Data Exchange Framework (DxF)

Stakeholder Advisory Committee Virtual Meeting

Thursday, November 19, 2026

9:00 am – 11:00 am PT

Department of Health Care Access and Information

Agenda



Item #1	Welcome & Introductions
Item #2	Individual-Level Demographic Data and Health-Related Social Needs (HRSN) Data: Refining Recommendations for December Consideration
Item #3	Qualified Health Information Organization (QHIO) Program Evolution: Review of Select QHIO Participation Requirements and Pricing Transparency Proposals
Item #4	General Public Comment
Item #5	Closing Remarks & Adjournment

**There will be public comment after each substantive agenda item in addition to general public comment.*

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Item #1

Welcome & Introductions

Jennifer Sayles, MD, MPH, Committee Chair

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Meeting Ground Rules

- Bagley-Keene Open Meeting Act will be followed.
- Members of the public can participate in person or virtually and provide public comment via either platform.
- Meeting minutes will be prepared after each meeting.
- Materials will be posted on the website.



Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Public comment will be limited to the total amount of time allocated for public comment on particular issues.
- The Chair will call on individuals in the order in which their hands were raised.
- Individuals are encouraged to limit their time to two minutes so we can hear from as many members of the public as possible.
- Individuals may, but do not have to, state their name and organizational affiliation at the top of their statements.

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Meeting Participation Options

- **Members who are onsite are encouraged to log in using their panelist link on Zoom.**
  - → Members are asked to keep their laptops' video, microphone, and audio off for the duration of the meeting.
  - → The room's cameras and microphones will broadcast the video and audio for the meeting.
- **Members who are joining remotely are required to keep their camera on for the duration of the meeting.**
  - → Members must announce when they are going off camera.
- **Instructions for connecting to the conference room's Wi-Fi are posted in the room.**
- **Please email Akira Vang (akira.vang@hcai.ca.gov) with any technical or logistical questions about onsite meeting participation.**

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Meeting Participation Options

Advisory Committee members and public participants may “raise their hand” for Zoom facilitators to unmute them to share comments. The Chair will notify participants/members of the appropriate time to volunteer feedback.

Onsite		Offsite	
Logged into Zoom	**Not Logged into Zoom**	**Logged into Zoom**	**Phone Only**
If you logged on from onsite via Zoom interface Press “Raise Hand” in the “Reactions” button on the screen or physically raise your hand If selected to share your comment, please begin speaking and do not unmute your laptop. The room’s microphones will broadcast audio.	If you are onsite and not using Zoom For members, physically raise your hand and the chair will recognize you when it is your turn to speak. For public participants, line up at the podium and the chair will recognize you when it is your turn to speak.	If you logged on from offsite via Zoom interface Press “Raise Hand” in the “Reactions” button on the screen If selected to share your comment, you will receive a request to “unmute,” please ensure you accept before speaking.	If you logged on via phone-only Press “*9” on your phone to “raise your hand” Listen for your phone number to be called by moderator If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “*6.”

Item #2

Individual-Level Demographic Data and HRSN Data: Refining Recommendations for December Consideration

Jacob Parkinson, DxF Program Director (or designee)
Shannon Rohall, Chief of Strategic Initiatives and Operations, Department of Social Services (or designee)
Kiran Savage-Sangwan, Executive Director, California Pan-Ethnic Health Network (or designee)
Jennifer Sayles, MD, MPH, Committee Chair (or designee)

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Data Exchange Framework: Considerations around social services data

Research, Automation, and Data Division (RADD)

Presentation to the DxF Advisory Committee

CDSS

Purpose

Responsive to **SB 660** [HSC 130290 (c)(6)], this presentation provides information to support the January 2027 legislative report and inform future decision-making

Specifically, we will:

- ✓Inform recommendations regarding the collection and use of demographic and health-related social needs data within social services settings, including CDSS
- ✓Provide an overview of the Department's programs, data, and governing authorities
- ✓Present recommendations

CDSS

"Social services data" is not a single data domain

CDSS administrative data	Administrative records collected through state and local programs and services. Examples include eligibility, enrollment, service utilization, case management, and program outcomes across social services * DSS and County Health and Human Services Agencies are not required signatories to the DxF
Community-based and local (county) data	Data collected by community-based organizations (CBOs) and county agencies including referrals, case management information, outcomes, needs assessments, and other operational data. Maintained by a CBO or county provider and can provide insights into local service delivery and community needs.
Social determinants of health (SDOH) data	Data on the social, economic, and environmental conditions that influence health and well-being, such as housing stability, food security, transportation access, education, etc. Can be collected by healthcare providers, community-based organizations (CBOs).

CDSS

At CDSS, social services data is vast and complex

- ✓Different federal oversight agencies with varied laws
- ✓Distinct systems with data models and definitions that are not always compatible
  - ✓A **case** versus a **household** versus an **assistance unit**
- ✓Data quality varies due to county business processes

CDSS

CDSS program divisions

- ADULT PROGRAMS DIVISION (APD)
- COMMUNITY CARE LICENSING DIVISION (CCLD)
- CHILD CARE DEVELOPMENT DIVISION (CCDD)
- CHILDREN AND FAMILY SERVICES DIVISION (CFSD)
- DISABILITY DETERMINATION SERVICE DIVISION (DDSD)
- FAMILY ENGAGEMENT AND EMPOWERMENT DIVISION (FEED)
- HOUSING & HOMELESSNESS DIVISION (HHD)
- OFFICE OF EQUITY (OOE)

CDSS

Additional sensitivity and risk considerations

- ✓Populations served often have elevated privacy and sensitivity concerns
- ✓Collection standards and implementation guidance must be tailored to clients of social services settings
- ✓Special sensitive populations for CDSS
  - ✓Adults receiving adult protective services
  - ✓Youth involved in child welfare
  - ✓Sometimes includes information about reproductive health or gender-related care
  - ✓Individuals with housing instability/homelessness
  - ✓Individuals involved in justice system

CDSS

Theoretical Use Case:
Home Safe, Housing and Homelessness Division

Why?

- Prevent homelessness for Adult Protective Services (APS) clients

What data may be involved?

- APS case management data, Housing stabilization plans, referrals, potential SDOH-related information collected locally

How might data be used?

- Recommend a different preventative care approach?
- Referrals to housing or other supportive services?

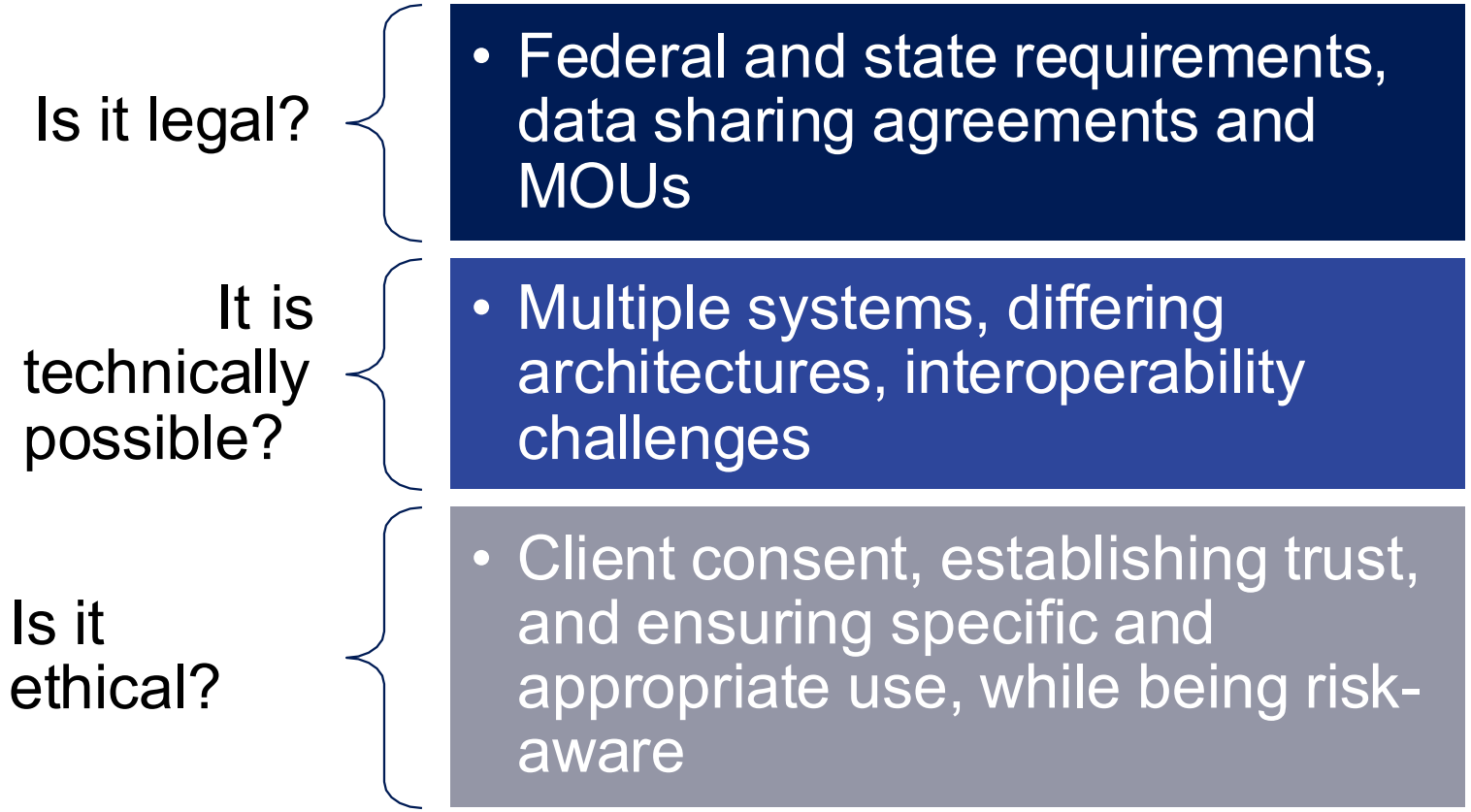
CDSS

What does this mean for DxF?

- ✓Data across the client journey resides in multiple systems
- ✓Data should have a specific, appropriate use
- ✓Importance of considering the legal, ethical, and technical together for sensitive populations

CDSS

RADD's organizing framework



CDSS

Consent

- ✓Department is exploring a consent management portal
- ✓Distinguish between purpose/use (research, program administration, referrals, etc.)

CDSS

Recommendations

Voluntary participation in the DxF may be valuable, provided:

Data collection defined by specific use case

Roles and involvement of data stewards (county welfare depts/counties and CBOs) and CDSS staff clearly defined

Requisite departmental staffing for DxF data sharing

Consent management is in place and addresses legal, technical, and ethical considerations together

CDSS

Potential Recommendations

Area	Recommendation
1. National Standards and Collection Best Practices	Identify existing standards and resources and where additional collection guidance is needed.
2. Data Completeness and Collection Expectations	Improve completeness and accuracy through collection best practices and potential legislative changes.
3. Privacy, Transparency, and Community Participation	Identify safeguards and ways for individuals and community organizations to shape collection practices and appropriate use.
4. Targeted Implementation Support	Identify training, technical assistance, partnerships and resources that support data collection and use for referrals and follow-up.

Today's discussion will consider refinements to these recommendations and CPEHN's proposed amendments to prepare them for the Committee's vote in December.

Area 1: National Standards and Collection Best Practices

Recommendation:

- Identify existing national standards and resources, and where supplemental best-practice guidance would improve collection and documentation.

What this could include:

- Draw on applicable standards and resources, including USCDI and Gravity Project resources, and consider alignment with related California data initiatives.
- Consider developing a reference guide linking data elements to applicable standards, definitions, and collection practices.
- Support self-reported information and consistent recording of unknown or declined responses.
- Reduce duplicate entry and support consistent documentation and exchange while allowing collection approaches to accommodate different populations, workflows, and technology capabilities.

Area 2: Data Completeness and Collection Expectations

Recommendation:

- Identify collection best practices and potential legislative changes to improve the completeness and accuracy of individual-level demographic and HRSN data.

What this could include:

- Assess existing data collection and gaps in completeness across organizations and the broader health and social services system.
- Consider benchmarks for improving data completeness and potential legislative collection requirements.
- Clarify which entities proposed collection requirements would cover and their respective responsibilities, accounting for their roles and resources.
- Consider phased implementation based on readiness and support needs.

Area 3: Privacy, Transparency, and Community Participation

Recommendation:

- Identify collection best practices, assistance needs, and potential legislative changes that address privacy concerns and strengthen patient and community participation.

What this could include:

- Explain why information is requested, how it may be used or shared, and what choices individuals have.
- Develop practical guidance on consent, privacy, and appropriate use that accounts for different clinical, community, and social service contexts.
- Identify safeguards, including ways to raise and address concerns.
- Incorporate direct consumer feedback and engage community-based organizations and community health workers in designing and reviewing collection and use practices.

Area 4: Targeted Implementation Support

Recommendation:

- Identify training, technical assistance, and resources that help organizations collect useful information and use it to support referrals and follow-up.

What this could include:

- Identify support needs among small practices and other clinical, community-based, and social-service organizations.
- Provide training on sensitive questions, documentation, privacy and security, and using information to support referrals and follow-up.
- Tailor support to organizations' staffing and technology capabilities.
- Identify funding and other resources for initial implementation and ongoing staffing, technology, and support needs.

Committee Discussion

- Which proposed amendments should HCAI incorporate into the December recommendations?
- What additional feedback or questions do you have about the proposed recommendations?
- What additional information would help members prepare for the December vote?

CPEHN's Proposed Amendments to Recommendations

Area	Recommendation
1. National Standards and Collection Best Practices	Identify existing national standards and resources for individual-level self-reported demographic and health-related social needs (HRSN) data, and provide best-practice guidance to improve standardized collection and documentation.
2. Data Collection and Completeness Expectations	Identify potential DxF agreement and legislative changes to improve the collection and completeness of individual-level self-reported demographic and HRSN data.
3. Privacy, Transparency, and Community Participation	Identify best practices, training and technical assistance needs, and potential DxF agreement and legislative changes that address privacy and transparency concerns, and strengthen patient and community trust and participation.
4. Implementation Support	Identify best practices, training, technical assistance, and resources that help DxF signatory organizations collect individual-level self-reported demographic and HRSN data and use data exchange to support referrals and follow-up, and improvements in health care access and quality.

Public Comment

Readiness for December Consideration

Voting Members - Please respond to the Zoom poll when it appears on your screen. Select the option that best reflects your response to the following question:

Based on today's discussion, do you anticipate being ready to vote on HRSN recommendations in December?

1. **Yes**
2. **Yes, with additional clarification or information**
3. **No**

If you need additional information or discussion, please share those needs after the poll.

This is an informational poll, not a formal vote on the recommendations.

Public Comment

Item #3

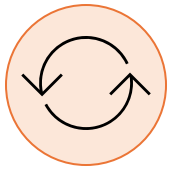
QHIO Program Evolution: Review of Select QHIO Participation Requirements and Pricing Transparency Proposals

Jacob Parkinson, DxF Program Director (or designee)
Jennifer Sayles, MD, MPH, Committee Chair (or designee)

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Session Objectives



Recap

QHIO Program solutions discussed in October: (1) thresholds; and (2) specialization



Discuss

Potential solutions to: (1) require use of a QHIO; and (2) pricing transparency



Review

Draft recommendations for upcoming vote during December SAC

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Recap
Goals of the QHIO Program

Goal #1

Support Statewide Exchange of HSSI

Goal #2

Help Participants Meet DxF Requirements

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Recap
Solution 1: QHIOs Meet Minimum Operating Thresholds

Proposed Requirement

To demonstrate capabilities that meet HSC130291 requirements and the needs of DxF Participants, **QHIOs must meet minimum operating thresholds for Request for Information and Event Notification exchange types.**

Request for Information

QHIOs must actively participate in a recognized nationwide network for Request for Information services **and** respond to Requests for Information for a minimum number of DxF Participants.

Event Notification

QHIOs must directly receive a minimum volume of events from source facilities (or minimum number of facilities sending events).

Information Delivery

Given low demand from DxF Participants for Information Delivery services, specified operating thresholds would not be required.

Recap
Solution 1: Impact & Considerations

Impact

Impact on Current QHIOs:

- Some QHIOs may not meet minimum operating thresholds.

Impact on the Current QHIO Program:

- Reduces service gaps.
- Improves balance and reciprocity within the QHIO Program.
- Minimizes some elements of QHIO oversight.

Impact on Participants:

- Fewer QHIO options, but greater confidence in the service levels of available QHIOs.
- Minimum operating thresholds will not guarantee every Participant's needs are met, or that data are available for all patients.

Considerations

Actions Required:

Update QHIO Program requirements to:

- Establish minimum operating thresholds.
- Require minimum operating thresholds as part of an updated QHIO Program application process.

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Recap
Solution 2: Establish DxF Recognized Specialists

Proposed Solution

Provide Participants who do not require the comprehensive services offered by QHIOs the option to use an organization recognized by HCAI as a "DxF Recognized Specialist" in one of the three exchange types.

Requirements

For DxF Recognized Specialists, organizations must:

- Choose an exchange type to become a DxF Recognized Specialist.
- Demonstrate the **minimum operating threshold** for the chosen exchange type.
- Abide by select QHIO program requirements related to privacy / security or pricing.
- Exchange with other QHIOs for that exchange type without charging them.

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Recap
Solution 2: Impact & Considerations

Impact

Impact on Current QHIOs:

- Full-service QHIOs will face competition from Specialists.

Impact on Recognized Specialists:

- Creates opportunities for organizations whose business model focuses on only one specific exchange types (e.g., ADT Event Notifications).

Impact on Participants:

- A separate qualification track may create confusion for Participants.
- Participants who choose a Specialist may need to contract with other organizations to meet all their DxF requirements.
- Participants can use Specialists to meet specific DxF gaps their current technology or network can't satisfy.

Considerations

Actions Required:

Establish a Specialist Program:

- Establish Specialist program requirements.
- Develop an application for candidate Specialists.
- Open applications and select Specialists who meet minimum operating thresholds and agree to other program requirements.

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Highlights from October 2026 Stakeholder Advisory Committee Feedback on Solutions #1 and #2

Solution 1: QHIOs With Minimum Operating Thresholds

- Sets clear expectations for Participants who seek assistance from a QHIO
- Creates confidence in each QHIO's capabilities to support specific data exchange types
- Addresses concerns regarding QHIO reciprocity

Solution 2: DxF Recognized Specialists

- Question the need given the availability of QHIO services
- Adds complexity and potential confusion for Participants without meaningful improvement in services
- Adds new HCAI program administrative demands

What additional information do you need to be prepared to vote on these solutions at the December meeting?

Solution 3: Require Use of a QHIO or Nationwide Network

Issue/Solution

The technology agnostic nature of the DxF has resulted in unmanageable numbers of point-to-point connections, increasing costs and preventing statewide exchange. This proposal achieves state-wide exchange by requiring QHIO or Nationwide Network usage and breaking down current data silos.

Request for Information

All Participants would be required to use a QHIO or recognized nationwide network for Requests for Information.

Illustrative Example: All Participants must connect to a QHIO, eHealthExchange or a TEFCA QHIN - 81% currently do.

Event Notification

Hospitals and Emergency Department (ED) DxF Participants would be required to use a QHIO to share admission and discharge notifications with other DxF Participants. DxF Participants seeking to receive notifications would likewise need to use a QHIO to request and receive notifications.

Illustrative Example: Each Hospital and ED must select a QHIO to receive their admission and discharge events and route them to the DxF Participants who have requested notifications for specified individuals - 80% do. Each Participant seeking notifications must select a DxF QHIO to receive their requests and deliver notifications – 85% reportedly do.

Solution 3: Impact & Considerations

Impact

Impact on Current QHIOs:

- Minimizes the number and variety of connection points to enable statewide exchange for DxF Participants

Impact on DxF Program:

- Communication with DxF Participants to inform them of new requirements
- Oversight and monitoring to confirm Participants comply with requirements

Impact on Participants:

- Information and education about the requirement and time to make selections that align with their needs
- Participants who want all events only need to use one QHIO to get them; facilities that need to share events may need to sign up with a new vendor to enable this requirement.

Considerations

DxF Issues Addressed:

✓ **Statewide Exchange**

Program Issues Addressed:

✓ Voluntary Adoption

✓ Sustainability

Actions Required:

- Establish the requirement
- Develop a timeline to include Participant communications, QHIO readiness, Participant selections, and monitoring / compliance programs

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Solution 4: Pricing Transparency

Some nationwide networks, such as eHealthExchange, publish their pricing schedule. Today, QHIOs do not publish prices and there are no requirements in the QHIO Program compelling them to do so.

Vision

With a requirement to use QHIO services, offer DxF Participants a more complete understanding of the cost of using a QHIO and the services needed to meet their DxF obligations.

Requirements

Require transparency from QHIOs regarding the costs associated with services Participants may need to fulfill their DxF obligations

Solution 4: Impact & Considerations

Impact

Impact on Current QHIOs:

- Greater transparency into service offerings and associated costs may increase price competition among QHIOs, encourage more competitive pricing, and create pressure to demonstrate value.
- Disclosure expectations may affect QHIO pricing strategies, negotiated customer arrangements, and willingness to offer individualized discounts, while raising antitrust and commercial confidentiality considerations.

Impact on Participants:

- Greater awareness of cost of interoperability
- Opportunity to assess options and make informed choices for data exchange services

Considerations

Program Issues Addressed:

- Sustainability

DxF Issues Addressed:

- Interoperability Expense

Actions Required:

- Establish and implement a QHIO Program requirement

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Discussion – Solutions #3 and #4

1. **Should there be a requirement for:**
   - Participants to use a QHIO or recognized Nationwide Network for Requests for Information?
   - Hospitals and Emergency Departments to use a QHIO to share Admission and Discharge Event Notifications with DxF Participants?
2. **Should HCAI require transparency from QHIOs regarding the costs associated with services Participants may need to fulfill their DxF obligations?**

What additional information do you need to be prepared to vote on these solutions at the December meeting?

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Discussion – December Meeting Vote

HCAI will recommend that Committee members propose motions to vote on the following recommendations at the December SAC meeting:

1. Should HCAI update QHIO qualifying criteria to require minimum operating thresholds for specified exchange types as evidence of a QHIO's capacity to help DxF Participants comply with DxF obligations?
2. Should HCAI move forward **without** establishing a DxF Recognized Specialist program that would allow an Intermediary to specialize in one exchange type by meeting the minimum operating threshold for that exchange type and other Program requirements specified by HCAI?
3. Should there be a requirement for all Participants to use a QHIO or Recognized Nationwide Network for Requests for Information, and for all hospitals and emergency departments to use a QHIO to share Admission and Discharge Event Notifications with other DxF Participants?
4. Should HCAI require transparency from QHIOs regarding the costs associated with services Participants may need to fulfill their DxF obligations?

Public Comment

Item #4

General Public Comment

Jennifer Sayles, MD, MPH, Committee Chair

Item #5

Closing Remarks & Adjournment

Jennifer Sayles, MD, MPH, Committee Chair

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Future Meeting Dates

Advisory Committee Meeting	Date	Time
In-Person Meeting # 5	December 17, 2026	10:00 am – 4:00 pm PT
In-Person Meeting # 6	February 18, 2027	10:00 am – 4:00 pm PT
In-Person Meeting # 7	April 15, 2027	10:00 am – 4:00 pm PT

Preliminary Meeting #5 Topics

- Vote on QHIO Program Solutions
- Public Accountability and Enforcement
- Recommendations for HRSN and Demographic Data Reporting

Stay informed!

Add yourself to our mailing list for DxF updates.

dxf.chhs.ca.gov/stayinformed/

Appendix