

## Fact Sheet: California Data Sharing Agreement and Policies and Procedures

The California Health and Human Services Agency (CalHHS) Center for Data Insights and Innovation (CDII) released the final Data Exchange Framework (DxF) and associated Data Sharing Agreement (DSA) and Policies and Procedures (P&Ps), as required under [A.B. 133 \(2022\)](#). CalHHS developed these policies with input from a Stakeholder Advisory Group and Data Sharing Agreement Subcommittee.

### What is the Data Exchange Framework? (DxF):

A single data sharing agreement that paves a way to expand the exchange of health information among health care entities, government agencies, and social service programs beginning January 31, 2024.

To guide design and implementation, support deliberations, and build trust among data exchange partners, several [guiding principles](#) were developed by the CalHHS CDII. These principles include:

- Advance health equity
- Make data available to drive decisions and outcomes
- Support whole person care
- Promote individual data access
- Reinforce individual data privacy and security
- Establish clear and transparent terms and conditions for data collection, exchange, and use
- Adhere to data exchange standards; and
- Ensure accountability

### How does the DxF impact the way Californians receive care?

The DxF does not create a new technology or data repository. The DxF is a safe and secure way for health care providers to access the data information they need in real-time, to treat Californians 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. While electronic health information exchange cannot replace provider-patient communication, it can greatly improve the completeness of patient records, which has a significant effect on health and wellness outcomes, as past history, current medications, and other information are jointly reviewed during appointments.

### More information on data sharing and privacy...

1. Qualification process for health information organizations: The need for Qualified Health Information Organizations to serve as data sharing intermediaries.
2. Definition of “real-time” data exchange: A.B. 133 calls for “real-time” data sharing that is currently not addressed in the initial set of P&Ps.
3. Statutory authority for governance and enforcement: The needs for a governance entity with statutory authority to oversee the DxF
4. Funding for onboarding and infrastructure: Many health information organizations, providers, and plans will require funding for infrastructure, workflow development and technology adoption to support their data sharing obligations under the DSA.
5. Development of policies pertaining to social services organizations: Social services organizations do not capture data using the same standards as health care organizations.
6. Refinement of the DSA and P&Ps to ensure consistency with existing legal obligations under state and federal law:

### 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 signed agreement between hospitals, physician organizations and medical groups, skilled nursing facilities, health plans and disability insurers, clinical laboratories, and acute psychiatric hospitals to share patient information safely.