Data Exchange Framework Digital Identity Health Care Providers Focus Group Meeting #1

California Health & Human Services Agency

Monday, February 14, 2022 2:30 p.m. to 4:00 p.m.





State procurement rules prohibit a vendor/consultant from bidding for a contract when that vendor/consultant has inside information on the project that would give the vendor/consultant an advantage in the bidding process. So, vendors/consultants are prohibited from bidding on contracts when they have participated in determining the need for a contract, the work involved, strategy and planning of the project, or developing the RFI/RFP for the project. The State requires a fair contract bidding process.





Agenda

2:30 PM	Welcome and Goals • Dr. Rim Cothren, Independent HIE Consultant to CDII
2:35 PM	Review of AB-133 Requirements for a Strategy for Digital Identities • Dr. Rim Cothren
2:50 PM	Public Comment
3:00 PM	High-Level Discussion of Components of a Digital Identity Strategy • Dr. Rim Cothren
3:30 PM	How Provider Organizations/Systems Contribute to and Use Digital Identities • Dr. Rim Cothren
3:55 PM	Closing Remarks and Next Steps • Dr. Rim Cothren





Welcome and Goals





Goal



Of the Focus Groups

To gain input from specific stakeholder perspectives on a strategy for digital identities for the Data Exchange Framework

The development of a robust and effective Digital Identities Strategy will require expert counsel. CalHHS will convene several expert focus groups to inform our understanding of the need and project approach.

- Health information exchanges
- Consumer privacy
- Health care providers

- Health plans
- Social service organizations
- State health and human service departments





Review of AB-133 Requirements for a Strategy for Digital Identities





Statutory Requirement

AB133 requires that, by July 31, 2022, CalHHS in consultation with the Stakeholder Advisory Group, develop:

"a strategy for unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations in California."





Statutory Requirement (1 of 5)

"a *strategy* for unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations in California."

Strategy: a plan for defining, creating, and deploying the components necessary to establish and use digital identities to the benefit of patients and Data Exchange Framework participants

A strategy will <u>define</u> what is and is not part of DxF digital identities and options for approaches, including advantages and disadvantages. It may also address:

- Whether and when Master Data Management or a "golden record" is part of the strategy
- Whether and when identity proofing and access authorization is part of the strategy

The strategy will likely include a roadmap (likely extending beyond July 2022) and rough timeline.





Statutory Requirement (2 of 5)

"a strategy for unique, secure *digital identities* capable of supporting master patient indices to be implemented by both private and public organizations in California."

Digital Identities: a collection of data that establish the identity associated with a real person, in this context a person with health information

"Digital identities" is not necessarily a call for to establish a digital identifier. It will likely include a definition of the data used to establish an identity and the standards and quality requirements for representing that data. Digital identities are dynamic and change as the data the comprise them change.





Statutory Requirement (3 of 5)

"a strategy for *unique*, *secure digital identities* capable of supporting master patient indices to be implemented by both private and public organizations in California."

Unique, secure digital identities: key qualities of the digital identity for the Data Exchange Framework are that they must be unique and secure.

- "Unique" likely entails discussion of whether there will be a single digital identity to be used for all DxF purposes. Individuals may have multiple digital identities used for different purposes.
- "Secure" likely includes not only protection against unauthorized disclosure, access, or use, but also protection against unintended modification, corruption, or loss.

The strategy must consider - and balance - the needs for consumer privacy and patient safety.





Statutory Requirement (4 of 5)

"a strategy for unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations in California."

Implemented by both private and public organizations: a strategy for digital identity appropriate for state departments as well as private-sector signatories.

The digital identity strategy must meet both public and private needs. Contributors to and users of digital identities will likely include:

- Required signatories to the DSA under AB-133 (e.g., providers, plans, labs)
- Potential signatories to the DSA (e.g., HIOs, human service organizations, state depts)

Should identify regulatory Gaps to implementation and use that would need to be addressed.





Statutory Requirement (5 of 5)

"a strategy for unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations in California."

Supporting Master Patient Indices: an enterprise master person/patient index (EMPI) is a technology system to aid in identifying "patients" across different organizations, systems, and contexts.

- Not necessarily a call for a single statewide EMPI, but may be recommended by the strategy
- Should identify how various organizations (providers, plans, HIOs, state Departments, and social services) contribute to and use digital identities

May have impacts on the DSA such as reciprocity and permitted purpose for use of data comprising digital identities.





Public Comment Period





Threshold Questions on a Digital Identity Strategy





Discussion Objectives



To begin to explore:

- 1 Potential components of a strategy for digital identities
- 2 How healthcare provider organizations and systems might contribute to and use digital identities in the Data Exchange Framework





1 Potential Components

Context

Must enable:

"unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations"

Discussion

- What must be included in a successful strategy for digital identity?
 - 1. Must it include a statewide digital identifier?
 - 2. Must it include a statewide enterprise MPI as a technical component?
 - 3. What digital identity data elements are mandatory? Optional?
 - 4. Is there a need for consensus on "truth"?





2 Participation

Context

How do we ensure value and use of digital identities for each stakeholder?

Discussion

- How would provider systems interact with digital identities?
 - 1. How might they contribute data elements?
 - 2. How might they contribute to accuracy? Is that necessary?
 - 3. How might provider systems use a common, shared digital identity?





Closing Remarks and Next Steps





Development Plan: Approach and Timeline

Today Assess DxF participant needs; explore overarching approaches

Feb Refine needs and explore strategy components

Mar Refine strategy components with emphasis on privacy, security

Apr Complete a draft strategy

May Refine strategy with AG; align potential requirements with DxF, DSA

Jun/Jul Finalize strategy for delivery to legislature (June, July 2022)

CDII will keep the Stakeholder Advisory Group apprised of progress at each meeting, elevating key issues raised by focus groups for discussion.





Meeting Schedule

#	Date and Time
2	Thursday, March 10, 2022 at 5:00 pm to 6:30 pm
3	Wednesday, April 20, 2022 at 5:00 pm to 6:30 pm

For more information or questions on Digital Identity Focus Group meeting scheduling and logistics, please email Rim Cothren (Robert.Cothren@chhs.ca.gov).



