California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting 1 Transcript (9:30AM – 12:00PM PT, August 31, 2021)

The following text is a transcript of California Health & Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Stakeholder Advisory Group Meeting 1. The transcript was produced using Zoom's transcription feature, and, while generally accurate, readers should review simultaneously with the recording that is also posted on the CHHS website to ensure accuracy.

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To enable please click on the CC button at the bottom of your zoom window to enable or disable them I will now cover the meeting participation options you have before.
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Thank you Let's go to the next slide. There are a few ways that attendees may participate today. First, participants if we can go to that next slide.
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Great, thank you so participants can submit written comments and questions through the zoom q amp a, and all comments will be recorded and reviewed by advisory group stuff, participants may also submit comments and questions as well as request to receive
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data exchange framework updates to cdi@hhs.ca.gov and we'll put that in the chat. Next slide.
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We'll get our slides moving a little bit quicker I think soon Perfect, thank you so much for bearing with us at designated time spoken comment will be permitted to to offer comment, we must raise your hand if you logged on by a phone, only today, please
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press star nine on your phone to raise your hand. Listen for your phone number to be called, and if selected to share your comment please ensure you are unmuted before on your phone before press by pressing star six.
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If you logged on by the zoom interface, press raise hand in the reactions button on the screen and have selected to share your comment you will receive a request to unmute, Please ensure that you accept before speaking.
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Next slide.
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Public comment will be taken during the meeting at designated times and will be limited to the total amount of time allocated individuals will be called on in the order in which their hands were raised and will be given two minutes.
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Please state your name and organizational affiliation when you begin participants are also encouraged to use the q amp a to ensure all feedback is captured or again, you may email comments to the email address that will put in the chat.
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cdi@chhs.ca. ca. And with that, I'd like to introduce California Health and Human Services chief data officer john Oh honey and, you know, have the floor.
00:04:09.000 --> 00:04:24.000
Good morning and welcome everyone. Very excited to have all of you join this inaugural meeting of our advisory group. I would like to just quickly go and do a roll call for our members here today.
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Secretary, Dr. Mark Gatling.
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Hey, good morning, Tom. Glad to be here.
00:04:30.000 --> 00:04:32.000
Thank you.
00:04:32.000 --> 00:04:40.000
We next have Bay Area services Community Services co cheney all Monza, They say President, Mr. President.
00:04:40.000 --> 00:04:41.000
Thank you.
00:04:41.000 --> 00:04:46.000
California Association of Health Plans president and CEO, Charles Paki.
00:04:46.000 --> 00:04:47.000
Morning.
00:04:47.000 --> 00:04:59.000
Good Morning America is physicians groups, Executive Vice President of government affairs, designated by Don crane bill Barcelona, the morning.
00:04:59.000 --> 00:05:09.000
Kaiser Permanente executive vice president Chief Medical Officer designated by Greg, Adams, Andrew fine morning pleasure to be with you all.
00:05:09.000 --> 00:05:18.000
County Behavioral Health Directors Association of California, Executive Director, Michelle Dottie pepper.
00:05:18.000 --> 00:05:20.000
Good morning.

00:05:20.000 --> 00:05:28.000
California Association of Health Facilities CEO Craig cornet in morning.
00:05:28.000 --> 00:05:32.000
California Hospital Association. co. uk Carmela quote the morning.
00:05:32.000 --> 00:05:42.000
Morning. California Medical Association, Vice President Health Information Technology designated by Dustin Cochran David Ford.
00:05:42.000 --> 00:05:45.000
Good morning.
00:05:45.000 --> 00:05:49.000
partnership health plan of California CEO Liz given me.
00:05:49.000 --> 00:05:59.000
Morning, California, County Health Executives Association of California, Executive Director designated by calling Paula.
00:05:59.000 --> 00:06:03.000
Michelle Evans, your morning
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service employee International Union of California, Executive Director, Alma Hernandez. Good morning. I'm sorry I just remembered that I skipped one so I'm going to go back, California Association of health information exchanges, Interim Executive Director
00:06:18.000 --> 00:06:20.000
Lori hacked.
00:06:20.000 --> 00:06:22.000
Oh, sorry about that Lori.
00:06:22.000 --> 00:06:24.000
Okay.
00:06:24.000 --> 00:06:30.000
California Healthcare Foundation presidency Oh Sandra Fernandez.
00:06:30.000 --> 00:06:39.000
And then we were working on connecting Sandra. If someone can check the latest chat, and email, Kevin.
00:06:39.000 --> 00:06:44.000
Thank you very much, local health plans of California co than a equipments.
00:06:44.000 --> 00:06:47.000
Morning.
00:06:47.000 --> 00:06:52.000
UC center for Information Technology Research in the interest of society.
00:06:52.000 --> 00:06:54.000
Director David limit.

00:06:54.000 --> 00:07:04.000
Good morning, and Blue Shield of California, President and CEO Mark, Paul Markovich morning.
00:07:04.000 --> 00:07:15.000
California Primary Care Association, Director of health information technology, designated by Robert boundary dn McAllen morning.
00:07:15.000 --> 00:07:22.000
California Association of public hospitals and health systems, President and CEO, Eric memory.
00:07:22.000 --> 00:07:24.000
I think everybody.
00:07:24.000 --> 00:07:34.000
California Labor Federation executive secretary treasurer art philosophy.
00:07:34.000 --> 00:07:46.000
California conference of Local Health Officers president, Karen Lucio. I know she just messaged that she's not feeling well today's, Karen, the California pan.
00:07:46.000 --> 00:07:51.000
Ethnic Health Network, Carrie Sanders.
00:07:51.000 --> 00:07:53.000
Morning.
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Savage consulting marks average.
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Warning.
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Warning manifest Maddox CEO Claudia Williams and running.
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Health Access California, Executive Director Anthony right.
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Good morning.
00:08:11.000 --> 00:08:16.000
San Diego Community information exchange president and CEO, William York.
00:08:16.000 --> 00:08:19.000
Morning. Happy to be here.
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Excellent. Well welcome everyone. I messages I think Dr. Hernandez is with us and we'd also just want to recognize, Kathy center on top.
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Oh, I apologize I did skip County Welfare Directors Association, Executive Director, Kathy settling McDonald. Hi there, and I am obviously here.

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And last but definitely not least California Healthcare Foundation president ceo Sandra Hernandez. Good morning john Nice to be with you I'm here. Good morning.
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Sorry about the technicals.
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This is a new world with zoom and I appreciate everyone's patience. We are surrounded by a big technical team behind the scenes that's really trying really hard so if there's anything you need please contact that group.
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It is an honor to be here before all of you today. We definitely have a packed agenda.
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We're looking forward to sharing a lot with you, but I'd like to do is, is give a special shout out to some incredible subject matter experts that are also joining us from around the state from the state of California, as well as numerous departments
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within our Health and Human Service Agency family. Thank you so much for joining thank you so much for being a part of this journey, we're very appreciative for all of your time and future efforts.
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At this point I'd like to turn it over to Emma to facilitate public comment.
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We're gonna have about 15 minutes for public.
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Julian Would you mind going to the next slide and Emma. If there are any is can you just provide instruction on who on how to raise your hand from the public.
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Can I do have one raised hand so I'll go ahead and get started with the first person now.
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Marty, a Moto, I'm going to go ahead and allow you to talk.
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And if you can go ahead and state your name and organization, you'll have two minutes.
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There. Sorry about that. Marty a moto family member who a person with developmental disabilities and extended family member of a person with developmental disabilities, and mental health news who's living with me.
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And also, Executive Director city can California disability. Community Action Network, and just want to thank you know this stakeholder advisory group for convening this secretary for initiating this.

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I really think it has it, tremendous potential depending on the implementation depending on the framework that you all develop to transform the care and the outcomes of millions of California, including those with disabilities including those with development
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and disability so I'm trying to get word out, how important your work that the work that you are doing is so critical to all of us. And I just want to do a shout out to everyone on this stakeholder group I know, I know some of you as friends, and I'm
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looking Anthony, who I've known for a long long time and others. and I just want to say, we have Secretary I want to applaud you for bringing the right people and bringing together the right departments to make this happen.
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And, and all of us as advocates will do all we can to get word out and to help and support the work that you're doing. thank you so much.
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Thank you. And just as a reminder for those that would like to raise their hand I do have a couple others on the list. And you can, if you're logged in on a dialed and excuse me on a phone only press star nine to raise your hand and then I will call on
00:12:04.000 --> 00:12:18.000
you from there. If selected ensure you're unmuted by pressing star six, and if you're on the zoom interface. Push raise hand in the reactions button, which you can find at the bottom of your zoom window or in the chat area.
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Actually the hands that I had raised have gone down,
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If there's anybody else that would like to comment, please go ahead and raise your hand.
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Which one format Hector Ramirez.
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Good morning, can you hear me.
00:12:55.000 --> 00:12:58.000
Yes, thank you.
00:12:58.000 --> 00:13:15.000
Good morning, My name is Dr. Megan Myers, I am president here Los Angeles County I am a person with a disability and a big fish Harry.
00:13:15.000 --> 00:13:30.000

through him word of mouth and the disability community is one of the ways in which stakeholders like myself really received vital information about important stakeholder groups like this one day census repost results that came out recently showed that
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California has one of the most diverse. And, you know, really, really fantastic populations in the country, highlighting the fact that Latino Hispanic people are now a significant part of the population, as well as people with disabilities.
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So I really, as you all start this particular work I really want to remind folks to work on what has been done before.
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So we can move past that, so that we can really work to establish equitable health services for all of the people of California, particularly our largest representative communities.
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I think he wants again and I look forward to joining you in this journey and spreading the worst to my peers.
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You know, just like myself so thank you very much.
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Thank you, Hector. I'm now going to call on Troy touchy to speak all of you to talk to him.
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Hi I hopefully I'm unmuted. I'm a family practice physician who works in Contra Costa County Detention health services.
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And I would like to ask the stakeholder group to remember to provide access for those in the correctional facility CDC are, and others, especially during the pandemic and the high rates have covered in those facilities.
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It's critical that the immunization and other information flow back and forth.
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Thank you.
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We still have time for a few more comments if anyone else would like to raise their hand.
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Okay.
00:15:42.000 --> 00:15:48.000
JOHN Goldfinger I'm going to allow you to speak up.

00:15:48.000 --> 00:16:05.000
Hi there. Good morning, john Goldfinger here CEO of TV Hirsch mental health services and first I just want to say hi to all the wonderful faces as well I've known and worked with over the years, and applaud the Secretary and the commissioners have this
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incredible group for coming together on something so important.
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I just like to add what I don't see are perhaps sufficient direct service providers represented by this group, other than maybe Kaiser, I think, including the specialty mental health and crisis care side of California Healthcare and this is going to be
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critical. We tend, you know, thinking about this from an equity perspective we tend to neglect those with severe mental illness or substance use, or with an emotional suicidal or overdose crisis when it comes to investments and data and technology as
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they're incapable or unable to access services and we found during the pandemic that that couldn't be farther from the truth. There's other ways to get them access to information to get their information and to share that for overall public health and
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safety so I've asked that you think about those populations in the work and how they're represented.
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Thank you.
00:17:08.000 --> 00:17:18.000
Thank you for your comment will know call I'm calling Peterson.
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Hi, good morning, I'm sorry I'm on logged in underneath the rooms you have my name is Jennifer Indian and I am the health IT program manager for Redwood Community Health Coalition and Northern California has HCCN.
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And I would also like to first start off with saying thank you for completing this group, this is really important work that a lot of people have been doing on the ground floor for a really long time.
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And so we're excited to see where this leads and truly help our patients. I do agree with the previous speaker that direct a service providers are also lacking in this group as our other HIV representatives, currently the only HIE that has representation
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directly in the stakeholders group is manifest medics this group also includes two of their board members, and so we are feeling that we need some additional HIE representation in this group
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to really make sure that, that, that we have a full picture of what's currently happening in the States.
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And I think that's it. Thank you.
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Thank you calling.
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And for the record, we also have the California Association of HIV, that represent multiple HIV.
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Yeah.
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Thank you. Next I will call on Jonathan.
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I will not try and pronounce your last name, but Jonathan fr Good morning, can you hear me.
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Yes, thank you. I was doing just wanted to append to the previous conversation. It's Jonathan fight but with respect to direct service providers I'm here today representing the California Fire Chiefs Association.
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Ms section.
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Certainly when it comes to direct providers particularly to patients in crisis, where they have disability or otherwise they'll Fire and Emergency Medical Services and the range of providers under those umbrellas.
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Certainly, aimed aimed to be able to to engage with health information exchange in the pre hospital environment and in other contexts as well so direct providers from those, those groups represented here.
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Thank you.
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Thank you, Jonathan.
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I don't see any other hands raised at the moment if anybody does have a question please do feel free to raise hand.
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Also want to state for the record Jamie's comment, Jamie Amanda from Bay Area Community Services represents behavioral health and housing and homelessness address service provider.
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Thank you, Jamie
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john healthy. I'm going to go ahead and give you permission to speak.
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Good morning, my name is john healthy I'm from sexually mindshare, and we serve the northern most region of the rural state.
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And I would just like to advocate that we need to this group, and the stakeholder group needs to continue to build upon what we have worked so hard for in the HIE space.
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We've worked on integrating ms we've worked on integrating hospitals we've used a lot of dollars federal and state dollars to accomplish this. I think it's critical that we build upon the existing infrastructure that we have and support the continued
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evolution of the health information exchange in California, as well as we leverage data that the state has and allow it to come back into the exchange to support clinical providers at the clinical level.
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Thank you,
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thank you john very good comment.
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I think you'll see as we go. And I hope you can attend the whole meeting, there's a fair amount of agreement about leveraging what we have established in California.
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Thank you.
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Wait just a little more time for comment, Amanda McAllister longer I'll go ahead and unmute you know.
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Thank you. Good morning. Amanda McAllister Wallner and with the California LGBT q Health and Human Services network.
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And I just wanted to mention as folks are mentioning
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the one aren't represented around the table.
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The need for LGBT q representation on this panel.
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We have seen consistently, a need for more sexual orientation and gender identity data collection and reporting throughout the health care system.
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We know that there are best practices and innovations with regard to organ inventories and and ways of tracking and treating transgender patients, and a number of other number of, of, of areas within health information that it's incredibly important to
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LGBT q health experts at the table for these conversations to make sure that we don't continue to to miss vital health information about our communities.
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Thank you, Amanda, very helpful comments.
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Great. Well, we have to transform health,
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everybody can hear me.
00:23:14.000 --> 00:23:25.000
Yes we can. Great, thank you. This is Lisa transformed with transform health it's really lovely to see, former colleagues having worked on this issue in the past and for the state of California.
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I just wanted to ask a question and offer a remark here, you know, as somebody who's eyeballs deep, trying to operationalize ECM and in lieu of services, there's a county coordination component here that is going to be critical to the success of that
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program. And I have a question about county involvement, and whether the charge of this group is to look at data exchange solely on the healthcare side or will it also address covering the social care needs related to bringing social determinants of health
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the scale, and if so it may be helpful to have some additional County Representatives on, I see Michelle Cabrera's on it's great to have the Behavioral Health Directors viewpoints, but I think you know it might also be beneficial to this group to have
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others that operate at the county level, who also bridge into the social services side, you know housing data is very different than the type of data that you might collect for on domestic violence and Meals on Wheels and things like that so just wanted
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to offer a lens from somebody who's working on the ground right now, to not forget about that component.
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And to see if there might be some opportunities for some additional county input as well, since those are the problems that we're dealing with.
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Thank you.
00:24:57.000 --> 00:24:59.000
Thank you. Thank you.
00:24:59.000 --> 00:25:11.000
There will be good comments and there will be. We anticipate having at least one, if not more subcommittees and an opportunity for representation from all of the groups that have have spoken out.
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So we really appreciate all of your considerations.
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And, and please look for further opportunities for participation in this process. I'm going to turn this over now we're at time to john O'Hanlon, and Secretary Golly.
00:25:29.000 --> 00:25:44.000
Excellent, thank you very much Jonah and thank you everyone I think that what was evident in all the comments is exactly what we're feeling here as well, is that to come up with a group of 25 or 30 people and really have that breath is not possible but
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what I'm excited about is to have over 200 people on this call that we see you as all participating in this process, and I'm very fortunate I came up to the state.
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My first table that came up about 1516 months ago just in the nick of time for forbid and I am very honored to introduce my boss, and someone who I feel is an incredibly inclusive leader, someone who's looking out for all, all Californians in their health
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and well being. The integration of social and health services the future of our of our state and a strong network.
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Our very own California Health and Human Services Secretary, Dr. Mark galley.
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Good morning everyone and thanks for joining john big shout out to you and your team to Marco Meech as well, who really helped not just put this advisory group together but really craft the path forward through the legislation.
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This last year so many of you have been pushing for not just years but decades, led California take this issue on, and I can't be more proud that we found a way to do it now, and it's an urgent issue for us as so many of you have raised throughout this
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pandemic. We have seen how the siloed fragmented, not just services, but data connections have slowed our response have made the response, not do nearly as much as I think many of us have wished and have at times handicapped us and at other times paralyzed.
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To be able to move forward in a way that took care of California the way we'd hoped. And so there is no better time than now to really begin to address what this group is come together to work on also want to say that this is a big deal.
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I also want to say that this is a big deal. This is something, frankly, for those on the group, it's one of the hotter tickets in Sacramento and California right now I will just say, so many people were interested, being appointed so many people wanting
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to represent their part of the story and we hope is john has said that beyond those who are official members of the advisory group that we also will have hundreds of participants, as we move forward representing points of views representing experiences
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on a pickup on a few comments that were made during public comment. I'll start with our first comment Marty thank you for chiming in. But you said, this is has great potential to transform health, and I can't agree more.
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As a primary care pediatrician who spent time in a couple of our big urban centers. I know the struggle of trying to provide care to low income often underserved communities.
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When we don't have the information at the fingertips and certainly things continue to evolve but I'm reminded, and I think it was Dr Kaji who mentioned in his public comment and need to make sure we integrate the records at CDC our and our systems of
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incarceration across the state with the community based systems and I remember situations in the LA County Jail, where I had the privilege of overseeing health care

services for some time, where we would discharge people only to know that they would be
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walking in almost daily equipped to an emergency room to get medications to get care that they had to continue because they weren't connected and they would walk in, hopefully with the discharge papers that we sent them with, but no connection of the
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care that they received not just in jail where they might have received lots of different medications gone through a number of studies and those might all need to be repeated and I saw time and time again, not just the inefficiencies of the care system
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that we subjected folks to, but the delays and care, the inability to be thoughtful and connect folks to existing community services, and those different experiences, both in the juvenile and the adult justice systems are ones that ring true is real opportunities
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to connect some dots that we have been missing in this state for some time.
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I'm also reminded and I'm grateful that so many of you are on our advisory group that represent the Human Services, the social services that social care.
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It is not an accident, and we are called the Health and Human Services Agency. I often want to flip it and say that we're the Human Services and health agency, because so many of those human services the Kathy you represent, so many folks, thousands hundreds
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hundreds of thousands of people across our state working day to day to take care of the social needs of so many of our citizens in California that this isn't just about and Lisa you called it out in your comment this isn't just about health information
00:31:22.000 --> 00:31:41.000
exchange and connecting data on the health side, but it is meant to tee up our enormous goals with Kaleem that we might actually integrate, not just with lip service but with the data is one of the leaders, those connections between the social care people
00:31:41.000 --> 00:31:53.000
receive in the community and the health care services that folks receive in a number of different settings so this is a real opportunity I think to advance that vision.
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There is so much more to say, and slide up right now really does.
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Sure, maybe we're embellishing a little and the connections in some parts of the state are stronger than in other parts of the state, but I think it's fair to say that we continue to be siloed and fragmented, and that this isn't just across different
00:32:16.000 --> 00:32:36.000
sectors we heard from john about the need to make sure we connect the behavioral health information those services that Michelle, your many members are delivering day to day, that, that is that today we don't do as much as we need to.
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And you can see on this slide, we've tried to list the obvious things labs pharmacy health plan hospital data, but if and behavioral health data, but that work with housing jails and prisons.
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The public health information that has been siloed unfortunately, and I know we have representation, I think, Michelle Gibbons is on as well, that we, we know that this ability to connect that information can indeed transform, where we are going.
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If you look at the next slide.
00:33:11.000 --> 00:33:30.000
The hope is that we have data flow in and out that, yes, people are smiley brighter world that all of these dots are connected, and that when people walk into any service provider, whether it's on the social service Social Care side or the health, behavioral
00:33:30.000 --> 00:33:48.000
health side that they can feel confident and secure that we've done all we can to make those connections, so they can walk in and be sure that they're going to receive care that integrates the work and the challenges and opportunities and care that they
00:33:48.000 --> 00:34:07.000
received before to advance their own personal health. And if we go to the next slide. I just wanted to take a moment and show this draft vision statement I know that we as a group are going to talk it through, but I'll just read it every California.
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California and in the health and human services providers and organizations that care for them will have timely and secure access to electronic information that is needed to address their health and social needs and enable the effective delivery of services
00:34:22.000 --> 00:34:37.000
to improve their lives and well being. And I like to add and change the arc of their life. And what I liked about this vision statement and I'm excited to work on it with all of you not just as an exercise but as a refinement, as we move forward with
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our ultimate work is that it starts with every California. It doesn't start with the hospital has the information or the clinic has the information or the jail has the information.

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It starts with the person has the information. And one of our guiding principles at the Health and Human Services Agency is making sure that we put the person back in person centered care in person centered systems, and we feel important to lead with
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this is about the people. This isn't about how we only make our systems work better because we have timely access to comprehensive information. It is only worth doing, because we can advance the needs of the citizens of California.
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And I think I challenge each of you to think about that circumstance where you think, and you know that the data fragmentation the silos of information, having allowed us to do as much as we want to bring that experience to these conversations, push us
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challenge us with those specifics, so that we can do better. I think a number of individuals in public comments started there.
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And, and I think that that's an important place where we started and that we keep the people of California at the center of this, I know there's a lot of other issues that people are excited to tackle.
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How does the information, create transparency among different entities in the same sector, how does that help us bring together information to manage population health issues, very important, and I'm looking forward to working on all of those as well.
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But I want to start and with making sure that we keep all of our four California, in the middle.
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I also want to say that the the stories that I know will hear during public comment, are going to be really critical to hear and listen to already we've heard how we need to be more inclusive I commend our leadership team for working really hard with
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a limited number of slots to try to choose people who are not just leaders at the highest level, not just leaders of organizations that represent others, but really try to get those who are close to some other work on the ground.
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I know we've never, we will never do a perfect job, but I am encouraged by the number of people participating in this conversation, and we'll make sure that we have enough time for public comment.
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To make sure that the group's

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sort of vision as as full and complete as possible.
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So I'll turn it back to you john, but I'll just close by saying a word of thanks to everybody for joining. I know some of you, this won't be the only time I'm with you this week in conversations, even today, Michelle cover and a few others will be having
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other hours many hours long stakeholder conversations. It is no surprise to any of you that we have a governor who is about moving as many balls forward as we can.
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Our agency is busy. I'm grateful to have a chance to lead so many different efforts, but I know it's a toll on all of you.
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I know that you're busy. I know that we have a lot of things that fill up our plate, and I can think of nothing more important, and I'll end with a few words on equity, and I know we'll be talking about it but when I think about what are some of the key
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drivers of equity, and being able to really not just lift up all boats, but to lift up the boat is sinking the fastest, we really do need that transparency of information that deep comprehensive connection.
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And so if California is going to be a state about equity.
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And I believe that the pandemic has accelerated us into that conversation, even more than we were before. I can't think of a more important issue that delivers on equity.
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Then, beginning to make sure we bring together the information, so we can understand what we've done, we can understand where we are going. And we can see those often blind spots in our equity agendas, because we're so focused on that single thing we
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miss the data and the information around us so I do see the work of this group really helping, not just Health and Human Services, but every agency in California has state system, our local partners those county partners that Lisa, you called out that
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also are thirsty for information to do better, to connect dots, and I don't see any way around it that this group needs to achieve, we need to deliver by the middle of next year, a really comprehensive bold plan on how we're going to move forward.
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That isn't to say we have to have every last detail figured out, we don't need to vote and come up with which is the platform that's going to guide the way we're technology agnostic, we really want to put together a process, and an approach that delivers
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California bold vision, and not just how and why to connect data, but the actual commitment as the legislation requires that we start doing it soon. So with that john I'll turn it back to you and thank you for a few minutes to welcome everyone.
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Thank you, Secretary and I'd like to hand it to Sandra Fernandez with California Healthcare Foundation, thank you john Can you hear me.
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Yes we can. Great. Well good morning everybody and thank you, Secretary for not only your work on this very important endeavor but really all the balls that you have in the air in California that really is trying to move the entire state towards a more
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equitable health care system for everybody who lives here.
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This is really a very exciting undertaking, as the speakers this morning have mentioned for many different reasons.
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And and I think we all know that the fragmentation. And the silos and the way that we provide care across systems even sometimes within system systems, really does not serve many of our members of the state and populations, very well at all.
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And there are many efforts now at trying to integrate services better Kelly notable among them.
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And yet, all of that would benefit significantly, if we could reduce these barriers for data exchange and really develop a framework by which we really focus on why we're doing this, which is that, ultimately, The information that we share really does
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make our public health system work better with our physical health system. We know that the social circumstances in which people live and work contributes significantly to their health outcomes.
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And so the opportunity really to take all of the agencies that are under the Secretary's purview and take the data that they collect and have all of those things both service.
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The California is themselves, the providers who are trying to provide these services. And so that data comes in and out in a way that really has the government's role and the delivery system will synchronize and be really useful in a way that helps us.
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Direct resources that helps California and figure out how they go where they need to go.
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So, the California Healthcare Foundation has been doing quite a bit of work in this area.
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I hope that as we get started in this work I'm quite honored to serve on it, that we don't get caught in technical areas and really in the weeds. Many, many people across the state have spent years and years trying to solve these problems and all well
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meaning. And there are many technical capabilities that exists but I think this group's opportunity is really to not lose sight of why we're doing this, and really keep this vision in mind, work on a framework that reduces the friction in the system.
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And that really creates the right incentives and the right culture, for sharing data on a go forward basis so I'm quite honored to be part of the group, and look forward to meeting these very ambitious deadlines, the legislature has set for so thank you
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john for your leadership and I look forward to work, working with you.
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All of our interested stakeholders in the public. Thank you.
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Thank you. Thank you very much for your comments, I'd like to call upon Liz give any with partnership Oh.
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Hi, good morning john Can you hear me okay.
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Perfect.
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Okay, great. It's good to be with all of you this morning and I echo Sandra's comments that this is a big task in front of us.
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I think from, from my vantage point and probably from everyone so this is a really critical and important opportunity.
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And with that opportunity comes a great deal of responsibility, not just for our own organizations, but for the state of California and all of our residents.
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I think given the history of this issue in the past, there's going to be a number of difficult conversations that this group has to wrestle with, and we're going to need to set our own organizations, priorities, perhaps aside at different times.
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And to really focus on building trust within the group.
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And I also hope that we're able to spend some time developing some guiding principles around what is most important. At the end of the work that can guide some of these difficult conversations and certainly during public comment just a few minutes ago
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we heard some great areas for us to work on together and some great starts on those guiding principles, having to do with equity building and what we have already built, staying focused on having a system that serves all of California.
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And that's just the start time, I'm hoping that we can spend some time on that. This.
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This work will take some time but I'm actually very confident that there can be some early wins that will give us the momentum to move forward.
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It's not, it's not a single journey. It is going to be something that we build on for many generations to come. So, thank you for including me and look forward to being part of the group.
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Excellent, thank you so much. I want to make a introduction right now to Jennifer like him and his team that are helping guide our work and help facilitate our work as a group to get us, we have a fast sprint, which we're working towards and it's real
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important to have key people that can help us so john I'd like you to just take a few minutes and I know there's some, some folks that have some input into the vision statement, not necessarily we want to wordsmith but we definitely want to hear your,
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your input so Johnny, can you take from here.
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You bet, thank you john and let me ask paul i think you had a comment and you'd Raise your hand. We can do this in order then Carrie has a comment so please go ahead.
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You're on the path
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to take myself off mute. Thanks. Thanks Jonah. Thank you, Secretary guy for the opportunity to participate in this really important work.

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My comment on the vision statement was.
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It's very important to capture the notion that the data needs to not just be exchanged but to be used, and to be in a usable format, there's a lot of examples today of data exchange where it's sent from point A to point B, but the recipient can't use
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it, whether it's a patient who gets their data on a CD ROM for a provider that gets a read only 70 page file and say a PDF format but can't find the information for a patient who's changed their name and or gender identity and can't match their records
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from before and after. So I think it's really important that we capture that in some way. In the mission statement and the vision of what we're trying to accomplish and thanks for the opportunity.
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Thank you, Paul.
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I think a good comment and it would enhance that vision statement. Carrie I think your next.
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Hi Carrie Sanders with the California Panasonic Health Network, and I really appreciate the equity principles and centering the HIV on the individual This is really exciting to start with this framework, and you know we we believe that health information
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exchange that allows for more standardized collection reporting of demographic data can significantly helped to improve health outcomes and reduce disparities.
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And I also just want to support comments of, you know, my colleagues Maria moto and Amanda Waller on the importance of the state and not just for reducing Racial and Ethnic Health Disparities but also disparities for LGBT q plus class and persons with
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And to that end, just on the vision.
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You know one thought is, as we think about every California and to, to make it clear that we mean every California and, you know, regardless of race, ethnicity, language, you know so g disability status that they're able to access this data, so that it's
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not just timely but, as, as Paul said, it's usable, it's accessible, and in the same in the same vein, so that you know folks. Individuals can can understand how they're able to get access to their individual data.

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Thank you.
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Great. Thank you, Carrie I think you'll see further on.
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There were a lot of in the surveys that we issued to members of number of comments about disparities and equity and collecting data to better understand those and to be able to address those through data exchange their demographic data collection so I
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think your points are extremely well taken.
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And there seems to be a lot of common interest there amongst members. Thank you, Michelle. Please go ahead.
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Hi, good morning everybody Michelle Kevin data with the County Behavioral Health Directors Association, and just want to commend agency and this group for moving on such an ambitious and never.
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The County Behavioral Health Directors and agencies. Really already, although I feel like we're often on the sort of receiving end of a fragmentation critique, are some of the more integrated systems around, partnering with not just physical health systems
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but schools, public health, OES as part of disaster response.
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developmental disabilities, and other disability providers employment CDs as folks, as well as our justice and law enforcement partners as has been mentioned a few different times.
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I was not clear in reading them proposed vision and charter about whether or to what extent we would be pulling in those very intimately connected systems that are so vital to the delivery of behavioral health services.
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In particular, one of the things that I'll call out that has been a struggle, conceptually from a policy standpoint is when we look at outcomes for people with in particular serious mental illness or substance use disorders, sometimes be negative effects
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Sometimes the negative effects of, you know, under serving or in appropriately serving those populations is not in a hospital inpatient Medicaid bill kind of way.
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It happens in incarceration it happens with Medicaid excluded services and I MDS that are not found on the medical ledger and so sorry to always be the sort of bearer of complexity, but I do want to say that I think it's going to be important for us to
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consider that the sort of macro perspective, especially if we're talking about these populations.
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I have one sort of nitpicky thing which is, I noticed that the paper referenced racial and ethnic minorities and of course in California we would probably want to update that language, a bit since that demographics are shifting away from technically being
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considered minority so more to come, really excited about this effort and thank you.
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Thank you. Thank you Michelle.
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I'm going to call on to more people. but I think we've got to move on in a couple of minutes so I know I don't think we have quite enough time to go through everyone's comments but I think Michelle and Carmela and then we'll need to move on.
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If you, if by the way you you still have reactions or comments please send them into the chat, and I have a chance to call on you. And we'll record them.
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Thank you, Michelle give it morning I wanted to echo much of what Michelle Cobra said, and then also echo the comments related to equity. One unique caveat for public health that I just wanted to call out is the vision statement as I read it feels very
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individual services specific and for public health we have this, you know, we want this to have a two way communication so that the information that's fed from all of our partners about about somebody's health can also translate to community wide interventions
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where public health can actually play a role, and to help inform either mitigation strategies or just wellness strategies that public health tends to operate in terms of prevention and areas of focus.
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Being able to drill down and see you know in this community there, that there's these trends and so forth so I would just maybe acid the vision statement reflect more of a stepping back and and and a dedication to also providing that information to do
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population strategies as well.
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Thank you Michelle last comment before we move on is Camilla coil.
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Thank you and let me ask if now is the right time I did have comments about the vision statement. I know others have been doing that. Do you prefer we do that now or do you want to hold off Jonah until you get there.
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If you have comments about the vision statement, please go ahead. We'll talk about the charter later. Yeah, sure. And just a couple of observations first, first of all thank you and I am honored to serve along with so many leaders in the state of California
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on this effort. I think it is important that this conversation is not just about how we exchange information, but ultimately what information we are sharing and connecting and I am a continue to be struck, we may still not have a common definition of
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the information. For example, to be collected during a primary care visit.
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Second as Secretary galley was making his remarks. Just a reminder that I think what we're doing here around health information exchange and acceleration is a necessary but probably insufficient tool to get us where we really want to be in that is care
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coordination. It's a critical tool, but we will need to do more as well. And then I want to agree please with Paul on the importance of not just exchanging information that making certain it's information we can use.
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I hear Sondra loud and clear that we don't want to get lost in the technical details, but some of those technical details are really important to making certain that is information that can be used my comment on the vision statement.
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I agree wholeheartedly with the aspiration data belongs to the individual. My concern is I'm not certain that the vision statement is consistent with federal law.
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And there is a I think a clause we can add if that's where we want to be at appreciate hearing from others, but aspirational Lee wanting to share information and make certain that every California, and their health care providers and social service agencies
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have access to any information needed for their health, or to their benefit. A probably runs afoul of of some of the Federal privacy laws and so for me it would be helpful to be clear is this intended to be aspirational, I wouldn't want us to go so far
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as to not be relevant to the constraints of federal law. Thanks.

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Thank you come out.
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I dr galley Is there any comments you want to make just about the intent. Before we move on, have this vision statement.
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First off, it was really great to hear so many of the comments and feedback I think this will be interactive, as many of you think I'll just address a couple of things that I heard first Carmela.
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We intend to be consistent with federal law so we will work towards that and try to understand where where we might run a file as you put it, and how we can, how we can align.
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So, so we want to make sure we're heading in that right direction, and really still while we keep our people, our citizens our communities and Michelle Gibbons, a nod to your really important point.
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And I think our intent has always been, and how can we not understand that the individual is part of a population of community and area, a group and understand how we use the power of the information to serve them, but come out loud also say that one
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of the things I'm excited about the people in this group to do is really represent the people they serve and understand how even if we we run into a place where we're not in alignment or we're running afoul of something that we decide and pick our battles
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where it's important to lift that up and explain how that lack of alignment is actually getting in our way of achieving equity and achieving the goals that we see so I'm excited for this group to sort of be challenged by that tension.
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We want to align and do what we need to do, but it's also the California way to push the envelope if we have to and this might be one area so looking forward to that conversation, Jonah lot more than we could dig into.
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I know we want to keep on track and I want to make sure that we give space to so many of the other members to make comments in later parts of the meeting that care doctor guy.
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So, at this point I'm going to turn it over to Jared Goldman, he's a general counsel for Health and Human Services. This group has been formed under statute it's a be 133 and there are very specific things that we are required, as a group and then as
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the agency to advance, and to develop. And so, Jared if you can briefly just run through those please so that everyone on the advisory group and the public understands our requirements.
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Over the next 12 months. Thank you, and before Jared starts. Everybody he he's the guy who keeps me out of trouble.
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I work hard to get into lots of trouble but Jared does a terrific job across our entire agency. He's been a leader on the pandemic and almost every public health order or executive order that has been related to the pandemic Jared has touched so I'm grateful
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for his leadership on so many things in his help here on this issue as well.
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Thank you. Well, it's not actually so hard to keep dr galley out of trouble he does a pretty good job with that itself.
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So I'm going to do a quick overview of the new law.
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It's in at 133, which enacted Health and Safety Code 130 to 90.
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If you want to see the law yourself.
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I don't suggest that you look up at 133. That was this year's health trailer bill, so it's huge. If you really want to see the log go to Health and Safety Code 130 to 90.
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So, law in very general terms requires ch HS to establish a data sharing agreement that much of the healthcare industry is going to be required to adopt the legislation names the agreement, the California Health and Human Services data exchange framework.
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But that is a mouthful. So, I will just call it the framework.
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The framework covers hospitals, medical groups position organizations, skilled nursing facilities, clinical laboratories and health plans and ensures see HHS is also required to work towards getting county health and human services agencies to participate
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in the framework. but those agencies aren't strictly required to participate.

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There are some key statutory deadlines to be aware of. By September 120 21 CHS has to convene a stakeholder advisory group. So we've done that congratulations to us all we can check that box.
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By July 120 22, about a year from now CHF must have the framework established.
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And by January 31 2023, the framework participants have to sign on to the agreement.
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Finally by January 31 2024, all the framework participants have to start sharing information in real time, some exceptions apply certain entities like small physician practices with less than 25 physicians critical access hospitals rural hospitals with
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less than 100 beds and nonprofit clinics with less than 10 providers are going to have two additional years to start sharing information into the framework.
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It's also worth noting a couple additional deliverables, this group will have to advise DHS on by April 120 22, which is just eight months away.
01:01:29.000 --> 01:01:38.000
CHHS has to submit a report to the legislature with, with its read recommendations on the framework, based on our consultation with this group.
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And by July 31 2022 CHHSS to develop, also in consultation with this group, a strategy for unique Secure Digital identities.
01:01:52.000 --> 01:02:12.000
The law establishes only very few high level requirements for the design of the framework, the two largest building blocks are that the framework participants are required to share information and the framework has to include the standards that are required
01:02:12.000 --> 01:02:13.000
for the exchange of that data.
01:02:13.000 --> 01:02:23.000
Other than that, there are just a few design elements the law requires the framework has to be designed to enable real time exchange of health information.
01:02:23.000 --> 01:02:31.000
The framework has to work with any health exchange network health information organization or technology, so long as it meets the framework standards.
01:02:31.000 --> 01:02:38.000
And lastly the framework has to leverage national standards for information exchange and data content.

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The law also expressly spells out with a framework is not the framework is not an IT system or a data repository. It's only intended to be a common standard patient exchange.
01:02:49.000 --> 01:02:53.000
The rest of the brain works design is open ended, which leads to your role.
01:02:53.000 --> 01:03:02.000
The law includes a relatively comprehensive list of issues this group is required to provide advice on that will ultimately shape the framework.
01:03:02.000 --> 01:03:16.000
Include identifying the information beyond the federal floor that should be shared proposing solutions to gaps in the life cycle of health information, identifying ways to incorporate data related to the social detriments of health and data related to
01:03:16.000 --> 01:03:30.000
underserved and underrepresented populations, identifying ways to incorporate data on behavioral health and substance use disorder conditions. Addressing privacy, security and equity risks, identifying how plan enrollees should be given access to their
01:03:30.000 --> 01:03:32.000
information.
01:03:32.000 --> 01:03:40.000
Assessing governance structures. And lastly, identifying philanthropic sources of funding to support data access and exchange.
01:03:40.000 --> 01:03:50.000
So on behalf of CHHSR, thank you in advance for your help with all of these complex issues. I'm sure it'll be very exciting year where we address these.
01:03:50.000 --> 01:03:59.000
And that's all I've got for today. So with that I think we can open it up for comments.
01:03:59.000 --> 01:04:07.000
If anyone from the advisory group have a question about the requirements and the framework.
01:04:07.000 --> 01:04:14.000
Jonah Do you want us to hold comments about the actual charter that relate to this.
01:04:14.000 --> 01:04:20.000
Yeah, definitely.
01:04:20.000 --> 01:04:24.000
We will definitely get there.
01:04:24.000 --> 01:04:26.000
Alright.
01:04:26.000 --> 01:04:32.000
Nothing any raise hands, why don't I turn it back over to john and john orders.

01:04:32.000 --> 01:04:37.000
Excellent, thank you very much thank you wanna thank you Jared.
01:04:37.000 --> 01:04:41.000
I wanted to just back up for a moment if I could I introduced myself at the beginning.
01:04:41.000 --> 01:04:58.000
But when I was thinking more and more about the advisory group, and the charter and our work together, it, it couldn't help remind me of a 13 year journey I was on before I came to the state, and it was in my role running the 211 in San Diego and we we
01:04:58.000 --> 01:05:10.000
we we were for many of you know about to two months system but once you've seen one you've seen one and we were probably in that category of answering people's calls trying to direct them best to our services.
01:05:10.000 --> 01:05:27.000
But time and time again the same person called back, time and time again we would hear about their frustrations, accessing services lack of services, lack of coordination, and we were fortunate enough to receive some funding for a pilot, and now it's
01:05:27.000 --> 01:05:37.000
known as the community information exchange, but really what it was, it was a way that we could work together with our partners in the community to help individuals.
01:05:37.000 --> 01:05:44.000
And every time I tell that story I get a little bit of chills because in something that sounds so basic and saying, so human.
01:05:44.000 --> 01:05:53.000
To get there, to get to the point of what would it would take to do something like that reminds me of a lot of the things that we're talking about today.
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I'm always reminded of Stephen Covey's speed of trust in terms of how we can work together when we have that trust. And I know that by me sitting in this seat and virtual as it may be, there's a trust level that we need to gain together as we work together
01:06:09.000 --> 01:06:23.000
as well. And so one of the things that I was just amazed with, with the work that we did in San Diego was not because of our organization or me. It was the people that came to the table that had that same spirit of wanting to help someone.
01:06:23.000 --> 01:06:32.000
And I'm, I always look back at that and look ahead at, that's really are calling here, while I'm going to go over some aspects of the charter.
01:06:32.000 --> 01:06:46.000
I really come back to something you know some of us have had some individual introductions. My hope is that I get to have one on one time with with each of you to

both introduce each other and also hear from you how to make this experience work for for
01:06:46.000 --> 01:06:58.000
you in terms of getting your input that we need so badly to get this work done. And I just appreciate that opportunity. I appreciate all the support so far and look forward to working with each of you.
01:06:58.000 --> 01:07:10.000
So, this is really how we're going to work together, and we formalized it. We'd like your feedback on it, but really the purpose is for all of us, is to establish a framework.
01:07:10.000 --> 01:07:22.000
And when we look at it we have expectations of each other and we have expectations of the group, and a number of you if not all of you participated in numerous groups that are working on projects together so this is probably not new to you.
01:07:22.000 --> 01:07:30.000
But we thought it was important for us to document it was important for us to just put it down on paper so that we, we can all agree on how we want to work.
01:07:30.000 --> 01:07:40.000
We do ask you to engage. I think that's the first and most important is that you're here, you're engaging, you consistently attend and participate.
01:07:40.000 --> 01:07:57.000
We, you know, there are designees, as you heard, and our hope is for this meeting, we left it open, however if designees are picked those designees can carry out the entire term of the process, so that we can be consistent and continue moving in a, in
01:07:57.000 --> 01:08:04.000
a good fashion, please let us know if you're not able to attend so we can make sure that you can get up to speed on things.
01:08:04.000 --> 01:08:11.000
If you can, as best as possible I know we sent you a lot of information this time. It may keep up that pace.
01:08:11.000 --> 01:08:16.000
So, if, if we can be of help to you but please come prepared.
01:08:16.000 --> 01:08:32.000
We, we all respect, all of you for taking the time. And we would we would ask that of each other. I think that just in the initial meeting we hear so much great input and so many different perspectives.
01:08:32.000 --> 01:08:39.000
That's why all of you are here I see that ticker now 220 individuals. That's phenomenal. They might continue to grow.
01:08:39.000 --> 01:08:53.000

We're going to do a lot of work together so the best that you can do and bringing that spirit of listening learning. My hope is that in some ways, we don't have the answer, but through this process we're going to get to some answers that maybe we hadn't
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thought about at the beginning of this journey.
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on the next slide please.
01:09:00.000 --> 01:09:16.000
I think here that the pieces that we really are an advisory group. And our goal is to advance our recommendations to the Secretary and we from a decision making standpoint and we shared this with a lot of folks that weren't able to join the group but
01:09:16.000 --> 01:09:31.000
we encourage you to attend the meetings, these are all public meetings that while we don't have decision making. We, I know that the Secretary relies on all of you for that advice and recommendations that are going to come out of this.
01:09:31.000 --> 01:09:46.000
Our goal, we have a very fast sprint to get to June, so we'll be meeting monthly approximately, getting those dates on the calendar, our, our next meeting date, you're going to hear it again but I want to get it on your calendar is October 7 from 10 to
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1230 and following that shortly after this meeting, you're going to get a calendar invites for, for all the meetings through June.
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And our goal is to really have good discussion consensus building. We have some really leading experts in facilitation and getting those great ideas from you and and coming up with a plan that that can address all those.
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So I encourage you to participate in that fashion as well.
01:10:12.000 --> 01:10:30.000
We have Secretary galley as our chair. And I think that that really kind of sums up our role I think the one of their pieces, you know we have a number of state representatives here state departments that are representing subject matter experts that are
01:10:30.000 --> 01:10:43.000
going to be bringing together some ideas that we're probably going to be bringing to the spirits and getting your read on, as well as possibly contacting individuals and bringing them into some subcommittee work that we're going to be doing as well.
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All that again is public.
01:10:45.000 --> 01:10:56.000

According to the team, which I'm becoming very familiar with. So, we're will ensure that that your voice is heard and that everyone sees this as a very transparent and open process.
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With that, I think that it would be great to get some questions you can go to the next slide.
01:11:03.000 --> 01:11:14.000
And I'm going to hand it to Jonah if that's okay to facilitate a little bit of discussion and get your feedback and call on individuals that have input into the charter.
01:11:14.000 --> 01:11:20.000
Thank you. Right, thank you john bill York your first. Please go ahead.
01:11:20.000 --> 01:11:35.000
Hey, thanks. I've been trying to find the right time to chime in on some of the discussions around vision, and the, the, the framework, and I think this is the right time and john It's good to see you.
01:11:35.000 --> 01:11:50.000
Oh Haney and, you know, when I was when I was reading through it I looked at the language from the vision. And then when we move to the data exchange framework and it talks about health information among care entities and government agencies in California,
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and then to the charter were talks about the exchange of health information among healthcare entities, those things, those two sections don't seem to flow with or, you know, meet the same as the vision around social needs.
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When you think of CEOs as being a valuable part of of that social media connection.
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The other two places it's an obviously I knew why with health exchanges with government programs and government funded programs, I think the social care programs are offered in the community at community based organizations, and so I just wanted to note
01:12:25.000 --> 01:12:42.000
that it didn't seem to, to, to recognize that or maybe some language that is more inclusive to those other entities that we're talking about like our CIA and other programs that are are throughout California, and so I I just, again I felt in each place
01:12:42.000 --> 01:12:57.000
I could make a comment but I really thought it was best here in the charter around the some of the language that goes back to health care and government, and a little less about the social care network.
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Great. Okay Thank you Bill, what I heard is just making that more expensive in our charter so reflects what the vision, more appropriately. And our. Okay.
01:13:06.000 --> 01:13:08.000
Yes, thank you, Dave.
01:13:08.000 --> 01:13:15.000
Great, David, I think you're up next.
01:13:15.000 --> 01:13:20.000
Thank you. Thank you, Jenna. Thank you everyone for your input.
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I wanted to comment on something very specific and the charter which is in the list of discussion topics on page four of the charter.
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I believe there is a missing piece from the statute. So the underlying statute that governs this group
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subsection she of that statute talks about providing technical technical assistance to small and safety net providers, which is something that obviously it's very, very important to CMA in our work with small practices, and something we are very excited
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about discussing with the whole group about how do we provide that technical assistance, how do we fund that technical assistance we think is going to be very very important as we drive towards those deadlines in 2024 and 2026.
01:14:08.000 --> 01:14:23.000
It's great to have those deadlines out there but we need to make sure that the providers out, you know that all the providers out there get that at the elbow kind of assistance to make sure that they can meet those deadlines.
01:14:23.000 --> 01:14:33.000
Yeah. Thanks David. I think you make a very very important and good valid point that we should amend.
01:14:33.000 --> 01:14:37.000
Okay. When they I believe you're up next.
01:14:37.000 --> 01:14:51.000
Yes, hello linear Cubans with a local friends of California, and wondering if you can speak a little bit to what the process will be for establishing subcommittees, and then identifying who will serve on those subcommittees.
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And I think the request along with that question would be that there's an opportunity for those of us on this advisory group as well as members of the public to apply or provide recommendations for subject matter experts, I think there are probably no
01:15:05.000 --> 01:15:11.000

shortage of people who want to serve on those subcommittees that would there be a transparent process for that.
01:15:11.000 --> 01:15:13.000
Yeah, thank you for now.
01:15:13.000 --> 01:15:26.000
The first order I think for this group is to recommend the formation of a subcommittee, which we're going to get to today so that your comments are very timely, so to speak, that recommendation from this group.
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And then the next step would be to solicit members for that subcommittee, and what we would propose to do is have an open process to first ask the advisory committee or advisor group members if they have any recommendations, but to go more broadly out
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to the public, as you mentioned, there has been dr got validated as well earlier on a lot of interest in this.
01:15:51.000 --> 01:16:03.000
A lot of expertise summer which is not necessarily sitting around this virtual table, and we want to tap into that as much as we can and use the wisdom of the crowds and experience to, to support that.
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So I think what you'll find is, we want to have a process by which individuals can apply and recommend either an individual or themselves for a subcommittee once those are formed.
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Does that answer question when it does, thank you very much.
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Great.
01:16:23.000 --> 01:16:27.000
Claudia I believe you are Next on the list.
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Thanks. Claudia Williams from math asthmatics, and I have one main point in to sub points.
01:16:36.000 --> 01:16:43.000
You know, we've, we've really been studying how these kinds of exchange frameworks work across the nation.
01:16:43.000 --> 01:16:59.000
And I would say a really important piece is how to either incentivize or monitor the compliance with a there so if the goal here is that there's real time data sharing by every provider and plan.
01:16:59.000 --> 01:17:14.000

I'd like to add to the list of topics, a discussion of how we would implement those requirements and incentivize, as well as create some kind of compliance framework for them.
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So that would just be an additional topic, I'd love to see added the two sub points are one. I think we reference in the charter federal standards. I think it's also important to reference federal policy.
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In addition to standards, there's a lot of policymaking going on both regulatory and otherwise.
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And then finally, I imagine we're going to be watching the federal tough conversation. And I guess a question for the group is whether and but the timings not exactly right because that will be clarified until next year.
01:17:51.000 --> 01:18:02.000
So I guess I'm just maybe we don't need to discuss it today but it'd be great to have some discussion about how we track along, while that's not yet finished to those three quick points.
01:18:02.000 --> 01:18:07.000
Thank you. Thank you, Claudia.
01:18:07.000 --> 01:18:21.000
I, so it sounds like we recommendation is to address compliance enforcement and and and incentives and incentive course characteristics.
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The reference of Federal Police also is really important and DEF CON particular we, we understand that a common agreement may be forthcoming soon before next year.
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And part of this group's charge and advisory groups recommendations need to filter into or through development of a data sharing agreement, which you heard Jared mentioned.
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So we actually have to get there. And we really want to align with state guidance policy and requirements. So we are going to have to track with Tesco, and with a common agreement.
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As part of our deliberations.
01:18:56.000 --> 01:18:58.000
Thank you.
01:18:58.000 --> 01:19:09.000

We have a couple more minutes before our next topic and we have a few more comments we can go through the break and see the break to comment.
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And if you want to keep going, we can keep going through the break and just keep on moving down account you want to go ahead please.
01:19:16.000 --> 01:19:32.000
Hi, dm MacAllan with California Primary Care Association and I'll be quick. We agree with David for his call out for the technical assistance, and similar to the comments that Michael Mershon submitted I already don't remember if it was in chat or q amp
01:19:32.000 --> 01:19:37.000
a about technical assistance. Thanks.
01:19:37.000 --> 01:19:40.000
Great. Thank you.
01:19:40.000 --> 01:19:42.000
Craig corner. You're, you're up next.
01:19:42.000 --> 01:19:53.000
Yeah, thank you. I'll be very brief. I think the, I thought the charter look good page for seemed like that was the. That was the meat of the, of the issues nicely laid out.
01:19:53.000 --> 01:20:04.000
I just wanted to call out though. I think that the committee is going to need to be careful about recommending phasing and and very specific implementation steps.
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This is a very big, big state very big diverse lots of different players in this, and I think we also should not be shy about recommending changes to the statute to the legislature, there's some pretty ambitious timelines in there as well.
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And I don't know if that's sort of implicit here or not but I just want to call that out.
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Not explicit but I think we're all feeling the heat of the timeline, which is, which is mighty.
01:20:34.000 --> 01:20:48.000
We're committed to it. We have to get there. But it's a very important point. This is not going to be a slow walk. This is a bit of a sprint and a marathon combined so definitely appreciate that Craig and it's important for everyone to realize that that's
01:20:48.000 --> 01:20:52.000
the situation we're in, and we're going to meet it.
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Thank you, Anthony, can you read please.
01:20:55.000 --> 01:21:11.000

Yes, so I very much appreciated Secretary galleys opening with regard to putting the patient to the consumer, in the middle of this, of this effort that you know that is the point of all this to care to better care for consumers.
01:21:11.000 --> 01:21:18.000
If it's, you know, more than other important goals like making it more convenient for providers.
01:21:18.000 --> 01:21:36.000
And in that spirit as I look at that page for is Craig, the notes is the meat of this. I don't know if it's sort of implicit but I do think that there is a topic of the consumer experience of the patient experience of both in terms of accessing patient
01:21:36.000 --> 01:21:53.000
records of being able to transfer those records of being able to have what how they experience a world where these records are able to be transmitted to transfer and communicated and used appropriately and, you know, looking at the use cases and as Dr
01:21:53.000 --> 01:22:09.000
galley underlined of not just the, the average patient but those that might have the most specific concerns people who are have multiple comorbidities people who are frequent fires in emergency rooms get folks with pre existing conditions and going through
01:22:09.000 --> 01:22:26.000
that and so I don't know if there's a way to elevate that. And then the other thing I would ask about the charter is that I know that there was, um, I don't know if this locks us into the committee as it is now, I would urge that there would be some just
01:22:26.000 --> 01:22:45.000
allowance for maybe flexibility at the chair other you know if there is a constituency that very much. We recognize does need to be represented here, and then I wouldn't want to underline the previous points on the LGBT q community and people disabilities.
01:22:45.000 --> 01:23:01.000
I hope that this department has the flexibility to to do that because I think that that would be it. I think that we don't want to just be inflexible for this, for the sake of it when, if there is some, some he needs that are necessary.
01:23:01.000 --> 01:23:18.000
And I would also say that in the designee issue I think generally yes you want a committed person. But, you know, life happens and I hope that there's a recognition that whether it's the name person or the designee that there is an ability to make accommodations
01:23:18.000 --> 01:23:26.000
if you know somebody you know definitely family or things like that. So just wanted to convey that Thank you.
01:23:26.000 --> 01:23:27.000

Excellent.
01:23:27.000 --> 01:23:28.000
Thank you.
01:23:28.000 --> 01:23:42.000
Excellent comments. Yeah, just getting Anthony absolutely a ready. You know I hope we will even though it's ambitious, very ambitious, the flexibility will be important to make sure we have that input.
01:23:42.000 --> 01:24:03.000
So, we will be certainly considering many of the comments and and making additions and changes as we go. In order to make sure we get the fullest sense of what, what, not just you as advisory members but then now you know to 20 plus people who've engaged
01:24:03.000 --> 01:24:11.000
in, in, in the conversation so we will make sure to keep that front of mine.
01:24:11.000 --> 01:24:27.000
Thank you, Victor Delhi. Okay, last question from or comment from Kathy and then we're going to move on to go ahead. Okay, great, thank you so much Hi, I'll just add a couple comments first, I really appreciate the comments about education or technical
01:24:27.000 --> 01:24:38.000
assistance. I was thinking and put in the chat earlier but just wanted to draw attention to thinking about how to actually educate individuals and practitioners, about what these data can do for them.
01:24:38.000 --> 01:24:47.000
And, and why it is important that they have this access, not just how to upload the data or how to participate, but how to use it seems really important.
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Maybe a little outside the immediate group of the, the immediate charge of this group but could be something that we make some comments on and make some suggestions on next steps there that could then lead to some Partnering for example with philanthropy,
01:25:01.000 --> 01:25:13.000
or other organizations. I did want to echo comments that Michelle Cabrera put in the chat related to ensuring that we think about how to incorporate data that are held by other entities.
01:25:13.000 --> 01:25:28.000
I think in her comment she mentioned education for example, on the with a few others. We know that other people, other than just sort of a traditional health entity, a traditional Social Services Department do provide those types of services to people
01:25:28.000 --> 01:25:42.000

like students or the prisons and jails to inmates and how do you connect that up appropriately going forward is a really great point. And then finally I just wanted to think a little bit about access standards.
01:25:42.000 --> 01:26:02.000
Appreciate the comment earlier about these access by like community based organizations to certain data, helping individuals understand when they click a box to consent, who has access and what they can do with that access, and then also how we provide
01:26:02.000 --> 01:26:20.000
access maybe in different levels, two different entities which we do now through our eligibility system, people can access what we call meds light for example and DHCS to find out basic information about eligibility but they're not seeing into the whole
01:26:20.000 --> 01:26:37.000
system and people's addresses and income and things like that that my workers, putting in. So that's just one example. And we also have lots of contents already that people are signing and clicking, and those are not typically saying, I understand and
01:26:37.000 --> 01:26:51.000
agree that my data may be shared into whatever this electronic system is. So I think we'll need to think about going back or renewing in some way, as people understand, you know, and helping people understand what they're clicking on what they're saying.
01:26:51.000 --> 01:26:56.000
When they're doing that. So just some thoughts about all of it.
01:26:56.000 --> 01:27:12.000
Thank you, Cathy, great ad about the yj, I agree with for sure and then content, I do suspect is part of our data sharing agreement and the guidance and the framework we're really going to need to directly address informed consent and release of information
01:27:12.000 --> 01:27:14.000
so I believe we will get there.
01:27:14.000 --> 01:27:26.000
I know how difficult it can be especially when dealing with very sensitive behavioral health data I'm going to summarize and then see if I can move us towards any recommendation to advance the charter with some amendments.
01:27:26.000 --> 01:27:37.000
One amendment make this more expensive than just health IT FEELS focus too much on the health care provider make sure we're referencing justice behavioral health demographic.
01:27:37.000 --> 01:27:42.000
And, and explicitly try to reference and call out.
01:27:42.000 --> 01:27:48.000

Don't use racial ethnic minorities but better language and including LGBT Q.
01:27:48.000 --> 01:27:54.000
Another is adding the subsection around ta for providers and this framework has to address those.
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Adding adding some point about incentives compliance and enforcement.
01:28:01.000 --> 01:28:11.000
And when referencing federal law, we and regulations also mentioned policy, and to Anthony's point, we want to make sure that we're calling out consumer experience.
01:28:11.000 --> 01:28:25.000
And then the last point is about the division matching the charter and there were a couple of very important point I think that both Paul and Carmela raised, one is about the usable data, and the other is in accordance with federal law policy, and making
01:28:25.000 --> 01:28:29.000
sure that that translates into the charter. Now that's a lot, asking you a lot here.
01:28:29.000 --> 01:28:34.000
If we can integrate those into the charter.
01:28:34.000 --> 01:28:42.000
Would you be willing to recommend advancing with those amendments. This charter so that we can continue to move forward with our work.
01:28:42.000 --> 01:29:05.000
I would ask that if you're in the chat, what you can do is you can use an emoji and icon to actually I think there's a raise hand feature here, where or a thumbs up, where you can note, your approval of or your request to recommend advancement of this
01:29:05.000 --> 01:29:20.000
charter
01:29:20.000 --> 01:29:30.000
quality I think I mentioned compliance incentives and enforcement, I did mention that if I, if I. Yeah. Anyway, that is intended recommendations if it wasn't very clear from my response as amended.
01:29:30.000 --> 01:29:38.000
It wasn't very clear from my response as amended.
01:29:38.000 --> 01:29:46.000
Okay, we will of course give everyone another opportunity to review.
01:29:46.000 --> 01:29:53.000
Say yes as amended to will want to make sure everyone gets a chance to see that but I'm generally getting consensus from his comment.
01:29:53.000 --> 01:29:59.000
Thank you. And I do want to recognize Carmela you do you want to see these again. So those will go will make amendments and send up.

01:29:59.000 --> 01:30:00.000
Great.
01:30:00.000 --> 01:30:02.000
Thank you very much.
01:30:02.000 --> 01:30:09.000
I'm sorry I couldn't get to everybody's comments here but I do want to us to move forward. I'm sorry we're going to have to move through the break.
01:30:09.000 --> 01:30:22.000
Everyone seems pretty charged up so let's just keep going I'm going to turn it back over to john and i think if you want to just introduce the next topic, then we're going to go over to rim, or REMAX you can go right into it.
01:30:22.000 --> 01:30:29.000
Do you want to just go right into the context here so we all are working from the same sort of foundation here please.
01:30:29.000 --> 01:30:32.000
Certainly, and thanks Joanna Can you hear me all right.
01:30:32.000 --> 01:30:44.000
Yes, I can hear you. Great, thank you. I really appreciate the time to come and share a short history in context for data exchange in California.
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I was invited to teach a class with UC Davis Extension Center, and it's interesting that today that I'm going to be trying to compress into the next five or 10 minutes what was a full semesters class at that time.
01:30:59.000 --> 01:31:15.000
As a result of that people should expect that this won't be complete, that what we're hoping to get to here is at least some common context and recognition and reminders of some of the important events that have taken place in California, concerning data
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exchange many of you on this call. Live those along with me and we'll have other things that will come to mind during today's discussion as well.
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Let's go on to the next slide here First we'll just start to talk a little bit about what data exchange is in the context for us all to consider.
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At least one way to start thinking about data exchange is that that is provided by EHR vendors within the HR systems themselves vendors have is their core business the documentation of healthcare delivery but often will provide capabilities for their
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customers that is health systems to exchange data as well, those customers obviously their core business is care delivery but they make use of the capabilities that their EHR systems to help them deliver better care, these capabilities may include separate
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facilities that share common in instance of any HR and therefore have direct access to the same information. It may include separate instances of the EHR shared within separate facilities, the same customer, and the vendor is knitted those instances together
01:32:27.000 --> 01:32:41.000
so they can exchange information. In some cases it may include separate instances across different customers for the vendor again has provided a way that they can share information and example of this might be epics care everywhere.
01:32:41.000 --> 01:32:58.000
And I think that it's probably been useful for us to think about some of the nationwide networks such as care, care quality, which are providing capabilities for cross vendor sharing on an EHR basis.
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It is also important to recognize that certified EHR is have the capability, or required to have the capability for patients to have access to their health information and these EHR based data sharing mechanisms may support patient access to a broader
01:33:14.000 --> 01:33:17.000
set of information as well.
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Many California Health Systems participate in sharing based on their EHR capabilities. Let's go on to the next slide and I think that most people when they think about data exchange they probably think about a model around health information exchange
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organizations or HIV AIDS.
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HIV, those are usually not for profit small businesses whose core business is the exchange of usually health data.
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They often focus on clinical data, although a lot of a Chios today are expanding beyond just clinical data, and the Hi, are often the focus of the state's expertise in patient matching they often have a better understanding of the different identities
01:34:03.000 --> 01:34:12.000
under which a patient may be known across the healthcare system, or to help delivery system, and have a capability of bringing that all together.
01:34:12.000 --> 01:34:32.000

He is serve a broad scope of unaffiliated organizations that may include hospitals ambulatory care providers labs, health departments, Ms. payers and other stakeholders and an important concept there is that these are unaffiliated organizations, and often
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as a result of that a Chios are referred to as community or regionally Chios to concentrate on their community.
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Now, it would be remiss of me to suggest that any way of me saying, What is typical is going to be a descriptive of every HIO in California, there are more than a dozen community he shows that are active and successful organizations within California
01:34:56.000 --> 01:35:12.000
today and all of them are delivering services that are specific to the needs and desires of the providers and other stakeholders they serve. So there will be exceptions to all of these rules, but it's at least useful perhaps to think about this is a typical
01:35:12.000 --> 01:35:16.000
version of but any child might provide.
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There's been quite a bit of expansion of a Chios funded through DHDHCS is recent HIO onboarding program or cow hop initiative. It's made up to $50 million of onboarding incentives available to the H and H are expanding within the state of California today.
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I think it's also useful to think of some statewide and nationwide initiatives is also falling into this category will talk about see 10 and a minute here, which might be one of those examples and other nationwide network that behave somewhat like an
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is the health exchange of which a number of federal agencies, health systems and he is participate. Let's go on to the next slide here most of what we've really talked about so far has been different types of data exchange
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that have been centered on clinical data, but there is, there are other exchanges that are taking place as well outside of just the clinical data arena and I think it's important to describe those as well if we go on to the next slide.
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Another example of data exchange is specialized networks and these networks are character characterized primarily by the special either needs or data that they exchange common examples might be prescription Phil information laboratory results from one
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for large lab systems or event notification for emergency departments.
01:36:57.000 --> 01:37:10.000

These types of networks are often operated by by for profit companies, and are related directly to the date data that they either create or are capable of exchanging.
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These networks may be connected directly to each ours, but many are making use of these networks as well to help deliver on their own services.
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Again, most of the first three examples that we talked about, focused largely on care coordination, a fourth example is an emerging data exchange to support whole person care.
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And in this case, like HIOZ exchange is mediated by an organization that may specialize being an have been created specifically for the core purpose of data exchange, but unlike the other forms of data exchange.
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They are more likely to include non clinical data created by community based organizations, and then include the ability to share clinical data with those types of organizations.
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Let's move on to the next slide and this is intended to at least start to get us thinking about some of the events that have happened in California. I'm not going to touch on all of them in detail here, the events along the top or some of the important
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events that have happened in the national context that impact things that are going on in,
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in,
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in California and data exchange in California. I think it's important to recognize the California has a long history in successful, he goes with the first.
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data. Today, the federal government got involved with health information exchange really starting in 2004 with the establish in establishing the Office of the National Coordinator for Health Information Technology and began work on the nationwide Health
01:39:01.000 --> 01:39:07.000
Information Network that became the E health exchange and about 2009.
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With the signing into law of the high tech act a great deal of federal funding became available to support the adoption of hit including statewide initiatives, under the state hiu cooperative agreement program California received just short of $40 million

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to help promote expansion of HIV in California.
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In, 2004 of 14 at the end of the HIV cooperative agreement program, CHHS released in published a common model for participants agreements that many of the H is in California use today to have a common framework for how they govern the exchange of information
01:39:54.000 --> 01:40:09.000
between community a Chios and their participants the providers labs etc that working those networks, and also funded, along with a lot of volunteer work the development of the seat and then we'll talk about in just a minute.
01:40:09.000 --> 01:40:29.000
An important event in 2017 was released by CHHS, or the state information guidance first publish to cover mental health and behavioral health and it's since that time had additions to cover HIV, and the sharing of information to meet meet food and nutritional
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needs in the context of all of that has been the signing of the 21st Century Cures Act that in this year earlier in this year, began expansion of information blocking to apply to providers health information exchanges and health information networks.
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And as we've already mentioned, is calling for the establishment of the technic. The Kafka the technical exchange framework and common agreement, excuse me trusted exchange framework and common agreement with the common agreement, shared data use agreement
01:41:09.000 --> 01:41:24.000
and policies and procedures for the exchange of health information nationwide do early in 2022, what we're hearing now is that a plain language summary of that common agreement may be available to us in the next few weeks.
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Let's go on to the next slide please. And I want to just touch briefly on the sea 10, California trusted exchange network. First, what is it, well it's a voluntary self governance of Statewide Health Information Exchange in California.
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That was established by the California Association of health information exchanges that comprises a multi party data sharing agreement that is consistent with national networks, and a set of policies and practices that govern a number of different things
01:41:54.000 --> 01:42:06.000
that includes decision and policy making procedures practices for onboarding and testing. Additional obligations of all the participants in a mechanism for enforcement.
01:42:06.000 --> 01:42:25.000

There are a number of organizations to participate in the see 10 today has 19 signatories to the data sharing agreement and 16 organizations are actively exchanging data today that includes DHC s, and M sa as state agencies three large health systems
01:42:25.000 --> 01:42:30.000
and 11 community he knows all actively exchanging data.
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Most of the data that's being exchanged today is in the support of care coordination among providers, although it would be appropriate to also mentioned that MC operates pulse, a system for accessing health information during times of widespread emergencies
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or disaster on the see 10 as well.
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Pulse has been deployed, many times in support of wildfires and is currently deployed in support of the public health emergency to to support coven response.
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And it's also interesting or important to note that some of the state agencies in particular and San DHS both sometimes have used participation in see 10 as a marker that he owes are committed to statewide exchange the information that they're collecting
01:43:23.000 --> 01:43:28.000
within their organizations to participate in those programs.
01:43:28.000 --> 01:43:42.000
Let's move on to the next slide, and Jonah, Jonah I think I'll turn it over to you now to take us through a discussion of what we may have collectively learned about health information exchange in California and how that might help guide our work moving
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forward.
01:43:45.000 --> 01:44:03.000
Great, thank you. I just want to open it up if anyone has either any questions or many of you have been have been at this rodeo for some time and have some nuggets of learnings that you may want to impart with to us before we get into the goals, and the
01:44:03.000 --> 01:44:06.000
next and final agenda item.
01:44:06.000 --> 01:44:23.000
Want to see if anyone has any comments, and things that we should reflect on and learn from past experience.
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I do have a couple things.
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First of all room, Thank you for going through the history of where we've been and. And I would just reflect on a couple things one is for health information exchange.
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It's hard.
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It's why we haven't been able to figure it out over and get it perfect to this point. But I think, reflecting back on some of the things where we were able to come together form some agreements and build this foundation for data sharing.
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I think that that's that's sort of a good place to start from.
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Certainly when we first began that process years ago we didn't have that foundation and we sort of muddled through and now we've come a long way.
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And the other thing that we want to reflect on is in terms of where we were with just basic electronic health records in the offices, exchanging data I remember back when we all used to have prescriptions.
01:45:28.000 --> 01:45:40.000
With a little piece of paper that we carried around. And so again We've come a long way. But, but if we look at how we've been able to advance electronic health record usage.
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It really is through the technical assistance with people on literally feet on the street, helping to support to change management and implementation with physician offices with clinics with public health.
01:45:57.000 --> 01:46:13.000
So I think we need to start to incorporate some of those lessons learned with how to make electronic health records robust to how to exchange data through health information exchange.
01:46:13.000 --> 01:46:25.000
Thank you, Lori okay we've heard already and reinforced by or comments, the need for technical assistance and a lot of consensus that needs to be part of our framework, and our plan.
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I'm going to entertain a couple more comments, everyone. If I can't call on you just so that we can get through the next section because we want to focus on goals, please put your comments in the chat.
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Sorry if we can't have time to get to everybody but I'll just go in order here I think we have Carrie and then Claudia and then we're going to default.

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So now I just, I just have questions, but maybe you'll address but as we're looking at the history and the governance structure, for example for see 10 I see that, you know, health systems and departments are part of that are part of our data shares are
01:47:02.000 --> 01:47:20.000
they part of the governance structure, and what you know what is the current role of consumers on, you know, on these types in these types of HIV HIV was particularly as we're thinking of you know the consumer experience, and also related question, to
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what extent are individual users able to access health information exchange data today, or how are they able to access it, and then just a different question.
01:47:33.000 --> 01:47:44.000
What is the cost to joining these hi us today, if, if folks want you know providers or others want to be members.
01:47:44.000 --> 01:47:55.000
The questions, I think we will need to tackle them as we go through and there's a question about governance, and I think it's one of the priorities that we saw in all of your comments and your rankings of things that needs to be addressed that growth
01:47:55.000 --> 01:48:11.000
the top, almost across the board. So we have to address that. There are a number of comments about the role of consumers and one thing that we had mentioned and it's important is that in the federal federal framework that they described something called
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consumer mediated exchange and it's a concept that's part of new federal law policy.
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Basically, meaning that consumers do not really should be at the center of much of the exchange that takes place they should have access to information and so we should be taking that taking a cue from the federal government but also defining what we
01:48:29.000 --> 01:48:32.000
want here in California.
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To define what the difference or the question about user access and cost but important consideration of course last comment I'm sorry I know we don't have time for everybody here, please put them in the chat but Claudia, please.
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Thank you.
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As we look at some of the goals that have been highlighted today around equity and meeting together public health and clinical care and Kaleem.
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One of the things that becomes really clear as its, as was said before it's not just shooting information from one point to the other, but really integrating it matching it, bringing data together.
01:49:08.000 --> 01:49:21.000
Finding insights from the data so I'd love to see us have a definition of exchange that really includes those functions in addition to the Trent the transit of data.
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And I think that was referred to, but just wanted to expand on that a little bit.
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Yeah, here in our framework, you're saying we need clear definitions of exchange including not just what but how transport standard protocols. Okay, very good.
01:49:39.000 --> 01:49:49.000
I'm sorry, let me move on. But Michelle if you have specific comments about this, please put them in the chat we're going to do is if we can move to the next slide.
01:49:49.000 --> 01:50:01.000
We're going to focus on some of your own reflect on issues that you had brought to us, we issued a survey, and I really appreciate everyone, we all really appreciate everyone, taking time we got a lot of feedback especially over the weekend.
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Some of what you're going to see came, we published this before and we pulled it together so I'm going to actually add a few notes from other things that came later this weekend, and even into.
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Even in the Monday.
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So, this is what we asked you, so the first thing is we really wanted to get an understanding of what you all as advisors to the agency reflect on what do you want this group to accomplish what should our goals be, what are we trying to do here.
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And just want you to hear some of your thoughts and your comments reflected back to you.
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These are themes, these are not everything we heard, but there's some repetition and some of these things.
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We just talked about this. The first one is about having a consumer centered approach, that is foundational and thinking of it as a patient's record not a doctors work prod product and that further that this group.
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This comment or hoped would deliberate on how a patient would have access to those records and a system that allow for them to engage with it, including enabling going out of network or region so that they can, so it's portable, that's part of it but
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to always be that way but it doesn't always end up that way as we know. Second Team overarching goal should be to participate is to have every physician that they have access to all the information they need to provide the best possible care of their patients.
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And I think what we've heard loud and clear that's necessary but not sufficient. It's not just about the position it's got to be broader there are other caregivers.
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But this particular statement is critical for the exchange of physical health information if you want to improve behavioral health and that as well.
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Third is that the advisor group should focus on average to strengthen and expand data sharing in California that preserves and build off of infrastructure at the local level.
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Now we've heard that multiple times from your comments today.
01:51:50.000 --> 01:52:04.000
And it's critical. It's not just the infrastructure and the technology but it's also the policies. As we mentioned tell Versa years have gone working on into it, it's been adopted, not universal, but we're going to have to move towards a universal a document
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a document that will be required under this law to be signed by various participants.
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We want to build on what what's worked in the past and amend it so that it brought in for example calendar so if this is the approach to include things like behavioral health, social data and other aspects that we feel are really critical to enabling
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our vision.
01:52:26.000 --> 01:52:38.000
Another is a statewide mandate for there to be accessible congruent non duplicative data systems across all the sectors. So this is another call to be more expensive than just physical behavioral data exchange.
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Another is to safely and securely share, share healthcare data amongst the various government entities to provide continuity of care and research, there are a number of advisory group members who come from not just departments but agencies like helpers
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prisons. Covered California and there's a real need to be able to share this information across them and across departments.
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And so that really needs to be part of our thinking was this comment.
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And then, one is that success for this advisor group means an agreement to cast the date exchange framework as a comprehensive health record that it's available for every person.
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Now what I want to reflect is two more things that really came out towards the end of the comment with as they receive them over the weekend.
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And this is also reflected in some of your earlier comments about technical assistance and support.
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One thing that came up a lot over the weekend was we need to identify the code.
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We need to identify and leverage funding and support technical assistance to enable all providers to become interoperable using networks in California across the country and identify how to better support state and local government entities so they may
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implement bi directional data flows but private providers and payers.
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These are excellent and we've heard that from those who represent small solar providers to big health systems are all saying, generally the same thing about the need to support small solos underrepresented those that may not have the same resources as
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those who've been able to implement this so that's critical. According to many of the responses we've received it from your comments today.
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And the last is around governance. And that, that, that the aid that through this work that. And through that framework we establish agreed upon governance and rules of the road to be understood accepted adopted across sectors in California.
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So reflecting on those responses, we would add two things to these themes and this is, we'd love to get your, your feedback on these what we're trying to do is we're trying to elevate what are the priority calls that we should be focusing on what do we
01:54:43.000 --> 01:54:48.000
consider to be necessary in order to enable success of this group.

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And so there are these six, plus the two I just added one is develop standard HIV objectives and these priority use cases. Another comment that came through over and over again is we need to define why we're doing it and what we're doing.
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Before we go to how. And in order to do that we need to say, for example, and this is a good example for today. How do we enable data sharing so that our first responders are able to respond to the culture of fire that is right next to many of us who
01:55:16.000 --> 01:55:31.000
are sitting here, so that the people who are being evacuated when they're in touch with that first responder can have that access information when they're being responded to and how that information can move with them to whatever facility or county or
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region they're being evacuated to a second is to develop policies to improve access to information that's needed to drive quality of care and health outcome improvements across the population.
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A third is to identify and close gaps and data exchange for sectors that are not extensively participating hi networks.
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Fourth is to address disparities and health equity in developed it off and clear state guidance and how demographic and other related data should be collected and shared.
01:55:58.000 --> 01:56:04.000
This is to develop strategies to leverage and expand existing data exchange capabilities infrastructure and networks.
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Six is around policy, developing policies to protect patient privacy and confidentiality.
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And the two others that I mentioned were around governance, to develop recommendations around governance to oversee policy in California. And then the last new edition would be around technical assistance and financial support for those who do not currently
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have access and need support to onboard and exchange data.
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So with those those would be eight priority themes, definitely want to hear from the group, especially if those who have not had an opportunity yet to comment or who have thoughts but it may not have shared them we want to try to hear from everyone we've
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made this an expansive group, both by, by mandate but also by choice.

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So please, would love to hear additional thoughts from those will start with Claudia, let her hand raise and then we'll go down the list. Please go ahead Claudia.
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I think my hand was raised from this floor, I don't have any common thing. Oh.
01:57:07.000 --> 01:57:11.000
Alright, great, Erica, please go ahead.
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I just wanted to clarify john you, you had added another purpose of technical assistance and support that right or am I missing it. that's great. I think that's, I think that's extremely important.
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And I would add resources to that.
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Because it's especially for providers and consumers who like that, those resources.
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access can can sometimes just be theoretical.
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Yes, I would I would agree, and that the comments that we received we're just about to say but they were financial resources and sources.
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And those finances, we need to be able to define where they're coming from and if we're making appeals to the legislature and work submitted plans and recommendations to them.
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That may require us to request for general funds special fund dispensation other sources of funding federal funds we can tap into we really need to break funding.
01:58:08.000 --> 01:58:19.000
We're going to do this, there are a lot of organizations that do not have access to financial funds or technical assistance that are needed. That's what we're hearing and that's what we understand.
01:58:19.000 --> 01:58:22.000
Thank you, Andy Please go ahead.
01:58:22.000 --> 01:58:38.000
Yeah. Thanks very much, and really appreciate the comments that come from my colleagues on this committee. I want to, you know, really endorse what you said about one of the points, not listed here but the ones that were added about technical assistant
01:58:38.000 --> 01:58:44.000
resources to bring along some of the entities that
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really have had more difficulty having the ability to do this you know having moved myself from a safety net environment. now to Kaiser Permanente.
01:58:54.000 --> 01:59:03.000
I mean there's just tremendous differences, both in terms of the infrastructure that's available that is really relevant to understand.
01:59:03.000 --> 01:59:18.000
I think for, you know, the epidemiology of our state and how many of our patients are in systems where a lot of this is actually already quite possible versus some of the same content environments like where I came from where not only is there less infrastructure,
01:59:18.000 --> 01:59:34.000
but actually the need for the exchange is even greater because of the fragmentation that tends to occur in the safety net relevant relative to some of the other health systems so I really want to endorse the notion of providing that kind of support for
01:59:34.000 --> 01:59:51.000
safety net providers as you've called out but also the flip side of saying that I think as we develop plans together, we should really understand how many of California ins are currently, perhaps being well served, or many of the needs that are identified
01:59:51.000 --> 02:00:03.000
are being attended to and a lot of ways because of the large health systems that we have in the state and the degree to which they are able to do some of these kinds of things I mean certainly I'm seeing that now.
02:00:03.000 --> 02:00:20.000
In my role at Kaiser Permanente in a different way than I saw when I was in the safety net. So I just want to make sure that we don't design a kind of one size fits all without taking account for where we're starting from with different groups of patients
02:00:20.000 --> 02:00:35.000
within the state. So I think there's a tremendous opportunity to bring some of the providers, up to a different level, but also to learn from some of our health systems in the state that have actually been able to execute on a lot of things that are described
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here, so thank you.
02:00:38.000 --> 02:00:42.000
Thank you. Thank you, Randy I mean what I hear you say is we should really take.
02:00:42.000 --> 02:00:59.000
And I love this we should really take a data driven approach to understand sort of the genome type or the phenotype of those who do not have access and understand what their needs are both financially operational business technical, so that when we designed
02:00:59.000 --> 02:01:09.000

and request or develop programs. We know what they need, and we can help support those specific actors, is that would you characterize that as such.
02:01:09.000 --> 02:01:23.000
Yeah, I think that's great and also, you know, I guess, on the other hand also just saying I mean I think so many great examples of challenges have been brought up here today but I can't help but think about the fact that the nature of how our health
02:01:23.000 --> 02:01:38.000
system has, you know, I'm not arguing it's necessarily, you know, always a good thing but I do you know there is a reality about our health system environment in California that means that we do have several large systems that have had the infrastructure
02:01:38.000 --> 02:01:52.000
to execute on some of the things that have been described here and I think we should just understand that so we don't kind of then undermine a lot of the progress and we factory leverage that progress and apply it to the parts of our system particularly
02:01:52.000 --> 02:02:02.000
that have had more challenges in this regard, so I'm not saying that there aren't opportunities for all of us, you know, improve and what we're doing, but I think we're.
02:02:02.000 --> 02:02:15.000
There's probably a quite a range of where we're all starting from, and particularly recognizing the special challenges that have been highlighted regarding the safety net where again I think it's both the current resources or less than they are in other
02:02:15.000 --> 02:02:25.000
environments and the need is greater because it's a more fragmented environment than, then some of our other more mature health systems.
02:02:25.000 --> 02:02:25.000
Great.
02:02:25.000 --> 02:02:38.000
Thank you. That's terrific and there have been a number of just want to before I go to Bill who's next bill Barcelona there been a number of comments about demographics, and we do need to be very explicit word.
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We're talking about race, race, ethnicity socio demographic gender identity. There are multiple different aspects of this, that we need to address because they have different implications if we don't have access to that information if the providers, whether
02:02:54.000 --> 02:03:09.000
it's a physical behavioral social or an agency, not having that information is going to result and perpetuation of disparity so we're going to be very explicit, that when we talk about things like standards and demographics, and how we address them.
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We have to be detailed enough to get down to the level of what we mean here.

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So thank you for those comments bill, please go ahead.
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Jonah Thank you.
02:03:20.000 --> 02:03:22.000
I just want to emphasize that.
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One of the fundamental aspects of data that we need to make all of this work is still accurate and timely information on providers across California and I really think in this process, we need to focus on making our provider registry statewide and mandatory
02:03:41.000 --> 02:03:51.000
so that consumers have the ability to access physicians and providers
02:03:51.000 --> 02:04:07.000
on an accurate basis, quickly, public health officials need that access to where providers are at the local level. And I know I sound like a broken record but this is 10 years of work on provider registry that we need to incorporate in this process and
02:04:07.000 --> 02:04:09.000
get finalized.
02:04:09.000 --> 02:04:11.000
Yeah.
02:04:11.000 --> 02:04:16.000
It could totally valid point though, I do think we will need to consider that.
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There's also an IP that's being established it's collecting on across the state counter data, and we don't want to lose sight of the fact that that is taking place.
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It's ready for launch.
02:04:28.000 --> 02:04:31.000
And we need to consider it.
02:04:31.000 --> 02:04:34.000
Thank you, Mark. Please go ahead.
02:04:34.000 --> 02:04:37.000
Thanks Jenna.
02:04:37.000 --> 02:04:43.000
Looking at these, I think this is a good selection of themes for the flight.
02:04:43.000 --> 02:04:53.000
But in light of the conversation this morning I'd also suggest one around the who, the doctor galleys comments about every California and it would be good to see the sex personally that we are we are trying to provide access and use for every California
02:04:53.000 --> 02:05:07.000

That's explicitly that we are we are trying to provide access and use for every California and this would also the who would also be a great place to add your comments about Demographics The diversity of California.
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And I think that I would go back and say that, but I've learned a long history in California is that you have to start making that explicit to make it real.
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Thank you.
02:05:20.000 --> 02:05:21.000
Thank you, Mark.
02:05:21.000 --> 02:05:23.000
Very good. Paul Please go ahead.
02:05:23.000 --> 02:05:39.000
Thanks Jonah, I just wanted to call out all this is important but I think that the trust in the patient protect patient privacy I want to call out because the, the reality is if we're going to fulfill this vision.
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Somehow data needs to be brought together from disparate sources and matched and integrated and stored.
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And then curated and only shared with those who should access the appropriate portions of it, and there's just simply no other way today in the world to do this technically or operationally than to do those things.
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But obviously the organization or organizations or entities, whether it's the state or health plans or health information organizations or federal networks or however it ends up being done.
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There's a lot of comments about concerns about behavioral health data about Big Brother. And so, I think, establishing something that where there's trust, because there's there's simply no other way to be patient centered, other than to bring this data
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together on a patient centered basis, and stored and manage it, but whatever the capabilities are that are brought forward.
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Having public trust in them is going to be crucial when it comes to that, protecting patient privacy so I just want to call that out because I think that's going to be an ongoing tension point.
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Thank you. Yep.

02:06:54.000 --> 02:07:09.000
Thank you, Paul. I agree I would suggest we actually amend this to note that we establish trust and protect patient privacy and confidentiality and I think there's a couple ways that we should consider doing that one is we do not have anything like a
02:07:09.000 --> 02:07:29.000
universal release of information or data authorization sharing for anything like that or even really clear guidance about what agencies, whether they're at a county health department a behavioral health provider or others can and should be willing and
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are legally obligated to share or not to share under what circumstances.
02:07:33.000 --> 02:07:50.000
So I it feels to us that as we're developing data sharing agreements, we have to address this we have to ensure that there's trust in the framework, and they use agreements and in oversight of policies like releases of information for sensitive information.
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And it is a really clear understanding of any dissonance between federal and state law.
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One, I can very helpful, change that came about this year in the budget trailer bill was some language around counting to clearly communicate to stakeholders about the need for counties health plans providers.
02:08:11.000 --> 02:08:24.000
Can you based organizations and others to share information in compliance with federal law and it really helped create some clarity in the medical program and considering taking that and seeing if that could be applied more broadly to the entire state
02:08:24.000 --> 02:08:33.000
of California. So, it feels to me that we do need to focus on this, the trust element is critical.
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Okay.
02:08:34.000 --> 02:08:37.000
I think we have about 15 minutes left.
02:08:37.000 --> 02:08:42.000
There couple of things we need to do before we wrap up.
02:08:42.000 --> 02:08:53.000
And I don't see any more raised hands we see a lot of terrific comments, if we just move to the next slide we we've identified a number of barriers, but honestly I think we've captured pretty much all of them as you go to that there's a number of words
02:08:53.000 --> 02:09:03.000

here. Yes, they're the scoured of healthcare the cockroaches that are the fax machines still exists, we haven't been able to destroy them all and replace them with data exchange.
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That has to be addressed.
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And we've noted other things about small practices and it's not just those but others who may not have access to technology to be able to share data.
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We need policy around mental health, substance use disorder and other sharing, any data governance and ownership, those are continue to be barriers confusion about state law, and compliance with or in congruence with federal law.
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And this overcoming a culture of information blocking. We have some federal law that's going to help us do that by requiring that organization share certain types of information but we can certainly aligned with and perhaps build upon it.
02:09:45.000 --> 02:09:53.000
And so the number of the barriers that came next, which I think we probably shouldn't spend too much time on because we do want to get to the next item.
02:09:53.000 --> 02:10:08.000
But if you can move on to the next slide, really focuses on some of the themes that are the barriers, which is around the fragmentation of data sources reliance on just one form of data, we just mentioned the HR national networks.
02:10:08.000 --> 02:10:21.000
There needs to be from what we've heard in terms of barriers, a variety of different mechanisms to share certain information but we have to define the goals and what we want to accomplish and these scenarios and use cases.
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So that people understand what needs to be shared for one purpose.
02:10:25.000 --> 02:10:37.000
There's still a infrastructure that needs to be built, there's a misaligned policies, the business practices and the financial and technical barriers we've discussed at great length, and those continue to to emerge.
02:10:37.000 --> 02:10:56.000
So unless their comments here I want to move to the next slide because I want to get go. So, last thing is, when we asked to rank order some of the most important things to prioritize and I do want to recognize from a couple of comments we didn't, we
02:10:56.000 --> 02:11:10.000

probably missed some things here, we didn't give an opportunity for every single entry to just take this for what it is it's limited, but what really strikes me as governance and Paul to your comment data and privacy and then technical implementation
02:11:10.000 --> 02:11:17.000
and support those things are really rose to the top but I think the comments that we've heard today from all of you.
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And in the surveys really reflect on to a broader set of issues.
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Okay, the last thing I want to cover before housekeeping and next steps.
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If you can move on to the next slide. As Jared had mentioned there are a number of items that are part of section, 130 to nine zero at 133, the section that we're focusing on here that we have to address.
02:11:46.000 --> 02:11:51.000
I'm going to amend from CMS suggestion to others added on to.
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We need to address the finance funding and technical assistance so I want to just broaden that funding bullet, that's near the bottom. But these are all elements that by statute, we need to incorporate into our framework.
02:12:04.000 --> 02:12:21.000
And so this group has to advanced recommendations regarding these items, and they have to be addressed in our framework. And so we need over the next 11 months to have a process by which we're going to address these elements directly so that we are responding
02:12:21.000 --> 02:12:30.000
to the law that created this advisory group, and the framework that will be just publishing.
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We have a couple of suggestions about how we tackle some of these issues.
02:12:33.000 --> 02:12:51.000
If you look at the bottom of this screen, we have to address privacy, security and equity policies and procedures definitions and standards were suggesting for this group to consider whether or not those topics can be incorporated and deliberated with
02:12:51.000 --> 02:12:55.000
a subcommittee, that have specific expertise in this area.
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I feel it's important given all the conversation we heard that we include the disparities issue around data that we do not yet, collect extensively race ethnicity socio demographic

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gender identity, etc. Be part of that.
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So, one suggestion from our group, which we'd like to toast you in a moment is should we have a committee subcommittee that addresses that second is that the next three bullets from the bottom.
02:13:29.000 --> 02:13:45.000
Pay requirements, governance and funding. Again, these are in statute. They're literally one or two words word, or we're not abbreviating these, this is what we're being told we need to do so we have to define these to some degree, but it felt up to us
02:13:45.000 --> 02:14:01.000
to agency and our team that these are these are weighty issues that implications for all of our organizations and that we should bring that we need to bring information to this group to deliberate on it to make recommendations around things like governance,
02:14:01.000 --> 02:14:05.000
how are we going to govern policy data sharing policies and agreements going forward.
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Because this, this group is going to have to advance recommendations and then ultimately, some, some sort of policies are going to have to be created and then maintained and updated over time.
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And then in terms of payer requirements and funding we've heard we need to begin to advance recommendations about what kind of funding we need for what organizations to do what.
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So our suggestion here for consideration is that this group being a group that actually deliberates on those. And that's our responsibility is to bring you the content that would help you and make informed recommendations to the secretary.
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And then the last are the items up top.
02:14:46.000 --> 02:14:54.000
Consideration of various data types, which we also recognize from my previous statement are going to have to go into the data sharing agreement.
02:14:54.000 --> 02:15:08.000
But we have behavioral health and substance use disorder information, social determinants of health data related to underserved and underrepresented, which would include the various different stakeholder groups and clubs populations.
02:15:08.000 --> 02:15:21.000

I mentioned and then a strategy gaps in the health information lifecycle basically where they're white spaces who what regions what sectors may not have access to the information or the ability to share it.
02:15:21.000 --> 02:15:40.000
And then last, is this one line in the law that says that this framework has to have a strategy for creating unique secure digital identity, and it goes on to say, it's actually more here goes on to say for the purposes of constructing things like master
02:15:40.000 --> 02:15:43.000
persons indices, to the state.
02:15:43.000 --> 02:16:03.000
So what I'd like to do is ask and Michelle I see your hands up so I'll turn to you first. If you have any questions about this before I asked the question about creating a subcommittee to deal with a day Shangri Michelle, go ahead.
02:16:03.000 --> 02:16:04.000
Can you hear me now.
02:16:04.000 --> 02:16:07.000
Yeah.
02:16:07.000 --> 02:16:20.000
I think my suggestion related to this topic is, it seems like we need to nail down the purpose or the what, before we get into the how.
02:16:20.000 --> 02:16:36.000
And part of why I'm flagging that is, you know, I, one question, since you asked for questions to is, sort of, where do we, where do we, where would we fit in some of the court or criminal justice type data that is so relevant to safety net providers
02:16:36.000 --> 02:16:40.000
serving people with serious mental illness or SPD right.
02:16:40.000 --> 02:16:56.000
It would that fall under social determinants of health data, etc and then I think we could, we could go on for years talking about some of these topics in discrete expert work groups right, we need to give folks a clear sense of what is their charge or
02:16:56.000 --> 02:17:05.000
their mission, and almost I might even suggest that we frame some of these work groups around very specific questions or problems that we're trying to solve.
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Because, you know, if I'm a behavioral health person, I cannot just be locked into that BHMSUD data workgroup. I'm extremely relevant, if not essential to the social determinants work group as well, and cutting across multiple workers and you don't want
02:17:22.000 --> 02:17:32.000

to have to repeat multiple times and not be in the room so my suggestion would be let's nail down why it is that we're doing this, what we're what we're endeavoring to do.
02:17:32.000 --> 02:17:49.000
And then, tee up some really specific policy or technical questions, and bring the right, you know, group of stakeholder experts around the table to discuss suggestions or proposals around those things.
02:17:49.000 --> 02:17:51.000
Yeah.
02:17:51.000 --> 02:17:55.000
No, I agree.
02:17:55.000 --> 02:18:01.000
Thank you. Thank you Michelle. Michelle reinforces your comments as well Michelle
02:18:01.000 --> 02:18:03.000
Carmela Please go ahead.
02:18:03.000 --> 02:18:10.000
Thanks, I'd like to agree with what Michelle is just laid out and you know this is hard and seven minutes.
02:18:10.000 --> 02:18:27.000
It would be beneficial to me to understand a little bit more about the words on this page before I could make a decision about what's the best way to manage it policies and procedures for what pair requirements for what it would just be helpful, I think,
02:18:27.000 --> 02:18:44.000
and I know Secretary galley at the beginning of this call mentioned that participation on this advisory group is one of the hottest tickets in town. I'm going to believe that participation on any sub communities that we create will also be one of the
02:18:44.000 --> 02:18:56.000
tickets in town, and would just like us to be really clear on the what first and then understand if we're going to use subcommittees how we're going to determine who serves on those balance on those committees, etc.
02:18:56.000 --> 02:18:59.000
Thanks.
02:18:59.000 --> 02:19:02.000
Thank you.
02:19:02.000 --> 02:19:09.000
Again, I totally agree with you. It's part of our job. In our next set of meetings to identify
02:19:09.000 --> 02:19:25.000
the what and the why behind these because the statute is what it is. And in some cases there's very little to go on, other than important words on a page that we need to respond to so totally hear your point, and we do are going to need to provide our
02:19:25.000 --> 02:19:34.000

interpretation in context about this, about this law and have the group, so that the group can have a more informed decision.
02:19:34.000 --> 02:19:36.000
So thank you.
02:19:36.000 --> 02:19:54.000
I'm going to have a couple more comments, and then I'm going to ask if the group would recommend that we formed a subcommittee at least there's one on the data sharing agreement, we that we collectively have to advance recommendations and the Secretary,
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you know approve them, and then publish to the framework, a data sharing agreement for California, and we have to get into that. Now, as far as we're concerned that, you know, we said this is both the sprint the marathon and it is, it doesn't get developed
02:20:10.000 --> 02:20:11.000
overnight.
02:20:11.000 --> 02:20:15.000
We know tough guy is going to come out with a common agreement soon.
02:20:15.000 --> 02:20:22.000
We feel that need to an urgency to create and, and meet the mandate of AB.
02:20:22.000 --> 02:20:28.000
of the Assembly Bill, that's going to require that we have a single day sharing agreement.
02:20:28.000 --> 02:20:39.000
So before we go to a request I'll ask two more questions, David and mark and then we're going to close out.
02:20:39.000 --> 02:20:51.000
Thank you, Joe nice, I just have to note for some of us who were involved at the beginning of a high tech tax the fact that HIV is now the hottest ticket in town is really surprising.
02:20:51.000 --> 02:20:53.000
We've come a long way of the state.
02:20:53.000 --> 02:21:09.000
I think one of my questions is we develop these working groups is, I believe. The intention is for them to be open to people who are not on this main committee and so I just like to know what the process is by how we nominate someone for one of these
02:21:09.000 --> 02:21:12.000
working groups who is not sitting here.
02:21:12.000 --> 02:21:22.000
Yeah. That is true. And we'll share that we do want to have an open solicitation once there is a subcommittee to

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to proceed.
02:21:24.000 --> 02:21:33.000
So we do want it to be open, we want it process to be able to for an individual to nominate themselves or someone else to participate in a sub committee wants therefore.
02:21:33.000 --> 02:21:34.000
Thank you.
02:21:34.000 --> 02:21:48.000
All right, I know we're almost out of time, and I got I want to respect to all of your times to mark if you have something that would be very quick, very quickly appreciated your comment about the intersection between the last group.
02:21:48.000 --> 02:22:04.000
And the first group so the policies and procedures temperatures and standards definitely related and formed by, but the small groups will be working on so I think it's there's a committee around the data sharing agreement there should be attention to
02:22:04.000 --> 02:22:16.000
cross fertilization, so that the work that's coming out of the, of the subject matter experts gets woven in otherwise we'll have to come back and relook at things, I believe, from my experience.
02:22:16.000 --> 02:22:18.000
Yeah, thank you. Yeah.
02:22:18.000 --> 02:22:20.000
Great.
02:22:20.000 --> 02:22:29.000
Just to respond to your comment your question, the data sharing agreement is in statute and says that it is the agreement.
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Across the that will be adopted by the state and that every entity that by statute mandated from the schedule and the timeline that Jared walkthrough would have to sign.
02:22:39.000 --> 02:22:43.000
And it really pertains to data sharing, like the calendar.
02:22:43.000 --> 02:22:54.000
But required by law for these various stakeholder groups, which is why we feel it's incredibly important to form a subcommittee to start working on this.
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I want to ask if anyone.
02:22:58.000 --> 02:23:01.000
Well I know we have two more minutes.

02:23:01.000 --> 02:23:18.000
Can we get just a general Show of hands. Can we start the process of forming a subcommittee, and we can work in the next week to define what its charges and what its scope is a feeling that burden of time of pressing upon us like to try to move this forward.
02:23:18.000 --> 02:23:29.000
Can you define policies and procedures so that we could have some sense of what we are now handing off to a subcommittee place.
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Okay.
02:23:30.000 --> 02:23:44.000
So, policies and procedures, typically and maybe rim you can answer this to or others who've worked on their Sunday sharing agreements they refer to steps that organization, organization enough to take with respect to safeguarding data that they have
02:23:44.000 --> 02:23:46.000
and share with others.
02:23:46.000 --> 02:23:58.000
And so there are a number of different components of a data sharing agreement that outlines expectations about protecting individual information that you acquire and receive.
02:23:58.000 --> 02:24:06.000
That's one example but there are procedures related to the data sharing agreement not policies and procedures, beyond the data sharing agreement.
02:24:06.000 --> 02:24:14.000
Exactly. Very good clarification. Thank you.
02:24:14.000 --> 02:24:18.000
Okay.
02:24:18.000 --> 02:24:28.000
Okay. So with the caveat that there is a need to to clarify what the charges, which we will do as part of this process. It looks like there's general agreement we get a move on.
02:24:28.000 --> 02:24:30.000
And then we got a.
02:24:30.000 --> 02:24:40.000
We should form a subcommittee, and that this group is going to be informed of, it's charging forward. Okay, let's close it out please Thank you, this is great, David.
02:24:40.000 --> 02:24:47.000
Sorry john john Hansen, and Secretary daily, would you please close this up.
02:24:47.000 --> 02:24:52.000
Thank you, everyone. I'm going to give the final words to Secretary go, please.

02:24:52.000 --> 02:25:04.000
Oh just thanks everybody for their participation today. I think we went through a lot of struggle through some really good questions at the end I think we have a lot of follow up.
02:25:04.000 --> 02:25:18.000
I just want to assure you that you know we're moving through information quickly I think we saw some good feedback get information to the group a little earlier, We will work to do that.
02:25:18.000 --> 02:25:33.000
Make sure as we move forward with some ideas on subcommittees inclusion of additional folks on the committee, some edits and refinements to charter and vision statement I think all of that, we will do with you.
02:25:33.000 --> 02:25:50.000
We want to make sure that you feel included that we have your best thinking because that's the only way we move this forward and I'll end where I started, which is just I'm really thrilled about the issues when they brought up about really getting our
02:25:50.000 --> 02:25:51.000
use cases.
02:25:51.000 --> 02:26:08.000
Really firmed up and understanding what we're trying to do here. And for me, that means really paying attention to the people in the populations that we're doing this all for, and I appreciate the ongoing focus on that element of this important work so
02:26:08.000 --> 02:26:10.000
with that.
02:26:10.000 --> 02:26:29.000
Thanks again for joining us and we will see you again next month and be in touch. Over the course of the next many weeks.