

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Subcommittee (TASC) Meeting
Chat Log (12:00 PM – 1:00 PM PT, April 10, 2025)**

The following comments were made in the Zoom chat log by Members of the TASC and staff during the April 10, 2025, meeting:

11:55:51 From Sophia Chang to Everyone:
BRB

12:14:04 From Rim Cothren to Everyone:
There is a need for a common language and understanding of how health and social data sharing works, highlighting the importance of local ecosystems containing capabilities such as access and consent management. Data exchange should be bidirectional and include social-to-social, health-to-social, and social-to-health exchanges. The combined scope of social services and community services, and the complexity of public social services data systems, should be considered, emphasizing the need for broad thinking and inclusion of various entities. Significant investment is needed to achieve interoperability in social services.

12:14:20 From Rim Cothren to Everyone:
The need for robust consent management and identity management should be highlighted. A threat model architecture should be included to address privacy concerns and the protection of identity and personal information. Infrastructure must address the needs for configurability and conditionality of social data sharing. Common reporting requirements for funders should be established. The challenges faced by the homeless system of care, including resource limitations and complex release of information processes, should be addressed.

12:15:38 From Ambrish Sharma to Everyone:
There is a need to go beyond HIPAA in terms of federal and state compliance

12:18:13 From Rim Cothren to Everyone:
Data Sources: What data sources are missing? Are there any data sources we don't need? Are there other attributes (e.g., regulatory requirements, industry standard code sets) of these data sources that we should recognize?

12:22:35 From Eric Jahn to Everyone:
For definitions, a web ontology is needed to establish a common data dictionary where there are gaps in existing standards, or there is a need for generalization or community specialization.

12:26:59 From Alana Kalinowski, she/they 211/CIE SD to Everyone:
I would also call out Community Care Hubs - as they occupy a very specific data space

12:27:03 From Gabriel Cate to Everyone:
I agree with Lawrence's comment - the Data Sources can also be Data Consumers.

12:33:07 From Mary-Sara Gordon Jones to Everyone:

Regarding the comments for data standards and different code standards like LOINC, is there a service or capability that is missing from the model? The model includes data transformation, data translation and data segmentation.

12:34:43 From Mary-Sara Gordon Jones to Everyone:
Julie – agree

12:34:53 From Gabriel Cate to Everyone:
So, should we add “Information and Referral” organizations to the list of Data Sources? They are a special type of CBO, I suppose, but so is “Housing CoC”.

12:34:54 From Ken Riomaes to Everyone:
Agree with Julie. We may want to focus more on integration vs conformity.

12:34:57 From James Shalaby to Everyone:
Thanks Mary. I am thinking that data standardization (reference data , reference models) as being a useful anchor to enable transformation, translation and segmentation.

12:35:07 From Ambrish Sharma to Everyone:
This forum is a great opportunity to leap frog from disparate data sharing standards to something common that is close to XML/JSON based like HL7 v3 or FHIR

12:36:43 From Corey Smith to Everyone:
I think standards are critical to interoperability but agree that not all medical data standards are applicable to social care.

12:37:39 From James Shalaby to Everyone:
Agree with Corey and Ken : (a) Standards are need but may not be USCDI for social care at this time and (b) the need for transparency of what data sets and definitions are used in this sector to better understand how approach the standardization challenge which is a pillar for interoperability.

12:38:15 From Alana Kalinowski, she/they 211/CIE SD to Everyone:
Re: missing data sources - is there a case for calling out sources like EMS/Emergency Services? (they are a data source in SD that is on the city/county level)

12:38:16 From Ken Riomaes to Everyone:
Regional Centers?

12:38:26 From Corey Smith to Everyone:
Re: Jim S. And Mary SGJ - agree with these thoughts. I would say Terminology Services and Exchange Standard Services. I wondered if that fit under data translation, data transform, and/or integration engine?

12:39:05 From Aparna Ramesh to Everyone:
Agree with Eric-- at minimum should add CARES

12:39:19 From Mary-Sara Gordon Jones to Everyone:

@Corey I would say Terminology Services and Exchange Standard Services. I wondered if that fit under data translation, data transform, and/or integration engine?

12:40:01 From Mary-Sara Gordon Jones to Everyone:

@Corey - yes, it was intended under data translation, but I captured your input for Terminology Svcs.

12:41:29 From Ken Riomales to Everyone:

ROI - Release of Information or Return on Investment?

12:41:32 From Alana Kalinowski, she/they 211/CIE SD to Everyone:

Suggested edit: for "Perform guided interview and assessment" I would have it be "Perform guided interview, screening, and assessment"

12:41:56 From Gabriel Cate to Everyone:

ROI = Release of Information in Julie's context

12:45:16 From Corey Smith to Everyone:

Yes Michael! Thank you for raising this.

12:49:43 From Corey Smith to Everyone:

As an FYI, the HL7 Human and Social Services work group is working on a domain analysis model to better capture the types of data that human and social services needs to share.

Gravity is tracking and participating in this work.

12:50:32 From Hans Buitendijk to Everyone:

@Corey - would be great to suggest that model to be the foundation for a USCDI+ topic

12:50:51 From Mary-Sara Gordon Jones to Everyone:

With data standards, it is important to think about who is receiving the data and how the data is being accessed.

12:50:53 From Ambrish Sharma to Everyone:

In terms of the larger architecture, is the vision a federated model or a hybrid of centralized/federated data warehouse?

12:51:12 From Corey Smith to Everyone:

Good idea, Hans.

12:52:56 From Eric Jahn to Everyone:

Thank you Gabe for highlighting the pitfalls of the current inflexibility of FHIR/HL7!

12:53:16 From Corey Smith to Everyone:

Re: data sources - perhaps Individuals may need to be identified as a data source

12:53:49 From Mary-Sara Gordon Jones to Everyone:

@Ambrish - this architecture intends to support both hybrid and federated and centralized model. The services may be provided by multiple entities.

12:53:53 From Corey Smith to Everyone:

These issues about family units and patients are also be covered in the domain analysis model at HL7 that I mentioned

12:54:42 From Eric Jahn to Everyone:

A patient entails a doctor/patient/clinical relationship. A web ontology could link patients to persons as a role of a person.

12:55:44 From Eric Jahn to Everyone:

Also, many communities use the same term, but with a different meaning. Or those terms change over time. The web ontology would version the definitions of a term

12:59:48 From Lee Tien to Everyone:

My one add to what Eric and Gabe were saying, is that I think it's not just terminology/ontology, but also ascertaining the correct legal/contractual rules for handling any bit of data.

13:00:01 From Gabriel Cate to Everyone:

Yes, Lee!

13:00:03 From James Shalaby to Everyone:

Agree with Chris and Eric

13:00:18 From Irene Lintag Alvarez, Aliados Health to Everyone:

Thank you!

13:00:23 From Ambrish Sharma to Everyone:

Thank you!

13:00:26 From James Shalaby to Everyone:

Also standard representation of structures