

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Subcommittee (TASC) Meeting
Transcript (12:00 PM – 1:00 PM PT, April 24, 2025)**

The following text is a transcript of the April 24, 2025, meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework TASC. 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 webpage](#) to ensure accuracy.

[Rim Cothren, CalHHS CDII] 15:00:51

Thank you, Catalina, and welcome everybody to today's meeting. I want to congratulate everybody. We have had very good attendance for in this focus group and we continue to have good attendance today.

[Rim Cothren, CalHHS CDII] 15:01:04

Thank you for making time to talk about this important topic.

[Rim Cothren, CalHHS CDII] 15:01:08

As a reminder, we are recording today's session and we'll post the recording meeting materials for today are already posted on our web page. So members of the public that want to see in their own local copies, either the slides or the documents that we're using today, they are up on our webpage already.

[Rim Cothren, CalHHS CDII] 15:01:27

And then as a reminder to everybody, I always encourage everyone to turn their cameras on. This is meant to be a discussion and it's nice to see your shining faces and your reactions to everybody else's comments.

[Rim Cothren, CalHHS CDII] 15:01:39

Let's go on to the next slide, please.

[Rim Cothren, CalHHS CDII] 15:01:45

We always open up all of our meetings with our vision for the ADA Exchange Framework in California.

[Rim Cothren, CalHHS CDII] 15:01:51

And in particular, want to highlight that the vision includes not only making connections and exchanging health information but also social services information. And that is the point of this focus group is to talk about what we can do to improve the exchange

[Rim Cothren, CalHHS CDII] 15:02:12

Of health and social services data to support whole person care.

[Rim Cothren, CalHHS CDII] 15:02:17

Let's go on to the next slide, please. Just a brief overview of our agenda today. We'll start off with a welcome.

[Rim Cothren, CalHHS CDII] 15:02:26

Which is what we're doing now. We won't actually do a roll call today or probably in our next meeting either. I think everybody has had a chance to introduce themselves, but we will note in the background people that are in attendance today.

[Rim Cothren, CalHHS CDII] 15:02:40

We'll talk briefly about what we heard at our last meeting. There are some notes on the slides that we will go through there very briefly.

[Rim Cothren, CalHHS CDII] 15:02:47

And then we'll spend most of our time today talking about the capabilities and the social data exchange reference architecture was a working document sent out as part of your read-aheads that will use to help us in that discussion.

[Rim Cothren, CalHHS CDII] 15:03:00

We'll pause for public comment at approximately 10 before the hour, and then we will have some brief next steps and closing remarks.

[Rim Cothren, CalHHS CDII] 15:03:09

Let's go on to the next slide, please. We'll pause here for just a second so people are reminded of who's on the call.

[Rim Cothren, CalHHS CDII] 15:03:18

We are without Sophia today, but Mary Sarah is here with us, as is Cindy.

[Rim Cothren, CalHHS CDII] 15:03:25

And Catalina, who is always instrumental in helping us make these meetings work.

[Rim Cothren, CalHHS CDII] 15:03:32

Is there anybody that's in attendance today that could not make our last two meetings and therefore would like to introduce themselves?

[Rim Cothren, CalHHS CDII] 15:03:43

I thought we had seen everybody on the focus group in one of the last two meetings. So we will go ahead.

[Rim Cothren, CalHHS CDII] 15:03:48

To the next slide, please.

[Rim Cothren, CalHHS CDII] 15:03:54

Just as a quick reminder, we do have options for the public to participate in today's meeting.

[Rim Cothren, CalHHS CDII] 15:04:00

First of all, during the meeting, you can use the Q&A feature in Zoom to post any comments or questions that you have.

[Rim Cothren, CalHHS CDII] 15:04:08

They're visible immediately to any other member of the public as well as the panelists here.

[Rim Cothren, CalHHS CDII] 15:04:14

I kind of try to keep an eye on what's going on in questions and answers.

[Rim Cothren, CalHHS CDII] 15:04:21

Other folks that are members of the focus group. Are welcome to do the same. What I'd really recommend is that if you see something interesting in there, you might lift it up for panel discussion.

[Rim Cothren, CalHHS CDII] 15:04:33

We also do have a chat feature. I really discourage its use. I would really prefer that people speak up rather than use the chat.

[Rim Cothren, CalHHS CDII] 15:04:41

But if you do find it necessary to use the chat, please make sure that you're sending your comments to everyone.

[Rim Cothren, CalHHS CDII] 15:04:48

Thank you. We will also then be pausing for public comment.

[Rim Cothren, CalHHS CDII] 15:04:52

At the time indicated in the agenda, that's about 10 minutes before the top of the hour.

[Rim Cothren, CalHHS CDII] 15:04:59

Let's go on to the next slide, please. So I think we just have one slide where we tried to summarize what we heard at our last meeting. It was a very robust discussion, so it's hard to condense things into just a few points.

[Rim Cothren, CalHHS CDII] 15:05:13

I'm not going to read these to you, but I would like to pause here for a second and give everyone a chance to take a look at what we recorded from that last meeting.

[Rim Cothren, CalHHS CDII] 15:05:24

If you think we got something wrong, please speak up. If you think that we missed something that you want to make sure is highlighted or if you want to expand on anything that you see here.

[Rim Cothren, CalHHS CDII] 15:05:36

Now is a great time to do that.

[Rim Cothren, CalHHS CDII] 15:05:44

Yes, Lee.

[Lee Tien] 15:05:47

You know, my memory isn't as good as it should be. But I think one of the things that that is a little... understated in this is the amount of work that or the need to make sure that all of our

[Lee Tien] 15:06:05

Endpoints are actually technically capable of of participating in a secure way.

[Lee Tien] 15:06:15

I'm particularly concerned about like communications channels being being properly secured and And that's different from the privacy side. I just want to make sure that they're actually like secure against attack. It's secure against interception as opposed to data breaches that might be going on.

[Lee Tien] 15:06:33

And because we've often heard about how difficult it can be for rural communities to get the level of IT, I think that's that one of the things that's easiest to forget when you're trying to get up to speed on IT's actual information security.

[Lee Tien] 15:06:50

So

[Rim Cothren, CalHHS CDII] 15:06:52

Thank you, Lee. I think it's something that we often do. I know that I am often guilty in conflating privacy and security. They are different.

[Rim Cothren, CalHHS CDII] 15:07:02

But they are dependent upon each other. And I think it's good to highlight security there. Thank you, Lee. I appreciate that.

[Rim Cothren, CalHHS CDII] 15:07:10

Yes, Gabriel.

[Gabriel Cate] 15:07:14

I also don't recall exactly what we discussed on the last bullet point.

[Gabriel Cate] 15:07:19

Maybe or somebody could maybe a little bit of that context. I just don't recall that part of our conversation well enough to understand the bullet.

[Rim Cothren, CalHHS CDII] 15:07:38

I have to admit that i have to admit that I don't recall the conversation well enough either. Does anybody recall what might have been discussed there yes eric

[Eric Nielson] 15:07:51

I think for you know i think for counties that work and manage programs that are uh derived from state and federal regulation and often have vertically integrated systems where we're getting data from the federal government, from state systems.

[Eric Nielson] 15:08:06

And the counties are managing that. We have tight integration up and down and we need to really to have a conversation with the state about the degree to which information in those systems We have a policy guidance to share. And so there needs to be a conversation that includes

[Eric Nielson] 15:08:26

State and federal regulatory partners about the standards and roles around which we can share and make available information that we have in that system. Recognizing that some of that information is consumer provided.

[Eric Nielson] 15:08:40

But others of it does come from other sources. And so making sure that we we've really got some clear guidance from state and federal policy to enable us to facilitate sharing.

[Eric Nielson] 15:08:52

With partners.

[Rim Cothren, CalHHS CDII] 15:08:54

Thank you, Eric. Gabriel, did that help a little bit?

[Gabriel Cate] 15:09:01

Yes, it provided better context and I agree with everything Eric just said. I guess the bullet doesn't convey that to me, particularly the words public eligibility data So I don't want to harp on this, but maybe maybe we can come up with a reframing of that last bullet just to be clear what it is that uh

[Mary-Sara Gordon Jones] 15:09:23

Yeah.

[Gabriel Cate] 15:09:23

We need to work on.

[Rim Cothren, CalHHS CDII] 15:09:26

Sure. And so we will work on that. As I said before, these are recorded sessions, so we'll take a look at the recording here and we'll try reframing that and we'll include that on the slides next time.

[Rim Cothren, CalHHS CDII] 15:09:38

Thank you, Gabriel. That's exactly what these are for is did we not make sense out of something or not understand the conversation. So thank you very much for that.

[Rim Cothren, CalHHS CDII] 15:09:48

Mary, sir, I saw that your hand was up for a minute. Are you okay or did you want to add in?

[Mary-Sara Gordon Jones] 15:09:53

Yeah, I was just going to clarify a little bit. I think that bullet was specifically about the CalSOS data.

[Mary-Sara Gordon Jones] 15:10:00

And so maybe rephrasing that to sharing eligibility for public assistance.

[Mary-Sara Gordon Jones] 15:10:07

Programs.

[Rim Cothren, CalHHS CDII] 15:10:12

Does that make sense with you, Eric?

[Eric Nielson] 15:10:15

Do think it's broader than just the CalSOS data. It's really looking at these statewide county managed but you know also stayed informed and policy driven systems so that conversation is broader than just cal saws but agree mary sarah i think that that is where I think a lot of the initial focus and interest is.

[Rim Cothren, CalHHS CDII] 15:10:19

Okay.

[Mary-Sara Gordon Jones] 15:10:30

Yeah.

[Rim Cothren, CalHHS CDII] 15:10:33

Thank you, Eric. Aparna, you've been very patient with me.

[Aparna Ramesh] 15:10:37

Well, it's timely because I'm going to hop into this conversation about this bullet anyway.

[Aparna Ramesh] 15:10:43

I think, you know, public assistance potentially safety net program. I don't know, something to bring to light. I think public eligibility data is a difficult term, although, you know, I do think some of this extends to some of our child welfare data, adult

[Aparna Ramesh] 15:10:57

Protective services data So maybe we can workshop what that term is. But I do like to make salient to this point around the policy guidance like It is a complex network of federal statute that I think we have to collectively untangle

[Aparna Ramesh] 15:11:15

There's no one law that like each of these programs has its own restrictions, some permissive, some restrictive And it's not a one size fits all. And so untangling that guidance

[Aparna Ramesh] 15:11:35

Is complicated and intersecting that with consent management is also key. So just want to like what, to me, that bullet is really talking about that piece.

[Aparna Ramesh] 15:11:49

I don't know if Eric agrees.

[Eric Nielson] 15:11:54

Yeah, wholeheartedly, Aparna. It's a difficult question. Yeah. I agree.

[Rim Cothren, CalHHS CDII] 15:12:02

Thank you both. Lee.

[Lee Tien] 15:12:07

I just wanted to express my agreement that that's that it is a serious hairball.

[Lee Tien] 15:12:14

Of regulatory and legal entanglement. I have suggested many times in other contexts that we need to expand the Information Practices Act to all levels of government in order to at least create within the governmental world, sort of a floor for privacy practices but you know that's not what this

[Lee Tien] 15:12:38

Group is about. But the reason why I suggest that is has always i've always made that suggestion in other legislative contexts is because I don't see any other way to actually get everybody up to some basic level.

[Rim Cothren, CalHHS CDII] 15:12:57

Thank you, Lee. Any other comments about what we heard last meeting?

[Rim Cothren, CalHHS CDII] 15:13:04

Yes, Mary Sarah.

[Mary-Sara Gordon Jones] 15:13:06

Yeah, just one last comment on that. So some counties are actually leveraging the CALSAWS data just as an example.

[Mary-Sara Gordon Jones] 15:13:14

And other counties are getting in trouble, I'll say, for trying to share CALSALS data.

[Mary-Sara Gordon Jones] 15:13:23

So there's a lack of consistency across the counties. And I think that's the key problem is, yes, it is a tangled web.

[Mary-Sara Gordon Jones] 15:13:34

Let's figure it out once and then apply it consistently so all the counties are kind of going off of the same rule book, if you will.

[Rim Cothren, CalHHS CDII] 15:13:47

You guys are way too polite. You don't have to raise your hand. Just speak up, Eric.

[Eric Nielson] 15:13:52

Mary Sarah, I totally agree. And I can respond to that. I think it's a difficult situation for counties, particularly when people are maybe not understanding the context or use cases under which counties are sharing data that we may have a particular use case with a particular partner that we've got a good interpretation that allows sharing, whereas somebody who's sitting outside of that and not understanding that full context or privy to maybe the agreements or other things.

[Eric Nielson] 15:14:17

May question, well, you know, why not this use case or why not me? And so what I would say is number one, counties are really hungry.

[Eric Nielson] 15:14:25

For some clear guidance and green lights about what is permissible, what isn't permissible.

[Mary-Sara Gordon Jones] 15:14:27

Yeah.

[Eric Nielson] 15:14:31

But just want to share, like I think counties are hungry to build partnerships, to share data, but, you know, lacking you know some some some clear guidance, a lot of this is really built around use cases with specific partners

[Eric Nielson] 15:14:46

And so when people bring stories of, you know, this worked for me, well, you know, why can't we do this in this next county? It's often not comparable.

[Eric Nielson] 15:14:55

Just want to highlight

[Mary-Sara Gordon Jones] 15:14:57

Yep.

[Rim Cothren, CalHHS CDII] 15:15:00

Thanks. Aparna.

[Aparna Ramesh] 15:15:01

I know I raised my hand. I'm sorry. I'm just too polite. Just to put a finer point on the use cases, this is the real struggle with this work, right? It's like.

[Rim Cothren, CalHHS CDII] 15:15:04

That's all right.

[Aparna Ramesh] 15:15:16

When we think of data sharing, when we think of authority, oftentimes we need to center the who, the what, and the why.

[Aparna Ramesh] 15:15:24

And so the challenge here is trying to figure out how to navigate The possibilities are endless in terms of the use cases within the data exchange framework. And I know some of us have tried to do some initial work to really try to

[Aparna Ramesh] 15:15:40

Understand like and try to like come up with some archetypical examples to like understand how this complex hairball physically called it, could be untangled.

[Aparna Ramesh] 15:15:53

But I want to reiterate the complexity here is you have you have this tangle of federal regulations, some state law as well. And then you have this like multiverse of potential use cases and it and it's and with an unclear i think

[Aparna Ramesh] 15:16:14

Vision of who is going to see the data and why. And so I don't have a good answer to this, but this is something that I've been trying to grapple with.

[Aparna Ramesh] 15:16:24

Would love if anyone is grappling with it too and trying to figure it out is like, how do we navigate generality with the specificity that is needed to respect and honor the privacy that is called for in the law and what people want via consent management. So that's

[Aparna Ramesh] 15:16:40

That's, I think, I don't know if I articulated that well, but I think that's going to be when I think about the social services data, to me, it's not about the quality. It's not like At the end of the day, this is the hardest

[Aparna Ramesh] 15:16:54

Barrier to overcome when thinking about the data exchange framework.

[Rim Cothren, CalHHS CDII] 15:16:59

Thank you. Elena.

[Alana Kalinowski, she/they, CIE/211 SD] 15:17:01

Yeah, I'll just say, yeah, I also agree like the use cases are powerful. I think, especially when it comes to like like Kelsas data, you know, there's so much power in being able to have data that speaks to categorical eligibility.

[Alana Kalinowski, she/they, CIE/211 SD] 15:17:14

And the streamlining of care coordination, because of that, because I know of your non-cash benefits or your sources of income that are public benefits and things like that.

[Alana Kalinowski, she/they, CIE/211 SD] 15:17:24

We have things like childcare linked to If you have CalWORKS, we know you already are qualified for that.

[Alana Kalinowski, she/they, CIE/211 SD] 15:17:33

And I think there is such a use case in so many different core care coordination to CBOs throughout a community because A lot of times I think categorical eligibility based on access to programs often serves as a bit of a proxy to data elements that might not be there. So if someone doesn't have an FPL,

[Alana Kalinowski, she/they, CIE/211 SD] 15:17:53

But I know I've got Medi-Cal and I'm 138 FPL by definition.

[Alana Kalinowski, she/they, CIE/211 SD] 15:17:58

At least, then there's a lot of power in some of that data to be able to access other supportive services but it is really tied to that meaningful use case of care coordination. How do we like create that structure for it because

[Alana Kalinowski, she/they, CIE/211 SD] 15:18:12

It's like really powerful streamlining potential for people to get the help.

[Alana Kalinowski, she/they, CIE/211 SD] 15:18:17

And yeah, it is sensitive and entangled data. And every county is very different so

[Aparna Ramesh] 15:18:24

I'm not raising my hand this time. I'm just going to speak. I agree. And I think that's the upshot.

[Aparna Ramesh] 15:18:30

The benefit of this data is And the low hanging fruit is the categorical eligibility. And I think of all of the state safety net programs that have been architected in the last five, six years that really hook on to existing

[Aparna Ramesh] 15:18:45

Existing programs to try to streamline what enrollment looks like. And so that's the power But I think like, yeah, like trying to bring the double and the details on some of this stuff is really going to be the challenge. And I haven't figured out. I would love if there are ideas in less systematic way. We won't be able to do this broad strokes.

[Aparna Ramesh] 15:19:06

Is my opinion. And so a systematic way to tackle some of these use cases how to balance where the consent management piece is coming along, because at the end of the day, consent is is is key to some of what I think the data exchange framework is trying to do and

[Aparna Ramesh] 15:19:25

And working with some of the statute. So yeah, but to me, one of the most exciting possibilities of this is around categorical eligibility and streamlining that so

[Rim Cothren, CalHHS CDII] 15:19:44

Thanks. Yep.

[Michael Marchant] 15:19:44

I'll jump in room. So I think that the pieces that, at least from my perspective, help us make progress is to stratify the data and the participants by who can get what from whom and when.

[Michael Marchant] 15:19:59

So as much as we'd like to go through the process of looking at an individual person and the different touch points they have within multiple organizations and what data may be available. I think that on at least the traditional provider side is we're doing a ton of exchange today specifically for treatment purposes.

[Michael Marchant] 15:20:18

With high volume transaction counts. And as we look to add new participants to the exchange process.

[Michael Marchant] 15:20:25

On networks that don't yet exist for those participants understanding who those participants are and what data they should have access to or could have access to are two different things. And I think that's where Again, from a provider perspective, as the steward of the patient's record is we need to understand that

[Michael Marchant] 15:20:44

Regardless of the other participant what is their eligibility or legal requirement to receive specific data And then figure out the framework by which we share that. And I think that's where it gets more hairy is If we can identify the organizations and the data that they should have access to, then building a framework and the technology consent

[Michael Marchant] 15:21:05

Security, all those sorts of things become easier because we know what the goal is. And right now it's the way, at least in my head is we're talking about is that, well, everybody gets access to everything and that doesn't feel right so

[Michael Marchant] 15:21:16

So I think we really need to kind of create some populations and some data sets that are appropriate to share between populations to help us solve for those second higher level problems of consent and some other things because Because then it becomes more tactical of how do we apply the technology to solve data sharing between

[Michael Marchant] 15:21:34

A provider and public health, a provider and a social service organization, a provider and a plan whatever You pick the two chain exchangers But I think that as we move down this road, we need to understand what that is so that we can start applying rules and technology to it.

[Michael Marchant] 15:21:49

That can get us to the next step in what do we need to do next. And at this point we're I think we're all trying to eat the elephant, trying to go, oh, there's all these things and all this data

[Michael Marchant] 15:21:59

And let's kind of say, okay, what's the next thing tactically we can do to start making intelligent decisions on the next step? So that's my two cents.

[Michael Marchant] 15:22:07

Or three cents.

[Rim Cothren, CalHHS CDII] 15:22:09

Thank you, Michael. And I did see a few people nodding their heads along with some of Michael's comments and noted that Hans dropped a plus one down in chat too. So I think that that's Thank you for those comments there.

[Rim Cothren, CalHHS CDII] 15:22:23

Jim, you've been very patient

[Rim Cothren, CalHHS CDII] 15:22:29

You are still on mute, though.

[James Shalaby] 15:22:33

How about now? Is that better? Yeah, great. I just wanted to kind of build off of what Michael, you know, Alina and Aparna have been saying is that Would it be useful to take a systematic approach where There are some common workflows that have been discussed here.

[Rim Cothren, CalHHS CDII] 15:22:35

Yep.

[James Shalaby] 15:22:53

And in the context of those common workflows, we can identify priority use cases that will apply within those workflows.

[James Shalaby] 15:23:00

And within those priority use cases, Michael, to your point. What kind of data can be exchanged between the stakeholders that interact with each other?

[James Shalaby] 15:23:12

I'm just thinking it's a funnel that might perhaps be able to help organize and prioritize what really needs to be addressed and standardized.

[James Shalaby] 15:23:24

And I hear you completely, Aparna, that it's an infinite number of use cases but I'm thinking if we start out with identifying the high level priorities of workflows and the use cases needed to support those workflows.

[James Shalaby] 15:23:37

Would that be helpful in trying to organize the way we think about this?

[Rim Cothren, CalHHS CDII] 15:23:46

Thanks, Jim.

[Aparna Ramesh] 15:23:48

Yes. And now I can't claim that that was my idea, even though I was thinking about that very, very thing before you said it. Well, and what you pointed out, I think.

[James Shalaby] 15:23:49

Sure.

[James Shalaby] 15:23:55

No. It's still your idea. I was trying to read your mind, but...

[Aparna Ramesh] 15:23:59

No, but I think what you pointed out is really interesting. And I think that's part of where the tension of how to think about this comes, because when I think of What's the unit at which you could generalize, right?

[Aparna Ramesh] 15:24:11

It really depends on the dimension you're talking about. So when we talk about technology.

[James Shalaby] 15:24:11

Mm-hmm.

[Aparna Ramesh] 15:24:14

I think we could generalize on a system level, even a vendor level.

[Aparna Ramesh] 15:24:18

But when we talk about these use cases, it's like kind of at a program level, right? What is the public assistance benefit you're talking about? And then what is the piece of statute that governs that? I do think there are general principles that we can establish around like what's that like to that earlier bullet, like the balance between like privacy and convenience, like what do people want? Where do we want to meet them?

[James Shalaby] 15:24:32

Yeah.

[Aparna Ramesh] 15:24:42

But I do think prioritizing the use cases that we want to talk about and having this group help prioritize that and just say, we're going to just start with this specific specific thing. We're going to dive in. We're going to try to unpack it. We're going to try to untangle all the things that are going to be needed.

[Aparna Ramesh] 15:24:59

Maybe even seeing what of that can be generalized. And if it feels like nothing can be generalized, just like literally continuing to go by use case by use case.

[Aparna Ramesh] 15:25:05

I think that would be incredibly helpful. So I would like to propose that that's something either this work group does or another, I don't know. But I do think that that could That could help focus a lot of the efforts and energy and kind of make things happen.

[Mary-Sara Gordon Jones] 15:25:22

That.

[Eric Nielson] 15:25:22

Can I jump in, Aparna? Just... And add, I think that our systems are built around programs. And so, you know, building use cases around the program specific requirements and partners, I think will help at least on the automation side in terms of these county systems to support automation in a way that does that rather than trying to boil the ocean and take a general use case. So I think the approach that you're proposing also is much

[Anwar Zoueihid] 15:25:22

I...

[James Shalaby] 15:25:23

Thank you.

[Eric Nielson] 15:25:47

More easily implemented given our existing, you know. Structure.

[Mary-Sara Gordon Jones] 15:25:53

Yeah, and that is actually on the radar. So identifying minimum data sets based on use cases. But we wanted to start with capabilities. So we wanted to look at more broadly, where's data being shared? So this is even a step up

[Mary-Sara Gordon Jones] 15:26:11

Above what is the data, right? We're real high level right now. And so we've got like all the possible programs. You're not going to need them all if you've got a single like use case of addressing housing instability, for example, then we can remove a whole bunch of those. So we've got kind of this generalized view and the idea is to start at the capabilities

[Mary-Sara Gordon Jones] 15:26:37

And let's really get those right. And then we can dive into, okay, now let's tackle a single use case.

[Mary-Sara Gordon Jones] 15:26:44

What is the data that's needed for that? Who are the participants that are needed for that? And who are the receiving organizations that are going to be involved in that?

[Rim Cothren, CalHHS CDII] 15:26:54

So I hear you, Mary, Sarah, but I'm also hearing a big call for use case and data focus. And so I think that between now and our next meeting, we may need to talk about that a little bit.

[Rim Cothren, CalHHS CDII] 15:27:06

Because I also want to be responsive to the thoughts of our experts here. So let's But I... I've appreciated where this conversation has gone and I appreciate everybody weighing in. I think that that's really important.

[Rim Cothren, CalHHS CDII] 15:27:21

I also appreciate the patience that people that I have not been calling on have had in raising their hands Chris, I think you are next.

[Rim Cothren, CalHHS CDII] 15:27:30

Michael Daring, I've seen you raise your hand, pop off, raise your hand, pop off. I am going to call your name out, so just be aware.

[Chris Ticknor] 15:27:38

Thanks, Rem. Hey, everybody. Yeah, I can't agree more with the group. I know with the counties that we run into, there is Definitely, there's nothing but inconsistency because they're all kind of dealing with their own environments.

[Chris Ticknor] 15:27:53

And at the CBO level, I think if we start with referral types or use cases are really dictated by referral types, which dictate workflows.

[Chris Ticknor] 15:28:05

Which then inevitably dictate how our architecture, which systems we use.

[Chris Ticknor] 15:28:10

To basically handle those workflows, right? And so I think we do need to have conversations about those use types to really find out exactly what data points we need to pull to create that journey for those individuals to really empower the CBOs, the contributors to that care ecosystem.

[Chris Ticknor] 15:28:28

We also have to consider too, because I know there's conversations about controlling law and regulations and things that would apply to this care ecosystem.

[Chris Ticknor] 15:28:39

I think those use cases will really dictate what controlling law apply to which use cases that run through that journey.

[Chris Ticknor] 15:28:47

Because not every CBO operates on health data. And so HIPAA is not necessarily the controlling law for all CBOs.

[Chris Ticknor] 15:28:57

We don't want to exclude them by blanket with a blanket approach of saying everybody who participates in this ecosystem must be HIPAA, must be FERPA, must be across the board running these different compliance standards when they're only handling bits and pieces of data that don't fall into those categories. And I think that will really be dictated by the use cases that we define

[Chris Ticknor] 15:29:17

That are going to be running through this ecosystem.

[Rim Cothren, CalHHS CDII] 15:29:21

Thanks, Chris. Okay, Michael, it's your turn.

[Michael Deering] 15:29:26

Well, I kept coming on and off because people kept saying what I was going to say. But just to tag on to it, I think the use cases are good and I think the the limitations that people have with

the systems are good, but I think boiling it down so it's more agnostic and dealing with the content of the data.

[Michael Deering] 15:29:44

And what is going to be valuable for other entities going through.

[Michael Deering] 15:29:49

Because in one particular use case, you're going to leave a bunch of entities behind.

[Michael Deering] 15:29:53

And I think if we can limit it to, you know, this is the minimum valuable data set that can be used across, at least there would be a start, and then meeting people where they are. You know, I like what people say about not having people tied to HIPAA or having the requirements to be able to exchange in a particular format.

[Michael Deering] 15:30:11

But say, this is the content and let's meet people where they are and kind of have those intermediaries to exchange and get things because point-to-point is going to take forever.

[Michael Deering] 15:30:21

And I think one use case is going to You know, we'll be doing this for 10, 12, 15 more years.

[Rim Cothren, CalHHS CDII] 15:30:27

Thank you, Michael. Hans.

[Hans Buitendijk] 15:30:30

Thank you. And I want to pick up on a couple of themes that largely I agree with. The one that I want to provide maybe a slightly different perspective on is that is there a sequence or is it running in parallel? Because there is a big interaction between a use case that needs data. I need to look at the data because I need to make sure that it's across use cases that the same data is going to be worked there. So it's not separate data sets. We need to look together

[Hans Buitendijk] 15:30:59

And certain capabilities, and as I was reading through the capabilities document.

[Hans Buitendijk] 15:31:04

There's some things in there that I might call a use case. I think capabilities and use case are kind of along the same lines.

[Hans Buitendijk] 15:31:10

What am I supposed to be able to do? If I wait for that to be done first, then I'm going to miss out on the interaction that I need from the data and what I can and cannot do with it. So I'm very much looking at much more of a triangle

[Hans Buitendijk] 15:31:24

Of activities that all three, the use case, the data in context of use case and overall Plus other capabilities and from the list, identity resolution or consent authorization We need to go back and forth between them.

[Hans Buitendijk] 15:31:41

There's not one that you can complete without knowing about the other one. So that's, I think, part of the challenge that always makes it more difficult, but that's critically important to kind of a good balanced model out of that. Highlighting that data

[Hans Buitendijk] 15:31:58

And cross use cases. Some of the comments and who knows where exactly it's going to go.

[Hans Buitendijk] 15:32:04

But the concept of having that conceptual UCDI plus type of perspective in whatever form that takes so that we have a more holistic view across the intersections that we have.

[Hans Buitendijk] 15:32:16

And can use it as a common data definitions. So generally.

[Hans Buitendijk] 15:32:21

No, I'm suggesting that we need to look at it as a triangle, maybe even more but at least those three to tackle it together.

[Hans Buitendijk] 15:32:30

I have a comment later about the capabilities where the question was being asked, okay, are these the ones or whatnot? I do see from a use case perspective.

[Hans Buitendijk] 15:32:38

That the ones that we may want to prioritize, I can recognize them in that list that was shared ahead of the meeting. But I'll come back to that one.

[Rim Cothren, CalHHS CDII] 15:32:47

Okay, we are going to take a few more comments here because we're really deep into talking about use cases, but we will bring the capabilities up here in a few minutes. So Hans, hopefully we can come back to that.

[Rim Cothren, CalHHS CDII] 15:33:02

Elena?

[Alana Kalinowski, she/they, CIE/211 SD] 15:33:03

Yeah, I think like part of why there's like The actual data that needs to be exchanged. But I think part of why the use case is being focused on is also there's inherent kind of like grounded limitations to the care coordination, right? So like.

[Alana Kalinowski, she/they, CIE/211 SD] 15:33:19

Data exchange framework part of it, the enabling of data for continuity of care and medical records and things like that. But care coordination is structurally more local.

[Alana Kalinowski, she/they, CIE/211 SD] 15:33:27

And so you get to you have like known players, you have known resources and providers you have you have the ability to apply local governance. I think like care coordination that is In fleshing out any use cases is part of what you're getting at. It's not even so much, I think like the data, because in real life, like to get to social services.

[Alana Kalinowski, she/they, CIE/211 SD] 15:33:47

You need a lot of different kinds of data because of the realities of eligibility and like, you know, enrollment processes.

[Alana Kalinowski, she/they, CIE/211 SD] 15:33:53

But I think the who, the when, and what's being shared to what degree, all of those things And essentially the applied governance is bound to the use case because that creates, I think, some fundamental structures around around it because it is structurally just, I think, more local

[Rim Cothren, CalHHS CDII] 15:34:12

Thanks, Helena.

[Mary-Sara Gordon Jones] 15:34:14

Is one of the So we modeled San Diego and I'm just wondering if it would be good for her to speak a little bit about what use cases they're doing.

[Alana Kalinowski, she/they, CIE/211 SD] 15:34:29

I can, but maybe Julie wants to go first.

[Rim Cothren, CalHHS CDII] 15:34:33

Julie's been patient. So...

[Julie Silas] 15:34:34

Yeah, I was just going to say there's a lot of efforts in looking at use cases across data sharing, right? And Manat and DHCS have been working on data sharing authorization guidance and came up with use cases for people experiencing homelessness, use cases for folks touching the criminal legal system.

[Julie Silas] 15:34:55

And they did it through the lens of What are the rules for privacy but Once you clear those rules, which they've done that analysis for you, the same scenarios that they did, like, can you share

And then now you kind of superimpose on it what would the actual technology architecture look like to

[Julie Silas] 15:35:16

Enable that to happen. And they have four other use cases. I know that that's as far as they've, or the last I spoke with them, because I'm on their advisory committee, where they got to that place.

[Julie Silas] 15:35:27

And they were out for public comment back in November. So Jonah is one of the folks leading that. So I know you all have that relationship with Jonah and can do some follow up with them. But it feels like we don't need to reinvent the wheel.

[Julie Silas] 15:35:41

That those some of the priority populations are already identified through that process in terms of what's legally allowed to be shareable. And then you're all going to, we all are going to come in and say, okay, now how to technologically we manage and make that happen. So just saying we don't really need to

[Julie Silas] 15:35:58

Start from

[Rim Cothren, CalHHS CDII] 15:35:59

Thank you, Julie. Corey, you also had a comment on gravity and a framework for use cases.

[Rim Cothren, CalHHS CDII] 15:36:06

Do you mind speaking to that for a minute?

[Corey Smith] 15:36:08

Yeah. Yeah, we have general use cases sort of thinking about screening goal setting you know sort of the big big buckets of use cases that that might be useful from a framing and organizing perspective. They in no way are sufficient to

[Corey Smith] 15:36:21

To define California specific use cases, but there's been some predicate work done there as well that might be useful.

[Rim Cothren, CalHHS CDII] 15:36:29

Great. Thank you. And Anmar you've been very patient.

[Anwar Zoueihid] 15:36:34

Yeah, thank you. I love where this conversation is going. And Julie it's so Right. I mean, we don't have to reinvent the wheel. I was just going to say The DHS data, the gravity new path that there's a lot of work that has been done already. And we have this model here lately

[Anwar Zoueihid] 15:36:55

Just do it basically. And what I mean by that is let's start exchanging data even if it's just minimal setting.

[Anwar Zoueihid] 15:37:04

Demographic information to increase encounters, enrollments, disenrollments, what programs are they enrolled in and how do we contact that program so that we're not duplicating services claim data, and also the enhancement of care coordination is really key.

[Anwar Zoueihid] 15:37:23

With the health bands of CBOs and sharing like for instance the care plans. I feel we're all eager to begin this data integration.

[Anwar Zoueihid] 15:37:35

And exchange. And if we could simplify it and just do it, and then we could evolve it, it's going to be evolved anyway. What we build now is going to change later.

[Anwar Zoueihid] 15:37:45

And we just want to move away from working as silos. Everyone, I mean, we're still working in silos or still doing manual care coordination, picking up the phone and saying, hey.

[Anwar Zoueihid] 15:37:56

What are you doing with this person and all that. So this is a great opportunity for us to just do it.

[Rim Cothren, CalHHS CDII] 15:38:06

Thank you. There has been quite a bit of discussion in the chat. I'm not going to repeat any of the other items there.

[Rim Cothren, CalHHS CDII] 15:38:17

I would encourage people to take Real quickly, just to make sure that there isn't anything that we've missed there, Lee has talked a little bit about laws or some links about the DHCS use cases and we'll follow up on that as well.

[Rim Cothren, CalHHS CDII] 15:38:31

I am going to bring up the capabilities document that we shared with everyone earlier, if I can figure out how to do that.

[Rim Cothren, CalHHS CDII] 15:38:45

And it's mostly so that... we can think about in the context of the discussion that we've had so far today, are there Are there specific capabilities that we need to highlight? Are there things that are missing here? I know, Hans, you'd said that you see some of the use cases and the capabilities or maybe the other way around.

[Rim Cothren, CalHHS CDII] 15:39:07

I'd like to at least spend... I guess it's the next 10 minutes.

[Rim Cothren, CalHHS CDII] 15:39:13

Perhaps is all we have left talking a little bit about capabilities and especially gaps or high priority capabilities that you see.

[Rim Cothren, CalHHS CDII] 15:39:20

Thanks, Hans, for kicking us off here.

[Hans Buitendijk] 15:39:23

Sure. First a comment around the use cases that I recognize in there. If I'm looking at the last page, and if you will, I'm going to read from the bottom to the top.

[Hans Buitendijk] 15:39:33

I think on those areas is where I recognize use cases and still at a high level But the exchanges, the kind of functional or workflow components that are in there. And they all make perfect sense. I'm not going to argue about priorities one way or the other.

[Hans Buitendijk] 15:39:53

But they're all valid use cases. I actually had a question about one of the capabilities on the first page.

[Hans Buitendijk] 15:40:00

That I'm not sure how it fits. So I'm not saying it shouldn't be there, but it's around access controls.

[Hans Buitendijk] 15:40:10

Vis-a-vis consent authorization and segmentation One can look at the Access controls very much as a within an organization within the system.

[Hans Buitendijk] 15:40:22

Of an organization where it's made up of one or more, that's where I applied our access controls on the data that that organization manages.

[Hans Buitendijk] 15:40:30

And consent authorization segmentation to some extent that happens there as well, but it's mostly around cross-organizational and other parties.

[Hans Buitendijk] 15:40:38

And from an interoperability perspective. That's where I will be looking most at in the context of who can access what data.

[Hans Buitendijk] 15:40:46

And leave the access controls entirely up to the individual systems on how they have opinions about it.

[Hans Buitendijk] 15:40:53

But it's typically not something that is being shared and exchanged other than by way of Do I share? Do I not share? And once you have it, you have to control it on your side.

[Hans Buitendijk] 15:41:03

So that's why I'm wondering whether that row is there, but there might be good arguments to keep it there for something that I haven't seen yet. But that will be the only one that jumps out as a may not be needed, but the rest all resonate and all make sense.

[Rim Cothren, CalHHS CDII] 15:41:20

Thank you, Hans. Are there other thoughts about the capabilities? Yes, Eric.

[Eric Jahn] 15:41:29

Hi, I just had, I made the comment also in the chat, but I think we're missing a capability since we're going to be using many existing pre-existing standards you know like fire neem HMIS, you name it, new ones, our own, and probably developing a harmonized core, something like a CDII or incorporating that one as well.

[Eric Jahn] 15:41:52

But point being. We need a model that semantically links and maps between these things so that If you're using one of the five different senses of the word program in human services.

[Eric Jahn] 15:42:06

Or one of the many different senses of household Or... many different senses of enrollment, like in HMIS and enrollment means that you're co-enroll I'm sorry, a household in HMIS is that you're co-enrolled, whereas in other areas a household is just, you know, like a global association of people or it's a legal

[Eric Jahn] 15:42:28

Meaning, anyway, the point is we need to map out these senses of each word and you know that we're going to allow in the framework and relate them to each other or not.

[Eric Jahn] 15:42:39

And I do think, yeah, I did see the data translation or data transformation That's similar. I think they would work together.

[Eric Jahn] 15:42:49

I think the service would use the mapping to then marshal between the different models or from the source to the target data standard. But I think there just needs to be some sort of model in here that we're missing that kind of drives a lot of

[Eric Jahn] 15:43:07

You know some it could act it could actually affect the data segmentation, the data transformation, the access controls even consent. So, you know, it's just how we refer to um various models that we're bringing together because we're not necessarily going to be removing and harmonizing everything in one massive new model.

[Eric Jahn] 15:43:28

We'll probably be keeping all these existing standards and going to and from one another.

[Rim Cothren, CalHHS CDII] 15:43:35

So that was going to actually be my question, Eric, is for you and you had a vision that we would adopt a set of terminologies or adopt a model that we would all move towards. I think that's what the

[Rim Cothren, CalHHS CDII] 15:43:49

Uscdi and some of the other initiatives in the healthcare space have attempted to do But it sounds like you're suggesting that there be standard translations or common semantic meanings or something like that, but remain with the current data, the current data sets.

[Eric Jahn] 15:44:11

Yeah, the whole conundrum we end up with interoperability is, oh, let's just make one new standard to rule them all, right? Well, then you've just added another one and I have another one to add to the list and you've just made the problem worse.

[Eric Jahn] 15:44:21

So I do think that, you know, perhaps selecting or adopting one of the many available and saying, you know, we're going to adopt CDII this for this term.

[Eric Jahn] 15:44:33

It's probably the best way to do or or you can say they're equivalent you know the DXF.

[Eric Jahn] 15:44:40

First name is equivalent to CDII first name, something like that.

[Eric Jahn] 15:44:44

But I just think we need to be explicit about it. In my field, HMIS, we have we have even within our own software, even within Wyndon largely domain specific software, but we also handle general human services and so what we end up having is you've got a global household

[Eric Jahn] 15:45:03

So within our software, we have to map what sense of the term is being used in each context. And I just think the same problem is going to occur on a grander scale with an effort like this where you have you know

[Eric Jahn] 15:45:16

100 times more standards involved.

[Rim Cothren, CalHHS CDII] 15:45:19

Thank you, Eric. Julie, I see your hand up.

[Julie Silas] 15:45:23

Yeah, I think we're missing outcomes. Here, so has someone, you know, I'm coming with the homeless system you know someone gets housed through a managed care plan or a managed care plan provider. The homeless system doesn't know about it.

[Julie Silas] 15:45:40

So there's a lot like that. And we talk about it in the closed loop referrals, getting people to services But we don't tell the full story of someone no longer needing services.

[Julie Silas] 15:45:53

So I think that that piece is really missing.

[Rim Cothren, CalHHS CDII] 15:45:57

Thank you, Julie.

[Alana Kalinowski, she/they, CIE/211 SD] 15:45:58

Julie, I agree. I think like the differentiation between you've got a service, you got a service and did it actually, what's the degree of impact on the need that you had?

[Alana Kalinowski, she/they, CIE/211 SD] 15:46:09

Is a different measurement altogether. And, you know, I also, Eric, to your point, I hear you on that as As someone with the CIA, we're translating a whole bunch of different standards all the time within the data mapping for interoperability. But I also think this is where, you know, California, we do always sometimes live in a bit of an island, but that national work with the gravity Project

[Alana Kalinowski, she/they, CIE/211 SD] 15:46:29

Is grounded in all of the cohesion of all of the different data standards coming together. So I think we do have you know, it's relatively new speaking to HMIS data has been around for a long time and things like that, but it is a really powerful, I think, national consensus building process for getting to bringing all of those different standards of data together.

[Alana Kalinowski, she/they, CIE/211 SD] 15:46:53

We kind of to the earlier point of we also don't have to reinvent wheels that are being currently done as well.

[Chris Ticknor] 15:47:00

Real quick question on the outcomes piece. Is it the intent that reporting would capture outcomes?

[Chris Ticknor] 15:47:07

Just curious.

[Julie Silas] 15:47:09

Well, it depends on how you define reporting. If you're defining reporting not in real time, then no.

[Julie Silas] 15:47:15

Because as a homeless system of care if my person is housed already. I need to know today that they're housed, not when a report comes out a month or two months ago, two months later. So real time outcomes is, I think, important.

[Chris Ticknor] 15:47:30

Should that be an expansion of the definition around reporting or is it a separate section that should be dedicated to outcomes?

[Julie Silas] 15:47:37

I think it's about collaboration and coordination across diverse providers and less about reporting.

[Julie Silas] 15:47:44

It's part of the way we treat our shared

[Mary-Sara Gordon Jones] 15:47:50

Or maybe about measures, Julie? Because we didn't capture anything about measures, about what's being measured. And again, that would go to the use cases.

[Julie Silas] 15:48:00

Yeah, I think if you say measures, outcomes, impacts. All are the same thing, but not in the hey, we've done this successfully, but actually in real time, I don't need to work on this client anymore because She has housing already. That's very different than

[Julie Silas] 15:48:18

15, 20 clients got housed, but this person is no longer actively in need of myself.

[Mary-Sara Gordon Jones] 15:48:23

Right, right. Yep.

[Rim Cothren, CalHHS CDII] 15:48:28

Thanks, Jim. You have your hand up.

[James Shalaby] 15:48:31

Yeah, I was just thinking one thing that I think might make this a little bit easier to relate to because At some point, I feel like it's very easy to end up conflating capabilities with things you can do with these capabilities, such as outcomes calculations or reporting

[James Shalaby] 15:48:53

And I'm thinking that it might be useful to take the capabilities that you have listed in here.

[James Shalaby] 15:49:01

Juxtapose them again in a similar tabular form against context of use or you know in that context could be use cases or workflows Just to see which capabilities are needed for what purpose. So capabilities to compute and calculate outcomes.

[James Shalaby] 15:49:17

Capabilities to You know, to be able to communicate assessments or screening.

[James Shalaby] 15:49:24

But just kind of juxtaposing the two because It's so easy for so easy these two generalizations to be conflated into one list.

[James Shalaby] 15:49:34

And it gets a little bit hard to untangle them. But just a suggestion.

[Rim Cothren, CalHHS CDII] 15:49:40

Thanks, Jim. Are there any other thoughts on capabilities? Anything that you saw missing? Anything else that you want to talk about or highlight or prioritize?

[James Shalaby] 15:49:42

Sure.

[Rim Cothren, CalHHS CDII] 15:50:11

Mary, Sarah, do you have any particular questions you want to pose about capabilities before we close this out?

[Mary-Sara Gordon Jones] 15:50:23

No, just thank you all for your input around this. It's very informative.

[Rim Cothren, CalHHS CDII] 15:50:30

All right. Well, we are actually at our time for public comment.

[Rim Cothren, CalHHS CDII] 15:50:35

So Catalina, if you want to take us to

[Rim Cothren, CalHHS CDII] 15:51:33

Do we have any hands raised?

[Dan Chavez, SCHIO] 15:51:46

Thank you, Dan Joffis. Executive director of the Serving Communities Health Information Organization, or Skyo one of the nine QHIOs in the state Excellent conversation. Compliments to all.

[Dan Chavez, SCHIO] 15:52:01

You have framed very nicely the challenge of what we're trying to do.

[Dan Chavez, SCHIO] 15:52:06

Two comments. I would ask you all to look at the changes that have been made to SB 660.

[Dan Chavez, SCHIO] 15:52:15

Which is current proposed legislation. These changes have just recently been published.

[Dan Chavez, SCHIO] 15:52:23

And the changes, at least from my cursory review, is the removal of references to social services information.

[Dan Chavez, SCHIO] 15:52:33

Now, I haven't had the time to dig down deep as to why these things were removed. But it seems to me it's very relevant to the conversation at hand.

[Dan Chavez, SCHIO] 15:52:45

And would help guide the conversation you all are having.

[Dan Chavez, SCHIO] 15:52:50

So I would ask you to do that. It seems to me that these references were removed.

[Dan Chavez, SCHIO] 15:52:56

Out of deference to counties and the current federal environment. That's upon a cursory review. But I really do believe it shapes a lot of the conversation going forward.

[Dan Chavez, SCHIO] 15:53:07

Secondly. I would ask that you all read the February 22nd, 2024 health affairs article authored by Marco Mitchick.

[Dan Chavez, SCHIO] 15:53:19

And Mickey Tripathi On accelerating the exchange of health and human services data to improve outcomes.

[Dan Chavez, SCHIO] 15:53:30

Disrupt inequities. As you might expect, even one of the authors has got a very California bias.

[Dan Chavez, SCHIO] 15:53:38

But I think it provides a framework that will assist in the conversation.

[Dan Chavez, SCHIO] 15:53:42

Thank you.

[Rim Cothren, CalHHS CDII] 15:53:43

Thank you, Dan. Catalina, do we have any other hands raised?

[Katy Weber, MPH] 15:54:02

Hi, Katie Weber, Pop Health. Solutions. I think some comments are made around assessments. I just wanted to highlight that, how important that is, especially around social service data. Especially for the use cases within the granular level and what data can be shared. I know we're looking at that right now.

[Katy Weber, MPH] 15:54:21

Because if you have depression screeners inside there identifying SDOH, et cetera.

[Katy Weber, MPH] 15:54:26

What information within those assessments that can be shared, but also what consent is needed to be shared the different types of data captured inside these assessments as it relates to the DXF, because I know that some of the questions we're grappling with right now.

[Katy Weber, MPH] 15:54:39

And also, as it relates to that minimum data set. So I just wanted to comment on that. Thank you.

[Rim Cothren, CalHHS CDII] 15:54:44

Thank you. Catalina, do we have any other hands raised?

[Christopher Wiseman] 15:55:13

Hi, Chris Wiseman. I'm with the Sacramento County Office of Compliance attached to our she and I just want to thank you for an excellent discussion A lot of great suggestions and food for thought For me personally, brand new to this group and I really appreciate all the wonderful insights and I look forward to you

[Christopher Wiseman] 15:55:43

Attending many more of these meetings. So thank you.

[Rim Cothren, CalHHS CDII] 15:55:47

Thank you for your comment.

[Rim Cothren, CalHHS CDII] 15:55:52

Any other hands raised, Catalina?

[Rim Cothren, CalHHS CDII] 15:55:59

We'll give people just another minute. We actually had quite a few members from the public join us for today's meeting. I do appreciate that.

[Rim Cothren, CalHHS CDII] 15:56:06

We also had a few comments in the Q&A if panelists want to take a look at some of the comments that were made there on use cases and some other things.

[Rim Cothren, CalHHS CDII] 15:56:15

I'd encourage people to take a look there. Catalina, last call. Do we have any other hands?

[Brian Handspicker] 15:56:30

Hi, this is Brian Hansbecker. I'm uh co-chair of HL7's Human and Social Services Working Group.

[Brian Handspicker] 15:56:38

And chair of the direct trust information exchange for human services, consensus body standards development bodies And I just wanted to add in that within ICS as we call the Information Exchange for Human Services mouthful.

[Brian Handspicker] 15:56:57

We have a subgroup that's working specifically on the definition of use cases and requirements for social services interoperability standards.

[Brian Handspicker] 15:57:09

With the intention of hopefully being able to extend the standards that we already have over in healthcare for fire.

[Brian Handspicker] 15:57:18

And within gravity for the intersection between healthcare and social care.

[Brian Handspicker] 15:57:23

To enable us to have a set of standards for social care to social care interoperability.

[Brian Handspicker] 15:57:32

So I'd like to invite anybody that's interested to come join us there and help define these requirements.

[Brian Handspicker] 15:57:37

Which I hope that we will then end up working on in collaboration with with our brethren over in HL7 as well as other various working groups that are interested in the whole area of health-related social needs.

[Rim Cothren, CalHHS CDII] 15:57:54

Thank you, Brian. If you would be so kind, perhaps I dropped the general email address for DXF in the chat to everyone, if you might drop us back a reference to the work that you're doing over there.

[Rim Cothren, CalHHS CDII] 15:58:12

That would be useful. Catalina, do we have any other hands raised?

[Rim Cothren, CalHHS CDII] 15:58:20

Sounds good. Well, we should close things out if we want to move on to the next slide, please.

[Rim Cothren, CalHHS CDII] 15:58:28

We have a couple of things we will go through today's discussion.

[Rim Cothren, CalHHS CDII] 15:58:32

I think we have a lot to try to summarize from today's discussion. It was a really good discussion and I really appreciate everybody weighing in. It's been a good group to be working with.

[Rim Cothren, CalHHS CDII] 15:58:44

And we will get a summary of that out for our next meeting.

[Rim Cothren, CalHHS CDII] 15:58:49

If we do make any changes to the social data exchange architecture as a result of today's discussion, we'll get that out also.

[Rim Cothren, CalHHS CDII] 15:58:59

We have a few references that we've also collected and we will discuss internally where we might go with use cases. So you've given us a great deal to think about between now and our next meeting.

[Rim Cothren, CalHHS CDII] 15:59:15

We move on to the next slide, please. We do have one Additional meeting left in this focus group series, and that's for two weeks from today, again at noon. That's when we normally will meet.

[Rim Cothren, CalHHS CDII] 15:59:26

And we will get you materials out in advance of that meeting. Next week, if we can at all, just so that we can prepare for that meeting as well.

[Rim Cothren, CalHHS CDII] 15:59:36

I appreciate everybody's participation today, and we will see you again in two weeks.

[Alana Kalinowski, she/they, CIE/211 SD] 15:59:45

Thank you