



**California Health & Human Services Agency  
Center for Data Insights and Innovation  
Data Exchange Framework  
Digital Identity Health Information Organizations Focus Group Meeting #2  
(February 17, 2022, 3:00PM – 4:30PM PST)  
Transcript**

The following text is a transcript of the California Health & Human Services Agency Data Exchange Framework Digital Identity Health Information Organizations Focus Group Meeting #2. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework [website](#) – to ensure accuracy.

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Okay, and the life transcripts should be fun so remember whenever you're ready, we can.

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Sorry. great, thank you, quite, and thanks everybody for joining us here today for our second meeting of the Hio focus group again. I'm Rim Catherine, I'm.

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A consultant to the Center for data insights and innovation within health and human services.

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Agency and and working with the center closely to develop the strategy for digital identities that we're here to talk about today, as you have already heard, today's meeting is going to be recorded and the recording will be posted to

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the data exchange framework website and load notes so if you don't wish to be recorded.

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We'd ask that you either mute your microphone and turn off your camera or leave the meeting just real quickly.

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I will check with the members of the Focus group. Does anyone have a problem with being recorded today?

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If you do, please let us know, and I'll take silences okay with everyone.

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Great thanks. So just a few other housekeeping items real quickly, as was last time. I don't plan to call role at this meeting.

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The so. if you would please take a minute, make sure that your name and your organization is displayed in zoom.



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You can rename yourself there. Just so that everybody knows who's participating in today's meeting.

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Most of you are already showing your names, and I appreciate that.

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Today's meeting is also being conducted as a public meeting.

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There will be an opportunity for the for public comment during today's meeting. Members of the public have been muted until the agenda item for public comment takes place.

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Don't see anybody that's only on the phone here.

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So that means that we can identify clearly who are public members of the public.

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And who's on the focus group members of the focus group have not been muted.

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So you can unmute yourselves at any time.

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I would suggest that people mute themselves. just so that we keep the noise level down as we're moving forward today, but feel free to come off mute at any time, either.

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Interrupt me to go ahead and add your own comments.

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We also I'll be watching for people to raise their hand using the Zoom features to do that, so that we can make sure that people get recognized.

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I want to make sure that we have an opportunity for everybody to participate in today's meeting.

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Let's go on to the next slide please qua and We're going to start on each of our meetings with this this notice here.

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I just want to continue to remind each of us that there is a potential conflict.

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If there is a party here that is interested and potentially participating in a procurement related to the digital identities, I don't know that a procurement will result from any of the activities that we're going to be

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discussing today. But if there is a procurement that results from these activities, anybody that is participating in the focus group, or might create a conflict of interest, and then making recommendations about the work that's involved with that So I

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would caution anybody that's on the focus group from making any comments or participating in the focus group.



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If they anticipate participating in any procurement that might result.

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Members of the public are always welcome, whether they would want to participate in a procurement or not, and are welcome to make comments during the public comment period.

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So that is always open to them. let's move on to the next slide, please.

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Just a quick glance at the agenda where we're ways into the agenda Already we will be turning to public comment shortly as soon as we touch on the vision and requirements.

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For digital identity strategy most of the meeting today I want to talk a little bit about the content. The conceptual strategy for digital identities.

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We'll get a little deeper into that than we did in our first meeting and talking a little bit more detail about data elements that might make up a digital identity.

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We have an hour and a half schedule for today's meeting. We don't necessarily need to take that entire time, but I want to make sure that we at least give ourselves that much time.

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If if we need it. let's go on to the next slide, please.

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And so our first agenda what we've taken care of welcome already.

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But our first agenda item is really to talk a little bit about the vision and goals.

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I'm gonna start off with the vision for the data exchange framework in general, of which the digital identities is a part.

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And that's really for every Californian and the health and human and the health and human service providers and organizations that care for them to have timely and secure access to usable electronic information that is needed to address

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their health and social needs, and enable the effective and equitable delivery of services to improve their lives and well-being.

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So as we think about digital identities and a strategy for digital identities, it should be with this vision in mind.

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And this vision is for the entire data. exchange framework and guides the active activities that the center. and Calhoun Chs is having across all those activities.

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Let's go on to the next slide please I want to just touch. Very briefly, then, our goal for today's meeting, and for the the work group in general, this focus group is really



intended to to get specific perspective, of

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Hiv's on a strategy for digital identities for the data exchange framework, and we have a number of different focus groups across a number of different stakeholder organizations.

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I am happy to take people's thoughts about any of these stakeholder perspectives, but in particular we're asking people to ensure that they are wearing their health.

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Information exchange hat, as that is the primary goal that we have before us today is to get your perspective from the Health information exchange of perspective.

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Gone to the next slide, please. And last time we talked about the statutory requirement for developing a strategy for digital identities.

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I'm not going to go through that in detail today but we'll put up the statement that is in legislation and what we are really working towards today, and that's to create a strategy for unique and secure digital

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identities capable of supporting masterpatient indices be implemented by both private and public organizations in California, and that really is the extent of our charge from the legislation.

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But that is that's our goal our primary goal in all of our deliberations at these meetings.

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It's gone to the next slide please and this brings us to our public public comment period.

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So we'll now take a few minutes for public comment if you're interested in making a comment.

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Please raise your hand using the zoom, teleconference, options, and quad will make it possible for you to unmute yourself.

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We asked that you then unmute yourself, self, state your name and your organizational affiliation, and then keep your comments brief and respectful.

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If any members of the public are interested in making a public comment, please raise your hand.

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I see vicki's, hand, raised I believe 90 Well, Vicki, if you're trying to make a comment, All we got was music from taking off mute.

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So you might try again. Is there anyone else that is interested in making a public comment?

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Any other member of the public see none then I will turn us we'll end public comment

there, and turn back to the focus group.

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I should have paused before we got into public comment to make sure that there weren't any questions or any comments associated with our vision.

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And I see that Vicki is trained to make a public comment again.

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We'll give Vicki another chance here vicki I will meet her right now. Vicki, i'm gonna unmute you.

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Thank you. Please go ahead. So let i'm sorry it doesn't appear that we're able to get a public comment from Vicki. so we'll go ahead.

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Does anybody on the focus group have any questions or comments about our vision or the charge before us today?

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Not let's go on to the next slide please and this is really there are 2 items that I have on the agenda that I want to make sure that we talk about today.

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And that is, I want to talk a little bit about this.

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The conceptual strategy for digital identities where we believe we need to be positioned ourselves as far as services and technologies.

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That would be part of our strategy and Then I also want to spend some time talking about the data elements that might make up a digital identity.

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It's gone to the next slide and just real briefly I want to touch on at least what I believe I heard from our last meeting as 2 important things that we'll move forward with and that's first that we don't need a statewide

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health identifier, that there were mechanisms for us to reach our goals without establishing one.

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And the second is that we would focus on linking health records to it identity, and not necessarily on consensus on an individual's demographics.

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That is, that we were not launching a mate Master data management project here, where we would identify exactly true, associated with my demographics.

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For that be my address, phone number, or my race or ethnicity.

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But instead we would focus on making sure that I could be identified and linked to the records to health records that are belong to me.

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I'd like to pause there for a second and see first of all, whether I have, whether you

believe that I inappropriately identified those as some of our way to summarize some of our Discussion from last time, and if

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there are any other important points that you think that should we should be drawing out from our last discussion, and surfacing here so that we don't revisit them today.

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I can see it's going to be a talkative group today.

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Well, let's go on to the next slide then and really what I want to.

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I want to start us. by thinking a little bit about what the strategy might be, and I put up something here just as a framework for us to talk through.

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But I don't want to suggest that we have to choose any of these points, as the path that we will we will follow.

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I would say that there's probably a continuum though that we could imagine.

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Here we're on the left-hand side. Here we are querying peers using name data birth and gender.

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Maybe a few other pieces of information like their zip code or phone number.

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That's essentially what we do today on the c 10 what some of the nationwide networks use as well in order to identify people on the other end of the spectrum.

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Is what most of you as hos are doing today, where there is a common index of demographic information and matching services that you identify and operate, and that all of the participants in your Hiv make use of that to

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exchange information, and then there is an there is a continuum between those 2 points.

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I'd say i'd like to identify at least what I call out here is number 2 is where I believe the Federal Government is headed to still doing queries among peers using demographics.

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But improve data quality standards for those demographics. Item: number 3.

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Here we might expand upon the set of required demographics, used to query their peers.

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For instance, people have suggested using social security number but that's often not day demographic element that people prefer to use for privacy reasons.

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But there might be other information that we might not necessarily associate with demographic information, be useful there.

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As an example. In our last meeting with providers, they suggested using drivers license number which might be useful, that you can imagine augmenting local Mpis with information that comes from a statewide index or vice

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versa, where information is shared back and forth, so that you have better information in your own Mpi's.

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But they still operate independently, and then there is some version of shared information between the between a State Mpi and local Mpis, where perhaps local identifiers or other information that you have within regional Mpi's

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within. hiv's might be shared with the state i'm gonna quit talking here because i'm really interested in where you believe things might end up in the best place for a state strategy for digital identities and I see

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that Bill put in something in chat Bill I might ask if you don't mind.

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Come off mute and i'd like you to expand a little bit about what you mean by somewhere between 4 and 5 is the right place to be.

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Oh, sure, I think that actually it's more 5 than 4.

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But if we were to share demographics and local identifiers, which I would also include as insurance information with a statewide index that we would probably get north of 95% matching across organizations.

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I you know, been looking at this and studying it for many years, and living it, I think number 2. it's sort of disappointing to hear that the Feds might be going in that direction, because that that's highly

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aspirational and will probably result in maybe a 70% match rate, and I just don't consider that to be good business or good for patient care and patient safety.

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Thank you. Thanks, Bill, Are there other thoughts about? Alex, I see your hand up, please, Alex, if you're speaking, you're still on mute double mute.

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Can you hear me now? Yes, thank you. 5 are where I conceptually banned.

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With this, I think that it would need to be. I assume that you know these are nested.

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So if we did 5 that would include 4 so I guess what i'm laying is on number 5 with a sort of statewide index.

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And then you know a number of local industries that have, you know, essentially bi-

directional sharing between the 2 in order to keep identities up to date across the continuum between the between the layers I would just add it mentioned

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here about improved data quality standards, but I think a piece from the conversation like time.

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They came up quite a bit, was improving. the quality of identity data at the source is going to be critical to improving the system overall. And I think that that needs to be a consistent through line that is emphasized

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because the data will only be the overall identity matching rate will only be as good as the you know, source data when and having higher volume or multiple layers of of systems won't necessarily solve them.

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And then to expand on that, I think a little more from a on-ramp perspective.

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It may be that better solution, or my support of 5 actually is, is to, you know, have the trusted entity right?

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So it could be that, you know companies who generally have a good set of demographics, because, of course, it's typed money and demographics are fairly robust, and other entities.

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Health information exchanges ipas you know so if there's like a certification standard a a quality standard that that folks can ascribe to that will allow them to then be a contributor into the the

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statewide index has a trusted source. I think that, and any other benefits that are afforded to the entity for participation benefit the entire State.

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Thanks, Hacko, can you speak a little bit more you you mentioned trusted entity, and i'm interested in your thoughts about what might constitute a trusted entity?

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And are you talking about an operator of a State index, or you talking about contributors to a State index, or both?

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Yeah, contributors to the State index. right? So if there is a test of sorts, you know, or a certification or quality standard of sorts, that that entity that the State puts forth that says okay in order to be one of these

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trusted entities that can submit to the index you've got to even pass x y or z test right or what?

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Or had a consistent method or of delivery or of updating the information.

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I'm really interested thanks alcohol I appreciate that i'm really interested in other

people's thoughts about what might qualify.

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And we're organization to participate in a 4 or 5 type of scenario.

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Are there? Are there specific things that we should be considering in qualifying an organization to participate in contributing or using the index. Alex.

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Am I pick on you a little bit because you specifically talked about data quality?

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Is there anything in particular, measurable or identifiable with data quality that might go into qualifications? Sure. Yeah, that thanks, Scram.

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I was just trying to think about that about how to articulate my thoughts here, and I think that there is probably 2.

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There's 2 components I would think that would qualify an entity, and one would be the ability to implement certain matching essentially a certain level of local Mpi.

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Basically there's technical changes around local matching that would maybe be met in order to qualify them.

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But then I do think that there would need to be some certificate or assurance that that entity can can bring data up to the quality that maybe either the statewide or the local I don't know if there would

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be different. ones quality standard minimum, Basically, they would become responsible.

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Take on the responsibility for being that data cleaner or stupid or steward.

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Basically for whatever group of you know, provider, or in other organizations and other stakeholders that they are maintaining identity.

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For that may not have been as articulate as I hope.

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But basically that they would agree to take on that responsibility.

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I would also make a plug. I suppose that in order to do that I would have, you know, resources would be needed for most entities to probably take on that level of responsibility.

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But I I do think that there was there's both the technical set of technical standards around identity matching and raw identity matching, and then a set of standards around data quality management that probably be existing great Thank

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you. Hello! Yes, couldn't find where the hand raised was so I think it depends on who

wants to be able to use it, because I think there's there's going to be organizations that are going to gonna want to submit

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information and data to it. Maybe that's the trusted partner those could be health information organizations.

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Those could be health plans, etc. but they're going to be.

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If this thing does exist, they're going. to be a set of users out there that want to be able to connect to a source to retrieve good demographic information. and you could see that coming from like the consumer world or folks developing

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various mobile technologies. So would you, would you? Would you think that they would also want to participate should they also be included with this?

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If something like this would already would exist 300 Well, so I'm interested in your thoughts, on that, or other thoughts of the focus group on that.

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And I want to make sure that I understand are you is your question as to whether you organization. So there should be qualifying criteria for organizations to be consumers of information, or I I want to make sure that I understand your question.

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Yeah, I think they're gonna be organizations that both submit and consume.

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And they're gonna be organizations that only want to consume, and they become.

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These could be various health related applications, that what need access to to a clean index of demographic information for whatever purpose they have?

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So if we create this, are we going to have, you know, organizations that are going to be both contributors and consumers and organizations that will be just consumers?

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I think we should, if it does exist, because it does present a clear path for various technologies to access.

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You know, a nice set of demographic information that would like represent a lower lift for them to onboard.

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Great. thanks, Jim. I see that you have your hand up. Yep.

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You know feedback on our basis. Question I mean.

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It seems to me that the that could assume we're having I don't think you need to sort of assess people as like a net consumer versus a net contributor, right?

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But it seems like they should have to contribute something because it's gonna you

know It's gonna be added cost of onboarding operating, and all that that you need to have if it's appropriate for them to use and of

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course you don't have to have a you know what are they using it for it right?

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So standards around how what it can be used for. It seems like you need to set some kind of standards for that.

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Thanks again. And one of the things that I would just surface for members of the Focus group and members of the of the public as well is one of the activities of the data exchange framework.

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Is to develop a data sharing agreement which might be the home for some of this information.

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So I would suggest that people might want to watch that activity as well.

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Bill, I see you have your hand up. Please go ahead, sure.

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So I was pondering that question about what type of organization might query only, but not contribute, and there's probably many.

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But one that comes to mind would be the immunization registry, because I would think that they would want to validate good identities against what they're receiving in their in their immunization reporting they

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don't generate data necessarily. so I would think they would be active consumers of this

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There's probably other organizations, but but that was one that comes to mind.

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I think that healthcare organizations would want to contribute and quick for the into the index.

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Thank you. Thanks, bill and I think it's it's useful. At least it's useful for me to have a good example of what a consumer organization might look a consuming organization might look like and that at least to me seems like good choice and one that I

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think that we would all believe should be allowed, and therefore is a good example.

Ako, I saw that you dropped something in the chat about a similar framework, as the shig, maybe something to look at.

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Conceptually. do you want to add to your thoughts there , no, I just think, you know, since we're talking about California and i'm a huge fan of the city in California, which they had something like that in Colorado in terms conceptually

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anyway. the fact that there's a a common data sharing agreement a common kind of standard that's there, that organizations sign onto that.

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Say, you know, as a member or a participant or a contributor or a receiver of the in information within these other things that we adhere to, how we will use the data i'm a huge fan of the the use case because

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to me that kind of makes it real, for for not only the general public, but for the folks that are using it.

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So I think conceptually something similar to to the shig makes sense, and it's already that it least conceptually the framework has been used in California.

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Thanks. Soco. If people aren't familiar with the shig we might be able to come up with a link that we can drop in the chat.

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It's a piece of state developed, guidance on the use of sensitive information, and is one of the components that might continue to become a company

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The data, sharing agreement as state guidance so I would again encourage people to pay attention.

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What's going on with the data sharing agreement Leo.

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I see that you have your hand up. You want to go ahead, Sure.

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Can you hear me? Yes, Okay, yeah, i'm gonna go back to kind of the qualification question you asked regardless of who is querying the system in terms of just qualify to?

I think the point was to contribute if you will

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I think there are some I don't know have to recognize what's in place today, Right?

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I'm sure every h ie has different methods in which they continuously improve patient matching or patient identity.

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Whatever you want to call it. but we also have to recognize the fact that there are registries in California that really do none of that, at least not in the way that most people would expect it to

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So when you talk about qualifications, you know, need to look at how the current registries are functioning, and whatever qualifications should allow them to contribute data to this thing as well.

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So I think it's a difficult thing to try to narrow down.

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Thanks, Leo, appreciate that. I want to point to. Alex.

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And Bill had been having a little bit of a conversation back and forth in the chat, Alex was asking, Is it consuming or just referencing the identity data?

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And that's a good question. I think I am probably the instigator of the word consuming, and maybe that's a poor choice, Alex.

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Do you want to expand on that at all? Oh, I was, I suppose I was just thinking about.

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Is it really that? yeah, would they really be? I think it may just be a semantic difference that could probably be handled in the data sharing agreement.

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Maybe the difference between the 2. But I can understand kind of for example, with the immunization registry use case where they're they're basically just using ping the just whatever this is the maybe to validate their own

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data versus, you know, going and pulling. a bulk amount of identity out of the system, which I think would be a rarely acceptable use case with the data.

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And so it's just really a semantic clarification. Thanks, Laurie. You dropped a note in the chat level of qualifications.

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Do you want to come off mute and head to that at all? yeah!

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And then i'm gonna have to pause for a minute.

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Just to sort of a follow up to what Leo was mentioning operationally.

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We do have, of course we've got dorses in place and so forth.

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But just to ensure that a qualified entity being qualified by somebody that there is some sort of oversight or capacity to ensure that what's been agreed to is actually taking place.

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I agree with you, Bill. High trust is really expensive, but something of that level where there are someone's conducting security risk assessments.

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Someone's ensuring that the organization is stable you know really to codify what's what's being done in a more formal manner is just one of the areas of concern that I have Thanks, Laurie so I

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think it was at the beginning of this conversation that Bill postulated that somewhere between 4 and 5, maybe tending towards 5 is where people believed that we should land.

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Does anybody believe differently? Is there a different path that that we should be taking?

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And maybe we can talk about that a little alcohol.

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I saw you come off mute. Yeah, When I looked at the kind of you know scale here, I would assume that.

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And I think someone already mentioned this, that at 4 or 5, whichever, when you land on what includes all of the you know, kind of things up to that number right as as a base.

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So. you know. I guess the real question is is for me, anyway, is you know, 6.

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Seems like the third rail. That, you know, rises the air of consumers, and and you know, and and that type of you know.

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Trust factor, if you will, in in in what the State is being used for, and the ability to have entities kind of whether it be 4 or 5 contribute is, it seems, a little more sick.

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I guess, for me. Thanks. Soco i'll just point to Bill's note in the chat that 6 might be functional or would be functional, is what he said that may be impossible to implement Leo.

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I see that you have your hand up. Yeah. So I see this is a little bit of mix of 2 things.

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One, I think. in our last discussion we talked about us Cdi.

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As being the the leader of identifying what should be comprised of those demographic components.

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So 5 to me is just adding a local identifier whatever that might mean.

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That defines what it doesn't define how and I've always really never thought of an empi or a patient identifier as a What if you never I mean at a point in time?

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It is what it is. tomorrow it may completely change and become better or worse.

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So the the concept to me is, we can agree on whatever those identifiers are.

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But it's the operational nature of who is the contributor or the consumer have to have some of the operational components in place, because I don't think whatever in a place where you say Okay, we have the patient

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identity it's it's good today. I just Doesn't really exist in my head at least not from an Hiv

perspective.

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Thanks, Leo, and I just want to note for the record that I saw a thumbs up, I think, from Kate.

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There I pick it that that was to what Leo was saying.

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So thanks for that, Jim. I see your hand up Yeah, and I think it goes back to the question by contributors and registries right.

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We've had some of the same issues when we're starting to contribute from our registries to the the statewide masterpiece index that we have in New York, and it's almost like we need a

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gatekeeper to help us with cleaning up the data and getting it into a forum where it can be mastered, and then sort of set up to the State State level.

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I mean that's a big because just these systems just aren't built for it.

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You know, I think somebody mentioned that. So just like, to reiterate that. So essentially, what we're doing is we have our statewide entity set up an Npi for us, and then that contributed that and that sort of interacts

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with the statewide Mpi for us and so it's almost like we have our little bullet Mpi.

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The other win is on the certification for the contributing organizations.

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We have a certification process that's pretty depth that we have a high trust process on security in a certification process of functionality, and it started out as sort of like a what ended up being kind of like a box

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checking activity which we didn't really like over time and we're trying to shift it more to like a maturity model where we can, you know.

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Get it's sort of known, how people are moving through the process of you know something animal versus sort of repeatable versus, you know, operational excellence, right or whatever the term they use it at the highest level.

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But it that's sort of it's always and it's just constantly.

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It's it's a it's a huge lift to the truth, but it's I hopefully. it's worth it, you know, for all they organizations. but I think on the high trust one does provide a lot of that to sort of push high

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trust, but it does provide a lot of comfort to some of the data.

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Contributors like, especially health plants that have to deal with that kind of thing, too.

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Thanks, Jim. Kate. i'm going to call you out you dropped a note in the chat here about the discussion of policy and procedures.

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A big one. I don't know that we should gloss over it today, just because I have asked that we talk about conceptual strategy here.

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Can Do you want to come off mute and talk a little bit about your thoughts associated with policy and procedure as well?

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Or can you hear me. Yes, you're a little soft but we can hear you.

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My internet's been a little bit unstable so that's why I've been off a video and mute I just think there's a couple of things here The question that we initially began to attack was what's

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the broad structure under which this organization might fundamentally operate and I do believe that in concert with the Shag and a number of other issues, there's a big discussion to be had around policy procedure and much of what's happened in the chat

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here the conversation about organizational ability to maintain the data, to back the data up, to protect it, to ensure that there are qualified entity, their ability to execute against a high trust set of requirements or high trust itself, all of that

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comes into that policy, and procedure conversation and I I do I think it's critical, because that's the world in which you know I come from.

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But I but i'm not sure that until we have a broad concept around how we're going to manage this idea of digital id.

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It's want to have that deeper conversation yet, but maybe we do.

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Maybe we want to work from the weeds up to the larger conceptual piece.

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It's just in the way that my brain works is Let's figure out what that endgame is, and then start the process backwards down the ladder to ensure that we get there with all the pieces that we need to get and

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I agree with Phil and others that this this blend of 4 and 5 here is probably the right place to be as long as if the O. and C.

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Comes out with this data standard requirement we're able to somehow ones that are, you know, manage that into the process in a way that's It's possible for smaller as well as larger.

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So those are all the words i'm going to say about that great Thank you, Alex.

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I want to note that you put something in the chat about resources.

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Do you want to talk a little bit more about resources? Oh, yes, I think that the I'm just acknowledging some of what what others you know, instead building off of bills?

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Comment about. You know, high trust being a pretty, I bar, I think that you know there will need to be quite a bit of resources provided to organizations that are going in order for them to be willing.

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I think, and enable in some cases to really step up to become the certified or approved local indices, and to make sure that there's enough uniformity among them to you know to ensure that the overall

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infrastructure for the state is meaningful but also that you don't you know you? if there's really only one organization or 2 that could you know, step up to that level for the entire state nested underneath a

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statewide structure that you may as well go for state at that point. if you're gonna go for something you know to pull everything together.

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So you know, there's going to need to be a balance struck there of setting the standards so that they are reasonable for assuring the viability of the overall infrastructure.

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But relatively effivable. And then you know a aspect of what research are going to be needed to bring organizations about them.

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Standard, and you can go there because operationally it's going to be no small feed to keep you know. Keep the lights on with, and, you know, stay into the various standards that are likely going to be needed to sure both the

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privacy and compliance side a bit, but also the, you know, security, technical infrastructure, etc.

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Thanks, Alex, before we move on to the next topic does anybody have anything else that they'd like to add to this discussion.

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If not, let's go on to the next Slide and I don't remember if it was Leo, or who it was that started as talking a little bit about us, Cdi Uscdi is common often in many of the

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discussions around the data exchange framework and part of my questions back to you is that if we're identifying data that should be part of a digital identity, what should that data be?

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And I've tried to summarize here but the onc process around us.

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Cdi has defined as personal information that is part of a standard for exchange us.

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Cdi is being a requirement that a number of organizations are to meet.

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Now for version, one, but version 2 is also been released. In version.

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3 is currently, I believe, out for comment. if We We again.

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Think about that. We don't need a health identifier but our focus is on linking health records.

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What of the data that is included in us? Cdi might be important in reaching that goal?

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And is there additional information outside of what is in us? Cdi.

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That might be identified as well as being important. I will call out what I heard earlier today is, for instance, insurance identifiers would be useful, but are not part of us.

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Cdi's data set right now so i'll pause There, I'm really interested in people's thoughts about what should we define and constitute is a digital identity from a data element standpoint I mean think it really depends on the use

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case. so v. One of the Us. cdi I believe that's pretty self right? I mean you do Miss certain parts of the population like people who live in you know, city care facilities homeless.

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You know there is the that the social services side of this that also needs to be addressed as well.

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But I would say, for the majority of the patient matching Mpi, whatever you want to call it solutioning everything that's in V one from an Hiv perspective is all we need to be able to link records together.

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Thanks. Soco. i'm particularly interested in what people think may be missing from this list, that they have found useful in their own experiences, linking records again.

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I'd point out that I heard about insurance identifiers, and I saw a few heads Not when I said that again.

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Are there, and i've assumed but we should qualify that Mrns or other local identifiers might be part of this, but i'm interested in people's thoughts. there.

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Leo, I see your hand up so we'll start with you Yeah, I mean looking at the Uscdi on

demographic side of things.

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We can always talk about it's a but nice to have but I think you need to get to a point. if you want to actually do something is to define what is kind of the mandatory component of this thing an example would

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be ethnicity. that's not easy and in my world of working in an hie that that comes in all sorts of different flavors, and it changes quite a bit over time.

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So you know, I think just relying on us, Cdi.

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That I mean if we were to say these are all mandatory there's no way I can match a page patient right on the box with this

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So getting down to kind of the the basics here is it's a good guide, but is it needed ran from your perspective to at least get to a handful of those things that we say here are the mandatory things because we don't get to

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that level. This is not all that functional, helpful from a patient matching perspective.

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So, Leo, i'm interested in your thoughts and thoughts from other members here, about what do you believe should be mandatory? If we look at, for instance, the standards on the C 10 that requires name data, birth, and gender as mandatory fields

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But what do you believe ought to be mandatory? That, you know, might be part of the qualification, etc.

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That would be used. So my response to that would be just kind of going through a handful of data elements first name last name data, birth, middle name, if you have it.

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That's great address. without address. there's way too many people that we come across to have the same name date of birth, and the homeless people that we get in our data is really challenging.

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So I think it starts with those basic things, and then, if you want to add on top of that even better

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We found the new use of the medicaid Id to be very helpful.

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It's not the only means a measure or matching but It's certainly helpful Medicare.

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Id Those things, you know, all these things can change, but those things can really help for matching purposes.

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But what I just named out is kind of the base necessary to start matching patients.

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Okay, There have been a few things here and comment, but I do want to ask Leo one more question of you.

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What we heard from the provider focus group earlier this week is to focus on Zip code rather than full address, because addresses often changed.

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But the Zip code was often more consistent. Do you have any thoughts on that, or does anybody have any thoughts on that?

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We have a situation which I would share with everybody where we have a foster child has a somewhat of a unique name, but you know it's not common per se, and that person has a tendency to constantly change addresses and you can

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understand why. and the the clinicians are trying to make a good proof clinical profile.

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The patient is struggling, because even the demographics that I mentioned wasn't enough to do a match.

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So I think reducing it to as zip code Doesn't help with that at least from my experience.

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Great thanks, Leo. Jim. I saw your hand up but it's gone back down.

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Did you have something you wanted to add to the conversation not just to agree with what Leo said?

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I just don't think that zip would be just would be enough, especially if some zip codes are so it's very in size, you know.

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It's just hard to I think it'd be hard to choose just that great Thank you.

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I want to read a few things out of the chat here to bring them to everybody's attention.

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And then, Bill, I see that your hand is up So i'll be with you in just a second.

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Here. Bill said that insurance identifier would definitely be helpful.

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Kate said that I think a phone number should be mobile number specified.

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Ako suggested email. In addition, Kate said Medicaid, Id is super tricky because it changes every time that an account is closed and then restarted.

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That said, it can be really helpful. Alex put a few things in a list of additional pieces of information driver's, license number local Mpi Mpi.

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Id email address health plan. Id number previous health plan. Id number Bill said.

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If we consider, address and pass address, keep in mind that homeless, incarcerated, foster out of area scenarios, Kate.

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On the issue of ethnicity, it's also critical for analytics today.

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And Alex said, I think tribal affiliation could be important as well.

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So a lot of comments there and I'm really interested on people weighing into any of those bill.

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I see your hand up. Well, sure, I actually put it down.

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I was just gonna remind people that we did talk about the homeless and the incarcerated.

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Last time I brought it up, and if we're going to make a dress and even current and previous address important matching elements that you've got a certain percentage of the population and like what Leo was talking about you know

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foster children as well as the other I mentioned that Will be really hard to conclusively have a match if you're if you're requiring, or even putting a high weight on the address. element. Thank you.

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So, Bill, how do you have thoughts or recommendations about how to how to address?

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That is, that something that's collected but weighted low is there, a need to qualify it in some way as to whether particular address should be given high rate weight because of an individual's. circumstances.

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Should it just not be collected at all because it's unreliable in too many situations?

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Where, where would you land on address? Well, I think it should be collected, but potentially weighted low.

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It would be better to wait the the common identifier, the index identifier as a high matching number, and have the address as a lower.

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A number so it's a little bit trivial thanks, Bill.

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I mean it could also be continuum right? So you have, you know.

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Go silver platinum, you know, type data centers and on the level that you're at kind of going back to the trusted data.

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Senders slash receiver. right? So certain levels of certification gets you a little more

weight in terms of quality of your data.

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So, for example, if a homeless shelter is one of these contributing entities, I think to everyone's point.

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Maybe they're the weight of the data that comes from there because of the population they serve may not skew as high as, for example, an insurance company or Hiv or or you know large ipa great thanks ako

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i'm gonna ask a question here, and then I do see that we got a couple of hands up.

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When we start talking about the weight that data elements should have in data matching.

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Does that suggest that part of the qualifications might be a commons

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A common use of data elements, a common algorithm that is being used, or anything like that.

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While people are kind of thinking about that question leo you've had your hand up for a little while.

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Now, what what would you like to add? Yeah, I think when we start identifying what those data elements are?

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That's One discussion when we start talking about How you're going to use that for matching it's first 2 things in my head.

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One is that's a local concern and it depends on your population.

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And if you know there's certain asian populations that have certain names that are very common across billions of people.

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And you know I I think trying to enforce how these matching algorithms should all function uniformly.

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I don't think that's the best route but going back to kind of the the statewide component of this thing.

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Regardless of how the local units determine the best approach for their population, based on how to create that matching.

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It's probably worth our time to identify what I would consider the word of the golden record.

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Maybe it's lack of better term here but just so that you know we understand.

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If I get leo's data contributed from 10 different organizations within La County, each one of them is different. am I supposed to send all of them?

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Because at the end of the day if you do that then you're relying on the the master, master, if you will, to do the matching, I thought the benefit here would be to take the the work that's being done at the local

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level, and then be able to roll that up. and in defining what is considered the kind of the golden record.

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If you will. Thanks, Leo Alex, you I see you have your hand up.

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Sure I just wanted to build off of what ako said about local variation, and you know it's related to what Leo said as well.

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I think that part of the value of you know, going back to the previous slide, that we were on the 4 or 5.

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You know methodology, the value of having some sub mpis, if you will, across the State, are one of the peace potential value propositions for it is that those organizations may in some cases be geographic and focused on populations within their geographies

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and have the have experience potentially, or at least the ability to try to control for a local factor in a more granular way than broad statewide only approach.

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And I think that, for example, tribal affiliation may be much more of a relevant and available data point in certain geographies of the date than others.

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And may therefore be worth giving more weight, or assigning more weight in one part of the State than in another part of the State.

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And so allowing for some variability in the how local algorithms are applied.

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But with some controls around making sure that they don't go too far into the left or right, or whichever Field is probably the way to go, and I realize that gets really granular.

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But I but I think having some capability for local variation will only make the system in the big, you know, kind of greater state, wise and stronger.

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Thanks, Alex. I will point again to some comments in the chat.

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Jamie was suggesting that perhaps we shouldn't shy away from Ssn.

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And Alex. You got a comment on that, Jamie. Do you want to talk at all about your

thoughts around social security numbers?

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Just that. it's just listening for how many non unique identifiers.

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We are going to attempt to collect to potentially get to a non assessed and unique identifier to assign, based on how many other variables, we're collecting it just in other matching work been involved with both an internal

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to our health system and external it just fascinates me how we don't deal with Ssm.

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And then my other comment is that I appreciate the anomalies that exist, and you uniquenesses with some of the exceptions.

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But I i'm just suggesting then these are made up Jamie numbers.

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Let's solve for the 99.9 9% knowing that we're not going to be able to solve for every situation, and if we stay too focused on the latter, we could just encounter ourselves that was it rim great thank

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you any other thoughts on data elements. So Acco, I see that you drop something in chat about the date when demographic information was last updated might be interesting information to try to collect.

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As well. Are you thinking that that has a data quality, implication, or a use in matching implication? or what are your thoughts?

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There. Yeah, my thought is is actually both right? So one of the you know, in working with this data on the from the Hiv side, I know some of our vendors do send this information.

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When it was last updated and so you know someone moves from northern Colorado, California to Southern California, and and the first time that they've accessed health care in Southern California because they moved there's a New address

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right. So it could be that that could be the most current address for the individual, or as everyone else.

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That, had the information from that, and they lived up north, would still have their old address.

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So variable, not saying how that could be collected or because it's very difficult to collect. but it would be very very beneficial terms of calculating what is the most up-to-date demographic information for an individual

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thanks. Soco and i'll just point out Laurie was say, was pointing out that current address isn't always current, unless you know the date.

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And so that's a that's a particularly good example other thoughts about data elements.

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Well, I feel like that. We have some teams emerging well, why don't we go on to the next slide?

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I'm. thinking that we might be able to give people a little bit of time back in their day today.

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This has been a good discussion today. let's go on to the next slide, and I just want to talk a little bit about what the plan is moving forward.

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The Hiv Focus group is a little ahead of the other focus groups.

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That was somewhat by design. But this group came together quickly as Well, we've been working today on refining needs and exploring strategy components, and that was the intent today to start to get solidify what a strategy might look like

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moving forward. we're going to be using the rest of this month and the month of March to refine what strategy components are, and we'll be dealt deep, diving a little deeper into privacy and security as part of the all of

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that the intent is to bring a draft of the strategy to the advisory group. The March meet excuse me at the April meeting.

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So that's when we would have a draft in place that at the Advisory group meeting Din will be soliciting comments that they may have over that dress strategy.

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And what you'll find on your calendars is a third and hopefully well, potentially final meeting of this focus group.

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Following that advisory group meeting, so that we can talk about any of the issues that the advisory group raised, or any questions that they might have.

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Our goal, then, is to finalize the strategy for delivery back to the Legislature in the June and July timeframe. the A B 133 requires us to be complete with the strategy

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for data for digital identities by the end of July, and R.

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Intent is to get it cleaned up and ready for submitted submittal.

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Before that time. Are there any questions about what the path forward might look like?

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Qu. If you want to go on to the next slide, then as I said, we have one more meeting that's currently on your calendars. that's in April and mid- April and it is soon after the

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advisory group beating where We'll be talking about the strategy of digital identities.

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Laurie, I see that you raised your hand a comment from you yes, Sorry I didn't get in fast enough.

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Will you bring back to this group the the feedback and the content of the other focus groups?

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Because I you know, feel like this group is this is the expert team who knows how to carry out the the vision of what we're trying to do.

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But i'm curious to know from the providers who'd have to, you know who'd have to perform the functions.

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The consumer group that you're pulling together what they feel about it.

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So is there a mechanism where you'll provide feedback to this group about what you're hearing from the others?

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So as the as the strategy matures we're going to be posting draft materials about the strategy associated with the advisory group meetings.

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The plan right now is that we would begin discussing at the march, he meeting some of the themes that are emerging from these focus group meetings, and then, at the April meeting.

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We'd be talking about the strategy in more detail Those would be the primary forums where I would expect information.

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Now the focus groups to be surfacing. If Lori or other members, the focus group here would like to set up an additional meeting other than the the 3 that we currently have scheduled, we can certainly consider that or do you have something

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in particular that you would suggest we do well, definitely, not another meeting.

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Yeah, I I hear you there but I'm just wondering if at our next meeting in April, if is part of the the framework and structure, you can provide a little flavor, because I can tell you as i'm reading

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this little security number. and why can't we use that I know the consumer group is going to be horrified.

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Even though it makes perfect sense. it's just something that I know that is going to be a problem from their perspective.

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So really just to, I guess if we come to a framework decision, help us help this group

understand what the other stakeholders have done to you know, to maybe shape where we end up.

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Well, I would say that I certainly anticipate. At the April meeting we will be doing that.

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That that would be a description of the strategy using input from all other stakeholders the all of the focus groups.

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That means that if there are components missing we should make sure you know that that may have been something that feedback from one of the other focus groups suggested should be eliminated, and that'd be an opportunity to say hold on this has to

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be in there, or input that other focus groups suggested should be additions that this group might think are ill-advised.

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So certainly in the April meeting I would expect that to be a description of all of the input.

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And how we're putting that together is a single strategy great thanks thanks for that feedback Lori.

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I appreciate it. And as always, if there are other questions on digital identity, focus group meetings, the scheduling any of the logistics or any other questions about what we're doing here feel free to reach out to me my

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email address is posted in the slides here, and these slides will go up on the website as well.

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So you can reference. and then are there any other final comments today, and if not, we'll give you 20 min back in your day hearing.

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Thank you all for participating today. I found today's discussion very useful is very productive, and I appreciate everybody participating.