FAQs Sheet: California Data Exchange Framework

Q. What is the Data Exchange Framework (DxF)?

California's Health and Human Services Data Exchange Framework is the first-ever, statewide data sharing agreement that will accelerate and expand the exchange of health information among health care entities, government agencies, and social service programs beginning in 2024.

The data exchange framework is not a new technology or centralized data repository; instead, it's an agreement across health and human services systems and providers to share information safely. That means every health care provider can access the information they need to treat you quickly and safely; health care, behavioral health and social services agencies can connect to each other to deliver what Californians need to be healthy; and our public health system can better assess how to address the needs of all communities.

Q. What are the Policies & Procedures guiding the Data Exchange Framework?

AB133 required CalHHS to consult with stakeholders and local partners to establish, on or before July 1, 2022, the California Health and Human Services Data Exchange Framework, which "includes a single data sharing agreement and common set of policies and procedures that will govern and require the exchange of health and human services information among health care entities and government agencies in California." While the DxF codifies a set of foundational Guiding Principles and a robust vision for data exchange, the Data Sharing Agreement is the legal agreement that defines the signatories' obligations and requirements for participation in data exchange. The Data Sharing Agreement is supported by a set of policies and procedures that contain detailed guidance, technical specifications, and processes to support implementation.

The DxF Policies & Procedures (P&Ps) delineate the rules of the road for the exchange of health and social services information under the DxF. From the top of CDII's webpage, scroll to find the Policies & Procedures section under the section titled "**Data Exchange Framework Details**"

Q. What health data must be shared with the DxF?

According to the Data Elements to be Exchanged Policies and Procedures of the DxF, signatories must share all data elements included in the United States Core Data for Interoperability (USCDI).

These data elements include the following:

- Clinical Notes (psychotherapy notes are excluded)
- Diagnostic Imaging Tests and Reports
- Vital Signs
- Medications
- Immunizations

For a complete list go to United States Core Data for Interoperability (USCDI) | Interoperability Standards Advisory (ISA) (healthit.gov)

Q. Pediatrics providers are prohibited by state law and professional ethics from divulging some sensitive, or potentially dangerous, health information. How can my patients and I benefit from health data exchange, while adhering to California State law and protecting patient privacy?

The American Academy of Pediatrics has given general guidance on this balance, view it here.

As the recipient of a California DxF Communication grant, AAP California Chapter 1 has heard a lot of concern from pediatrics providers throughout the state about sharing sensitive health data with the DxF–especially adolescent health data and other data generated from services for which minors can legally consent on their own. We have provided this feedback to California Health and Human Services.

Q. Will my electronic health record (EHR) vendor help me exchange data with the California DxF?

AAP CA Chapter 1 does not know of specific EHR vendor efforts to support the California DxF but knows of broader efforts that EHR vendors are undertaking to support secure data exchange.

Talk with your EHR vendor, using the below template as a guide.

> Dear [*EHR Vendor Contact*]:
>
> Have you heard of the California Data Exchange Framework (DxF) (https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/)? Healthcare entities in the state of California are required to participate in this health and social services information exchange framework. Can you tell me how [*Name of EHR vendor*] is supporting its California clients like us to securely exchange data according to the terms and conditions of the DxF, its Data Sharing Agreement and Policies & Procedures?
>
> Thank you for the support of our practice.
>
> Sincerely,
> [*Practice Leader Name*]

Q. Are solo practices (medical practice by a single physician) considered "physician organizations and medical groups" that are required to sign the DSA?

Yes. Solo practices are required to sign the DSA but are not required to implement the DSA until January 31, 2026. Any physician organization or medical group with one or more physicians is required to sign the DSA.

Q. How much would it cost to participate in the Data Exchange Framework and is there technical assistance funding to enroll and/or ongoing support for the cost of participating?

To provide technical assistance funding to Signatories to subsidize implementation efforts in achieving DSA requirements, CDII has allocated up to $47 million for DSA Signatory Grants to fund activities for DSA Signatories to meet technical needs to be able to exchange electornically while adhering to the terms and conditions of the DSA and P&Ps. This DSA Signatory Grants Application Guidance Document provides a

comprehensive overview of the DSA Signatory Grants, a component of the Data Exchange Framework (DxF) Grant Program that is launching in 2023.

Q. What are the next steps?

The DxF DSA Signing Portal is now open for providers and healthcare entities to take the first step for better health information exchange. The DSA is a single, data sharing agreement between hospitals, physician organizations and medical groups, skilled nursing facilities, health plans and disability insurers, clinical laboratories, acute psychiatric hospitals and other signatories to share patient information safely.

Here is the general FAQ sheet from CDII DxF to continue guiding you.