California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework
Digital Identity Health Plans Focus Group Meeting #1
(March 16, 2022, 1:30PM – 3:00PM PST)
Transcript

The following text is a transcript of the California Health & Human Services Agency Data Exchange Framework Digital Identity Health Plans Focus Group Meeting #1. 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.

00:00:05.490 --> 00:00:10.410
Rim Cothren: So thank you for joining us today, this is the first meeting of the health plan focus group.

00:00:11.519 --> 00:00:25.290
Rim Cothren: For strategy for digital identities, for the data exchange framework I don't believe that i've met any of our Members here today i'm rim Catherine i've been involved in health information exchange in California, for a number of years.

00:00:26.730 --> 00:00:34.320
Rim Cothren: And I am a consultant to the Center for data insights and innovation.

00:00:35.460 --> 00:00:45.810
Rim Cothren: Helping to lead the digital identities strategy as part of the data exchange framework, I just want to take care of a few housekeeping items first.

00:00:46.440 --> 00:00:54.420
Rim Cothren: As you saw already we're intending to record today's meeting and post the recording on the data exchange framework website in lieu of notes.

00:00:55.050 --> 00:01:09.180
Rim Cothren: for members of the public, if you do not wish to be recorded keep yourselves muted during the public comment period or leave the meeting, are there any Members of the focus group that have that do not wish to be recorded today.

00:01:14.220 --> 00:01:18.300
Rim Cothren: see no responses will go ahead and we'll do the recording Thank you, I appreciate that.

00:01:19.500 --> 00:01:27.270
Rim Cothren: Live closed captioning is provided for anybody wishing to use it please click on the CC control at the bottom of your zoom window to turn on closed captioning.

00:01:28.320 --> 00:01:36.630
Rim Cothren: today's meeting is being conducted as a public meeting, and we do have, at this time, one member of the public in the meeting with us today.

00:01:37.020 --> 00:01:44.970
Rim Cothren: There will be an opportunity for public comment during today's meeting members of the public have been muted until the agenda item for public comment.

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00:01:45.660 --> 00:01:53.280
Rim Cothren: for members of the focus group you've been added as Co hosts That means that you're able to unmute yourself whenever you like.

00:01:53.910 --> 00:02:05.760
Rim Cothren: This is a small group, and I would rather keep it informal That means that anytime you have something that you'd like to share I would recommend you just take yourself off mute and make yourself heard.

00:02:06.510 --> 00:02:21.210
Rim Cothren: If we do end up with a people talking over each other, we can use the hand raising capability of zoom and cue things up, but we're a small group here, and so I think we can conducting a little less formally.

00:02:22.260 --> 00:02:23.910
Rim Cothren: I don't plan on.

00:02:25.590 --> 00:02:35.250
Rim Cothren: Calling role at today's meeting, so I see that everybody has their names already in their zoom you might add your organization to it just so that we know who's attending.

00:02:37.230 --> 00:02:39.270
Rim Cothren: Why don't we move on to the next slide please.

00:02:42.360 --> 00:02:44.430
Rim Cothren: i'm going to pause here for just a minute.

00:02:46.710 --> 00:02:53.460
Rim Cothren: To allow participants of today's meeting to consider any potential conflict, they may have with participating today.

00:02:54.150 --> 00:03:04.050
Rim Cothren: i'm not going to read this Notice for you i'll let you read it, but I will say that I can't say whether a procurement result from the strategy of digital identities, will be discussing today.

00:03:04.470 --> 00:03:11.220
Rim Cothren: However, I would expect that the input from these focus group discussions will include recommendations on the need.

00:03:11.640 --> 00:03:17.100
Rim Cothren: work involved and or the strategy for digital identities and therefore might impact to procurement.

00:03:17.490 --> 00:03:27.420
Rim Cothren: So any attendees that might intend to bid or be part of a team that bed Sunday to procurements that might result if they do result might wish to.

00:03:28.140 --> 00:03:36.000
Rim Cothren: No longer participate in the focus groups and should leave the meeting i'll pause here for a second, to see if anybody has any questions about that.

00:03:41.250 --> 00:03:44.820
Rim Cothren: See none, we can go on to the next slide please.

00:03:47.280 --> 00:03:54.570
Rim Cothren: here's our agenda for today, this has me talking a whole lot today, but that is not my intent my intent is to listen to you more than talk.

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00:03:54.990 --> 00:04:05.160
Rim Cothren: We will spend a little time to review what at 133 says about a strategy for digital identities, so that we all protest from a common.

00:04:05.670 --> 00:04:16.320
Rim Cothren: standpoint will pause for a public comment, if there is any public comment, and then there are two sections that i've outlined for us to talk about.

00:04:16.860 --> 00:04:27.840
Rim Cothren: Digital identities largely, what are the components of a digital identity and then, how would plans potentially participate in digital identities.

00:04:28.320 --> 00:04:45.090
Rim Cothren: We don't need to structure them the agenda necessarily around those topics separately, but I want to at least make sure that we touch on both of those topics, a little bit and then we'll close up with what our next steps will be let's move on to the next slide please.

00:04:46.110 --> 00:04:55.530
Rim Cothren: we've done welcome already our goals of these focus groups is for CDI to gain input from specific stakeholder perspectives.

00:04:55.920 --> 00:05:04.590
Rim Cothren: On the strategy for digital identities and we're holding focus group meetings with health information exchanges healthcare providers.

00:05:05.220 --> 00:05:12.210
Rim Cothren: Members of the Community, representing consumer privacy social service organizations, as well as the state.

00:05:12.690 --> 00:05:29.340
Rim Cothren: Health and human service departments and you folks representing health plans what i'm really looking for you to do today is to make sure that you voice your thoughts from the standpoint of a health plan that's really what i'm looking for here is from that perspective so.

00:05:30.390 --> 00:05:36.330
Rim Cothren: And I will I will go ahead and admit as an individual I.

00:05:36.960 --> 00:05:48.840
Rim Cothren: Understand relatively well health information exchange and health care provider side of this question, but less the plan side, so you should feel free to assume.

00:05:49.140 --> 00:05:58.320
Rim Cothren: That, if I say something that doesn't make sense to you it's probably out of ignorance and you should feel free to correct that let's go on to the next slide please.

00:06:01.500 --> 00:06:10.560
Rim Cothren: And we'll talk a little bit about at 133 requirements for digital identities next slide there's really one statement within the regulations.

00:06:11.070 --> 00:06:23.400
Rim Cothren: That calls for cal hhs in consultation with the stakeholder advisory group to develop a strategy for unique secure digital identities capable of supporting master patient indices.

00:06:23.850 --> 00:06:27.870
Rim Cothren: To be implemented by both private and public organizations in California.

00:06:28.380 --> 00:06:43.140

Rim Cothren: That is the full total of what the regulation says about digital identities, but that is what we're here to talk about today, and there are a few parts of this statement that I want to call attention to first just here.

00:06:43.890 --> 00:06:52.680
Rim Cothren: so that you know our intent is to talk in relative detail about a strategy for digital identities with the stakeholder advisory group.

00:06:53.040 --> 00:07:01.950
Rim Cothren: At the April seventh meeting so that's the path that we're on right now, and how we will start to address the consultation with the stakeholder advisory group.

00:07:02.250 --> 00:07:12.690
Rim Cothren: Although we have talked to the stakeholder advisory group about digital identities, at the last two stakeholder meetings as well let's move on to the next slide please, and I want to.

00:07:14.940 --> 00:07:23.190
Rim Cothren: Make it clear that we're talking about a strategy, here we have a deadline to publish that strategy, no later than the end of July.

00:07:24.120 --> 00:07:36.990
Rim Cothren: But that is not necessarily a call for us to develop digital identities, or an infrastructure by that timeframe so some of what may come out of this is a roadmap for how we move things forward.

00:07:37.470 --> 00:07:46.890
Rim Cothren: So you should be thinking about this, in terms not only what we can do in the next several months, but what we might do over the next five or 10 years as well.

00:07:47.670 --> 00:08:00.960
Rim Cothren: let's move on to the next slide please and digital identities, so that we're just approaching that from the state same standpoint, we have not interpreted that to mean that we will create a digital identifier.

00:08:01.890 --> 00:08:11.190
Rim Cothren: The regulation does not require us to issue a healthcare identifier to folks in California and we may choose to.

00:08:12.420 --> 00:08:26.250
Rim Cothren: discuss that but what we're instead considering a digital identity to really be a collection of data to establish the identity associated with a real person in some specific context and in this context.

00:08:26.610 --> 00:08:35.310
Rim Cothren: we're really talking about for the purposes of the data exchange framework, and I want to make sure that we talk a little bit today about what those purposes might be.

00:08:36.090 --> 00:08:50.310
Rim Cothren: So move on to the next slide there's a need for this to be unique and secure, so we should be thinking in terms of what is required to ensure that rim Catherine is uniquely identified.

00:08:51.450 --> 00:08:59.280
Rim Cothren: At least with the assurance that you would need for your use, there is also requirement and legislation for this to be secure.

00:08:59.640 --> 00:09:06.630

Rim Cothren: I will note that the legislation does not say that it needs to be private, but we have discussed that at some of the other focus group meetings.
00:09:06.960 --> 00:09:19.530
Rim Cothren: So i'd be interested in your thoughts on privacy here as well, so let's make sure that that you're at least thinking about that and any thoughts that you have that you share those it's gone to the next slide please.
00:09:20.550 --> 00:09:31.020
Rim Cothren: This needs to be implemented by both private and public organizations, and so I am talking to state department's about digital identities, but as.
00:09:31.830 --> 00:09:43.290
Rim Cothren: Organizations that should be signatories to the data sharing agreement and participants in the data exchange framework, please think about this in the way that you would use it.
00:09:43.740 --> 00:09:51.660
Rim Cothren: That first of all, provides value to you, but second of all also ensures that you feel comfortable.
00:09:51.990 --> 00:10:00.300
Rim Cothren: In sharing the type of information that we might discuss today and again make sure that you're wearing that plan hat when you when you have those considerations.
00:10:01.290 --> 00:10:13.230
Rim Cothren: move on to the next slide please, and then, finally, this does not call for us to stand up a master person index for the entire state of California, but that, again, is something that we might discuss.
00:10:13.770 --> 00:10:27.150
Rim Cothren: But it does expect us to support master person indices if they exist today, so you might also consider that as we're as we're discussing things today, do we need a statewide index.
00:10:28.140 --> 00:10:48.510
Rim Cothren: Is their utility in defining digital identities that help you using your own client indices etc think in those terms as well, so our strategy might be just a bunch of guidelines, but it might also be a need for some infrastructure that we all share.
00:10:50.340 --> 00:11:05.160
Rim Cothren: I believe that's the end of these slides i'm going to pause there for a second, to see if there any questions or any comments that members of the focus group here have about any of those aspects of what we're called upon to do.
00:11:13.320 --> 00:11:18.360
Rim Cothren: hearing on let's go on to the next slide I think this is where we're pausing for public comment.
00:11:19.500 --> 00:11:29.160
Rim Cothren: So we'll take a few minutes here in the meeting to consider, excuse me for anyone that's interested in making a public comment.
00:11:29.610 --> 00:11:37.200
Rim Cothren: If you would please raise your hand using the zoom teleconferencing options you'll be called on in the order that you raise your hand.
00:11:37.710 --> 00:11:51.270

Rim Cothren: And then we can unmute you we'd ask that you state your name your organizational affiliation and keep any comments respectful and brief if you if any of the members of the public have a wish to make a public comment, please raise your hand.

00:12:02.280 --> 00:12:05.610
Rim Cothren: And I don't see any requests to comment.

00:12:08.430 --> 00:12:10.560
Rim Cothren: All right, well then let's go ahead and proceed.

00:12:12.690 --> 00:12:24.060
Rim Cothren: As I said, let's go on to the next slide, as I said, there are kind of two chunks of the agenda today I want to talk about potential components of a strategy for digital identities will talk about the kind of data that might be included in a digital identity.

00:12:24.900 --> 00:12:36.090
Rim Cothren: But actually more important to me is for this meeting, I want to start to think about how health health plans or their systems might either contribute to a digital identity.

00:12:36.570 --> 00:12:46.920
Rim Cothren: use a digital identity or be part of the data exchange framework and use digital identities, as part of their participation in that.

00:12:47.550 --> 00:13:01.560
Rim Cothren: let's go on to the next slide in our last focus group meeting I chose to take these slides one, at a time and we found that kind of limiting in our ability to think forward so i'm going to run through the next three slides real quickly.

00:13:01.950 --> 00:13:07.560
Rim Cothren: And then we'll return back to this one, but I want to give you a little bit of a preview of the things that I want to talk about today.

00:13:08.100 --> 00:13:13.050
Rim Cothren: And again, we have a small group here, so I think you can take this conversation wherever you want.

00:13:13.710 --> 00:13:25.890
Rim Cothren: In the idea of potential components, I want to at least leave open the option of whether we must include a statewide digital identifier for that purpose, or whether this.

00:13:26.280 --> 00:13:44.340
Rim Cothren: We can have working digital identity identities, without a statewide health identifier, do we need to have a master person index for the State in order to make this work or is a peer to peer interaction sufficient.

00:13:45.930 --> 00:13:57.570
Rim Cothren: i'd like to at least think about what role health insurance ids Member ids might have any digital identity and issues associated with sharing those are using those.

00:13:58.230 --> 00:14:06.390
Rim Cothren: and also whether there's any need for a consensus on what truth is whether there's a need for a golden record, for example.

00:14:06.870 --> 00:14:17.490
Rim Cothren: I have had several addresses and phone numbers over the past several years, is it critically important to know what the right version of my address my phone number is.

00:14:17.910 --> 00:14:27.900

Rim Cothren: or even the proper legal name that I use as opposed to just being able to identify me potentially with several names that I use rim is not my proper.
00:14:28.470 --> 00:14:39.150
Rim Cothren: first name, it is not my legal name and, therefore, you will not find me as rim coffin in your systems let's move on to the next slide real quick and, as I said, we'll come back to this one.
00:14:40.080 --> 00:14:56.250
Rim Cothren: I want to make sure that we also specifically talk about the use cases that you would see health plans using digital identities, when we start talking about privacy and security, I think that the use cases will be very important.
00:14:57.330 --> 00:15:10.380
Rim Cothren: So I i'm really interested in your input on how you would see digital identities figuring into your business, and if we can move on to the next slide very quickly.
00:15:11.790 --> 00:15:21.690
Rim Cothren: As we think about those use cases, what are the ways in which you would use digital identities to search for individuals to potentially gain information about.
00:15:22.440 --> 00:15:36.060
Rim Cothren: Contact information or other things about those individuals, how you could contribute to accuracy, since you may have a higher degree of accuracy in some of the demographics than other organizations do.
00:15:36.780 --> 00:15:45.240
Rim Cothren: and any potential use of data elements belong beyond just matching patient matching and whether you'd find that useful.
00:15:46.050 --> 00:15:52.800
Rim Cothren: So call let's roll this back to the first of those three slides and i'm going to quit talking here and i'm really interested.
00:15:53.280 --> 00:16:10.560
Rim Cothren: In your thoughts really on any of those topics, but I do want to make sure that we at least touch a little bit on the questions here about the need for a statewide identifier or a State index, and the role of Member ids in a digital identity.
00:16:16.320 --> 00:16:24.480
Eben Yong-Health Plan of San Mateo: Well i'll uh i'll jump in i've been here with the health plan and family feel we are a small medical health plan, where we are not connected to.
00:16:25.140 --> 00:16:36.300
Eben Yong-Health Plan of San Mateo: health information exchange, at the moment, and so, when I think about this, I, I think that, with all the assumptions that.
00:16:36.900 --> 00:16:49.200
Eben Yong-Health Plan of San Mateo: Are the table, I think, in an enterprise mpi is important because you know you're gonna have to match people up somehow and I don't know how providers are expected to connect to.
00:16:50.940 --> 00:17:01.680
Eben Yong-Health Plan of San Mateo: Whatever in each it we put into place if there are going to be regional HR us with me through me more than one or if they're gonna be there's gonna be a statewide ensuring that everyone has to connect with them, which case, things will become a lot simpler.
00:17:03.210 --> 00:17:13.110

Eben Yong-Health Plan of San Mateo: But there's going to be 10s of thousands of businesses health plans providers hospitals and so on, that may be required to connect to something.
00:17:13.680 --> 00:17:22.680
Eben Yong-Health Plan of San Mateo: And we do any definition system, how they will identify their patients if there's not going to be a statewide digital identifier than the other common ones come to mind.
00:17:23.070 --> 00:17:29.160
Eben Yong-Health Plan of San Mateo: Like the medicare beneficiary ID or the medical client index number.
00:17:29.670 --> 00:17:38.490
Eben Yong-Health Plan of San Mateo: But those things are not those are the unique to certain populations, even though they're large populations, the California driver's license might be another option.
00:17:39.120 --> 00:17:47.490
Eben Yong-Health Plan of San Mateo: The social security number is something that we moved away from in healthcare, so I would propose that, but something needs to be done to connect.
00:17:48.060 --> 00:17:59.340
Eben Yong-Health Plan of San Mateo: The patients and whether it's an enterprise mpi system that uses addresses and names and creates a percentage match capability, that if you reach a certain threshold you're good.
00:17:59.850 --> 00:18:09.210
Eben Yong-Health Plan of San Mateo: Or you know we we use a statewide digital identifier, or we start sharing all these different identifiers, which will contribute to a higher probability of matching.
00:18:09.720 --> 00:18:18.060
Eben Yong-Health Plan of San Mateo: Again, depending upon whether people are expected to connect the regional systems only or to a statewide system, I think some of those questions are still an answer.
00:18:20.310 --> 00:18:26.370
Rajiv Pramanik Contra Costa Health Plan: I would agree with Evan from reggie promoting care contra Costa health plan we're also managed care plan moving.
00:18:27.570 --> 00:18:41.250
Rajiv Pramanik Contra Costa Health Plan: Somewhere similar challenges, and it seems that, if we can't do the kind of what's ideal then we're trying to recover and react and do algorithms and do machine learning and kind of just kind of.
00:18:41.940 --> 00:18:52.860
Rajiv Pramanik Contra Costa Health Plan: Always using a lot more resources, I understand, sometimes, the challenges are undocumented can't do social security gets into competency other areas, but.
00:18:53.730 --> 00:19:09.210
Rajiv Pramanik Contra Costa Health Plan: Theoretically, we could create a new identifier, but is there kind of a reason we can't move that and that's a kind of a not non starter it's like to understand that, before we start trying to do all these other bands age solutions that we're always working on.

00:19:09.780 --> 00:19:13.080
Rim Cothren: I think that's a I think that's an excellent point so I want to.

00:19:14.130 --> 00:19:18.750
Rim Cothren: step back for just a minute Evan Is that how you say your first name.

00:19:20.010 --> 00:19:20.460
Eben Yong-Health Plan of San Mateo: Correct.

00:19:22.200 --> 00:19:33.480
Rim Cothren: The legislation does not call the state of California, to establish a single statewide ha and that's not currently in the plans, so in that context.

00:19:34.500 --> 00:19:57.750
Rim Cothren: Yes, there will probably continue to be regional HIV, AIDS and there may be organizations that don't participate in HIV, to be part of the ecosystem and so as we talk about a statewide master person index, I would encourage us to think about that in the absence of a single statewide HIV.

00:20:00.270 --> 00:20:00.720
Rim Cothren: And then.

00:20:01.740 --> 00:20:05.790
Rim Cothren: regime i'd like to come back to something that you said about.

00:20:08.850 --> 00:20:34.920
Rim Cothren: What is ideal versus band dates and given that were unlikely to establish a statewide HIV, would you do you put a State wide master person index as part of an ideal solution, or is that already a band aid i'm trying to understand what you would I want to identify what you think is ideal.

00:20:36.240 --> 00:20:38.790
Rajiv Pramanik Contra Costa Health Plan: I mean prior to a statewide.

00:20:39.420 --> 00:20:51.420
Rajiv Pramanik Contra Costa Health Plan: HIV, you need someone to you need an individual to match information on right and then unique individual if the unique identifier and build upon that so people can share information when it's applicable.

00:20:51.750 --> 00:21:01.740
Rajiv Pramanik Contra Costa Health Plan: So I think what we're discussing is is kind of the first step, I in a simple database, you have one thing, and yet information on that file right.

00:21:04.680 --> 00:21:05.790
Rajiv Pramanik Contra Costa Health Plan: or record sorry.

00:21:07.260 --> 00:21:07.800
Rajiv Pramanik Contra Costa Health Plan: So.

00:21:09.000 --> 00:21:29.970
Rajiv Pramanik Contra Costa Health Plan: If there's legislation that doesn't allow that or there's concerns confidentiality people privacy things that we need to discuss through and how to bring that on those are different things, we would brought input from the kind of the stakeholders public etc, to avoid certain risks.

00:21:31.860 --> 00:21:52.500
Rim Cothren: And, and I think so, those are those are excellent points, so there is nothing that precludes us from creating as far as I know, legally that precludes us from creating a

statewide digital identifier, or there precludes us from creating an enterprise master person index that is statewide.

00:21:53.550 --> 00:21:54.300
Rim Cothren: There are.

00:21:55.560 --> 00:22:00.060
Rim Cothren: state called stakeholders have voiced privacy concerns about the first.

00:22:01.230 --> 00:22:11.010
Rim Cothren: And some of our stakeholders have suggested that we avoid that and try to use existing identifiers instead so i'm really again interested, we talked about the sin.

00:22:11.370 --> 00:22:24.270
Rim Cothren: or medicare identifiers i'd like to explore those identifiers a little bit more, and we need to think about sustainability is how we pay for something that is the statewide resources well.

00:22:25.170 --> 00:22:36.480
Rim Cothren: Given that this legislation doesn't have funding attached to it, yet so but there's nothing that precludes us, and so I do want to entertain what we think is the right thing to do.

00:22:37.620 --> 00:22:48.030
Rim Cothren: And the limitations around funding and privacy, we are asking for privacy concerns but that includes from your standpoint privacy concerns.

00:22:49.980 --> 00:22:50.880
Rajiv Pramanik Contra Costa Health Plan: Lessons learned.

00:22:51.330 --> 00:22:52.080
Rajiv Pramanik Contra Costa Health Plan: Oh sorry go ahead.

00:22:52.980 --> 00:22:56.700
Eben Yong-Health Plan of San Mateo: Well, I was just start delving into the into the weeds.

00:22:57.990 --> 00:22:59.490
Eben Yong-Health Plan of San Mateo: And oftentimes before I do that.

00:23:00.990 --> 00:23:11.580
Rajiv Pramanik Contra Costa Health Plan: I was going to talk about coded and kind of the immunization tracking infection tracking and the lessons learned and the investments required to kind of.

00:23:12.270 --> 00:23:18.480
Rajiv Pramanik Contra Costa Health Plan: we're always matching getting the wrong person doing wasted outreach in the health plan in our membership, etc.

00:23:19.170 --> 00:23:30.120
Rajiv Pramanik Contra Costa Health Plan: And you know our mail rooms return mail, how many patients, we can get rid determined in a while we're beginning that process now and all together right as far as medical is concerned, in July.

00:23:30.660 --> 00:23:37.140
Rajiv Pramanik Contra Costa Health Plan: Potentially but all of those processes become more efficient, if we can overcome some of these other things.

00:23:37.380 --> 00:23:54.570
Rajiv Pramanik Contra Costa Health Plan: But the discussing with CD pH maybe and there may be other benefits to sister state government or private entities that could

contribute that may also want this up if the right safeguards and stakeholders are are agreeable i'm.

00:23:56.580 --> 00:23:57.690
Rim Cothren: Great, thank you for that.

00:23:59.430 --> 00:24:00.000
Rim Cothren: Evidently.

00:24:00.360 --> 00:24:12.810
Mani Nair (Blue Shield): This is from California, so I like the second what even and Raj you talked about the ideal solution is to really have some kind of master patient index.

00:24:14.070 --> 00:24:18.300
Mani Nair (Blue Shield): In the absence of dad at least, we need to have.

00:24:19.500 --> 00:24:31.950
Mani Nair (Blue Shield): The minimum set of data fields for matching individuals across entitles as a standard license we're talking about recommendations as a next step.

00:24:32.970 --> 00:24:46.620
Mani Nair (Blue Shield): I think is is to include mpi as a possible solutions to have in the recommendation word a minimum set of fields for consistently matching individuals across and it should be in the recommendation as well.

00:24:49.620 --> 00:25:04.530
Eben Yong-Health Plan of San Mateo: So, in the end I represented the provider, and I think that's fairly we've achieved that and that's really great for most situations, the the place where the mti fall short right now is when we start looking at the social determinants of health, there are a lot of.

00:25:05.610 --> 00:25:16.620
Eben Yong-Health Plan of San Mateo: requirements that are coming about deal with Community based organizations and non traditional healthcare providers and in trying to include them and their data points.

00:25:17.070 --> 00:25:25.620
Eben Yong-Health Plan of San Mateo: into you know health information exchanges, so I think there's still a challenge there, even though mta certainly a critical component, but.

00:25:26.010 --> 00:25:30.840
Eben Yong-Health Plan of San Mateo: What what I was going to also mention here is that there's this other federal thing that's called data interoperability.

00:25:31.260 --> 00:25:40.920
Eben Yong-Health Plan of San Mateo: And there's a there's a there's an existing rules that talks about how health plans need to connect with each other at the request of a Member to exchange information with each other.

00:25:41.640 --> 00:25:50.760
Eben Yong-Health Plan of San Mateo: And that the details of how that's going to be accomplished, is still being written right now by industry collaborative but.

00:25:51.120 --> 00:26:01.710
Eben Yong-Health Plan of San Mateo: Some of the people that some of the voices in that group are saying that in order for that to work one way that could work is for the bb Member.

00:26:02.280 --> 00:26:13.500

Eben Yong-Health Plan of San Mateo: To to authenticate with every single health plan that they're wanting data to be exchanged with because the issue here is is there is in your third question.

00:26:14.100 --> 00:26:20.940
Eben Yong-Health Plan of San Mateo: Health Insurance plans are always going to use their internal ids as their main primary digital identity.

00:26:21.900 --> 00:26:28.200
Eben Yong-Health Plan of San Mateo: attached to that that internal health insurance ID or all of these other how should he said public.

00:26:29.190 --> 00:26:38.010
Eben Yong-Health Plan of San Mateo: Or, more well known ids, such as the CIA and, such as the FBI, such as maybe the California driver's license the social security number many others.

00:26:38.700 --> 00:26:47.970
Eben Yong-Health Plan of San Mateo: And that's why I think hearing now that a secret hai is probably not going to be part of this initial phases deployment, I think that enterprise NP is probably.

00:26:49.470 --> 00:26:55.950
Eben Yong-Health Plan of San Mateo: going to be pretty much the best way to go, at this point, but that does cost money and we're going to need api's to deal with all of that.

00:26:56.850 --> 00:27:06.810
Eben Yong-Health Plan of San Mateo: it's going to be complicated and and then now expect individual providers to possibly deal with all of that is going to be probably not realistic so individual.

00:27:08.400 --> 00:27:16.380
Eben Yong-Health Plan of San Mateo: Regional any Chinese that are supported by health plans and other types of more established on scenario is already.

00:27:18.540 --> 00:27:30.990
Rim Cothren: Great thanks for that, and I do think that the requirements of the cms rule for patient access to their information is an important consideration here so i'm glad that you brought that up.

00:27:33.120 --> 00:27:44.370
Rim Cothren: There are two questions that come out of the comments that I heard from you, the first is you talk about that the Member ids internally, will be the identifier that you use internally.

00:27:45.270 --> 00:27:58.860
Rim Cothren: Is there concern with sharing that I did those those identifiers from your respective organizations in statewide master person index i'm.

00:27:59.550 --> 00:28:14.670
Rim Cothren: naive Lee when I go to see my provider, I give them my insurance card and they record my Member ID as part of that, and so, in theory, they know that about me as well as potential match against your system so i'm interested in your thoughts.

00:28:15.270 --> 00:28:25.140
Rim Cothren: On that and also your thoughts on what the role of identity should be in light of the cms requirement to give patients access to their.

00:28:26.850 --> 00:28:29.040

Rim Cothren: Their health information within your systems.
00:28:30.690 --> 00:28:43.980
Eben Yong-Health Plan of San Mateo: So that's a that's a that's a requirement, you have to share your health insurance ID and HIV, so that patients and providers can both prion access that information with the correct identifier.
00:28:46.140 --> 00:28:52.980
Rim Cothren: Many and receive you see issues with your own organization sharing that are their privacy issues or other concerns that you have.
00:28:55.530 --> 00:29:14.070
Rajiv Pramanik Contra Costa Health Plan: I mean, I think what when we get and so are in in the medical population employment and health services department in the county encourages that application sent it to state that sends us the Info so if that's depends, where it's originating versus us going back, I think.
00:29:15.150 --> 00:29:18.180
Rajiv Pramanik Contra Costa Health Plan: there's no privacy issue because we're getting the Info.
00:29:18.990 --> 00:29:33.390
Rajiv Pramanik Contra Costa Health Plan: We would like to update that info in parallel everywhere there's updates based on when we see them in our delivery or externally, so I don't see any any hesitancy we would love to have decreased or better matching whatever we do things.
00:29:33.720 --> 00:29:41.730
Eben Yong-Health Plan of San Mateo: And the question here about privacy is an interesting one, I don't see that, I mean the legislation here's This basically to a health plan.
00:29:42.090 --> 00:29:52.950
Eben Yong-Health Plan of San Mateo: You have to connect and share this information into an HIV, for the purpose of other patients and providers getting access to it now how the patient provider, the executive team.
00:29:53.520 --> 00:30:07.140
Eben Yong-Health Plan of San Mateo: has done something I don't know about particularly but from a health perspective i've got to share as much as I can, with the HIV in order to meet that downstream goal of the patient or the provider getting getting the information amy.
00:30:09.420 --> 00:30:09.900
Rim Cothren: Thank you.
00:30:10.950 --> 00:30:13.170
Rim Cothren: manny I saw you come off mute you have a comment.
00:30:13.470 --> 00:30:26.220
Mani Nair (Blue Shield): And no I said I, I agree with you, I think we don't have any privacy concern the only catch here is, you know if you do share those ideas, the others who received this information may know how the the.
00:30:28.080 --> 00:30:33.990
Mani Nair (Blue Shield): The payment will be covered, based on you know those ideas, based on what god's plan the patient remember could be.
00:30:35.340 --> 00:30:40.770

Rim Cothren: So I want to talk about that a little bit we we've been having some discussions about.

00:30:41.430 --> 00:30:55.980
Rim Cothren: Consumer privacy, but i'm interested in your thoughts there because you do bring up something important if I have a sin, then that means that you know that you know some certain things about me, such as I qualify for medical.

00:30:58.170 --> 00:31:03.690
Rim Cothren: Does that does that either raise concerns with sharing the fact that I have a sin.

00:31:04.110 --> 00:31:06.600
Rim Cothren: or with that data.

00:31:06.930 --> 00:31:15.330
Eben Yong-Health Plan of San Mateo: What if a patient is is deserved to see the entire spectrum of their information they either have that information.

00:31:15.870 --> 00:31:29.760
Eben Yong-Health Plan of San Mateo: Whether the provider deserves that information or not, I think, is questionable, so your privacy question now has to be attributed to who is the request of the information and what do they need to see in order to achieve their own goals.

00:31:30.870 --> 00:31:40.800
Rim Cothren: And that is exactly my question so i'm I agree that this is not something we should be keeping from the patient, as a Member, I already know.

00:31:42.420 --> 00:31:54.900
Rim Cothren: Whether I qualify, or at least whether i've received benefits, but from a provider standpoint, do you have concerns with sharing that information based on who would be using it, which might include providers.

00:31:56.100 --> 00:32:02.250
Eben Yong-Health Plan of San Mateo: I think that our providers to just get clinical data if they want to build the offline you should find out from the Member who they're.

00:32:04.260 --> 00:32:07.320
Rajiv Pramanik Contra Costa Health Plan: Like think this challenging and dual coverages to.

00:32:07.380 --> 00:32:08.760
Rajiv Pramanik Contra Costa Health Plan: And what's covered and what.

00:32:08.820 --> 00:32:10.410
Rajiv Pramanik Contra Costa Health Plan: And providers have to bill.

00:32:11.940 --> 00:32:20.910
Rajiv Pramanik Contra Costa Health Plan: i'm going to speak from our health plan we have a provider system that's you know, under our health department, where i'm also the same my role covers all of that.

00:32:21.630 --> 00:32:30.360
Rajiv Pramanik Contra Costa Health Plan: But also like in the in the beaver health space, so I think you're right it's the right to know need to know I think i've been.

00:32:31.230 --> 00:32:38.280
Rajiv Pramanik Contra Costa Health Plan: But, in most cases the provider needs to know who to bill for what type and what service, however.

00:32:38.910 --> 00:32:49.020
Rajiv Pramanik Contra Costa Health Plan: If the Member has that info the provider should be actually asking the Member for that information and it doesn't necessarily have to be.

00:32:49.320 --> 00:33:02.310
Rajiv Pramanik Contra Costa Health Plan: automated from us so and, in addition, were safe guarding the privacy of the member and the Member has obviously complete ownership of of what they share and whatnot, so I think it could actually.

00:33:04.110 --> 00:33:09.210
Rajiv Pramanik Contra Costa Health Plan: apply to what you're saying Evan if we do it in a way, where the Member is in the middle ways.

00:33:10.440 --> 00:33:21.690
Eben Yong-Health Plan of San Mateo: And the idea of the visual identity so i'm talking about how can we apply patient consent to the provider to obtain this information and how do we segment information.

00:33:23.490 --> 00:33:31.020
Eben Yong-Health Plan of San Mateo: was needed by the provider instance something to buy the Member is provided, I mean that was a super complicated process there.

00:33:32.280 --> 00:33:34.110
Rim Cothren: It is yes, thank you for that.

00:33:34.770 --> 00:33:45.090
Mani Nair (Blue Shield): So I think we need an option for each of the stakeholders to decide, we rather be wanted to include some of those identity elements part of the data sharing.

00:33:45.930 --> 00:33:56.370
Mani Nair (Blue Shield): For example, if our health, and these are not to share, you know the medicare ID that charge should be given if we have an mpi solution in place to properly identify Member.

00:33:59.640 --> 00:34:14.700
Rim Cothren: And, and on what basis would you expect to be making those sharing decisions is that, with the permission of the client or based on organizational policy and I don't mean to be making judgment there i'm just thinking operationally how we would try to operationalize something like that.

00:34:14.940 --> 00:34:33.570
Mani Nair (Blue Shield): Right, I think that's a good call so one you know we talked about getting members approval for sharing you know some of those those data data elements second it depends on you know who we share this data with right, for example, if it is that the public health services.

00:34:35.550 --> 00:34:43.650
Mani Nair (Blue Shield): You know, we might not you know need to share some of this information, but if it is with provider, depending on what type of provider what services they offer.

00:34:44.130 --> 00:34:54.210
Mani Nair (Blue Shield): There may be an opportunity to make that decision based on the other, stakeholder who we decide to share information with not a blanket policy, but I have not.

00:34:54.600 --> 00:35:08.910
Rim Cothren: Okay, and then, if if there is a statewide master person index, then there should be rules in that index about what information is share based on the request or.

00:35:09.450 --> 00:35:13.020
Rajiv Pramanik Contra Costa Health Plan: Correct yeah it seems like they're separate decisions.

00:35:13.320 --> 00:35:21.060
Rajiv Pramanik Contra Costa Health Plan: About what's being shared is a separate thing than what I how to make sure that sharing is that individual you're sharing on.

00:35:21.600 --> 00:35:34.410
Rajiv Pramanik Contra Costa Health Plan: Right so there's a unique individual as far as the content of two organizations using that identified the content of what should be shared, is a separate consent process in the need to know.

00:35:35.100 --> 00:35:46.380
Rajiv Pramanik Contra Costa Health Plan: And what's allowable just because you may know, rajiv and money may know rajiv and Evan may know rajiv there may be parts of if Evan is a substance use disorder.

00:35:47.700 --> 00:35:54.330
Rajiv Pramanik Contra Costa Health Plan: provider, they may not share that same thing, even though they know where the same people and and their billing you and your billing.

00:35:54.630 --> 00:36:07.200
Rajiv Pramanik Contra Costa Health Plan: You know, whatever, but that relationship of what shared is different than that they know it's the same person that they're talking about so I see them at a little bit different aspects of this discussion.

00:36:07.560 --> 00:36:09.960
Rim Cothren: I think that's a good point and I do to.

00:36:11.430 --> 00:36:25.500
Rim Cothren: be part of the reason that I keep harping on this question, though, is that the digital identity itself is the sharing of some information, so we haven't talked about the details, but it probably includes.

00:36:26.130 --> 00:36:40.380
Rim Cothren: My name and my date of birth and gender and maybe an address and a phone number and so you've learned some things about me, such as where I live, or that I have a home address.

00:36:40.800 --> 00:36:58.290
Rim Cothren: As part of just the digital identity and I and i'm wondering received, do you think that there are privacy concerns that we need to have there as well, or are we mostly concerned about health or potentially social service information outside of just identities.

00:36:59.310 --> 00:37:06.900
Rajiv Pramanik Contra Costa Health Plan: I don't think so because, in a way that client or member is sick is getting a service or has a relationship.

00:37:07.320 --> 00:37:19.740
Rajiv Pramanik Contra Costa Health Plan: So I wouldn't in contra Costa solicit the entire database and the demographics related to that from this master I would interrogate the ones I had so you know.

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00:37:20.280 --> 00:37:30.600
Rajiv Pramanik Contra Costa Health Plan: I would imagine an entity at the at the state level that owns and controls this, but I would only access the subsets that I am involved in.

00:37:31.080 --> 00:37:42.600
Rajiv Pramanik Contra Costa Health Plan: My institution beat my health plan beat my providers be at whatever and whatever I wouldn't say I want to know, everybody in the entire state enough and see that or even their partial aspects right.

00:37:44.160 --> 00:37:52.650
Rajiv Pramanik Contra Costa Health Plan: So there needs to be like a private, public key and a handshake where this information is confirmed, and then that number comes across to me because they know.

00:37:53.970 --> 00:37:55.710
Rajiv Pramanik Contra Costa Health Plan: I hope that answers.

00:37:57.180 --> 00:38:07.380
Eben Yong-Health Plan of San Mateo: I think that's a that's a fair thought, but just to play devil's advocate present the opposing view if I was a consumer, I mean clearly walking humans, but from a consumer.

00:38:07.830 --> 00:38:18.810
Eben Yong-Health Plan of San Mateo: perspective I don't know if all consumers would like to release their address information, simply because you asked the enterprise in the state by enterprise API you know about that consumer.

00:38:19.890 --> 00:38:21.930
Eben Yong-Health Plan of San Mateo: I think this is touching you know.

00:38:22.110 --> 00:38:23.040
Rajiv Pramanik Contra Costa Health Plan: I see what you're saying.

00:38:23.220 --> 00:38:28.500
Eben Yong-Health Plan of San Mateo: yeah the statewide enterprise mpi is intended to to create a matching.

00:38:30.330 --> 00:38:39.330
Eben Yong-Health Plan of San Mateo: algorithm or or potential here that helps the request or find information, but how how we decide to release.

00:38:39.900 --> 00:38:44.550
Eben Yong-Health Plan of San Mateo: Information about that match, and what can put what data data points or share.

00:38:45.180 --> 00:39:01.470
Eben Yong-Health Plan of San Mateo: I think it's tricky when we get back to the question that we're not going to have a statewide HIV every side of this current phase of things, then we talk about dozens, if not hundreds of individual HR that need to interoperate with each other in this scenario.

00:39:02.580 --> 00:39:17.490
Eben Yong-Health Plan of San Mateo: I don't know if the state right no right, how does, how does statewide enterprise mpi be used or required to be used in this new setting as some sort of hub to connect hundreds of different HIV potentially.

00:39:18.780 --> 00:39:30.300

Rim Cothren: Well, and and that's an excellent question one of our focus groups is specifically the group of a Chios in California, but we've asked a few other states to come to that one as well.

00:39:30.840 --> 00:39:48.990
Rim Cothren: New York, for instance, has been participating with us, for they do have a statewide hub that connects to individual he knows as well, and so there are some evolving best practices to make that work but to regimes point from a privacy standpoint.

00:39:50.040 --> 00:40:04.500
Rim Cothren: I think we need to check with them about how they involve how they operationalize that but what i'm hearing what I heard rajiv say is that there is a need to have a patient relationship.

00:40:06.660 --> 00:40:19.380
Rim Cothren: And that what I heard from Evan is that we need to be concerned about the purpose for which i'm using that information now our intent with the data sharing agreement subcommittee.

00:40:19.800 --> 00:40:29.220
Rim Cothren: is to have that latter conversation this coming week is to start talking about the acceptable purposes for use of a digital identity.

00:40:29.910 --> 00:40:41.580
Rim Cothren: So this is a really useful conversation for us to be having but rajiv you are the first person in any of our discussions that have suggested that.

00:40:42.030 --> 00:40:57.600
Rim Cothren: I would need to have a relationship with that patient rather than getting access to data, for which I may not yet have a relationship, I want to make sure that I heard that right that that is what you're thinking is that a relationship with the patient would be required.

00:40:59.040 --> 00:41:09.270
Rajiv Pramanik Contra Costa Health Plan: yeah I mean I think there's two factors not anybody could interrogate the the statewide mpi right, so you have to have that kind of establishment, in addition, that.

00:41:09.780 --> 00:41:19.470
Rajiv Pramanik Contra Costa Health Plan: If i'm interrogated in the need to find an info from some I automatically are saying that I have a right to know that info and.

00:41:20.250 --> 00:41:34.170
Rajiv Pramanik Contra Costa Health Plan: If the stakeholders want us to get consent or whatever process that i'm fulfilling that need that that request I shouldn't be just out there, trying to suck in info to to do whatever I need to do for my business.

00:41:36.420 --> 00:41:36.600
Rim Cothren: and

00:41:36.960 --> 00:41:37.890
Rajiv Pramanik Contra Costa Health Plan: benefits that.

00:41:38.190 --> 00:41:39.960
Rim Cothren: And that may seem like an obvious.

00:41:39.990 --> 00:41:54.030

Rim Cothren: statement, but I think it's important to make because that needs to therefore appear in the data sharing agreement or somewhere in the regulation so it's clear quite appropriate you said so i'm glad that we're having this conversation.

00:41:55.170 --> 00:41:59.670
Eben Yong-Health Plan of San Mateo: let's take let's take this down instead of from the 50,000 foot view here, down to the maybe.

00:42:00.060 --> 00:42:08.640
Eben Yong-Health Plan of San Mateo: 10,000 level view, in fact, the data interoperability, I don't have a health information exchange, but I do have the data interoperability repository.

00:42:09.030 --> 00:42:20.610
Eben Yong-Health Plan of San Mateo: To comply with the data or over ability requirement, but the only people that are connecting to my data interoperability data sources are my patients my numbers and my providers.

00:42:21.390 --> 00:42:27.240
Eben Yong-Health Plan of San Mateo: So they don't need to go to an enterprise mpi system to get information for my data repository that they're a part of.

00:42:27.750 --> 00:42:33.720
Eben Yong-Health Plan of San Mateo: So I get back once again to this hub of a secret enterprise API which I thought would have been required, but at the same time.

00:42:34.380 --> 00:42:47.070
Eben Yong-Health Plan of San Mateo: You know, having different HIV or data repositories connect with each other, is going to be right now, a one to one the statewide enterprise mtm I be able to facilitate that but then we have to talk about how.

00:42:52.050 --> 00:43:06.930
Rim Cothren: thanks for that and and and you know, again as i've said before by experience with plans needs for interoperability is less is not as deep and I think you raise a good point there that you have a relationship with.

00:43:08.310 --> 00:43:13.950
Rim Cothren: All of the individuals or organizations that should have a need for information.

00:43:15.780 --> 00:43:21.840
Rim Cothren: And that means that you're already sharing and identity across those individuals.

00:43:22.200 --> 00:43:24.180
Eben Yong-Health Plan of San Mateo: That correct my hometown ID correct.

00:43:24.540 --> 00:43:25.050
Yes.

00:43:31.470 --> 00:43:36.270
Rim Cothren: So then i'm going to ask you a question it in in your case.

00:43:37.500 --> 00:43:41.250
Rim Cothren: So what I think I heard, is that you as a plan.

00:43:42.390 --> 00:43:53.820
Rim Cothren: are unlikely to need a statewide identity established that your identity, if you know who rim Catherine is everybody you interact with those who read Catherine is by that same Member ID.

00:43:54.540 --> 00:44:01.050
Eben Yong-Health Plan of San Mateo: If in the digital exchange frame with the David finch framework considers my use case.

00:44:01.740 --> 00:44:16.740
Eben Yong-Health Plan of San Mateo: To meet that framework requirement i'm all set we're going to go, however, if part of that requirements says heavens, you know system needs to connect have received some now we need to talk about how that works.

00:44:18.030 --> 00:44:30.930
Eben Yong-Health Plan of San Mateo: that's peer to peer or you know, maybe there's a provider up in the southern or down in southern California that needs to connect to my my system up here in northern California i've never heard of them before, but we want to make it easy right So how do we do that.

00:44:31.860 --> 00:44:48.660
Rim Cothren: So so let's explore that a little bit because cms rule requires peer to peer exchange, but at the direction of of a consumer are there, as a member, is there a use case for payers chicks change data on a patient, that is not patient directed.

00:44:50.460 --> 00:45:00.600
Eben Yong-Health Plan of San Mateo: sure if if a Member lands in southern California on vacation what have you visiting that the family, they get into an accident, they land in the hospital.

00:45:01.200 --> 00:45:07.470
Eben Yong-Health Plan of San Mateo: To give the hospitals and their health plan ID boo the hospital wants to get all their information or the provider, whoever is.

00:45:07.950 --> 00:45:18.180
Eben Yong-Health Plan of San Mateo: from their home line up in northern California, so they can facilitate the best care possible with the best information possible okay well consecutive that, but the Member may not be able to facilitate that connectivity.

00:45:20.340 --> 00:45:22.230
Rim Cothren: Alright got it yeah Thank you.

00:45:25.500 --> 00:45:34.560
Rim Cothren: Paul, can you put bring up the next slide please, because we are starting to get into use cases a little bit and I just I need to understand better.

00:45:36.120 --> 00:45:48.450
Rim Cothren: What you would see organizations, using a digital identity for an evidence it's been useful to to talk a little bit about the the patient access use case and.

00:45:49.500 --> 00:46:00.720
Rim Cothren: Emergency use case it's just talked about but are there other other uses that you would see a plan having for digital identities.

00:46:06.990 --> 00:46:09.360
Eben Yong-Health Plan of San Mateo: And all of those all of those points that you.

00:46:11.430 --> 00:46:19.350
Eben Yong-Health Plan of San Mateo: are really important the digital identity and once again that's The thing that i'm getting hung up on right now is.

00:46:20.400 --> 00:46:25.620
Eben Yong-Health Plan of San Mateo: You know, every every provider every health plan they've got their own digital identity.

00:46:25.980 --> 00:46:34.350
Eben Yong-Health Plan of San Mateo: Yes, everybody already knows that the issue here is how do they inter operate with each other, I think that's part of the problem that we're trying to solve.

00:46:35.640 --> 00:46:46.410
Eben Yong-Health Plan of San Mateo: How do we, how do we collect all of this information in a number of different you know regional systems and make it easy for them to talk to each other.

00:46:48.540 --> 00:46:55.470
Rim Cothren: And that is and and it's absolutely the goal of the data exchange framework is to allow them to do that.

00:46:57.450 --> 00:47:06.690
Rim Cothren: And we're looking at just a very small piece of that in how do we determine that your organization and my organization are talking about the same person.

00:47:07.110 --> 00:47:20.700
Rim Cothren: So that it would enable us to share data now the sharing data part is something that's that's not the topic of our discussion today but understanding that you and I are talking about the same person is.

00:47:22.500 --> 00:47:22.830
Rim Cothren: and

00:47:25.080 --> 00:47:44.340
Rim Cothren: You know that the way that's achieved today is sharing selected demographic information we've talked about sharing Member ids ci in numbers some other identifiers, maybe even driver's license or something like that, as well, to help identify folks.

00:47:46.200 --> 00:47:51.180
Rim Cothren: But you're right that that ultimately we're talking about moving to the health information.

00:47:51.360 --> 00:48:00.150
Eben Yong-Health Plan of San Mateo: yeah because, because the CEO the medical care and the medicare MBA I don't address the commercial health care.

00:48:00.480 --> 00:48:01.620
Eben Yong-Health Plan of San Mateo: No relation.

00:48:03.000 --> 00:48:13.020
Eben Yong-Health Plan of San Mateo: And so I, so I think the only way to do that if we don't create an identifier is and not everyone has a license obviously.

00:48:14.790 --> 00:48:21.240
Eben Yong-Health Plan of San Mateo: Is you know what you just said that enterprise mpi way lots of things go into the into those types of systems.

00:48:21.270 --> 00:48:33.720
Eben Yong-Health Plan of San Mateo: Not just an address right but they come back and give you, you know, a probability match about how what's the high percentage of we're matching how many rooms are there in the system which room, are you.

00:48:34.530 --> 00:48:34.890
Yes.

00:48:36.960 --> 00:48:43.290
Eben Yong-Health Plan of San Mateo: yeah i'm still i'm still trying to wrap my head around Okay, so we have this we have these two systems, they need to talk to each other.

00:48:44.220 --> 00:48:57.240
Eben Yong-Health Plan of San Mateo: That we've got an enterprise in the state level that's going to add some sort of you've already mentioned that we cannot existing situation scenarios like that and other states that kind of look like to hear a little bit more about how they operate.

00:48:57.690 --> 00:49:09.450
Rim Cothren: Okay, so so let's let's talk about that for just a minute many I know that you've been trying to get a word in here, so if you'll bear with me for a minute often how those systems work is as cross.

00:49:09.540 --> 00:49:11.850
Rim Cothren: Cross reference databases.

00:49:12.180 --> 00:49:22.650
Rim Cothren: So if, for instance, you and regime both know about rim cothran and you have your own versions of my demographics, that may not match.

00:49:23.850 --> 00:49:30.990
Rim Cothren: Exactly Evan you may have my current address but rajiv has my previous address in his system.

00:49:32.100 --> 00:49:34.620
Rim Cothren: You have my middle name and received is not.

00:49:36.480 --> 00:49:46.080
Rim Cothren: You both have the same birth date the same first name and same last name and you have decided that you agree on that you both know rem cochran.

00:49:46.860 --> 00:49:59.190
Rim Cothren: Show, then what that central database would contain is Robert coffin Robert matt coffin, which is an alternative name for me my date of birth.

00:49:59.550 --> 00:50:06.960
Rim Cothren: Two addresses one my current one one my previous one, and your Member ID and receives Member ID.

00:50:07.410 --> 00:50:18.510
Rim Cothren: Now anytime that you want to get information from review system, you know that you can use my Member ID and reviews system to identify me to him when you're asking for information.

00:50:19.200 --> 00:50:25.620
Rim Cothren: And so it is that sharing of local identifiers that make those systems, often work.

00:50:26.400 --> 00:50:38.850
Rim Cothren: Likewise Kaiser and cetera and dignity and all of the health systems in hospitals could also be registering their ehr identifiers for rim cothran that would link.

00:50:39.630 --> 00:50:50.670
Rim Cothren: Not only to my information, and receive system, but my information in sutter health system as well, so that's how the system is usually work.

00:50:51.600 --> 00:50:56.760

Rim Cothren: And it's the Cross references that over time you end up with a great deal of certainty about.

00:50:57.180 --> 00:51:01.170

Rim Cothren: How to identify rim Catherine in someone else's system.

00:51:01.950 --> 00:51:11.430

Eben Yong-Health Plan of San Mateo: that's that's it now, we get back to what are the, what are the controls in place so that I can ask you about information for for we'll.

00:51:13.800 --> 00:51:29.190

Eben Yong-Health Plan of San Mateo: Get that information back and then go back to review system and use the proper identifier, to get information about you, what are the controls in place, though, that that information provided back to me from the Enterprise API is appropriate.

00:51:29.520 --> 00:51:30.570

Rim Cothren: Yes, okay.

00:51:32.100 --> 00:51:52.890

Rajiv Pramanik Contra Costa Health Plan: Usually all of that data metadata etc is stored and auditable their agreements between institutions, for example in epic based each other's rules of the road, each institution can sub private more things and and share less or more, depending on their interpretations and compliance.

00:51:54.300 --> 00:52:04.740

Rajiv Pramanik Contra Costa Health Plan: But, in essence, they all the institutions have to agree to to whatever requirements, there are and and every item on that is auditable.

00:52:05.430 --> 00:52:13.920

Rajiv Pramanik Contra Costa Health Plan: And an at risk for being removed from from that process, which is essential for a lot of care, coordination and clinical outcomes.

00:52:14.310 --> 00:52:22.590

Rajiv Pramanik Contra Costa Health Plan: So I think there's there's a lot at risk that people actually follow these things now, these are, by and large, large you know.

00:52:22.920 --> 00:52:34.620

Rajiv Pramanik Contra Costa Health Plan: hospital a hospital on its own, as a large entities if that's okay i'm using that but at you know large established institutions that are signing on and being accepted as such.

00:52:35.400 --> 00:52:48.840

Rajiv Pramanik Contra Costa Health Plan: I would imagine the people that would authenticate and use this infrastructure would also be to that same level and it wouldn't necessarily be individuals or or things at the beginning.

00:52:52.020 --> 00:53:00.390

Rim Cothren: I think that makes sense, I think I mentioned earlier that we're going to be having some of these discussions at the data sharing agreement subcommittee next week.

00:53:00.930 --> 00:53:10.590

Rim Cothren: And then we're scheduled to get together again in two weeks i'd like to continue this you know appropriate use and safeguards for the use of this information.

00:53:11.580 --> 00:53:17.430

Rim Cothren: i'm i'm going to take what i'm hearing today from you folks to the data sharing agreement discussion.

00:53:18.420 --> 00:53:33.600
Rim Cothren: And you are welcome to attend that meeting, as members of the public as well, but I think that this is the discussion that we need to continue to have perhaps at our next meeting as well manny you've been trying, I see you popping off of mute a lot you've been trying to get a word in.

00:53:33.930 --> 00:53:44.880
Mani Nair (Blue Shield): Right so based on all the things that what I heard depending on wire each individual organization is on the digital maturity curve, we all have.

00:53:45.270 --> 00:53:57.990
Mani Nair (Blue Shield): some type of master data management, where we have our own you know mpi our master patient index type solutions in place right, we also store the.

00:53:59.040 --> 00:54:08.820
Mani Nair (Blue Shield): providers medical record number part of our internal solutions to the properly identify a member, based on the venue of care what they took.

00:54:09.750 --> 00:54:26.250
Mani Nair (Blue Shield): Now, when we start sharing data externally, for some of these purposes, what you listed here, it is, if you do have mpi in place at the state level is you know, we need to be using that in the context with.

00:54:27.150 --> 00:54:35.700
Mani Nair (Blue Shield): or without some of these local identifier right that local identifier could be like, for example, that you know we're actually doing a care coordination with one of the network provider.

00:54:36.180 --> 00:54:49.020
Mani Nair (Blue Shield): We may include the medical record number with mpi to make imagine easier, but there, there may be venues, where we don't want it to share anything other than mpi and demographics.

00:54:49.530 --> 00:54:57.510
Mani Nair (Blue Shield): With the local identity, what we have, and that should be enabled in this process, the other use cases, we need to list here is.

00:54:59.070 --> 00:55:17.040
Mani Nair (Blue Shield): Real time data need for admin discharge transfer from a health plan standpoint, how do we use digital identities, to take that input data if it falls on a care coordination bucket, but that is more specific use case where we need in a lot more.

00:55:18.780 --> 00:55:25.080
Mani Nair (Blue Shield): scrutiny on our digital identity, because sometimes you know we might not get those those data back to us to properly identify with the Members.

00:55:26.400 --> 00:55:29.010
Rim Cothren: All right, great thanks thanks for pointing that out.

00:55:33.180 --> 00:55:35.070
Rim Cothren: Why don't you take us on to the next slide.

00:55:36.510 --> 00:55:41.610
Rim Cothren: I think we've touched on some of the questions that are here as well, but I want to make sure that.

00:55:42.120 --> 00:55:50.850
Rim Cothren: We get a chance to we've talked about potentially what some of the data elements are, and I would like to talk about that a little bit more.

00:55:51.210 --> 00:56:07.830
Rim Cothren: The types of elements that you think are reliable within your own systems beyond perhaps just name and your Member ID and how, if we had a master index or as you interact with your own provider members.

00:56:08.910 --> 00:56:21.450
Rim Cothren: How that is used to contribute accuracy to information i'm just interested in people's thoughts there and about what data elements you think should be involved in matching and in a digital identity.

00:56:28.260 --> 00:56:30.030
Rajiv Pramanik Contra Costa Health Plan: yeah I mean I can start I guess.

00:56:31.380 --> 00:56:37.230
Rajiv Pramanik Contra Costa Health Plan: Obviously communication accuracy so via email phone number texts.

00:56:38.430 --> 00:56:44.850
Rajiv Pramanik Contra Costa Health Plan: and address are essential on as far as what constitutes items that you would want.

00:56:47.370 --> 00:56:56.370
Rajiv Pramanik Contra Costa Health Plan: As far as data elements and how do you maintain and upload with multiple systems, I mean I think that's an info governance issue right and it and.

00:56:57.540 --> 00:57:10.950
Rajiv Pramanik Contra Costa Health Plan: And the holder of the mpi my might be habits rules, but it may also be a local decision where that's metadata around well, this was the address as this date from this institution.

00:57:11.760 --> 00:57:27.060
Rajiv Pramanik Contra Costa Health Plan: You have a different address at this date and who got that address patient entered it themselves, they were registered, it was a proof of ID whatever well that it might have been old, but you know all of that plays into how the local entity that's using it for whatever process, they want.

00:57:28.320 --> 00:57:30.330
Rajiv Pramanik Contra Costa Health Plan: is also a decision maker.

00:57:32.580 --> 00:57:45.990
Rajiv Pramanik Contra Costa Health Plan: And there may be like I think Evan you had said before, if I am registering for something specific isn't a provider of food or something I may not want or or maybe i'm in an.

00:57:46.590 --> 00:57:53.850
Rajiv Pramanik Contra Costa Health Plan: intimate partner, domestic violence, and I have an address there but that's a very confidential address, because the partner that had.

00:57:54.480 --> 00:58:00.930
Rajiv Pramanik Contra Costa Health Plan: That that i'm at risk from is is maybe works in another place where they have access to it so there's some nuances there.

00:58:01.170 --> 00:58:12.450
Rajiv Pramanik Contra Costa Health Plan: And we'll have to understand what LM but as far as the elements in the content, I think it's this the email phone address, obviously, in addition to the demographics, you had mentioned.

00:58:12.750 --> 00:58:24.660
Rajiv Pramanik Contra Costa Health Plan: And the nuances around demographics being allowed to change as historically, you know, gender and i'm not sure we even include are including preferred spoken written language and things like that, as of yet.

00:58:26.340 --> 00:58:28.260
Rim Cothren: Well, and so that's part of my question.

00:58:29.640 --> 00:58:31.140
Rim Cothren: What is required.

00:58:32.400 --> 00:58:44.430
Rim Cothren: Data that's required to be exchanged, based on a be 133 includes full us CDI V, one which for patient demographics includes.

00:58:45.870 --> 00:58:48.240
Rim Cothren: race and ethnicity preferred language.

00:58:49.980 --> 00:58:58.590
Rim Cothren: Sex at birth not until you get into V2 does it require so G data or other.

00:58:59.910 --> 00:59:01.470
Rim Cothren: More detailed information.

00:59:02.970 --> 00:59:14.430
Rim Cothren: But just because we're required to exchange race and ethnicity doesn't necessarily mean that it's part of the identity, and so there might be a distinction there and i'm wondering about your thoughts if.

00:59:16.830 --> 00:59:19.080
Rim Cothren: we've been talking a little bit about us.

00:59:20.190 --> 00:59:27.120
Rim Cothren: Do you think it's an appropriate use of the digital identity to use it to obtain.

00:59:28.920 --> 00:59:40.800
Rim Cothren: My phone number, because you need to follow up with me or my race or ethnicity, because you're doing population health demographics and you need to stratify me.

00:59:41.910 --> 00:59:49.080
Rim Cothren: within your studies, what do you think are appropriate uses and what information should be stored in a digital identity.

00:59:55.050 --> 01:00:04.620
Rajiv Pramanik Contra Costa Health Plan: Appropriate use, and if the patient consents are also a member consents are also applicable here because that's up to ultimately the Member.

01:00:05.730 --> 01:00:13.200
Rajiv Pramanik Contra Costa Health Plan: I think the ability for this to happen, and the data be there, the infrastructure and strategy should allow it now.

01:00:13.860 --> 01:00:31.470
Rajiv Pramanik Contra Costa Health Plan: Does it actually happen for everybody everywhere it that may be something we have to mature and prove to our stakeholders that we should do it, but as we architect, the system we should conceptualize that this needs to be something we're able to do the US CDI version two etc.

01:00:31.830 --> 01:00:33.330
Rajiv Pramanik Contra Costa Health Plan: and has that changes.

01:00:33.870 --> 01:00:34.140
Okay.

01:00:36.180 --> 01:00:39.930
Eben Yong-Health Plan of San Mateo: Well, the usc and I really want to, or what have you.

01:00:40.560 --> 01:00:44.280
Eben Yong-Health Plan of San Mateo: that's that's all part of the health claims data repository.

01:00:45.600 --> 01:00:48.060
Eben Yong-Health Plan of San Mateo: When we talk about digital identities.

01:00:50.190 --> 01:00:50.580
Eben Yong-Health Plan of San Mateo: You know.

01:00:52.230 --> 01:01:03.030
Eben Yong-Health Plan of San Mateo: The Members clinical health record the Members, you know, claiming encounter and administrative information that's all part of an individual's you know history.

01:01:03.810 --> 01:01:10.920
Eben Yong-Health Plan of San Mateo: But I don't see that necessarily is you know their digital identity as as related to the enterprise mpi.

01:01:11.550 --> 01:01:22.650
Eben Yong-Health Plan of San Mateo: Is a separate question, then, how we see it as a digital identity based upon my own internal data sources because i've got i've got lots of information lots more than I would expect to find in an enterprise mpi.

01:01:23.160 --> 01:01:36.030
Eben Yong-Health Plan of San Mateo: Okay, I would assume that an enterprise API should serve the X the defined purpose of just helping to do that, helping to accomplish that use case that you brought up earlier.

01:01:36.930 --> 01:01:51.780
Eben Yong-Health Plan of San Mateo: So to keep that as straightforward as as as minimal as possible so that so that health plans can connect with each other instead of relying on the empty enterprise mpi to provide information.

01:01:52.140 --> 01:02:02.220
Rim Cothren: Okay, and that's what that's what I want to hear is is whether it should be limited to that purpose and I at least hear from you the answer to that is yes.

01:02:02.670 --> 01:02:15.690
Rajiv Pramanik Contra Costa Health Plan: yeah I agree, I mean, I think I was getting those things overlapping where this is a way to connect as far as what info is then shared or stored and where I think that's that's a more deeper maybe or separate thing we can do.

01:02:19.080 --> 01:02:19.500
Rim Cothren: All right.

01:02:22.620 --> 01:02:24.120
Rim Cothren: Are there are other thoughts.

01:02:27.210 --> 01:02:34.890
Eben Yong-Health Plan of San Mateo: Would you or would it be possible that we would allow a Member to contribute to the enterprise mpi.

01:02:35.250 --> 01:02:41.760
Rim Cothren: So that's an excellent question you're the first person at one of these calls to ask that question and i'm interested in your thoughts.

01:02:42.780 --> 01:02:59.250
Rim Cothren: Both in whether you think that's desirable and whether you think that your that enough Members would want to do that, to participate and whether that would increase or reduce your feelings of accuracy.

01:02:59.400 --> 01:03:01.920
Rim Cothren: What, what do you think the answer to that question should be.

01:03:02.340 --> 01:03:18.990
Eben Yong-Health Plan of San Mateo: it's some consumers will not want to be part of a statewide system that I did that allows them to be identified in such a effective manner, and they would want to be able to go in there and delete all of those connection points and allow them to be shared anywhere.

01:03:25.260 --> 01:03:35.430
Rim Cothren: How about allowing me to go and and I hear that so thanks how about allowing me to go in and correct data that I believe to be incorrect.

01:03:37.620 --> 01:03:48.540
Eben Yong-Health Plan of San Mateo: And if that was done, I think that would be very potentially effective, but then the next follow up question will be, what is the responsibility of the MP.

01:03:49.290 --> 01:03:59.550
Eben Yong-Health Plan of San Mateo: MP either to share that information back with its related partners, because the enterprise incredible know which health plans or you know we.

01:04:00.180 --> 01:04:14.190
Eben Yong-Health Plan of San Mateo: Call it has to happen as already configured it goes into changes something if the consumer, because that changes, something is there is there a duty or responsibility of the enterprise API system to communicate that back.

01:04:14.700 --> 01:04:19.590
Eben Yong-Health Plan of San Mateo: Down the way in reverse order, we still hold the consumers, possible to do all of that.

01:04:23.040 --> 01:04:23.910
Rim Cothren: At your opinion.

01:04:24.960 --> 01:04:28.110
Eben Yong-Health Plan of San Mateo: It depends upon the consumer, the consumer has to consult.

01:04:28.530 --> 01:04:28.830
Okay.

01:04:34.110 --> 01:04:34.500
Rim Cothren: Thanks.

01:04:37.320 --> 01:04:38.130
Rim Cothren: Other thoughts.

01:04:43.680 --> 01:04:48.000
Rim Cothren: This has been a really good discussion, and this was exactly what I needed today.

01:04:50.550 --> 01:05:03.060
Rim Cothren: If there aren't any more thoughts I don't find the need to keep you here for the rest of our 90 minute period, maybe we can talk a little bit about what the next steps are, and I can give you some time back in your day.

01:05:04.740 --> 01:05:11.370
Rim Cothren: Paul why don't you go on to our next slide please just a little bit in the process that we're following through here.

01:05:12.540 --> 01:05:29.790
Rim Cothren: Is that we began this process actually at the end of February, but in March we're going through and having discussions, like this one, that include privacy and security as part of our discussions and we'll continue that discussion at our next meeting at the end of March.

01:05:30.990 --> 01:05:42.180
Rim Cothren: In April, the intention is to complete a draft of the strategy, and that would be presented at the advisory group meeting on the seventh of April you're all.

01:05:43.290 --> 01:05:46.260
Rim Cothren: Welcome to attend that meeting and.

01:05:47.460 --> 01:05:59.490
Rim Cothren: Then we would look to refining the strategy with the advisory group and through public comment through may and publish in June or July.

01:06:00.210 --> 01:06:13.080
Rim Cothren: We have one more meeting of this group on the calendars right now, a week from today, excuse me two weeks if it's not for today it's just about two weeks two weeks from yesterday.

01:06:14.160 --> 01:06:22.830
Rim Cothren: that we can get together again, as I said, intervening between today's meeting and that meeting is a meeting at the digital.

01:06:23.310 --> 01:06:35.850
Rim Cothren: Of the data sharing agreement subcommittee and we're going to talk about privacy and controls upon about the sharing and purpose for use of digital identities and so some of the comments you made today.

01:06:36.270 --> 01:06:43.920
Rim Cothren: will help figure into that discussion, and my intention would be to bring back some of that discussion to you folks and get your comments on it.

01:06:45.690 --> 01:06:54.960
Rim Cothren: i'm really interested in topics that you would like to discuss at our next meeting as well, you can either give those to myself or quad here today.

01:06:55.410 --> 01:07:04.800
Rim Cothren: Or, as you think about things over the next week drop either one of us an email my email addresses on the slides here and quality post these slides.

01:07:05.460 --> 01:07:19.500
Rim Cothren: on our website so you don't have to scribble that down now or the email invite to today's meeting came from Kwan you can pick up her address there and send any questions or suggestions you have to her.

01:07:21.510 --> 01:07:26.130
Rim Cothren: Before we end today, are there any other following comments.

01:07:27.240 --> 01:07:29.160
Rim Cothren: or any suggestions for me.
01:07:36.450 --> 01:07:45.930
Rim Cothren: If not, I really want to thank everybody for participating today, this has been very useful and I look forward to talking to you all again in a couple of weeks, thank you very much.