

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Stakeholder Advisory Group
Meeting 2 Public Comment (10:00AM – 12:30PM PT, October 7, 2021)**

The table below shows public comments that were made verbally during the October 7th virtual meeting. Additional public comments can be found in the meeting’s “Q&A Log” and “Chat Log,” as well as in other documentation submitted and posted on the [CHHS Data Exchange Framework website](#).

Count	Name	Comment
1	Marty Omoto	<p>Thank you, my name is Marty Omoto. I'm a family member of a sister who passed away with developmental disabilities and also currently an extended family member and unpaid caregiver to a 29 year old adult with down syndrome and also on the autism spectrum and executive director of CDCAN - California Disability Senior Community Action Network, member of the Developmental Services Task Force, and served on the Master Plan for Aging subcommittees and other committees with the state. But I just want to just offer my thanks and deep appreciation for all of you, and some of you I've known for many years - I'm looking at Mark Savage there, I've worked with many years ago - but I just want to offer my support to the work that you all are doing. I'm trying to translate out to other advocates and other people in California the critical importance of everything you're doing and everything that the state is trying to move in this direction. So foundational and if it's done right, it can be transformative to all of us. Looking at the whole person and tying outcomes that are person centered that can make a difference in everyone's lives. And not everybody understands the work you're doing. And so anything I can do, and all of us as advocates can do to support what you are doing, please let us know, and I just want to basically just say a shout out to all of you. The work you're doing is so important, and I appreciate the direction that the Health and Human</p>

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		Services Agency under Dr. Ghaly is looking at the whole person and looking at person centered outcomes and this framework is so critical, so thank you very much.
2	Ben Stover	Hello, my name is Ben Stover. I work for a healthcare technology leader known as Philips. My role here is to lead our health information exchange market division for North America, so through that I have the opportunity to work with many of our HIE leaders, as well as the member organizations that belong to those organizations. So very happy to see the progress that's going on in California and excited to see all this coming together as it's done in other states. Would certainly love to understand the scope of clinical data that will be under review here. From our perspective, one of the most rich data sets in health care is full resolution imaging data, and that is traditionally very underutilized at the HIE level. So we'll certainly put that up for comment and happy to hear feedback from the rest. Thank you for the time.
3	Melissa Cannon	Hi everyone, this is Melissa Cannon with Nourish California. We're a statewide nonprofit that works on increasing access to food for low income Californians. Really appreciate the work of this working group focused on helping connect individuals to all the resources that they need. As work begins on the scenarios, I just wanted to lift up one program to everyone's attention that I hope we can incorporate into scenarios and that's the WIC program. WIC serves about 1 million Californians. It's a critical support for our pregnant women and our youngest children. It's also a program that requires medical documentation. To be eligible for WIC services, WIC participants have to provide proof of pregnancy, height and weight measurements, blood work, and medical documentation for formula. Yet there's no pathway for exchange of information to the WIC program from medical to providers. So although there is the need for

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		<p>this information to come from health providers, there's no pathway for electronic exchange. There's also a difference in terms of how the WIC program is treated under California's privacy laws. We have a real need to set up some connections to this program and I'm a little concerned that the scenarios won't allow for some deep consideration around this really important program for California since the scenarios don't include pregnant women or young children. So I hope we can give that program some special attention as work goes on, thank you.</p>
4	Mario Diaz	<p>Good morning, everybody. Mario Diaz with Inland Empire Health Plan, a Medi-Cal plan which serves over 1.4 million members in San Bernardino and Riverside counties. We want to thank you all for these important discussions, and we want to express our support for the statewide health and human services data exchange framework which we have also submitted by way of a joint letter of support with Riverside County Medical Association and San Bernardino County Medical Society. We want to echo the gratitude for all the great work you all continue to do in the space. Thank you very much.</p>
5	Hector Ramirez	<p>Good morning, buenos dias everybody. My name is Hector Ramirez. I'm a Medicare Medi-Cal beneficiary from Los Angeles County in the unceded territory of the Tongva Tatavian nation band of Indians. I want to thank you, each and every one of you, for the work that you're doing, and once again really ask all of you to consider in your scenarios, the role that people with disabilities have including all the various different types of disabilities including our new subset of people living with post-COVID conditions and also really asking to focus on individuals with psychiatric disabilities who are oftentimes classified as being severely mentally ill or mentally ill and really oftentimes don't get categorized properly. As you embark on this particular models and work to be in</p>

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		<p>fidelity with the Federal new standards, I really ask that all of you consider those considerations. As a beneficiary, I really hope that this particular group really engages other folks like myself and have access to plain language information so that we could have an equitable role in this particular process. As a person of color I know how lack of this information and visibility significantly impacts black, Latino, and indigenous communities here in the state of California and hope that as all of you embark on this goal, that is the primary goal you take out of equity: focusing on those individuals who are significantly impacted and those of us who come from communities who have been marginally forgotten oftentimes Thank you once again and looking forward to working with each and every one of you.</p>
6	Lisa Chan-Sawin	<p>Thank you. Lisa Chan-Sawin. I'm the CEO and founder of Transform Health and we have the pleasure of supporting the city of Sacramento and implementing their whole person care pilot. One of the key lessons we learned, as we worked and looked at data exchange across health and housing was the issue of different privacy and data standards between healthcare and other industries. For example, the housing providers that we worked with, and the housing community and housing industry are not operating on HIPAA and for us to work with them - once data is shared between our clinical providers, the nature of that data changes. And so I wanted to flag this as a potential issue, especially when we're talking about addressing social determinants of health and thinking about how to connect data systems. I really appreciated the comment from the woman earlier about WIC and how do you connect and address the social determinants, close the loop on the types of referrals that are made. And I just wanted to flag that as a potential issue, this issue of varying data standards across industries is a significant challenge</p>

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		that all the whole person care pilots have had to grapple with. And it has been a significant barrier for us to coordinate better care and so we've had to do a lot of training, a lot of crosswalks, definitions to address this issue. Thank you.

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