



**California Health & Human Services Agency  
Center for Data Insights and Innovation  
Data Exchange Framework  
Digital Identity Health Care Providers Focus Group Meeting #2  
(March 10, 2022, 5:00PM – 6:30PM 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 #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.

00:00:07.049 --> 00:00:20.550

Rim Cothren: thanks again everyone for joining our meeting today welcome to the second provider focus group meeting on a strategy for digital identities, for the Ad exchange framework again i'm Catherine and i'm a.

00:00:20.550 --> 00:00:23.490

Rim Cothren: consultant to the Center for data insights and innovation.

00:00:23.550 --> 00:00:38.460

Rim Cothren: Within health and human Services Agency in work and working with them as especially on a number of things, but especially on the strategy for digital identities today's meeting will be recorded people should have already heard the announcement of that.

00:00:39.810 --> 00:00:46.530

Rim Cothren: And the recording will be posted to the data exchange framework website in review in lieu of notes today.

00:00:47.220 --> 00:01:03.390

Rim Cothren: If you do not wish to be recorded either please mute your Microsoft phone or turn off your camera or leave the meeting do any of the meeting participants wish not to be recorded at this meeting i'm going to give you a chance to say so, if you'd rather not go recording.

00:01:06.450 --> 00:01:09.000

Rim Cothren: I see nobody objecting and I appreciate that.

00:01:11.850 --> 00:01:24.630

Rim Cothren: A few more of the housekeeping items we do have live closed captioning for those that wish to use it please click on the CC control the bottom of your zoom window to turn on closed captions.

00:01:25.830 --> 00:01:38.340

Rim Cothren: At this time I don't plan on calling role at today's meeting, just as we did last time, if you do have a minute, if you could check and rename yourself in the zoom with your name and your organization so everybody knows who's attending.

00:01:39.120 --> 00:01:45.660



Rim Cothren: Quite I don't see anybody that's attending only by phone, so I don't think we have anybody to check on there is that correct.

00:01:48.720 --> 00:01:49.050

Khousa Vang: Yes.

00:01:50.250 --> 00:01:50.760

Khousa Vang: i'm from.

00:01:51.150 --> 00:01:59.250

Rim Cothren: Great and today's meeting is being conducted as a public meeting there will be an opportunity for public comment during today's meeting.

00:01:59.700 --> 00:02:10.260

Rim Cothren: members of the public have been muted until the agenda item for public comment comes up a members of the focus group have not necessarily been muted and you are.

00:02:10.710 --> 00:02:20.550

Rim Cothren: able to unmute yourselves, so I would suggest that everybody makes sure that they're muted when they're not speaking just to cut down on noise but feel free to.

00:02:21.930 --> 00:02:23.070

Rim Cothren: comment verbally.

00:02:23.340 --> 00:02:25.860

Rim Cothren: or to use the chat function if you prefer.

00:02:26.310 --> 00:02:36.120

Rim Cothren: I would suggest that people raise their hand using the zoom function for that just to make sure that everybody has an opportunity to contribute to today's meeting.

00:02:36.990 --> 00:02:50.670

Rim Cothren: And I will try to watch that, but if you find that i'm not calling on you, or you can't find the button, please go ahead and speak up, this is a relatively small group and i'd rather this be an informal meeting.

00:02:52.770 --> 00:02:59.340

Rim Cothren: let's go on to the next slide please just real quickly the agenda for today is really simple.

00:03:00.030 --> 00:03:05.760

Rim Cothren: It shows me talking here a lot but i'm hoping that isn't actually the case i'll stop talking here before too long.

00:03:06.450 --> 00:03:14.310

Rim Cothren: we'll start off by just reviewing the vision and the requirements for a strategy for digital identities, something that most people have seen already.

00:03:14.880 --> 00:03:24.510

Rim Cothren: Will pause then for public comment earlier in the meeting today, so, if any, members of the public have something to contribute to the meeting that will be your opportunity to do that.

00:03:25.110 --> 00:03:37.530

Rim Cothren: And then we have two items on the agenda that I want to make sure that we touch on today, the first is a little bit about the conceptual strategy for the components that might be included.

00:03:38.010 --> 00:03:46.860



Rim Cothren: In digital identity of strategy, and then I want to specifically talk about data elements that might make up a digital life entity.

00:03:47.370 --> 00:03:54.270

Rim Cothren: And some of that we have comments from some of the other focus groups as well, and so we can talk about.

00:03:54.900 --> 00:04:03.780

Rim Cothren: Potentially some of the feedback that we've been getting for them look for prayer that aligns or might not align with a provider perspective on those items.

00:04:04.140 --> 00:04:13.110

Rim Cothren: And then we'll close out with any closing remarks and our next steps that are in front of us does anybody have anything else, in particular, they want to make sure we try to cover today.

00:04:15.690 --> 00:04:23.730

Rim Cothren: So let's go on to the next slide please so we've done welcoming already goals, just to make sure that everybody's familiar.

00:04:24.420 --> 00:04:34.470

Rim Cothren: The Advisory Group is established in collaboration with cal hhs a vision for the data exchange framework, and that is that every California.

00:04:35.070 --> 00:04:42.960

Rim Cothren: And the health and human service providers in organizations and care for them will have timely and secure access to usable electronic information.

00:04:43.320 --> 00:04:51.510

Rim Cothren: That is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives well being.

00:04:52.080 --> 00:04:57.930

Rim Cothren: And I want to give us all an opportunity to bear that in mind as we're talking about digital identities today.

00:04:58.560 --> 00:05:11.370

Rim Cothren: The data exchange framework has a large vision in front of it, but the digital identities, is a portion of enabling that, and so we should be thinking of all aspects of that vision, as we talked today.

00:05:12.150 --> 00:05:20.550

Rim Cothren: let's go on to the next slide please, this is our strategy just a reminder of our strategy to gather information from.

00:05:21.210 --> 00:05:30.120

Rim Cothren: To form digital identity strategy and that's what we're really collecting expert input from a number of different stakeholder perspectives.

00:05:30.480 --> 00:05:40.800

Rim Cothren: including health care providers this group here and it's really in recognition that government doesn't have all the answers here and we're really looking for the stakeholder community to provide.

00:05:41.340 --> 00:05:49.230

Rim Cothren: Critical input for us we've had meetings with the health information exchanges and we have meetings with.

00:05:50.280 --> 00:06:01.500

Rim Cothren: Consumer advocates to take a look at privacy specific privacy From that standpoint, with health plans and for with social service organizations all scheduled for next week.

00:06:01.980 --> 00:06:11.640

Rim Cothren: If anybody on the call here would like to attend any of those meetings, as a member of the public you're certainly welcome to do that just check on the website for when those meetings are scheduled.

00:06:12.480 --> 00:06:17.640

Rim Cothren: This is our second meeting of the healthcare providers let's go on to the next slide please.

00:06:19.260 --> 00:06:27.270

Rim Cothren: And this is just a reminder of what our statutory requirement is, and that is that, in conjunction with.

00:06:28.200 --> 00:06:39.450

Rim Cothren: The stakeholder advisory group, by the end of July, we are to develop a strategy for unique secure digital identities capable of supporting master page and indices.

00:06:39.870 --> 00:06:47.430

Rim Cothren: To be implemented by both private and public organizations in California, there are a few things in this that are important that I want us to bear in mind.

00:06:47.760 --> 00:07:09.990

Rim Cothren: we're working on a strategy here today, but that strategy must be ready to make public by July of 2022 our plan is actually to publish the strategy along with that digital excuse me, the data exchange framework and dsa agreements potentially in advance of that date.

00:07:11.340 --> 00:07:13.230

Rim Cothren: But we are not required to develop.

00:07:13.920 --> 00:07:26.430

Rim Cothren: Digital identities, but a strategy and and as we think about what needs to be included in digital identities, I would walk I would encourage people to think longer term than what we can do in the next couple of months but think about.

00:07:26.790 --> 00:07:36.120

Rim Cothren: How that might progress over time, we are focusing on digital identities, but ensuring that they will be unique and we talked about that a little bit last time.

00:07:36.570 --> 00:07:45.060

Rim Cothren: And they need to support master patient indices but don't necessarily need to include one, and they are to be implemented by.

00:07:45.870 --> 00:07:54.900

Rim Cothren: private and public organizations, so not only by the state government, but also by your organizations is you're participating in.

00:07:55.620 --> 00:08:07.650

Rim Cothren: The ad exchange framework, and I want to make sure that you're thinking From that standpoint, also that this needs to be something that you feel comfortable that your organization would see benefit from, but would also be able to contribute to and participate in.

00:08:08.670 --> 00:08:10.350

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

00:08:12.300 --> 00:08:20.700

Rim Cothren: And I think that's where we're pausing for public comment so with that charge in front of us will take now take a few minutes for public comment.

00:08:21.180 --> 00:08:31.680

Rim Cothren: If you're interested in making a comment, would you please raise your hand using the zoom zoom teleconference options and you will be called on in the order that your hand was raised.

00:08:32.520 --> 00:08:40.740

Rim Cothren: Then you can unmute your step self state your name your organizational affiliation, and please keep your comments respectful and brief.

00:08:42.810 --> 00:08:44.640

Rim Cothren: Public comment, please raise your hand.

00:08:53.760 --> 00:09:04.950

Rim Cothren: I don't see any hands quiet haven't missed anyone seen no from you, well then we'll move on, I do want to thank everybody again for attending the meeting late in the day and.

00:09:05.670 --> 00:09:10.950

Rim Cothren: We we will meet for as long as we need to today, as long as we have things to share with each other.

00:09:11.670 --> 00:09:18.210

Rim Cothren: This meeting time was really to accommodate some of the schedules of people that are seeing patients today, so I do appreciate.

00:09:18.840 --> 00:09:29.370

Rim Cothren: You meeting with us late, the day let's go on to the next slide please and, as I said, we have a couple of questions on the strategy for digital identity to talk about today let's go on to the next slide.

00:09:29.970 --> 00:09:43.140

Rim Cothren: There are really two things that I want to explore today conceptual strategy what that might how we might form a strategy what components, it might include and then data elements in the digital identity, we can.

00:09:44.160 --> 00:09:59.940

Rim Cothren: switch between both of these, but I have them kind of set up in this order i'm willing to follow a path that makes sense for the group here let's go on to the next slide and I do want to recap on at least two important things that I heard from our last meeting.

00:10:01.740 --> 00:10:09.930

Rim Cothren: First, that we will well and it's on its second on the list here but i'm going to touch on it, first, that we are focusing on linking health records to an identity.

00:10:10.830 --> 00:10:16.110

Rim Cothren: We want to make sure that we have all of the health information associated with rim contrarian if that's what we're doing.

00:10:16.530 --> 00:10:29.580

Rim Cothren: And we're not necessarily focusing on consensus on an individual's demographics that it's more important to gather my health information than it is to know my correct either phone number address or my my.

00:10:30.960 --> 00:10:36.990

Rim Cothren: Correct race or ethnic identity how I identify myself so.

00:10:37.920 --> 00:10:52.110

Rim Cothren: that's that's what our focus is, I will say that that aligns with all of the input that we've been getting so far is a focus on linking health records so that's something this group has, in common with others, the second is that we didn't.

00:10:53.130 --> 00:11:04.740

Rim Cothren: feel it was necessary to issue a statewide health identifier, but should reuse identifiers if they already were issued and we talked about this in some linked but took as an example.

00:11:05.190 --> 00:11:20.610

Rim Cothren: capturing driver's license as a unique identifier issued to a large number of Californians would be a useful piece of information, we will explore data to be captured a little bit more, and I want us to think very critically about what we're.

00:11:22.020 --> 00:11:30.270

Rim Cothren: What we feel comfortable capturing sharing and using in that context let's go on to the next slide place.

00:11:32.070 --> 00:11:33.900

Rim Cothren: Mad I see your hand up, please.

00:11:34.590 --> 00:11:50.310

Matt Eisenberg - Stanford Health Care: Thanks for him thanks sorry i'm new i'm at eisenberg associate chief medical information officer at Stanford healthcare I missed the first meeting room, I was just hoping, given that recap, which is very helpful for me, since i'm trying to catch up specifically was there discussion about.

00:11:51.450 --> 00:11:52.890

Matt Eisenberg - Stanford Health Care: The the.

00:11:54.150 --> 00:12:03.180

Matt Eisenberg - Stanford Health Care: The challenges between state only identifiers versus our traditional national identifiers and and national efforts, whether they will come or ever.

00:12:03.870 --> 00:12:12.780

Matt Eisenberg - Stanford Health Care: In terms of you know, because one of the issues I have is that you know, there are a lot of California to spend half their year in California, but they go to Nevada.

00:12:13.170 --> 00:12:28.620

Matt Eisenberg - Stanford Health Care: So what was their discussion about particularly around digital identity marrying up some of the State state strategy and the State concepts with with other sort of more broad national initiatives around digital identity.

00:12:29.610 --> 00:12:40.620

Rim Cothren: There was a little bit of discussion in making sure that we were paying attention to what some of the national networks were doing, for instance, we talked a little bit about common well and how commonweal manages identity.

00:12:40.950 --> 00:12:56.430

Rim Cothren: We talked the less about how he health exchange and care quality manage identity, but that may be something we'll talk about more today, we did not, we did not talk

about what other states were doing I don't recall that we really touched on stefka ninny the tough.

00:12:57.510 --> 00:13:06.300

Rim Cothren: Parts about digital identity, but I would really encourage us to think in in terms of those concepts today and so.

00:13:07.950 --> 00:13:10.290

Rim Cothren: We can either talk about them now.

00:13:10.680 --> 00:13:23.910

Rim Cothren: Or, in the context, I guess, I would say matt I I would encourage you to stop us anytime it seems like it's a good time to think about what other states or the country is doing in terms of this.

00:13:25.800 --> 00:13:31.500

Matt Eisenberg - Stanford Health Care: yeah no, I think I think right now there are other networks that manage identity.

00:13:33.030 --> 00:13:48.450

Matt Eisenberg - Stanford Health Care: differently, you mentioned the main ones so carry quality E health exchange which doesn't have a master patient index it's all federated it's a commonwealth slightly different different model, and then the individual vendor networks, obviously they have their own.

00:13:49.830 --> 00:14:02.940

Matt Eisenberg - Stanford Health Care: unique identity at that is that is linked to a specific facility, but I think the point I was I would want to make is that we, for all of this work, we can't create something that works only in the state of California that won't be successful.

00:14:04.020 --> 00:14:05.700

Rim Cothren: I think that's an excellent point thanks for that.

00:14:08.850 --> 00:14:17.970

Rim Cothren: let's go on to the next slide and I think this is this is is a good place to think about things, even in terms of the the discussion that we just had.

00:14:18.600 --> 00:14:20.730

Rim Cothren: Is that there is kind of a continuum that.

00:14:21.150 --> 00:14:32.250

Rim Cothren: At least I think that we might be thinking about the use of digital identities on the left hand side of this picture, and this is my picture you may disagree with it want to make changes to it please feel free.

00:14:32.640 --> 00:14:42.750

Rim Cothren: To suggest things are missing, but on the left hand side is the simplest version of dealing with digital identities that's what he helped exchange or care quality do today.

00:14:43.080 --> 00:14:52.350

Rim Cothren: which we query our peers, using a very small set of identifiers that are at least name, date of birth and gender might include some additional information.

00:14:53.250 --> 00:15:04.470

Rim Cothren: Oh, and see is suggesting that we approve improved data quality and has programs for better standardizing some of those data elements, but there is little beyond that that is.

00:15:05.760 --> 00:15:11.460

Rim Cothren: being promoted by own see at least which i'm aware of this time, but you will see things like.

00:15:12.660 --> 00:15:29.490

Rim Cothren: standardizing how addresses are formatted and terminologies used for that are part of patient matching last meeting ourselves, we talked about expanding the set of required demographics that might include a driver's license numbers other things like that.

00:15:30.960 --> 00:15:40.140

Rim Cothren: On the far right hand side of this number six where everyone uses a common service i'd say that that is somewhat like what matt was talking about in.

00:15:42.210 --> 00:15:51.270

Rim Cothren: Certain vendors, will have a shared master patient index or some index that everybody uses makes use of whether that is a vendor like.

00:15:53.190 --> 00:16:06.240

Rim Cothren: epic or cerner or and and what they use in the ehr or is a service like a Community health information exchange that has a common master patient index.

00:16:08.010 --> 00:16:19.710

Rim Cothren: Five where demographics are shared with a master patient index that runs at a higher level is what i'd say is common is more or less what.

00:16:20.130 --> 00:16:32.730

Rim Cothren: Common well Alliance does or they have a master patient index and is one vendor or system knows about a patient that they share that information essentially registering it with that network.

00:16:33.600 --> 00:16:47.370

Rim Cothren: i'm really interested in your thoughts about where care California belongs on the spectrum of simply acting all his peers and sharing information, and what we should do to bolster that.

00:16:47.850 --> 00:17:02.220

Rim Cothren: All the way to should there be an index of patients across all of California and how would that index potentially be used, are there any thoughts about where we should go there.

00:17:06.180 --> 00:17:09.360

Matt Eisenberg - Stanford Health Care: So so rim i'll start.

00:17:11.220 --> 00:17:15.900

Matt Eisenberg - Stanford Health Care: i'll save that if we were to create for the state of California, a true mpi.

00:17:16.950 --> 00:17:22.680

Matt Eisenberg - Stanford Health Care: Number one that's going to cost a ton of money at both to build and maintain.

00:17:23.790 --> 00:17:38.250

Matt Eisenberg - Stanford Health Care: To again it's sort of a State only entity, we would have to figure out how that would work cross state and cross network and three, I think it actually brings up a lot of concerns in terms of privacy confidentiality and Big Brother witness so.

00:17:38.580 --> 00:17:54.780



Matt Eisenberg - Stanford Health Care: You know that that that I don't know if that's I would prefer not to have that that problem across the board, I don't know if that was discussed in detail, and then the only other element is that, as you will know rim, the the elements within.

00:17:56.100 --> 00:18:06.450

Matt Eisenberg - Stanford Health Care: That we use for weighted algorithms there are fixed in their variable those things that stay the same those things that change and the one thing that I would just point out is that it turns out that your.

00:18:06.900 --> 00:18:10.710

Matt Eisenberg - Stanford Health Care: mobile phone number is way better than your address, particularly for.

00:18:11.040 --> 00:18:20.700

Matt Eisenberg - Stanford Health Care: For our most vulnerable patients who often are either on housed or have variable housing and that's pretty well known in the industry, and one of those areas that I think we just need to make sure we have a focus of.

00:18:21.660 --> 00:18:36.480

Rim Cothren: Great thanks and no we didn't really talk in detail about mobile number versus some other demographic data, so one of the things I want to make sure that we do touch on seriously today, but thanks for that now, but she should see your hand up, please.

00:18:37.530 --> 00:18:39.870

Ashish Atreja, UC Davis Health: If I can be a little provocative here.

00:18:41.100 --> 00:18:41.610

Ashish Atreja, UC Davis Health: If there's any.

00:18:43.110 --> 00:18:49.320

Ashish Atreja, UC Davis Health: If there's any state that should have a statewide identifier California, should be the first one.

00:18:50.700 --> 00:19:00.690

Ashish Atreja, UC Davis Health: Right and the reason for the thing is that that that's just a vision statement that doesn't tell anything how we will forward so let me explain some of the stuff.

00:19:01.980 --> 00:19:10.200

Ashish Atreja, UC Davis Health: We automatically have a reaction when it comes to NPI that regard we presume, it is a number that's external that's just made for this purpose and.

00:19:10.770 --> 00:19:26.880

Ashish Atreja, UC Davis Health: But maybe there is a way for that number, which is, which you mentioned here, which can be a deductible calculated number based on other stuff right, so it is generated number, and because we already have other any fibers which can map it to that.

00:19:27.960 --> 00:19:33.630

Ashish Atreja, UC Davis Health: And then we make it a cadence or credibility now because it's generated by other things.

00:19:34.740 --> 00:19:44.310

Ashish Atreja, UC Davis Health: That formula that recipe can be other states also can be done if people move be on states or other client and kind of.

00:19:44.970 --> 00:19:55.080

Ashish Atreja, UC Davis Health: This is our opportunity to create something that can be a poster child for others to follow, we need to show leadership here, and if there is a lot of resistance.

00:19:55.950 --> 00:20:04.680

Ashish Atreja, UC Davis Health: Maybe we take that approach, what we truly believe in and see what people are this thing and then understand that if that's possible or not.

00:20:05.190 --> 00:20:17.910

Ashish Atreja, UC Davis Health: Rather, assuming there's going to be a resistance, if we do a calculated number and i'm just I may be completely outlier here, but I just want to have that position being out there, because the efficiency we're going to have.

00:20:19.680 --> 00:20:27.240

Ashish Atreja, UC Davis Health: That and the smaller the organization, the more efficiency darlin is going to leverage and this episode is going to be lifetime of efficiency.

00:20:28.140 --> 00:20:36.780

Ashish Atreja, UC Davis Health: So to just want to make an argument against that, not that I believe that hundred percent the way we should be going, why should we not be thinking about it here.

00:20:37.440 --> 00:20:46.290

Rim Cothren: And that's that's part of the conversation I want to have and from a provider standpoint to you know I think your your point is well taken.

00:20:47.880 --> 00:20:56.850

Rim Cothren: Both of the comments about being concerned about privacy, we do want to be concerned about privacy, but i'm also asking providers and what they need to ensure patient safety.

00:20:57.300 --> 00:21:07.290

Rim Cothren: So i'm looking for your opinion about where we go made I do see your hand up, but she she I had one question for you, I wanted to clarify something that you said.

00:21:08.400 --> 00:21:14.370

Rim Cothren: And that is whether you're advocating for an identifier.

00:21:15.570 --> 00:21:25.740

Rim Cothren: It sounds like you're looking for an identifier that might not be issued as a card that I go apply for and I get an ID card, that is my health ID card.

00:21:26.370 --> 00:21:39.840

Rim Cothren: But perhaps a computed amalgamation of data that might have things like my driver's license and your Mr in included in it, am I getting that right or have I missed the point.

00:21:40.920 --> 00:21:50.700

Ashish Atreja, UC Davis Health: I think it could be somewhere between five and six options that you have, and I think the goal is to more to anchor towards that then coming stereo to solution because we don't have solution in hand.

00:21:50.880 --> 00:22:08.100

Ashish Atreja, UC Davis Health: Right right so which could be in a way, a calculated number that's calculated from other indices it's not a number on its own, with someone is granting so it can be replicated and done for other states as well, potentially.

00:22:10.230 --> 00:22:17.490

Ashish Atreja, UC Davis Health: And whether that number, probably the number should be known to the person as well, patient so it's easy they can declare this is done, and you can pull in the data.

00:22:17.790 --> 00:22:25.380

Ashish Atreja, UC Davis Health: Because there's always incredible amount of inefficiency and i'll give one example, just to anchor it because you're giving me a little more time room i'm taking advantage of that.

00:22:26.970 --> 00:22:29.280

Ashish Atreja, UC Davis Health: Talk about care for vaccination data.

00:22:30.480 --> 00:22:40.380

Ashish Atreja, UC Davis Health: Right, we have spent so much time and effort, reconciling with care for ages to vaccinate your who is not our pitch, and that is based on some demographics checks.

00:22:41.160 --> 00:22:50.130

Ashish Atreja, UC Davis Health: When our patients go and look at the data from their care, like the map is it, they are immunized or not there's so much inaccuracy many times they cannot pull the data from the care.

00:22:51.120 --> 00:23:05.310

Ashish Atreja, UC Davis Health: Because those demographics matching part which are done for care, even though everyone in California has access to it and they can see the vaccination citizen care majority of them I wouldn't say maturity, but a lot of them cannot because the matching doesn't work properly.

00:23:06.120 --> 00:23:07.800

Ashish Atreja, UC Davis Health: So then, if the system is not working.

00:23:08.160 --> 00:23:10.170

Ashish Atreja, UC Davis Health: And we have to go to a more reproducible system.

00:23:13.620 --> 00:23:14.250

Rim Cothren: thanks for that.

00:23:15.060 --> 00:23:17.010

Rim Cothren: me, you have your hand up thanks for waiting.

00:23:17.760 --> 00:23:23.670

Nate Carroll MD, Ventura County: yeah no problem, you know, I just wanted to jump on us uses comments and actually maybe even take it a little step further.

00:23:24.510 --> 00:23:36.660

Nate Carroll MD, Ventura County: Where you know if a number is more randomly generated, but then linked and specific demographics and information, you know that he was suggesting might be used to generate a number.

00:23:37.080 --> 00:23:43.710

Nate Carroll MD, Ventura County: You know link if that's linked with a patient that would allow more privacy, because you wouldn't be able to.

00:23:44.910 --> 00:23:56.130

Nate Carroll MD, Ventura County: Potentially obtain information about a patient, you know from the latest breach and use that to to you know identify what their calculated or generated number was.

00:23:56.730 --> 00:24:16.770

Nate Carroll MD, Ventura County: And then, if a patient's health information with somehow leaks, with their with a randomly generated number, and you know assigned key or something you could actually change that patients number going forward and and you know basically unlinked them from the previous number.

00:24:19.380 --> 00:24:19.830

Rim Cothren: Thanks.

00:24:21.810 --> 00:24:23.280

Rim Cothren: brad I saw you come off mute.

00:24:24.150 --> 00:24:41.670

Matt Eisenberg - Stanford Health Care: yeah not look i'm a federalist versus a republican, so I think there should be a national health identifier, frankly, but I believe that health care is not state based, and even though the United States of America Constitution says so it's just doesn't that's not how it works so.

00:24:42.960 --> 00:24:52.080

Matt Eisenberg - Stanford Health Care: You know whether whether we create something you know all of the current networks have some way on the back end to do a calculated number again if you want to start doing that.

00:24:53.010 --> 00:25:00.240

Matt Eisenberg - Stanford Health Care: And if I if I get sick when i'm on vacation and I give them my California, you know generated number it's useless so.

00:25:00.720 --> 00:25:08.130

Matt Eisenberg - Stanford Health Care: You know and and remember there's an enormous amount of infrastructure to maintain that going forward and keep that updated.

00:25:08.490 --> 00:25:20.790

Matt Eisenberg - Stanford Health Care: And then you know and on the healthcare side, we have an army of hymns folks are constantly doing the identity checking and the algorithms to run against that you know if the State wants to do that that's that's something that they'll have to do.

00:25:21.870 --> 00:25:38.070

Rim Cothren: Well, and I think that your comments about the cost of standing that up and maintaining that are something that we do need to bear in mind and understanding how to make that affordable and sustainable if that's where we want to put things I think that that's an important.

00:25:39.270 --> 00:25:46.350

Rim Cothren: Important concept i'm I also don't want to belittle the need for us to be.

00:25:47.940 --> 00:25:52.500

Rim Cothren: Thinking about healthcare that is delivered outside of the state of California and how we deal with.

00:25:52.500 --> 00:25:54.540

Rim Cothren: That and I don't have an answer there.

00:25:55.590 --> 00:26:11.490

Rim Cothren: But I do think that that's something that we need to bear in mind whether that is an identifier that we create in California and then is interoperable in some way that I don't know yet or push or advocate for a national identifier.

00:26:12.840 --> 00:26:15.330

Rim Cothren: matt I don't know if you have thoughts.

00:26:17.130 --> 00:26:25.620

Rim Cothren: or any experience on on how we avoid a California only solution that that erect barriers that we don't want to erect.

00:26:26.940 --> 00:26:27.210

Matt Eisenberg - Stanford Health Care: well.

00:26:27.240 --> 00:26:30.750

Rim Cothren: You know i'm I know i'm i'm asking for magic but I.

00:26:32.130 --> 00:26:36.690

Matt Eisenberg - Stanford Health Care: Look at least, at least, my understanding is that the the the the.

00:26:37.740 --> 00:26:44.730

Matt Eisenberg - Stanford Health Care: federal restriction to at least approach, a unique health identifier has gone away so we'll you know we'll see we've got a long way to go.

00:26:45.150 --> 00:26:53.340

Matt Eisenberg - Stanford Health Care: And ahima and others have been talking about this for some time, and I would i'm a big advocate of a of a of a unique identifier, to support, particularly.

00:26:53.670 --> 00:27:01.890

Matt Eisenberg - Stanford Health Care: The most vulnerable because the that's where the matching algorithms fail matching algorithms weighted matching algorithms work 85% of the time if they're done well.

00:27:02.340 --> 00:27:13.110

Matt Eisenberg - Stanford Health Care: If there are standards for registration processes that's really important don't forget that so some of the things you mentioned rim, not only do we type in the address with you know us postal service routine but we.

00:27:13.410 --> 00:27:26.730

Matt Eisenberg - Stanford Health Care: Can we take the name off of some clear state issued document, whether that be driver's license or your passport standards and those registrations are critical, because the data is only as good as what's put in by the staff.

00:27:27.210 --> 00:27:34.170

Matt Eisenberg - Stanford Health Care: And then weighted algorithms work pretty well where they fail typically are the people who are on housed have very variable.

00:27:35.490 --> 00:27:40.140

Matt Eisenberg - Stanford Health Care: You know the other variables and then obviously within the state of California, we have some issues in terms of.

00:27:41.040 --> 00:27:50.220

Matt Eisenberg - Stanford Health Care: Using the right name that's on the identify documents, so that we, you know hyphens and other things are excluded, so we've worked really hard.

00:27:50.580 --> 00:27:56.970

Matt Eisenberg - Stanford Health Care: At our institution and shared that with others, that those registration processes and standardization is really critical.

00:27:57.330 --> 00:28:06.990



Matt Eisenberg - Stanford Health Care: But look waiting algorithms work very, very well you don't the health exchange does not have an identifier and it's just sharing tons and tons and tons of data without it.

00:28:09.390 --> 00:28:09.840

Rim Cothren: Thanks.

00:28:11.310 --> 00:28:12.660

Rim Cothren: ashish I wanted to.

00:28:13.200 --> 00:28:14.910

Rim Cothren: acknowledge a couple of comments that you.

00:28:14.910 --> 00:28:28.320

Rim Cothren: dropped in chat, especially the second one, hoping cost of maintenance can be decreased or balance with tremendous inefficiencies that happened because of lack of it, it is certainly something that we need to be bearing in mind.

00:28:30.810 --> 00:28:33.240

Rim Cothren: I don't know if you have anything more that you want to say about that.

00:28:36.390 --> 00:28:46.470

Ashish Atreja, UC Davis Health: Nothing great I think that's if this problem would be very easy would have been solved, so I think this is very complex challenge with multiple viewpoints.

00:28:47.640 --> 00:28:53.700

Ashish Atreja, UC Davis Health: And, and I think we need to have I really appreciate, we are able to surface, although you points which allows make a better decision.

00:28:54.960 --> 00:29:08.970

Ashish Atreja, UC Davis Health: or make a decision and take away other negative things better in due course of time, but the all I want to anchor is no matter what approach will take, there will be drawbacks, but.

00:29:09.990 --> 00:29:10.710

Ashish Atreja, UC Davis Health: Can we.

00:29:11.730 --> 00:29:27.960

Ashish Atreja, UC Davis Health: All agree on efficiency as a major goal and and making people patients who are left behind, making smaller organizations who are left behind 15% mad is huge non matching from a patient perspective.

00:29:28.020 --> 00:29:28.290

Ashish Atreja, UC Davis Health: it's.

00:29:29.220 --> 00:29:37.110

Ashish Atreja, UC Davis Health: A great goal goal should be close to 99% or above right, I mean right, and if there is a way.

00:29:38.580 --> 00:29:48.960

Ashish Atreja, UC Davis Health: Should we all anchor to a braver approach, because those exist now possibilities, many of them with token ization others that may not have existed five years 10 years ago and then working backwards from that.

00:29:50.790 --> 00:30:00.900

Ashish Atreja, UC Davis Health: Then, looking at status quo and just nudging it because it's not often we get a chance to have such a great participation and such a great mandate of all the people.

00:30:01.770 --> 00:30:14.130

Ashish Atreja, UC Davis Health: With time investment which is even more than the money invest and ultimately and it's an opportunity for us to create something special and I truly believe it's a lifetime thing if we can do something, especially here.

00:30:14.880 --> 00:30:23.790

Matt Eisenberg - Stanford Health Care: yeah and look, there are a lot of folks working to sort of develop token is digital identities that are that are that you can take with you, wherever you go but.

00:30:24.240 --> 00:30:33.150

Matt Eisenberg - Stanford Health Care: And i'm not opposed to those it's just that I again, I believe that from a health information exchange perspective we can't just be state only.

00:30:33.870 --> 00:30:40.770

Matt Eisenberg - Stanford Health Care: it's got to be something that works, we have people in communities that are on borders, you know border other States they move back and forth people travel.

00:30:41.970 --> 00:30:44.580

Matt Eisenberg - Stanford Health Care: And we just need to be cognizant of there's pros and cons.

00:30:49.620 --> 00:30:50.160

Thanks.

00:30:51.600 --> 00:31:00.540

Rim Cothren: Are there any other thoughts, either on a national identifier, a state identifier, a statewide mpi.

00:31:01.830 --> 00:31:02.610

Rim Cothren: Other thoughts.

00:31:11.220 --> 00:31:15.330

Rim Cothren: Why don't we go on to the next slide and I want to come back to.

00:31:15.780 --> 00:31:20.370

Rim Cothren: What we've been talking about as a definition of data digital identities.

00:31:20.430 --> 00:31:36.690

Rim Cothren: it's it's usually a collection of information about an individual that helps to identify them in a particular context, in our case it's the context of their health and human services, information and collecting that in one place and.

00:31:38.280 --> 00:31:47.040

Rim Cothren: As as we discussed before matching algorithms based on demographics have served us in many cases.

00:31:48.450 --> 00:31:51.060

Rim Cothren: As we determine what we will.

00:31:52.800 --> 00:31:53.640

Rim Cothren: What we will.

00:31:56.040 --> 00:32:09.420

Rim Cothren: encourage the participants on the data exchange framework to us here in California, there are a couple of things that i'd like us to think about so what what demographic information do we think is valuable.

00:32:13.140 --> 00:32:22.680

Rim Cothren: What what information are we interested in including that may improve match rates and I.

00:32:23.700 --> 00:32:36.060

Rim Cothren: I want to make it clear that some of the suggestions that we may have might break national standards, and we need to be concerned about that and departure again making something's California only.

00:32:36.480 --> 00:32:49.410

Rim Cothren: That I heard you loud and clear there, and if I ever if I ever forget that, please shake me again because I, I agree with that, I think we all agree that that something that's California only won't want service well.

00:32:50.520 --> 00:33:05.010

Rim Cothren: Before I close my mouth here, I just want to point out that the A, B 133 regulation requires that we share us CDI V one data so that will be an initial requirement for the data exchange framework.

00:33:05.400 --> 00:33:17.010

Rim Cothren: That does not require that all of the information their form a digital identity so i'd like to talk a little bit about what might be the demographics, that we use for that.

00:33:17.730 --> 00:33:33.690

Rim Cothren: For example, mobile phone number perhaps being a very good stable and unique identifier that might be part of that last time we talked about driver's license perhaps there are additional.

00:33:36.360 --> 00:33:42.660

Rim Cothren: pieces of information, like driver's license in particular i'm really interested in.

00:33:43.140 --> 00:33:58.170

Rim Cothren: hearing from you what comfort, you have with sharing other unique identifiers, such as the medical record number within your ehr such as a members health insurance ID that they presented at the time of checking in.

00:33:59.220 --> 00:34:02.130

Rim Cothren: which also are unique identifiers that might be shared.

00:34:03.600 --> 00:34:11.370

Rim Cothren: So i'm interested in hearing your thoughts i'll just point out also that there's been discussion at the advisory group.

00:34:12.000 --> 00:34:30.930

Rim Cothren: about raising the bar to exchanging data, in line with us CDI V2 or v3, and so I put up here the additional demographic information associated with them in case we wanted to include some of that information as well, so what what are your thoughts about data that should be used here.

00:34:35.130 --> 00:34:43.020

Matt Eisenberg - Stanford Health Care: Well i'll jump in rim just but if that's Okay, first and foremost I don't see social security number, which is good because.

00:34:43.500 --> 00:34:52.890

Matt Eisenberg - Stanford Health Care: everybody's got either a string of AIDS or a string of nine or something else cuz someplace so good, you know us CDI is key, and again this list is a great list.



00:34:53.400 --> 00:34:58.590

Matt Eisenberg - Stanford Health Care: And and ideally should be set for those things that are fixed versus variable.

00:34:58.980 --> 00:35:06.510

Matt Eisenberg - Stanford Health Care: Obviously, the more fixed, the better the more variable the more tricky and, again, I just want to make a case that we've got to try to see if we can work.

00:35:06.840 --> 00:35:15.840

Matt Eisenberg - Stanford Health Care: Across the state for standards for example i'm i'll go back and look at the Hema article that I probably should have read before this meeting, but more importantly, I think.

00:35:16.380 --> 00:35:25.440

Matt Eisenberg - Stanford Health Care: I think, for example, our registration and emergency registration folks have standards for what they put in that address field for announced patients.

00:35:26.190 --> 00:35:43.170

Matt Eisenberg - Stanford Health Care: And if we actually were to share that across all organizations, large and small, and say when you're in California, this is what you put in the address field for unhealthy people in addition to those other us CDI V1 components are weighted algorithms would work much, much better.

00:35:44.520 --> 00:35:50.280

Matt Eisenberg - Stanford Health Care: But we haven't been able to sort of get get over the hump for that there's some really important areas, the other area again.

00:35:50.580 --> 00:36:04.320

Matt Eisenberg - Stanford Health Care: I do think that, including standard issue California state identifiers when available, whether that be driver's license or us passport or your green card number If those are available and used for registration.

00:36:04.710 --> 00:36:09.240

Matt Eisenberg - Stanford Health Care: It would be great because that usually can help you when the algorithm is failing.

00:36:10.410 --> 00:36:11.580

Matt Eisenberg - Stanford Health Care: But not be required.

00:36:15.150 --> 00:36:22.980

Matt Eisenberg - Stanford Health Care: And I would make the case that mobile phone number, my understanding is like the best in terms of these variable if you have a mobile phone, better than your home phone.

00:36:24.360 --> 00:36:27.990

Rim Cothren: A couple of questions for you, while while you're off mute.

00:36:29.640 --> 00:36:43.950

Rim Cothren: One of the questions that I haven't it's simply out of ignorance myself how often do you believe hrs you're capable of capturing some of these state issued numbers like a driver's license or passport number is that something that can be captured in the system.

00:36:45.480 --> 00:36:50.220

Matt Eisenberg - Stanford Health Care: Yes, I believe so, and if not, we can certainly make those fields to do so, but I think that's actually.

00:36:51.060 --> 00:37:03.630

Matt Eisenberg - Stanford Health Care: definitely the case, I mean I know we asked us this and for everybody there's the field for that, if they don't give us the information we actually have a standard approach for whether they either say I don't have one or I won't want to give it to you, we do different.

00:37:03.870 --> 00:37:05.280

Matt Eisenberg - Stanford Health Care: string string of nine.

00:37:05.520 --> 00:37:16.350

Matt Eisenberg - Stanford Health Care: Again, that these are process things that actually make a huge difference if you're using weighted algorithms that we need to bake into this beyond the concept of which data elements and you know how do we manage those.

00:37:16.620 --> 00:37:18.300

Rim Cothren: Okay, and then you also said.

00:37:20.580 --> 00:37:28.980

Rim Cothren: But not make them required are you Are you suggesting that if I declined to give you my driver's license number or my green card number or that.

00:37:30.390 --> 00:37:34.770

Rim Cothren: An institution might choose not to capture that information which.

00:37:35.100 --> 00:37:35.820

Matt Eisenberg - Stanford Health Care: Correct that's.

00:37:35.970 --> 00:37:44.160

Matt Eisenberg - Stanford Health Care: Correct ideally if people choose not to do that or don't have those we against it what's your standard for saying I don't want to give you that number versus I don't have one.

00:37:44.760 --> 00:37:46.680

Rim Cothren: Right okay all right.

00:37:48.270 --> 00:37:59.160

Rim Cothren: me too been dropping some comments in the chat here we struggled to get registration staff to ask and documented preferred language correctly same goes for race and ethnicity.

00:38:00.570 --> 00:38:08.190

Rim Cothren: I guess, one of the questions that I would ask of you is for any of these things matt talked about standardizing.

00:38:09.600 --> 00:38:10.440

Rim Cothren: Things like.

00:38:12.150 --> 00:38:23.430

Rim Cothren: A homeless, how you how you record homeless or even how you record an address Are there things that we can do to help overcome variability on an operational level.

00:38:24.540 --> 00:38:40.530

Rim Cothren: And the other question that I would ask is, do you believe that race, ethnicity or preferred language are useful as part of a digital identity and, should they be on this list of what is captured as part of your digital identity.

00:38:42.360 --> 00:38:54.000

Nate Carroll MD, Ventura County: I mean, I think I would lean towards not necessarily including them just because the potential for that variability I think unless it unless you know standards and some type of.

00:38:55.020 --> 00:39:14.670

Nate Carroll MD, Ventura County: You know mandated enforcement existed, we still would have trouble with that and I think you know if you look at a specific name for all for many of the people who have the same name they may identify with similar race, ethnicity or and our preferred languages.

00:39:16.500 --> 00:39:20.070

Nate Carroll MD, Ventura County: You know, depending on the name and so i'm not quite sure if that would be.

00:39:21.780 --> 00:39:26.190

Nate Carroll MD, Ventura County: A good you know the system that is going to improve your matching significantly.

00:39:26.640 --> 00:39:38.940

Matt Eisenberg - Stanford Health Care: yeah I would agree, I would exclude race and ethnicity from the matching algorithm I would have preferred language of therapists there's actually some clinical variability that that may be valuable clinically but probably won't help you with with the match.

00:39:41.100 --> 00:39:48.780

Matt Eisenberg - Stanford Health Care: gender identity, probably would be great, but we don't have standards for everybody doing you know, adding acts as an option or non binary.

00:39:49.050 --> 00:39:58.320

Matt Eisenberg - Stanford Health Care: I think we're making great progress there we've been working on that, but I think a lot of small offices, probably don't even have that set up in a place that works well in their ehr if they have one.

00:40:00.300 --> 00:40:01.170

Rim Cothren: Great Thank you.

00:40:02.550 --> 00:40:10.920

Rim Cothren: One of the things that i'd like to explore a little bit is are there items on this list here that you believe that.

00:40:13.410 --> 00:40:19.140

Rim Cothren: Policy policies, our preferences within your organization would prevent you from sharing with others.

00:40:23.520 --> 00:40:34.110

Matt Eisenberg - Stanford Health Care: Well, the one is we're obligated by law to do so them so that one's easy right Actually, I would also make the case that if you have data on date of death, that would be helpful it's interesting.

00:40:34.530 --> 00:40:46.440

Matt Eisenberg - Stanford Health Care: we're talking about that we don't turn people off some systems actually if somebody is died in their ehr system they actually you know, make them unavailable for exchange, we probably should be thoughtful about that.

00:40:46.800 --> 00:40:52.500

Matt Eisenberg - Stanford Health Care: But it probably would be useful to have that information, but again that, to answer your question, I think the answer is no.

00:40:57.450 --> 00:41:03.450

Rim Cothren: I want to come back to something that was mentioned earlier that social security number is not on here.

00:41:05.430 --> 00:41:13.920

Rim Cothren: I hear a lot that it's good for it to not be on here I don't know to what extent that is because it's inaccurate, because I know it's often inaccurate.

00:41:14.640 --> 00:41:26.280

Rim Cothren: Or how often it is because there are policies against sharing that are there other So what is not on this list because it's not part of US CDI or driver's license.

00:41:27.660 --> 00:41:28.530

Rim Cothren: Mr ends.

00:41:30.690 --> 00:41:40.260

Rim Cothren: Insurance ids, are there any of those types of data that you routinely collect and would you be willing to share that as well.

00:41:41.670 --> 00:41:42.570

Rim Cothren: Like your Mr n.

00:41:43.650 --> 00:42:00.570

Rim Cothren: Would you share that externally because it's obviously it's uniquely identified to a person and if another provider said, I want to know number 12345 because I know who that is that's an unambiguous match is that something that you, that is something that's shareable.

00:42:05.760 --> 00:42:20.610

Nate Carroll MD, Ventura County: I wonder a little bit about what the value overall in that would be since the hammer and sorry generally unique to a specific organization and so, if you know enough about a patient, you know that you have there, Mr n for a different organization.

00:42:21.870 --> 00:42:22.140

Nate Carroll MD, Ventura County: You know.

00:42:23.700 --> 00:42:24.060

Nate Carroll MD, Ventura County: I don't know.

00:42:25.320 --> 00:42:36.510

Matt Eisenberg - Stanford Health Care: yeah I know it's interesting, so I don't know the compliance question because I have to go back to compliance office, but you know we use both medical record numbers and actually we will we actually now share the care everywhere ID, then the epic.

00:42:37.080 --> 00:42:48.150

Matt Eisenberg - Stanford Health Care: ID with with with folks, and so they have it, those are used, generally, because when we have a mismatch on the algorithm like they go, I know I was at Stanford they're sitting at sutter.

00:42:48.840 --> 00:43:00.450

Matt Eisenberg - Stanford Health Care: They can pull up their character ids so that the medical record folks can call us and resolve the the identity matching mismatch issue but it's usually not helpful upfront.

00:43:06.060 --> 00:43:20.910

Rim Cothren: made, I want to come back to your comment real quickly and at least poses scenario where Mr ends might be useful i'm thinking, for instance, if.

00:43:22.560 --> 00:43:31.020

Rim Cothren: I as a patient have been seen by both somebody at at Kaiser and it's sutter and.

00:43:31.980 --> 00:43:39.330

Rim Cothren: Through probabilistic matching those two organizations have decided on what my identity is but they've also shared my Mr n.

00:43:39.870 --> 00:43:53.700

Rim Cothren: With each other than they no longer need to do probabilistic matching anymore, and in fact if they then share with somebody at common spirit, both the sutter and Kaiser.

00:43:54.750 --> 00:44:06.330

Rim Cothren: Mr ends Quinn sutter is doing a match there, while now common spirit knows kaiser's Mr in already and that's been determined.

00:44:08.400 --> 00:44:22.830

Rim Cothren: I guess two questions that I have and I come back to how do you feel about sharing that type of information but also am I painting a scenario that ridiculous and no one would trust that type that that type of information when it came in.

00:44:23.880 --> 00:44:30.420

Nate Carroll MD, Ventura County: I can see where that might be helpful if you are, if you have the patient and you're able to verify.

00:44:31.440 --> 00:44:34.260

Nate Carroll MD, Ventura County: You know the verify the Mrs with the patient.

00:44:35.580 --> 00:44:42.030

Nate Carroll MD, Ventura County: A similar situation where you could say you know we've probably realistically matched you.

00:44:43.290 --> 00:44:57.240

Nate Carroll MD, Ventura County: To this other organization, did you have a visit with them on this data, you know some other kind of data point that they can confirm whether you know they were seeing within that system and that the matching is correct, I think you could accomplish a similar thing.

00:44:59.040 --> 00:45:09.450

Nate Carroll MD, Ventura County: But I also can't see a lot of downsides to necessarily sharing that Mr and that again the you know patient privacy issues where somebody might be able to do some type of social engineering.

00:45:10.110 --> 00:45:24.180

Nate Carroll MD, Ventura County: and be able to call in or receive you know faxed or other sent data on a patient based on having information about there, Mr n within that system, you know that's a potential cause for concern.

00:45:26.490 --> 00:45:34.020

Matt Eisenberg - Stanford Health Care: Agreed, I suspect that's where our compliance folks would be concerned about you know just building those out because somebody was trying to.

00:45:36.870 --> 00:45:48.990

Matt Eisenberg - Stanford Health Care: steal your identity and call up with a medical record number that may not be of any value frankly again rim I don't think that helps up



front with with matching it really helps after the fact, if there's been a mismatch that you think is inaccurate.

00:45:49.500 --> 00:45:50.910

Rim Cothren: Okay, great thanks.

00:45:54.780 --> 00:45:55.200

Rim Cothren: Yes.

00:45:55.650 --> 00:46:11.340

Belinda Waltman, LA County DHS: Linda from La so I live and breathe in the medicaid medical waiver world so CNN is like our one of our main unique identifiers I know that's not the whole denominator here but that's a obviously a State state identifier, so that would be I think potentially helpful here.

00:46:12.240 --> 00:46:22.620

Rim Cothren: Great and thanks for for bringing that one up that's what I meant, to mention but didn't and I also saw matt matt nodding his head when you when you said that so that sounds like.

00:46:24.450 --> 00:46:30.840

Rim Cothren: One that we should we should make sure are there other state identifiers that are useful, we heard a little bit about.

00:46:31.290 --> 00:46:46.620

Rim Cothren: The care identifier, if it was actually put in potentially that would be useful or other public health identifiers if they exist are there other especially state health related identifiers that you think would be useful.

00:46:52.620 --> 00:47:00.240

Rim Cothren: I can't think of any i'm just looking for for input so i'll pick silence, but I did hear medicaid and so on that one.

00:47:03.180 --> 00:47:18.480

Nate Carroll MD, Ventura County: I believe in ventura county we have we have Gold Coast identifiers, but I think they also change every time a patient or they frequently can change when a patient goes off of Gold Coast and then is re enrolled within the medical system okay.

00:47:20.850 --> 00:47:21.690

Rim Cothren: Thanks good to know.

00:47:27.690 --> 00:47:28.830

Rim Cothren: And I see a note in the.

00:47:29.130 --> 00:47:35.700

Rim Cothren: chat here also about benefit of sins more than immigrants, so thank you for that.

00:47:38.610 --> 00:47:39.960

Rim Cothren: Are there other thoughts about data.

00:47:42.270 --> 00:47:46.710

Belinda Waltman, LA County DHS: i'll throw out a contentious set of identifiers I don't know if it was discussed last time but.

00:47:47.100 --> 00:47:54.450

Belinda Waltman, LA County DHS: For our patients who are justice involved, and this is something that we always deal with because they are more prone to have you know more aliases and.

00:47:55.080 --> 00:48:01.710

Belinda Waltman, LA County DHS: can have really complex transitions of care between different systems justice health etc so.

00:48:02.280 --> 00:48:10.680

Belinda Waltman, LA County DHS: There is there obviously number of different identifiers booking numbers may numbers, I think, some are county specific but there's a ci number as well.

00:48:11.280 --> 00:48:19.980

Belinda Waltman, LA County DHS: I think it's I think it's a law enforcement protected number I think it's based on the fingerprint in some way but it's supposed to be sort of the unique identifier within the.

00:48:20.370 --> 00:48:29.160

Belinda Waltman, LA County DHS: justice system and so it's something that constantly comes up for us when we're trying to link patients who may have different aliases who were serving in different places.

00:48:30.210 --> 00:48:30.480

Rim Cothren: Great.

00:48:30.510 --> 00:48:32.010

Rim Cothren: Thanks i'll make sure that.

00:48:33.180 --> 00:48:42.900

Rim Cothren: We have meetings with the state departments as well and i'll make sure to make a note to take support that when we come up there, I don't know what the.

00:48:43.950 --> 00:48:50.400

Rim Cothren: As, as you know, there are complex legal requirements around some of those interactions and I don't know them well enough.

00:48:52.050 --> 00:48:53.460

Rim Cothren: matt I saw you come back off you.

00:48:54.210 --> 00:48:56.040

Matt Eisenberg - Stanford Health Care: know, I was just thinking out loud about.

00:48:57.240 --> 00:49:08.430

Matt Eisenberg - Stanford Health Care: Active duty and veterans I don't know if there's other areas, there we have enough in the state that that might be a value to think about we don't typically capture that we we use the standard matching algorithm.

00:49:08.880 --> 00:49:22.050

Matt Eisenberg - Stanford Health Care: And, as you know, the current joint HIV for the VOD va is actually doing broadcast queries along the health exchange and they're they're capturing that but within the State might be something that we could consider if that was useful.

00:49:22.590 --> 00:49:30.210

Rim Cothren: Great thanks, and I actually don't know in case you do when they do those queries do they share identifiers either.

00:49:30.210 --> 00:49:32.310

Rim Cothren: veterans God numbers out.

00:49:32.520 --> 00:49:48.270

Matt Eisenberg - Stanford Health Care: I do not think so that's I don't think that's part of the message, but you know, would be the thought to ask for you know instead I don't

know I just was thinking that that and again i'm trying to get us from 85 to 99 without you know, basically, you know tagging everybody.

00:49:48.540 --> 00:49:57.840

Rim Cothren: Absolutely, so I think that's a good thing and i'll make a note and see if I can reach out to some of my colleagues and understand.

00:49:58.950 --> 00:50:16.500

Rim Cothren: Whether that shared now I don't think it is either, and if it isn't if there are policy barriers to changing that California, is a big state and advocacy on behalf of California, that would benefit everybody in the country might be worth a try.

00:50:17.580 --> 00:50:18.000

Rim Cothren: Thanks.

00:50:18.810 --> 00:50:25.320

Matt Eisenberg - Stanford Health Care: yeah yeah no I like the idea of the care identifier, although you know we've had issues with demographics and and.

00:50:26.220 --> 00:50:33.300

Matt Eisenberg - Stanford Health Care: duplicates within the care database, which is hopefully getting better but i'm trying to think of other public health registries that we send to including the.

00:50:33.720 --> 00:50:41.670

Matt Eisenberg - Stanford Health Care: You know, a PhD American public health laboratory for case reporting, but I don't think there are a case report ids on those things, but I just don't think that's going to help us here.

00:50:42.270 --> 00:50:42.570

Okay.

00:50:43.980 --> 00:50:46.050

Rim Cothren: i'll make a note to look into that as well, thank you.

00:50:47.970 --> 00:50:48.750

Rim Cothren: Other thoughts.

00:50:51.180 --> 00:50:58.950

Rim Cothren: i'm going to come back to a couple of the things that matt said pushing us towards thinking outside of just California veterans idea is a good example of that where.

00:50:59.340 --> 00:51:13.290

Rim Cothren: We might be able to start linking to outside of the state are there other national identifiers, like some of the ones we've talked about within the state that might be useful, what comes to mind, for me, for instance, is medicare ID might.

00:51:14.580 --> 00:51:24.180

Rim Cothren: fulfill a lot of the same role as a medicaid medical ID internally, maybe we capture medicaid ids whether it's in state or out.

00:51:25.650 --> 00:51:28.770

Rim Cothren: Are there other thoughts on national identifiers, that we should be looking at.

00:51:30.720 --> 00:51:31.710

Matt Eisenberg - Stanford Health Care: Well, obviously there's.

00:51:32.730 --> 00:51:35.160

Matt Eisenberg - Stanford Health Care: You know if you have a passport there's a passport ID if.



00:51:35.190 --> 00:51:41.130

Matt Eisenberg - Stanford Health Care: You have a Green Card there's a Green Card ID and I guess more and more of us probably have an identifier for travel.

00:51:42.480 --> 00:51:55.890

Matt Eisenberg - Stanford Health Care: Interestingly enough, would not use, you know whether you have a known traveler number or global passport number, those are again would be ways that have been federally identified so it's kind of a kind of a cool trick, but I have not seen that being used.

00:51:57.480 --> 00:51:58.200

Rim Cothren: Great thanks.

00:52:02.520 --> 00:52:03.300

Rim Cothren: Other thoughts.

00:52:09.510 --> 00:52:18.300

Nate Carroll MD, Ventura County: Just thought about you know when we're talking about known traveling numbers and things like that I think patients may not necessarily want.

00:52:18.960 --> 00:52:27.780

Nate Carroll MD, Ventura County: Every aspect of their healthcare to be linked with every other aspect of their life, such that, if there were some type of a breach you'd be able to connect.

00:52:28.560 --> 00:52:41.400

Nate Carroll MD, Ventura County: You know connect the dots so as we think about getting into using all sorts of other additional identifiers that may be linked to other government services that may be something that patients are less likely to want to share.

00:52:42.690 --> 00:52:52.290

Matt Eisenberg - Stanford Health Care: No it's critical point and I think this is really important, so a lot of that ends up going into a transactional message on the query but then you want to just get rid of that.

00:52:52.650 --> 00:52:57.450

Matt Eisenberg - Stanford Health Care: You want to purge that that's how the health exchange does that they don't keep any of the query data past a.

00:52:57.720 --> 00:53:06.090

Matt Eisenberg - Stanford Health Care: certain period of time for operational reporting there's you know and there's no identity there's no API so your points are really important one, and again, you know.

00:53:06.570 --> 00:53:17.430

Matt Eisenberg - Stanford Health Care: required versus optional to sort of get us over the hump is very different and i'm i'm all for what you said and if somebody didn't want to share their known traveling number I don't think we'd have any trouble with that.

00:53:18.030 --> 00:53:23.220

Matt Eisenberg - Stanford Health Care: it's where it's where the matching algorithm fails

00:53:25.140 --> 00:53:27.450

Matt Eisenberg - Stanford Health Care: With standard demographics and standard standard.

00:53:28.890 --> 00:53:33.180

Matt Eisenberg - Stanford Health Care: stenting you know what we can get out of the one USD us ED everyone.

00:53:36.360 --> 00:53:41.640

Rim Cothren: there's one other thing that I want to explore just real quickly, and that is, you know we've talked about.

00:53:42.420 --> 00:53:51.180

Rim Cothren: Additional standards for some of the data that we're collecting we talked about some additional identifiers, we might want to start to collect can we talk a little bit about the burden.

00:53:51.690 --> 00:54:03.810

Rim Cothren: On providers or others in starting to try to collect some of this information and your feelings about that is that burden worth it, is it something that it's manageable.

00:54:04.950 --> 00:54:10.500

Rim Cothren: Is what are, what are your thoughts about actually trying to implement some of the things you're talking about here.

00:54:16.230 --> 00:54:30.630

Matt Eisenberg - Stanford Health Care: Well it's an important point, and particularly now with the price transparency, information that registration folks have to make sure people have it's it's you know we can't ignore that and that's been chilling, particularly for some of our.

00:54:31.350 --> 00:54:43.800

Matt Eisenberg - Stanford Health Care: federally qualified health centers and others, as I think people probably heard another context, so I think rim, the trade off is don't make it that much harder, but if we can standardize it maybe we could actually make a little bit easier that I That would be my hope.

00:54:44.250 --> 00:54:46.770

Rim Cothren: Okay, is it something worth phasing in.

00:54:47.940 --> 00:54:50.010

Rim Cothren: Or is this, something that we should.

00:54:53.190 --> 00:54:54.210

Rim Cothren: I don't know it.

00:54:55.980 --> 00:54:57.090

Rim Cothren: I don't know.

00:54:58.500 --> 00:55:05.100

Rim Cothren: i'll just stop there, is it something to phase in or would you try to establish new standards and push to adopt them all.

00:55:07.620 --> 00:55:21.000

Matt Eisenberg - Stanford Health Care: I would probably start with the basics that's doable and then, if we're not getting the kind of match rates, we need to really ensure the mission of every California, we work our way up.

00:55:21.270 --> 00:55:21.570

Okay.

00:55:22.950 --> 00:55:23.340

Thanks.

00:55:25.440 --> 00:55:27.690

Rim Cothren: Other thoughts, especially on burden.

00:55:36.360 --> 00:55:39.840

Nate Carroll MD, Ventura County: I think I think a lot of these things are things that organizations are already doing.

00:55:41.730 --> 00:55:52.350

Nate Carroll MD, Ventura County: And when a standard exists, though it does make it easier because a lot of times you'll have the development at the you know national ehr level or or local ehr level.

00:55:53.640 --> 00:55:56.880

Nate Carroll MD, Ventura County: That will make it easier for the staff to be able to collect those information.

00:55:57.900 --> 00:55:58.140

Nate Carroll MD, Ventura County: Great.

00:55:58.620 --> 00:56:02.490

Rim Cothren: And one comment that i'll just make for your benefit if you haven't been following.

00:56:05.610 --> 00:56:08.640

Rim Cothren: The discussions of the data.

00:56:09.690 --> 00:56:15.000

Rim Cothren: sharing agreement subcommittee they have been pushing very strong.

00:56:16.080 --> 00:56:20.820

Rim Cothren: very strongly to adopt national standards rather than create new California standards.

00:56:21.900 --> 00:56:33.480

Rim Cothren: And so, as as standards become available for some of these data elements I think that's the way that we're likely to be heading, it may.

00:56:34.290 --> 00:56:40.410

Rim Cothren: suggest, something that we need all of the stakeholders to advocate for standards for their missing.

00:56:41.010 --> 00:56:53.010

Rim Cothren: And we may be forced to come up with some where they don't exist, but should be thinking about that, on the national level, and how they could we could advocate for national adoption of some of those standards, perhaps.

00:56:59.460 --> 00:57:12.690

Guillermo Diaz LADHS (He/Him/His): Okay i'd like to get around from the La county real quick, I wanted to just clarify your question when you say the burden i'm looking through this US CDI version one, and you know most of this is pretty routine.

00:57:14.100 --> 00:57:17.430

Guillermo Diaz LADHS (He/Him/His): When that's not routine is like assigned at birth right that's pretty recent.

00:57:17.910 --> 00:57:26.850

Guillermo Diaz LADHS (He/Him/His): And it's taken some time in our system for sure, and I got you know, an la county to go ahead and introduce this field between training, etc, so is that what you're asking is like.

00:57:27.420 --> 00:57:36.150

Guillermo Diaz LADHS (He/Him/His): You know, set the minimum that you have to report this or if you don't report it, you can still you know participate well.

00:57:36.420 --> 00:57:49.590

Rim Cothren: um it's a it's a good question and it's probably worth a little bit of discussion here one of the one of the studies it's often cited is a relatively large project that was undertaken in utah.

00:57:50.700 --> 00:57:55.680

Rim Cothren: To improve data quality and.

00:57:57.390 --> 00:58:10.620

Rim Cothren: Of the demographics that were used in matching across the statewide HIV there and found that they could go from a 60% match rate to a 95% match rate by.

00:58:11.760 --> 00:58:20.760

Rim Cothren: very carefully controlling the quality of the data that they were getting and when I say quality I don't mean just that you got it right.

00:58:21.750 --> 00:58:32.490

Rim Cothren: And you didn't transpose two letters when you typed in a last name but then everybody followed exactly the same formula for doing to word last names and whether you put spaces or.

00:58:32.910 --> 00:58:42.780

Rim Cothren: camel case or hyphens or just use the second you know there's there are lots of things that involve that whereas matt was suggesting when you can't get a number.

00:58:43.110 --> 00:58:52.860

Rim Cothren: How do you identify that it was unknown or did not exist or declined to you know report, how do you make those things consistent.

00:58:53.400 --> 00:58:56.160

Rim Cothren: So one thing is dealing with the data quality.

00:58:56.640 --> 00:59:06.930

Rim Cothren: Telling your registration people that know you can't put in the address the way you've been doing that you need to do it this way or the last name, this is the formula that everybody in the state is now going to use.

00:59:07.650 --> 00:59:14.730

Rim Cothren: The second things we've also been talking about collecting a lot of new information that you need to start asking for passport numbers and driver's license numbers.

00:59:15.270 --> 00:59:25.140

Rim Cothren: And medicaid ID numbers, etc, so that is that's that's the burden some of that burden is going to lie with your vendors, to make that enabled.

00:59:25.590 --> 00:59:40.680

Rim Cothren: And are potentially enforced, but a lot of it's going to lie on the staff that are engaging with the patients to make sure that that information is actually collected and a lot of training to get the word out as we develop these standards on how to best collected.

00:59:44.250 --> 00:59:57.960

Rim Cothren: So, now that said i'm interested in your thoughts about that, and you know, are we asking, something that is unlikely to be implemented, and therefore need to take a different path.

01:00:00.030 --> 01:00:11.280

Matt Eisenberg - Stanford Health Care: So again, it for the things that we do every day when we register people if we can just tell people that we want you to do it this way.

01:00:12.960 --> 01:00:14.220

Matt Eisenberg - Stanford Health Care: Across the state.

01:00:15.390 --> 01:00:21.150

Matt Eisenberg - Stanford Health Care: That should make life easier and and help us right that that's what we have found.

01:00:22.950 --> 01:00:29.700

Matt Eisenberg - Stanford Health Care: anytime we asked them to collect additional data or data that is sensitive, we add to the burden okay.

01:00:31.110 --> 01:00:33.480

Rim Cothren: So you put those in very different categories.

01:00:33.540 --> 01:00:34.560

Matt Eisenberg - Stanford Health Care: I would guess.

01:00:34.830 --> 01:00:35.550

Rim Cothren: that's what i'm hearing.

01:00:37.170 --> 01:00:47.640

Guillermo Diaz LADHS (He/Him/His): I would agree with that, I think we found our system in general is to make that kind of additional burden more tolerable that it takes incentives right.

01:00:49.170 --> 01:01:00.300

Guillermo Diaz LADHS (He/Him/His): To do that, and to standardize because it's it's not it looks like it's one field but it's actually training, thousands of people across the system to say this is how I use that field break consistently.

01:01:03.990 --> 01:01:09.660

Rim Cothren: So you use the word there that I want to explore just a little bit and that's incentives to you what.

01:01:11.490 --> 01:01:12.330

Rim Cothren: What would.

01:01:14.880 --> 01:01:17.730

Rim Cothren: What would we need to at least think about in order to.

01:01:20.070 --> 01:01:23.100

Rim Cothren: Speed adoption of standards that we establish.

01:01:31.110 --> 01:01:31.890

Guillermo Diaz LADHS (He/Him/His): Results entities.

01:01:32.370 --> 01:01:34.530

Rim Cothren: I don't know either and and.

01:01:34.560 --> 01:01:36.360

Rim Cothren: Again, that too difficult question.

01:01:37.470 --> 01:01:55.140

Rim Cothren: And you know some of the incentive is just that you're going to get better match rates therefore better data more data or data may or may not be a good thing, but that you know at least the potential for for more data and more reliable matches but that may be insufficient.

01:01:56.070 --> 01:01:58.080

Rim Cothren: When you're looking at training, thousands of people.

01:01:58.380 --> 01:02:10.050

Matt Eisenberg - Stanford Health Care: yeah it at a minimum the incentive, maybe an explanation of what's in it for me as the registrar and my organization, as opposed to other incentives.

01:02:11.070 --> 01:02:17.820

Matt Eisenberg - Stanford Health Care: And how this will improve the care of the patients were serving that's why we do it when you have to get that message across.

01:02:18.570 --> 01:02:26.460

Rim Cothren: So, at least in that case you're talking about personal incentives to staff, the tracking to work harder and do something do.

01:02:28.200 --> 01:02:32.520

Rim Cothren: That that that's helpful, thank you, I was thinking in terms of organizational incentives.

01:02:34.080 --> 01:02:39.480

Rim Cothren: How would you get Stanford to pick on you know, a new standard.

01:02:40.650 --> 01:02:42.090

Rim Cothren: And maybe that's less of a concern.

01:02:44.370 --> 01:02:48.090

Nate Carroll MD, Ventura County: And the organizations might actually be dis incentivized.

01:02:49.350 --> 01:03:00.270

Nate Carroll MD, Ventura County: From a standpoint of if the health information is not as easily obtained from other organizations, you know you repeat that CT scan you repeat that MRI and you get paid.

01:03:01.500 --> 01:03:12.840

Nate Carroll MD, Ventura County: For this, you know unnecessary procedure or study that wouldn't have been done had the information been readily available at the time that it was ordered.

01:03:19.260 --> 01:03:20.340

Rim Cothren: I think that's at least.

01:03:21.390 --> 01:03:34.980

Rim Cothren: A concern, I will say that i've at least seen studies that the opposite happens if I can see a lab result now I am incentivized to repeat it, because I have a baseline to compare it to.

01:03:35.940 --> 01:03:48.420

Rim Cothren: And so, some of some studies have shown that it actually increases the value of repeating tests to happen old result I don't know that those are careful enough studies to.

01:03:50.820 --> 01:03:56.490

Rim Cothren: to base a strategy on but there, there is at least potentially a flip side for that.

01:03:59.460 --> 01:04:02.370

Rim Cothren: Are there other thoughts, either on data or structure.

01:04:04.860 --> 01:04:13.650

Rim Cothren: we're a little past the top of the hour, this has been a really good discussion, for me, but I don't want to keep people longer than you want to be here so.

01:04:14.730 --> 01:04:24.030

Rim Cothren: If there are any other thoughts, please, otherwise we will close out a little early and get everybody off of their video cameras a little earlier today.

01:04:26.130 --> 01:04:35.850

Rim Cothren: Let me go on to the next slide Dan I just want to give people a quick snapshot of where we're headed from here and on to the next slide we have.

01:04:36.840 --> 01:04:40.560

Rim Cothren: A number of different activities that will be going through over the next couple of months.

01:04:41.160 --> 01:04:53.460

Rim Cothren: we're meeting with a number of the other focus groups over the next three weeks and we'll be refining the strategy taking your input and input we get from the other focus groups over those next three weeks.

01:04:53.970 --> 01:05:00.720

Rim Cothren: Our intent is to complete a draft of the strategy in April, that will be able to talk about then.

01:05:01.860 --> 01:05:11.940

Rim Cothren: And our hope is to be bringing that draft in to the advisory group at the beginning of April, so you might look for that happen then.

01:05:12.450 --> 01:05:18.480

Rim Cothren: i'm we're also planning for an opportunity for public comment on the draft strategy.

01:05:19.350 --> 01:05:34.020

Rim Cothren: Then we are looking to refine the strategy in May and finalize it in June or July, we have a requirement under the Statute to publish the strategy on July 31 of this year so that's that's the path that we're on right now.

01:05:36.660 --> 01:05:47.760

Rim Cothren: let's go on to the next slide please, and we have one more meeting that scheduled and that's for an April will be holding that mean if we need to and it's really if there.

01:05:48.240 --> 01:06:01.290

Rim Cothren: are questions that come up and other focus groups that seem to really take issue with some of the things that i've heard from you here it's an opportunity for us to gather together, we also may come together when.

01:06:03.030 --> 01:06:08.640

Rim Cothren: draft to the strategy is available and talk about specific things that that you would like to see in that.

01:06:09.810 --> 01:06:20.400

Rim Cothren: so bad meeting should be on your calendars it's also a late in the day meeting I would encourage folks that if late in the day means do like this one.

01:06:20.880 --> 01:06:28.110

Rim Cothren: Work poor for you to let me know we'd certainly like that feedback and we can change the time on that, if we need to.

01:06:28.740 --> 01:06:40.140

Rim Cothren: If you have any other questions on what's going on with the digital identity focus group meetings schedules or any other logistics feel free to either reply to the.

01:06:40.710 --> 01:06:57.450



Rim Cothren: Meeting invite you got that goes to claw who was been on the call here with me today or to myself, you can find these slides and therefore my email address on the cal hhs website associated with the data exchange framework.

01:06:59.490 --> 01:07:07.950

Rim Cothren: If there isn't anything else i'll give everybody 20 minutes back in your day and thank you very much for your comments today, I appreciate it very much.

01:07:10.020 --> 01:07:10.950

Matt Eisenberg - Stanford Health Care: Thanks, for I appreciate it.

01:07:11.310 --> 01:07:12.120

Thank you so.

01:07:13.380 --> 01:07:13.950

Ashish Atreja, UC Davis Health: it's all.