TASC was asked to consider...

Transport Standards

DxF does not specify a standard for sending an admission or discharge event to a QHIO or other intermediary. DxF also does not specify a standard for the notification sent to a DxF participant.

Should DxF specify technical standards for:

- how events are sent to a notification service or intermediary (e.g, HL7 v2.5.1 message)
- how notifications are sent to DxF participants (e.g. DIRECT secure message)?

A survey of TASC members supported establishing technical standards for how events and notifications are sent.

TASC was asked to consider...

Transport Standards

DxF provides high-level guidance on what must be contained in an event message or notification.

Should DxF specify content standards for:

- events sent to a notification service or intermediary (e.g., the elements in an HL7 v2.5.1 message that must contain data)
- notifications sent to a DxF Participant (e.g., data that must be included in a DIRECT secure message)?

A survey of TASC members supported establishing standards for content of an event or notification message.

What's Next?



CDII will summarize TASC recommendations and present them at the July IAC meeting for feedback

CDII will consider if, when, how to implement recommendations

Any change to DxF requirements is subject to the Development and Modification of Policies and Procedures P&P and may be subject to the new Technical Standards Advancement process

Next

What's Next?

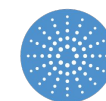


The next series of TASC meetings will begin in August

The next planned topic is exchange of social services information (but is subject to change)

Securing Reproductive Health Care Privacy in California: Considerations for AB 352 Implementation

[Access The C4BH Policy Analysis](#)



Current State

Issue

- Information throughout patient charts can indicate pregnancy and pregnancy loss
- HIE across state lines can pose legal risks when a patient’s abortion history is made available in states with restrictions

Recent Policy Actions

- California Assembly Bill 352
- HIPAA Privacy Rule to Support Reproductive Health Care Privacy

Implementation Initiatives

- [Reproductive Health Care Value Set](#) developed by [Health Gorilla & NACHC](#)

Policy	Compliance Date	Regulated Entity	Affected Data Types	Policy Impact
AB 352	July 1, 2024	Businesses that Store or Maintain Electronic Medical Information on Behalf of California Health Care Providers, Health Plans, Pharmaceutical Companies, Certain Contractors, and Employers	Gender-Affirming Care, Abortion, Abortion-Related Services, and Contraception	<p>Must develop the following capabilities to protect this sensitive information:</p> <ul style="list-style-type: none"> • Ability to limit user access • Prevent disclosures to out-of-state persons and entities • Segregate this data from the rest of the patient’s electronic record • Ability to automatically disable access to segregated information
	January 1, 2024	DxF Participants	Abortion and Abortion-Related Services	<p>California’s Data Exchange Framework (DxF) cannot require participants to exchange this information under the DxF</p> <p>May not knowingly share this information with out-of-state entities in an EHR system or through an HIE without patient authorization, except where an exception applies</p> <p>Establishes safe harbor for health care providers acting in good faith from liability or enforcement until 2026</p>
	January 1, 2024 <i>Safe Harbor for Health Care Providers until January 1, 2026</i>	California Health Care Providers, Health Plans, Pharmaceutical Companies, Certain Contractors, and Employers		
HIPAA Privacy Final Rule	December 23, 2024 ³	HIPAA Covered Entities & Business Associates	All PHI	<p>Establishes a new category of purpose-based prohibited PHI uses and disclosures</p> <p>Prohibits PHI use or disclosure for the purpose of conducting investigations or imposing liability on a person for merely seeking, obtaining, providing, or facilitating reproductive health care that is lawfully provided, either under state or federal law, with presumption⁴</p>
			PHI related to Reproductive Health Care ⁵	To use or disclose PHI potentially related to reproductive health care, a valid attestation from the requester is required to affirm that the information is not for a prohibited purpose



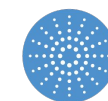
Implementation Considerations (1/2)

Additional State Action Is Needed

1. Establish a CalHHS Reproductive Health Care Privacy State Task Force
2. Develop a process to review and address complaints for accountability
3. Clarify state oversight and compliance expectations

Considerations To Enable EHR Capabilities

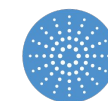
1. Segment discrete data by identifying reproductive health care information, analyzing its presence, tagging it, and enforcing privacy restrictions
2. Unstructured elements will require different considerations
3. Consent Management and standardized data elements should also be explored



Implementation Considerations (2/2)

Emerging Practices To Act In Good Faith

1. **Flag disclosure requests** from all out-of-state entities and data from certain providers likely to document reproductive health care information
2. **Immediately protect unstructured data** with clear privacy policies
3. **Consider incorporating manual reviews** for unstructured data elements
4. **Assess systems** for how reproductive health care data is documented to information and tailor privacy strategies
5. **Explore other solutions** like sensitive encounter tools and artificial intelligence to identify, tag, and secure information related to reproductive health care



State Updates



California Legislation Tracking (1/2)

No./Author	Summary	Recent Developments
<u>AB 236</u> (Holden)	Requires health plans and insurers to annually verify and delete inaccurate listings from provider directories to be at least 60% accurate, with administrative penalties for failure to meet benchmarks. Authorizes DMHC and Department of Insurance to develop uniform formats for plans and insurers to request directory information from providers and authorizes the establishment of methodology and processes to ensure accuracy.	Referred to Senate Health Committee (5/1)
<u>AB 1011</u> (Weber)	Imposes new restrictions on the sale, disclosure of “social care information” on users of “closed-loop referral systems” including public agencies, non-profits, health care providers, vendors.	Two-year bill in Sen. Approps
<u>AB 1331</u> (Wood)	Establishes DxF governing board; outlines appointment of members; requires board approval for any amendments to DSA; requires QHIOs to be non-profits; decrease size of board to five members; require certain reports and educational efforts related to consumers and data; among other requirements.	Two-year bill in Sen. Approps
<u>SB 294</u> (Wiener)	Requires health plans and disability insurers to automatically submit upheld grievance decisions to the Independent Medical Review System within 24 hours, along with relevant information.	Passed Assembly Health and re-referred to Appropriations (6/5)
<u>SB 957</u> (Wiener)	Requires the California Department of Public Health to collect sexual orientation and gender identity (SOGI) data from third-party entities, including local health jurisdictions, on any forms or electronic data systems unless prohibited by federal or state law.	Referred to Assembly Health and Privacy & Consumer Protections Committee; Set for hearing on June 18 (6/3)



California Legislation Tracking (2/2)

No./Author	Summary	Recent Developments
<u>SB 1016</u> (Gonzalez)	Requires CDPH by 2027 to use the OMB demographic collection categories for Hispanic and Latino groups, use separate categories for each major Latino group and Mesoamerican Indigenous nation not included in OMB standards, and include specific languages when collecting preferred language.	Referred to Assembly Health Committee; Set for hearing on June 11 (6/3)
<u>AB 2198</u> (Flora)	Delays when specialized health plans that offer dental, excluding Medi-Cal dental managed care, or vision benefits must comply with the API requirements that health plans and insurers are required to maintain until 2027 or when final federal rules are implemented, whichever is later.	Amended and re-referred to Senate Health Committee (6/3)
<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.	Amended and re-referred to Appropriations (6/6)
<u>AB 1943</u> (Weber)	Requires DHCS to produce a report on telehealth in Medi-Cal, including telehealth access and utilization; effect of telehealth on timeliness, access, and care quality; and effect of telehealth on clinical outcomes. Authorizes DHCS to issue policy recommendations based on report findings.	Amended and re-referred to Appropriations (6/6)
<u>AB 2058</u> (Weber)	Requires legible disclosures on medical devices to note effectiveness limitations based on patient characteristics, including age, color, disability, ethnicity, gender, or race. Infractions are considered to be a criminal.	Referred to Senate Health Committee (5/22)



California Legislation Tracking - Artificial Intelligence

No./Author	Summary	Recent Developments
<u>SB 892</u> (Padilla)	Requires the Department of Technology to establish an AI risk management standard, which would include a risk assessment procedure for automated decision systems.	Referred to Asm. Privacy & Consumer Protections Committee (6/3)
<u>SB 893</u> (Padilla)	Establishes the California Artificial Intelligence Research Hub to facilitate collaboration between government agencies, academic institutions, and private sector partners.	Referred to Asm. Privacy & Consumer Protections Committee (6/3)
<u>SB 896</u> (Dodd)	Requires the State to produce a Benefits and Risks of Generative Artificial Intelligence Report, perform a joint risk analysis of potential threats, and notify individuals of AI communications.	Amended and re-referred to Asm. Privacy & Consumer Protections Committee (6/4)
<u>SB 1047</u> (Weiner)	Defines “AI models” and establishes AI training requirements for covered models with annual certification with a “limited duty exemption” for covered models with no hazardous capability. Limits to no monetary penalties for violations before July 1, 2025 and no civil penalties for violations before January 1, 2026.	Amended and re-referred to Asm. Privacy & Consumer Protections Committee; Set for June 18 hearing (6/5)
<u>SB 1120</u> (Becker)	Establishes requirements for health plans and insurers using algorithms and AI decision making tools for utilization review or utilization management decisions. Violations are considered to be a crime.	Amended and re-referred to Asm. Health Committee; Set for June 18 hearing (6/10)
<u>AB 3030</u> (Calderon)	Requires health providers using AI for patient communications to include AI disclaimers specific to the mode and clear instructions connecting them with a human health care provider. Violations are considered to be a crime.	Referred to Senate Health Committee (5/29)
<u>AB 2013</u> (Irwin)	Requires AI developers to publicly post by 2026 a high-level summary of the datasets used to train their AI with minimum reporting elements specified and a synthetic data generation disclosure.	Referred to Senate Judiciary Committee (5/29)
<u>AB 2930</u> (Bauer-Kahan)	Requires automated decision tool developers and deployers to perform impact assessments, share results with the state, notify impacted individuals and accommodate requests, prohibits AI that discriminate, and authorizes civil action for violations. Requires state agencies using automated decision tools that make consequential decisions to disclose tools used and comply with the deployer requirements.	Amended and re-referred to Senate Judiciary Committee (6/3)

Budget Update

Joint legislative budget plan approved by Assembly and Senate Budget Committees on May 30 in response to the Governor's May Revise

- Joint plan rejects some of the Governor's proposed cuts from the May Revise, including those to public health funding
- Further details of the plan still being fleshed out this week in negotiations

Budget Next Steps

- Budget Act must be sent to Governor for signature
- The Governor and legislature continue negotiations to reach final budget deal
- Negotiations on trailer bill language can continue into July



News, Events, and Announcements



C4BH Storytelling Initiative

DATA SHARING TO ASSIST CARE MANAGERS

Anwar Zoueihid

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

Anwar's Vision

A future of seamless and automated data exchange to support proactive and effective care coordination for patients



WHERE WE WERE

Early 2000s

My heavy caseload was made more complicated by limited data sharing. Manual coordination impacted timely care, forcing me to navigate complex issues like safe hospital discharges and unpaid rent, by driving around from location to location to coordinate in-person.

THE PRESENT

Encouraging data sharing progress has landed us in an era of "partial automation" with improvements to coordination processes, like hospital discharges.

Yet, persistent data silos remain and partnerships often rely on outdated methods like fax, impeding effective collaboration.

MORE WORK IS NEEDED

My Vision for the Future

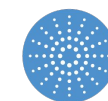
I envision a future where fully automated data exchange supports care managers in effectively coordinating safe and proactive care for patients so they may continue to live and thrive in their communities.

[Read The Full Story](#)



Call For Local Stories To Support AB 1331

Senate Appropriations Members	Districts
Sen. Caballero (Chair)	District 14 : Merced, Madera, and Fresno Counties
Sen. Jones (Vice-Chair)	District 38 : San Diego County
Sen. Ashby	District 8 : Sacramento County
Sen. Becker	District 13 : San Mateo and Santa Clara Counties
Sen. Bradford	District 35 : Los Angeles County
Sen. Seyarto	District 32 : Riverside, San Bernardino, Los Angeles Counties
Sen. Wahab	District 10 : Alameda and Santa Clara Counties



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

Opportunities for FHIR Exchange With FDA & VA Model

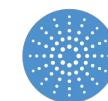
A recent HIMSSCast episode discussed how a FHIR-based exchange model first developed with the FDA can support other use cases, for example, with the VA leveraging this model for real-time surveillance of adverse drug events. [Read More](#)

CHCF Fact Sheet On AI And CA Health Care Safety Net

A new CHCF fact sheet outlines opportunities for AI to support the safety net, such as with back-office operations, clinical support, and population health, while emphasizing the need to consider potential risks. [Read More](#)

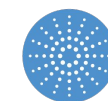
Civitas Networks For Health: Future Of Health Data

To ensure quality, privacy, and trust, the future of health data must consider community and data governance, standardizing SDOH data for whole-person care, harnessing AI with a governance framework, and consent management for patient trust and data integrity. [Read More](#)

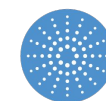


Upcoming Events

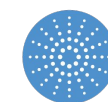
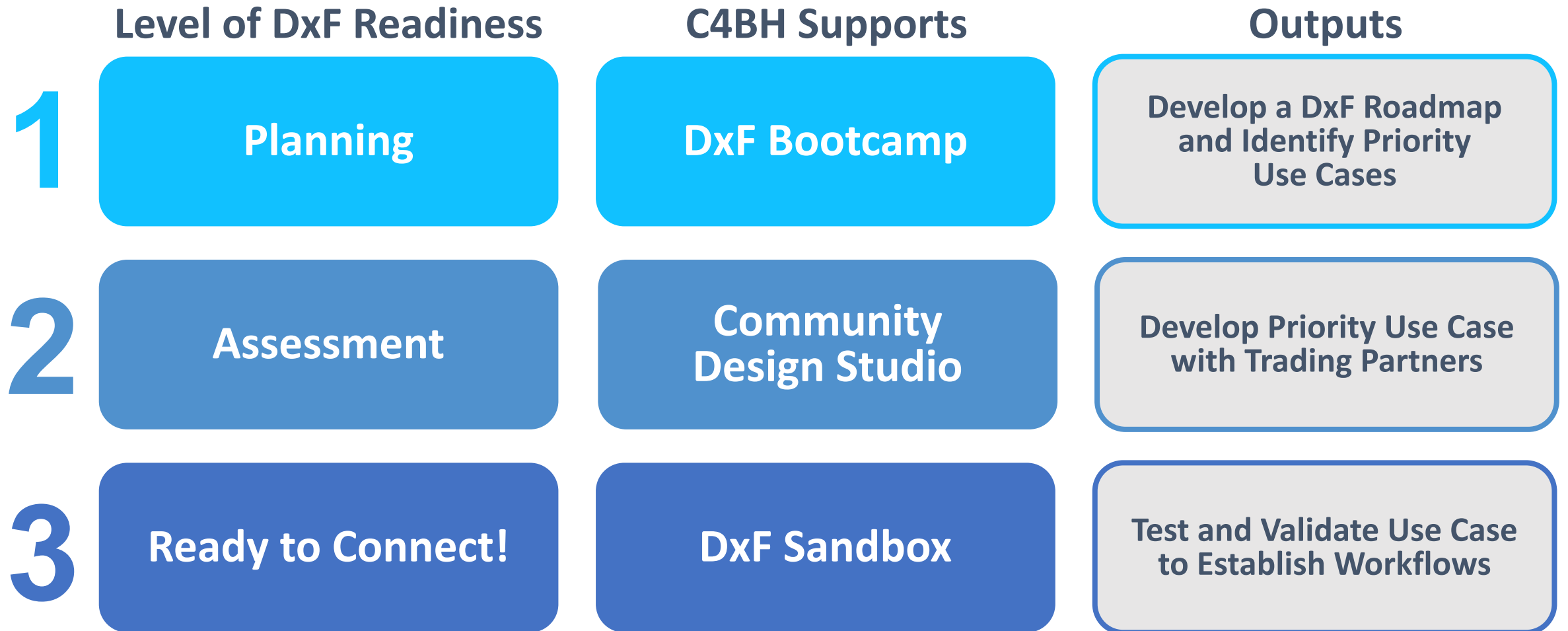
- **June 20, 11-12PM PT:** HHS Office of Civil Rights Briefing on HIPAA Privacy Rule Webinar | [Register here](#)
- **June 24-26:** 2-1-1 San Diego 2024 CIE Summit | San Diego, CA | [Register here](#)
- **July 11, 12:30-3PM PT:** CalHHS DxF Implementation Advisory Committee | [Access the Meeting](#)
- **September 27:** Community Clinic Association of Los Angeles County Health IT Summit | Los Angeles, CA | [Register here](#)
- **October 15-17:** Civitas Annual Conference | Detroit, MI | [Register here](#)



C4BH Technical Assistance and Sponsor Opportunities



Available C4BH Technical Assistance



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 End-Of-Year Dinner On December 4th!

Appendix



California Legislation Tracking: Key Dates

1. **May 24:** Last day for each house to pass bills introduced in that house
2. **July 3:** Last day for policy committees to meet and report bills and Summer Recess begins
3. **August 5:** Legislature reconvenes from Summer Recess
4. **August 23:** Last day to amend bills on the Floor
5. **August 31:** Last day to pass bills and Legislature adjourns
6. **September 30:** Last day for Governor to sign or veto bills

