2025 California Quality Collaborative Network Convening Burbank, CA

California Data Exchange Framework Town Hall

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PBGH California Quality Collaborative

Panelists

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California's Data Exchange Framework

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A Healthy California for All

California's Data Exchange Framework is a first-ever, ambitious mandate to integrate our state's health and social services information exchange to better serve all Californians.

→ The DxF facilitates the secure exchange of health and social services information

- Empowering providers with more information

- Modernizing the patient experience

- Advancing health equity

- Enhancing coordination & continuity of care for all

DATA EXCHANGE FRAMEWORK

ENVIRONMENT · CHILD CARE · SOCIAL SERVICES · FOOD ACCESS · HEALTH CARE · TRANSPORTATION · BEHAVIORAL HEALTH · HOUSING · EDUCATION

California's Healthcare Puzzle

CalAIM Initiative

Children & Youth Behavioral Health

Home & Community-Based Services

Developmental Services Rate Reform

Youth Integration (OYCR)

Master Plan for Aging

Foster Care Reform (CCR)

Public Health Infrastructure

Master Plan for Early Learning & Care

HEALTHY

CALIFORNIA ALL

The Future of Healthcare is Here

California's Data Exchange Framework

FOR PROVIDERS: More Information, Better Care

→ Streamlining secure exchange between health and social service organizations gives providers and individuals a more complete picture of their patients' health history, empowering them with the information needed to provide timely, safe, and effective whole-person care.

FOR PATIENTS: Removing Barriers, Improving Outcomes

→ Seamless information sharing reduces the need for individuals to carry their own health records between appointments and increases accessibility, fostering greater participation in health decisions to improve outcomes.

DATA EXCHANGE FRAMEWORK

Qualified Health Information Organizations (QHIOs)

An accessible path to advance statewide interoperability

CDII designated 9 QHIOs to facilitate the secure exchange of health and social services information

- QHIOs assist entities as they create and respond to information requests, receive the results of tests or referrals, and solicit notifications of admissions or discharges

- QHIOs provide data exchange capabilities many health and social services entities currently do not possess

DATA EXCHANGE FRAMEWORK

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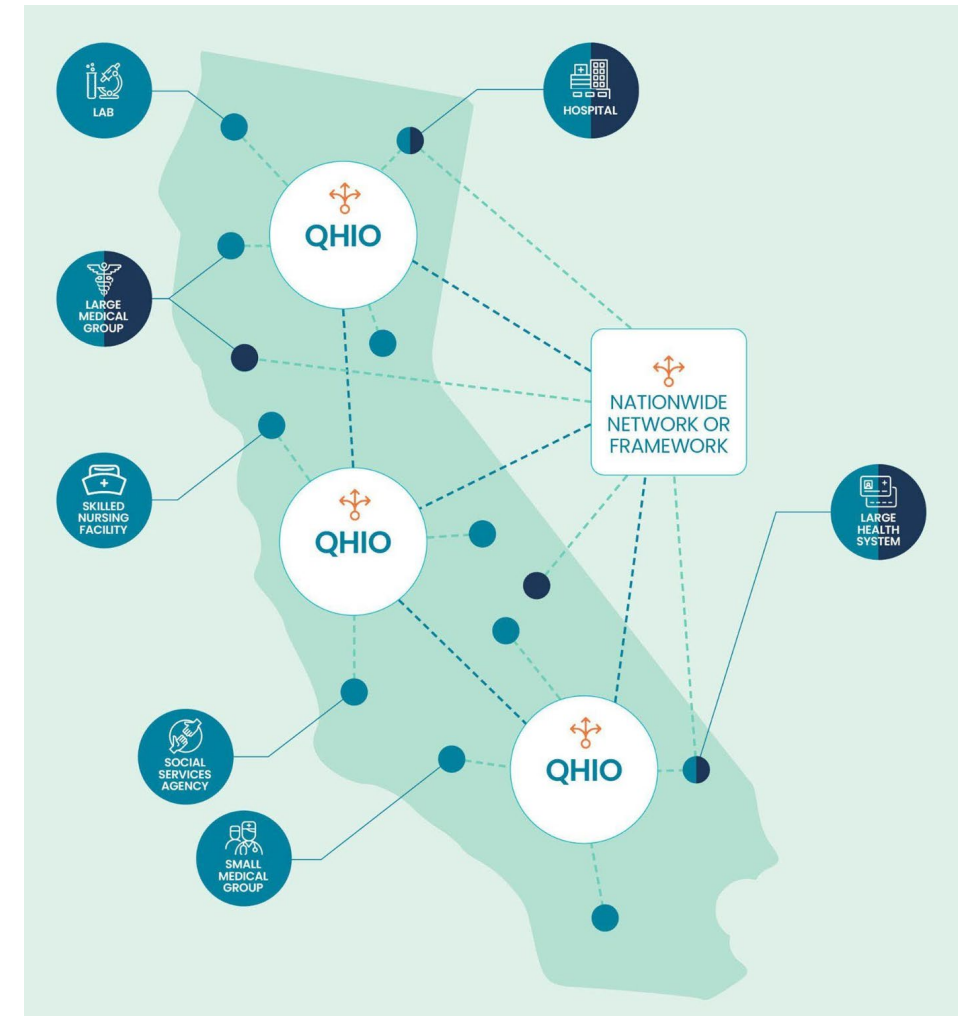
DxF Participation

Thousands of health and social services organizations have joined the shared commitment to a Healthy California for All.

1888
ambulatory care facilities and practices

1223
hospitals and other acute care settings

134
health plans and insurers

A WIDE VARIETY
of other health care entities, community-based organizations, counties and other voluntary signatories

CDII continues the push towards participation, full compliance, and successful implementation as quickly as possible.

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Shannon's Journey to Improved Health: The Impact of Enhanced Care Management

Shannon, a Medi-Cal patient with diabetes, is living with her friend in Los Angeles.

A lack of stable housing and transportation make it difficult for her to attend regular doctor's visits and manage her condition.

Shannon's health-related social needs suggest she would benefit from Enhanced Care Management (ECM) under Medi-Cal.

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1 Shannon Has a Medical Emergency and Receives Informed Care at the Emergency Department

- One day, Shannon experiences severe stomach pains. Her friend drives her to the Emergency Department (ED), her fifth visit in six months.

- The ED staff run tests. Her blood work indicates high A1C levels, a result of unmanaged diabetes.

- Doctors and nurses review Shannon's medical records from her four recent ED visits and treat her accordingly.

- Due to the frequency of her ED visits, Shannon is likely eligible for Enhanced Care Management under Medi-Cal.

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2 Secure Data Sharing Enables Providers to Quickly Enroll Shannon in ECM Services to Help Avoid Future Emergencies

- The ED shares Shannon's discharge and discharge diagnoses with its QHIO.

- The QHIO then shares a notification of the discharge with the Managed Care Plan (MCP) serving Shannon.

- The navigator assigned to Shannon enrolls her in ECM after obtaining her consent to receive ECM services.

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3 Shannon's Care Manager Identifies and Helps Address the Root Causes of her Frequent ED Visits

- Shannon is assigned an ECM care manager, Jack.

- With Shannon's consent, Jack queries the QHIO to receive information on Shannon's recent hospital visit, and schedules a meeting with Shannon.

- After reviewing the EDs discharge summary, Jack learns that Shannon is housing insecure and has difficulty attending regular medical appointments to manage her diabetes.

- Jack refers Shannon for housing transition navigation services offered by the ECM program.

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4 Comprehensive Care Management Leads to Lasting, Improved Health Outcomes for Shannon

- With the support of her care manager, Shannon is able to secure a new apartment.

- Shannon begins seeking regular care from a nearby provider, and effectively manage her diabetes.

- Shannon no longer experiences regular emergencies due to her condition, and is living a healthier, happier life.

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Next Steps: Data Exchange Framework Three-Year Roadmap

DxF Roadmap Pillars

1. Event Notification

2. Social Service Data Sharing

3. Consent Management

4. Public Health

5. Impact Measurement

6. Participant Engagement

DATA EXCHANGE
FRAMEWORK

Overview and Priority Areas

CDII has developed a three-year DxF Roadmap to detail DxF implementation priorities, incorporating feedback from a broad range of stakeholders, including the DxF Implementation Advisory Committee (IAC), CalHHS state departments, other subject matter experts, and members of the public.

Roadmap Purpose

The DxF Roadmap identifies implementation priorities, milestones, and actionable steps that the state and stakeholders can take through 2027 to drive meaningful improvements in data exchange.

Developed with significant input from a broad range of stakeholders, it builds from CalHHS program priorities and aligns with state and national frameworks, including CalAIM and the Trusted Exchange Framework and Common Agreement (TEFCA).

Roadmap Structure

The Roadmap comprises six "Priority Areas" for advancing health and social service data exchange in California and for each, describe:

- Issues to be addressed;
- Goals and tenets guiding resolution strategy development;
- Recommendations to address issues and advance DxF in California.

The Roadmap also details several cross-Pillar considerations that span across multiple Pillars.

Identified Priority Areas

1. Event Notifications
2. Social Service Data Sharing
3. Consent Management
4. Public Health
5. Impact Measurement
6. Participant Engagement

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Cross-Cutting Roadmap Themes

While the DxF Roadmap presents recommendations across six discrete Pillars, there are considerations that span across multiple Pillars.

QHIOs

The widespread use of QHIOs by DxF Participants makes them important partners in improving data exchange. QHIOs will play a role in coordinating event-based exchange, implementing a consent management strategy, and demonstrating the impact of the DxF.

Privacy

The laws and regulations governing privacy are complex.

The Roadmap includes recommendations to develop policies, guidance, and educational materials to help stakeholders navigate privacy laws.

Identity Management

Identity management encompasses identity assurance, access management, and person matching.

The Roadmap includes recommendations to update the Strategy for Digital Identities, revise or develop new P&Ps, and engage stakeholders to identify and detail identity management capabilities and technical standards.

Behavioral Health

California is investing in major behavioral health initiatives, including Behavioral Health Transformation.

The Roadmap includes recommendations to improve data exchange within the behavioral health system by developing guidance, use cases, and technical assistance supports.

DATA EXCHANGE FRAMEWORK

Related CDII Initiative: California Health Care Quality Report Cards

CDII Quality Reporting Functions

Organizational Structure

- The Office of the Patient Advocate (OPA) has been incorporated into CDII as part of its Policy and Governance Division

- Previously a stand-alone office under CalHHS with a gubernatorially-appointed Director

- OPA's mandates are now maintained under CDII via Health and Safety Code section 130204

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CALIFORNIA HEALTH &
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Core Mandates

- CDII is responsible for producing key publications on health care quality:

- Annual California Health Care Quality Report Cards (formerly OPA Report Cards)
  - Commercial health plans
  - Commercial medical groups
  - Medicare Advantage medical groups

- Annual Complaint Data Report
  - Addresses complaints reported to various state agencies

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https://www.cdii.ca.gov/consumer-reports/

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