

**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, May 8, 2025)**

The following text is a transcript of the May 8, 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.

[Alice K - Events] 15:00:32

Hello and welcome. My name is Alice and I'll be in the background answering any Zoom technical questions.

[Alice K - Events] 15:00:39

If you experience difficulties during this session, please type your question into the Q&A.

[Alice K - Events] 15:00:44

Individuals in the public audience who have a comment may insert it in the Zoom Q&A.

[Alice K - Events] 15:00:49

Public comment will also be taken towards the end of the meeting.

[Alice K - Events] 15:00:52

Live closed captioning is available. Please click on the CC button to enable or disable.

[Alice K - Events] 15:00:57

And with that, I'd like to introduce

[Rim Cothren, CalHHS CDII] 15:01:00

Thank you, Alice, and thank you all for attending today. This is our final meeting of the focus group on social data exchange. And once again, we have great attendance today. I really appreciate everybody joining us. As a quick reminder, this is meant to be mostly discussion. So if you feel comfortable doing so, please turn your cameras on.

[Rim Cothren, CalHHS CDII] 15:01:24

Go on to the next slide, please. We always start all of our meetings with the vision for the data exchange in California. I'm not going to read this slide to you.

[Rim Cothren, CalHHS CDII] 15:01:34

But just want to emphasize that While the legislation and a lot of the early work concentrated on bringing healthcare providers to the table.

[Rim Cothren, CalHHS CDII] 15:01:46

The data exchange framework is also about social services providers and whole person care. So the work that we're talking about today is very, very important.

[Rim Cothren, CalHHS CDII] 15:01:55

Let's go on to the next slide, please. Just a quick look at the agenda for today.

[Rim Cothren, CalHHS CDII] 15:02:01

We're doing our welcome and roll call now. We'll spend a little time on what we heard in our last meeting Last time that prompted some good discussion and I welcome that. So thank you.

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

We'll talk a little bit about social data exchange use cases and communities of practice in the context of capabilities and the architecture will pause for public comment.

[Rim Cothren, CalHHS CDII] 15:02:25

At approximately 10 before the hour, and then we'll close our meeting out with next steps and closing remarks.

[Rim Cothren, CalHHS CDII] 15:02:34

So go on to the next slide, please. As last time, we're not going to call roll today.

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

Catalina, who's working in the background We'll take note of everybody that's here. I don't think we have any panelists that have that this is their first meeting But I will put this up so that people are just reminded of who's participating in these meetings and who's on the call.

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

I will call out specifically Sophia and Mary Sarah. They've been driving this work.

[Rim Cothren, CalHHS CDII] 15:03:06

Forward, been spending a great deal of their own personal effort on this in the past few months.

[Rim Cothren, CalHHS CDII] 15:03:13

We will be carrying forward on social services beyond today's meeting as well and thank them for all of the work they've done in supporting this meeting series.

[Rim Cothren, CalHHS CDII] 15:03:22

It's go on to the next slide, please. Just a quick word for those that are participating.

[Rim Cothren, CalHHS CDII] 15:03:30

From the public. There are a couple of different ways that you can participate in today's meeting.

[Rim Cothren, CalHHS CDII] 15:03:35

As I said before, we will be pausing for public comment.

[Rim Cothren, CalHHS CDII] 15:03:38

At the time that's called out on the agenda, approximately 10 before the end of the hour. It's a time where you can come on and make comments that you think are pertinent to today's meeting.

[Rim Cothren, CalHHS CDII] 15:03:52

During the course of the meeting, you can also use the Q&A feature in Zoom.

[Rim Cothren, CalHHS CDII] 15:03:58

To put comments in or ask questions. Any comments or questions that you put in there are viewable by other members of the public?

[Rim Cothren, CalHHS CDII] 15:04:07

As well as the panelists here. So it's a good way to make comments during the course of the meeting.

[Rim Cothren, CalHHS CDII] 15:04:12

Members of the panel, the focus group are also welcome to monitor what's in the Q&A, often important points get brought up there. If you feel like bringing those forward through your own comments here verbally, feel free to do so. Answer any of the questions, whatever you feel is necessary.

[Rim Cothren, CalHHS CDII] 15:04:32

Or useful. Also during the meeting last time, there was quite a bit of traffic in chat.

[Rim Cothren, CalHHS CDII] 15:04:38

I'm not going to ask that people not do that, but I do encourage people to make their comments verbally as well. But anything that you do put in chat.

[Rim Cothren, CalHHS CDII] 15:04:47

As Alice said earlier, please make sure that you Select everyone in chat so that members of the public can see what you're saying there as well.

[Rim Cothren, CalHHS CDII] 15:04:55

Let's go on to the next slide, please. And I'm going to pause here for a little bit. These are just a few bullets that we took.

[Rim Cothren, CalHHS CDII] 15:05:01

From our last meeting and what we heard during that last meeting.

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

I'd encourage people to take a quick look here. Obviously, the detail of a good conversation for about 50 minutes is missing from here, but As some of the broad takeaways, we want to make sure that we capture things appropriately. If you have any

[Rim Cothren, CalHHS CDII] 15:05:23

Things that you think we got wrong. Or things that were important that you think may have been missed, this is a great time for you to raise those.

[Rim Cothren, CalHHS CDII] 15:05:33

Yes, Hans. You are still on mute, Hans.

[Hans Buitendijk] 15:05:41

There we go. Something that just came for a little bit as I was pre-reading the slides for today and looking at what we heard last time. The second bullet, first determine who can access what data when.

[Hans Buitendijk] 15:05:59

The question that sometimes comes up with Canada, the way it's we talk maybe later about it today is who's supposed to.

[Hans Buitendijk] 15:06:07

To access data and that there are times a distinction between who can access what data is current and who's supposed to might identify a gap. So from that perspective, we may want to keep both aspects in mind. What do we have access to today and what should we have access to on either side of the equation as we're trying to share data?

[Rim Cothren, CalHHS CDII] 15:06:29

Thanks, Hans. And are you thinking when you say should be, are you talking about those that should be prompted to actually come and look at data? Are you talking about authorization and privacy?

[Hans Buitendijk] 15:06:43

More the first. I'm assuming authorization is in place. At that point in time. So assuming that's in place Who should be able to access but can't? Who would ideally be able to, or what's the right source to go to so it's

[Hans Buitendijk] 15:06:58

It's not only the what is, but also the what should be.

[Rim Cothren, CalHHS CDII] 15:07:01

Great. Thank you, Hans. And Jim, I see your hand up.

[James Shalaby] 15:07:04

Yeah, hi. And just kind of building off what Hans was saying In addition to who should, and I think it's useful to tie You know, the reason is to Why? The reason behind how the data will be used that's being accessed because

[James Shalaby] 15:07:20

That would tie it nicely into the workflow. What happens commonly is that data that needs to be identified is identified.

[James Shalaby] 15:07:27

The workflows are identified. But then we forget to put the two together and say what data was needed to support what steps in the workflow.

[James Shalaby] 15:07:35

So really the why part you know or um no i'm not a why but how's the data going to be used those workflows, I think would be important yeah

[Rim Cothren, CalHHS CDII] 15:07:42

Okay. Thank you for that. One of the things that we should probably note here is the DXF has a policy on permitted required and prohibited purposes.

[Rim Cothren, CalHHS CDII] 15:07:54

That was drafted early on in the effort, and it might be good for us to review that in the context of social data exchange and see if those same purposes required and permitted purposes make sense there. And I know, Jim, that that is a higher level than what you're talking about, but it's not

[Rim Cothren, CalHHS CDII] 15:08:14

It's not unrelated.

[James Shalaby] 15:08:15

It's related. Yeah, it's related. And it would be great to be able, if we have time to look at that.

[Rim Cothren, CalHHS CDII] 15:08:21

Great. Thank you. Mary Sarah.

[Mary-Sara Gordon Jones] 15:08:25

Thank you. Yeah, I just wanted to ask Jim, when you say why, are you referring to a why like access the data for referral or are you referring to the why as to address homelessness.

[Mary-Sara Gordon Jones] 15:08:41

Which of those whys, those categories would fit what you were thinking?

[James Shalaby] 15:08:49

Sorry, I was on mute.

[Mary-Sara Gordon Jones] 15:08:49

Or a third or a third, maybe

[James Shalaby] 15:08:54

Actually, why probably was the wrong word. It's more how the data will be used. And because it can be used in different ways and the how will kind of tie into how informed consent, but it'll also tie into the workflows that are built to be able to say

[James Shalaby] 15:09:11

This data is going to be accessed for specific direct coordination of care versus used for secondary purposes versus used for financial So I guess I'll retract it and say what I really meant was how rather than why.

[James Shalaby] 15:09:28

Yeah. Does it help? Mary Sarah?

[Mary-Sara Gordon Jones] 15:09:32

Yes, that's perfect. Thank you very much.

[James Shalaby] 15:09:34

Sure.

[Sophia Chang] 15:09:40

Rem, can I just say one thing just to clarify and inform some of these questions.

[Sophia Chang] 15:09:49

We did frame the framework that we provided the generalizations and The descriptions of what was happening in the communities around the sharing of social and health data for care coordination purposes.

[Sophia Chang] 15:10:09

So that was consistently the first Zoom in.

[Sophia Chang] 15:10:15

On what we were looking at. So I think we talked a lot and people kind of went all over the place in terms of social and health, which is great.

[Sophia Chang] 15:10:24

But this was that first attempt to look at the data sharing for care coordination purposes.

[Sophia Chang] 15:10:32

So just clarify.

[James Shalaby] 15:10:33

Also, you predefined how it's going to be used ahead of time, it sounds.

[James Shalaby] 15:10:37

So, yeah.

[Sophia Chang] 15:10:38

We predefined where we looked to find where it was successful.

[Sophia Chang] 15:10:46

Where were people successfully sharing health and social data for care coordination purposes?

[James Shalaby] 15:10:52

Okay, great, great.

[Rim Cothren, CalHHS CDII] 15:10:55

Thank you, Sophia. Aparna, going back to you.

[Rim Cothren, CalHHS CDII] 15:11:02

But if you're there.

[Aparna Ramesh] 15:11:03

And just to marry Sarah's question and So to everyone's point like I think both of those purposes matter.

[Aparna Ramesh] 15:11:12

And so when we eventually get to the legal portion of this, it will be, and I think the success cases will inform this, right? It's like.

[Aparna Ramesh] 15:11:21

For each of these data data sort of uh sources what like the purpose, the who and the why both matter. So like who gets to see it and why they get to see it matters.

[Aparna Ramesh] 15:11:36

And both on the exotic

[Rim Cothren, CalHHS CDII] 15:11:43

Thank you, Aparna. And I saw a lot of heads nodding there as you were talking.

[James Shalaby] 15:11:43

I'm sorry. Yeah.

[Rim Cothren, CalHHS CDII] 15:11:49

Elena, I had seen your hand up, but it went back down. Do you still want to make a comment?

[Alana Kalinowski, she/they, CIE/211 SD] 15:11:52

Yeah, I was mostly just a partner, I think, said it great and and i think the You know, Mary, Sarah, you kind of articulated an output and an outcome Which are both a part of care coordination. And I think that's something we're all aware of because I think like fundamentally, most of the time social data is to be able to access

[Alana Kalinowski, she/they, CIE/211 SD] 15:12:11

Supportive services as a part of care coordination, which is supposed to help towards those wider outcomes of to end homelessness and things like that. So, but Aparna said it sorry

[Rim Cothren, CalHHS CDII] 15:12:24

Great. And Aparna, you still have your hand up. I'll assume it's for the last comment.

[Rim Cothren, CalHHS CDII] 15:12:33

Anything else on what we heard last time? Anything else anybody wants to add?

[Rim Cothren, CalHHS CDII] 15:12:37

Yes, Chris.

[Chris Ticknor] 15:12:40

Just a general observation from our side of the spectrum in the CBO world is that most data is attached to programs.

[Chris Ticknor] 15:12:51

So sometimes it's, you know, the organizations have uh have some guidance to it, but really it's the programs that they're operating that really restrict or contain what kind of data elements that the participants need to see.

[Rim Cothren, CalHHS CDII] 15:13:10

Thanks, Chris. Might also draw your attention to a comment in the Q&A about ensuring that not only do the purposes or the uses of the data need to drive the use cases, but also be included in the transactions, you know, when somebody's asking for information, you know, at the time that request is coming in what the uses are going to be. That's something

[Rim Cothren, CalHHS CDII] 15:13:36

That is often carried along in healthcare transactions, but is sometimes buried that people don't even think about it. And I think that we need to bring that back to the front here.

[James Shalaby] 15:13:47

And Rim, and just to add to that, I actually was thinking another reason for the how was a little bit different.

[James Shalaby] 15:13:52

I mean, I agree with you completely on that point. But the hows also tell what data is fit for purpose and what data is not.

[James Shalaby] 15:14:00

Just for example, if I'm trying to track to see what a patient's history to their cancer was. And all I had was, you know, Medicaid data or Medicare data.

[James Shalaby] 15:14:11

That may not be fit for purpose because I need data to go back further in time than when they were eligible for You know, for Medicare. And so some of it also plays an important role for is the data that we think is going to support

[James Shalaby] 15:14:26

Different steps in the workflow fit for that purpose. You know, which is a different thing should they have permission to it or not, right?

[Rim Cothren, CalHHS CDII] 15:14:38

Yes. Ambrish do you want to come off mute and add any color to what you dropped in the chat?

[James Shalaby] 15:14:39

Yes.

[Ambrish Sharma] 15:14:48

Yeah, so as we look out, as we are building out like our community information exchange, we've considered like a role-based access So, you know, we have various user profiles. For example, one could be populations that are involved like are victims of domestic violence and

[Ambrish Sharma] 15:15:13

Human trafficking and human trafficking On the other hand, who should have that access to data about these individuals and to what extent you know should uh food bank, for example, have the same level of access compared to like a medical provider, right? So that's kind of how we are approaching that.

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

And I would say, again, that is often information that's included in the healthcare domain, but not as rigorously in many cases. So thanks for bringing that back up to the top.

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

If there aren't any other comments here, I don't see any other hands Let's go on to the next slide. People had brought up the need for us to be thinking about use cases and thinking about use cases The architecture that you've all been looking at.

[Rim Cothren, CalHHS CDII] 15:16:06

And by the way, I'll pause here for just a second. Architecture is cause some confusion. The use of that term has caused some confusion. Perhaps we should be thinking about this more as a model or framework for capabilities that need to be there.

[Rim Cothren, CalHHS CDII] 15:16:22

So please don't let architecture get in the way of the discussion. But anyway, people had asked for us to be thinking about use cases as well. So we've gathered here a bit of a listing of the use cases that were underlying the successful stories.

[Rim Cothren, CalHHS CDII] 15:16:40

In the counties. And I'm going to ask Mary Sarah to spend just a couple of minutes and talk us through some of those use cases or list out what some of those use cases are so that people know.

[Mary-Sara Gordon Jones] 15:16:53

Thank you, Rim. So you can see here on the left, we've got a list of all the different use cases that we saw across the different instances.

[Mary-Sara Gordon Jones] 15:17:06

Of health and social data exchange or data sharing. And... Interestingly, housing is the one that is most common, which is probably not surprising to folks.

[Mary-Sara Gordon Jones] 15:17:21

And then we've also got justice. And justice, when I have justice here, what that's really looking at

[Mary-Sara Gordon Jones] 15:17:32

Is actually there are two different use cases there. One is reentry programs. And then the other one is being able to provide justice related data.

[Mary-Sara Gordon Jones] 15:17:46

That's LA County, which has brought together all of their their systems.

[Mary-Sara Gordon Jones] 15:17:56

With a series of master data management hubs. And that relates back to their child safety use case.

[Mary-Sara Gordon Jones] 15:18:04

But they're the only one that we knew of that was doing that one.

[Mary-Sara Gordon Jones] 15:18:12

Okay.

[Rim Cothren, CalHHS CDII] 15:18:12

Thank you, Mary Sarah. Are there any members of the focus group here that are part of any of these county operations that wants to speak about any of the use cases there in any more detail.

[Rim Cothren, CalHHS CDII] 15:18:27

Elena, I saw your hand pop up on camera. That's the danger of having yourself on camera.

[Rim Cothren, CalHHS CDII] 15:18:32

Is there something you want to speak to about use cases there?

[Alana Kalinowski, she/they, CIE/211 SD] 15:18:36

I can, but I also don't need to go first. Anyone else can too. I actually just had a quick question.

[Alana Kalinowski, she/they, CIE/211 SD] 15:18:45

About this. So when it comes to use case domains is that Can we actually just articulate what this means a little bit more, just so I know what we're looking at for this?

[Mary-Sara Gordon Jones] 15:18:56

Sure. No, that's a great question. And I should also add the kind of disclaimer that this is not meant to be all inclusive. This is what we learned from these projects as to what got them into data sharing and what were the populations.

[Mary-Sara Gordon Jones] 15:19:17

That they were focused on. And so these are the ones that have been shared with Sophia and I in the conversations, there may be others that we are not familiar with. So I want to throw that out there. But these are the ones that

[Mary-Sara Gordon Jones] 15:19:35

The projects did discuss with us.

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

Lee, I see your hand up.

[Lee Tien] 15:19:46

Yeah, I just wanted to ask the way that the that the use cases have been constructed I can't tell whether I can't tell whether It sounds like the goal was to look for successful situations. But I'm wondering if You also gathered information on notable failures, cautionary tales.

[Lee Tien] 15:20:14

What what what things to not do. So I'm just curious about that.

[Mary-Sara Gordon Jones] 15:20:20

Yeah. So we did capture, if you remember looking through that county presentation that was shared that had all the different models. And when I use the word county, I'm referring to a geography, not agencies. So sorry, if there's a confusion there. But in that presentation each

[Mary-Sara Gordon Jones] 15:20:45

Of the project has a page of highlights. And so the highlights cover Genesis Like, why did they start this project? It often covers that as well as challenges that they've mentioned.

[Mary-Sara Gordon Jones] 15:21:03

Things that they're doing well. So I would direct you back to those highlights For those additional details.

[Sophia Chang] 15:21:13

But I think to more directly answer your question, Lee, I don't think we did a systematic sweep to try to find every failure.

[Sophia Chang] 15:21:22

Or, you know, I think that So much of what has been a challenge, as you've heard, I think even in our discussions and in these presentations.

[Sophia Chang] 15:21:36

Healthcare already is a very fractionated delivery mechanism. You add social services and it has its own diffuse fractionated system And then when you try to put them together.

[Sophia Chang] 15:21:55

The definitions and the areas of responsibility and who is what and who's a governmental agency and who's a non-governmental agency and how are they linked through programs and how are they linked through geography, et cetera.

[Sophia Chang] 15:22:08

Becomes a rat's nest. And so the reason that we kind of did this whole approach, which may or may not be fully successful let's was to try to figure out are there commonalities which is what we call those capabilities.

[Sophia Chang] 15:22:30

That allow us to understand what is happening in these communities and be able to describe them in a more consistent way.

[Sophia Chang] 15:22:42

Because that's because every county which is a geography, is organized differently. They look different. They're different leaders. They're different players.

[Sophia Chang] 15:22:55

And... we're never going to have a single mechanism that's going to work across the different state because especially when you're talking about care coordination.

[Sophia Chang] 15:23:06

And social and health care. That is local.

[Sophia Chang] 15:23:10

That is a local phenomenon. You are not going to accomplish that at a statewide level.

[Sophia Chang] 15:23:17

And so this was an attempt for us to look at where are they successful locally And yes, all of those initial implementations were use case driven.

[Sophia Chang] 15:23:28

And in almost every case where some significant infrastructure has been built.

[Sophia Chang] 15:23:33

It has been in response to a major crisis. Wildfires in Northern California.

[Sophia Chang] 15:23:43

Terrible instance of deaths in the child welfare system. I mean, those are the kinds of, for better or worse.

[Sophia Chang] 15:23:52

The crises that cause local leaders to finally get around the table and together say.

[Sophia Chang] 15:23:59

How are we going to work together to prevent something like this from happening again?

[Sophia Chang] 15:24:06

And for better or worse, that tends to be the burning platform which forces a lot of these changes.

[Sophia Chang] 15:24:14

And again. There are others who haven't necessarily had to respond to a terrible crisis. San Diego perhaps one, but that took decades.

[Sophia Chang] 15:24:24

Of local collaboration and work to make that happen. And so again, it's how do we learn from this? How can we generalize at least enough to help communities who are trying to share information understand what pieces need to be

[Sophia Chang] 15:24:44

Put together and recognize what already exists or what needs to be built and that's That was really the intent.

[Sophia Chang] 15:24:52

Of this and then bringing it to you all more to understand more to understand the technical aspects, like did we get those capabilities right Knowing full well that Implementation is where it needs to go.

[Sophia Chang] 15:25:08

And what I loved, I missed the last meeting, but people were so eager to get into implementation, which is like what we're trying to do.

[Sophia Chang] 15:25:15

But we're trying to have some model or rubric for those who are implementing to understand what the bigger picture is of what they're building.

[Sophia Chang] 15:25:24

Because even though we want this to be driven by use cases.

[Sophia Chang] 15:25:29

We don't want different use case or use case domains to be using different mechanisms of sharing.

[Sophia Chang] 15:25:37

Because then you start to get even more cacophony in a community.

[Alana Kalinowski, she/they, CIE/211 SD] 15:25:43

Sophia, when you say different mechanisms of sharing, can you say what you mean by that?

[Sophia Chang] 15:25:43

So, sorry.

[Sophia Chang] 15:25:50

I mean, I can give an example of one of the capabilities we talked about, which is closed loop referral.

[Sophia Chang] 15:25:59

We have seen in certain communities about five different systems that are being put into place and being required.

[Sophia Chang] 15:26:06

With small CBOs then being asked to participate and log into five different systems to i mean That's an example.

[Alana Kalinowski, she/they, CIE/211 SD] 15:26:14

Okay, perfect. I

[Michael Marchant] 15:26:18

Required by who? The referring organizations or the refer to organizations?

[Sophia Chang] 15:26:22

Oh, in those communities, it's all of the above.

[Sophia Chang] 15:26:28

It's different in different communities, Michael.

[Michael Marchant] 15:26:31

Yeah, okay. I mean, I think that part of what we're trying to solve is when it's the refer to, we're trying to leverage the ability to send a message to them as opposed to have to log into a different system.

[Michael Marchant] 15:26:42

When you're the refer from organization and then you have selected a tool that requires you to log into something else, that's a different problem to solve. So that's why I was asking.

[Sophia Chang] 15:26:53

But in the end, if those organizations have to work together then

[Michael Marchant] 15:26:56

Yeah, but more of what I was talking about is that let's just say I'm an organization and I'm trying to send a referral to somebody.

[Michael Marchant] 15:27:03

But I implement a system that's the only place that I can send a referral.

[Michael Marchant] 15:27:08

Then that's my internal choice as an organization versus having a system that can leverage some of the open standards where we can send it's the sending versus receiving. And if you can't receive something in the open way.

[Michael Marchant] 15:27:21

That's more of where I was headed with that comment is that is that if they have a system that can generate a referral out but can't accept it in versus They're requiring you to log into the portal on both sides of the equation, which could be both, which, as you suggest, could be the case in all instances just

[Michael Marchant] 15:27:37

Trying to make sure that as we target a solution if somebody as an organization decides to implement a tool And that's the only tool they can use. They've locked themselves into that. They've made that decision themselves and locked them in

[Michael Marchant] 15:27:49

To that participation tier as opposed to somebody who looks at for a system that may be more open and at least able to accept external things, even though inside of their own four walls, they have to use a specific system so

[Sophia Chang] 15:28:04

Yep.

[Ken Riomaes] 15:28:06

Michael, I think you may have inadvertently touched on a expanded topic with regards to SDOH data. When it comes to closed loop referrals.

[Ken Riomaes] 15:28:15

You're right in the sense that if you're choosing a certain system.

[Ken Riomaes] 15:28:19

For the most part, organizations who are participating in that workflow are going to utilize that particular system, but we know that's not the reality.

[Ken Riomales] 15:28:28

Different organizations use different systems. So I think the question now becomes the interoperability of closed loop referral systems.

[Ken Riomales] 15:28:35

And again, that's why I say expanded nature of a certain topic and how we're going to accomplish that.

[Ken Riomales] 15:28:41

You know, in hearing what we're talking about, it's very easy to kind of get you know trapped or go down that rabbit hole. And I wonder in hearing all of this you know are we trying to boil the ocean a little bit here

[Ken Riomales] 15:28:52

Warriors are low-hanging fruit. I think there's a common goal all of us have and a little bit of anxiety of let's just do something, right? You know, what can we do?

[Ken Riomales] 15:29:01

But I've yet to kind of hear what is that? We have so many disparate processes and organizations in terms of, you know, we have to do it like this, we have to do this.

[Ken Riomales] 15:29:09

Eric made a comment in the chat with regards to consent and how it's locally based. And I would even take that step further it's not just the local aspect of it, but it's also the discipline. Healthcare. We have our certain

[Ken Riomales] 15:29:23

Consent framework we have to follow. Community services, they have a certain consent framework they have to follow, justice system, education system, and so forth.

[Ken Riomales] 15:29:32

So is there an opportunity here where we can kind of maybe focus a little bit in terms of what could potentially be that low hanging fruit to make a recommendation moving forward. Otherwise.

[Ken Riomaes] 15:29:42

I can see us kind of going a lot in big circles in terms of, well, let's do this, let's do that, et cetera, et cetera. And this is not to indict any kind of suggestion or whatnot, just to kind of asking, you know, from a layman's perspective as well.

[Sophia Chang] 15:29:55

Next slide.

[James Shalaby] 15:29:56

Oh, sorry. Can I add a quick question for you?

[Ken Riomaes] 15:30:01

Yeah.

[James Shalaby] 15:30:01

As far when when you're saying kind of what is the low hanging fruit, did you have something in mind? So for example, there might be certain data elements that might be of use to share across the whole network, such as consent or such as

[James Shalaby] 15:30:16

Enrollment status for a patient or a member. Are those the kind of things you're thinking of or are you thinking of, do you have some things in mind?

[Ken Riomaes] 15:30:24

Yeah, I mean, from my perspective, I hate doing things twice, right? So if there's a situation where there's already certain mandates in place that allow or require individuals and organizations to do something one way Can that be leveraged for other things right so

[Ken Riomaes] 15:30:40

The use cases that I'm thinking of in the back of my mind, for example, like on the CMS interoperability side.

[Ken Riomaes] 15:30:45

We have those payer to payer type APIs that are coming forth soon, right? That kind of expands beyond your traditional clinical data sharing. It's all still based on USCDI.

[Ken Riomaes] 15:30:56

But for those of you who are familiar with USCDI, you know there's only one element that says SDOH or social determinants.

[Ken Riomaes] 15:31:02

So it's a little bit trying to fit this broad topic of data or broad category of data into one specific category. It may be challenging, but can that be leveraged?

[Ken Riomaes] 15:31:13

I would view that as something saying, well. That might be easier than trying to create a whole new standard that everybody has to implement net new.

[James Shalaby] 15:31:21

Okay, that's helpful. Yeah.

[Ken Riomaes] 15:31:21

So looking at those kind of examples now you know going into the interoperability or how does referrals exchange to one another, you know, fire has a precedent for that as far as one of their specifications you know specifications I'm always going to say this in every meeting, API is thrown out there much too loosely

[Ken Riomaes] 15:31:41

It needs to be qualified and defined as far as how you're going to utilize that. And I think that's kind of the use cases I think of in terms of, okay.

[Ken Riomaes] 15:31:48

Which one? We know we want to connect okay how We know we want to exchange data.
Great. Which one? What data do we want to exchange?

[James Shalaby] 15:31:55

Great. Thank you.

[Rim Cothren, CalHHS CDII] 15:31:57

Thank you, Kim. I do want to... When we're talking about consent for just a second, I want to just highlight that DHCS has been working on some consent discussions that is going to be A summary of that work is going to be presented at DXF's

[Rim Cothren, CalHHS CDII] 15:32:17

Iac meeting coming up next Thursday, a week from today. So you might want to dial in there. And we are going to be talking about consent.

[Rim Cothren, CalHHS CDII] 15:32:27

At our next focus group for the task. So I'd really encourage people to bring some of these thoughts to that meeting.

[Rim Cothren, CalHHS CDII] 15:32:34

Why don't we go on to the next slide? And Sophia, maybe you can talk a little bit about this one and how consent and some of these other factors may focus in here.

[Sophia Chang] 15:32:44

So to your point, Ken, I mean, I think we just have to start working with folks who In this case, the first community of practice that we are looking to stand up is on homeless data sharing.

[Sophia Chang] 15:32:58

And that's sharing from the HMIS systems. From the 44 COCs that are across the state.

[Sophia Chang] 15:33:08

And so... We have, as we saw, some local successes.

[Sophia Chang] 15:33:14

And this is an attempt to help other sharing data sharing partners, many of which are being driven by the CalAIM use case.

[Sophia Chang] 15:33:24

To help them figure out how to stand up data sharing mechanisms that are much more systematic. Currently, a lot of the data sharing that's happening is literally lists and spreadsheets.

[Sophia Chang] 15:33:36

That are being emailed back and forth. And to figure out what role the data exchange framework can have in actually helping support a more interoperable approach.

[Sophia Chang] 15:33:48

In this, what we're taking advantage of is the fact that at least even though we are dealing with many different HMIS systems and vendors There are some basic standards and data definitions that are required in the use of these in these HMIS systems, which comes from HUD, right?

[Sophia Chang] 15:34:10

They're program-specific requirements. But we do have as well a common use case, again, driven by CalAIM.

[Sophia Chang] 15:34:23

For the sharing of this information, primarily between the managed care plans and the continuum of care.

[Sophia Chang] 15:34:33

But also, because the continuums of care consist of all kinds of different organization and organization types, sometimes counties, sometimes CBOs, et cetera.

[Sophia Chang] 15:34:44

But a kind of common a skinny common piece on the technical side.

[Sophia Chang] 15:34:51

I think we really have the opportunity to work with these communities who are trying to share data and to figure out what are the commonalities and tools, et cetera, that can be made available to help across the board raise all boats.

[Sophia Chang] 15:35:09

And also better define what other additional minimum data sets, whatever regulatory issues, local relationship issues etc that the data exchange framework can help highlight, clarify, et cetera.

[Sophia Chang] 15:35:27

To make that work easier. That was super long-winded. But we're looking to, we'll be collaborating with Connecting for Better Health And Homebase, Julie Silas is on the line here.

[Sophia Chang] 15:35:44

To really bring in those frontline organizations that are trying to use that information for care coordination purposes.

[Sophia Chang] 15:35:52

We have a lot of stuff that's happening up here, but very little around how do we really support those workflows And making sure that the right information that's actually needed for those organizations to help support people in their to get them out of homelessness and into secure or regular housing

[Sophia Chang] 15:36:14

That we are doing that in a more effective way. So this is one attempt.

[Sophia Chang] 15:36:21

One approach, this notion of a community of practice to just really help organizations on the ground get the work done and help generalize and share lessons learned.

[Sophia Chang] 15:36:31

Key tools, et cetera, which can hopefully help organizations and communities across the state and even outside of the state.

[Sophia Chang] 15:36:41

And... I just feel like... Again, people are like.

[Sophia Chang] 15:36:47

Choose a use case. Let's get started This is like a first approach here. And the intent is we're going to have to continually be trying to figure out what a state role is understanding what the needs are on the local level, reinforcing what the state should do, et cetera. And that's going to be happening around issues of consent. It's going to be happening around

[Sophia Chang] 15:37:11

Issues of technical requirements, all of these things but You know, this whole domain is... qualitatively so different.

[Sophia Chang] 15:37:26

From well Maybe there's a lot of lessons we can think about pre high tech.

[Sophia Chang] 15:37:32

This was not that dissimilar from where healthcare was. Lots of different systems, lots of different definitions, who could figure out how to share information?

[Sophia Chang] 15:37:41

We've come to a certain level in healthcare And now we're now taking on a whole other domain and just kind of adding to the complexity.

[Sophia Chang] 15:37:51

So I'll stop because hands are coming up, which is great.

[Rim Cothren, CalHHS CDII] 15:37:55

Thanks, Sophia. And Sophia, if you have any particular questions you really want people to focus on and want to drop them in the chat while people are talking, maybe that would help. Maybe it won't. People may take it wherever they want to.

[Sophia Chang] 15:38:08

Well, they're actually on the next slide. But I don't know if you want to know if If someone else, I can't see this next slide and put it in the chat.

[Rim Cothren, CalHHS CDII] 15:38:11

Okay.

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

I'll take care of it there. Chris, you have your hand up. Why don't you go ahead and get us started? And while we're doing that, Alice, why don't you flip us to the next slide so you can see the questions.

[Chris Ticknor] 15:38:26

Yeah, thanks, Rim. I appreciate that. And I appreciate that, Sophia. I'm obviously very excited about the domain and use case around housing. We've lived this for about past couple of years.

[Chris Ticknor] 15:38:37

Obviously, the technology piece is one component of that, but I think about 80% of that time was spent on educating the COC about data sharing.

[Chris Ticknor] 15:38:48

And data sharing rights and policies. And I think that is probably the biggest or the weakest link in all of this is just educating the CSCs about what data sharing means and what the implications are around that.

[Chris Ticknor] 15:39:02

The technology components are a relatively simple part of it, but I think that's where I think this group can help out a lot, especially with the pseudo government agency like the COC and getting them up to speed of what the data sharing requirements are.

[Rim Cothren, CalHHS CDII] 15:39:21

Thanks, Chris. Julie, I did see your hand up at one point, but you took your hand back down.

[Ken Riomales] 15:39:24

Question.

[Rim Cothren, CalHHS CDII] 15:39:28

Did you have something you wanted to Okay, great. Ken, please.

[Julie Silas] 15:39:30

No, I'm okay.

[Ken Riomales] 15:39:34

A general question here so I hear what everybody's saying and I agree with the approach kind of targeting one particular use case there for data exchange and whatnot.

[Ken Riomales] 15:39:46

I'm curious to know Is the approach going to be where we address every use case and develop a data exchange framework around each use case or at some point create a universal framework where these will be considered individual elements within that larger framework. So if I'm going to call back out to USCDI, USCDI is an aggregate or a big list of several data elements.

[Ken Riomales] 15:40:12

Are we looking at SDOH analogously and saying at some point we're going to have kind of our own classification or recommended classification of social data and it's going to be part of this larger umbrella? Or do we constantly look at it from

[Ken Riomales] 15:40:27

Well, homelessness is going to be this particular category or education will be that category and so forth.

[Ken Riomales] 15:40:33

Just wondering about that.

[Sophia Chang] 15:40:35

I think... To clarify, there are like several layers in there, Ken.

[Sophia Chang] 15:40:43

Yes, we are not planning to kind of create the entire dictionary use case by use case.

[Sophia Chang] 15:40:53

I think we have to think we have understand more deeply understand more deeply the existing dictionaries that already exist in many of these other social service domains.

[Sophia Chang] 15:41:05

I also want to clarify that we're not talking about social determinants of health primarily in this case.

[Sophia Chang] 15:41:11

We are talking about the actual social services that are addressing those needs.

[Ken Riomales] 15:41:19

Apologies.

[Sophia Chang] 15:41:19

So it's a little bit different than SDOH. I'm talking about in this case, what we're starting with because there is a little bit more uniformity around them.

[Sophia Chang] 15:41:31

We are in many cases starting with publicly funded social service programs Because there have been programmatic requirements there more universality of definitions of what those services are, et cetera, as a way to start.

[Sophia Chang] 15:41:52

But I don't think any of us want to make change that incrementally, but I do think in this case we have to start incrementally because I don't think we fully know what we don't know.

[Sophia Chang] 15:42:07

And we kind of have to start small. To then be able to have a broader picture. And again, that capabilities was at least one attempt at a broad picture. So as we learn, we're learning about those capabilities.

[Sophia Chang] 15:42:25

There are many bigger heads and smarter people than us in this room. And we're very open to other ideas and thoughts about are there better ways to approach this? Are there other ways we could abandon this or how would we enhance this or

[Sophia Chang] 15:42:45

That's really part of the reason for bringing this focus group together.

[Rim Cothren, CalHHS CDII] 15:42:52

Thanks, Sophia. Mary, sorry, you have your hand up.

[Mary-Sara Gordon Jones] 15:42:58

Yeah, just go ahead. Yeah.

[Rim Cothren, CalHHS CDII] 15:42:58

Oh, and before we go there, sorry, can we pull slides down so everybody can see everybody's faces?

[Rim Cothren, CalHHS CDII] 15:43:06

Thank you. And if you have your camera off. Just be aware that that may mean that I call on you to speak.

[Rim Cothren, CalHHS CDII] 15:43:16

Go ahead, Mary Sarah.

[Mary-Sara Gordon Jones] 15:43:18

So just building on the last question Ken asked a little bit more.

[Mary-Sara Gordon Jones] 15:43:25

In each of the implementations that we looked at, the participants were different.

[Mary-Sara Gordon Jones] 15:43:33

And so, for example, if you look at the LA County implementation, you're not going to see healthcare with a large footprint there.

[Mary-Sara Gordon Jones] 15:43:44

And I bring this up. Because the standards that you go with And how you use that data is that data embedded in USCDI?

[Mary-Sara Gordon Jones] 15:43:57

Or is that data, are you going to use the National Information Exchange model, for example, NEAM? That's another standard we haven't even discussed.

[Mary-Sara Gordon Jones] 15:44:08

It's going to be dependent upon what your use case is, who's participating in that use case.

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

What are your overall objectives here? And so we're so it's a pretty expansive universe that we're looking at, which is, again, why we really dove into the capabilities because we thought there was a level of consistency regardless of who the participating organizations were across all of the projects.

[Rim Cothren, CalHHS CDII] 15:44:41

Thanks, Mary, Sarah. Jim, I hope you will forgive me here, but Julie hasn't spoken yet, so I'm going to jump line here for a bit.

[Rim Cothren, CalHHS CDII] 15:44:49

Julie?

[Julie Silas] 15:44:52

So just to give perspectives from the homeless system of care, we're talking about problems that are preventing people getting services right now.

[Julie Silas] 15:45:02

In a program that is a short-term pilot program that we need to show effects. And we know historically In 2023, less than 25% of people experiencing homelessness who were likely eligible for these benefits, enhanced care management community supports, we're even getting them. And so anything we can do to kind of

[Julie Silas] 15:45:25

Practically do problem solving to try and help Where the data sharing barriers are creating those, where data sharing is creating the barriers to effective implementation of these really, really important programs that California put a lot of money and resources in

[Julie Silas] 15:45:41

To enable people to have access to get healthier, more stable lives. So that's part of like practically this is a moment that we need to do it.

[Julie Silas] 15:45:51

But also the vision of it is, is the solutions, the problem solving solutions and how they're adapted at the local level for homelessness should be easily translatable to food access, should be easily translatable to asthma remediation. A lot of the other types of

[Julie Silas] 15:46:10

Social determinants that are being considered or already in part of the healthcare system.

[Julie Silas] 15:46:15

Currently. So just like thinking about practically, this is real practical get the people in the room who've been wanting to do this forever and figure out what are the barriers, get the subject matter experts, technology, homelessness, healthcare in the room

[Julie Silas] 15:46:32

And be shoulder to shoulder try to do the problem solving. And that's the idea of it as a community practice. We do a lot of talking about this But we haven't really sat down and grappled with what the day-to-day experience is and how do we overcome those. And that's the intention of this project.

[Rim Cothren, CalHHS CDII] 15:46:48

Great. Thank you, Julie. So I'm going to take a look at the time real quick. We've got about four minutes before we're supposed to jump to public comment. We may bleed into that a little bit. We got four hands raised, so just

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

Bear that in mind. Jim, you're next. And you're on mute, Jim.

[James Shalaby] 15:47:10

Okay, better. So I was just going to suggest, you know, you asked earlier kind of what's an approach and Julie, I think what you said made perfect sense to try to glean what are some common themes by getting

[James Shalaby] 15:47:23

Those who really know it together to be able to do that work.

[James Shalaby] 15:47:27

And I think Sophia is, but also, you know, and Mary had been trying to find these common themes and doing this architectural diagram. But I think my suggestion for moving forward might be more focused on, you know, maybe you take a top down and a bottom up approach simultaneously because

[James Shalaby] 15:47:43

There are standards right now that potentially can apply or the results of hundreds and hundreds of hours of use cases of participating in gravity and ELTSS and Paso and a variety of different areas.

[James Shalaby] 15:47:56

And the bottom up versus the top down, the bottom up allows you to prioritize just to figure out five, let's say I'll just make it up five priority use cases that you find are going to be useful for common theme because we don't want to boil the ocean. But out of those priorities.

[James Shalaby] 15:48:11

It might be useful to pause and look and see Well, what are similar standards that exist already even beyond USCDI?

[James Shalaby] 15:48:20

That may actually be able to support accelerating towards a solution and applying, you know, seeing if we can apply some of those standards as at least part of the solution. So my suggestion would be to kind of combine the efforts from bottom up and top down.

[James Shalaby] 15:48:37

Yeah. Sure.

[Rim Cothren, CalHHS CDII] 15:48:38

Thanks, Jim. Hans.

[Hans Buitendijk] 15:48:41

Yeah, thank you. Just a couple of comments around the three questions. And then the challenge of When it's bottom up or top down, some mix is always good to do I'll be starting very much at the boiling the ocean or one use case at a time. I think it's a balancing in between.

[Hans Buitendijk] 15:48:59

And Jim's also already indicating. And perhaps on the use case side is that is there an opportunity to not just focus on one, but get another one that is relatively different so that there's an opportunity to work them both and see where the commonalities are and the differences are to make sure

[Hans Buitendijk] 15:49:16

That when we talk about the data that we can start to arrive at a more general approach and can build that together. Or from the processor's perspective, is referrals really different between one and the other?

[Hans Buitendijk] 15:49:28

So by taking at least a couple of the respective edge cases.

[Hans Buitendijk] 15:49:32

Rather than the one in the middle might help with that as well. So not all use cases at the same time, but at least a couple that are representative of the larger.

[Hans Buitendijk] 15:49:44

And when we're looking at, I feel a little bit required to do this, but when we are referencing, we can use standards like USCDI. If our goal is to have automated interoperability between systems.

[Hans Buitendijk] 15:49:59

Then I would be urged to not necessarily stick with USCDI because that from an implementer perspective from what we do to build the software.

[Hans Buitendijk] 15:50:08

It doesn't work. We cannot implement USCDI. We can implement five years core. We can implement gravity. We can implement all these other things.

[Hans Buitendijk] 15:50:16

So we want to look at the standards and see is the data that we're interested in represented there?

[Hans Buitendijk] 15:50:24

And consider that. Ucdi is great for scoping to help identify when we're going to create those underlying standards.

[Hans Buitendijk] 15:50:32

But the underlying standards are really what make it possible to do and understand where it's impossible to do.

[Hans Buitendijk] 15:50:39

At least from an employment perspective, that's what we look at. So UCVI is a great scoper.

[Hans Buitendijk] 15:50:44

And that's where it stops. It doesn't tell us what to do.

[Rim Cothren, CalHHS CDII] 15:50:49

Thanks, Hans. We're supposed to be at the time for public comment.

[Rim Cothren, CalHHS CDII] 15:50:54

Elena and Michael, I'm going to give you a couple of minutes if your comments are quick, and then we'll turn to public comment. And if there's time and anybody wants to expand more afterwards, we'll do that. So Elena

[Alana Kalinowski, she/they, CIE/211 SD] 15:51:05

Yeah, just very fast to kind of what Julie was saying. I think that part of the community practice is identifying is identifying what needs to be shared about a person to be able to access things.

[Alana Kalinowski, she/they, CIE/211 SD] 15:51:16

But there's also things like with CalAIM in particular, for instance, and being able to access services You know, there's the data available and what are the barriers to different data elements? Specifically, for instance, who's already authorized by what plans?

[Alana Kalinowski, she/they, CIE/211 SD] 15:51:31

Where are they enrolled? Where have they been assigned? That's data that is kind of requires that transparency because not everyone has that line of sight unless you're a contracted service provider with that specific plan. And then from a wider care coordination lens, it's less about what data so much as it is that kind of crucial what's already happening data that I'll just kind of add to

[Alana Kalinowski, she/they, CIE/211 SD] 15:51:54

When we're talking about, you know, county application.

[Rim Cothren, CalHHS CDII] 15:51:59

Thanks, Helena. Michael.

[Michael Marchant] 15:52:00

Yeah, just recasting so the we all come from our own perspective on the health care clinician provider side We're sharing a lot of data, a lot of discrete clinical data that we have lots of concerns about with continued sharing. A lot of the things that I hear on the phone are about enrollment.

[Michael Marchant] 15:52:20

Or enrollment information. And so I think that when I get back, when I put the comment in the chat that says we need to know Who needs what data for what use?

[Michael Marchant] 15:52:29

I think that helps at least identify the mechanism for that exchange. Like today, referrals could be sent via direct. If I'm just trying to tell somebody I'd like to enroll in a program or this person is eligible for a program.

[Michael Marchant] 15:52:40

I think that when we talk about some of these things, we really need to be very specific about the who and the what information is necessary.

[Michael Marchant] 15:52:48

As we identify solutions, because it could be a little bit different for each. So that's just where I would like to encourage folks.

[Rim Cothren, CalHHS CDII] 15:52:53

Thank you, Michael. I did see a lot of smiles and nods when you were talking. So I think that was a message well heard.

[Rim Cothren, CalHHS CDII] 15:53:01

Alice, do you want to take us to public comment, please?

[Alice K - Events] 15:53:06

Absolutely. Thank you, Randy. Participants may submit written comments and questions at any time through the Zoom Q&A box. All comments will be recorded and reviewed by CDIS staff.

[Alice K - Events] 15:53:16

To make a verbal comment, members of the public must raise their hand for Zoom facilitators to unmute.

[Alice K - Events] 15:53:22

If you've joined via Zoom interface, you can click raise hand at the bottom of your screen. And if you've dialed in by phone only, press star nine to raise your hand and listen for your number to be called.

[Alice K - Events] 15:53:33

All individuals will be given two minutes. Please state your name and organizational affiliation when you begin.

[Alice K - Events] 15:53:41

First up, we have Lucy. Lucy, you should now be able to unmute.

[Lucy Johns] 15:53:49

Thank you. If it's allowed, I would like to cede my two minutes to Corey.

[Lucy Johns] 15:53:55

To just introduce what gravity did.

[Corey Smith] 15:54:02

Is that allowed? Thank you, Lucy. And hello.

[Corey Smith] 15:54:06

I don't think I'll be brief. I think the one comment that I wanted to say is with regard to the question of whether to do a domain by domain use case standardization And I just wanted to share that gravity's experience with that.

[Lucy Johns] 15:54:06

Hello.

[Corey Smith] 15:54:22

And because we tried both, right? Gravity started off years ago with just the food insecurity implementation guide looking to to standardize the closed loop referral goal setting intervention uh you know closing the loop kind of set of use cases on a

[Corey Smith] 15:54:41

Domain by domain basis. And we just realized that that just was not scalable. So what we ultimately ended up with was one fret, what we say is a framework implementation guide where we look at the closed loop referral scenario, screening assessment goal setting, interventions.

[Corey Smith] 15:55:01

Observations, making diagnosis or conditions and then closing the loop and analyzing data. And we then created one set of exchange standards that then varied that could then support over 20 domains that gravity is standardized terminology around so I just wanted to share that was our experience at Gravity.

[Rim Cothren, CalHHS CDII] 15:55:23

Thank you, Corey. Alice, do we have any other questions for the public?

[Corey Smith] 15:55:24

Yep.

[Alice K - Events] 15:55:29

We do. David, you should now be able to unmute.

[David McCann] 15:55:34

Good afternoon. Hey, thank you for letting me watch. So I'm working with Chris Titner across nine two on ones I want to kind of pick up on two topics that were asked about in the meeting.

[David McCann] 15:55:45

And give an opinion for all nine Q11s. So if you intersect the comment of What API might we use? What data payloads do we use? And do we start with four or five cases And do you do bottoms up or tops down?

[David McCann] 15:56:02

I say what I'd like to represent with Chris is the sound of an observation across nine 211s.

[David McCann] 15:56:08

That there are four or five top priority referral types that we've identified from the practical constraint on getting from theory to practice is the incumbent software platforms the scene you're using and the incumbent software platforms that Medi-Cal is using and the county.

[David McCann] 15:56:33

And what I would tell you is our learning thus far is we're going with a bottoms up approach We're currently engaged with software, seven software vendors And frankly, most of them do not yet have a FHIR API.

[David McCann] 15:56:47

And so I think the notion that eventually I think we will land on some gravity fire subset I think that's a two-year journey But if I know we've already talked with seven vendors around housing And a couple of other referral types, food support

[David McCann] 15:57:04

And I think what you're going to see is we're going to have to build a gateway that does pass referrals to other referral gateways And the software vendors that we're engaging are all going to have to modify their APIs.

[David McCann] 15:57:18

And they're willing to do so. So I would encourage us to think in practical evolution. And I'd be interested from I think it was Kane asked about this first And then building on Team shall be coming. I'm a fan of your two comments of

[David McCann] 15:57:35

You know bottoms up top down and experiment. And I think we can do that. Would you agree?

[James Shalaby] 15:57:44

Sorry, I had to unmute. Yes, I would. Thank you.

[Rim Cothren, CalHHS CDII] 15:57:49

Thank you for that practical experience, David. We have just a couple more minutes for public comment. Alice, do we have anybody else?

[Alice K - Events] 15:57:59

We've got one more.

[Rim Cothren, CalHHS CDII] 15:58:02

Okay.

[Sofia Pedroza, she/they, PPAC] 15:58:05

Hi, good afternoon, everyone. My name is Sophia and I'm legal counsel with Planned Parenthood Affiliates of California. We represent the seven Planned Parenthood affiliates.

[Sofia Pedroza, she/they, PPAC] 15:58:13

Serving patients through every county of California. I really wanted to say first that I appreciate the discussion and work of this group. I think it's been really fruitful so far. I wanted to specifically uplift a point that Lee made earlier in the conversation.

[Sofia Pedroza, she/they, PPAC] 15:58:28

That collecting data about failures and cautionary tales would only benefit and serve the objectives that this group has talked about and refine our understanding.

[Sofia Pedroza, she/they, PPAC] 15:58:38

Of how to engage with multiple kinds of stakeholders as we work to build an architecture that is able to share information and protect patients privacy and confidentiality where appropriate.

[Rim Cothren, CalHHS CDII] 15:58:51

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

[Rim Cothren, CalHHS CDII] 15:59:00

We'll give everybody one more beat to see if there are any hands that pop up and then we will Close out our meeting.

[Rim Cothren, CalHHS CDII] 15:59:11

Alice, are we good? Okay, let's move on to the next slide, please. So this brings us to the end of our focus group series on social data exchange. Thank you all for participating in this.

[Alice K - Events] 15:59:13

We are

[Rim Cothren, CalHHS CDII] 15:59:28

Some of you, I'm probably going to see Vac again with consent. Our next focus group.

[Rim Cothren, CalHHS CDII] 15:59:34

Coming up in three weeks. So I do want to congratulate everybody for being very engaged and very attentive. This has been great. I really appreciate it. We will post meeting materials.

[Rim Cothren, CalHHS CDII] 15:59:47

On our webpage, as we always do, along with recordings of this meeting and transcripts from this meeting so People can look for them there.

[Rim Cothren, CalHHS CDII] 15:59:56

If you are not part of the consent focus group, I would encourage you to Listen, as a member of the public and that focus group as well.

[Rim Cothren, CalHHS CDII] 16:00:07

We've talked quite a bit about focus excuse me about consent in this focus group. And so I'm sure that there'll be a lot that you can help us with there.

[Rim Cothren, CalHHS CDII] 16:00:18

Let's go on to the next slide and this just points out what the meet the Dates are coming up for our second focus group. That's also going to be posted on our webpage.

[Rim Cothren, CalHHS CDII] 16:00:30

And along with the link on how to participate as a member of the public.

[Rim Cothren, CalHHS CDII] 16:00:35

To those. We will also be taking all of your comments during this meeting and applying them to our work moving forward.

[Rim Cothren, CalHHS CDII] 16:00:46

And that includes in moving forward with the pillar in the roadmap.

[Rim Cothren, CalHHS CDII] 16:00:49

For what's going on in the community of practice and other activities. So please keep tuned.

[Rim Cothren, CalHHS CDII] 16:00:55

Thank you again for your participation, and I'm sure I will see many of you again.

[Rim Cothren, CalHHS CDII] 16:01:01

Thank you.

[James Shalaby] 16:01:03

Thank you. Bye bye.