

Connecting for Better Health Meeting

July 25, 2024

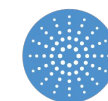


Connecting for Better Health

Advancing data sharing to improve the health of all Californians

Agenda

No.	Item	Minutes
1	Welcome and Introductions	5 minutes
2	AB 1331 Engagement and Next Steps	10 minutes
3	Federal Updates <ul style="list-style-type: none">• ONC HTI-2 Proposed Rule• New TEFCA Standard Operating Procedures• USCDI V5	25 minutes
4	State Updates <ul style="list-style-type: none">• California State Legislation Tracking• Data Exchange Framework Developments and Participant Directory Explainer	15 minutes
5	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

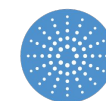


Policy Priorities

- **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

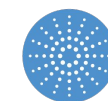


AB 1331 Engagement and Next Steps



AB 1331 Engagement and Next Steps

1. AB 1331 is currently a two-year bill in Senate Appropriations
2. C4BH is meeting with Senate leaders and their staff, in addition to continuing our communications efforts
 - Reference our [Time is Now blog](#) for AB 1331 talking points
 - Amplify our stories on LinkedIn
3. C4BH will submit a letter of support to Senate Appropriations
 - Sign ons due by August 1st
 - Submit your logo via the [Google Form](#) or email info@connectingforbetterhealth.com



C4BH Storytelling For AB 1331

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



DATA SHARING TO PROVIDE LIFE-SAVING NUTRITION



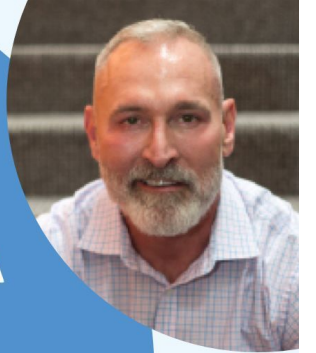
Michelle Kuppich
Executive Director
California Food is Medicine Coalition

Michelle's Vision

Timely, bidirectional data exchange that integrates nutrition services as a fundamental part of health care to enable the prompt delivery of life-saving meals.



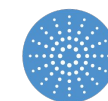
EMPOWERING HEALTH WITH INTEGRATED SOCIAL AND HEALTH CARE DATA



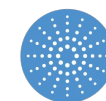
Bill York
President & CEO,
211 San Diego

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.



Federal Updates



ONC HTI-2: Patient Engagement, Information Sharing, and Public Health Interoperability Proposed Rule

Key Provisions

- Updates the ONC Health IT Certification Program, including:
 - Establishes new sets of certification criteria
 1. *Public health-oriented criteria* to support CDC Data Modernization
 2. *Payer-oriented criteria* for electronic prior authorization APIs
 3. Real-Time Prescription Benefit Criteria
 - Requires USCDI v4 adoption by 2028
 - Requires HL7 FHIR Bulk v2 IG to improve performance of bulk APIs
 - Updates technology and standards requirements to build on the HTI-1 final rule (e.g., multifactor authentication, clinical image exchange, FHIR enhancements)
- Revises information blocking exceptions, including two new exceptions
- Establishes TEFCA governance rules, primarily regarding the QHINs



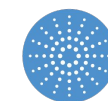
ONC HTI-2 Proposed Rule: Information Blocking Exceptions

Clarifies Regulation Definitions

- *Health care providers* to include laboratories and pharmacists
- *Interfere with/Interference* to include a non-exhaustive list of practices (i.e., deliberate delays, non-standard health IT implementation, improper inducements/discriminatory contract provisions, and omissions)

Updates Information Blocking Exceptions

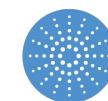
- *(new) Protecting Care Access Exception* for protecting reproductive health privacy
- *(new) Requestor Preferences Exception* to allow actors to agree to requests for limited information without it being considered information blocking
- *Privacy Exception* revisions expanding two sub-exceptions (interfering with individual access based on unreviewable grounds and individual's request to not share electronic health information)
- *Infeasibility Exception* revisions to responding to requests condition (circumstance-based variations on the "ten-day clock" proposal or alternative 3,5,10,20, or 30-day maximum timeframes proposal)



Updated TEFCA Standard Operating Procedures

To support TEFCA implementation of the Common Agreement V2, the following Standard Operating Procedures (SOPs) were released in July 2024:

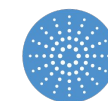
- QHIN Technical Framework (QTF) Version 2.0
- Facilitated FHIR Implementation SOP
- Individual Access Service (IAS) Provider Requirements SOP
- Governance Approach SOP
- Delegation of Authority SOP
- Expectations for Cooperation SOP
- Exchange Purposes SOP
- RCE Directory Service Requirements Policy SOP
- TEFCA Security Incident Reporting SOP
- Treatment Exchange Purpose (XP) Implementation SOP



Now Available: United States Core Data for Interoperability Version 5

[USCDI V5 update](#) includes 2 new data classes and 16 new data elements

Clinical Notes	Immunizations	Medications
<ul style="list-style-type: none"> Emergency Department Note Operative Note 	<ul style="list-style-type: none"> Lot Number 	<ul style="list-style-type: none"> Route of Administration
<u>NEW DATA CLASS</u>	<u>NEW DATA CLASS</u>	
Observations	Order	Patient Demographics/ Information
<ul style="list-style-type: none"> Advance Directive Observation Sex Parameter for Clinical Use 	<ul style="list-style-type: none"> Medication Order Laboratory Order Diagnostic Imaging Order Clinical Test Order Procedure Order 	<ul style="list-style-type: none"> Interpreter Needed Pronouns Name to Use
Provenance		
<ul style="list-style-type: none"> Author Author Role 		

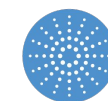


State Updates



California Legislation Tracking: Key Dates

1. **July 3:** Last day for policy committees to pass bills; Summer Recess begins
2. **August 5:** Legislature reconvenes from Summer Recess
3. **August 23:** Last day to amend bills on the Floor
4. **August 31:** Last day to pass bills and Legislature adjourns
5. **September 30:** Last day for Governor to sign or veto bills



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 on or before 2025 to develop uniform formats for plans and insurers to request directory information from providers and establish methodology and processes to ensure accuracy.	Do pass as amended from Sen. Health and re-referred to Sen. Appropriations (6/27)
<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. Appropriations
<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. Appropriations
<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.	In Asm. Appropriations, referred to Suspense file (7/2)
<u>SB 957</u> (Wiener)	Requires the 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 federal or state 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.	Referred to Asm. Appropriations (6/24)



California Legislation Tracking (2/2)

No./Author	Summary	Recent Developments
<u>SB 1016</u> (Gonzalez)	Requires CDPH by 2027 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	Referred to Asm. Appropriations (6/12)
<u>AB 2198</u> (Flora)	Delays when specialized insurers that offer dental or vision services, excluding Medi-Cal dental managed care, from federal API requirements for health plans and insurers to 2027 or when the federal rules are implemented, whichever is later.	Ordered to to third reading in Sen. Appropriations (6/25)
<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.	In Sen. Appropriations, referred to suspense file (6/17)
<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.	In Sen. Appropriations, referred to suspense file (6/17)
<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.	Do pass as amended from Sen. Health and re-referred to Sen. Appropriations (7/3)

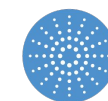


California Legislation Tracking - Artificial Intelligence

No./Author	Summary	Recent Developments
<u>SB 892</u> (Padilla)	Requires the Department of Technology to establish an automated decision tool procurement standard, which would include risk and equity assessments for automated decision systems.	Amended and re-referred to Asm. Appropriations (7/3)
<u>SB 893</u> (Padilla)	Establishes the California Artificial Intelligence Research Hub to facilitate collaboration between government agencies, academic institutions, and private sector partners.	Amended and re-referred to Asm. Appropriations (7/3)
<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 every 2 years, and state agencies and departments to notify individuals of AI communications with clear instructions to connect with a human employee.	Amended and re-referred to Asm. Appropriations with consent calendar recommendation (7/3)
<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.	Amended and re-referred to Asm. Appropriations (7/3)
<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, including that tool bases determinations on specified information and is fairly and equitably applied. Violations are considered to be a crime.	Amended and re-referred to Asm. Appropriations with consent calendar recommendation (7/8)
<u>AB 3030</u> (Calderon)	Requires health providers using AI for clinical communications to include AI disclaimers with clear instructions to connect with a human provider, exempting communications read and reviewed by a licensed or certified provider. Violations are subject of state medical boards, as appropriate.	Amended and re-referred to Sen. Appropriations (6/27)
<u>AB 2013</u> (Irwin)	Requires AI developers by 2026 to publicly post high-level summaries of AI training datasets with exceptions for AI with certain purposes and AI developed before 2025.	In Senate, ordered to third reading (6/27)
<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 of tool use and tool opt-out requests, accommodate information corrections, prohibits AI with discrimination risk, 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 Sen. Appropriations (7/3)

DxF Summer Developments

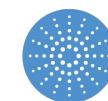
1. A detailed “[About the QHIOs](#)” Explainer is now available
2. The [Technical Standards Advancement Process](#) to update DxF standards on an annual basis has been finalized. CDII will begin the process in 2024 to consider advancing standards in the following areas:
 - Moving from USCDI V2 to V3 to align with new federal requirements
 - Technical standards for communicating ADTs
3. CDII is [accepting applications](#) for the DxF Standard Committee in 2024, which may convene annually to make recommendations concerning new standards in target areas to be adopted by the DxF



DxF Participant Directory Explainer (1/2)

Reminders

1. DxF Participants are obligated by the P&Ps to enter their technical preferences in the Participant Directory for how they choose to exchange HSSI under the DxF
2. DxF Participants are required to update and maintain their choices
3. Even organizations not required to exchange until 2026 must complete the Participant Directory to exercise their option to delay
4. The Participant Directory is available through the [DSA Signing Portal](#)
5. Available Formats: [CDII's Participant Directory Listing](#) and the [DxF Community Sandbox's Visualizations](#)



DxF Participant Directory Explainer (2/2)

Tips

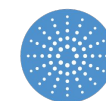
1. Verify your organization has completed the Participant Directory and remind your partners
2. Refer to it as the “Participant Directory” not the “PD”
3. Understand the three types of exchange:
 - **Choice for Request for Information** indicates how you would like to receive requests
 - *Required for all entities to select a method*
 - **Choice for Information Delivery** indicates how you would like to receive HSSI (i.e., push notifications)
 - *Entities may select “Not Applicable” if not interested in receiving information*
 - **Choice for Notifications for ADTs** indicates how hospitals, EDs, and SNFs would like to receive ADT notification requests (i.e., where others should send their patient rosters)
 - *Only relevant for hospitals (required), EDs (required), SNFs (optional), and intermediaries that serve these entities - Other types of entities should select “Not Applicable”*

Available Resources

1. [Walkthrough Presentation Slides](#) - February 2024
2. [How To Guide](#) - Updated July 2024
3. Email dxs@chhs.ca.gov for help



News, Events, and Announcements



Now Live: DxF Community Sandbox Platform

Find DxF Participants in your geographic region

The screenshot shows a map of California with blue markers indicating participant locations. A table to the right lists participant details:

ID	Name	Sub Name	Category	Type	Sub Type
DXF000011	Serving Communities Health Information Organization - SCHIO	none identified	QHIO	Intermediaries	He Int
DXF000012	Bakersfield Heart Hospital	none identified	Hospital	Acute Care Settings	not selected
DXF000013	Manifrest 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	not selected
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	not selected
DXF000027	DAP Health	none identified	Physician organizations and medical groups	not selected	not selected
DXF000054	Avenal Community Health Center dba Aria Community Health Center	none identified	Physician organizations and medical groups	Ambulatory Care Settings	Fet Ce
DXF000057	Department of State Hospitals	none identified	Primary with Subs, no exchange at Primary level	Acute Care Settings	Ps
DXF000058	Julie G Duquette MD A Medical Copartation	none identified	Physician organizations and medical groups	Ancillary Care	not selected
DXF000040	Health Plan of San Joaquin	none identified	Health Care Service Plans and Disability Insurers	Plans	not selected

Access the Sandbox Platform

Filter DxF Participants by County, Category, and Type

The screenshot shows filter controls for State, County, City, Category, Type, Sub Type, Request for Info, Info Delivery, ADT Events, Participant Name, Completed Participant, and Onboard to Sandbox. Below the filters is a table of participants:

ID	Name	Sub Name	Category	Type	Sub Type
DXF000037	Department of State Hospitals	none identified	Primary with Subs, no exchange at Primary level	Acute Care Settings	Psychiatric hospital
DXF000051	River City Medical Group	none identified	Physician organizations and medical groups	Ambulatory Care Settings	not selected
DXF000229	Western Health Advantage	none identified	Health Care Service Plans and Disability Insurers	Plans	Other plan
DXF000260	ACC Care Center	none identified	Voluntary	Subacute Care Facility	not selected
DXF000354	Sutter Health	none identified	Primary with PD selections and Subs	not selected	not selected
DXF000393	Capuchino Therapy Group	none identified	Voluntary	not selected	not selected
DXF000490	Prestige Bariatric and surgical specialists	none identified	Physician organizations and medical groups	Ancillary Care	Other ancillary care provider
DXF000491	Sacramento Colon & Rectal Surgery Medical Group	none identified	Physician organizations and medical groups	Community-Based Organizations	Other community-based service provider
DXF000493	Dermatology Consultants of Sacramento	none identified	Physician organizations and medical groups	Ambulatory Care Settings	Physician practice
DXF000499	BAYARD W. CHANG, MD, INC.	none identified	Physician organizations and medical groups	Ambulatory Care Settings	Physician practice
DXF000501	Medical Vision Technology	none identified	Voluntary	Community-Based Organizations	Continuum of Care organization (CoC)



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

New CDII DxF QHIO Explainer Resource

CalHHS Center for Data Insights and Innovation (CDII) has developed a new resource with detailed information on the nine state-designated Qualified Health Information Organizations (QHIO). In the resource, find each QHIO's region of operation, types of organizations it serves, data exchange services offered, and administrative information to engage and onboard. [Read More](#)

Enhancing Contraception Access Through EHR Integration

Many electronic health record (EHR) platforms lack designated fields to capture reproductive health and contraception information during patient visits. The Health Affairs article highlights the significance of integrating contraceptive care workflows for providers to proactively discuss services and screenings and ultimately enhance access to contraception. [Read More](#)

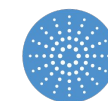
ONC TEFCA Hospital Engagement and Awareness Issue Brief

A new data brief created by the Office of the National Coordinator for Health Information Technology (ONC) provided insights into hospital participation in the Trusted Exchange Framework and Common Agreement (TEFCA) which went live in late 2023. Key findings include: 60% of hospitals plan to participate in TEFCA, 1 in 4 hospitals remain unaware of TEFCA, and emphasize how interoperability status and network participation are crucial to predict hospital participation. [Read More](#)

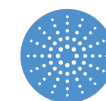


Upcoming Events

- **July 30, 9-10AM PT:** AHIP, Civitas, and HL7 | Modernizing Demographic Data Standards to Advance Health Equity Webinar | [Register here](#)
- **July 30, 11-12PM PT:** ONC | HTI-2 Proposed Rule Public Health Information Session | [Register here](#)
- **August 21, 1-2PM PT:** CalHHS DxP | Technical Advisory Subcommittee Meeting #3A | [Register here](#)
- **August 22, 12-1PM PT:** Manifest Medex | The Data Exchange Framework: Lessons Learned and New Opportunities | [Register here](#)
- **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](#)
- **October 20-23:** HLTH 2024 | Las Vegas, NV | [Register here](#)

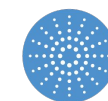


C4BH Technical Assistance and Sponsor Opportunities



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 End-Of-Year Dinner On December 4th!