



**California Health & Human Services Agency  
Center for Data Insights and Innovation  
Data Exchange Framework Stakeholder Advisory Group  
Meeting 3 Transcript (10:00AM – 12:30PM PT, November 10, 2021)**

The following text is a transcript of the latest meeting of the California Health & Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Stakeholder Advisory Group. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CHHS Data Exchange Framework [website](#) to ensure accuracy.

00:00:48.390 --> 00:00:54.360

Emma P., Manatt Events: hello, and welcome to today's program my name is Emma and i'll be in the background answering any zoom technical questions if you have.

00:00:54.930 --> 00:01:02.550

Emma P., Manatt Events: Experienced technical difficulties during the session, please type your questions into the Q amp a located at the bottom of your zoom viewer and a producer will respond.

00:01:03.090 --> 00:01:15.750

Emma P., Manatt Events: During today's event live closed captioning will be available to enable or disable please click on the CC button at the bottom of your zoom window, there are a few ways attendees may participate today next slide please.

00:01:18.240 --> 00:01:25.740

Emma P., Manatt Events: First participants may submit written comments and questions through the zoom Q amp a box of comments will be recorded and reviewed by the Advisory Group staff.

00:01:26.370 --> 00:01:36.210

Emma P., Manatt Events: Participants may also submit comments and questions, as well as request to receive data exchange framework updates to [cdi@hhs.ca](mailto:cdi@hhs.ca) CA next slide.

00:01:38.550 --> 00:01:46.500

Emma P., Manatt Events: At designated time spoken comment will be permitted participants and advisory group members much raise their hand for zoom facilitators to unmute them to share.

00:01:46.980 --> 00:01:50.970

Emma P., Manatt Events: The Chair will notify participants members of appropriate time to volunteer feedback.

00:01:51.660 --> 00:01:58.320

Emma P., Manatt Events: If you logged in via phone only press star nine on your phone to raise your hand listen for the phone number to be called and if selected.

00:01:59.160 --> 00:02:13.050

Emma P., Manatt Events: Please ensure you're unmuted on your phone by pressing star six if you logged in via the zoom interface press raise hand and the reactions area is selected to share your comment you'll receive a request to unmute and please again, in short, you accept before speaking next.

00:02:14.970 --> 00:02:20.580

Emma P., Manatt Events: Public comment will be taken during the meeting at designated time and will be limited to the total amount of time allocated.

00:02:21.000 --> 00:02:28.200

Emma P., Manatt Events: Individuals will be called on in the order in which their hands were raised and will have two minutes, please state your name and organizational affiliation, when you begin.

00:02:28.980 --> 00:02:37.230

Emma P., Manatt Events: participants are also encouraged to use the Q amp a to ensure all feedback is captured or, again, you can email [cdi@hhs.ca](mailto:cdi@hhs.ca) CA.

00:02:38.730 --> 00:02:41.790

Emma P., Manatt Events: And with that i'd like to introduce john oh honey and you now have before.

00:02:43.080 --> 00:02:49.980

John Ohanian: morning everyone thanks for joining us really appreciate everyone joining, I appreciate the last.

00:02:51.000 --> 00:03:01.680

John Ohanian: I think 30 ish days since the last time we met there's been a lot of work, and I hope that you see that reflected in the agenda and the healthy discussion, and we look forward to having with all of you today, I can get the next slide.

00:03:04.590 --> 00:03:15.990

John Ohanian: You can see, we have a busy agenda, as usual, our goal is to get you out of here by 1230, so we are going to go quickly through a few housekeeping items and then get to the meat of the agenda.

00:03:18.120 --> 00:03:19.620

John Ohanian: we'll start with roll call.

00:03:21.870 --> 00:03:31.290

John Ohanian: Before I begin the roll call, I want to let you know that about 10 minutes ago I got word Secretary galleys being pulled by the governor in La and unable to make it, I really.

00:03:31.890 --> 00:03:49.020

John Ohanian: want to convey his wishes in terms of being here and engagement, the secretary obviously has a lot on his plate, but I feel like this project is very close to his heart and his passion and I will be understand him not being able to be here today, but.

00:03:50.520 --> 00:04:03.270

John Ohanian: We are in good hands with the team that's here and I appreciate any kind of feedback along the way, so thank you for that we're going to begin roll call with Bay area community services CEO Jamie romanza they say here President.

00:04:03.570 --> 00:04:10.080

John Ohanian: Here, thank you morning California association of health plans President and CEO Charles bucky.

00:04:11.520 --> 00:04:11.940  
Charles Bacchi: here.

00:04:13.980 --> 00:04:16.290  
John Ohanian: From Kaiser permanente executive Vice President chief.

00:04:16.290 --> 00:04:18.060  
John Ohanian: medical officer Andrew vitamin.

00:04:18.690 --> 00:04:19.710  
Andrew Bindman: i'm President john.

00:04:20.670 --> 00:04:26.850  
John Ohanian: morning county behavioral health directors association of California executive director Michelle 30 for.

00:04:29.610 --> 00:04:31.320  
Michelle Doty Cabrera: High here morning.

00:04:32.340 --> 00:04:36.060  
John Ohanian: California hospital association President and CEO carmela quail.

00:04:36.660 --> 00:04:37.470  
Carmela Coyle: didn't wanting everyone.

00:04:38.790 --> 00:04:40.830  
John Ohanian: MED point management or presenting america's.

00:04:41.520 --> 00:04:43.080  
John Ohanian: america's physician groups.

00:04:43.320 --> 00:04:47.550  
John Ohanian: associate medical director Raul two one.

00:04:48.090 --> 00:04:50.370  
Rahul Dhawan: hey good morning everyone thanks for having me present.

00:04:51.930 --> 00:04:57.510  
John Ohanian: Any California association of health facilities senior policy director and regional director Jody is.

00:05:00.990 --> 00:05:06.090  
John Ohanian: California Medical Association Vice President of health information technology, David for.

00:05:06.690 --> 00:05:08.700  
David Ford: Your good morning everyone morning.

00:05:09.420 --> 00:05:12.720  
John Ohanian: Partnership health plan of California CEO Liz give me.

00:05:13.800 --> 00:05:15.090  
Liz Gibboney: Good morning john good to be here.

00:05:16.020 --> 00:05:31.590  
John Ohanian: i'm just happy because i'm much further down the list, before getting cut off by zoom, if you remember the last beta so we're having a good one already thanks for all the good wishes county health association executives association of California executive director Michelle givens.

00:05:32.010 --> 00:05:32.550  
morning.

00:05:33.720 --> 00:05:39.120

John Ohanian: California association of health information exchanges and our executive director lori half.  
00:05:40.020 --> 00:05:41.010  
Lori Hack: morning Hello.  
00:05:41.850 --> 00:05:42.420  
Good morning.  
00:05:44.010 --> 00:05:55.350  
John Ohanian: Our new our new Member delegate for it's here or from the service employees International Union California government relations with advocate matt leech welcome.  
00:05:55.980 --> 00:05:56.460  
morning.  
00:05:58.560 --> 00:06:02.100  
John Ohanian: California healthcare foundation presidency oh Sandra Fernandez.  
00:06:05.340 --> 00:06:09.960  
John Ohanian: county of San Diego deputy public health director Cameron Kaiser.  
00:06:11.700 --> 00:06:18.090  
John Ohanian: Good morning morning Blue Shield of California Vice President state government affairs Andrew keeper.  
00:06:23.610 --> 00:06:28.020  
John Ohanian: local health plans of California CEO linnaeus humans.  
00:06:29.370 --> 00:06:29.880  
Good morning.  
00:06:31.020 --> 00:06:37.860  
John Ohanian: morning you see Center for information technology research in the interest of society director citrus belt David Lindemann.  
00:06:38.580 --> 00:06:39.180  
David Lindeman: Good morning.  
00:06:40.230 --> 00:06:44.370  
John Ohanian: Health access California deputy director amanda mcallister wallner.  
00:06:45.390 --> 00:06:45.990  
Amanda McAllister-Wallner (she/her): Good morning.  
00:06:48.930 --> 00:06:54.480  
John Ohanian: California primary care association director of health information technology, the end mcallen.  
00:06:55.260 --> 00:06:55.950  
DeeAnne McCallin (CPCA): hi your.  
00:06:59.220 --> 00:07:01.740  
John Ohanian: lane CEO Ali marissa.  
00:07:02.610 --> 00:07:03.780  
John Ohanian: Human Rights us.  
00:07:04.050 --> 00:07:08.340  
John Ohanian: provider se, let me give everybody moto rescue good morning Ali, thank you, the.  
00:07:09.690 --> 00:07:14.400

John Ohanian: California association of public hospitals and health systems, President and CEO Eric emery.

00:07:15.180 --> 00:07:15.750

Everybody.

00:07:18.420 --> 00:07:22.050

John Ohanian: California Labor federation legislative advocate janice o'malley.

00:07:22.830 --> 00:07:23.610

Janice O'Malley: hey good morning.

00:07:24.840 --> 00:07:27.540

John Ohanian: savage savage llc managing director mark.

00:07:27.540 --> 00:07:27.960

savage.

00:07:29.880 --> 00:07:30.870

Mark Savage: Thanks john good morning.

00:07:32.280 --> 00:07:32.610

Mark Savage: morning.

00:07:33.180 --> 00:07:34.260

John Ohanian: California pan.

00:07:34.980 --> 00:07:35.940

Mark Savage: On epic.

00:07:36.300 --> 00:07:37.140

Mark Savage: Health network.

00:07:37.170 --> 00:07:38.340

John Ohanian: executive director.

00:07:38.850 --> 00:07:40.230

John Ohanian: Here on savage side one.

00:07:42.330 --> 00:07:47.850

John Ohanian: morning California well for directors association executive director

Kathy centerline mcdonald's.

00:07:48.390 --> 00:07:49.410

Cathy Senderling-McDonald: hi good morning.

00:07:49.920 --> 00:07:52.830

John Ohanian: morning manifest maddox to Claudia Williams.

00:07:53.220 --> 00:07:53.820

Claudia Williams: Good morning.

00:07:54.420 --> 00:07:57.990

John Ohanian: And the San Diego Community information exchange, President and CEO William your.

00:07:58.440 --> 00:07:59.490

William York: morning doesn't.

00:08:01.740 --> 00:08:14.370

John Ohanian: like to move on to our state department's represented here today, as we have our i'm on i'm on medical director from the California health benefit exchange all of.

00:08:16.170 --> 00:08:18.690

Ashrith Amarnath: us enough john i'm here thanks.

00:08:18.960 --> 00:08:25.080

John Ohanian: Welcome Nancy bartman director of developmental a department of developmental services Nancy.

00:08:25.170 --> 00:08:25.740

Nancy Bargmann: Good morning.

00:08:26.550 --> 00:08:30.630

John Ohanian: morning from department of aging and chief deputy director mark Bagley mark.

00:08:34.710 --> 00:08:39.540

John Ohanian: Department of Health Care access and information chief deputy director stuff Christmas.

00:08:40.530 --> 00:08:40.860

morning.

00:08:42.810 --> 00:08:48.390

John Ohanian: California public Public Employees retirement system chief Center for information, David telling.

00:08:49.110 --> 00:08:49.740

David Cowling: Good morning.

00:08:51.030 --> 00:08:53.730

John Ohanian: department of insurance attorney katie Fisher.

00:08:54.540 --> 00:08:55.770

Kayte Fisher: Good morning for.

00:08:56.550 --> 00:09:00.330

John Ohanian: Business consumer services and housing agency executive director truly low.

00:09:04.080 --> 00:09:07.350

John Ohanian: department of public health, acting deputy director Dana more.

00:09:11.790 --> 00:09:14.970

John Ohanian: department of managed healthcare deputy director Nathan now.

00:09:15.810 --> 00:09:16.290

Nathan Nau: Good morning.

00:09:17.610 --> 00:09:20.520

John Ohanian: Department of Health care services chief data officer lynette Scott.

00:09:21.540 --> 00:09:23.340

John Ohanian: Dr lining morning.

00:09:24.600 --> 00:09:30.090

John Ohanian: department of corrections and rehabilitation Under Secretary for health services Diana house.

00:09:34.110 --> 00:09:38.670

John Ohanian: department of social services assistant deputy director Giuliana and I laughs.

00:09:41.850 --> 00:09:48.510

John Ohanian: And from emergency medical services authority chief office of health information exchange Leslie Witten.

00:09:52.170 --> 00:09:55.920

John Ohanian: Okay, great well, we got through our role home Thank you everyone.

00:09:57.150 --> 00:10:04.380

John Ohanian: For shoe morning again, as I mentioned Secretary galleys not able to attend so i'm going to just give you a few of the highlights.

00:10:05.700 --> 00:10:06.450

John Ohanian: is opening.

00:10:07.950 --> 00:10:09.150

John Ohanian: and his thoughts for the meeting.

00:10:10.410 --> 00:10:11.820

John Ohanian: If I can get the next slide please.

00:10:15.450 --> 00:10:15.990

John Ohanian: So.

00:10:18.150 --> 00:10:23.790

John Ohanian: i'm going to just read through and then i'm going to give you a couple of my thoughts as I go through this but.

00:10:24.150 --> 00:10:32.850

John Ohanian: We want to welcome you back to the third meeting the stakeholder advisory group helping us build the state's first ever California, health and human service data exchange framework.

00:10:33.330 --> 00:10:45.480

John Ohanian: Today we're going to spend time focus together working on three big pieces of this challenge one are looking at the barriers that need to be overcome, for the data exchange framework to be successful, second we're going to be.

00:10:46.740 --> 00:10:51.150

John Ohanian: Looking at the roadmap ahead of us to build this framework over the next seven eight months.

00:10:52.350 --> 00:11:04.590

John Ohanian: And also we're going to we're going to adopt or look at adopting or work through agreeing upon principles that we're going to adopt as a group to guide these recommendations and all of us in our work together.

00:11:05.880 --> 00:11:09.900

John Ohanian: Where the secretary was going to highlight today is over the last few months.

00:11:10.440 --> 00:11:23.520

John Ohanian: We have been taking a breath here at agency and and i've looked and refined our guiding principles our own guiding principles and strategic priorities as we pursue a California, a healthy California for all.

00:11:24.330 --> 00:11:34.830

John Ohanian: As a State we're committed to everyday focusing on equity active listening using data to drive action seeing the whole person and putting the person back.

00:11:35.400 --> 00:11:41.010

John Ohanian: In the person centered care cultivating a culture of innovation and delivering on outcomes.

00:11:41.790 --> 00:11:57.270

John Ohanian: These aren't just words, and they don't just exist in a vacuum we're applying them every day to a wealth of activities, many of you are helping us with

these other activities like colleen and the master plan of agents there at the core of how we work and the core of this.

00:11:58.530 --> 00:11:59.430

John Ohanian: data exchange.

00:12:00.660 --> 00:12:09.780

John Ohanian: At our last meeting we discussed six common uncomfortable scenarios that exists for millions of Californians when they interact with today's exchange system.

00:12:11.550 --> 00:12:26.970

John Ohanian: We talked about the good work already being done in many regions and the equally common missed connections, and so I look providers and programs that make this issue and so many parts of the state, sometimes the system works, sometimes it doesn't too often it doesn't.

00:12:29.790 --> 00:12:39.630

John Ohanian: Well, we didn't talk about and what I hope our principal discussion will get to today in the meetings to come, is how we can improve system of data exchange.

00:12:41.790 --> 00:12:57.720

John Ohanian: How an improved system of data exchange could directly impact and improve the lives of California, as we talked about in each of these scenarios so let's briefly go back to one of these scenarios scenario number two serving individuals with complex, health and social needs.

00:12:59.070 --> 00:13:00.510

John Ohanian: If you can go to the next slide please.

00:13:01.860 --> 00:13:15.780

John Ohanian: So one of the people in this effort is seeking help, who is seeking help is highlighted in our scenario a 40 year old Latino male with a diagnosis of schizophrenia diabetes is also experiencing housing its stability.

00:13:17.040 --> 00:13:19.440

John Ohanian: If we look at the before or where we are.

00:13:20.460 --> 00:13:25.380

John Ohanian: Today, or in some variation next slide there's a lot of people like this man in our Community.

00:13:26.580 --> 00:13:31.170

John Ohanian: In our communities and his experience with the health system is one we're constantly trying to solve.

00:13:31.920 --> 00:13:37.470

John Ohanian: In today's system when this man is admitted to a mental health facility, following an acute episode of schizophrenia.

00:13:37.950 --> 00:13:50.940

John Ohanian: He encounters a system that's not always seamlessly connected for mental health providers don't always have the information that they need about his diabetes or primary care provider or connections to the housing support services, he relies on.

00:13:52.080 --> 00:14:01.350

John Ohanian: All too often, the results are poor health health outcomes worsening diabetes homelessness and ongoing acute health episodes that send him to the er.

00:14:03.000 --> 00:14:09.450

John Ohanian: And now I want us all to think about what it could have looked like with better health exchange can go to the next slide.

00:14:10.710 --> 00:14:14.100

John Ohanian: The first stop when the man arrives at the mental health facility would have.

00:14:15.480 --> 00:14:24.060

John Ohanian: It would have had a certified ehr and capabilities that would allow mental health providers to communicate with other teams providers and ctos.

00:14:24.360 --> 00:14:32.910

John Ohanian: providers would be able to see his physical health record recognize that he has diabetes and connect him with his primary care physician to obtain his medication list.

00:14:34.410 --> 00:14:43.140

John Ohanian: The connections may even before initiating therapy has mental health providers would be able to communicate with his primary care physician ensuring this psychiatric medicine.

00:14:43.440 --> 00:14:56.640

John Ohanian: he's given has no contract indications first diabetes is primary care physician would also ensure that the man receives his regular regular medications for diabetes and other chronic conditions, while he's hospitalized.

00:14:57.780 --> 00:15:03.840

John Ohanian: And the integrated safety net, with a better day to exchange housing support providers, but also be notified of the situation.

00:15:04.230 --> 00:15:09.330

John Ohanian: The man's housing support specialist would be alerted that he's been hospitalized and as a result.

00:15:10.140 --> 00:15:18.000

John Ohanian: of receiving accurate information about the man's conditions his priority status would be updated for housing in the coordinated entry entry system.

00:15:18.450 --> 00:15:23.250

John Ohanian: The support specialist will also be notified when the man's discharged and, together with the mental health team.

00:15:23.550 --> 00:15:31.530

John Ohanian: They would ensure that the man has everything he needs to successfully transition back to interim housing and then eventually into primitive supportive housing.

00:15:32.220 --> 00:15:42.480

John Ohanian: The results of all this is a positive health outcome, the man would have been provided appropriate care for diabetes it's a friendly Oh well, as hospitalized and then have a safe and coordinated transitions interim.

00:15:42.960 --> 00:15:49.380

John Ohanian: Housing with supportive services upon discharge, you would receive all the appropriate medications and would not suffer from mental.

00:15:50.070 --> 00:15:57.600

John Ohanian: or physical health complications that would result in hospital readmission, who would be able to make the transition from temporary to permanent housing.

00:15:58.410 --> 00:16:05.730

John Ohanian: and successfully managed his health issues with a team of providers, and this is not a far fetched outcome or a moonshot in any way.

00:16:06.210 --> 00:16:20.220

John Ohanian: Many communities in California are already doing this and many more close, but all of them aren't here yet that's why we need a data exchange framework that works for everyone and that can help us build a healthy California for all.

00:16:21.330 --> 00:16:23.490

John Ohanian: Thank you for letting me share that, with all of you.

00:16:25.050 --> 00:16:28.710

John Ohanian: And I hope that gives good context, so why we're here today.

00:16:29.910 --> 00:16:31.440

John Ohanian: And now i'm going to go into my part of.

00:16:32.670 --> 00:16:33.390

John Ohanian: The next slide.

00:16:35.640 --> 00:16:47.430

John Ohanian: And again, we can skip through this and we can go to ship let's jump into well obviously that stayed at our vision, I think, really well, I will say that this is a very.

00:16:48.540 --> 00:17:04.680

John Ohanian: New field in terms of not in terms of health information exchange, nor the data world more so on the number of folks and the number of industries that all of you represent the number of people that you touch in such different ways.

00:17:05.700 --> 00:17:10.650

John Ohanian: You know, in each of our journeys in our work we've experienced different ways that we connect with the system.

00:17:10.920 --> 00:17:19.710

John Ohanian: In my prior career, you know writing an information referral line looking at that type of interaction, but in my interactions with a lot of you and the associations that you represent.

00:17:20.490 --> 00:17:28.440

John Ohanian: it's phenomenal the number of times that we touch individuals together and that's really what it's about and i've always looked at bringing back the.

00:17:29.040 --> 00:17:43.020

John Ohanian: The doctor model where you know he just shows up House calls and everything's there and I think that's what we're trying to do in a virtual world to simplify it and I just appreciate all the work that you guys already do and how much effort is already out there, how much great works.

00:17:44.460 --> 00:17:52.920

John Ohanian: So for today's objectives, I think we want to take that spirit and really shape the principles that are going to guide the policies that we want that come out of this effort.

00:17:53.250 --> 00:17:59.310

John Ohanian: But the data agreement that's going to come out of this effort, as we talked through our our barriers.

00:18:00.150 --> 00:18:08.760

John Ohanian: All these these these things come to common themes we heard from you from a lot of you that in this great work across the country there's been a lot of development.

00:18:09.030 --> 00:18:23.400

John Ohanian: So I hope that you see that we're not trying to reinvent the wheel and we're really are just taking those best practices and honing them in on something that we think our group can really work on and accelerate our work so with that, if we can go to our next slide.

00:18:24.120 --> 00:18:24.600

Jonah Frohlich (he/him): It john.

00:18:24.870 --> 00:18:35.040

Jonah Frohlich (he/him): who's gentlemen may make a comment about the scenario that we just went through, I think we should in that scenario incorporate this interaction with health plans.

00:18:35.580 --> 00:18:47.340

Jonah Frohlich (he/him): There are critical component of this, especially if the person is is has insurance which 92% of California do, but we should make sure that that is integrated into this low.

00:18:48.450 --> 00:18:54.510

Jonah Frohlich (he/him): If they're important critical into this will just make that statement and will we can update the document.

00:18:55.890 --> 00:18:56.370

Jonah Frohlich (he/him): Excellent.

00:18:56.700 --> 00:18:59.640

John Ohanian: And please join as you see things coming up in the chat and further.

00:18:59.640 --> 00:19:07.410

John Ohanian: Clarification stated, please, or any of the Members please feel free to to chime in and interrupt it's it's welcome.

00:19:08.040 --> 00:19:20.940

John Ohanian: In this environment and zoom, it is definitely not my preference love to see you all in a room, but please don't let that stop you from helping us work on this agenda and do this work in this meeting together, so thank you for that.

00:19:22.590 --> 00:19:27.780

John Ohanian: So when we talk about the principles of data exchange in California thing go to the next slide.

00:19:28.440 --> 00:19:40.110

John Ohanian: What I want to do is just maybe take a minute on each of the principles, but then really open it up for discussion will take a five six minutes of discussion and i'm hoping someone on my team can help with that part.

00:19:40.710 --> 00:19:48.900

John Ohanian: But here's where we are in our in our progress and one of the things that that the Secretary and Marco and I talked about is, we want to just know that we're on track.

00:19:49.500 --> 00:19:59.220

John Ohanian: We have some very aggressive deadlines, but as as you look at our process where we're ensuring that we're trying to stay ahead of schedule if, if anything, especially as we get into the next two months with the holidays.

00:20:00.060 --> 00:20:10.890

John Ohanian: But for our discussion today and where we are is we've really identified the scenarios and I think we continue to hone and we will add to those and and look deeper, but I think i'm hoping that that.

00:20:12.030 --> 00:20:22.410

John Ohanian: Any of the thoughts that you might have also in this next comment, and if you if it's something in the scenario resonated with you please feel free to let us know that as well it's good for our how how we shape further ones.

00:20:23.250 --> 00:20:31.590

John Ohanian: When we look at the data exchange issue confirmation, as well as the principal development that's that's our goal for today.

00:20:32.160 --> 00:20:38.670

John Ohanian: Which is really going to help shape further, and I, I definitely know that it's it's hard as a group, to reach consensus.

00:20:39.090 --> 00:20:52.410

John Ohanian: My hope is that the second we get through this we can get to roll up our sleeves to some of the meaningful work that we need to do as well, so we we welcome conversation we definitely want to the land, the plane and at some point just go to the next slide.

00:20:54.720 --> 00:21:04.950

John Ohanian: So i'm going to just read this so that we can kind of just keep it in our in our mind right now the Council hhs data exchange framework principles will be the core expectations or rules of the road.

00:21:05.190 --> 00:21:14.040

John Ohanian: That will establish minimum criteria to guide and govern the design and implementation of the data exchange framework and the electronic health information exchange in California.

00:21:14.490 --> 00:21:20.910

John Ohanian: it's going to help us get our job done is how I i've been speaking to the team about it it's going to help us guide and design the framework.

00:21:21.720 --> 00:21:28.320

John Ohanian: support our deliberations information, where we reach consensus on our data sharing agreement, and I think through all this.

00:21:28.650 --> 00:21:45.960

John Ohanian: And I think through this work over the last few months it's been really nice to see that building trust through these conversations So while we have limited time we really do welcome your feedback and welcome conversations to further advanced this work next slide please.

00:21:48.720 --> 00:22:00.360

John Ohanian: So how they were informed by the guiding the cal hhs guiding principles I think back in 2010 some of these things were developed so we've definitely not not.

00:22:01.110 --> 00:22:09.420

John Ohanian: started from zero in a lot of these ways and tried to integrate them in the best way putting our priorities out being go to the next slide.

00:22:12.150 --> 00:22:28.020

John Ohanian: So here are six and I know everyone's seen these materials so it's not the first time, so what we're really looking for as as I go through these, and if we can just take a moment and pause here is just as we, as we take each one of the principles let's look if these are the right ones.

00:22:29.100 --> 00:22:37.710

John Ohanian: Are they fully described and and expanded to the areas that that you may focus on, or that we may not be aware of are top of mind.

00:22:39.150 --> 00:22:50.400

John Ohanian: And, are there any other ones that we've missed we've tried to bucket them accordingly, I think, at one point, we had seven I was trying to go for 11 but gianna ended up at six which one.

00:22:52.200 --> 00:23:00.900

John Ohanian: And, should they be prioritized in any fashion as well, so if we can go to the next slide we're going to start the discussion on advancing health equity.

00:23:01.710 --> 00:23:05.610

Jonah Frohlich (he/him): And Jamie had, I had a question, please.

00:23:06.450 --> 00:23:07.800

Jamie Almanza, BACS: Is it appropriate to ask now i'm.

00:23:07.800 --> 00:23:09.510

Jonah Frohlich (he/him): Sorry sure.

00:23:10.290 --> 00:23:20.490

Jamie Almanza, BACS: Okay, it just in terms of the guiding principles I you know it's the principal at the ground level of not having providers have to put in the same data.

00:23:20.910 --> 00:23:31.920

Jamie Almanza, BACS: In 18 different systems 18 different times you know it's that thing where everybody gets the 12 treatment plans and things like that that I just wonder if that is a guiding principle.

00:23:32.490 --> 00:23:39.390

Jamie Almanza, BACS: For us, because it certainly is inefficient and leads to quality of care issues, especially as we're building this big platform.

00:23:40.950 --> 00:23:41.610

John Ohanian: that's excellent.

00:23:44.880 --> 00:23:45.570

John Ohanian: Thank you for that.

00:23:46.890 --> 00:23:59.910

Jonah Frohlich (he/him): Why don't we let's go through the principles as we do, and see if there's a good place for them for that particular item to be integrated with an existing principles or if there's a there's a desire to add.

00:24:03.420 --> 00:24:20.670

John Ohanian: sounds good so let's start with advancing health equity, as you saw from the kelut hhs strategy equity reef is reflected not only as a priority, but throughout the work that we talked about in terms of sharing information so here we've written.

00:24:20.880 --> 00:24:22.410

John Ohanian: We must develop and implement.

00:24:22.740 --> 00:24:28.620

John Ohanian: Data exchange policies processes and programs to better understand and address in equity and disparities.

00:24:30.720 --> 00:24:32.760

John Ohanian: I think i'd like to just open it up and.

00:24:36.210 --> 00:24:38.700

Jonah Frohlich (he/him): We have quite a few questions so do you want to start.

00:24:42.900 --> 00:24:54.120

Rahul Dhawan: Thank you, I mean, first of all, this whole idea really does resonate with me, I think, improving quality is really why we're here so advancing health equity totally falls in the line of that and the example you shared.

00:24:54.480 --> 00:25:01.860

Rahul Dhawan: Earlier really resonated because I mean this weekend I was actually I mean i'm IP medical director overseeing over a million lives and that point but.

00:25:02.190 --> 00:25:08.340

Rahul Dhawan: I also still see patients, I was in a nursing home with that patient that had housing insecurity and that's why they were in the nursing home.

00:25:08.670 --> 00:25:19.020

Rahul Dhawan: And we don't know that they got an x Ray you are my six months ago, and then another X Ray at the hospital right before discharge and it's all in a 600 page document.

00:25:19.350 --> 00:25:22.560

Rahul Dhawan: That we have to go through ourselves so having some kind of.

00:25:23.040 --> 00:25:31.140

Rahul Dhawan: Data change is really very important and having a single entry point is that someone just mentioned is so critical, so I just wanted to say there are.

00:25:31.410 --> 00:25:39.600

Rahul Dhawan: Some key principles being discussed here and key roadblocks being identified, so I think that it's very helpful to discuss these things that support it and really.

00:25:39.990 --> 00:25:44.460

Rahul Dhawan: What jonah mentioned earlier, and what you mentioned about how we're using this data.

00:25:45.180 --> 00:25:52.740

Rahul Dhawan: For the best of the patients is really why we're here, so this will help patient care improve reduce waste improve quality.

00:25:52.980 --> 00:26:01.290

Rahul Dhawan: And really improve patient satisfaction because patients want to know, six months ago, even if we don't know where their X Ray was done, they expect us to know that.

00:26:01.710 --> 00:26:12.000

Rahul Dhawan: They had an x Ray done six months ago, and how much has changed what's changed or what has it, these are important questions that lead to unnecessary use of extra imaging modalities and.

00:26:12.420 --> 00:26:23.700

Rahul Dhawan: All the stuff that you all know very well, but it's also creates a very big stress are normally healthcare providers, but non clinical staff that is also responsible for these patients so really resonates with me very much so thank you.

00:26:24.630 --> 00:26:25.470

John Ohanian: Thank you for that.

00:26:36.630 --> 00:26:46.500

Kiran Savage-Sangwan: I really appreciate this and I appreciate it, I know I had some comments at the last meeting and in between about sort of where consumers in this equation, and I do appreciate that I see more of this and.

00:26:46.920 --> 00:26:53.220

Kiran Savage-Sangwan: Your reference on the consumer and patient principles I think it's important to have that included, so I do want to appreciate that.

00:26:53.460 --> 00:27:04.230

Kiran Savage-Sangwan: I think what i'm struggling with and these principles and well, I appreciate that health equity is on there, and is number one, and if we were to prioritize I would advocate for a number one, but I think are struggling with like.

00:27:04.950 --> 00:27:11.580

Kiran Savage-Sangwan: How high level, these are and how they could really be operationalize or how we can hold ourselves accountable to them.

00:27:12.150 --> 00:27:24.840

Kiran Savage-Sangwan: Throughout this process, like I don't unless what we're doing is taking the pieces below from Kelly jhs and the consumer patient principles and saying, those are part of our principal not just reference.

00:27:25.290 --> 00:27:37.470

Kiran Savage-Sangwan: I think i'm really struggling with how, at the end of the day, will know, did we advance health equity did we develop and implement data exchange policies processes and programs to better understand and address inequities and disparities.

00:27:37.770 --> 00:27:48.660

Kiran Savage-Sangwan: So I would advocate to go like one level deeper on these, and maybe have some bullet points underneath them that say like it, you know, this means X, Y amp Z at the end of the day.

00:27:49.320 --> 00:27:53.700

Kiran Savage-Sangwan: And the other thing i'll say that health equity I think it's really important that we be specific.

00:27:54.000 --> 00:28:10.620

Kiran Savage-Sangwan: About racial inequity racial disparities and also inequities and disparities, on the basis of sexual orientation, gender identity and disability, I think, when we don't specify those we don't do them, and so I would again appreciate that level of specificity throughout the principles.

00:28:16.980 --> 00:28:32.010

Jonah Frohlich (he/him): yeah I think we would totally agree with you Karen what we're trying to do is get agreement about at a at the most basic level what these principles are going should be for and let's just be clear, these principles are really intended to advance the framework.

00:28:33.240 --> 00:28:39.720

Jonah Frohlich (he/him): For data sharing in California that are going to guide recommendations and not just that we make, but.

00:28:40.170 --> 00:28:45.900

Jonah Frohlich (he/him): decisions that are ultimately made about what policies are established in California that go beyond this advisory group.

00:28:46.440 --> 00:28:50.610

Jonah Frohlich (he/him): For data sharing agreement that's formulated as part of this activity.

00:28:51.300 --> 00:29:02.160

Jonah Frohlich (he/him): So these these principles are going to be broad, so I think what we're hoping to accomplish today is get general agreement about these principles at the highest level and adopt some of the detail of.

00:29:03.030 --> 00:29:14.640

Jonah Frohlich (he/him): What follows underneath and then use these essentially to help guide our own deliberations and then data exchange for large, so I think it's totally totally right.

00:29:15.990 --> 00:29:24.450

Jonah Frohlich (he/him): We definitely want to provide more detail underneath those want to make sure we've got at least the High Level principles that the principal at the highest level correct.

00:29:25.320 --> 00:29:26.760

John Ohanian: Can I ask a quick question jonah.

00:29:27.330 --> 00:29:27.690

Jonah Frohlich (he/him): Because I.

00:29:27.720 --> 00:29:36.300

John Ohanian: see a lot of questions and it's great because we want the feedback and maybe people take a look at the slides do you want to change the format and just continue getting feedback, or do you want me to just.

00:29:36.630 --> 00:29:40.980

John Ohanian: hold the six seven minutes and keep advancing through the slides what's best for the group.

00:29:44.730 --> 00:29:47.760

John Ohanian: Because it sounds like maybe comments are more general than just specific.

00:29:48.870 --> 00:29:49.200

John Ohanian: And maybe.

00:29:49.320 --> 00:29:52.230

Jonah Frohlich (he/him): Why don't why don't wait there's a lot of.

00:29:53.310 --> 00:29:58.500

Jonah Frohlich (he/him): A lot of input that's being requested or a lot of comments why don't we just go directly to them great.

00:29:59.700 --> 00:30:00.090

Jonah Frohlich (he/him): amanda.

00:30:02.640 --> 00:30:08.700

Amanda McAllister-Wallner (she/her): Thank you um I I, I agree with Karen I appreciate that.

00:30:09.900 --> 00:30:25.200

Amanda McAllister-Wallner (she/her): You know, to see this as the first priority, and I hear what you're saying about you know, trying to keep these high level, I do think that even in the highest level version of this principle, there should be at least.

00:30:26.370 --> 00:30:35.700

Amanda McAllister-Wallner (she/her): some indication of what accountability to this looks like because I think in, in reality, we know you know, a that that.

00:30:37.260 --> 00:30:50.040

Amanda McAllister-Wallner (she/her): Having full and equal access in the use of electronic health information exchanges is is actually like a lofty goal, you know the folks who are probably least likely to.

00:30:51.120 --> 00:30:55.770

Amanda McAllister-Wallner (she/her): have access to this to have their data accurately recorded and.

00:30:56.940 --> 00:31:01.710

Amanda McAllister-Wallner (she/her): and moved from you know from provider to provider.

00:31:02.820 --> 00:31:17.760

Amanda McAllister-Wallner (she/her): And the folks who were are you know most impacted by the lack of a functioning health information exchange, are these communities that we're talking about so you know I think we should even in the highest level version of this have.

00:31:18.960 --> 00:31:28.770

Amanda McAllister-Wallner (she/her): Some you know additional specificity about what you know what accountability looks like and what do we really mean by having full and equal access and use.

00:31:30.150 --> 00:31:33.750

Amanda McAllister-Wallner (she/her): Also, say, I think that the existing.

00:31:35.070 --> 00:31:38.070

Amanda McAllister-Wallner (she/her): kind of includes city and.

00:31:39.900 --> 00:31:44.490

Amanda McAllister-Wallner (she/her): Consumer and patient includes diversity and equality.

00:31:45.960 --> 00:31:48.780

Amanda McAllister-Wallner (she/her): piece doesn't really look at.

00:31:49.980 --> 00:31:59.520

Amanda McAllister-Wallner (she/her): Addressing inequities and disparities, you know so it's it's looking at at it purely through the the you know.

00:32:02.910 --> 00:32:15.030

Amanda McAllister-Wallner (she/her): The information that's in the exchange but it doesn't you know doesn't speak to how that information is going to be used to advance health equity and I think that that's also another thing that I would like to see a little bit more.

00:32:16.470 --> 00:32:18.210

Amanda McAllister-Wallner (she/her): You know specificity around.  
00:32:19.350 --> 00:32:21.390

Amanda McAllister-Wallner (she/her): I want to add to I think that that.  
00:32:23.340 --> 00:32:30.750

Amanda McAllister-Wallner (she/her): LGBT Q folks you know, should be explicitly included in that inclusive anti inequality.  
00:32:33.810 --> 00:32:38.910

Amanda McAllister-Wallner (she/her): Statement there currently not included there um.  
00:32:40.080 --> 00:32:40.590

Amanda McAllister-Wallner (she/her): and  
00:32:43.140 --> 00:32:46.650

Amanda McAllister-Wallner (she/her): yeah, so I think I think I had one more point I did it left my brain.  
00:32:47.670 --> 00:32:50.040

Amanda McAllister-Wallner (she/her): And I know we've got a lot of other comments, so I will.  
00:32:51.120 --> 00:32:54.030

John Ohanian: accept other folks thanks amanda carmela your next.  
00:32:56.100 --> 00:33:06.150

Carmela Coyle: Thanks so much i'll be brief, I think there's a theme principles are going to be extremely important to our work, I think I too have been struggling some of these feel like.  
00:33:06.630 --> 00:33:17.520

Carmela Coyle: Well, and I think we might be stuffing a lot into the data exchange category, some of these feel like principles for data exchange like.  
00:33:18.030 --> 00:33:31.740

Carmela Coyle: adhering to data exchange standards Others feel more like the values we want our health and social service systems to be able to achieve like advancing health equity.  
00:33:32.340 --> 00:33:42.840

Carmela Coyle: It feels to me like some of these maybe a bit too high level and that some and I am especially passionate around advancing health equity.  
00:33:43.260 --> 00:33:55.290

Carmela Coyle: Where data exchange is a component, but what we're talking about is providing data which leads to information and then coupling that with many other things.  
00:33:55.590 --> 00:34:03.360

Carmela Coyle: Including care coordination and the availability of access to this information, etc, that can actually make a difference, so.  
00:34:03.870 --> 00:34:15.720

Carmela Coyle: I am wondering for trying to put too much in the category of data exchange, some of these might be a bit higher level, and whether we should perhaps focus a little bit more narrowly on data exchange thanks.  
00:34:17.280 --> 00:34:17.910

John Ohanian: Thank you.  
00:34:18.930 --> 00:34:19.290

Carmela Coyle: mark.

00:34:23.490 --> 00:34:30.810

Mark Savage: Thanks, so I, I agree with a with a points about the next level of granularity the.

00:34:31.860 --> 00:34:51.060

Mark Savage: As I looked at the principles across the board, they seem to be more on the process side of things we should adopt policies, and I think the granularity that I look for helps us understand what the what the result is what the metric is so that we also have some have some accountability.

00:34:52.980 --> 00:34:55.200

Mark Savage: I to the to the point about.

00:34:56.490 --> 00:35:03.480

Mark Savage: This and I said, I guess, I should say I do have some familiarity with the consumer and patient principles, because I was.

00:35:04.170 --> 00:35:11.670

Mark Savage: Part of an amazing team of organizations in California and nationwide that it worked on them back in in 2010.

00:35:12.480 --> 00:35:23.370

Mark Savage: So, to the point about not mentioning disparities health disparities here the health disparities were mentioned in other principles around the important benefits for population health.

00:35:24.270 --> 00:35:35.670

Mark Savage: And I think I think what I want to close on this comment is that we look at these principles, how they work together that no one principle is going to solve.

00:35:36.330 --> 00:35:45.690

Mark Savage: All of the problems we need to have a collective set of tools in the toolbox that will work to meet all then meet all the needs thanks.

00:35:47.970 --> 00:35:48.480

Mark Savage: Thank you.

00:35:49.800 --> 00:35:50.160

John Ohanian: David.

00:35:55.440 --> 00:35:56.970

John Ohanian: David Claudia.

00:35:57.900 --> 00:36:00.720

Jonah Frohlich (he/him): Now he's there I think he just sorry I did.

00:36:01.770 --> 00:36:02.670

John Ohanian: Okay, good David.

00:36:02.790 --> 00:36:08.280

David Ford: And then I didn't take myself off mute sorry about that um so I won't.

00:36:09.120 --> 00:36:16.050

David Ford: I won't belabor the point, but I am an agreement with a lot of the folks who have spoken, already about the need for some more granularity but.

00:36:16.470 --> 00:36:30.270

David Ford: On that note, where health equity is concerned it's obviously a very important topic it's it should probably be our first principle um one thing that wasn't mentioned in the slide that I do want to raise though so it'll be difficult to.

00:36:31.320 --> 00:36:46.590

David Ford: Use health information exchange, to advance health equity if we don't put a big focus on connecting the providers who see the most diverse patient populations, why we are small practices in our sql sees.

00:36:48.900 --> 00:36:57.510

David Ford: Because you know that's where our diverse patient populations are seeking care and they're also the providers who at the moment are the least likely.

00:36:58.830 --> 00:37:04.740

David Ford: To be connected to be able to do full health information exchange, so that has to be a big part of our thinking.

00:37:12.300 --> 00:37:18.000

John Ohanian: Okay, that was all its Michelle Michelle next and then Claudia and then Charles.

00:37:18.030 --> 00:37:18.960

John Ohanian: Is holly.

00:37:19.020 --> 00:37:19.710

And then.

00:37:21.900 --> 00:37:22.290

John Ohanian: Thanks.

00:37:22.350 --> 00:37:38.580

Michelle Doty Cabrera: Thanks john myself, have a beta with the county behavioral health directors, association and you know to a lot of what everyone else has said in terms of prioritization as well as additional specificity and the linkage to data collection.

00:37:39.720 --> 00:37:50.520

Michelle Doty Cabrera: I want to call out a few things one, I think, on the consumer side, it would be good to highlight some of the ways in which we want to approach.

00:37:51.240 --> 00:38:03.960

Michelle Doty Cabrera: This issue visa V consumers so, for example, I had the privilege of serving on the national quality forum standing committee on disparities, we had a lot of conversation about how.

00:38:05.040 --> 00:38:09.600

Michelle Doty Cabrera: Since we don't measure in the measurement world racism.

00:38:10.920 --> 00:38:22.530

Michelle Doty Cabrera: And race itself is not the cause of a health disparity, we still need to collect and stratified data by race, ethnicity and other socio demographics factors.

00:38:23.100 --> 00:38:36.060

Michelle Doty Cabrera: And so I think of a proactive statement on the consumer side because some of these things are going to be education tools as well, so just reminding folks that you know the collection of the socio demographic factors is.

00:38:37.200 --> 00:39:00.060

Michelle Doty Cabrera: distinct from the causes or or or reasons for those disparities and also maybe a nod to how we want to approach consumers in terms of data collection, obviously the gold standard is self reported data and yet do we want to have consumers having to report themselves.

00:39:01.350 --> 00:39:11.040

Michelle Doty Cabrera: repeatedly and also wanting to be mindful of data collection supports that make sure that we do not inadvertently.

00:39:12.150 --> 00:39:19.470

Michelle Doty Cabrera: You know, reinforce or or traumatize folks through reinforce discrimination so just you know.

00:39:19.920 --> 00:39:32.370

Michelle Doty Cabrera: I guess i'll be more straightforward if the person who's asking you the question about your socio demographic factors is not sensitive and kind in the delivery of that it can be a bad experience so.

00:39:33.720 --> 00:39:36.330

Michelle Doty Cabrera: I also wanted to say that, in terms of.

00:39:37.710 --> 00:39:38.130

Michelle Doty Cabrera: The.

00:39:39.330 --> 00:39:49.770

Michelle Doty Cabrera: The left side here the hhs piece I think it's going to be really important there's a national conversation happening with the Biden administration, and I know I think in state as well.

00:39:50.100 --> 00:39:59.670

Michelle Doty Cabrera: But for for one of the objectives of hhs to be to help support is full through giving people guidance about.

00:40:00.120 --> 00:40:10.920

Michelle Doty Cabrera: What is the standard for data collection, and so I wanted to call that out, and also to acknowledge that as social constructs race, ethnicity, as well as.

00:40:11.820 --> 00:40:19.080

Michelle Doty Cabrera: So G are evolving, and so I think that's another important piece, and then finally just sort of hearing about.

00:40:19.800 --> 00:40:28.830

Michelle Doty Cabrera: The national conversations and being a part of those visibility factors are actually really far behind in terms of our.

00:40:29.430 --> 00:40:45.330

Michelle Doty Cabrera: conversation on how to capture that, and so I certainly don't want us to lose sight of discrimination based on disability and just how far we have to go on achieving that goal with regard to equity, so thank you.

00:40:51.720 --> 00:40:52.200

Thank you.

00:40:54.000 --> 00:40:54.300

John Ohanian: buddy.

00:40:57.300 --> 00:41:13.440

Claudia Williams: yeah I am I am someone who really has my hands in the dirt on this stuff so what I was reviewing these four is whether I thought, these principles could achieve an operational working system.

00:41:14.580 --> 00:41:23.820

Claudia Williams: That would achieve the goals and I don't think they would because many of the goals as people said, are about our goals, not about.

00:41:24.360 --> 00:41:34.200

Claudia Williams: The opposite how to actually operationalize it, and so what i'm suggesting is we added another set of principles that are operational principles.

00:41:34.800 --> 00:41:42.030

Claudia Williams: And some of the examples I would suggest are decrease the burden complexity and cost of exchange.

00:41:42.690 --> 00:41:53.190

Claudia Williams: leverage the methods and networks that are already being used, meaning don't rip and replace don't duplicate focus on the most critical items, first we can't boil the ocean.

00:41:53.820 --> 00:42:00.330

Claudia Williams: and ensure that everyone isn't just moving data, but can actually integrated and use it as longitudinal records so.

00:42:00.810 --> 00:42:06.750

Claudia Williams: I don't I feel like if we could add a set of these things like How would this actually work.

00:42:07.170 --> 00:42:12.330

Claudia Williams: And, because otherwise we could design, something that no one's ever going to be able to implement that it's going to cost.

00:42:12.780 --> 00:42:19.020

Claudia Williams: Our whole but annual budget that won't be understandable to those actually implementing.

00:42:19.410 --> 00:42:28.560

Claudia Williams: So I don't know how to best achieve that, I mean you could kind of tweak that into all the principles, but I actually wonder if it's a slightly different frameworks that's.

00:42:29.370 --> 00:42:45.360

Claudia Williams: an addition to what you already have because my worst fear is that we create a really nice report that doesn't achieve exchange and doesn't reach the goals we've indicated, and I think we need to give ourselves some rules of the road for that aspect of things as well.

00:42:46.410 --> 00:42:49.110

John Ohanian: Great Thank you Claudia Charles and then Ali.

00:42:50.280 --> 00:43:04.410

Charles Bacchi: Thanks, I think I want a second both what Claudia just said and what carmela said earlier about finding a way to tie in these principles back to the job at hand, which is figuring out how to improve the exchange of health information data.

00:43:05.970 --> 00:43:13.710

Charles Bacchi: And, and I just wanted to further bring in another issue which is, I feel like in looking at these principles which are hard to argue with their great.

00:43:14.190 --> 00:43:24.720

Charles Bacchi: I feel like their principles that hhs in a way, should be using to govern all of the work that is happening across a number of different projects, whether it's.

00:43:25.260 --> 00:43:33.360

Charles Bacchi: The payments database over an H ky whether it's the encounter project over a DHS to improve encounters.

00:43:33.750 --> 00:43:43.050

Charles Bacchi: Whether it's this project to look at the health information electronic health record portion of the puzzle all of those puzzle pieces have to fit together.

00:43:43.410 --> 00:43:50.280

Charles Bacchi: In order to meet these type of guiding principles, so I almost feel like we're talking about guiding principles that.

00:43:50.670 --> 00:43:57.330

Charles Bacchi: are so much higher above and govern so many different things that we can't get there just by ourselves right that.

00:43:57.600 --> 00:44:02.400

Charles Bacchi: we've got to have all of these other pieces you've got to have the cost information to go with the quality information.

00:44:02.670 --> 00:44:11.580

Charles Bacchi: To have the public disseminate information sent out so people can make educated decision, so I just wanted to provide a little bit of that context I think I'd like to see some linkages there.

00:44:11.850 --> 00:44:21.600

Charles Bacchi: As well as for tying it back to you, but the principles themselves, I think, or where we want to go right as a state and as a society it's just a question of how does this get us there, thank you.

00:44:21.810 --> 00:44:35.880

John Ohanian: Real really appreciate that feedback it resonates definitely in not in not only to this project, but in the work that I try to do, working with our other departments me a couple ideas as well, so thank you for that Charles Ali and then Andrew.

00:44:37.350 --> 00:44:44.940

Ali Modaressi: Thank you, so I agree with Claudia regarding the cooperation icing or implementing these.

00:44:45.720 --> 00:44:53.940

Ali Modaressi: These principles, I mean there are high level, and I agree with every single one of them what I feel them missing, even at the high level is the.

00:44:54.540 --> 00:45:13.680

Ali Modaressi: it's not consumer centric it's our patient centric or I think john you mentioned, is that person centric so it's kind of missing that it's implied but it's not explicit so at the higher level, I think that needs to be if these principles are going to be used in.

00:45:14.700 --> 00:45:26.340

Ali Modaressi: framing the legal framework, the contract that is subcommittees working, it needs to have that type of a patient or person centric consumer centric.

00:45:27.150 --> 00:45:39.780

Ali Modaressi: Within this guiding principles but but implementing these at the at the HIV level it's going to be it's going to be dig difficult, as I think.

00:45:40.650 --> 00:46:00.150

Ali Modaressi: folks mentioned in on the call and then you know when it comes to implementation, I think the quality is also important and some folks are also mentioned that, so I like to see something included with regard to the patients century or person centric as well as quality, thank you.

00:46:00.990 --> 00:46:08.370

John Ohanian: Thank you very much and i'm going to call on Andrew and I think that might be our last speaker on this topic go ahead and enter it.

00:46:09.030 --> 00:46:18.750

Andrew Bindman: yeah thanks very much and great comments from my fellow panelists I, I just want to point out, maybe a disconnect I was feeling related to.

00:46:19.620 --> 00:46:26.880

Andrew Bindman: This patient centered consumer centric set of values that are, I think, in the principles and are very good.

00:46:27.420 --> 00:46:32.190

Andrew Bindman: But with a use case that you started with your presentation of the gentleman who.

00:46:32.670 --> 00:46:41.370

Andrew Bindman: Is hospitalized for a mental health problem, and then you show how a system can be created with information to support that individual and.

00:46:41.850 --> 00:46:51.510

Andrew Bindman: In that use case the information is all going to different kinds of providers with the assumption that the providers can use that information on behalf of the individual.

00:46:51.930 --> 00:47:03.270

Andrew Bindman: And yet, in the principles it's really much more oriented toward the individual, and I think it creates a little bit of a disconnect of whether are we creating this information for the use case of our.

00:47:04.770 --> 00:47:14.400

Andrew Bindman: People who reside in California on and how they would navigate the system, or are we creating a use case in which it's providers who are doing this on behalf.

00:47:14.760 --> 00:47:20.580

Andrew Bindman: Because the language of the principles and the use cases seems a little bit different in that the.

00:47:21.360 --> 00:47:28.920

Andrew Bindman: The use case really talks about how different providers will be networked together but doesn't really put the patient at the Center whether or the.

00:47:29.460 --> 00:47:37.110

Andrew Bindman: The individual at the Center in the same way that the principles do so, you might want to think about whether the principles and the use cases.

00:47:37.530 --> 00:47:44.220

Andrew Bindman: Are aligning in that way, and someone had called out in fact that G your imagine and getting information to a.

00:47:44.790 --> 00:47:53.400

Andrew Bindman: primary care physician, but maybe individual don't have primary care physicians or they don't want to elect that person to navigate the system for them.

00:47:53.820 --> 00:48:05.820

Andrew Bindman: Maybe they have another idea of how to do that, and I think we just need to figure out if our principles are imagining and accountability, as others have talked about in a way that is consistent with.

00:48:07.050 --> 00:48:13.170

Andrew Bindman: How we're in fact imagining this network information to work is it going to empower individuals to navigate.

00:48:13.500 --> 00:48:28.860

Andrew Bindman: Or, as an empowering providers navigate on behalf of individuals or both in some ways in which case I think we need to call that out, more specifically, because our principles are kind of using a different orientation, it seems to me than the use cases.

00:48:31.650 --> 00:48:32.550

John Ohanian: Thank you for that either.

00:48:34.680 --> 00:48:41.610

John Ohanian: So what we were going to maybe do is because I know we're on principle one but we've kind of just open discussion is maybe just advance the slides.

00:48:43.080 --> 00:48:53.700

John Ohanian: And then just slowly just go through those real quick and then we have another five or so minutes if other people are inclined to comment, and then we can.

00:48:54.750 --> 00:48:55.860

John Ohanian: move on to the next item.

00:48:57.240 --> 00:49:10.920

John Ohanian: So this is really one of those key principles that not only happens at hhs obviously funnels through a lot of our departments and a big part of what the Center for data insights innovation is all about here here at the state.

00:49:12.000 --> 00:49:12.570

John Ohanian: and

00:49:13.710 --> 00:49:22.350

John Ohanian: Number of components here number of areas in terms of our our work and then how it affects consumers can go to the next slide kind of just.

00:49:24.540 --> 00:49:26.010

John Ohanian: For this come up a lot today.

00:49:27.210 --> 00:49:33.480

John Ohanian: And so I think that's important as we kind of go through these if we can start coalescing our thoughts of how do we ensure that what.

00:49:33.810 --> 00:49:46.200

John Ohanian: All of you are saying gets captured either within these principles is it a different type of look that we want, and you know we can problem solve that and get something I think that works for everyone, based on the comments I didn't go to four.

00:49:53.850 --> 00:49:54.570

John Ohanian: For more.

00:49:58.050 --> 00:50:01.500

John Ohanian: See here in my alignment with federal and then, if we go to five.

00:50:03.360 --> 00:50:06.780

John Ohanian: Just breezing so we get any comments on that time.

00:50:10.710 --> 00:50:11.640

John Ohanian: And then six.

00:50:17.580 --> 00:50:27.150

John Ohanian: Okay i'm going to open it up again and see if any of the last five slides anyone had specific comments thoughts or just general comments.

00:50:30.900 --> 00:50:31.740

John Ohanian: Everyone talked out.

00:50:32.850 --> 00:50:35.160

Jonah Frohlich (he/him): No lori Erica.

00:50:36.600 --> 00:50:36.840

Jonah Frohlich (he/him): yeah.

00:50:40.230 --> 00:50:41.280

John Ohanian: lori and then mark.

00:50:43.350 --> 00:51:01.770

Lori Hack: Thank you, so if we I was waiting for principle five, as you can imagine, this is a very big bucket and it sort of relates to claudia's comments that if you are talking about adhering to data exchange standards and.

00:51:02.490 --> 00:51:20.880

Lori Hack: that's a bit of a boiling the ocean kind of principle, I agree that we need to adhere to federal state and industry standards there's also international standards if the data is being housed or shared or managed.

00:51:22.170 --> 00:51:23.310

Lori Hack: On foreign soil.

00:51:24.630 --> 00:51:34.110

Lori Hack: This this whole notion of recognizing standards what our standards, either, whether their technical legal.

00:51:34.980 --> 00:51:43.530

Lori Hack: Policies, etc, this is sort of the crux of where we've had some challenges in the past 10 years with with health information exchange.

00:51:44.070 --> 00:51:55.920

Lori Hack: And it's sort of evident here that we've got some empty buckets in the in the consumer and patient perspective and in hhs, so I would really want us to spend some time.

00:51:57.060 --> 00:52:04.830

Lori Hack: digging into this a little bit and really looking at what we mean by adhering to data exchange standards.

00:52:05.700 --> 00:52:08.490

John Ohanian: Thank you for the lorry we're gonna have Erica and then.

00:52:11.580 --> 00:52:16.920

Erica Murray: Thanks let's see i'm going to start with three and just make a quick little comments about each one I do.

00:52:16.920 --> 00:52:17.310

say.

00:52:18.480 --> 00:52:32.490

Erica Murray: The on three this is this is one that does seem to be needless to say, very, very important to public health care systems and needs more specificity and accountability on for.

00:52:34.140 --> 00:52:42.870

Erica Murray: patient access and private privacy and security are both important but to put them in the same principle, I think, maybe confuses the issue.

00:52:43.140 --> 00:52:54.690

Erica Murray: And, and it might be, at the risk of adding another principle and worth further thinking about how to delineate between the two because this seems like we're combining two separate concepts and then.

00:52:56.550 --> 00:53:07.290

Erica Murray: Along with lori's comments on five, I think you know it, is it really is, this is the crux of it all, and as a and an extremely important to.

00:53:08.970 --> 00:53:21.810

Erica Murray: to acknowledge the standards that already exist to not reinvent the wheel and to figure out how we, as an advisory group and as a subcommittee can really build on what's there and not get out in front of Tesco thanks.

00:53:23.940 --> 00:53:29.880

John Ohanian: Thank you we're going to go mark put his hand down so we're going to go to carmela and then linear.

00:53:31.620 --> 00:53:43.320

Carmela Coyle: Thank you and i'll build on that Eric has comment, and that is the principle around access privacy security, I think that needs to be cracked in three that is consumer access.

00:53:44.070 --> 00:53:57.090

Carmela Coyle: is really a very different issue than privacy and that's a very different issue than security and cyber security related issues so just want to build on that, but I think it's cracking it maybe into three not not too thanks.

00:53:57.810 --> 00:54:00.960

John Ohanian: Excellent Thank you renee and then David.

00:54:03.450 --> 00:54:14.910

Linnea Koopmans: yeah well, I will be brief because both Erica and carmela hit on one of the principles I wanted to touch on which is principle for so just, I guess, I concur with observations, they made recommendations to.

00:54:15.450 --> 00:54:24.540

Linnea Koopmans: I think you know divide that principle and to two or three different principles I guess it's going back to the earlier conversation about more global observations.

00:54:25.020 --> 00:54:32.100

Linnea Koopmans: or recommendations about the principles I do agree that they should probably be a little bit more targeted or focused and I.

00:54:32.550 --> 00:54:41.190

Linnea Koopmans: I also think it would be helpful to think through how do these connect to our both our short term and long term vision for data exchange so.

00:54:41.610 --> 00:54:50.550

Linnea Koopmans: Adding, for example, you know we all agree that human services data exchanges is necessary for many of the principles, including the principal around whole person care.

00:54:51.060 --> 00:55:01.980

Linnea Koopmans: But I think we're we're very far away from that now, and so thinking through what do we need to start with, and I realized, you know again principles are broad and kind of directional but.

00:55:02.850 --> 00:55:08.130

Linnea Koopmans: You know, it would be helpful at some point to have a conversation about how these principles will directly connect to.

00:55:09.000 --> 00:55:17.190

Linnea Koopmans: Our work product as a group and as well as the data sharing agreement some groups that will be you know doing their work over the next several months.

00:55:17.640 --> 00:55:27.300

Linnea Koopmans: And then, lastly, sorry specifically on principle to just noting that I think there could be more of a focus on individual providers here.

00:55:27.690 --> 00:55:41.580

Linnea Koopmans: and good seems like there's a more of a system and population focus so just calling that out that I think the individual provider level is something that, whether in principle to and or throughout I think should be should be more of a focus among our principles.

00:55:43.290 --> 00:55:47.730

John Ohanian: Thank you again we're going to go to David Liz and then close it.

00:55:48.960 --> 00:55:53.430

David Ford: So thank you and i'll stay on the apparently very popular Principle number four.

00:55:55.290 --> 00:56:06.360

David Ford: And this is another case of just being specific about the problem we're trying to solve in the world of the 21st century cures act rule and the appropriately titled patient access for all.

00:56:07.590 --> 00:56:17.250

David Ford: The policy here has all gone in one direction of patient access to their own data, but I think that technology has not caught up with the policy.

00:56:18.240 --> 00:56:27.150

David Ford: And this regard so it's fine to say that in the HR has to have a patient access API but if a patient doesn't know what's there, how to access it doesn't really do any good.

00:56:28.980 --> 00:56:38.100

David Ford: So that's really where our thinking needs to be, this is a policy debate, I think, is really over it's now really a technology debate and education debate.

00:56:45.270 --> 00:56:48.360

John Ohanian: Thanks David for that list and then bye.

00:56:49.440 --> 00:57:00.480

Liz Gibboney: hi thanks yeah I did agree with claudia's earlier comments about having potentially a subset of principles that were more targeted, or perhaps they're going to be addressed in the work plan.

00:57:01.260 --> 00:57:19.620

Liz Gibboney: But generally the the principle or concept that I thought was missing generally is some sense of urgency, and I think there may be timelines associated in the Statute but trying to balance having some some sense of urgency also recognizing that.

00:57:20.940 --> 00:57:30.870

Liz Gibboney: What we start with is not what we're going to end with in this will be phased in and built over time and not to wait until it's absolutely perfected, to actually start so.

00:57:31.710 --> 00:57:41.430

Liz Gibboney: Generally, providing some some sense of understanding that we need to start somewhere and then i'll save my other comments for the challenges section, thank you.

00:57:42.180 --> 00:57:46.140

John Ohanian: Thank you, because we now have Claudia and Michelle.

00:57:47.340 --> 00:57:47.880

John Ohanian: Michelle given.

00:57:50.160 --> 00:57:52.290

Claudia Williams: Great i'll just go quickly i'm.

00:57:53.940 --> 00:58:00.690

Claudia Williams: A principal one, I think we can address some of the questions around actors, by including in that.

00:58:01.110 --> 00:58:19.140

Claudia Williams: That the care team has full and equal access to health information and the means to derive insights from it, so no matter what the situation is of the cure team there's equity, both in the patient and equity in terms of access and ability to support the patients across the team.

00:58:20.550 --> 00:58:30.870

Claudia Williams: I think principle to and I probably a broken record on this, but I think we must share and be able to analyze and use actionable real time data.

00:58:31.320 --> 00:58:42.570

Claudia Williams: So pushing data without the ability to use it or integrate it is is not very helpful and i'll just take up principle five agree that we need to define that.

00:58:43.080 --> 00:58:49.080

Claudia Williams: I would suggest we say we must adhere to broadly adopted and widely used standards.

00:58:49.530 --> 00:59:06.360

Claudia Williams: So I don't think we're the innovation shop that's coming up with a new cool thing I think we're looking for the Lego building blocks that are already Bradley and use that can be the way to get to urgency and the way to get to quick quick progress that's it for me thank you.

00:59:06.960 --> 00:59:07.470

John Ohanian: Thank you.

00:59:11.760 --> 00:59:18.360

Michelle Doty Cabrera: Thank you, so I actually wanted to raise one piece of the equity principle and I think it goes to something that some deals.

00:59:18.900 --> 00:59:28.830

Michelle Doty Cabrera: Which is when you think about the entire objective here about facilitating data exchange, we probably want to be mindful of equity in terms of.

00:59:29.400 --> 00:59:42.570

Michelle Doty Cabrera: portions of the social safety net, in particular, but the health care safety net as well that may need additional investment to be able to be part full partners, and I think that is part of an equity.

00:59:43.320 --> 00:59:50.100

Michelle Doty Cabrera: mindset, but I just wanted to call that out the other pieces i'm also on principle for.

00:59:51.030 --> 01:00:02.130

Michelle Doty Cabrera: You know, wanting to call out I think there's this tension which katie highlights in the chat around individual informed consent and sort of respecting.

01:00:02.760 --> 01:00:16.140

Michelle Doty Cabrera: privacy laws that are already existing and realizing the vision that hhs has put forward here I don't know exactly how to call that out, but I do think we need to do a better job of sort of.

01:00:17.070 --> 01:00:34.080

Michelle Doty Cabrera: pointing to that tension in addition to I would hope that part of what hhs would be committed to here is supporting that vision, by taking an active role in trying to both you know.

01:00:35.670 --> 01:00:36.030

Michelle Doty Cabrera: You know.

01:00:37.230 --> 01:00:48.330

Michelle Doty Cabrera: reinforce or lift up existing you know individual consumer rights, while at the same time providing guidance to plans and providers and others who are exchanging information.

01:00:48.600 --> 01:01:01.560

Michelle Doty Cabrera: Where it may be necessary to realize that vision, I think what i'm speaking to here is, you know I think we're going to need a more active role from CC ch hs and I would hope that that could be spelled out here.

01:01:03.150 --> 01:01:03.390

Michelle Doty Cabrera: Great.

01:01:03.450 --> 01:01:04.260

John Ohanian: Thank you for that.

01:01:06.630 --> 01:01:07.170

John Ohanian: Michelle.

01:01:08.250 --> 01:01:11.370

Michelle Gibbons: And the morning my comments compliment Michelle.

01:01:11.460 --> 01:01:20.340

Michelle Gibbons: prayers comments pretty well, I think, from the equity framework we, no one can disagree that that is a laudable goal and something that we should be striving towards I think.

01:01:20.790 --> 01:01:30.450

Michelle Gibbons: Part of this is also just strengthening the ability of providers to report on you know, race, ethnicity gender identity identity, sexual orientation and so forth, I think.

01:01:30.810 --> 01:01:42.090

Michelle Gibbons: Even when providers have the ability to report today, sometimes there's not the time or the incentive built in for the reporting as well, and so really leveraging those opportunities will be really meaningful.

01:01:42.390 --> 01:01:52.560

Michelle Gibbons: I think it's also important to think about like once you have this information, and I just want to be clear that we're not comparing like just amongst the medical population, for example, because that's not equity.

01:01:52.830 --> 01:02:02.010

Michelle Gibbons: equity is looking at like broader California and and making sure that our folks are in the medical system, for example, or just as healthy as folks that are not receiving their care through the medical system so.

01:02:02.160 --> 01:02:13.230

Michelle Gibbons: I just want to make sure that as we think about equity and thinking about the data collection that we're also thinking more broadly about what we're comparing that data to and what we're striving towards in terms of the goal and metric.

01:02:13.680 --> 01:02:14.850

Michelle Gibbons: I would also just.

01:02:15.210 --> 01:02:26.370

Michelle Gibbons: mention what Michelle had had mentioned before about really ensuring that non traditional partners and the data that's collected through there is also a part of this conversation and that we're building up the capacity.

01:02:26.580 --> 01:02:33.990

Michelle Gibbons: So I'll just give you an example for local health departments, they have a lot of this data, I was thinking about the example for the homeless individuals with schizophrenia diabetes.

01:02:34.320 --> 01:02:43.110

Michelle Gibbons: Some of our folks in the local health departments have already touched this individual, but we don't have the same robust electronic systems to be able to capture that information and to be able to share.

01:02:43.290 --> 01:02:48.120

Michelle Gibbons: That information with different partners that need it, and so I think it would be really important to make sure that we are.

01:02:49.110 --> 01:02:54.300

Michelle Gibbons: Ensuring that there's the infrastructure there to to leverage those types of partners and then also.

01:02:54.750 --> 01:03:04.350

Michelle Gibbons: A big component of equity is really not just the actual like provision of care, but also looking up more upstream at the social determinants of health and being able to capture.

01:03:05.010 --> 01:03:11.670

Michelle Gibbons: That information and to be able to leverage like the predictive side of that which a lot of that information is housed in public health as well, so.

01:03:11.850 --> 01:03:21.060

Michelle Gibbons: Maybe that individual already lived in a zip code that public health knew would have a high burden of diabetes, so what could we have done it from the public health standpoint to contribute information.

01:03:21.270 --> 01:03:24.630

Michelle Gibbons: That would help providers are the plans understand that this is.

01:03:25.110 --> 01:03:32.160

Michelle Gibbons: This gentle this gentleman would have had these risk factors already so just wanted to leverage you more upstream information as well.

01:03:32.490 --> 01:03:36.600

Michelle Gibbons: And then on the privacy piece I do want to just underscore what was said about.

01:03:36.870 --> 01:03:43.830

Michelle Gibbons: agency having in the State having a more active role, I can remember early on in the whole person care discussions, there was a lot of.

01:03:44.070 --> 01:03:53.220

Michelle Gibbons: confusion about privacy and what information could be shared with which partners, and I do remember us kind of reaching out to the state, time and time again asking for clarification in the state.

01:03:54.000 --> 01:04:01.260

Michelle Gibbons: I think, with your own constraints i'll, be it was not able to kind of lend that clarity and assert really that these things were.

01:04:01.830 --> 01:04:14.340

Michelle Gibbons: cool and so I think, in order for these efforts to move forward, where we have to have a strong stance from the administration about yes these things can be shared and here are the tools and strategies to ensure that that happens, thank you.

01:04:16.410 --> 01:04:17.640

John Ohanian: Thank you jonah.

01:04:19.350 --> 01:04:23.250

Jonah Frohlich (he/him): yeah I think so we're gonna move on these comments were extremely helpful.

01:04:24.420 --> 01:04:27.090

Jonah Frohlich (he/him): And i'm going to pull maybe six things that.

01:04:28.560 --> 01:04:38.010

Jonah Frohlich (he/him): summarize the many, many comments and I, and then I will not get to all of them everyone's comments, but one I mean overarching obviously more detail.

01:04:38.820 --> 01:04:45.450

Jonah Frohlich (he/him): Below each principle is necessary, and I think, to some degree, it addresses some of Claudia your comments about having.

01:04:46.080 --> 01:04:52.710

Jonah Frohlich (he/him): Better direction more direction and specificity about what this means for implementation how I implement these.

01:04:53.340 --> 01:04:59.280

Jonah Frohlich (he/him): And what I would suggest is that we actually in the in the detail that that would fall below it by taking your comments.

01:04:59.850 --> 01:05:10.350

Jonah Frohlich (he/him): From today and asking you to provide more of your input in the detail, that we can we can flush those out under these principles so that there's more clarity about.

01:05:11.190 --> 01:05:22.020

Jonah Frohlich (he/him): What we mean and how they would be how would they would guide implementation of data exchange, so that would be one more detail below incorporate your feedback address the issue about.

01:05:22.470 --> 01:05:28.920

Jonah Frohlich (he/him): How would this guide implementation and make sure we have additional thoughts that you may not have been able to offer today.

01:05:30.240 --> 01:05:33.630

Jonah Frohlich (he/him): so that they can be brought back to this group at the next session.

01:05:35.100 --> 01:05:44.490

Jonah Frohlich (he/him): The second is very specifically around principle for, as you can i'm sure you can tell, we struggled with this a little bit about pulling us apart and whether we put this together.

01:05:44.880 --> 01:05:51.990

Jonah Frohlich (he/him): And we got clear we got some yeah so we got some clarity here let's pull them apart, one should be on privacy and security and and.

01:05:52.290 --> 01:05:58.260

Jonah Frohlich (he/him): promote your points are really important, we need to make sure we're clear that there are basically two components there's the privacy and security piece.

01:05:58.800 --> 01:06:05.880

Jonah Frohlich (he/him): So one is around that and another really was around the consumer orientation and including things like choice and Michelle and others, you had brought up.

01:06:07.140 --> 01:06:17.280

Jonah Frohlich (he/him): The choice of being able to not share data and how important that is to operationalize things that are particularly sensitive and in alignment with Federal and State law.

01:06:17.790 --> 01:06:24.270

Jonah Frohlich (he/him): So I think we can do that pull this apart into two and and clarify those and again create more detail around them.

01:06:24.690 --> 01:06:35.280

Jonah Frohlich (he/him): Number three We heard this quite a bit around accountability, I think, in the detail, we need to sort of define what that means in terms of accountability, what does it actually mean when we say reinforced patient access.

01:06:36.360 --> 01:06:38.130

Jonah Frohlich (he/him): That has to be more defined in terms of.

01:06:38.340 --> 01:06:44.220

Jonah Frohlich (he/him): who's accountable to doing what and to with an end to safeguarding individual privacy.

01:06:50.010 --> 01:06:51.210

Jonah Frohlich (he/him): that's accountability.

01:06:52.680 --> 01:07:02.940

Jonah Frohlich (he/him): Another one that I think was really important event that Andy you brought up around making sure that these are oriented around the scenarios and that they are really tightly coupled with the scenarios.

01:07:03.390 --> 01:07:17.760

Jonah Frohlich (he/him): or better couple of scenarios, so that they they address and can be applied to them, so that we can fix the issues as we've identified or as we identified the barriers that we identify, so I think that's really important.

01:07:20.190 --> 01:07:21.930

Jonah Frohlich (he/him): Then, then I think there was.

01:07:23.670 --> 01:07:32.520

Jonah Frohlich (he/him): Another area around standardization not getting in front of tough guy I think we totally agree that's just why the standardization principle is lifted directly from Tesco and we've we've.

01:07:32.850 --> 01:07:41.040

Jonah Frohlich (he/him): specifically said that we need, we need to adhere to the standards and the detail just needs to enumerate what those are and specifically to call out things.

01:07:42.870 --> 01:07:51.120

Jonah Frohlich (he/him): That hard now policies now federal policy around data blocking and around access that we'd want to that we'd want to call out here.

01:07:51.990 --> 01:08:00.030

Jonah Frohlich (he/him): So we feel like it's really important to get as close to federal policy as we can, when it comes to things like data exchange standards.

01:08:00.990 --> 01:08:09.390

Jonah Frohlich (he/him): we've heard that repeatedly from this group, and we want to embrace that and again more specificity of the card would be helpful, so we can provide the details.

01:08:09.720 --> 01:08:15.240

Jonah Frohlich (he/him): last piece, I think, was from with about possibly adding another one, and then I want to come back to jamie's last.

01:08:15.870 --> 01:08:20.070

Jonah Frohlich (he/him): In addition to this, but the urgency principle should that be another principle that we add.

01:08:20.610 --> 01:08:34.950

Jonah Frohlich (he/him): And I what I think we can incorporate into that principle is to leverage what exists and to build upon what exists and, in addition to moving forward as quickly as we can, not just to adopt the requirements, maybe 133 but.

01:08:35.790 --> 01:08:53.130

Jonah Frohlich (he/him): But because it's so important for us to address things like disparities and an equity that exists today, so we could adopt an additional principle around urgency and incorporate the concepts of really leveraging what we have to build more rapidly the systems that we need.

01:08:54.510 --> 01:09:02.820

Jonah Frohlich (he/him): That would be the last piece, and then coming back I think Jamie your piece about simplicity and efficiency, I feel like we've got to put that into like the consumer piece.

01:09:03.300 --> 01:09:17.070

Jonah Frohlich (he/him): When we break out the consumer principle, it feels like we should really make an effort to to integrate that into consumer access and I know it's not just limited to consumers there's obviously a provider piece where you're dealing with multiple.

01:09:18.210 --> 01:09:18.870

Jonah Frohlich (he/him): assessments.

01:09:20.160 --> 01:09:23.850

Jonah Frohlich (he/him): But I think if we could adopt it or incorporated into that component.

01:09:24.960 --> 01:09:29.250

Jonah Frohlich (he/him): and make it broadly applicable so that that's one approach that we could we could take.

01:09:31.110 --> 01:09:31.890

John Ohanian: know that was a lot.

01:09:32.340 --> 01:09:34.260

Jonah Frohlich (he/him): it's really around seven big.

01:09:35.550 --> 01:09:45.480

Jonah Frohlich (he/him): Major takeaways there's obviously a lot more in the comments that we can use to speed the detail here I didn't hear like anyone say some of these principles.

01:09:46.380 --> 01:09:57.480

Jonah Frohlich (he/him): don't belong here, it feels like they generally, of course, they are at a high level to generate these feel at a high level they are right, but we need to make some modifications to them as I just mentioned.

01:09:59.220 --> 01:10:04.830

Jonah Frohlich (he/him): Any final comments about those takeaways before we open it up to public comment.

01:10:10.470 --> 01:10:11.640

Jonah Frohlich (he/him): Okay mark.

01:10:14.370 --> 01:10:22.020

Mark Savage: Just that there was some discussion in the chat about some things that were missing so that yeah I think you're right and summarizing.

01:10:23.310 --> 01:10:30.660

Mark Savage: These made sense but as you're reflecting on today's conversation you'll also want to look for some things that perhaps need to be.

01:10:34.980 --> 01:10:35.460

Jonah Frohlich (he/him): promoted.

01:10:37.530 --> 01:10:39.150

Carmela Coyle: And I just like to comment on.

01:10:39.240 --> 01:10:46.260

Carmela Coyle: Whether these are the right principles i'd like us to pursue claudia's suggestion or they're really two sets of principles.

01:10:46.650 --> 01:10:47.580

Carmela Coyle: One are about.

01:10:48.630 --> 01:10:49.740

Carmela Coyle: How data exchange can.

01:10:49.740 --> 01:10:56.100

Carmela Coyle: contribute to the system we want the others are much more specific to the actual exchange of data.

01:11:00.480 --> 01:11:00.720

Jonah Frohlich (he/him): Good.

01:11:06.330 --> 01:11:06.570

Jonah Frohlich (he/him): Good.

01:11:07.620 --> 01:11:10.890

Jonah Frohlich (he/him): Excellent all right let's move on to public comment.

01:11:11.760 --> 01:11:13.800

John Ohanian: Okay, great, so we are.

01:11:14.340 --> 01:11:17.910

John Ohanian: Just asking everyone if if you want to.

01:11:18.390 --> 01:11:19.980

Jonah Frohlich (he/him): make a comment, please.

01:11:20.580 --> 01:11:31.320

John Ohanian: You can comment in the Q amp a or you can raise your hand using the zoom teleconferencing options and you'll be called in the order your hand was raised, please state your name and organization and affiliation.

01:11:31.800 --> 01:11:40.740

John Ohanian: And please keep your comments respectful and brief you have two minutes and Emma will recognize you and take you off me so will now begin public comment.

01:11:44.670 --> 01:11:47.010

Emma P., Manatt Events: Great we're going to start with Alan Noriega.

01:11:55.290 --> 01:11:56.760

Emma P., Manatt Events: Ellen you should be able to unmute now.

01:12:06.570 --> 01:12:09.840

Emma P., Manatt Events: Alan go ahead and try it one more time I did see you unmuted and then muted again.

01:12:28.770 --> 01:12:31.470

Emma P., Manatt Events: Ellen give it one more go if you would there we go.

01:12:32.400 --> 01:12:36.090

Allen Noriega: Can you hear me, we can hear you now, thank you okay cool.

01:12:37.110 --> 01:12:39.540

Allen Noriega: I just wanted to go back to.

01:12:40.920 --> 01:12:43.920

Allen Noriega: Michelle givens comment about expanding.

01:12:45.090 --> 01:12:50.640

Allen Noriega: Our understanding of equity to go beyond beyond our medicare and medicaid population.

01:12:52.260 --> 01:12:54.030

Allen Noriega: I did want to.

01:12:55.320 --> 01:13:08.310

Allen Noriega: bring it back to a recommendation that jonah had made in the data exchange roadmap for cal aim, there is a there was mention of it on the legal and regulatory alignment.

01:13:08.880 --> 01:13:30.990

Allen Noriega: That mentioned that there should be like a development of contractual requirements that require dh CS calipers and covered California, to be a part of that possibly private entities to I think there's a there is a possibility, or like this potential to think about.

01:13:32.010 --> 01:13:41.850

Allen Noriega: How who who will be using this platform eventually to make it patient centered I believe Andrew.

01:13:42.960 --> 01:13:56.760

Allen Noriega: been fine men had said that you know about the patient ultimately using this platform, as opposed to thinking about it as just the provider being the one to use it.

01:13:57.750 --> 01:14:17.220

Allen Noriega: So, again I, I just wanted to I guess highlight that about what Michelle given had said about thinking about this platform, or like county equity beyond just medical to also include population, such as the people using covered California or private entities also.

01:14:23.370 --> 01:14:23.610

Allen Noriega: Now.

01:14:30.630 --> 01:14:33.090

Allen Noriega: i'm not sure you got all that are you still there.

01:14:34.320 --> 01:14:35.760

Emma P., Manatt Events: We sure did Alan Thank you very much.

01:14:38.730 --> 01:14:40.920

Emma P., Manatt Events: And I don't see any other hands raised at this time.

01:14:42.690 --> 01:14:43.560

i've got one more.

01:14:46.710 --> 01:14:48.930

Emma P., Manatt Events: going to go ahead and unmute Christine.

01:14:52.050 --> 01:14:52.770

Kristine Toppe, NCQA (she, her, hers): hi can you hear me.

01:14:54.090 --> 01:14:55.080

Emma P., Manatt Events: Yes, we can, please go ahead.

01:14:55.410 --> 01:15:02.340

Kristine Toppe, NCQA (she, her, hers): Great Thank you, my name is Christina toppy I am the assistant Vice President for state affairs at the national committee for quality assurance ncqa.

01:15:02.790 --> 01:15:12.120

Kristine Toppe, NCQA (she, her, hers): And I just we've been following the work of this group, we are very excited by the goals that it is trying to achieve, and I just wanted to comment.

01:15:13.380 --> 01:15:18.210

Kristine Toppe, NCQA (she, her, hers): that there are a number of efforts that are underway related to work ncqa has been doing.

01:15:18.990 --> 01:15:32.340

Kristine Toppe, NCQA (she, her, hers): Both that tie into California, is the work that's happening in killeen the work that's happening under covered California i'm sure everyone here, probably knows facets of that, but I just wanted to tie tie them together.

01:15:32.910 --> 01:15:41.970

Kristine Toppe, NCQA (she, her, hers): Because they relate to are working in promoting digital measures promoting upstream data validation for data such as that housed in an hie.

01:15:42.360 --> 01:15:49.890

Kristine Toppe, NCQA (she, her, hers): And that, ultimately, would be used for more efficient reporting, for a variety of different purposes, and so I say reporting, but I mean.

01:15:50.280 --> 01:15:55.890

Kristine Toppe, NCQA (she, her, hers): data collection, you know quality improvement care management, the array of ways in which data might be used.

01:15:56.280 --> 01:16:05.880

Kristine Toppe, NCQA (she, her, hers): So I just wanted to acknowledge that that there are lots of points of intersection across the state of those entities that I named are all aligning and that's great news.

01:16:06.780 --> 01:16:18.510

Kristine Toppe, NCQA (she, her, hers): And I also wanted to just acknowledge Michelle covers point around primary data collection from the Member in a sensitive way, we are very much advocating is part of heated measures.

01:16:19.620 --> 01:16:31.950

Kristine Toppe, NCQA (she, her, hers): Risk stratification down the road and primary collection of race and ethnicity data as the gold standard, so I just wanted to again make those points tie them together for the purpose and benefit of this group, thank you.

01:16:38.940 --> 01:16:41.220

Emma P., Manatt Events: Thank you, Christine we've got one more.

01:16:44.190 --> 01:16:45.000

Emma P., Manatt Events: Narrow Rahman.

01:16:48.510 --> 01:16:50.160

Emma P., Manatt Events: para you should be able to now.

01:17:13.080 --> 01:17:17.100

Emma P., Manatt Events: Sarah can we can't hear you oh looks like she got disconnected.

01:17:23.640 --> 01:17:25.770

Emma P., Manatt Events: Okay we'll just give it a pause here.

01:17:31.230 --> 01:17:33.030

Emma P., Manatt Events: Okay we'll close public comment, thank you.

01:17:37.410 --> 01:17:55.920

Jonah Frohlich (he/him): Okay, thank you, I think we're in this part of the Agenda we're going to move forward and barriers so if we can pull up the materials again and i'll walk

us through this and I want to provide some additional context about very identification so.

01:17:59.700 --> 01:18:07.410

Jonah Frohlich (he/him): i'll just start, and I think the slides are catch up, we we reviewed to six scenarios with this team at our last session.

01:18:07.920 --> 01:18:23.010

Jonah Frohlich (he/him): And identified a number of ways, with some of them like pop else would need to be modified to be more adapted to a better description pop health but part of the the need for us to raise those scenarios is to to describe how data.

01:18:24.150 --> 01:18:32.280

Jonah Frohlich (he/him): should be used an exchange in certain circumstances, not that it's always exchanged in this way or not exchange in certain ways.

01:18:33.120 --> 01:18:41.130

Jonah Frohlich (he/him): The intent was to identify what barriers what various sometimes exist, so that this group can come to some agreement about.

01:18:41.760 --> 01:18:54.300

Jonah Frohlich (he/him): The barriers that are that do persist in some cases that we need to try to overcome and then define recommendation in our framework that are going to allow the the state to overcome them with policy.

01:18:55.980 --> 01:18:57.810

Jonah Frohlich (he/him): program and financial.

01:18:58.830 --> 01:19:12.420

Jonah Frohlich (he/him): Legislative and other solutions or steps that we would begin to define in the framework, and so what we're going to review with you are a set of technical infrastructure.

01:19:12.930 --> 01:19:18.300

Jonah Frohlich (he/him): And standard challenges or barriers that we identified through this through this exercise.

01:19:18.780 --> 01:19:27.390

Jonah Frohlich (he/him): regulatory and policy issues are barriers and financing and business operation barriers that persist in some of these cases.

01:19:28.140 --> 01:19:36.090

Jonah Frohlich (he/him): I also just want to point out, before we proceed that many of the advisor group Members have rightly pointed out that our scenario is presented.

01:19:36.930 --> 01:19:43.470

Jonah Frohlich (he/him): Well, I think one called like a failure scenarios and this does not represent what happens all the time and that's really important.

01:19:44.340 --> 01:19:53.250

Jonah Frohlich (he/him): there's a lot of success that's happening a data exchange, in some cases, we might get as many as a billion transactions happening electronically in California, so we want to recognize that there is.

01:19:54.000 --> 01:20:07.380

Jonah Frohlich (he/him): A fair amount of data exchange happening electronically in real time with structured information that's supporting care coordination across across various stakeholder groups between plans providers institutions and, in some cases.

01:20:09.180 --> 01:20:10.320

Jonah Frohlich (he/him): Involving consumers.

01:20:11.970 --> 01:20:18.450

Jonah Frohlich (he/him): So it's incredibly important for us as we develop these are recommendations I recognize the barriers.

01:20:19.680 --> 01:20:24.750

Jonah Frohlich (he/him): That we do that, in the context of a landscape of an ecosystem that both describes the successes.

01:20:25.470 --> 01:20:32.520

Jonah Frohlich (he/him): Who is sharing data successfully and what types of data being shared and failure points and what data is being.

01:20:33.120 --> 01:20:49.080

Jonah Frohlich (he/him): Not being exchanged and what types of data aren't being exchanged and, as we do that we really create an ecosystem and we quantify the WHO and the what data are and are not being shared extent that's necessary to realize the vision.

01:20:50.280 --> 01:20:58.260

Jonah Frohlich (he/him): So that we can formulate recommendations that will that will be more precise and can address those gaps.

01:20:59.280 --> 01:21:16.650

Jonah Frohlich (he/him): we've begun to collect information about that landscape and a number of advisory group members and now data sharing agreement subcommittee members have been extremely helpful in sending data to us that we are going to we are compiling.

01:21:17.970 --> 01:21:26.880

Jonah Frohlich (he/him): And there's more data that is being developed now and forms of surveys and others about what data are not being shared by different stakeholders so that we can compile.

01:21:28.020 --> 01:21:29.610

Jonah Frohlich (he/him): A a.

01:21:30.690 --> 01:21:39.660

Jonah Frohlich (he/him): Data driven landscape assessment of where data are and are not being shared and what types of data r&r not being shared to the to the best extent that we can.

01:21:40.380 --> 01:21:44.910

Jonah Frohlich (he/him): And that really has to be part of the data sharing data sharing framework to exchange framework.

01:21:45.840 --> 01:21:51.990

Jonah Frohlich (he/him): And should help really refine and sharpen the recommendations we make about things like well if there's technical assistance needed.

01:21:52.770 --> 01:21:57.840

Jonah Frohlich (he/him): To adopt certain types of technologies or services to exchange data, who are the targets.

01:21:58.230 --> 01:22:05.700

Jonah Frohlich (he/him): what's the magnitude of that kind of technical assistance so that we can drive recommendations to the legislature and develop policies to overcome them.

01:22:06.480 --> 01:22:14.670

Jonah Frohlich (he/him): So I want to make sure we recognize that we expect that that kind of that landscape and that that sort of analysis and data dive.

01:22:15.600 --> 01:22:29.640

Jonah Frohlich (he/him): will be available early next year, as we compile all this information so we're going to have to sort of in tandem, as we begin to develop recommendations, then reflect as we, as we are able to access surface and get.

01:22:31.440 --> 01:22:32.640

Jonah Frohlich (he/him): really meaningful data.

01:22:33.840 --> 01:22:47.340

Jonah Frohlich (he/him): refined recommendations that that we make an advance to the legislature and incorporate into the data shine framework, so I wanted to make sure before we proceeded that all of that context was put into place and now.

01:22:48.420 --> 01:22:50.070

Jonah Frohlich (he/him): we'll move into the actual barriers.

01:22:51.180 --> 01:23:02.760

Jonah Frohlich (he/him): We have three categories that we created it's just it felt like creating a framework to define what those categories are made it easier to consume these and to really to define what they are.

01:23:03.360 --> 01:23:13.050

Jonah Frohlich (he/him): And, as was mentioned in a public comment, a similar sort of architecture here was defined and kalyan data sharing roadmap, so we defined three step three types.

01:23:13.500 --> 01:23:26.070

Jonah Frohlich (he/him): technical infrastructure and standards, financing and business operations and then regulatory and policy, and so what we're going to go through is a set of describe what we've identified as some of the barriers that the scenarios elevated.

01:23:26.820 --> 01:23:38.160

Jonah Frohlich (he/him): and get your input on are these are these correct Are there things that might be missing that are that are major barriers that we need to overcome so that, as we develop recommendations over the course of the next six months.

01:23:39.000 --> 01:23:52.680

Jonah Frohlich (he/him): We can begin to address those barriers that that remain so we're going to start with technical infrastructure standards on slide 34 and then there, there are two sets of these we've surface from our scenarios.

01:23:54.090 --> 01:24:03.450

Jonah Frohlich (he/him): Get first one is around HR adoption and here ehr adoption we've noted is limited amongst some healthcare organizations, particularly those that didn't have access to high tech.

01:24:03.750 --> 01:24:10.200

Jonah Frohlich (he/him): or other federal or state modernization funding opportunities we've listed some of those that doesn't mean those organizations don't have.

01:24:10.800 --> 01:24:18.420

Jonah Frohlich (he/him): The hrs aren't capable of exchanging but many of those institutions that have access to funding the same to the same extent that others had.

01:24:19.050 --> 01:24:30.960

Jonah Frohlich (he/him): And then some charts that are in place aren't certified that doesn't mean it can't share data again but it's less likely that they have the capabilities to share data according to national standards.

01:24:32.490 --> 01:24:37.890

Jonah Frohlich (he/him): The second major barrier we've identified is that capacity at human service organizations, we mean.

01:24:38.490 --> 01:24:45.480

Jonah Frohlich (he/him): Community based organization other agencies that may not be providing health care services, but health, but human service.

01:24:46.320 --> 01:24:54.540

Jonah Frohlich (he/him): To many of the clients need them to provide whole person care so they don't have the kind of data systems that are necessary to receive information.

01:24:55.080 --> 01:25:02.670

Jonah Frohlich (he/him): share information or use information in a way that many providers health care providers do a third is around Alert Notifications.

01:25:03.210 --> 01:25:12.870

Jonah Frohlich (he/him): event alerts, this is becoming much more standard and in healthcare today with things like admin discharges from hospitals mercy departments, etc, but.

01:25:13.650 --> 01:25:24.060

Jonah Frohlich (he/him): For other types of major life changing event life altering event housing incarceration and others, there are no real event alert systems that are that predominate.

01:25:25.140 --> 01:25:31.470

Jonah Frohlich (he/him): But that could be implemented, and if they could would be extremely helpful to resolve some of the issues in this scenario.

01:25:32.490 --> 01:25:45.660

Jonah Frohlich (he/him): A fourth is around person and provider identity management and we don't have these sort of robust national statewide provider care teams social service for identity identity management services, there are.

01:25:46.320 --> 01:26:01.320

Jonah Frohlich (he/him): Some that exists and within certain regions, their vendors, who use them there he knows who have them in place for some for some of those who individual surveys, are supporting data exchange for but on a statewide basis those generally do not exist.

01:26:02.340 --> 01:26:11.100

Jonah Frohlich (he/him): or go to the next slide and they'll pause and I want to take some comments from you all about the about these barriers and then we'll move on to the business and then the policy barriers.

01:26:12.750 --> 01:26:18.180

Jonah Frohlich (he/him): This and this came up in the Shell you raise this in our last question content management.

01:26:18.720 --> 01:26:29.880

Jonah Frohlich (he/him): There, there is a lack of a of a of a of tools and services to enable individuals to express their preferences preferences about data shank particularly acute.

01:26:30.540 --> 01:26:40.980

Jonah Frohlich (he/him): Area of behavioral health data exchange substance use disorder information, for example, and that really inhibits the ability, with somebody to express their with desire to share or to not share their information.

01:26:42.150 --> 01:26:57.330

Jonah Frohlich (he/him): That six is around human service data exchange standards and capacity, there is some emerging standards when it comes to human service information on some of our advisor group members are are here are very involved in that subcommittee Member soup.

01:26:58.680 --> 01:27:07.380

Jonah Frohlich (he/him): But without having those types of standards in place for structured data exchange, it can make it challenging to integrate shared data integrate it with.

01:27:08.430 --> 01:27:16.680

Jonah Frohlich (he/him): with other human health and human service data to get the whole person care picture to do population health and to address address individual needs.

01:27:17.550 --> 01:27:26.820

Jonah Frohlich (he/him): Seventh is around cross section cross sector data exchange and we've we've obviously all through the pandemic experience that between healthcare, public health and others.

01:27:27.600 --> 01:27:37.170

Jonah Frohlich (he/him): we've it's become very apparent that having this real time immediate access to information that really transcends various sectors doesn't always exist.

01:27:37.680 --> 01:27:45.840

Jonah Frohlich (he/him): And it makes a challenge it makes it more challenging to respond to things like wildfires and public health emergencies and then the last strong consumer data access.

01:27:47.520 --> 01:27:54.630

Jonah Frohlich (he/him): So individual still face the challenges to accessing health information, some of the information blocking rules and and the.

01:27:55.320 --> 01:28:03.810

Jonah Frohlich (he/him): 21st century cures act are addressing this to some degree doesn't apply to everybody every actor that has these have these data, and if we can.

01:28:04.350 --> 01:28:16.470

Jonah Frohlich (he/him): use this opportunity to expand that kind of access to other institutions that are implicated in federal law SEC we've heard and seen that that could be very beneficial.

01:28:18.000 --> 01:28:25.860

Jonah Frohlich (he/him): So those are the technical infrastructure standards would love to take some comments let's see and i'll just call them out, if you could limit your comments to a couple minutes.

01:28:26.730 --> 01:28:33.540

Jonah Frohlich (he/him): So we can get make sure that others have an opportunity, and we can get through the other barriers we'd appreciate it so Michelle case but.

01:28:34.590 --> 01:28:35.760

Michelle Gibbons: Yes, thank you um.

01:28:36.240 --> 01:28:40.560

Michelle Gibbons: I think under the tech, I think this would fall under technical infrastructure and standards, although I would.

01:28:40.710 --> 01:28:44.190

Michelle Gibbons: I might recommend that this goes broader and you know, to include like.

01:28:44.250 --> 01:28:45.480

Michelle Gibbons: physical infrastructure as.

01:28:45.480 --> 01:28:45.930

Jonah Frohlich (he/him): well.

01:28:46.230 --> 01:28:48.960

Michelle Gibbons: I think many of our public health departments, for example, we.

01:28:49.020 --> 01:28:55.500

Michelle Gibbons: We touched a lot of the same beneficiaries within the medical population, however, we don't have the same infrastructure from electronic standpoint.

01:28:55.740 --> 01:29:07.740

Michelle Gibbons: To be able to connect the dots there so, for example, we're still getting as you all saw through the pandemic there's faxes paperbacks is of lab results, for example, we we do a lot of case management and paper records in public health.

01:29:08.220 --> 01:29:17.520

Michelle Gibbons: And you know that just a tangible example we have public health nurses that go out into homeless encampments and they're providing care wound care and other treatment care vaccinations.

01:29:17.730 --> 01:29:30.030

Michelle Gibbons: To individuals experiencing homelessness i'm pretty sure that there is a strong overlap with individuals that would be eligible for medical but we don't have a way to communicate that and so not only from a that I think a lot of the.

01:29:30.780 --> 01:29:37.080

Michelle Gibbons: The items that were listed on there, the technical infrastructure kind of pointed to not having the robust infrastructure.

01:29:37.320 --> 01:29:48.240

Michelle Gibbons: I think it's important to note that we don't have the infrastructure at all to even begin, so there has to be an investment into the infrastructure to get public health departments even up to speed and be able to connect.

01:29:48.570 --> 01:29:57.960

Michelle Gibbons: and have electronic health records I think there's also the people it's no no secret that local health departments have been struggling to retain staff and.

01:29:58.260 --> 01:30:06.210

Michelle Gibbons: A lot of our public health departments kind of have been decimated over the last decade or more, so we actually need the people, infrastructure and then you also need.

01:30:07.050 --> 01:30:15.270

Michelle Gibbons: This is real, specific but as as you expand the staff, and as you expand the responsibilities, you also need to expand physical space for these things to happen.

01:30:15.510 --> 01:30:22.200

Michelle Gibbons: And I know that that's a little bit beyond what we're discussing here, but it is a part in a component of how to to bridge that.

01:30:22.800 --> 01:30:28.740

Michelle Gibbons: Are CCS program, for example, we touched the medical population, a lot of the case management is done on paper records so.

01:30:28.950 --> 01:30:37.200

Michelle Gibbons: I think there has to be an acknowledgement that many of our partners are not up to speed and in the same way that some of those in the healthcare space are Thank you.

01:30:37.740 --> 01:30:51.600

Jonah Frohlich (he/him): Thank you, Michelle I think what I heard you say very clearly is number seven this cross sector is is really needs to be emphasized, and we need to develop recommendations about how many investments in that cross second edition is definitely.

01:30:52.410 --> 01:30:53.910

Michelle Gibbons: Great Thank you mark.

01:30:55.470 --> 01:30:56.280

Jonah Frohlich (he/him): Thanks jonah so.

01:30:56.310 --> 01:31:08.520

Mark Savage: Common here, but I think it goes across the three categories of barriers seems to be a little thin on barriers from a patient consumer perspective, this is sort of described from the institutional perspective.

01:31:10.470 --> 01:31:14.310

Mark Savage: So yes, consumer data access was there as as number eight but.

01:31:15.360 --> 01:31:27.390

Mark Savage: it's not just access to data that's important it's sort of being a part of the whole shared care planning and decision making ecosystem from a patient perspective, how to participate in language.

01:31:28.440 --> 01:31:39.150

Mark Savage: Those are the kinds of barriers that that people are experiencing, and so I recommend sort of thinking this through and adding adding the the individual.

01:31:39.870 --> 01:31:56.700

Mark Savage: As well as a technical barrier not listed is about bi directional or multi directional exchange and While that may feel sort of under threshold right now it's coming soon to a theater near us we we really ought to be thinking about it now, thank you.

01:31:58.590 --> 01:31:59.100

Thank you, mark.

01:32:00.630 --> 01:32:01.050

Jonah Frohlich (he/him): lori.

01:32:02.760 --> 01:32:03.240

Lori Hack: I think.

01:32:04.500 --> 01:32:06.630

Lori Hack: I think these are really good.

01:32:08.070 --> 01:32:17.640

Lori Hack: framework for the technical infrastructure and and one thing that that I think we should be doing is really looking at these categories.

01:32:18.060 --> 01:32:22.590

Lori Hack: through the lens of the various scenarios that you had listed on slide 32.

01:32:23.550 --> 01:32:32.730

Lori Hack: Because the answer, or the barrier, from a technical perspective for data sharing, for instance for individual care.

01:32:33.060 --> 01:32:44.550

Lori Hack: is very different than the barrier to data exchange for population health and as Michelle said, you know they don't they don't have systems they don't have people they don't have infrastructure.

01:32:45.240 --> 01:32:46.950

Lori Hack: There is no bidirectional.

01:32:47.010 --> 01:32:51.030

Lori Hack: Feed really robustly happening on a population health.

01:32:51.810 --> 01:33:02.940

Lori Hack: standpoint, however there's a separate set of technical barriers, even for individual exchange between one clinic to a specialist where.

01:33:03.240 --> 01:33:18.030

Lori Hack: Even if they have an ehr their ehr is not designed to accept electronic information so, so I think we need to be thinking sort of specifically about these two different types of data exchange.

01:33:19.590 --> 01:33:23.910

Lori Hack: And into mark's point on the consumer data access.

01:33:25.440 --> 01:33:33.540

Lori Hack: You know we've had ehr us have had patient portals for years and years and it wasn't until recently that patients were even aware of it.

01:33:34.050 --> 01:33:52.380

Lori Hack: As we started to do telemedicine and and try to interact with providers electronically it's really evident that the Allies there's a long way to go for patient portal for patient access to be able to access it in the language that they speak.

01:33:53.550 --> 01:33:59.760

Lori Hack: You know some of those things, so I would encourage us to add that to to the spirit as well.

01:34:00.600 --> 01:34:09.030

Jonah Frohlich (he/him): Great so laurie what I heard you and mark second and reinforced, I think, with karen's comments, is to strengthen consumer data access.

01:34:09.780 --> 01:34:25.320

Jonah Frohlich (he/him): Ensure that it's it's strengthened by noting one consumer friendly acknowledge that it doesn't mean they just have the ability to view but they have some some ability to influence and manage it.  
01:34:26.550 --> 01:34:27.450

Jonah Frohlich (he/him): And that there.  
01:34:29.100 --> 01:34:36.840

Jonah Frohlich (he/him): Are we obviously have to be respectful of Federal and State law, but that they are much more part of the whole engagement process.  
01:34:38.010 --> 01:34:40.560

Jonah Frohlich (he/him): When it comes to care care plan development, etc.  
01:34:41.580 --> 01:34:52.890

Jonah Frohlich (he/him): So i've heard i've heard that now from some three of you with those comments, and so we should strengthen that consumer access data access piece, and the content management speaks to it as well, to some degree, but.  
01:34:54.000 --> 01:34:55.500

Jonah Frohlich (he/him): Like we heard that message now.  
01:34:56.700 --> 01:34:57.000

Jonah Frohlich (he/him): Thank you.  
01:34:58.080 --> 01:34:58.410

Jonah Frohlich (he/him): David.  
01:35:01.830 --> 01:35:11.640

David Ford: Thank you um there's something in these barriers that sort of alluded to, but not really stated at site it's kind of, if you will, a number of point 1.2.  
01:35:12.510 --> 01:35:21.390

David Ford: But that we see with small practices, all the time they may have an electronic health record but it's a much less robust electronic health record.  
01:35:22.680 --> 01:35:25.470

David Ford: That doesn't have access to the national networks.  
01:35:26.310 --> 01:35:37.650

David Ford: That may not have been updated very recently, and they lack the the resources, whether its technological resources financial resources to upgrade so there's sort of an assumption built in here that.  
01:35:38.400 --> 01:35:46.080

David Ford: physicians because they were eligible for the high tech actor kind of done but they may not be and I don't I just don't want us to lose sight of that Thank you.  
01:35:46.800 --> 01:35:51.300

Jonah Frohlich (he/him): yeah I mean I think that's right we tried to capture that in one I think what we need to do.  
01:35:51.780 --> 01:36:08.100

Jonah Frohlich (he/him): David to respond to that is, we need to make sure, as we develop recommendations to address this this particular barrier and if it seems appropriate to not just focus on those that didn't have access to funds, but also to support those that may have a system, but it is.  
01:36:09.180 --> 01:36:15.150

Jonah Frohlich (he/him): Perhaps not the kind of system that is necessary to meet the needs of the framework or to comply with.

01:36:16.410 --> 01:36:17.190

Jonah Frohlich (he/him): expectations.

01:36:18.480 --> 01:36:19.890

Jonah Frohlich (he/him): For those who signed the data sharing agreement.

01:36:21.420 --> 01:36:22.020

Jonah Frohlich (he/him): Point well taken.

01:36:23.130 --> 01:36:23.520

Jonah Frohlich (he/him): Michelle.

01:36:25.410 --> 01:36:26.820

Jonah Frohlich (he/him): hi Michelle cover data with.

01:36:27.300 --> 01:36:29.580

Michelle Doty Cabrera: The county behavioral health directors association.

01:36:30.780 --> 01:36:42.510

Michelle Doty Cabrera: Another barrier that I, I understand is sort of somewhat being addressed by the very existence of this effort, but i'll just I do feel it's important to call it out is that.

01:36:43.800 --> 01:37:01.230

Michelle Doty Cabrera: One of the challenges that we've had historically in this space, especially as it relates to equity and disparities reduction is that a lot of that information like Michelle mentioned lives in the public health space and it's very macro and once you get to the plan or provider level.

01:37:02.340 --> 01:37:18.240

Michelle Doty Cabrera: there's sort of this real lack of accountability for shared goals, and so I think that that has tripped us up a lot right we we've asked sort of well you know how can we close disparity gap.

01:37:18.810 --> 01:37:20.460

Michelle Doty Cabrera: We don't have the information.

01:37:21.390 --> 01:37:32.130

Michelle Doty Cabrera: Why don't we have the information because there's not a reason to have the information right So even if you set forth the law and say you have to do this at the end of the day in the workflow.

01:37:32.430 --> 01:37:47.040

Michelle Doty Cabrera: Is the person going to stop and care if it's really not connected to a clear objectives know, and so I think that that dynamic around goals and accountability is really important to get push past some of the.

01:37:47.640 --> 01:37:54.930

Michelle Doty Cabrera: The systemic sort of resistance to getting away from that macro level picture to the more.

01:37:55.590 --> 01:38:04.050

Michelle Doty Cabrera: What are we doing about it accountability conversation and that kind of goes to another issue which is just that humans, I think, need to be.

01:38:04.560 --> 01:38:15.630

Michelle Doty Cabrera: centered a lot more in this whole conversation I know you get to it a little bit in the next slide around education in PA, but I do think that it's worthy of us thinking about.

01:38:16.950 --> 01:38:26.610

Michelle Doty Cabrera: The people, the frontline people working in these systems as both a challenge, as well as a place where we're going to have to put some some real.

01:38:27.420 --> 01:38:42.600

Michelle Doty Cabrera: Attention to materialize these goals disability is another thing I just want to call on again, which is that, through out, we need to be a lot more focused and clear and intentional about.

01:38:43.080 --> 01:38:47.880

Michelle Doty Cabrera: Looking at disparities and challenges related to people with disabilities.

01:38:48.180 --> 01:38:58.560

Michelle Doty Cabrera: And then i'll just say one more thing, which is that you know oftentimes what we've heard from the public behavioral health sector is that because of the way that we're structured from a regulatory standpoint in California.

01:38:59.730 --> 01:39:08.790

Michelle Doty Cabrera: We or our trading partners might just have too much of information that the exchange partner doesn't want for need to see.

01:39:09.270 --> 01:39:21.480

Michelle Doty Cabrera: And so I don't know how to capture that but I think it's about making data actionable as well as appropriate to the receiving party, so that we can.

01:39:22.230 --> 01:39:38.220

Michelle Doty Cabrera: Again, get to the goals more quickly, how do you sort of focus in on the right information for the right person and described in the right ways that's like a huge problem that i'm not the person answer but i'm just flagging it as an issue that i've heard described in the past.

01:39:38.940 --> 01:39:50.130

Jonah Frohlich (he/him): yeah okay very good points and we're going to come to another barrier in the business, which is focusing on racist this and they want to come back to your to one of the main points to your comments about.

01:39:50.760 --> 01:40:06.450

Jonah Frohlich (he/him): Our ability to collect and use that information, because I think we totally agree that's an issue, whether it's a technical issue per se is a is a good question, we definitely see it as a as essentially a process business process question there.

01:40:07.590 --> 01:40:12.060

Jonah Frohlich (he/him): So let's let's come back to that to that in a moment when we get to that section.

01:40:13.350 --> 01:40:13.950

Jonah Frohlich (he/him): Claudia.

01:40:15.030 --> 01:40:15.870

Jonah Frohlich (he/him): As you go up to the.

01:40:16.050 --> 01:40:16.920

Jonah Frohlich (he/him): Previous page.

01:40:18.300 --> 01:40:19.080

Claudia Williams: Number two.

01:40:21.390 --> 01:40:24.810

Claudia Williams: So we have the pleasure of working with over 1000 healthcare.

01:40:24.810 --> 01:40:26.220

Jonah Frohlich (he/him): Organizations plans.

01:40:26.310 --> 01:40:32.790

Claudia Williams: Small practices ipas hospitals and with a very small number of exceptions.

01:40:33.120 --> 01:40:44.280

Claudia Williams: They don't they can't bring data from different sources build interfaces match the data that the record normalize the data again hs you know against know bit and all those things so.

01:40:44.730 --> 01:40:48.210

Claudia Williams: I would expand number two to be technological capacity.

01:40:48.240 --> 01:40:49.260

Claudia Williams: At health at.

01:40:49.560 --> 01:40:54.060

Claudia Williams: Health and human service organizations and just want to distinguish that that.

01:40:54.450 --> 01:40:55.500

Claudia Williams: expertise and.

01:40:55.500 --> 01:41:08.820

Claudia Williams: capacity is different from an HR eaters are not built to do that, they don't have the MP eyes the end the people running those the jars don't have any of that understanding or that infrastructure, and so I just want to be like.

01:41:09.360 --> 01:41:25.440

Claudia Williams: We need to build that infrastructure, and that is across the board, only one of our health plans can accept a ccta all the other ones are like give you know we've said this before, so this is number two is huge, but it's almost universal across California.

01:41:26.250 --> 01:41:33.990

Jonah Frohlich (he/him): yeah okay totally fair point and I, I agree that should that's an oversight, it should be around capacity at health and.

01:41:34.590 --> 01:41:49.950

Jonah Frohlich (he/him): Human services organization for those who you are working with and many others that don't have the infrastructure capacity technical capabilities human power to actually get the job done, we need to make sure that that's their their carbon.

01:41:51.540 --> 01:41:53.310

Jonah Frohlich (he/him): Thank you last one minute, then we'll move on.

01:41:54.450 --> 01:41:55.140

Jonah Frohlich (he/him): Great Thank you.

01:41:55.530 --> 01:42:01.020

Linette Scott, DHCS: I just from a high level perspective, someone has got a department health care services.

01:42:02.160 --> 01:42:11.580

Linette Scott, DHCS: You know all of this discussion and really appreciate everybody's engagement around this because this work, I think is fundamental to a lot of the initiatives that we have.

01:42:12.480 --> 01:42:22.170

Linette Scott, DHCS: Through department health care services and medical and certainly being led by the Agency, and so this is really important in terms of helping to drive those things forward.

01:42:23.010 --> 01:42:38.910

Linette Scott, DHCS: As as such, I mean, I would also just acknowledge that, as we do that there may be some opportunities and some of what we're doing to help with some of these components so there's there's a lot of synergy related to the the work that's been described.

01:42:40.410 --> 01:42:46.980

Linette Scott, DHCS: One of the things that comes to mind in terms of talking about these barriers is is perhaps a question of scope.

01:42:47.640 --> 01:43:01.440

Linette Scott, DHCS: Because I think the the the primary scope is around the data exchange framework, what does that look like the legal agreement and such to what extent do we have opportunities under this conversation to address some of these.

01:43:02.580 --> 01:43:08.040

Linette Scott, DHCS: You know, things that are being called out as barriers, because a number of them, especially in the technical infrastructure and standards area.

01:43:08.730 --> 01:43:19.350

Linette Scott, DHCS: really gives it some some key components, I mean, how do we have a federated person index, how do we have consent management services that are available, what does that look like.

01:43:20.280 --> 01:43:26.370

Linette Scott, DHCS: And how do we do that in a coordinated way, and what does potential cost sharing look like along the way, so just sort of.

01:43:26.820 --> 01:43:40.200

Linette Scott, DHCS: To flag, some of those things and try to ask that question about scope of of what are we truly accomplishing in this group versus what is perhaps a parallel effort that that needs to be taken on on given what our statutory.

01:43:41.220 --> 01:43:42.690

Linette Scott, DHCS: assignment was so to speak.

01:43:44.280 --> 01:43:54.960

Linette Scott, DHCS: The the the one other thing kind of along those lines again the the consumer focus really appreciate that that consent management, I mean I think that's something we've heard loud and clear, as core.

01:43:55.560 --> 01:44:04.770

Linette Scott, DHCS: How do we do that in a coordinated way that it's usable so that's something that drives, especially as we're looking at coordinated care whole person care integration of behavioral health, etc.

01:44:05.700 --> 01:44:17.610

Linette Scott, DHCS: So really important in that that piece, and then also just flagging that we're in sort of an interesting thought from the the federal funding perspective in that high tech has now ended.

01:44:18.030 --> 01:44:27.330

Linette Scott, DHCS: So things we could fund that are high tech, we can no longer fund, we have to think about it differently in terms of what that looks like how it relates to.

01:44:28.020 --> 01:44:37.110

Linette Scott, DHCS: other options so certainly from a medicaid perspective, there are things we can fund, but we typically have to tie it back to our medicaid system.

01:44:37.620 --> 01:44:47.700

Linette Scott, DHCS: And how and how it all fits together so again, thank you for the robust participation by all of the committee members and for the opportunity to share.

01:44:49.020 --> 01:44:50.400

Linette Scott, DHCS: Excellent Thank you when that.

01:44:51.000 --> 01:44:58.260

Jonah Frohlich (he/him): I definitely want to emphasize what Lynette said just about these are these parallel initiatives kalyan is one of them it's not the only one.

01:44:59.850 --> 01:45:13.560

Jonah Frohlich (he/him): there's significant housing and homeless initiatives and others where I think if we really want to try to leverage policy funding this is like the golden opportunity the golden moment for us to do that.

01:45:14.910 --> 01:45:22.140

Jonah Frohlich (he/him): So really appreciate that we're going to move on to the barriers focusing really on business and financing.

01:45:23.670 --> 01:45:36.390

Jonah Frohlich (he/him): There aren't as many, but they may be difficult, or to address and the scope is clearly pretty significant one is around education technical assistance.

01:45:37.170 --> 01:45:45.210

Jonah Frohlich (he/him): And I think, maybe a nodding a nod to the consumer piece here, which was not in this description, but from the previous comments you should add.

01:45:46.350 --> 01:45:50.910

Jonah Frohlich (he/him): That many organizations will require guidance on how to implement.

01:45:52.920 --> 01:46:08.040

Jonah Frohlich (he/him): technology and services to help them exchange information and when I say consumers, I think we need to have would ask others to comment and approach for helping consumers individual understand what rights they have and how they can access us and be more engaged in.

01:46:09.060 --> 01:46:10.230

Jonah Frohlich (he/him): In this whole process.

01:46:11.910 --> 01:46:20.040

Jonah Frohlich (he/him): But so that education and Th needed to adopt processes technologies and comply with the framework and the data sharing agreement requirements that's number one.

01:46:20.970 --> 01:46:27.210

Jonah Frohlich (he/him): Number two around private security policies, these are like small people's is not federal or state policy.

01:46:27.960 --> 01:46:37.230

Jonah Frohlich (he/him): And the issue here is really that many organizations just need to better understand how data are collected they're supposed to be used and exchanged.

01:46:37.800 --> 01:46:48.060

Jonah Frohlich (he/him): So that information can be more consistently exchanged across and within and across different sectors with appropriate patient consent in a secure timeline usable matter.

01:46:48.480 --> 01:46:53.490

Jonah Frohlich (he/him): This really gets to an issue of like not having a full understanding a reckoning of Federal and State law.

01:46:53.940 --> 01:47:08.280

Jonah Frohlich (he/him): being concerned about liability, making sure they understand what they need to do to consent to to protect and respect and individuals privacy and what we've frequently heard and seeing in.

01:47:09.810 --> 01:47:19.110

Jonah Frohlich (he/him): On the ground, is that there are many institutions are many county county councils, who are really concerned about sharing things like behavioral health data that their providers are.

01:47:19.590 --> 01:47:27.270

Jonah Frohlich (he/him): are delivering for people, for example, of substance use disorders and so making sure that there's an understanding of what can and can't be done.

01:47:28.020 --> 01:47:36.810

Jonah Frohlich (he/him): is critically important third is around financing incentives and business rationale, this is perhaps one of the biggest pieces that we're going to need to overcome and address.

01:47:37.890 --> 01:47:47.070

Jonah Frohlich (he/him): This is not a million dollar effort, this is more, this is like a generational multi year significant investment in time and resources.

01:47:47.610 --> 01:47:57.450

Jonah Frohlich (he/him): And many of the institutions that you all represent aren't funded not incentivized and there's no real business imperative for them, or if there is a business imperative.

01:47:58.800 --> 01:48:15.270

Jonah Frohlich (he/him): The benefits that may accrue to those who implement the technologies and exchange may not accrue to them in terms of a Cisco return and so those types of barriers needs to be overcome, and there needs to be a funding and incentives and other approaches to overcoming.

01:48:16.320 --> 01:48:20.490

Jonah Frohlich (he/him): And then the last piece, and I think, each of us gets to win the earlier points around demographic data.

01:48:21.420 --> 01:48:32.130

Jonah Frohlich (he/him): and specifically that there's really a lack of really of consistent information about race, ethnicity so G data languages other.

01:48:32.550 --> 01:48:42.630

Jonah Frohlich (he/him): gender identity and other demographic data that's necessary to support individual and population health and to identify and address things like disparities and in an equity so both.

01:48:43.050 --> 01:48:49.830

Jonah Frohlich (he/him): That kind of information is often missing it's missing in public health response it's missing an individual population health management.

01:48:51.900 --> 01:49:10.410

Jonah Frohlich (he/him): Efforts or for individual care needs and so being able to address that by creating policies programs or or support funding programs to better collect incentivize the structure and collection sharing and uses that information, where appropriate, is.

01:49:11.730 --> 01:49:19.830

Jonah Frohlich (he/him): is a barrier that that we've identified to the scenario so i'm going to stop turn it over to an ask Google, if you can please comment.

01:49:26.490 --> 01:49:33.360

Jonah Frohlich (he/him): So I think carmela sorry i'm going to ask him he'll I think she did on the phone on screen so carmela can you hear us and then i'll go to rebel.

01:49:37.920 --> 01:49:46.620

Carmela Coyle: Yes, I can thanks so much I just had a general comment in the last discussion around barriers in that is i'm wondering if we would be.

01:49:47.100 --> 01:50:05.130

Carmela Coyle: well served to begin to move beyond the broad scenarios, to perhaps some more precise use cases that I think will really allow us to specifically identify gaps and and these barriers and gaps in exchange and delineate them a little bit more specifically thanks.

01:50:06.630 --> 01:50:07.830

Jonah Frohlich (he/him): Okay, thank you.

01:50:12.330 --> 01:50:12.570

Jonah Frohlich (he/him): That you're.

01:50:15.690 --> 01:50:19.470

Jonah Frohlich (he/him): willing to consider that for sure rahul you are.

01:50:21.360 --> 01:50:30.090

Rahul Dhawan: Thank you really appreciate this I really was important, how you mentioned the privacy and security policy, especially as it relates to ideas such as.

01:50:30.510 --> 01:50:34.560

Rahul Dhawan: behavioral health, so I thought that was really critical you know, on the delegate model.

01:50:35.430 --> 01:50:44.610

Rahul Dhawan: We really do see a lot of these patients, I mean medicaid population 40% of patients have behavioral health issue, so I think that it really is a barrier.

01:50:45.000 --> 01:50:56.280

Rahul Dhawan: That we we work hard to address getting data, transparency and in a safe way where this privacy is upheld, is so important, and I think that the way we really.

01:50:57.030 --> 01:51:07.260

Rahul Dhawan: work together with other agencies and representatives really is important, I think that's one of the main focuses of this kalyan project so similar MED MED points singular focus.

01:51:07.830 --> 01:51:17.940

Rahul Dhawan: To assist the state and in a way possible, is really why we're here and really appreciate the opportunity to discuss this on the privacy really resonated with me, as well as the demographic data because.

01:51:18.480 --> 01:51:25.980

Rahul Dhawan: That we have a very diverse patient population and those needs and culture being culturally sensitive and.

01:51:26.520 --> 01:51:38.820

Rahul Dhawan: Sensitive of gender and sexual orientation, so critical for for this to be successful, so really these are these may be considered barriers but they're actually really strong reasons for us to have why we're doing.

01:51:38.820 --> 01:51:42.150

Rahul Dhawan: This as well, so just wanted to push put in that perspective as well.

01:51:44.640 --> 01:51:47.070

Jonah Frohlich (he/him): Thank you it's great I appreciate that comment.

01:51:50.040 --> 01:52:02.160

Kiran Savage-Sangwan: yeah thanks jenna and I may not be understanding what's meant by business operations, but just wanted to say, from a consumer when I think of what that means to a consumer, the couple of things that I feel are missing one under.

01:52:02.670 --> 01:52:12.240

Kiran Savage-Sangwan: Education and technical assistance that we really need to think about what that means for consumers, because if this is going to be a system that consumers are really able to access and participating.

01:52:12.630 --> 01:52:19.830

Kiran Savage-Sangwan: I think what we know from our experience the rapid expansion of telehealth is there needs to be a lot of support for consumers, and it needs to be clear.

01:52:20.100 --> 01:52:22.470

Kiran Savage-Sangwan: who's responsible for that and how that will happen.

01:52:23.130 --> 01:52:28.770

Kiran Savage-Sangwan: So I would suggest, adding that in a second thing which is sort of maybe a broader point is again.

01:52:29.370 --> 01:52:34.620

Kiran Savage-Sangwan: For consumers to want to participate, I think, to consent to share demographic data, etc.

01:52:35.070 --> 01:52:44.520

Kiran Savage-Sangwan: And it needs to be clear that the data will be used, and I feel like that's a silly thing to say, but I don't want it to build this under a false assumption that it can provide the data.

01:52:44.850 --> 01:52:49.860

Kiran Savage-Sangwan: It will be used to improve health outcomes, because I think what we see i'll give the example of language.

01:52:50.070 --> 01:52:59.850

Kiran Savage-Sangwan: is many times, even when providers have the information about the patient spoken language they don't provide an interpreter right, which is what you would hope would happen from a quality of care perspective.

01:53:00.060 --> 01:53:07.290

Kiran Savage-Sangwan: So kind of an overarching point here about really creating I think more I don't know if incentive is the right word, but more.

01:53:07.290 --> 01:53:10.920

Kiran Savage-Sangwan: expectation for really using the data to improve.

01:53:10.950 --> 01:53:11.520

Kiran Savage-Sangwan: patient health.

01:53:11.550 --> 01:53:13.980

Kiran Savage-Sangwan: outcomes and patient engagement in our.

01:53:13.980 --> 01:53:14.520

healthcare.

01:53:16.500 --> 01:53:34.170

Jonah Frohlich (he/him): Great okay so two things I heard, I think one I mentioned in my opening statements on this, we definitely have to include that the consumer, especially an education piece on that So if you prefer, that that our mission will will incorporate it into into here.

01:53:35.370 --> 01:53:38.700

Jonah Frohlich (he/him): I think you should your second fitness related to that Karen Thank you.

01:53:43.980 --> 01:53:58.200

Jonah Frohlich (he/him): I think the only other thing I saw in comments and comments I heard or saw sort of the need for ongoing ta, especially in light of turnover that is dynamic and all our institutions so that totally makes sense.

01:54:00.750 --> 01:54:09.120

Jonah Frohlich (he/him): And then I think Claudia you're mentioning so I did parts of federal funding and yeah we're now that starts to get into recommendations and solutions which we're going to work definitely and a half to address me.

01:54:10.170 --> 01:54:13.470

Jonah Frohlich (he/him): Can we affirm these and feel like we've got identified the right barriers.

01:54:14.880 --> 01:54:15.300

Jonah Frohlich (he/him): Okay.

01:54:17.310 --> 01:54:29.130

Jonah Frohlich (he/him): i'm going to move to the last component Oh, I guess the other thing just to address inherent is like when we need we've defined at a high level what finance business operation for in that first in one of the first slides, but I think we need to make it.

01:54:29.850 --> 01:54:42.720

Jonah Frohlich (he/him): This does feel very provider and and organization focused and less oriented around a consumer it kind of it kind of buy it by its description sort of.

01:54:43.590 --> 01:54:53.550

Jonah Frohlich (he/him): excludes consumers, so I think we probably need to read characterize this barrier a little bit so that it's more it's more it includes the consumer.

01:54:55.020 --> 01:55:02.010

Jonah Frohlich (he/him): Through his description, even though we'd have these areas that describe an impact consumers, I think the title itself needs.

01:55:04.410 --> 01:55:04.950

Jonah Frohlich (he/him): us to mark.

01:55:06.990 --> 01:55:07.350

Okay.

01:55:09.540 --> 01:55:12.990

Jonah Frohlich (he/him): last one, and I think.

01:55:14.220 --> 01:55:22.410

Jonah Frohlich (he/him): We have I just went do a time check, I think we have up to 12:30am I correct and we we I think we plan to do this until about 1205.

01:55:23.070 --> 01:55:26.220

Kevin McAvey: We do we have climb okay great.

01:55:27.510 --> 01:55:28.530

Jonah Frohlich (he/him): So the so.

01:55:30.120 --> 01:55:41.280

Jonah Frohlich (he/him): The list one regulatory policy barrier, but there are multiple sections to this that's very intentional, but this is was the recurring theme through the scenarios that came up.

01:55:42.840 --> 01:55:51.600

Jonah Frohlich (he/him): And they may pertain to the Federal and State laws, regulations and policies that govern did exchange and it's for physical behavioral social human service data.

01:55:52.680 --> 01:56:03.300

Jonah Frohlich (he/him): So across all of these different sectors that that really do they they they create protections, but they also create other real or perceived barriers.

01:56:03.960 --> 01:56:18.480

Jonah Frohlich (he/him): lack of certainty about information sharing, and especially those that are going to drive the kind of whole person Karen dishes they're so important at today that are that address things like in equity and disparities, therefore, that really are get called out here.

01:56:19.920 --> 01:56:28.650

Jonah Frohlich (he/him): That are that that really sort of rose to the top when we sort of went through our scenarios one is around physical and behavioral health and.

01:56:29.430 --> 01:56:43.290

Jonah Frohlich (he/him): Here certain types of data and they and we have some examples around behavioral health and substance use disorder HIV test result information pertaining to minors and others are governed by very specific Federal and State law.

01:56:44.490 --> 01:56:56.730

Jonah Frohlich (he/him): And there is a need, in many instances to either rationalized state policy to be more consistent with federal policy or to could just create more clarity about the implications of State law.

01:56:57.810 --> 01:57:04.290

Jonah Frohlich (he/him): So it does inhibit some data sharing that probably could happen if the if there's a better understanding of what current law says.

01:57:04.620 --> 01:57:15.120

Jonah Frohlich (he/him): But there is perhaps an opportunity to reshape State law so that is equally protective of individual rights, but also enables more consistent and better data sharing.

01:57:16.140 --> 01:57:20.460

Jonah Frohlich (he/him): The second related around social and human services so that there are certain laws that do.

01:57:22.110 --> 01:57:27.720

Jonah Frohlich (he/him): prohibit certain types of data sharing amongst certain types of health and human service organization.

01:57:28.320 --> 01:57:45.000

Jonah Frohlich (he/him): Social human service organization, some are we've seen examples of how those are overcome by creating like sort of a hipaa context around things like housing information so we've seen that in whole person care that in some instances they've been able to use hipaa to incorporate housing.

01:57:46.200 --> 01:57:54.720

Jonah Frohlich (he/him): and be able to share that with other providers, but there's other laws usda and others that that do may require patient optimization.

01:57:56.100 --> 01:58:05.670

Jonah Frohlich (he/him): Criminal history, there is still some State law around a criminal record identifiers that can certainly be shared for coordinating care so it's got it it's not usable.

01:58:06.300 --> 01:58:09.810

Jonah Frohlich (he/him): In certain contexts and then there's public health data and there's some public health law.

01:58:10.710 --> 01:58:20.220

Jonah Frohlich (he/him): That really necessitates that only they can only be shared collected and share by public health agencies that use for very specific purposes, and it may be that that's going to remain and that's okay.

01:58:21.240 --> 01:58:26.370

Jonah Frohlich (he/him): But we don't want it we've identified it, I want to make sure that we we recognize it.

01:58:27.600 --> 01:58:32.730

Jonah Frohlich (he/him): So these federal State policies results in sort of this lack of understanding confusion about what is permissible.

01:58:34.350 --> 01:58:39.630

Jonah Frohlich (he/him): So we're going to add know you'd have your hand up want to see if you have any comments about these.

01:58:40.770 --> 01:58:43.290

Jonah Frohlich (he/him): Anything missing anything we should we should add or modify.

01:58:44.940 --> 01:58:47.160

Linnea Koopmans: yeah I think swimming with the local health plan.

01:58:48.180 --> 01:59:03.780

Linnea Koopmans: I think this slide really resonated with us, but I, and perhaps this is alluded to in the language around perceived barriers, but I do think it's really important to call out the issue of interpretation and varying interpretation of federal State law.

01:59:04.830 --> 01:59:15.690

Linnea Koopmans: I think this is a huge pain point for us, particularly around behavioral health, so you know I realized this is a perennial issue, but if we're going to you know accomplish the vision.

01:59:16.860 --> 01:59:22.920

Linnea Koopmans: And the principles that we've been discussing, I think this is another area that really requires the leadership and direction.

01:59:25.560 --> 01:59:41.580

Jonah Frohlich (he/him): Thank you and I, and I think others may not know this, but I at least under counterclaim that that was identified in the roadmap as like this interpretation issue and understanding of State law and so that department actually went through a process of enabling new State law.

01:59:42.690 --> 01:59:45.330

Jonah Frohlich (he/him): That, for the purposes of telling him and his promulgating.

01:59:46.410 --> 01:59:56.700

Jonah Frohlich (he/him): Guidance about interpretation of what that last says, and the implications for data sharing, so I think one is I totally agree with her in part because i'm working with the department to help.

01:59:57.300 --> 02:00:05.820

Jonah Frohlich (he/him): Put that is and it's been repeatedly said by stakeholders, the more the state can do to help divine what this means for us.

02:00:06.480 --> 02:00:18.660

Jonah Frohlich (he/him): The better position will be to create to enter into data sharing agreements that are due respect the law and the privacy and preferences express that people, but thank you for that lori.

02:00:20.220 --> 02:00:24.990

Lori Hack: yeah thanks just to reiterate, first of all, I completely agree with linear that was on my.

02:00:24.990 --> 02:00:25.920

Jonah Frohlich (he/him): notes as well.

02:00:26.790 --> 02:00:27.660

Lori Hack: But also.

02:00:28.200 --> 02:00:30.450

Lori Hack: it's not only Federal and State laws, but.

02:00:30.450 --> 02:00:34.080

Lori Hack: there's also now some international laws of gdpr.

02:00:34.080 --> 02:00:34.470

Lori Hack: That.

02:00:34.920 --> 02:00:36.330

Lori Hack: would impact data.

02:00:36.330 --> 02:00:48.270

Lori Hack: Exchange how it's stored and consent and so forth, particularly as we're starting to see offshore use of offshore agencies for for data and then.

02:00:48.390 --> 02:00:50.340

Lori Hack: The other piece of this is.

02:00:51.720 --> 02:01:03.300

Lori Hack: it's really important to get the understanding and clarity around the interpretation of the data and then consider how that impacts, the technology so.

02:01:03.900 --> 02:01:12.720

Lori Hack: So our it folks are sort of understanding how you want to share data or what data can be shared and then that has to be created.

02:01:13.500 --> 02:01:27.390

Lori Hack: Technology technologically and so really making sure that we're all clear on what the regulation or what the laws states and what the technology is capable of providing.

02:01:29.640 --> 02:01:40.080

Jonah Frohlich (he/him): Very good yeah I think what you're basically what I hear you basically saying is there's there's law, the interpretation of law and the application of it, the systems that we have in place.

02:01:42.030 --> 02:01:51.210

Jonah Frohlich (he/him): To operationalize like a really complex, for example, content management form is incredibly difficult to do and today's.

02:01:51.690 --> 02:02:05.280

Jonah Frohlich (he/him): Using today's technology and so we've got to be very cognizant of like if we're going to create these policies around things like content management, we also have to recognize that how we implement them is going to be limited to some degree by our technology.

02:02:06.840 --> 02:02:08.820

Jonah Frohlich (he/him): Absolutely okay.

02:02:10.320 --> 02:02:11.040

Jonah Frohlich (he/him): We could pick him.

02:02:13.200 --> 02:02:16.440

Jonah Frohlich (he/him): Thank you, Claudia I think we're gonna wrap up.

02:02:16.500 --> 02:02:17.880

Jonah Frohlich (he/him): I mean yeah just to.

02:02:18.120 --> 02:02:20.490

Claudia Williams: A plus a million to wetteland as said and.

02:02:20.580 --> 02:02:21.930

Claudia Williams: I want to just call out in.

02:02:22.260 --> 02:02:28.350

Claudia Williams: In particular, that we work in many, many counties and they all have a different interpretation of what can be shared.

02:02:28.890 --> 02:02:33.780

Claudia Williams: And it's that at none of them seem to comply with at least our legal understanding of the law.

02:02:34.290 --> 02:02:42.450

Claudia Williams: And so, an end they're like it's okay we're going to ask for consent, and even though it may not be needed it's fine that violates information blocking.

02:02:42.780 --> 02:02:48.060

Claudia Williams: So if you're not sharing data that can be shared by law, so I just think it's a matter of.

02:02:48.630 --> 02:03:00.210

Claudia Williams: clarifying but also standardizing at the county level how what people's understanding is because we can't work with 58 different counties with different interpretations of what.

02:03:00.810 --> 02:03:11.820

Claudia Williams: Well it's almost doesn't matter what the policy is, we can adapt to it as long as we're clear on what it is, so I think it has to get down to the kind of operational implementation that Lauren was talking about.

02:03:11.820 --> 02:03:15.300

Claudia Williams: Otherwise we're just going to keep on tripping over these issues.

02:03:16.380 --> 02:03:19.230

Jonah Frohlich (he/him): yeah Okay, thank you, Claudia totally agree.

02:03:21.240 --> 02:03:34.980

Jonah Frohlich (he/him): Okay, I think the takeaway here is that a couple of things, one is sort of the coupling recommendations and hear about data sharing that conforms with or may need to change state policy.

02:03:35.700 --> 02:03:44.370

Jonah Frohlich (he/him): With the technological capabilities that we have and things that may also need to be changed to to embrace or adopt whatever policies that we might.

02:03:45.420 --> 02:03:54.480

Jonah Frohlich (he/him): We might have in California so that's why we just need to really recognize how policy needs to be a couple of with implementation, and the second, I think.

02:03:55.560 --> 02:03:57.060

Jonah Frohlich (he/him): kind of related to that is.

02:03:59.010 --> 02:04:12.060

Jonah Frohlich (he/him): What we heard, I think, when a you kind of kick this off is there's a real need for ongoing state policy guidance and the ability for the state to create and this can't happen sort of and shouldn't just happen, I think.

02:04:13.980 --> 02:04:17.220

Jonah Frohlich (he/him): Others may have a different opinion here shouldn't happen within a silo of.

02:04:17.610 --> 02:04:25.440

Jonah Frohlich (he/him): here's just healthcare and here's like the department health care services interpretation here, social services interpretation here is public health interpretation, we need something.

02:04:26.070 --> 02:04:38.940

Jonah Frohlich (he/him): Ideally, that would span health and human services and provide real direction to county councils to health plans to providers to consumers about what are these laws mean and how might you.

02:04:39.960 --> 02:04:48.720

Jonah Frohlich (he/him): sure that you have safeguards in place and you implement these policies in a way that protects humans and their wish their wishes, plus yourself.

02:04:49.260 --> 02:04:58.800

Jonah Frohlich (he/him): from liability, so what I heard is that there's a real need to create a platform for advancing stay policy guidance that's really clear that spans these sectors.

02:04:59.160 --> 02:05:15.900

Jonah Frohlich (he/him): And then, it is not sort of a one time we're done but that's going to be an ongoing a policy guidance discussion and platform for promulgating that does that does that resonate with people does that seem to make sense, because that really starts to get into what we're going to tackle.

02:05:17.370 --> 02:05:24.210

Jonah Frohlich (he/him): Next year, with this group around governance, because we're if we're going to create this sort of this platform for state policy guidance.

02:05:24.960 --> 02:05:38.220

Jonah Frohlich (he/him): We really are going to need like a governance really structured governance to be able to identify what guidance is needed, and then advanced that guidance and it's there's got to be or standing of some kind of governance, to be able to do that.

02:05:43.500 --> 02:05:54.870

Jonah Frohlich (he/him): So, unless I hear resistance to that notion I think we'll take that direction from this group and we'll incorporate that into our deliberations around government.

02:05:58.500 --> 02:05:58.800

Jonah Frohlich (he/him): Okay.

02:06:00.030 --> 02:06:03.090

Jonah Frohlich (he/him): let's say last everybody, I hope that made sense to people.

02:06:07.440 --> 02:06:07.830

Jonah Frohlich (he/him): All right.

02:06:09.240 --> 02:06:22.620

Jonah Frohlich (he/him): All right, i'm going to move us forward, then I think this is really helpful, so I heard general agreement about these barriers enumerated a number of the things we went through each one of the sections that we can update.

02:06:24.960 --> 02:06:29.280

Jonah Frohlich (he/him): And, and then what what I think our next steps, is that.

02:06:30.570 --> 02:06:40.350

Jonah Frohlich (he/him): Some of these barriers we're going to we're going to take some time, and these advisor group meetings to wreck up to develop specific recommendations to address them directly through the data shadow framework.

02:06:40.830 --> 02:06:48.030

Jonah Frohlich (he/him): The exchange framework and the data sharing agreement, I think we can we can be very deliberate with that I think some of them.

02:06:48.480 --> 02:06:57.270

Jonah Frohlich (he/him): are going to need a lot of stakeholders it's not something that can be done necessarily in the next six months, but we're going to have to create a pathway for stakeholder in process.

02:06:57.840 --> 02:07:10.950

Jonah Frohlich (he/him): To address some of these barriers, and I think to to Carmel this point we're going to need to define on an ongoing basis sort of use cases that articulate how how we're going to address them and what the implications are.

02:07:13.080 --> 02:07:15.720

Jonah Frohlich (he/him): All right, thank you, this is incredibly helpful.

02:07:17.400 --> 02:07:26.280

Jonah Frohlich (he/him): And I appreciate the comments coming across about the support for stick off the guidance and the need to create enable that for governance.

02:07:28.650 --> 02:07:34.980

Jonah Frohlich (he/him): This discussion is very helpful I think we're now we're going to move through to the work plan I think i'm going to be turning this back over to john.

02:07:35.280 --> 02:07:41.220

Jonah Frohlich (he/him): And if you wouldn't mind, please just stepping through sort of the days ahead we committed to doing at to working through this with you.

02:07:42.420 --> 02:07:53.340

Jonah Frohlich (he/him): We want to sort of lay out what the next steps are for the next set of advisory committee meetings we buy also circle back on the data sharing agreement subcommittee have some nice updates there so john please.

02:07:54.270 --> 02:07:54.840

John Ohanian: Yes, great.

02:07:54.900 --> 02:07:55.950

Jonah Frohlich (he/him): We go to the next slide.

02:07:56.040 --> 02:08:00.150

John Ohanian: Just keeping us on track and looking at us ahead, obviously with.

02:08:00.960 --> 02:08:08.520

John Ohanian: The last topic there's a lot of work to be done, and while our goal is to incorporate as much as we can, into the data framework exchange framework.

02:08:09.030 --> 02:08:17.790

John Ohanian: A lot of this work is outside of scope as as everyone realizes that and it's and it's really been holding on all of us to jump in and so.

02:08:18.360 --> 02:08:31.380

John Ohanian: From our standpoint, we really just need your support and kind of just guiding you through our deliverable of an April 1 you know legislative update we're planning on going in the next two months to just give a.

02:08:32.400 --> 02:08:39.450

John Ohanian: brief overview of where we are, but by April really have some information going forward on that please go to the next slide.

02:08:41.850 --> 02:08:48.420

John Ohanian: The as we look forward to the meetings ahead and the barriers that we're trying to overcome this is how we've laid out the work so far.

02:08:48.810 --> 02:09:00.210

John Ohanian: So you can kind of see if if there's areas that you're interested in kind of the timing of getting that feedback and input to us as well, I know we're running a little tight on time, so what I would.

02:09:00.420 --> 02:09:03.000

John Ohanian: Just like to do now is actually handed over.

02:09:03.240 --> 02:09:10.170

John Ohanian: To Courtney hanson who's our assistant chief counsel and Jennifer sports our chief counsel here at CDI and and.

02:09:10.230 --> 02:09:19.770

Jonah Frohlich (he/him): cal hhs and john john before we do if I can just make a couple of other sort of game time plays calls for.

02:09:22.110 --> 02:09:22.560

Jonah Frohlich (he/him): coach.

02:09:23.640 --> 02:09:23.970

Jonah Frohlich (he/him): yeah.

02:09:25.230 --> 02:09:32.430

Jonah Frohlich (he/him): A couple things one is, we have a lot of work to do on the principles that was pretty clear from the conversation there's gotta we gotta bring this back.

02:09:33.450 --> 02:09:37.200

Jonah Frohlich (he/him): So we have we have I feel like we're going to have to spend some time in December, more than.

02:09:38.670 --> 02:09:43.800

Jonah Frohlich (he/him): More than just a report out but it feels like we're going to have to spend a little bit more time actually getting.

02:09:44.880 --> 02:09:47.490

Jonah Frohlich (he/him): Reviewing more detailed principles.

02:09:49.260 --> 02:09:49.950

Jonah Frohlich (he/him): I know this is.

02:09:51.450 --> 02:09:56.340

Jonah Frohlich (he/him): I know we've had a lot to do, principles are critically important and they really frame.

02:09:56.820 --> 02:10:07.740

Jonah Frohlich (he/him): Everything that we need to advance here and how we're going to events data exchange, more broadly, so I feel like in December we're going to have to spend more time on this, and not just dedicated to technical and digital identity.

02:10:08.850 --> 02:10:23.520

Jonah Frohlich (he/him): And by the way, just so everyone understands the reason why technical and digital identity management is coming up next is we have according to a B 133 a requirement that we create a strategy around technical identity management.

02:10:25.200 --> 02:10:37.020

Jonah Frohlich (he/him): So we need to have a conversation with the advisory group about about how we made advanced identity management in California.

02:10:37.530 --> 02:10:47.250

Jonah Frohlich (he/him): Not just across departments in health and human services but across all the various stakeholders one possible way, we can do that is through another subcommittee.

02:10:48.240 --> 02:10:59.940

Jonah Frohlich (he/him): that's a possibility, we can always explore it it's not as simple issue it's not like let's just create an mpi and then presto we're suddenly there, there are significant governance implication.

02:11:00.420 --> 02:11:06.270

Jonah Frohlich (he/him): A lot of considerations that need to be built in, and things like rules and rules based access to it.

02:11:07.440 --> 02:11:18.990

Jonah Frohlich (he/him): So I think I would have men this little to say we're going to come, we need to come back with a more discussion on principles consider how we develop the identity management strategy as part of this.

02:11:20.250 --> 02:11:25.440

Jonah Frohlich (he/him): which might mean we have to compress a little bit of some of these other recommendations as we go through.

02:11:26.640 --> 02:11:32.760

Jonah Frohlich (he/him): As we go through the calendar, so does that sorry sorry john it just felt like we needed to make sure we came back to it.

02:11:33.960 --> 02:11:35.010

John Ohanian: So and i'm just looking.

02:11:36.750 --> 02:11:38.280

John Ohanian: At what you just laid out looking at.

02:11:38.280 --> 02:11:39.450

Jonah Frohlich (he/him): The timetable.

02:11:39.780 --> 02:11:47.490

John Ohanian: And thinking about for next meeting, the principles data identity, you know the digital identity, the and.

02:11:48.600 --> 02:11:49.230

John Ohanian: Technical.

02:11:50.520 --> 02:11:51.120

Jonah Frohlich (he/him): Just crammed.

02:11:52.620 --> 02:11:55.230

Jonah Frohlich (he/him): Great and I think Erica you have common.

02:11:57.390 --> 02:12:00.840

Erica Murray: yeah I it's a it's helpful to hear your thinking on some of the.

02:12:00.840 --> 02:12:01.440

Erica Murray: orders.

02:12:01.530 --> 02:12:02.430

Erica Murray: Of the.

02:12:02.460 --> 02:12:08.220

Erica Murray: issues here jonah and i'm curious, can you speak to the the other issues, and why they're laid out in.

02:12:08.220 --> 02:12:13.590

Erica Murray: This way I can anticipate some angst that governance is.

02:12:14.640 --> 02:12:21.240

Erica Murray: You know, we wait until May to talk about governance when and and we might be up against a deadline when that's such a.

02:12:22.320 --> 02:12:34.500

Erica Murray: Such a critical issue but I i'd love to hear the rationale for the the order of these issues and if there's if there's any possibility, we can bump that that last one up.

02:12:38.220 --> 02:12:41.490

Jonah Frohlich (he/him): I think we could, I think we could elevate governance.

02:12:42.510 --> 02:12:56.070

Jonah Frohlich (he/him): In many respects it's probably the most complex of of all of these because we are going to have to consider, and the reason, one of the reasons why it's last is, as we go through and start to enumerate what the recommendations are.

02:12:57.090 --> 02:13:05.040

Jonah Frohlich (he/him): Our hypothesis is that we're going to increasingly see what's governance is going to have to address and how we're going to tackle these problems.

02:13:05.760 --> 02:13:16.950

Jonah Frohlich (he/him): And if we start with governance and then layer in and get into standards in business and REG it feels like we might miss them certain things about the recommendations there that was the rationale.

02:13:19.950 --> 02:13:21.060

Jonah Frohlich (he/him): But we can.

02:13:22.320 --> 02:13:23.460

Jonah Frohlich (he/him): This is not set in stone.

02:13:24.900 --> 02:13:28.050

Erica Murray: I think that's really helpful to understand better I.

02:13:28.380 --> 02:13:28.710

Andrew Bindman: That.

02:13:28.860 --> 02:13:33.450

Erica Murray: I can understand that hypothesis, and that they also all feed into.

02:13:33.750 --> 02:13:34.350

Another.

02:13:35.730 --> 02:13:38.100

Erica Murray: As we go along, and that if and and the.

02:13:38.340 --> 02:13:46.680

Erica Murray: biggest concern is if we we sort of paint ourselves into a corner, where the most complex issue gets the least amount of thinking time.

02:14:00.390 --> 02:14:02.760

John Ohanian: Recommendation for additional meetings as well.

02:14:05.640 --> 02:14:13.740

John Ohanian: which sounds good Okay, then we all get a grand introduction and I will gradually invite them back to the stage.

02:14:14.220 --> 02:14:24.780

John Ohanian: Courtney Hansen and Jennifer Schwartz chief and assistant Council here at ch hs and CDI we had our first data sharing agreement subcommittee meeting they're going to give you an update.

02:14:26.100 --> 02:14:28.140

Jennifer Schwartz, CDII (she/her): Thank you john can we go to the next slide please.

02:14:30.420 --> 02:14:34.350

Jennifer Schwartz, CDII (she/her): As John noted, my name is Jennifer Schwartz and I'm the chief counsel of the.

02:14:35.490 --> 02:14:38.850

Jennifer Schwartz, CDII (she/her): Center for data insights and innovation and health and human services Agency.

02:14:39.330 --> 02:14:46.050

Jennifer Schwartz, CDII (she/her): So I have some great news, the data sharing agreement subcommittee has been established and it held its first meeting on Monday November eight.

02:14:46.530 --> 02:14:49.200

Jennifer Schwartz, CDII (she/her): Consistent with a recommendation of this advisory group.

02:14:49.740 --> 02:14:58.440

Jennifer Schwartz, CDII (she/her): I want to thank everyone who participated and who, on our representatives for their time on this important effort we do value their time and we appreciate their assistance.

02:14:58.920 --> 02:15:05.640

Jennifer Schwartz, CDII (she/her): The goal of the dsa subcommittee is to support this advisory group and its efforts to develop the data exchange framework.

02:15:06.180 --> 02:15:09.420

Jennifer Schwartz, CDII (she/her): will work to keep the AG, and the dsa subcommittee connected.

02:15:09.900 --> 02:15:17.880

Jennifer Schwartz, CDII (she/her): We will provide updates to the AG on the dsa subcommittee's efforts and will provide updates to the dsa Subcommittee on a GS efforts.

02:15:18.180 --> 02:15:26.100

Jennifer Schwartz, CDII (she/her): we'd love to have your feedback and input on what you'd like us to communicate back to the dsa subcommittee at our next meeting, so please feel free to put that in the chat.

02:15:26.670 --> 02:15:30.420

Jennifer Schwartz, CDII (she/her): We are we're trying to speed through this at this point, but we might have a couple of minutes.

02:15:30.810 --> 02:15:40.200

Jennifer Schwartz, CDII (she/her): Just as a reminder for folks the subcommittee is charged with supporting the development of California's data sharing agreement by July 1 2022.

02:15:40.560 --> 02:15:49.860

Jennifer Schwartz, CDII (she/her): that's the deadline in a be 133 it's a tight deadline so we're going to try and power through as best we can subcommittee is going to inform the development of that data sharing agreement.

02:15:50.370 --> 02:15:59.520

Jennifer Schwartz, CDII (she/her): it's going to review drafts of the data sharing, content and it'll bring recommendations to the Advisory Group on technical and operational issues.

02:16:00.120 --> 02:16:07.170

Jennifer Schwartz, CDII (she/her): We definitely want to do alignment on existing frameworks and agreements and other relevant topic, and all those will be discussed at the subcommittee.

02:16:07.710 --> 02:16:18.810

Jennifer Schwartz, CDII (she/her): During our first meeting we discussed over the Charter and the vision for data exchange, we began discussion of what form the California data sharing agreement should ultimately take.

02:16:19.650 --> 02:16:30.690

Jennifer Schwartz, CDII (she/her): We started with the question of are there anything you know in existence is there anything any one agreement that we could leverage for the main bulk of the main contents of a statewide version.

02:16:31.470 --> 02:16:42.540

Jennifer Schwartz, CDII (she/her): However, the consensus was that there was no existing data sharing agreement or framework that actually met all of the requirements specified in our at 133 statute.

02:16:42.900 --> 02:16:54.630

Jennifer Schwartz, CDII (she/her): And, in a few areas all the agreements that had some limitations, for example, none of the existing agreements had any way of addressing you know sharing of social determinants of health data.

02:16:55.170 --> 02:17:01.560

Jennifer Schwartz, CDII (she/her): So while none of the existing agreements was considered a quote perfect fits most of the Members.

02:17:02.280 --> 02:17:08.730

Jennifer Schwartz, CDII (she/her): agreed that you know many core components many terms and conditions could definitely be leveraged and should be leveraged.

02:17:09.120 --> 02:17:14.550

Jennifer Schwartz, CDII (she/her): so that we could essentially use those as the foundation for a California statewide data sharing agreement.

02:17:15.270 --> 02:17:22.080

Jennifer Schwartz, CDII (she/her): Some key themes that emerged included that many Members were discussing the challenge of creating a single data sharing agreement.

02:17:22.500 --> 02:17:39.960

Jennifer Schwartz, CDII (she/her): That has to include necessary elements, but also, you know isn't so complex and difficult to execute and implement, particularly for those who have not fully participated as of yet in data exchange, such as role providers skilled nursing facilities small clinical providers.

02:17:41.100 --> 02:17:46.710

Jennifer Schwartz, CDII (she/her): In addition, there was general consensus that technical specifications and standards are important.

02:17:47.340 --> 02:17:56.490

Jennifer Schwartz, CDII (she/her): But because they will continue to evolve it's probably best that the data sharing agreement refer to it and leverage national and current state efforts whenever possible.

02:17:56.820 --> 02:18:00.930

Jennifer Schwartz, CDII (she/her): Rather than include detailed technical standards it's because you don't want to trap.

02:18:01.290 --> 02:18:10.650

Jennifer Schwartz, CDII (she/her): The agreement into referring to a specified standard and then later on when it changes because things evolved now you're stuck with it, you need a flexible arrangement.

02:18:11.220 --> 02:18:14.550

Jennifer Schwartz, CDII (she/her): The Subcommittee flagged a number of topics for further discussion.

02:18:15.450 --> 02:18:23.790

Jennifer Schwartz, CDII (she/her): For example, how best to describe or to address the scope of exchange beyond treatment purposes such as payment healthcare operations and public health.

02:18:24.660 --> 02:18:32.670

Jennifer Schwartz, CDII (she/her): technical architecture and use cases policies and procedures enforcement incentives, such as funding and support.

02:18:33.510 --> 02:18:45.300

Jennifer Schwartz, CDII (she/her): At our next meeting in mid December we're going to deeper dive into these topics and consider our approach for developing and advancing recommendations to this advisory group, thank you very much, next slide please.

02:18:51.390 --> 02:18:58.950

John Ohanian: appreciate your help, I think we have a carmela how to her hand up and we wanted to get to that before we close out.

02:19:03.360 --> 02:19:08.670

Carmela Coyle: that's that's Okay, it was the previous discussion I was just going to second Eric memories.

02:19:10.110 --> 02:19:10.950

Carmela Coyle: Around.

02:19:12.150 --> 02:19:22.530

Carmela Coyle: sort of the order of operations, as we take a look at this just thinking about some of the federal models, where we do start with governance and operations first before we get to the technology pieces thanks much.

02:19:23.220 --> 02:19:25.470

John Ohanian: Thanks, we will capture that cleaner, the next slide please.

02:19:29.910 --> 02:19:39.990

John Ohanian: Okay, so I think we're at close to time i'm going to punt it over to john just real quick before we go any further if there's any other.

02:19:41.190 --> 02:19:47.460

John Ohanian: feedback that you wanted to gain from the group just make the most of the time, and then we can go into next.

02:19:50.070 --> 02:19:53.250

Jonah Frohlich (he/him): Well, I think, as we went through a section, there were a number of things we identified.

02:19:54.360 --> 02:19:59.850

Jonah Frohlich (he/him): I i'm not going to try and recapture them all in the summary, but we did not them as we went through them.

02:20:01.320 --> 02:20:12.300

Jonah Frohlich (he/him): i'd be really appreciate, especially the comments on the principles that need that need for the refinement and I think we'll just be bringing them back to you next as we go and iterate.

02:20:13.230 --> 02:20:19.920

Jonah Frohlich (he/him): Over the course of time between now and the next advisory group so that we can try to get as much done in between sessions.

02:20:20.760 --> 02:20:27.300

Jonah Frohlich (he/him): Also, just recognize there's there's no again more calls for subcommittees in in the chat.

02:20:27.870 --> 02:20:36.270

Jonah Frohlich (he/him): And we, you know, certainly to be mindful of resources that are available to the agency in order to facilitate those and how this kind of work.

02:20:36.900 --> 02:20:45.570

Jonah Frohlich (he/him): could potentially be carved out and within the confines of what those resources are so we'll just really need to consider and be mindful of of.

02:20:46.740 --> 02:20:47.940

Jonah Frohlich (he/him): of some of those limitations.

02:20:50.400 --> 02:20:53.070

Jonah Frohlich (he/him): And I think just to recognize a couple of comments.

02:20:55.920 --> 02:21:00.450

Jonah Frohlich (he/him): Charles, in particular, like the getting a set of revised principles in advance of the next meeting.

02:21:01.680 --> 02:21:11.550

Jonah Frohlich (he/him): I think that's that's totally reasonable what we'll need to do is start to articulate what those look like ask for your feedback and try to integrate those comments.

02:21:13.200 --> 02:21:16.110

Jonah Frohlich (he/him): By the time that we get to the next advisory committee meeting.

02:21:17.190 --> 02:21:18.450

Jonah Frohlich (he/him): So will endeavor to do that.

02:21:19.230 --> 02:21:21.360

John Ohanian: Excellent Thank you Donna, can we go to the next slide.

02:21:24.720 --> 02:21:25.380

John Ohanian: So.

02:21:27.030 --> 02:21:37.230

John Ohanian: there's your meeting dates, we hope you can make it we appreciate your time things are going to be coming at you probably fast, you gave us a lot of work to do, but it's probably going to come back to you.

02:21:37.920 --> 02:21:45.000

John Ohanian: To make sure that we we hit all the points so we appreciate you staying connected with us, you know that we are an email or phone call away.

02:21:45.600 --> 02:21:48.750

John Ohanian: If there's any additional feedback we appreciate your participation.

02:21:49.470 --> 02:21:58.470



John Ohanian: And I think we can all step back and feel really good about the meeting I do, personally I just hearing the amount of engagement, the amount of information that's being shared.

02:21:59.070 --> 02:22:15.510

John Ohanian: it's encouraging, and so I just want to extend my gratitude to all of you for your participation in this Community work and aggressive timeline and wish you safe holiday and we'll we'll check back with you December 14, thank you for joining today take care.

02:22:16.620 --> 02:22:18.300

Jonah Frohlich (he/him): Thank you, thank you, thank you.

02:22:20.100 --> 02:22:20.640

Mark Savage: Thank you.