



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework
Digital Identity Health Plans Focus Group Meeting #2
(March 29, 2022, 2:00PM – 3:30PM 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 #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.

00:00:06.600 --> 00:00:10.830

Rim Cothren: Well, thank you, I want to welcome you to our second.

00:00:12.509 --> 00:00:29.520

Rim Cothren: Meeting of the health plan focus group meeting on the strategy for digital identities, for the data exchange framework again i'm Catherine i'm consultant to the Center for data insights and innovation within health and human Services Agency and i'm helping them.

00:00:30.660 --> 00:00:38.460

Rim Cothren: supporting them with the development of the data exchange framework, and especially in a strategy for digital identities.

00:00:39.120 --> 00:00:43.110

Rim Cothren: Before we get started, I just want to deal with a few housekeeping items.

00:00:43.560 --> 00:00:56.850

Rim Cothren: Our intent is to record today's meeting and post the recording on the data exchange framework website in lieu of notes for members of the public, if you do not wish to be recorded keep yourself muted during the public comment period or leave the meeting.

00:00:57.900 --> 00:01:04.590

Rim Cothren: For the members of our focus group here do any of you object to being recorded today.

00:01:08.970 --> 00:01:14.670

Rim Cothren: Hearing no objections we'll leave that stand and thank you, I appreciate you being flexible in that way.

00:01:16.590 --> 00:01:25.950

Rim Cothren: Live closed captioning is being provided to anyone wishing to use it please just click on the CC control at the bottom of your zoom window to turn on closed captions.

00:01:26.370 --> 00:01:39.060

Rim Cothren: today's meeting is being conducted as a public meeting there will be an opportunity for public comment during today's meeting members of the public have been muted until that agenda item for public comment on the agenda.

00:01:40.020 --> 00:01:55.200

Rim Cothren: My intent is to keep today's meeting informal, with the focus group and so focus group members have all been listed as Co hosts That means that you are able to unmute yourselves anytime you like, we have a small group here with us today.

00:01:56.220 --> 00:02:09.630

Rim Cothren: If we have trouble with people walking all over each other, I might ask you to raise your hands, however, I would suggest instead that when you have a comment or question, please just take yourself off mute and speak up.

00:02:11.370 --> 00:02:21.330

Rim Cothren: Finally, I don't plan to call it today's meeting I see that our focus group members have already listed their names.

00:02:22.470 --> 00:02:35.670

Rim Cothren: If you would take a minute and make sure that your name is correct there and include your organization, just so that people know who's attending and quiet don't see anybody attending just by phone, so I think we'll be fine there.

00:02:36.990 --> 00:02:38.700

Rim Cothren: let's move on to the next slide please.

00:02:43.350 --> 00:02:54.990

Rim Cothren: So our agenda for today we'll talk just very quickly about goals will review the vision and the requirements for the digital strategy for digital identities send Sunday, this is your first.

00:02:55.410 --> 00:03:11.250

Rim Cothren: meeting here will take just a little bit of extra time there to catch you up we'll pause for public comment, and then I have down here two main areas, for I want us to be talking about digital identities today.

00:03:12.480 --> 00:03:26.940

Rim Cothren: But, as before, this is really your meeting, we can take this discussion wherever you want to, but I have a few things that I want to make sure that we actually touch on today, and then we'll finish up with a few closing remarks and our next steps.

00:03:28.080 --> 00:03:34.230

Rim Cothren: let's go on to the next slide please we've already dealt with the whip welcome but let's talk a little bit about the goals.

00:03:35.130 --> 00:03:43.620

Rim Cothren: The vision for the data exchange framework and California, is for every California and and the health and human service providers and organizations to care for them.

00:03:44.040 --> 00:03:52.590

Rim Cothren: To have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective.

00:03:53.100 --> 00:04:00.120

Rim Cothren: and equitable delivery of services to improve their lives and well being, this is the vision, it was developed in consultation.

00:04:00.420 --> 00:04:14.790

Rim Cothren: With the advisory group, and I think it's useful for us to keep that this this overall vision for the data exchange framework in mind as we're talking about digital identities that support the data exchange framework let's go on to the next slide please.

00:04:17.550 --> 00:04:36.750

Rim Cothren: The goal of our meeting here today is for me to ensure that I understand your point of view, as representatives of health plans on a strategy and appropriate strategy for digital identities and you're welcome to also.

00:04:38.130 --> 00:04:56.640

Rim Cothren: approaches from other points of view, to the extent that you have comments i've asked all of the focus groups to, for instance, make sure that they consider consumers in there in this discussion, but in particular my goal here is to understand the health plan view of digital identities.

00:04:59.130 --> 00:05:10.440

Rim Cothren: This is one of six different focus groups that are meeting each of them, providing a different perspective on digital identities it's gone to the next slide please.

00:05:12.330 --> 00:05:24.240

Rim Cothren: This is the language that appears in at 133 associated with digital identities and that is that cal hhs in consultation with the stakeholder advisory group is to develop a strategy for unique.

00:05:24.540 --> 00:05:39.900

Rim Cothren: Secure digital identities capable of supporting master patient indices, to be implemented by both private and public organizations that our last meeting we talked about this charge in a little bit more detail, there are a couple of things that i'd like to just remind us of very quickly.

00:05:45.510 --> 00:05:59.460

Rim Cothren: patient with the stakeholder advisory group the next meeting at the stakeholder advisory group is next week and we will be talking about digital identities at that stakeholder advisory group in some detail, as it appears on the agenda that was just recently published.

00:06:00.750 --> 00:06:06.870

Rim Cothren: Digital identities, for the purposes of our discussion here are really a collection of.

00:06:07.890 --> 00:06:14.640

Rim Cothren: attributes or data elements about an individual that helps us associate a real person with that identity.

00:06:15.300 --> 00:06:27.060

Rim Cothren: And I often use examples of my digital identity here at cal hhs is my first name Robert my last name cothran only those two not my middle initial not my nickname.

00:06:27.690 --> 00:06:38.760

Rim Cothren: And my email address Robert Catherine at ch hs ca.gov and that uniquely identifies me within the system and that.

00:06:39.330 --> 00:06:51.270

Rim Cothren: It is unique, not because Robert cothran is unique, but because it includes a unique identifier my email address that is assigned to me only me and will never be reused for another person ever.

00:06:52.500 --> 00:07:00.600

Rim Cothren: It is somewhat secure and that it's maintained in a secure system within Kelly hhs but it's also shared through email and therefore.

00:07:01.170 --> 00:07:06.030

Rim Cothren: is open for abuse, and although the language doesn't say private identity.

00:07:06.360 --> 00:07:16.350

Rim Cothren: Many of the times in our focus groups who talked about privacy and we should consider that today as well, because I think that many of our focus groups are calling for that identity to be private.

00:07:16.740 --> 00:07:22.050

Rim Cothren: My identity at cal hhs is far from private it appears in every email that I send out.

00:07:22.380 --> 00:07:30.030

Rim Cothren: You all know what my first name my last name and my email address are, and that is not kept private and you're free to use that any way.

00:07:30.420 --> 00:07:36.270

Rim Cothren: You see fit or re disclose it share it with others, and so we need to think about those in the context.

00:07:37.080 --> 00:07:45.330

Rim Cothren: This charge also doesn't call for us necessarily to create a digital identifier, but it did digital identities.

00:07:45.870 --> 00:07:57.420

Rim Cothren: It also does not require us to set up a statewide master patient index, but that the digital identities, must be capable of supporting master patient indices.

00:07:57.840 --> 00:08:09.510

Rim Cothren: That are implemented by organizations, it is also not a requirement for your plans for instance to develop a master patient index, but if you have one digital identity should support it.

00:08:11.190 --> 00:08:17.040

Rim Cothren: i'll pause there just for a second and see if there any questions or comments about our charge under the A, B 133.

00:08:24.600 --> 00:08:27.750

Rim Cothren: If not, why don't we go on to the next slide please.

00:08:29.220 --> 00:08:36.810

Rim Cothren: And this actually brings us to our public comment period so i'll pause here for a minute to take a public comments, if there are any.

00:08:37.170 --> 00:08:46.230

Rim Cothren: If you're interested in making a comment, would you please raise your hand using the zoom teleconferencing option and you'll be called upon in the order your hand is raised.

00:08:46.860 --> 00:09:00.810

Rim Cothren: Then you can unmute yourself state your name and your organizational affiliation and we asked that all comments from the public be respectful and brief, are there any is there any member of the public that would like to make a comment today.

00:09:10.530 --> 00:09:12.180

Rim Cothren: See none, we will move on.

00:09:14.040 --> 00:09:29.490

Rim Cothren: Thank you so, as I said before, I have a very small set of questions that I want to make sure that I ask of you, but you're really welcome to take this conversation wherever you want i'm interested in your thoughts about digital identities.

00:09:30.570 --> 00:09:37.590

Rim Cothren: And how they would be used by a plan and how they should be used and what you need in order to find them useful so.

00:09:38.190 --> 00:09:46.620

Rim Cothren: I am open to whatever whatever direction you want this conversation to go all why don't we take us on to the next slide, and this is just.

00:09:47.550 --> 00:09:51.480

Rim Cothren: meant to be a tag for the two primary areas.

00:09:51.900 --> 00:10:02.970

Rim Cothren: That I wanted to talk about we'll talk about the data elements for digital identities, but I want to think about that in the context of use cases and we heard a little bit about use cases from you last time.

00:10:03.450 --> 00:10:09.930

Rim Cothren: And then we'll talk a little bit also about a conceptual strategy for the components that comprise a digital identity.

00:10:11.040 --> 00:10:23.310

Rim Cothren: let's go on to the next slide and before we start down that path, I want to recap real quickly what I at least believe I heard in our last meeting that's first that.

00:10:24.840 --> 00:10:40.800

Rim Cothren: That there is not a particular barrier for using local identifiers, such as your plan Member ids as part of a digital identity, especially because they may provide a means for that identity to be be unique.

00:10:42.210 --> 00:10:54.840

Rim Cothren: I would like to make sure that we bear in mind any barriers that there might be or any concerns that you as plan Members would have about a member ids becoming part of a digital identity.

00:10:55.710 --> 00:11:05.280

Rim Cothren: We should consider multiple use cases for digital identities and we discuss that a little bit last time, the focus that we've identified, both in our.

00:11:05.850 --> 00:11:17.730

Rim Cothren: meeting and another focus group meetings has been that the primary use case is to match patients or excuse me to add match individuals real people.

00:11:18.120 --> 00:11:26.490

Rim Cothren: With their health information as its exchange on the data exchange network and not necessarily to identity proof them.

00:11:26.760 --> 00:11:37.320

Rim Cothren: Not necessarily to credential and to access their data that those may be future use cases but we're really about patient matching and matching individuals to their data.

00:11:37.710 --> 00:11:49.110

Rim Cothren: However, we talked very briefly last time that that might also include for population health purposes and i'm interested in hearing any more about that that you may feel like today.

00:11:49.710 --> 00:11:59.880

Rim Cothren: We should consider a statewide index, not that it would replace what you do internally, but perhaps as a coordination point among organizations, where there is a common.

00:12:00.510 --> 00:12:10.710

Rim Cothren: place where digital identities live and that we might consider creating and communicating a statewide identifier, not that people would be required to apply for one.

00:12:11.040 --> 00:12:25.530

Rim Cothren: But at if one is randomly assigned as part of a statewide index that it could be made known both to participants on the network and to consumers themselves, and we might explore that a little bit more today to.

00:12:26.730 --> 00:12:42.600

Rim Cothren: sanjay I know that you weren't present at our previous meeting Evan you were I pause for both of you, if you've got any questions or specifically heaven, if you have a different recollection of what we talked about last time or.

00:12:43.800 --> 00:12:49.740

Rim Cothren: Particularly if there's anything, important that we talked about last time that i've skipped here i'm interested in hearing your thoughts.

00:12:50.490 --> 00:12:52.740

Eben Yong-HPSM: yeah this is here's a great weekend, thank you.

00:12:55.590 --> 00:12:57.810

Rim Cothren: Thanks so there's been a lot of conversations.

00:12:58.020 --> 00:13:03.720

Rim Cothren: And it's it's quite frankly it's a little difficult to keep them all straight, so I appreciate that confirmation.

00:13:05.580 --> 00:13:14.940

Rim Cothren: And sanjay I think that we should you should feel comfortable to revisit any of these items today, since you didn't have a chance to comment on the last time.

00:13:16.890 --> 00:13:21.930

Sanjay Jain: Sure thanks yeah I am checking these things so first of all.

00:13:23.100 --> 00:13:31.350

Sanjay Jain: about the Point number one here can use local identifier, such as Member ID as part of digital to digital identity so.

00:13:31.830 --> 00:13:38.250

Sanjay Jain: I agree with that and just to let you know that we are already doing that, we are connected to.

00:13:39.030 --> 00:13:53.250

Sanjay Jain: Many different health information exchanges, currently, and we are sharing our Member ID with those exchanges, so it should not be an issue for our organization to include our Member ideas part of digital identifier.

00:13:55.170 --> 00:13:56.130

Rim Cothren: Great Thank you.

00:13:58.260 --> 00:14:04.770

Rim Cothren: Paul let's go on to the next slide please, and this is really starting to touch on a little bit more detail.

00:14:05.220 --> 00:14:15.840

Rim Cothren: On what data elements might be part of a digital I identifier, some of these we talked about a little bit last time but.

00:14:16.530 --> 00:14:28.260

Rim Cothren: The path that we tend to be headed down right now is that organizations, including your plans as participants on the data exchange network would be required to.

00:14:29.100 --> 00:14:37.620

Rim Cothren: share information in the US CDI which includes demographics associated with patients the US CDI be one that is.

00:14:38.010 --> 00:14:46.410

Rim Cothren: And data elements associated with the patient are listed there in the box they include name previous name, date of birth race and ethnicity.

00:14:46.890 --> 00:14:56.190

Rim Cothren: Sex assigned at birth preferred language current address previous address phone number and email and we talked a little bit last time, about which of those.

00:14:56.730 --> 00:15:07.890

Rim Cothren: Data elements might be particularly useful and properly identifying an individual i'm interested in any more thoughts that you might have there.

00:15:08.430 --> 00:15:19.500

Rim Cothren: As well as any thoughts that you think of items there that should not be included in a digital identity again thinking of the purposes here in trying to match.

00:15:20.040 --> 00:15:26.310

Rim Cothren: Individuals at distinct institutions or link health information to the right individual.

00:15:26.970 --> 00:15:42.270

Rim Cothren: People have also in the advisory group meeting brought up data elements in US CDI V2 and v3 V2 has been approved v3 is currently in draft, I think the comment period for v3 may still be open.

00:15:43.140 --> 00:15:56.100

Rim Cothren: But they have been expanded to include sexual orientation and gender identity and V2 and data deaths tribal affiliation related persons and information about an individual's occupation in v3.

00:15:57.270 --> 00:16:02.970

Rim Cothren: There is no requirement under a be 133 to exchange V2 v3.

00:16:03.870 --> 00:16:15.720

Rim Cothren: Data elements, but I at least wanted to ask the question is, if there are any additional pieces of information there that you believe should or should not be included in a digital identity.

00:16:16.230 --> 00:16:22.140

Rim Cothren: what's not listed on this slide is some of the other things that we talked about, and I would say that they probably fall.

00:16:22.650 --> 00:16:33.000

Rim Cothren: into at least four categories, there are federal unique identifiers that are not related to health, a social security number would be an example of that.

00:16:33.960 --> 00:16:47.970

Rim Cothren: My ID as a veteran might be an example of that there are likewise state identifiers that may be unique but are not associated with health.

00:16:48.420 --> 00:17:10.080

Rim Cothren: My driver's license number or state ID would be an example of that there are also Federal and State identifiers, excuse me federal and state and local identifiers that are associated with health we talked about Member ID is an example of a local identifier, that is local to your organization.

00:17:11.130 --> 00:17:12.210

Rim Cothren: State and.

00:17:13.260 --> 00:17:21.930

Rim Cothren: federal identifiers might include my medicare ID or my medicaid ID with the medical Program.

00:17:23.040 --> 00:17:41.700

Rim Cothren: i'm interested in your thoughts about data elements that should be included to help you best match patients and identify data associated with the patient and, in addition to what's shown here just in demographics such you have about any of those other identifier types.

00:17:49.830 --> 00:17:58.020

Sanjay Jain: i'm thinking about the sexual orientation and gender identity so based on the experience we have.

00:17:58.890 --> 00:18:11.820

Sanjay Jain: You know, after looking at the data we're getting from different, which is the the fill rate is very, very low for these two data elements is almost negligible, and we are working with them, but I.

00:18:12.750 --> 00:18:20.220

Sanjay Jain: We did not get any better data yet so I don't know how effective these two would be I mean i'm not saying to remove them, but just to.

00:18:21.360 --> 00:18:26.190

Sanjay Jain: share our experience, we do not have much data for these two elements.

00:18:28.470 --> 00:18:29.280

Rim Cothren: Take sanjay.

00:18:29.520 --> 00:18:31.740

Rim Cothren: Heaven I saw you come off mute for a minute yes.

00:18:32.490 --> 00:18:42.540

Eben Yong-HPSM: yeah well, so when we when we're talking about the digital identity strategy and this this slide here is talking about what personal data should be collected used or share.

00:18:43.230 --> 00:18:51.990

Eben Yong-HPSM: I mean i'm you know i'm aware of the at 133 requirement that we share us he gave you one, but if we're talking about a digital identity strategy.

00:18:52.680 --> 00:19:03.690

Eben Yong-HPSM: You know I get back to our prior discussion, which is you know these these software systems that that have algorithms to take whatever you give them.

00:19:04.410 --> 00:19:24.000

Eben Yong-HPSM: and try and match it to a person he's a master patient index type systems, I just you know my opinion years that we need something like that, and when we

if we are agreed on that score, then the idea of what what personal data to be collected users shared.

00:19:25.050 --> 00:19:33.180

Eben Yong-HPSM: becomes a technical discussion in that arena, because a master patient index system will take as little or as much as you give it.

00:19:33.750 --> 00:19:40.920

Eben Yong-HPSM: The more you give it the higher the probability, it will have of matching it to a person unless you give it the lower the probability.

00:19:41.580 --> 00:19:51.960

Eben Yong-HPSM: So you know, once you have a system like that in place, then the HR using question or the health plans to the question that wish to communicate with that master patient index system.

00:19:52.710 --> 00:20:01.800

Eben Yong-HPSM: will, of course, try and give it as much as as needed in order to identify an individual once that individual is identified, then all of these elements that you see here.

00:20:02.550 --> 00:20:09.930

Eben Yong-HPSM: Are the elements that become you know shareable between organizations, but you can't even share it until you identify the person.

00:20:13.500 --> 00:20:25.350

Rim Cothren: I think that's a good point and we did talk at our previous meetings and we've talked to several of the focus group meetings, about the need for a statewide master person index, and I think that that.

00:20:27.570 --> 00:20:45.810

Rim Cothren: has generally been the recommendation that I hear across most of our focus groups, including this one, so your point is well taken their up some of the discussion that we've had at some of the focus groups have indicated as sanjay suggested that some of these data elements have.

00:20:46.920 --> 00:20:58.920

Rim Cothren: Lower utility either that the data is not available or not consistently reported that it may be reported differently in different settings racing at this stage, good example that.

00:20:59.310 --> 00:21:06.330

Rim Cothren: may be reported differently depending on who the patient is talking to and they're feeling about who they're sharing that information with.

00:21:07.170 --> 00:21:20.190

Rim Cothren: there's also evidence in some cases that address can actually reduce a match rates, because people move around a lot, and therefore it is rapidly changing information.

00:21:20.940 --> 00:21:32.100

Rim Cothren: So I think that there, I would agree with you, having that there's going to be some need to understand behavior of algorithms there, I guess, one of the questions that i'd ask you.

00:21:33.120 --> 00:21:41.130

Rim Cothren: Both of you is are there, specific are there, specific data elements in here that you believe are particular utility.

00:21:41.760 --> 00:21:53.370

Rim Cothren: to your plans for uses that you might make of digital identities, as their particular information that you more uniformly collect and therefore need to be.

00:21:54.120 --> 00:22:08.070

Rim Cothren: specifically included because obviously the counter to all of that is patient privacy and we shouldn't be collecting any more information than we really need so i'm interested in your in your of your thoughts about that.

00:22:13.350 --> 00:22:25.020

Sanjay Jain: Very first and the key data elements for us when we do Member matching their first name last name DOB and gender and then we do.

00:22:26.640 --> 00:22:31.740

Sanjay Jain: check for the ssn and the medicare and medicaid ID also, in addition to that.

00:22:32.760 --> 00:22:37.170

Sanjay Jain: So that is our first pass if we do not get any match, then we do different.

00:22:37.650 --> 00:22:51.060

Sanjay Jain: kind of combination permutation combination like matching not the full first name, maybe just first three letter of first name, you know all that thing, so I would say these for our most important name, date of birth, gender.

00:22:54.120 --> 00:22:57.810

Sanjay Jain: yeah these three basically and, but I am.

00:22:58.950 --> 00:23:16.380

Sanjay Jain: I really like the including address email and phone number also their race and ethnicity is a very good at, but again, the data is not reported that much we are getting some good data from some of the giant, but not all.

00:23:18.390 --> 00:23:24.570

Sanjay Jain: But it is a I think we should keep this race and ethnicity there, I really like a.

00:23:25.170 --> 00:23:25.560

Great.

00:23:26.580 --> 00:23:33.600

Rim Cothren: question for you so security number is one of those areas, one of those data elements that gets discussed a lot.

00:23:35.430 --> 00:23:50.730

Rim Cothren: You listed it among the things that you also look at is that consistently how consistently is that reported and do you do you run into reluctance of sharing social security number.

00:23:52.410 --> 00:24:12.090

Sanjay Jain: yeah that's a good point so ssn we do not use when we try to match the data which is coming from outside of the organization, so we go with medicare and medicaid for that, but within our organization also we have some challenges, you know we have like multiple Member ids.

00:24:13.380 --> 00:24:24.570

Sanjay Jain: assigned to one person, so there again we need to do some kind of Member matching and we if we have ssn in our system for any specific patient, then we use that for the Member match.

00:24:26.040 --> 00:24:34.200

Rim Cothren: Okay, and I think that that's probably common to other organizations as well, but you do use medicare and medicaid ID in external matches.

00:24:36.270 --> 00:24:36.570

Sanjay Jain: Yes.

00:24:36.870 --> 00:24:37.710

Sanjay Jain: We have that yet.

00:24:38.040 --> 00:24:38.910

Rim Cothren: Yes, okay.

00:24:41.610 --> 00:24:43.020

Rim Cothren: Are there other.

00:24:43.620 --> 00:24:53.700

Rim Cothren: identifiers outside of demographics, that you it did either of you organizations are using or find useful in particular that we should we should be considering.

00:25:01.560 --> 00:25:05.880

Eben Yong-HPSM: I think that when we talk about all Californians.

00:25:07.140 --> 00:25:19.170

Eben Yong-HPSM: You know the idea of how many different identifiers would comprise what percentage of California that we look, you know if we if we talk about the medicaid ID you're going to get you know.

00:25:19.830 --> 00:25:37.080

Eben Yong-HPSM: Maybe 30 or 40 or 50 50% of California i'm not sure we talk about medicare you'll add you add on top of that number, if one were to extend it and say let's look at driver's license numbers you don't have to drive a car to get a driver's license but so so many people do.

00:25:38.940 --> 00:25:42.120

Eben Yong-HPSM: You know, young children don't have it.

00:25:43.290 --> 00:25:57.720

Eben Yong-HPSM: So we need to think about that you know when we talk about young children only thing he will have unless we assign you might are these demographic you know data points listed under US ED everyone.

00:25:59.430 --> 00:26:07.800

Eben Yong-HPSM: I think if the long term strategy of the state is to try and best identify everybody in the state.

00:26:09.000 --> 00:26:10.350

Eben Yong-HPSM: we're going to have to think about.

00:26:11.670 --> 00:26:26.220

Eben Yong-HPSM: assigning ID numbers to everybody if that's if that's too much of a REACH, then this is the best we can do, wherever we decide to go that master patient index system is going to do the best that can you to match people.

00:26:30.270 --> 00:26:35.250

Rim Cothren: thanks for that and and I recall our discussion last time about the.

00:26:37.020 --> 00:26:47.010

Rim Cothren: The potential need for assigning an identifier to individuals and I, I appreciate you making sure to surface that again today, I do appreciate that.

00:26:50.280 --> 00:26:52.530

Rim Cothren: So we've talked primarily about.

00:26:54.030 --> 00:26:57.960

Rim Cothren: Using identities for patient matching.

00:26:59.010 --> 00:27:14.160

Rim Cothren: Last time we talked just very briefly about population health as well it's been a topic that we've talked a little bit with the dsa the data sharing agreement subcommittee it's come up at some of the other focus groups do you see.

00:27:15.360 --> 00:27:37.140

Rim Cothren: using digital identities, to assist you in public health, excuse me and population health evaluations within your organization's or do you believe you have the stratification criteria already on your patient populations and would not be relying on an external source for that.

00:27:38.400 --> 00:27:39.510

Rim Cothren: Are there any thoughts there.

00:27:41.700 --> 00:27:43.860

Eben Yong-HPSM: Well, when we talk about health plans.

00:27:45.150 --> 00:27:59.940

Eben Yong-HPSM: we're very self contained you know, the only way, you can become a member of our plan is to get our ID number, and once you get one of our ID numbers, you know we can we, we have all of us have different ways of sorting through multiple.

00:28:01.170 --> 00:28:04.740

Eben Yong-HPSM: You know, just as sanjay said, someone could have one or two or three different.

00:28:06.210 --> 00:28:15.150

Eben Yong-HPSM: ID numbers in a given health plan and in each of us has ways of merging them together, and you know coalescing them so that there's less confusion.

00:28:15.720 --> 00:28:30.780

Eben Yong-HPSM: So from that perspective we're not reliant on these outside sources to do our own population strategies we all have we all have our own internal capabilities and some are better than others to stratify populations and to take the right actions based upon certain.

00:28:32.400 --> 00:28:34.110

Eben Yong-HPSM: You know, clinical outcomes or conditions.

00:28:36.540 --> 00:28:44.070

Eben Yong-HPSM: But once again when it comes to reaching out reaching outside of ourselves to look at other health information.

00:28:44.850 --> 00:28:50.760

Eben Yong-HPSM: exchanges to collect information about our Members who have come from other health plans for example.

00:28:51.690 --> 00:29:05.880

Eben Yong-HPSM: that's that's where you know this whole matching of integration of persons will become relevant we could find information in outside systems that are not in our own internal systems that could yield better outcomes for our Members.

00:29:09.600 --> 00:29:10.230

Rim Cothren: thanks for that.

00:29:13.320 --> 00:29:14.580

Sanjay Jain: I agree, and.

00:29:15.780 --> 00:29:33.960

Sanjay Jain: We have the same approach we get the data from external sources and we try to do you know we try to use it for population health or for some other purposes in our organization, we have many different use cases.

00:29:37.800 --> 00:29:38.490

Rim Cothren: thanks for that.

00:29:40.020 --> 00:29:41.970

Rim Cothren: Call let's go on to the next slide.

00:29:44.280 --> 00:29:55.800

Rim Cothren: And one of the other things that i'd like to talk about is a little bit of were on what I would I kind of think of as a continuum of.

00:29:56.850 --> 00:30:02.790

Rim Cothren: Infrastructure potentially to support a strategy for digital identities, where we want to be.

00:30:03.390 --> 00:30:10.080

Rim Cothren: And we talked about this a little bit, but I want to get a little bit deeper into it on the left hand side here, you can think about something that.

00:30:10.620 --> 00:30:22.170

Rim Cothren: has no centralized infrastructure whatsoever that organizations are matching patients by sending demographics to each other in a peer to peer way.

00:30:22.560 --> 00:30:28.680

Rim Cothren: That that might be largely limited to name, date of birth, gender, but might also include to address, etc.

00:30:29.100 --> 00:30:44.580

Rim Cothren: that's where the health exchange sets today that's also where the see 10 here in California sets so sanjay in your experience on the see 10 that's where you are not with your experience necessarily within an hie as we move towards.

00:30:45.660 --> 00:30:46.410

Rim Cothren: The right.

00:30:47.640 --> 00:30:54.690

Rim Cothren: There is some initiatives that are some initiatives to improve data quality standards for demographics.

00:30:55.080 --> 00:31:14.250

Rim Cothren: And example there is standardizing through project USA how addresses are represented in queries so that everybody is using the same format, the same approach to representing addresses, so that there aren't rejected matches because a format and on see is leading some of those efforts.

00:31:15.540 --> 00:31:31.350

Rim Cothren: we've already talked here about expanded set of demographics that might be used in queries such as a medicare medicaid ID or driver's license or some other forms that especially some things that might not be demographics.

00:31:31.860 --> 00:31:41.460

Rim Cothren: If I skip all the way over to the right hand side of this This is where everybody is using a single master patient index or other index and some.

00:31:42.450 --> 00:32:06.540

Rim Cothren: place as a common service that is the authority for identities and this is where regional HIV is exist, but there is no statewide service that looks like that, and then between three and six, there is potentially some space where there might be a place for and a statewide index one at.

00:32:07.980 --> 00:32:14.940

Rim Cothren: allows you as an organization to augment your own mpi if you operate one.

00:32:15.960 --> 00:32:16.680

Rim Cothren: With.

00:32:17.820 --> 00:32:23.550

Rim Cothren: information from that is shared by other organizations with the state.

00:32:24.690 --> 00:32:25.440

Rim Cothren: or.

00:32:27.090 --> 00:32:41.850

Rim Cothren: One where it shares demographics and local identifiers, where you share demographics and local identifiers for the state index, so that there is a superset of the information about a patient that the State index knows.

00:32:42.300 --> 00:32:53.040

Rim Cothren: and facilitates matches with other organizations i'm interested in especially Evan you have talked quite a bit about the need for a master person index.

00:32:53.760 --> 00:33:06.030

Rim Cothren: we're on this scale, obviously the the far left hand the scale is no statewide master person index and just peer to peer matching that's kind of status quo today.

00:33:07.230 --> 00:33:18.900

Rim Cothren: Where on the scale you think we should be towards having a centralized service for a digital identities statewide.

00:33:20.880 --> 00:33:28.740

Eben Yong-HPSM: Say let's continue on, I would say, you know, in the short term or realistic short term, I would, I would say my book lands on number five.

00:33:32.220 --> 00:33:36.510

Rim Cothren: And just to make sure that I understand and you and I are on the same page.

00:33:36.870 --> 00:33:44.490

Rim Cothren: That means that you would expect there to be a statewide master person index that you could communicate with but you'd be maintaining your own index internally.

00:33:44.790 --> 00:33:51.360

Rim Cothren: And that you would share demographics, between those indexes so that you would learn better in your own, but you would share up to the state one as well.

00:33:51.960 --> 00:34:11.130

Eben Yong-HPSM: Exactly exactly we would have to be bi bi directional because you know any number of other systems might want to talk to my system, but this centralized master patient index will need information about my members in order to be useful to anyone else's who's wanting to query our system.

00:34:12.420 --> 00:34:14.280

Rim Cothren: So let me ask you a question about that.

00:34:15.990 --> 00:34:33.810

Rim Cothren: That in in such a case, do your Members do your Members understand how their the data that you are collecting might be shared in such a situation, are their barriers for you, providing demographic information to a statewide index.

00:34:38.310 --> 00:34:45.330

Eben Yong-HPSM: I don't know if at 133 I don't know if new laws, need to be written to allow that kind of a sharing.

00:34:46.740 --> 00:34:54.570

Eben Yong-HPSM: You know it it's maybe a stretch but hipaa does allow for sharing of data purpose of camino.

00:34:56.580 --> 00:34:57.780

Eben Yong-HPSM: Health plan operations.

00:34:58.890 --> 00:35:08.190

Eben Yong-HPSM: And so, if this becomes an understood health plan operation that says, you know we are we now need to engage and participate all together as one.

00:35:09.270 --> 00:35:11.430

Eben Yong-HPSM: to fulfill the vision of at 133.

00:35:12.660 --> 00:35:13.830

Eben Yong-HPSM: There it is.

00:35:16.260 --> 00:35:29.250

Rim Cothren: And and i'm actually i'm less concerned about what the legal constraints are because that's part of our charges to understand what the law allows i'm also interested in your relationship with your Members and what your Members expect.

00:35:29.700 --> 00:35:37.230

Rim Cothren: And if there are barriers and what you share with your Members what you've told your Members, you may share with other entities.

00:35:38.130 --> 00:35:42.720

Eben Yong-HPSM: Okay, so with our health plan we are primarily a medical.

00:35:44.070 --> 00:35:59.610

Eben Yong-HPSM: We do have you know, a medicare plan for dual eligible as well, so in our scenario, there is no problem with sharing we're a state and government program and sharing with you know State entities and government entities, is completely expected.

00:36:03.870 --> 00:36:06.780

Eben Yong-HPSM: Thank you, if I was a commercial health plan you're right.

00:36:08.160 --> 00:36:14.760

Eben Yong-HPSM: that's where the Member expectations and requirements and privacy, you know, there are differences there certainly.

00:36:17.100 --> 00:36:25.200

Rim Cothren: And i'm not suggesting that in any way that we violate patient trust or Member trust here.

00:36:25.620 --> 00:36:37.920

Rim Cothren: On the other hand, if we choose a strategy that a lot of organizations aren't going to be able to comply with and that's because of agreements they have with their members and that's not going to do as much good so that's that's the context to that question but.

00:36:38.220 --> 00:36:40.770

Eben Yong-HPSM: that's that's an excellent point thanks.

00:36:45.000 --> 00:36:49.890

Rim Cothren: So Jay do you have a thought on where in this continuum you think that we might land.

00:36:54.480 --> 00:36:57.570

Sanjay Jain: Six is the the best case scenario, but.

00:36:59.010 --> 00:37:13.290

Sanjay Jain: i'm thinking about five, but one thing here is, we are talking about statewide index here right, so this is something which we think would happen in future we don't have any statewide index right now is that going to.

00:37:13.890 --> 00:37:21.570

Rim Cothren: We don't have one now and at 133 let's be clear about this at 130 tree doesn't provide funding for one so.

00:37:22.500 --> 00:37:31.830

Rim Cothren: What we're what i'm seeking out here is what you would recommend as a strategy if we choose four or five or six.

00:37:32.730 --> 00:37:50.490

Rim Cothren: I mean there's cost to it, everything but four or five or six would require funding and and a sustainability plan that we do not have at this time, but again Sunday, as you say, we also don't have a statewide index today.

00:37:50.970 --> 00:37:52.590

Eben Yong-HPSM: Let me, let me interject, if I may.

00:37:52.860 --> 00:38:00.090

Eben Yong-HPSM: yeah so another alternative here if we've kind of go in a slightly different direction and we've touched on this.

00:38:02.190 --> 00:38:08.760

Eben Yong-HPSM: is maybe pursuing a strategy of a very small and limited number of regional HIV, AIDS.

00:38:10.890 --> 00:38:25.740

Eben Yong-HPSM: let's why don't know what that number might be 510 15 i'm not sure what that number is, but if we pursue that as an option, then the statewide master patient index may not be required.

00:38:26.760 --> 00:38:35.490

Eben Yong-HPSM: Because you didn't have a small limited set number of HIV ease that will simply have the task of learning to communicate with each other.

00:38:36.720 --> 00:38:41.760

Eben Yong-HPSM: They can do that now, it may not be as efficient as we all wanted, but that can change in time.

00:38:44.340 --> 00:38:50.910

Eben Yong-HPSM: So that's something to also consider, but then you'd have to identify who those region on each of us are and there might be some.

00:38:52.590 --> 00:39:06.450

Eben Yong-HPSM: difficult processes for to you know, to keep that number to a a rational numbers, so that you don't have you know dozens or hundreds will just that will that will just you know, make it impossible for each system to really talk to each other effectively.

00:39:07.260 --> 00:39:07.530

Great.

00:39:08.850 --> 00:39:09.450

Rim Cothren: thanks for that.

00:39:20.670 --> 00:39:22.830

Rim Cothren: Any other any other thoughts here.

00:39:27.510 --> 00:39:33.930

Sanjay Jain: i'm just thinking again about the statewide index let's say we get statewide index in future.

00:39:34.590 --> 00:39:50.220

Sanjay Jain: Then, if we have that statewide index, then, why would we need the other demographic and local identifier, along with that it wouldn't that be sufficient on its own, that would be unique right for everyone.

00:39:52.800 --> 00:40:09.870

Rim Cothren: So i'm, at least for an is a statewide index i'm not necessarily saying that that comes along with an identifier that has been assigned to me and his his you know his identity proofed are uniquely associated with me.

00:40:11.190 --> 00:40:22.500

Rim Cothren: And that's obviously an alternative as well, and something that gets gets discussed, I am thinking that in order for you to take a member of a that you're serving.

00:40:23.190 --> 00:40:29.850

Rim Cothren: And link them to an identity in the master patient index, you will need some mechanism to do that.

00:40:30.690 --> 00:40:48.630

Rim Cothren: And that might be demographics, or something like that, and may end up, meaning that you have you know your own index if your own Members that does your own duty duplication, but you also have to understand what the state identity is that's linked with that.

00:40:50.580 --> 00:41:03.990

Rim Cothren: And you know, so there are lots of there are there are details and how that might be worked out, that is, the process, for instance, choose to New York state today where the state has a statewide index, but the.

00:41:04.680 --> 00:41:19.050

Rim Cothren: The qualified a Chios across the State had their own indexes as well, and they collaborate by sharing data they they have a number five effectively a number five version on the scale where information is shared back and forth.

00:41:26.910 --> 00:41:31.470

Rim Cothren: So we've talked a little bit about use cases at least what i'm hearing now is that you have.

00:41:31.860 --> 00:41:40.590

Rim Cothren: A lot of use cases where you may be using patient demographics, but a use case that focuses on patient matching is sufficient for digital identities.

00:41:40.950 --> 00:41:56.340

Rim Cothren: we've talked that it sounds like the general approach that you would fare favor here is a statewide index, where there is a fair amount of bi directional exchange of information with that index.



00:41:58.650 --> 00:42:04.980

Rim Cothren: we've talked a little bit about concerns that you have about sharing data and their.

00:42:06.000 --> 00:42:18.810

Rim Cothren: Demographic information with that index and don't have any barriers there save agreements that you may have with members and private plans about the sharing of information.

00:42:19.950 --> 00:42:24.420

Rim Cothren: Are there other things about digital identities that we should try to discuss today.

00:42:27.570 --> 00:42:33.720

Rim Cothren: Are there questions either of you have that we haven't touched on that you would you would like to discuss.

00:42:41.910 --> 00:42:50.370

Rim Cothren: If not, why don't we go on to the next slide and I i'd like to give you both some time back in your day for go on to the next slide.

00:42:51.240 --> 00:42:57.240

Rim Cothren: we've been conducting meetings in March, this is our last scheduled meeting, right now, I believe.

00:42:58.110 --> 00:43:08.700

Rim Cothren: Here, at the end of March, the goal of this activity is to collect all of the input that i've gotten across all of the focus groups all six of them.

00:43:09.510 --> 00:43:24.510

Rim Cothren: And draft from that complete strategy during the month of April will be talking about components that strategy at the April advisory group meeting that is next week.

00:43:24.960 --> 00:43:36.150

Rim Cothren: I would invite you both to attend that meeting, and then we'll take comments from that meeting potentially more input from yourselves and other focus groups and.

00:43:37.350 --> 00:43:48.840

Rim Cothren: Potentially comments from the public about that strategy to revise that and refine it during the month of May and finalize that strategy in June or July.

00:43:49.650 --> 00:43:57.750

Rim Cothren: The strategy for digital identities, is to be published as called for and at 133 by the last day of July.

00:43:58.740 --> 00:44:13.020

Rim Cothren: Other portions of the data exchange framework are to be published by July one and we have an internal target right now to try to get digital identities to publish on that same timeframe, but it's required by the end of the month.

00:44:14.490 --> 00:44:20.700

Rim Cothren: This is our last scheduled meeting of this focus group that doesn't mean that I won't be reaching out to you again.

00:44:21.180 --> 00:44:30.330

Rim Cothren: In the future, if there are questions I really appreciate your time today, if you do have any questions about anything that we've discussed here today.

00:44:30.750 --> 00:44:39.030

Rim Cothren: If you have additional thoughts outside of this meeting feel free to share them either with QA who sent you the meeting invitation.

00:44:39.570 --> 00:44:52.500

Rim Cothren: For today or to myself my email address is on the slide here, but I think i've corresponded to you, and if if you don't have my email address kwok can certainly get it to you.

00:44:53.580 --> 00:44:55.890

Rim Cothren: Do either of you have any other questions for today.

00:44:59.580 --> 00:45:01.830

Sanjay Jain: No i'm good for now.

00:45:02.580 --> 00:45:13.500

Rim Cothren: If not, then, thank you very much for your time I know your time is very valuable and I appreciate today's discussion with you and we will be in touch and i'll give you the rest of your day.

00:45:15.000 --> 00:45:15.420

Sanjay Jain: Thank you.