



**California Health & Human Services Agency  
Center for Data Insights and Innovation  
Data Exchange Framework  
Digital Identity Health Care Providers Focus Group Meeting #1  
(February 14, 2022, 2:30PM – 4:00PM PST)  
Transcript**

The following text is a transcript of the California Health & Human Services Agency Data Exchange Framework Digital Identity Health Care Providers 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.

00:00:04.319 --> 00:00:13.920

Rim Cothren: Thanks quad and that'll start us off with just a few housekeeping items so today's meeting is going to be recorded, you should have just seen the notice for that.

00:00:14.370 --> 00:00:30.060

Rim Cothren: Recording will be posted on the data exchange framework website in lieu of notes, so if you don't wish to be recorded, please either mute your microphone or turn off your camera or leave the meeting, so that you, you won't be recorded today.

00:00:31.140 --> 00:00:37.320

Rim Cothren: Do any of the meeting participants that we've invited here have a problem with being recorded today if anybody does.

00:00:41.850 --> 00:00:42.900

Rim Cothren: Great thanks for that.

00:00:44.250 --> 00:00:48.960

Rim Cothren: I also don't plan on calling role for today's meeting so if everyone would just take a minute.

00:00:49.500 --> 00:00:55.950

Rim Cothren: and make sure that you rename yourself in zoom with your name and your organization, so that everybody knows who's attending today's meeting.

00:00:56.520 --> 00:01:08.160

Rim Cothren: Thanks for doing that and I know that Dr vs said that he could not attend today always going to send someone in his schedule is somebody attending on behalf of Dr ideas.

00:01:09.720 --> 00:01:12.240

Rim Cothren: Maybe raise your hand, so you know who, that is.

00:01:15.090 --> 00:01:16.320

Rim Cothren: Oh drop something in the chat.

00:01:20.190 --> 00:01:24.480

Rim Cothren: And quiet I don't see anybody that's just on the phone have I missed anybody.

00:01:28.740 --> 00:01:31.770

Khousa Vang: yeah I don't see anyone else, either, I think we can start.

00:01:32.070 --> 00:01:41.310

Rim Cothren: Okay, so today's meeting will be conducted as a public meeting, that means that there is an opportunity for public comment during today's meeting.

00:01:41.880 --> 00:01:53.430

Rim Cothren: members of the public have been muted until the agenda item for public comment and we'll give people instructions on how to participate in public comment, when we get to that point, members of the focus group.

00:01:55.140 --> 00:02:07.530

Rim Cothren: I would prefer to read and run this as an informal discussion and so we're going to go ahead and unmute people administrative Lee from Marion and people should unmute themselves.

00:02:08.430 --> 00:02:24.090

Rim Cothren: So that that just cuts down on background noise, but I want to make it possible for any of you to come off mute and comment whenever you like you don't have an agenda today, but please feel free to interrupt and interject anything as we're going through today's agenda.

00:02:26.610 --> 00:02:28.320

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

00:02:33.750 --> 00:02:45.330

Rim Cothren: And i'm going to go ahead and put this up, I doubt that this applies to anybody that's on the call today but state procurement rules, rules would prohibit any vendor consultant from bidding on a contract.

00:02:45.750 --> 00:02:58.230

Rim Cothren: If they're participating in the focus group here in a way that might result in them being involved in creating recommendations or requirements for any procurement that might come.

00:02:58.740 --> 00:03:04.410

Rim Cothren: out I don't know that there will be a procurement that will result from the work that we're doing today.

00:03:05.160 --> 00:03:19.050

Rim Cothren: But I do want to make it possible for anybody that is participating in today's meeting, other than as a member of the public to step away from the focus group if they think that they might be participating in that procurement, just so that we don't create.

00:03:20.280 --> 00:03:22.800

Rim Cothren: a conflict of interest for the organization.

00:03:24.870 --> 00:03:30.870

Rim Cothren: let's go on to the next slide please just very quickly our agenda for today.

00:03:32.040 --> 00:03:35.670

Rim Cothren: shows me doing a lot of the talking today that's not what I want to have happen.

00:03:36.540 --> 00:03:44.400

Rim Cothren: So i'm really hoping that people will interject the questions or comments during a during the course of today's meeting, we will start off.

00:03:44.910 --> 00:03:54.240

Rim Cothren: With a review of the at 133 requirements on a digital strategy for digital identities everybody knows what is in front of us today.

00:03:54.930 --> 00:04:07.230

Rim Cothren: we'll pause for public comment, just before the top of the hour, and then there are two primary areas where I want to open things up for discussion and the first is on high level.

00:04:07.770 --> 00:04:20.130

Rim Cothren: High Level discussion on the components of a digital identity strategy and then also how you or the systems that you're using might contribute to or use digital identities.

00:04:20.460 --> 00:04:31.080

Rim Cothren: And then we'll close out the meeting with a very brief discussion about upcoming meetings, and I want to make sure that we save a little bit of time for that discussion let's go on to the next slide please.

00:04:34.560 --> 00:04:52.530

Rim Cothren: So we'll start off with a focus and goals are real purpose of the focus groups here is to gain input from specific stakeholder perspectives on strategy for digital identities, for the data exchange framework and i've gathered together.

00:04:53.760 --> 00:05:07.290

Rim Cothren: You, as this group, to make sure that we take the as our perspective from healthcare providers, now that doesn't mean that you can't provide insight into other stakeholder perspectives as well, but what i'm asking people to do is.

00:05:08.070 --> 00:05:21.480

Rim Cothren: put on your health care provider that and think of things in terms of healthcare providers, we have a total of six different focus groups that were engaging health information exchanges consumer.

00:05:22.710 --> 00:05:28.530

Rim Cothren: Consumer privacy group health plans social service organizations and meeting with departments.

00:05:29.190 --> 00:05:35.880

Rim Cothren: The health and human Services Agency, as well as healthcare providers over the course of the next couple of months.

00:05:36.210 --> 00:05:48.840

Rim Cothren: So we have three groups three meetings that we will attend together, this being the first one, which you're welcome to attend as a member of the public, any of the focus group of meetings, if you are interested in hearing.

00:05:49.230 --> 00:06:00.690

Rim Cothren: A different stakeholder perspective, and if you hear anything it goes meetings feel free to bring it back to these meetings also so that that can be part of my discussion let's go on to the next slide please.

00:06:04.050 --> 00:06:22.800

Rim Cothren: And I just want to and that's fine you can go on to the next slide I just want to very briefly cover what our requirement is and our focus is in developing a strategy for digital identities, the statement within at 133 regulations very simple and that's that by the end of July.

00:06:24.150 --> 00:06:31.050

Rim Cothren: California, health and human Services Agency in consultation with the stakeholder advisory group is to develop a strategy.

00:06:31.530 --> 00:06:39.330

Rim Cothren: For unique secure digital identities i'm not going to read the rest of the statement there, but this single statement is all that appears.

00:06:39.720 --> 00:06:56.700

Rim Cothren: In the statutory requirement, and so this is what we're here to start to talk about today, however there's some very important phrases in that one statement that I want to touch on very quickly, just to ground us so you know where we're coming from let's go on to the next slide please.

00:06:58.560 --> 00:07:04.920

Rim Cothren: And that's first of all that we're talking about a strategy here, it is not a requirement of the of the.

00:07:06.060 --> 00:07:13.920

Rim Cothren: Regulation of the legislation for us to develop digital identities, by the end of July, but we must have a strategy.

00:07:14.220 --> 00:07:21.330

Rim Cothren: And so we're really going to be talking about plans, perhaps a roadmap for what we need to develop over the course of that time.

00:07:21.690 --> 00:07:31.860

Rim Cothren: And there will be a lot of questions that i'm hoping to bring to you, but I think that you should also volunteer about what might be included and might not be included in that strategy.

00:07:33.120 --> 00:07:34.680

Rim Cothren: it's gone to the next slide please.

00:07:36.600 --> 00:07:42.180

Rim Cothren: And then we're talking here about digital identities and i'm going to volunteer.

00:07:42.810 --> 00:07:51.450

Rim Cothren: My definition for digital identity really is a collection of data to establish their identity that is associated with a real person.

00:07:51.960 --> 00:08:05.790

Rim Cothren: In a particular context, in our case that's the context of health information that does not mean that we're necessarily talking about a digital identifier, but that's not what's required under the legislation, but that will be a topic that will discuss.

00:08:06.930 --> 00:08:14.940

Rim Cothren: And we need to recognize that we're talking about digital identities, in the context of health information that there are other.

00:08:15.450 --> 00:08:33.270

Rim Cothren: contexts that you might also have, for instance, I have one identity that I use in my work with health and human Services Agency, I have a different identity that I use as a private individual they have different email addresses different usernames on those networks, etc.

00:08:34.890 --> 00:08:40.110

Rim Cothren: Next we're also talking about something that's unique and secure, and I think that that's really important here.

00:08:40.440 --> 00:08:46.770

Rim Cothren: That it needs to be unique needs to uniquely identify rim confidence for the purposes of my health information.

00:08:47.190 --> 00:08:57.870

Rim Cothren: And it needs to be secure and secure has many different meanings, but we should be thinking about that it is capable of maintaining privacy my privacy of my information.

00:08:58.260 --> 00:09:07.770

Rim Cothren: But, also, that information isn't lost that is it's it's important that information be maintained and available.

00:09:08.310 --> 00:09:19.590

Rim Cothren: And that we must be considering a balance between the needs of consumer privacy and patient safety and so that's part of our discussions one let's go on to the next slide please.

00:09:24.480 --> 00:09:28.800

Rim Cothren: Importantly we're talking about something that is not just for the government in.

00:09:29.070 --> 00:09:42.960

Rim Cothren: The state government to be developing here but we're also talking about something that's useful for private organizations like your own organizations, and so I want people to be thinking about things in both of those cases that we're looking at.

00:09:46.380 --> 00:09:59.820

Rim Cothren: How, you might use digital identities, as well as how you might expect, the State Department or other public and private sector organizations to be using those digital identity.

00:10:00.990 --> 00:10:02.580

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

00:10:04.590 --> 00:10:14.460

Rim Cothren: And then, finally, the digital identities, need to be capable of supporting master patient indices are in the eyes and people have heard that term.

00:10:14.910 --> 00:10:26.550

Rim Cothren: A great deal of we're really talking there about an mpi index or a master index a patient or person information that might be associated with the digital identity.

00:10:27.210 --> 00:10:43.020

Rim Cothren: But we're not necessarily called upon to create a statewide npr so that's another question for us to be discussing is whether the strategy should include a statewide NPI or merely a mechanism for various.

00:10:43.800 --> 00:10:52.110

Rim Cothren: mpi that might be used by different organizations to to work with each other, as some of you are also working on the.

00:10:52.800 --> 00:11:14.520

Rim Cothren: Data sharing agreement work or the dsa work and one of the things that we need to be thinking about as we talk about this is there may be requirements upon the essay that have become out of our discussions here on digital identities, such as requirements on how the digital identities.

00:11:17.160 --> 00:11:18.750

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



00:11:20.490 --> 00:11:29.490

Rim Cothren: And just very briefly before we go into public comment I wanted to stop there for a second and see if there any questions that you have about our charge and the.

00:11:29.820 --> 00:11:39.600

Rim Cothren: Reason that we're talking about digital identities and what we're required to do for a strategy for digital identities today we're any high level comments, like to make it this.

00:11:41.730 --> 00:11:52.020

Rim Cothren: feel free to either just take yourself off mute or, if you want to raise your hand using the buttons at the bottom of the screen i'll make sure that I call on you and give you space to speak.

00:11:55.620 --> 00:11:59.790

Rim Cothren: Are there any questions or anything in particular that anybody wanted to mention.

00:12:08.790 --> 00:12:13.950

Rim Cothren: If not we're running a little bit ahead of schedule, but we're going to go ahead and pause here for public comment.

00:12:14.580 --> 00:12:25.500

Rim Cothren: will take a few minutes for public comment here if you're interested in making a comment, as a member of the public, please raise your hand using the zoom teleconferencing option, you will be called on pond and.

00:12:25.530 --> 00:12:32.700

Rim Cothren: order that your hands raised and that time you can unmute yourself and state your name your organization.

00:12:33.810 --> 00:12:41.100

Rim Cothren: And please keep your comments brief and respectful I see that we have one hand up yo Please go ahead.

00:12:42.360 --> 00:12:50.520

Gil Shlamovitz, MD: hi everybody and just chanel of it's an emergency physician and chief medical informatics officer for telemedicine, a few see.

00:12:51.960 --> 00:13:07.500

Gil Shlamovitz, MD: And I was wondering if we have to reinvent the wheel here, or would it make more sense to align and with the recommended demographics and information that common rail or care equality.

00:13:08.190 --> 00:13:20.850

Gil Shlamovitz, MD: And follow, and I would argue that that should be our approach and our patients and receive care across state lines.

00:13:21.870 --> 00:13:31.800

Gil Shlamovitz, MD: And I can tell you as an organization that has been live and and sharing a lot of information for about four years now.

00:13:32.400 --> 00:13:45.180

Gil Shlamovitz, MD: And it's really unbelievable how powerful information is and it comes from Arizona and Nevada as well as our own California hospitals and clinics.

00:13:45.750 --> 00:14:08.340

Gil Shlamovitz, MD: and saving lives, so I would recommend that we align with the two national health information exchange, organizations and rather than creator own identifier,

and there are only five or six degrees of separation, as long as we know somebody is correct first name last name, date of birth.

00:14:09.600 --> 00:14:23.850

Gil Shlamovitz, MD: Gender zip code and telephone number we don't need much more than that and that's the direction that I would recommend that we follow, so thank you for all the to do and for getting us together.

00:14:26.010 --> 00:14:33.960

Rim Cothren: And so, first of all feel as a member of the focus group, you can raise your hand and make any comments anytime you want during public comment.

00:14:34.770 --> 00:14:42.630

Rim Cothren: However, I appreciate your comments there and just one thing that I would say here, no, there is no requirement in the legislation for us to reinvent the wheel.

00:14:43.170 --> 00:14:49.560

Rim Cothren: And so I think some of the things that you're bringing up, there are some of the important conversations that I do want to be having today in the future.

00:14:50.130 --> 00:15:03.210

Rim Cothren: Is in particular what is working, that we should not discard but at the same time, what is not working, that we need to improve on, and so I want to make sure that we have both of those discussions, but thanks for the comment.

00:15:04.620 --> 00:15:08.610

Rim Cothren: Is there anybody else's a member of the public that would like to make comment, this time.

00:15:11.910 --> 00:15:14.790

Rim Cothren: If I don't see any other hands up, am I missing anyone.

00:15:18.510 --> 00:15:21.330

Khousa Vang: anyone else, I think we can move on, if you have any.

00:15:21.690 --> 00:15:30.060

Rim Cothren: Right well why don't we go ahead and move on, so again we're a little bit ahead of schedule today but that's that's perfectly fine um.

00:15:30.990 --> 00:15:42.600

Rim Cothren: let's go on to the next slide please today I want to have a relatively high level discussion about how we should approach the topic so, for instance skills.

00:15:43.290 --> 00:15:52.950

Rim Cothren: Questions comments there exactly the type of discussion, I want to make sure that we have today, I want to begin to explore two different things is what components of.

00:15:53.580 --> 00:16:03.690

Rim Cothren: What the potential components might be a bad strategy for digital identities and then second how healthcare provider organizations and systems.

00:16:04.080 --> 00:16:15.330

Rim Cothren: might contribute to or use digital identities and the data exchange framework and we'll spend some time on both of those two topics today if we can let's go on to the next slide please.

00:16:17.040 --> 00:16:25.650

Rim Cothren: My first question is what must be included in a digital identity strategy if it is going to be successful.

00:16:26.040 --> 00:16:38.970

Rim Cothren: So Gilson just did a few things that there is a set of demographics that might be important there, I want to explore that a little bit more item three here is what digital identity data elements might be mandatory, when I heard.

00:16:39.270 --> 00:16:52.710

Rim Cothren: From Gil his name, date of birth, gender, maybe zip code, maybe phone number that kind of discussion goes to to stating that we ought to think about other things that people.

00:16:53.160 --> 00:17:01.140

Rim Cothren: believe might be important might be optional that we also include were things that are not useful and should be excluded.

00:17:01.740 --> 00:17:08.490

Rim Cothren: I also want to think a little bit about whether we believe there needs to be a master patient index for the state.

00:17:08.970 --> 00:17:20.940

Rim Cothren: And I want to at least raise the question is whether we believe that, in order to be successful, we need a statewide digital identifier, rather than using other mechanisms for identifying individual.

00:17:21.810 --> 00:17:30.330

Rim Cothren: And finally, during this time, I want to talk a little bit about the need to develop a consensus on what is the true information.

00:17:31.020 --> 00:17:37.320

Rim Cothren: about an individual the way I'd like you to think about this, as you can imagine that, over the course of time.

00:17:37.860 --> 00:17:42.840

Rim Cothren: Depending on the context, I may have given more than one phone number for myself out.

00:17:43.350 --> 00:17:53.700

Rim Cothren: I have my office phone number, I have a landline at my house, believe it or not, and I have a mobile phone number and depending on the context you might have any of those three phone numbers listed for me.

00:17:54.210 --> 00:18:02.100

Rim Cothren: Is it important to reach consensus statewide on a gold record for me that identifies exactly what my phone number is.

00:18:02.550 --> 00:18:14.280

Rim Cothren: Exactly what my first name is whether it's Robert or rim exactly what other demographic information about being might be, such as race or ethnicity that might also be useful.

00:18:14.820 --> 00:18:25.410

Rim Cothren: So those are kind of some general questions that I'd like us to use the next half hour to discuss I'm interested in anybody's thoughts, if you want to just take yourself off mute.

00:18:25.950 --> 00:18:33.270

Rim Cothren: and offer your opinions or raise your hand to make sure that we recognize you I'm interested in people's thoughts.

00:18:35.370 --> 00:18:36.030



Rim Cothren: First of all.

00:18:37.440 --> 00:18:43.770

Rim Cothren: Is there anybody that believes that the wave for for us needs to be a digital identifier.

00:18:51.120 --> 00:19:00.360

Rim Cothren: And I think that that's what I generally fear is a popular opinion that the answer to that is know that there are issues potentially associated with privacy their.

00:19:00.870 --> 00:19:13.680

Rim Cothren: identity theft, etc, but I want to make sure that we agree that we're going to seek a strategy that does not include the digital identify, excuse me a statewide digital identifier, as part of the strategy.

00:19:16.620 --> 00:19:21.030

Nate Carroll (Ventura): This is nate carolyn one of this isn't chief medical information officers with ventura.

00:19:22.470 --> 00:19:33.420

Nate Carroll (Ventura): And I think that there could be some use it having a digital identifier, where where the patients are where the person who owns the identity has.

00:19:34.590 --> 00:19:55.680

Nate Carroll (Ventura): more control over that identity as far as being able to to see everyone who may currently have been shared access to various aspects of their identity or demographic information and to you know allow those links to be made, or to revoke those links.

00:19:56.940 --> 00:20:06.300

Nate Carroll (Ventura): And then to also update you know the gold standard truth, as you mentioned regarding the specific demographic information or contact information.

00:20:10.140 --> 00:20:16.830

Nate Carroll (Ventura): I can see that being very useful, you know for protecting the privacy individual patients.

00:20:19.920 --> 00:20:20.520

Rim Cothren: Thanks mate.

00:20:22.440 --> 00:20:27.060

Rim Cothren: Any other thoughts any comments on what he was suggesting.

00:20:34.440 --> 00:20:48.510

Ashish Atreja: I ran This is our she should try to provide to give his house CIO and cto CIO, I first want to congratulate you know about thinking about this from a California why I think this is such a big unmet need.

00:20:49.800 --> 00:21:04.020

Ashish Atreja: There is so much reconciliation process going on to know who is what and just to explain and and the code Vaccine Initiative and call it initiative our correspondence with the California state, you know with the candidate history.

00:21:05.250 --> 00:21:13.320

Ashish Atreja: Because without this, we were trying to use a surrogate of date of birth, gender and some combination of other things.

00:21:13.680 --> 00:21:18.480

Ashish Atreja: And many of our patients who had vaccine or not there in the care we couldn't match it or vice versa.

00:21:18.960 --> 00:21:27.390

Ashish Atreja: So now, with more and more health information exchange, this is becoming a challenge across for us, and if we can orchestrate that, as a group.

00:21:28.050 --> 00:21:37.560

Ashish Atreja: A way to really solve digital identifier problem for state of California, we would have done, probably the biggest game changer thing in the last 10 years in it in California.

00:21:38.190 --> 00:21:50.580

Ashish Atreja: So so i'm just totally behind it when it to do it with a full public opinion and using the latest technology, but I think I just want to second the value of this initiative.

00:21:51.810 --> 00:21:52.590

Rim Cothren: Thanks to chase.

00:21:53.940 --> 00:21:55.350

Rim Cothren: yo I saw you come off mute.

00:21:57.660 --> 00:21:59.040

Gil Shlamovitz, MD: Yes, and.

00:22:01.860 --> 00:22:14.790

Gil Shlamovitz, MD: not trying to minimize this and truly in my other country, Israel has a national identification number that every resident receives and.

00:22:15.720 --> 00:22:34.470

Gil Shlamovitz, MD: And for some reason differently than how we as Americans are some of us feel about sharing our social security number right okay to give it to the car dealer but we may have a second thought about giving it to the hospital taking care of us.

00:22:35.640 --> 00:22:47.910

Gil Shlamovitz, MD: i've seen the power of having a single national an identifier healthcare finance, you name it is extremely powerful.

00:22:49.470 --> 00:23:00.150

Gil Shlamovitz, MD: The mechanism behind it, how are we going to generate these numbers if the final recommendation is to have a California number.

00:23:00.960 --> 00:23:16.260

Gil Shlamovitz, MD: Is a very Labor and resource intensive and I would argue that, if this is a recommendation how about we look at an existing statewide.

00:23:16.980 --> 00:23:34.770

Gil Shlamovitz, MD: unique identifier, as the driver's license number or identification number and let's not forget that, in addition to california's that we provide care to and acknowledging that we have a.

00:23:36.030 --> 00:23:47.130

Gil Shlamovitz, MD: good number of miners conserved individuals disabled individuals that may be extremely challenging for them to go and generate a number.

00:23:48.300 --> 00:23:57.660

Gil Shlamovitz, MD: And maybe we we focus, if this is the recommendation on something that the state is already doing very well, which is keeping track of driver's licenses.

00:23:58.230 --> 00:24:06.360

Gil Shlamovitz, MD: With a card that has security features to it, as well as ids and also identifying maybe a pathway of.

00:24:07.260 --> 00:24:23.430

Gil Shlamovitz, MD: Using a similar approach to people visit us from other states not going to be enough that people from other countries as well, but I would just encourage us to not reinvent the wheel and even if we decide to to to to advocate for.

00:24:24.600 --> 00:24:27.600

Gil Shlamovitz, MD: A unique identifier let's find one that exists.

00:24:29.430 --> 00:24:31.080

Rim Cothren: Great thanks thanks for that.

00:24:33.750 --> 00:24:35.430

Rim Cothren: Are there any other thoughts about a.

00:24:37.980 --> 00:24:38.490

Rim Cothren: identifier.

00:24:39.990 --> 00:24:45.090

Nate Carroll (Ventura): feel if I this is nate Carol again from ventura and if I could just kind of jump onto your idea, a little bit.

00:24:46.140 --> 00:24:54.420

Nate Carroll (Ventura): One thing that I think I like about the the thought of using something, such as a driver's license number is that.

00:24:54.960 --> 00:25:13.590

Nate Carroll (Ventura): It can be changed if it becomes compromised in some way, and so you know I think one of the issues that we have with using something like a social security number is you know, in general, you get one number, and then, when that's released within you know, the first or the 10th breach.

00:25:14.700 --> 00:25:24.480

Nate Carroll (Ventura): You know, people are not not excited about using that as an identifier, whereas in a situation with the driver's license number where if we were to go with some type of system.

00:25:25.050 --> 00:25:31.260

Nate Carroll (Ventura): Where you would have you know cryptographic signing of kind of like a private key for each citizen and then.

00:25:32.070 --> 00:25:47.610

Nate Carroll (Ventura): You you would never be releasing your private key but you would be you know signing based on your private key some public identifier, which would you know potentially either be changing to every entity that you gave it to.

00:25:48.900 --> 00:26:02.460

Nate Carroll (Ventura): But then would still allow them to match your identity back to you through you know, a central type of repository and allow you to in a scenario where your information was compromised.

00:26:03.480 --> 00:26:07.530

Nate Carroll (Ventura): You know change that public key or public identity.

00:26:10.560 --> 00:26:19.230

Ashish Atreja: If I can build on that part I think i'm sorry Brian I just close this look very fast and how you can do so.

00:26:20.130 --> 00:26:27.120

Ashish Atreja: I think our challenge would be, while we are trying, digital identity, how do we create digital equity and digital inclusion into it.

00:26:28.080 --> 00:26:39.000

Ashish Atreja: If we create something that is very sophisticated but 90% of people patients cannot use it or cannot use it the right way, then we have still failed in our mission.

00:26:39.660 --> 00:26:57.030

Ashish Atreja: So we may have to balance simplicity, we have to really have simplicity and accessibility, as a first team and then see which all the technology methods support simplicity, while having the features which we want.

00:26:58.290 --> 00:27:02.580

Ashish Atreja: So I think that's that I sees a challenge for this one organization.

00:27:05.610 --> 00:27:20.820

Rim Cothren: Great thanks um I want to, I want to come back to one of the topics that Gil had brought up earlier, and that was the data elements that might be included in digital identity, I think, if I remember correctly.

00:27:21.390 --> 00:27:30.120

Rim Cothren: You suggested that what was most useful was first and last name, date of birth, gender zip code and phone number.

00:27:31.680 --> 00:27:36.930

Rim Cothren: I was wondering if either you might talk a little bit more about your experience with using those.

00:27:38.610 --> 00:27:54.630

Rim Cothren: Those data elements in matching on the national networks failures and successes there, and if there were other elements that you thought would be useful, outside of a digital identifier that we've been talking about.

00:27:58.320 --> 00:28:10.110

Gil Shlamovitz, MD: yeah I I would recommend we we ask formally for Commonwealth and carry quality to provide us with their and algorithm and what they emphasize.

00:28:10.800 --> 00:28:20.490

Gil Shlamovitz, MD: And I can share that a patient's move from one department to another, but most of the time it's going to be same or surrounding zip code.

00:28:21.330 --> 00:28:36.120

Gil Shlamovitz, MD: And sure people move across states etc people change their mobile phone number, although it's not as frequent as they may be a moving to a new address if they're renting out.

00:28:36.990 --> 00:28:49.050

Gil Shlamovitz, MD: And all of these things are pretty clear when we're looking at patient matches in real life, and we are connected to commonweal and through Cardinal to carry quality in my organization.

00:28:50.070 --> 00:28:50.670

Gil Shlamovitz, MD: and

00:28:52.200 --> 00:29:07.890

Gil Shlamovitz, MD: it's part of a conversation with a patient, and this is a key thing here, we should never assume this is the same individual that we think we're looking at right if we're seeing that a possible match comes up, but with a different address.

00:29:08.970 --> 00:29:17.040

Gil Shlamovitz, MD: It before confirming this and incorporating or pulling in these records, we should always have a conversation with a patient or there.

00:29:17.640 --> 00:29:31.380

Gil Shlamovitz, MD: A legal representative to verify you leave there, and maybe this phone number that is different than ours was that you is this, you and I don't know that in the absence of.

00:29:32.880 --> 00:29:49.920

Gil Shlamovitz, MD: National Health identifier, will be able to assume a match, and the other things that play come into effect, but I haven't seen them used are really person level information and allergies blood type.

00:29:51.150 --> 00:29:54.450

Gil Shlamovitz, MD: And maybe review of the medical conditions listed.

00:29:55.680 --> 00:30:01.800

Gil Shlamovitz, MD: may be used for trying to identify the records belong to the same individual or not.

00:30:02.850 --> 00:30:06.480

Gil Shlamovitz, MD: But, in the absence of access to that information we really limited.

00:30:07.620 --> 00:30:09.630

Gil Shlamovitz, MD: By the adt content.

00:30:10.890 --> 00:30:21.900

Gil Shlamovitz, MD: And, and what it tells us and i'm going to stop here I don't think that I have much to add, but I would recommend that we align with again carry quality and commonweal a.

00:30:23.280 --> 00:30:27.180

Gil Shlamovitz, MD: Best practice or highly waited a demographic.

00:30:30.240 --> 00:30:32.820

Gil Shlamovitz, MD: Fields Thank you Gil.

00:30:32.850 --> 00:30:40.560

Nate Carroll (Ventura): Gil at ventura we also are using cerner with a connection to common well and then the link with care, quality and.

00:30:41.730 --> 00:30:45.090

Nate Carroll (Ventura): I you know, I think it does, in general, it does a pretty good job of.

00:30:45.720 --> 00:30:55.230

Nate Carroll (Ventura): identifying potential matches for patients, we still seem to see a lot of issues with the human factors, so you know the accuracy of registration staff to.

00:30:55.830 --> 00:31:05.220

Nate Carroll (Ventura): spell a name correctly or, to put the right first name or middle name or last name or you know, and in some cases, some patients are.

00:31:05.550 --> 00:31:12.030

Nate Carroll (Ventura): Identifying themselves with four different names and you know, there are different combinations of ordering.

00:31:12.570 --> 00:31:32.640

Nate Carroll (Ventura): And so that seems to be an issue for us and then also recognizing that when we do the matching at each organization like that that's that's potentially a lot of time and effort spent matching each organization's individual records to a patient record with common well.

00:31:33.930 --> 00:31:40.590

Nate Carroll (Ventura): Where it might be nice if there was some type of digital identifier that was unique to that patient.

00:31:42.000 --> 00:31:51.000

Nate Carroll (Ventura): And it was easy for the patient to have with them or or, to be able to access, we could save time and maybe do some more automated matching.

00:31:53.490 --> 00:32:00.120

Rim Cothren: Thanks me, I appreciate that and i'm going to continue to pick both guillen nate on both of you.

00:32:00.660 --> 00:32:19.500

Rim Cothren: A little bit as you both probably know, but maybe some of the other people on the focus group here don't know the approach that commonweal uses approach to care quality users are quite different commonweal actually does manage and master patient index where care quality.

00:32:20.730 --> 00:32:36.810

Rim Cothren: Nearly does point to point demographic matching i'm wondering if either of you can speak on your own experience at all about the success of one of those approaches on something as large scale as a nationwide network.

00:32:37.620 --> 00:32:46.890

Rim Cothren: versus the other, for instance, are you more successful or more competent of matches that you get uncommon well, then you do through care quality.

00:32:48.870 --> 00:32:51.450

Rim Cothren: Or is there any even any way for you to determine.

00:32:52.380 --> 00:33:06.180

Gil Shlamovitz, MD: So the way that a Center presentation of such and again it's a correction to commonweal and then through common knows who carried quality and we are offered potential matches and through the Commonwealth interface.

00:33:07.320 --> 00:33:11.850

Gil Shlamovitz, MD: But we are not offered a potential than from Commonwealth to carry quality meaning.

00:33:12.210 --> 00:33:22.770

Gil Shlamovitz, MD: If common will believe that it's the same individual we just see the data flowing in from epic in other organizations to tease carry quality for sharing their information.

00:33:23.430 --> 00:33:35.340

Gil Shlamovitz, MD: we're for a common well primarily connected organizations, for example, other Center facilities and we are offered a to to confirm.

00:33:36.180 --> 00:33:55.710

Gil Shlamovitz, MD: The identity, and we are presented with name, address phone numbers, etc, and we get to confirm that source unless it's done automatically and i'm yet to find an error, if anything, I would say that and.

00:33:56.820 --> 00:34:05.700

Gil Shlamovitz, MD: they're using safe enough logic to unless it's very clear to them that there is a high like very high like fielder's match I haven't seen a single.

00:34:06.990 --> 00:34:17.610

Gil Shlamovitz, MD: case or common well accepted a potential match from Kerry quality and presented wrong information if that makes sense.

00:34:19.620 --> 00:34:21.930

Gil Shlamovitz, MD: i'm not sure what's that what's your experience but.

00:34:22.050 --> 00:34:24.810

Nate Carroll (Ventura): Both that I would agree with you.

00:34:25.230 --> 00:34:27.540

Nate Carroll (Ventura): I would agree with you, based on our experience here.

00:34:28.560 --> 00:34:36.810

Nate Carroll (Ventura): And I guess, I would add to that the commonweal matching process appears to work significantly better.

00:34:37.290 --> 00:34:45.120

Nate Carroll (Ventura): than the matching process that we're doing within cerner to try to import immunization data from the care registry and so.

00:34:45.690 --> 00:34:56.190

Nate Carroll (Ventura): Just as an example for immunization data from care when we search for a patient that provides care with I think the first name the last name and the date of birth.

00:34:56.670 --> 00:35:06.570

Nate Carroll (Ventura): For a patient, by default, and then we can add additional fields of information, but the system doesn't remember between in queries.

00:35:07.980 --> 00:35:15.360

Nate Carroll (Ventura): If it wasn't able to find something under that name in the past, and if, and if you manually had searched for a different combination of names.

00:35:15.990 --> 00:35:21.060

Nate Carroll (Ventura): and were able to find someone so you don't you don't make a connection that matches across.

00:35:22.020 --> 00:35:41.340

Nate Carroll (Ventura): sessions within the emr and that's kind of problematic The other issue is that sometimes when you provide that information to care care will find multiple people within the system that it thinks match, and if you try to select even information from one of the matches that it provides.

00:35:42.540 --> 00:35:48.660

Nate Carroll (Ventura): My experience has been that frequently will receive error messages and we can't get anything from any of the matches.

00:35:52.860 --> 00:35:53.370

Rim Cothren: thanks for that.

00:35:57.030 --> 00:36:13.050

Gil Shlamovitz, MD: And maybe making a related comment and that's really about the cure cures database for the prescription and control prescription and monitoring database and maintained by the Department of Justice.

00:36:14.340 --> 00:36:14.970

Gil Shlamovitz, MD: and

00:36:16.080 --> 00:36:18.240

Gil Shlamovitz, MD: I think it's an example of.

00:36:19.560 --> 00:36:34.140

Gil Shlamovitz, MD: How if we don't align the prevailing enterprise HR standards with whatever set of rules for matching the State chooses to use.

00:36:35.160 --> 00:36:47.910



Gil Shlamovitz, MD: And the outcome that we're seeing with the automated queries of peers we're seeing less than 20% matches when we know that that individual field a controlled substance prescription.

00:36:49.170 --> 00:36:58.950

Gil Shlamovitz, MD: And when we go into the state's website and only type in the first two letters of the last name in the first two letters of the first name and date of birth.

00:36:59.700 --> 00:37:09.690

Gil Shlamovitz, MD: were presented with multiple potential patients and we can easily right and pick least choose the ones that are correct because CVs entered the name differently than.

00:37:10.260 --> 00:37:17.520

Gil Shlamovitz, MD: Right date entered the name of the same individual etc, etc, but the interface between the emr which is.

00:37:18.060 --> 00:37:27.030

Gil Shlamovitz, MD: The tool that our providers and staff us to provide the day to day care and how that was connected to query the state's database.

00:37:27.480 --> 00:37:38.010

Gil Shlamovitz, MD: and fails the queries and in cerner did not do it epic did not do it, they they outsource that work right so Center worked with Dr first to build that.

00:37:38.670 --> 00:37:57.090

Gil Shlamovitz, MD: up period, a database query mechanism for all the clients and what they can offer against a the Justice Department in California for cures a California chose different mechanisms for their mpi.

00:37:58.110 --> 00:38:04.260

Gil Shlamovitz, MD: system and then most other States so that put us in a disadvantage and.

00:38:05.040 --> 00:38:14.370

Gil Shlamovitz, MD: Unless we want our providers to manually go into the state's website and do that, I think that as we think forward, we need to understand that we're not in a vacuum here.

00:38:14.790 --> 00:38:24.150

Gil Shlamovitz, MD: And we work, we need to do what's best and what's align with, I would say, at least epic and cerner doing as the two largest emr vendors.

00:38:26.190 --> 00:38:27.090

Gil Shlamovitz, MD: Currently news.

00:38:28.560 --> 00:38:30.720

Rim Cothren: Thanks Gil I want to.

00:38:32.940 --> 00:38:50.520

Rim Cothren: I saw that stephanie put a note in the chat and stephanie forgive me if it sounds like i'm calling you out here, but suggested that there was a need for a standard algorithm for matching patients that potentially.

00:38:52.710 --> 00:39:04.710

Rim Cothren: That standard would be adopted everywhere stephanie do you want to talk anymore about that pod and i'm also interested in Gil if that's kind of where you were headed as well.

00:39:07.440 --> 00:39:10.110





Rim Cothren: stephanie do you want to expand upon your point.  
00:39:16.410 --> 00:39:19.050  
Rim Cothren: Definitely, it looks like he came off nice to meet you.  
00:39:29.700 --> 00:39:31.980  
Rim Cothren: We still can't hear you stephanie I don't know if your.  
00:39:33.330 --> 00:39:35.370  
Rim Cothren: phone or a headset it's meeting also.  
00:39:46.410 --> 00:39:47.700  
Stephanie Pruett (by phone): Okay, can you hear me now.  
00:39:47.760 --> 00:39:48.510  
Stephanie Pruett (by phone): We can.  
00:39:48.690 --> 00:39:50.220  
Rim Cothren: Thank you for being patient with.  
00:39:50.220 --> 00:39:59.220  
Stephanie Pruett (by phone): US Okay, no, thank you for being patient with me we don't operate with zoom so I have to dial in and then launched into the meeting.  
00:40:01.110 --> 00:40:03.720  
Stephanie Pruett (by phone): yeah so so similar to all of your comments.  
00:40:04.800 --> 00:40:12.330  
Stephanie Pruett (by phone): I agree with with his his approach to to how we need to make sure that.  
00:40:13.410 --> 00:40:21.270  
Stephanie Pruett (by phone): we're focusing on the real talents are real challenges that patient matching algorithm we we did provide some feedback.  
00:40:23.100 --> 00:40:37.020  
Stephanie Pruett (by phone): From an agency perspective for Q and Q hand communication, making sure that there is an Roi as part of that as well as, and this is in the Tesco model that i'm sure everybody's familiar with, so if we look at.  
00:40:38.070 --> 00:40:39.450  
Stephanie Pruett (by phone): making sure that we have.  
00:40:40.560 --> 00:40:54.660  
Stephanie Pruett (by phone): The algorithm in place that there is a standard algorithm, then I don't disagree that a statewide identify whether it's digital or global from a record locator perspective is.  
00:40:55.290 --> 00:41:18.420  
Stephanie Pruett (by phone): could be beneficial, as the Q hands start to communicate across Q hands, but from from our perspective, it does seem that you would expect, everybody has their own patient matching algorithm they're close, but not the same and that's where I think we see some differences.  
00:41:20.280 --> 00:41:33.300  
Stephanie Pruett (by phone): When we attended this summit, the Commonwealth Summit last fall, we did get some information on their algorithm and and then Compare that to other vendors that we had communication with some of them.  
00:41:34.380 --> 00:41:45.990



Stephanie Pruett (by phone): Just the best proprietary proprietary content and information that they won't share, but making sure that as we start to do the patient matching from an accountability perspective, even that it is.

00:41:47.070 --> 00:41:49.650

Stephanie Pruett (by phone): standardized to some degree, is.

00:41:50.670 --> 00:42:00.150

Stephanie Pruett (by phone): Is that seems to be the best approach for us to make sure that we're successful and that we at least are strategically going down the same path.

00:42:02.340 --> 00:42:15.360

Stephanie Pruett (by phone): That this is the mob my thought, and I think Brian Johnson, also from a CA was was hoping to make a quick comment to Brian did you want to add anything I don't know if you can unmute yourself or not.

00:42:19.380 --> 00:42:30.270

Stephanie Pruett (by phone): I don't think he was unable to I don't think he was able to unmute himself in the zoom meeting we're or zoom novices we're we're not sure quite what we should be operating against.

00:42:39.720 --> 00:42:50.760

Stephanie Pruett (by phone): Okay, he may not be able to unmute himself so yeah that that's that's really my main point I don't think the digital identity is a bad idea I think it's a it's a great idea for how we would.

00:42:52.140 --> 00:42:59.040

Stephanie Pruett (by phone): You know continue down the path of sharing information patient information authorizing access information but.

00:43:00.360 --> 00:43:13.560

Stephanie Pruett (by phone): I just see a bigger a bigger issue than that before we even get to what type of identifier, we might have state, you know regional I try or whatever would be my comment there.

00:43:14.340 --> 00:43:22.680

Rim Cothren: hi i'd like to explore that a little bit more if if you don't mind this is your font is that there would be.

00:43:23.970 --> 00:43:36.750

Rim Cothren: Essentially, the same algorithms same matching criteria same data that everybody would use or that we would establish a floor and you must at least.

00:43:36.780 --> 00:43:38.790

Stephanie Pruett (by phone): do this, but the question.

00:43:39.510 --> 00:43:45.870

Rim Cothren: is in your mind, is there a need to be identical or need to make at least a minimum.

00:43:48.180 --> 00:43:52.380

Rim Cothren: I don't even question, I did not mean it to be a leading question so.

00:43:53.070 --> 00:43:55.560

Stephanie Pruett (by phone): yeah no no that's that's quite all right.

00:43:57.720 --> 00:44:12.420

Stephanie Pruett (by phone): Ideally, we would approach it the same way, I mean a minimum is a start, but there should be an approach that gets us to a point of success we internally at hca we we have an internal.

00:44:14.250 --> 00:44:25.260

Stephanie Pruett (by phone): API because we have so many acute care facilities urgent care facilities and ambulatory sides so With that in mind we've had the ability to fine tune our MPs based on.

00:44:26.070 --> 00:44:44.070

Stephanie Pruett (by phone): Really, our own internal hai network and it's it's not an easy task, it takes a lot of time to fine tune whether you're doing probabilistic or deterministic where it makes sense, and so I think that that along with.

00:44:45.300 --> 00:45:06.360

Stephanie Pruett (by phone): The necessary management of an mpi we found is very critical to manage merges and and merges and the full suite of how we manage that patient matching is what's going to be critical to making sure to your point patient safety is.

00:45:07.890 --> 00:45:16.890

Stephanie Pruett (by phone): is in place and patient privacy is in place and that we don't run the risk of sharing information with between patients or.

00:45:17.610 --> 00:45:29.670

Stephanie Pruett (by phone): Or you know that we don't have you know we aren't missing information that's really critical for that patient care now that's that's been our focus and our feedback, when asked to to offer input.

00:45:33.690 --> 00:45:42.510

Rim Cothren: box, you can take us to the next slide and it's mostly because I want to spend a little bit of time thinking about how we might use.

00:45:44.160 --> 00:45:50.400

Rim Cothren: Digital identities and Gil I want to come back to something that you said is that sometimes you're presented with.

00:45:50.850 --> 00:46:10.110

Rim Cothren: Potential matches and are asked to confirm those verses you just see data coming back because the systems believe it to the match and i'm interested in feedback either you or nate's and you're probably seeing the same thing or anybody else on the call here.

00:46:11.580 --> 00:46:23.520

Rim Cothren: What you prefer what is a better workflow for a physician, and what involvement, do you want to have in identifying the right patient for information or requesting from elsewhere.

00:46:31.980 --> 00:46:32.550

Gil Shlamovitz, MD: Should I put it.

00:46:33.630 --> 00:46:36.660

Gil Shlamovitz, MD: A the less human touches the better.

00:46:37.710 --> 00:46:50.850

Gil Shlamovitz, MD: But when they're necessary they're necessary meaning, just like a clerk can put the facts that just came through right 300 pages allegedly belonging to Mrs Jones.

00:46:51.660 --> 00:47:12.180

Gil Shlamovitz, MD: In Mr jones's chart and it's absolutely possible that, in the middle right of this Rack, there are some pages that don't belong to Mrs Jones so us providers, we should be skeptic right and always question what we look at a.

00:47:13.260 --> 00:47:23.040

Gil Shlamovitz, MD: So, ideally and we're going to have enough information to allow systems to automate as long as the likelihood of a match is high there.

00:47:24.060 --> 00:47:47.310

Gil Shlamovitz, MD: And yet, when information might be available out there, but we are not confident, whatever that number is 98% 99.5% 93% that this is the individual in front of us, I wouldn't want to present any information until a human confirms that with the patient or the representative that.

00:47:48.840 --> 00:47:59.730

Gil Shlamovitz, MD: it's that individual and sometimes we have full registration information easily available as an er physician, I can tell you that oftentimes.

00:48:00.240 --> 00:48:08.610

Gil Shlamovitz, MD: In the first hours of care, we may not have all the information we will need in order to inform and appropriate match, and this is just a reality.

00:48:09.150 --> 00:48:17.580

Gil Shlamovitz, MD: And, and that information may not be a collected before the patient leaves the urgent care of the emergency department and goes to a tertiary care facility.

00:48:18.630 --> 00:48:27.300

Gil Shlamovitz, MD: We wouldn't want to block sharing of that information, just because someone forgot to put in their drivers license or someone forgot their phone number, etc.

00:48:27.930 --> 00:48:39.120

Gil Shlamovitz, MD: I think the system, need to be agile enough to suggest a possible match if enough information matches maybe we forgot the middle name, maybe we just put into the first initial of the middle name.

00:48:39.750 --> 00:48:48.120

Gil Shlamovitz, MD: And this is why I don't think just doing this, you know, meaning mean being a physician and also looking at the informatics side of things.

00:48:48.630 --> 00:48:58.620

Gil Shlamovitz, MD: I I don't see a future state where we will always have that national identifier stated that the fire will all the demographics, that we need so.

00:48:59.130 --> 00:49:07.590

Gil Shlamovitz, MD: I don't see that the the Commonwealth system telling us hey there may be another source when you have time, can you go verify that.

00:49:08.100 --> 00:49:22.380

Gil Shlamovitz, MD: As a burden I city says, an opportunity, and one that we should not dismiss and for the benefit of you know, being perfect it's never going to be perfect, I hope that I made my point here.

00:49:23.160 --> 00:49:36.150

Gil Shlamovitz, MD: That whether we want it or not, it's not going to be a perfect future state, and we cannot discard or block the potential for manual intervention and for the less than ideal match.

00:49:36.810 --> 00:49:59.520

Rim Cothren: So go, I want to explore that just a little bit more so, whose role is it to to explore, that is, it is it you as a physician making that request is it your department, is it the operator of matching algorithms who's the best position and whose whose role should that be.



00:50:00.030 --> 00:50:04.740

Gil Shlamovitz, MD: that's a fantastic question and we provide caring teams.

00:50:05.970 --> 00:50:13.680

Gil Shlamovitz, MD: And at least our philosophy as an organization is that we're not going to.

00:50:15.120 --> 00:50:29.940

Gil Shlamovitz, MD: block or prevent any member of the team from doing the right thing, and so our configuration and I can share with you that other organizations made different design decisions.

00:50:30.870 --> 00:50:51.540

Gil Shlamovitz, MD: made that prompt meaning outside sources available to confirm validate it available to all of our positions in our external environment from the registration individual to the nurse the pharmacist to all of our providers.

00:50:52.560 --> 00:50:58.020

Gil Shlamovitz, MD: From a workflow perspective, the expectation is that the administrative staff.

00:50:59.280 --> 00:51:09.660

Gil Shlamovitz, MD: If they see that there is an outside source as a potential that they click on that is the patient check scene, or, as the representative is providing the the full range information.

00:51:10.320 --> 00:51:20.490

Gil Shlamovitz, MD: And if, indeed, that was an old address or That was also the patients phone number or Yes, they visited that hospital and the day completely complete that.

00:51:21.090 --> 00:51:32.100

Gil Shlamovitz, MD: source confirmation we call that step, but the physician is seeing the same prompt so they can do it as well if their staff did not get to it.

00:51:32.760 --> 00:51:43.740

Gil Shlamovitz, MD: Otherwise, they may be critical information, for example, life threatening allergy that the patient who's having a stroke, right now, cannot share with us because they cannot take.

00:51:44.580 --> 00:52:06.000

Gil Shlamovitz, MD: A that's our approach and we did this for everything surrounding HIV, who can see a unconfirmed outside sources, who can see outside documents it's everybody can see them and and yet workflow defines who should address this, and one.

00:52:07.530 --> 00:52:07.740

Gil Shlamovitz, MD: thing.

00:52:07.830 --> 00:52:22.530

Rim Cothren: That, I want to make sure that I understand something that you said there is that if, if that is the right patient, but the address was incorrect, then you encourage that feedback to the update that information is that part of that step as well.

00:52:24.180 --> 00:52:36.270

Gil Shlamovitz, MD: No, so the way at least the Center common one interface goes, you have an option to display on the banner bar and the indicator and one of the prompts of this indicator is a.

00:52:37.290 --> 00:52:40.290

Gil Shlamovitz, MD: outside sources awaiting confirmation.

00:52:41.340 --> 00:53:02.670

Gil Shlamovitz, MD: When you click on that you will see that the patient might have to confirm sources, that means that it came in through carry quality to commonweal or previously at Coleman well site already confirmed that this information that's coming in from DHS are coming in from a let's say a an.

00:53:03.720 --> 00:53:04.620

Gil Shlamovitz, MD: adventist.

00:53:06.510 --> 00:53:13.380

Gil Shlamovitz, MD: belongs to this individual so you match that source, so you confirm that source for that individuals were commonweal.

00:53:13.860 --> 00:53:23.910

Gil Shlamovitz, MD: All other clients are all other hospitals that are connected to common well we'll see all the information coming from Kaiser or from adventist for that individual once.

00:53:24.630 --> 00:53:36.360

Gil Shlamovitz, MD: Their identity was confirmed to that common well in the entity or identity, when the patient comes to you, and there is a potential new source for that individual.

00:53:37.860 --> 00:53:48.540

Gil Shlamovitz, MD: Someone needs to make that source confirmation so let's say to the patient when to glendale memorial went to see Hla and was seen there for the first time.

00:53:49.110 --> 00:53:59.790

Gil Shlamovitz, MD: Is there primarily connected through common well currently there is no automatic matching for that and human needs to look at that and say, yes, first name last name middle name.

00:54:00.810 --> 00:54:13.890

Gil Shlamovitz, MD: phone number address matches what we know about the person or we confirm with them that, yes, they actually had a visit at ch la and they gave that address, and then we click on confirm that source.

00:54:14.550 --> 00:54:23.970

Gil Shlamovitz, MD: Then all of that information will be available for you to review with that the individual presents to another facility let's say tonight's to see that the after I sold them.

00:54:24.660 --> 00:54:37.920

Gil Shlamovitz, MD: nate's team is not going to be prompted again to confirm the cla source or the a m let's say advantage source, etc, if that makes sense that's how the Commonwealth sharing works hey.

00:54:38.400 --> 00:54:47.400

Rim Cothren: Thanks thanks I appreciate that context I you I hear about it but i've never been in user so that's that's very useful thanks for going through that.

00:54:48.750 --> 00:54:50.520

Rim Cothren: But she should I call you come up to you.

00:54:51.840 --> 00:54:53.130

Ashish Atreja: Yes, thank you.

00:54:54.270 --> 00:55:05.220

Ashish Atreja: If I can add on to that, I think that is also one other framework which we need to keep in mind and then commonweal is i'm on the fire at scale committee at the open sea level.

00:55:06.810 --> 00:55:17.640

Ashish Atreja: Who kind of look at fire and really implementation wide nationally so there's also something which many epic systems have called at care everywhere.

00:55:18.630 --> 00:55:30.810

Ashish Atreja: Kaiser, as you know, is an epic all the uc systems are in that bag So these are pretty large ecosystem on epic where any patient that's admitted to Kaiser any of the big sites.

00:55:31.590 --> 00:55:39.510

Ashish Atreja: We are able to get access to that to care everywhere, because there is no no way of really even selling who the patient is.

00:55:40.110 --> 00:55:49.890

Ashish Atreja: So as soon as a patient comes to a suppose, and they had access in other epic sites, right from the patient note, I can see, and I can request, and I can see all the data.

00:55:50.550 --> 00:56:03.750

Ashish Atreja: What I feel, even though that is limited to a big sites, right now, I think it will be good as we think of identity, we actually have a use case to say that somehow we are able to interact with non epic sites as well.

00:56:04.260 --> 00:56:10.740

Ashish Atreja: Whether we use care quality or some other open standards in that regard, if we aren't able to do that.

00:56:11.370 --> 00:56:27.600

Ashish Atreja: Then rapidly all the value which epic sites are getting from each other, gets extended to all the Community networks as well, so I just want to kind of share that as a important use case to be tested, because that can help a large part in dissemination and.

00:56:28.860 --> 00:56:37.950

Rim Cothren: So what i'm hearing here is independent of other of the ehr system or even the network feedback on.

00:56:39.060 --> 00:56:58.260

Rim Cothren: matches that have happened within those systems to it is an important part of this, whether it be manual confirmation, whether it be some other process that might be going on with merges merges but that that feedback into the system is important is that right.

00:56:59.370 --> 00:57:05.700

Ashish Atreja: that's correct the benefit of that is once we match to one of the big sites it's taken care of all that big sites.

00:57:07.860 --> 00:57:19.500

Ashish Atreja: Right so they've learned it gets disseminated across the water big fights so just something to to have in the back of the mind as we go through this kind of orchestration hey.

00:57:20.640 --> 00:57:21.120

Rim Cothren: Thank you.

00:57:23.850 --> 00:57:32.520

Rim Cothren: I just want to call out the note that stephanie put in the chat there it's important to appreciate the different models exists thanks for that.

00:57:33.360 --> 00:57:47.010

Rim Cothren: feel free to come off mute and expand on that if you want and Brian I think we've sorted things out with to being muted, I know that stephanie was asking you questions before you had your hand up before feel free to come off mute and.

00:57:48.270 --> 00:57:49.410

Rim Cothren: Add your thoughts as well.

00:57:55.290 --> 00:57:59.730

Stephanie Pruett (by phone): So this is stephanie i'm not sure Brian was able to can you hear me Okay, yes.

00:58:02.490 --> 00:58:15.180

Stephanie Pruett (by phone): just adding, so it is it's so interesting, and this is every time we participate in a session like this it's always interesting to hear what others how others are operating whether there is.

00:58:16.890 --> 00:58:23.160

Stephanie Pruett (by phone): an actual person that is intervening to make a selection against the patient matching that type of thing.

00:58:24.210 --> 00:58:47.190

Stephanie Pruett (by phone): We actually are implemented with commonweal for a pilot is this point and we are automated through cerner so there's no selection at the the ehr the provider or the clinician does not have a selection and I guess just just going back to my earlier comments, I think.

00:58:48.360 --> 00:58:54.630

Stephanie Pruett (by phone): I do agree that we want to lay his little manual intervention as we can have but.

00:58:56.280 --> 00:59:13.620

Stephanie Pruett (by phone): The real key to that is automating things to a level that we have the highest level of accuracy from a patient patient matching perspective and that's really what we've we've attempted to execute on with our pilot and we're still in the midst of that in and learning.

00:59:15.420 --> 00:59:25.650

Stephanie Pruett (by phone): we're gathering information on how much information we get returned how much information we are providing back, and I think we'll continue to see that evolves but.

00:59:26.940 --> 00:59:37.590

Stephanie Pruett (by phone): But I would just say right now, from a where we sit as a public organization I think sure that we automate that and we automate that to an agreed.

00:59:38.730 --> 00:59:48.990

Stephanie Pruett (by phone): and accurate level for patient matching is is probably the most critical point and I hate to be a broken record, but I think that's probably what we continue to try to drive home.

00:59:49.680 --> 00:59:59.490

Stephanie Pruett (by phone): Because, at the end of the day, the accountability for that patient matching is is so critical and making sure that if we are going to be.

01:00:00.660 --> 01:00:09.720



Stephanie Pruett (by phone): Measured to that success that we are also going to have patient privacy and patient safety exposure that we certainly have.

01:00:11.430 --> 01:00:18.780

Stephanie Pruett (by phone): brought everyone to the table and agreed to the best, most accurate approach to how we match those patients.

01:00:20.550 --> 01:00:24.750

Stephanie Pruett (by phone): Okay, Brian what I don't know if people come off mute but you want to add to that.

01:00:25.950 --> 01:00:37.800

Brian Johnson: That that's the identity is is the paramount and then that then drives the subsequent consumption, which I was going to reference it at the national exchange or downstream to wear.

01:00:38.400 --> 01:00:42.150

Brian Johnson: This identity or identifier if that's what that ends up being.

01:00:42.600 --> 01:00:54.480

Brian Johnson: works in compliment with what a common well our care quality health exchanges, doing so it doesn't create what appears to be a false choice, where it's actually the same.

01:00:54.930 --> 01:01:03.630

Brian Johnson: Patient just a separate identifier and doesn't create a type of you know, patient matching Gordian knot that you can't get out.

01:01:06.690 --> 01:01:08.370

Rim Cothren: One of the things that i'd like to.

01:01:10.110 --> 01:01:18.540

Rim Cothren: focus on here for a minute, because I think it I think it's we've been touching on it here is we've been primarily discussing.

01:01:19.080 --> 01:01:27.780

Rim Cothren: The need to identify the right patient, and that is that's in my mind, that is what a strategy for digital identities, is all about.

01:01:28.470 --> 01:01:37.800

Rim Cothren: But that we've been acknowledging that there may be different versions of but an address or something else says How important is it to.

01:01:38.310 --> 01:01:50.790

Rim Cothren: And i'm really thinking about to you as healthcare providers to know what the right information is about your patient their correct address or contact information or other demographic information.

01:01:51.270 --> 01:01:58.920

Rim Cothren: versus that we've merely linked the right health information together can someone help me with that a little.

01:02:08.010 --> 01:02:11.130

Rim Cothren: yo I knew that you would bring yourself up here, I was going to call on you.

01:02:11.190 --> 01:02:11.610

Gil Shlamovitz, MD: yeah.

01:02:11.640 --> 01:02:21.060

Gil Shlamovitz, MD: Again that's going to be and I hate the taper analogy, but it's the paper analogy right, so I will focus on the face sheet.

01:02:22.260 --> 01:02:32.910

Gil Shlamovitz, MD: sent to me by fax from the other hospital in order to determine if this is the right person and in in our patient population.

01:02:33.360 --> 01:02:53.250

Gil Shlamovitz, MD: We do have many individuals with the same first name last name and date of birth and gender so having access, whether it's Meta data or formal document like your face sheet to whatever demographic information was provided in that context of care is key.

01:02:54.720 --> 01:03:02.280

Gil Shlamovitz, MD: People can make a typo even with the national identifier or state identifier, this is why I don't think we can.

01:03:03.360 --> 01:03:10.830

Gil Shlamovitz, MD: Trust anything in vacuum, the always have to be an algorithm that takes into account the other identifiers.

01:03:13.110 --> 01:03:15.630

Gil Shlamovitz, MD: I wonder what others think about this.

01:03:22.800 --> 01:03:28.590

Stephanie Pruett (by phone): So this is stephanie and we we don't tend to rely as much on the identifiers, as we do on the demographics.

01:03:31.140 --> 01:03:37.470

Stephanie Pruett (by phone): We use a probabilistic algorithm and do certain waiting based on.

01:03:39.630 --> 01:03:56.970

Stephanie Pruett (by phone): Demographics specific demographics, that we feel are critical, but again that's that's our algorithm we we don't necessarily a thing that an identifier, give us a match to a specific patient now as we started to.

01:03:58.980 --> 01:04:05.820

Stephanie Pruett (by phone): kind of learn and and reach out to other people in the industry, we do see that.

01:04:06.630 --> 01:04:19.530

Stephanie Pruett (by phone): They are building what they refer to as a patient cluster in some cases they do include that identifier, and this is one more data point, maybe with less weight than the actual demographics, but.

01:04:20.610 --> 01:04:37.410

Stephanie Pruett (by phone): To to ram to your point if you're looking at an identifier at a statewide level, and there is an agreed accurate level and approach to that patient matching then that at least gives us one less identifier, or you know, a larger.

01:04:38.490 --> 01:04:46.590

Stephanie Pruett (by phone): Participation in that one identifier for that patient so it's not it's not a bad idea at all I think it's it would get.

01:04:47.550 --> 01:04:57.480

Stephanie Pruett (by phone): us to maybe a better point of not so many pieces that we're trying to match up together with the multiple is in a fires that we know exists today and.

01:04:58.290 --> 01:05:05.970



Stephanie Pruet (by phone): Again, hoping for that evolution, as we start to progress forward with test gun was with the models that we're hoping to get bit more refined and around.

01:05:07.980 --> 01:05:08.640

Rim Cothren: Thanks Stephen.

01:05:12.420 --> 01:05:13.530

Rim Cothren: Are there out of box.

01:05:20.190 --> 01:05:35.430

Rim Cothren: Other thoughts about Fuck my contribute to accuracy, either in more accurate patient matching or more accurate demographics associated with individuals that might secondarily.

01:05:36.570 --> 01:05:38.280

Rim Cothren: contribute to more accurate patient.

01:05:49.890 --> 01:05:54.360

Rim Cothren: we've gotten through much of the material that I was hoping that we would cover today.

01:05:56.340 --> 01:06:11.940

Rim Cothren: Are there any other you know I guess I would open it up to the group in general that you've heard a lot of comments are there any other thoughts that have come to mind, either on any the prior conversations that you'd like to would like to make.

01:06:13.890 --> 01:06:26.250

Nate Carroll (Ventura): This is an acre again and just and I think this was briefly discussed earlier on in the conversation, but a lot of the patients that we see in our county patient population.

01:06:28.260 --> 01:06:50.550

Nate Carroll (Ventura): Are patients who move relatively frequently you know between different rented housing situations or may even be moving in and out of housing and being announced for periods of time and then again many people also have prepaid cell phones where their phone number is not very.

01:06:51.750 --> 01:07:00.570

Nate Carroll (Ventura): long lasting because the cell phone may you know the plan may expire and they're not able to refill the plan before the time limit is up and then they.

01:07:02.010 --> 01:07:04.410

Nate Carroll (Ventura): sign up for a new cell phone plan with a different number.

01:07:05.580 --> 01:07:11.160

Nate Carroll (Ventura): So some of those you know the demographic things that are more stable, the name, the date of birth.

01:07:13.200 --> 01:07:22.620

Nate Carroll (Ventura): potentially the zip code, but again, you know we have multiple zip codes in you know, in the area and patients are moving around pretty frequently, so I just wanted to.

01:07:24.360 --> 01:07:25.440

Nate Carroll (Ventura): raise that point again.

01:07:27.510 --> 01:07:27.810

Great.

01:07:31.650 --> 01:07:32.700



Rim Cothren: Any other final thoughts.

01:07:32.700 --> 01:07:33.090

today.

01:07:37.260 --> 01:07:44.310

Stephanie Pruett (by phone): So room i'll just add the thing us CDI edition of the previous address I think my help with that, but you're exactly right.

01:07:45.780 --> 01:07:48.480

Stephanie Pruett (by phone): And i'm not sure who was the previous comment or but.

01:07:50.100 --> 01:07:58.980

Stephanie Pruett (by phone): I think we've learned that we see that as well the address and the ability to capture an accurate address is always challenging.

01:08:00.240 --> 01:08:05.970

Stephanie Pruett (by phone): So and it'll never be a perfect science, but making sure that we have the hooks in place.

01:08:07.050 --> 01:08:14.160

Stephanie Pruett (by phone): have this source Dr correction of any information that might not be accurate is.

01:08:16.860 --> 01:08:19.260

Stephanie Pruett (by phone): it's a good approach great Thank you.

01:08:28.350 --> 01:08:30.840

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

01:08:33.450 --> 01:08:43.110

Rim Cothren: And the next slide after that I really first of all, I really want to appreciate, I extend my appreciation for everybody that has attended and participated in the discussion today.

01:08:43.590 --> 01:09:06.750

Rim Cothren: I have a lot to take back from this, and so I really appreciate that we do have upcoming meetings in this month and next month to refine what the strategy is with this group in particular our next meeting is scheduled for March 3 and a third meeting on April 20.

01:09:08.190 --> 01:09:17.550

Rim Cothren: One of the things that I wanted to specifically mentioned today is that a number of people found it difficult to participate in space meeting because of.

01:09:18.000 --> 01:09:30.120

Rim Cothren: Their patient responsibilities, if the meeting happened during business hours so we've moved the next two meetings that happen after business hours, I know that means the TV me into your evening.

01:09:30.960 --> 01:09:47.430

Rim Cothren: I would encourage people to let us know if moving these meetings to five o'clock is either good or bad for you, I really appreciate that you're all contributing your time here and we want to be as.

01:09:47.910 --> 01:10:03.720

Rim Cothren: Little of an impact both on your patient care, but also on your personal life, so please reach out to either PA who sends you the invitations for myself and let us know if that will work for you or not.

01:10:06.240 --> 01:10:07.740

Rim Cothren: We will get a.

01:10:08.850 --> 01:10:16.710

Rim Cothren: An agenda for next week out in advance, as we go through by the time we meet next time we will have met with all of the focus groups at least once.

01:10:17.280 --> 01:10:33.960

Rim Cothren: And that means that we will have started to compile some thoughts across all of the the focus groups, so you should expect that I may have more detailed specific questions for you next time around, with some of the things that i've heard some of the other, the focus groups.

01:10:35.040 --> 01:10:35.550

Rim Cothren: So.

01:10:36.600 --> 01:10:46.260

Rim Cothren: we'll we'll develop that as we go forward, thank you very much for participating today and we'll talk to you all again in a few weeks.

01:10:46.650 --> 01:10:53.310

Rim Cothren: And again, the schedule for the other focus groups is posted on our website feel free to attend any the other focus groups.

01:10:53.670 --> 01:11:08.250

Rim Cothren: As a member of the public if you'd like to hear what the other perspectives are from other stakeholders unless there's anything else that anyone on the focus group would like to say i'll give you 15 minutes back in your day and thank you again for your participation.

01:11:11.700 --> 01:11:12.330

Brian Johnson: Thank you.

01:11:14.850 --> 01:11:19.620

Nate Carroll (Ventura): hi this is nate carolyn I was just adding a couple of quick messages in the chat I thought it might be interesting.

01:11:20.850 --> 01:11:28.320

Nate Carroll (Ventura): For other focus group members if if they wanted to look into what Estonia has done with their nationwide digital identity.

01:11:29.790 --> 01:11:34.920

Nate Carroll (Ventura): processes, and you know whether it has been accessible or not to people have.

01:11:36.090 --> 01:11:39.450

Nate Carroll (Ventura): You know, various technological and social means.

01:11:41.460 --> 01:11:45.780

Rim Cothren: thanks for that need and that's those are very important considerations for us.

01:11:47.700 --> 01:11:50.880

Rim Cothren: All right, thank you very much, everybody for participating today.