



**California Health & Human Services Agency  
Center for Data Insights and Innovation  
Data Exchange Framework Stakeholder Advisory Group  
Meeting 7 Transcript (10:00AM – 12:30PM PT, April 7, 2022)**

The following text is a transcript of the April 7<sup>th</sup> meeting of the California Health & Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Stakeholder Advisory Group. 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.

*The following meeting was conducted in a “hybrid” format, where presenters, Stakeholder Advisory Group members, and members of the public were both present in-person at the Clifford L. Allenby Building, 1215 O Street, Sacramento, CA 95814 and able to join virtually via Zoom. The hybrid format provides expanded meeting access for Californians, while respecting public health concerns. The meeting transcript notes all comments delivered in-person and recorded via the in-room microphone as “CalHHS CDII,” not differentiating between meeting attendees. CDII recommends reviewers seeking to know the exact speakers, review the full video recording of the meeting, also available on our website.*

1

00:00:21.060 --> 00:00:21.840  
CalHHS CDII: Now go do.

2

00:00:24.810 --> 00:00:27.600  
CalHHS CDII: You remember ready to start the welcome, we can begin.

3

00:00:32.370 --> 00:00:38.280  
Mario S - Manatt Events: hello, and welcome to today's program my name is Mario and i'll be in the background answering any zoom technical questions.

4

00:00:38.910 --> 00:00:47.850  
Mario S - Manatt Events: You can experience difficulties during this session, please type your question into the Q amp a section at the bottom of your zoom webinar viewer and a producer will respond.

5

00:00:48.810 --> 00:00:59.730

Mario S - Manatt Events: During today's event live closed captioning will be available, please click the CC button at the bottom of your zoom window to enable or disable elsewhere they'll cover the meeting participation options.

6

00:01:00.450 --> 00:01:02.160

Alice H - Manatt Events: it's my next slide please.

7

00:01:03.750 --> 00:01:16.530

Alice H - Manatt Events: There are a few ways attendees may participate today Members who are on site are encouraged to login for their panelists link on zoom and are asked to keep their laptops video microphone and audio off for the duration of the meeting.

8

00:01:17.340 --> 00:01:25.800

Alice H - Manatt Events: rooms cameras and microphones will broadcast the video and audio for the meeting instructions for connecting to the conference rooms wi fi are posted in the room.

9

00:01:26.430 --> 00:01:41.280

Alice H - Manatt Events: Please email cloth on vein kh Oh, you have a BA n G at ch s.ca.gov with any technical or logistical questions about onsite meeting participation next slide.

10

00:01:42.270 --> 00:01:51.750

Alice H - Manatt Events: Participants on zoom may submit written comments and questions for the zoom Q amp a box all comments will be recorded and reviewed by advisory group staff.

11

00:01:52.590 --> 00:02:05.130

Alice H - Manatt Events: Participants may also submit comments and questions, as well as request receive data exchange framework updates to CBI at ch adjust.ca.gov next slide please.

12

00:02:06.330 --> 00:02:16.380

Alice H - Manatt Events: participants and advisory group members must raise their hand for zoom facilitators to unmute them to share comments, the Chair will notify participants members of the.

13

00:02:17.130 --> 00:02:27.720

Alice H - Manatt Events: Of the appropriate time to volunteer feedback, if you are logged on the on site and not using zoom physically raise your hand and the Chair will recognize you when it's your turn to speak.

14

00:02:28.350 --> 00:02:36.750

Alice H - Manatt Events: If you logged on on site via zoom and interface press raise hand in the reactions button on the screen or physically raise your hand.

15

00:02:37.380 --> 00:02:44.580

Alice H - Manatt Events: If selected to share your comments, please begin speaking and do not unmute you're locked up the rooms microphones will broadcast audio.

16

00:02:45.420 --> 00:02:57.330

Alice H - Manatt Events: If you logged on from off site via zoom interface press raise hand and the reactions button on the screen if selected to share your content you'll receive a request to unmute please ensure your except for speaking.

17

00:02:57.930 --> 00:03:13.230

Alice H - Manatt Events: And finally, if you logged in via phone only press star nine on your phone to raise your hand and listen to your phone number to be called if selected to share your comment, please ensure you are unmuted on your phone by pressing star six next slide.

18

00:03:15.270 --> 00:03:21.240

Alice H - Manatt Events: Public comment will be taken during the meeting at designated times and will be limited to the total amount of time allocated.

19

00:03:21.750 --> 00:03:30.480

Alice H - Manatt Events: The Chair will call on individuals in the order in which their hands were raised, beginning with those in the room and followed by those dialed in are connected remotely through zoom.

20

00:03:31.230 --> 00:03:37.080

Alice H - Manatt Events: Individuals will be given two minutes, please state your name and organizational affiliation, when you begin.

21

00:03:37.650 --> 00:03:56.310

Alice H - Manatt Events: participants are also encouraged to use the Q amp a to ensure all feedback is captured or, again, you may email comments to CDI at chhs.ca.gov and with that i'd like to introduce john onion chief data officer at California, health and human services.

22

00:03:57.480 --> 00:04:04.290

CalHHS CDII: bring everyone i'm going to stand i'm army and i'd like to talk standing up and with my him, so thank you for liking that.

23

00:04:04.770 --> 00:04:19.170

CalHHS CDII: i'm particularly very excited today it's our second meeting, maybe that's our lucky number, because we got to be in person today, many of us, and with this project it's just been a race and it's just nice to just take a quick moment and.

24

00:04:20.190 --> 00:04:27.660

CalHHS CDII: Look at all of your faces and have you all here and I just could feel the energy the excitement that all of you are bringing to the table spoke them.

25

00:04:28.920 --> 00:04:32.010

CalHHS CDII: To our new space which went into just a few months ago.

26

00:04:33.540 --> 00:04:48.630

CalHHS CDII: we're gonna we're going to start our meeting with our Chair, with a few reflections on our progress and put forward several considerations on our main topics today, which are governance regulatory and policy opportunities and the digital identity strategy.

27

00:04:49.680 --> 00:04:55.350

CalHHS CDII: We also have an update on our data sharing agreement and sub committee deliberations and we're going to start with a quick roll call.

28

00:04:56.640 --> 00:05:07.470

CalHHS CDII: Before we go to roll call, some of you may know that Patrick relative who was data subcommittee Member passed away eighth March and.

29

00:05:08.670 --> 00:05:14.040

CalHHS CDII: At our Subcommittee meeting we took a moment for him and i'd like to do the same, today, you know I didn't know Patrick very well.

30

00:05:14.670 --> 00:05:24.870

CalHHS CDII: But I had an opportunity at the HIV summit or at a conference hymns Conference a few years ago to beat them through a colleague Dan job is ended up having dinner with him.

31

00:05:25.500 --> 00:05:31.170

CalHHS CDII: and got to know him a little bit and then through my ci work he was always wondering how I could help.

32

00:05:31.830 --> 00:05:40.830

CalHHS CDII: And I will see that once we kicked off this data exchange framework project back in July immediately I heard from Patrick, how can I help, what can I do.

33

00:05:41.370 --> 00:05:50.700

CalHHS CDII: And he was very, very honored to be selected, so the data sharing agreement committee and that group has decided that want to keep him in.

34

00:05:51.780 --> 00:05:52.440

CalHHS CDII: absentia.

35

00:05:53.490 --> 00:06:04.500

CalHHS CDII: On on the group health that obviously brought someone in to to help fill in his place, but if we could just take a moment to remember his energy excitement and.

36

00:06:05.520 --> 00:06:07.890

CalHHS CDII: You know, remember him thank.

37

00:06:13.920 --> 00:06:16.740

CalHHS CDII: You Patrick i'd like to start the roll call.

38

00:06:18.720 --> 00:06:22.380

CalHHS CDII: Our chair Secretary, Mr President, thank you.

39

00:06:23.730 --> 00:06:26.220

CalHHS CDII: would be hearing community services Jamie El Monte.

40

00:06:28.980 --> 00:06:32.580

CalHHS CDII: California association about plan Charles quantity here.

41

00:06:33.990 --> 00:06:35.820

CalHHS CDII: Kaiser permanente Andrew bindman.

42

00:06:36.390 --> 00:06:38.070

Andrew Bindman: present on the zoom Thank you.

43

00:06:39.090 --> 00:06:44.610

CalHHS CDII: Of the county behavioral health directors association of California Michelle body for.

44

00:06:48.870 --> 00:06:51.330

CalHHS CDII: offering a hospital association Carmelo coil.

45

00:06:51.930 --> 00:06:52.500

Carmela Coyle: Good morning.

46

00:06:53.580 --> 00:06:53.880

Carmela Coyle: morning.

47

00:06:54.780 --> 00:06:56.760

CalHHS CDII: That point management, probably the one.

48

00:06:57.840 --> 00:07:00.180

Rahul Dhawan: morning peasant to sorry for your loss.

49

00:07:02.070 --> 00:07:04.770

CalHHS CDII: California association of health facilities, Joe DNS.

50

00:07:05.370 --> 00:07:05.940  
resident.

51  
00:07:07.830 --> 00:07:11.340  
CalHHS CDII: California Medical Association P before President.

52  
00:07:12.390 --> 00:07:14.700  
CalHHS CDII: Partnership health plan of California Liz Cuban.

53  
00:07:19.500 --> 00:07:23.220  
CalHHS CDII: county health as executives association of California Michelle gives.

54  
00:07:26.430 --> 00:07:29.880  
CalHHS CDII: California association of health information exchanges lori heck.

55  
00:07:33.090 --> 00:07:37.050  
CalHHS CDII: Service employees International Union of California bleach.

56  
00:07:42.480 --> 00:07:45.420  
CalHHS CDII: Quick test on the zoom are you guys hearing me clearly.

57  
00:07:46.710 --> 00:07:47.970  
Carmela L - Manatt Events: i'm clear YES yeah.

58  
00:07:48.150 --> 00:07:48.540  
Andrew Bindman: Yes.

59  
00:07:48.630 --> 00:07:49.800  
CalHHS CDII: it's great Thank you.

60  
00:07:51.120 --> 00:07:54.390  
CalHHS CDII: California healthcare foundation Sandra good morning person.

61  
00:07:56.520 --> 00:07:59.610  
CalHHS CDII: The county of San Diego Cameron Kaiser.

62

00:08:00.480 --> 00:08:01.410

Cameron Kaiser: Present Thank you.

63

00:08:02.790 --> 00:08:06.120

CalHHS CDII: I should mention representing the California conference of local file box.

64

00:08:07.470 --> 00:08:13.980

CalHHS CDII: Blue Shield of California Andrew keeper present local health plans of California linear equipments.

65

00:08:15.690 --> 00:08:16.440

Linnea Koopmans: Okay, good morning.

66

00:08:17.310 --> 00:08:22.740

CalHHS CDII: The morning you see Center for information technology research in the interest of society, David lynch.

67

00:08:23.790 --> 00:08:26.370

David Lindeman: President good morning morning help.

68

00:08:26.640 --> 00:08:29.550

CalHHS CDII: Help access California amanda mcallister woman.

69

00:08:30.810 --> 00:08:31.860

Amanda McAllister-Wallner (she/her): Good morning, President.

70

00:08:32.790 --> 00:08:33.090

morning.

71

00:08:34.290 --> 00:08:37.530

CalHHS CDII: California primary care association Dan mcfarland resident.

72

00:08:38.700 --> 00:08:41.850

CalHHS CDII: lanes holly murderous ronda rousey prison.



73

00:08:43.680 --> 00:08:47.250

CalHHS CDII: paraphrase California association of public hospitals and health systems there Murray.

74

00:08:47.880 --> 00:08:48.420

mining.

75

00:08:49.470 --> 00:08:53.910

CalHHS CDII: California Labor federation janice o'malley morning at.

76

00:08:55.350 --> 00:09:01.740

CalHHS CDII: seven seven mark savage good morning California panic they helped network here at savage time.

77

00:09:04.050 --> 00:09:11.430

CalHHS CDII: Kelly welfare directors association at the Center here, thank you guys on the screen person manifest maddox body Williams.

78

00:09:12.150 --> 00:09:13.350

claudia williams: Here, thank you.

79

00:09:14.880 --> 00:09:19.260

CalHHS CDII: And no stranger to be San Diego information exchange, William your morning.

80

00:09:21.450 --> 00:09:25.320

CalHHS CDII: provides the department's California health benefit exchange I street i'm on.

81

00:09:26.610 --> 00:09:27.060

CalHHS CDII: The morning.

82

00:09:28.470 --> 00:09:34.770

CalHHS CDII: department of developmental services, Jim split table morning here department of aging mark Bagley my.

83

00:09:36.090 --> 00:09:37.470

CalHHS CDII: prostate books at the library.

84

00:09:38.610 --> 00:09:48.870

CalHHS CDII: Department of Health care's access and information it's got Christmas morning morning California public employee retirement system, David Kelly here.

85

00:09:51.120 --> 00:09:52.830

CalHHS CDII: department of insurance Fisher.

86

00:09:56.310 --> 00:10:00.210

CalHHS CDII: Department of State hospitals spread hauser President.

87

00:10:02.400 --> 00:10:05.250

CalHHS CDII: Business consumer services and housing agency Julie low.

88

00:10:09.840 --> 00:10:11.670

CalHHS CDII: department of public health Dana more.

89

00:10:13.980 --> 00:10:21.480

CalHHS CDII: she'll be here just in a couple minutes department of managed, health care and nate that now it works party apartment healthcare services, let Scott.

90

00:10:22.320 --> 00:10:23.280

Linette Scott: Thank Thank you.

91

00:10:24.480 --> 00:10:28.320

CalHHS CDII: Thank you to my department of corrections and rehabilitation cheryl MARS and.

92

00:10:30.720 --> 00:10:34.530

CalHHS CDII: department of social services Giuliana even less as an.

93

00:10:36.030 --> 00:10:38.610

CalHHS CDII: emergency medical services authority Leslie.

94

00:10:43.770 --> 00:10:48.780

CalHHS CDII: Thank you for that I, we are, I am now.

95

00:10:50.340 --> 00:10:52.830

CalHHS CDII: Welcome thanks john Thank you.

96

00:10:53.910 --> 00:11:08.100

CalHHS CDII: And really just a great honor and privilege to be with all of you, many of you in person, many of you by zoom still exciting day for chatted with a few of you, first in person big meeting for some of you.

97

00:11:09.510 --> 00:11:21.210

CalHHS CDII: have already, but certainly my first one outside of the State operations that are in quite some time so really grateful that so many people came with their energy.

98

00:11:21.780 --> 00:11:30.840

CalHHS CDII: To this important meeting today as john said, these are seventh of nine meeting so incredible feels like we just started but tremendous amount of work.

99

00:11:31.290 --> 00:11:39.390

CalHHS CDII: already done, because of not just what happens in these great you know somewhat short meetings every month, but also the subcommittee work.

100

00:11:39.690 --> 00:11:48.540

CalHHS CDII: The work that's happening and the conversations outside of this advisory group I think i'm really pleased constantly listen to to.

101

00:11:48.960 --> 00:12:00.150

CalHHS CDII: The forward momentum and the terrific work that comes together, I think, part of this comes clear in just last week, the legislative report that went forward.

102

00:12:00.600 --> 00:12:12.210

CalHHS CDII: To the legislature comments back to us were while haven't seen something as comprehensive of this in quite some time really amazing forward movement, and I think that's really a testimony.

103

00:12:12.750 --> 00:12:21.300

CalHHS CDII: To all of you and you're terrific contributions to what is occasionally a sticky issues certainly a heart issue but a very, very important.

104

00:12:22.080 --> 00:12:37.740

CalHHS CDII: For California so i'm proud to be part of this team grateful for jonjo Marco many others who really continue to sort of keep the foot on the gas on this issue, despite so many other things that could easily distract us.

105

00:12:39.000 --> 00:12:41.490

CalHHS CDII: So maybe we could advance to the next slide.

106

00:12:44.100 --> 00:12:55.920

CalHHS CDII: So in the sake of reminding people why we're good and i'm always grateful for reminders every day of the work and the importance of the work we're doing.

107

00:12:56.370 --> 00:13:03.630

CalHHS CDII: Sometimes it's easy to see or fail to see how each piece is connected, but I wanted to, as we have with.

108

00:13:04.080 --> 00:13:13.800

CalHHS CDII: All of our meetings just reaffirm the vision for the data exchange in California that every California, can the health and human service providers and organizations, they care for them.

109

00:13:14.340 --> 00:13:25.560

CalHHS CDII: will have timely and secure access to usable and we'd like to emphasize that usable term, those of us who've been in places where you get a lot of information.

110

00:13:26.010 --> 00:13:35.310

CalHHS CDII: But you don't know how to use it and really that's a failure of some of our existing systems that electronic information that is needed to address their health and.

111

00:13:35.790 --> 00:13:44.850

CalHHS CDII: Human social service needs and enable the effective and equitable delivery of services to improve their lives and well being and.

112

00:13:45.630 --> 00:13:56.370

CalHHS CDII: The reminder that this vision is not unlike other places across this agency and across the administration, where the real.

113

00:13:56.880 --> 00:14:09.270

CalHHS CDII: goal of a California for all is being recognized and build towards every day, some of you have the privilege of working in other settings to promote in other ways, not just around.

114

00:14:09.720 --> 00:14:21.090

CalHHS CDII: Health and human services, information exchange, but in other conversations around health equity improving our medicaid system addressing the needs within social and human services.

115

00:14:21.780 --> 00:14:36.420

CalHHS CDII: And this is just an important piece to that entire puzzle so continuing to recognize the value of this vision and how it is but one piece to a broader puzzle, I think, is next slide please.

116

00:14:37.920 --> 00:14:50.550

CalHHS CDII: So the other thing I want to remind people of is our call for action that really the at 133 established this group and really challenged us to.

117

00:14:51.180 --> 00:15:02.370

CalHHS CDII: build a vision around data exchange for California and I wanted to just go over these three bullets that are part of the legislation well parts of California is healthcare system.

118

00:15:02.850 --> 00:15:13.230

CalHHS CDII: reliant coordinated interoperable electronic system other parts of the centralized manual and siloed systems of clinical and administrative data exchange.

119

00:15:13.650 --> 00:15:21.990

CalHHS CDII: That is voluntary in many situations, so we haven't we still failing California, to have that high standard.

120

00:15:22.620 --> 00:15:32.430

CalHHS CDII: That this committee and advisory group is trying to forge forward to ensure that that information can be shared seamlessly and effective.

121

00:15:32.940 --> 00:15:41.760

CalHHS CDII: That voluntary patchwork poses burdens on providers and patients limits the healthcare ecosystem for making material advances in equity and quality.

122

00:15:42.240 --> 00:15:50.670

CalHHS CDII: And I think many of us experience that not in our own not, not only in the work we do, but even in our day to day lives and.

123

00:15:51.090 --> 00:16:05.280

CalHHS CDII: inhibits patient access to personalize longitudinal health records we emphasized in our vision that we want this to be about people for people, so the idea that we're not just creating something for systems, not just creating something.

124

00:16:05.760 --> 00:16:14.340

CalHHS CDII: That helps us connect one or two pieces of someone's story, but the many, many pieces that really all the information.

125

00:16:15.600 --> 00:16:25.140

CalHHS CDII: And to further the lack of clear policies and requirements to share data between payers providers hospitals public health systems and other.

126

00:16:25.740 --> 00:16:37.590

CalHHS CDII: Human services systems, create that signal significant hindrance to addressing public health crises personal health crises and we saw this is no greater way than hundred.

127

00:16:38.340 --> 00:16:50.490

CalHHS CDII: Where I know I spent the first many months of the pandemic addressing issues of how do we get the right data, how do we track that data, how do we make it usable and make decisions around policy.

128

00:16:51.120 --> 00:17:00.360

CalHHS CDII: That can help us address the needs of California so again a reminder of why we're here, and some of the specifics on what we're trying to.

129

00:17:00.840 --> 00:17:15.210

CalHHS CDII: achieve those clear policies and requirements to share data between so many different entities, I want to take a moment before moving into a conversation or teen up the conversation that showed is really going to lead us through on governance.

130

00:17:16.290 --> 00:17:20.400

CalHHS CDII: But to sort of say what we're not doing in this.

131

00:17:21.570 --> 00:17:36.090

CalHHS CDII: One is we're not here to create a single HIV technology, we are not pushing forward one solution that we expect will be adopted across California, and I want to emphasize that because I think.

132

00:17:36.780 --> 00:17:45.420

CalHHS CDII: there's some swirl around well Is that really what we're trying to do here, and let me set the record straight that isn't We appreciate and respect.

133

00:17:45.960 --> 00:17:55.680

CalHHS CDII: That various entities various regions have really approached technology solutions that may make sense, but this idea that we go forward together.

134

00:17:56.820 --> 00:17:57.180

CalHHS CDII: With.

135

00:17:58.200 --> 00:18:04.320

CalHHS CDII: A set of requirements, a set of objectives that makes sense, is a very important.

136

00:18:05.430 --> 00:18:15.720

CalHHS CDII: foundational element here, the second thing that I want to emphasize is that we aren't building towards or requiring a single data repository state.

137

00:18:16.440 --> 00:18:26.550

CalHHS CDII: This is another area that I know we've received some questions around and let's just for the record here say that is not the objective of what we're doing today.

138

00:18:27.000 --> 00:18:35.280

CalHHS CDII: The third thing which really then builds into this conversation around governance that I find really important I know a lot of people shared.

139

00:18:35.760 --> 00:18:54.690

CalHHS CDII: Important feedback in our last meeting on a, why do we need a governance structure, what will that governance structure to and how will it come together we'll talk about all that in just a moment, but this idea that the governance, the need for a governance structure.

140

00:18:55.800 --> 00:19:01.200

CalHHS CDII: Really wondering well, what are we covering around we'll talk a bit about that today and.

141

00:19:01.830 --> 00:19:20.700

CalHHS CDII: When we began these meetings I remember very well in the first meeting we were talking about well let's wait and see what TEPCO becomes what is it what will it look like in a month ago, I think we began to see exactly what that would be and for California that becomes an important.

142

00:19:22.260 --> 00:19:36.450

CalHHS CDII: sort of landmark in our journey here is something that we will build towards but not necessarily stop there, we are, as these two prior slides calls of our vision and this call to action in some way.

143

00:19:37.560 --> 00:19:49.260

CalHHS CDII: really saying we're here to do all that we can to make sure our rules and requirements are approaches around a data framework of shared data sharing agreement everything else that goes around with this.

144

00:19:49.950 --> 00:20:06.630

CalHHS CDII: don't just follow what the feds have gratefully put forward, but something where we make sure that we do that, and then more if we need to to meet the needs of Californians and there are great diversity of beads across California, that I hope.



145

00:20:07.200 --> 00:20:23.100

CalHHS CDII: We will pay close attention to so tap have been in some ways a good place to aspire to, and bill sports, but not stop and and except as be California way.

146

00:20:24.990 --> 00:20:29.040

CalHHS CDII: So, as we think about it, you should go to the next.

147

00:20:30.780 --> 00:20:31.410

CalHHS CDII: slide please.

148

00:20:32.760 --> 00:20:41.190

CalHHS CDII: So we, as I was talking to the team about conversations and governance last meeting and how did today.

149

00:20:41.820 --> 00:20:49.050

CalHHS CDII: One of the important issues, I think, is clear on why we need governments and what should I do, and I think if you look.

150

00:20:49.740 --> 00:21:00.570

CalHHS CDII: At other states, and maybe are further along in their own processes, these two last bullet on the slide were really important to me that.

151

00:21:01.110 --> 00:21:11.700

CalHHS CDII: And I don't think anyone here disputes the need for us to continue to push forward in a strong visible transparent, accountable way.

152

00:21:12.150 --> 00:21:23.640

CalHHS CDII: That this is going to require us to continually engage stakeholders well beyond the nine meetings of this one we're grateful for that, but something that allows us to keep.

153

00:21:25.320 --> 00:21:29.460

CalHHS CDII: Our attention and focus on the issues that are being raised.

154

00:21:30.030 --> 00:21:46.710

CalHHS CDII: Through this legislation and through the conversations that all of you are participating in and that it's going to require a strong stage leadership, I think you've assembled the team that Kelly just that is committed to listening to taking our own views and and.

155

00:21:48.450 --> 00:21:51.060

CalHHS CDII: points of attention to to.

156

00:21:52.260 --> 00:22:11.100

CalHHS CDII: You know move this conversation forward and to be able to memorialize that and make sure that it exists in the long run through a governance structure is going to be very important, so With that in mind, the lessons that we've learned from other states are see unfolding in other states.

157

00:22:12.120 --> 00:22:14.670

CalHHS CDII: I wanted to go to the next slide please.

158

00:22:18.870 --> 00:22:40.050

CalHHS CDII: At first we were really coming forward with well options around governance, we certainly listening to the feedback in talking to the team really wanted to advance and propel the conversation to a recommendation around what we could do for a job so.

159

00:22:41.070 --> 00:22:48.420

CalHHS CDII: The the idea here would be that we would have sort of two phases of July 120 22 phase.

160

00:22:49.530 --> 00:23:01.230

CalHHS CDII: So just after we finished our deliberations to have what we're sort of saying is an interim governance model and how we can put together the long term governance model that could take place.

161

00:23:02.340 --> 00:23:11.280

CalHHS CDII: In 2023 jonah you're going to go through this in great detail, but the idea here is, it will be anchored and supported at Kelly teach us.

162

00:23:12.000 --> 00:23:21.450

CalHHS CDII: That we will continue to have advisory groups both state county level and stakeholders with various subcommittees and.

163

00:23:22.170 --> 00:23:33.780

CalHHS CDII: These would roll up with proposed recommendations that come through and really do come to CDI the Center for data insights and innovation which john leads.

164

00:23:34.410 --> 00:23:49.800

CalHHS CDII: And then moving forward through legislation, the proposal would be dead if, if indeed that is passed in January, we would put together in each policy board that would be made up with.

165

00:23:52.140 --> 00:24:04.350

CalHHS CDII: A set of Members, and I think we're interested today to hear people's feedback on what that membership should look like in terms of the attributes on the sorts of individuals that would come forward again.

166

00:24:04.860 --> 00:24:16.020

CalHHS CDII: This structure, we hope, will help us continue to keep our eye on the work, make sure that we create a system and.

167

00:24:16.680 --> 00:24:31.950

CalHHS CDII: I think that that of transparency engagement and accountability which as we've seen in a number of other structures and state government really to help us advance and make sure we're, taking into account the voices of benny I think you all know.

168

00:24:32.460 --> 00:24:46.020

CalHHS CDII: That in other conversations that are limited to health information exchange, the work is hard enough when you start bringing in other pieces of the data around people's lives.

169

00:24:46.920 --> 00:25:01.680

CalHHS CDII: Human services information behavioral health information with pop which often as we've talked about here, get siloed often such a don't think it's going to be very important that we ensure that there is a great deal of engagement and transparency.

170

00:25:03.360 --> 00:25:14.100

CalHHS CDII: So i'm looking forward to all of you, engaging on this recommendation, talking about how we put it forward and really build on the work that we've already.

171

00:25:14.550 --> 00:25:25.860

CalHHS CDII: put in place in this English advisor through so that over the next two months, we can be really proud at the end of the day, with a product and all of you, knows that the work is sustained.

172

00:25:26.370 --> 00:25:38.160

CalHHS CDII: Now, just to report it's not just enough point we've been there, done that, before in the state, we want to make sure that this is the stain and that we carry it out to be in so with that.

173

00:25:38.520 --> 00:25:45.390

CalHHS CDII: I think i'm turning it over to you jonah to lead us through the next part of the conversation and i'll just end by saying.

174

00:25:45.960 --> 00:25:57.030

CalHHS CDII: Deep debt of gratitude to all of you for coming up coming up here joining on the zoom and really rolling up your sleeves over the last seven months with to to go.

175

00:25:57.630 --> 00:26:06.000

CalHHS CDII: i'm really excited to see what we end up some Tony executor valley after we talk through some of the.

176

00:26:06.570 --> 00:26:14.070

CalHHS CDII: parameters around governance and get your input and advice we're going to spend some time and rim will lead us through discussion on digital identities.

177

00:26:14.580 --> 00:26:27.630

CalHHS CDII: And an update on data sharing, I know there's a lot of interest in seeing when that's going to be released and what the status is so we'll give you a full update, so that you know when it's coming when you in the stuff that he will be reviewing versions and drafts and go to public.

178

00:26:28.680 --> 00:26:35.790

CalHHS CDII: If you go to the next slide I think there are a couple, we might need to pass through just to make up time for timeline come back to that so let's keep going.

179

00:26:36.630 --> 00:26:46.590

CalHHS CDII: If we can go one more slide I should probably two more slides, I think we need to but that's Okay, thank you, I want to recap, a couple of things from the last meeting.

180

00:26:47.280 --> 00:26:52.650

CalHHS CDII: We talked about not just first before we got to the forum, we got to the functions of governance.

181

00:26:52.980 --> 00:27:03.330

CalHHS CDII: And we had a really healthy discussion there were 11 different functions that were described discussed there was general agreement that these functions were necessary, they were type of oversight functions that.

182

00:27:04.680 --> 00:27:09.690

CalHHS CDII: This group generally agree needs to be incorporated into the governance and there are a few different.

183

00:27:10.110 --> 00:27:19.410

CalHHS CDII: elements that were amended based on your feedback, both during and after the meeting one is around enforcement and monitoring in compliance with policies and procedures.

184

00:27:20.040 --> 00:27:28.470

CalHHS CDII: Specifically, that the State needed to provide additional stakeholder engagement and release of the p amp us before establishing enforcement so that means that.

185

00:27:29.100 --> 00:27:39.900

CalHHS CDII: In July, when the p amp T and the data sharing agreement is published we're really going to have to go deeper into what enforcement actually looks like we'll need more time, I mean a lot of engagement, is there a lot of implications.

186

00:27:40.380 --> 00:27:43.440

CalHHS CDII: seems very reasonable and and and appropriate.

187

00:27:44.190 --> 00:27:52.830

CalHHS CDII: Now, the second is the framework oversight authority in the world, needs to be aligned with other state agencies some to make sure that whatever might be promulgated as a policy procedure for like.

188

00:27:53.340 --> 00:28:00.480

CalHHS CDII: A hospital a provider, that the regulatory agencies that oversee those have to be aligned in those types of rulemaking processes.

189

00:28:01.140 --> 00:28:06.150

CalHHS CDII: that's very appropriate and that will be part of the framework program development function seven.

190

00:28:06.810 --> 00:28:24.180

CalHHS CDII: that there should be a program evaluation component, we need to be continually assessing how we're doing and make changes as we go to ensure that we're proceeding appropriately and making changes so that's the operated into the functional aspects of the governance communication education.

191

00:28:25.530 --> 00:28:31.650

CalHHS CDII: great need to have consumer education integrated into the role of governance, difficult to do.

192

00:28:32.250 --> 00:28:41.040

CalHHS CDII: There are 40 million people in this state a lot of people to be educated and especially when it comes to things like consent for sensitive information.

193

00:28:41.490 --> 00:28:52.260

CalHHS CDII: Great each for for understanding of what form consent means and certain roles and governance, there is the support that effort and will describe that and that will be returning the favor.

194

00:28:53.670 --> 00:29:08.460

CalHHS CDII: Okay, so that was on governance functions now if we can go to the next slide we use some considerations about the structure of governance itself and Secretary galley eloquently, provided that perspective, the agency in this group.

195

00:29:09.510 --> 00:29:19.350

CalHHS CDII: Meaning our team on the recommendations of establishing this oversight policy board, so we had different perspectives offered at the few meeting.

196

00:29:19.770 --> 00:29:25.050

CalHHS CDII: A few Members voice concerns and at 133 only authorized the group to assess governance options.

197

00:29:25.740 --> 00:29:38.280

CalHHS CDII: We understand that concern we don't agree that that does not preclude us from advancing recommendations and read this body should be doing that and our interpretation of at 133 specifically allows us to do that.

198

00:29:39.960 --> 00:29:45.750

CalHHS CDII: The second is that while there wasn't consensus on the governance structure Members wanted additional time so we're bringing this back to you.

199

00:29:46.350 --> 00:29:58.500

CalHHS CDII: And so we want to describe not just this model, but what are the appropriate attributes of board members, what should be the scope of the powers and we're going to have that conversation now so that's where we're going.

200

00:29:59.670 --> 00:30:03.840

CalHHS CDII: Next slide please, and as we go will entertain questions, but what I move forward.

201

00:30:04.350 --> 00:30:20.760

CalHHS CDII: With this you seen where we want to go the reason why we want to launch in July 21 sorry July 1 2022 with what essentially is a similar kind of structure, we have here is that we need to create enabling statute that it will take time to then define and actually.

202

00:30:22.200 --> 00:30:31.860

CalHHS CDII: Get the board appointed, and so we believe six months is necessary for that wind up if we can get a policy or another bill that's going to allow this to happen in July.

203

00:30:32.340 --> 00:30:43.260

CalHHS CDII: Through the six months to stand that up so we'll have an interim structure and we're proposing having that and then in January, having the formal structure with the board constitutes, hence the reason for this this interim step.

204

00:30:44.340 --> 00:30:44.850

CalHHS CDII: Next slide.

205

00:30:47.160 --> 00:30:55.050

CalHHS CDII: So we sort of gone, but let's actually keep going because this really says the same thing as I just mentioned, I really want to get to the substance, investment.

206

00:30:56.250 --> 00:31:03.300

CalHHS CDII: Now, when we consider the options we had a lot of input about that meeting, and in the last month from various stakeholders many.

207

00:31:03.690 --> 00:31:08.490

CalHHS CDII: Many phone calls interactions emails letters that were sent to us, we considered all of them.

208

00:31:09.030 --> 00:31:21.690

CalHHS CDII: And we also wanted to look back at what were other options what were their models that we could look to that informed our recommendation, so we looked at covered California cal cal himself in within California.

209

00:31:22.770 --> 00:31:28.470

CalHHS CDII: So for those who don't know Caroline says the California emergency medical services authority was established in the last.

210

00:31:29.400 --> 00:31:36.330

CalHHS CDII: 13 years ago established in statue creates a 19 Member stakeholder board within health and human Services Agency.

211

00:31:36.780 --> 00:31:42.930

CalHHS CDII: And it overseas rules and policies and regulations over emergency management services entities.



212

00:31:43.590 --> 00:31:50.610

CalHHS CDII: that's one example, and there are pluses and minus of advantages and disadvantages of having a stakeholder board that oversees regulation.

213

00:31:51.180 --> 00:31:59.460

CalHHS CDII: And that's one of the things that is important in our consideration second is covered California, all of you know, was established in 2010.

214

00:31:59.910 --> 00:32:04.380

CalHHS CDII: And they created a new branch of government and new entity with a five member board.

215

00:32:04.920 --> 00:32:13.980

CalHHS CDII: That is defined in statute with specifics powers that are defined in statute as well, very detailed two bills were actually passed to enable and create covered California.

216

00:32:14.670 --> 00:32:19.080

CalHHS CDII: So those are examples that we thought of it were drawn, we also looked at other states.

217

00:32:19.770 --> 00:32:25.500

CalHHS CDII: Their number in New York Maryland in Michigan i'm all have robust health information exchanges and they're all different.

218

00:32:26.400 --> 00:32:34.590

CalHHS CDII: Michigan has sort of a backbone network and regional H is a somewhat similar California California doesn't have that backbone.

219

00:32:35.340 --> 00:32:43.620

CalHHS CDII: They have an advisory board that sits outside of government that is what the state and the health and human Services Agency, there does with respect to policy.

220

00:32:44.190 --> 00:32:52.860

CalHHS CDII: And it has Blue Shield blessed are blue cross plus state Members on that advisory that can help align incentives and payments that the state.

221

00:32:53.460 --> 00:33:04.320

CalHHS CDII: medicaid agencies and the end up private payers like blue cross can incentivize participation so that's it's sort of a healthy interaction between the public and private sector.

222

00:33:05.130 --> 00:33:11.100

CalHHS CDII: New york's a little different New York all the regulatory authority remains within the state, but they have a Public Private Partnership.

223

00:33:11.820 --> 00:33:23.940

CalHHS CDII: With that's constituted by board and an infrastructure to develop what they call state policy guidance and that's recommendations or policy and regulations that go up to the department to actually act on it.

224

00:33:25.590 --> 00:33:32.040

CalHHS CDII: Maryland is again different, and there are some folks here who carmela has a lot of experience with this came from Maryland.

225

00:33:32.850 --> 00:33:42.360

CalHHS CDII: They created Chris, which was a network, but they had enabling statute to create a board and that forward really overseas a lot of the foster the requirements and the regulatory.

226

00:33:42.780 --> 00:33:57.510

CalHHS CDII: rules that govern participation that started with the claims encounters but as part of this global hospital payment system and it's much broader now includes all sorts of additional coven response and other capabilities, so we drew from those and from that.

227

00:33:58.590 --> 00:34:04.530

CalHHS CDII: The model that that we're recommending that Secretary gallery mentioned is to create this new board in California.

228

00:34:05.670 --> 00:34:13.110

CalHHS CDII: We want to talk about this, the scale of it, we believe that a five to 70% board somewhat similar to cover California would be effective.

229

00:34:13.710 --> 00:34:25.020

CalHHS CDII: That we would have selection and appointments by the legislature and the governor so that we actually had both executive and legislative input into what constitutes that board.

230

00:34:25.770 --> 00:34:35.640

CalHHS CDII: Potentially we could have other public payers if we wanted to go to seven, we could include calipers and covered California and that way that could help align this or the incentive of.

231

00:34:36.090 --> 00:34:50.250

CalHHS CDII: Opportunities around how we're going to have a purchasing and health plans the line again how they incentivize I used to bhi so there considerations there and i'd really like to start opening it up with a few of these questions.

232

00:34:51.390 --> 00:35:00.660

CalHHS CDII: And we can take these in order or, if you have immediate reactions to this to this proposal for these questions, the four that are listed on the on the screen are.

233

00:35:01.350 --> 00:35:11.340

CalHHS CDII: One additional rulemaking authority might this board have should be granted the ability to in statute should be a conditional regulatory authority that it's granted.

234

00:35:12.450 --> 00:35:14.790

CalHHS CDII: And what's the scope of those piracy of so.

235

00:35:15.480 --> 00:35:23.100

CalHHS CDII: A third is about the attributes of the board members, you really want to understand, should there be, for example, and we think there should be strong conflict of interest policy.

236

00:35:23.490 --> 00:35:35.460

CalHHS CDII: We have that in covered California, I mean it makes it harder to find individuals who have expertise in this area, but it really allows the board to be incredibly neutral and and representative of the interests of the people.

237

00:35:36.210 --> 00:35:42.090

CalHHS CDII: And then policy should finally should the policy board members be subject to those rules, so we want all of your input on those.

238

00:35:43.380 --> 00:35:47.820

CalHHS CDII: It looks like we have some hands up, I mean I do this virtually in real time.

239

00:35:49.710 --> 00:35:59.430

CalHHS CDII: First book, so please bear with us, but Charles I think Europe would welcome your questions, thank you very much, first I want to say what everyone here wants to see if it hasn't, we need a bigger room.

240

00:36:02.940 --> 00:36:03.960

CalHHS CDII: You guys need help finding.

241

00:36:06.810 --> 00:36:07.230

CalHHS CDII: Let us know.

242

00:36:08.430 --> 00:36:15.240

CalHHS CDII: I kind of have a clarification question, then, a couple of other situations and kind of what i'm thinking about.

243

00:36:16.470 --> 00:36:25.890

CalHHS CDII: When you look at the regulatory structure already that all these departments and agencies that have to do a lot of race race right a lot of us in around the table.

244

00:36:27.450 --> 00:36:37.230

CalHHS CDII: And so you look at like covered California, it had regulatory authority but not over other departments not other other agencies as a participation.

245

00:36:39.030 --> 00:36:41.130

CalHHS CDII: So it kind of got me thinking about.

246

00:36:42.480 --> 00:36:52.230

CalHHS CDII: you're trying to find what regulatory action take how it interacts with the good government pay with the with the governor is T Secretary of.

247

00:36:53.640 --> 00:36:58.950

CalHHS CDII: The agency, all of the departments, I think you know when you showed the chart and seen above.

248

00:37:00.360 --> 00:37:02.190

CalHHS CDII: You know hhs CDI.

249

00:37:03.780 --> 00:37:12.210

CalHHS CDII: Maybe questions is playing a question whether it is directly ordering departments and agencies to do things, or whether it is providing.

250

00:37:13.320 --> 00:37:21.270

CalHHS CDII: guidance to the to the Agency were to direct departments, and I think that's an important distinction in.

251

00:37:23.070 --> 00:37:29.070

CalHHS CDII: In how the structure works The other thing that I just think we all should take to take heat up as we're considering.

252

00:37:29.880 --> 00:37:38.670

CalHHS CDII: This is just the timing and I really appreciate that you guys have a two step process and be posing through July, continuing to move on and the structures, you see things done.

253

00:37:39.780 --> 00:37:44.670

CalHHS CDII: And then moving forward with the board many of us were around and Kevin Kevin where do you get started as well.

254

00:37:45.030 --> 00:37:54.870

CalHHS CDII: And it couldn't fill the board members for a while and so they kind of function basically without really a function for it because the requirements for membership so.

255

00:37:55.260 --> 00:38:02.700

CalHHS CDII: narrowly, as we well know, it's very difficult to find people with all those qualifications and the legislature was slow to make their appointments.

256

00:38:03.480 --> 00:38:19.920

CalHHS CDII: I just think what's important is that we we don't let the discussion about governance get in the way of success and and and become an excuse to play, so I think that's just a consideration she should take into account, and I just refer back to my question, but.

257

00:38:21.780 --> 00:38:28.860

CalHHS CDII: they're very important question, the first one you pose about the role of the Agency and oversight over all the departments.

258

00:38:30.000 --> 00:38:39.780

CalHHS CDII: This may be a question about what's in the Statute and how it really spells out what those authorities are and it doesn't rely on existing authorities, the Agency has and its relationship to the department.

259

00:38:40.410 --> 00:38:50.040

CalHHS CDII: And I think that's a really important consideration yeah, I think, no doubt, you know, we are not to the governance structure, trying to reorder.

260

00:38:50.610 --> 00:38:59.130

CalHHS CDII: The responsibility of the Secretary and, ultimately, you know it's kind of chin to the governor and the administration right, I think.

261

00:38:59.760 --> 00:39:06.690

CalHHS CDII: The goal of the model that's been closed, is to really help ensure that.

262

00:39:07.410 --> 00:39:18.150

CalHHS CDII: The broad range of stakeholders, the engagement process that I think, just as you mentioned covered California has as one model look at I think one of the things that is.

263

00:39:18.540 --> 00:39:32.250

CalHHS CDII: really wonderful about the covered California model is that it really builds this broad stakeholder engagement, many of you participate in that very regularly you depend on it, you understand what it's fun to deliver.

264

00:39:33.030 --> 00:39:40.830

CalHHS CDII: Frankly, those board meetings which I have the privilege of sharing and we're going to have one next week, Dr here this you and I will be together again.

265

00:39:41.490 --> 00:39:52.080

CalHHS CDII: The first time in a while in person, but they they have a model and structure that has been very, very effective around engagement transparency direction setting that.

266

00:39:52.800 --> 00:39:59.580

CalHHS CDII: Yes, you could do that in alternative ways, but having that broad sense, especially given the charge of this room.

267

00:40:00.000 --> 00:40:12.330

CalHHS CDII: To build something that, frankly, goes beyond just a Chinese name is right it's hhs I am in so many ways, I think, we believe that that is an important piece without losing.

268

00:40:12.840 --> 00:40:30.150

CalHHS CDII: The structure and frankly authority and responsibility of the secretary, so I think it's a really important point, Charles that we're going to have to write the language very clearly and and struggle with that tension and to your point about the way we're presenting it visually now.

269

00:40:31.170 --> 00:40:40.620

CalHHS CDII: That could be easily tweak to make sure that it doesn't feel superior to the rest of that very tried and true process, but more or less.

270

00:40:41.490 --> 00:40:51.240

CalHHS CDII: To the side, maybe, if you were to build it visually again, we can consider how to do that and that's tough, thank you, thank you for the question, thank you, David.

271

00:40:53.340 --> 00:41:10.050

CalHHS CDII: i'm sure Thank you um do I go to a sort of a similar concern to I Charles was was was raising and i'll add one more thing that concerned with the provider world has been raising repeatedly here is that we already live under an incredible amount of regulation.

272

00:41:11.820 --> 00:41:16.590

CalHHS CDII: As of last spring we're all trying to adjust to and the Federal information what Charles.

273

00:41:18.090 --> 00:41:21.120

CalHHS CDII: Charles and his numbers are living under the patient access to proper abilities.

274

00:41:22.230 --> 00:41:35.640

CalHHS CDII: and probably any minute now federal hhs is going to come out with their enforcement or on the information block and we live in, we live on the CMO of under a patient access to health information section of the health and safety code.

275

00:41:37.560 --> 00:41:44.100

CalHHS CDII: And that's the concern that we sort of have continued to raise about what we're actually doing the governance structure.

276

00:41:44.850 --> 00:41:58.590

CalHHS CDII: And one of the points I want to make this actually when i've talked to john one on one about what this says, I feel like that comes out with a very different context for what this governance structure is and what it's intended to do, then what I think I keep seeing in the written.

277

00:42:00.600 --> 00:42:02.160

CalHHS CDII: paper you know the paper that we get.

278

00:42:03.960 --> 00:42:08.580

CalHHS CDII: And so I think we sort of need to have that sort of broader conversation about.

279



00:42:10.200 --> 00:42:17.880

CalHHS CDII: What is this governance really intended to do, are we really talking about trying to incorporate a bunch of folks don't live under that structure that the medical world our lives under.

280

00:42:18.360 --> 00:42:30.480

CalHHS CDII: And and trying to incorporate them into into ha that's a very important conversation to have it's very different from creating a new regulatory structure for on people who already live under a lot of regulation.

281

00:42:34.020 --> 00:42:35.730

CalHHS CDII: We may want to go back.

282

00:42:36.840 --> 00:42:38.850

CalHHS CDII: Just just remind ourselves what.

283

00:42:40.020 --> 00:42:51.210

CalHHS CDII: The government is sort of what the purpose of the governance structure is and Would you mind going back online or the purpose of governance or the overall governance it's about five.

284

00:42:53.130 --> 00:42:54.450

CalHHS CDII: I got seven flight back.

285

00:42:56.070 --> 00:42:59.790

CalHHS CDII: Going is it during a secretary guys talking points keep going.

286

00:43:02.400 --> 00:43:02.520

Oh.

287

00:43:03.840 --> 00:43:22.650

CalHHS CDII: Good that's know for one so David maybe i'll just ask you a question clarification, would you would you say the way it gets presented verbally versus what is written, can you distinguish a little bit or what the differences, where the surgeons, so we can potentially addressing.

288

00:43:24.390 --> 00:43:24.780

CalHHS CDII: Where.

289

00:43:26.370 --> 00:43:35.310

CalHHS CDII: we're cma and why and by all means they can win for themselves, but where I think a lot of the provider world is looking at this is.

290

00:43:36.510 --> 00:43:38.700

CalHHS CDII: Are we creating an entity.

291

00:43:40.410 --> 00:43:52.920

CalHHS CDII: sort of I guess it's a sort of like covered California, because covered California, you know, has created this marketplace right, but the plans are still regulated by Department of Health care.

292

00:43:55.140 --> 00:44:04.230

CalHHS CDII: And covered California, is making sure that people have access and setting up those rules of the road, so they may change the world if we have an entity that says Okay, well, we need to coordinate.

293

00:44:04.860 --> 00:44:19.020

CalHHS CDII: You know the various types of maintaining that are happening to state the national networks, the NGOs, the folks who are you know, the new folks that will bring into the system, you know what are the Fed saying, and we need that sort of coordinating and.

294

00:44:20.130 --> 00:44:22.140

CalHHS CDII: that's sort of one conversation.

295

00:44:23.220 --> 00:44:32.190

CalHHS CDII: Right versus wire, I think we keep sort of where the provider will keep fixing the red flag which is this is starting to feel like a regulator for folks where I live on the regulators.

296

00:44:33.630 --> 00:44:36.720

CalHHS CDII: And where that duplication and possibly conflict arises.

297

00:44:38.700 --> 00:44:42.420

CalHHS CDII: And I just made me find the concern.

298

00:44:43.740 --> 00:44:52.680

CalHHS CDII: If I can try to play it back you're worried that additional regulatory requirements over entities that you feel for some people are.

299

00:44:53.640 --> 00:45:03.750

CalHHS CDII: regulated and i'm even going to take it a step further edits onerous to be regulated as much as as maybe we're looking at.

300

00:45:04.380 --> 00:45:12.510

CalHHS CDII: I mean jonah jonah turn it to you, I think this was addressed a little bit in the last meeting certainly through some of the comments on this conversation.

301

00:45:13.290 --> 00:45:26.460

CalHHS CDII: In terms of really thinking about what we're overseeing and that word enforcement that change, I think, is also one of the words that people sort of worry about, especially when it's not yet fully defined.

302

00:45:26.910 --> 00:45:34.140

CalHHS CDII: Right, and I think the intent is to to work to make sure that we can find that thoughtfully adequately and avoid some of that.

303

00:45:35.280 --> 00:45:44.220

CalHHS CDII: Additional sense of burden of traditional sense of scrutiny, while still ensuring that we keep the eye on the prize, where we want to go with this.

304

00:45:45.750 --> 00:45:49.560

CalHHS CDII: I agree, and I think part of what we need to really do here is, we need to.

305

00:45:50.340 --> 00:45:57.720

CalHHS CDII: implement the law that was passed by the legislature, which says, we will have a framework in a data sharing agreement that every entity.

306

00:45:58.410 --> 00:46:07.470

CalHHS CDII: Essentially covered entity in California needs to sign and we need to ensure that that is being done, and so I think part of the enforcement and the reason why we're saying this needs to be.

307

00:46:07.860 --> 00:46:20.280

CalHHS CDII: More further further vetted in a stakeholder process is to ensure we're not regulating but we're doing our jobs as as guardians of the people and ensure their safety and well being is this or.

308

00:46:22.560 --> 00:46:35.820

CalHHS CDII: In the last thing I would say is, of course, at this moment I feel like these are really important questions to put on the table and through a process that is, I think, been fantastic to continue to struggle with and make sure that we address them.

309

00:46:37.110 --> 00:46:55.980

CalHHS CDII: So you know again today is partly about really getting as much clarity as we can, on were taught certainly we want to go, but also putting issues on the table that need to be grappled with well beyond today 1230 yes, yes, thank you, thank you.

310

00:46:58.140 --> 00:47:03.420

claudia williams: hi my internets attendee bit unstable so i'll do my best i'm.

311

00:47:05.640 --> 00:47:15.420

claudia williams: really happy you put a concrete proposal on the table and I largely agree with that, I think it's a very smart assuming you're recommending the hybrid approach I think it's very smart.

312

00:47:17.010 --> 00:47:24.270

claudia williams: i've been struggling with the covered California model, and I think it's because called covered California is an actual thing right it's a.

313

00:47:24.630 --> 00:47:36.330

claudia williams: it's a marketplace, it has contracts it's like a more much more concrete thing and it feels to me like what we're talking about here is an ecosystem of.

314

00:47:36.690 --> 00:47:45.960

claudia williams: Many different requirements, some of which are on the government's and mobile German private entities and I get to two thoughts on that one is.

315

00:47:46.500 --> 00:47:55.350

claudia williams: I think it's going to be critical that the folks that are subject to the regulations help guide and shape those regulations, and I know.

316

00:47:55.770 --> 00:48:06.120

claudia williams: That the opposing view is then you end up kind of being captured by the regulated entities, but the problem is there's such a risk that we come up with things that are onerous to david's point.

317

00:48:06.660 --> 00:48:21.000

claudia williams: So my recommendation would be to create an a group that's much more like the body at Owen see that the Federal advisory group, it includes organizations that would be subject to the regulation.

318

00:48:21.660 --> 00:48:32.280

claudia williams: which I think has to be thought through from a conflict standpoint and those groups are trying to help come up with a regulatory approach that would be pragmatic and not onerous.

319

00:48:33.270 --> 00:48:44.760

claudia williams: I think if you end up with a group that's not that's much more like external or people I don't think they're going to understand the gives them and the gads of what that.

320

00:48:45.210 --> 00:48:48.030

claudia williams: Those technical requirements are going to need to look like so.

321

00:48:48.870 --> 00:48:59.040

claudia williams: I would just recommend a larger group, I would recommend that include folks that are regulated, I would recommend that and then I would recommend that their regulatory authority.

322

00:48:59.400 --> 00:49:08.430

claudia williams: The authority to primal gay regulations russ with the government, because then they can take the advice of that group, and they can accept or reject as.

323

00:49:09.390 --> 00:49:17.940

claudia williams: Much as the rnc takes the advice and guidance of their advisory groups but they're under no obligation to accept them.

324

00:49:18.300 --> 00:49:27.660

claudia williams: And those recommendations are officially go to the Secretary right, so I i'm just really concerned that, if you have a group that's very.

325

00:49:27.990 --> 00:49:37.110

claudia williams: mission aligned but doesn't understand the context and the actual obligations we have a high likelihood of ending up with something that's very unworkable.

326

00:49:37.710 --> 00:49:53.640

claudia williams: So that in a, so I would recommend keeping the regulatory authority in the government having a group that includes those that are regulated expanding the number and and kind of dividing the hybrid notion in that manner thanks very much.

327

00:49:58.680 --> 00:50:09.630

CalHHS CDII: Wine around covered California, we are considering more of a hybrid model meaning not establishing a new branch of government, but taking the good things that they covered California is created with that with that.

328

00:50:10.950 --> 00:50:19.200

CalHHS CDII: Have a board without conflict of interest that you oversee and as enhance accountability three appointments with the governor and the legislature.

329

00:50:19.530 --> 00:50:23.370

CalHHS CDII: and applying it to the context of being within the health and human Services Agency.

330

00:50:23.820 --> 00:50:29.070

CalHHS CDII: So I think that's really important to distinguish we're not really at this point, considering a new branch of government of government.

331

00:50:29.490 --> 00:50:43.920

CalHHS CDII: That covered California and point taken certainly they have created this whole new marketplace this board would really oversee the implementation of a

framework and and a series of rules and regulations and so that's a really important point I think what we agree with.

332

00:50:45.510 --> 00:50:52.020

CalHHS CDII: The second is you mentioned sort of the structure the Fuck of the federal advisory committees that that support the development of these regulations which.

333

00:50:52.410 --> 00:50:57.810

CalHHS CDII: I think we see that as the as the role of this type of advice group that we have sitting at this table.

334

00:50:58.440 --> 00:51:10.740

CalHHS CDII: Much like in in in the federal government, where you have a multi stakeholder advisory group there this advisory group, as we see if you get advanced a few slides, please, to the picture of the model there we go no.

335

00:51:12.240 --> 00:51:12.690

CalHHS CDII: i'm.

336

00:51:14.580 --> 00:51:15.060

CalHHS CDII: Definitely not.

337

00:51:17.430 --> 00:51:19.530

CalHHS CDII: sure of the governance models.

338

00:51:20.850 --> 00:51:21.240

CalHHS CDII: anyway.

339

00:51:24.390 --> 00:51:33.420

CalHHS CDII: So what we would envision is that this an advisor group, like this would actually be the one it's working that has the expertise that has a lot of.

340

00:51:33.720 --> 00:51:45.750

CalHHS CDII: Experience and represent stakeholders are helping to advance the regular that type of policies and regulations that the board would consider and there is going to have to be an education component which i'm sure.

341

00:51:46.320 --> 00:51:54.270

CalHHS CDII: Sandra and mark can attest to they're not necessarily the experts have a marketplace they become so in overtime.

342

00:51:54.510 --> 00:52:07.320

CalHHS CDII: But when they're brought into the board, they need help understanding what worked what this what this organization is really doing and I think it's part of the job of CDI and will be to help educate the board about what these policies mean.

343

00:52:07.830 --> 00:52:12.450

CalHHS CDII: i'm so part of the reason of having continuing to have that stakeholder advisory group.

344

00:52:13.710 --> 00:52:21.960

CalHHS CDII: In both of these frames, is to do most of the heavy lifting of developing recommendations, but I think that's really critical and we.

345

00:52:22.290 --> 00:52:28.350

CalHHS CDII: don't think it comes through in this, and this depiction and we need to March we specify that yes.

346

00:52:29.310 --> 00:52:36.030

CalHHS CDII: Any other people right and I appreciate Claudia that point of view that you need people with.

347

00:52:36.480 --> 00:52:46.260

CalHHS CDII: Real chops and understanding of what this means on the ground, so we don't end up and that's going to be important for us to struggles right in terms of.

348

00:52:46.740 --> 00:52:56.220

CalHHS CDII: What we mentioned on conflict of interest in some other things, to really find people who are really clear, well versed have experience.

349

00:52:56.580 --> 00:53:13.530

CalHHS CDII: In in understanding those David, the level of help motorists this comes because that's not the objective right I think jonah said it well, the objective here is to



make sure we fulfill the mission of this legislation, we put something forward that is interactive forward moving and.

350

00:53:14.760 --> 00:53:32.280

CalHHS CDII: Really leans in maybe well beyond what the federal statute looks forward but isn't in a way, really heavy on others who can integrate a religion, so I think it's important to to to keep that in mind and body, I appreciate that.

351

00:53:33.900 --> 00:53:35.790

CalHHS CDII: Thank you carmela Please go ahead.

352

00:53:37.980 --> 00:53:43.290

Carmela Coyle: Thank you, and this might build on the previous two comments, but i'm going to take it up a level if I could.

353

00:53:44.490 --> 00:53:50.550

Carmela Coyle: I guess my challenges i'm looking at this issue of governance is I start with the premise of form follows function.

354

00:53:51.390 --> 00:54:00.810

Carmela Coyle: And it feels to me like we have still not yet clearly defined what California is function is in this space and how that.

355

00:54:01.410 --> 00:54:12.060

Carmela Coyle: Sorry for the big word inter digits with Tesco, with what's going on at the federal level, so I think the challenges it's difficult to consider the structure of governance.

356

00:54:12.540 --> 00:54:22.020

Carmela Coyle: Until we've clearly defined what role this entity will play and and a suggestion I think it would be really helpful.

357

00:54:22.440 --> 00:54:33.270

Carmela Coyle: If if Sam was willing to take a look at an analysis of what is it that technica is not going to do that will then be left on our plate in California.

358

00:54:33.960 --> 00:54:45.360

Carmela Coyle: More to your earlier comments the places we either need to fill in gaps or go beyond because it seems to me that the governance structure we select needs to focus on that function.

359

00:54:45.870 --> 00:54:52.410

Carmela Coyle: And i'm not yet sure we have agreement on that function, whether or not that governance structure is then a state structure.

360

00:54:52.830 --> 00:55:00.180

Carmela Coyle: Whether it requires stakeholders what level of stakeholder what kind of stakeholder whether conflict of interest even matters or doesn't.

361

00:55:00.750 --> 00:55:11.910

Carmela Coyle: I think depends on exactly what role this group is going to play, of course, our hope, and I think this was dan's comment is we're not going to duplicate teff cup right we're going to try to.

362

00:55:12.300 --> 00:55:22.200

Carmela Coyle: Again fill in those gaps or take it to issues where technica has not yet gone yet like issues related to equity, but those may or may not require a representative structure.

363

00:55:22.770 --> 00:55:30.690

Carmela Coyle: One that you know, requires additional legislation or not, so I would strongly encourage us to do that analysis.

364

00:55:31.320 --> 00:55:47.820

Carmela Coyle: figure out what function, we need this body to play and then pick what that structure looks like I think, as we look at the advantages and challenges that have been laid out from the various structures proposed in the materials they seem to be more from a.

365

00:55:49.200 --> 00:55:55.620

Carmela Coyle: Oh, I don't know, maybe more from a staffing perspective, they talk about whether their burden, some are complicated.

366

00:55:55.890 --> 00:56:11.070

Carmela Coyle: And they talk about whether or not more legislation is required, and I think the advantages and the challenges should be assessed on what's the role what's the function and then what kind of a structure best supports that function and just the last comment.

367

00:56:12.090 --> 00:56:29.490

Carmela Coyle: jonah i'm not sure that we would agree with your description of the last meeting that there was agreement or even majority agreement around the governance aspects here and and enforcement, as an example that will be a hot issue, I think we all know that so just wanted to flag that thanks.

368

00:56:31.230 --> 00:56:43.110

CalHHS CDII: Thank you carmela I would, I guess, I would ask, in the last meeting, where we had a pretty robust conversation about functions and be specific, we did it because functions.

369

00:56:43.560 --> 00:56:48.780

CalHHS CDII: should really as totally agree with you function should define the form that's taken.

370

00:56:49.620 --> 00:56:58.380

CalHHS CDII: form follows function, and I think we had a robust conversation about that and and recap that discussion, so I feel like we've done that i'm not sure what else you see is missing from that.

371

00:56:59.100 --> 00:57:07.290

CalHHS CDII: I think the question I have is a really good one, no tough guy is is really critical, we need to align around it, just to clarify tough because really.

372

00:57:08.220 --> 00:57:16.020

CalHHS CDII: A set of policies, about how networks, coordinate and communicate with other networks we provisions around individual access.

373

00:57:16.590 --> 00:57:24.960

CalHHS CDII: And so we absolutely have to have alignment, especially when, as or unqualified that works, we have in our framework and we've discussed this.

374

00:57:25.920 --> 00:57:33.960

CalHHS CDII: Recommendations around qualifying networks in California and we need to make sure that, as we do that we're aligning with that that's totally totally on point.

375

00:57:34.590 --> 00:57:42.600

CalHHS CDII: But we also are dealing with individuals communicating individual hospitals clinics practices can be communicating with each other.

376

00:57:43.140 --> 00:57:48.330

CalHHS CDII: Through networks or not directly with each other or through a network that's qualified or not.

377

00:57:48.900 --> 00:58:00.480

CalHHS CDII: And we need to have make sure that when we're dealing with non qualified networks we point the communications that we have policies in place that are actually allowing those who are.

378

00:58:00.930 --> 00:58:07.320

CalHHS CDII: sharing data to follow at 133 and the policies that followed, so I think that's just.

379

00:58:07.830 --> 00:58:16.710

CalHHS CDII: it's just really important to clarify TEPCO alignment absolutely TEPCO is limited to network qualified network to network indication with individual access provisions.

380

00:58:17.160 --> 00:58:23.160

CalHHS CDII: And it's important for us to make sure that we do align with that when we are addressing our fault by network issues in California.

381

00:58:24.510 --> 00:58:30.750

Carmela Coyle: And I think somebody have a different view about the capabilities contained within Tesco, which is why does analysis of.

382

00:58:31.230 --> 00:58:44.850

Carmela Coyle: What are we doing beyond what's in TEPCO just for a second what if we decided in California that we were going to require TEPCO of everybody, then what

functions would be left and what's governance structure would we need so just a thought thanks.

383

00:58:47.220 --> 00:58:56.670

CalHHS CDII: ro Please go ahead i'm sorry just just quickly, I had a long standing 11 o'clock i'm going to be back in 30 seconds.

384

00:58:58.950 --> 00:58:59.760

CalHHS CDII: Bravo, please go ahead.

385

00:59:04.650 --> 00:59:06.180

CalHHS CDII: rebel if you're speaking you're on mute.

386

00:59:06.990 --> 00:59:18.990

Rahul Dhawan: I apologize sorry about that my fault, I was on mute so really, really appreciate the discussion and the comments that have gone before me, and all the organization that you've put together wish I could be there in person as well.

387

00:59:20.160 --> 00:59:25.410

Rahul Dhawan: We do agree with the hybrid approach, I think that it's really related to that shoot up your alley raised.

388

00:59:26.790 --> 00:59:35.910

Rahul Dhawan: and basically we do support the hybrid model for some foremost and, basically, the issue is that i'd like to make sure the state.

389

00:59:36.330 --> 00:59:45.690

Rahul Dhawan: Regulations and then the minimum State requirements are addressed and defined a little bit because there are a lot of different entities that.

390

00:59:45.990 --> 00:59:55.200

Rahul Dhawan: can potentially participate and just wanted to know about the state, the minimum State requirements, if at all possible that's that's kind of where I was thinking right now.

391

00:59:56.310 --> 01:00:04.050

CalHHS CDII: yeah Thank you I think some of that that's appreciate your your comments about the approval of the hybrid approach.

392

01:00:04.650 --> 01:00:08.580

CalHHS CDII: In terms of the minimum requirements on some of that will become apparent when.

393

01:00:09.030 --> 01:00:19.560

CalHHS CDII: The policies procedures invasion agreements, the drafts are released and and this group and a subcommittee all has an opportunity, and the public to weigh in on them and so.

394

01:00:20.310 --> 01:00:28.530

CalHHS CDII: definitely want to make sure that you all are aware of that and what will likely continue to need to use an advisory group function and then.

395

01:00:29.400 --> 01:00:42.780

CalHHS CDII: Should this come to pass the policy or to continue to define what those are because they will evolve over time, just as the market evolves justice policy falls and the needs of other people and providers and institutions that support that change, thank you.

396

01:00:43.590 --> 01:00:51.360

Rahul Dhawan: Thank you, you made it so really equitable process, I just want to say and you've made it very fair and allowed us to have a voice in this and feel very.

397

01:00:51.810 --> 01:00:59.640

Rahul Dhawan: appreciative of that had to say that because you've made this very organized and fair process so far, and it has to be said, really, really commend you for that.

398

01:01:00.720 --> 01:01:02.190

CalHHS CDII: Thank you appreciate that.

399

01:01:03.390 --> 01:01:08.820

CalHHS CDII: Mark go ahead, thanks, so I go back to the slide you should you brought it back to China.

400

01:01:10.500 --> 01:01:26.460

CalHHS CDII: Governance is about strong State oversight and transparency, the couple of the stakeholder advisory group and I layer On top of that sort of practical considerations experience of this group over the over the past month on some of my other experiences.

401

01:01:28.980 --> 01:01:31.440

CalHHS CDII: we've got a very fast compressed timeline.

402

01:01:32.550 --> 01:01:45.090

CalHHS CDII: January 2023 January 2024 i've watched how long and contain for other groups to come into into being, so I was at the board and Kelly connection that took a while high tech when they when.

403

01:01:45.600 --> 01:01:52.320

CalHHS CDII: You cures act required that the policy committee in the standards can be replaced with the advisory committee.

404

01:01:52.710 --> 01:02:07.170

CalHHS CDII: I took a very long time to say that that's inherently the case, but it does happen in description covered California sort of lends itself to that so that's a set of practical experiences my mind, and I also provide with.

405

01:02:08.430 --> 01:02:19.770

CalHHS CDII: How well, I think this group has has worked I think option one actually best serves that slide about the eastern governance committee to continue with what we've got here.

406

01:02:20.370 --> 01:02:23.760

CalHHS CDII: don't have to go back to the legislation which can it's unpredictable.

407

01:02:24.660 --> 01:02:32.250

CalHHS CDII: We know what we've got you know got here we can I don't think some of the slide things on the site I don't think that makes for a less accountable.

408

01:02:32.970 --> 01:02:42.960

CalHHS CDII: situation, I think it actually makes for more accountable situation because this because the hhs is going to be that accountability mechanism I don't think it makes for.

409

01:02:43.500 --> 01:02:59.040

CalHHS CDII: In another model based for less transparency because I see the transparency that we've got here, I think it allows us to move forward quickly to some of the other questions, and I think there should be a strong conflict of interest approach I have some experience with.

410

01:03:00.900 --> 01:03:05.460

CalHHS CDII: fuse the approach when I was working for the Community technology and foundation of California.

411

01:03:06.090 --> 01:03:12.240

CalHHS CDII: That but both financial interest but also looked at relationship interests so i'm happy to talk further about.

412

01:03:12.660 --> 01:03:30.990

CalHHS CDII: Not but just generally, I think it is very important mission best practices in place there, and lastly, on makeup because very important considered California consumer entities representation as a part of that group, I know that will happen, I just want to say thank you.

413

01:03:32.040 --> 01:03:48.150

CalHHS CDII: Smart in terms of like the conflict of interest to I just want to clarify, are you advocating for not having a board and, if so, with the conflict of interest rules apply to it, it might you could consider whether it applies to the stakeholder by as we speak.

414

01:03:52.740 --> 01:04:05.190

CalHHS CDII: So if if the stakeholder visor group is represented by like providers health plans and others and they're developing recommendations about regulations that would apply to them within that.

415

01:04:06.270 --> 01:04:07.140

CalHHS CDII: Within that represent.

416

01:04:08.670 --> 01:04:14.220



CalHHS CDII: i'm just trying to understand like where the way the way these things, usually work as you start with the disclosure.

417

01:04:15.030 --> 01:04:23.460

CalHHS CDII: Right, so there are there are their interests and what and why are they then you figure out what it is actually initially Okay, we don't we haven't.

418

01:04:24.450 --> 01:04:34.470

CalHHS CDII: I haven't disclosed anything that I that I tend mindful I think to myself, do I have an interest or conflict of interest here so i'm actually trying to watch them okay.

419

01:04:35.850 --> 01:04:36.660

CalHHS CDII: All right, thank you.

420

01:04:38.130 --> 01:04:51.840

CalHHS CDII: Karen thanks jenna just one request is with the functions because been brought up so much if we could have sort of the updated full list of common complaint, you know there were some changes, I think that just be helpful for reference.

421

01:04:52.830 --> 01:04:58.440

CalHHS CDII: But i'll say I do support you know why he played out here in terms of the model and the policy board.

422

01:04:58.920 --> 01:05:04.200

CalHHS CDII: I think, to speak to some of the earlier concert that were raised part of what I understood from this slide about.

423

01:05:04.650 --> 01:05:15.600

CalHHS CDII: The purpose of governance is that it's also to look at and align various regulations and regulatory authority across government that's part of the role of a policy word right it's not necessarily.

424

01:05:15.930 --> 01:05:25.470

CalHHS CDII: To layer on top, but to leverage what we have, and so I actually think done done well, it should reduce the concern about sort of over regulation and and berkman.

425

01:05:25.950 --> 01:05:30.930

CalHHS CDII: I also think it's very important that this the apology board with strong conflict of interest that.

426

01:05:31.380 --> 01:05:42.870

CalHHS CDII: And when I say conflict of interest, I think about business and financial conflicts, for the most part right, which you know, a group, like this would have that right so something different, I think it's going to be really important.

427

01:05:43.680 --> 01:05:50.760

CalHHS CDII: um and then, finally, you know i'm not sure if these two advisory groups are just sort of examples of the types of advisory groups.

428

01:05:51.300 --> 01:06:01.050

CalHHS CDII: But I do think there needs to be much more consumer input and whether that's an advisory group or whether that's mechanisms that the Agency and the policy or.

429

01:06:01.470 --> 01:06:10.740

CalHHS CDII: are using to assess the experience of Californians I don't think we have right now good way of doing that specific information shapes like covered California.

430

01:06:11.190 --> 01:06:19.860

CalHHS CDII: has a lot of data points for a cost that come with the quality that can look at consumer experience but we don't have that for information exchange and I think we have to.

431

01:06:20.430 --> 01:06:28.350

CalHHS CDII: acknowledge that we're asking for a lot of trust the people of California, in exchanging a wealth of very sensitive information because we believe.

432

01:06:28.710 --> 01:06:40.770

CalHHS CDII: It will improve health outcomes, but we're still asking for a lot of cross, and so there has to be sort of a backstop that that really is able to take a neutral look, but really particularly focused on the inputs being experiences.

433

01:06:42.120 --> 01:06:49.920

CalHHS CDII: Okay, thank you Karen I think first of all that the alignment pieces and really important if the leveraging and aligning Those sort of policy levers to let her get her levers.

434

01:06:50.400 --> 01:06:57.660

CalHHS CDII: I think that speaks to Charles your point and then marks response and I think that will make that as far as we can.

435

01:06:58.200 --> 01:07:09.210

CalHHS CDII: And the recommendation and with respect to strong conflict of interest, I think you may be right, you may need to define what exactly you mean by like they may be slightly different parameters that what covered California has.

436

01:07:09.810 --> 01:07:17.070

CalHHS CDII: We have to think through what those conflict of interest requirements rules are both or if this board comes to be, and if there's an advisory group.

437

01:07:17.790 --> 01:07:26.370

CalHHS CDII: Third point of these are actually meant to be exact, not just like by example, but the advisory groups that would be establish this type of body.

438

01:07:26.790 --> 01:07:32.490

CalHHS CDII: We think is necessary to help shape policies and the dynamics that are going to continue to evolve.

439

01:07:32.970 --> 01:07:40.110

CalHHS CDII: But we also know that there's so much happening at the state and county level and a public health and social service and service level that we need to integrate.

440

01:07:40.500 --> 01:07:50.430

CalHHS CDII: That we need that kind of inputs, so we need to stand up aboard an advisory group, excuse me to do that, we do envision having like consumers like the pen.

441

01:07:50.880 --> 01:07:58.890

CalHHS CDII: On the stakeholder advisory group, I think the question you bring is is that enough and I think your answer is it's not and we really need to think about how do we better get.

442

01:07:59.400 --> 01:08:07.890

CalHHS CDII: zoomers engaged and their input into this process, I think what we just need to do, especially spell that out, and then there's likely get any need for either.

443

01:08:08.310 --> 01:08:14.910

CalHHS CDII: or representation or specified subcommittees or some way of getting or consumer input through this process.

444

01:08:15.570 --> 01:08:27.060

CalHHS CDII: And one way may be that we would have strong recommendations that if a board is appointed, that there has to be at least one individual that really represents consumers that would be that would be able to I think a wise thing for rest of it.

445

01:08:29.130 --> 01:08:29.520

CalHHS CDII: Thank you.

446

01:08:31.620 --> 01:08:33.270

CalHHS CDII: Andrew your next Please go ahead.

447

01:08:34.800 --> 01:08:45.150

Andrew Bindman: Thanks very much appreciate the discussion here one also call out and say how much he appreciated Secretary galley's comments in the beginning about.

448

01:08:46.710 --> 01:08:58.740

Andrew Bindman: Both clarifying that we're not here to build a single repository and that we were going to build upon tough QA I thought carmela made a very good point that I would agree with which is.

449

01:08:59.310 --> 01:09:05.190

Andrew Bindman: Perhaps the single most important thing that we can be doing that I don't know that we've set out loud enough times is.

450

01:09:05.550 --> 01:09:21.450

Andrew Bindman: Requiring Kafka and the state of California, we sort of keep saying we're going to align with it, but alignment in a voluntary way is going to be probably much less successful than kind of making that the first rules of the road.

451

01:09:23.310 --> 01:09:30.630

Andrew Bindman: I think in the slide that before the one that's currently projected you referenced the three states that you thought were.

452

01:09:31.710 --> 01:09:42.870

Andrew Bindman: most successful as models for us to think about, but I think it might be helpful for all of us, if you are a bit more explicit about how success would be defined.

453

01:09:43.410 --> 01:09:55.020

Andrew Bindman: Because I think that's perhaps one of the areas where there may be some different expectations there's been a lot of different goals that I think are wonderful that have been talked about in this.

454

01:09:56.070 --> 01:10:05.760

Andrew Bindman: advisory group but it's not clear which state and how its structured and what we can learn from it best succeeds in those specific.

455

01:10:06.600 --> 01:10:13.530

Andrew Bindman: goals and one of the tensions, I think that's being raised in in the earlier comments, is that.

456

01:10:14.040 --> 01:10:29.550

Andrew Bindman: We want to succeed in addressing these issues of information exchange, to support better patient care have to support equity and so forth, but there is the tension of by regulating that we may also.

457

01:10:30.840 --> 01:10:43.650

Andrew Bindman: create conflicts, I every every call that when we had the speaker from unc he cautioned us to be careful not to introduce things that inadvertently.

458

01:10:44.250 --> 01:10:54.660

Andrew Bindman: create conflicts of what might be already supported in a successful way toward our goals through the through the federal rules of tough QA.

459

01:10:55.050 --> 01:11:07.470

Andrew Bindman: And so I guess, I would say another thing that we might want to make sure that we're judging success if we were to take any active steps related to governance, would be the degree to which it is.

460

01:11:08.070 --> 01:11:13.770

Andrew Bindman: Introducing conflicts there's different types of burdens I guess that I raised and I think that.

461

01:11:14.130 --> 01:11:26.880

Andrew Bindman: burdens related to conflicts that don't actually enhance the ability to do the job of making patient care better is to me something that we want to actively avoid and and it's not clear.

462

01:11:27.300 --> 01:11:38.730

Andrew Bindman: How our governance structure that we're being talked about here today would would make sure to attend to that and I just think that's an important component so having explicit.

463

01:11:39.690 --> 01:11:50.880

Andrew Bindman: Ways of judging what success is is going to be important, and I think we're being a bit vague about that in ways that raise concerns or fears about whether.

464

01:11:51.360 --> 01:12:00.360

Andrew Bindman: Our approach could introduce more challenges than some of the solutions it's offering provide for so that that's my comment, thank you very much.

465

01:12:03.090 --> 01:12:08.670

CalHHS CDII: Thank you, Andrew so so good point first of all about again reinforcing Tampa.

466

01:12:10.380 --> 01:12:19.860

CalHHS CDII: I do think it certainly merits the state taking a formal explicit of you on on requiring it, what does that actually mean.

467

01:12:21.000 --> 01:12:30.870

CalHHS CDII: it's not yet clear to me what that would entail, what does it mean to require template in California, so perhaps what we need to do is this part of.

468

01:12:31.890 --> 01:12:39.060

CalHHS CDII: The development of policies and procedures, we need to consider how we explicitly call out adoption of epcot.

469

01:12:40.530 --> 01:12:46.290

CalHHS CDII: And the data exchange framework, the data sharing agreement, I do think that parents additional.

470

01:12:46.980 --> 01:12:57.810

CalHHS CDII: review and some consideration, especially given the feedback I received from you Camilla and others I do know that Claudia has some other points of view in the chat that she's noted so just for those.

471

01:12:58.260 --> 01:13:00.810

CalHHS CDII: Who haven't seen you may want to look at those, so there are.

472

01:13:01.500 --> 01:13:09.090

CalHHS CDII: varying opinions on this, but it feels like we're getting enough feedback that we need to really consider what that what it would actually mean to require TEPCO California.

473

01:13:09.810 --> 01:13:15.210

CalHHS CDII: that's one point The second point is, it is a good one to just in terms of what success means.

474

01:13:15.900 --> 01:13:24.060

CalHHS CDII: When we say when we sort of judge the success of information exchange work we're looking at a variety of factors we're looking at things like.

475

01:13:24.450 --> 01:13:34.200

CalHHS CDII: Whether or not there's an open a line strategy for how information exchange is incentivize how rules and policies are implemented.

476

01:13:34.740 --> 01:13:42.300

CalHHS CDII: And how stakeholders are engaged and we, when we look at when we cast around in different states, these are not the only ones, there are some.

477

01:13:42.540 --> 01:13:48.180

CalHHS CDII: Great models nebraska has a great model North Carolina has a very different model, but more success they've got.

478

01:13:48.600 --> 01:13:57.480

CalHHS CDII: Over 90% of their hospitals on their state HIV very different model, though, very different approach, the stakeholder engagement pieces is much different.

479

01:13:57.960 --> 01:14:07.890

CalHHS CDII: than what we're considering here are contemplating in these in these other state examples what really struck us this these States they very much aligned with sort of the vision.

480

01:14:08.310 --> 01:14:20.460

CalHHS CDII: And what we think are the critical principles of successful data exchange, which is broad, open, transparent decision making policy stakeholder engagement alignment.

481

01:14:21.060 --> 01:14:35.370

CalHHS CDII: Of the state's ability to use its purchasing power to both fund information exchange and to get other purchasers, including in Michigan blue cross at to create incentives so that there are.

482

01:14:37.350 --> 01:14:46.110

CalHHS CDII: there's actually a incentive for providers to participate and a reward for them for doing that so we're we're not meaning to be intentionally vague.

483

01:14:46.620 --> 01:14:53.760

CalHHS CDII: There are 50 states and there and there's Washington DC and territories, there are a lot of examples we can draw from but I.

484

01:14:54.690 --> 01:15:04.290



CalHHS CDII: give you that we have not defined what how we qualified these as successes in our view that, for the reasons I just mentioned we're representing them here.

485

01:15:04.560 --> 01:15:12.900

CalHHS CDII: Because we feel that they are models that he wants to book two and not necessarily replicate but pull from them to guy but we're closing.

486

01:15:14.670 --> 01:15:23.430

CalHHS CDII: So we'll definitely take back the tough issue and and we're going to move on to I know that much I want to get a couple more in here.

487

01:15:24.960 --> 01:15:26.940

CalHHS CDII: We I think we have answered.

488

01:15:27.960 --> 01:15:38.940

CalHHS CDII: I know Sandra was raising her hand because she she's not on on screen so and she did this earlier so i'm going to ask Sandra to go Ali and then Andrew keeper and then we're going to go to public comment.

489

01:15:40.320 --> 01:15:42.180

CalHHS CDII: Right, so I.

490

01:15:43.860 --> 01:15:59.460

CalHHS CDII: really want to appreciate the word stepped into sort of pull together the principles covered California how those principles could fly to how we think about the accountability, transparency outcome of vision this word.

491

01:16:00.570 --> 01:16:10.020

CalHHS CDII: I think some of those principles are absolutely critical, not all only applies to just appreciate monster, I wanted to the name.

492

01:16:11.220 --> 01:16:16.020

CalHHS CDII: Because I both served a Mr live and also covered California sports currently.

493

01:16:17.310 --> 01:16:28.680

CalHHS CDII: One of the fears that I hear coming from number of people sitting around the table is that somehow is going to be a very onerous process that it's going to be slow to set it up.

494

01:16:29.430 --> 01:16:33.510

CalHHS CDII: By the way, I think the two steps make perfect sense in terms of thinking about.

495

01:16:34.410 --> 01:16:42.390

CalHHS CDII: This I would encourage us to think about three additional things, one of the secretary managing this morning, which is for really looking at.

496

01:16:42.810 --> 01:16:48.990

CalHHS CDII: A sustainable mechanism by which we learn and adapt and improve and.

497

01:16:49.800 --> 01:16:57.300

CalHHS CDII: evaluation is certainly part of that, but I think it's important for us to get out of the where are we this moment, and what happens in July when.

498

01:16:57.750 --> 01:17:10.140

CalHHS CDII: January really think about what is the best and most viable structure by which all critical stakeholders have a place by which concerns and issues come to govern.

499

01:17:11.160 --> 01:17:23.910

CalHHS CDII: And a w for that really does not have any problems it's not even ones that are just self check that that are really clear don't have a particular benefit to an entity that they represent that they're compensated.

500

01:17:25.020 --> 01:17:32.220

CalHHS CDII: On the covered California experience with regard to public input, I think, is really quite profound effect.

501

01:17:34.050 --> 01:17:47.280

CalHHS CDII: Plans are, by and large needs do that are most regulated by covered California, in terms of participating in the marketplace and Plaza participated in that have a great deal of influence.

502

01:17:47.550 --> 01:17:54.270

CalHHS CDII: on any Governing Board policy, whether it's plan structure or incentives or like.

503

01:17:54.780 --> 01:18:08.790

CalHHS CDII: And I think that's exactly what a good government policy for do would be to extract those best ideas from stakeholders, without stakeholders actually being at the table and sort of trying to figure out what trade offs are going.

504

01:18:09.390 --> 01:18:13.530

CalHHS CDII: Because when we do that consumers inevitably have the least walks.

505

01:18:14.130 --> 01:18:23.430

CalHHS CDII: And as we think about what we're designing and thinking about patient outcomes and thinking about trusting the system will people's personal information is being traded.

506

01:18:23.850 --> 01:18:35.130

CalHHS CDII: Across entities and agencies and departments in order to have trust consumers really do need to have the same footing as any other entity does and arguably or so.

507

01:18:35.670 --> 01:18:42.840

CalHHS CDII: And one of the beautiful things about covered California, is any item that comes up for policy has public input.

508

01:18:43.230 --> 01:18:57.210

CalHHS CDII: from consumers directly from advocates directly, many of those ideas have been prevented and get good public input and I would argue, has lead, for the most effective governing body of an exchange in the country.

509

01:18:57.900 --> 01:19:10.740

CalHHS CDII: And by the way, it's a governing body that also complies with a boatload of federal rules that cms promulgates over these exchanges so they're concerned that somehow will be at a step with the beds and.

510

01:19:11.760 --> 01:19:27.780

CalHHS CDII: I just think it's a non issue we should make it clear, as a governing body here's why we should or should not adopt complete compliance compliance or like with the best input from stakeholders before a policy body makes a decision and.

511

01:19:28.350 --> 01:19:35.820

CalHHS CDII: You know covered California as an analogy can only go so far, but I think those principles are really critical to it and.

512

01:19:36.420 --> 01:19:49.740

CalHHS CDII: If you think about the vision that we're trying to do, transparency, accountability and fundamental in a system that works for individuals as well as for population management and for getting the kind of process.

513

01:19:50.250 --> 01:19:59.400

CalHHS CDII: dissemination of information, a governing body that has the ability to have all the stakeholders have an input in an even playing field.

514

01:19:59.970 --> 01:20:06.090

CalHHS CDII: Is the most likely to give us a successful trusted system for go for it so.

515

01:20:06.960 --> 01:20:15.390

CalHHS CDII: I think it takes principles and applies in something that on the one hand, is quite technical and on the other hand, is quite person.

516

01:20:16.140 --> 01:20:36.180

CalHHS CDII: And I think that calls for us to lean towards making sure that stakeholders, yes, we understand we don't create owners things that they're pragmatic and applicable and still boat, because the vision for this is quite bold and not, I think these principles for who achieved many things.

517

01:20:37.920 --> 01:20:45.840

CalHHS CDII: So thank you, I mean what what really struck me about your comments, first of all is that on creating this word and this sort of.

518

01:20:46.440 --> 01:20:53.040

CalHHS CDII: legislative process is going to give some persistence to this effort it's going to it's going to signal, how important this is.

519

01:20:53.880 --> 01:21:03.930

CalHHS CDII: it's going to, we have to take a long view I mean yes it's going to take a will take some time to set up, but in the long term, is what we need, and it's going to allow us to have.

520

01:21:04.620 --> 01:21:18.060

CalHHS CDII: The two other things mentioned one is this incredible stakeholder input that you've seen in covered California we've all seen and allows for plans that are regulated by consumers that are affected by it to have real, meaningful input into the process.

521

01:21:18.720 --> 01:21:22.080

CalHHS CDII: And then the third is I think it's really important in line around federal and state.

522

01:21:22.800 --> 01:21:30.540

CalHHS CDII: If anything that's board really does give us an opportunity to assess the judge stefka as it evolves and other federal policy to ensure that.

523

01:21:31.200 --> 01:21:45.330

CalHHS CDII: policy makers, making good decisions about alignment adoption of federal guidance schools are requirements bye definitely appreciate those especially coming from a place of experience, where you've had to see that happen and distributed and then uncovered California.

524

01:21:46.380 --> 01:21:50.460

CalHHS CDII: Last two alley Please go ahead, thank you, someone had.

525

01:21:51.870 --> 01:22:02.880

CalHHS CDII: saying that I support the models that you're proposing here, especially the hybrid model is appropriate for this type of activity.

526

01:22:03.900 --> 01:22:26.520

CalHHS CDII: remind ourselves that the Ad a one day kind of aggressive so take action so whatever we end up with it has to be a model that the decision making is quick and it doesn't create conflicts with wrong down from from from fence up so that's.

527

01:22:27.600 --> 01:22:34.050

CalHHS CDII: Whatever structure that's going to be in the booth is having a board is critical and oversight.

528

01:22:35.910 --> 01:22:48.060

CalHHS CDII: kind of function that one quarter will be adobe has to make decisions fast can fix because we didn't we didn't do as you know, advisory group as well.

529

01:22:49.020 --> 01:22:56.640

CalHHS CDII: Thank you Sally I want to just recognize, thank you for the support for the proposal and the recognition of the speed at the pace at which we need to travel.

530

01:22:57.630 --> 01:23:04.920

CalHHS CDII: And leverage federal funding wherever we can that's another important point that these and other states like nebraska and others have been able to do.

531

01:23:05.970 --> 01:23:07.920

CalHHS CDII: instrumental and Michigan as.

532

01:23:09.030 --> 01:23:09.390

CalHHS CDII: They did.

533

01:23:10.410 --> 01:23:15.210

CalHHS CDII: it's very impressive long standing last one yeah speaking of speed i'll be clear.

534

01:23:18.120 --> 01:23:31.260

CalHHS CDII: I would attach my comments to those Dr Hernandez as well as you're spot on from our perspective, the staging that you guys propose that makes a lot of sense, given our timelines will say that.

535

01:23:32.790 --> 01:23:41.640

CalHHS CDII: There was a comment made by janice in the chat which one is one we haven't delivered which we should, which is create an organization that has an independent word.

536

01:23:42.630 --> 01:23:48.510

CalHHS CDII: provides what I think in my organization things is the most important element which is public trust in this process and.

537

01:23:49.170 --> 01:24:00.660

CalHHS CDII: Having that pursuing it through that that venue creates a forum to which not only our Members that are fellow Californians have confidence in the system and that's not to be.

538

01:24:01.680 --> 01:24:06.000

CalHHS CDII: Under underestimated in terms of the importance of having.

539

01:24:07.200 --> 01:24:14.940

CalHHS CDII: Consumer confidence and actually making the system work, I will say there there's a my last is there's a bit of a server.

540

01:24:17.640 --> 01:24:23.850

CalHHS CDII: mixing of questions here that I keep listening, which is what are we at adopting versus who's going to govern.

541

01:24:24.660 --> 01:24:31.410

CalHHS CDII: What gets adopted and how that evolves over time, those are two separate questions in my mind, one is for later in this agenda and.

542

01:24:32.040 --> 01:24:43.290

CalHHS CDII: You know knock down drag out fight later on the next next next here at our next meeting, the question is is is is really about the governance that allows the evolution.

543

01:24:43.770 --> 01:24:53.370

CalHHS CDII: Of the policy to fully filled at 133 and the vision that we have the state and the legislature adopting the recommendation of the Secretary and team for next month.

544

01:24:54.570 --> 01:24:54.960

CalHHS CDII: Thank you.

545

01:24:56.250 --> 01:25:06.120

CalHHS CDII: appreciate those estimates as well, and I think the public trust issue, I think the aspect of this is is paramount it's one of the things that I know in many conversations.

546

01:25:06.480 --> 01:25:18.780

CalHHS CDII: We had the last and in between this meeting continually came up that's one of the reasons why some of those models that we put forth are there because we feel think age of the stakeholders and it helps build trust.

547

01:25:19.440 --> 01:25:25.890

CalHHS CDII: And so recognize that as well, I do I know we're we're quite a ways behind time, but this is a very.

548

01:25:26.520 --> 01:25:33.990

CalHHS CDII: Important conversation for us to have to get your input definitely recognize there's some of the advisory advisory that do not support.

549

01:25:34.890 --> 01:25:51.330

CalHHS CDII: The recommendation and others that do we will try to do as best we can, to capture those those any concerns that were raised and and and any of the additional points that were very well stated and how we adapt the this approach.

550

01:25:52.440 --> 01:25:56.970

CalHHS CDII: And, and again really appreciate all very constructive back here.

551

01:25:58.020 --> 01:26:05.790

CalHHS CDII: We had another item here that i'm actually going to skip by and it was one more element if you could go for it a few slides.

552

01:26:06.390 --> 01:26:16.290

CalHHS CDII: What i'm going to ask you to do and i'm sorry to assign homework, but if you can there's really one other consideration keep going past these governance models is what other issue.

553

01:26:18.510 --> 01:26:24.360

CalHHS CDII: Is around regulatory this is really considering and it's important, and I think we passed it, but we have so much to do.



554

01:26:26.250 --> 01:26:37.620

CalHHS CDII: There are policies in California that are that exists and in the federal government that exist really to protect individuals from very sensitive information being shared without consent.

555

01:26:38.400 --> 01:26:46.560

CalHHS CDII: And every state every institution struggles with this issue and thinking 42 CFR, part two, and substance use disorder information.

556

01:26:46.920 --> 01:26:56.790

CalHHS CDII: Every provider is David well knows any hospital knows very difficult to know and plans know what can I share, what can I access under what conditions.

557

01:26:57.480 --> 01:27:03.960

CalHHS CDII: What I hope you'll look through when you look at this material, and I really appreciate comments, between now the next eating.

558

01:27:04.740 --> 01:27:13.770

CalHHS CDII: Is we are contemplating establishing some sort of a program and a service that would allow for a an informed consent service or registry.

559

01:27:14.580 --> 01:27:21.690

CalHHS CDII: That would allow for individuals to be able to indicate when certain information and or should not be shared with others.

560

01:27:22.170 --> 01:27:32.460

CalHHS CDII: it's not a simple thing no state has ever created any like this for their pilots that have been done in some regions, but we are interested in your thoughts about whether California might consider this.

561

01:27:32.820 --> 01:27:48.270

CalHHS CDII: And what the contours of that that approach both the policies and the actual service might be so we have to take a long view and there may be changes 42 CFR, part two, coming from ocr soon before deptford on time.

562

01:27:49.320 --> 01:27:57.120

CalHHS CDII: we're still, though, is still with you the table, but we're hopeful one day we'll see if that might change something, but not all they're still very sensitive information.

563

01:27:57.510 --> 01:28:02.910

CalHHS CDII: miners around reproductive health that we really do need to address here in it in a holistic way.

564

01:28:03.420 --> 01:28:09.630

CalHHS CDII: So i'm going to move past this and i'm going to ask if we can go straight to public comment I spent time there and then we're going to turn over the room.

565

01:28:10.260 --> 01:28:19.530

CalHHS CDII: Okay sounds good, so we have a number of people in the public, I think we have over 80 books joining us in the public, so thank you for attending if you have a comment you can.

566

01:28:20.070 --> 01:28:28.050

CalHHS CDII: enter it into the chat or you can raise your hand if there have been a little bubbles in the room, just raise your hand.

567

01:28:28.500 --> 01:28:35.400

CalHHS CDII: But on zoom you guys know how to do that, please state your name and affiliation and keep your comments respectful and Brie you'll be recognized.

568

01:28:36.240 --> 01:28:52.110

CalHHS CDII: on site first for public comment and then we'll both have it's not Emma today it is Alice who will recognize individuals with their hands raised on zoom unmute you, and then you can go ahead and comment so with that I will open public comment in the room.

569

01:28:53.220 --> 01:28:55.200

CalHHS CDII: see any numbers of what.

570

01:28:56.940 --> 01:28:59.340

CalHHS CDII: Okay, so we'll go on to zoom Alice.

571

01:29:00.300 --> 01:29:06.900

Alice H - Manatt Events: Thank you, and it looks like we have Jerry first Jerry you should be able to unmute.

572

01:29:08.400 --> 01:29:16.470

Jerry Hall, CivicMapping.com: hi there, thank you, everybody Thank you to your Secretary gaily CDI staff and stakeholder Advisory Board members it's really.

573

01:29:17.400 --> 01:29:21.930

Jerry Hall, CivicMapping.com: great to hear you all and all the dedication you're making towards this effort.

574

01:29:22.380 --> 01:29:32.940

Jerry Hall, CivicMapping.com: And I believe there's some temporary these, we need to keep front and Center that includes the personal corporate and government access and level of use of data from multiple systems.

575

01:29:33.390 --> 01:29:44.190

Jerry Hall, CivicMapping.com: And to the protections individual rights and privacy by ensuring extreme control by external facing or potentially conflicted internal profit first entities.

576

01:29:44.640 --> 01:29:53.220

Jerry Hall, CivicMapping.com: How our data can be utilized to to improve dramatically reduce the impact Center legal and health systems through more effective sharing policies.

577

01:29:53.670 --> 01:29:58.980

Jerry Hall, CivicMapping.com: And last but not least, high levels of consumer education, access and control over ones data.

578

01:29:59.820 --> 01:30:11.160

Jerry Hall, CivicMapping.com: Ideally we're focused not only on financial and institutional benefits in developing these systems policies and practices, but more importantly, how we can ensure the work we're doing attacks in decimates.

579

01:30:11.670 --> 01:30:21.240

Jerry Hall, CivicMapping.com: The system of policies and practices that have often by design systematically harm racial cultural gendered financial status and geographic oriented population.

580

01:30:21.900 --> 01:30:29.880

Jerry Hall, CivicMapping.com: I want to amplify the recent come in and concerned about including peers and stakeholders with lived experience on these boards and in this work.

581

01:30:30.270 --> 01:30:38.760

Jerry Hall, CivicMapping.com: I also believe we need to invite those that might bring up concerns and issues that may conflict with other Members allegiances or loyalties to institutional bodies.

582

01:30:39.210 --> 01:30:50.580

Jerry Hall, CivicMapping.com: That are either heavily politically or financially influenced pushback from advocates oftentimes as a voice heard from many consumers out in their communities that aren't able to make their thoughts, no.

583

01:30:51.030 --> 01:30:57.960

Jerry Hall, CivicMapping.com: And finally, regarding recommending a governance structure, you could consider recommending a sunset period, perhaps in five years.

584

01:30:58.170 --> 01:31:06.750

Jerry Hall, CivicMapping.com: Where the entire structure is reviewed and evaluated by stakeholders in the hopes that it improves structure would be for them to better service all thank you very much.

585

01:31:09.150 --> 01:31:09.960

Alice H - Manatt Events: Thank you come on.

586

01:31:11.460 --> 01:31:15.630

Alice H - Manatt Events: A tiny dot see any other hands raised going to give it a minute I saw.

587

01:31:16.830 --> 01:31:17.490

Alice H - Manatt Events: briefly.

588

01:31:20.550 --> 01:31:23.610

Alice H - Manatt Events: Okay, we have john just a minute now.

589

01:31:26.280 --> 01:31:28.560

John Helvey: Yes, thank you all for the hard work you're doing.

590

01:31:29.670 --> 01:31:38.010

John Helvey: This is complicated work in a very short timeframe and I really appreciate all the effort and attention that you guys are are presenting here.

591

01:31:38.460 --> 01:31:53.970

John Helvey: And just with regards to regulation it's not just looking at what aligns with 42 CFR, part two, but it's also talking about what in California, is above 42 CFR, part two, and is there an opportunity for those to be revisited.

592

01:31:54.990 --> 01:31:59.940

John Helvey: You know, things in the California medical Information Act and sharing information with payers.

593

01:32:01.380 --> 01:32:18.390

John Helvey: there's some legacy legislation in there that doesn't really align with our current times and I think it's it's do the opportunity for review and Edit or revision, if possible, so thank you all for your hard work, I greatly appreciate it.

594

01:32:20.790 --> 01:32:26.970

CalHHS CDII: Thank you john I will note that one of the functions of governance, and I will recognize karen's Convent that we need to serve.

595

01:32:27.690 --> 01:32:35.130

CalHHS CDII: redistribute what the FAA functions are one of those is that review, a state of state policy statement holds State law.

596

01:32:35.700 --> 01:32:52.890

CalHHS CDII: And then consider over time how they may be amended to better align with federal rules to continue to ensure protections of individuals California, so that is it defined recommended function of governance is to have that process in place and just want to recognize recognize that so.

597

01:32:53.910 --> 01:32:54.300

CalHHS CDII: Thank you.

598

01:32:56.760 --> 01:32:59.760

Alice H - Manatt Events: yeah we can't we don't have any other needs based.

599

01:33:01.710 --> 01:33:11.700

CalHHS CDII: Okay, then we'll close public comment it's my pleasure to introduce Dr Graham Cochrane to give an update and share with your progress on the digital identity shrek great Thank you.

600

01:33:12.510 --> 01:33:24.390

CalHHS CDII: You don't mind i'll just stand here apologize to people on this side of the room, we have quite a bit of material to cover and I couldn't find look through it quickly, so we still have some time to discuss it at the end.

601

01:33:25.500 --> 01:33:33.150

CalHHS CDII: And I will say up front that i'm looking for comments over the next couple of weeks, so this is internally time to talk let's go on to the next slide please.

602

01:33:34.710 --> 01:33:48.210

CalHHS CDII: I just want to remind people that are charged under at 133 a B 133 is to develop a strategy for unique secure digital identities capable of supporting master patient indices.

603

01:33:48.780 --> 01:33:58.890

CalHHS CDII: To be implemented by both private and public organizations we'll talk a little bit about how to focus groups strive to be discharged let's go on to the next slide please.

604

01:34:00.240 --> 01:34:12.000

CalHHS CDII: And the way we approach this was to create six separate focus groups again input from them on specific stakeholder perspectives on a strategy for digital identities, we convened.

605

01:34:12.720 --> 01:34:22.440

CalHHS CDII: Total of 12 different meetings for 90 minutes each with more than 50 participants across all of those different stakeholder.

606

01:34:22.890 --> 01:34:33.630

CalHHS CDII: perspectives, we discussed many aspects of digital identity strategy also with the digital excuse me, the data sharing agreement subcommittee.

607

01:34:34.350 --> 01:34:39.660

CalHHS CDII: And some of the aspects of the digital identities that needed to be addressed in the dsa as well.

608

01:34:40.290 --> 01:34:57.210

CalHHS CDII: we've talked here about some of the larger aspects of digital identities, but we're going to get down more in the weeks today and so that's the purpose for today's meeting is to bring an initial draft of the strategy to you folks for reducing comment it's gone to the next slide please.

609

01:35:00.090 --> 01:35:09.840

CalHHS CDII: part of what we did during this entire process is look back to the principles that you helped us establish and identify how we could have our deliberations.

610

01:35:10.560 --> 01:35:19.080

CalHHS CDII: address some of those principles as well, we talked about a digital identities might be used to assess equity and access and restrictions.

611

01:35:19.590 --> 01:35:27.150

CalHHS CDII: On on they're used for those purposes, we considered bi directional used by both health and human services organizations.

612

01:35:27.600 --> 01:35:35.010

CalHHS CDII: We emphasize compatibility with federal standards but we're going to have to talk about that a little bit today because the bar there is very low.

613

01:35:35.700 --> 01:35:47.340

CalHHS CDII: We considered identity needs to support consumer access as you'll see today much of that is still a future consideration because that part of the industry's mature.

614

01:35:47.790 --> 01:36:02.850

CalHHS CDII: out, we discussed and permitted uses and importantly uses that would not be permitted and we'll talk about that some today, and specifically considered privacy, when I identify attributes that might make up a digital identities let's go on to the next slide please.

615

01:36:04.560 --> 01:36:14.610

CalHHS CDII: i'm not going to go through all the definitions here, but it gives you an idea of how the focus groups approached a very general statement nav 133.

616

01:36:15.090 --> 01:36:24.420

CalHHS CDII: and tried to bring something real to the table here digital identity here is not an identifier it's not necessarily a number it's not a card that you carry.

617

01:36:24.840 --> 01:36:33.150

CalHHS CDII: But it's instead a gathering of information that describes a real person, which may or may not include a credential for them to access their information.

618

01:36:34.650 --> 01:36:47.190

CalHHS CDII: At 133 calls for it to be secure, but makes no mention of privacy, we specifically talked about privacy security and privacy are not the same thing and privacy was an important part of our deliberations.

619

01:36:47.640 --> 01:37:01.380

CalHHS CDII: A lot of the discussions about how do you address the need for personal privacy and at the same time, address the need to actually exchange data in a safe manner and so that you know how you have that.

620

01:37:02.010 --> 01:37:12.480

CalHHS CDII: walk that line is a difficult one, we also talked about master person indices I apologize now master patient index is what it says.

621

01:37:13.380 --> 01:37:21.240

CalHHS CDII: At 133 and sometimes sneaks into my own language but we're really talking about identifying persons here.

622



01:37:21.630 --> 01:37:36.180

CalHHS CDII: And we talked about the need for a database at the state level that might be important in order to best manage identities and some of the pros and cons and some of the restrictions that might be around that its content next slide please.

623

01:37:38.880 --> 01:37:46.350

CalHHS CDII: There are at least two major initiatives and often come up that are happening at the national level that are worth considering as well.

624

01:37:46.680 --> 01:37:51.270

CalHHS CDII: we've heard of paramount and some of these meetings and some of the other focus group meetings about the care and.

625

01:37:52.050 --> 01:38:01.950

CalHHS CDII: federated digital identity is what I call the fear I don't know that it has an official or common name, but it is a pilot project.

626

01:38:02.460 --> 01:38:13.950

CalHHS CDII: For federating identity management importantly it has a different use case that we're focusing on today, its primary use cases around getting consumers access.

627

01:38:14.490 --> 01:38:19.560

CalHHS CDII: so that they can aggregate their own information and we're focusing today.

628

01:38:19.890 --> 01:38:30.630

CalHHS CDII: on exchange of information and using digital identities, for that, but it will be important for us to watch this initiative because consumer access to their information is an important.

629

01:38:31.500 --> 01:38:42.870

CalHHS CDII: Consideration for us, as well as what I mean when I say that this part of the industry may not be mature enough for us to take on yet, but this pilot will help us identify some maturity there.

630

01:38:43.410 --> 01:38:52.830

CalHHS CDII: The other is fast reliable patient identity management, there are three different pilot projects are considerations going on within the past.

631

01:38:53.670 --> 01:39:08.340

CalHHS CDII: I would say that some of the things we're talking about today look a little like number one and a little like number two on this these initiatives, this will also be important for us to monitor, as this becomes more established.

632

01:39:10.020 --> 01:39:11.100

CalHHS CDII: let's go on, please.

633

01:39:14.430 --> 01:39:22.740

CalHHS CDII: So one of the things that we talked about first in all the focus groups, what is the purpose, what are the use cases if we're talking about here and.

634

01:39:23.790 --> 01:39:38.520

CalHHS CDII: penny uniformly across focus groups, we agreed that associating exchanged, health and social services information with the correct real person was the focus for digital identities for us now, it goes under a number of different names.

635

01:39:39.750 --> 01:39:45.600

CalHHS CDII: Potentially patient matching person resolution record linking, that is, the space that we're talking about here.

636

01:39:46.980 --> 01:39:57.360

CalHHS CDII: PR at 133 use cases might include treatment payment or healthcare operations we've also talked in the data sharing agreement subcommittee.

637

01:39:57.840 --> 01:40:07.710

CalHHS CDII: About permitted purposes for use of the data exchange framework, and that will continue to be part of the use cases that we need to support here as well.

638

01:40:08.310 --> 01:40:23.280

CalHHS CDII: We also talked about the need to afford the same privacy and security requirements around digital identities is around health information, and that was part of our discussion with the dsa and you should see that coming in the dsa when it comes to I think at our next page.

639

01:40:25.230 --> 01:40:28.500

CalHHS CDII: Whenever we did this, we also talked about things that it was not.

640

01:40:29.640 --> 01:40:37.320

CalHHS CDII: It is not about the use a collection of demographic information for other purposes, it is about identifying individual so that you can.

641

01:40:37.740 --> 01:40:50.400

CalHHS CDII: identify what health information is associated with them at 133 calls for supportive api's and I think it aligns with that and the primary need is really for improved record linking.

642

01:40:51.060 --> 01:41:02.460

CalHHS CDII: It is not about the development of a golden record knowing for sure exactly what my phone number is what my my correct race or ethnicity is it's about linking records.

643

01:41:03.030 --> 01:41:11.880

CalHHS CDII: It is not yet at least about establishing prudential so that I can access my information, but that might be a future consideration, and I suspect will remove sport.

644

01:41:12.600 --> 01:41:20.490

CalHHS CDII: it's also not a prohibition of exchanging other information demographic information about individuals they are.

645

01:41:20.880 --> 01:41:27.420

CalHHS CDII: Nice simply not be part of digital identities we'll talk about some of the things that we do not believe should be part of digital identities.

646

01:41:27.840 --> 01:41:37.590

CalHHS CDII: But still may be exchanged between organizations for other purposes let's go on to the next slide I spent a fair amount of time on that because I think that that's important.

647

01:41:38.160 --> 01:41:43.260

CalHHS CDII: We also are going to just spend a second here about scenarios that we all talked about.

648

01:41:43.890 --> 01:41:51.750

CalHHS CDII: Because in our deliberations we determine one of those should not be something that digital identities is used for and that's population how.

649

01:41:52.470 --> 01:42:01.710

CalHHS CDII: That organizations currently have the information that they need to stratify populations and they may collect information on individuals using digital identities.

650

01:42:02.160 --> 01:42:16.770

CalHHS CDII: But digital identities, would not be used as the means to stratify and identify populations now, maybe, something that we want to talk about here, but the That would be a secondary use that information or demographics in it.

651

01:42:17.970 --> 01:42:19.260

CalHHS CDII: let's go on to the next slide.

652

01:42:21.390 --> 01:42:25.320

CalHHS CDII: So what is the digital identity it's a collection of information.

653

01:42:25.770 --> 01:42:35.880

CalHHS CDII: And what we're recommending out of the focus groups, is it includes certain information out of US CDI be one name, date of birth address previous addresses phone numbers and email address.

654

01:42:36.570 --> 01:42:54.540

CalHHS CDII: Now taken an aggregate, there is the potential to uniquely identify a person based on that information, but there is no guarantee of unique identity from that information, so we determine to use additional identifiers that are uniquely assigned to an individual.

655

01:42:55.770 --> 01:43:03.960

CalHHS CDII: And you see in the bullets here, those that we discussed what is important is that we determine, we would not use identifiers that are not.

656

01:43:04.230 --> 01:43:21.060

CalHHS CDII: specifically identified for use and health, environment, social security and driver's license do not appear there, primarily because of the increased potential use in did identity theft outside of the health.

657

01:43:22.260 --> 01:43:33.630

CalHHS CDII: arena, now there is still concerned about digital identity theft, using some of these identifiers but there's a huge potential also incorrectly identified individually.

658

01:43:34.770 --> 01:43:36.420

CalHHS CDII: it's gone to the next slide please.

659

01:43:39.300 --> 01:43:53.130

CalHHS CDII: Things that are not in that data set pay attention to race, ethnicity preferred language and all part of US CDI be one put are not included in the proposal for digital identities again that doesn't happen.

660

01:43:53.640 --> 01:43:58.920

CalHHS CDII: The the exchange or collection of that information, but it would not be part of the digital identity.

661

01:43:59.580 --> 01:44:05.730

CalHHS CDII: We also discuss and decided to take out previous name and gender because that has the potential.

662

01:44:06.180 --> 01:44:18.480

CalHHS CDII: Of i'm intentionally identify as transgender individuals and appropriately and that there was little value in including that information in the report should be removed as we sit, as I said already.

663

01:44:19.020 --> 01:44:33.600

CalHHS CDII: we're not including state or federal ids that are not related to help and we discussed but didn't include any additional identifiers from us CDI be to which is published or v3, which is in draft form because there weren't any.

664

01:44:35.340 --> 01:44:39.510

CalHHS CDII: Data elements there that seemed to be advantageous to us individually.

665

01:44:41.370 --> 01:44:42.600

CalHHS CDII: So on to the next slide.

666

01:44:45.720 --> 01:44:55.560

CalHHS CDII: One thing that we also discussed and we need to determine how to best put in is the ability to token is some of these people aren't familiar with that technology.

667

01:44:56.010 --> 01:45:04.650

CalHHS CDII: Your cell phone when you use it to pay using a credit card on your cell phone actually usually does not exchange your credit card number.

668

01:45:05.100 --> 01:45:15.630

CalHHS CDII: wirelessly with the station ID instead exchanges, a token, it has the same format, but it's not a credit card number and can be used as pie, so if it's intercepted.

669

01:45:16.140 --> 01:45:24.300

CalHHS CDII: That is not it can't be used without your knowledge and there needs to be in third party that can say yes, that number that you gave me.

670

01:45:24.870 --> 01:45:28.680

CalHHS CDII: Does correspond to a credit card to run Catherine has there for you can approve.

671

01:45:29.490 --> 01:45:44.580

CalHHS CDII: The purchase, we can do the same thing with some of these unique identifiers as well, but it requires a piece of technology that's not in place in California yet should be part of our future consideration to go on to the next slide please.

672

01:45:47.940 --> 01:45:49.560

CalHHS CDII: Do standards about these.

673

01:45:50.820 --> 01:46:01.650

CalHHS CDII: attributes ah, again, we would suggest that we use us CDI be one has the standards associated with those elements that are part of US CDI be one.

674

01:46:02.190 --> 01:46:12.210

CalHHS CDII: That we look to federal guidelines for other day that attributes, as we can and examples project USA which is setting standards for using address.

675

01:46:12.600 --> 01:46:22.890

CalHHS CDII: But there are going to be places for things are just absent and that we may need to create additional guidance for standards around data elements for using California to raise the bar.

676

01:46:24.600 --> 01:46:26.250

CalHHS CDII: But it's gone to the next slide please.

677

01:46:27.540 --> 01:46:32.280

CalHHS CDII: So where does that kind of put us, it raises the bar slightly above where we are today.

678

01:46:32.910 --> 01:46:41.370

CalHHS CDII: um E health exchange see channel or Tesco all sit down epsilon where there's a very small number of attributes that are exchanged to match people.

679

01:46:42.000 --> 01:46:56.160

CalHHS CDII: Oh, and see is suggesting that we raised the bar somebody creating additional standards and we're suggesting that we raised the bar just one more step by including some additional elements that may enhance the ability to uniquely identify people.

680

01:46:57.300 --> 01:46:58.920

CalHHS CDII: let's go on to the next slide please.

681

01:47:02.070 --> 01:47:09.000

CalHHS CDII: talk a little bit about permitted uses already I think you'll see permitted uses appear in the dsa but it comes forward as well.

682

01:47:09.480 --> 01:47:19.680

CalHHS CDII: um a couple of important things is that secondary use of attributes in the digital identity, would not be allowed simply prohibited.

683

01:47:20.610 --> 01:47:32.160

CalHHS CDII: And that we would expect the same security and privacy requirements around PGI be imposed upon digital identities, as well, so that's the language you should expect in the dsa.

684

01:47:35.580 --> 01:47:43.410

CalHHS CDII: Also, the only users of digital identities, need to be participants at the framework for signatories to do so.

685

01:47:45.930 --> 01:47:54.660

CalHHS CDII: i'm not going to go through the other bullets on this slide, but you can look at those in this we get to the sh be thinking about digital identities as well let's go on to the next slide please.

686

01:47:57.720 --> 01:48:02.040

CalHHS CDII: So now let's talk a little bit about a statewide person index, and it was.

687

01:48:02.820 --> 01:48:13.830

CalHHS CDII: Pretty unique uniformly recommended by the focus groups that we actually consider creating a statewide index to cross reference identities in different contexts across different organizations.

688

01:48:14.610 --> 01:48:26.460

CalHHS CDII: The real purpose of that would be collect attributes associated with a single person who exists in different contexts in with different healthcare providers different plans different social services.

689

01:48:27.030 --> 01:48:35.070

CalHHS CDII: environments and facilitates linking those different contexts together into a single real person now, we did not.

690

01:48:35.550 --> 01:48:44.100

CalHHS CDII: Take the language and maybe 133 is an indication that everybody should abandon their MP eyes and use only a single one in this state.

691

01:48:44.580 --> 01:48:59.100



CalHHS CDII: With also did not take the language to be an indication that every organization must implement an API merely that we should consider a statewide index that helps us match identities across different organizations.

692

01:49:00.840 --> 01:49:02.130

CalHHS CDII: let's go on to the next slide.

693

01:49:04.980 --> 01:49:23.250

CalHHS CDII: We might consider a few things about this as well, and this is one of the areas where i'd be really interested in people's input, for instance, such an a database is an easy place to create a statewide identifier, not one that I have to apply for but.

694

01:49:24.450 --> 01:49:30.540

CalHHS CDII: An index is associated with me with all of the cross reference now that will exist.

695

01:49:31.020 --> 01:49:39.330

CalHHS CDII: Is it shared with anybody, there are some pros and cons to that should consider, especially in the idea of token ice, you might be able to protect it.

696

01:49:39.780 --> 01:49:53.190

CalHHS CDII: should be a share with the individual So if I know what that indexes and I carried around with me, that would facilitate exchange, if you think back to the slide on fast, that is number two in fast scheme.

697

01:49:54.090 --> 01:50:12.780

CalHHS CDII: Is that the individual play a part, and identify themselves by Korean and identify around with them, we also might consider involving consumers in their identities, where I have access to correct or make adjustments or deletions to attributes associated with my identity.

698

01:50:14.220 --> 01:50:22.980

CalHHS CDII: And then the mpi might be a place where we could support organization again that's a piece of infrastructure that need to exist if we created.

699

01:50:24.090 --> 01:50:25.530

CalHHS CDII: Its content, the next slide please.

700

01:50:27.390 --> 01:50:39.750

CalHHS CDII: It is not, as I said before, a replacement for existing and P eyes when I asking and everybody tear down the indexes already support their needs, today it is likewise not a golden record.

701

01:50:40.950 --> 01:50:54.330

CalHHS CDII: That is a holding up the demographics it's considered correct, for me, but it and it's also not a database for contact information that we would prohibit that in the dsa and there's some important.

702

01:50:54.960 --> 01:51:02.220

CalHHS CDII: Considerations there so, for instance, public health, could not use digital identity to find a phone number.

703

01:51:02.490 --> 01:51:10.710

CalHHS CDII: to contact me for follow up on outbreak investigation that would be prohibited, now they can get my phone number through other means, but not through identity so.

704

01:51:11.430 --> 01:51:19.320

CalHHS CDII: A thing to think about what is where we're headed on the dsa subcommittee now you could also not use my zip code to determine whether.

705

01:51:20.940 --> 01:51:33.120

CalHHS CDII: People in my area are getting equitable access to health, so that stratify for analysis would not be available another thing to kind of think about as we want.

706

01:51:33.780 --> 01:51:42.390

CalHHS CDII: And I will just say in passing, there are many places in our ecosystem today, where we have two very carefully protected information, this would be one.

707

01:51:43.470 --> 01:51:48.240

CalHHS CDII: Is that we need to make sure that this information is ruggedly secure.

708

01:51:49.410 --> 01:51:54.180

CalHHS CDII: let's go on to the next slide please, we are getting to the end really great.

709

01:51:55.230 --> 01:52:06.000

CalHHS CDII: thing about this land in the ecosystem this moves as a couple steps to the right at the far right on this picture is a single API that we all use is the authoritative.

710

01:52:06.570 --> 01:52:16.260

CalHHS CDII: instance of health, that is, for instance, how most regional a Chios operate today where they stand up an mpi that everybody uses that's not where we're going.

711

01:52:16.950 --> 01:52:31.470

CalHHS CDII: we're going to a shared resource a shared database and we may link to bi directionally so that we come up with a shared versions of what identity, so that people can still organizations can still.

712

01:52:31.890 --> 01:52:41.340

CalHHS CDII: keep their api's, but they can use a statewide cross reference to better identify what identities in their system are linked to the identities and another.

713

01:52:42.990 --> 01:52:44.550

CalHHS CDII: let's go on to the next slide please.

714

01:52:47.100 --> 01:52:53.520

CalHHS CDII: There are a few related comments and concepts that often came up in our deliberations that I want to just touch on right now.

715

01:52:54.360 --> 01:53:05.910

CalHHS CDII: This is none of these things, but they often come up, first of all, a consent registry often comes up that there is a need for uniform consent to change it health information across the state.

716

01:53:06.750 --> 01:53:17.580

CalHHS CDII: This is not such a consumer industry but shared identity for individuals is unnecessary, I would say it's a necessary prerequisite to share consent.

717

01:53:17.910 --> 01:53:24.510

CalHHS CDII: To need to know exactly who Graham Cochran is if you're going to understand room consents to his information we share.

718

01:53:25.350 --> 01:53:33.330

CalHHS CDII: We also often talk about a provider index, this is clearly not one of those but we may want to think about that as we move forward as a way to enhance.

719

01:53:33.660 --> 01:53:37.800

CalHHS CDII: Our ability to look into provider for who we want to exchange information.

720

01:53:38.610 --> 01:53:47.190

CalHHS CDII: And this is also not a statewide wreck record locator it's merely identities, but it does give you a hint about their information may be.

721

01:53:47.790 --> 01:54:00.060

CalHHS CDII: If part of what exists in the MPI the statewide index is an identifier for me at a hospital and that hospital likely has information about me so it starts to get making it.

722

01:54:01.470 --> 01:54:02.970

CalHHS CDII: Less confident next slide please.

723

01:54:05.940 --> 01:54:10.950

CalHHS CDII: For a second, I think that we should probably talk about financial burdens associated with this.

724

01:54:11.490 --> 01:54:19.320

CalHHS CDII: There are existing national standards for patient discovery that don't fully align to what we're talking about here, and we need to figure out how we deal with this.

725

01:54:19.710 --> 01:54:28.260

CalHHS CDII: And example is actually TEPCO where the current standards for patient discovery are lower bar than what we're talking about here.

726

01:54:28.740 --> 01:54:43.020

CalHHS CDII: And so we need to understand how we best align with federal standards, how we raise the bar if we think that's important to do and advocate for better federal standards for us to keep aligned with so important consideration.

727

01:54:44.520 --> 01:54:53.310

CalHHS CDII: Existing the hrs will have certain things implemented in them about patient identities and attributes, and so there will be a requirement.

728

01:54:53.850 --> 01:55:03.660

CalHHS CDII: For people in modifications that are current implementations to recognize and implement some of these new standards which just recognize that that person exists, so we need to.

729

01:55:04.530 --> 01:55:22.170

CalHHS CDII: provide a runway for adoption and a statewide index will require significant funding and effort and that's not only for implementation, but ongoing maintenance so really need to investigate the opportunity for not just funding but sustainable funding and operation for info.com.

730

01:55:23.370 --> 01:55:25.020

CalHHS CDII: it's going to the next slide please.

731

01:55:28.320 --> 01:55:41.250

CalHHS CDII: i'll just pause there for a second rather than read all of these but there's there's kind of my summary of the major elements to digital identity we've been talking about today go on to the next slide.

732

01:55:43.980 --> 01:55:54.030

CalHHS CDII: Today we're talking about the draft strategy what i'm looking for his comments today and comments through next week on what this looks like so that we can make revisions.

733

01:55:55.170 --> 01:56:05.130

CalHHS CDII: As we move forward to revise a digital strategy and April and May for publication in the July timeframe.

734

01:56:06.540 --> 01:56:16.500

CalHHS CDII: And then the final slide or just some of the questions that I have that I'd like some input on doesn't necessarily need to be what we talked about in the meeting today.

735

01:56:17.790 --> 01:56:31.230

CalHHS CDII: But some of the things that I think are worthy of consideration as well that I would like to get some input on I'm obviously interested in whatever you folks have any questions or comments on any of this this is this is your.

736

01:56:33.870 --> 01:56:40.350

CalHHS CDII: So I'll pause there for questions and discussions, I think our first end up with Janice yeah Thank you.

737

01:56:42.810 --> 01:56:44.280

CalHHS CDII: I'm sorry this theory.

738

01:56:46.470 --> 01:56:57.090

CalHHS CDII: And I appreciate all the work that there's just so much to consider this, and so I really appreciate the the worker thought on this, but my question is.

739

01:56:58.260 --> 01:57:05.580

CalHHS CDII: and understand a sensitivities around collecting information on race, ethnicity transgender service.

740

01:57:06.720 --> 01:57:08.700

CalHHS CDII: How my be.

741

01:57:10.020 --> 01:57:12.060

CalHHS CDII: what's the vision and ensuring that.

742

01:57:13.230 --> 01:57:23.460

CalHHS CDII: Part of the vision for the data exchange rate is creating some sort of program that has equitable delivery right we talked about equity alive.

743

01:57:24.000 --> 01:57:38.610

CalHHS CDII: In developing HIV, how do we ensure that this is the facts equitable across all sectors, if we're not capturing that data, and I think that's an important consideration.

744

01:57:39.360 --> 01:57:46.590

CalHHS CDII: I think that there's, at least in my mind, there is a distinction there about whether that is part of my identity and use to match people.

745

01:57:47.280 --> 01:57:55.470

CalHHS CDII: Whether that is exchanged vs, this is not a prohibition for you to share race, ethnicity preferred language other information.

746

01:57:56.130 --> 01:58:07.680

CalHHS CDII: With individuals if they have a need to know that other organizations individuals at Center participants on the framework if they have a need to know that information.

747

01:58:08.190 --> 01:58:15.180

CalHHS CDII: Just that will be used for matching purpose, but I think that you're still asking a good question that we need to consider.

748

01:58:15.720 --> 01:58:27.300

CalHHS CDII: Is is there an advantage to secondary uses that identity information to currently we're on a path into the essay but that's one of my big questions here is, should we be productivity.

749

01:58:28.170 --> 01:58:40.530

CalHHS CDII: secondaries Thank you I think i'm trying to envision through the lens of you know Ms and firefighters as they're you know they're they're looking for some sort of.

750

01:58:43.500 --> 01:58:52.110

CalHHS CDII: record and data collection, that will be able to help them in emergencies or natural disasters, and I think there are some.

751

01:58:52.890 --> 01:59:02.310

CalHHS CDII: There is some information that I think would be really valuable I don't know what that is, but I think you know, considerations of different languages, different languages also.

752

01:59:03.450 --> 01:59:12.780

CalHHS CDII: be helpful great Thank you Thank you i'm happy right here, thank you for all the partner here so.

753

01:59:13.560 --> 01:59:29.100

CalHHS CDII: A comment on that last conversation I appreciate you making the distinction between how i'm ensuring you are who you say you are versus what information is shared, I mean, I think it would be difficult to use gender.

754

01:59:30.300 --> 01:59:30.960

CalHHS CDII: or.

755

01:59:32.220 --> 01:59:42.210

CalHHS CDII: race of because different databases code those differently, there are still I mean a lot of databases, where you cannot say you're trans you cannot.

756

01:59:42.600 --> 01:59:54.180

CalHHS CDII: or not to not to state when you think about gender identity, for example, so it does make sense to not hammer someone into a box that we've been actually trying to break out of in newer system so.

757

01:59:54.570 --> 01:59:59.670

CalHHS CDII: But yet being able to perhaps share that information once that identity is is.

758

02:00:00.660 --> 02:00:10.590

CalHHS CDII: verified seeds were set to make sense, the question that I had at the beginning, you talked about the focus groups and mentioned social services.

759

02:00:11.040 --> 02:00:17.880

CalHHS CDII: Could you give a little bit more detail about what you need when you say social services what's that like how many human services was that.

760



02:00:18.150 --> 02:00:25.200

CalHHS CDII: CEOs and nonprofits who did you talk to, and then i'll tell you i'm not trying to hide the ball, but i'll tell you why i'm asking.

761

02:00:25.860 --> 02:00:36.030

CalHHS CDII: For number one I represent the county seven start asking you know for myself to understand what did you I don't think I was involved so i'm assuming the answer is no, not for people but.

762

02:00:36.450 --> 02:00:42.660

CalHHS CDII: So yes, your people oh yeah you i'm sorry about that, and I wanted to be involved in that, as you some.

763

02:00:43.350 --> 02:00:46.560

CalHHS CDII: Help connect people, so I said fine, but what yes so.

764

02:00:46.980 --> 02:00:57.750

CalHHS CDII: And so I will just say this, we talked to a lot of people to the focus groups and if people went to the list i'm sure that they're going to find people that week this there and I apologize for that.

765

02:00:58.350 --> 02:01:06.180

CalHHS CDII: We did a lot of outreach looking for suggestions from this group and elsewhere, and we needed to move forward out we didn't talk to a few.

766

02:01:07.110 --> 02:01:27.870

CalHHS CDII: county based social service delivery organizations and then we all San Diego cr V, which was our primary place where we actually got somebody participate and try to represent CEOs that is going to be true, obviously, through a colored ones sure I appreciate that, so we can follow up.

767

02:01:28.950 --> 02:01:41.370

CalHHS CDII: i'm trying to think about I mean I think county human services agencies, at least at the start, are more likely to be a contributor of data versus a user of data is how i've been thinking about this.

768

02:01:41.760 --> 02:01:50.340

CalHHS CDII: Especially in the context of this discussion, and I just I think it's important to think about how, and I know we're not a required.

769

02:01:50.910 --> 02:02:02.310

CalHHS CDII: entity, where a possible entity but let's think about how to structure something so that whatever I mean we have data just in our houses system on.

770

02:02:02.970 --> 02:02:12.180

CalHHS CDII: Probably 30 to 50 million people, I mean those are a ned's which we connect to probably have more because I don't know they ever purge it so it's probably.

771

02:02:14.190 --> 02:02:24.780

CalHHS CDII: wait for it, but they I was talking with just my texted with my it person to find is probably more with them, so I mean you do have this rich.

772

02:02:25.260 --> 02:02:35.520

CalHHS CDII: database, but also that sort of overwhelmingly large as a place to start, so I, I just wanted to share that, as I started thinking about oh my God what's our role here.

773

02:02:36.030 --> 02:02:44.700

CalHHS CDII: When you're coming at it with a set of data, some of which could be outdated, because those are not necessarily active recipients.

774

02:02:45.030 --> 02:02:52.770

CalHHS CDII: It could be from when they were a kid getting our works, you know and so it's really I think we got to think about sort of what does that look feeding into.

775

02:02:53.310 --> 02:03:06.570

CalHHS CDII: Something like this and I just wanted to serve, so I think that's important that you said not required signatory to be attained yet, but one of the things that we agreed the focus groups needs to be consideration now so yeah.

776

02:03:07.710 --> 02:03:14.520

CalHHS CDII: So we want to play a participation and be in that show not just one example you brought up which really works here.

777

02:03:15.120 --> 02:03:29.490

CalHHS CDII: There are there are situations where there are actually a need to be an exchange between county agencies or or across in a different part of at 133 requires, for example, jails and county welfare offices to exchange data.

778

02:03:30.900 --> 02:03:40.770

CalHHS CDII: I know that right somebody gets booked suspend medical assistant medical when they don't get when they're released and so that coordination that data exchange.

779

02:03:41.130 --> 02:03:51.180

CalHHS CDII: is something that we really want to think about this identity matching here facilitate that, how do we incorporate that in the day extensions really important for Kelly.

780

02:03:51.660 --> 02:04:06.510

CalHHS CDII: And for for medical and the county's certainly don't want to be burdened with like many different types of very confusing sort of rules of the road so it's got to be really clear and the minimum in terms of what needs to be done or again effective communication.

781

02:04:07.830 --> 02:04:08.310

CalHHS CDII: exam.

782

02:04:09.360 --> 02:04:10.350

CalHHS CDII: David, I know that you're not.

783

02:04:12.360 --> 02:04:14.490

CalHHS CDII: i'm still in this corner, though yeah I.

784

02:04:15.540 --> 02:04:21.630

CalHHS CDII: mean i'll call him, so I want to answer one of your questions and then post, one of my own um.

785

02:04:22.230 --> 02:04:34.620

CalHHS CDII: You had raised a question, do we need to allow individuals to have access to their own digital identity or their own token and it's an unequivocal yes i'll tell you why it's because the federal information.

786

02:04:36.420 --> 02:04:46.140

CalHHS CDII: Patients now have more access than ever to download their own information right, and they can demand it from providers that can benefit from plans.

787

02:04:46.980 --> 02:04:55.200

CalHHS CDII: Were off, you know we're moving into the world open access API is patient access api's right and the feds put that out there and they didn't really have a good way to.

788

02:04:55.950 --> 02:05:01.020

CalHHS CDII: explain how to do that, which this could really grease that meal really nicely.

789

02:05:01.860 --> 02:05:10.140

CalHHS CDII: So that if someone is does go to their health plan and say, well, I want to download all your information on my phone, how do we know you aren't we say you are this could really.

790

02:05:10.470 --> 02:05:23.610

CalHHS CDII: Make that access much easier, so in that case, yes, and we have some examples of how to do that, I have a qr code on my phone right now that says i've been backstage three times right, I mean we do we don't have to reinvent the wheel to do that.

791

02:05:24.450 --> 02:05:28.290

CalHHS CDII: i'm Now the question I wanted to ask, as far as.

792

02:05:29.490 --> 02:05:33.750

CalHHS CDII: The different data points you listed on has the group discussed it all.

793

02:05:35.040 --> 02:05:39.120

CalHHS CDII: strata finding those at all for confidence intervals and.

794

02:05:40.230 --> 02:05:48.030

CalHHS CDII: I know it's a little wonky but I know, for example, there's a whole lot of David sports walking around out out there, another one David for well.

795

02:05:50.730 --> 02:05:59.490

CalHHS CDII: I know, for example, i'm not only i'm, not even the only David for my neighborhood right, so my name my even my name zip code is not helpful right.

796

02:06:00.180 --> 02:06:10.980

CalHHS CDII: um but in certain healthcare situations that may be on anyone has So how do we, how do we use that versus like my name plus my birthday my zip code, but guess it closer to knowing it's me.

797

02:06:12.030 --> 02:06:31.110

CalHHS CDII: I so we did discuss some of those things some other some things that you didn't bring up also surrounding That was where did that information on problem with advanced updated, which also may give some indication of confidence, some of that information and, if you have access to fix.

798

02:06:32.220 --> 02:06:44.430

CalHHS CDII: In in that information about your address, so we didn't talk about that, not in a great deal of detail, we also talked about the concept of trying to.

799

02:06:45.600 --> 02:06:55.800

CalHHS CDII: deal with an escalating minimum necessary, so if I said, David Ford and a birthday three people came back tonight now say, well, David for a birthday.

800

02:06:56.070 --> 02:07:14.250

CalHHS CDII: And an address and does that limit it down want and deserve some way of getting feedback for the matching distractions to deal with that one of the biggest considerations i'd say, though, is putting your health insurance Member ID bed account cow.

801

02:07:15.930 --> 02:07:29.010

CalHHS CDII: client ID etc, which are unique to you was one of the reasons to consider those is to really make sure that number that is only given to David for used to as part of your identity.

802

02:07:30.360 --> 02:07:31.170  
CalHHS CDII: For good question.

803  
02:07:34.020 --> 02:07:34.470  
CalHHS CDII: Cameron.

804  
02:07:38.220 --> 02:07:46.200  
Cameron Kaiser: Thank you very much Cameron Kaiser for the California conference local health officers, the end there was just two comments that we want to make.

805  
02:07:46.890 --> 02:08:00.930  
Cameron Kaiser: We heard from cwt that they that their organization may be more contributors for any local health departments, especially in those counties do not have an existing county health system, we would still primarily be at least.

806  
02:08:01.950 --> 02:08:13.770  
Cameron Kaiser: More than otherwise consumers, I mean certainly things like communicable disease dad and other things that would come through our system would necessarily I think fallen or less but.

807  
02:08:16.020 --> 02:08:22.200  
Cameron Kaiser: Certain other things such as chronic disease other kinds of large scale health issues which.

808  
02:08:22.920 --> 02:08:32.910  
Cameron Kaiser: statutorily we don't receive information on but have an interest in either from a programmatic perspective for or from the general perspective of Community health.

809  
02:08:33.480 --> 02:08:42.090  
Cameron Kaiser: We would still want to make sure that we're able to see that and I noted on the I noted on the identities discussion that there was.

810  
02:08:43.170 --> 02:08:43.590  
Cameron Kaiser: A.

811  
02:08:45.120 --> 02:08:45.480

Cameron Kaiser: Ay.

812

02:08:47.160 --> 02:08:57.540

Cameron Kaiser: So i'm looking for recommendation that are not demographics, not be used that organizations already know this information, but for many health departments, we don't already know this information.

813

02:08:57.900 --> 02:09:08.460

Cameron Kaiser: And I would not want that restriction on individual demographics being excused, to prevent local health jurisdictions and and, for that matter, other researchers who may have.

814

02:09:08.850 --> 02:09:16.860

Cameron Kaiser: A legitimate research interest in this data from obtaining de identified data that may be stratified as to you know.

815

02:09:17.370 --> 02:09:29.280

Cameron Kaiser: Gender location, race or ethnicity, looking at particular population to maybe underserved for doing any kind of analysis for public health purposes to determine where our efforts have searched.

816

02:09:30.630 --> 02:09:40.320

CalHHS CDII: I really appreciate that comment, and I think it is one of the areas where there was a very robust discussion across the focus groups on whether.

817

02:09:41.250 --> 02:09:48.120

CalHHS CDII: That use of digital identity should or should not be allowed, and so I think that that needs to continue to be a discussion that we need to figure out.

818

02:09:50.220 --> 02:09:51.540

CalHHS CDII: More country paper.

819

02:09:53.040 --> 02:10:03.360

CalHHS CDII: You know, thank you so i'm a little bit biased on the first question should be before it's me i've been looking at this issue or 25 years now.

820

02:10:04.710 --> 02:10:05.640

CalHHS CDII: We need to move forward.

821

02:10:07.050 --> 02:10:17.700

CalHHS CDII: But I think secondarily the this issue of value in the specific attributes, and we really do need to define them test them forward.

822

02:10:18.120 --> 02:10:34.890

CalHHS CDII: Because part of the challenge with health information exchange, or the from the stakeholders that i've been speaking with is you try it you're excited about it, you query and then only a couple times do you actually get the right information so.

823

02:10:35.940 --> 02:10:48.150

CalHHS CDII: So then people start using the system, so I think advancing this framework and then be thoughtful about some of the additional capabilities like token ization.

824

02:10:48.540 --> 02:11:07.320

CalHHS CDII: Which weren't available before I think are really critical and I also think your point on the higher side, where this is not one single directory where that history and wealth of what looks like wings have done in terms of patient matching this loss that it's.

825

02:11:11.100 --> 02:11:18.660

CalHHS CDII: We have time for the final to climate shirt homework, you have some to genesis point about health equity.

826

02:11:19.860 --> 02:11:24.060

CalHHS CDII: Even have to be focused on particular attributes.

827

02:11:25.140 --> 02:11:33.600

CalHHS CDII: Not and there's like demographics, we still have to look at of equity implications within those funds, and we are choosing and I lived up in grass.

828

02:11:34.530 --> 02:11:41.790

CalHHS CDII: For it but we've been doing it, the federal level where we wanted a standard for address, but we wanted something additional that showed.

829



02:11:42.420 --> 02:11:54.960

CalHHS CDII: person was homeless or had that stable housing in order to avoid creating structural bias around and dressed as a choice, so we want to use that lands and the various elements that we we consider.

830

02:11:57.420 --> 02:12:12.150

CalHHS CDII: And then I guess the other thing and to david's point I think I agree that HIV patients would have a right to get that information side, as you said earlier it's not for purposes of authentication that the patient is who they say they are, but rather just to match the record.

831

02:12:14.010 --> 02:12:26.640

CalHHS CDII: And I think that using the proper medication, maybe a future use that we need to consider, there are a lot of organizations, now that are trying to do that again I think they're watching their highlights will be important to see how we get there.

832

02:12:28.050 --> 02:12:39.690

CalHHS CDII: But I backed up please well, thank you for bringing up the discussion about addresses and some other things that was part of the discussion in our focus group, and I think it's important to production.

833

02:12:43.230 --> 02:12:44.310

CalHHS CDII: And then finally Rome.

834

02:12:46.890 --> 02:12:52.230

Rahul Dhawan: Thank you very much, really appreciate the comments that are made so far and i'll keep mine relatively.

835

02:12:52.830 --> 02:13:01.350

Rahul Dhawan: saying I really do you feel as a physician that the patient record would be beneficial to us because of the challenges that many people mentioned.

836

02:13:02.100 --> 02:13:13.020

Rahul Dhawan: Similar to have maybe same people, the same zip code and same area code is very hard to track these patients sometimes so any which way we can do better job of identifying them and.

837

02:13:14.010 --> 02:13:21.570

Rahul Dhawan: Basically, coming to a way where we can help help identify these patients will be definitely beneficial, I think, other than that just.

838

02:13:21.960 --> 02:13:31.710

Rahul Dhawan: Just a provider perspective and primary care doctor nice Los Angeles, and of course i'd help with managing and building independent practice associations, but still.

839

02:13:32.190 --> 02:13:43.170

Rahul Dhawan: Consider myself a primary care doctor hard with the positions within a lot of practices that I work with that haven't even adopted emr just yet, despite all the financial.

840

02:13:43.470 --> 02:13:54.810

Rahul Dhawan: benefits the Government gave So how do we pay for this essentially as far as providers will that's a broader question is if we answer right now, but just the cost implications of this necessary service.

841

02:13:55.290 --> 02:14:02.820

Rahul Dhawan: It just worries me that if it's too expensive for doctors and inner city California, not just East la where I work but.

842

02:14:03.180 --> 02:14:12.990

Rahul Dhawan: A lot of different parts of interested in people did mention medicaid so theme, but the medicaid providers that are kind of like the safety net, doctors and nurses and nurse practitioners and mid levels.

843

02:14:13.350 --> 02:14:19.350

Rahul Dhawan: Small clinics have a difficult time, adopting him and basic emr, how do we get them to.

844

02:14:19.920 --> 02:14:29.760

Rahul Dhawan: adopt this and if there's a huge cost that they have to pay as a result of it it'll be even more difficult to adopt, so I just wanted to least raise that issue from a from a practice.

845

02:14:30.120 --> 02:14:42.570

Rahul Dhawan: Practice management standpoint, because every cost is is really scrutinized by doctors were just struggling to keep their doors open throughout the pandemic and beyond so just something to think about Thank you.

846

02:14:43.650 --> 02:14:56.130

CalHHS CDII: Thank you for that point and I I mentioned funding but look largely in the context of setting this up, but I think it's important for us to think about the financial burden associated with adoption to so thank you for.

847

02:14:56.880 --> 02:14:57.990

CalHHS CDII: Thank you so much that.

848

02:14:57.990 --> 02:14:59.760

Rahul Dhawan: means a lot your columns a lot, thank you.

849

02:15:01.560 --> 02:15:13.530

CalHHS CDII: Finally, i'll just remind people that i'm still looking for in play outside of today's meeting I really appreciate that discussion today i'm looking for in comments to have by next Friday the 15th.

850

02:15:14.820 --> 02:15:19.500

CalHHS CDII: But be happy to get anything before that or, if you want to talk about it.

851

02:15:21.840 --> 02:15:32.070

CalHHS CDII: john and i'll turn things Thank you so much for him as my professor of digital identity is we've been incredible resource and I think, as this as i've.

852

02:15:32.820 --> 02:15:42.150

CalHHS CDII: been educated more really further alliance our stage strategy so it's just very exciting to see what's ahead and what's possible with all this work that we're doing so.

853

02:15:42.510 --> 02:15:58.890

CalHHS CDII: I just want to thank him very much for his leadership and area I our chief counsel Jennifer sports is unable to join us today so i'll be giving a quick update on the dsa if we can go to the slide the dsa subcommittee a big first slide please.

854

02:16:00.240 --> 02:16:07.860

CalHHS CDII: So I just kind of as a quick background the dsa subcommittees charge was supporting the development of the data exchange framework state is your agreement.

855

02:16:08.370 --> 02:16:25.680

CalHHS CDII: On march 22 we met for the fifth time for the meeting we're having them at this meeting, as a committee discussed our digital identity strategy be approached for the data exchange framework policies and procedures and the drastic revisions of the third set of data sharing agreement.

856

02:16:27.120 --> 02:16:46.110

CalHHS CDII: Topics they the committee and Members and the public provided feedback on the digital identities concepts regarding privacy and security requirements and the dsa topics, including the concept of qualifying intermediaries and the use of disclosures as well as minimum necessary.

857

02:16:47.550 --> 02:16:48.480

CalHHS CDII: and go to the next slide.

858

02:16:50.280 --> 02:17:01.950

CalHHS CDII: Next slide please, thank you, in addition to discuss the content that we can discuss that the dsa subcommittee Members, I also wanted to spend some time sharing the approach for the development and finalization of the essay and the piano piece.

859

02:17:02.700 --> 02:17:13.560

CalHHS CDII: They need to be established by July 1 I consider our seventh meeting and we get stand up from this called seventh inning stretch to anybody's ball bounce, we know that certain degree.

860

02:17:15.000 --> 02:17:22.800

CalHHS CDII: Jennifer didn't write that you know we envision the dsa MP MP, is to be complimentary mutually reinforcing documents.

861

02:17:23.100 --> 02:17:35.010

CalHHS CDII: The dsa will be streamlined legal agreement that broad spectrum of health organizations executed by January 31 2023 and it will avoid duplication or conflicts with other data sharing agreements.

862

02:17:35.760 --> 02:17:48.150

CalHHS CDII: And the p amp P is will be detailed rules and guidance to support on the ground, implementation, we expect, they will evolve and be refined over time through participatory governance process involving state it's like 63 please.

863

02:17:51.600 --> 02:17:56.160

CalHHS CDII: The policies and procedures will be developed and released on a rolling basis.

864

02:17:56.790 --> 02:18:07.050

CalHHS CDII: and ongoing and iterative approach to php development allows us to be responsive as new needs arise and as policy and standards change over time, a foundational setup MPs.

865

02:18:07.980 --> 02:18:18.540

CalHHS CDII: will be released by the legislative deadline of July 1 2022 these will be refined and literally build upon in the subsequent months in accordance with the data exchange framework governance processes.

866

02:18:19.110 --> 02:18:28.680

CalHHS CDII: Six topics have been identified for the release by July 1, with a focus on topics that have been have implications for governance and accountability, I slightly.

867

02:18:30.810 --> 02:18:35.370

CalHHS CDII: In terms of the timeline I wanted you to be aware of some key milestones.

868

02:18:35.970 --> 02:18:43.350

CalHHS CDII: Please be aware of the dsa this tight timeline the essay and the initial set of api's are being drafted and will be shared by the tsa subcommittee.

869

02:18:43.980 --> 02:18:52.710

CalHHS CDII: With the dsa subcommittee for input that the next as a subcommittee meeting the draft documents will then be shared with the advisory group prior to them a meeting.

870

02:18:53.520 --> 02:19:00.510

CalHHS CDII: The draft documents we discussed at the main meeting and formally released for public comment incorporating revisions and targeting released by July 1.

871

02:19:00.810 --> 02:19:09.180

CalHHS CDII: Please note that the advisory group and public review of the SAP MPs are also correspond to the review periods for the data exchange framework.

872

02:19:09.990 --> 02:19:18.330

CalHHS CDII: Discussion of the digital identity strategy will be subject to a separate timeline We need your feedback and we invite you all to provide your input through.

873

02:19:18.900 --> 02:19:27.180

CalHHS CDII: Throughout the process and, particularly, once the documents are released Thank you so much for your input and counsel on these materials to date and the month.

874

02:19:31.530 --> 02:19:41.370

CalHHS CDII: We have a good weekend go to the next, slides just kind of get a view of days, and then I can to the Secretary post The meeting will get go ahead and.

875

02:19:43.830 --> 02:19:44.640

CalHHS CDII: Go the next slide.

876

02:19:47.070 --> 02:20:09.480

CalHHS CDII: Okay there's our next steps, as usual, we will get all materials out to you, we appreciate any type of feedback additional input that you can provide, we need your feedback on the governance model and regulatory and policy opportunities that jonah reference by April 14 start next slide.

877

02:20:12.360 --> 02:20:26.400

CalHHS CDII: And we will see all of you, hopefully, here we definitely need to make that quorum, which is just a simple majority of our entire group it's 23 folks so as soon as you can be hard to gain for both dates in the future so that we can.

878

02:20:26.820 --> 02:20:33.660

CalHHS CDII: Ensure that we have a form that would be appreciated that I really do appreciate everyone's efforts to be here today and.

879

02:20:36.210 --> 02:20:45.090

CalHHS CDII: Then, just one thing that will be very quick I know we're up against time but regarding the dsa and I know that time when the lists are going to be very tight, but.

880

02:20:46.230 --> 02:20:54.330

CalHHS CDII: I know a lot of us are on the table when that draft is released are going to have to run that, through our legal departments and that's going to take additional time.

881

02:20:55.440 --> 02:21:05.460

CalHHS CDII: So that the materials for these meetings have been coming you know, three, four days ahead it's a much time as possible we're going to have to run those two lawyers so just make that know.

882

02:21:06.720 --> 02:21:07.860

CalHHS CDII: You got a PIC today.

883

02:21:09.810 --> 02:21:17.400

CalHHS CDII: yeah and we're just one just one note on that there will be as you saw from the timeline there will be initial draft before they come here.

884

02:21:17.730 --> 02:21:27.420

CalHHS CDII: So at any and they'll be public, so anyone can access them if you want to start that process, recognizing that those will change right there'll be public product will be public input.

885

02:21:27.840 --> 02:21:38.490

CalHHS CDII: will be modifications, but if you want to begin deliberations with any attorneys please feel free they'll be publicly shareable before they come, thank you, thank you did.

886

02:21:40.050 --> 02:21:40.440

CalHHS CDII: So.

887

02:21:41.580 --> 02:21:46.890

CalHHS CDII: My way of wrapping up first john, thank you for your leadership rim tell him on.

888

02:21:48.630 --> 02:22:01.410

CalHHS CDII: This together and it's hard not to feel super bowl the base of the tremendous amount of energy work in this room lori you said 25 years yes gotta move that forward.

889

02:22:02.940 --> 02:22:13.140

CalHHS CDII: about the collective energy and years of work on these issues that have been put it, not just in this room, but collectively with the folks on the zoom.

890

02:22:14.130 --> 02:22:26.310

CalHHS CDII: Really humble about the opportunity we have, and when you put together legislation you do it in such a serious way sometimes and then you're grateful that it passes and then you get into these moments, where you realize.

891

02:22:27.570 --> 02:22:39.150

CalHHS CDII: monumental opportunity we have, so I will just say a deep debt of gratitude to each of you came up, not just because you came up to sacramento is cramped in Charles will work on the room size.

892

02:22:40.230 --> 02:22:50.820

CalHHS CDII: into this room, but this is important work and it's not wasted on me and i'm very grateful for the focus again on equity, bringing it to the Center.

893

02:22:51.390 --> 02:23:01.830

CalHHS CDII: And how we continue to elevate that piece of our focus it really has to permeate as I tried to talk with our team throughout all of the work we do.

894

02:23:02.340 --> 02:23:10.980

CalHHS CDII: Kelly to just hopefully contagious to the entire state administration, as it has been, and I appreciate, many of you.

895

02:23:11.400 --> 02:23:18.630

CalHHS CDII: All of you really anchoring our thoughts about how this moves forward in that way, so collectively really humbled.



896

02:23:19.350 --> 02:23:30.990

CalHHS CDII: By the energy of work that commitment, the years of service up to this rain and feeling really close seventh inning stretch we don't expect extra meetings here we're gonna.

897

02:23:31.530 --> 02:23:40.320

CalHHS CDII: get this done it but i'm meeting, so we can keep the word before we really Thank you to all of you who contributed today and i'll just.

898

02:23:40.890 --> 02:23:54.030

CalHHS CDII: Remind folks keep on that was a lot in a short amount of time and the door is open or additional feedback, so we get it right so with that, I think we can turn this meeting and see you in May.