



**California Health & Human Services Agency  
Center for Data Insights and Innovation  
2024 Data Exchange Framework Standards Committee Meeting #5  
Transcript (12:00 PM – 1:00 PM PT, December 2, 2024)**

The following text is a transcript of the December 2, 2024 meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Standards Committee. 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.

[Emma - Events] 12:01:14

Hello and welcome. My name is Emma and I'll be in the background answering any Zoom technical questions. If you experience difficulties during the session, please type your question into the Q&A.

[Emma - Events] 12:01:23

Individuals in the public audience who have a comment may insert it in the Zoom Q&A.

[Emma - Events] 12:01:28

Public comment will also be taken towards the end of the meeting.

[Emma - Events] 12:01:31

Live closed captioning will be available. Please click on the CC button to enable or disable. And with that, I'd like to introduce Bryn Cawran.

[Rim Cothren, CDII CalHHS] 12:01:39

Thank you, Emma, and thank you everyone for attending our fifth meeting in the series, Standards Committee. Today we'll continue our discussion

[Rim Cothren, CDII CalHHS] 12:01:49

on events and notifications.

[Rim Cothren, CDII CalHHS] 12:01:54

Since today is mostly a discussion, I encourage people to come on camera if you're able to do so.

[Rim Cothren, CDII CalHHS] 12:02:02

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

[Rim Cothren, CDII CalHHS] 12:02:04

We always start off all of our meetings with our vision for the data exchange framework.

[Rim Cothren, CDII CalHHS] 12:02:10

In California, I'm not going to read this slide to you, but want to point out that

[Rim Cothren, CDII CalHHS] 12:02:17

Notifications of admissions and discharges and expanding potentially in the future to other events as well.

[Rim Cothren, CDII CalHHS] 12:02:23

is one of the areas where California has raised the bar a little bit beyond what people are doing in the nationwide networks.

[Rim Cothren, CDII CalHHS] 12:02:29

So I really appreciate everybody's time in helping us plot a course in making that happen.

[Rim Cothren, CDII CalHHS] 12:02:35

Let's go on to our next slide, please. This is the agenda. Agenda is really simple.

[Rim Cothren, CDII CalHHS] 12:02:42

doing our welcome. What we're doing now, we'll spend a little bit of time

[Rim Cothren, CDII CalHHS] 12:02:46

reviewing what we heard for meeting four, I'd like everybody to take a good look at the slides there and make sure that

[Rim Cothren, CDII CalHHS] 12:02:54

We didn't get anything wrong or miss something important.

[Rim Cothren, CDII CalHHS] 12:02:57

Then we'll spend most of our time in discussing the transport standards for notifications and events.

[Rim Cothren, CDII CalHHS] 12:03:04

We got started on this for notifications last week.

[Rim Cothren, CDII CalHHS] 12:03:07

Last meeting, but we'll continue that conversation today.

[Rim Cothren, CDII CalHHS] 12:03:11

We'll pause for public comment at about 10 till the hour.

[Rim Cothren, CDII CalHHS] 12:03:14

And then we will do a brief next steps and talk about our next meeting.

[Rim Cothren, CDII CalHHS] 12:03:21

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

[Rim Cothren, CDII CalHHS] 12:03:25

And we'll pause here for a roll call real quick.

[Rim Cothren, CDII CalHHS] 12:03:29

Ray, I think I saw you out there. Ray, are you here?

[Rim Cothren, CDII CalHHS] 12:03:33

Thank you, Ray. Jonathan, are you here with us?

[Jonathon Feit] 12:03:40

present and accounted for, sir.

[Rim Cothren, CDII CalHHS] 12:03:41

Thank you, Jonathan.

[Rim Cothren, CDII CalHHS] 12:03:43

Happy Thanksgiving. Danielle, I think I saw you.

[Danielle Friend] 12:03:48

Month.

[Rim Cothren, CDII CalHHS] 12:03:49

Thanks, Danielle. Evelyn.

[Evelyn Gallego, EMI Advisors] 12:03:52

Here, present. Thank you.

[Rim Cothren, CDII CalHHS] 12:03:53

Thanks, Evelyn, Dave. I think I saw you online.

[Dave Green] 12:03:57

Yep.

[Rim Cothren, CDII CalHHS] 12:03:57

Thanks, Dave. John.

[Rim Cothren, CDII CalHHS] 12:04:03

Didn't hear from John.

[Rim Cothren, CDII CalHHS] 12:04:06

So Gina, uh.

[Rim Cothren, CDII CalHHS] 12:04:08

sent me an email earlier today. She has a conflict and can't make it today. Manny?

[Rim Cothren, CDII CalHHS] 12:04:14

Thanks, Manny. Tim.

[Tim Polsinelli] 12:04:17

Here.

[Rim Cothren, CDII CalHHS] 12:04:17

Thanks, Tim and Ken.

[Ken Riomales] 12:04:20

I'm here.

[Rim Cothren, CDII CalHHS] 12:04:21

Thank you, Ken. I want to...

[Rim Cothren, CDII CalHHS] 12:04:23

Say one more time that I really appreciate you guys. Y'all show up on time.

[Rim Cothren, CDII CalHHS] 12:04:28

And our attendance has been really great for these meetings. I really do appreciate that.

[Rim Cothren, CDII CalHHS] 12:04:32

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

[Rim Cothren, CDII CalHHS] 12:04:34

Just a little bit about public comment opportunities. As always, members of the public may use Zoom's Q&A feature to ask questions or make comments during the meetings.

[Rim Cothren, CDII CalHHS] 12:04:45

Anything you type in there as a question is visible not only to the panelists, but other members of the public.

[Rim Cothren, CDII CalHHS] 12:04:50

So feel free to use that. Members of the panel here, if you feel like you want to make note of anything that you see in the Q&A, feel free to do that verbally.

[Rim Cothren, CDII CalHHS] 12:04:59

answer questions verbally, answer questions in writing, whatever you choose to do. CDII always takes a look at the questions that we see there.

[Rim Cothren, CDII CalHHS] 12:05:07

Whether you guys respond to them or not.

[Rim Cothren, CDII CalHHS] 12:05:10

We'll also be stopping for a public comment period as it's called out in the agenda at about 10

[Rim Cothren, CDII CalHHS] 12:05:15

minutes before the hour.

[Rim Cothren, CDII CalHHS] 12:05:19

And we will restrict public comment period to the time that's allotted there.

[Rim Cothren, CDII CalHHS] 12:05:23

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

[Rim Cothren, CDII CalHHS] 12:05:26

And the next slide, just real quickly, we have two slides here, I think, to talk a little bit about what we heard at the last meeting.

[Rim Cothren, CDII CalHHS] 12:05:35

And since we're getting to the end of this series, I want people to take a really good look at this because this is how we're starting to collect

[Rim Cothren, CDII CalHHS] 12:05:42

what we believe are the recommendations that you're making for CDII to consider.

[Rim Cothren, CDII CalHHS] 12:05:48

So first of all, we heard that DXF should establish a minimum

[Rim Cothren, CDII CalHHS] 12:05:53

event content standard

[Rim Cothren, CDII CalHHS] 12:05:55

that must be supported by hospitals, EDs, SNFs.

[Rim Cothren, CDII CalHHS] 12:05:59

And that are using intermediaries

[Rim Cothren, CDII CalHHS] 12:06:02

for notifications and all intermediaries support notifications.

[Rim Cothren, CDII CalHHS] 12:06:07

But that we should leave

[Rim Cothren, CDII CalHHS] 12:06:11

it open to...

[Rim Cothren, CDII CalHHS] 12:06:15

organizations to make adjustments.

[Rim Cothren, CDII CalHHS] 12:06:18

to that standard if both parties chose to do so, but that there would be a minimum standard that we would set.

[Rim Cothren, CDII CalHHS] 12:06:26

And that minimum standard would be HL7V 2.5.1 ADT messages.

[Rim Cothren, CDII CalHHS] 12:06:32

I want people to take a real quick look at the message types.

[Rim Cothren, CDII CalHHS] 12:06:36

There was quite a bit of discussion on what message types should be required and what might be

[Rim Cothren, CDII CalHHS] 12:06:42

Optional.

[Rim Cothren, CDII CalHHS] 12:06:44

Take a look there. And if we didn't capture that appropriately, please let us know.

[Rim Cothren, CDII CalHHS] 12:06:50

And that...

[Rim Cothren, CDII CalHHS] 12:06:53



required and required if known content specified for machine readable notification is also required.

[Rim Cothren, CDII CalHHS] 12:06:59

If known in the event.

[Rim Cothren, CDII CalHHS] 12:07:02

So that makes sure that events

[Rim Cothren, CDII CalHHS] 12:07:05

the messages between a hospital and their intermediary carry all of the information that's necessary for a notification.

[Rim Cothren, CDII CalHHS] 12:07:13

And the intermediary is not held accountable or responsible for adding content to it.

[Rim Cothren, CDII CalHHS] 12:07:20

Let me pause there. Did anybody hear anything that we got wrong?

[Rim Cothren, CDII CalHHS] 12:07:24

or want to make any comments about additional things that we should note.

[Rim Cothren, CDII CalHHS] 12:07:35

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

[Rim Cothren, CDII CalHHS] 12:07:39

Now, if we take a look at transport standards for notifications, and we began to talk about transport standards and we'll continue that discussion today

[Rim Cothren, CDII CalHHS] 12:07:49

We talked about the minimum standard for machine readable events and just remember

[Rim Cothren, CDII CalHHS] 12:07:57

we are requiring

[Rim Cothren, CDII CalHHS] 12:07:58

that notifications include both machine readable and human readable content.

[Rim Cothren, CDII CalHHS] 12:08:04

And so the minimum standard for machine readable

[Rim Cothren, CDII CalHHS] 12:08:10

notifications.

[Rim Cothren, CDII CalHHS] 12:08:12

should also be ADT messages and those same message types.

[Rim Cothren, CDII CalHHS] 12:08:17

And that we should remain flexible to allow transport

[Rim Cothren, CDII CalHHS] 12:08:20

over a number of different standards. What I heard was HTTPS

[Rim Cothren, CDII CalHHS] 12:08:26

And VPN.

[Rim Cothren, CDII CalHHS] 12:08:28

Or as an attachment to a direct secure message.

[Rim Cothren, CDII CalHHS] 12:08:32

One of the things that, as we discussed our discussion at that meeting within CDI after

[Rim Cothren, CDII CalHHS] 12:08:39

words, what was not clear to us is whether we should establish a minimum transport standard say

[Rim Cothren, CDII CalHHS] 12:08:46

Everybody must support

[Rim Cothren, CDII CalHHS] 12:08:48

One of those three.

[Rim Cothren, CDII CalHHS] 12:08:50

or all three of those. And so that remains a question that I want to make sure that we discuss today. Are we going to require a hospital, for instance, be able to support

[Rim Cothren, CDII CalHHS] 12:08:59

HTTPS, VPN, and direct messaging.

[Rim Cothren, CDII CalHHS] 12:09:03

or only one of those? Or should we not specify that at all? And what we heard is, yes, we should specify it, but the

[Rim Cothren, CDII CalHHS] 12:09:10

the standard wasn't clear.

[Rim Cothren, CDII CalHHS] 12:09:13

Let me pause there. So first of all, do we have the message right? And again, the message types that we should be including.

[Rim Cothren, CDII CalHHS] 12:09:21

And are there thoughts about

[Rim Cothren, CDII CalHHS] 12:09:23

what we should say as we should say

[Rim Cothren, CDII CalHHS] 12:09:27

requirements in our PNPs for hospitals, EDs.

[Rim Cothren, CDII CalHHS] 12:09:32

and sniffs or intermediaries as they are sending machine readable notifications and the transport they should use for that.

[Rim Cothren, CDII CalHHS] 12:09:49

Yes, Jonathan.

[Jonathon Feit] 12:09:50

I'm just curious, is EMS an intermediary or

[Jonathon Feit] 12:09:55

what's an intermediary?

[Rim Cothren, CDII CalHHS] 12:09:56

an intermediary in this context is an organization that provides services

[Rim Cothren, CDII CalHHS] 12:10:03

for exchange, the QHIOs are an example of an intermediary. Jonathan

[Rim Cothren, CDII CalHHS] 12:10:10

Beyond Lucid might be an intermediary if you're providing this service to EMS providers.

[Rim Cothren, CDII CalHHS] 12:10:17

So in this context, no, and EMS

[Rim Cothren, CDII CalHHS] 12:10:20

Provider wouldn't be an intermediary. They would be a recipient of notifications.

[Jonathon Feit] 12:10:26

Okay, so I think that may go to my second question, which is where's the EMS on here?

[Jonathon Feit] 12:10:31

So recipient is recipient

[Jonathon Feit] 12:10:34

the bucket that has everybody who's not specifically hospital ed

[Jonathon Feit] 12:10:39

SNF or intermediary.

[Rim Cothren, CDII CalHHS] 12:10:40

That's correct. So the recipient of notifications or any participant

[Rim Cothren, CDII CalHHS] 12:10:47

on DXF that wishes to receive and is authorized to receive. So EMS would fit into that

[Rim Cothren, CDII CalHHS] 12:10:54

ambulatory providers would be.

[Rim Cothren, CDII CalHHS] 12:10:58

Plans are in that bucket.

[Rim Cothren, CDII CalHHS] 12:11:02

Officially, clinical labs and voluntary signatories are in that bucket, although we don't see them necessarily as

[Rim Cothren, CDII CalHHS] 12:11:10

early adopters of being a recipient.

[Jonathon Feit] 12:11:12

Okay, so then

[Jonathon Feit] 12:11:14

clarify for me, if you would, again, I don't want to

[Jonathon Feit] 12:11:18

divert us if this is already an unassumed

[Jonathon Feit] 12:11:20

Somewhere. But is there a reason why

[Jonathon Feit] 12:11:24

hospital ed sniff

[Jonathon Feit] 12:11:27

et cetera, sort of positioned as

[Jonathon Feit] 12:11:30

the sender here.

[Jonathon Feit] 12:11:33

In other words, we talked a little bit last time about the idea that

[Jonathon Feit] 12:11:36

for example an inner facility

[Jonathon Feit] 12:11:38

ambulance transport. Maybe in some cases prescribed by

[Ray Duncan] 12:11:41

All right.

[Jonathon Feit] 12:11:44

a hospital. So they're sort of sending

[Jonathon Feit] 12:11:47

the ambulance transport. In other cases, the patient may be part of an enrolled

[Jonathon Feit] 12:11:52

care program, in which case there's not really a sender

[Jonathon Feit] 12:11:58

In that regard, it's more the ambulance service saying, hey, I've got the patient, I'm moving them.

[Jonathon Feit] 12:12:03

Should EMS be...

[Jonathon Feit] 12:12:06

surfaced as a sender.

[Rim Cothren, CDII CalHHS] 12:12:08

I guess I would, yeah, I think that's a reasonable question. And I think that we envision, and especially if you read through the roadmap on event notification.

[Jonathon Feit] 12:12:09

Oral neighbors again.

[Rim Cothren, CDII CalHHS] 12:12:19

we envision that there will be events beyond admissions and discharges to acute and subacute facilities.

[Rim Cothren, CDII CalHHS] 12:12:26

that we want to be doing in the future.

[Rim Cothren, CDII CalHHS] 12:12:29

For right now, DXF only requires events

[Rim Cothren, CDII CalHHS] 12:12:33

from acute and subacute facilities, specifically hospitals, including acute psychiatric hospitals

[Rim Cothren, CDII CalHHS] 12:12:41

EDs, including standalone EDs that are not associated with a hospital

[Rim Cothren, CDII CalHHS] 12:12:47

and recommend

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

admissions and discharges or skilled nursing facilities.

[Rim Cothren, CDII CalHHS] 12:12:54

I would say that other organizations may choose to send admission and discharge notifications as well.



[Rim Cothren, CDII CalHHS] 12:13:01

I know that I've heard some plans plan on doing that because they received them.

[Rim Cothren, CDII CalHHS] 12:13:07

And that there are requirements under Medi-Cal for some plans to do that for certain events.

[Rim Cothren, CDII CalHHS] 12:13:13

And Jonathan, to the extent that EMS admits or discharges, then they may in the future be required to.

[Rim Cothren, CDII CalHHS] 12:13:22

But we are really talking about admissions and discharges here.

[Jonathon Feit] 12:13:25

And that's fine. I think all I would advocate for if there's room for it, is to have a little bit of flexibility in the language

[Jonathon Feit] 12:13:33

So that it doesn't get codified more strictly than what you're describing. I think what you described there was great.

[Jonathon Feit] 12:13:39

Again, there are

[Jonathon Feit] 12:13:41

with home health models and so on, get EMS light

[Jonathon Feit] 12:13:45

organizations are taking on more of that role.

[Jonathon Feit] 12:13:48

There's one example in Ventura County we've talked about before where there's an offloaded program

[Jonathon Feit] 12:13:54

related to substance use or they're working really closely with the hospital and the health plan

[Jonathon Feit] 12:13:59

But they are independent and they sort of decide when somebody has met the mark.

[Jonathon Feit] 12:14:03

So I think having something on here that says, you know, or TBD as this expands

[Jonathon Feit] 12:14:09

Because recommendations have a nasty way of turning them into

[Jonathon Feit] 12:14:12

policy language.

[Jonathon Feit] 12:14:14

Right. Here.

[Rim Cothren, CDII CalHHS] 12:14:14

Yep. Thank you. Thanks for that, Jonathan.

[Jonathon Feit] 12:14:17

Sure.

[Rim Cothren, CDII CalHHS] 12:14:18

You might also take a look at the roadmap for event notification and consider commenting there because that's another place to

[Rim Cothren, CDII CalHHS] 12:14:25

talk about what the role of EMS might be.

[Rim Cothren, CDII CalHHS] 12:14:28

Ray, thanks for being here.

[Jonathon Feit] 12:14:28

And like I said, I'm not trying to deviate. I just think you just described a future case.

[Rim Cothren, CDII CalHHS] 12:14:32

No.

[Jonathon Feit] 12:14:33

And I wouldn't want us to have to revisit and to unwind something that's become a common understanding if you're already sort of casting forward.

[Rim Cothren, CDII CalHHS] 12:14:34

Yep.

[Jonathon Feit] 12:14:40

where we couldn't.

[Rim Cothren, CDII CalHHS] 12:14:41

Yep. Got it. Thank you, Jonathan. Ray, I see your hand up.

[Ray Duncan] 12:14:45

Yeah, thank you.

[Ray Duncan] 12:14:48

supporting all three transport methods feels extremely burdensome.

[Ray Duncan] 12:14:53

For the participants that have selected a QHIO, most of them have hl7

[Ray Duncan] 12:15:00

interfaces already in place, I think.

[Ray Duncan] 12:15:06

And it would be

[Ray Duncan] 12:15:07

You know, at minimum, they would just have to tweak those interfaces to be compatible with this requirement.

[Ray Duncan] 12:15:14

But direct messaging, I mean, it doesn't that situation, it doesn't make sense to support all three. It should just be

[Ray Duncan] 12:15:22

mutual agreement between the QHIO and their participant.

[Ray Duncan] 12:15:27

Now, the people that have elected to do point-to-point interfaces

[Ray Duncan] 12:15:32

Again...

[Ray Duncan] 12:15:34

It feels like it should be by mutual agreement. One of the three methods. I wouldn't see the point in

[Ray Duncan] 12:15:41

asking people to support all three transport methods.

[Ray Duncan] 12:15:45

Especially since a direct

[Ray Duncan] 12:15:47

Message directories are

[Ray Duncan] 12:15:50

a real maintenance burden, at least for us like they're

[Ray Duncan] 12:15:54

A lot of it's done manually and it's really a pain so i

[Ray Duncan] 12:16:00

I would like to avoid direct messaging as a requirement.

[Rim Cothren, CDII CalHHS] 12:16:04

Thank you, Ray.

[Rim Cothren, CDII CalHHS] 12:16:07

Any other thoughts on transport there? What I heard from Ray is one of those three, perhaps leaving the door open for other standards as well for those that want to negotiate something else.

[Rim Cothren, CDII CalHHS] 12:16:19

But that we wouldn't require

[Rim Cothren, CDII CalHHS] 12:16:22

any specific minimum bar on a transport standard.

[Rim Cothren, CDII CalHHS] 12:16:28

But that it must be an HL7V251 or later ADT message.

[Rim Cothren, CDII CalHHS] 12:16:34

Tim, I was waiting for you to come off mute.

[Tim Polsinelli] 12:16:36

I'm trying to, I had to reinstall Zoom and I cannot raise my hand, so I apologize.

[Rim Cothren, CDII CalHHS] 12:16:41

That's okay. Nobody needs to raise their hand.

[Tim Polsinelli] 12:16:45

I agree with Ray. I think...

[Tim Polsinelli] 12:16:49

requiring all three is a burden.

[Tim Polsinelli] 12:16:54

I think all three are meaningful standards.

[Tim Polsinelli] 12:16:59

But in not

[Tim Polsinelli] 12:17:01

picking one of them

[Tim Polsinelli] 12:17:03

and relying only on the mutual agreement

[Tim Polsinelli] 12:17:07

I think could run into conflicts. I think we need to think about what happens when Organization A says, I'm only going to send you an alert via direct.

[Tim Polsinelli] 12:17:15

And recipient B says, I don't have any capability to receive direct messages today as an example.

[Tim Polsinelli] 12:17:22

As an example.

[Tim Polsinelli] 12:17:24

And so this is where I don't know what is the right one to pick, but I do think we should consider something or some way to break a tie or resolve conflicts of saying.

[Tim Polsinelli] 12:17:40

At minimum, you need to be able to do this, but you're allowed to agree amongst yourselves on different ways to do it. If there is a conflict, here is a

[Tim Polsinelli] 12:17:48

Here is a known path to get people to be able to share and connect and share data.

[Rim Cothren, CDII CalHHS] 12:17:54

Thanks, Tim. Ray, I'm going to turn back to you.

[Rim Cothren, CDII CalHHS] 12:17:59

If we did not choose direct as that

[Rim Cothren, CDII CalHHS] 12:18:03

minimum requirement. Do you think it's reasonable to specify a minimum requirement that everybody must support to deal with

[Rim Cothren, CDII CalHHS] 12:18:10

Kim's concern here or

[Rim Cothren, CDII CalHHS] 12:18:13

Would you still advocate for not specifying anything?

[Ray Duncan] 12:18:16

No, our minimum requirement i think

[Ray Duncan] 12:18:19

is fine. My only objection was to the idea of

[Ray Duncan] 12:18:24

forcing people to support all three transport methods.

[Rim Cothren, CDII CalHHS] 12:18:28

Okay. All right. Cool.

[John Helvey] 12:18:30

I agree with Ray and I agree with Tim. I think, you know, from a minimum standard, we're talking about

[John Helvey] 12:18:36

Hospitals, ED, SNFs, and intermediaries, HO7, V2, 5.1 or later.



[John Helvey] 12:18:41

should just be the minimum standard. And then how how

[John Helvey] 12:18:45

it gets beyond...

[John Helvey] 12:18:48

that to actual provider offices and things like that, it could wind up going direct. It could wind up going

[John Helvey] 12:18:55

a dashboard it could wind up going a forwarding of an ADT.

[John Helvey] 12:19:00

But for hospitals, ED, SNFs, and intermediaries, I think the standard should just be HL7.

[Rim Cothren, CDII CalHHS] 12:19:10

Evelyn, I saw you come off mute.

[Evelyn Gallego, EMI Advisors] 12:19:13

I agree.

[Rim Cothren, CDII CalHHS] 12:19:15

Okay.

[Evelyn Gallego, EMI Advisors] 12:19:16

I could just have one. But I do think that there's an opportunity though. And again, it's more just

[Evelyn Gallego, EMI Advisors] 12:19:23

getting a sense, what is at least you have a minimum, but it's also thinking through of

[Evelyn Gallego, EMI Advisors] 12:19:30

what is the minimum send and then the capability to receive

[Evelyn Gallego, EMI Advisors] 12:19:36

more than one way, but not specifying.

[Evelyn Gallego, EMI Advisors] 12:19:40

all the various ways to receive it.

[Danielle Friend] 12:19:47

I was also just going to say, I agree with that, picking that minimum at being HL7 2.5.1 and

[Danielle Friend] 12:19:52

Going from there.

[Rim Cothren, CDII CalHHS] 12:19:59

All right.

[Rim Cothren, CDII CalHHS] 12:20:01

Well, let's go ahead and

[Rim Cothren, CDII CalHHS] 12:20:05

go to the next slide.

[Rim Cothren, CDII CalHHS] 12:20:07

And the slide after that.

[Rim Cothren, CDII CalHHS] 12:20:09

And so as we've been already discussing

[Rim Cothren, CDII CalHHS] 12:20:13

Transport for notifications. We've been talking about HL7 v2 messages.

[Rim Cothren, CDII CalHHS] 12:20:18

One of the things I just want to remind people of, so the next four slides were slides in last time's deck. So nothing has changed here. If you took a look at those slides, you're going to see them again.

[Rim Cothren, CDII CalHHS] 12:20:27

But the thing that we need to remember is we also talked about human readable content and you can't put a human readable content in it.

[Rim Cothren, CDII CalHHS] 12:20:33

and an HL7V2 message.

[Rim Cothren, CDII CalHHS] 12:20:36

How do we transport

[Rim Cothren, CDII CalHHS] 12:20:39

human readable content

[Rim Cothren, CDII CalHHS] 12:20:42

To make sure that we remember.

[Rim Cothren, CDII CalHHS] 12:20:44

That there are going to be organizations that have very little capabilities.

[Rim Cothren, CDII CalHHS] 12:20:49

And that we also may be talking about organizations that are not hipaa covered entities and therefore are not, are getting a direct message and a direct address.

[Rim Cothren, CDII CalHHS] 12:21:03

So.

[Rim Cothren, CDII CalHHS] 12:21:05

Our other question, and the one that I think we're really probably going to be battling with today.

[Rim Cothren, CDII CalHHS] 12:21:09

For most of this meeting is.

[Rim Cothren, CDII CalHHS] 12:21:12

What do we establish as a minimum requirement?

[Rim Cothren, CDII CalHHS] 12:21:15

Or human, readable content.

[Rim Cothren, CDII CalHHS] 12:21:17

So let's go on to the next slide.

[Rim Cothren, CDII CalHHS] 12:21:20

These were the 2 questions we put up last time we've talked about. Should.

[Rim Cothren, CDII CalHHS] 12:21:25

All facilities using their own technology and intermediaries be required to transmit. HI. 7 v. 2 messages.

[Rim Cothren, CDII CalHHS] 12:21:32

And we've talked about that already, and we revisited that today it's really should all facilities.

[Rim Cothren, CDII CalHHS] 12:21:43

Or intermediaries be required to establish a portal for human readable content.

[Rim Cothren, CDII CalHHS] 12:21:49

Which is one of the options we talked about, or what is.

[Rim Cothren, CDII CalHHS] 12:21:54

The mechanism that we use to get.

[Rim Cothren, CDII CalHHS] 12:21:57

Human readable notifications in front of somebody. We talked a little bit about direct messaging, being a way to do that.

[Rim Cothren, CDII CalHHS] 12:22:06

However, not everybody supports direct messaging.

[Rim Cothren, CDII CalHHS] 12:22:08

And not all organizations may be capable of it.

[Rim Cothren, CDII CalHHS] 12:22:12

So.

[Rim Cothren, CDII CalHHS] 12:22:15

Our real topic for today is, how do we get human, readable content.

[Rim Cothren, CDII CalHHS] 12:22:19

In front of a recipient.

[Rim Cothren, CDII CalHHS] 12:22:22

Of these of these notifications.

[Rim Cothren, CDII CalHHS] 12:22:24

Let's go ahead and bring down the slides. And I really want to discuss this today, because I think this is this is the hard question in my mind.

[Rim Cothren, CDII CalHHS] 12:22:31

And I think probably the the bulk of our conversation for today.

[Rim Cothren, CDII CalHHS] 12:22:38

In particular. I know that some of you do notifications of admissions and discharges. Today there may be experience you can draw upon. What do you see.

[Rim Cothren, CDII CalHHS] 12:22:47

People being able to support today. And I'm looking particularly at.

[Rim Cothren, CDII CalHHS] 12:22:53

Right. There may be things you're doing under the Cms rule. Now.

[Rim Cothren, CDII CalHHS] 12:22:57

Dave, John, and Tim. You may support notifications of human readable content today.

[Rim Cothren, CDII CalHHS] 12:23:03

What do you guys do? What do you think.

[Ray Duncan] 12:23:07

Well.

[Ray Duncan] 12:23:08

This is right.

[Ray Duncan] 12:23:10

Currently we deliver them mainly to the Pcp record for the patient.

[Ray Duncan] 12:23:16

So we have several.

[Ray Duncan] 12:23:19

Different paths. They might come in through care everywhere.

[Ray Duncan] 12:23:22

Or through direct message or.

[Ray Duncan] 12:23:24

Through our interfaces with anthem or with Cms data.

[Ray Duncan] 12:23:30

Basically, the mode of delivery in all cases is.

[Ray Duncan] 12:23:35

An inbasket message to a provider.

[Ray Duncan] 12:23:38

And usually, if we can identify a Pcp it would be.

[Ray Duncan] 12:23:41

The PC.

[Rim Cothren, CDII CalHHS] 12:23:45

So that means that you're really

[Rim Cothren, CDII CalHHS] 12:23:49

Relying on.

[Rim Cothren, CDII CalHHS] 12:23:51

The recipient having an Ehr that can capture.

[Rim Cothren, CDII CalHHS] 12:23:54

That information.

[Rim Cothren, CDII CalHHS] 12:23:55

However, it's transported. Is that what I'm hearing, Ray.

[Ray Duncan] 12:23:59

Well.

[Ray Duncan] 12:24:01

In our case everybody's using the same Emr, and they all have this inbox so like, we don't have to worry about.

[Rim Cothren, CDII CalHHS] 12:24:05

Okay.

[Ray Duncan] 12:24:07

The case of multiple Emrs or people without Emrs.

[Ray Duncan] 12:24:12

That would certainly make it a lot messier.

[Rim Cothren, CDII CalHHS] 12:24:12



Okay.

[John Helvey] 12:24:15

Ray, I have a question for you, for people outside of your Emr.

[John Helvey] 12:24:20

For cedar, and I being a hospital and giving.

[John Helvey] 12:24:24

You know.

[John Helvey] 12:24:25

Providers that have a different emr than you.

[John Helvey] 12:24:30

Be it evident, or be it Athena, or something like that, how do you.

[John Helvey] 12:24:36

How do you get those there and then? Do you guys do any level of notifications to any.

[John Helvey] 12:24:41

Cbo's enhanced care, management.

[Ray Duncan] 12:24:45

No

[Ray Duncan] 12:24:47

Not to my knowledge. I mean, we have about a hundred offices that are actually using our Emr. We're hosting it for them. And so they.

[Ray Duncan] 12:24:57

They can get the notifications, but the.

[Ray Duncan] 12:25:00

Private offices that are on some other Emr. We don't really have a mechanism right now, unless.

[Ray Duncan] 12:25:07

They all have accounts.

[Ray Duncan] 12:25:09

In epic, of course, because they're on the medical staff.

[Ray Duncan] 12:25:13

But a lot of them would only go there if they had a patient in the hospital.

[Rim Cothren, CDII CalHHS] 12:25:23

I do think that this is a topic that we're gonna end up having to address here. Dxf requires that.

[Rim Cothren, CDII CalHHS] 12:25:32

Hospitals send notifications to any participant that requests them, so that may mean plans may be ambulatory that are outside of the Emr. So.

[Rim Cothren, CDII CalHHS] 12:25:41

Ray. I understand that that's a path.

[Rim Cothren, CDII CalHHS] 12:25:44

Towards development, so.

[Rim Cothren, CDII CalHHS] 12:25:45

What do we do for those that can't just take it within the Emr.

[Rim Cothren, CDII CalHHS] 12:25:52

Tim. I see that you're off mute. I don't know if you were preparing to say something, or you left yourself off mute before. But I'm gonna call out your name, anyway.

[Tim Polsinelli] 12:26:00

Thanks, ma'am.

[Tim Polsinelli] 12:26:03

So I'll describe what we do here at manifest. Medx. John probably has very similar.

[Tim Polsinelli] 12:26:09

Things to say here, but.

[Tim Polsinelli] 12:26:11

Most of what we receive in today is coming is all of what we receive today is HI. 780.

[Tim Polsinelli] 12:26:18

Whether through Http, whether through VPN, that's like, just that's the mechanism that we get those events right from the hospitals.

[Tim Polsinelli] 12:26:27

We can forward those.

[Tim Polsinelli] 12:26:28

HI. 7 messages on to recipients. We can build.

[Tim Polsinelli] 12:26:35

In essence. Te reports that we deliver. So that's a form of human readable right? We'll.

[Tim Polsinelli] 12:26:41

Build something. And we have a set of data elements that are pretty close already, maybe a little bit more than what we've talked about at at these. In this setting.

[Tim Polsinelli] 12:26:51

For minimum requirements.

[Tim Polsinelli] 12:26:52

Or we also offer a portal where it, where a recipient can come in and see in a single place all of their alerts, from various organizations for their.

[Tim Polsinelli] 12:27:02

For their patient population. And that's a you know. It's a.

[Tim Polsinelli] 12:27:05

Web-based portal. Right again. Another form I would call of a human readable report to go in and click on that.

[Tim Polsinelli] 12:27:11

And see the related information about their patients.

[Tim Polsinelli] 12:27:16

And.

[Tim Polsinelli] 12:27:16

I think you're right, Rim, like.

[Tim Polsinelli] 12:27:19

This is the hard question, and.

[Tim Polsinelli] 12:27:22

I'm wondering.

[Tim Polsinelli] 12:27:25

For organizations like Ray's right.

[Tim Polsinelli] 12:27:28

In. I think intermediaries can help play a role here, both from these, the center side, from hospital side, and perhaps even from a recipient side. Right? How do we take these cbo's that.

[Tim Polsinelli] 12:27:40

Don't have a lot of technology.

[Tim Polsinelli] 12:27:43

And get them in touch with an intermediary to provide that type of technology for them with very low lift, right for organizations that already can provide this.

[Tim Polsinelli] 12:27:53

Rather than.

[Tim Polsinelli] 12:27:55

You know, making the different hospitals try to do this and create different types of solutions and different things like that. So I'm I'm.

[Tim Polsinelli] 12:28:03

That's where my head is right now, at least of like. How can we.

[Tim Polsinelli] 12:28:07

Help get cbos.

[Tim Polsinelli] 12:28:09

To John's point, right? That's the type of organization that may not have this technology. How do we get them in a position to have access to it?

[Tim Polsinelli] 12:28:17

At low lift.

[Rim Cothren, CDII CalHHS] 12:28:18

So, Tim, would you advocate for.

[Rim Cothren, CDII CalHHS] 12:28:24

Letting the market.

[Rim Cothren, CDII CalHHS] 12:28:25

Decide on what is available? Or would you advocate for Dxf. Saying, well, intermediaries.

[Rim Cothren, CDII CalHHS] 12:28:32

If that's where we put the burden.

[Rim Cothren, CDII CalHHS] 12:28:35

Intermediaries must all at least support this version.

[Rim Cothren, CDII CalHHS] 12:28:40

Of a human readable transport to level the playing field a little bit for customers.

[Rim Cothren, CDII CalHHS] 12:28:47

What would you do?

[Tim Polsinelli] 12:28:49

I think that there's I. I think the intermediaries are a good place. I mean, there's a group of this work today, right? That's a great place to start and say the queue hires can provide. I think they can.

[Tim Polsinelli] 12:29:02

Right. That's an avenue for these organizations to go and pick this up right. And I think that makes.

[Tim Polsinelli] 12:29:08

Perhaps a.

[Tim Polsinelli] 12:29:10

A low effort. Right? It's a low lift, because the technology exists.

[Tim Polsinelli] 12:29:14

The key. Hiles can provide that today. They're doing things like this today. They can provide that to.

[Tim Polsinelli] 12:29:19

The state.

[Tim Polsinelli] 12:29:21

To the organizer, right the the these organizations within the State.

[Tim Polsinelli] 12:29:25

I I don't think that we have to.

[Tim Polsinelli] 12:29:28

I mean to your point about the market right? There's nothing saying that there can't be other organizations that come in and help provide that technology. But but to your point, like, maybe that's a requirement of an intermediary.

[Tim Polsinelli] 12:29:38

To be able to provide that if those, if those organizations who choose that intermediary.

[Tim Polsinelli] 12:29:44

Want to receive data in that format.

[Rim Cothren, CDII CalHHS] 12:29:48

Thanks, Tim.

[Mani Nair] 12:29:50

So a couple of things from my side. I think the the portal solution seems an easier way to implement. But there are.

[Mani Nair] 12:29:59

There are questions that we need to answer from Dfx standpoint.

[Mani Nair] 12:30:03

If each intermediary has a portal solution, if you are a recipient, which, like, how do you know which intermediary that you need to go to.

[Mani Nair] 12:30:12

To view the mission double, like the human double content.

[Mani Nair] 12:30:15

That's 1 second access provisioning.

[Mani Nair] 12:30:18

And also, if you know, how do we know the relationship of the recipient to the.

[Mani Nair] 12:30:25

Member, or a patient.



[Mani Nair] 12:30:27

At the intermediary level to to give them appropriate access, so they can actually look at. You know the notifications.

[Mani Nair] 12:30:33

In a humane double form.

[Mani Nair] 12:30:36

Those are some of the questions that we need to think about.

[Mani Nair] 12:30:38

When we make that recommendation.

[Mani Nair] 12:30:41

For the portal solution.

[Rim Cothren, CDII CalHHS] 12:30:45

Thanks, manny.

[John Helvey] 12:30:47

Manny, I think the answer is.

[John Helvey] 12:30:49

Whoever you're a member of right.

[Mani Nair] 12:30:52

No.

[John Helvey] 12:30:52

So if you're if you're a member of a Qha. The Qha. Should represent your.

[John Helvey] 12:30:58

Your folks.

[John Helvey] 12:30:58

To the Qha. Network.

[John Helvey] 12:31:01

And present back those ads based on your relationship with them.

[John Helvey] 12:31:04

However, that is, whether it's a report whether it's a portal.

[John Helvey] 12:31:09

Right.

[Mani Nair] 12:31:09

No.

[John Helvey] 12:31:09

So.

[John Helvey] 12:31:10

I think that that would be.

[John Helvey] 12:31:13

I mean the minimum.

[John Helvey] 12:31:14

Should be a report.

[Mani Nair] 12:31:17

Joe.

[Rim Cothren, CDII CalHHS] 12:31:20

So let me.

[Rim Cothren, CDII CalHHS] 12:31:22

John, if the minimum is a report.

[Rim Cothren, CDII CalHHS] 12:31:25

What does that mean?

[Rim Cothren, CDII CalHHS] 12:31:27

That mean.

[Rim Cothren, CDII CalHHS] 12:31:28

Something that hits somebody's fax machine. Does that mean.

[John Helvey] 12:31:32

Oof.

[John Helvey] 12:31:34

You said 3.

[Rim Cothren, CDII CalHHS] 12:31:34

Yeah, yeah, I know. I cringed when I said that. I'm glad you did, too. But what does report mean is that something available in a portal is that.

[Rim Cothren, CDII CalHHS] 12:31:45

Or would you again say I'm not gonna specify that that I do.

[Rim Cothren, CDII CalHHS] 12:31:49

The requirement is daily reports delivered. Whatever way the intermediary chooses to do, it.

[John Helvey] 12:31:56

I don't.

[John Helvey] 12:31:58

I don't know. The daily reports fit right has to be real.

[Rim Cothren, CDII CalHHS] 12:32:01

Okay.

[Rim Cothren, CDII CalHHS] 12:32:02

Okay.

[John Helvey] 12:32:04

So how do you do? How do you do? Real time reports.

[Rim Cothren, CDII CalHHS] 12:32:09

That's my question.

[John Helvey] 12:32:11

That's that's a that's a report happening at every event.

[John Helvey] 12:32:15

So.

[John Helvey] 12:32:15

Logically coming back to it from a real time perspective.

[John Helvey] 12:32:21

Real time means that it's.

[John Helvey] 12:32:23

It's representative of when the user wants to pull it. And it's real time. It's up to date.

[John Helvey] 12:32:29

That's how I kind of view it from an end. User perspective.

[John Helvey] 12:32:33

Whether I'm pulling a report or getting on a portal.

[John Helvey] 12:32:36

It's real time I'm logging in.

[John Helvey] 12:32:39

I'm seeing everything that has happened.

[John Helvey] 12:32:42

Up to the last couple minutes.

[Rim Cothren, CDII CalHHS] 12:32:46

So at least, what you're advocating for is something.

[Rim Cothren, CDII CalHHS] 12:32:50

That if there is a report that the report is pulled as opposed to something that is.

[Rim Cothren, CDII CalHHS] 12:32:55

Preemptively sent to them.

[John Helvey] 12:32:58

Yeah.

[John Helvey] 12:32:59

I mean, that's.

[John Helvey] 12:33:01

My thought, because no one, it's just like a.

[John Helvey] 12:33:04

You know, sending a provider.

[John Helvey] 12:33:07

Direct Mail.

[John Helvey] 12:33:08

Right.

[John Helvey] 12:33:09

It's not gonna get consumed. They're gonna.

[John Helvey] 12:33:11

They're gonna get them. It's it's gonna be spam. And they're not gonna be usable. So I think that they have to be pulled.

[John Helvey] 12:33:17

Whether it's a Csv report that they click on and they pull down, or it's a dashboard that they get to log into, and if they want to export it to a Csv. They can do that.

[John Helvey] 12:33:29

Whatever, but.

[John Helvey] 12:33:31

However, you define, report.

[Rim Cothren, CDII CalHHS] 12:33:33

Okay.

[John Helvey] 12:33:33

But it has to be real time at the moment that the user's pulling that information.

[Rim Cothren, CDII CalHHS] 12:33:38

Okay, thanks, John, Dave. You've been very patient with your hand up.

[Dave Green] 12:33:42

No, I think this is a good conversation. I agree with John and Tim.

[Dave Green] 12:33:46

On several points. I I we're trying to solve for the lowest common denominator of technical ability.

[Dave Green] 12:33:51

And I think that potentially conflicts a little bit with the overall goal.

[Dave Green] 12:33:55

That we're trying to do with real time.

[Dave Green] 12:33:59

And maybe there comes a place where we say.

[Dave Green] 12:34:01

We, we provide real time solutions.

[Dave Green] 12:34:04

But if you can't.

[Dave Green] 12:34:07

Adhere to what we're able to provide. Then we have these alternative.

[Dave Green] 12:34:12

Scenarios. We have a daily report of all the encounter information, and so I'm not saying we go back and and reshape.

[Dave Green] 12:34:19

What's been worked on for the last several years. But.

[Dave Green] 12:34:20

What we're running into now is a scalability problem. To try to force this round peg.

[Dave Green] 12:34:26

To say, well, you have. Well, you have to have real time availability.

[Dave Green] 12:34:29

But now the intermediaries are tasked with.

[Dave Green] 12:34:33

This scalable problem of of making us available to.



[Dave Green] 12:34:36

What I think will probably be a larger majority of users, cause we're talking about the smaller Cbo groups, or all these much smaller entities that have.

[Dave Green] 12:34:48

Lesser technical acumen. And so I think that that's a potentially concern for us.

[Dave Green] 12:34:53

Another question. I was just generally curious. On with the other intermediaries is.

[Dave Green] 12:34:59

Can recipients of data.

[Dave Green] 12:35:00

Do they by default become part of.

[Dave Green] 12:35:05

The the memberships of your networks are. They are.

[Dave Green] 12:35:08

Our recipients considered non participants of your network. How do you.

[Dave Green] 12:35:12

How do you plan for.

[Dave Green] 12:35:14

Kind of classifying these dxp participants.

[Dave Green] 12:35:19

Maybe John or Tim. I don't know if.

[Dave Green] 12:35:21

Or others, how they would kind of define that.

[John Helvey] 12:35:25

Well, they have to be a member of Sac Valley for us.

[Tim Polsinelli] 12:35:28

Yeah.

[Tim Polsinelli] 12:35:28

Same here. That's just that's the way it's been working. So they join and depending on the type of organization. There's certain.

[Tim Polsinelli] 12:35:35

You know they're a member. They have access.

[Tim Polsinelli] 12:35:38

To whatever is appropriate for the type of organization they are, in whatever ways.

[Dave Green] 12:35:43

So so just for my.

[Dave Green] 12:35:45

Understand, just like by default, being members of some of these intermediaries.

[Dave Green] 12:35:49

Kind of would.

[Dave Green] 12:35:50

Would fall into a kind of a fee structure to participate, and then this would be a solution on top.

[Tim Polsinelli] 12:35:56

Potentially yeah.

[Dave Green] 12:35:56

Yeah.

[Dave Green] 12:36:00

So, yeah, Rim, I think I think we have a challenge here in terms of trying to force the real time application.

[Dave Green] 12:36:06

With building portals. I mean building portals. One thing, and and care is very familiar portals, as is, you know, a lot of the intermediaries here.

[Dave Green] 12:36:15

Adoption of these portals.

[Dave Green] 12:36:17

Are challenging. Engagement can be challenging, especially with high turnover. Unless we are hand holding.

[Dave Green] 12:36:25

The challenge of engagement and so potentially an area for us to to review.

[Rim Cothren, CDII CalHHS] 12:36:33

So I I wanna make sure that I understand, Dave. It sounded like that. You might be advocating that the machine readable. Content might be real time, but human, readable content. We might relax what real time.

[Rim Cothren, CDII CalHHS] 12:36:46

Requirements are placed on that.

[Dave Green] 12:36:49

Yeah, I think I think the framework says this is if you want it in real time. This is how it's provided. And this is what everyone has agreed to.

[Dave Green] 12:36:55

If you can't support this

[Dave Green] 12:36:58

Either find a solution vendor Ehr technical whatever to receive and make that information available, or we could provide these supplemental daily reports.

[Rim Cothren, CDII CalHHS] 12:37:09

Thanks, Dave.

[Rim Cothren, CDII CalHHS] 12:37:10

Ray. You've been very.

[Rim Cothren, CDII CalHHS] 12:37:12

Patient with your hand up.

[Ray Duncan] 12:37:14

Well, I guess I have a question more than a statement.

[Ray Duncan] 12:37:18

Like the way I read the policies originally.

[Ray Duncan] 12:37:22

Was. I'm obligated to notify Mike.

[Ray Duncan] 12:37:25

Let's just take the QA. Okay.

[Ray Duncan] 12:37:27

I'm obligated to send notifications to my Qh.

[Ray Duncan] 12:37:31

But I'm not obligated to receive them. So the way I understood the documents was, if I want notifications.

[Ray Duncan] 12:37:39

Or is it.

[Ray Duncan] 12:37:40

Certain patients I have to upload a roster to the QHIO.

[Ray Duncan] 12:37:45

And then they're on the hook to deliver those notifications back to me.

[Ray Duncan] 12:37:49

So there's a lot of like there's not a lot of specification about what the roster should look like.

[Ray Duncan] 12:37:57

But that was the way I read the original documents, and I I haven't heard that mentioned here.

[Ray Duncan] 12:38:04

Like you could imagine that.

[Ray Duncan] 12:38:06

A spec, for the roster might.

[Ray Duncan] 12:38:09

Be patient identifiers, and a direct message address to deliver to something like that.

[Rim Cothren, CDII CalHHS] 12:38:17

And and you're right. There is no specification for the rosters right now other than they must.

[Rim Cothren, CDII CalHHS] 12:38:25

Conform to the person matching requirements in the P. And P. So that calls out what the data elements it might be used as identifiers would be.

[Rim Cothren, CDII CalHHS] 12:38:33

But that's an interesting thought that.

[Rim Cothren, CDII CalHHS] 12:38:36

How you would like to.

[Rim Cothren, CDII CalHHS] 12:38:38

To receive those is, is certainly worthy of consideration.

[Rim Cothren, CDII CalHHS] 12:38:42

Thanks for that.

[Rim Cothren, CDII CalHHS] 12:38:44

Evelyn, you have your hand up.

[Evelyn Gallego, EMI Advisors] 12:38:47

Yes, I have a question and a consideration. So question for the.

[Evelyn Gallego, EMI Advisors] 12:38:54

Is, aren't they are? I guess the recipients of the feeds. My understanding is they could they subscribe.

[Evelyn Gallego, EMI Advisors] 12:39:00

To the type and event, and timing like so is is that, does that help sort of better define.

[Evelyn Gallego, EMI Advisors] 12:39:06

How they receive.

[Evelyn Gallego, EMI Advisors] 12:39:09

The message.

[Tim Polsinelli] 12:39:12

It.

[Tim Polsinelli] 12:39:15

Is your question. You're trying to figure out how.

[Tim Polsinelli] 12:39:17

The different mechanisms.

[Evelyn Gallego, EMI Advisors] 12:39:18

Yeah, like they're able, like we're talking about like, you know, if they subscribe receiving real time alert like. So you know, some depending. If they're in some sort of cohort, they're like, I need to know immediately, you know, I need real time messaging or an alert when that member is admitted right. So they subscribe to having that real time. What and define the mechanism.

[Tim Polsinelli] 12:39:43

Yeah.

[Evelyn Gallego, EMI Advisors] 12:39:44

To receive it.

[Tim Polsinelli] 12:39:44

The the machine, similar to what.

[Tim Polsinelli] 12:39:46

What has been talked about here right from the manifest perspective. The machine readables are always re shared real time. Right? They they come through, and they get routed.

[Tim Polsinelli] 12:39:57

It's when you get into, and I'll just call them the human readables. Right? We create a Csv report. You have a portal.

[Tim Polsinelli] 12:40:04

There are the portal. You just access the portal right whenever.

[Tim Polsinelli] 12:40:07

You feel like you need to access the portal, and it's always up to date. Whatever's there is. What's.

[Tim Polsinelli] 12:40:12

Current as of that date and time.

[Tim Polsinelli] 12:40:13

And then we offer some options on. When we provide those Csv based reports, they can be real time. They can be once an hour they can right and.

[Tim Polsinelli] 12:40:23

And the recipient can choose.



[Evelyn Gallego, EMI Advisors] 12:40:26

Okay, that's great. Yeah.

[Tim Polsinelli] 12:40:27

What works best for them.

[Evelyn Gallego, EMI Advisors] 12:40:29

Perfect. That's what I was. My understanding.

[Tim Polsinelli] 12:40:31

Yep.

[Evelyn Gallego, EMI Advisors] 12:40:32

Okay. Great.

[Evelyn Gallego, EMI Advisors] 12:40:32

So the only thing I was just gonna plug in because I don't know if the the group has heard. And as I think of portals right? And we know it's not only they're not only recipients of information are not only gonna get event notifications. We start thinking about ex beyond that, right? So referrals they're they're they're going to. So I know there's been this discussion around Portalitis. You know, having.

[Evelyn Gallego, EMI Advisors] 12:40:58

Too many recipients log in to many different portals, and I know this is very burdensome. For part, you know, if we were working with community care hubs. And you know, community based organizations that receive referrals from more than one entity. Right? So I I know this is something that is ongoing. I don't have an answer for it, but it's something that comes up all the time. So.

[Evelyn Gallego, EMI Advisors] 12:41:23

Regardless of what the solution is. For this is thinking through what are the long-term impacts? Right? So if we are going to have portals available. How can we still define the requirements for

this? So it's not only for event notifications, it could be something, and I'm sure the intermediaries are thinking about this is that it's all type of messaging that they're able to log in and.

[Evelyn Gallego, EMI Advisors] 12:41:44

And really think through. How do we create a mechanism.

[Evelyn Gallego, EMI Advisors] 12:41:48

That they may not be the source of data, but you can have a consolidated view of.

[Evelyn Gallego, EMI Advisors] 12:41:53

I'll exchange.

[John Helvey] 12:41:56

Evelyn is the Wild West.

[Rim Cothren, CDII CalHHS] 12:41:57

Exactly.

[Evelyn Gallego, EMI Advisors] 12:41:59

I know I know I can answer. It's just for us to be. Oh.

[John Helvey] 12:42:01

It'll be.

[Tim Polsinelli] 12:42:03

No.

[Rim Cothren, CDII CalHHS] 12:42:03

Well, and and that's what.

[Evelyn Gallego, EMI Advisors] 12:42:04

You know.

[John Helvey] 12:42:04

Showdowns.

[Rim Cothren, CDII CalHHS] 12:42:05

That's what I kind of expect is that it's Wild West right now.

[Tim Polsinelli] 12:42:09

Yeah.

[Rim Cothren, CDII CalHHS] 12:42:10

And is that okay? I mean, I I don't want to add requirements. If things are working.

[Rim Cothren, CDII CalHHS] 12:42:16

And so that's my real question.

[Rim Cothren, CDII CalHHS] 12:42:19

Is is this something that we don't specify, that we say that intermediaries is how you get things taken care of? You look for an intermediary that supports what you need them to support.

[Rim Cothren, CDII CalHHS] 12:42:30

You join that intermediary, and we don't tell the intermediaries what they must do.

[Rim Cothren, CDII CalHHS] 12:42:37

Because that's something that's working, and we shouldn't break it.

[John Helvey] 12:42:40

I I agree with that RAM, you know. I think, that.

[John Helvey] 12:42:46

People, people in the.

[John Helvey] 12:42:48

In the ecosystem here in California are still not comfortable.

[John Helvey] 12:42:53

With.

[John Helvey] 12:42:54

Data, flowing.

[John Helvey] 12:42:55

From hospital to Cbo's. We've got the consent management component going.

[John Helvey] 12:43:00

So it's like, I think, predefining this or defining this now is kind of premature.

[John Helvey] 12:43:07

Because we haven't even gotten down the consent path.

[Rim Cothren, CDII CalHHS] 12:43:09

Okay.

[John Helvey] 12:43:11

And I think that is a component that has to be resolved before we before we step in and take another step. At this.

[John Helvey] 12:43:19

And I think that, you know I'll just speak from a volunteer perspective.

[John Helvey] 12:43:23

We're working with trying to take the same approach of role-based need to know.

[John Helvey] 12:43:28

And everything in that ad is not necessarily, you need to know for a particular cbo.

[John Helvey] 12:43:32

So it's it's a use case driven scenario at the moment.

[John Helvey] 12:43:37

Of making sure that we're being good partners and getting the right data to the right people, but still under the

[John Helvey] 12:43:44

Thing of minimum, necessary.

[Rim Cothren, CDII CalHHS] 12:43:49

Thanks. John.

[Rim Cothren, CDII CalHHS] 12:43:50

Danielle, I saw you come off mute. Did you have a comment? You wanted to make.

[Danielle Friend] 12:43:54

I was just gonna say, I think echoing, what a lot of folks have said is, you know.

[Danielle Friend] 12:43:58

It makes sense that we kind of wait. We could always add requirements later, if we need more guidance on like what intermediary should support or require certain things. I also think it really comes down to like what that respondent can handle. And in a perfect world everyone could do this with interoperability and some machine readable format. You're never having to log into a separate portal. And so I think portals.

[Danielle Friend] 12:44:20

Our way to bridge that gap, but we don't have to be so prescriptive now.

[Danielle Friend] 12:44:23

And can kind of see how the.

[Danielle Friend] 12:44:26

It's all evolves.

[Rim Cothren, CDII CalHHS] 12:44:28

So I think what I mostly heard here is that we feel very comfortable on machine readable.

[Rim Cothren, CDII CalHHS] 12:44:34

Notifications that we send. HI. 7 v. 2 messages.

[Rim Cothren, CDII CalHHS] 12:44:37

That we don't have to be overly prescriptive about how those messages are transported, but that is the message that we would require everybody to support. They can choose something else that they want to.

[Rim Cothren, CDII CalHHS] 12:44:48

That, for.

[Rim Cothren, CDII CalHHS] 12:44:50

Human, readable.

[Rim Cothren, CDII CalHHS] 12:44:52

That it may be too early to set a minimum standard, and that we need to rely on intermediaries to meet the needs of those at receiving.

[Rim Cothren, CDII CalHHS] 12:45:00

Messages.

[Rim Cothren, CDII CalHHS] 12:45:01

That we should consider.

[Rim Cothren, CDII CalHHS] 12:45:04

Relaxing the requirement for real time there, that real time may be better met in machine readable.

[Rim Cothren, CDII CalHHS] 12:45:11

Notifications, then human readable notifications is that.

[Rim Cothren, CDII CalHHS] 12:45:14

About right.

[Tim Polsinelli] 12:45:18

We think so, Graham.

[Rim Cothren, CDII CalHHS] 12:45:21

Okay. So we've got 5 min to turn to the last question that we have here. I actually think that that is likely to be.

[Rim Cothren, CDII CalHHS] 12:45:29

An easy one. So if we bring the slides back up and go to the next slide, please, that should be slide 12.

[Rim Cothren, CDII CalHHS] 12:45:40

Thanks, Zach!

[Rim Cothren, CDII CalHHS] 12:45:44

So

[Rim Cothren, CDII CalHHS] 12:45:46

We back up to slide 12 for a second slide.

[Rim Cothren, CDII CalHHS] 12:45:50

12 is just considerations for event transport. So now we're just talking about.

[Rim Cothren, CDII CalHHS] 12:45:55

How a hospital sends events to their to their intermediaries. We've already talked about that.

[Rim Cothren, CDII CalHHS] 12:46:01

That it must be an HI. 7 v. 2. Message for content.

[Rim Cothren, CDII CalHHS] 12:46:07

Do we need to? To specify transport here.

[Rim Cothren, CDII CalHHS] 12:46:11

And so this is a similar question that we've been asking for.

[Rim Cothren, CDII CalHHS] 12:46:17

Notifications.

[Rim Cothren, CDII CalHHS] 12:46:18

And machine readable. So if you go on to the next slide.



[Rim Cothren, CDII CalHHS] 12:46:21

I'm gonna suggest what I believe that I've heard for notifications that probably applies here also.

[Rim Cothren, CDII CalHHS] 12:46:30

That the meet minimum standard must be an HI. 7, v. 280. Team message.

[Rim Cothren, CDII CalHHS] 12:46:36

But specifying the exact transport.

[Rim Cothren, CDII CalHHS] 12:46:40

Is not something that we need to do.

[Rim Cothren, CDII CalHHS] 12:46:46

And saying that it must be an ad message over Https.

[Rim Cothren, CDII CalHHS] 12:46:51

Or it must be over. VPN.

[Rim Cothren, CDII CalHHS] 12:46:52

Is reaching too far.

[Rim Cothren, CDII CalHHS] 12:46:54

And that we should not specify that.

[Rim Cothren, CDII CalHHS] 12:46:56

And that is kind of mirroring what I heard from the notifications.

[Rim Cothren, CDII CalHHS] 12:47:01

So I saw a thumbs up. But you know, to be really honest with you. I don't know who that.

[Rim Cothren, CDII CalHHS] 12:47:06

Is attributable to, because it didn't pop up here, so I could tell.

[Rim Cothren, CDII CalHHS] 12:47:10

But what do people think? Should we be more specific about what a hospital underneath should do.

[Rim Cothren, CDII CalHHS] 12:47:17

John, I saw you come off mute.

[John Helvey] 12:47:18

Yeah, it should be based on what your high trust.

[John Helvey] 12:47:22

You know.

[John Helvey] 12:47:23

Has behind you, right.

[John Helvey] 12:47:26

And I think that high trust is going to be Https or VPN. Or fire.

[John Helvey] 12:47:31

Right, but I I think specifying.

[John Helvey] 12:47:35

Specifying the how for intermediaries, the transport.

[John Helvey] 12:47:39

I think is irrelevant. We're gonna have to do it in a high trust.

[John Helvey] 12:47:43

Manner.

[John Helvey] 12:47:45

So.

[John Helvey] 12:47:47

We're gonna take.

[John Helvey] 12:47:48

That path right? I don't think that that's something that's.

[John Helvey] 12:47:52

Needing to be defined at this time.

[Rim Cothren, CDII CalHHS] 12:47:57

Other thoughts.

[Mani Nair] 12:48:00

Hi, Eddie, I think it should be. It should be.

[Mani Nair] 12:48:03

Any of those high trust. Not necessarily just one way.

[John Helvey] 12:48:07

Right.

[Rim Cothren, CDII CalHHS] 12:48:08

Okay.

[Rim Cothren, CDII CalHHS] 12:48:10

Tim, I saw you come off mute.

[Rim Cothren, CDII CalHHS] 12:48:11

Other thoughts.

[Tim Polsinelli] 12:48:13

I'll I'll.

[Tim Polsinelli] 12:48:14

Re. Ask. The question I asked earlier is that we may get to a point where there is a.

[Tim Polsinelli] 12:48:19

A discrepancy, right of.

[Tim Polsinelli] 12:48:21

There are multiple ways. How do we? Wanna if you will break the tie or get to a resolution? If 2 organizations can't.

[Tim Polsinelli] 12:48:29

Figure something out.

[Ken Riomales] 12:48:32

I think it goes without saying, and someone assumed, with the individuals and organizations representative on this call, though.

[Ken Riomales] 12:48:39

If I'm putting this over kind of having this reviewed by security and legal, there's always going to be a security component that needs to be 1st and foremost, present, right.

[Ken Riomales] 12:48:47

So, regardless of the modality, we really should set a precedent, that it must be an acceptable, secure.

[Ken Riomales] 12:48:55

Method of exchange, and that may give us some flexibility. As Tim pointed out.

[Ken Riomales] 12:49:00

With some discrepancies between.

[Ken Riomales] 12:49:03

Capabilities of organizations. But one thing's for sure.

[Ken Riomales] 12:49:06

It's gotta be secure whether that be high trust. Is John specified, or even just baseline security?

[Ken Riomales] 12:49:13

You know.

[Ken Riomales] 12:49:14

The dxf. P. And Ps. Generally do a good. I. Good job of acknowledging law. Minimum security standards in this case here to kind of.

[Ken Riomales] 12:49:24

CIA. For all intents and purposes.

[Ken Riomales] 12:49:27

We may need to specify that a little bit clearer, as far as whatever's decided.

[Ken Riomales] 12:49:30

Has to be agreed upon, but before that has to be secure.

[Ken Riomales] 12:49:35

2 acceptable standards.

[Rim Cothren, CDII CalHHS] 12:49:41

Thanks ken.

[Rim Cothren, CDII CalHHS] 12:49:43

Tim, I want to come back to your question, because this is one that bothers me a little bit. Myself, too, is, is, how do we? How do we address that.

[Rim Cothren, CDII CalHHS] 12:49:51

If I channel what I heard.

[Rim Cothren, CDII CalHHS] 12:49:54

From Ray earlier, and I think I heard from you also singling out direct messaging, perhaps, as a transport, that we should not require.

[Rim Cothren, CDII CalHHS] 12:50:03

But might allow.

[Rim Cothren, CDII CalHHS] 12:50:05

Would you say that the right thing for us to do here is to say, HI. 7, v. 2 messages.

[Rim Cothren, CDII CalHHS] 12:50:11

Via Hhttps, or VPN.

[Rim Cothren, CDII CalHHS] 12:50:13

And not specify that everybody must support. I mean, is that going to.

[Rim Cothren, CDII CalHHS] 12:50:17

How often do you think you're going to end up with 2 organizations that can't come to terms with how to deal with something.

[Tim Polsinelli] 12:50:25

I don't know right? It's it's a i think it will happen. I've had conversations in reaching out to hospitals that, you know are gonna provide ads by themselves. And they've.

[Tim Polsinelli] 12:50:38

Chosen certain standards because there's no specifications. And like that's that's not an option, really for us, right? And we're kind of a little at odds.

[Tim Polsinelli] 12:50:45

I like what's underlined here like, if you gotta at least do something like this, you can agree to whatever you want. If whatever works best for everyone but.

[Tim Polsinelli] 12:50:54

There's got to be something that we can look to. It doesn't have to be the only required.

[Tim Polsinelli] 12:50:59

Option, but I think there's got to be some option that allows.

[Tim Polsinelli] 12:51:03

Otherwise we're back to what Ray said earlier of like, do we have to support all these different things?

[Tim Polsinelli] 12:51:07

Pragmatically. Does it mean that we end up supporting multiple different methods.

[Tim Polsinelli] 12:51:11

Or do we just have lack of exchange? Because 2 organizations can't agree on how.

[Tim Polsinelli] 12:51:17

Data is gonna be transmitted.

[John Helvey] 12:51:20

And are we, you know, because we're talking about facilities? Are we still talking about hospitals?

[John Helvey] 12:51:26

Sniffs, eds.

[Rim Cothren, CDII CalHHS] 12:51:28

At least in the in the er right now. That's what the Pnp's require is, hospitals need ease and sniffs that.

[Rim Cothren, CDII CalHHS] 12:51:38

Choose to participate.

[John Helvey] 12:51:41

Yeah, I mean, I think we're.

[John Helvey] 12:51:43

We're spending a lot of time on things that are already kind of set out there, right? Cause they're gonna.

[John Helvey] 12:51:49

These ads. They're gonna come over. They're coming that way. And they're gonna come over one of those 2 typically.

[John Helvey] 12:51:56



So I mean, I don't think we have an Eas.

[John Helvey] 12:51:59

Or a hospital that's sending us.

[John Helvey] 12:52:01

Anything outside of that now. So I think it's kind of.

[John Helvey] 12:52:06

It's already it's already happening. It's already a standard. I don't think that we need to.

[John Helvey] 12:52:10

Beat this one.

[Rim Cothren, CDII CalHHS] 12:52:11

Right.

[Rim Cothren, CDII CalHHS] 12:52:12

Thanks. John.

[Rim Cothren, CDII CalHHS] 12:52:15

Any other final comments on this topic.

[Rim Cothren, CDII CalHHS] 12:52:26

If not.

[Rim Cothren, CDII CalHHS] 12:52:27

Emma, why don't you take us to public comment? Please.

[Emma - Events] 12:52:34

Terrific.

[Emma - Events] 12:52:36

Members of the public must raise their hand and zoom. Facilitators will unmute each member of the public for them to share comments. We can go to that next slide that's got the instructions. There.

[Emma - Events] 12:52:45

If you logged in via zoom, press hand at the bottom of your screen. If share your comment, you will receive a request to unmute. Please ensure you accept before speaking. If you dialed in by phone, only press star 9 on your phone to raise your hand and listen for your phone number to be called if selected to share your comment. Please ensure you are unmuted on your phone by pressing Star 6.

[Emma - Events] 12:53:06

People will be called on in the order in which their hands were raised, and will be given 2 min. Please state your name and organizational affiliation. When you begin.

[Emma - Events] 12:53:16

Looking at our list of attendees to see if any hands are raised.

[Emma - Events] 12:53:23

And we do not have any hands raised at this time.

[Rim Cothren, CDII CalHHS] 12:53:27

Great, Emma, let's give people just another minute or 2 if they're searching for how to unmute themselves or raise their hands.

[Emma - Events] 12:53:43

Okay, I believe.

[Emma - Events] 12:53:45

There are no hands. So we're.

[Emma - Events] 12:53:48

Okay, to move on. Rim.

[Rim Cothren, CDII CalHHS] 12:53:49

Alright! Great, thank you, Emma. Let's go on to the next slide.

[Rim Cothren, CDII CalHHS] 12:53:53

The slide after that. So we have one more meeting that's on our calendars right now. That's for Thursday. In about 2 weeks along 2 weeks.

[Rim Cothren, CDII CalHHS] 12:54:01

I am at the bottom of the questions that I wanted to ask this group. So let's go ahead and pull the slides down for a second.

[Rim Cothren, CDII CalHHS] 12:54:12

My question to you is, do you want to talk about this.

[Rim Cothren, CDII CalHHS] 12:54:16

Topics some more. Would you like to spend.

[Rim Cothren, CDII CalHHS] 12:54:19

Our meeting in a couple of weeks to review everything that we think we've heard, to make sure we've got it right.

[Rim Cothren, CDII CalHHS] 12:54:25

Do you want to specifically talk about used cases and test some of our assumptions? There.

[Rim Cothren, CDII CalHHS] 12:54:32

Or would you like the meet the time that we have currently allocated on that the 19th back, and think that we're really done addressing this.

[Rim Cothren, CDII CalHHS] 12:54:42

This topic, and you feel comfortable with the recommendations that we have.

[Rim Cothren, CDII CalHHS] 12:54:47

And I know it's really hard to get people in either, or do people want to meet on the 19.th

[Rim Cothren, CDII CalHHS] 12:54:58

I saw a note from John.

[Rim Cothren, CDII CalHHS] 12:55:00

I am slowly learning to read lips on zoom.

[Danielle Friend] 12:55:05

I think, as long as we send out, like what we finished talking about here, and kind of maybe an overall summary that.

[Danielle Friend] 12:55:11

We could do it over email if anyone had questions. But.

[Danielle Friend] 12:55:14

If we don't need.

[Rim Cothren, CDII CalHHS] 12:55:15

Alright, I'm I'm fine with committing us to that. We try to do a summary anyway. But what we'll do is we'll make sure that we do a summary and email back out to the committee here, as well as posting on our web page, which is what we usually do.

[Rim Cothren, CDII CalHHS] 12:55:30

And happy to take comments from any of you via email.

[Rim Cothren, CDII CalHHS] 12:55:34

Be aware that one of the things we'll almost certainly do is post any email comments that you send back to us.

[Rim Cothren, CDII CalHHS] 12:55:42

On the web page, too, so that it's available to the public. So just in any comments that you do send in. Bear that in mind that it may be posted.

[Rim Cothren, CDII CalHHS] 12:55:51

Don't call any of your.

[Rim Cothren, CDII CalHHS] 12:55:53

Your fellow.

[Rim Cothren, CDII CalHHS] 12:55:55

Members on the committee here. Bad names, all right.

[Rim Cothren, CDII CalHHS] 12:55:59

All right, so we'll go ahead and we will cancel that meeting. We'll plan on taking care of any questions or any other comments that people have through email.

[Rim Cothren, CDII CalHHS] 12:56:09

I want to thank you one more time.

[Rim Cothren, CDII CalHHS] 12:56:12

This was a very rapid sequence of 5 meetings. You guys were very engaged and attendance has been great for these meetings. I really appreciate it.

[Rim Cothren, CDII CalHHS] 12:56:23

That that means that this will be the last meeting of.

[Rim Cothren, CDII CalHHS] 12:56:26

The 2024 Standards Committee. This process will begin, and the second quarter of next year, where we'll start to take a recommendations.

[Rim Cothren, CDII CalHHS] 12:56:39

For standards that we should be considering for the next cycle.

[Rim Cothren, CDII CalHHS] 12:56:42

And if there are recommendations there, we will stand up a Standards committee, probably using a similar process that we did this year. So thank you all for applying and going through that process.

[Rim Cothren, CDII CalHHS] 12:56:53

Also where we will take this next is, your recommendations will go to Cdi.

[Rim Cothren, CDII CalHHS] 12:56:58

With other stakeholder input

[Rim Cothren, CDII CalHHS] 12:57:01

Some of these recommendations may appear as proposed amendments.

[Rim Cothren, CDII CalHHS] 12:57:07

To policies and procedures, so keep your eyes open for that, and the 1st or second quarter of 25.

[Rim Cothren, CDII CalHHS] 12:57:14

Anything that does happen through that process.

[Rim Cothren, CDII CalHHS] 12:57:17

All participants have at least 180 days to implement any of those changes. Once the final.

[Rim Cothren, CDII CalHHS] 12:57:24

Amendments are published. So we have been talking about standards that might go into effect.

[Rim Cothren, CDII CalHHS] 12:57:29

My guess is at least a year down the road still, so

[John Helvey] 12:57:33

Oops!

[Rim Cothren, CDII CalHHS] 12:57:35

Just a little bit to let you know what you should expect coming out of us.

[Rim Cothren, CDII CalHHS] 12:57:42

In the last 3 min we have here anything else from anybody.

[Rim Cothren, CDII CalHHS] 12:57:49

I also want to thank events and app for keeping these meetings running and for Cindy and Catalina. They've been very quiet during these meetings.

[Rim Cothren, CDII CalHHS] 12:57:56

But they work really hard with me behind the scenes to get us prepared here, and then again, for all of you is for participating in these meetings.

[Rim Cothren, CDII CalHHS] 12:58:05

Thank you very much, and have a wonderful rest of your day.

[Evelyn Gallego, EMI Advisors] 12:58:08

Thanks. Everyone.

[John Helvey] 12:58:09



Thank you.

