Hello gentlemen. Here is the feedback from DDS regarding digital identity:

1. Overall, DDS would like to confirm that while a golden record would not be maintained, a unique key would be available on all participating systems so when a participant needed to access information about an individual, they could easily connect to determine:
    a. The relevant social programs being accessed.
    b. When they may have been released from prison.
    c. When they last visited a doctor, etc.
2. It is important to utilize this global view of individuals to assess how linkages between programs can impact population health. The work group feels that demographics should not be used in the digital identities to stratify populations with the reasoning that the local system should already have this information. DDS want to ensure that the Data Sharing Agreement would not prohibit the use of this exchange framework to complete this population health research using demographic data to stratify populations.
3. There is a "School To Career" initiative being undertaken. Is this initiative being considered in the Framework or is it being addressed in parallel to the DxF?
4. Overall, DDS would like further clarity to the workgroup summary statement.   What is the definition of "limit" vs "prohibit". What is the concern with researching de-identified population data?:
    a. Limit purposes to associating data with real person, prohibiting secondary uses (slide 55, item #6, DxF Stakeholder Advisory Group, Meeting #7 slide deck)
5. Who will create and maintain the digital identities? Will we need to obtain a vendor to reconcile data and create the digital identities? Might be beneficial to discuss / consult with Emily Hornstein at USC Children's Healthcare Network on the mechanics of creating digital identities and the identifiers most valuable to exchange for creating these identities.

Talk to you tomorrow afternoon.
Jim

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