California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Subcommittee (TASC) Meeting
Transcript (2:00 PM – 3:00 PM PT, May 21, 2024)

The following text is a transcript of the May 21, 2024 meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework TASC. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework webpage to ensure accuracy.

[Alice K - Manatt Events] 17:01:44

Welcome. My name is Alice. And I'll be in the background answering any Zoom technical questions. If you experience difficulties during this session, please type your question into the Q&A.

[Alice K - Manatt Events] 17:01:55

Individuals in the public audience who have a comment may insert it into the Q&A. Public comment will also be taken towards the end of the meeting.

[Alice K - Manatt Events] 17:02:04

Live close captioning will be available. Please click on the CC button to enable or disable.

[Alice K - Manatt Events] 17:02:10

But that I'd like to introduce Rim Coffin.

[Rim Cothren, CalHHS CDII] 17:02:14

Thank you, Alice, and thanks everyone for joining us here today for our 3rd meeting in the series talking about event notifications.

[Rim Cothren, CalHHS CDII] 17:02:24

Let's go on to the next slide, please. Just real quickly, our vision for the Data Exchange framework, we have seen this before, but I just want to emphasize that what we're talking about with event notification is one area where we're really trying to raise the bar a little bit from what some of the nationwide networks and frameworks are doing what some of the initiatives are

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[Rim Cothren, CalHHS CDII] 17:02:48

doing. And so we are blazing a little bit of new ground here. And that is some of the challenge that's set before us and why we're spending so much time on this topic with you all.

[Rim Cothren, CalHHS CDII] 17:02:59

So thank you for that. Let's go on to the next slide, please.

[Rim Cothren, CalHHS CDII] 17:03:05

Just real quickly, the bulk of our agenda is going to be taken up with, potential recommendations for event notification.

[Rim Cothren, CalHHS CDII] 17:03:14

And we will spend a little bit of time reviewing what we did, what we talked about in our last meeting.

[Rim Cothren, CalHHS CDII] 17:03:22

After our welcome and roll call. Well, welcomes happened after our roll call. We will also pause for public comment.

[Rim Cothren, CalHHS CDII] 17:03:31

Our target for that is to do that about 10 min before the top of the hour and then we'll finish up with some very quick next steps and closing remarks.

[Rim Cothren, CalHHS CDII] 17:03:39

Squad to the next slide, please. This is our roll call, so I'm Rim Catherine, and I'll be leading you through the meeting today.

[Rim Cothren, CalHHS CDII] 17:03:49

I've seen Cindy Barrow on the call as well. Thanks Cindy for joining us and helping me out here today.

[Rim Cothren, CalHHS CDII] 17:03:55

Hans, are you here?

[Hans Buitendijk] 17:04:00
Sorry, yes I am.

[Rim Cothren, CalHHS CDII] 17:04:02
I knew I'd seen your, name on here, so I was going to give you a bit of a chance.

[Rim Cothren, CalHHS CDII] 17:04:08
Kefian?

[Rim Cothren, CalHHS CDII] 17:04:15
And I thought I'd seen her as well.

[Cassie-Ann Bush] 17:04:18
Sorry, I was double muted.

[Rim Cothren, CalHHS CDII] 17:04:20
No worries. And, Help me here for a bit. It says Cassian on my screen.

[Rim Cothren, CalHHS CDII] 17:04:27
Do you prefer that to Cassie?

[Cassie-Ann Bush] 17:04:28
Oh, either or is fine, Cassie is easiest, so are easier. Oh, that's fine.

[Rim Cothren, CalHHS CDII] 17:04:32
Okay, Sarah.

[Rim Cothren, CalHHS CDII] 17:04:38

Don't hear from Sarah Mahat.

[Rim Cothren, CalHHS CDII] 17:04:43

Hey, may have seen a note from Mohit that he wasn't going to be able to join us today.

[Rim Cothren, CalHHS CDII] 17:04:48

Pressant.

[Rim Cothren, CalHHS CDII] 17:04:54

John.

[John Helvey] 17:04:56

Is it?

[Rim Cothren, CalHHS CDII] 17:04:58

Thanks, John. Kimberly.

[Rim Cothren, CalHHS CDII] 17:05:04

Don't care from Kimberly, Michael.

[Rim Cothren, CalHHS CDII] 17:05:11

Don't hear from Michael. Cameron.

[Rim Cothren, CalHHS CDII] 17:05:20

I'll just pause there for a second. Cameron is a new member of she just got this invitation yesterday, so I wasn't expecting her to necessarily join us today, but she's from Nourish, California and will be joining us, especially for our next series.

[Rim Cothren, CalHHS CDII] 17:05:34

Of discussions for we're going to be talking about social services. Chris. Thanks. Chris, Ken.

[Chris Muir] 17:05:40

I'm here.

[Ken Riomales] 17:05:44

President.

[Rim Cothren, CalHHS CDII] 17:05:45

Thanks, Ken. Just sent us a message that he was not going to be able to make it today.

[Rim Cothren, CalHHS CDII] 17:05:55

Don't hear from now on Joe

[Joe Sullivan] 17:05:58

Yeah.

[Rim Cothren, CalHHS CDII] 17:05:59

Thanks, Joe and Brian.

[Rim Cothren, CalHHS CDII] 17:06:03

Thank you. And I think I forgot to mention last time, Greg has resigned from the task here for health reasons and we are still looking for replacement to represent ambulatory providers.

[Brian Thomas] 17:06:05

Here.

[Rim Cothren, CalHHS CDII] 17:06:16

We've reached out. To a number of people and we have some suggestions but I don't yet have a member that has agreed to join us.

[Rim Cothren, CalHHS CDII] 17:06:27

If there are any suggestions that anybody has, feel free to drop me an email. And then I saw in the chat that Mohit has joined us.

[Rim Cothren, CalHHS CDII] 17:06:36

Thanks for joining us.

[Rim Cothren, CalHHS CDII] 17:06:39

Let's go on to the next slide, please.

[Rim Cothren, CalHHS CDII] 17:06:42

Just a little bit on public comment. We'll be taking public comment during the meeting approximately at the time that's identified on the agenda which is a 250 and we will be limiting the total amount of time allocated for public comment to what is allocated on the agenda.

[Rim Cothren, CalHHS CDII] 17:06:59

Members of the public may also use Zoom's Q&A feature to ask questions or make comments during the meeting.

[Rim Cothren, CalHHS CDII] 17:07:05

Or can email their questions or comments. To dxf@chhs.ca.gov.

[Rim Cothren, CalHHS CDII] 17:07:17

I will be trying to monitor, the QA as well as the chat. I don't always do a great job of that.

[Rim Cothren, CalHHS CDII] 17:07:24

And so if you don't, if members of the public do have a question that doesn't get answered feel free to drop it to us an email.

[Rim Cothren, CalHHS CDII] 17:07:31

Just for everybody, I also see that Michael has joined us. Thanks for joining us, Michael.

[Rim Cothren, CalHHS CDII] 17:07:37

Let's go on to the next slide, please.

[Rim Cothren, CalHHS CDII] 17:07:42

Just real quickly, we've summarized here in just a few bullets what was a very good conversation that we had at our last meeting and so 1st of all I want to personally thank everybody for being very engaged.

[Rim Cothren, CalHHS CDII] 17:07:55

For our last meeting, you have set the bar and I'm expecting you to be very engaged today. So thanks.

[Rim Cothren, CalHHS CDII] 17:08:00

Thanks for that. In advance. I'm gonna give people just a second to kind of read through the bullets here.

[Rim Cothren, CalHHS CDII] 17:08:08

I'm especially interested if anybody thought that there was an important comment that we missed on the bullets here that they'd like to refresh people's memories with.

[Rim Cothren, CalHHS CDII] 17:08:19

Or if you think you see something that you heard differently than we've recorded here, please let us know.

[Rim Cothren, CalHHS CDII] 17:08:30

Are there any thoughts, anything that anybody wants to emphasize? Bring back to people's memories today.

[Michael Marchant] 17:08:44

And probably the the biggest one is that I think some of the conversation last week.

[Michael Marchant] 17:08:50

I don't know that we want to be limited by what exists today versus what would be the best.

[Michael Marchant] 17:08:56

Possible solution and then make decisions from there, informed decisions from there as opposed to saying, here's where we are.

[Michael Marchant] 17:09:04

And maybe some of the things that we are talked about from a technology process or people standpoint do or don't exist today.

[Michael Marchant] 17:09:11

I think that at least from my perspective, the goal should be to look at all the options and say this would be the best.

[Michael Marchant] 17:09:17

Possibility and then work from there and make an informed decision around how we move forward. So. Just my suggestion from our conversation last week.

[Rim Cothren, CalHHS CDII] 17:09:26

Thanks, Michael. And I would actually like to encourage people to think that way as well. And what that means is that some of our suggestions here today may be relatively easy to do and we might be also wanting to recommend that this those reactions we take in the short term versus longer term actions that we take much more time.

[Rim Cothren, CalHHS CDII] 17:09:47

So feel free to think about recommendations. As Michael has suggested, what would a perfect state look like that seems workable?

[Rim Cothren, CalHHS CDII] 17:09:57

I think we ought to consider, you know, continue to consider what is something that can be operationalized.

[Rim Cothren, CalHHS CDII] 17:10:03

But, think, of what we should, try to work towards. Hans, I see your hand up.

[Hans Buitendijk] 17:10:10

Yeah, I think that the another one to highlight that is providing, probably a larger challenge for how to recommend something.

[Hans Buitendijk] 17:10:20

Is the second bullet, how to manage rosters, what the intent behind because that, that could be done in a couple of different ways and the question is what's really then the impact of of the approach on burden.

[Hans Buitendijk] 17:10:34

To users systems to manage maintainer and keep them current and useful. So I think that's that's 1 of the ones in the list.

[Hans Buitendijk] 17:10:44

That's certainly to me jumps out as a 31.

[Rim Cothren, CalHHS CDII] 17:10:48

Great. And I want to make sure that we do talk a little bit about rosters. I will just go ahead and.

[Rim Cothren, CalHHS CDII] 17:10:55

Mention, real quickly. One of the things that we got out later than I would have liked, but did get out as pre reads were some summaries of what some of the members of the QHIO program are doing for event notification services today and you'll see that most of those are driven by rosters as well.

[Rim Cothren, CalHHS CDII] 17:11:13

Most of what we heard 2 weeks, excuse me, 2 meetings ago was driven by rosters, but we did raise in our last meeting that rosters may be a burden to both those creating them and receiving them.

And so I think that is something that I wanna make sure that we at least think about today. Thank you for that.

[Rim Cothren, CalHHS CDII] 17:11:31

Hans. Go ahead, I see your hand up.

[Mohit Ghose] 17:11:34

Yeah, thank you again. And again, very robust discussions on a whole bunch of stuff. I just want to raise.

[Mohit Ghose] 17:11:40

That we live in a world of limited resources and one of the things we need to recognize is as we build our perfect system that's going to be a lot of entities that might simply not have the where with all to get there.

[Mohit Ghose] 17:11:54

And you're essentially going to create a v. In the haves and have nots unless you know, given our budget situation in California, which makes it harder unless you're able to fund a lot of the build.

[Mohit Ghose] 17:12:08

That's going to be necessary to bring people. Essentially up to speed on what true interoperability looks like.

[Mohit Ghose] 17:12:16

So I wanted to raise that and then just back up on the roster issue. It's also a question of.

[Mohit Ghose] 17:12:23

You know, when you think about. QHIOs either being repositories or not being repositories, right?

[Mohit Ghose] 17:12:31

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Some of us have contracts with qualified health information organizations where they do actually accept and hold all of our data.

[Mohit Ghose] 17:12:39

But in the case here, trying to have them not to do that and not be just a centralized repository.

[Mohit Ghose] 17:12:45

So again, it's a question of who has the capabilities, number one, and secondly, as we are trying to go through rings of data, you know, the whole functionality of an ADT system that we've been discussing.

[Mohit Ghose] 17:12:58

Really depends on that data being made available to the right entities in the right time frame. It's great that I get an ADT, but if it's, you know, Yeah, a hundred hours later, I haven't been able to initiate anything that I need to.

[Mohit Ghose] 17:13:12

In terms of case management, from my health plan perspective, just as one example, right?

[Mohit Ghose] 17:13:20

And you're missing the point of the interoperability. So one is cost and the ability of people to come up to speed.

[Mohit Ghose] 17:13:25

Second is the idea of like timeliness and how this needs to function. And then the 3rd thing is we are all doing this under a rubric right now.

[Mohit Ghose] 17:13:35

That we have Oka targets of 3% trend growth. And, you know, we are not supposed to grow health care expenditures in the state of California under a cost benchmark.

[Mohit Ghose] 17:13:48

As health plans by more than 3% per year. So is this, you know, is CDI going to consider making a recommendation to the OCA board that data investments should not be counted towards that 3% or how are we going to square that circle?

[Mohit Ghose] 17:14:06

Where outside of a normal investment schedule that keeps us below that bracket. How are we going to actually invest sufficiently, not just health plans, but everybody in the system to meet these goals that we've set for ourselves.

[Mohit Ghose] 17:14:20

So those are just observations after thinking about. All of the great work that we're doing. I just don't want it to get lost.

[Mohit Ghose] 17:14:28

Because the interagency cooperation and understanding becomes more and more important. LHS in general. Must be in sync.

[Mohit Ghose] 17:14:41

You can't have one agency asking for something that another agency says you can't do or simply don't have the money to do.

[Rim Cothren, CalHHS CDII] 17:14:50

Thanks, Mohit. Appreciate that.

[Rim Cothren, CalHHS CDII] 17:14:54

Are there any other comments or anything else anyone wants to highlight from our previous meetings?

[Rim Cothren, CalHHS CDII] 17:15:05

If not, let's go.

[Rim Cothren, CalHHS CDII] 17:15:15

The next slide and I just want to remind people again thanks kind of for queuing this up Michael but remind people of our purpose here today and today we're going to really be focusing on recommendations.

[Rim Cothren, CalHHS CDII] 17:15:20

That we might make to CDI. As a committee to improve event notifications and that needs to consider the current landscape, the current capabilities, what is operational, perhaps what is going on in some of the nationwide networks and frameworks or other nationwide initiatives.

[Rim Cothren, CalHHS CDII] 17:15:40

But we really want to target what we would recommend for changes in architecture, changes in structure, required. Infrastructure standards for transport and or content, what we believe needs to be put in place to prepare.

[Rim Cothren, CalHHS CDII] 17:16:02

Is going to be to spend the next more than a half an hour talking about that one topic. And let's go on to the next slide.

[Rim Cothren, CalHHS CDII] 17:16:10

We've put together some questions that might gain help to direct our conversation today but this is really your conversation to have So I, in a second, I'll give you a chance to retrieve some of these, but we're going to pull down the slides.

[Rim Cothren, CalHHS CDII] 17:16:27

I'd encourage everybody to turn their cameras on. And just have a conversation about what you think needs to be done.

[Rim Cothren, CalHHS CDII] 17:16:35

To improve event notifications. Then we will try to refine that in our next meeting to, recommendations to make to CDII.

[Rim Cothren, CalHHS CDII] 17:16:45

That means that I do want to think about architecture changes, whether there is specifically a need of some form of centralization.

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[Rim Cothren, CalHHS CDII] 17:16:55

I wanna talk about whether there are needs for standards for either, transmission. Or content for.

[Rim Cothren, CalHHS CDII] 17:17:05

Either the events that are reported by a hospital ED sniff other entity or for notifications that are sent out to those that are subscribing for notifications.

[Rim Cothren, CalHHS CDII] 17:17:16

And if there are existing standards there that we can adopt or are we going to have to come up with standards and any particulars recommendations that we have.

[Rim Cothren, CalHHS CDII] 17:17:28

On types of content. That should be represented even if we don't get down to the element level.

[Rim Cothren, CalHHS CDII] 17:17:33

So That is very broad brush strokes where I'm hoping the conversation will go today. So Alice, if you want to go ahead and pull down the slides again, I'd really encourage people, members of the subcommittee to turn their cameras on and I'm really interested in people's thoughts.

[Rim Cothren, CalHHS CDII] 17:17:53

The 2 real topics that I personally and may want to make sure that we hit today is are there things that we can do to reduce burden by doing some form of centralization of the services?

[Rim Cothren, CalHHS CDII] 17:18:08

I've heard that from you folks before. Now it's time to think about so what might that look like.

[Rim Cothren, CalHHS CDII] 17:18:16

And then Hans already queued up today is there an approach other than rosters which is the predominant approach that we see in California right now, which is the predominant approach that we see in California right now that we're see in California right now that we'd like to like to recommend instead.

[Rim Cothren, CalHHS CDII] 17:18:26

Thanks, Michael, for raising your hand and kicking us off.

[Michael Marchant] 17:18:29

Yeah. So from my perspective, from a bird standpoint. Directory, security, onboarding, rosters, all those things having to be managed by each individual entity and participant.

[Michael Marchant] 17:18:46

Of the data exchange framework. Is a significant administrative burden. So I'm not going to posit exactly what technology or centralization or whether it's.

[Michael Marchant] 17:18:59

Or whether the concept of having. A queue in like functionality where the QHIO is in California provide that centralization registration.

[Michael Marchant] 17:19:09

Get I can throw out some options but but I do think that participation in some aspects of DXF are gonna be more limited.

[Michael Marchant] 17:19:19

I think, you know, there's been a couple comments about organizations with limited resources. I know there was some grant funding that was available and maybe there's a second round of that back to the our ECs back in the HR incentive days, you know, those sorts of concepts where there's technology assistance or staffing assistance to implement.

[Michael Marchant] 17:19:37

I think those are areas where the ability for a larger portion of the organizations to participate without those solutions is going to be difficult.

[Michael Marchant] 17:19:46

And I think that, you know, focusing on Which of those is the most important? I think onboarding is probably top of the list of how do we ensure that we onboard organizations that their organizations that have signed the DXF.

[Michael Marchant] 17:19:59

That they're technically competent. So whether that's a certification process or something else, and then we get into the administrative pieces of how do we handle rosters, where do we deliver notifications?

[Michael Marchant] 17:20:09

Is it direct or something else? I think those are all things that are probably you know, that probably need to be solved.

[Michael Marchant] 17:20:17

And again, as we look at expanding participants outside your traditional provider organizations that are currently exchanging under care quality or will be exchanging under TEFCA, you know, what that expansion looks like and then how do we, manage access to appropriate data depending on the participant type and where that's Spanish and how that's manage.

[Michael Marchant] 17:20:39

I think are our key considerations of how this moves forward.

[Rim Cothren, CalHHS CDII] 17:20:41

Thanks, Michael. I wanna make sure that we keep our our discussion really, focused on event notifications today, but as Michael says, that that touches a lot of other pieces here.

[Rim Cothren, CalHHS CDII] 17:20:53

And I think that that's all fair game if there are barriers. That are keeping us from being efficient.

[Rim Cothren, CalHHS CDII] 17:21:00

Michael before I saw you took your hand down but before I let let you completely off the hook You named a number of things there that you thought were important.

[Rim Cothren, CalHHS CDII] 17:21:08

Are there is there a priority a prioritization of near-term versus long-term that you put on any of those?

[Rim Cothren, CalHHS CDII] 17:21:16

Or do you think that those are all near term issues?

[Michael Marchant] 17:21:16

Yeah. No, I mean, I think that the I'll call it certification process. And again, that's a it's a big word that means a lot of different things, but basically.

[Michael Marchant] 17:21:28

Organizations and I'm going to use the term network even though there's not one because it's federated but Or that onboard to the network need to be validated from a technical and infrastructure and security standpoint with the role that they of their participation in the network.

[Michael Marchant] 17:21:43

I think that would help organizations be comfortable with who's participating and the fact that they're going to get access to the appropriate data at the appropriate time.

[Michael Marchant] 17:21:52

And as they're onboarded, there's some validation or verification of that because again, some of the other mechanisms and the.

[Michael Marchant] 17:22:00

Your corresponding admit or event notifications and exchange data exchange under those other purposes of use. I think that once that core piece of identity and directory is I think it provides more comfort to organizations participating in those other use cases.

[Rim Cothren, CalHHS CDII] 17:22:17

Okay, thanks Michael. Hans, I see your hand up.

[Hans Buitendijk] 17:22:20

Yeah, building on what Michael said is that, on centralizing part, I would agree is that components like trust like directory services are very well suited to be more centralized or that common.

[Hans Buitendijk] 17:22:37

But it's literally one place or that it's 1 point of maintenance and everybody can benefit from it, but there's some form of centralization there.

[Hans Buitendijk] 17:22:45

And when you look at the directory part for event notification. To have a clear understanding of what are the contact points to where I send that notification.

[Hans Buitendijk] 17:22:53

I want you good there, depending on the technology that is being used for the standards that are being used, I'm not sure that there is one singular answer.

[Hans Buitendijk] 17:23:03

So for example, if you say that, direct messages are appropriate, to be used, then a directory makes a lot of sense.

[Hans Buitendijk] 17:23:13

I can understand based on, some roster information that will get to later. But that I need to send it to a particular provider.

[Hans Buitendijk] 17:23:21

A particular payer. Having the address, it's not gonna go centrally through a network necessary at that point in time.

[Hans Buitendijk] 17:23:28

It goes to the appropriate. Broadway, so it's relatively decentralized. If you go straight version 2, then it's probably a lot more, centralization there to minimize the number of point to point version 2 connection that I would have to build.

[Hans Buitendijk] 17:23:40

So naturally we are going to have a number of more central. Is it one? Not necessarily, but it's it's certainly not many.

[Hans Buitendijk] 17:23:47

If we allow for fire. Then we probably also more like to direct. It's a more facilitated, knowing the endpoint, you can can communicate directly with it.

[Hans Buitendijk] 17:23:57

So from a technology perspective, a different aspects of it. Can benefit from. A centralization common knowledge that we have directories, trust, etc.

[Hans Buitendijk] 17:24:08

When it comes to the actual messaging of the notifications. Then it's going to be very much in my mind to depend on the choice of standards and technology that we permit.

[Hans Buitendijk] 17:24:18

To where you do need to have a central, mechanism or you don't because I can just go to the endpoint and be done.

[Rim Cothren, CalHHS CDII] 17:24:25

Thanks, Hans. For everybody, I would like you to think a little bit about places where you think that Specifying required standards could facilitate.

[Rim Cothren, CalHHS CDII] 17:24:36

Change or whether flexibility, excuse me, could, facilitate. Advancement or where places where flexibility is a better place to be just as you're thinking about things.

[Rim Cothren, CalHHS CDII] 17:24:50

John, I see your hand up.

[John Helvey] 17:24:53

Yeah.

[Rim Cothren, CalHHS CDII] 17:24:54

John is in Okay.

[John Helvey] 17:24:57

Yeah, I. I think that there needs to, I mean, we're doing this today, right?

[John Helvey] 17:25:04

As a QHAO, we're providing these alerts. And what I have learned is that it's not one size fits all.

[John Helvey] 17:25:09

Right. Drag messaging doesn't fit for certain providers. Right? They don't have a way to consume an ADT forwarded message.

[John Helvey] 17:25:18

And for some people that's and for some people dashboards don't work. So it's not a 1 size fits all.

[John Helvey] 17:25:25

I think it. You know, if we look at this from the, you know, serving a provider perspective.

[John Helvey] 17:25:31

It's how do we put it in their workflow? How do we make it usable?

[John Helvey] 17:25:34

So I think there needs to be flexibility. I think we can't tighten. We can't tighten the strings so tight that it says, oh, this is the way we're going to meet the data exchange framework requirements.

[John Helvey] 17:25:45

And I think QHIO should be leveraged. I can't think of a QHIO.

[John Helvey] 17:25:51

That's not already providing. 18 notifications and alerts to their to their consumers in one way or shape or form.

[Rim Cothren, CalHHS CDII] 17:26:01

Thanks, John. So what I heard is that being flexible in how and how notifications for instance are being delivered do you have guidelines that you think that we should follow or do you think that we should establish guidelines in the type of information that is included in notifications independent of method.

[Rim Cothren, CalHHS CDII] 17:26:22

Or do you think that should be completely wide open?

[John Helvey] 17:26:29

I tend to leave it open. You know, we have to be compliant with all the laws as QHAOs.

[John Helvey] 17:26:37

So I think whenever you shrink that wall, you put people in a box and you can't.

[John Helvey] 17:26:45

Serve up creative solutions that serve providers. So I would be careful of the walls that we put up around it.

[John Helvey] 17:26:53

And you know, hold to hold to the laws that were held by at a national and a state level that already exist.

[Rim Cothren, CalHHS CDII] 17:27:01

Okay, thank you. Kathy, and I see your hand up.

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[Cassie-Ann Bush] 17:27:06

Totally just backing on with what, John mentioned, I'm really agreeing to what he's saying.

[Cassie-Ann Bush] 17:27:13

I'm in leveraging the QHAOs what kind of pinged me into it was our 1st discussion with PCDH and I appreciated how they are going and pinging to another and another, you know, instead of everybody submitting to everybody and then the big mess of submission.

[Cassie-Ann Bush] 17:27:30

So I just wanted to call up, just tagging on and ringing with what Johns mentioned.

[Rim Cothren, CalHHS CDII] 17:27:33

So can you talk just a little bit more about what you saw in PCDH that It particularly appealed to you and what problems you thought that those things solved.

[Cassie-Ann Bush] 17:27:42

Yeah.

[Cassie-Ann Bush] 17:27:45

From my understanding of it, it was basically, almost like a central hub that they were using and then that kinda just.

[Cassie-Ann Bush] 17:27:53

I'm not saying we have a hub, but if I would do like submit information to one place, then couldn't they reach out to other?

[Cassie-Ann Bush] 17:28:01

So that then those QHIOs who are connected to other providers and stuff can then get the messages that facilities are sending for their patients.

[Cassie-Ann Bush] 17:28:11

Does that make sense or? That's kind of how I understood the PCDH and.

[Cassie-Ann Bush] 17:28:20

Just let take teaming onto each other instead of multiple connections that one organization would have to create.

[Rim Cothren, CalHHS CDII] 17:28:29

And there is some centralization that happens in PCDH and I don't know we have the materials that we got from 2 meetings ago if anybody wants to review them.

[Rim Cothren, CalHHS CDII] 17:28:41

They can go through that. I think an important part of PCDH is it is not roster driven.

[Rim Cothren, CalHHS CDII] 17:28:47

And so to the extent that people are concerned about rosters, PCDH is not roster driven, but it is driven.

[Rim Cothren, CalHHS CDII] 17:28:55

Geographically. And so that is an important and important difference there.

[Cassie-Ann Bush] 17:28:57

Holds it.

[Cassie-Ann Bush] 17:29:02

That's a good.

[John Helvey] 17:29:02

And that just goes to support my comment earlier about not boxing us in, right? So if we can solve it, if we can solve the alerting perspective from a geographic.

[John Helvey] 17:29:13

Region or roster or you know, an intelligent switch that looks at, you know, the MPI of the provider and what provide a registry we might have or what might be built in the future.

[John Helvey] 17:29:26

I mean, there's There is there is several layers of what needs to be done including you know landing at the HCS so I think that you know, the more we can be structured all along the way.

[John Helvey] 17:29:42

I think the better we can serve the whole. But not within a box, right? We have to be able to be creative and and not just move data but make it usable and put it in the workflow of the providers.

[Rim Cothren, CalHHS CDII] 17:29:56

One of the things that I'd like to think about then if we were going to head down a space where we're very flexible.

[Rim Cothren, CalHHS CDII] 17:30:05

How do we ensure that all of the participants on DXF can get to the services they want. So think about that a little bit.

[Rim Cothren, CalHHS CDII] 17:30:14

As well is that, you know, if we're allowing complete flexibility, does that work against us being able to move, certain things forward?

[Rim Cothren, CalHHS CDII] 17:30:26

Hans, I see your hand up again.

[Rim Cothren, CalHHS CDII] 17:30:33

And you are still on mute.

[Hans Buitendijk] 17:30:37

Try that, see where my long distance away. So I would agree and the bill on the John's comments on that on the flexibility.

[Hans Buitendijk] 17:30:46

And of the different ways to do that. So we're some of the QHIOs are in play and that can handle that for certain.

[Hans Buitendijk] 17:30:55

That, that need that, that it's appropriate to do if there's others that can go directly based on the technology use that should not be a prohibited either.

[Hans Buitendijk] 17:31:08

So in that context I would agree with with flexibility. On the other side is that from a content perspective while there might be different techniques in that regard.

[Hans Buitendijk] 17:31:19

Of how to best route it. The content I think we should align as best as possible.

[Hans Buitendijk] 17:31:26

And we've heard from the from the presentation as well that from a content perspective. There is a very much work that has happened on version 2, ADT messages.

[Hans Buitendijk] 17:31:36

So when we use version 2, can we use all the same content that is in place? So we don't need to look all over the place for depending on who sent it.

[Hans Buitendijk] 17:31:45

Where is what? So aligning on the content send like a v 2 or when you use a, direct, trust, implementation guide.

[Hans Buitendijk] 17:31:55

I think in that context, we need to do it and for fire it might be more at the beginning stage but there's also some efforts that in Davinci are popping up around that.

[Hans Buitendijk] 17:32:04

So I think it's important there. That we align on content standards so that no matter how it got routed.

[Hans Buitendijk] 17:32:10

We can interpret it the same way from however we got it. So that's where I would not have that much flexibility and and follow a good progression with those standards.

[Rim Cothren, CalHHS CDII] 17:32:21

Alright, thanks Hans.

[Rim Cothren, CalHHS CDII] 17:32:28

Anyone else any other thoughts?

[Rim Cothren, CalHHS CDII] 17:32:33

One of the things that I will say is that I would say I I believe that our current policies and procedures.

[Rim Cothren, CalHHS CDII] 17:32:42

Regarding event notification. Are very broad and flexible. They call out who must provide event notification.

[Rim Cothren, CalHHS CDII] 17:32:53

Without calling out really any technical standards for transport or content. It does identify that rosters are used for subscribers, but otherwise is silent on what those rosters look like outside of.

[Rim Cothren, CalHHS CDII] 17:33:11

A description of digital identities. So a lot of the flexibility that we're advocating for here is in the current status quo within DXF.

[Rim Cothren, CalHHS CDII] 17:33:25

So what problems are there that need to be addressed in some other way? And, and I, I do really want to kind of think about if we're going to move the ball forward.

[Rim Cothren, CalHHS CDII] 17:33:38

What do we move forward? What do we concentrate on? In order to change things so i've i've heard on some form of centralization that might be based on the QHIOs.

[Rim Cothren, CalHHS CDII] 17:33:51

I've heard that. And otherwise, largely. Flexibility on content and mechanisms for information.

[Rim Cothren, CalHHS CDII] 17:34:02

Move.

[Michael Marchant] 17:34:06

Onboarding and certification.

[Rim Cothren, CalHHS CDII] 17:34:08

And onboarding and certification. Thanks, Michael. And and onboarding and certification I think is.

[Rim Cothren, CalHHS CDII] 17:34:16

Potentially a part of. A DXF recommendation in general not targeted towards us so sorry for leaving that out

[Michael Marchant] 17:34:25

That's okay. Just I think that Again, there are so many different things, so many different moving parts that I think the onboarding process.

[Michael Marchant] 17:34:34

Whatever that looks like and I'm grouping that you know this the certification thing into the onboarding is I think part of the key to.

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[Michael Marchant] 17:34:45

Getting people comfortable with that with all the other downstream workflows and data exchanges that are going to be part of.

[Michael Marchant] 17:34:51

How does that work?

[Rim Cothren, CalHHS CDII] 17:34:54

Bye, I see your hand up.

[Mohit Ghose] 17:34:56

Thanks, I just wanna echo that. I think the certification process, even though, you know, it could be cumbersome, the problem that I have right now and I'm just being frank with everybody is that the privacy team you know is going to be very skeptical of sharing data across platforms that are not fully compliant.

[Mohit Ghose] 17:35:18

Because that's a risk. That we would not be willing to undertake quite frankly for federal and other reasons.

[Mohit Ghose] 17:35:25

So as a result, and especially in an environment. Where we want to build this out to social organizations as well.

[Mohit Ghose] 17:35:33

You know, the, the idea that we would have non HIPAA compliant entities on the receiving end of data feeds, or, you know, no way to certify that they are secure at least at a basic minimum level.

[Mohit Ghose] 17:35:47

Whether it's for population health management or for data interoperability. These things come to light in every conversation that we have now.

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[Mohit Ghose] 17:35:54

It's we could be fully functional and ready to deliver the data out of our systems, but are we able to do so on a, on, you know, on a minimum necessary basis for, for the transaction.

[Mohit Ghose] 17:36:09

And then very importantly in a secure environment where or is there an ability to to have a different adjudication mechanism or is there an ability to to have a different adjudication mechanism that allows for security to be maintained on PHI because for us, an ability to, to have a different adjudication mechanism that allows for security to be maintained on PHI because for us, security to be maintained on PHI, because for us, the exposure of PHI, as you well know.

[Mohit Ghose] 17:36:32

can not just for the member, but then equally importantly for our own. Entity and organization. So.

[Mohit Ghose] 17:36:36

It's something to consider and that certification comes into play, especially with organizations that have never really been part of a grid.

[Mohit Ghose] 17:36:44

Right, I mean, a lot of grand funded CBOs. Are just beginning to deliver data.

[Mohit Ghose] 17:36:50

And we need to be very cognizant of that moving forward.

[Rim Cothren, CalHHS CDII] 17:36:54

Thanks, Mohit. And so I've heard pretty, pretty strongly that at least some of our members believed that certification and an onboarding process needs to be part of DXF.

[Rim Cothren, CalHHS CDII] 17:37:08

I want to turn us back to try to concentrate on ADTs today. That is a recommendation that I can take forward to CDI and and see where that goes.

[Rim Cothren, CalHHS CDII] 17:37:19

But want to make sure that we also talk about anything that is specific. To event notifications here today.

[Rim Cothren, CalHHS CDII] 17:37:25

Can I did see you raise your hand for a minute. You do know that you're all in danger of me calling your name even if you don't raise your hand.

[Rim Cothren, CalHHS CDII] 17:37:33

So I may start doing that on you. Ken, did you have a comment that you wanted to make or

[Ken Riomales] 17:37:39

Andverton hitting up the button there.

[Rim Cothren, CalHHS CDII] 17:37:41

That doesn't mean you're completely off the hook for the next 15 min. So.

[Rim Cothren, CalHHS CDII] 17:37:47

Just just be warned. Michael, I do see your hand up again.

[Michael Marchant] 17:37:51

Alright, I got lots of comment, sorry. Just so, notifications. So, notifications for me, tie back into directory and what's the care team and how do I address it and who do I send it to?

[Michael Marchant] 17:38:05

And let's say 3 providers or members of the care team with 3 different organizations with multiple addresses and methodologies for delivering that notification to.

[Michael Marchant] 17:38:14

So there needs to be some. I guess either process or documentation or. Something that tells me. One, whether it's a provider or an organization and rolling providers and creating preferred communication methods like we have for patients.

[Michael Marchant] 17:38:32

There needs to be a key for me to know who, what, where, when, and how to deliver that data to.

[Michael Marchant] 17:38:37

And right now it's My best guess based on what I get when the patient shows up and what information is in my provider directory inside of my EHR.

[Michael Marchant] 17:38:48

And a provider could have multiple direct addresses or multiple methodologies for us to provide that data. And it's based on our best.

[Michael Marchant] 17:38:57

Ability to manage that. And because of limited resources, the provider directory inside of my organization for external providers isn't a high priority for management.

[Michael Marchant] 17:39:07

So I think that if we wanna be able to be successful and deliver notifications where they need to be delivered that that process needs to be addressed either as a federated shared resource.

[Michael Marchant] 17:39:20

Enrollment portal, what, you know, centralized, whatever, whatever the best place is, but I would tell you inside the 4 walls of a provider organization for external non credential providers, how to send that data to them is not a well managed process today and I don't see it getting any better based on the current environment.

[Rim Cothren, CalHHS CDII] 17:39:39

So Michael, I'm gonna follow up by asking you a few questions there because what I heard is some problems and I want to see if there is a path that we can find to solving some of those problems.

[Rim Cothren, CalHHS CDII] 17:39:53

In order to address the uncertainty about how to. How to contact providers who to contact and the multiple. Mechanisms would you advocate for some centralization of the service so that you just have one connection?

[Rim Cothren, CalHHS CDII] 17:40:11

Would you advocate for, rosters to carry that information so that you had a place for it?

[Rim Cothren, CalHHS CDII] 17:40:19

Would you advocate for, a better directory of a set that would establish a set of standards that people needed to conform to.

[Rim Cothren, CalHHS CDII] 17:40:30

What do we do to? Solve some of the problems that you're you're identifying

[Michael Marchant] 17:40:37

I mean, the simplest answer is put some requirements around NP and make somebody make providers or organizations put in preferred communication methods and NPS because there's already an API connection there and we are we can pull that data electronically but S that I would yes I would agree that some sort of participant directory for the providers in organizations participating in their preferred communication method.

[Michael Marchant] 17:41:05

In a centralized way for us to access and leverage. And whether that's federated or centralized and again, each organization could publish their own if they, if that's how we wanted to do it, but it would be up to the individual provider to identify which is the preferred.

[Michael Marchant] 17:41:22

But yes, I didn't answer your question, but I gave you some examples of how it could work.

[Rim Cothren, CalHHS CDII] 17:41:27

Thanks, Michael. Hans, I see your hand up. And I am gonna start calling on other people so you better start thinking.

[Hans Buitendijk] 17:41:30

Yeah, maybe could

[Rim Cothren, CalHHS CDII] 17:41:35

Okay.

[Hans Buitendijk] 17:41:35

Yeah, maybe continuing where Michael made some comments is that a directory of understanding who and what the preferred methods are is that a directory of understanding who and what the preferred methods are is very important.

[Hans Buitendijk] 17:41:47

That still doesn't leave the, provide a question as to now in this particular circumstance for this patient that this event, who do I now actually send it to?

[Hans Buitendijk] 17:41:57

So I think the directory is extremely critical. To understand that once I know that I need to set it to somebody, where should I send it?

[Hans Buitendijk] 17:42:04

I think in that that part QHIOs with their respective communities can can help substantially building up a directory that they shared.

[Hans Buitendijk] 17:42:12

The knowledge is shared so that it's not I need to ping 5 different QHIOs To get the address, but the knowledge of what the addresses are is a common, common resource.

[Hans Buitendijk] 17:42:23

Where does the common service or whether it's still in 5 places, different story. But the question then it really is, is that how do I know who to send it to?

[Hans Buitendijk] 17:42:32

And rosters have have come up as a method of doing that. And I think this is a challenging balancing act.

[Hans Buitendijk] 17:42:43

If you If we are going to rely on rasters, then the way it has been described is that the interested recipients of a notification needs to declare where it's kind of a form of a subscription in a way of putting up on a roster.

[Hans Buitendijk] 17:43:03

I'm interested that if you see this patient that I'd like to be notified. Well, how many parties do I need to share that roster with?

[Hans Buitendijk] 17:43:10

To let make them aware of that if Hans shows up please share information about him because I'd like to know I'm, I need to share it with lots of providers that you don't know where I'm going to show up there or not.

[Hans Buitendijk] 17:43:23

So that's a lot of effort to put it together. It needs to be maintained. So I think we need to really explore for certain scenarios and for many is that is that really the right direction to go?

[Hans Buitendijk] 17:43:34

There probably are for some place where it was to make sense. But for the very dynamic. utilization of healthcare by, by patients where they go.

[Hans Buitendijk] 17:43:43

Is that the best thing to do? So then we are looking at at the time that the patient shows up and you would like to have a timely notification.

[Hans Buitendijk] 17:43:54

Is that can we take advantage of of the information that is being pulled together at that point in time and then we should not just look at what is the patient providing me as part the registration that may not be the full list.

[Hans Buitendijk] 17:44:08

Or maybe for some reason be be challenged there. I think we need to look at the networks itself again and see how can I find out where the patient has had care.

[Hans Buitendijk] 17:44:18

Where do the pay, where does the patient have contact and that data has been shared? What kind of a list would that yield?

[Hans Buitendijk] 17:44:25

Is that a list that is certainly a lot smaller? But I can more dynamically find out is that at this point in time the patient has a contact point with these 5, 10 different organizations.

[Hans Buitendijk] 17:44:37

Is that an opportunity to balance out that maintaining roses is hard? But what we need to do with that approach is that is the patient accepting that notifications are going to be sent to those parties.

[Hans Buitendijk] 17:44:52

So I, that to me is the challenge. What's the best way, to understand that at time of admission, that time of discharge or otherwise, that I as easily as possible can find out.

[Hans Buitendijk] 17:45:03

Who the parties are that I need to notify. And That, Ross seems to be a little bit cumbersome if you're going to use the query over the network to find out where the patient has contacts you need to address the aspect of consent by the patient.

[Hans Buitendijk] 17:45:20

Okay. And you need to, do that in a timely fashion. But at least you have a much more narrow list.

[Hans Buitendijk] 17:45:25

Then a full roster that you need to share with everybody across the state, if not the country.

[Rim Cothren, CalHHS CDII] 17:45:32

So, one of the things that I've been that I think I've been hearing is that if we're going to allow for flexibility that there are at least 3 different ways that we might end up maybe 4 different ways that we end up directing notifications.

[Rim Cothren, CalHHS CDII] 17:45:51

So you do it based on rosters, which is what's called out in the PNPs now, is at least, an option, if not a requirement.

[Rim Cothren, CalHHS CDII] 17:45:59

That we do it based on the patient's direction, send my notifications here. That is what is, I think, bundled in up in the conditions for participation in the CMS rule.

[Rim Cothren, CalHHS CDII] 17:46:14

That we do it based on where the patient has been seen, the individual has been seen, if there is some way to determine that dynamically.

[Rim Cothren, CalHHS CDII] 17:46:23

And that we or that we do it based on geography like PCDH does. And I'm wondering if I'm kind of hearing those options right and if the idea that we're putting forward here is that we don't want to specify.

[Rim Cothren, CalHHS CDII] 17:46:42

Approach but a mechanism so that all of those approaches can live simultaneously. And especially John, I saw you put your hand up for a second as a representative of the QHIO community does that put a burden on QHIOs that is unmanageable or is that a flexibility that would be welcome?

[John Helvey] 17:47:07

So I know that.

[Rim Cothren, CalHHS CDII] 17:47:07

So I know that that was a lot, but I'm kind of interested in what people think there.

[John Helvey] 17:47:13

We currently do all of those. Now so we build based on folks that send us ADT.

[John Helvey] 17:47:22

From clinics and providers. We do that now. And so we build, we build panels based off of the ADTs coming in.

[John Helvey] 17:47:30

Because patients are seen in a provider shortage area where they can get in. And so we don't know who is and who's not.

[John Helvey] 17:47:38

In their primary care, but the providers in those cases need to know if they've been admitted to the ED or inpatient in it.

[John Helvey] 17:47:46

So. We build them off of panels. We do a muffled rosters. In whatever way it makes sense for.

[John Helvey] 17:47:55

The providers to get notified.

[Rim Cothren, CalHHS CDII] 17:48:01

Mow it in in that type of environment, do you see a way for a plan? To play effectively.

[Mohit Ghose] 17:48:14

I am trying to get off mute here.

[Mohit Ghose] 17:48:19

Again, it would matter. To me on

[Mohit Ghose] 17:48:26

I guess it comes down to. How easy is the plugin? Are people gonna be in a closed system versus and how I can basically convince my team that we are in a secure enough environment that data can flow the way it needs to.

[Mohit Ghose] 17:48:43

Right. And that's always gonna be my consideration because that's what the privacy lawyers are. Basically beating me over the head with every day.

[Mohit Ghose] 17:48:52

So,

[Mohit Ghose] 17:48:56

If that's the case, then we'd be able to play if. You know, again, it really does come down to.

[Mohit Ghose] 17:49:04

The sufficiency. Of the protections within our overall system. From making sense there.

[Rim Cothren, CalHHS CDII] 17:49:12

Okay.

[Rim Cothren, CalHHS CDII] 17:49:16

Cassian, if I recall. Properly you're in a hospital system. Especially in smaller rural hospitals is that a workable environment to ensure that notifications get to where they want to.

[Cassie-Ann Bush] 17:49:34

I do think heavy those multiple options definitely are. VIable options and, you know, not restricting to just one.

[Cassie-Ann Bush] 17:49:43

I do like when you're staying based on where individual individuals have been seen, I definitely like that.

[Cassie-Ann Bush] 17:49:50

I don't know if it's possible for smaller community offices to, cause only. Way my head thinks around that is okay just like how John says if they're getting ADT's they're seeing the PCP in there they know what you know this is that relationship.

[Cassie-Ann Bush] 17:50:03

Then therefore they should get notifications if that patient's in another ED. But I don't know how viable it is for smaller.

[Cassie-Ann Bush] 17:50:10

Mom and Dad offices to really send ADTs to searching facilities or organizations that can facilitate that.

[Cassie-Ann Bush] 17:50:16

But I think those V 2 messages are very. Data worthy and a way to do this easily.

[Cassie-Ann Bush] 17:50:25

There's my 2 cents, sorry. So.

[Rim Cothren, CalHHS CDII] 17:50:27

Thanks. Can I kept saying that I was gonna come back to you? I'm gonna come back to you now.

[Rim Cothren, CalHHS CDII] 17:50:34

Are there thoughts? Anything you heard that you liked or gave you pause today.

[Ken Riomales] 17:50:42

It's definitely worth considering. I think all of the considerations that have been thrown out are valid. If I take small steps and let's think this through in terms of what is our Path to success.

[Ken Riomales] 17:50:57

Does legal precedence kind of step you know be the clear cut component there as far as the ability for us to exchange with If so, then, is there a minimum recommendation that we need to suggest that says this certain level of, you know, legal agreement or whatnot needs to be incorporated in whatever technology recommendation we put together.

[Ken Riomales] 17:51:17

I do have a little bit of a concern by making it so open ended with technology recommendation that we open ourselves up to not being definitive or not.

[Ken Riomales] 17:51:27

Being a little bit more specific and guiding constituents into a right direction. Many of us on this call, all of us on this particular meeting.

[Ken Riomales] 17:51:37

Our respective, of experts in the field as far or at least have some insights interoperability.

[Ken Riomales] 17:51:43

Many of the organizations or individuals we represent do not have such expertise. So how do we bridge that gap and make it so that it's something that's accessible to them.

[Ken Riomales] 17:51:55

As far as those, I look at the type of technology that we could deploy. Do we need to incorporate a recommendation that says, ADT that I receive must be in human readable format.

[Ken Riomales] 17:52:06

You know, or are we gonna say like, oh, Raa, HL 7 messages are sufficient, you know, and kind of wipe your hands and say, I sent it.

[Ken Riomales] 17:52:14

I'm good to go. So I, I almost want to look at it from much more simplistic point of view and say, are we considering these other aspects?

[Ken Riomales] 17:52:21

In terms of our recommendations.

[Rim Cothren, CalHHS CDII] 17:52:23

Thanks, Ken. We are at time, for public comment. I want to give Joe or Chris neither one of had a chance to say anything just to make sure you don't have any final comments.

[Joe Sullivan] 17:52:39

For me, it was just nothing. Others haven't already said, you know, I have.

[Joe Sullivan] 17:52:44

I agree with the use cases of the roster makes sense, but also I just need everyone in California, whether they're on their roster or not.

[Joe Sullivan] 17:52:55

So, the geographic, you know, access to the information geographically would be beneficial as well.

[Joe Sullivan] 17:53:03

Having a name roster.

[Rim Cothren, CalHHS CDII] 17:53:07

Thanks.

[Joe Sullivan] 17:53:08

But both of us were already.

[Chris Muir] 17:53:13

Yeah, I didn't feel like I had really anything. Different to add today.

[Chris Muir] 17:53:19

So, but I enjoyed listening to the conversation. I guess the only thing I would say, You know, it is the, you know, the importance of standards and.

[Chris Muir] 17:53:29

Ensuring that people aren't happening to deal with a lot of different messages. Coming from different hospitals that are not standardized.

[Chris Muir] 17:53:37

I think those who you know, there will be people who will not be able to, you know, ingest all the different kinds of things that might come out.

[Rim Cothren, CalHHS CDII] 17:53:47

Thanks, Chris. Alice, why don't we pause here for public comment if you want to take us through that, please.

[Alice K - Manatt Events] 17:53:54

Thank you. Members of the public must raise their hand for Zoom facilitators to unmute them.

[Alice K - Manatt Events] 17:54:02

Zoom facilitators will unmute each member of the public public for them to share comments.

[Alice K - Manatt Events] 17:54:07

And we will call on individuals in the order in which their hands were raised. Individuals will be recognized for up to 2 min and are asked to state their name and organizational affiliation at the start of their remarks.

[Alice K - Manatt Events] 17:54:19

To raise your hand if you logged in via Zoom interface, please raise hand at the bottom of your screen and have selected to share your comment.

[Alice K - Manatt Events] 17:54:29

You will receive a request to unmute. Please ensure you accept for speaking. If you dialed in via phone only press star 9 on your phone to raise your hand listen for your phone number to be called by the moderator and if selected to share your comment, please ensure you are unmuted on your phone by pressing star 6.

[Alice K - Manatt Events] 17:54:45

It looks like we have one hand raised at this time. Lucy, you should not be able to unmute.

[Lucy Johns] 17:54:53

Thank you. I'm just gonna keep beating my drum about patient consent. Whatever you land on or agree to.

[Lucy Johns] 17:55:02

With respect to the design of the network for ADT. And the content to be requested or exchanged.

[Lucy Johns] 17:55:13

Patient consent has to be an essential element of your design. Thank you.

[Rim Cothren, CalHHS CDII] 17:55:21

Thanks, Lucy.

[Alice K - Manatt Events] 17:55:26

We currently don't have any other hands raised at this time.

[Rim Cothren, CalHHS CDII] 17:55:29

Let's get people just another minute.

[Rim Cothren, CalHHS CDII] 17:55:58

Alice, any other hands raised?

Not at this time.

[Rim Cothren, CalHHS CDII] 17:56:03

Alright, there have been a few comments and questions that came up in the Q&A. I encourage people to take a look at what did it appear there.

[Rim Cothren, CalHHS CDII] 17:56:15

Most of them were comments that we might wanna consider. When we go on to the next slide, please.

[Rim Cothren, CalHHS CDII] 17:56:20

So next time is, at least scheduled to be our final meeting on this topic. One of the things that Cindy and I talked about prior to today's meeting is that we might send out a survey.

[Rim Cothren, CalHHS CDII] 17:56:34

To the task members. After this to try to find out where people really are landing on a number of topics.

[Rim Cothren, CalHHS CDII] 17:56:43

You should expect to see that come your way either late this week or very early next week, recognizing that Monday is a state holiday.

[Rim Cothren, CalHHS CDII] 17:56:52

Please watch for that coming through to your email. The responding to the survey may be on a short time frame.

[Rim Cothren, CalHHS CDII] 17:57:01

We'll keep that simple. So it shouldn't take you more than a couple of minutes to respond, but one of the things that we found is that it can be a tool to help us understand where people are already at consensus on some issues or things that we might wanna continue to discuss.

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[Rim Cothren, CalHHS CDII] 17:57:19

I'd also encourage people to take a look at the reader heads we sent out I think yesterday afternoon about what some of the QHIOs are offering.

[Rim Cothren, CalHHS CDII] 17:57:27

For event notification services now. That'll give you a chance to at least understand a little bit better what the environment looks like.

[Rim Cothren, CalHHS CDII] 17:57:37

We talked about some things today. I think that there were some opinions about where we might go, but there weren't necessarily some, clear winners in recommendations that we might make.

[Rim Cothren, CalHHS CDII] 17:57:49

So I can encourage people to think more on today's conversations. We'll be sending out notes.

[Rim Cothren, CalHHS CDII] 17:57:54

Again, the survey to help gel that, for our conversation. Next week excuse me in 2 weeks our next meeting is 2 weeks from today if there isn't anything else, and I think I get to give everybody 2 min back in your day and appreciate.

[Rim Cothren, CalHHS CDII] 17:58:13

Your your participation in today's meeting.

[John Helvey] 17:58:19

Thank you