



**California Health & Human Services Agency
Data Exchange Framework Implementation Advisory Committee Meeting
Transcript (9:00 – 11:30 AM PT, July 17, 2025)**

The following text is a transcript of the July 17, 2025, meeting of the California Health and Human Services Agency Implementation Advisory Committee (IAC). The transcript was produced using Zoom'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.

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00:00:02.060 --> 00:00:05.039

SC-1181-Sacramento: Started folks. Julia, do you mind on mute?

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00:00:06.250 --> 00:00:07.730

SC-1181-Sacramento: We are muted. Wait.

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00:00:09.940 --> 00:00:11.330

Akira Vang: Start in just a second.

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00:00:12.120 --> 00:00:13.380

SC-1181-Sacramento: Take care

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00:00:19.520 --> 00:00:20.360

SC-1181-Sacramento: you, too.

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00:00:28.500 --> 00:00:30.968

SC-1181-Sacramento: have it here if you want.

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00:00:34.490 --> 00:00:53.520

Akira Vang: Alright. Hello, and welcome. My name is Akira, and I'll be in the background to support with Zoom. If you experience any technical difficulties, please type your question into the Q. And a live closed captioning will be available. Please click the CC. Button to enable or disable

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00:00:53.750 --> 00:00:58.689

Akira Vang: members who are on site are encouraged to log in through their zoom panelist link.

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00:00:58.790 --> 00:01:09.829

Akira Vang: We ask that you keep your laptop video and audio off during the meeting, as the room's camera and microphones will handle the broadcast. Wi-fi and technical instructions are posted in the room.

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00:01:10.260 --> 00:01:18.949

Akira Vang: Participants may submit comments and questions through the Zoom Q&A box which will be recorded and reviewed by Cdi staff

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00:01:19.170 --> 00:01:28.610

Akira Vang: for spoken comments. Committee members and public participants must raise their hand for zoom facilitators to unmute them, to share comments.

12

00:01:29.370 --> 00:01:33.889

Akira Vang: Additional details, for on-site and off-site instructions are included on the slide.

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00:01:34.040 --> 00:01:43.289

Akira Vang: Public comment will be taken at designated time. During the meeting. The chair will call on individuals in the order in which their hands were raised.

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00:01:43.420 --> 00:01:52.340

Akira Vang: Individuals will have 2 min to speak, and will be asked to state, name, and an organizational affiliation at the beginning of statements.

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00:01:52.520 --> 00:02:03.320

Akira Vang: Finally, as a reminder, all chat messages will be included in today's public meeting record. With that I'll pass it to Jacob to get into the meeting agenda.

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00:02:04.810 --> 00:02:09.029

SC-1181-Sacramento: Thanks, Akira, and we can jump to the agenda slide.

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00:02:13.650 --> 00:02:16.989

SC-1181-Sacramento: It's a couple move forward, Akira. Great. Thank you.

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00:02:17.530 --> 00:02:30.999



SC-1181-Sacramento: and and thank you for everyone joining today members of the public, our committee members, David and Scott. In the end, we wanted to extend gratitude for you guys joining in person. It's always nice to see faces.

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00:02:31.240 --> 00:02:50.559

SC-1181-Sacramento: We have a great agenda set for today. We're going to start by talking about an organizational update for Cdii, and we'll jump into some recommendations from our technical advisory Committee on Social Data Exchange. We're going to take a look at the initial results of our 2025 survey.

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00:02:50.740 --> 00:03:00.860

SC-1181-Sacramento: We'll have a couple of our grantees join us to talk about their experience under the data exchange framework and in the Grants program thus far, and then we'll close with public comment.

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00:03:01.520 --> 00:03:18.210

SC-1181-Sacramento: There is going to be plenty of time today for discussion and for public comments. So if you have anything you'd like to contribute. Members of the committee feel free to unmute and jump in or use the chat function and members of the public. You can feel free to use the Q. And a function as we go.

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00:03:19.130 --> 00:03:21.620

SC-1181-Sacramento: With that we can go to the next slide.

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00:03:21.790 --> 00:03:26.699

SC-1181-Sacramento: I believe I'm taking it over to. Well, actually, first, st let's introduce our speakers.

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00:03:26.840 --> 00:03:44.730

SC-1181-Sacramento: So on the call. Today we have our. He needs no introduction to this group, but we have our chief data officer account, and he is also graciously taking time out of his birthday to join us today. Happy birthday! John

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00:03:44.890 --> 00:04:03.630

SC-1181-Sacramento: Cindy Barrow, a wonderful colleague and contracted partner at Mana. Health will be joining. We have Director Elizabeth Landsberg in the room, who spoilers will be our new fearless leader, coming very soon. We're going to talk about that shortly, but she is the director of the Department of Health care, access, and information.



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00:04:03.890 --> 00:04:16.809

SC-1181-Sacramento: Rem. Catherine, our hie consultant, and so much more is joined here, and Quabe is in the room. Our Dxf Grants program manager, who will be joined by again a couple of our grantees

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00:04:17.410 --> 00:04:18.510

SC-1181-Sacramento: next slide.

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00:04:20.300 --> 00:04:43.880

SC-1181-Sacramento: We are going through right now. A process of refreshing lec membership and reassessing the charter for this committee. But that work will continue following the the reorganization that we're going to talk about here shortly, we're going to start with just a look, a roll call. Who's here today? So, Joe Diaz, do we have you on the call today?

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00:04:44.220 --> 00:04:45.449

Joe Diaz: Yes, good morning.

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00:04:45.830 --> 00:04:50.779

SC-1181-Sacramento: Good morning, Joe. David! Here! Welcome, Aaron Goodell!

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00:04:52.760 --> 00:04:53.919

Aaron Goodale: Here. Good morning.

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00:04:54.870 --> 00:04:55.869

SC-1181-Sacramento: Good morning, Aaron.

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00:04:55.980 --> 00:04:57.160

SC-1181-Sacramento: John Helby.

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00:04:57.560 --> 00:04:58.420

John Helvey: Good morning!

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00:04:58.840 --> 00:05:01.240

SC-1181-Sacramento: Hi John emry Kaiser.

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00:05:01.450 --> 00:05:02.280
Cameron Kaiser: Good morning!

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00:05:03.300 --> 00:05:05.400
SC-1181-Sacramento: Good morning, Cameron, Andrew Kiefer

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00:05:10.270 --> 00:05:15.080
SC-1181-Sacramento: Scott Mcdonald. Here Amy Miller.

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00:05:15.200 --> 00:05:15.870
Amie Miller: Here.

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00:05:16.950 --> 00:05:18.710
SC-1181-Sacramento: Right Lucy's hands.

41
00:05:22.830 --> 00:05:24.909
SC-1181-Sacramento: Kieran savage single one.

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00:05:29.560 --> 00:05:31.539
SC-1181-Sacramento: Dr. Scott, good to have you.

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00:05:31.830 --> 00:05:33.029
Linette Scott: Here. Thank you.

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00:05:33.450 --> 00:05:36.250
SC-1181-Sacramento: Right, and Felix.

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00:05:37.030 --> 00:05:39.510
Felix Su: Hi, Jacob! I'm on route to the premises.

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00:05:39.880 --> 00:05:41.750
SC-1181-Sacramento: Great. We'll see you very soon, Felix.

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00:05:42.460 --> 00:05:43.450
SC-1181-Sacramento: Okay.



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00:05:44.140 --> 00:05:52.999

SC-1181-Sacramento: thank you all. Let's go to the next slide, and with that I will kick it over to John Ohanian for a Cdi organizational update.

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00:05:53.610 --> 00:05:54.280

John Ohanian: Thank you.

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00:05:54.280 --> 00:06:05.790

John Ohanian: Good morning, everyone. Sorry I can't be there in person, but thanks, Jacob, and, as Jacob said, Welcome, thanks for being a part of these meetings and continuing to be a part of this work.

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00:06:05.940 --> 00:06:18.470

John Ohanian: as many of you know. Last month I shared news that I'll be transitioning out of my role, this incredible role as Chief data Officer of Calhs and Director of the Center effective. August first.st

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00:06:18.630 --> 00:06:25.980

John Ohanian: Since joining the State in 2020. It's been my honor to work alongside many of you to this important work.

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00:06:26.590 --> 00:06:48.930

John Ohanian: and it really has become a statewide movement. I could be more proud of all of you and the work that you've done, that we all believe that Californians deserve coordinated, person-centered care, supported by the secure, seamless exchange of health and social data. And those words really mean something to me. I know it means a lot to our team and the people here.

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00:06:48.930 --> 00:07:11.750

John Ohanian: and we've seen a lot of progress. And so I just you know, I kind of wanted to leave this group with 2 thoughts. One is, be extremely proud of the work that you've done. All of you have contributed in many ways to this work and it when we go out into the throughout the State on our listening tours, it's it's evident that folks are jumping on board, so be really proud.

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00:07:11.870 --> 00:07:26.829



John Ohanian: and I think I'll present a little about the organizational update. Hand it over to Elizabeth, but I want to also say that feel the momentum that's that's building and and keep it up. So appreciate that.

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00:07:26.990 --> 00:07:56.330

John Ohanian: So as a part of this organizational update for those that haven't heard. Calhs is kind of taking this moment and undertaking a strategic reorganization to better align Cdi work streams with the evolving missions and priorities of the agency. Our goal at Cdi was really always to incubate and innovate programs, ideas, concepts. And then, really, you know, lean on our departments with their depth and knowledge to expand these work.

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00:07:56.840 --> 00:08:24.820

John Ohanian: So this shift is going to allow us to further embed data driven and innovative focused initiatives with directly within the operations and strategies of departments that benefit the most from them with a goal to further expand efforts made to date as a part of this reorganization, administration and management of the data exchange framework will transfer to the California Department of Health care, access and information otherwise known as Hcai

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00:08:24.880 --> 00:08:42.840

John Ohanian: Hcai's mission to expand equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs. It's core to the vision of the data exchange framework

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00:08:42.919 --> 00:08:44.890

John Ohanian: and it couldn't be in better hands.

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00:08:45.020 --> 00:09:03.749

John Ohanian: Further, Hcai is one of the nation's leading state health data organizations will bring the capacity and experience and leadership to advance the goals of this critical national pace, setting initiative through its next phase of development and implementation.

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00:09:03.840 --> 00:09:20.720

John Ohanian: So with that it is my extreme pleasure. Sorry I can't be there in person to introduce Elizabeth Landsberg, who's our director of Hcai. To speak more about this transition and Hcai's commitment to accelerating implementation of the Dxf vision. Thank you all.

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00:09:22.400 --> 00:09:22.900

SC-1181-Sacramento: You.



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00:09:22.960 --> 00:09:49.329

SC-1181-Sacramento: Thank you so much, John, and and I didn't know it was your birthday, so I'll start by by adding to Jacob's birthday wishes, and thank you for those kind words. My name is Elizabeth Landsberg, the director of Hcai, and we are just thrilled that the data exchange framework team is, is joining us. I'm joined this morning by Scott Crispin, Chief deputy director at Hcai and Michael Valley, Deputy Director for Office of Information Services, and really

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00:09:49.330 --> 00:10:17.769

SC-1181-Sacramento: the mastermind behind that world renowned data organization that we've built with Hcai under Scott and Mike's leadership. So thank you for those kind words, John, want to actually start John, by appreciating your leadership and commitment to data, exchange framework and the people of California and the work with Cdii, we can tell you, have a great passion for this work. As Scott and I had our introductory conversations about the data exchange framework

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00:10:17.770 --> 00:10:47.499

SC-1181-Sacramento: joining Hcai. Your passion and commitment to the mission of data exchange came through. You brought great expertise and experience from San Diego, and a startup orientation, a spirit of innovation that you've brought to the work of Cdi and to data exchange framework. So really want to thank you for your leadership. And what a difference it's made to bring that mindset and overlay to the work of Cdi into the data exchange framework.

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00:10:47.890 --> 00:10:56.390

SC-1181-Sacramento: So, John read you to you H. Kai's mission statement. So I will not do the same. But we are just thrilled about the synergies

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00:10:56.800 --> 00:11:11.532

SC-1181-Sacramento: that we think the data exchange framework mission and work brings to to Hcai's work. So we can't have affordable quality, equitable, accessible healthcare without that meaningful data exchange that you all have been working on

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00:11:11.990 --> 00:11:37.433

SC-1181-Sacramento: for many years. I think David Ford and I were probably at hie meetings together 20 years ago, and and other folks other folks in the room, and so I've certainly been following it from afar, and excited to be joining in we had a chance to meet the data, change framework team of late and see what great commitment they bring to this work. We think there's very meaningful synergies,

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00:11:37.760 --> 00:11:45.830



SC-1181-Sacramento: and connectivity with the work of Hcai as, as John noted, we have a very successful track record of Hcai of

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00:11:45.870 --> 00:12:04.439

SC-1181-Sacramento: of using data for actionable, meaningful policy guidance. So in addition to for 50 years collecting financial data from hospitals, patient data emergency room and inpatient data. Mike and his team have built our California. All payer claims database. Another set of

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00:12:04.440 --> 00:12:24.650

SC-1181-Sacramento: Chcf sessions that we went to for many decades that finally, California now has an Apcd called the Healthcare Payments Data Program. We also have our office of healthcare. Affordability and care cannot be affordable and high quality without data exchange. So we know that there's a lot of duplicative, unnecessary care, some of which frankly harms patients

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00:12:24.840 --> 00:12:42.120

SC-1181-Sacramento: and data exchange is key to a quality well, functioning healthcare system. So we're thrilled about the synergies. We're very much in listening mode, starting to learn about the work in more depth and look forward to the continued leadership with with the team here had a chance to have a

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00:12:42.120 --> 00:13:06.509

SC-1181-Sacramento: overview from from Jacob and Rim last week, and and so we will very much be in listening mode. John used the word accelerate, and we, you know, we do look forward to doing that. But but in a meaningful way for starting by learning from all of you. So looking forward to participating this morning. Being in listen and learning mode as we'll do for the next couple of months, but absolutely we'll keep keep the work going and keep the moment.

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00:13:06.510 --> 00:13:16.449

SC-1181-Sacramento: No problem so happy to take any questions folks may have about each prior the transition which officially does happen on August first.st but again, we're we're getting ready for it.

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00:13:17.594 --> 00:13:21.939

SC-1181-Sacramento: Absolutely. Thank you, Elizabeth. We'll open up the floor if folks have questions.

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00:13:23.470 --> 00:13:25.390



SC-1181-Sacramento: Oh, I'm oh, sorry

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00:13:26.340 --> 00:13:30.372

SC-1181-Sacramento: Elizabeth. I guess a lot of us have been curious since this was announced.

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00:13:31.110 --> 00:13:37.819

SC-1181-Sacramento: Along with moving the programmatic work of the Dxf. You or your team envision any

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00:13:38.392 --> 00:13:55.677

SC-1181-Sacramento: shift in focus of the Dxf again, we're in listening mode. But I mean, I would say, David, we think the team is very much on the right track. We're obviously evaluating Senate Bill 660, Senator, I guess, presented again this week.

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00:13:56.070 --> 00:14:15.590

SC-1181-Sacramento: we understand there have been questions about governance, about enforcement and accountability. So I don't see any made. I mean, the core goal of Dxf needs to move forward. And so we're in conversations with the team and and with stakeholders. And so I know we started to have conversations with you and with others, and want to continue to do that.

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00:14:19.290 --> 00:14:20.959

SC-1181-Sacramento: Any other questions in the group.

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00:14:26.310 --> 00:14:27.020

SC-1181-Sacramento: But

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00:14:27.660 --> 00:14:33.529

SC-1181-Sacramento: well, thank you, Elizabeth. We are very excited doing the department and know there's a lot to accomplish in the coming years.

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00:14:34.190 --> 00:14:36.400

SC-1181-Sacramento: I think we can jump to the next slide.

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00:14:37.090 --> 00:14:47.779



SC-1181-Sacramento: and with that we'll be taking a look at some of the early recommendations from our 1st Technical Advisory Committee focus group this year on social data exchange from common.

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00:14:47.930 --> 00:15:01.619

SC-1181-Sacramento: Thank you, Jacob. We can go on to the next slide. So during the course of 2025, we have planned 4 different focus groups to provide technical advice to the program.

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00:15:02.059 --> 00:15:29.730

SC-1181-Sacramento: We held our 1st focus group series of meetings in late March through April and into early May on social Data exchange. And we'll be talking about that a little bit today. We just last week closed our final meeting on the series on consent management, and so we'll be reporting on consent management at a future time. In about 3 weeks we'll start our series on event notification. And

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00:15:30.122 --> 00:15:55.609

SC-1181-Sacramento: we still have identity management plan in the future. For anybody that is interested. Well, 1st of all, that have been attending the meetings we've had, excellent participation by our team members. I'm really happy about that. And if you haven't been there's information on our web page about future meetings, and I encourage people to to listen in and participate.

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00:15:55.680 --> 00:15:57.789

SC-1181-Sacramento: Let's go on to the next slide, please.

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00:16:00.840 --> 00:16:27.169

SC-1181-Sacramento: As I said today, we're going to be talking about the social Data Exchange focus group. We brought to the focus group this picture. It's in slides. I don't expect people to read through it here, but we presented to them as a potential architecture or a list of capabilities that would support health and social data exchange and this formed the centerpiece of some of the early meetings of the group

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00:16:27.220 --> 00:16:31.140

SC-1181-Sacramento: and was refined by the group during the course of meetings.

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00:16:31.210 --> 00:16:33.350

SC-1181-Sacramento: If we go on to the next slide.

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00:16:33.905 --> 00:16:58.600

SC-1181-Sacramento: the 1st recommendation coming out of the focus group was really to continue to develop and use this structure for capabilities for health and social data exchange. Members really agreed that the framework was descriptive of the needs and requirements of health and social data exchange, and recommended a few adjustments to it.

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00:16:59.117 --> 00:17:20.620

SC-1181-Sacramento: However, one of the strong recommendations of the members of the tech were to not focus on any specific architecture at this point, really take an incremental approach, focusing on use cases, specific capabilities, etc, through an incremental approach to developing social day exchange.

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00:17:20.770 --> 00:17:44.760

SC-1181-Sacramento: Let's go on to the next slide, please. So the members emphasized that there was a lack of consistent State and Federal guidance on what data could be shared with whom it may be shared, and under what legal authority it can be shared, and one of the recommendations was to develop clear and actionable policy guidance on social data exchange to help move social data exchange forward

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00:17:44.940 --> 00:18:07.579

SC-1181-Sacramento: repeatedly, members stressed the data exchange effort must be grounded in very specific use cases, and provided some examples what those use cases might be rather than focus on the architecture that we saw in 2 slides ago, and that was really to ensure that what we advanced was something that was both feasible

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00:18:07.580 --> 00:18:24.400

SC-1181-Sacramento: but also relevant to stakeholders. So the recommendation there was to develop use cases to advance social data exchange. And we'll talk a little bit more about what we're doing to to move. In response to that recommendation.

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00:18:24.630 --> 00:18:42.240

SC-1181-Sacramento: members recommended an incremental approach to developing social data exchange to not try to promote a big bang but to ease into it through. As I said before, priority use cases.

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00:18:42.820 --> 00:18:44.990

SC-1181-Sacramento: Let's go on to the next slide, please.

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00:18:48.130 --> 00:19:02.870



SC-1181-Sacramento: One of the things that was the focus of many of the discussions during the meetings was the fragmented consent and policy regimes and frameworks supporting.

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00:19:02.870 --> 00:19:29.989

SC-1181-Sacramento: or in some cases not supporting social data exchange at this time, and identified that this was making it very difficult to advance social data exchange today. This was a theme that we heard continued through the next tax focus group on consent management while we didn't in that focus group focused entirely on social data exchange and consent for social data exchange. It was one of the topics that was brought up several times

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00:19:31.700 --> 00:19:47.919

SC-1181-Sacramento: one of the strong recommendations was to include outcomes data in social day exchange to not just focus on moving data around about clients or referrals, but to ensure that there was real time.

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00:19:48.110 --> 00:20:00.870

SC-1181-Sacramento: access to the outcomes of services that were being rendered and not rely on reports, that are the focus of much of the information exchange today.

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00:20:01.420 --> 00:20:24.079

SC-1181-Sacramento: And then finally, members noted that there really wasn't a shared language and shared terminology in this space, that there are varying definitions of what constitutes a program or a household or a client, and there was a strong need for alignment of our language across the different organizations that were involved.

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00:20:25.530 --> 00:20:34.750

SC-1181-Sacramento: Let's go on to the next slide, please. This is the final one here, just to give you an idea of the next steps that we're taking, based on the recommendations out of the tack

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00:20:34.930 --> 00:20:45.848

SC-1181-Sacramento: 1st was to move forward with use cases. And so there are 2 efforts that are going on right now. One is we're about to launch a community of practice on

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00:20:46.390 --> 00:20:53.360

SC-1181-Sacramento: to define data sets and use cases for housing information to support homelessness.

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00:20:53.390 --> 00:21:16.410

SC-1181-Sacramento: And there, have been design studio activities advancing use cases as well. We just closed design studio on medically tailored meals and are talking about additional social data. Exchange use cases for the design studio through this year or into next year.

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00:21:18.276 --> 00:21:18.983

SC-1181-Sacramento: We

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00:21:20.300 --> 00:21:50.170

SC-1181-Sacramento: are not planning to establish technical standards or minimum data requirements. At this time. One of the things we talked about in these meetings in the past couple of meetings was whether to convene the 2025 Standards committee and we don't plan on doing that for social data exchange. But instead, let the use case work, get a little bit ahead of defining requirements for data so that we're better informed about requirements we might establish next year.

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00:21:50.350 --> 00:22:08.270

SC-1181-Sacramento: We are planning and have underway. Now a survey of the regulatory landscape that surrounds the organizations that might be exchanging social data, and we are considering initiating a Pops Committee discussions either late this year, or more likely

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00:22:08.270 --> 00:22:22.530

SC-1181-Sacramento: next year, with that regulatory landscape in hand, to start talking about some of the operational and policy considerations to to advance social data exchange.

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00:22:23.090 --> 00:22:34.900

SC-1181-Sacramento: That's really what I wanted to bring to the discussion today. Are there any thoughts or questions? Or if anybody participated in those meetings, or something that you think was important to highlight that I might have missed.

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00:22:42.950 --> 00:22:46.559

SC-1181-Sacramento: Yes, is there a specific group that's going to

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00:22:46.950 --> 00:22:52.560

SC-1181-Sacramento: in sort of a coalition to ensure that these next steps are implemented. I know

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00:22:52.700 --> 00:22:58.550



SC-1181-Sacramento: I saw that you talked about policy operations, privacy and Security Committee, potentially

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00:22:58.730 --> 00:23:17.760

SC-1181-Sacramento: taking on some of this work. But a lot of the tech focus group activities this year were focused around roadmap pillars. Yeah. And so there is a social data exchange pillar. And so a lot of the activities will be advanced to that pillar as well as just to the general activities of

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00:23:18.080 --> 00:23:20.039

SC-1181-Sacramento: with the exact team, for instance.

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00:23:21.120 --> 00:23:23.080

SC-1181-Sacramento: John Elby, I see you have your hand. Please.

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00:23:24.740 --> 00:23:32.459

John Helvey: Yeah, just a quick question on that. Given that, we have Dxf grants that are onboarding social services.

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00:23:33.501 --> 00:23:40.480

John Helvey: Groups. And given that, we don't necessarily have these things ironed out.

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00:23:41.517 --> 00:23:46.260

John Helvey: We're operating under under the ideation of

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00:23:47.610 --> 00:23:51.669

John Helvey: minimum necessary according to the role of

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00:23:52.570 --> 00:23:57.250

John Helvey: the organization or the user from that organization.

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00:23:58.217 --> 00:24:06.972

John Helvey: Is there any advisory recommendations? Outside of that? To complete this onboarding of these

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00:24:07.690 --> 00:24:15.839



John Helvey: folks that have have gotten grants either ta or dxf Qhio grants.

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00:24:17.040 --> 00:24:45.020

SC-1181-Sacramento: There really are. Isn't any other guidance at this time? Thanks, John, for advancing that with some of your partners, and I think that we're going to. I would encourage us to keep the conversations up. So, as you learn with onboarding those organizations, how things are going and how trust develops there. What I will say is that the regulatory landscape survey that we're conducting now, and any Pops discussions that we have following that

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00:24:45.020 --> 00:25:01.180

SC-1181-Sacramento: are really intended to start to address some of the questions that you're asking now, and I think that what you are doing in the early stages of social day exchange will help to inform that as well. So, as I said, really encourage you to keep the conversations going with us. Thanks.

129

00:25:02.560 --> 00:25:03.259

SC-1181-Sacramento: Thank you.

130

00:25:05.520 --> 00:25:06.650

SC-1181-Sacramento: Anything else.

131

00:25:11.620 --> 00:25:14.210

SC-1181-Sacramento: if not back up to me. Check.

132

00:25:16.310 --> 00:25:17.929

SC-1181-Sacramento: We can go to the next slide.

133

00:25:21.200 --> 00:25:25.629

SC-1181-Sacramento: Cindy Barrow, you accept 2025 per participant survey.

134

00:25:26.870 --> 00:25:40.819

Cindy Bero: Thank you very much. Pleasure to be with you all today. I wanted to use this time to share some of the results from the recent participant survey, and to get your thoughts and feedback

135

00:25:41.110 --> 00:26:03.849



Cindy Bero: so, as you will, you will know that we conduct this survey as part of a broader impact measurement effort that we started about a year ago. And this committee has given us a lot of great input to help guide the impact measurement activity. So I 1st want to thank you for that, and then also thank you for what I anticipate will be some great feedback today on the survey results.

136

00:26:03.870 --> 00:26:29.289

Cindy Bero: We took our impact measurement approach. And we really focused 1st on core measures of participation and structure of the Dxf. And you've seen many of those measures in our past meetings this year, or it's kicking off in 2025. Having passed the one year anniversary of the data exchange framework, it seemed like a really good opportunity

137

00:26:29.810 --> 00:26:54.499

Cindy Bero: to pause and say, we've got a year sort of under our belt, so to speak. How is exchange going? Let's hear directly from participants and hear what their experience has been and where they see opportunities. So that was the motivation behind doing this survey and doing it at that time our hope is that we will continue to repeat this survey every year, so we can not only.

138

00:26:54.500 --> 00:27:04.150

Cindy Bero: you know, stay on top of dxf trends, but also start to, you know, look at progression and and and and growth.

139

00:27:05.163 --> 00:27:31.619

Cindy Bero: So we can go to the next slide. This is a lot of data on this slide. So I'll take it slow. We sent the survey out in early sorry in late May and closed it in early June. It was an anonymous online survey. That was very brief. The Median time to complete the survey was 6Â min, so I don't think it was too onerous for anyone.

140

00:27:32.430 --> 00:27:51.150

Cindy Bero: The questions were definitely designed to get a sense of the participants experience in data exchange. And we encouraged each organization to have someone who is directly uses health information or social services information to complete the survey.

141

00:27:51.590 --> 00:28:08.310

Cindy Bero: the survey was sent as an email, you know, as a blind copy. So no one saw who else was getting the survey. But it went to all the signatories and we got a response rate of 13.8%.

142



00:28:08.380 --> 00:28:32.419

Cindy Bero: Not the world's best response rate, but also not the world's worst response rate for a survey, hoping in future years to grow from there. And nicely, we got about 50% of the respondents who indicated their role in their organization is in direct care or services, or or immediately adjacent to that. They work with people directly who are in in care roles.

143

00:28:33.500 --> 00:28:46.850

Cindy Bero: You'll see on the left hand side the kinds of organizations they are from very good representation across all groups. The number who I indicated they are

144

00:28:46.850 --> 00:29:10.369

Cindy Bero: other is a little higher than I expected. And I imagine that might be because they are organizations that provide multiple of these types of services. So if you are a big health system that has a hospital and ambulatory care and laboratory, what do you check off. I think maybe they gravitated towards other.

145

00:29:10.370 --> 00:29:15.469

Cindy Bero: That's an adjustment we might make for future surveys, so we can capture that better

146

00:29:16.010 --> 00:29:38.609

Cindy Bero: on the upper right, as you could see, we had a lot of people in care, roles or service roles, and I was happy that we didn't have too much in the it or regulatory space. Because I think that what we're really trying to get at is the people that that have to use health information or social services information. How is that their experience been?

147

00:29:38.910 --> 00:29:51.939

Cindy Bero: And then the last piece is the regions of California again, nice coverage of the entire State. So I thought that was a a big, a big positive in terms of making sure we're hearing from everyone

148

00:29:52.270 --> 00:30:01.950

Cindy Bero: before we go to the next slide. Any other observations or comments on the respondents and and the representation that we got

149

00:30:09.020 --> 00:30:10.780

Cindy Bero: okay, I'll move on.

150



00:30:11.130 --> 00:30:23.650

Cindy Bero: So next, I wanted to talk about the use of record systems. We asked each participant who responded to the survey, do you have an electronic record system that you use to manage data?

151

00:30:23.983 --> 00:30:41.319

Cindy Bero: I thought this was another nice piece of information. 92% of them. Yes, they have an electronic record system. Some of them have multiples. As I said, if they're a multi dimensional organization that has a lab and a hospital and a ambulatory. They might have multiple types of systems.

152

00:30:41.320 --> 00:31:08.899

Cindy Bero: But out of all of those, 84% of them said they had their electronic record system included the use of an Ehr. So we are getting a fair number that have established systems. They did also, you know, we had organizations that reported eligibility claims, lab systems, behavioral health care management. So we had a lot of representation for different kinds of systems.

153

00:31:09.370 --> 00:31:37.900

Cindy Bero: 8% said they did not have a record system which is tough, because I think it's hard to be engaged in data exchange. If you don't have a core system that you're working with. And they cited the reasons why a lot of them were cost staff resources, other priorities in their organization, etc. I will say that this percentage mirrors what we see in the healthcare community nationally, in terms of percentage of organizations that have an E

154

00:31:37.900 --> 00:31:48.660

Cindy Bero: are today. And it's so it's a, it's a pretty healthy percentage. It's probably less reflective of social service or community community organizations.

155

00:31:48.850 --> 00:31:52.710

Cindy Bero: Any thoughts or comments on this finding.

156

00:31:58.120 --> 00:32:04.100

SC-1181-Sacramento: You have a hand in the room? Yeah, it's David from the California Medical Association.

157

00:32:04.440 --> 00:32:10.290

SC-1181-Sacramento: You kind of touched on on my question. But I wanted to dive a little deeper into that of that 8%.



158

00:32:10.750 --> 00:32:32.859

SC-1181-Sacramento: Were you able in the survey results, to do cross tabs to see who's in that 8%. And I asked, because I noticed in the who responded. It looked like the counties and the social services. Folks were a little more want to respond than the folks in the clinical world. So I'm wondering if that if in that 8%, if it's largely those folks.

159

00:32:33.800 --> 00:32:42.039

Cindy Bero: That's a great question. I haven't done crosstabs on every single response, but I will do that, and I will get back to you.

160

00:32:42.990 --> 00:32:43.810

Cindy Bero: Good question.

161

00:32:45.050 --> 00:32:46.954

Cindy Bero: I see another hand.

162

00:32:47.430 --> 00:32:59.194

SC-1181-Sacramento: Scott McDonald from Uc. Davis. Health. Just curious about the maybe for a future survey. If we, if this gets repeated, is looking at what ehr vendor they use, and if they're hosted

163

00:32:59.961 --> 00:33:10.199

SC-1181-Sacramento: cause, if you're hosted, if your Hr. Is a host on others, you may not have much control over what you can do. So some of those data may be useful in the future.

164

00:33:10.460 --> 00:33:33.709

Cindy Bero: That's a that's great. We did ask them if they have an Ehr which ehr they have? So we have some of that we did not ask them, hosted versus on prem so. But that would be a good distinction, because I think you know hosted well. Hosted solutions are getting more and more common these days. But yeah, I think that's a good good addition to that question.

165

00:33:35.290 --> 00:33:43.020

SC-1181-Sacramento: And Scott. Why don't we follow up with the distribution of Ehr? That's really interesting picture to look at. I think there's far more variety than we had expected.

166

00:33:44.230 --> 00:33:59.510



Cindy Bero: Yeah, the other thing to keep in mind. And and Jacob's pointing this out is that when someone's answering on behalf of a very large organization they're saying, yes, we use, let's say epic. But that may be the answer for one organization that represents

167

00:33:59.760 --> 00:34:05.419

Cindy Bero: hundreds, maybe thousands, of providers, whereas if I'm a small solo

168

00:34:05.860 --> 00:34:20.659

Cindy Bero: physician practice, I say, I use Athena health, and I'm you know I'm representing a provider of one. So the the answers have very different sizes behind them. So that's also a complexity in terms of looking at the results.

169

00:34:23.560 --> 00:34:38.860

Cindy Bero: Okay, great. Let's continue on. And we'll look at the frequency of exchange? This is really the question is above. Each one of the pie charts is, how often do you seek health information? How often do you go looking for it.

170

00:34:38.860 --> 00:35:00.339

Cindy Bero: and the same thing on the right hand side. How often do you look for social services? Information? I found this fascinating, so the answers were often, sometimes rarely, never fascinating in that is, maybe we should expect, because healthcare had high tech, and some of the drivers that high tech brought.

171

00:35:00.340 --> 00:35:07.200

Cindy Bero: that people are often and sometimes searching for health information more than 3 quarters of the time.

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00:35:07.200 --> 00:35:15.329

Cindy Bero: but searching for social services. Information not so much, you know. Barely 40%.

173

00:35:15.690 --> 00:35:19.189

Cindy Bero: I thought it was interesting. I think it's probably

174

00:35:19.450 --> 00:35:23.140

Cindy Bero: reflective of what's going on. But I want I'd love to hear from you.

175

00:35:23.510 --> 00:35:28.770



Cindy Bero: Does this? Does this match what you see or you hear in your in your world?

176

00:35:31.140 --> 00:35:36.869

SC-1181-Sacramento: Yes, yeah, I don't really expect it to be in there. Frankly.

177

00:35:37.467 --> 00:35:42.982

SC-1181-Sacramento: a lot of places don't collect it in their Ehr routinely, so I don't bother.

178

00:35:44.040 --> 00:35:48.720

Cindy Bero: So you don't so. But that says that I don't look because I don't expect to find it.

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00:35:49.020 --> 00:35:49.620

SC-1181-Sacramento: Right.

180

00:35:49.620 --> 00:35:51.210

Cindy Bero: Yeah, yeah.

181

00:35:51.750 --> 00:35:58.160

SC-1181-Sacramento: Because it's frequently just locked into progress notes, if it's there at all, and it's not unstructured fields that are exchanged easily.

182

00:35:59.770 --> 00:36:01.430

Cindy Bero: Very, very true.

183

00:36:02.050 --> 00:36:05.180

Cindy Bero: Is that consistent with everyone else's experience?

184

00:36:07.930 --> 00:36:28.440

Cindy Bero: I'm hoping that if you know we conduct this survey in the future, that these numbers will shift, and people will start looking more because they will start to, you know, find it, and find it valuable. But I think what you're summarizing is probably accurate that they don't go looking very often, because it's just not there.

185

00:36:28.550 --> 00:36:29.520

Cindy Bero: Okay.



186

00:36:29.700 --> 00:36:37.600

John Helvey: Decode. I would just add that z codes, I think, are coming more and more, and that's giving it a little bit of an insight.

187

00:36:38.301 --> 00:36:41.189

John Helvey: But that's you know, from a structured data perspective.

188

00:36:41.190 --> 00:36:41.570

Cindy Bero: Yeah.

189

00:36:42.240 --> 00:36:46.169

John Helvey: That's the that's the golden egg. At the moment.

190

00:36:46.770 --> 00:36:52.309

Cindy Bero: And what what percentage of the organizations do you work with, do you think are collecting z codes.

191

00:36:55.150 --> 00:36:57.109

John Helvey: Do, I think are collecting z codes, or.

192

00:36:57.110 --> 00:36:57.600

Cindy Bero: Yeah.

193

00:36:57.600 --> 00:36:58.500

John Helvey: Coatings, equal.

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00:36:58.500 --> 00:37:02.959

Cindy Bero: Coding, coding, actually putting them in in their their record system.

195

00:37:03.200 --> 00:37:12.040

John Helvey: Yeah, I I would say that we're seeing an increase at the moment. I I would not be able to articulate percentage. I just know that

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00:37:12.200 --> 00:37:17.169

John Helvey: it's becoming more and more of a practice to see z codes



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00:37:17.801 --> 00:37:23.340

John Helvey: and it's gonna depend on the provider, the organization, the coding team.

198

00:37:23.775 --> 00:37:28.449

John Helvey: Yeah, a lot of different things. So, but we are seeing more and more come through.

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00:37:29.500 --> 00:37:31.249

Cindy Bero: Well, that's good news. So.

200

00:37:32.450 --> 00:37:53.000

SC-1181-Sacramento: To that question. We had recently met with Bob Phillips on the board of the American Board of Family Medicine, and they had cited a study that they had done in taking a look at Z. Codes in primary primary care. Doc systems something like less than 5% of records closer to 3, to 4%

201

00:37:53.120 --> 00:37:54.550

SC-1181-Sacramento: happy to discuss.

202

00:37:55.660 --> 00:37:55.984

SC-1181-Sacramento: Yeah.

203

00:37:58.180 --> 00:38:00.980

Cindy Bero: Okay. Why don't we move on to the next slide?

204

00:38:01.860 --> 00:38:03.960

SC-1181-Sacramento: When that is a comment.

205

00:38:03.960 --> 00:38:05.380

Cindy Bero: Oh, sorry! Lynette!

206

00:38:06.160 --> 00:38:07.380

Linette Scott: You're fast.

207



00:38:08.430 --> 00:38:25.880

Linette Scott: Put my hand right down. I just was going to flag that we. We have given guidance in terms of using those c codes and collecting social determinants of health data, I'll drop the link to the Apl plan letter that we issued back in 2022. So we have been monitoring the use of those coding as well.

208

00:38:27.090 --> 00:38:29.930

Cindy Bero: From a medical perspective. Yeah, great.

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00:38:33.330 --> 00:38:36.510

Cindy Bero: Okay? So we could move to the next slide.

210

00:38:38.610 --> 00:38:48.921

Cindy Bero: So again, I apologize for a lot of data. But I kind of like data. This is asking people about

211

00:38:50.110 --> 00:38:51.280

Cindy Bero: how?

212

00:38:51.430 --> 00:39:20.069

Cindy Bero: How do you make your request for health information? And we're going to see a slide later on. Social services, information like, how do you make the request? So remember, these are this reflects the 90% of respondents who say they search for it. Right? So we said. The private slide said, How often do you search? Some of them said, Never! Well, I'm not going to ask the person who said, Never, how do you search if they never search? So this is for the people that said, often, sometimes or rarely, you know.

213

00:39:20.070 --> 00:39:32.600

Cindy Bero: Okay, tell me how you do it. How do you search? And they were given the option to answer each of these. So they say, you know, often and sometimes really, never for each of these methods.

214

00:39:33.480 --> 00:39:43.979

Cindy Bero: So it was interesting that 72%. If I just look at the people that said often and sometimes 72%. And my request for health information

215

00:39:44.320 --> 00:39:48.120

Cindy Bero: is often and sometimes is an email or a phone call.



216

00:39:48.380 --> 00:40:01.309

Cindy Bero: I'm still going the old fashioned way to get information. 69%. The second highest category, said I. I log into a portal or website to get it. The number that

217

00:40:01.560 --> 00:40:20.699

Cindy Bero: use a feature in the Ehr, or don't really have to do anything because their record system automatically grabs the data is is lower. So I thought that was that was interesting. How do you receive it? Sort of complementary like I still receive it. I I send a phone call or make an email. And I'm getting it back as a

218

00:40:20.730 --> 00:40:41.500

Cindy Bero: document in the mail, a secure email or a fax that the fax part of that is just really discouraging. But you know I'll get over it. Some of them printer downloaded from the portal or website that they logged into, and again with smaller numbers. The data just arrives and is received directly into their record system.

219

00:40:41.550 --> 00:40:42.960

Cindy Bero: So again.

220

00:40:43.490 --> 00:41:01.589

Cindy Bero: this is the, you know, health information exchange. These are, you know, 90% of the people that say that they are out there searching. And they've got a system, and that they're still, you know, interacting in a very kind of less low tech manner. John.

221

00:41:02.730 --> 00:41:06.670

John Helvey: Is there a cross reference of this to their Emr.

222

00:41:07.480 --> 00:41:08.670

Cindy Bero: I can.

223

00:41:09.610 --> 00:41:11.719

John Helvey: Be, I think, an interesting find.

224

00:41:18.130 --> 00:41:19.030

Cindy Bero: Okay.



225

00:41:23.770 --> 00:41:30.190

Cindy Bero: alright. Any other observations or thoughts, anything surprise you that

226

00:41:32.030 --> 00:41:45.509

Cindy Bero: you know the the highest categories? I mean, they're not saying it doesn't exist. I mean, there's 50% of them saying it. It just, you know, the data comes into my Ehr, that's great. But still, when I just look at often and sometimes

227

00:41:46.300 --> 00:41:49.680

Cindy Bero: email and phone call is is pretty significant.

228

00:41:55.050 --> 00:42:02.660

Cindy Bero: All right, let's let's flip the page and go to the same exact questions. Now, it's for social services information.

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00:42:04.580 --> 00:42:17.889

Cindy Bero: Okay? So we've got a smaller percentage that say they're seeking social services, information and again, it's still the same traditional sort of low tech methods.

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00:42:19.410 --> 00:42:22.360

Cindy Bero: email phone call portal website.

231

00:42:25.890 --> 00:42:29.209

Cindy Bero: And it comes in. Sorry, John, go ahead.

232

00:42:29.330 --> 00:42:33.889

John Helvey: Yeah. And again, I think cross referencing to Emr would be really key here.

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00:42:33.890 --> 00:42:34.600

Cindy Bero: Yeah.

234

00:42:34.600 --> 00:42:46.149

John Helvey: I think that the cross reference to Emr is also going to. If we dive into those details a little bit, it's also gonna identify organizational training opportunities.

235



00:42:47.185 --> 00:42:50.519

John Helvey: Where people are having a high

236

00:42:51.260 --> 00:42:54.389

John Helvey: success rate in having the data in the system

237

00:42:54.560 --> 00:42:59.390

John Helvey: versus others, using the same system that are not and are saying that it's a

238

00:42:59.740 --> 00:43:08.120

John Helvey: you know. Send an email, make a phone call log into a different website or portal. That would be very interesting information to to navigate.

239

00:43:08.640 --> 00:43:20.960

Cindy Bero: Yeah, that's fair, because, even though the capabilities there, if I never got trained on it, and it's a just well worn pathway for me to pick up the phone and call someone. I I'm probably gonna stick with what I've always done.

240

00:43:21.090 --> 00:43:21.900

Cindy Bero: Yeah.

241

00:43:25.170 --> 00:43:29.710

Cindy Bero: and good comments in the in the chat from David and Aaron. Thank you.

242

00:43:30.070 --> 00:43:31.749

SC-1181-Sacramento: We have a hand in the room.

243

00:43:31.750 --> 00:43:32.799

Cindy Bero: So so yes.

244

00:43:32.800 --> 00:43:57.589

SC-1181-Sacramento: Another interesting way to look at is also who you're requesting information from, and who their Ehr vendor is. So I know if it's congruent with my vendor. I'm gonna get a lot of data right away. But if it's another vendor, I know I'm gonna have to struggle more to get that data. So somehow, capturing, like your most frequent data, exchange partner or system, and what their Ehr is, might be useful too.



245

00:43:59.440 --> 00:44:18.589

Cindy Bero: That's a good call out I our data this year does not support that. But that's a good ad for next year to to figure out if these times when I resort to sort of a lower tech method, is it because I just know that that organization doesn't have a compatible environment that will connect. So yeah.

246

00:44:21.150 --> 00:44:27.550

Cindy Bero: okay, great why don't we go to the

247

00:44:28.740 --> 00:44:49.079

Cindy Bero: next slide? So that that those 2 things those 2 slides were on how people exchange health and social services information. I also wanted to dive in a little bit on event notifications. This, to me, is really an exciting opportunity to sort of stay on top of what's happening with your your

248

00:44:49.170 --> 00:44:57.559

Cindy Bero: patient or client and getting these event notifications can really be a helpful way to support transitions of care.

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00:44:57.580 --> 00:45:19.609

Cindy Bero: The question was asked, How do you receive them? Well, 1st of all, 60% of respondents are receiving them, which is phenomenal. I think that's great. That means people have signed up, and they've put forward a roster and they've identified who they want to get notifications on. I think this. That's terrific. And 60% actually surprised me. And I'm happy about that.

250

00:45:20.060 --> 00:45:48.640

Cindy Bero: The how they receive the notification still feels a little low tech. The majority of the time, or the the most popular way of receiving it is fax or web portal. Again, people could respond that I get it multiple ways. Sometimes it comes to my ehr, sometimes it comes as a direct message, sometimes it comes fax they could. They could pick all of them. But I was surprised that the one that's that were most frequent were again fax and web portal.

251

00:45:50.234 --> 00:46:17.760

Cindy Bero: Other piece of information is I I the survey asked. You know, do they come in a timely manner? But this was fabulous. 96% said, Yeah, it's pretty timely. Always, or sometimes arriving when I need it type of thing? And then another 90% said, it has sufficient information to meet my needs. And you know, and Rim will reflect on our event

252

00:46:18.255 --> 00:46:38.879

Cindy Bero: group that that assembled a year ago. It's the who, what? Where? When you know that that information is there? So there was good feedback about that also pretty good feedback on the volume of notifications. There are some people that feel like they. You get too many notifications. It's it's just noise, and I don't have.

253

00:46:38.880 --> 00:47:04.799

Cindy Bero: I don't have the time to act on every one of them. You give me too few. I'm missing opportunities here. I thought it was very nice. There was 62% who said the volume is just right, and then balanced by a few people that said too many and a few that said too low. So I took a lot of good news from these figures on this slide, but I'd be interested in what what you have to say, and what your thoughts are when you look at this.

254

00:47:11.980 --> 00:47:18.839

SC-1181-Sacramento: One of the things, Cindy, that that I think we need to bear in mind is that the survey went out and said, so. How are you getting data?

255

00:47:19.110 --> 00:47:23.049

SC-1181-Sacramento: It didn't say, or what data are you getting? It did not say.

256

00:47:23.260 --> 00:47:26.289

SC-1181-Sacramento: What data are you getting? As a result of Dxf.

257

00:47:26.720 --> 00:47:42.310

SC-1181-Sacramento: and so, for instance, on this slide here, we know that there are 2 motivators for sending out notifications of admissions and discharges. There's what Dxf enables for someone to ask for notifications for a patient roster.

258

00:47:42.775 --> 00:48:03.439

SC-1181-Sacramento: There's also the Cms rule that sends notifications because my patient told me to send them. And so there are 2 different paths there and then. When I saw this slide, I was wondering if if we would see over time as people more and more leaned on dxf

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00:48:04.158 --> 00:48:13.720

SC-1181-Sacramento: mechanisms where that we would see a shift away from fax where fax may be most convenient for Pcps that a patient identified. But

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00:48:13.860 --> 00:48:19.910

SC-1181-Sacramento: you know, without a mechanism to do it electronically, that's just something to think about.

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00:48:20.730 --> 00:48:27.682

Cindy Bero: No, that's a that's a good call out room. I guess the the other thing I should ask this group,

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00:48:28.860 --> 00:48:29.930

Cindy Bero: is a

263

00:48:30.260 --> 00:48:56.319

Cindy Bero: I didn't call out, you know a specific it. Just tell me about your dxf. Exchange, because my thinking was that if I am a you know service provider in an organization. I might not know how exchange happens. I just know I get it, or I don't get it either arrives on my desk, or it doesn't arrive on my desk, and so I didn't focus on. Did you get this through the Dxf

264

00:48:56.676 --> 00:49:13.419

Cindy Bero: interested in your feedback on whether or not that was the appropriate tack to take. I just I worry that if I'm a a caregiver and or service provider, I don't know necessarily how this happened. I just know whether I get the information or I don't.

265

00:49:15.310 --> 00:49:24.459

SC-1181-Sacramento: Yeah, and one other way to slice. That might be, are they internal organization notifications? Because we get a lot of those. And they look very similar to notifications we get from outside.

266

00:49:24.920 --> 00:49:32.169

SC-1181-Sacramento: So there might be part of another way to focus in narrow down on external notification, internal.

267

00:49:34.470 --> 00:49:36.549

Cindy Bero: That's a good call out, too. Yes.

268

00:49:39.620 --> 00:49:43.010

SC-1181-Sacramento: Okay, why don't we? I'm sorry.

269



00:49:43.899 --> 00:49:48.629

SC-1181-Sacramento: At the risk of repeating myself, I'd be really curious of the cross tabs on this one as well.

270

00:49:50.120 --> 00:49:50.990

SC-1181-Sacramento: Just

271

00:49:51.490 --> 00:50:01.070

SC-1181-Sacramento: because I'll say, like the 96% report notifications always are sometimes driving a timely manner at least does not match what I hear when I talk to independent physicians.

272

00:50:02.098 --> 00:50:10.240

SC-1181-Sacramento: So I would. I would be curious. Just the ambulatory providers versus the health system versus the Cdos like

273

00:50:10.570 --> 00:50:13.820

SC-1181-Sacramento: are those numbers consistent because I'm guessing they're not.

274

00:50:15.630 --> 00:50:19.280

Cindy Bero: Okay, so stratify this by organization type.

275

00:50:19.790 --> 00:50:20.390

SC-1181-Sacramento: Yeah.

276

00:50:20.390 --> 00:50:21.140

Cindy Bero: Okay.

277

00:50:21.930 --> 00:50:30.320

SC-1181-Sacramento: Okay, isn't it? 96% of 60%, which is 6, 60% of another number.

278

00:50:32.700 --> 00:50:33.410

SC-1181-Sacramento: All right.

279

00:50:33.410 --> 00:50:42.369



SC-1181-Sacramento: There was a clarifying question in the room. It's a good call at the end that 96% that's of the 60% who are receiving event notifications today.

280

00:50:42.900 --> 00:50:43.730

SC-1181-Sacramento: Yes.

281

00:50:44.380 --> 00:50:45.090

SC-1181-Sacramento: So.

282

00:50:45.090 --> 00:50:46.890

John Helvey: Who and who survey.

283

00:50:46.890 --> 00:50:54.739

SC-1181-Sacramento: And over 50% are receiving timely notifications.

284

00:50:54.740 --> 00:51:10.910

Cindy Bero: That's a good call out Jacob. If someone said I don't receive them. I did not bother to ask them. We had branching logic. I did not bother to ask them, do they, re? You know the frequency of their arrival or their the information content you? You don't receive them? You can't answer.

285

00:51:11.620 --> 00:51:12.140

SC-1181-Sacramento: That'll.

286

00:51:12.140 --> 00:51:13.799

Cindy Bero: This is of the 60%.

287

00:51:14.630 --> 00:51:18.900

SC-1181-Sacramento: Well, and this data only represents 13% of the entire ecosystem.

288

00:51:19.343 --> 00:51:29.549

SC-1181-Sacramento: Curious for the intermediaries on the line here. How many of you support fax today as a method of sending out event notifications.

289

00:51:30.660 --> 00:51:31.479

John Helvey: We don't.



290

00:51:34.790 --> 00:51:36.310

SC-1181-Sacramento: Feeling should just have.

291

00:51:44.830 --> 00:51:46.499

Aaron Goodale: Yeah, fax is still up.

292

00:51:46.730 --> 00:51:51.950

Aaron Goodale: Major portion of delivery of that type of data for our Ipa client.

293

00:51:57.550 --> 00:51:58.610

SC-1181-Sacramento: Okay.

294

00:51:59.160 --> 00:52:06.610

Cindy Bero: It's great good feedback and and good discussion. Why don't we go to the next slide?

295

00:52:09.527 --> 00:52:13.349

Cindy Bero: So the survey ends with sort of 2

296

00:52:14.620 --> 00:52:19.790

Cindy Bero: summary questions, if you will, one of them saying, Okay, looking back.

297

00:52:19.910 --> 00:52:49.499

Cindy Bero: how has your ability to exchange health and social services? Information changed over the last year. And again I'm a glass half full kind of gal. I like this. I mean many of them. It's only been a year, many of them said. It's sort of the same, but if it trended one way it trended towards improvement, it's, you know, a fair number said it was somewhat improved, and some said, you know it's much improved. No one really said it got worse. So it's a very small numbers there.

298

00:52:49.560 --> 00:53:03.459

Cindy Bero: I I take this as a positive sign that we're headed in the right direction, and we're making some, you know, improvements. And the Dxf. Is driving. Much of that interested in your thoughts.

299



00:53:05.070 --> 00:53:09.709

John Helvey: It'd be interesting to see, you know, if there was an opportunity for them to say

300

00:53:09.870 --> 00:53:13.570

John Helvey: that they chose much worse or somewhat worse.

301

00:53:14.450 --> 00:53:19.490

John Helvey: or any any really category. It'd be interesting to see the why behind that.

302

00:53:22.180 --> 00:53:29.095

SC-1181-Sacramento: I agree. I mean, it could have been, you know, technological improvements by the vendor not changing it from the regulatory standpoint.

303

00:53:33.540 --> 00:53:34.520

Cindy Bero: Aaron.

304

00:53:35.080 --> 00:53:46.129

Aaron Goodale: Yeah, I I think this tracks very well from our experience. And it's really just for our clients and the individual health centers and and Pcps. It's where they're at

305

00:53:46.530 --> 00:53:54.719

Aaron Goodale: with their technology. Those who are farther ahead much improved, even like use cases where they they show great improvement.

306

00:53:55.580 --> 00:53:58.460

Aaron Goodale: And everyone else is sort of the same.

307

00:53:58.770 --> 00:54:07.310

Aaron Goodale: because they're they're just not that advanced and haven't been able to really take advantage of the queue highs as as those in the 11%.

308

00:54:11.170 --> 00:54:17.979

SC-1181-Sacramento: So we may want to ask a question about what? Like an open, ended question or a checkbox. Why

309

00:54:18.210 --> 00:54:24.880



SC-1181-Sacramento: is it a system upgrade? Is it new technology? Is it connecting to Qhao? Is it something else?

310

00:54:26.170 --> 00:54:33.760

John Helvey: Or or better framing of that question would be as evidenced by Right XYZ.

311

00:54:35.430 --> 00:54:36.090

SC-1181-Sacramento: No.

312

00:54:39.120 --> 00:54:41.830

Cindy Bero: Great feedback, Felix.

313

00:54:43.727 --> 00:54:47.800

SC-1181-Sacramento: Yeah, I just wanted to observe, I think there's been

314

00:54:47.920 --> 00:55:00.640

SC-1181-Sacramento: obviously some comments about the response rate which you know in your words. Cindy wasn't the greatest wasn't the worst that you could hope for, which, you know, I I tend to concur with. I do think it's interesting to see the the

315

00:55:00.780 --> 00:55:07.290

SC-1181-Sacramento: response. Differential rate by organization type. I mean, if you look back at, you know, slide 23,

316

00:55:07.520 --> 00:55:11.980

SC-1181-Sacramento: you've got a response rate that ranges from as high as

317

00:55:12.170 --> 00:55:19.460

SC-1181-Sacramento: 27%, almost for county entities, which is striking. Given that these are the most like voluntary

318

00:55:19.670 --> 00:55:32.749

SC-1181-Sacramento: signatories of the Xf. And I think it. You know, whatever else may reflect. Some level of engagement and interest on data exchange, you know, versus as low as you know, 4 to 5%.

319



00:55:32.870 --> 00:55:36.620

SC-1181-Sacramento: what I'm a little bit concerned about is that the 5% in particular

320

00:55:37.298 --> 00:55:40.650

SC-1181-Sacramento: is the response rate for subacute care.

321

00:55:40.760 --> 00:55:46.960

SC-1181-Sacramento: long term care, skilled nursing, which I know is the subject of a lot of

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00:55:47.140 --> 00:56:13.759

SC-1181-Sacramento: continued interest in trying to increase the flow of data exchange, and, in fact, the Snps are at the center of one of the proposed major amendments to the Dxf. Pmps. So I think just the fact that there's not much of a response comparatively from that sector gives me some pause, and I think needs to be addressed some way or somehow

323

00:56:14.250 --> 00:56:42.479

SC-1181-Sacramento: I'm kind of glad that you brought that up, especially subacute care, because we've done some of our roadshow and discussions with stakeholders. We also are finding that especially skilled nursing facilities are somewhat unaware of what's going on with the except, despite a larger percentage than I would have guessed having EhRs in house. And so it's not because of that, they lack necessarily lack the electronic capability.

324

00:56:42.710 --> 00:56:49.129

SC-1181-Sacramento: but are just not engaged. And I think that there is an indication that we have something to overcome

325

00:56:49.300 --> 00:56:53.310

SC-1181-Sacramento: is, how do we better engage that- that participant.

326

00:56:53.560 --> 00:56:59.229

SC-1181-Sacramento: and I don't have a good feeling for that. But but we need to obviously indicate some progress. There.

327

00:57:03.930 --> 00:57:08.770

Cindy Bero: This is terrific feedback, and I want to thank you

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00:57:08.960 --> 00:57:25.349



Cindy Bero: for all of this. This is great. The the last question that we asked on slide 30 is sort of think looking forward as you think about what the Dxf is trying to do, which you know, what are the what are the

329

00:57:25.480 --> 00:57:44.979

Cindy Bero: data exchange challenges that need to be addressed? Going forward again the respondents were able to check as many as they wanted to. I will say that. Some people just went through and checked all the boxes that was their default. So maybe next time I'll have them rank, order them rather than just say yes or no.

330

00:57:44.980 --> 00:58:09.049

Cindy Bero: but the top one, the top folks getter here was more participation. We need more organizations to participate in data exchange, and then followed by timeliness, data, types, quality, and then security and privacy were sort of on the tail end. But I will say that the people that chose security and privacy were the same people that chose all.

331

00:58:09.050 --> 00:58:11.506

Cindy Bero: all 6 response categories.

332

00:58:12.390 --> 00:58:23.730

Cindy Bero: interested in your thoughts are these the areas that the data exchange framework should focus on, or these the areas that are the most important to think about. As we look to the future, love to get your thoughts.

333

00:58:25.990 --> 00:58:31.929

SC-1181-Sacramento: Sydney. I'm particularly interested in the second bargain. That one surprised me a little bit. The more timely exchange.

334

00:58:32.260 --> 00:58:43.619

SC-1181-Sacramento: and where that comes from is that a linkage to? Well, I use the phone or email, and therefore I don't get things. And what we would think of as real time. Or is there something else going on.

335

00:58:44.110 --> 00:58:49.303

Cindy Bero: That's a good question. Rem, I I associated it with that. You know, the

336

00:58:49.970 --> 00:59:08.200



Cindy Bero: email fax phone call low tech methods. We saw in how people exchange information. I thought that was the the correlation there. But we could dive deeper on that one. If you know when we do this next time.

337

00:59:08.700 --> 00:59:14.200

SC-1181-Sacramento: Well to jump on David's bandwagon. That might be something else to cross. Reference with. Some of the other answers.

338

00:59:14.770 --> 00:59:16.690

SC-1181-Sacramento: We have a hand. Andrew Heaper.

339

00:59:16.690 --> 00:59:17.360

Cindy Bero: I do.

340

00:59:22.030 --> 00:59:22.940

Cindy Bero: Andrew?

341

00:59:24.770 --> 00:59:27.000

TELEPHONE_USER: So I was the dreaded double mute there. Do you.

342

00:59:27.000 --> 00:59:28.349

Cindy Bero: Oh, it's okay.

343

00:59:28.800 --> 00:59:32.199

TELEPHONE_USER: All right. Thank you very much. And

344

00:59:32.600 --> 00:59:43.182

TELEPHONE_USER: this survey is is really helpful. And I hope it's annual. And because next year we're gonna have great progress, I'm confident in, but

345

00:59:43.760 --> 00:59:48.949

TELEPHONE_USER: just on your on your 1st point, and I don't mean to be a broken record. But, alas! That's who I am.

346

00:59:49.110 --> 01:00:05.079



TELEPHONE_USER: Our. Our big focus is on the greater participation by organizations. That was certainly where we responded on that, and just to to illuminate it. Because of the structure of the data exchange framework, and how organizations

347

01:00:05.470 --> 01:00:15.449

TELEPHONE_USER: comply requires us to essentially have organization by organization negotiations on how we're going to implement this.

348

01:00:15.930 --> 01:00:29.719

TELEPHONE_USER: and that is a slog, and it's oftentimes caught up in our contract negotiations and our feature therein. And just be because of that and

349

01:00:31.980 --> 01:00:44.960

TELEPHONE_USER: there. There's immense challenges getting the organizations to agree on how they're going to do it and the timeline and the process. And we did a survey of our network compliance

350

01:00:45.652 --> 01:00:56.980

TELEPHONE_USER: was very, very challenging. And so I think our experiences is that where where we've we've we've met and agreed with our

351

01:00:57.200 --> 01:01:19.370

TELEPHONE_USER: participants. It's working great. And we have a lot of really wonderful examples. And it is it's hitting all those use cases that we've talked about over the years now, but but we are severely limited by what I would say is a culture of noncompliance that that still exists, and a lack of willingness of parties to come, together

352

01:01:19.590 --> 01:01:21.760

TELEPHONE_USER: with alacrity to solve for that.

353

01:01:24.260 --> 01:01:26.465

Cindy Bero: Very well, said John.

354

01:01:29.400 --> 01:01:39.360

John Helvey: Yeah, I would just like to in the future survey. Kinda add that we would like to get more information on the availability of more data types.

355



01:01:39.720 --> 01:01:42.430

John Helvey: the improvement of the quality of data

356

01:01:42.760 --> 01:01:47.280

John Helvey: and more information about more timely data exchange like.

357

01:01:47.420 --> 01:01:57.570

John Helvey: what? What is it that you know? Like event notifications is more timely. Data exchange, but also discharge summary.

358

01:01:57.900 --> 01:02:07.369

John Helvey: you know, to a primary care that would be more timely data exchange for the primary care provider. So having some level of categories of

359

01:02:07.480 --> 01:02:18.489

John Helvey: or opportunities for them to say, Okay, this is what I'm talking about, as it relates to. This would be extremely helpful, and help us navigate that a little better, as qhs.

360

01:02:20.570 --> 01:02:21.220

Cindy Bero: Great.

361

01:02:21.370 --> 01:02:22.490

Cindy Bero: Thank you.

362

01:02:22.710 --> 01:02:30.878

SC-1181-Sacramento: And I don't know if the Dx. Is the right, you know, has the right influence over it. But also the usability of the data is a concern.

363

01:02:31.808 --> 01:02:41.299

SC-1181-Sacramento: Oftentimes the data is available to me. But I can't find that little piece of information that need, because the clinical document architecture is just not structured enough.

364

01:02:42.430 --> 01:02:48.710

SC-1181-Sacramento: you know. So I'm I'm having to slog through a whole lot of junk to find the little bit I need. So

365



01:02:49.612 --> 01:02:53.869

SC-1181-Sacramento: putting some pressure through the technical standards to

366

01:02:54.750 --> 01:02:59.079

SC-1181-Sacramento: better highlight. The high value data in some way to users would be helpful.

367

01:03:02.540 --> 01:03:09.979

Cindy Bero: That's great. And I think these last 2 comments sort of address with the question I was going to ask now is, you know, what

368

01:03:10.330 --> 01:03:11.900

Cindy Bero: are there other

369

01:03:12.110 --> 01:03:35.738

Cindy Bero: areas we should be assessing when we're looking at the future, you know, challenges that need to be addressed. So you were just talking about the usability of the data. And I think it's the the availability of different data types. Should there be a broader list of challenges beyond the 6 that you see here. If we issue this

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01:03:36.330 --> 01:03:41.300

Cindy Bero: survey again, when we issue the survey again, David.

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01:03:45.300 --> 01:03:46.353

SC-1181-Sacramento: Yeah, I'm

372

01:03:47.260 --> 01:03:50.780

SC-1181-Sacramento: I would be curious if we asked a question about cost.

373

01:03:51.907 --> 01:03:53.309

Cindy Bero: Okay. Good. One.

374

01:03:53.922 --> 01:03:58.390

SC-1181-Sacramento: I know it's something that I again just something that talking to physicians. I hear a lot.

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01:03:58.867 --> 01:04:04.579

SC-1181-Sacramento: We know those interfaces are expensive. We get sticker shock from a lot of small practices.

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01:04:06.260 --> 01:04:09.610

SC-1181-Sacramento: And so it seems like one that should have been somewhere in this list.

377

01:04:10.520 --> 01:04:13.390

Cindy Bero: Good! Call out Aaron.

378

01:04:15.200 --> 01:04:17.857

Aaron Goodale: Yeah, cost is always a big factor.

379

01:04:18.920 --> 01:04:22.200

Aaron Goodale: But have you considered maybe staff training?

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01:04:22.730 --> 01:04:28.530

Aaron Goodale: One thing that we've run into recently? That's not recent. It's just come up recently.

381

01:04:28.720 --> 01:04:35.490

Aaron Goodale: is just trying to break through long term practices

382

01:04:35.650 --> 01:04:38.630

Aaron Goodale: down to the staff members actually doing the work.

383

01:04:38.830 --> 01:04:39.650

Cindy Bero: And.

384

01:04:39.650 --> 01:04:50.719

Aaron Goodale: And if they know they could get the data by 1, 2, 3, sending a fax or receiving a fax or making a phone call to someone they know always answers very quickly.

385

01:04:50.940 --> 01:04:56.110

Aaron Goodale: It's really hard to break through with a new workflow with something different.



386

01:04:56.220 --> 01:04:58.859

Aaron Goodale: Oh, so something to think about.

387

01:04:58.860 --> 01:05:01.510

Cindy Bero: Yep, it's a good one, John.

388

01:05:03.490 --> 01:05:26.290

John Helvey: Yeah, I just want to go back to what Scott said about you know usability of the data and what people are searching for. Because I, you know, I think we do need to focus more on the usability of the data. But we need that. We need that feedback from providers to say, I'm looking for this, or I'm looking for this, you know, and and help us create visibility into that

389

01:05:26.778 --> 01:05:31.050

John Helvey: so I I just think that that needs a little bit more attention.

390

01:05:34.690 --> 01:05:35.480

Cindy Bero: Great

391

01:05:37.970 --> 01:06:02.840

Cindy Bero: as always, this has been terrific feedback. This doing. This survey was a lot of fun, because, as I mentioned, I'm a bit of a data nerd. So I will go back and look at the data and do some of the cross tabs that you all suggested. But this has been great feedback, and I also want to say, I think this is very the data to me says that the data exchange framework is is moving in

392

01:06:02.840 --> 01:06:18.179

Cindy Bero: the right direction and tackling some of the things that it was designed to tackle. And so I'm very optimistic for the future as well. But now I'm going to turn things over to Qua, who is going to share some info some success stories with us.

393

01:06:18.270 --> 01:06:19.340

Cindy Bero: Thank you.

394

01:06:21.140 --> 01:06:25.579

SC-1181-Sacramento: Thank you, Cindy. Good morning, everyone. I'm called the Data Exchange

395



01:06:25.650 --> 01:06:48.549

SC-1181-Sacramento: Grants Program Manager. The Dsa Signatory Grants program awarded over 750 signatory grant awards for technical assistance and or QHl onboarding grant. Today we have 2 grantees who have achieved their Grant milestones and have implemented real-time data exchange to share their Dx success stories through the Grant program.

396

01:06:48.590 --> 01:06:56.950

SC-1181-Sacramento: 1st is my pleasure to introduce Michelle Pacific clinics to speak on their, you know. Exchange journey

397

01:06:57.160 --> 01:07:03.699

SC-1181-Sacramento: next slide, please, and I'll pass it to you. Rochelle and Sarah.

398

01:07:06.830 --> 01:07:08.950

Rachelle Grant: Morning. Everyone. Can you hear me? Okay.

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01:07:09.620 --> 01:07:10.200

Farrah Phillips: Yep.

400

01:07:12.700 --> 01:07:13.590

Rachelle Grant: Awesome.

401

01:07:15.580 --> 01:07:30.880

Rachelle Grant: Hi, so I'm Rachelle Grant. I am currently our executive director at Pacific clinics over statewide enhanced care, management and community supports. I helped launch our Health Homes program back in 2020. So I've been doing

402

01:07:31.060 --> 01:07:36.660

Rachelle Grant: similar work since since then, and I've been with the organization for 14 years.

403

01:07:37.340 --> 01:07:40.039

Rachelle Grant: and I'll let Farah introduce herself.

404

01:07:41.270 --> 01:07:45.380

Farrah Phillips: Hi, everyone. My name is Farah Phillips. I work in our clinical

405



01:07:45.690 --> 01:07:49.969

Farrah Phillips: Administration Department with our clinical applications team.

406

01:07:51.010 --> 01:08:01.810

Farrah Phillips: I'm a retired clinician that now works adjacent with program to bring on new technology and applications, been with the agency for

407

01:08:02.040 --> 01:08:03.929

Farrah Phillips: few decades now, so.

408

01:08:06.600 --> 01:08:08.299

SC-1181-Sacramento: Go ahead, Michelle!

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01:08:09.930 --> 01:08:15.304

Rachelle Grant: I'm just gonna go off camera because I feel like my connection is a little unstable. So I apologize for that.

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01:08:15.700 --> 01:08:38.249

Rachelle Grant: But I'll introduce specific clinics, real quick. So we are a large nonprofit community, based behavioral health organization and support services provider. We have a large statewide workforce over. I think we're kind of coming up on 2,500 employees that operate across the State.

411

01:08:38.905 --> 01:08:54.729

Rachelle Grant: And we serve people from of all ages, from birth to older adults, and we offer a wide range of services from education and prevention all the way through the continuum of behavioral health needs to intensive crisis stabilization.

412

01:08:55.040 --> 01:08:59.959

Rachelle Grant: And, as I mentioned before, we're also enhanced care, management and community supports provider.

413

01:09:08.590 --> 01:09:10.630

Farrah Phillips: Sarah, do you want to go next? Yep.

414

01:09:10.630 --> 01:09:11.650

Farrah Phillips: Next slide, please.



415

01:09:15.189 --> 01:09:16.859

Farrah Phillips: Am I moving this slide.

416

01:09:17.189 --> 01:09:18.289

SC-1181-Sacramento: One second.

417

01:09:18.560 --> 01:09:19.306

Farrah Phillips: Oh, okay.

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01:09:25.260 --> 01:09:30.560

Farrah Phillips: So while we're working on the slide, one of the things I do at our agency is

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01:09:30.729 --> 01:09:44.110

Farrah Phillips: like, I said, I work adjacent with program. And I also partner with our it team and our vendors make sure that the new technology that we bring on doesn't just look good on paper that it's relatable and

420

01:09:44.630 --> 01:09:51.636

Farrah Phillips: will translate into the real world right? And that it's also brings efficiency for our

421

01:09:52.659 --> 01:09:54.189

Farrah Phillips: for our program teams.

422

01:09:55.740 --> 01:10:00.445

Farrah Phillips: So with that, and I I could probably go a little bit off of memory here.

423

01:10:00.930 --> 01:10:10.169

Farrah Phillips: We instantly hit, and we anticipated, but also ran up against a few challenges. Diving into health information, exchange

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01:10:12.600 --> 01:10:17.870

Farrah Phillips: and there we go, one of them, the 1st one being actually slide before that, please.

425



01:10:19.790 --> 01:10:21.189

SC-1181-Sacramento: Go back one side. Here.

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01:10:21.380 --> 01:10:34.749

Farrah Phillips: Yeah. So the 1st challenge in a nutshell was really gonna be impact to our provider team. They are already especially in our Ecm program logging into multiple portals. And this

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01:10:35.210 --> 01:10:49.250

Farrah Phillips: really has kind of brought about a sense of system fatigue for them. So really thinking about, how are we gonna mitigate that. And now going into other portals. Now, because we were about to engage in bringing

428

01:10:49.920 --> 01:10:56.760

Farrah Phillips: bios there was also anticipated impact to our administrative team.

429

01:10:57.351 --> 01:11:02.929

Farrah Phillips: One of the things that bringing on all this increased data for our team, which.

430

01:11:02.930 --> 01:11:03.370

SC-1181-Sacramento: So.

431

01:11:03.370 --> 01:11:16.620

Farrah Phillips: Was a huge benefit, came with some risk, and did open us up to some risk related to privacy issues and just opening up all of the access to all of that data to multiple users. So

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01:11:17.090 --> 01:11:22.930

Farrah Phillips: we were anticipating needing some kind of way to automate editing

433

01:11:23.460 --> 01:11:30.240

Farrah Phillips: those folks that some of those audit auditing functions would be performed by our administrative team.

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01:11:31.020 --> 01:11:41.010

Farrah Phillips: And then, thirdly, really looking at just impact to the leadership team related to change management. This was going. We were incorporating a brand new practice



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01:11:41.120 --> 01:12:09.410

Farrah Phillips: for our clinical teams. They had never it was our. It's was our 1st experience in working with a qhio and engaging in health information exchange. So it's a new step in their process. A new workflow. And just how? How are we gonna approach that in a way that was sustainable and sponsored, and really did lend to some of the improvements we were or gains we were anticipating.

436

01:12:09.890 --> 01:12:12.850

Farrah Phillips: So with that next slide, please.

437

01:12:15.130 --> 01:12:15.880

SC-1181-Sacramento: So.

438

01:12:16.300 --> 01:12:24.500

Farrah Phillips: So, as I was saying, we really were very hopeful, and continue to be about the benefits that are coming with.

439

01:12:24.500 --> 01:12:25.139

SC-1181-Sacramento: Each right.

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01:12:25.140 --> 01:12:45.649

Farrah Phillips: This is really no news to anyone, but we really wanted to make sure that we saw improved care, coordination, and enhanced continuity of care, especially as it related to coordination with physical health care being a behavioral health care provider. Sometimes we're a little behind the ball getting information about

441

01:12:46.700 --> 01:12:49.749

Farrah Phillips: physical healthcare appointments, and especially

442

01:12:49.930 --> 01:13:03.329

Farrah Phillips: critical hospitalizations, where we really want to be more a part of that care in the moment and immediate aftercare and a lot of times. We in the past are hearing about that information sometimes days or weeks after it happened.

443

01:13:03.816 --> 01:13:08.460

Farrah Phillips: And then, as I was saying, faster access to information, and also.



444

01:13:09.354 --> 01:13:16.009

Farrah Phillips: a more comprehensive care approach, looking at a more holistic whole person.

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01:13:16.200 --> 01:13:26.599

Farrah Phillips: care approach, which, hoping to really increase client engagement, and the client, being an active participant with us in their overall health care.

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01:13:27.310 --> 01:13:37.389

Farrah Phillips: So with those kinds of ambitions, goals in mind, coupled with the challenges that we were anticipating and already kind of out the gate with the implementation we're facing.

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01:13:37.921 --> 01:13:51.638

Farrah Phillips: We took a step toward leveraging the Dxf. Grant and looking at how we could use that to create some enhancements with the systems, work with our vendor, and work with the Q high. Oh, to

448

01:13:53.040 --> 01:14:04.569

Farrah Phillips: really set us up more so for success. So with that I will pass it back to Rochelle, where she'll talk a little bit more about some of the real life benefits we saw, and what we did

449

01:14:04.810 --> 01:14:07.059

Farrah Phillips: in relation to some of those enhancements.

450

01:14:08.350 --> 01:14:28.915

Rachelle Grant: Thanks, Farah, for setting me up. So you know, from the program perspective, you know a lot of the customers that we serve in both in Ecm and community supports. They can have frequent change of contact information. Some are experiencing homelessness so trying to and you can go to the next slide. Sorry about that.

451

01:14:29.620 --> 01:14:34.899

Rachelle Grant: Trying to just even engage with them can be difficult. And so

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01:14:35.660 --> 01:15:04.510

Rachelle Grant: you know, the hie gives us another opportunity to have to check on an updated address. Updated contact Information. A part of the core services for Ecm is knowing who as a part of the the existing care team already. So knowing other providers that are actively involved



in the customer's life, knowing their Pcp. You know, records of the the recent appointments and visits. Those are all super important to being.

453

01:15:05.100 --> 01:15:10.300

Rachelle Grant: you know, a knowledgeable Ecm. Provider, and supporting the coordination of care that's required.

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01:15:10.470 --> 01:15:23.000

Rachelle Grant: Of course, as Farrah mentioned previously. Hospitalization notifications, dates, information around diagnosis to fill the transition of a care requirements. That is all located in the Hies.

455

01:15:23.599 --> 01:15:25.079

Rachelle Grant: I have one example.

456

01:15:25.210 --> 01:15:43.839

Rachelle Grant: we have an integrated care partnership where we partner with a local Fqhc to provide the integrated substance and behavioral health treatment, and we are in different EhRs, right? And so that can be just hard as it is to, you know, be able to share important information, and so

457

01:15:43.840 --> 01:15:56.669

Rachelle Grant: to have, you know, to be able to log into the Qhio and identify any historical medical conditions. If there's any current medications being prescribed, what the most recent vital signs were

458

01:15:56.670 --> 01:16:17.710

Rachelle Grant: to make appropriate treatment recommendations around medications has been integral for one of our programs. And then, of course, just like as we are trying to figure out and assess someone's needs. A lot of the information in there is really helpful for our, you know, to provide a complete kind of clinical picture

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01:16:17.710 --> 01:16:30.530

Rachelle Grant: and support care planning. So it's been really a great benefit. I would say to the Pro, our programs in particular, the whole person care like integrated programs that we are using

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01:16:30.580 --> 01:16:35.840



Rachelle Grant: for our initial pilot and launch and next slide.

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01:16:38.350 --> 01:16:41.020

Rachelle Grant: and I think we would be remiss to just

462

01:16:41.260 --> 01:17:03.520

Rachelle Grant: not share some of the benefits of the signatory grant that we received. So it really helped us to become an early adopter. Really, as a behavioral health organization. We weren't required to kind of jump into the dx. But it really supported us and allowed us to feel comfortable to do so and really launch

463

01:17:03.580 --> 01:17:22.160

Rachelle Grant: our Qhio project, and it really supported a lot of the integration with our Ehr. So there's a couple of enhancements that we were able to do, that we wouldn't have been able to do without the signatory grant, including, like single sign on for our staff to make it easier to access.

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01:17:22.565 --> 01:17:31.739

Rachelle Grant: We've developed some enhancements with our Ehr, where you can actually access the info directly within our system in the client record without having to go to a different portal.

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01:17:31.870 --> 01:17:56.550

Rachelle Grant: And then, as you know, Farrah was sharing previously about privacy concerns, potential privacy concerns, you know. Having developing an audit report, an automated audit report, because as you grow this to scale within your organization and more and more people use it, you know, making sure that people are using it appropriately, is going to be really key. So those were some of the benefits of us having that signatory grant that we're really really grateful for.

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01:17:57.550 --> 01:18:16.370

Rachelle Grant: And the last slide is just our contact information. If I know we only had 10 min, which I think we're at for time. But Farrah, and my contact information is included in the slides, and we're always open to, you know, collaborating and and you know, supporting other other people that are also

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01:18:16.690 --> 01:18:18.230

Rachelle Grant: in these efforts.



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01:18:22.790 --> 01:18:23.949

SC-1181-Sacramento: Thanks so much.

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01:18:24.360 --> 01:18:31.220

SC-1181-Sacramento: and thank you, Richelle, for for sharing your challenges, success, and the impact that the excess has had on your organization and science.

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01:18:31.480 --> 01:18:46.139

SC-1181-Sacramento: Next, we have a QHl onboarding grantee, Michael Nash, from Central California Alliance for Health. They have completed onboarding with serving community Health information organization, and we also have Dan Chavez from Sky.

471

01:18:48.420 --> 01:18:56.170

M Nashed: Yeah. Hi, good morning. Everyone. My name is Mike Nash. I'm the data integration program manager here at the Alliance. I oversee most of the data integration

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01:18:56.330 --> 01:18:59.210

M Nashed: that happens with our providers and hospitals.

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01:18:59.530 --> 01:19:04.299

M Nashed: And yeah, the Alliance is a managed care organization, and it serves 5 counties.

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01:19:05.120 --> 01:19:15.359

M Nashed: So the the data is important for us to do case management for authorizations for quality reporting. So it's it's really, really important to have this kind of data

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01:19:16.801 --> 01:19:25.109

M Nashed: and also we launched a a data sharing incentive program back in Q, 4 of 2024 with our partner sky.

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01:19:25.747 --> 01:19:33.482

M Nashed: That was really designed to you know, help address some of the the financial barriers that most providers have when it comes to data exchange.

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01:19:34.310 --> 01:19:43.710



M Nashed: and I think overall. Honestly, the program was pretty successful. The only thing it was it just took a lot longer than than we anticipated.

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01:19:44.270 --> 01:19:50.210

M Nashed: So the the biggest challenges that I think that we faced that became apparent right away.

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01:19:50.310 --> 01:20:00.240

M Nashed: or timeliness. You know. Most providers move at their own pace, you know they they have their own priorities. They they have their own projects that they're dealing with.

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01:20:00.530 --> 01:20:07.670

M Nashed: So they're not really beholding to our project timelines. So things just took a lot longer than we anticipated.

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01:20:07.860 --> 01:20:27.659

M Nashed: and the other major challenge that we faced was the lack of technical knowledge. As one can imagine. You know, most providers don't really know what Ccdas and HI. 7 s. And Edts. And all that technical jargon. So it was kind of hard to sometimes speak technical language to them.

482

01:20:28.318 --> 01:20:40.529

M Nashed: So that made things, you know, also take longer than than it than they should. So so in hindsight those those challenges were pretty obvious. But nonetheless, we we had to, you know.

483

01:20:40.770 --> 01:20:43.110

M Nashed: They became apparent pretty quickly.

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01:20:44.880 --> 01:20:49.350

M Nashed: The the grant was super helpful. It was a good start.

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01:20:49.480 --> 01:20:52.070

M Nashed: I think it helped

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01:20:52.220 --> 01:21:16.300



M Nashed: most providers be willing to to exchange data. I think you know, a few years ago they would have looked at us like crazy if we asked to exchange data. They were like, you know, why would I put all that work for? For what? So I think that that really helped get the process started for us, and I think when the State enforces the Dxf. I think it will have a huge impact in in getting.

487

01:21:16.650 --> 01:21:20.190

M Nashed: you know, most folks eager to to exchange data.

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01:21:21.350 --> 01:21:39.939

M Nashed: and I think it has a huge impact on on the Alliance. I mean, we have 5 counties, and I think it. It provides a harmonizing effect on all the counties, instead of having unique configuration for each county. We have kind of like one configuration for for all 5 counties.

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01:21:40.060 --> 01:21:48.530

M Nashed: and I think also, it helps our members not be limited by like geographic boundaries. So so that's great. And I think also

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01:21:49.180 --> 01:22:00.290

M Nashed: it just it created like a huge momentum for us to to, to continue to to get all the data that we can from from our from our providers and hospitals.

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01:22:05.110 --> 01:22:06.109

M Nashed: And that's it.

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01:22:10.570 --> 01:22:16.459

SC-1181-Sacramento: Thank you, Michael, for sharing your sales and challenges. I know you mentioned that it did take a while. But

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01:22:16.640 --> 01:22:36.909

SC-1181-Sacramento: just for, like the grants program. You guys created them also to way ahead of the deadline. So really appreciative of all the work that you guys put into and making sure that it's benefiting your organization. It's really these meaningful stories that really demonstrates the impact of the.

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01:22:37.770 --> 01:22:42.170

SC-1181-Sacramento: And then with that, I'll pass it to Jacob and Akira for public comments.



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01:22:42.500 --> 01:22:43.860

SC-1181-Sacramento: Explain, please.

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01:22:46.130 --> 01:22:47.000

SC-1181-Sacramento: Right?

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01:22:47.530 --> 01:22:53.110

SC-1181-Sacramento: Thanks, Michael and and I saw you there, Dan. We didn't need to hear from you today, but thanks for joining Dan

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01:22:53.460 --> 01:22:57.270

SC-1181-Sacramento: Akira. We'll pass it to you for the logistics. Public comment.

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01:22:57.270 --> 01:22:58.740

Akira Vang: Alright. Thank you, Jacob.

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01:22:58.970 --> 01:23:06.209

Akira Vang: Members of the public must raise their hand and zoom facilitators will unmute each member of the public

501

01:23:06.330 --> 01:23:19.200

Akira Vang: to share comments. If you logged on via zoom, press, raise hand at the bottom of the screen. If selected to share your comment, you will receive a request to unmute and please ensure you. Accept before speaking.

502

01:23:19.260 --> 01:23:39.400

Akira Vang: If you dialed in by phone, only press 9 to raise your hand and listen for your number to be called, if selected to share your comment. Please ensure you are unmuted on your phone by pressing 6 people will be called in the order in which their hands were raised, and you will be given 2 min. Please state your name and organizational affiliation.

503

01:23:39.490 --> 01:23:44.620

Akira Vang: and with that we do have one hand that's been up Rosaline.

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01:23:46.940 --> 01:23:48.420

Akira Vang: you can come off mute now.



505

01:23:52.500 --> 01:23:53.370

Akira Vang: Hello!

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01:24:01.170 --> 01:24:06.649

Akira Vang: Alright! I think she's not there. Other than that. We have no other hands raised.

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01:24:07.500 --> 01:24:08.380

Akira Vang: Jacob.

508

01:24:10.750 --> 01:24:13.380

SC-1181-Sacramento: Thanks again. Why don't we give folks another minute?

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01:24:31.080 --> 01:24:33.470

Akira Vang: Don't know. Hands up yet, Jacob.

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01:24:33.880 --> 01:24:34.590

SC-1181-Sacramento: Okay?

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01:24:35.270 --> 01:24:38.299

SC-1181-Sacramento: Well, then, we can come.

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01:24:39.640 --> 01:24:42.279

SC-1181-Sacramento: Thank you. Akira, let's go to the next slide.

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01:24:44.580 --> 01:24:45.070

SC-1181-Sacramento: Okay?

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01:24:45.990 --> 01:24:48.940

SC-1181-Sacramento: And when one more slide, please, Akira.

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01:24:49.420 --> 01:25:15.059

SC-1181-Sacramento: So let's just talk about next steps. Following this call. Of course, as always, we will consider the input from the committee. There was a lot of great input today for our participant survey, so excited to start diving into that. And we'll start distributing to those



folks who have reached out for more information. We have plenty of it. We have plenty of data to further stratify. So we'll reach out with

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01:25:15.200 --> 01:25:18.799

SC-1181-Sacramento: some of those results in the post meeting materials.

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01:25:18.990 --> 01:25:37.429

SC-1181-Sacramento: I wanted to highlight, a reminder that we have a public comment opportunity open right now. So we made some amendments to our technical requirements for exchange policy and procedure. There are a lot of good media amendments in there, and I encourage everyone on the committee, everyone in the public.

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01:25:37.490 --> 01:25:50.700

SC-1181-Sacramento: and any colleagues that you might have to take a look and provide your public comment. You have a whopping 4 days to do so. It closes on Monday, July 21st. So please do get that in

519

01:25:50.850 --> 01:26:11.420

SC-1181-Sacramento: and stay in touch. We are always open to hearing feedback. We heard some good stories from some of our grantees. If you have a story to share. If you have feedback on today's meeting topics, or you just want to chat, please do reach out. There's our email at the bottom, and we'll send those out and post those on our web page

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01:26:11.830 --> 01:26:12.930

SC-1181-Sacramento: next slide

521

01:26:18.308 --> 01:26:38.889

SC-1181-Sacramento: next slide, Akira, and we have a couple of save the dates. So September 25th and November 20th are penciled in as the final 2 IAC meetings for this calendar year. Add those to your calendars, and we'll get obviously the the meeting information sent out here in the coming weeks.

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01:26:39.510 --> 01:26:51.329

SC-1181-Sacramento: and every bit as importantly, we have a wonderful conversation coming up another technical advisory committee focus group meeting to discuss the event notification, architecture.

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01:26:51.490 --> 01:27:12.039



SC-1181-Sacramento: These conversations have been really good this year, so far. We just closed a really good one on consent, and I expect this one to be just as good. So so mark that into your calendars. If you're on those committees we'll we're looking forward to seeing you. But of course folks are welcome to join as members of the public. They start early August

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01:27:12.990 --> 01:27:14.560

SC-1181-Sacramento: next slide Akira.

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01:27:16.035 --> 01:27:39.329

SC-1181-Sacramento: Lastly, we'll close with. We send out a bi-weekly update every 2 weeks with information on the data exchange frameworks. We encourage you to sign up and we post a whole lot of information on our web page little sneak peek. We have a new web page launching here very soon, which we'll be discussing at the next lac meeting. Likely.

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01:27:39.660 --> 01:27:59.550

SC-1181-Sacramento: Sorry to interrupt. I've heard people ask whether they need to re-sign up for a new list. Server. Anything like that. Are you porting that over to each guy. Yes, if you are currently signed up, you should continue to get bi-weekly through the transition. Thanks.

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01:28:00.470 --> 01:28:11.939

SC-1181-Sacramento: Okay. And there's our our web page there. It's linked on these slides, which again, we'll send out. We have a lot of good information on the web page, so feel free to join. We'll let you know when our new web page was live.

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01:28:13.050 --> 01:28:17.669

SC-1181-Sacramento: Thanks, everybody. Have a wonderful rest rest of your Thursday.

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01:28:19.090 --> 01:28:20.759

Rachelle Grant: Thank you, take care!

530

01:28:21.290 --> 01:28:22.170

Cameron Kaiser: Thank you.