



DxF Stakeholder Advisory Committee Meeting #2 Pre-Read: Supplemental DxF Listening Tour Summary

This document includes background information to support preparation for the following agenda items at DxF Stakeholder Advisory Committee Meeting #2:

- Item #3: DxF Program Updates and Purchaser Contracting Requirement Overview

Supplemental DxF Listening Tour Summary

Purpose of the Document

This supplemental summary provides additional high-level information from the Data Exchange Framework Data Exchange Framework (DxF) Listening Tour in response to the DxF Stakeholder Advisory Committee's request. It is intended to provide more details on the Listening Tour's reach, stakeholder feedback themes, and survey findings. To maintain respondent confidentiality the information included is summarized and/or aggregated.

Background on the DxF Listening Tour

The California Department of Health Care Access and Information (HCAI) assumed responsibility for the DxF on August 1, 2025. To support this new role, HCAI partnered with Freed Associates to conduct a statewide DxF Listening Tour from August through October 2025 to gather stakeholder feedback on the DxF user experience and identify opportunities for improvement. The Listening Tour included 49 interviews, 59 survey responses, and participation in three conferences. Feedback was analyzed to identify key themes and actionable opportunities to inform the DxF workplan and future roadmap updates.

Listening Tour Demographics and Reach

Using three modes of engagement (interviews, surveys, and conferences), the DxF Listening tour heard from stakeholders across the state of California with representation from a wide range of organization types and roles.

Organization Types Represented

- Associations
- Community-Based Organizations
- Consumer Advocates
- Local/County Governments
- State Government
- Health Plans
- HIO/Tech Vendors

- Hospital/Health Systems
- Acute Psychiatric Hospitals
- Labs
- Provider Groups
- Skilled Nursing Facilities

Stakeholder Types Represented

- Clinical Care Provider
- Data/Analytics
- EMS
- Executive Leader
- Finance
- Information Technology
- Legal
- Operations
- Policy
- Regulatory/Compliance
- Strategy
- Quality

Interviews and Survey Participation

The Listening Tour team conducted outreach to a total of 66 organizations for interviews, some selected by the HCAI team and recommended by interviewees, others requested to be contacted. A total of 49 individuals and organizations were ultimately interviewed (74% targeted interviews completed), with a 77% response rate.

Organization Category	Interviews Completed
Association	7
Community-Based Organization	3
Local/County Government	4
Health Plan	3
HIO/Tech Vendor	11
Hospital/Health System	4
Individual Influencer	7
Provider Group	0
Skilled Nursing Facility	0
State Government	7
Consumer Advocate	3
Grand Total	49

Along with interviews, the Listening Tour created and distributed a feedback survey via several channels, including email, the DxF website, conferences, and the DxF Newsletter. The survey link/QR code was also made available to the public. In total:

- 123 Stakeholders were directly sent surveys
- 59 survey responses were received (not all responders answered every question)
- 21 Counties were represented

Amongst the respondents:

- 64% indicated yes to signing the DSA
- 17% indicated no to signing the DSA
- 19% indicated N/A to signing the DSA

Amongst the respondents that signed the DSA:

- 92% indicated they are actively sharing data
- 8% indicated they are not actively sharing data

Amongst the respondents that did not sign the DSA:

- 71% indicated that they are actively sharing data
- 29% indicated they are not actively sharing data

Conference Engagement

As part of the Listening Tour, the team participated in three conferences to gather additional stakeholder feedback on the DxF. These conference engagements provided an opportunity to reach broader stakeholder audiences through staffed tables, handouts, and facilitated discussion sessions. The Listening Tour team participated in the following conferences:

- **California Health Care Foundation: Health Data Exchange in California: Paving a Path to Better, Affordable Care** on August 14, 2025, with approximately 80 attendees. The Listening Tour team staffed a table and provided handouts introducing the Listening Tour.
- **Manifest MedEx: Bridging Clinical, Claims, and Social Data to Accelerate Whole Community Care** on September 9, 2025, with approximately 125 attendees. The team facilitated “World Café” breakout sessions for attendees to gather feedback through structured discussion.
- **Civitas Annual Conference: Bridging Data and Doing** on September 29, 2025, with approximately 30 attendees. The team facilitated an optional breakout session.

Key Themes from Conference Feedback

The following themes emerged during the three conferences attended by the Listening Tour team. Based on qualitative and quantitative analysis, the themes and sub-topics were sorted by the highest areas of concern:

1. Governance and Regulatory Policy

- a. Lack of enforcement and accountability, with no clear consequences or monitoring for non-compliance.

- b. Unclear DxF scope, requirements definitions, minimum data mandates, and how DxF differs from other data-sharing initiatives.
- c. Inconsistent oversight, particularly for QHIOs.
- d. Need for ongoing, equitable, and sustainable funding.

2. Data: Access, Usability, Quality, and Confidence

- a. Issues with data quality and completeness, including empty, corrupt, duplicate, misrouted, and inconsistent data files.
- b. Need for standardization of data fields and structure.
- c. Need for data in actionable, workflow-aligned formats to increase usefulness.
- d. Issues with data trust, including the need for visible data validation, transparency, and feedback loops to build confidence.

3. Interoperability and Integration

- a. Concerns with QHIO connectivity capabilities, readiness, and expectations alignment.
- b. Need for shared technical standards and connection approaches, such as APIs, across disparate systems.
- c. Burden on providers, plans, and community-based organizations to maintain multiple system integration interfaces.
- d. Timeliness and availability of data may prevent patient and provider access to complete records.

4. Communication, Support, and Training

- a. DxF education materials are difficult to understand and include too much jargon; stakeholders expressed a need for concise, audience-friendly materials.
- b. Gaps in formal onboarding guidance, implementation playbooks, and coordinated support from QHIOs and HIEs.
- c. Need for ongoing, role-specific education for diverse participant types.
- d. Need for stronger outreach campaigns, practical case studies, and opportunities for stakeholder input.

5. Social Services Data Exchange

- a. Need for clarity regarding concrete steps being taken to advance social services data exchange within the DxF.
- b. Concerns regarding the technical readiness of community-based organizations to send, and electronic medical record systems to capture, social services information.
- c. Current approaches to social services information exchange are manual and resource-intensive; stakeholders expressed a need for automated workflows.
- d. Need for funding for technology integration, data privacy, and security to bring community-based organizations on par with clinical systems.

High-Level Summary of Stakeholder Feedback

Over the course of the Listening Tour, stakeholders shared feedback on both what is going well with the DxF and where there are opportunities for continued improvement. This feedback was summarized into key bright spots and five primary areas of opportunity.

Bright Spots Identified by Stakeholders

Stakeholders expressed strong support for the DxF mission and its goal of promoting data exchange across California, particularly in underserved areas. They also identified early examples of successful implementation, including local practices for data integration across agencies and community-based organizations, as well as reported reductions in emergency department visits and improved care management outcomes among providers using data exchange platforms.

Stakeholders also noted progress with integration, including that ADT sharing between QHIOs is moving forward and that many of the technical requirements and underlying technologies needed for integration are largely in place. In addition, stakeholders highlighted the role of coalitions, QHIOs, and other community partners in supporting implementation through education sessions, design studios, and clinical and technical assistance. Early grant funding was also identified as a helpful support for providers, community-based organizations, and social service entities participating in the DxF.

Areas of Greatest Opportunity

Stakeholders identified five primary themes as the areas of greatest opportunity for future DxF work:

1. **Communication, Support, and Training:** Stakeholders noted that existing state materials, including websites, FAQs, and other resources, can be lengthy,

overwhelming, jargon-filled, and overly technical. They also identified a need for more hands-on technical support, continuous and targeted education, and more individualized end-user training.

2. **Data: Access, Usability, Quality, and Confidence:** Stakeholders raised ongoing challenges related to patient identity matching, data completeness, timeliness, and accuracy, and differing interpretations of what data must be exchanged, with whom, and under what conditions. Stakeholders also noted that data can be difficult to use when it is received in large files, unstructured formats, or duplicative formats.
3. **Interoperability and Integration:** Stakeholders identified cost, interface issues, staff constraints, and lack of standardization as barriers to effective implementation and QHIO use. They also noted differing interpretations of technical and policy requirements among QHIOs, as well as alignment gaps between state and national frameworks.
4. **Privacy and Security:** Stakeholders shared the need to resolve consent policies in a way that balances data accessibility with privacy. They also identified differing interpretations of federal and state privacy laws as a barrier to exchange, along with the need to protect against data misuse, breach, and unauthorized access.
5. **Governance and Regulatory Policy:** Stakeholders identified opportunities to strengthen compliance oversight, clarify program requirements, and improve program administration. Specific concerns included lack of enforcement of compliance rules, inadequate state oversight, insufficient funding for onboarding and sustainable technology investment, and ongoing uncertainty around state expectations.

Summary of Stakeholder Feedback Organized by Theme

The Listening Tour showed several recurring themes related to stakeholders' experiences with the DxF. While participants identified areas of progress, they also described opportunities to improve communication, data quality and usability, system integration, privacy guidance, and program governance. The themes below summarize key feedback shared by stakeholders and highlight areas where additional clarity, support, or coordination may be needed.

1. **Communication, Support, and Training**
 - a. Published DxF materials are too lengthy, and the language is too technical; it is difficult to find and understand the information.
 - b. Materials are not tailored to participant types, such as provider groups or counties.

- c. There is minimal two-way communication with the DxF Program; questions and feedback are either not acknowledged or not satisfactorily addressed.
- d. Many participants would like additional hands-on consultation and technical support in more personalized settings, such as technical assistance, individualized sessions, and local grassroots presentations.

2. Data: Access, Usability, Quality, and Confidence

- a. Some stakeholders have experienced delays or unresponsiveness when requesting data from other participants.
- b. The data provided when queried is often too voluminous, not timely, and in an unusable format, such as duplicative data or PDFs, requiring manual manipulation before use.
- c. Stakeholders are frustrated by incomplete data and system errors due to lack of standardization in data elements across platforms.
- d. Stakeholders have noted data discrepancies that have eroded trust in exchange data sources.
- e. Users gave examples of having to log into several portals to obtain a patient's complete health history.

3. Interoperability and Integration

- a. Participants experienced high costs and steep learning curves when onboarding to QHIO technology, as well as workflow disruptions from having to access a separate portal interface to view data.
- b. Some stakeholders experienced issues with their QHIO vendor's technical capabilities and level of data exchange participation.
- c. Participants described difficulty connecting certain smaller EHR vendors to HIEs and noted the need for manual interventions to move data.
- d. Stakeholders are confused and frustrated by the operational complexities of satisfying both TEFCAs and state data exchange requirements, which are not aligned.

4. Privacy and Security

- a. Stakeholders identified consent management as a top priority problem area for the State to address from both a technical and workflow perspective.
- b. Patient privacy concerns are heightened given the need to restrict sharing of sensitive data; stakeholders expressed apprehension about the ability of DxF participants and QHIOs to adhere to existing and evolving privacy laws.
- c. There are differing interpretations of privacy laws and their applicability to the DxF; stakeholders expressed a desire for State guidance in this area.

- d. Stakeholders are concerned about misuse of data and unauthorized viewing beyond the intended use and minimum necessary standards.

5. Governance and Regulatory Policy

- a. Stakeholders expressed frustration over stalled progress and loss of momentum.
- b. Stakeholders expressed support for compliance enforcement to drive accountability, though there is a need to define what it means to be compliant.
- c. Stakeholders want more inclusive stakeholder engagement, particularly in working groups, advisory committees, and governance roles.
- d. Stakeholders advocated for funding to support data exchange for counties, community-based organizations, small and rural providers, community information exchanges, and qualified health information organizations.

Summary of Survey Free-Text Responses

Survey respondents were invited to provide written comments on areas of opportunity for the DxF. These free-text responses were analyzed and summarized into five themes and related sub-topics. The themes are presented in order of the highest areas of concern identified through the analysis.

1. **Interoperability and Integration:** Respondents identified challenges with system connectivity, integration workflows, and alignment with technical standards. Key concerns included the complexity of connecting to HIEs, limited inbound data feeds, uncertainty about QHIO technical and service standards, and limited native integration with non-traditional EHRs.
2. **Governance and Regulatory Policy:** Respondents raised concerns about the complexity of DxF compliance, uneven enforcement, and lack of clarity around requirements. They also noted that current funding streams may not adequately support the legal, technical, and operational costs of DxF participation.
3. **Social Services Data Exchange:** Respondents highlighted the need for greater support for social service organizations and community-based organizations, including funding, technical assistance, and clearer guidance on what social services information can be shared and how to manage consent across sectors.
4. **Privacy and Security:** Respondents identified the need for clearer privacy guidance, standardized opt-out and consent processes, and stronger safeguards to prevent

inappropriate access or use of sensitive information. They also noted the importance of understanding how DxF aligns with existing privacy laws.

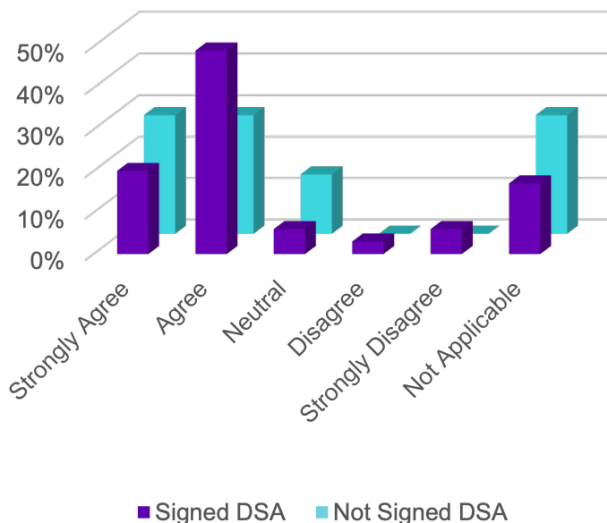
5. Communication, Support, and Training: Respondents emphasized the need for more accessible training, practical education, and responsive support for both technical and operational questions. They also noted the value of proactive outreach, real-world examples, and feedback loops to show how exchanged data is being used.

Survey Analysis Summary

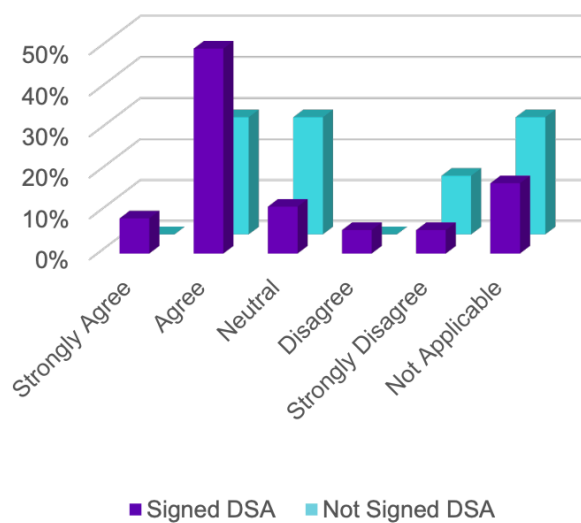
The Listening Tour survey included several questions designed to better understand stakeholder experiences with the DxF, including data access, usability, quality, confidence, interoperability, privacy, training, and program support. The survey analysis provides additional context on where stakeholders are experiencing progress, where challenges remain, and how experiences may differ based on an organization’s level of participation in the DxF.

Survey Analysis: Data: Access, Usability, Quality & Confidence

I can easily access Health data through the Health Information Exchange (HIE) system(s) I use.

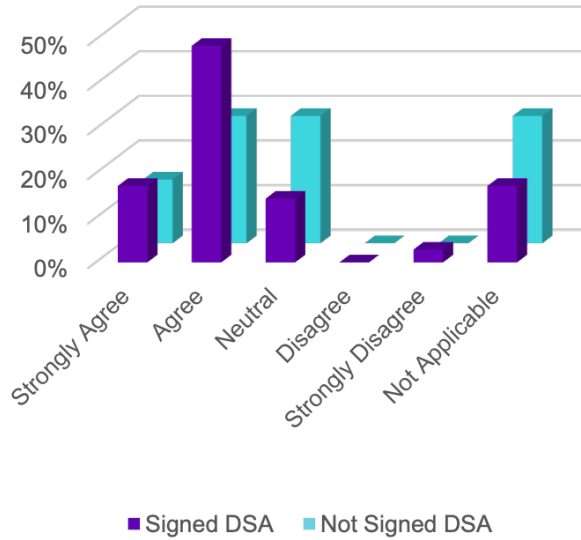


The Health data available through the HIE system(s) I use is accurate and complete.

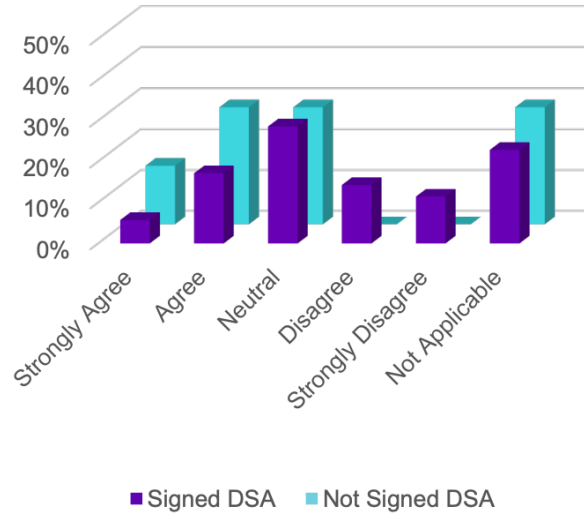


Only the 47 respondents that stated they are actively sharing data were presented with the following survey questions. HCAI received 47 responses to each question (n=47).

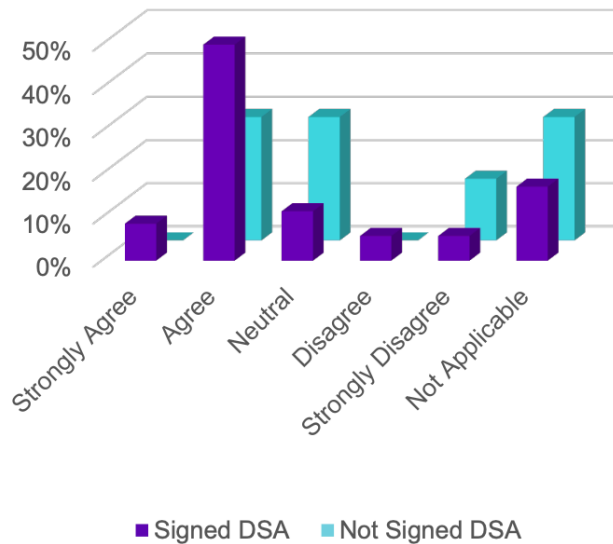
The Health data available through the HIE system(s) I use is timely.



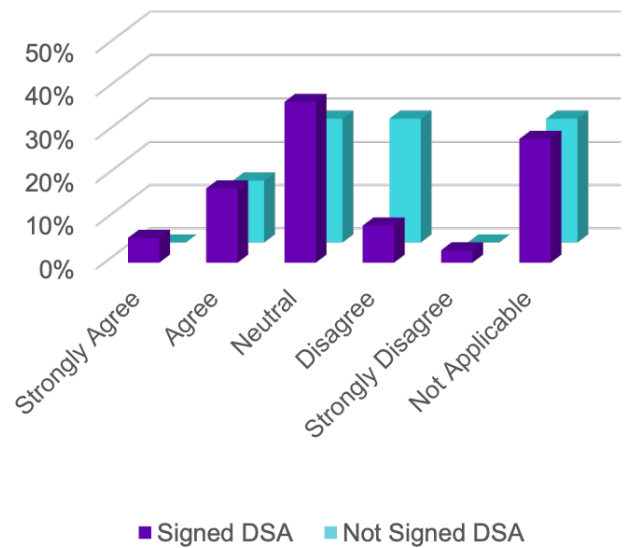
I can easily access Social Services data through the HIE system(s) I use.



The Social Services data available through the HIE system(s) I use is accurate and complete.



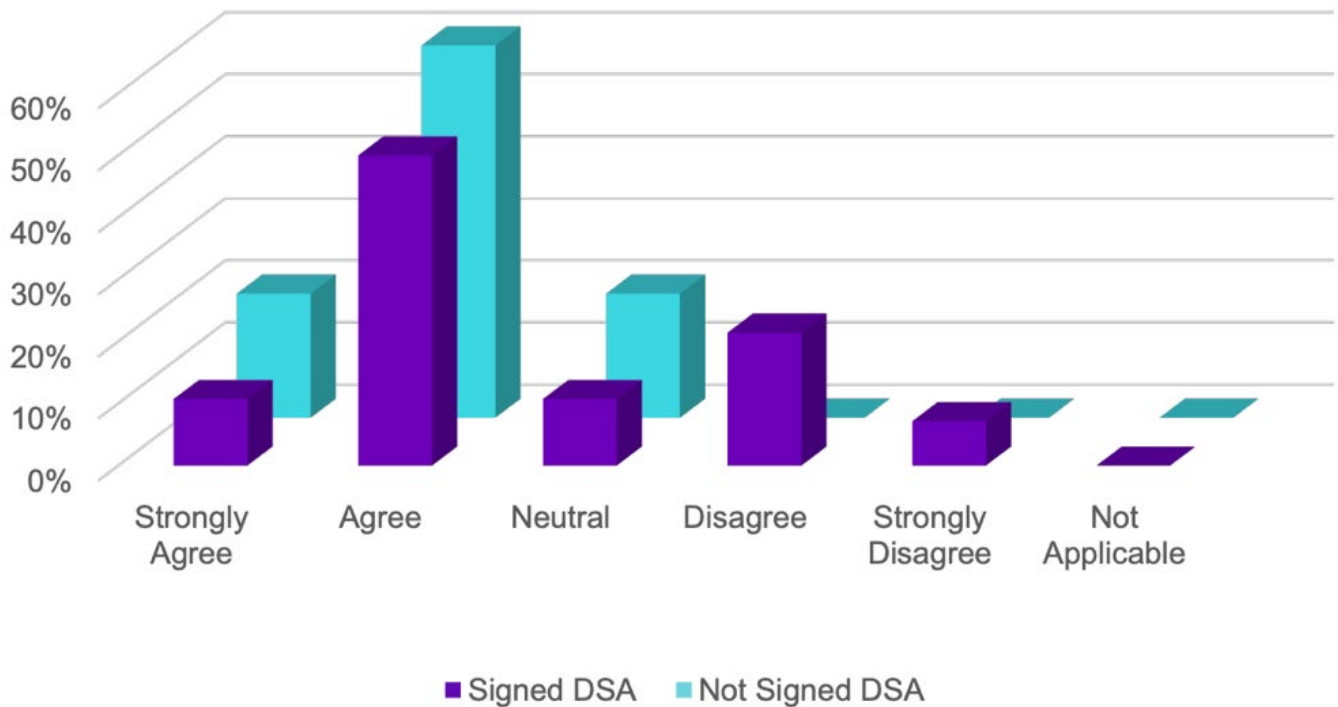
The Social Services data available through the HIE system(s) I use is timely.



Survey Analysis: Interoperability and Integration

Only the 47 respondents that stated they are actively sharing data were presented with the following survey questions. HCAI received 36 responses to each question (n=36).

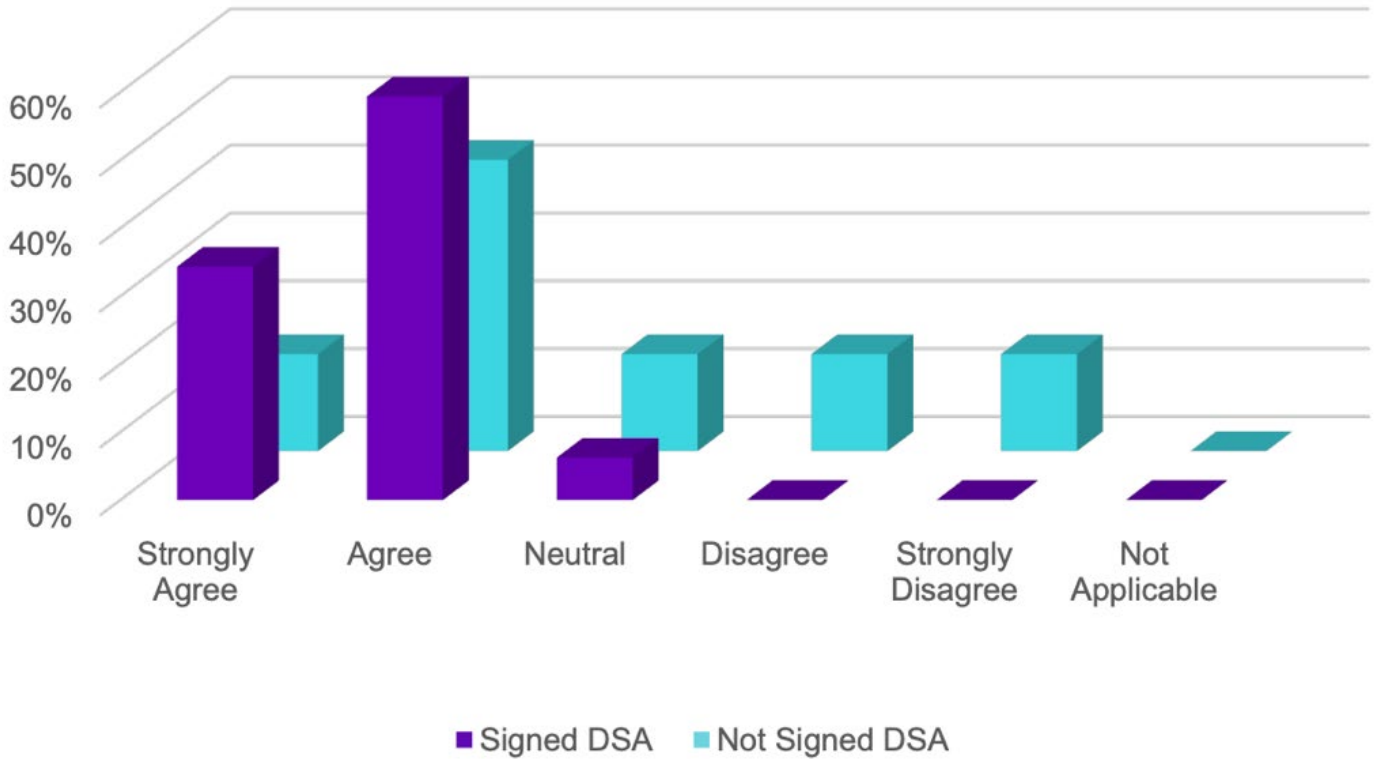
HIE systems integrate smoothly with our existing technology for exchanging HSSI.



Survey Analysis: Privacy

Only the 47 respondents that stated they are actively sharing data were presented with the following survey question. HCAI received 42 responses (n = 42).

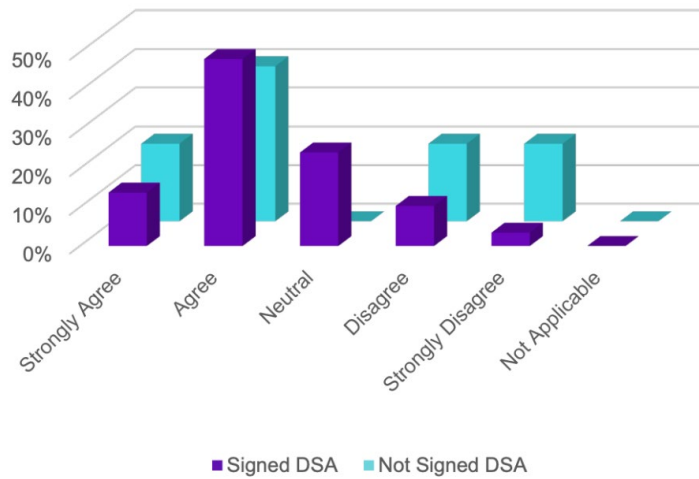
I am confident in the privacy and security measures for HIE(s).



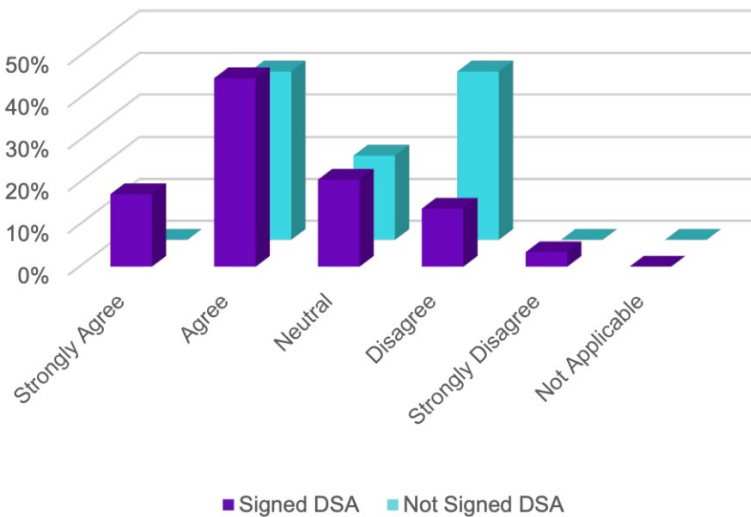
Survey Analysis: Communication, Support & Training

Only the 47 respondents that stated they are actively sharing data were presented with the following survey question. HCAI received 37 responses (n = 37).

The HIE or technology vendor training and support meet/met our needs.



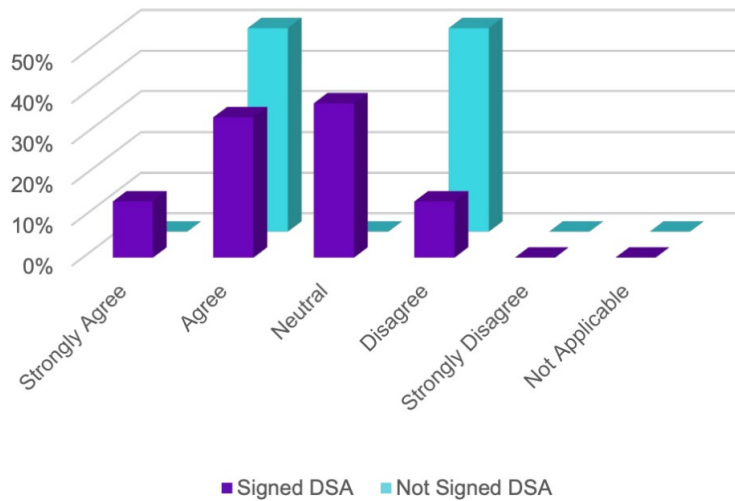
Ongoing technical support meets our expectations.



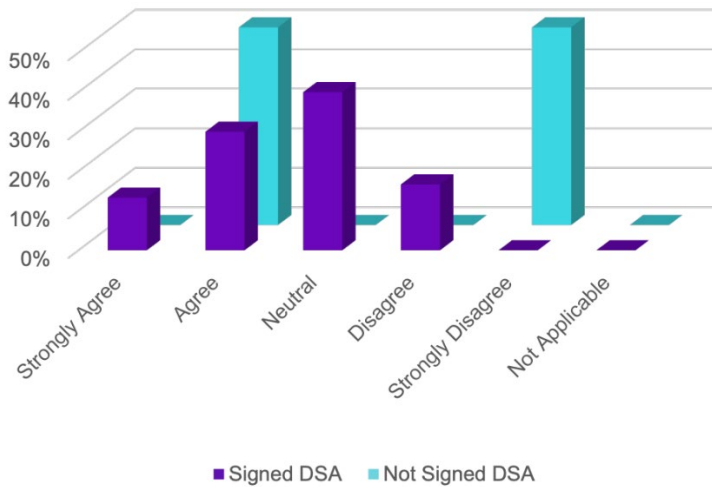
Survey Analysis: Impacts, Outcomes & Value

Only the 47 respondents that stated they are actively sharing data were presented with the following survey question. HCAI received 33 responses (n = 33).

Participation in DxF has improved patient care at my organization.



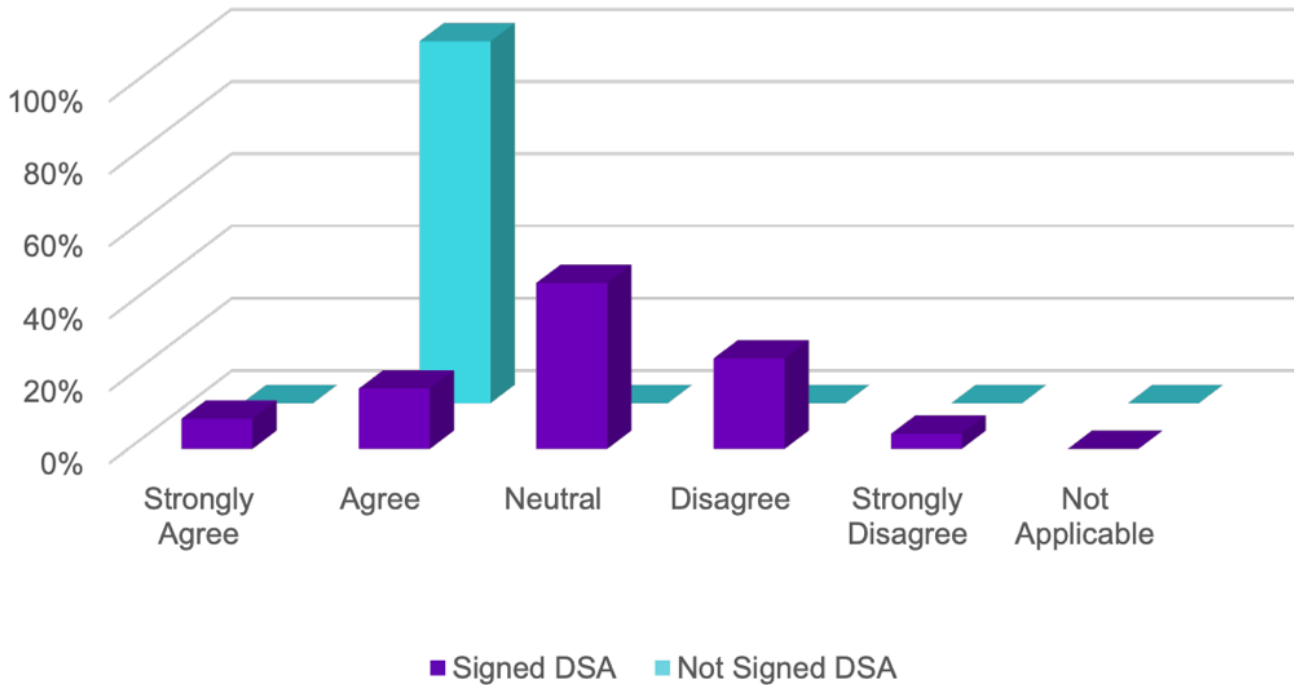
Participation in DxF has improved operational efficiency or workflow at my organization.



Survey Analysis: Social Services Data Exchange

Only the 47 respondents that stated they are actively sharing data were presented with the following survey question. HCAI received 37 responses (n = 37).

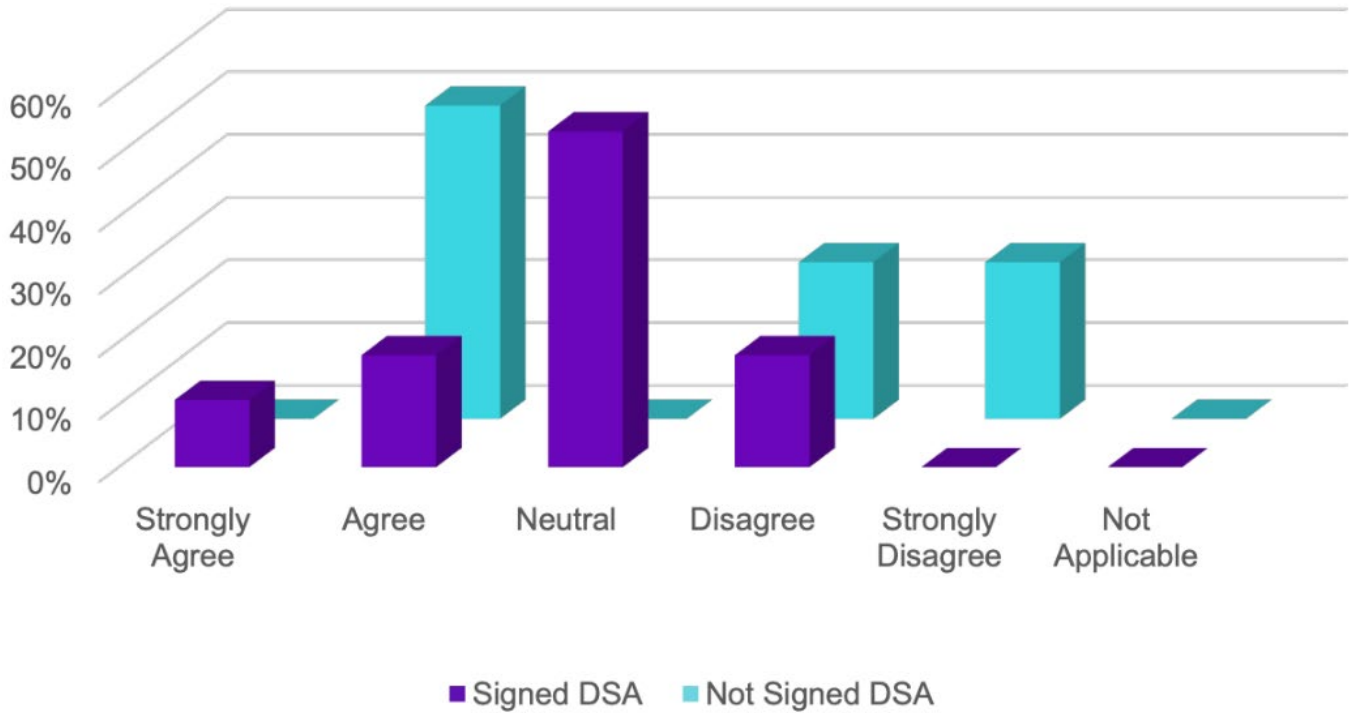
DxF enables our organization to effectively exchange social services information with community-based organizations.



Survey Analysis: Equity & Inclusion

Only the 47 respondents that stated they are actively sharing data were presented with the following survey question. HCAI received 34 responses (n = 34).

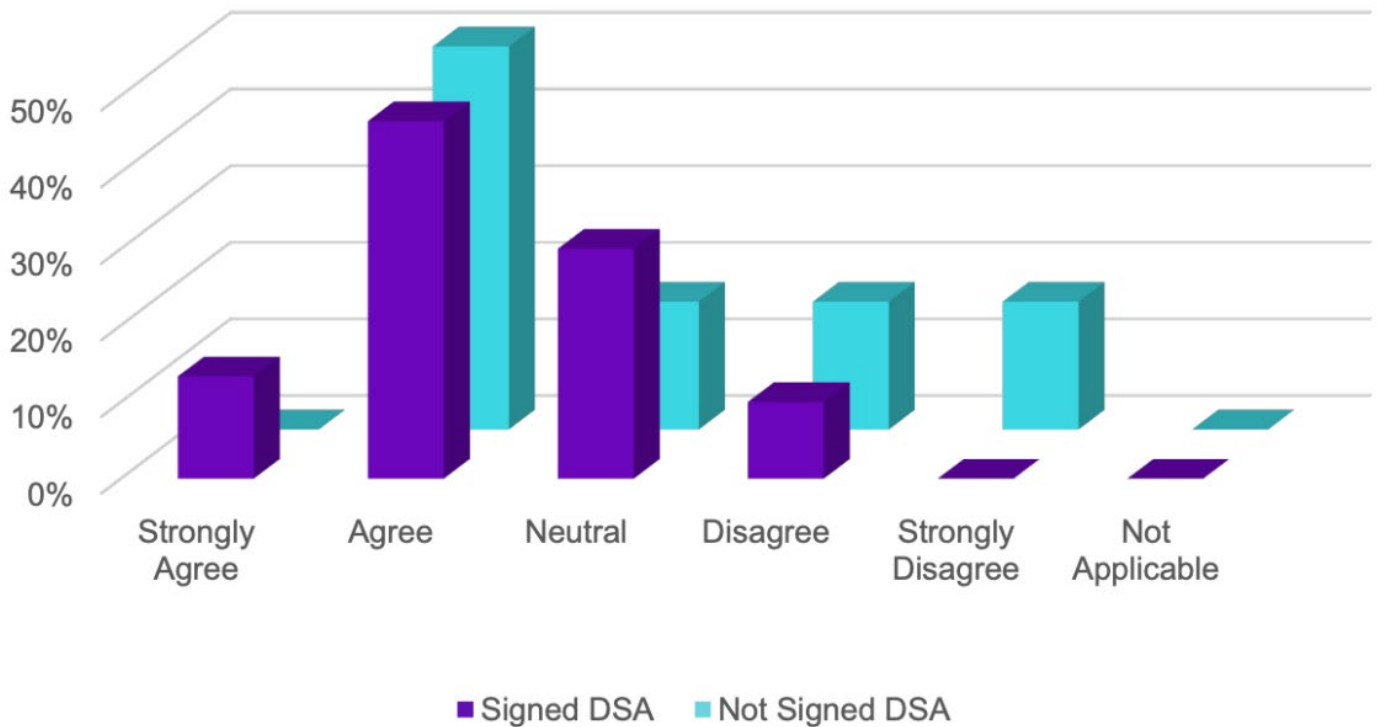
DxF enables our organization to effectively exchange social services information with community-based organizations.



Survey Analysis: Innovation & Future Direction

Only the 47 respondents that stated they are actively sharing data were presented with the following survey question. HCAI received 34 responses (n = 34).

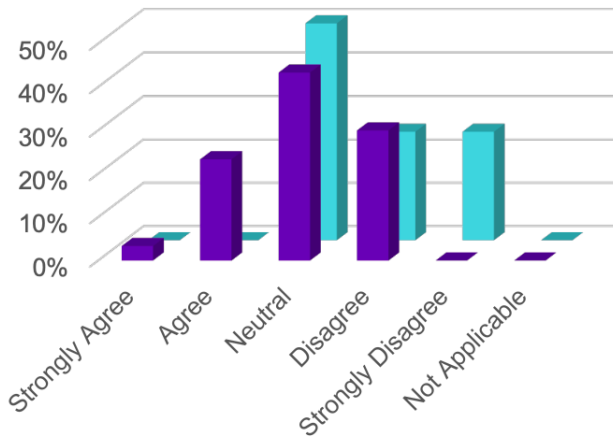
The DxF is preparing to meet future health and social service needs and challenges.



Survey Analysis: Governance & Regulatory Policy

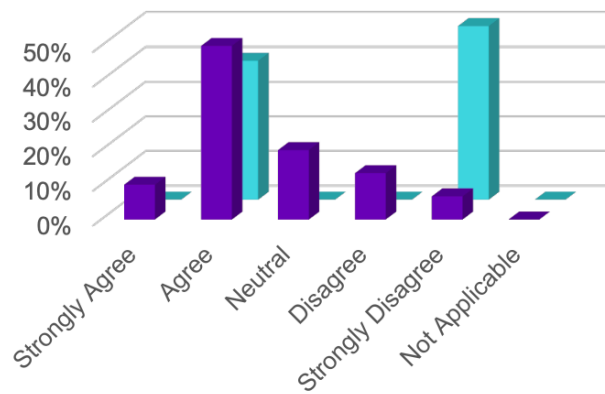
Only the 47 respondents that stated they are actively sharing data were presented with the following survey question. HCAI received 34 responses (n = 34).

I can easily access Social Services data through the HIE system(s) I use.



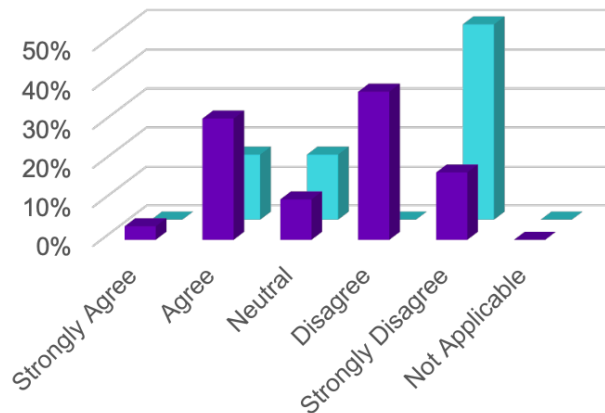
■ Signed DSA ■ Not Signed DSA

My organization has no concerns meeting compliance requirements under the DxF Data Sharing Agreement and Policies and Procedures in California.



■ Signed DSA ■ Not Signed DSA

My organization has the funding it needs to support future data exchange operations and HIE technology innovations.



■ Signed DSA ■ Not Signed DSA

Survey Results Analysis

Survey respondents were asked to rank their reasons for not participating in the DxF, selecting from a predetermined list of common reasons¹. HCAI received 21 responses to the question (n = 21). The following chart demonstrates the percentage of respondents that ranked each listed reason as their top “most important” reason for not participating in the DxF.

Most Important Reasons for Not Participating in the DxF

