

Data Exchange Framework (DxF)

Implementation Advisory Committee (IAC)

September 25, 2025

9:00-11:00 am



Members are strongly encouraged to **enable their video** to foster increased interaction and discussion.



Meeting Participation Options

Video and Audio Best Practices

- Onsite: Members who are onsite are encouraged to join the meeting on Teams.
 - Members are asked to <u>keep their laptop microphone</u>, and audio off for the duration of the meeting.
 - o The room's cameras and microphones will broadcast the video and audio for the meeting.
 - o Instructions for connecting to the conference room's Wi-Fi are posted in the room.
- Offsite: Members joining the meeting remotely are encouraged to keep their video on for the duration of the meeting to foster increased engagement and interaction.

Please email Akira Vang (akira.vang@hcai.ca.gov) with any technical or logistical questions.



Meeting Participation Options

Written Comments

- Participants may submit comments and questions through the **Teams Q&A box**; all comments will be recorded and reviewed by CDII staff.
- Participants may also submit comments and questions as well as requests to receive Data Exchange Framework updates – to DxF@hcai.ca.gov.
 - Questions that require follow-up should be sent to <u>DxF@hcai.ca.gov</u>.



Meeting Participation Options

Spoken Comments

Committee members and public participants must "raise their hand" for Teams facilitators to unmute them to share comments; the Chair will notify participants/Members of the appropriate time to volunteer feedback.

Onsite	Offsite
If you are onsite	If you logged in via <u>Teams</u>
Physically raise your hand, and the chair will recognize you when it is your turn to speak	Press "Raise Hand" in the "Reactions" button on the screen
	If selected to share your comment, you will be unmuted.



Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- The Chair will call on individuals in the order in which their hands were raised.
- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.
- Participants are encouraged to use the Q&A to ensure all feedback is captured or email their comments to DxF@hcai.ca.gov.



Agenda







Speaker Introductions

Scott Christman

Chief Deputy Director, HCAI

Cindy Bero

Senior Advisor, Manatt Health Strategies

Jacob Parkinson

DxF Program Director, HCAI

Rim Cothren

Independent HIE Consultant, HCAI



Welcome and DxF Vision

The Vision for Data Exchange in California

Every Californian, no matter where they live, should be able to walk into a doctor's office, a county social services agency, or an emergency room and be assured that their health and social services providers can access the information they need to provide safe, effective, whole-person care—while keeping their data private and secure.

California's Data Exchange Framework (DxF) will help achieve this vision and improve care for all Californians by enabling statewide, secure data exchange between health and social services providers.





Q2 2025 DxF Impact Measurement

Reminder: Why Impact Measurement?

Assessing the impact of the DxF will allow HCAI to better understand how the DxF is being operationalized and to communicate its value.

Primary Purpose



Determine whether the purpose and goals of the DxF are being met.

Additional Purposes



Communicate the value of DxF to Participants, legislators, and other stakeholders.



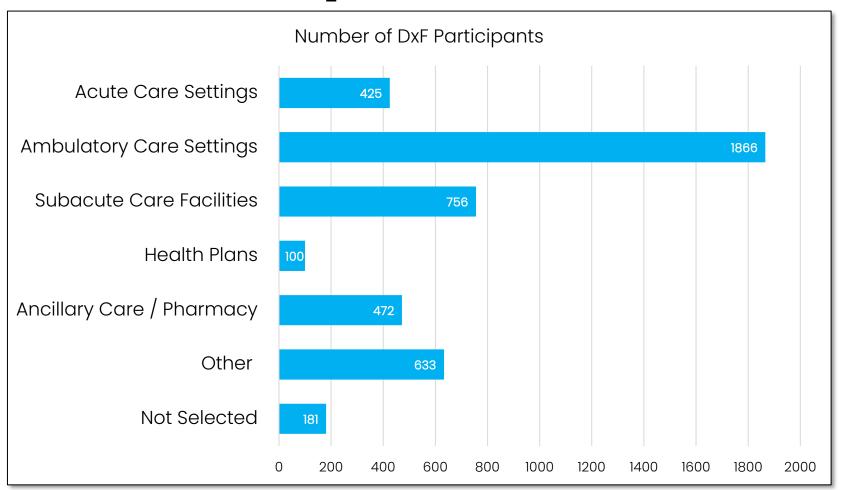
Identify the DxF components that are working well and areas in need of improvement.



Identify future opportunities to expand and/or extend the DxF.



DXF Participants (as of June 30, 2025)



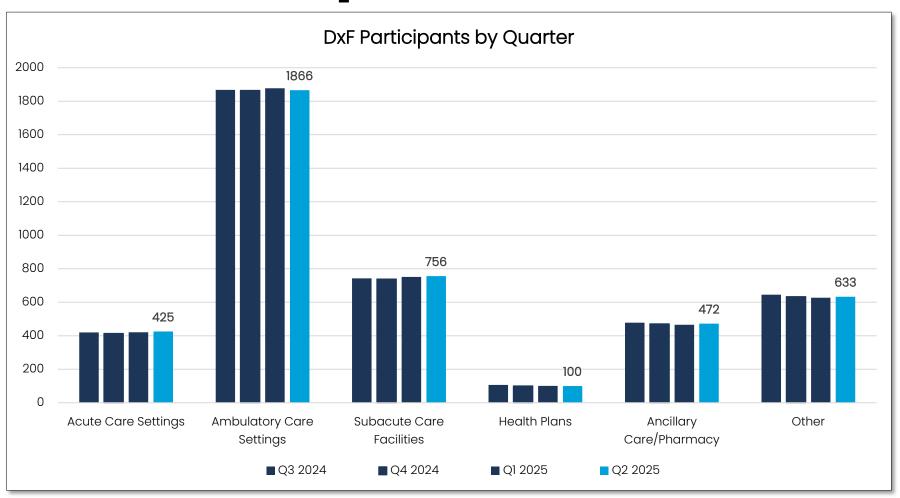
As of June 30, 2025, the DxF includes 4,433 Participants.

These Participants represent a wide range of health and social service organizations.

Ambulatory Care Settings represent 42% of all Participants.



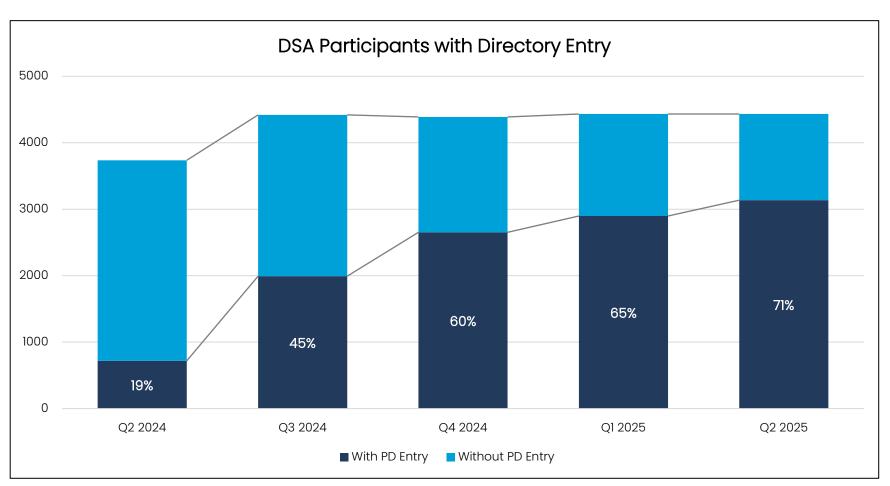
DSA Participant Growth (as of June 30, 2025)



DxF participation has remained level for the last four quarters. Any new participants have been offset by participants who ceased operations or terminated the DSA.



DSA Participant Directory (as of June 30, 2025)

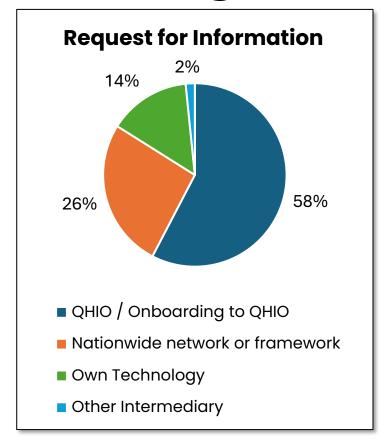


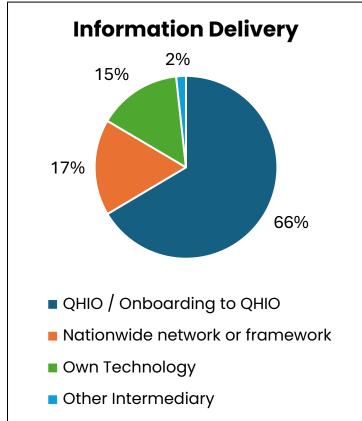
More than 70% of active DxF Participants have completed their selections in the Participant Directory (PD).

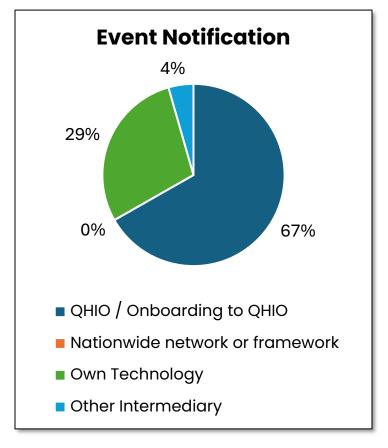
The DxF Program has been and plans to continue increasing PD completion through targeted outreach campaigns.



Exchange Methods (as of June 30, 2025)







Through their Participant Directory selections, two-thirds of Participants have indicated use of a DxF Qualified Health Information Organization (QHIO) to support information exchange. Participants also select to use a QHIO over a nationwide network or framework by a margin of >2:1.



DxF QHIO Program (as of June 30, 2025)



The nine Qualified Health Information Organizations (QHIOs) assist DxF Participants across the state with data exchange activities.

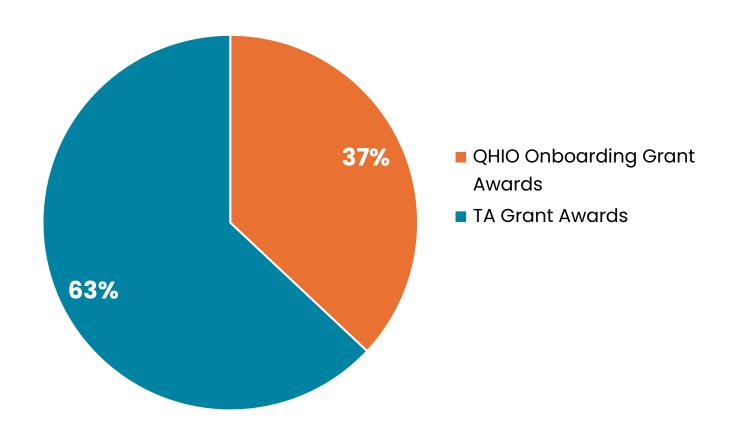
Collectively, the QHIOs processed more than 50 million requests for information on behalf of their client Participants in Q2 2025.

More than 1,000 DxF Participants currently subscribe to event notifications through the QHIO Program and have identified 41M individuals for whom they are notified when an event occurs.



DSA Signatory Grants by Grant Type (as of June 30, 2025)

DSA Signatory Grants by Grant Type



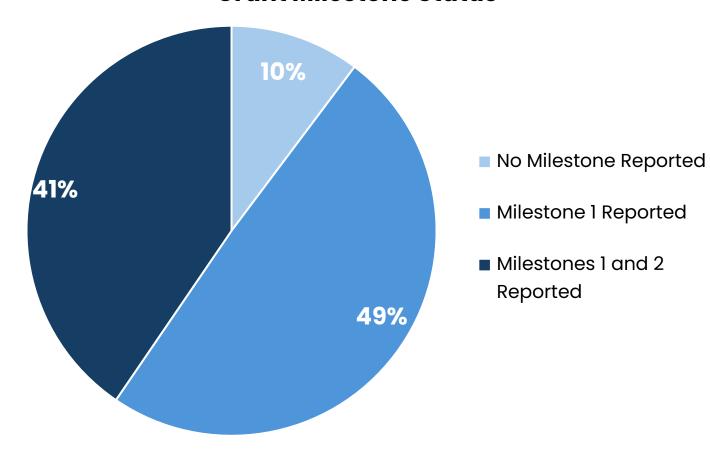
DSA Signatory Grants provide funding to help Participants prepare for and engage in data exchange.

771 organizations were awarded grants; these grantees are working towards their grant objectives through early 2026.



DSA Signatory Grant Progress (as of June 30, 2025)

Grant Milestone Status



As of June 30, 2025, 41% of the 771 grant recipients reported
Milestones 1 and 2 had been met, and their organizations
were actively engaged in data exchange. This is a 10-percentage point increase over the previous quarter.

49% of grantees reported their first milestone and were well on their way to achieving the objectives associated with their grant.



2025 DxF Participant Survey Follow-up Analyses

Recap: 2025 DxF Participant Survey

In Spring 2025, a brief survey was designed to gather information from DxF Participants about their current data exchange experience and areas of focus for the future.

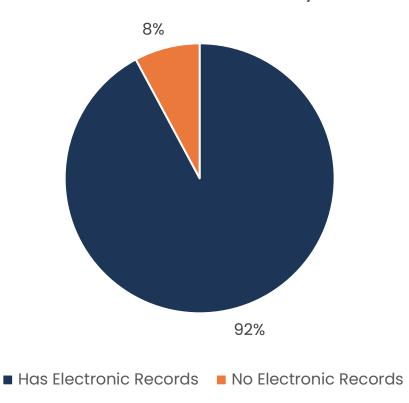
A link to the online survey was sent to DxF Signatories in late May and the survey closed on June 13.

388 Participants (13.8% of all Signatories) responded to the survey. The average time to complete the survey was 6 minutes.

50% of survey respondents have a role in direct care or service delivery (or adjacent).

92% of the respondents use an electronic records system* to manage the data on the individuals they serve while 8% reported they did not use an electronic records system.

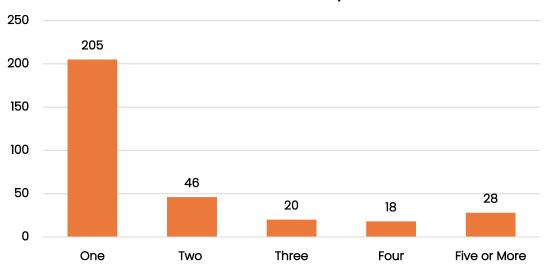
Electronic Records System





Respondents' Use of Records Systems*

Number of Record Systems



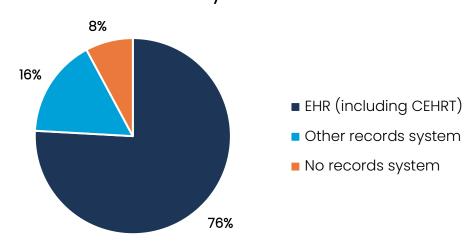
41% report the use of multiple electronic records systems to manage data for their clients

59% of respondents with records systems report only one such system



*Electronic record systems include any system used to manage data on individuals served. This may include an electronic health record (EHR), eligibility systems, lab systems, behavioral health systems, or other care management systems.

Records Systems In Use



76% of respondents report use of an electronic health record (CEHRT or an EHR which is not ONC-certified)

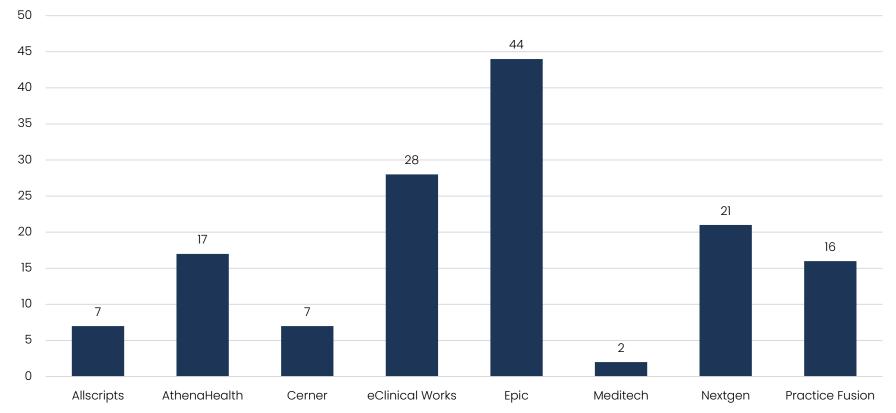
16% report use of other records systems but no EHR (e.g., eligibility and claims management, laboratory information systems, care management software, behavioral health software, etc.)

8% report no electronic records system

EHR Use by Respondents

Of the 261 respondents reporting use of an Electronic Health Record (EHR), 142 identified their EHR software from a list of several national brands.

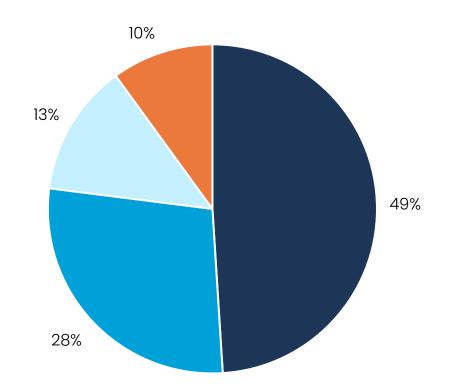
Distribution of EHRs



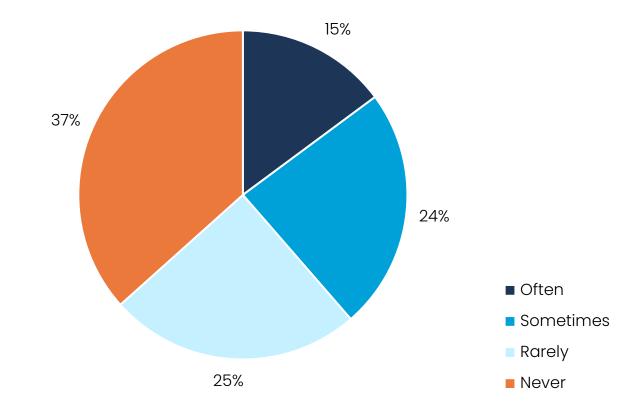


Recap: Frequency of Exchange

How Often Do You Seek Health Information?



How Often Do You Seek Social Services Information?





Recap: Frequency of Health Information Exchange

- 90% of respondents indicate they seek health information
- Respondents described how they make those inquiries
- Response options include Often, Sometimes, Rarely and Never

Requests for Health Information (90% of respondents)			
Action	Often and Sometimes		
Send an email or make a phone call	72%		
Log into a separate portal or website	69%		
No action taken; my records system automatically gets the data	50%		
Use a feature in my records system to request information	42%		

Receipt of Health Information (90% of respondents)		
Action	Often and Sometimes	
Information arrives as a document, secure email or fax.	78%	
Print or download information from a portal or website	68%	
No action taken; my records system automatically takes in the data	44%	
Following the request, the information is received into my records system	37%	

Noting the frequency of email, phone and fax, IAC members asked how these rates differ for those organizations with an EHR.



Frequency of Health Information Exchange

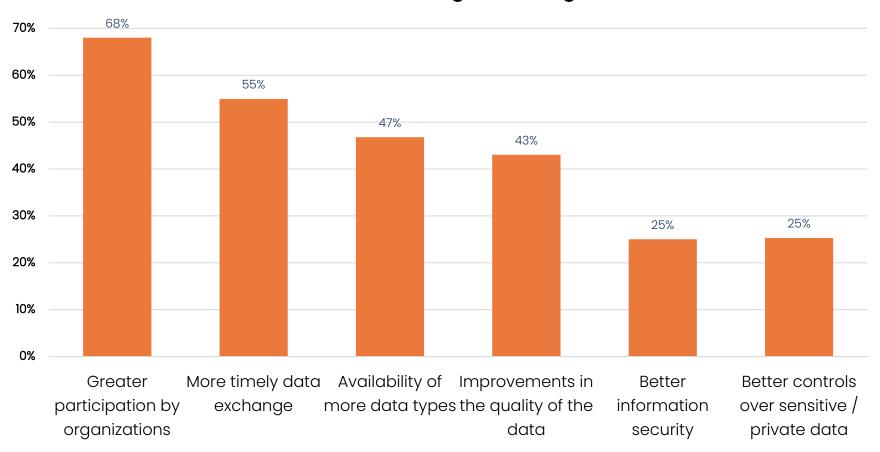
- 90% of respondents indicate they seek health information
- Respondents described how they make those inquiries
- Response options include Often, Sometimes, Rarely and Never

Method to Request Health Information Used Often or Sometimes	90% who seek health information	69% who seek health information and use an EHR	Net Percentage Point Difference
Send an email or make a phone call	72%	71%	-1
Log into a separate portal or website	69%	73%	+4
No action taken; my records system automatically gets the data	50%	58%	+8
Use a feature in my records system to request information	42%	47%	+5



Recap: Looking Forward

In the future, which of these data exchange challenges need to be addressed?







Timeliness as a Future Area of Focus

- 55% of all respondents indicate a future focus should be more timely data exchange
- 57% of those who seek health information today indicate a future focus should be more timely data exchange
- Regardless of method used to request health information, the percentage of respondents seeking more timely exchange remained 56% to 59%
- When stratified by the method used to receive health information,
 a slightly higher percentage of those relying on delivery methods outside
 of the EHR emphasized the need to focus on timeliness in the future:
 - 51% 52% of those who use EHR features today vs.
 - 58% 59% of those using portal, email or fax today





Treatment under DxF



Treatment is established as a Required Purpose in the Permitted, Required, and Prohibited Purposes P&P.

Treatment for DxF is defined in the Glossary of Defined terms to have "the same meaning as set forth at 45 C.F.R. § 164.501 of the HIPAA Regulations and in Cal. Civ. Code § 56.10(c)."

- HIPAA defines Treatment as "the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another."
- Cal. Civ. Code § 56.10(c) permits that "information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient."



Treatment under TEFCA



TEFCA's Treatment SOP separates the Exchange Purpose into two levels:

- 1. "Treatment" has the meaning defined by HIPAA in 45 CFR § 164.501.
- 2. "TEFCA Required Treatment" is available only to certain entities exchanging EHI electronically using certain transactions and federally adopted standards.

TEFCA Required Treatment is limited to certain entities or their delegates, including:

- Hospitals, skilled nursing facilities, home health entities, health care clinics, community mental health centers, renal dialysis facilities, blood centers, ambulatory surgical centers, EMS providers, FQHCs, group practices, pharmacists, laboratories, Indian tribes, tribal organizations, or urban Indian organizations, rural health clinics; or
- · Specified individuals collectively identified as "Licensed Individual Providers"; or
- Veterans Health Administration, Department of Defense, Indian Health Service, National Oceanic and Atmospheric Administration, Coast Guard, and other government health care entities.



TEFCA Required Treatment



TEFCA Required Treatment is defined for query as "in connection with or intended to inform health care services that an entity... is providing or intends to provide to a patient through... interaction... with a Licensed Individual Provider. This includes, but is not limited to, Querying for records: upon receipt of a notification of admission to or discharge from a hospital, for medication reconciliation and medication management; in support of care management; and for identification of care gaps all for an individual patient. Queries... are intended to support health care services for individual patients."

TEFCA Required Treatment does not include queries "made for a similar purpose at a population level", which under TEFCA are for Health Care Operations.

- Requests for information for <u>Treatment</u> under TEFCA are allowed but responses are optional.
- Requests for information for TEFCA Required Purpose are only permissible by some participants, but responses are required of all participants.



Aligning the Definition of Treatment Purpose Discussion



Bearing in mind the requirements under Health and Safety Code § 130290 requirements for certain organizations to exchange data...

- Can DxF align with TEFCA?
- Should DxF align with TEFCA?

Bearing in mind that TEFCA allows exchange for Treatment purposes...

• Are there issues created for DxF Participants by the differences between the definition and applicability of DxF's definition of Treatment and TEFCA's definition of TEFCA Required Treatment?



Technical Requirements for Exchange Amendment

Amendment Summary

Proposed Amendments for Event Notification

Align with DxF Roadmap

- Transition use of defined terms from "Notifications of ADT Events" to "Event Notification"
- Limit requirements to Events that are Admissions and Discharges
- Define several new terms for Events, Admissions, Discharges, Notifications, etc.

Requirements for Rosters

- Define Roster as list of identities using person attributes described in Person Matching
- Include a Required Purpose for which Event Notifications will be used

Requirements for Notifications

- Must support both Machine-Readable and Human-Readable formats
- Require Machine-Readable content in HL7 v2.5.1 (or later) ADT message format
- Establish data requirements for both Machine-Readable and Human-Readable formats
- Require use of any National and Federally Recognized Standard for transport

Skilled Nursing Facilities

Require SNFs to begin sending notifications of Admissions and Discharges January 1, 2027



Amendment Summary

Proposed Amendments in Other Aspects of the P&P

Request for Information

Remove specification of technical standard when using a Nationwide Network or Framework

Information Delivery

• Remove specification of technical standard when using a Nationwide Network or Framework

Event Notification

Remove language concerning BAA

Person Matching

Prohibit the use of sex, administrative sex, sex determined at birth, gender, administrative gender, gender identity, or other sex- or gender-related attributes unless required by the underlying technical specification



Public Comment Submissions

Public comment¹ on the proposed amendment to the <u>Technical Requirements for Exchange P&P</u> opened on June 4, 2025, and closed July 21, 2025.

HCAI received 93 comments from 10 organizations representing health systems, health plans, counties, EMS, intermediaries, vendors, and stakeholder coalitions.

Of the comments submitted:

- 13% were in support of proposed amendments and required no action
- 71% included suggestions on how to improve the proposed amendments
- 14% opposed changes or included suggestions that would result in significant directional change

HCAI will be seeking additional stakeholder feedback on three topic areas, some of which we are looking to obtain from IAC and public comment today.

1. All public comments received are published in the "Public Comment Period for Technical Requirements for Exchange" section under Public Comment on our <u>web page</u>.



Amendment to Technical Requirements for Exchange P&P Potential Actions on Public Comment

Feedback in Public Comment	Potential Actions in Response to Public Comment		
Request for Information / Information Delivery – Remove specification of technical standard when using a Nationwide Network or Framework			
 Support removing specific standards requirements Requests to clarify that use of Nationwide Networks and Frameworks is permitted and may allow for compliance 	 Add a statement for all exchange types that this P&P does not limit Participants' ability to use a Nationwide Network or Framework to meet some or all DxF obligations 		
 Requests to remove all requirements for Information Delivery 	 Will not remove without additional stakeholder engagement 		
Event Notification – Remove language concerning BAA			
 Requests to retain the ability of organizations to require a BAA of their intermediaries 	 Add a statement for all exchange types that this P&P does not limit the responsibility of Participants to execute agreements, such as BAAs, as required by applicable law 		
 Requests to clarify that Participants, not their Intermediaries, retain legal and compliance accountability 	 Add a statement for all exchange types that this P&P does not limit the Participants' legal and compliance accountability when using an Intermediary 		
Event Notification – Require Machine-Readable content in HL7 v2.5.1 (or later) ADT message format			
 Support for using HL7 ADT messages Requests to add detail to ADT message requirements 	 Publish links to stakeholder implementation guidance but do not include more detailed technical requirements in the P&P 		



Potential Actions on Public Comment

Feedback in Public Comment

Potential Actions in Response to Public Comment

Event Notification – Establish data requirements for both Machine-Readable and Human-Readable formats	
 Requests to remove DxF ID from notification requirements 	 Remove DxF ID requirement Work to improve Provider Directory usability / utility of DxF ID
Requests to add NPI to notification requirements	 Add requirement for NPI if NPI is applicable to facility
Requests to not encourage Participants to send only	Maintain requirements for minimum data; additional
minimum required data "	information can be requested using Requests for Information
Requests to add "preferred language" and "discharge	Retain 2024 Standards Committee recommendations
to location" as required	against language and for "discharge disposition"

Event Notification – Define Roster as list of identities using person attributes described in Person Matching and include a Required Purpose for which Event Notifications will be used

- Support for establishing minimum data requirements
- Requests to add requirement for Intermediaries to include the name of the Participant making the request in Rosters
- Support for including Required Purpose in Rosters
- Requests to remove the requirement for Required Purpose in Rosters
- Requests to advance or specify technical format for Rosters

- Evaluate recommendations of the TAC series on Event Notification Architecture
- Obtain additional stakeholder feedback on Rosters and how they might be positioned in an evolving architecture



Potential Actions on Public Comment

Feedback in Public Comment

Potential Actions in Response to Public Comment

Person Matching – Prohibit use of sex- or gender-related attributes unless required by underlying technical specification

- Requests to remove aliases from person attributes for Person Matching as aliases may not be reliable
- Clarify that Participants must communicate all known attributes, but a Participant may choose not to use any person attribute received for Person Matching
- Requests to align use of sex/gender person attributes with requirements of Nationwide Networks and Frameworks
- Clarify that sex/gender may be communicated if required by the Nationwide Network or Framework being used



Notifications from SNFs

Feedback from Public Comment

- Strong support from many for including SNFs in the requirement
- Require event notifications only of SNFs with EHRs
- Require event notifications only of SNFs with EHRs and interoperability capabilities
- Delay requirement until government funding is available
- Defer enforcement until operational / technical support is available

Additional information for IAC consideration:

- Like all Participants, SNFs must respond to Requests for Information without considering EHR capabilities.
- FAQ #18 clarifies that "electronic records" in Health and Safety Code § 130290(f)(3) is considered equivalent to "electronic health information."
- SB 660 (if passed) would amend "electronic records" in HSC § 130290(f)(3) to "electronic health records".



- 1. Should SNFs be required to send Event Notifications for Admissions and Discharges by January 1, 2027?
- 2. Should the requirement be limited to SNFs that meet certain technical capabilities, such as having an EHR or having interoperability capabilities?

Human Readable Notifications

Feedback from Public Comment

- Do not require Human-Readable notifications be sent to all Participants that request notifications
- Defer requiring Human-Readable notification until clear use cases are identified
- Defer requiring Human-Readable notification until secure, standards-based options are available
- Require recipients to convert Machine-Readable notifications to human-readable format themselves

Additional information for IAC consideration:

- 2024 Standards Committee recommended including human-readable notifications as an option for Participants unable to receive machine-readable HL7 ADT messages
- DirectTrust published <u>a standard for human-readable notifications</u> that supports but does not require the use of Direct Secure Messaging; 2024 Standards Committee recommended against its required use but not to prohibit it as an option



- 1. Are there Participants that would be left behind if Human Readable Notifications were not required?
- 2. If there are, how much time do Participants need in order to support Human Readable Notifications?

Public Comment

Next Steps and Closing Remarks

Next Steps

DxF will:

- Consider the feedback provided by the IAC.
- Continue advancing the Technical Requirements for Exchange Amendment and, where applicable, additional stakeholder feedback.



DxF Webpage Resources

For more information on the DxF, please visit the DxF webpage at: dxf.chhs.ca.gov

There you can find:

- The DxF, DSA, and P&Ps;
- Information about the QHIO and DxF Grant programs;
- Materials from previous and upcoming meetings, webinars, and listening sessions;
- FAQs on the DxF;
- Link to the DSA Signing Portal and Participant Directory; and
- Weekly update to the DSA Signatory List that Includes Participant Directory Fields.
- Participant Center
- And more!



Upcoming Advisory Committee Meetings

TAC Focus Group: Identity Management	Time
Thursday, October 9	12:00PM - 1:00PM PT
Thursday, October 23	12:00PM - 1:00PM PT
Thursday, November 6	12:00PM - 1:00PM PT
Thursday, November 20	12:00PM - 1:00PM PT



Stay informed!

Add yourself to our mailing list for DxF updates.



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