

# Data Exchange Framework (DxF) Implementation: Provider Perspectives and Opportunities for Industry Collaboration

## Overview

On November 13, 2023, California Association of Health Plans (CAHP) held a webinar, facilitated by Chapman Consulting: **Provider Perspectives and Opportunities for Industry Collaboration**. The webinar featured a panel of representatives from the California Hospital Association (CHA), the California Medical Association (CMA), and America's Physician Groups (APG). The panel discussed the biggest challenges for providers, and opportunities for Plans and Providers to work together as the DxF implementation date approaches.

Webinar recording can be viewed [here](#).

## What is the biggest challenge that your members are facing with regards to DxF implementation?

### California Hospital Association (CHA)

- Center for Data Insights and Innovation (CDII) has not yet finalized many of the Policies and Procedures (e.g., the participant lookup function, which will be especially important for those providers that are outside of the health care delivery system, such as social services providers).
- Small and rural hospitals are going to be more challenged because of lack of resources/lack of infrastructure.
- Many Acute Psychiatric hospitals and Rehabilitation hospitals do not have electronic health record (EHR) systems. These entities also require financial resources to establish an EHR and will need to train staff on how to use such a tool.

### California Medical Association (CMA)

- Smaller practice providers are in a unique circumstance because per statute they had to sign the Data Sharing Agreement (DSA) in January 2023, but have until January 1, 2026, to implement DxF. Once practices become aware of the requirements of the DSA, the biggest challenge becomes the lack of resources to adopt an EHR, and the lack of technical expertise (how to do those exchanges).
- One big question among the small practice providers continues to be: what is DxF?

### America's Physician Groups (APG)

- Independent Physician Associations (IPAs) are making a lot of progress — many are contracting with Epic to establish or improve their EHRs.
- Hill Physicians has made significant progress toward DxF implementation readiness.
- For IPAs that are part of a large, integrated system model there is an additional layer of complexity in ensuring both sides agree on components necessary for implementation.

## **How are your members approaching ensuring patient privacy and data authentication?**

### **California Hospital Association (CHA)**

- In addition to the priorities mentioned by CMA, CHA member priorities include ensuring that patients have the ability to opt-out of having their data shared widely. CHA members continue to have questions and concerns around sharing behavioral health data.

### **California Medical Association (CMA)**

- A common question/concern from physicians is, *“What if my patient does not want to share their data?”* CMA has found that once patients and physicians are educated about the DxF, many of those concerns are alleviated. However, policy clarification is needed surrounding organizations that offer non-traditional types of services/data and whether or not they should have access to sensitive data.

### **America’s Physician Groups (APG)**

- Connected closely to the privacy issue is whether and how the Medi-Cal Population Health Management service will connect to the DxF. APG is interested in continuing the dialogue with Medi-Cal managed care plans on the implementation of the Population Health Management system.

## **How do you think plans and providers can work together to work through some of these issues?**

### **California Hospital Association (CHA)**

- CHA would like to work together toward implementation.

### **California Medical Association (CMA)**

- Plans have been helpful in distributing CMA’s resources on the DxF; these are available to all physicians regardless of membership with CMA.

### **America’s Physician Groups (APG)**

- There is an opportunity for Plans and Providers to partner on education; APG is developing a 10-step education tool kit in partnership with CDII, with the goal of informing organizations on how to get from signature on the DSA to full compliance. It would be helpful if the Plans would communicate this toolkit and other links out to their members, as not every delegated entity is a member of APG.

## **What would you want stakeholders to know/understand about implementation (one best practice/opportunity)?**

### **California Hospital Association (CHA)**

- The best practice is to work with local organizations to build out infrastructure and trust, as well as basic education about what the DxF and why data exchange is important.

### California Medical Association (CMA)

- CMA wants stakeholders to understand that most physicians want the data exchange, it is just hard, complicated, and expensive. There is a lack of education and resources to help, especially small local providers, which presents one of the biggest challenges.
- The best practice is for providers and plans to work with local HIE/local organizations.

### America's Physician Groups (APG)

- Connecting provider groups and directly contracted providers that health plans have in their network the DxF resources already discussed will be critical.

## Q&A

**Question: How do we work together to share data on some of the more complex populations such as individuals with substance use disorders, etc.**

### Response: California Hospital Association (CHA)

- Because there is a complex delivery system for behavioral health, with some of the organizations not being required to participate in the DxF, there needs to be an ongoing discussion of how this would affect participation. In addition, there is a need to unpack more intentionally the crossover with those organizations that adhere to the Lanterman-Petris-Short Act.

### Response: California Medical Association (CMA)

- We would encourage providers to understand that the DxF operates within the constraint of the law. It doesn't change anything outside of it, meaning that the DxF is just asking for providers and physicians to share the data that they have, not anything further than that.

**Question: Can an IPA sign the DSA on behalf of all the physicians in their group?**

### Response: America's Physician Groups (APG)

- An IPA cannot sign for all the physicians in their group; an IPA can only exchange the data that it owns and controls.

**Question: Do you all know how the grant money for the QHIOs is being used?**

### Response: California Medical Association (CMA)

- There is a mix of groups signing up for things like infrastructure development/improvements. Some groups that already have the infrastructure in place are using the money for education.

### Response: America's Physician Groups (APG)

- There has been a relatively slow uptake of the grants because there are still many unknowns. For example, the QHIOs were just announced a couple of weeks ago.