Connecting for Better Health DxF Roadmap Comments
Submitted on December 9, 2024

Submitted via email to DxF@chhs.ca.gov

Comment #	Applicable Section from Draft DxF Roadmap Document	Applicable Text from Draft DxF Roadmap Document	Applicable Page Number(s)	A Brief Title or Summary of Your Comment	Full Text of Your Comment
Please provide sequential numbering for your individual comments	*Please select the relevant section from the draft DxF Roadmap document in the drop-down menu in each field below.* *Note: "P1" indicates "Pillar #1", while "XP" indicates "Cross-Pillar".*	*If applicable, please copy and paste the relevant text from draft DxF Roadmap document in this field*	*Please input applicable page numbers in this field (e.g., "3" for a single page; "3-9" for a range of pages)*	*Please input a brief title or a high-level summary of your specific comment in this field.*	*Please input the full text of your comment in this field. Feel free to include any rationale or explanation for your comment.*
1	**General**			Cross-Pillar Tenets and Shared Use Cases	C4BH appreciates the inclusion of Central Tenents for each Roadmap Pillar, but recommends the development of shared Tenets that guide the development of all Roadmap recommendations. The coalition also recommends defining shared data usability use cases for the Roadmap that can be tested across all six pillars. For example, the three priority life events defined in the Social Service Data Strategy pillar could start as a preliminary list to apply to all Pillars.

#	Pillar	Quote	Page	Topic	Comment
2	**General**			Prioritizing Equity	C4BH appreciates the inclusion of health equity in the Roadmap and across multiple Pillars. C4BH recommends CDII ensure health equity is incorporated throughout all Roadmap Recommendations, with greater investment in and attention to consumer engagement and feedback to incorporate lived experience and perspectives from underrepresented communities. Additionally, the Roadmap should include a greater recognition of the need to meaningfully engage and support community-based organizations as full DxF participants able to participate in all relevant methods of exchange for valid purposes under state and federal privacy laws. As California is leading the way in incorporating social services data into the DxF, we must ensure that all organizations--particularly those serving historically marginalized communities--are supported in DxF participation.
3	**P1: Event Notification**	"This Pillar recommends a new exchange type for standardized event notification to be known as 'EventBased Exchange.'"	15	Defining Event-Based Notification	C4BH appreciates the focus on implementing an actionable notification strategy through the "event-based exchange" recommendation detailed in the Pillar. Coalition members expressed a desire to define additional use cases beyond hospital notifications (such as referrals to housing, for example) that may qualify as an event, with thorough consideration of a minimum data set that could enable future DxF-supported event types. C4BH recommends focusing on shared priority use cases across the Pillars, as noted in our comment above, to define additional event types.
4	**P1: Event Notification**	"California's QHIOs Establish Some Event Notification Standardization"	10	Addressing Non-QHIO Event Notification Feeds	C4BH recommends the Event Notification Pillar includes additional recommendations related to private ADT networks not currently exchanging with the QHIOs. A patchwork approach that is not coordinated through the DxF may not yield the goal of creating a "network of networks."

5	**P2: Social Service Data Strategy**	"Financing, Contracting and Operations [Data Infrastructure]: Identify State and Federal Funding Sources"	28	Leveraging Existing Funding Sources	C4BH supports leveraging existing state and federal funding sources to support social services data exchange, and identifying current funding streams not being fully utilized to support data exchange. While we acknowledge that additional, dedicated funding will be critical to the success of this Pillar, there is more that can be done to advance social services data sharing with existing resources. We recommend stronger alignment of data exchange requirements and milestones across state funding opportunities (such as CalAIM and CDPH grant programs).
6	**P2: Social Service Data Strategy**	"In 2024, CDSS/CDII convened program leaders to develop an affirmative vision for the role of social services and health data to support connection to available services and benefits in relation to three priority life events for Californians: Having a Child and Early Childhood; Preventing Involvement and Supporting Families Involved with the Child Welfare System; and Preventing and Interrupting Homelessness."	27	Consideration of Older Adults in Priority Life Events	C4BH coalition members recommend CDII include consideration of older adults in the development of priority life events for the role of social services and health data under this pillar.

7	**P3: Consent Management**		32-41	Consideration of Identity Management as Distinct from Consent	While the two are intertwined, Identity Management and Consent will require separate governance and oversight. C4BH recommends clarifying the scope of Identity Management with regard to this pillar. While identity management is necessary for consent, implementation of the state digital identity strategy is foundational to all six of the Roadmap Pillars, and should extend beyond the consent pillar. As C4BH has stated in public comment to CDII in prior years, we support prioritizing immediate implementation of a statewide person index that can be used to facilitate individual data queries, and investing in its governance.
8	**P3: Consent Management**	Leveraging DHCS's ASCMI eConsent service initiatives to establish a scalable architecture that supports statewide implementation of consent and identity management services.	38	Planning for the Rollout of Granular Consent	C4BH members expressed a desire for more prescriptive Roadmap details on how granular consent will be implemented.
9	**P3: Consent Management**	"Actionable Steps"	39-41	Pursuing Reference Implementation and Replicability	C4BH recommends CDII pursue a Reference Implementation model in 2025 to inform a statewide model. Through targeted investments, the state can uplift the ideal features and functions of a consent management architecture and use the model as reference for statewide replicability. Relatedly, C4BH recommends the Roadmap use and define the term "replicability," in addition to "scalability" in the Consent recommendations to allow for local implementation and governance.
10	**P4: Public Health**		42-49	Implementing an Agile Approach to Make Incremental Changes	C4BH recommends the Public Health Pillar include a focus on implementing an agile approach to proposed activities.

11	P5: Impact Measurement		54	Measuring Local Metrics	C4BH recommends CDII consider measuring DxF impact metrics at the County or Zip code level for greater accuracy. C4BH coalition members believe greater granularity in the proposed metrics under this Pillar would provide more valuable and actionable insights to inform the future development of the DxF.
12	P5: Impact Measurement		54	Including Real Value Return on Investment (ROI)	C4BH recommends consideration of Return on Investment (ROI) in the Impact Measurement Pillar. Coalition members recommended measuring the dollars invested in data exchange statewide by state agencies and participating organizations, and the resulting cost-savings. Additionally, coalition members expressed a desire to see the "Real Value ROI" reflected in the proposed Impact Measurement phases, to include measurements such as quality-adjusted life years in addition to monetary measurements.
13	P6: Participant Engagement		57	Required Signatory Definitions	C4BH strongly agrees with the Participation Engagement tenet noting the need to clearly indicate what types of organizations are mandatory DSA signatories. The "Provider Organization and Medical Groups" language continues to cause significant confusion for potential participants. C4BH also recommends the state consider additional signatory types that could become mandatory signatories, such as Counties and State Departments.
14	P6: Participant Engagement		59-61	Addressing Barriers to Participation	C4BH strongly supports the Problem Definition and Issues Identified under the Participant Engagement pillar, including lack of DxF enforcement, the lack of understanding and limited technological infrastructure and resources. C4BH supports the need to pursue state legislative changes to create enforcement mechanisms. To inform these efforts, C4BH recommends CDII identify additional details on why required signatories are not participating in the DxF for each of the categories identified on page 59. With a clear, shared understanding of the largest hurdles to overcome, the Roadmap activities can then be strengthened with targeted strategies to address participant hesitancy and resistance.