Data Exchange Framework (DxF) Implementation Advisory Committee (IAC)
Meeting Summary
September 25, 2025, 9:00 a.m. to 11:00 a.m.

Attendance

Presenters: Jacob Parkinson (HCAI), Scott Christman (HCAI), Dr. Rim Cothren (Independent Consultant to HCAI), and Cindy Bero (Manatt).

Attendees: Approximately 26 public attendees joined this meeting via Teams webinar or through call-in functionality. *See Appendices for DxF IAC member attendance.*

Meeting Notes

These notes highlight key points raised by presenters, DxF Advisory Committee members, and public commenters during the meeting. They are not intended to be a comprehensive record of all discussions. For complete meeting materials—including the full video recording, transcript, and public comments—please refer to the link here.

Welcome

Jacob Parkinson, Deputy Director, DxF, HCAI, welcomed attendees to the meeting.

DxF Vision

Scott Christman, Chief Deputy Director of HCAI, discussed HCAI's commitment to the DxF and the DxF listening tour, which will inform 2026 DxF priorities.

Q2 DxF Impact Measurement

Cindy Bero, Senior Advisor, Manatt, reviewed Q2 2025 data assessing the impact of the DxF on the exchange of health and social service information in California.

DxF 2025 Participant Survey Follow-up Analyses Discussion

Cindy presented follow-up analyses addressing feedback on the 2025 DxF Participant Survey raised in the July IAC meeting. Cindy provided additional detail on:

- Types and number of record systems used;
- Electronic Health Record (EHR) vendor usage; and
- Frequency of health information exchange and data exchange challenges stratified by data exchange method.

Member comments included:

- One member asked whether organizations provided any detail on use of multiple record systems and whether any organization reported using more than one EHR.
    - *Response: Cindy noted that organizations identified the type of record systems in use (e.g., EHRs, Lab Information Systems, Case Management Systems) and that the survey only allowed organizations to identify a single EHR vendor.*
- One member noted that their organization uses EHRs, calls, and fax for data exchange, and suggested that respondents might not be aware of data exchange methods depending on their role.
    - *Response: Cindy explained that the survey targeted individuals involved in service and care delivery. The results may underestimate organizational use of electronic exchange methods as they reflect the experience and awareness of providers and care partners who engage in health and social services exchange, not technologists.*
- Members suggested improvements for future surveys, including collecting:
    - More specific exchange methods (e.g., use of national networks, QHIOs) to identify their impact on data quality, timeliness of exchange, and overall Participant experience;
    - Data exchange between specific types of organization (e.g., which type of organizations each Participant is sharing data with); and
    - More detailed feedback on timeliness of data exchange.
- One member raised concerns about the accuracy of the Participant Directory and asked whether HCAI plans to refresh participant information.

Aligning the Definition of Treatment Purpose

Dr. Rim Cothren, Independent Consultant to HCAI, presented the DxF and Trusted Exchange Framework and Common Agreement (TEFCA) definitions of Treatment. Rim asked IAC members to consider:

- Can the DxF align with TEFCA?
- Should the DxF Align with TEFCA?
- Do the differences between the DxF and TEFCA definitions of Treatment create issues for DxF Participants?

Member comments included:

- Members generally do not support aligning with the TEFCA definition of Required Treatment without a clear rationale for making such change.

    - One member noted that many organizations use eHealth Exchange or Carequality for query-based exchange, and there is no such restriction on the definition of treatment for these networks.
    - One member noted that the TEFCA Required Treatment excludes health plans. This limitation will make it difficult for health plans to fulfill certain federal responsibilities (e.g., supporting real-time prior authorizations) dependent upon access to health care-related data that TEFCA makes optional for sharing with plans.
- One member recommended continuing to monitor TEFCA and its potential impacts on DxF Participants, noting that TEFCA's evolution will require considering endpoint capacity.
    - Members did not note conflicts with what DxF requires and what TEFCA allows.
- Members recommended continuing to monitor eHealth Exchange and Carequality for potential conflicts with DxF requirements.
    - One member noted this may be especially important as organizations join eHealth Exchange as a path to participating in TEFCA.
- One member suggested that the DxF should align with compliance requirements for health plans (e.g. California Department of Managed Care timely access reporting requirements).
- One member asked whether the DxF definition will be updated to include social services and community-based organizations (CBOs).
    - *Response: Rim noted that while the current definition is healthcare-centric, future work may address permitted and required purposes for social services organizations.*

Technical Requirements for Exchange Amendment

Rim summarized the proposed changes to the Technical Requirements for Exchange P&P, public comments received, and potential actions in response to public comment. Rim solicited input from the IAC on:

- Event Notification Requirements for Skilled Nursing Facilities (SNFs)
    - Should SNFs be required to send Event Notifications for Admissions and Discharges by January 1, 2027?
    - Should the requirement be limited to SNFs that meet certain technical capabilities, such as having an EHR or having interoperability capabilities?
- Requirements for Human-Readable Event Notifications
    - Are there Participants that would be left behind if Human Readable Notifications were not required?

- If there are, how much time do Participants need to support Human Readable Notifications?

Member comments included:

- Event Notification Requirements for SNFs
  - California Association of Health Facilities (CAHF) expressed concerns with the January 1, 2027 deadline for all SNFs to send Event Notifications, citing:
    - SNF exclusion from Health Information Technology for Economic and Clinical Health Act (HITECH Act) incentive funding; and
    - Varying levels of readiness and infrastructure across SNFs (e.g., EHR adoption, data sharing capabilities).
  - CAHF estimated that ~55% of SNFs are part of multi-facility organizations that may have EHRs and recommended pushing the deadline for exchange to at least January 1, 2028.
    - CAHF noted the high costs of EHR implementation, ongoing Medi-Cal rate renegotiations to support EHR adoption, and uncertainty around how many SNFs can currently exchange data.
  - Members emphasized that admission and discharge notifications from SNFs are critical to ensure continuity of care and prevent hospital readmissions for Californians and recommend maintaining the requirement. For example:
    - Notifications of SNF discharges enable physician practices and population health teams to provide timely, appropriate follow-up care.
    - Notifications of SNF admissions enable CBOs to adjust outreach and support services.
  - Members underscored that many SNFs are already capable of data exchange, and recommend maintaining the January 1, 2027 deadline for SNFs with electronic health records.
    - One member stated that SNFs are likely to only send Event Notifications if it is a requirement.
    - One member noted that most SNFs signed the Data Sharing Agreement (DSA), but that there remains limited movement beyond signing. The member cited a PointClickCare press release to suggest that many SNFs have the capability to exchange Event Notifications.
    - One member emphasized that notifications from SNFs are critical to support transitions in care, which is a driver of health care costs.

- Requirements for Human-Readable Event Notifications
    - While members acknowledged the need for human-readable notifications, they did not consider the lack of a requirement as a significant issue.
        - Some, but not all QHIOs, are presently able to support human-readable Event Notifications.
        - Members suggested that if there is a requirement for human-readable Event Notifications, the responsibility should be placed on the recipient or the intermediary, rather than the sender.
    - Generating human-readable notifications may be a significant burden for certain Participants. Members suggested that state funding might be necessary to:
        - Create a statewide service to support human-readable notifications,
        - Support QHIOs that do not yet have the capability to create human-readable notifications, and
        - Support recipients of notifications in creating the capability.
    - Members recommended against requiring Participants that send Event Notifications to offer human-readable versions without support from the state.
    - Members did not identify privacy and security risks associated with human-readable versions other than the use of public, non-secure Internet sites for HL7 message translation.
    - Members raised some concerns about translation risks (e.g., misinterpretation of code sets) when converting data into human-readable formats, although the risks were likely low, citing the continuing need for guidelines and standards in creating machine-readable notifications.

Public Comment, Next Steps, and Closing Remarks

Jacob opened the meeting to public comment.

Public comments included:

- In response to the Impact Measurement slides, one individual suggested measuring the quality of patient matching, highlighting the example of the report card for Michigan's Health Information Exchange (HIE) Participants. The individual suggested that QHIOs could offer similar feedback to DxF participants.

Jacob reviewed the next steps to close the meeting.

Appendix 1. DxF IAC Members - Meeting Attendance (September 25, 2025)

Last Name	First Name	Title	Organization	Present
Diaz	Joe	Senior Policy Director	California Association of Health Facilities	Yes
Ford	David	VP, Health Information Technology	California Medical Association	Yes
Goodale	Aaron	VP, Health Information Technology	MedPoint Management	Yes
Helvey	John	Executive Director	California Association of Health Information Exchanges	Yes
Kaiser	Cameron	Deputy Public Health Officer	County of Solano	No
Kiefer	Andrew	Vice President, State Government Affairs	Blue Shield of California	Yes
MacDonald	Scott	Chief Medical Information Officer	UC Davis Health	Yes
Miller	Amie	Executive Director	California Mental Health Services Authority	Yes
Saenz	Lucy	Assistant Director of Data Informatics	California Primary Care Association	Yes
Savage-Sangwan	Kiran	Executive Director	California Pan-Ethnic Health Network	Yes
Scott	Linette	Deputy Director and Chief Data Officer	California Department of Health Care Services	Yes
Su	Felix	Director, Health Policy	Manifest MedEx	Yes