

# Connecting for Better Health Meeting

January 23, 2025



Connecting for Better Health

Advancing data sharing to improve the health of all Californians

# About The Coalition & Policy Priorities

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



## Establish DxF Governance and Accountability

Engage in DxF policy development and provide critical feedback to state legislative and regulatory leadership to realize the full promise of AB 133.



## Identify Dedicated and Sustained Funding Streams

Support continued and coordinated funding for health and social services data sharing and encourage state agencies to actively seek federal match and/or other funding sources when and where appropriate.



## Strengthen Social Services Data Sharing

Improve cross-sector data sharing through the development of priority use cases and policy advancements that support consent management, standards alignment, and capacity building for social services data sharing.

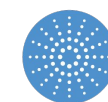


## Advance High-Quality and Actionable Data Sharing

Support focused efforts that enhance the completeness, accuracy, and timeliness of data sharing to transform data usability and drive better outcomes.

# Agenda

No.	Item	Minutes
1	Welcome and Introductions <ul style="list-style-type: none"><li>● Consensus eFax Wildfire Response</li></ul>	5 minutes
2	Sacramento Community Design Studio Report Out	20 minutes
3	California Policy Updates <ul style="list-style-type: none"><li>● Data Exchange Framework Participant Directory User Guide</li><li>● 2025-26 Proposed Budget</li><li>● State Legislation Tracking</li></ul>	15 minutes
4	2025 C4BH Day at the Capitol	10 minutes
5	News, Events and Announcements	10 minutes



# DxF Community Design Studio

## Use Case: Housing and Other Referrals

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

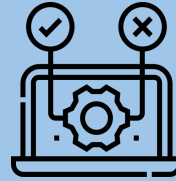
- Well documented use case, workflow diagrams, validation reports and other artifacts that can be used to determine future workflow changes to suit DxF requirements.
- Synthetic data that can be used to test in the DxF Community Sandbox or other test environments.

# 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.



# Housing and Other Referrals in Sacramento County



# Referral Use Case Story: John Lee



**Age:** 55 yr. old adult male

**Health Concerns:** high blood pressure, weight management, behavioral health (Schizophrenia / SMI dx)

**Social Needs:** Unhoused, Unemployed

**Location:** Sacramento, CA

## About John Lee (from a provider's perspective)

- John was previously housed in Sacramento but evicted due to inability to pay his rent when his partner passed away earlier in the year.
- Currently living in an encampment.
- John took a fall and has lacerations on his right leg that are not healing well.
- John struggles to navigate daily life, maintain a proper diet, and access necessary resources.
- Furthermore, his grief due to his partner's death has exacerbated his MDD condition.
- Lack of a consistent diet, inability to keep medications secure, and insufficient understanding of his treatment regimen exacerbate his condition.

## Challenges & Goals

- John feels isolated with no family in the area and a small network of acquaintances.
- He is experiencing increased stress due to grief of losing partner and housing simultaneously which are worsening his MH condition.
- He would like to find secure stable housing and consistent medical care to properly manage his physical and mental health needs and reduce his reliance on emergency services.
- He hopes to connect with more people who can provide support and friendship, alleviating his feelings of isolation.
- Compliance with treatment plan recommendations are hampered due to impact of worsening mental and physical health symptoms and lack of housing, transportation and consistent nutritional food.



# Referral Use Case Story: John Lee *(cont.)*

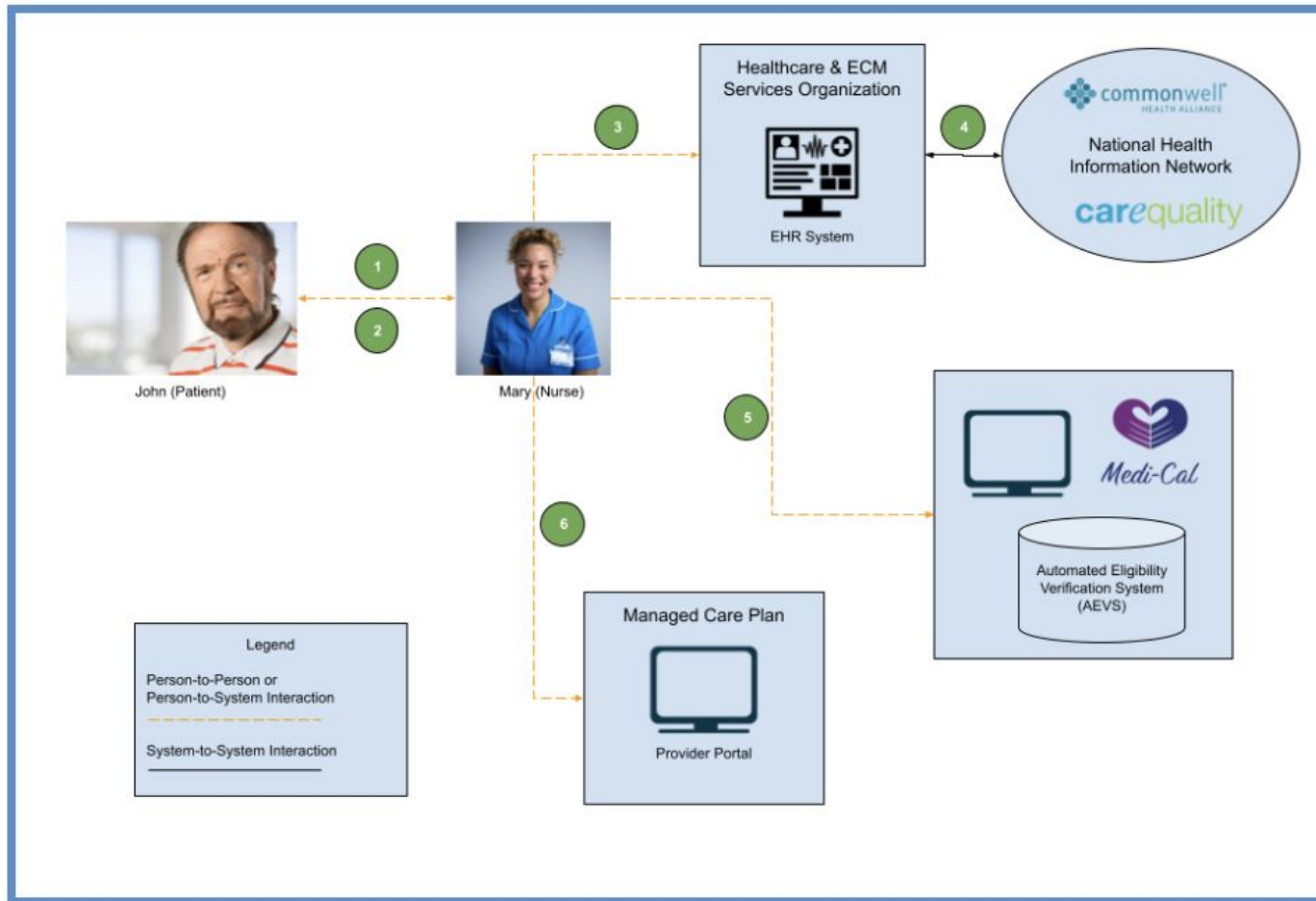
## Typical Routine & Interactions *(in his own words)*

- I receive mental health services within the county to treat my Schizophrenia and I am on medication to help manage my symptom.
- After I lost my partner, I had no transportation to the county facility to receive treatment.
- I am currently receiving services from a Street Medicine Nurse because of my inconsistent use of medications and an unhealed wound that I have.
- Since I do not have a cell phone, I am not made aware when new services are available to me which frustrates me.

## What John Wants from the CA Health and Social Care System *(in his own words)*

- I would like to expand my mental health support to include grief counseling and/or a support group to help with the loss of my partner. I will need consistent transportation to access these county services.
- I would like to not have to repeat my story to every new care provider; doing so retriggers the grief and trauma of all I have lost.
- I am seeking information and assistance with finding affordable, stable housing in Sacramento.
- I want educational materials on living with high blood pressure and to be able to better managing my physical and mental health through nutritious foods and stress reduction.

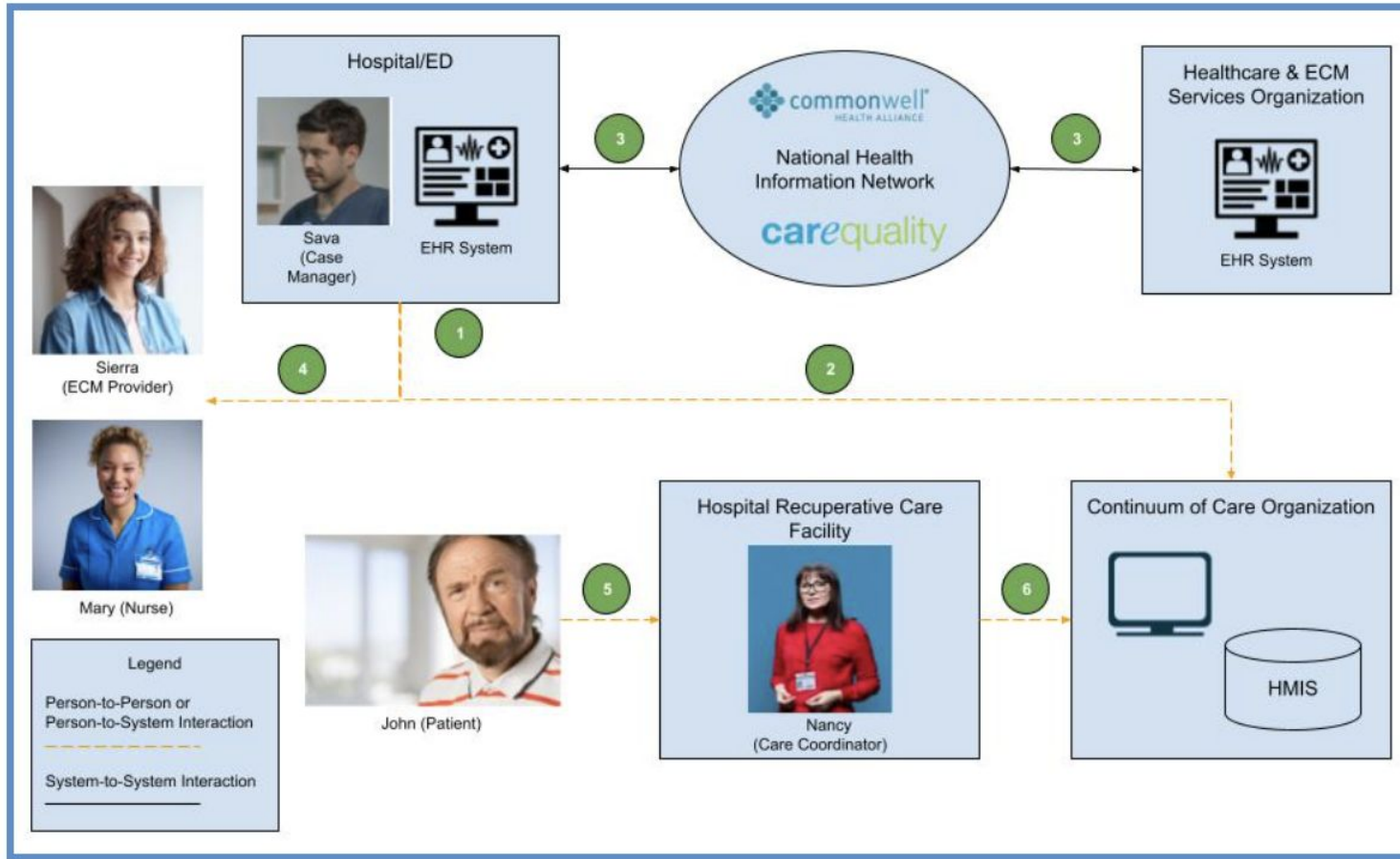
# Use Case Diagram Example



Data Flow Diagram for Use Case 1, Scene 1A

1. Mary talks with John and offers to look at his leg wound.
2. Mary asks John whether he is receiving Medi-Cal services; since he doesn't know, Mary gets his demographic information (including SSN).
3. Mary logs into her organization's EHR to see if John has been seen previously.
4. Mary also searches hospitals near where John used to live to see if any information is available.
5. Mary logs into Medi-Cal AEVS to verify John's enrollment status and identify the managed care plan (MCP) he's been assigned to.
6. Mary logs into the MCP's provider portal to find out whether John is enrolled in CalAIM and, if so, what services have been authorized.

# Use Case Diagram Example



1. Sava logs into hospital EHR and searches for records to inform John's discharge plan.
2. Sava logs into HMIS to get more information about ECM services organization John is assigned to.
3. Sava logs into hospital EHR and searches for notes available from ECM services organization.
4. After conferring with Sierra and Mary, Sava determines that John is candidate for hospital's recuperative care facility.
5. John is transferred to hospital's recuperative care facility.
6. Nancy logs into HMIS and updates John's record, indicating he is now at hospital's recuperative care facility.

Data Flow Diagram for Use Case 2, Scene 2B

# Data Set Requirements Example

Use Case Scene #	Transaction	DxF Data Exchange Pattern (Policy OPP-9)	TEFCA Permitted Exchange Purpose	Message Content	USCDI v2 Data Class(es) (Policy OPP-8)	Data Element(s)
2B	<b>Communication Request</b>	Request for Information - Requesting Participant	Treatment	Patient demographic information for person matching, including: <ul style="list-style-type: none"> <li>- Family name</li> <li>- Given name</li> <li>- Middle name or initial</li> <li>- Date of birth</li> <li>- Gender <i>[If required]</i></li> <li>- Address(es)</li> <li>- Phone number(s)</li> <li>- Email address(es)</li> </ul>	<a href="#">Patient Demographics/ Information</a>	<ul style="list-style-type: none"> <li>- <a href="#">First Name</a></li> <li>- <a href="#">Last Name</a></li> <li>- <a href="#">Middle Name</a></li> <li>- <a href="#">Previous Name</a></li> <li>- <a href="#">Date of Birth</a></li> <li>- <a href="#">Sex (Assigned at Birth)</a></li> <li>- <a href="#">Current Address</a></li> <li>- <a href="#">Previous Address</a></li> <li>- <a href="#">Phone Number</a></li> <li>- <a href="#">Email Address</a></li> </ul>
	<b>Communication Response</b>	Request for Information - Responding Participant	Treatment	HL7 Consolidated Clinical Document Architecture (C-CDA) document types, including: <ul style="list-style-type: none"> <li>- Care Plan</li> <li>- Consultation Note</li> <li>- Continuity of Care Document</li> <li>- Discharge Summary</li> <li>- History &amp; Physical</li> <li>- Procedure Note</li> <li>- Progress Note</li> </ul>	<p><a href="#">Applicable USCDI v2 data classes is dependent upon specific HL7 C-CDA document type exchanged, but could include:</a></p> <ul style="list-style-type: none"> <li>- <a href="#">Patient Demographics/Information</a></li> <li>- <a href="#">Clinical Notes</a></li> <li>- <a href="#">Encounter Information</a></li> <li>- <a href="#">Laboratory</a></li> <li>- <a href="#">Medications</a></li> <li>- <a href="#">Problems</a></li> </ul>	Applicable USCDI v2 data elements is dependent upon specific HL7 C-CDA document type exchanged.

# Data Set Requirements Example (cont.)

Use Case Scene #	Transaction	Applicable Standards For Exchange		
		Terminology/Code Set(s)	Content/Structure	Transport
2B	Communication Request	Sex (Assigned at Birth): HL7 Version 3 Standard, Value Sets for AdministrativeGender	<u>Formatting of Addresses:</u> <a href="#">Project US@ Technical Specification for Patient Address - Domestic and Military</a>	<u>Person Matching: IHE Cross-Community Patient Discovery (XCPD)</u>  <u>Retrieve Health and Social Services Information: IHE Cross-Community Access (XCA)</u>  <u>OR</u>  <u>HL7 Fast Healthcare Interoperability Resources (FHIR) R4.0.1 and US Core Implementation Guide v5 (or later)</u>
	Communication Response	Applicable terminology and code sets is dependent upon specific HL7 C-CDA document type exchanged.	<a href="#">HL7 C-CDA R2.1 Implementation Guide</a>	<u>Person Matching: IHE Cross-Community Patient Discovery (XCPD)</u>  <u>Retrieve Health and Social Services Information: IHE Cross-Community Access (XCA)</u>  <u>OR</u>  <u>HL7 Fast Healthcare Interoperability Resources (FHIR) R4.0.1 and US Core Implementation Guide v5 (or later)</u>

# Sacramento Use Case Learnings

## *HMIS Utilization*

Homeless Management Information System (HMIS) allows providers to monitor an individual's progress towards permanent housing. However, there is no ability to track an individual's entire social needs (e.g., enrollment in CalAIM programs).

## *Recommendation*

Evaluate opportunities to work with CoCs to augment HMIS and make MCP enrollment and ECM provider information available to all providers supporting unhoused individuals.

## *Closed-Loop Referral Burden*

Organizations must manage referrals in a myriad of CLR systems depending on a patient's MCP, in some cases using different instances of the same system from the same vendor. In addition, MCPs are inconsistent in their acceptance of referral forms from each other.

## *Recommendation*

- Assess closed loop referral processes to identify opportunities to ease provider burden, such as:
  - Standardizing ECM and CS referral forms across MCP
  - Enabling providers with a single point of entry point for all ECM/CS referrals across MCPs

# Sacramento Use Case Learnings

## *Minimum Data Sets*

CBOs do not consistently receive key information from referring providers needed to enroll clients for services, resulting in delays to the referral process.

## *Recommendation*

MCPs should collect key information (e.g., monthly income, household size, and member, guardian, or conservator contact information) and share with providers.

## *Determining Medi-Cal Enrollment*

Providers must include SSN when trying to look up a client's Medi-Cal enrollment status; however, many organizations no longer collect SSN.

## *Recommendation*

SSN should not be required to look up a client's Medi-Cal enrollment status, only readily collected demographics such as name, DOB, address, phone number, etc.

# Use Case Artifacts

## Use Cases

The DxF Sandbox hosts a "Use Case Library" co-developed by organizations with on-the-ground experience, backed by best-in-class practices, and aligned with nationally-recognized data standards. These priority use cases provide organizations with well-reasoned and defined rules for priority data exchange interactions between people and systems to enable efficient and effective implementation of these workflows.

Q Title	Q Category	Q Persona	Q Actors	
Emergency Department Care Transition	Aging	Estella Ruiz	ED, HH, QHIO	<a href="#">Open</a>
Housing and Other Referrals	Housing	John Lee	ED, Hospital, CBO, MCP, Housing Agency	<a href="#">Open</a>
Enhanced Care Management Referral and Care Coordination	Enhanced Care Management	Mei Lin	ED, Hospital, CBO, MCO, QHIO, Intermediary, PCP	<a href="#">Open</a>



Category	Persona / Name of Story	System Actors	Summary	Transactions
Housing	John Lee	ED; Hospital; CBO; MCP; Housing Agency	John needs help getting enhanced care management, along with food assistance, disability benefits, and other general assistance. He also needs support transitioning from being unhoused to temporary housing, then to recuperative care, and finally permanent housing.	<ol style="list-style-type: none"><li>1. Referral for Enhanced Care Management</li><li>2. Authorizations for ECM Services and Recuperative Care</li><li>3. Hospital Admit and Discharge</li><li>4. Community Supports Enrollment</li></ol>
Use Case Overview				
Data Set Requirements				
Synthetic Data				
Validation Report				

Access the Community Design Studio artifacts in the DxF Community Sandbox. [Register here](#) to sign up!





# Community Design Studio Use Cases

Underway

Justice-Involved  
Population  
Use Case

Alameda County

Q1 2025 Design Studio Opportunity

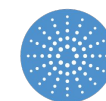
Reproductive Health Privacy  
(AB 352 Implementation)  
Use Case

Sponsored by Cedars-Sinai

**Email [maya.harrison@bluepathhealth.com](mailto:maya.harrison@bluepathhealth.com) to inquire about starting your own  
Community Design Studio!**



# California Policy Updates



# New DxF Participant Directory User Guide

CDII has released a new resource to assist DxF Participants in using the [Participant Directory](#) to exchange with others.

## Data Sharing Scenarios Include:

- Requesting Information from a Participant via your Intermediary
- Requesting Information from a Participant via point-to-point, or “SELF”, connections to your own technology
- Requesting Notifications of ADT Events from a Participant via your Intermediary
- Information Delivery from a Participant via your Intermediary

Access the DxF Participant User Guide

## Requesting Information from a Participant via your Intermediary



# 2025 California Legislative Calendar

January  
10

Governor's  
Budget Bill  
submitted

February  
21

Deadline for  
bills to be  
introduced

June 6

Deadline for Senate and  
Assembly to pass bills  
introduced in their  
respective houses

June 15

Deadline for  
budget bill to  
be passed

August  
18

Legislature  
reconvenes after  
summer recess

August  
29

Deadline for fiscal  
committees to hear and  
report bills to the floor

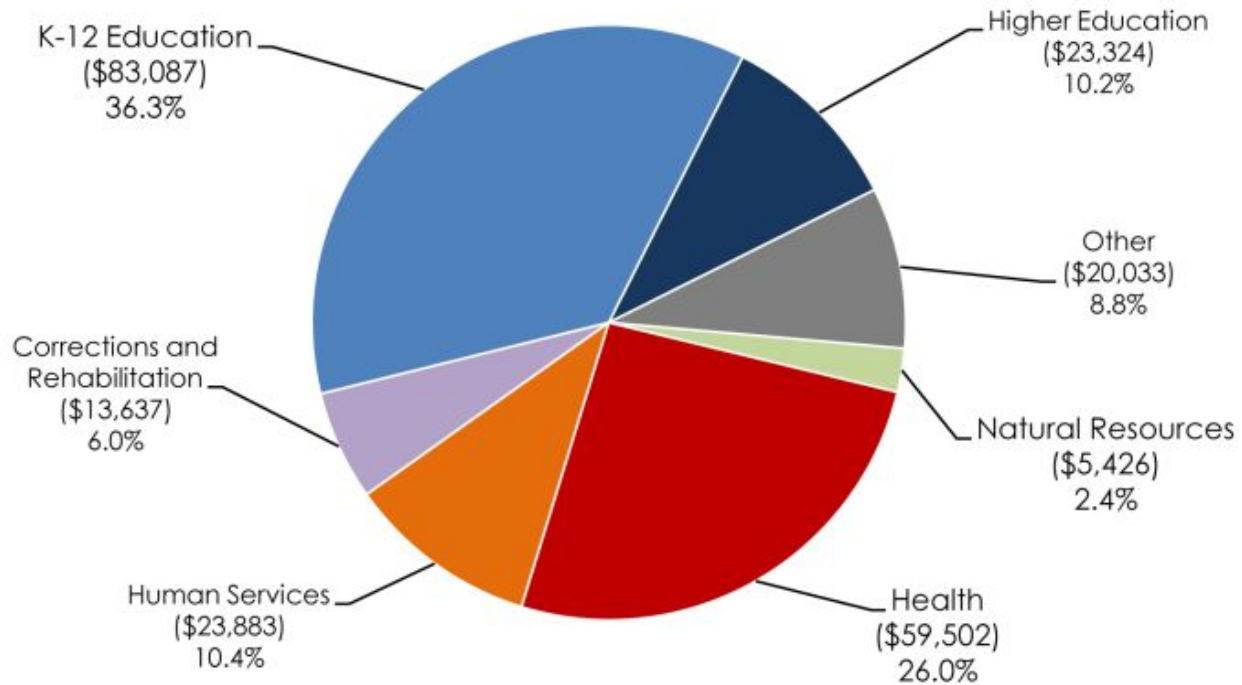
Sept 12

Deadline for  
each house to  
pass bills

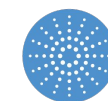


# Governor's Proposed Budget Highlights

**2025-26  
General Fund Expenditures**  
(Dollars in Millions)



- Governor's [proposed budget for FY 2025-26](#) released January 10
- Fast Facts:
  - \$322.3 billion total budget
  - Estimated \$363 million positive balance
  - Withdraws \$7.1 billion from reserves, leaving approximately \$17 billion in reserves
- No new Data Exchange Framework items
- Maintains Medi-Cal and CalAIM funding
- Includes new behavioral health funding
- Incorporates spending adjustments from Proposition 35

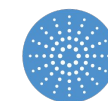


# California Legislation Tracking

No./Author	Summary	Recent Developments
<a href="#">AB 4</a> (Arambula)	Removes the requirement to apply for federal waiver for persons unable to obtain coverage through Covered CA because of their immigration status. By January 2027 the legislature will need to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible, consistent with federal guidance and given existing federal law and rules.	Introduced on December 2, 2024
<a href="#">AB 45</a> (Bauer-Kahan)	Prohibits geofencing an entity that provides in-person health care services and health care providers from releasing medical research information in relation to an individual seeking or obtaining an abortion in response to a subpoena or request for information based on another state's laws that interfere with an individual's rights under the Reproductive Privacy Act.	Introduced on December 2, 2024.
<a href="#">AB 67</a> (Bauer-Kahan)	Authorizes the Attorney General to investigate persons that have potentially engaged in an act or practice of violating the Reproductive Privacy Act and if proven guilty, impose a civil penalty not exceeding \$25,000.	Introduced on December 4, 2024.
<a href="#">AB 91</a> (Harabedian)	Requires state and local agencies that collect demographic data to use separate categories and tabulations for major Middle Eastern or North African groups starting in 2026.	Introduced on January 6, 2025
<a href="#">AB 260</a> (Aguiar-Curry)	Ensures patients can continue to access care, including abortion, gender-affirming care, and other sexual and reproductive health care in California, and allow patients to access care through asynchronous modes.	Introduced on January 26, 2025.
<a href="#">AB 280</a> (Aguiar-Curry)	Requires health plans or insurers to annual verify and delete inaccurate listings from its provider directories. A required percentage for accuracy would need to be met each year and if a plan or insurer fails to do so. The bill requires coverage for services if enrollees rely on inaccurate directory information, ensuring they pay only in-network cost-sharing amounts while providers are reimbursed for out-of-network services.	Introduced on January 21, 2025.

# California Legislation Tracking

No./Author	Summary	Recent Developments
<a href="#"><u>SB 11</u></a> <b>(Ashby)</b>	Defines what synthetic content is, require the Judicial Council to review the impact of AI in court proceedings, and requires any person that sells or provides access to AI technology that is designated to create synthetic content to provide a consumer warning that misuse of the technology may result in civil or criminal liability for the user.	Introduced on December 2, 2024
<a href="#"><u>SB 53</u></a> <b>(Wiener)</b>	This bill would declare the intent of the Legislature to enact legislation that would establish safeguards for the development of AI frontier models and that would build state capacity for the use of AI.	Introduced on January 7, 2025
<a href="#"><u>SB 59</u></a> <b>(Wiener)</b>	Expands confidentiality provisions to apply to all filed petitions for a change of gender and sex identifier regardless of the age of the person who filed the petition. Courts must implement a method to ensure confidentiality of petitions and associated papers filed prior to date of enactment.	Introduced on January 8, 2025.
<a href="#"><u>SB 81</u></a> <b>(Arreguín)</b>	Prohibits health facilities from collaborating with, providing access to, or providing information, including patient data or records, about patients to immigration authorities.	Introduced on January 17, 2025.
<a href="#"><u>SB 85</u></a> <b>(Umberg)</b>	Clarifies existing law regarding the right of access to health records and legal guardians have the right to access information regarding patient's condition and care.	Introduced on January 21, 2025



# C4BH 2025 Day at the Capitol





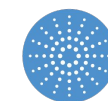
# 2025 Day at the Capitol: March 19th



C4BH is excited to host its second annual "Day at the Capitol" to spotlight health and social data sharing and the critical need to strengthen the Data Exchange Framework (DxF).

**RSVP to Participate in Meetings!**

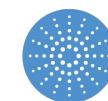
Join us in Sacramento for a day of coalition engagement to meet with state legislators and officials. Our day will begin with a morning meeting to organize and prepare coalition participants followed by small group meetings through the afternoon.



# 2025 Day at the Capitol Objectives

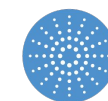


1. Educate on data sharing and its role in advancing equity and whole-person care
  - *Emphasize connections to social services, housing, maternal health, and emergency response*
2. Highlight the state's substantial investments to date in the DxF and related health transformation initiatives
3. Build momentum and support for DxF-related policy to establish governance and accountability



# Priority Meetings

- 1. State Legislators & Staff:** Educate on data sharing, the DxF, and the need for DxF governance and accountability
  - *Including Health, Appropriations, Budget and Human Services committees*
- 2. Committee Staff:** Discuss need for DxF governance and accountability
  - *Including Health, Appropriations, Budget and Human Services committees*
- 3. Governor's Office:** Discuss need for DxF governance and accountability
- 4. CalHHS Meetings:** Discuss need for DxF governance and accountability
  - *Including CDII, DHCS, DMHC, CDPH, HCAI, CDSS, and more*



# News, Events and Announcements





# *Impact & Engagement*

## CONNECTING FOR BETTER HEALTH ANNUAL DINNER

03.19.2025 · Sacramento, CA

**You are invited to join C4BH for a transformative evening to reflect on C4BH's journey, celebrate our shared accomplishments, and explore an exciting vision for the future!**

**GRAB YOUR SEAT**





# 2025 Annual California DxF Summit:

## The Road to Whole-Person Care

**March  
20<sup>TH</sup>**

Tsakopoulos Library Gallery  
828 I St, Sacramento, CA 95814



**Join CDII for the 2025 Annual California DxF Summit for a full day of engaging panels, fireside conversations, and networking!**

**Request a Ticket!**

*Space for this event is limited, and we are committed to ensuring balanced representation from all invited organizations. As such, we may limit the number of participants from any single organization. Please note that registering for the event does not guarantee a confirmed spot.*

# DxF Community Sandbox 2.0

## Connecting for Better Health has won the Amazon Web Services (AWS) Imagine Grant - Go Further, Faster Award!



### We aim to develop the following capabilities of the DxF Community Sandbox:

- **Rules Engine** to enable more granular control of and better reflect data exchange patterns by DSA signatories, as well as permit and/or restrict data flow to partners based on federal and state regulations
- **Automated Step-Manager** that enables testing to be more self-serve and reflects sequencing, dependencies, and other aspects of real-world data exchange
- **Enhanced User Interface & Experience** that allows users to visualize data exchange processes from beginning to end
- **Data Validation Capabilities** to improve data quality by ensuring conformance to federal/state requirements and inform key stakeholders about potential policy and procedural improvements to the DxF
- **Enhanced DxF Participant Directory** to better visualize types of organizations engaged in data exchange, their relationships to trading partners, and method of data exchange



# January C4BH Office Hours



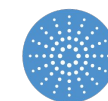
**January 27**  
12:30-1:30PM  
Pacific

C4BH is continuing monthly office hours with our Executive Director Timi Leslie! Join us to discuss data challenges in your work, explore policy questions, and connect with other coalition partners.

This month, we will review and discuss a detailed breakdown of the [DHCS Closed-Loop Referral Implementation Guidance](#).

*Open to Everyone*

**Sign Up Here**





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

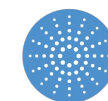
## HHS Publishes New AI Strategic Plan

HHS revealed their strategic plan on AI outlining short- and long-term goals for safe and effective use of AI in health, human services, and public health. In the strategic plan, HHS lays out four key goals for AI, provides examples of AI use cases, and identifies potential risks for AI as it is implemented. [Read More](#)

## HIO Insights From 2023 National Survey

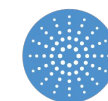
A 2023 national survey by ASTP tracks the evolution of health information organizations (HIOs) in the United States, progressions in data sharing, and persistent barriers (i.e. information blocking). Survey results revealed that approximately half of HIOs reported potential information blocking that greatly or moderately created difficulties in services and missing data, with 61% reporting for EHR developers and 45% reporting for health systems.

[Read More](#)

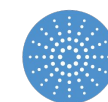


# Upcoming Webinars & Events

- **February 3-4:** Insure the Uninsured Project (ITUP) Annual Conference | Sacramento, CA | [Register here](#)
- **February 6, 12-1PM PT:** California Health Care Foundation (CHCF) | Telehealth's Evolution in California Webinar | [Register here](#)
- **February 13, 10-11AM PT:** DHCS Closed-Loop Referral Implementation Guidance Webinar | [Register here](#)
- **February 13, 9-11:30AM PT:** CalHHS CDII DxF Implementation Advisory Committee and DSA Policies and Procedures Subcommittee Meeting | [Register here](#)
- **February 16-19:** ViVE 2025 Conference | Nashville, TN | [Register here](#)
- **February 26-27:** California Primary Care Association (CPCA) Quality & Technology Conference | San Ramon, CA | [Register here](#)
- **March 19:** C4BH Day at the Capitol & Annual Dinner | Sacramento, CA | [Register here](#)
- **March 20:** 2025 Annual California DxF Summit | Sacramento, CA | [Register here](#)



# Appendix



# 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.

on  
al data excha  
nutrition service  
rt of health ca  
mpt delivery c

## CENTERING COMMUNITY CARE



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

### Scott's Vision

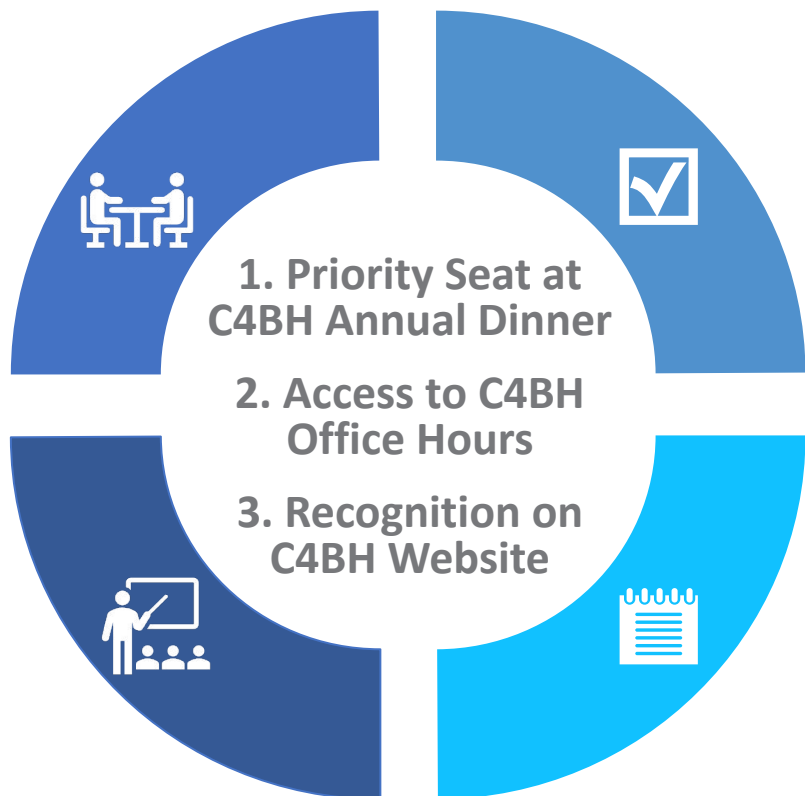
My vision is for Sacramento's Mobile Integrated Health (MIH) to use data sharing to optimize coordinated care for better community health and well-being.



# Call for C4BH Supporters

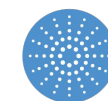
Join C4BH as a Supporter  
*\$500 contribution*

## Supporter Benefits



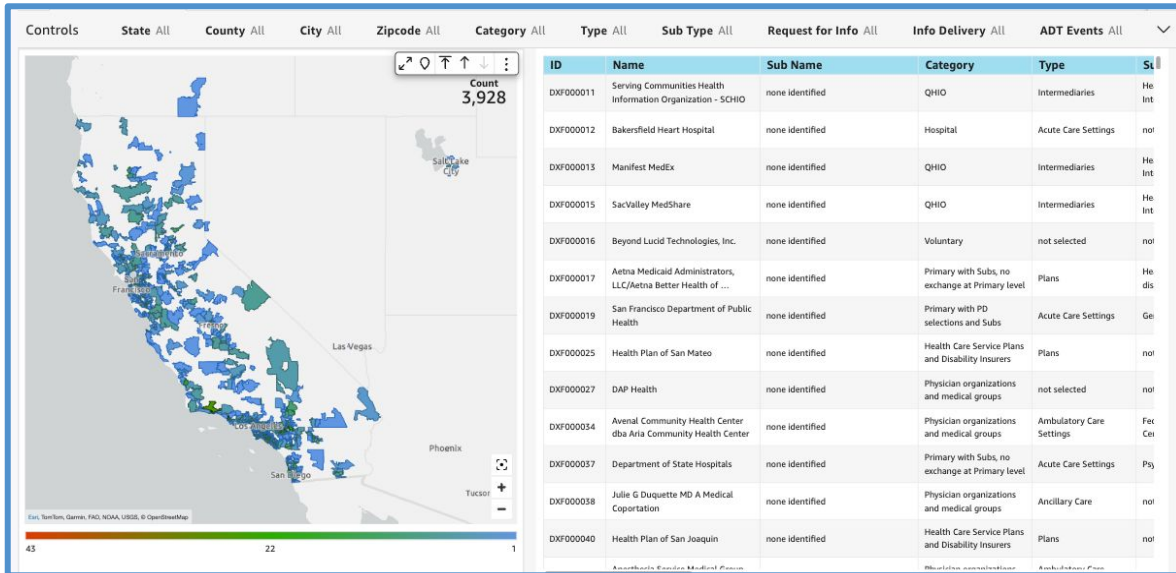
## Why Become a Supporter?

- **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



# 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

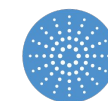
## The Sandbox enables DxF Participants to

- **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

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

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

*Additional Sponsor Opportunities Available For Our Annual Dinner*