

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Subcommittee (TASC) Meeting
Chat Log (12:00 PM – 1:00 PM PT, March 27, 2025)**

The following comments were made in the Zoom chat log by Members of the TASC and staff during the March 27, 2025, meeting:

15:26:53 From Rim Cothren, CalHHS CDII to Everyone:
You can send any suggestions to Robert.Cothren@chhs.ca.gov or DxF@chhs.ca.gov.

15:34:53 From Catalina Cole | Manatt Health to Everyone:
Based on your experiences, what are the biggest challenges to social data exchange Do you have any questions regarding the methodology used to develop the reference architecture? What environments or use cases do you believe should be included or supported by the reference architecture?

15:46:15 From Michael Marchant to Everyone:
Epic is working to deploy data filtering / segmentation exchange between states

15:48:18 From Rim Cothren, CalHHS CDII to Everyone:
Thank you, Michael. Feel free to say more on camera if you wish (and if your bandwidth allows).

15:50:04 From Lee Tien to Everyone:
great points, Eric!

15:51:32 From Julie Silas to Everyone:
Reinforcing Eric's point about even within the same entity, the complicated and ineffective data sharing that is happening internally. If you review our new documents on Medi-Cal Inter-County Transfers, you will clearly see the cloggy way data is being shared, timing being way too long, at the expense of Medi-Cal members. Link here: <https://www.homebaseccc.org/medicaid-renewals>

15:53:53 From Ambrish Sharma to Everyone:
Lack of standardization in terminology and ontology is a challenge. The other challenge is building trust, securing intellectual property, and ensuring resource availability especially for smaller organizations.

15:54:34 From Anwar Zoueihid to Everyone:
additional capabilities

1. Additional capabilities that support real-time, bi-directional data exchange between social and clinical service providers, through integrating CBOs with healthcare systems ensuring that social data is captured and shared across the continuum.

other ecosystem requirements

1. Establishment of standardized data formats and protocols that enable smooth data sharing across health plans, hospitals, SNFs, and social service providers.

2. Collaboration tools that allow for shared care plans and real-time updates would also improve coordination.

3. Unified approach to consent management -crucial for privacy and compliance.

To inform next steps

1. Communities could benefit from more centralized data repositories and a collaborative platform for local stakeholders to share best practices and lessons learned.
2. Statewide pilot programs that allow for testing various data-sharing models could provide valuable insights into what works across different regions and populations.

15:55:13 From Harman Basra, Sonoma CAN to Everyone:

In the interest of time, some of the challenges we've noticed are too many systems that affect user engagement, leadership buy-in and lack of interoperability.

15:56:00 From Harman Basra, Sonoma CAN to Everyone:

Organizations at various degrees of digital readiness and a knowledge gap of technical expertise for many social service providers.

15:56:13 From Eric Jahn to Everyone:

@Ambrish Sharma: I fully agree on your ontology and terminology point. Many times, we assume we are talking about the same thing, but there are important differences that ontologies would help to differentiate and program to,.

15:56:51 From Catalina Cole | Manatt Health to Everyone:

DxF@chhs.ca.gov

16:00:17 From Hans Buitendijk to Everyone:

Thank you! I need to jump to another meeting to open.

16:00:51 From James Shalaby to Everyone:

Sorry all, need to jump. Good discussion. Thank you.

16:01:04 From Ambrish Sharma to Everyone:

Thank you!