The following comments were made in the Zoom chat log by Health Care Providers Focus Group Members and the public during the March 10th virtual meeting:

00:39:46 Ashish Atreja, UC Davis Health: Its like a token that is generated and may support more privacy (as its not driver license or Ssn getting leaked) while giving us equal benefit of how reproducibility.

00:41:52 Ashish Atreja, UC Davis Health: Hoping cost of maintaining token can be decreased/balanced with tremendous inefficiencies that happen because of lack of it.

00:47:14 Nate Carroll MD, Ventura County: There may improved efficiencies even if we reach a hybrid period whereby CA identity is added to matching options for national systems.

00:47:49 Nate Carroll MD, Ventura County: …which might push others into joining when they see the advantages we are able to realize.

00:48:11 Ashish Atreja, UC Davis Health: +1 to Nate

00:51:23 Nate Carroll MD, Ventura County: We struggle to get registration staff to ask and document a preferred language correctly.

00:52:21 Nate Carroll MD, Ventura County: Same goes for race/ethnicity.

00:54:55 David Lown, CA Healthcare Safety Net Institute: Perhaps a naïve question...What is the balance of value-add vs burden-add to using current plus those variable elements of historical data that a system has previously recorded (previous addresses, phone numbers, etc) given that presumably the more elements that are matched increases the matching accuracy? Or in general including as many variables in the algorithm as available.

00:58:00 Guillermo Diaz LADHS (He/Him/His): MRN helps when you're looking to connect with that institution for further follow-up. But that's about it. Not as an identity matching data point.

01:01:46 Guillermo Diaz LADHS (He/Him/His): We have certainly found CIN to be a benefit, more so than MRN. But I'm just echoing Belinda ;)

1