California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee Meeting
Public Comment Log (12:00 PM – 2:00 PM PT, May 22, 2024)

The table below shows public comments that were made verbally during the May 22, 2024 meeting. Additional public comments can be found in the meeting's "Q&A Log" posted on the CalHHS Data Exchange Framework webpage.

Count	Name	Comment
1	Lucy Johns	Yes, thank you. This has been a fascinating discussion with thousands of implications. I would like to pick up on the comment just made about authorizations. One of the so-called vaunted benefits of interoperability is impact on workflow. Making workflow more efficient, more effective, whatever adjective you'd like to apply. So maybe some thought could be given to what are workflow measures that could maybe be measured someday, because that's actually, from my point of view, the first layer of outcome impact, is that workflow in the delivery of care, workflow in the receipt of services, has actually been improved by interoperability. Getting, of course, to impact on health status, or population health, I don't know about that within my lifetime. But maybe thinking about workflow, and how to measure it -- I think a lot of entities have thought about this a lot, so we wouldn't be reinventing any wheels here. But that is a concept, measuring workflow, that was just introduced, and I certainly support it. Thank you.
2	John Helvey	This, I agree with Lucy. This is a fascinating meeting and thankful for all that everyone is doing. One of the last points I pointed out there is in, in the Q&A is that we are moving very fast, and I think there needs to be maybe some reconsideration at all levels of the state about how fast we're moving because I think there's unintended consequences that are potentially coming that are going to complex and impact what our intentions are in moving forward -- Data interoperability and data sharing and moving forward these initiatives. I think this is a, we're in a place in history in California that is critical and I think we've got a tremendous amount of momentum building and going, and we don't want these unintended consequences to come and knock our legs out from underneath us.

Count	Name	Comment
		And with the alignment that's, as John Ohanian pointed out in the beginning, there's discussions amongst the state departments. As that alignment comes into place, I think there's other things that can happen at the state level and that we as QHIOs can help support in mitigating some of the complexities and some of the things that could come back and be unintended, unintended consequences. So, I think as we move forward with everything that we're trying to do and trying to push forward, we need to really truly consider unintended consequences that could potentially come down the pipe.
3	Steven Lane	This is Stephen Lane, from Sutter Health, Health Gorilla, etc. I think there were a number of useful comments in the chat about the fact that a number of the metrics being proposed have to do with measuring things for DSA signatories versus non signatories. I just think we need to remember that what matters is how effectively we're advancing interoperability and the impact that that is having on individuals, providers, etc.

It -- we're not here just to celebrate the success of our California initiative. Interoperability, predated, you know, this initiative and it's advancing, you know, along and this is meant to help that. So I think focusing more on more general metrics that allow us to look at the volume and effect and impact of interoperability in the state and engagement in that would probably be both more efficient as has been commented by John and Felix and others, but would also really get at the key point -- This is not about making political points, it's about actually impacting care and health. |

Total Count of public comments: 3