California Health & Human Services Agency
Data Exchange Framework Implementation Advisory Meeting
Transcript (9:00 – 11:00 AM PT, September 25, 2025)

The following text is a transcript of the September 25, 2025, meeting of the California Health and Human Services Agency's Implementation Advisory Committee (IAC). The transcript was produced using Team's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework webpage to ensure accuracy.

00:00:34.376 --> 00:00:35.176

Hello and welcome.

00:00:36.456 --> 00:00:37.576

My name is Akira.

00:00:37.936 --> 00:00:43.121

I'll be in the background to support what

the meeting management I'd like to take a

00:00:43.121 --> 00:00:48.121

moment to go over some housekeeping and

provide some reminders of meeting norms.

00:00:48.121 --> 00:00:52.751

We'd like to remind IEC members of

joining virtually to keep their cameras

00:00:52.751 --> 00:00:55.096

on for the duration of the meeting to.

00:00:55.096 --> 00:00:57.656

Foster increased interaction and
discussion.

00:00:57.896 --> 00:00:59.856
You may have noticed that we switched
over.

00:01:00.606 --> 00:01:03.286
To zoom from team to zoom.

00:01:04.706 --> 00:01:05.426
My apologies.

00:01:07.726 --> 00:01:09.878
To tease post functionality will remain
the same,

00:01:09.878 --> 00:01:13.406
except that we will be using the Q&
A as a replacement for the chat function.

00:01:14.046 --> 00:01:16.772
IAC members and members of the public use
the Q&

00:01:16.772 --> 00:01:19.806
A to submit questions and comments
throughout the meeting.

00:01:20.046 --> 00:01:23.798
You may also use the Q&
A to reach out to me if you experience

00:01:23.798 --> 00:01:25.086
technical difficulties.

00:01:26.276 --> 00:01:28.516
Live post captioning will be available.

00:01:28.716 --> 00:01:33.837
Attendees can turn on captions by going
into the more drop down click language

00:01:33.837 --> 00:01:38.957
and speech and click show live captions
for on-site members that would like to

00:01:38.957 --> 00:01:43.235
join the teams meeting.
We ask that you keep your laptop video on

00:01:43.235 --> 00:01:46.086
audio and off during the meeting as a
room.

00:01:46.086 --> 00:01:48.676
'S cameras and microphones will have
handled the broadcast.

00:01:49.276 --> 00:01:52.476
Public comment will be taken at a
designated time during the meeting.

00:01:52.476 --> 00:01:55.853
The meeting facilitator will call on
individuals in the order in which their

00:01:55.853 --> 00:01:56.116
hands.

00:01:57.236 --> 00:02:01.024
Individuals will have two minutes to
speak and will be asked to state the name

00:02:01.024 --> 00:02:03.996
and organizational affiliation at the
beginning of statement.

00:02:04.516 --> 00:02:06.938
With that,
I'll pass it on to Jacob to get into the

00:02:06.938 --> 00:02:07.636
meeting agenda.

00:02:09.276 --> 00:02:13.036
Thank you.

I think you can jump to slides forward.

00:02:13.956 --> 00:02:18.520
I just want to say thank you all for for
coming here in person today and thanks

00:02:18.520 --> 00:02:20.916
for the folks who have joined us remotely.

00:02:21.236 --> 00:02:24.716
Welcome to the September Implementation
Advisory Committee meeting.

00:02:24.716 --> 00:02:29.682
It's our first committee meeting since
we've joined the Department of Healthcare

00:02:29.682 --> 00:02:34.156
Access and Information and it is our
first committee meeting on fees so.

00:02:34.926 --> 00:02:38.304
Wish us luck here and have a you know a
little bit of patience with us as we

00:02:38.304 --> 00:02:39.006
experience this.

00:02:39.396 --> 00:02:43.316

For the first time together,
we have a really good agenda ahead of us.

00:02:43.316 --> 00:02:47.556
So today we're gonna be talking about a
couple of informational items.

00:02:47.556 --> 00:02:51.200
Updates really.
Looking at some refresh data to get a

00:02:51.200 --> 00:02:56.599
sense of how the DXF is impacting health
and social service exchange across the

00:02:56.599 --> 00:02:59.500
state.
We have a brief talk of of analysis

00:02:59.500 --> 00:03:05.236
follow up from our last committee meeting
where we discussed the participant survey.

00:03:06.006 --> 00:03:08.286
And we'll have two discussion items for
the group today.

00:03:08.366 --> 00:03:09.126
A brief 1.

00:03:09.516 --> 00:03:13.735
We actually will look at the DXF
definition of treatment and how that's

00:03:13.735 --> 00:03:18.246
recently diverged from the federal
initiative with with Teva and really just

00:03:18.246 --> 00:03:22.992
an opportunity to take a step back and
reflect on our position relative to these

00:03:22.992 --> 00:03:26.566
federal initiatives and where it makes
sense to align where.

00:03:26.566 --> 00:03:30.922
It makes sense to diverge,
and in the meat of the conversation we'll

00:03:29.236 --> 00:03:34.636
The conversation will be taking time to
actually discuss these stakeholder

00:03:30.922 --> 00:03:35.657
be taking some time to actually discuss
stakeholder feedback on our recent

00:03:34.636 --> 00:03:37.156
feedback on our proposed amendment.

00:03:35.657 --> 00:03:38.876
proposed amendments to the technical
requirements.

00:03:38.956 --> 00:03:40.676
For exchange policy and procedure.

00:03:39.326 --> 00:03:39.686
For policy.

00:03:42.116 --> 00:03:42.996
Next slide please.

00:03:42.206 --> 00:03:42.606
Excellence.

00:03:44.886 --> 00:03:46.886
I wanted to introduce our speakers.

00:03:45.026 --> 00:03:51.106
I wanted to introduce speakers today
about here with Scott Christopher.

00:03:46.886 --> 00:03:50.966
Today we have here with us Scott Prson.

00:03:51.486 --> 00:03:55.183
He is the chief deputy director here at
the healthcare Access and information and

00:03:51.666 --> 00:03:53.066
He is the chief deputy director.

00:03:55.183 --> 00:03:57.166
we're we're happy to have him here with
us.

00:03:58.926 --> 00:04:00.646
We have rimco in the room.

00:04:00.646 --> 00:04:06.526
He is an independent HIE consultant and
so much more for this team.

00:04:06.526 --> 00:04:11.846
Many of you on this call know him and and
lastly, virtually we have Cindy Barrow.

00:04:12.276 --> 00:04:16.954
Who is also a consultant with this team
and and really a valuable member who's

00:04:16.954 --> 00:04:19.796
gonna help us look at some of the updated
data.

00:04:20.276 --> 00:04:21.036
Next slide please.

00:04:23.916 --> 00:04:26.156
And and we can actually jump one more.

00:04:26.276 --> 00:04:30.363
So it's it's a nice opportunity to take a
quick step back and talk about the vision

00:04:30.363 --> 00:04:33.476
of the data exchange framework and really
why we're here today.

00:04:33.876 --> 00:04:38.838
This was developed several years ago,
but I think the principles still really

00:04:38.838 --> 00:04:43.482
hold and and and we, you know,
believe that every California should have

00:04:43.482 --> 00:04:48.317
confidence that when they go to their
doctor's office and when they go to a

00:04:48.317 --> 00:04:49.716
social service agency.

00:04:50.446 --> 00:04:51.046
When they.

00:04:50.836 --> 00:04:52.996
A visit in the merchant.

00:04:52.356 --> 00:04:56.705
Visit an emergency room that all of their
providers will have access to.

00:04:54.076 --> 00:04:58.036
All of their provisions will have access
to employees of the data they need.

00:04:56.705 --> 00:05:00.636
All of the data they need to provide safe,
effective person care.

00:05:02.326 --> 00:05:05.160
In and,
the goal is to keep that data private and

00:05:02.466 --> 00:05:04.906
And and the goal is that they have
privacy.

00:05:05.160 --> 00:05:06.406
secure the whole time.

00:05:06.806 --> 00:05:13.166
Now we're all here today to advance that
mission to all that mission together.

00:05:07.046 --> 00:05:09.206
Now we're all here today to.

00:05:10.806 --> 00:05:12.686
Dance Madison to all definition.

00:05:14.476 --> 00:05:17.676
Pass it over to Scott. Who else?

00:05:14.966 --> 00:05:17.697
And so with that,
I'm actually just going to pass it over

00:05:17.697 --> 00:05:19.486
to Scott, who has a few brief remarks.

00:05:20.086 --> 00:05:22.566
Great scientific appreciation welcome.

00:05:21.176 --> 00:05:22.256
Thanks. I appreciate it.

00:05:22.256 --> 00:05:23.816
Welcome. Good morning, everybody.

00:05:23.156 --> 00:05:24.036
Good morning, everybody.

00:05:23.816 --> 00:05:25.176
It's good to see you here.

00:05:24.036 --> 00:05:27.619
It's good to see you again.
And as Jacob said,

00:05:26.576 --> 00:05:31.447
Glad to have you here at the Hki
headquarters to host the host.

00:05:27.619 --> 00:05:33.335
glad to have you here at the Hki
headquarters to host to host this meeting

00:05:31.447 --> 00:05:37.611
This meeting of the advisory committee.
We're excited about two months in to the

00:05:33.335 --> 00:05:35.316
of the advisory committee.

00:05:35.316 --> 00:05:35.966
It works out.

00:05:35.966 --> 00:05:39.405
I work about two months in the endeavor,
you know,

00:05:37.611 --> 00:05:38.296
endeavor.

00:05:39.405 --> 00:05:44.665
honored that tally to just agency asked
us to kind of be responsible and work

00:05:44.665 --> 00:05:48.036
with Jacob in the next days of the data
exchange.

00:05:48.766 --> 00:05:49.086
Framework program.

00:05:50.766 --> 00:05:52.046
We think it's a really good fit.

00:05:52.276 --> 00:05:57.116
With our broader portfolio of programs
here at HI.

00:05:58.686 --> 00:06:03.686
This nicely in with our mission around
expanding access to affordable and

00:06:03.686 --> 00:06:06.726
equitable quality health care in
California.

00:06:07.126 --> 00:06:10.247
So again,
the the transition integration process

00:06:10.247 --> 00:06:13.368
continues.
I think many of you are aware that we

00:06:13.368 --> 00:06:18.591
we've sort of taken taken up a listening
tour and we're we're we're we're wanting

00:06:18.591 --> 00:06:21.966
to hear from many stakeholders across the
community.

00:06:23.316 --> 00:06:28.549
Just to assimilate that into our own
planning again for kind of the next steps

00:06:28.549 --> 00:06:29.476
going forward.

00:06:29.476 --> 00:06:30.556
So we're doing that now.

00:06:30.556 --> 00:06:36.210
Appreciate all those you participated and we'll we'll continue those in the in the

00:06:36.210 --> 00:06:41.591
weeks to come and then you know it's basically compile that into a you know go

00:06:41.591 --> 00:06:46.835
forward plan in 2026 and and you know kind of fully bring Jacob and team and

00:06:46.835 --> 00:06:47.516
data exch.

00:06:47.516 --> 00:06:48.876
Framework into the broader.

00:06:49.646 --> 00:06:51.486
Portfolio broader structure here at HI.

00:06:52.236 --> 00:06:55.476
We think it's a really good fit and we're excited about that.

00:06:55.476 --> 00:06:56.716
So until then.

00:06:56.716 --> 00:06:59.236
Until that point, you know,
certainly business as usual.

00:06:59.236 --> 00:07:03.174
We don't want to disrupt other great
progress that's been that's been put in

00:07:03.174 --> 00:07:04.196
place and continues.

00:07:07.286 --> 00:07:10.185
To be here for today's program,
the agenda,

00:07:10.185 --> 00:07:14.204
look forward to discussion about impact
measurement surveys,

00:07:14.204 --> 00:07:18.420
definition of treatment or TEPCO
technical requirements policy.

00:07:18.420 --> 00:07:19.606
As Jacob laid out.

00:07:19.606 --> 00:07:21.526
So again, thank you all for being here.

00:07:21.526 --> 00:07:23.166
We appreciate your your participation.

00:07:24.236 --> 00:07:26.076
And Jacob,
I'm gonna turn it back over to you.

00:07:26.236 --> 00:07:27.756
Great. Great.

00:07:27.756 --> 00:07:32.371
So we are gonna get over to Cindy to take
a look at impact measurement before we do.

00:07:32.371 --> 00:07:35.845
My ask is just that for any panelist
who's joining us remotely,

00:07:35.845 --> 00:07:38.396
we encourage you to have your camera on
today.

00:07:38.396 --> 00:07:42.276
We have two great discussion items and
for the spirit of engagement and.

00:07:44.006 --> 00:07:46.545
Just a really nice conversation.
If you can turn your camera on,

00:07:46.545 --> 00:07:47.326
that'd be wonderful.

00:07:49.156 --> 00:07:49.716
OK.

00:07:49.716 --> 00:07:50.476
I'll pick it up to you.

00:07:51.336 --> 00:07:52.616
Great. Thank you very much.

00:07:54.086 --> 00:07:55.926
Maybe we could move forward to the next
slide.

00:07:59.286 --> 00:08:04.006
Great. So for a number of meetings now,
we've talked about impact measurement.

00:08:04.006 --> 00:08:08.266
This slide is just to remind us about why
we do that and actually the vision

00:08:08.266 --> 00:08:11.806
statement that we just walked through is
another good reminder.

00:08:11.806 --> 00:08:16.901
You know the data exchange framework has
an objective which is to improve data

00:08:16.901 --> 00:08:20.384
exchange and and contribute to the
overall, you know,

00:08:20.384 --> 00:08:23.286
health and well-being of of Californians
so.

00:08:24.086 --> 00:08:28.486
We need to measure and understand how
what kind of impact this is having.

00:08:28.876 --> 00:08:33.143
And and how's how the data exchange
framework is meeting some of its goals

00:08:33.143 --> 00:08:33.996
and its vision.

00:08:34.036 --> 00:08:37.259
In addition,
we use the data exchange framework to

00:08:37.259 --> 00:08:40.860
help us, you know,

communicate the value and the the the

00:08:40.860 --> 00:08:45.156
progress that's being made to
participants, legislators and others.

00:08:42.606 --> 00:08:42.806
Is it?

00:08:45.156 --> 00:08:49.813
We're also using impact measurement to
see where we have things that are that

00:08:49.813 --> 00:08:52.797
are working well,
where we have opportunities for

00:08:52.797 --> 00:08:56.916
improvement and also to identify sort of
future goals that might be.

00:08:57.646 --> 00:08:58.846
You know, in the in the.

00:08:59.276 --> 00:09:01.636
Path ahead for the data exchange
framework.

00:09:01.636 --> 00:09:05.426

So for all those reasons,
we are measuring the data exchange

00:09:05.426 --> 00:09:10.271
framework and I'm here today to share
with you data that was collected in the

00:09:10.271 --> 00:09:12.196
the second quarter of the year.

00:09:12.196 --> 00:09:16.828
So it was the period ending June 30th
wanted to share with you what we saw,

00:09:16.828 --> 00:09:19.996
what we learned and get your thoughts and
feedback.

00:09:21.486 --> 00:09:22.766
So we can go to the next slide.

00:09:24.366 --> 00:09:27.806
One of the first things we typically look
at is the number of participants.

00:09:28.116 --> 00:09:32.455
It's it's a.
It's a good sort of structural measure of

00:09:32.455 --> 00:09:33.796
of participation.

00:09:34.236 --> 00:09:38.818
We continue to have strong participation
across all sectors,

00:09:38.818 --> 00:09:44.676
particularly ambulatory care with more
than 4000 participating organizations.

00:09:46.126 --> 00:09:50.163
They represent, you know,
these different different organization

00:09:50.163 --> 00:09:54.572
types. And as I, as I noted,
the ambulatory care group is particularly

00:09:54.572 --> 00:09:55.006
strong.

00:09:54.966 --> 00:09:55.126
Yeah.

00:09:56.726 --> 00:09:57.926
We go to the next slide.

00:09:58.316 --> 00:10:02.962

We have started to look at these
participants over time and have noted it.

00:10:02.962 --> 00:10:05.996
You know,
it's sort of leveled off a little bit.

00:10:06.066 --> 00:10:11.676
So the last quarter was very consistent
with the three quarters before that.

00:10:11.676 --> 00:10:16.193
I will note that you know that is not
there is some movement,

00:10:16.193 --> 00:10:21.949
there are some new participants joining,
but it's largely offset by those that

00:10:21.949 --> 00:10:26.466
have either ceased operations or had to
revoke their their D.

00:10:27.186 --> 00:10:31.746
So in essence, it's, you know,
pretty stable at this point in time.

00:10:31.746 --> 00:10:34.234
I think there's opportunity for for

future growth,

00:10:34.234 --> 00:10:35.746
so we'll keep our eyes on this.

00:10:35.946 --> 00:10:37.466
As we move forward.

00:10:38.956 --> 00:10:44.932
Another indication of of participant
engagement is the the percentage of folks

00:10:44.932 --> 00:10:49.545
that have filled out their participant
directory selections.

00:10:49.545 --> 00:10:55.067
If we can go to the next slide,
we could see that that continues to move

00:10:55.067 --> 00:10:55.596
upward.

00:10:55.596 --> 00:10:57.476
So there's still room to grow.

00:10:58.076 --> 00:11:01.676
We still need to get the word out to some
of these organizations.

00:11:01.676 --> 00:11:03.156
Some of them will be.

00:11:04.236 --> 00:11:05.356
Are not you know?

00:11:05.746 --> 00:11:11.599
Have delayed exchange till January of 26
and so we would expect them to be filling

00:11:11.599 --> 00:11:17.098
out their directory entries shortly.
But as we could see some of the outreach

00:11:17.098 --> 00:11:22.316
and the work done by the DXF team is
getting the message across and we're

00:11:22.316 --> 00:11:23.796
seeing more and more.

00:11:23.826 --> 00:11:28.056
Of participants getting those entries up
to date,

00:11:28.056 --> 00:11:34.146
when we look at the participants
directory itself and their selections.

00:11:34.346 --> 00:11:39.126
When we go to the next slide,
we'll notice that that a lot of them are

00:11:39.126 --> 00:11:43.435
using our qualified health information
organizations or QHI OS.

00:11:43.435 --> 00:11:46.666
These are the organizations that we
identified.

00:11:48.076 --> 00:11:53.038
It's almost two years now to help
participants meet their data sharing

00:11:53.038 --> 00:11:53.876
obligations.

00:11:54.116 --> 00:12:00.196
So they are providing a very valuable
service to 2/3 of the participants.

00:12:01.146 --> 00:12:03.106
We'll also note that.

00:12:04.756 --> 00:12:08.622
That national networks,

which with which the DXF is highly

00:12:08.622 --> 00:12:11.440
aligned,
also represents a fair portion of

00:12:11.440 --> 00:12:15.634
exchange for requests for information and
information delivery,

00:12:15.634 --> 00:12:20.941
noting that the national networks really
aren't supporting event notification at

00:12:20.941 --> 00:12:21.596
this time.

00:12:21.596 --> 00:12:27.758
So it's it's not really an option there,
but again this is a real validation of

00:12:27.758 --> 00:12:30.916
the QHI OS on the services that they are.

00:12:31.426 --> 00:12:32.466
Are providing.

00:12:34.476 --> 00:12:39.584
And then continuing on that theme with

the QHIO program, as we noted,

00:12:39.584 --> 00:12:45.130
we have 9 qualified health organizations,
health information organizations,

00:12:45.130 --> 00:12:47.756
they cover the state pretty broadly.

00:12:48.276 --> 00:12:53.655
They are processing a lot of data on
behalf of all the participants,

00:12:53.655 --> 00:12:59.813
so more than 50 million requests for
information were shared during the second

00:12:59.813 --> 00:13:00.436
quarter.

00:13:01.146 --> 00:13:06.496
And also in that other area that is
increasingly important to us,

00:13:06.496 --> 00:13:10.386
which is the event notification more than
1000.

00:13:12.116 --> 00:13:16.916

Participants are currently subscribing to
these event notifications.

00:13:17.476 --> 00:13:20.076
Let me give you a there you go. Thank you.

00:13:22.116 --> 00:13:26.221
And through that service,
they have identified 41 million

00:13:26.221 --> 00:13:30.396
individuals for whom they wish to be
notified if an event.

00:13:30.666 --> 00:13:33.606
Occurs an event being an admission,
a discharge,

00:13:33.606 --> 00:13:35.946
a transfer from an acute care facility.

00:13:36.386 --> 00:13:41.049
So this this is a growing service and
providing increasing value to to

00:13:41.049 --> 00:13:46.171
organizations that want to provide the
best possible care to people when they

00:13:46.171 --> 00:13:48.666
have a significant event of this type.

00:13:48.666 --> 00:13:52.986
So this is this is a a nice service to
see.

00:13:55.106 --> 00:13:59.027
If we continue on,
we also have been looking closely at the

00:13:59.027 --> 00:14:03.666
grants program and how that is supporting
the data exchange framework.

00:14:03.666 --> 00:14:06.906
The grants program is well underway,
as you know.

00:14:06.906 --> 00:14:13.052
You see here we have more than 770
organizations who are receiving grants,

00:14:13.052 --> 00:14:19.279
63% of them are getting ATA Grant
Technical Assistance Grant where they are

00:14:19.279 --> 00:14:22.146
using the funds to support various.

00:14:23.556 --> 00:14:24.356
Capabilities.

00:14:24.506 --> 00:14:30.120
That they need to meet their exchange
requirements and then 37% of them are on

00:14:30.120 --> 00:14:35.023
boarding to aqhao again another
indication and and reflection on the

00:14:35.023 --> 00:14:37.226
importance of the QHIO program.

00:14:38.676 --> 00:14:43.076
If we look at the progress that these
grantees have made, next slide, please.

00:14:44.836 --> 00:14:47.864
They are. We see that about, you know,
four,

00:14:47.864 --> 00:14:53.178
a little over 40% of the grantees have
met both of their milestones the grants

00:14:53.178 --> 00:14:53.716
require.

00:14:54.866 --> 00:15:01.644
A grantee meet two milestones in order to receive their their grant funds and 4041%

00:15:01.644 --> 00:15:05.436
of the grantees have met those two milestones.

00:15:05.436 --> 00:15:11.325
Another 49% have met one milestone and are on on their way to the second

00:15:11.325 --> 00:15:13.826
milestone and we have 10% that.

00:15:13.826 --> 00:15:17.040
Are that are still working towards that first milestone,

00:15:17.040 --> 00:15:18.506
but lots of nice progress.

00:15:19.236 --> 00:15:21.716
Relative to the last quarter where we share this data.

00:15:22.146 --> 00:15:25.226
So overall that's that's been going

really well.

00:15:26.586 --> 00:15:27.826
But let me pause there.

00:15:27.826 --> 00:15:31.661
So that just gives you a quick run
through of participants.

00:15:31.661 --> 00:15:33.706
The QHIO program grant progress.

00:15:33.826 --> 00:15:39.681
Let me pause and see if there are any
questions or comments or feedback on this

00:15:39.681 --> 00:15:40.266
Q2 data.

00:15:48.996 --> 00:15:50.596
I'll take no questions. That's good.

00:15:52.116 --> 00:15:56.196
We could maybe move on to the second
topic we have for today.

00:15:56.476 --> 00:16:00.607
Last time we met,
we shared with you the results from a

00:16:00.607 --> 00:16:04.516
participant survey that was conducted in
the spring.

00:16:06.076 --> 00:16:10.232
And with that survey,
with those initial survey results and the

00:16:10.232 --> 00:16:15.556
conversation that ensued at the at this
committee, a number of questions came up.

00:16:15.556 --> 00:16:18.156
So I wanted to follow up on those
questions.

00:16:18.586 --> 00:16:23.800
I didn't have answers then and share back
with you some of the the data that we

00:16:22.746 --> 00:16:22.906
Just.

00:16:23.800 --> 00:16:26.146
found in response to what you asked.

00:16:27.796 --> 00:16:32.122
So as a again quick reminder on some of

the basics.

00:16:32.122 --> 00:16:38.944
The survey was conducted in the spring.
We sent an online link to signatories and

00:16:34.266 --> 00:16:34.346
It.

00:16:38.944 --> 00:16:42.937
they they completed it in late May,
early June,

00:16:42.937 --> 00:16:45.516
we had about 14% response rate.

00:16:43.326 --> 00:16:43.566
Select.

00:16:45.556 --> 00:16:47.076
It was a brief survey.

00:16:47.076 --> 00:16:48.676
It was only 6 minutes to complete.

00:16:49.026 --> 00:16:53.428
On average,
and I was happy that 50% of the survey

00:16:53.428 --> 00:16:59.986
respondents were involved directly in
patient care or or services delivery.

00:17:00.026 --> 00:17:05.169
So we have, you know,
we had people who are actually involved

00:17:05.169 --> 00:17:11.224
in using data on a daily basis and that
92% of these respondents have an

00:17:11.224 --> 00:17:15.786
electronic record system to manage the
data that they.

00:17:16.476 --> 00:17:17.436
Have on the individuals they serve.

00:17:19.066 --> 00:17:22.466
So one of the first questions is like,
what, what does that mean?

00:17:22.466 --> 00:17:23.026
What do they have?

00:17:23.026 --> 00:17:25.906
What kind of electronic record system do
they have?

00:17:26.186 --> 00:17:30.395
I want to just comment that electronic
record system is just it could be a

00:17:30.395 --> 00:17:33.538
laboratory information system,
it could be a, you know,

00:17:33.538 --> 00:17:37.466
eligibility and claim system,
it could be a behavioral health system.

00:17:37.706 --> 00:17:42.951
It's just any electronic solution that
helps you manage the data on the people

00:17:42.951 --> 00:17:43.946
that you serve.

00:17:43.986 --> 00:17:45.586
It is not specifically.

00:17:46.236 --> 00:17:47.436
An electronic health record.

00:17:47.626 --> 00:17:50.878
EHR,
that is that the the clinical community

00:17:50.878 --> 00:17:52.106
is familiar with.

00:17:52.106 --> 00:17:57.277
It's just really a a record system,
so 92% of the people have some sort of

00:17:57.277 --> 00:17:58.586
electronic systems.

00:17:58.586 --> 00:17:59.466
That's great.

00:17:59.626 --> 00:18:00.546
8% don't.

00:18:00.586 --> 00:18:03.978
That's unfortunate,
but but so that you know it's

00:18:03.978 --> 00:18:09.066
participating in data exchange is a lot
harder if you don't have a system.

00:18:09.066 --> 00:18:12.466
So that'll help us understand some of the
data a little bit better.

00:18:13.196 --> 00:18:16.636
But the question was sort of tell me more
about these electronic records.

00:18:17.066 --> 00:18:19.918
System.
So that's the deeper dive that I did on

00:18:19.918 --> 00:18:21.106
the following slide.

00:18:22.796 --> 00:18:26.196
Where we basically on the left hand side
here.

00:18:28.036 --> 00:18:33.255
41% of the respondents reported the use
of multiple electronic record systems,

00:18:33.255 --> 00:18:38.342
so they maybe have an EHR and a lab
information system and a care management

00:18:38.342 --> 00:18:41.447
system.
They have multiples so you can see the

00:18:41.447 --> 00:18:46.798
distribution there of how many different

electronic record systems they reported

00:18:46.798 --> 00:18:46.996
so.

00:18:46.996 --> 00:18:48.436
It's fairly.

00:18:50.236 --> 00:18:51.156
It's a fair number.

00:18:52.066 --> 00:18:55.260
But 59% of those just said I have one
system,

00:18:55.260 --> 00:18:59.426
so there's some with many systems and
some with one system.

00:18:59.426 --> 00:19:02.766
And then as I said,
the 8% with no systems.

00:19:02.766 --> 00:19:09.143
So you could see the the pie chart on the
right gives you a breakdown of the people

00:19:09.143 --> 00:19:13.621
that have a certified EHR or EHR

electronic health record.

00:19:13.621 --> 00:19:17.796
And the reason I call that out is because
we're famil.

00:19:17.866 --> 00:19:20.186
With some of the capabilities that those
systems have.

00:19:21.596 --> 00:19:27.701
Another so that's three quarters,
16% have some other type of record system

00:19:27.701 --> 00:19:31.476
and then the 8% that have that have no
system.

00:19:31.676 --> 00:19:37.656
So that gives us a better understanding
of the landscape of what capabilities the,

00:19:37.656 --> 00:19:41.330
you know,
organizations may have to participate in

00:19:41.330 --> 00:19:46.516
data exchange before I move on any
further questions on that breakdown.

00:19:54.296 --> 00:19:54.856
OK.

00:19:54.936 --> 00:19:56.336
We'll continue on then.

00:19:56.896 --> 00:20:01.136
So then there was question what will
which EHR are people using?

00:20:00.156 --> 00:20:00.476
Thank you.

00:20:01.496 --> 00:20:03.656
So on the next slide, Yep.

00:20:01.946 --> 00:20:06.986
Cindy, one question on the roof, one,
one question from the roof.

00:20:06.926 --> 00:20:07.366
Yeah.

00:20:07.556 --> 00:20:12.112
And if we get so for those that listed
multiple systems, did we get,

00:20:12.112 --> 00:20:17.064

did they provide that inventory of what types of systems or were they just

00:20:17.064 --> 00:20:21.752
medical records or information records systems, just multiple numbers,

00:20:21.752 --> 00:20:23.996
they did write? Any other details?

00:20:26.046 --> 00:20:29.566
So we asked them to identify the type of system they have.

00:20:29.566 --> 00:20:33.993
Some of them said I have an electronic health record and I have a lab

00:20:33.993 --> 00:20:38.925
information system and I have a case management system and I have a you know,

00:20:38.925 --> 00:20:40.126
so they identified.

00:20:41.566 --> 00:20:46.424
The system by its class or category.
So I do have data so that you know the

00:20:46.424 --> 00:20:51.409
people that said they had five systems.
They they identified from a checklist

00:20:51.409 --> 00:20:53.326
which type of system they had.

00:20:54.026 --> 00:20:55.386
Does that answer your question?

00:20:55.196 --> 00:20:57.756
Were there some ways?

00:20:57.756 --> 00:21:01.497
Part 2. Question is,
were there multiple organizations that

00:20:59.316 --> 00:20:59.756
Yeah.

00:21:01.497 --> 00:21:05.736
presented where they have multiple
medical record systems that were

00:21:05.736 --> 00:21:07.356
different within the same?

00:21:06.006 --> 00:21:08.646
That I did that I yeah.

00:21:08.646 --> 00:21:09.046
OK.

00:21:09.046 --> 00:21:14.413
So I saw that someone said yes,
I am an EHR and then I asked them on a

00:21:14.413 --> 00:21:17.966
subsequent question tell me which EHR you
use.

00:21:17.966 --> 00:21:21.366
So if they had multiple EHRs,
they would have to pick one of those.

00:21:21.366 --> 00:21:24.526
But I don't know that I could distinguish
if they had multiple EHRs.

00:21:26.706 --> 00:21:27.306
Thank you.

00:21:27.636 --> 00:21:27.996
OK.

00:21:31.086 --> 00:21:34.926
Actually, I do have a question.
I've got another question here Cindy.

00:21:35.296 --> 00:21:35.736
Yep.

00:21:36.836 --> 00:21:39.544
Yeah,
just just I assume that you deduplicated

00:21:39.544 --> 00:21:41.676
responses from the same organization.

00:21:42.426 --> 00:21:42.746
Yes.

00:21:43.606 --> 00:21:48.006
And then the response rate remind me
about what the response rate was.

00:21:48.486 --> 00:21:49.726
Do we have a sense of how many?

00:21:48.706 --> 00:21:50.626
13.8%.

00:21:51.766 --> 00:21:52.126
OK.

00:21:52.286 --> 00:21:55.672
So, OK,

so we don't know how represented that is

00:21:55.672 --> 00:21:56.846
across the state.

00:21:57.806 --> 00:21:58.126
Correct.

00:21:59.806 --> 00:22:00.446
Did we?

00:22:00.446 --> 00:22:04.526
Did we get a break of of that from a
participant type?

00:22:06.836 --> 00:22:07.316
Thanks.

00:22:07.056 --> 00:22:09.816
Is that 13813.8% is made-up of?

00:22:11.686 --> 00:22:12.886
What types of participants?

00:22:16.086 --> 00:22:19.446
Like BCMCS hospitals, clinics.

00:22:16.316 --> 00:22:21.556
We yeah, we did get that.

00:22:21.556 --> 00:22:25.916
I don't have that on the slides today,
but I can follow up with that.

00:22:33.196 --> 00:22:33.516
OK.

00:22:35.326 --> 00:22:39.005
I'm hopeful.
I mean our our hope is to repeat this

00:22:39.005 --> 00:22:44.921
once a year to do this type of survey to
get a better understanding of their data

00:22:44.921 --> 00:22:47.806
exchange experience and what's going on.

00:22:47.806 --> 00:22:50.461
So we, you know,
every the questions that you ask,

00:22:50.461 --> 00:22:54.208
we will factor into the next survey to
make sure that we can, you know,

00:22:54.208 --> 00:22:56.966
capture and stratify the data in that in

those ways.

00:23:01.356 --> 00:23:01.836
OK.

00:23:02.236 --> 00:23:04.236
So we did ask.

00:23:04.836 --> 00:23:09.159
I went and looked into the data further
based on the discussion at the last

00:23:09.159 --> 00:23:13.596
committee meeting about the types of
electronic health records that are used.

00:23:13.836 --> 00:23:18.660
So the next slide gives us a breakdown
for those who are willing to share what

00:23:18.660 --> 00:23:19.636
record they use.

00:23:19.636 --> 00:23:23.036
They did give us the the distribution by
record type.

00:23:25.686 --> 00:23:25.726
B.

00:23:28.196 --> 00:23:28.556
OK.

00:23:34.376 --> 00:23:34.816
Are you?

00:23:34.816 --> 00:23:36.336
Can you move forward to?

00:23:39.076 --> 00:23:42.770
OK.
Are you seeing the EHR used by

00:23:42.770 --> 00:23:44.036
respondents?

00:23:45.676 --> 00:23:46.036
We are.

00:23:46.666 --> 00:23:51.858
OK, great. All right. So as you can see,
and I'm wasn't totally surprised by this,

00:23:51.858 --> 00:23:56.736
I'd be interested in in whether this
reflects what you see in the environment

00:23:56.736 --> 00:23:56.986

but.

00:23:59.206 --> 00:24:04.776
Epic was named a fair number of times,
all followed by Eclinical works,

00:24:04.776 --> 00:24:06.246
Athena and NextGen.

00:24:06.286 --> 00:24:08.686
And then it starts to fall off from there.

00:24:10.606 --> 00:24:15.846
But this feels to me like what I see in a
lot of across the country.

00:24:12.566 --> 00:24:12.886
Yes.
a00:24:16.156 --> 00:24:18.956
He's a distribution of electronic records
use.

00:24:20.446 --> 00:24:20.606
Bots.

00:24:29.746 --> 00:24:30.266
OK.

00:24:33.716 --> 00:24:37.276

So the other thing we asked the.

00:24:39.236 --> 00:24:44.549
Respondents to indicate is how often do you seek information from other

00:24:44.549 --> 00:24:46.836
organizations on the left side?

00:24:46.836 --> 00:24:50.516
Here you see how often they seek help information on the right.

00:24:50.516 --> 00:24:53.956
You see how often they go looking for social services information.

00:24:55.446 --> 00:24:58.246
They, you know, health, searching for health information.

00:24:58.246 --> 00:24:59.766
It happens more often.

00:24:59.846 --> 00:25:02.726
That's not terribly surprising, but then?

00:25:04.446 --> 00:25:08.486
The question that came up is is following. This is how do you.

00:25:08.796 --> 00:25:12.454
Search for information O if you go to the
next slide,

00:25:12.454 --> 00:25:15.773
you'll see if we focus in on health
information,

00:25:15.773 --> 00:25:18.956
there's a lot of data on here and I
apologize.

00:25:18.956 --> 00:25:19.916
It's a busy slide.

00:25:21.406 --> 00:25:27.014
But on the left hand side you'd see that
the you know 90% of respondents who say

00:25:27.014 --> 00:25:30.406
yeah, I go,
I go looking for health information.

00:25:30.446 --> 00:25:31.806
How do they go looking?

00:25:32.246 --> 00:25:37.307
And then on the right hand side,
how does it come back to you after you go

00:25:37.307 --> 00:25:37.846
looking?

00:25:37.966 --> 00:25:38.606
We notice.

00:25:39.156 --> 00:25:41.876
And talked about at our last meeting.

00:25:42.076 --> 00:25:44.276
Gosh, it's kind of interesting that.

00:25:45.766 --> 00:25:51.766
That e-mail and phone calls and portals
and websites is so dominant as in as a

00:25:51.766 --> 00:25:56.246
frequently used method to request and
receive information.

00:25:57.886 --> 00:26:00.881
That's surprising, you know,
given the the,

00:26:00.881 --> 00:26:06.053
the goals really are to to move this more
towards a systems based exchange.

00:26:06.053 --> 00:26:08.366

And so the follow up question was?

00:26:08.676 --> 00:26:11.212
Well,
if I focus in on the people that have an

00:26:11.212 --> 00:26:13.316
electronic health record, is it better?

00:26:13.316 --> 00:26:14.996
Is it more electronic?

00:26:15.236 --> 00:26:20.266
So in the next slide, we did,
we focused in on the people that have an

00:26:20.266 --> 00:26:22.036
electronic health record.

00:26:23.526 --> 00:26:28.987
And then particularly those that you know
who who are seeking information with an

00:26:28.987 --> 00:26:32.650
electronic health record,
how does this method change?

00:26:32.650 --> 00:26:36.246
And the interesting part was it doesn't
change a lot.

00:26:37.966 --> 00:26:38.806
It gets a little.

00:26:39.276 --> 00:26:40.316
Little bit better.

00:26:41.806 --> 00:26:44.780
In that you know that that they have a
EHR,

00:26:44.780 --> 00:26:48.766
there's a few more people in the that
that move away from.

00:26:50.406 --> 00:26:54.806
Maybe phone calls and portals,
but it really doesn't change dramatically.

00:26:56.446 --> 00:27:00.642
And I think that that my interpretation
of this is that, you know,

00:27:00.642 --> 00:27:05.589
if I'm looking to get information and I'm
seeking information from someone who

00:27:05.589 --> 00:27:08.406
doesn't supply it in an easy way,
I'm still.

00:27:08.916 --> 00:27:13.751
Down to sort of the method that they use,
so I might requested electronically,

00:27:13.751 --> 00:27:16.076
but I'm receiving it through a portal.

00:27:16.076 --> 00:27:19.809
It's just,
it's just I think it's sort of everyone's

00:27:19.809 --> 00:27:25.444
sort of held back to whatever the the
minimum standard is that all both parties

00:27:25.444 --> 00:27:25.796
have.

00:27:27.966 --> 00:27:28.766
Does that make sense?

00:27:33.256 --> 00:27:36.696
I did think it was gave me optimism
though.

00:27:36.696 --> 00:27:40.846
Is that the, you know,
the folks that have an electronic health

00:27:40.846 --> 00:27:42.856
record like center column here?

00:27:44.366 --> 00:27:48.126
Their reliance on their EHR starts to
increase a little bit.

00:27:49.806 --> 00:27:54.190
So that suggests that if more
organizations can move to a record system

00:27:54.190 --> 00:27:59.122
that has some of the capabilities that we
see in, in EHRs that we may, you know,

00:27:59.122 --> 00:28:02.166
get a little bit further away from phone
and fax.

00:28:04.546 --> 00:28:05.986
Can you hold on for one second?

00:28:06.226 --> 00:28:07.106
There's a question here.

00:28:06.426 --> 00:28:06.866
Yep.

00:28:07.106 --> 00:28:10.845
And also I know there's some muting and

unmuting happening if we can just let

00:28:10.845 --> 00:28:13.528
Akira 'cause.
There's a lot of background noise in this

00:28:13.528 --> 00:28:15.733
room,
so people on the zoom are having or the

00:28:15.733 --> 00:28:17.506
teams are having a hard time hearing.

00:28:17.626 --> 00:28:20.986
So if we can let Akira mute unmute button.

00:28:17.906 --> 00:28:18.226
OK.

00:28:22.566 --> 00:28:25.846
That would help coordinate a lot of
bleeps and bloops.

00:28:26.006 --> 00:28:27.926
Yeah. OK.

00:28:27.926 --> 00:28:30.686
Just a comment more than a question about
that.

00:28:30.846 --> 00:28:33.966
I know my medical system will also call
and fax.

00:28:34.556 --> 00:28:37.196
Medical records,
even though I can get them electronically.

00:28:37.196 --> 00:28:41.676
So I'm wondering if this might vary by
type of respondent.

00:28:41.676 --> 00:28:43.796
Did you look at that to see if they were?

00:28:45.196 --> 00:28:46.476
But there's difference there.

00:28:46.886 --> 00:28:52.359
So those that have an EHR and if they're
a physician versus a administrative

00:28:52.359 --> 00:28:54.206
person, they may not know.

00:28:56.656 --> 00:28:58.896
Yeah, that's fair. I I think.

00:28:57.046 --> 00:28:58.526
So be interested to do that.

00:29:02.046 --> 00:29:06.033
Yeah.
I mean our audience that we were focused

00:29:06.033 --> 00:29:11.886
on is people who are directly involved in
care and service delivery.

00:29:11.926 --> 00:29:13.886
So you're right.

00:29:13.886 --> 00:29:18.768
Sometimes they may not be aware of what
is happening behind the scenes with their

00:29:18.768 --> 00:29:21.446
solutions to to move the information
around.

00:29:24.086 --> 00:29:25.526
So that's that's a possibility.

00:29:35.416 --> 00:29:38.983
See, you know,
if they were trying to get records

00:29:38.983 --> 00:29:39.696
digitally.

00:29:40.676 --> 00:29:43.516
Were they doing that over the national networks?

00:29:43.516 --> 00:29:47.996
Were they doing that with a direct connection to a Q?

00:29:47.996 --> 00:29:53.076
HIO getting more granular into looking at those successive failure rates.

00:29:54.566 --> 00:29:56.046
I know in our own world.

00:29:57.806 --> 00:30:01.334
You know,
in the doing the national networks,

00:30:01.334 --> 00:30:07.239
we get about a 40% return on demographics and it's and it's primarily around

00:30:05.626 --> 00:30:06.026
Yeah.

00:30:07.239 --> 00:30:09.846
patient matching on the endpoints.

00:30:11.396 --> 00:30:15.276

Which require you to probably run it 345 times.

00:30:15.586 --> 00:30:22.360
I was recently in doing a presentation for a group and I asked the room how many

00:30:22.360 --> 00:30:28.798
people had moved in the last year and probably 15 of us last three years and

00:30:28.798 --> 00:30:34.066
all those factors play into the ability to query and retrieve.

00:30:35.596 --> 00:30:38.396
From networks in places where you think data is.

00:30:40.156 --> 00:30:44.231
And there not being any standards across the system with regards to patient

00:30:44.231 --> 00:30:45.196
matching criteria.

00:30:47.146 --> 00:30:52.466
For the employees and transparency into that that it becomes an art assignment.

00:30:52.866 --> 00:30:56.346
So it'd be really good to kind of have
some feedback from.

00:30:58.676 --> 00:31:03.276
The ecosystem on that transaction type.

00:31:05.156 --> 00:31:05.956
It's great to do.

00:31:07.806 --> 00:31:11.506
I mean,
it raises an interesting question as to

00:31:11.506 --> 00:31:14.126
whether or not this survey should.

00:31:15.836 --> 00:31:20.044
Be sort of separated and there maybe be
two surveys,

00:31:20.044 --> 00:31:26.315
one for the care care delivery service
delivery audience and one for more of a

00:31:26.315 --> 00:31:30.920
technical audience.
Because I think the questions and the

00:31:30.920 --> 00:31:36.556

accuracy around how information is being exchanged should be a little.

00:31:37.486 --> 00:31:42.900
Might be a little better if you go to the the technical folks who understand what's

00:31:42.900 --> 00:31:47.283
happening behind the scenes, but I also don't want to lose sight of

00:31:47.283 --> 00:31:51.730
are we getting good quality, useful data in the hands of people that

00:31:51.730 --> 00:31:54.566
are making decisions for, you know, the CL.

00:31:54.556 --> 00:31:55.646
That they serve.

00:31:55.646 --> 00:32:01.144
So I I wonder if it should be really you know there should be two sides to this

00:32:01.144 --> 00:32:03.686
survey, one more technical, one more.

00:32:04.356 --> 00:32:04.676

Service delivery.

00:32:08.216 --> 00:32:08.816
Thoughts.

00:32:10.446 --> 00:32:15.762
I think you'll get a perception from the technical folks of how well the system

00:32:15.762 --> 00:32:20.479
works and then when you get the perception of people using the system,

00:32:17.336 --> 00:32:17.536
Mm-hmm.

00:32:20.479 --> 00:32:22.406
it will be another recession.

00:32:22.406 --> 00:32:23.846
Do those receptions align?

00:32:25.436 --> 00:32:27.596
So I think that that that would be a really key.

00:32:30.196 --> 00:32:32.236
Factor in understanding.

00:32:31.346 --> 00:32:31.826

Yeah.

00:32:34.436 --> 00:32:38.143
The further you get up,
the further you raise from the Direct

00:32:38.143 --> 00:32:39.996
Line of where people are doing.

00:32:40.816 --> 00:32:41.456
The word.

00:32:43.836 --> 00:32:46.036
The less accurate your answer is,
in my opinion.

00:32:50.466 --> 00:32:52.421
Yeah,
I think they're they're different

00:32:52.421 --> 00:32:56.232
questions in some ways to the if you're
talking to the person who's providing

00:32:56.232 --> 00:32:57.746
services, you wanna understand.

00:32:57.306 --> 00:32:57.546
Yep.

00:32:58.906 --> 00:33:00.466
Did the information get to you?

00:33:00.466 --> 00:33:01.786
Was it useful?

00:33:01.826 --> 00:33:04.906
Was it valuable on the for the technical
person?

00:33:04.906 --> 00:33:10.026
You're really looking at is the.
You know how was the information moving?

00:33:10.026 --> 00:33:14.346
So we have an accurate answer there,
but that's and let me we'll think about

00:33:14.346 --> 00:33:14.626
that.

00:33:14.626 --> 00:33:16.226
That's a that's an interesting.

00:33:17.716 --> 00:33:18.796
Interesting perspective.

00:33:19.136 --> 00:33:22.856
The delta is all usability and training
and things like that, right?

00:33:22.856 --> 00:33:27.453
And that's there's a lot of interest that
play into that. You know,

00:33:22.986 --> 00:33:23.986
Yeah, yeah.

00:33:27.453 --> 00:33:30.833
just because you have access to national
network,

00:33:30.833 --> 00:33:33.536
you know how to access it as a position.

00:33:33.536 --> 00:33:34.936
Yeah. Have you been trained?

00:33:34.936 --> 00:33:37.864
I mean,
there's all kinds of parameters to it,

00:33:37.864 --> 00:33:41.913
but I think just understanding the
perception of of you know is,

00:33:41.913 --> 00:33:43.096
is the DXF working?

00:33:43.796 --> 00:33:45.356

Yes, I think we're moving more data.

00:33:45.356 --> 00:33:47.556
I think we're being more interoperable,
I think.

00:33:48.316 --> 00:33:52.369
Access information is growing,
but when you get down to the real bottom

00:33:52.369 --> 00:33:56.927
line is it is it where we want it to be
and that's going to be the perception of

00:33:56.927 --> 00:33:59.516
the people that are actually seeing the
data.

00:33:59.836 --> 00:34:02.196
And I mean,
that's the way you've raised the question.

00:34:02.196 --> 00:34:06.675
We can help get to like our is the is the
DXF providing value for things like

00:34:06.675 --> 00:34:09.603
patient matching.
Are we getting better responses,

00:34:09.603 --> 00:34:14.196
better matches than you do on national network. So just being able to see that.

00:34:15.076 --> 00:34:16.196
Would actually show value pretty.

00:34:17.266 --> 00:34:17.666
Directly.

00:34:25.246 --> 00:34:25.646
OK.

00:34:27.116 --> 00:34:30.556
Why don't we move forward then to the next slide?

00:34:32.836 --> 00:34:33.516
We did.

00:34:33.516 --> 00:34:39.160
This is the slide that we shared with you at the last meeting where we asked people

00:34:39.160 --> 00:34:44.266
you know looking forward what data exchange challenges need to be addressed

00:34:44.266 --> 00:34:49.573
and you know people were able to choose

from a list that had multiple areas to

00:34:49.573 --> 00:34:52.596
explore, including more participation,
more.

00:34:52.796 --> 00:34:53.916
Timely etcetera.

00:34:54.226 --> 00:34:59.051
The question that came up when we shared
this last time was like, you know,

00:34:59.051 --> 00:35:02.986
could you go a little deeper on the the
more timely question?

00:35:04.556 --> 00:35:06.956
And you know why?

00:35:06.956 --> 00:35:10.191
Why people would think it was more timely?
Is it, you know,

00:35:10.191 --> 00:35:13.803
is there particular subset of the
population that is worried about

00:35:13.803 --> 00:35:14.396
timeliness?

00:35:14.556 --> 00:35:18.569
So if we go to the next slide,
we did a little bit of a deeper dive on

00:35:18.569 --> 00:35:22.299
the timeliness question.
The first thing I wanted to point out is

00:35:22.299 --> 00:35:23.316
that people could.

00:35:23.706 --> 00:35:28.234
Choose multiple options from this list
and there were a fair number of people

00:35:28.234 --> 00:35:32.937
that just went straight down the list of
here are all the things that need to be

00:35:32.937 --> 00:35:36.826
improved and they check them all like
everything could get better.

00:35:36.826 --> 00:35:40.830
So I don't not sure that they were
necessarily discriminating between where

00:35:40.830 --> 00:35:44.360
emphasis should be placed,

that that will have an impact on how we

00:35:44.360 --> 00:35:47.626
ask that question next time we may ask them to rank order it.

00:35:49.476 --> 00:35:53.796
But but 55% of the respondents clicked off.

00:35:54.146 --> 00:35:55.866
Yep, more timely.

00:35:57.876 --> 00:36:02.212
And then if you narrow that to, well, how many of these people are seeking

00:36:02.212 --> 00:36:05.969
information health information today, it's 57% of those thought,

00:36:05.969 --> 00:36:07.356
it could be more timely.

00:36:07.876 --> 00:36:12.255
So regardless of the method they use to extract health information,

00:36:12.255 --> 00:36:15.925
whether they're picking up the phone or

using their EHR,

00:36:15.925 --> 00:36:18.436
it all ended up being roughly the same.

00:36:20.196 --> 00:36:23.316
And then regardless of what method they receive health information.

00:36:23.906 --> 00:36:29.338
It all ended up being roughly the same, so I think this may be a reflection of

00:36:29.338 --> 00:36:34.906
the the question format in the fact that I people were allowed to choose as many

00:36:34.906 --> 00:36:39.513
options as they wanted from this air. These areas of future focus.

00:36:39.513 --> 00:36:40.956
So to get more value.

00:36:40.956 --> 00:36:45.313
Out of this question going forward, I think what we may do is again,

00:36:45.313 --> 00:36:48.974
as I mentioned,

ask them to rank order where the areas of

00:36:48.974 --> 00:36:50.426
future focus should be.

00:36:51.476 --> 00:36:52.236
So we didn't.

00:36:52.916 --> 00:36:53.996
We didn't get as much.

00:36:54.346 --> 00:36:57.466
Meaningfulness.
Out of this this particular question as.

00:36:58.956 --> 00:36:59.756
As I might have hoped.

00:37:01.636 --> 00:37:05.105
But I I guess this is the.
These are the areas that our last meeting

00:37:05.105 --> 00:37:07.116
that you had asked for a deeper dive on.

00:37:07.116 --> 00:37:12.383
So just wanted to is it the purpose of
this was to circle back and provide the

00:37:12.383 --> 00:37:16.516

additional information? As I said,
we are hoping to you know.

00:37:18.116 --> 00:37:19.436
Take our learnings from this year.

00:37:19.436 --> 00:37:22.836
Modify the survey a little bit,
but hopefully not lose too much.

00:37:24.596 --> 00:37:24.836
Continuity.

00:37:25.106 --> 00:37:29.440
With this 2025 survey,
so we can time together but administer

00:37:29.440 --> 00:37:31.466
the survey again next spring.

00:37:31.466 --> 00:37:33.466
So we could track over time.

00:37:33.466 --> 00:37:37.946
How did how did the responses to some of
these questions change?

00:37:39.646 --> 00:37:46.206
Any other comments or feedback on the
survey or the quarter 2 measures?

00:37:52.096 --> 00:37:52.696
Tender.

00:37:54.296 --> 00:37:54.896
Hi there.

00:37:54.896 --> 00:37:55.856
Thank you very much.

00:37:55.856 --> 00:38:00.736
I really appreciate this Cynthia,
and really just the survey is super

00:38:00.736 --> 00:38:03.803
encouraging and broad strokes on this
last,

00:38:03.803 --> 00:38:07.776
the slide around greater participation by
organizations.

00:38:10.756 --> 00:38:13.116
It it may be worth sort of.

00:38:15.556 --> 00:38:17.356
Breaking that question out a little bit.

00:38:19.196 --> 00:38:22.916
What is participation by organizations

look like, right?

00:38:22.916 --> 00:38:25.836
If you're a physician's office or you
just exchange it with a hospital.

00:38:26.146 --> 00:38:27.306
Or another physician.

00:38:27.346 --> 00:38:33.362
Similarly for health plans and we have to
test that our networks have particular

00:38:33.362 --> 00:38:39.005
for medical that our our networks are
quote UN quote compliant that they're

00:38:39.005 --> 00:38:43.981
signed to data exchange agreement.
But So what does that mean more

00:38:43.981 --> 00:38:48.956
granularly because it looks it looks good
if you know our network.

00:38:48.956 --> 00:38:50.986
Is saying that they've signed the DSA,
but.

00:38:51.836 --> 00:38:54.757

But if,
but without asking for the next level set

00:38:54.757 --> 00:38:55.516
of questions.

00:38:55.906 --> 00:39:00.286
Since it doesn't really provide
meaningful information in terms of what

00:39:00.286 --> 00:39:05.275
the quality of that participation looks
like so that we can figure out how better

00:39:05.275 --> 00:39:08.438
to, you know,
encourage the connections across more

00:39:08.438 --> 00:39:12.696
than just you know physician,
physician or health plan to hospital or

00:39:12.696 --> 00:39:13.426
whatever so.

00:39:14.916 --> 00:39:16.036
Thank you very much. Appreciate it.

00:39:17.136 --> 00:39:18.776
No, that's great insights.

00:39:21.716 --> 00:39:26.082
More, more food for thought. We you know.
I that'll be.

00:39:26.082 --> 00:39:29.356
That's an interesting subset of questions.

00:39:31.156 --> 00:39:31.676
Julia.

00:39:32.386 --> 00:39:32.826
Thank you.

00:39:32.946 --> 00:39:34.906
We also have one question from the room.

00:39:34.906 --> 00:39:35.546
Yeah. Thanks.

00:39:35.546 --> 00:39:36.946
Thanks, this is helpful.

00:39:36.946 --> 00:39:37.186
I just had a question.

00:39:37.186 --> 00:39:39.397
I don't know if this posts much to the
survey,

00:39:39.397 --> 00:39:42.267
but on the timely exchange of data we
have more information.

00:39:42.267 --> 00:39:46.030
Like I understand the question was just
asking people whether or to what extent

00:39:46.030 --> 00:39:48.806
that the challenge that should be
addressed in the future,

00:39:48.806 --> 00:39:49.746
but do we have more?

00:39:49.746 --> 00:39:53.496
Information about what people are
experiencing in terms of the untimelness

00:39:53.496 --> 00:39:54.346
of data exchange.

00:39:55.076 --> 00:39:56.625
Is that you know, like,
how long is it taking,

00:39:56.625 --> 00:39:57.316
are there particular?

00:39:57.746 --> 00:39:59.708

Types of entities that are struggling
with.

00:39:59.708 --> 00:40:03.231
I don't know if that's data we have from
another source or if we could include

00:40:03.231 --> 00:40:05.906
that in the survey in the future,
but that feels important.

00:40:08.966 --> 00:40:09.646
Thank you.

00:40:11.156 --> 00:40:14.783
I don't think there's anything in the
current survey that addresses some of

00:40:14.783 --> 00:40:17.313
those questions,
but that's another interesting Ave.

00:40:17.313 --> 00:40:18.076
to to expand on.

00:40:18.346 --> 00:40:18.426
On.

00:40:23.586 --> 00:40:27.602
Just have another question, Cindy,

but I think it's gonna be teamed up or

00:40:25.846 --> 00:40:26.286
Yeah.

00:40:27.602 --> 00:40:29.826
queued up for our future IC meeting, but.

00:40:31.356 --> 00:40:34.796
Managing the the DSA directory.

00:40:36.436 --> 00:40:39.856
And the organization's responsibilities
for doing so, it seems,

00:40:39.856 --> 00:40:43.916
to getting be getting outdated as people
transition to other organizations.

00:40:43.916 --> 00:40:46.916
I know one of the most recent ones is
Michael's, now at Sutter.

00:40:46.916 --> 00:40:50.436
Not UC Davis,
yet Michael is still on UC Davis.

00:40:51.026 --> 00:40:54.826
Right.
So is there gonna be an initiative that?

00:40:56.356 --> 00:40:59.152
Each guy is going to take as as to you know,

00:40:59.152 --> 00:41:03.935
refreshing that information from the participants and getting information to

00:41:03.935 --> 00:41:07.476
be accurate on there.
So people can make great contacts.

00:41:13.356 --> 00:41:13.836
Good feedback.

00:41:16.036 --> 00:41:16.316
OK.

00:41:16.316 --> 00:41:18.876
I think we can shift gears into our next topic.

00:41:20.096 --> 00:41:20.856
Thanks, Cindy.

00:41:20.856 --> 00:41:21.976
What are we up next?

00:41:24.796 --> 00:41:29.014

So next I think is me talking about
treatment purposes.

00:41:29.014 --> 00:41:34.738
One of the things that we hear often is
that we need to continue to monitor

00:41:34.738 --> 00:41:40.687
what's going on at the national level and
do what we can to make sure that DXF

00:41:40.687 --> 00:41:44.076
aligns are possible with the nationwide
net.

00:41:44.076 --> 00:41:45.516
And some of the initiatives there.

00:41:45.556 --> 00:41:50.075
So we're going to talk about one of those
today and we're looking for some feedback

00:41:50.075 --> 00:41:50.236
on.

00:41:51.156 --> 00:41:52.436
Especially if there are difficulties.

00:41:52.786 --> 00:41:56.952
Are being posed by some deviation in a

required purpose.

00:41:56.952 --> 00:42:02.871
If we go on to the next slide, please.
This is just a reminder that treatment is

00:42:02.871 --> 00:42:07.695
established as a required purpose in our
PMP's and the permitted,

00:42:07.695 --> 00:42:10.106
required and prohibited purposes.

00:42:10.306 --> 00:42:13.426
PNP and treatment is defined in the
glossary.

00:42:13.426 --> 00:42:16.386
I'm not going to read the definitions to
you here, but essentially.

00:42:17.836 --> 00:42:21.916
It lines with how treatment is defined.

00:42:22.386 --> 00:42:25.666
In both federal and California law.

00:42:28.316 --> 00:42:30.236
We go on to the next slide.

00:42:30.636 --> 00:42:37.954
The topic today is that Tefka has made
some changes to how treatment is defined

00:42:37.954 --> 00:42:43.076
within TEPCO.
So Tepca has now defined treatment twice.

00:42:43.596 --> 00:42:46.836
First, treatment has a purpose.

00:42:46.876 --> 00:42:51.796
It has the same meaning as HIPAA as it is
defined in HIPAA.

00:42:51.796 --> 00:42:53.316
So it aligns relatively well.

00:42:53.946 --> 00:42:57.694
Without treatment is defined under DXF.
However,

00:42:57.694 --> 00:43:04.119
Tekka has defined a new purpose that they
called TEPCO required treatment and it is

00:43:04.119 --> 00:43:09.320
only available to certain entities that
are participating on TEPCO,

00:43:09.320 --> 00:43:12.226
and I've listed the entities out here.

00:43:12.266 --> 00:43:16.346
Interestingly,
they are all healthcare entities.

00:43:16.386 --> 00:43:18.266
I believe you can look through.

00:43:19.036 --> 00:43:21.196
The institutes that are in the first
bullet there.

00:43:21.586 --> 00:43:25.586
They also define a very large category of
individuals.

00:43:27.476 --> 00:43:31.668
As a group identified as licensed
individual providers,

00:43:31.668 --> 00:43:36.757
but within the Tekka documents,
they list out exactly what types of

00:43:36.757 --> 00:43:41.921
individuals are included in there,
and then it also includes certain

00:43:41.921 --> 00:43:44.316
government health care entities.

00:43:44.476 --> 00:43:50.255
Those are the only organizations that can
declare a purpose of TEPCA required

00:43:50.255 --> 00:43:50.996
treatment.

00:43:53.506 --> 00:43:58.659
We go on to the next and at the bottom of
that slide you can find the document

00:43:58.659 --> 00:44:04.008
where a link to the document where tepka
defines what treatment and what tactical

00:44:04.008 --> 00:44:08.053
required treatment are,
and the organizations and individuals

00:44:08.053 --> 00:44:11.966
that are associated with that cover
quired treatment we go.

00:44:11.956 --> 00:44:13.106
On to the next slide and thank you.

00:44:14.636 --> 00:44:18.347

There are some really important
distinctions in between.

00:44:18.347 --> 00:44:21.796
Tapco required treatment and treatment
within TEPCO.

00:44:22.186 --> 00:44:23.826
Tap cut required treatment.

00:44:24.306 --> 00:44:29.850
Has a very specific definition that
deviates somewhat from the definition,

00:44:29.850 --> 00:44:33.250
and again,
I'm not going to read that to you,

00:44:33.250 --> 00:44:37.906
but in particular it calls out certain
types of organizations,

00:44:37.906 --> 00:44:41.306
and in particular that it is only to be
used.

00:44:42.796 --> 00:44:47.524
When providing or when an incident is
provided or intends to provide to a

00:44:47.524 --> 00:44:51.676
patient through interaction with a
licensed individual provider.

00:44:52.146 --> 00:44:55.889
Again,
a very large group of very specifically

00:44:55.889 --> 00:45:00.586
defined professionals that are all
coherent professionals.

00:45:00.946 --> 00:45:09.026
The important point about how Tefka uses
treatment and tefka require treatment.

00:45:10.106 --> 00:45:14.326
Excuse me. Tefka. Yes.
Tefica required treatment is at the

00:45:14.326 --> 00:45:17.186
bottom of this slide if an organization.

00:45:17.796 --> 00:45:21.236
Asserts a request for information using
treatment.

00:45:21.466 --> 00:45:25.826
As a purpose,
an organization can choose not to respond.

00:45:27.236 --> 00:45:31.385
Now you'll require within DXF if an
organization makes a request for

00:45:31.385 --> 00:45:34.571
treatment purposes,
that's a required purpose and an

00:45:34.571 --> 00:45:37.396
organization is required to respond under
DSF.

00:45:39.236 --> 00:45:41.396
However, if under Tepka an organization.

00:45:43.396 --> 00:45:46.641
Makes a request for TEFKA required
treatment.

00:45:46.641 --> 00:45:49.956
The organization must respond to that
request.

00:45:50.586 --> 00:45:55.896
Again,
only certain organizations are allowed to

00:45:55.896 --> 00:46:01.423
make that assertion.
For tefka required treatment,

00:46:01.423 --> 00:46:05.866
and it specifically tags it as a request.

00:46:07.276 --> 00:46:09.116
For providing or has provided.

00:46:10.876 --> 00:46:14.316
Care through a licensed professional.

00:46:16.036 --> 00:46:18.036
To go then on to the next slide.

00:46:18.036 --> 00:46:20.436
This is really what I wanted to talk
about today.

00:46:21.106 --> 00:46:25.706
So there is this somewhat deviation
between treatment purposes.

00:46:25.706 --> 00:46:31.599
It's defined on DXF and tefka required
purposes, although treatment is excuse me,

00:46:31.599 --> 00:46:36.485
TEPCO required treatment,
although treatment under TEPCO is defined

00:46:36.485 --> 00:46:38.066
very similarly to DXF.

00:46:40.036 --> 00:46:41.436
Really, two sets of questions.

00:46:41.676 --> 00:46:47.636
Can we or should we try to align
treatment purposes with TEPCO?

00:46:48.106 --> 00:46:55.464
Bearing in mind that AB 133 called out
treatment is as a required purpose for

00:46:55.464 --> 00:47:00.747
all individuals,
so the law allows it has a requirement

00:47:00.747 --> 00:47:07.821
associated with it that is likely broader
than TEPCO and more importantly,

00:47:07.821 --> 00:47:12.066
is this deviation causing issues with

folks.

00:47:12.066 --> 00:47:17.443
Is this a nonissue and we don't need to
worry about it or is it causing issue

00:47:17.443 --> 00:47:22.819
with organizations participating both in
DXF and in tkka that we need to talk

00:47:22.819 --> 00:47:24.266
about how to resolve?

00:47:24.466 --> 00:47:26.226
So those are really the questions.

00:47:26.666 --> 00:47:27.786
Felix, I see your hand up.

00:47:30.476 --> 00:47:33.383
Yeah,
and here I'm going to be channeling my

00:47:33.383 --> 00:47:38.163
colleague Tim Polsonelli, who, you know,
and is also deep in the weeds in

00:47:38.163 --> 00:47:42.749
conversations with some of the Q hands
that are participating in that,

00:47:42.749 --> 00:47:47.723
including E health exchange and our
position right now is firmly in the camp

00:47:47.723 --> 00:47:47.916
of.

00:47:47.916 --> 00:47:48.076
No.

00:47:49.106 --> 00:47:55.421
There's not any clear rationale to align
for the sake of alignment with this very

00:47:55.421 --> 00:48:00.426
narrow carve out purpose that Teka has

identified for treatment.

00:48:00.906 --> 00:48:03.946
I mean the way you posed the question is there deviation?

00:48:03.986 --> 00:48:05.146
I would put it on its head.

00:48:05.426 --> 00:48:11.567
Right now we know that the bulk of signatories on the DXF actually use the

00:48:11.567 --> 00:48:15.906
national networks E Health exchange or care quality.

00:48:16.556 --> 00:48:18.716
For TX exchange, either directly.

00:48:18.906 --> 00:48:23.002
Or through the QA OS,
which themselves are on the national

00:48:23.002 --> 00:48:23.626
networks.

00:48:24.136 --> 00:48:28.902
There is no such restriction of treatment
as a definition on those networks

00:48:28.902 --> 00:48:33.418
separate and apart from tefka.
And I think to try to impose that on the

00:48:33.418 --> 00:48:35.989
EXF,
it's going to create a lot of undue

00:48:35.989 --> 00:48:38.936
confusion.
Friction without any clear benefit.

00:48:38.936 --> 00:48:43.023
You know,
it'll be helpful to know the thinking

00:48:43.023 --> 00:48:48.896
behind what the problem is.
That solution is in search of to try to.

00:48:50.466 --> 00:48:53.986
Adopt required treatment as a standard
within the EXF.

00:48:55.136 --> 00:48:57.868
I think absent that, you know,
we would really caution against going

00:48:57.868 --> 00:48:59.056
down that road. Thanks, Felix.

00:48:59.296 --> 00:49:02.456
And the only reason we're bringing this
up is to see if we have an issue.

00:49:03.136 --> 00:49:05.936
There is no, there is no.

00:49:05.936 --> 00:49:10.688
I don't want to imply any motivation to

align other than we should talk about it

00:49:10.688 --> 00:49:12.976
and determine whether we have an issue.

00:49:12.976 --> 00:49:14.216
Here are there any other thoughts?

00:49:15.886 --> 00:49:16.526
Yeah, same.

00:49:16.526 --> 00:49:18.406
Yeah. So how are you defining?

00:49:19.866 --> 00:49:24.328
Aligning kind of the social service
community based organization into the

00:49:24.328 --> 00:49:28.247
treatment regime here,
I think as a lot of those aren't licensed

00:49:28.247 --> 00:49:32.889

people, right. I part of the bill,
I think that's a really good question and

00:49:32.889 --> 00:49:36.386
probably out of scope for today.
But I think it is somet.

00:49:36.386 --> 00:49:41.289
That we may want to address in the future
because as you look at the definition of

00:49:41.289 --> 00:49:45.306
required purposes right now and many of
the definitions within DXF.

00:49:45.736 --> 00:49:48.486
Claim.
Our little health care centric because

00:49:48.486 --> 00:49:51.176
that was the mandatory signatories early
on.

00:49:51.256 --> 00:49:54.896

But I do think that we need to start addressing soon.

00:49:56.786 --> 00:49:56.946
What?

00:49:58.546 --> 00:50:03.586
Are permitted and required purposes for social services under DXF as well.

00:50:05.746 --> 00:50:06.546
Thanks for that.

00:50:08.346 --> 00:50:09.986
We're just talking providers.

00:50:10.146 --> 00:50:13.023
Yeah,
but we don't want to have any alignment

00:50:13.023 --> 00:50:14.586
in terms of no conflicts.

00:50:14.856 --> 00:50:17.801
You don't wanna put it.
Put organizations in place where they're

00:50:17.801 --> 00:50:19.976
they have to choose violating one or the
other.

00:50:20.126 --> 00:50:24.539
I think that alignment's appropriate,
but whether that should be a ceiling or

00:50:24.539 --> 00:50:28.046
floor, that's not decision.
All I need is where we use op-ed.

00:50:28.206 --> 00:50:33.109
I kind of hear both you and Felix saying
alignment so that there aren't conflicts

00:50:33.109 --> 00:50:37.413
and putting words into your mouth feeling
so. Nope, you got that wrong.

00:50:37.413 --> 00:50:39.326
But that that makes sense to me.

00:50:39.326 --> 00:50:43.326
Are there any any other thoughts here in the room or online?

00:50:43.326 --> 00:50:45.566
Yeah, I'll just,
I'll just quickly chime in.

00:50:46.656 --> 00:50:51.376
And that is that with the people that are potentially moving off of care quality.

00:50:52.206 --> 00:50:55.245
Already health exchange been going to TEPCO only.

00:50:55.245 --> 00:51:00.167
I think it is something that we're gonna have to address because the only way to

00:51:00.167 --> 00:51:03.326

get to that data is gonna be on the on
the Q hands.

00:51:03.646 --> 00:51:06.686
So I think that while.

00:51:08.496 --> 00:51:09.696
Maybe we are not taking action today.

00:51:09.696 --> 00:51:14.157
We need to consider that here in the
future as to what we do and how how

00:51:14.157 --> 00:51:18.923
that's gonna align with the DSM as people
start to transition on that work is

00:51:18.923 --> 00:51:21.856
endpoints or people that are on these
networks.

00:51:22.326 --> 00:51:25.817
They can't handle three times level of
queries,

00:51:25.817 --> 00:51:31.345
can't handle the care qualities that he
helps queries and in all your local

00:51:31.345 --> 00:51:31.926
traffic.

00:51:31.926 --> 00:51:36.972
If you're an HIE, right, so there's,
there's gonna be some shifts as tech

00:51:36.972 --> 00:51:39.086
continues to evolve and mature.

00:51:39.406 --> 00:51:41.526
Yeah,
I think we need to be prepared to align.

00:51:43.256 --> 00:51:46.941
At least today,
you know my read on it is that TEPCO will

00:51:46.941 --> 00:51:49.736
allow treatment as it is defined under
DXF.

00:51:49.736 --> 00:51:52.416
But to your point, John,
we need to continue to monitor.

00:51:52.726 --> 00:51:57.251
As Hepcom matures and ensure that we
don't end up with new complex in the

00:51:57.251 --> 00:52:00.246
future or complications that we don't see
today.

00:52:00.246 --> 00:52:01.046
So thanks for that.

00:52:01.046 --> 00:52:04.486
John, you have a question really,
Andrew Keeper?

00:52:06.816 --> 00:52:07.456

Thank you.

00:52:07.456 --> 00:52:08.376
I appreciate this.

00:52:09.136 --> 00:52:13.446
I think we would align with Felix's
comments from manifest Medx,

00:52:13.446 --> 00:52:18.220
but wanted to raise sort of a my
understanding of it anyway and and and

00:52:18.220 --> 00:52:23.591
would love if there's a countervailing
point of view because we could be reading

00:52:23.591 --> 00:52:26.176
it incorrectly. But in that definition.

00:52:27.576 --> 00:52:29.566
Of entities or the delegates.
As far as I can tell,

00:52:29.566 --> 00:52:31.096
it does not include a health plan in it.

00:52:32.936 --> 00:52:34.736
I maybe there's typos in there.

00:52:34.736 --> 00:52:35.296
It is.

00:52:35.886 --> 00:52:39.486
I need to go back and double check but it
doesn't include that.

00:52:39.486 --> 00:52:43.651
So then when you Fast forward about what
a tefka required treatment is,

00:52:43.651 --> 00:52:48.336
it lists things that a health plan has an
obligation to do under the law, right?

00:52:48.336 --> 00:52:51.228
Approving prior authorizations,

things like that,

00:52:51.228 --> 00:52:55.451
that are intimately connected to the
delivery of care that are in direct

00:52:55.451 --> 00:52:56.376
connection with.

00:52:56.376 --> 00:52:59.806
A licensed individual provider.
So if we're not included.

00:53:00.616 --> 00:53:03.736
As a permissible participant and then it
becomes optional.

00:53:04.456 --> 00:53:08.160
I don't know how that squares with our
obligations under the law to do a whole

00:53:08.160 --> 00:53:11.536
host of things that are dependent upon
the receipt of this information.

00:53:13.456 --> 00:53:17.816
So that plus what is I think was raised
at the very beginning,

00:53:17.816 --> 00:53:23.214
which is clear delineation and Assembly
Bill 133 and the state law it created

00:53:23.214 --> 00:53:28.405
that this does participants it it,
it is not narrowed in the same way that

00:53:28.405 --> 00:53:30.896
that tefka is contemplating here so.

00:53:29.796 --> 00:53:30.236
It's not.

00:53:32.816 --> 00:53:34.056
All ears in terms of.

00:53:34.366 --> 00:53:37.356

If there's a rationale for this,
and if I'm misreading it,

00:53:37.356 --> 00:53:39.686
there's some sort of oversight on it I
would.

00:53:39.766 --> 00:53:43.820
I would love to hear what we're wrong,
but that's the the initial take we have

00:53:43.820 --> 00:53:44.846
on this and doesn't.

00:53:45.126 --> 00:53:48.650
It doesn't conform with what we're trying
to do and certainly in the spirit of

00:53:48.650 --> 00:53:52.040
everything that we're trying to do from a
healthcare operations improvement

00:53:52.040 --> 00:53:54.627
perspective, namely,

you know as health plans nationally,

00:53:54.627 --> 00:53:58.017
we announced that we're trying to do real
time prior authorization of prior

00:53:58.017 --> 00:53:59.176
authorizations and things.

00:53:59.176 --> 00:54:03.406
Like that it's it is wholly dependent
upon this exchange of information.

00:54:03.686 --> 00:54:08.359
And to the extent that this is limited,
it precludes us from doing something that

00:54:08.359 --> 00:54:11.606
we know that is a critical pain point for
for consumers.

00:54:13.666 --> 00:54:14.066
Thank you.

00:54:14.066 --> 00:54:17.513
And Andrew,
so one of the things that I think that I

00:54:17.513 --> 00:54:21.414
would note here is that we need to also
monitor, therefore,

00:54:21.414 --> 00:54:26.746
whether it be social services or plans or
other participants in DXF and how they.

00:54:28.216 --> 00:54:30.859
May struggle with some of these new
definitions as well.

00:54:30.859 --> 00:54:32.296
Any other comments or thoughts?

00:54:34.016 --> 00:54:37.816
Lynette Scott,
Department of Healthcare Services.

00:54:37.816 --> 00:54:39.376
I'm into the group again or back to the group again.

00:54:40.766 --> 00:54:45.528
And just want to piggyback a little bit on what Andrew was saying and and

00:54:45.528 --> 00:54:50.740
acknowledge the the challenges related to implementation of the interoperability

00:54:50.740 --> 00:54:52.606
and prior authorization roll.

00:54:52.846 --> 00:54:58.001
There are a lot of requirements for our plans that everybody funded by by

00:54:58.001 --> 00:55:03.155
Medicare, Medicaid, benefits exchanges, etcetera that relate to the prior

00:55:03.155 --> 00:55:06.846

authorization's timeline as payer to payer exchange.

00:55:07.656 --> 00:55:09.136
So so.

00:55:10.386 --> 00:55:12.996
Without as much detail as Andrew was giving,

00:55:12.996 --> 00:55:17.693
but just echoing that that alignment of those requirements with everything we're

00:55:17.693 --> 00:55:22.099
doing in DXF is really super important to be able to help enable all of the

00:55:22.099 --> 00:55:26.216
compliance requirements and and dates are coming up quick in 20/26/20.

00:55:26.216 --> 00:55:31.097
27 and that's related to those rules and

we certainly are seeing the the federal

00:55:31.097 --> 00:55:35.616
administration double down on really
wanting to move these things forward.

00:55:35.846 --> 00:55:38.926
In their messaging, so I'm echoing that.

00:55:39.566 --> 00:55:40.766
I appreciate Andrew's comments.

00:55:42.296 --> 00:55:42.816
Thanks, Lynette.

00:55:43.576 --> 00:55:45.416
Any other thoughts, comments.

00:55:48.696 --> 00:55:49.416
Look, not Jacob.

00:55:49.496 --> 00:55:50.936
I think we can probably move on.

00:55:50.936 --> 00:55:55.457
I at least heard us take a couple actions
to continue to monitor what's going on

00:55:55.457 --> 00:55:55.736
here.

00:55:56.016 --> 00:56:01.360
One of the things that you strive to do
here under the DXFI think are obligated

00:56:01.360 --> 00:56:02.696
under the law is to.

00:56:04.336 --> 00:56:04.976
Push a little bit beyond.

00:56:05.446 --> 00:56:09.009
What some of the nationwide networks are
doing here are some areas,

00:56:09.009 --> 00:56:12.834

I think where we've identified where we
are advancing a little bit more,

00:56:12.834 --> 00:56:14.406
but we'll continue to monitor.

00:56:14.406 --> 00:56:16.286
Great. Thank you.

00:56:17.856 --> 00:56:19.256
We want to move on to the next.

00:56:19.896 --> 00:56:22.576
You have to listen to me again.
So sorry about that.

00:56:24.256 --> 00:56:29.118
We'll talk a little bit about the
technical requirements for exchange PNP

00:56:29.118 --> 00:56:34.111
amendment going to the next slide.
People will recall we've been talking at

00:56:34.111 --> 00:56:36.016
a couple of the IAC meetings.

00:56:36.286 --> 00:56:41.250
About some of the topics that were included in the proposed amendment and

00:56:41.250 --> 00:56:46.818
I'm going to go through these just very quickly, just as a reminder, first of all,

00:56:46.818 --> 00:56:51.446
we intended to align with the except road map on event notification.

00:56:51.446 --> 00:56:53.486
That was some changes in the language.

00:56:55.136 --> 00:57:00.353
Away from ADT notification of ADT events towards event notification but not

00:57:00.353 --> 00:57:05.364

broadening the requirements beyond
admissions and discharges as they are

00:57:05.364 --> 00:57:05.776
today.

00:57:06.046 --> 00:57:12.704
Today we have recommendations from our
stakeholders to advance requirements for

00:57:12.704 --> 00:57:16.366
rosters and requirements for
notifications.

00:57:16.366 --> 00:57:21.037
And so you saw both of those in the
proposed amendments and also

00:57:21.037 --> 00:57:26.642
recommendations in requiring skilled
nursing facilities to send notifications

00:57:26.642 --> 00:57:28.726
of admissions and discharges.

00:57:28.726 --> 00:57:31.566
But give us some time for onboarding
those.

00:57:32.256 --> 00:57:34.416
Go on to the next slide, we.

00:57:35.896 --> 00:57:36.536
Also had talked.

00:57:36.806 --> 00:57:41.618
At earlier IEC meetings about clarifying
some of the language under person

00:57:41.618 --> 00:57:45.339
matching to prohibit the use of sex,
administrative, sex,

00:57:45.339 --> 00:57:49.831
sex determined for gender, administrative,
gender, a number of terms.

00:57:49.831 --> 00:57:54.707
Because the language was somewhat
ambiguous within the prior PNP as we went

00:57:54.707 --> 00:57:56.246
through the PNP we also.

00:57:57.656 --> 00:58:00.656
Suggested some amendments.

00:58:02.496 --> 00:58:05.616
Beyond those that came directly.

00:58:05.966 --> 00:58:09.951
From recommendations and that was to
remove specification of the technical

00:58:09.951 --> 00:58:12.926
standards to use on nationwide networks
and frameworks.

00:58:13.166 --> 00:58:17.991
Since the nationwide networks and
frameworks are free to determine those

00:58:17.991 --> 00:58:21.493
standards,
us repeating those was was not useful and

00:58:21.493 --> 00:58:23.806
also to remove language concerning.

00:58:25.296 --> 00:58:31.105
Baus from event notification that didn't
appear in place else within the PMP,

00:58:31.105 --> 00:58:36.466
so that those those were the proposed
amendments that that we advanced,

00:58:36.466 --> 00:58:41.976
I was going to the next slide just a
quick summary of the public comment.

00:58:43.376 --> 00:58:48.764
Period results. As you will recall,
public comment was open from about the

00:58:48.764 --> 00:58:52.284
beginning of June to about halfway
through July,

00:58:52.284 --> 00:58:57.959
we received 93 individual comments from
10 separate organizations representing

00:58:57.959 --> 00:59:00.616
the number of our stakeholder groups.

00:59:02.416 --> 00:59:08.132
The way I summarize them and feel
hopefully forgive me for a little bit of

00:59:08.132 --> 00:59:12.399
latitude here.
About 13% of the comments really were in

00:59:12.399 --> 00:59:12.856
favor.

00:59:14.766 --> 00:59:18.737

Of what we had proposed and required some action.

00:59:18.737 --> 00:59:25.011
71% of the comments actually proposed suggestions on how to how to improve the

00:59:25.011 --> 00:59:31.046
proposed amendments and then there were 14 that either proposed changes or.

00:59:32.156 --> 00:59:37.637
Opposed some of the proposed amendments that would be a significant directional

00:59:37.637 --> 00:59:38.116
change.

00:59:38.116 --> 00:59:42.310
Some of those we're going to talk about today that were seeking more,

00:59:42.310 --> 00:59:45.905
more feedback on,

we have posted all public comments on our

00:59:45.905 --> 00:59:50.938
web page so that you can find those there
if you're interested in who responded and

00:59:50.938 --> 00:59:52.316
put their comments for.

00:59:53.926 --> 00:59:57.846
Just on to the next slide,
so I'm going to start off by just talking

00:59:57.846 --> 00:59:59.606
a little bit about some of the.

01:00:01.326 --> 01:00:01.526
Comments.

01:00:02.036 --> 01:00:09.035
That it was clearer how to move forward
and so these are potential actions that

01:00:09.035 --> 01:00:14.196
were that you'll likely see in the PNP as
we move forward.

01:00:14.396 --> 01:00:17.879
And then there are two topics in
particular that I want to raise for

01:00:17.879 --> 01:00:20.756
people to talk about and provide some
feedback on today.

01:00:20.866 --> 01:00:24.419
So first of all,
there was a lot of support in removing

01:00:24.419 --> 01:00:28.543
the specific standards requirements for
the nationwide networks,

01:00:28.543 --> 01:00:33.618
but a request that we clarified that the
nationwide networks and frameworks can

01:00:33.618 --> 01:00:34.506
still be used.

01:00:36.476 --> 01:00:40.900
To meet some or all of the requirements
of an organization under DXF,

01:00:40.900 --> 01:00:45.261
and so the obvious choice,
perhaps there is add a statement that for

01:00:45.261 --> 01:00:49.558
all of the exchange types,
not just for requests for information or

01:00:49.558 --> 01:00:50.316
information.

01:00:50.706 --> 01:00:54.743
Delivery for all.
All exchange types that the PMP does not

01:00:54.743 --> 01:00:58.506
limit participants ability to use

nationwide networks.

01:01:00.636 --> 01:01:03.442
There's also.
There are also a couple of comments

01:01:03.442 --> 01:01:08.156
asking for complete removable removal of
all requirements for information delivery.

01:01:08.156 --> 01:01:10.284
We would suggest that we not do that at
this time,

01:01:10.284 --> 01:01:13.036
but it may be something that we want to
talk about in the future.

01:01:15.636 --> 01:01:20.079
Next under event notification we had
suggested that we remove the language

01:01:20.079 --> 01:01:21.796
associated with BAAS because.

01:01:22.106 --> 01:01:26.654
It that is something that may be required
under applicable law,

01:01:26.654 --> 01:01:32.338
but there were there were requests that
we not remove that language and So what

01:01:32.338 --> 01:01:38.165
we're suggesting instead we add a general
statement again for all of the exchange

01:01:38.165 --> 01:01:38.946
types that.

01:01:40.636 --> 01:01:44.954
This PMP does not limit participants
responsibility for obtaining the

01:01:44.954 --> 01:01:48.901
necessary agreements,
which may include a BA if they're working

01:01:48.901 --> 01:01:50.196
with an intermediary.

01:01:50.396 --> 01:01:54.116
Just to clarify that we're not suggesting
that abaa is not required.

01:01:56.366 --> 01:02:02.546
And there were also similar requests,
well related requests that we clarify the

01:02:02.546 --> 01:02:09.034
participants and not their intermediaries
retained legal compliance accountability.

01:02:09.034 --> 01:02:15.291
And so we may also add a statement that
that is the case that participants still

01:02:15.291 --> 01:02:21.316
are responsible for compliance and must
pass down any requirements that they.

01:02:21.326 --> 01:02:23.646
Have to their intermediaries to enable
them to.

01:02:24.316 --> 01:02:24.956
Remain compliant.

01:02:26.966 --> 01:02:31.495
Finally, on this slide,
there was quite a bit of support for

01:02:31.495 --> 01:02:36.766
using HL 780 T messages as the mechanism
for machine readable content.

01:02:38.236 --> 01:02:41.036
There were a request to add detail to the
ADT messages.

01:02:42.796 --> 01:02:46.716
What we intend to do is to begin
publishing.

01:02:48.436 --> 01:02:53.027

Links to industry best practices and
other implementation guidance from other

01:02:53.027 --> 01:02:56.676
organizations about how you might best
meet the requirements.

01:02:57.146 --> 01:03:00.914
Under the DXF,
rather than put any more detail in the

01:03:00.914 --> 01:03:06.216
policies and procedures themselves
that'll allow us to establish high level

01:03:06.216 --> 01:03:12.006
requirements for data within the policies
and procedures that allow industry to be

01:03:12.006 --> 01:03:14.866
more agile in how best to reply to those.

01:03:17.676 --> 01:03:19.196
Let's go on to the next slide.

01:03:20.836 --> 01:03:26.836
We got additional feedback on event notification on establishing data.

01:03:27.186 --> 01:03:32.968
Requirements for both machine readable and human readable formats request to

01:03:32.968 --> 01:03:36.346
remove DXFID from notification requirements.

01:03:36.346 --> 01:03:39.683
We're suggesting that you probably go ahead and do that.

01:03:39.683 --> 01:03:41.146
We need to better enable.

01:03:42.556 --> 01:03:48.645
Or use usability of the dxfid if we're going to be using that to move forward.

01:03:48.645 --> 01:03:48.876
So.

01:03:50.636 --> 01:03:53.927
We're proposing that we would remove that
at this time,

01:03:53.927 --> 01:03:57.276
but revisit the provider directory and
and other things.

01:03:57.586 --> 01:04:02.185
Associated with that,
the request Add API and we're suggesting

01:04:02.185 --> 01:04:08.171
that we would include MPI's requirement,
bearing in mind that NPI only applies to

01:04:08.171 --> 01:04:12.405
certain organizations.
It's not perfect in and of itself.

01:04:12.405 --> 01:04:17.661
It's probably a good start gap in the space where we're only looking at

01:04:17.661 --> 01:04:18.756
admissions and.

01:04:18.756 --> 01:04:22.066
Discharges from hospitals E DS and skilled nursing facilities.

01:04:22.066 --> 01:04:23.746
But we're going to have to revisit.

01:04:24.516 --> 01:04:26.676
Unique identifiers at some point in the future.

01:04:27.466 --> 01:04:29.801
Brent,
is that the MPI of the sending or

01:04:29.801 --> 01:04:33.786
requesting or both organizations the

sending organization? Thank you.

01:04:33.826 --> 01:04:37.726
So this is in the notification.
So this is when you receive a

01:04:37.726 --> 01:04:42.317
notification that there has been an
admission or a discharge facility at

01:04:42.317 --> 01:04:43.826
which that notification.

01:04:44.066 --> 01:04:44.586
Excuse me.

01:04:44.586 --> 01:04:47.066
At which that admission or discharge came
from.

01:04:48.596 --> 01:04:51.832
Also not the intermediary.
If somebody else is doing that for you,

01:04:51.832 --> 01:04:53.956
but the original facility.
Thanks for that.

01:04:55.186 --> 01:04:59.426
I think that's clear in the PNP,
but I'll we'll make sure that it is OK.

01:05:01.596 --> 01:05:05.982
There was some request to not encourage
participants to send only minimum

01:05:05.982 --> 01:05:07.996
required data and the PNP doesn't.

01:05:10.236 --> 01:05:14.288
Prohibit sending additional data,
but we've been hearing from our

01:05:14.288 --> 01:05:18.953
stakeholders and DXF road map calls out
notification should really be about

01:05:18.953 --> 01:05:23.556
enough information to let you respond and
ask For more information and so.

01:05:24.386 --> 01:05:28.648
We propose we maintain just strict
minimum requirements for right now and

01:05:28.648 --> 01:05:32.794
allow organizations to follow up with a
request for information for the

01:05:32.794 --> 01:05:36.306
information that they actually need to be
able to follow on.

01:05:37.876 --> 01:05:42.826
That included a request to add preferred
language and discharge to location as

01:05:42.826 --> 01:05:46.022
required,
and we're proposing that we maintain the

01:05:46.022 --> 01:05:46.836
requirements.

01:05:46.836 --> 01:05:47.236
Excuse me.

01:05:47.236 --> 01:05:53.156
The recommendations suggested by the 2024
Standards Committee and.

01:05:54.346 --> 01:05:59.134
Not require language and require
discharge disposition rather than

01:05:59.134 --> 01:06:00.706
discharge to location.

01:06:02.476 --> 01:06:06.806
And there were a lot of comments on
rosters and I'll just go through these

01:06:06.806 --> 01:06:07.556
real quickly.

01:06:07.556 --> 01:06:10.716
There was support for establishing
minimum data requirements.

01:06:12.476 --> 01:06:16.943
There was a request to add requirement
for intermediaries to also name the

01:06:16.943 --> 01:06:20.396
participant that was making the request
for notification.

01:06:20.556 --> 01:06:23.276
There was support for including required
purposes.

01:06:23.586 --> 01:06:27.941
There was opposition for required
including required purposes,

01:06:27.941 --> 01:06:30.706
and there were requests to only advance.

01:06:30.746 --> 01:06:34.946
Excuse me to advance a specific standard rather than just.

01:06:36.716 --> 01:06:40.556
Data requirements for rosters and at this time,

01:06:40.556 --> 01:06:46.396
so we we concluded the tech series on event notification just last week.

01:06:46.556 --> 01:06:49.225
So doing some analysis on recommendations there,

01:06:49.225 --> 01:06:53.636
and we're gonna be reaching out to other individuals for more stakeholder input.

01:06:54.296 --> 01:06:55.296
Before we.

01:06:57.556 --> 01:07:02.516

Propose a process to move rosters forward
so there's going to be more to come there.

01:07:04.796 --> 01:07:07.420
Finally,
and then we'll move on to the real

01:07:07.420 --> 01:07:07.956
question.

01:07:07.956 --> 01:07:13.236
So thanks for bearing with me on person
matching the request to remove aliases.

01:07:13.836 --> 01:07:17.266
What we propose is,
rather than removing aliases and and the

01:07:17.266 --> 01:07:21.596
reason for that was stated in the public
comment was aliases are unreliable.

01:07:22.236 --> 01:07:27.819
And So what we proposing that we do is

make it very clear that any organization

01:07:27.819 --> 01:07:33.333
that receives information per person
matching can choose what elements it uses

01:07:33.333 --> 01:07:35.356
when it does person matching.

01:07:35.356 --> 01:07:39.842
But we're going to require those elements
to be provided if they are maintained by

01:07:39.842 --> 01:07:42.869
the organization,
so that choice is on the recipient on

01:07:42.869 --> 01:07:44.436
whether they use them or not.

01:07:44.636 --> 01:07:48.436
And then there were requests to align the
use of sex and gender.

01:07:49.156 --> 01:07:50.756
With nationwide networks and frameworks.

01:07:51.956 --> 01:07:55.230
While the P&
P has always said that if the underlying

01:07:55.230 --> 01:07:58.222
standard requires their use that they are
allowable,

01:07:58.222 --> 01:08:02.286
will clarify that that includes for
nationwide networks and frameworks,

01:08:02.286 --> 01:08:04.036
so that that can still be used.

01:08:04.036 --> 01:08:07.379
So, for instance,
E health exchange requires the use of

01:08:07.379 --> 01:08:07.796

gender.

01:08:08.036 --> 01:08:12.516
The PNP does not prohibit the use of gender when using the health exchange.

01:08:14.316 --> 01:08:15.796
OK, now to the business.

01:08:15.796 --> 01:08:17.716
Thank you for bearing with me for all of that.

01:08:19.066 --> 01:08:23.146
What's going to the next one?
First is not to keep notifications of

01:08:23.146 --> 01:08:28.186
admissions and just charges from skilled nursing facilities. And just to summarize,

01:08:28.186 --> 01:08:33.046
there were strong support from many for including skilled nursing facilities and

01:08:33.046 --> 01:08:37.486
requirement there were requests to
requirement notification for only from

01:08:37.486 --> 01:08:38.686
skilled nursing FAC.

01:08:39.026 --> 01:08:43.946
That have EHR's where they have EHR's
with interoperability capabilities.

01:08:44.636 --> 01:08:47.441
That were requested delay this
requirement until government funding is

01:08:47.441 --> 01:08:47.836
available.

01:08:48.506 --> 01:08:52.172
For skilled nursing facilities to meet
this requirement,

01:08:52.172 --> 01:08:56.932
and there were a request to defer enforcement until operational Technical

01:08:56.932 --> 01:09:00.340
Support is available for skilled nursing facilities.

01:09:00.340 --> 01:09:04.907
Just a couple other pieces of information here. Like all participants,

01:09:04.907 --> 01:09:10.116
governors and facilities today under the DFS effort required to meet to provide.

01:09:10.946 --> 01:09:12.746
Responses to information.

01:09:13.476 --> 01:09:17.396
To request for information whether or not they have an EHR.

01:09:17.986 --> 01:09:24.887

Or interoperability capabilities and FAQ
18 is intended to clarify that electronic

01:09:24.887 --> 01:09:31.205
records, as it appears in AB 133,
is really talking about electronic health

01:09:31.205 --> 01:09:34.946
information and not an electronic record
or.

01:09:36.836 --> 01:09:39.916
Only for the purposes of scheduling
appointments or something like that.

01:09:40.636 --> 01:09:47.636
Also call out that SP 660 if it is signed
by the governor would amend.

01:09:48.106 --> 01:09:52.548
Electronic records,
as it appears under AB133 to specifically

01:09:52.548 --> 01:09:55.986

say electronic health records,
to clarify that.

01:09:56.146 --> 01:09:59.786
So now's a chance to quit listening to me
talking.

01:09:59.786 --> 01:10:01.786
We have a couple of questions here.

01:10:03.316 --> 01:10:07.851
That we're really interested in more
feedback from should skilled nursing

01:10:07.851 --> 01:10:12.632
facilities be required to send to send
event notifications for admissions and

01:10:12.632 --> 01:10:16.676
discharges and is January 1st, 2027,
the right onboarding period.

01:10:17.226 --> 01:10:22.517
To to enforce that and should the

requirement be limited in some way,

01:10:22.517 --> 01:10:27.884
such as to skilled nursing facilities
that only have EHRs or only some

01:10:27.884 --> 01:10:28.866
capabilities?

01:10:29.216 --> 01:10:32.696
I'm gonna pause there and looking for
input from others.

01:10:34.186 --> 01:10:34.866
I will.

01:10:34.866 --> 01:10:37.986
I will actually defer to Joe 'cause.
He's actually Joe Joe Diaz.

01:10:37.986 --> 01:10:41.186
Do you want to speak first on this and
then I can follow up.

01:10:42.116 --> 01:10:46.574
Yes, Tom,
as we discussed previously with some of

01:10:46.574 --> 01:10:51.211
the team from each guy,
the requirement number one,

01:10:51.211 --> 01:10:58.076
I want to explore the practicality and
the need for having that requirement.

01:10:59.586 --> 01:11:05.346
To send event notifications for
admissions and discharges to who and why.

01:11:05.986 --> 01:11:09.106
Can anybody clarify that piece for me?

01:11:11.436 --> 01:11:17.079
So what the requirement the proposed
requirement in the PMP and that would be

01:11:17.079 --> 01:11:19.756
to any participant that request them.

01:11:19.796 --> 01:11:21.476
So they must make a request.

01:11:21.756 --> 01:11:27.920
We'd also proposed that they something
that's still to be adjudicated,

01:11:27.920 --> 01:11:33.476
decided we proposed that you'd also
receive a required purpose.

01:11:34.186 --> 01:11:37.626
For which that information was being
requested, that is.

01:11:38.136 --> 01:11:41.936
Wrapped up in the proposed amendments
around the rosters.

01:11:41.936 --> 01:11:43.856
So that is yet to be finalized.

01:11:43.856 --> 01:11:47.420
So Joe,
would that that is still a little bit

01:11:47.420 --> 01:11:53.387
pending, but I can give some examples.
So you know a physician practice or a

01:11:53.387 --> 01:11:58.655
population healthcare team could use that
information to determine,

01:11:58.655 --> 01:12:04.466
you know maybe we have a a sniff provider
that can go see a patient there.

01:12:04.736 --> 01:12:08.056
That's on the care team that might be
involved in their care at the Smith.

01:12:08.176 --> 01:12:12.589
Likewise, when they're discharged,
we want to know that they're out and need

01:12:12.589 --> 01:12:16.887
to prepare to take over their care in the
ambulatory space, in the office,

01:12:16.887 --> 01:12:17.976
that sort of thing.

01:12:18.376 --> 01:12:21.856
So I think that's how provider would use
that information.

01:12:24.266 --> 01:12:28.709
I think also the, you know,
social services ecmcs could also use that

01:12:28.709 --> 01:12:29.026
data.

01:12:30.706 --> 01:12:33.506
Wheels on wheels,
medically tailored meals.

01:12:35.226 --> 01:12:37.706
Different things to notify.

01:12:38.056 --> 01:12:40.776
And alert those caregivers.

01:12:42.346 --> 01:12:46.426
As to the same as if they've been hit,
admitted to an Ed or an inpatient unit.

01:12:46.426 --> 01:12:52.442
So I think operationally across the
ecosystem it's it's something that's need

01:12:52.442 --> 01:12:56.066
to be known for all those hearing for
consume.

01:12:58.146 --> 01:13:00.766
Yeah.
And do we have a sense from the survey

01:13:00.766 --> 01:13:03.386
what, how, how ready?

Sniffs are in general.

01:13:03.546 --> 01:13:05.908
Do they typically have electronic health
records,

01:13:05.908 --> 01:13:07.986
or is that really those are the
exceptions?

01:13:09.656 --> 01:13:10.416
I'm happy to.

01:13:10.416 --> 01:13:13.233
I'm not for the survey,
but I'm happy for those of you I don't

01:13:13.233 --> 01:13:13.456
know.

01:13:13.536 --> 01:13:15.757
Yvonne Chung.
I'm with the California Association of

01:13:15.757 --> 01:13:17.056
Health Facilities we represent.

01:13:18.586 --> 01:13:21.706
So it is very it is varied.

01:13:21.706 --> 01:13:27.389
I mean our our kind of our broad position
on this has been that to the extent that

01:13:27.389 --> 01:13:31.155
this have the ability and they have the
data to do it,

01:13:31.155 --> 01:13:33.346
we're we're not opposed to them.

01:13:33.346 --> 01:13:36.426
It's just that crossnif it's very uneven.

01:13:37.426 --> 01:13:40.466
Because they were never included in any
of the high tech money.

01:13:40.466 --> 01:13:41.906
It's very hit or miss.

01:13:41.906 --> 01:13:44.066
Like how many modules they brought on.

01:13:44.066 --> 01:13:48.602
And so we've never really done kind of a
survey across all the sniffs to kind of

01:13:48.602 --> 01:13:52.186
see like, what's like,
we don't have a sense of what's the the.

01:13:55.706 --> 01:14:00.723
Basic level of PHR functionality within
SNS like we just don't know and it's

01:14:00.723 --> 01:14:02.026
going to vary a lot.

01:14:02.026 --> 01:14:05.066

We have, you know,
some specs are part of larger companies.

01:14:06.616 --> 01:14:10.896
Enzyme packs. They have 100,
you know facilities.

01:14:10.896 --> 01:14:15.204
They have a more corporate structure,
but we also have a lot that are we call

01:14:15.204 --> 01:14:19.401
our independently owned and operated
which are small like essentially small

01:14:19.401 --> 01:14:20.616
businesses, right and.

01:14:22.226 --> 01:14:26.463
They they don't really have an IT team
like the people there are just the people

01:14:26.463 --> 01:14:28.922
there and somebody wears the hat of,
you know,

01:14:28.922 --> 01:14:31.066
being responsible for purchasing the EHR.

01:14:31.506 --> 01:14:35.266
So that's why we sort of feel like we I
think for number 2.

01:14:35.936 --> 01:14:37.416
Thinking about and I don't.

01:14:37.416 --> 01:14:39.376
I don't exactly how to narrow that down.

01:14:41.066 --> 01:14:44.679
Of those that have,
but I think it's different levels, right?

01:14:44.679 --> 01:14:45.786
There are gonna be.

01:14:45.786 --> 01:14:49.677
We saw some that are, you know,

partially on paper and then you have

01:14:49.677 --> 01:14:53.511
folks where they have an EHR,
but there are differences in how many

01:14:53.511 --> 01:14:55.146
modules they have brought on.

01:14:55.226 --> 01:14:57.586
And then you have kind of the next level,
OK.

01:14:57.586 --> 01:15:01.171
So even if they have that,
what is their interoperability capability

01:15:01.171 --> 01:15:01.586
as well?

01:15:03.266 --> 01:15:05.706
Quite click care has probably the largest
penetration.

01:15:07.056 --> 01:15:10.056
Hoarseness.
I think they have about 80% of the market.

01:15:10.096 --> 01:15:13.523
So we have been working with them and
they've been, you know,

01:15:13.523 --> 01:15:18.110
trying to kind of brave for a lot of them
that they are like the IT team for their

01:15:18.110 --> 01:15:20.376
facility doesn't really have an internal.

01:15:22.146 --> 01:15:23.386
Team on this.

01:15:23.506 --> 01:15:26.506
So I think our feedback would be, I agree.

01:15:26.506 --> 01:15:30.112
You know,

I don't know if did the January 1st,

01:15:30.112 --> 01:15:32.106
2020 meet feels very soon.

01:15:32.106 --> 01:15:35.226
Just kind of anecdotally knowing where
the sniffs are.

01:15:36.096 --> 01:15:41.425
That they would be ready to, you know,
universally be able to comply with that.

01:15:41.425 --> 01:15:45.156
And, you know,
I think one of the things we said in the

01:15:45.156 --> 01:15:50.152
discussions around FB 662 is around
enforcement is we like it doesn't make

01:15:50.152 --> 01:15:52.616
sense to have a requirement and then.

01:15:52.616 --> 01:15:54.398
Say, well,
we're not really going to enforce it,

01:15:54.398 --> 01:15:54.616
right?

01:15:54.616 --> 01:15:56.576
That it creates that policy.

01:15:56.576 --> 01:16:00.157
It creates a mixed message,
so we think it's better to kind of move

01:16:00.157 --> 01:16:03.896
the actual enforcement and also figure
how is it going to be enforced.

01:16:04.016 --> 01:16:07.401
And how is compliance going to be
assessed and who's going to be assessing

01:16:07.401 --> 01:16:07.536

it?

01:16:07.536 --> 01:16:10.891
Like our folks,
they've actually they all you know,

01:16:10.891 --> 01:16:16.052
the 700 odd that sign from the from the
subacute world that's mostly sniffs and

01:16:16.052 --> 01:16:17.536
whether a car came out.

01:16:17.536 --> 01:16:19.176
They're like, OK, we're supposed to sign.

01:16:19.176 --> 01:16:25.099
We will sign because if we don't,
we were told that there will be an

01:16:25.099 --> 01:16:26.816
enforcement penalty.

01:16:26.896 --> 01:16:29.886
But whether or not they are actually able
to share their life, well,

01:16:29.886 --> 01:16:32.096
that is a that's a problem for another
day, right?

01:16:32.866 --> 01:16:33.106
So.

01:16:33.776 --> 01:16:37.153
So I think we need to do a lot,
probably do a lot more work and kind of

01:16:37.153 --> 01:16:39.216
figuring out where everybody is at in
that.

01:16:39.216 --> 01:16:45.634
Can I ask a clarification when you said
that you're that January 1st, 2027,

01:16:45.634 --> 01:16:47.576

sounds very soon, yeah.

01:16:47.576 --> 01:16:53.329
Is that for all skilled nursing
facilities or only for those that have

01:16:53.329 --> 01:16:57.056
that are not already OK kind of in that
spot?

01:16:57.056 --> 01:17:00.296
I just don't know how many of them
roughly. You know, I would say.

01:17:01.026 --> 01:17:05.022
We have facilities that would that we
call our multi that are part of a larger

01:17:05.022 --> 01:17:05.426
company.

01:17:06.496 --> 01:17:09.019
Me,
I think that I want to say that's

01:17:09.019 --> 01:17:09.616
probably.

01:17:11.106 --> 01:17:12.186
I can't remember the most.

01:17:12.186 --> 01:17:13.146
You know me. Remember Joel.

01:17:13.146 --> 01:17:13.546
How many?

01:17:13.546 --> 01:17:16.284
What percentage of our facilities are in
a multi?

01:17:16.284 --> 01:17:18.146
I wanna say it's like 50% I don't.

01:17:18.146 --> 01:17:19.666
I can't remember what the number is.

01:17:20.156 --> 01:17:21.996
Yeah, 55%.

01:17:21.996 --> 01:17:26.100
And you know, they're growing in size,
but you know,

01:17:22.586 --> 01:17:22.746
Yeah.

01:17:26.100 --> 01:17:31.907
to your point in bullet #4 and a paraling
with Yvonne just said, you know,

01:17:31.907 --> 01:17:32.836
delaying it.

01:17:33.276 --> 01:17:34.996
Point click is not free.

01:17:34.996 --> 01:17:41.432
It's a charge service,
so by allowing the use of additional

01:17:38.216 --> 01:17:38.536
Thank you.

01:17:41.432 --> 01:17:44.756
resources or funds to that 40%.

01:17:43.366 --> 01:17:43.406
Y.

01:17:45.426 --> 01:17:46.946
That currently the independent owners.

01:17:48.426 --> 01:17:50.266
Elaine, the implementation start date.

01:17:50.696 --> 01:17:57.696
It will allow either new funding for it
and allow for facilities currently don't

01:17:57.696 --> 01:18:02.016
use point click care to be able to come
on board.

01:18:02.416 --> 01:18:08.665
It's a fee service program,
and so I I would recommend delaying it at

01:18:08.665 --> 01:18:09.736
least at 28.

01:18:12.696 --> 01:18:15.683
Just for some context around the funding
issues,

01:18:15.683 --> 01:18:19.096
so sifs are almost entirely Medicare and
Medica funded.

01:18:19.096 --> 01:18:22.890
There's almost there's no commercial
insurance to speak of or cash pay that

01:18:22.890 --> 01:18:25.136
represents a very small part of the
revenue.

01:18:25.136 --> 01:18:28.624
So we are about to embark on a
stakeholder process.

01:18:28.624 --> 01:18:34.124
The Department of Healthcare Services to
kind of renegotiate our medical rate for

01:18:34.124 --> 01:18:38.416
the next five years or so.
And we're we're talking about doing.

01:18:39.106 --> 01:18:41.906
Kind of a more kind of call it a
comprehensive.

01:18:42.176 --> 01:18:47.083
Value strategy like how do we kind of
reform this to better capture the costs

01:18:47.083 --> 01:18:49.536
that are involved in operating a sniff?

01:18:50.096 --> 01:18:54.010
Those discussions are going to be
happening probably over the next 10

01:18:54.010 --> 01:18:54.736
months or so.

01:18:54.736 --> 01:18:59.657
We're expecting in the next budget that
will kind of set whatever whatever the

01:18:59.657 --> 01:19:03.830
system is going to be for the next,
you know, three to five years.

01:19:03.830 --> 01:19:07.816
So and we certainly intend to bring this
up. I think that even.

01:19:08.586 --> 01:19:12.026
Costs associated with EHR's we run into.

01:19:12.176 --> 01:19:17.218
To a definitional problem with DHEFS,

or whether or not that is a,

01:19:17.218 --> 01:19:21.056
it's a direct care cost or if it's
administration.

01:19:22.506 --> 01:19:26.558
And how it's going to be defined makes a
big difference in how the state

01:19:26.558 --> 01:19:29.721
reimburses that,
because they really can't reimbursement

01:19:29.721 --> 01:19:31.386
at essentially almost nothing.

01:19:31.506 --> 01:19:35.706
So I mean that is also a conversation.
So I think that we will certainly be.

01:19:37.586 --> 01:19:40.576
Having this conversation with the
department and then we'll have a better

01:19:40.576 --> 01:19:41.666
sense as to whether or not.

01:19:41.976 --> 01:19:44.913
You know,
is there an opportunity to meaningfully

01:19:44.913 --> 01:19:49.024
increase funding to kind of,
I mean we would love to get everybody up

01:19:49.024 --> 01:19:49.376
there.

01:19:49.416 --> 01:19:52.559
EHR's up to where I think all of us would
want them to be,

01:19:52.559 --> 01:19:55.915
but I think to Joe's point,
it's not free and they're just we,

01:19:55.915 --> 01:19:59.963
we haven't seen a good pathway from the
state as to how that would actually

01:19:59.963 --> 01:20:00.336
happen.

01:20:00.336 --> 01:20:04.142
So to your question,
do I think that there are facilities out

01:20:04.142 --> 01:20:06.536
there that could comply with this? Yes.

01:20:07.186 --> 01:20:09.465
I just,
I think we would have to survey or have a

01:20:09.465 --> 01:20:10.786
conversation point to a care.

01:20:10.786 --> 01:20:11.906
I think they could probably provide.

01:20:13.216 --> 01:20:17.305
Some just based on kind of their clients,
like what percentage of their clients

01:20:17.305 --> 01:20:20.372
they think would be able to meet this
requirement as it is.

01:20:20.372 --> 01:20:21.496
Just a quick question.

01:20:23.986 --> 01:20:28.957
Having been had before and working
currently with some sniffs their

01:20:28.957 --> 01:20:34.585
readiness to your point earlier was
something of adopt some modules and some

01:20:34.585 --> 01:20:39.628
have it and they've only adopted mostly
what they're required to do,

01:20:39.628 --> 01:20:42.186
which is primarily around MD's and.

01:20:42.896 --> 01:20:44.216
And some other components in there.

01:20:44.456 --> 01:20:46.588
Yeah.
Everything else typically winds up

01:20:46.588 --> 01:20:47.576
getting scanned in.

01:20:47.576 --> 01:20:52.318
And then the the human processes that are
there because there are limited,

01:20:52.318 --> 01:20:55.416
very limited resources, right,
administratively.

01:20:57.066 --> 01:21:01.969
That things don't really get done in a
timely fashion within the system as it

01:21:01.969 --> 01:21:06.432
relates to an admin or a discharge.
And so the timeliness around that,

01:21:06.432 --> 01:21:10.392
the policies and procedures to support
the effective you know,

01:21:10.392 --> 01:21:12.026
trigger point I think are.

01:21:12.456 --> 01:21:15.256
Key considerations also to come into play.

01:21:16.746 --> 01:21:21.090
And just because they were admitted into
a doesn't mean that within that system,

01:21:21.090 --> 01:21:24.950
it's all it's all there in the
notifications are going out like they do

01:21:24.950 --> 01:21:26.666
in the Ed where inpatients unit.

01:21:26.666 --> 01:21:27.866
Right, right.

01:21:28.546 --> 01:21:29.906
So, you know, I don't.

01:21:30.306 --> 01:21:31.346
Sorry, I'm sort of new.

01:21:31.346 --> 01:21:34.035
I don't usually don't usually attend
these meetings,

01:21:34.035 --> 01:21:35.506
but I feel like there's this.

01:21:35.546 --> 01:21:38.886
This is a very high goal.
I feel like there are problems with

01:21:38.886 --> 01:21:40.986
intermediate goals that need to be met.

01:21:41.336 --> 01:21:44.102
First,
before we can assess better whether,

01:21:44.102 --> 01:21:47.559
like when they would be able to meet this
requirement,

01:21:47.559 --> 01:21:51.456
but I think it's probably like a another
deeper conversation.

01:21:52.946 --> 01:21:53.946
You know with point.

01:21:53.946 --> 01:21:58.340
Click here and and maybe doing a survey
of folks just as where where they're at,

01:21:58.340 --> 01:22:01.106
and then you know what would be a more

reasonable.

01:22:03.506 --> 01:22:04.106
Requirement.

01:22:05.906 --> 01:22:06.146
Thanks.

01:22:08.446 --> 01:22:08.966
Yes.

01:22:11.106 --> 01:22:14.026
No. With respect, I think.

01:22:14.066 --> 01:22:15.906
Just diagonal stuff is telling, right?

01:22:16.026 --> 01:22:20.651
The DXF was signed to Law 2021 in 133.
It says,

01:22:20.651 --> 01:22:27.781
and albeit the language should be

clarified and maybe it will be enacted,

01:22:27.781 --> 01:22:31.346
but it says the intent is clear that.

01:22:32.946 --> 01:22:37.026
Congress and facilities electronic record
systems are required to share information.

01:22:38.146 --> 01:22:43.350
And yes, no to the point.
Most facilities seem to have actually

01:22:43.350 --> 01:22:48.067
signed the DSA,
but there hasn't been any movement beyond

01:22:48.067 --> 01:22:54.572
that. And I think the fact that, you know,
the industry association hasn't even

01:22:54.572 --> 01:23:00.426
conducted a survey or a gap analysis of
which of its providers have or.

01:23:00.426 --> 01:23:03.066
Do not have systems that are capable is.

01:23:03.826 --> 01:23:05.840
Reflective of,
you know what just sits on their

01:23:05.840 --> 01:23:07.266
priorities? This is just not been.

01:23:07.986 --> 01:23:11.706
Something that they have seen as an
obligation or or.

01:23:13.426 --> 01:23:13.466
A.

01:23:13.466 --> 01:23:17.573
An imperative to take seriously, you know,
whether it's for cowing,

01:23:17.573 --> 01:23:19.746

whether it's for just on the ground.

01:23:21.546 --> 01:23:22.586
Transitional care management.

01:23:22.866 --> 01:23:27.012
There's a clear use case,
a clear need from this from just the

01:23:27.012 --> 01:23:30.433
quality of care perspective and it's not
being met.

01:23:30.433 --> 01:23:33.329
And on the issue of capabilities,
you know,

01:23:33.329 --> 01:23:36.026
I don't want a policy to be pointed care.

01:23:36.026 --> 01:23:36.946
I don't work there.

01:23:37.026 --> 01:23:38.746
Certainly. You know I'm not.

01:23:39.536 --> 01:23:43.082
Partner marketing team,
but in our comments on this,

01:23:43.082 --> 01:23:48.299
on this requirement where we strongly
support maintaining the effective date,

01:23:48.299 --> 01:23:53.919
we just want to thank Good Care's website
and they have a press release saying that

01:23:53.919 --> 01:23:57.196
in California it got over 1000 Snips and
78% of.

01:23:57.186 --> 01:24:01.424
The providers amongst the skilled
industry across the state that are

01:24:01.424 --> 01:24:06.336

leveraging what they call their care collaboration network, which can actually.

01:24:07.746 --> 01:24:08.306
Forward adps.

01:24:08.976 --> 01:24:10.456
For for care management purposes.

01:24:11.216 --> 01:24:12.256
So no, I didn't.

01:24:12.536 --> 01:24:19.496
Definitely. I think and many others know, willing to see what a formal survey or.

01:24:20.986 --> 01:24:21.026
A.

01:24:21.026 --> 01:24:26.334
An analysis from care and other vendors that service the industry actually shows,

01:24:26.334 --> 01:24:29.829
but but my prior based off of this type
of, you know,

01:24:29.829 --> 01:24:35.072
announcement or claim is that there are
preponderance of SIFS that can meet this

01:24:35.072 --> 01:24:37.920
requirement.
And I don't think it should be

01:24:37.920 --> 01:24:38.826
unnecessarily.

01:24:39.536 --> 01:24:40.656
Delayed because.

01:24:42.666 --> 01:24:45.018
You know,
just just through obscurity of whether

01:24:45.018 --> 01:24:46.266
this is actually the case.

01:24:49.306 --> 01:24:49.586
Can I?

01:24:49.586 --> 01:24:54.166
I actually really agree with Felix and I
think from a consumer perspective and

01:24:54.166 --> 01:24:57.006
from the state perspective around policy
making,

01:24:57.006 --> 01:25:01.817
the critical nature of being able to know
when someone is admitted to a sniff when

01:25:01.817 --> 01:25:06.106
they are discharged from a sniff,
we know that those transitions of care.

01:25:06.626 --> 01:25:07.426
Are where?

01:25:07.426 --> 01:25:08.946
A lot of problems happen for consumers.

01:25:09.216 --> 01:25:12.096
Particularly happen for our most vulnerable consumers.

01:25:12.096 --> 01:25:13.896
That is where people are falling through the cracks.

01:25:14.016 --> 01:25:17.349
That is where they're not getting follow up and that's where they're ending up

01:25:17.349 --> 01:25:19.416
readmitted to hospitals and stuff unnecessarily.

01:25:19.416 --> 01:25:21.836
It's also a huge cost driver for the state,

01:25:21.836 --> 01:25:24.310

and we're talking about the medical program,

01:25:24.310 --> 01:25:28.268
the fact that we don't appropriately follow up with people when they're

01:25:28.268 --> 01:25:32.502
discharged is a huge cost driver for the state across, you know, in medical,

01:25:32.502 --> 01:25:34.096
but also in our in our other.

01:25:34.746 --> 01:25:35.346
Delivery systems.

01:25:35.346 --> 01:25:37.866
So I'm I'm actually like I'm quite concerned.

01:25:38.416 --> 01:25:41.816
This is on the table because I think the requirement has been clear.

01:25:43.306 --> 01:25:47.953
And just how critical this is for the
health care of people as well As for the

01:25:47.953 --> 01:25:52.424
policy goals that the state has for
healthcare system like I think it would

01:25:52.424 --> 01:25:55.306
be a real mistake to to delay that many
further.

01:25:55.306 --> 01:26:00.626
So I would respond to that and say that
the I'm not saying that these yes we are.

01:26:00.666 --> 01:26:04.332
I'm not saying that our are not notifying,
they are they're doing this,

01:26:04.332 --> 01:26:06.826
but to your point there they may be
catching it.

01:26:06.826 --> 01:26:07.586
They may be.

01:26:07.586 --> 01:26:08.186
It's whether or not.

01:26:08.696 --> 01:26:13.136
These actually occurring through their
EHR, that is what I what.

01:26:13.136 --> 01:26:15.136
I don't know that there are.

01:26:16.626 --> 01:26:17.826
I just want to be very clear.

01:26:17.826 --> 01:26:22.326
It is not that they're the police are not
notifying when people are admitted,

01:26:22.326 --> 01:26:25.961
discharged or transferred,

but they are definitely doing that.

01:26:25.961 --> 01:26:29.826
But through their HR they just may not
have the capacity to do it.

01:26:29.866 --> 01:26:30.786
I mean their their system.

01:26:30.786 --> 01:26:36.066
They may not have the system to do it.
Some of them do, and some of them do not.

01:26:36.416 --> 01:26:41.606
And so my my point is that I think that
for those who don't have The Who are

01:26:41.606 --> 01:26:45.852
being part of a smaller facility and just
for whatever reason,

01:26:45.852 --> 01:26:51.446
they don't have the the financial ability
to have an EHR that is equivalent to one

01:26:51.446 --> 01:26:52.996
that is operating in a.

01:26:52.986 --> 01:26:57.692
Corporate system that we have to be
careful that we are not penalizing them

01:26:57.692 --> 01:26:58.496
like we have.

01:26:58.496 --> 01:27:00.936
There will probably be some that that
will be able to comply with this.

01:27:01.666 --> 01:27:03.906
And that's it's not an issue for them,
but it's really gonna be smaller.

01:27:05.586 --> 01:27:06.786
Independent facilities.

01:27:07.376 --> 01:27:08.816

That I'm more concerned about.

01:27:10.776 --> 01:27:14.229
We can, you know,
refine the requirement a little bit more

01:27:14.229 --> 01:27:17.682
to reflect what the actual their actual
circumstances are.

01:27:17.682 --> 01:27:19.496
And we have tried to reach out.

01:27:21.026 --> 01:27:24.567
To companies in our Members to figure out
where are you on that.

01:27:24.567 --> 01:27:29.034
And again like kind of where we fall in
terms of getting server responses who are

01:27:29.034 --> 01:27:33.065
better resourced they you know are able
to respond. But yes we can do it.

01:27:33.065 --> 01:27:35.026
The smaller ones where they're like.

01:27:35.026 --> 01:27:36.306
I don't even understand what you're asking.

01:27:37.496 --> 01:27:39.536
So there's just I'm in this.

01:27:39.536 --> 01:27:41.696
It's just. I'm. I'm not. Yes again.

01:27:41.696 --> 01:27:44.279
We want everybody to be at a certain level,

01:27:44.279 --> 01:27:47.096
but setting a requirement and then is it going?

01:27:47.096 --> 01:27:48.896
Can't wish it into existence.

01:27:48.936 --> 01:27:52.186
We actually have to have resources if
we're going to start holding people

01:27:52.186 --> 01:27:54.558
accountable.
We have to give them the resources to be

01:27:54.558 --> 01:27:56.885
able to actually do it instead of just
saying, well,

01:27:56.885 --> 01:27:59.960
you're going to need to go figure that
out particular. At this point,

01:27:59.960 --> 01:28:00.706
we have no sense.

01:28:00.706 --> 01:28:05.158
Of scale in terms of how many facilities,
how many patients they serve,

01:28:05.158 --> 01:28:06.456
who wouldn't be able.

01:28:07.496 --> 01:28:13.168
So we have to what Joe said earlier,
I would say about probably 55% of our

01:28:13.168 --> 01:28:18.689
buildings are part of companies that are
more likely to have kind of the

01:28:18.689 --> 01:28:23.454
infrastructure around in order to be able
to comply with this.

01:28:23.454 --> 01:28:26.176
And then the the remainder is going.

01:28:26.176 --> 01:28:30.338
To be would have to and we've we've
reached out to our Members and you know,

01:28:30.338 --> 01:28:31.256

surveys are hard.

01:28:32.066 --> 01:28:35.930
I think that it would actually help if
the state actually took on that

01:28:35.930 --> 01:28:36.746
responsibility.

01:28:37.136 --> 01:28:39.736
Instead of leaving it to either,
we sent it to our Members.

01:28:39.776 --> 01:28:42.827
Not all facilities are are are members
either,

01:28:42.827 --> 01:28:46.656
so we're never going to get a complete
accounting of that.

01:28:48.226 --> 01:28:53.106
I want to say 50% is a lot better than 0
and.

01:28:55.026 --> 01:29:01.026
I would think and hope that that could be
accomplished by generating 27.

01:29:01.026 --> 01:29:04.426
We can have a conversation about that.
What I'm saying is we're not saying 5050.

01:29:04.426 --> 01:29:05.866
Those who can do it can do it.

01:29:05.866 --> 01:29:06.466
So everybody.

01:29:06.776 --> 01:29:08.698
We must.
And so that's where I think the

01:29:08.698 --> 01:29:12.401
discussion that we'd like to see is how
we better respond to reflect those who

01:29:12.401 --> 01:29:15.636
actually have the capacity.
We're not opposed to the ones who can do

01:29:15.636 --> 01:29:15.776
it.

01:29:16.216 --> 01:29:17.056
They should do it.

01:29:18.666 --> 01:29:20.026
And that is I think.

01:29:21.786 --> 01:29:21.946
Not.

01:29:23.866 --> 01:29:26.986
Able right for for those that have the
ability to to send these notifications.

01:29:29.546 --> 01:29:31.306
You got it usable soon.

01:29:34.186 --> 01:29:36.546
We'll figure out if you don't have it,
how we can help you.

01:29:38.706 --> 01:29:40.706
Well, this has been a good conversation.

01:29:42.186 --> 01:29:45.774
Thanks. We'll,
we'll consider the recommendations here

01:29:45.774 --> 01:29:51.253
and we'll continue to collect stakeholder
input and we'll we'll figure out the next

01:29:51.253 --> 01:29:54.906
steps forward here should we move on to
the next slide.

01:29:56.586 --> 01:29:58.746
I'm expecting a robust conversation here
as well.

01:30:00.546 --> 01:30:02.426

That's on human readable notifications.

01:30:02.426 --> 01:30:06.786
We propose that organizations that are sending notifications.

01:30:07.456 --> 01:30:13.016
Make them available in both machine readable and human readable formats.

01:30:13.056 --> 01:30:16.056
We didn't get real push back in the machine.

01:30:16.056 --> 01:30:16.856
Readable in fact.

01:30:16.856 --> 01:30:20.068
There was a lot of agreement in how to move that forward,

01:30:20.068 --> 01:30:24.165
but human readable there were requests that we not require human readable

01:30:24.165 --> 01:30:28.096
notification to be sent to all
participants and request notifications.

01:30:28.096 --> 01:30:32.576
That was probably poor wording in the
requirement that could be adjusted.

01:30:33.346 --> 01:30:36.976
There were also requests that we,
we defer require human readable

01:30:36.976 --> 01:30:37.746
notifications.

01:30:38.736 --> 01:30:42.856
Until there are clear use cases
identified or talk about that today.

01:30:43.526 --> 01:30:49.086
Defer until secure standards based
options are available.

01:30:49.606 --> 01:30:55.383
One of the things that we did talk about
in the Standards Committee last year was

01:30:55.383 --> 01:30:59.540
the direct trust standard for
communicating human readable

01:30:59.540 --> 01:31:00.526
notifications.

01:31:00.526 --> 01:31:05.071
So there is one secure standards based
option available now,

01:31:05.071 --> 01:31:08.126
but probably only one that I am aware of.

01:31:08.896 --> 01:31:12.336
And that we require recipients that were
requested require recipients.

01:31:13.126 --> 01:31:18.563

To convert machine readable notifications
to human readable format rather than the

01:31:18.563 --> 01:31:21.576
organizations that are sending
notifications,

01:31:21.576 --> 01:31:25.768
just again a couple of things.
The Standards Committee strongly

01:31:25.768 --> 01:31:30.877
recommended including human readable
notifications as an option that would be

01:31:30.877 --> 01:31:33.366
required of all sending organizations.

01:31:33.486 --> 01:31:37.856
We have recently posted recommendations
Standards Committee on our website.

01:31:37.856 --> 01:31:39.926
If you want to take a look at those.

01:31:40.406 --> 01:31:43.634
And again,
direct crust does have a published

01:31:43.634 --> 01:31:46.862
standard.
The Standards Committee recommended

01:31:46.862 --> 01:31:50.511
against calling that out directly as a
requirement,

01:31:50.511 --> 01:31:52.686
but there is that as an option.

01:31:52.726 --> 01:31:57.894
So the questions here are there
participants that would be left behind if

01:31:57.894 --> 01:32:02.993
human readable notifications were not
required of organizations that are

01:32:02.993 --> 01:32:05.646
sending notifications to the use case?

01:32:06.376 --> 01:32:09.496
And so that's in, you know,
is this something that's needed?

01:32:10.336 --> 01:32:15.076
Is this something for their organizations
that cannot consume machine readable

01:32:15.076 --> 01:32:18.016
notifications and therefore need an
alternative?

01:32:18.336 --> 01:32:20.216
And 2nd, if there are such.

01:32:21.776 --> 01:32:24.816
What? What is the runway that's needed?

01:32:26.496 --> 01:32:29.438
Potentially,

before this becomes a requirement to

01:32:29.438 --> 01:32:33.616
sending organizations or what other
things need to happen before human

01:32:33.616 --> 01:32:37.616
readable notifications should be a
requirement. Let me pause there.

01:32:39.496 --> 01:32:39.896
I guess.

01:32:40.166 --> 01:32:42.326
We probably should start with the first
question.

01:32:43.776 --> 01:32:45.256
Do we need human readable notifications?

01:32:45.256 --> 01:32:49.429
The Standards Committee said yes.
Some of our stakeholders call that into

01:32:49.429 --> 01:32:49.936
question.

01:32:52.776 --> 01:32:56.052
I think there's need to be able to
generate those.

01:32:56.052 --> 01:33:00.613
Whether it's the IT vendor that
translates the machine readable or the

01:33:00.613 --> 01:33:01.576
human readable.

01:33:01.696 --> 01:33:05.932
I think that's fine,
but I think your point about if somebody

01:33:05.932 --> 01:33:10.987
is under resourced and doesn't have a
robust Chr and they just get AB2HL7

01:33:10.987 --> 01:33:13.856

message, there's not gonna be, so I think.

01:33:15.376 --> 01:33:16.616
Kind of goes back to what?

01:33:16.616 --> 01:33:19.027
The environment,
how many people are in that boat when

01:33:19.027 --> 01:33:20.736
they're not gonna be able to read that?

01:33:23.006 --> 01:33:26.623
The number is probably small,
but significant.

01:33:26.623 --> 01:33:30.086
Small little practices don't have a do
that.

01:33:36.496 --> 01:33:36.736
Abufaz.

01:33:41.096 --> 01:33:43.136
Can we talk to you guys out on still nursing?

01:33:49.606 --> 01:33:54.634
So I've heard one comment that there probably are some organizations that

01:33:54.634 --> 01:33:58.846
don't have capability of taking machine readable format here.

01:34:00.536 --> 01:34:02.016
Are there other thoughts about that?

01:34:02.016 --> 01:34:04.656
Is this a significant problem that needs to be addressed?

01:34:09.966 --> 01:34:11.006
Don't say it's a problem.

01:34:11.046 --> 01:34:12.766
I don't know how significant the problem

is.

01:34:12.806 --> 01:34:14.926
It's kind of an unknown.

01:34:16.856 --> 01:34:18.256
But I think there's not a QHIO.

01:34:21.016 --> 01:34:25.616
They can't support and devise going to
actually be my next question so.

01:34:27.416 --> 01:34:29.764
John,
does your organization support human

01:34:29.764 --> 01:34:31.456
readable? If people ask for it?

01:34:31.976 --> 01:34:33.896
Felix, I'm sorry to put you on the spot.

01:34:33.896 --> 01:34:36.536

Do you know whether manifest medx?

01:34:37.486 --> 01:34:39.326
Meaningful format. If people ask for it.

01:34:40.856 --> 01:34:45.913
It would take a lot of work and resources
you don't today. You don't today. OK.

01:34:45.913 --> 01:34:47.936
And and that's all I was asking.

01:34:47.976 --> 01:34:55.958
So that means that some QH OS can and
some QH OS don't yet presentation it's

01:34:55.958 --> 01:34:59.896
not necessarily hitting your textbook.

01:34:59.896 --> 01:35:04.748
I'm not hitting your e-mail right,
but it's a presentation of the AP data so

01:35:04.748 --> 01:35:07.016
that you can understand in a portal.

01:35:07.566 --> 01:35:11.726
In a direct message and some other
something other than of each message.

01:35:11.886 --> 01:35:17.082
So there are some that can and some that
don't do that can probably based on the

01:35:17.082 --> 01:35:19.006
survey data presented earlier.

01:35:21.376 --> 01:35:23.936
I I like the requirement around.

01:35:25.696 --> 01:35:28.536
The recipient to convert.
I thought that was.

01:35:30.376 --> 01:35:33.736
Not the only way,
but that it can be and I really like the

01:35:33.736 --> 01:35:36.696
fact that you guys are identifying on the
standard.

01:35:37.526 --> 01:35:38.926
Like Red Cross, that's.

01:35:40.456 --> 01:35:44.216
Like moving down that direction and and
having one standard is possible.

01:35:45.216 --> 01:35:47.391
Yeah,
maybe through the technical assistance,

01:35:47.391 --> 01:35:50.936
if they're a website somewhere that can
parse out and meet you message and

01:35:50.936 --> 01:35:53.442
present it.
If you can read a way that the state can

01:35:53.442 --> 01:35:55.096
kind of sponsor help people access.

01:35:56.656 --> 01:35:57.296
That might be a solution.

01:35:59.176 --> 01:36:01.496
Yeah, you know, to follow up on that.

01:36:03.336 --> 01:36:06.936
To have it as a way it's framed in the.

01:36:08.126 --> 01:36:09.846
Have the owners on the sender.

01:36:10.046 --> 01:36:11.886
That's gonna create a lot of.

01:36:13.776 --> 01:36:20.893
Variation to the point of of chaos and
unusibility with different generators and

01:36:20.893 --> 01:36:23.616
and suppliers of notifications.

01:36:25.296 --> 01:36:30.202
Offering and and eventually forcing the recipient to go do different workflows

01:36:30.202 --> 01:36:31.816
like to access the result.

01:36:31.816 --> 01:36:35.136
We aren't very sympathetic to the.

01:36:36.696 --> 01:36:37.336
Flip burden, you know.

01:36:37.646 --> 01:36:42.175
Happened to me that conversion and to that comment.

01:36:42.175 --> 01:36:49.403
I think if there was either a designated central infrastructure to to help provide

01:36:49.403 --> 01:36:54.366
that as as one node for recipients and or
if there were.

01:36:56.256 --> 01:37:00.893
You know another round of grants for
recipients to person technology to make

01:37:00.893 --> 01:37:01.976
those conversions.

01:37:02.096 --> 01:37:05.887
Or, thirdly,
funding for QHI OS to provide the

01:37:05.887 --> 01:37:07.016
functionality.

01:37:08.006 --> 01:37:12.722
Those of us that don't do that today,
those are always potential patents to to

01:37:12.722 --> 01:37:17.198

getting you know why I think is a
reasonable goal for recipients that need

01:37:17.198 --> 01:37:19.406
this type of format to to receive it.

01:37:22.176 --> 01:37:27.722
Did Felix am I hearing you correctly that
funding might be might allow us to get to

01:37:27.722 --> 01:37:33.069
a point where the sending organizations
all have access to technology to produce

01:37:33.069 --> 01:37:38.284
both machine readable and human readable,
or are using funding may be used for

01:37:38.284 --> 01:37:41.056
receiving organizations to transform them?

01:37:43.336 --> 01:37:44.496
I think it's probably.

01:37:46.016 --> 01:37:49.776
To my opening remark that that probably.

01:37:50.566 --> 01:37:59.802
If the generated on the receiving end,
that's probably modestly better than than

01:37:59.802 --> 01:38:02.766
funding the centers of it.

01:38:02.766 --> 01:38:07.278
But but if the centers are to be
responsible for making that that

01:38:07.278 --> 01:38:10.354
conversion,
then funding would definitely be

01:38:10.354 --> 01:38:11.926
recommended by centers.

01:38:11.926 --> 01:38:17.065
Do you mean the entity that's generating

it in the 1st place, or an intermediary,

01:38:17.065 --> 01:38:17.566
or both?

01:38:19.126 --> 01:38:23.883
I do both right,
because notifications come from, you know,

01:38:23.883 --> 01:38:27.846
both track point point as well as
intermediaries.

01:38:27.846 --> 01:38:28.806
That's a huge step.

01:38:29.886 --> 01:38:30.966
Massive, yeah.

01:38:30.966 --> 01:38:36.566
I would support the QHI OS right.
Having that funding or establishing

01:38:36.566 --> 01:38:41.926
centralized model right?
That can source that, but I would not be.

01:38:41.926 --> 01:38:43.486
I mean that's that's a lot.

01:38:43.486 --> 01:38:47.046
That's a lot. That and a participant,
any participant have that.

01:38:47.776 --> 01:38:49.376
The whole ecosystem of participants that
are.

01:38:50.606 --> 01:38:52.326
You got em Rs you've got.

01:38:55.296 --> 01:38:55.376
EC.

01:38:56.656 --> 01:38:57.136
FCS.

01:38:57.136 --> 01:39:01.697
And that's the the amount of money that
we would spend to achieve that one

01:39:01.697 --> 01:39:04.616
objective would risk versus I mean the
rewards.

01:39:04.616 --> 01:39:05.336
Not there, I don't know.

01:39:10.626 --> 01:39:12.226
Right. Are there other thoughts?

01:39:14.416 --> 01:39:15.016
Yes.

01:39:16.656 --> 01:39:20.986
In public comment,
we received some concerns that doing a

01:39:20.986 --> 01:39:26.136
human readable format would create some

risk to security or privacy.

01:39:27.936 --> 01:39:28.896
To does anyone?

01:39:28.896 --> 01:39:32.541
I don't know if anyone commented on that
or if anyone agrees with that concern.

01:39:32.541 --> 01:39:33.816
I'd like to understand more.

01:39:36.206 --> 01:39:37.486
And I'm Courtney Hanson.

01:39:37.486 --> 01:39:40.086
I'm a senior attorney and lead attorney
for DXF.

01:39:41.246 --> 01:39:46.886
There's online parser,
so if I got a HL 7 message, it's easier.

01:39:46.886 --> 01:39:50.006
Easy enough to translate that into
something I can read violate privacy.

01:39:50.006 --> 01:39:58.153
So I don't think readable formats risk.
I think the risk part is in the data

01:39:58.153 --> 01:40:01.326
crosswalks. Code sense, right?

01:40:02.096 --> 01:40:05.536
Because in order to produce machine
readable or human readable.

01:40:06.006 --> 01:40:08.686
To where you're what's the interpretation
of humanity?

01:40:08.686 --> 01:40:14.766
Are we translating AV in a code set to
what that means because?

01:40:16.326 --> 01:40:21.183

Every EMR, every location,
potentially depending on the registration

01:40:21.183 --> 01:40:23.998
system,
depending on a lot that code is

01:40:23.998 --> 01:40:29.206
identified for them and they've
identified that code to mean this, right?

01:40:29.286 --> 01:40:33.526
That same code in that system over there
is going to mean a different thing, right?

01:40:33.686 --> 01:40:39.231
So I think the risk is translating the
code set data that is valuable

01:40:39.231 --> 01:40:41.766
information into human readable.

01:40:42.736 --> 01:40:44.776
To where the person can consume,
there's risk there.

01:40:44.926 --> 01:40:46.726
Because there's risk and there's a lot of
work.

01:40:46.796 --> 01:40:49.516
I mean, that's like,
but that's not privacy risk, right?

01:40:49.516 --> 01:40:50.676
That's more like a clinical risk.

01:40:50.676 --> 01:40:55.179
It's more of a patient safety,
patient safety or you know what are we

01:40:55.179 --> 01:40:56.916
when we say human readable.

01:40:56.916 --> 01:40:59.276
What does human readable mean?

01:40:59.356 --> 01:40:59.796

Yeah, right.

01:40:59.796 --> 01:41:02.596
How am I taking code sets and translating
into what that means right?

01:41:02.596 --> 01:41:05.476
That's to me,
that's like giving data human readable.

01:41:07.046 --> 01:41:08.646
And that's a that's a big lift.

01:41:08.646 --> 01:41:10.566
That's a big lift for just onboarding,
right?

01:41:10.566 --> 01:41:14.656
Participants today is identifying those
code sets right,

01:41:14.656 --> 01:41:17.526
and I think just to be clear, what this.

01:41:17.996 --> 01:41:21.276
I think the intent is that that
translation does not happen.

01:41:21.516 --> 01:41:24.396
There's no interpretation of what the
codes say.

01:41:24.396 --> 01:41:26.556
It is a literal like.

01:41:26.556 --> 01:41:30.302
Here's a field that describes the
discharge and it literally translates

01:41:30.302 --> 01:41:33.736
into something you can just read from
that, as opposed to saying,

01:41:33.736 --> 01:41:35.036
what does this code mean?

01:41:35.396 --> 01:41:38.481

Let's map this to a different code and I think that's what we're trying to say

01:41:38.481 --> 01:41:38.676
here.

01:41:39.076 --> 01:41:43.596
Well and and I think that that gets again to where does the responsibility lie?

01:41:43.636 --> 01:41:48.347
Does the responsibility lie in the sender to say that This is why I meant by that

01:41:48.347 --> 01:41:51.965
code or with recipient?
Try to determine what was meant by the

01:41:51.965 --> 01:41:53.516
code to send reused, right?

01:41:53.516 --> 01:41:57.542
And so I think that and the requirement on the intermediary and the intermediary

01:41:57.542 --> 01:42:01.567
to risk to intermediary if you're trying
to interpret what that means as opposed

01:42:01.567 --> 01:42:03.356
to just say this is the message you.

01:42:04.086 --> 01:42:07.406
Translate you you interpret how you will.

01:42:07.406 --> 01:42:08.486
This is what we got.

01:42:08.916 --> 01:42:13.316
From the sending facility,
there's a huge base in need for standards.

01:42:14.766 --> 01:42:19.822
Those standards would also be a huge
impact to everybody that's got those work

01:42:19.822 --> 01:42:20.846

flows now, yeah.

01:42:21.806 --> 01:42:25.406
And so yeah, it's it's not a small hole.

01:42:30.086 --> 01:42:30.766
Other thoughts?

01:42:35.886 --> 01:42:39.686
Seem I don't know if you want to take us
into public comment, Lori.

01:42:40.276 --> 01:42:40.876
Yeah, let's do it.

01:42:43.126 --> 01:42:45.720
All right,
members of the public must raise their

01:42:45.720 --> 01:42:48.055
hand,
and team facilitators will unmute each

01:42:48.055 --> 01:42:51.894
member of the public to share comments if
selected to share your comment,

01:42:51.894 --> 01:42:53.606
we'll be able to unmute yourself.

01:42:54.166 --> 01:42:57.419
People will be called in the order in
which their hands were raised and you

01:42:57.419 --> 01:42:58.446
will be given 2 minutes.

01:42:58.566 --> 01:43:02.446
Please state your name and organizational
affiliation when you begin.

01:43:15.236 --> 01:43:16.556
We have no hands at the time.

01:43:17.396 --> 01:43:19.636
OK, we'll give folks another minute.

01:43:27.086 --> 01:43:30.452
Yeah,
just reacting to some of the conversation.

01:43:30.452 --> 01:43:33.886
There's such opportunity on the
measurement side.

01:43:35.486 --> 01:43:39.107
You know,
really deep of the feedback through the

01:43:39.107 --> 01:43:44.321
survey. And then I was really,
really excited about this idea of how to

01:43:44.321 --> 01:43:46.566
almost on the patient matching.

01:43:47.986 --> 01:43:52.798
How do we how do we gauge the level of
quality of the data that's being

01:43:52.798 --> 01:43:53.466
exchanged?

01:43:54.026 --> 01:43:59.361
And I'm reminded that Michigan has a
great example of a report card where they

01:43:59.361 --> 01:44:04.764
are able to give a report card back to
all their participants in the HIE on how

01:44:04.764 --> 01:44:09.356
well they're doing with both quality and
not just the process data,

01:44:09.356 --> 01:44:11.246
but the quality of the data.

01:44:11.866 --> 01:44:13.906
And I would think our QHIOS could do that.

01:44:14.646 --> 01:44:16.806
And give in a consistent way.

01:44:17.436 --> 01:44:22.860
Give feedback to all the participants on
how well they're doing and you know red,

01:44:22.860 --> 01:44:24.116
blue-green, yellow.

01:44:25.646 --> 01:44:28.448
But anyway,
there's there's some fantastic examples

01:44:28.448 --> 01:44:32.758
out there and really pushing the envelope
and just back John to the the patient

01:44:32.758 --> 01:44:33.566
matching piece.

01:44:35.326 --> 01:44:40.846
It's so frustrating because in general
what we see out there is status quo is

01:44:40.846 --> 01:44:44.526

well, I did the I did the query,
nothing came back.

01:44:45.516 --> 01:44:48.516
That's OK. And it's not OK.

01:44:49.076 --> 01:44:55.116
So whatever we can do to push these
envelope there 100% behind it.

01:44:57.526 --> 01:44:57.846
I think so.

01:45:00.436 --> 01:45:02.436
I still have no hands raised at this time,
Jacob.

01:45:04.006 --> 01:45:06.806
I'll just say another comment then also
is around.

01:45:12.686 --> 01:45:13.126
Austin talk.

01:45:15.806 --> 01:45:20.726
It's gonna be brilliant. Yeah. Come back.

01:45:20.726 --> 01:45:21.326
Bring it to us when you have it.

01:45:23.526 --> 01:45:24.806
We can bring us to a closer.

01:45:26.566 --> 01:45:28.046
We can go to the next slide.

01:45:31.036 --> 01:45:36.649
Great. And one more slide here.
So as next steps were of course going to

01:45:36.649 --> 01:45:42.876
consider the feedback provided by the
committee in the Public Finance Committee.

01:45:42.996 --> 01:45:48.096
Lot of great feedback in terms of how we
might better measure what we're doing.

01:45:48.096 --> 01:45:51.156
The annual survey,
this was our first go at it.

01:45:51.156 --> 01:45:54.516
I think there were a lot of lessons
learned and a lot of really good feedback

01:45:54.516 --> 01:45:55.636
from the folks here today.

01:45:56.356 --> 01:46:01.396
And also tremendous discussion on the
technical requirements for exchange DNP.

01:46:01.476 --> 01:46:05.036
We have our work cut out for us to
process the feedback here today.

01:46:05.636 --> 01:46:06.836
We'll take that on next.

01:46:08.486 --> 01:46:09.966
I believe that's it.

01:46:09.966 --> 01:46:11.486
There may be one more slide here.

01:46:13.446 --> 01:46:20.686
Of course we have our annuity accept
webpage at dxf.chhs.ca.gov.

01:46:20.686 --> 01:46:25.286
Go and check that out and let us know
what you think.

01:46:26.116 --> 01:46:29.104
Please stay in touch and if you have any
other thoughts or feedback,

01:46:29.104 --> 01:46:30.316
don't hesitate to reach out.

01:46:30.556 --> 01:46:31.436
Thank you all for coming.