June 1, 2022

John Ohanian
Chief Data Officer
Director, Center for Data Insights and Innovation
California Health and Human Services Agency (CalHHS)

Re: DxF Strategy for Digital Identities

Dear John:

Below are comments from Manifest MedEx on the draft digital identity strategy. Given the many other data sharing items the state is taking on, we recommend a focused strategy in this domain.

Data Standardization

While we agree with the goal of standardizing documentation of key attributes such as name and date of birth, we don't think California will make much progress towards this goal by simply naming standards in the DSA and policies.

The only pragmatic way to achieve this goal is to include it as a requirement of provider data sharing incentive payments such as those the EQUITY coalition has proposed. In other words, a portion of the proposed Medi-Cal provider data sharing incentives could be associated with whether demographic data conforms to data standards.

Addressing this issue takes substantial effort across many levels of health care organizations from registration clerks to billing departments and clinicians. This time and effort will only be invested if there are clear business reasons for doing so. In our view instituting standards, without clear incentives or penalties to adopt and use those standards, will be a mostly wasted effort.

We agree with the included attributes (pages 12-14), except we would not include email addresses.

Statewide Person Index

The strongest utility for the proposed statewide person index is to simplify how MX and other entities query for patient information on national networks. Currently many organizations perform a "broadcast query" – pinging every organization within a certain geographic distance of the patient – to identify any that might have records for the patient. This is a highly inefficient and burdensome approach. MX receives millions of queries every month for patients we do not have in our records. We need to process and respond to every request.

Creating an index of all medical record numbers (along with provider and plan names associated with these numbers) would simplify this process. Rather than querying by geography, organizations could directly request patient information from entities known to have records for the patient. This would dramatically reduce the effort for both querying and responding organizations and allow providers to compile much more complete and u- to-date records for their patients.

A global compilation of addresses and names for each patient would also be very useful for our internal record matching efforts if we knew the information had been validated, for instance if it came from public sources such as the DMV. Otherwise, this information would be much less valuable.

Sincerely,

Claudia Williams
Chief Executive Officer
Manifest MedEx