California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Committee (TAC) Meeting
Chat Log (12:00 PM – 1:00 PM PT, May 29, 2025)

The following comments were made in the Zoom chat log by Members of the TAC and staff during the May 29, 2025, meeting:

14:50:11 From David McCann to Hosts and panelists:
Good morning..

15:01:12 From Catalina Cole to Everyone:
Please ensure your chats are directed to 'everyone' so that members of the public may view them. All chat messages in this meeting—whether addressed to 'hosts and panelists' or 'everyone'—will be included in the public record on the DxF Webpage.

15:04:25 From Derek Plansky to Hosts and panelists:
Ha! yes indeed... let me know if you need a QHIO :^P

15:17:07 From James Shalaby (Elimu Informatics, Gravity Project) to Lucy Johns, Hosts and panelists:
Hi Lucy. Glad you could make it :)

15:19:03 From Catalina Cole | Manatt Health to Everyone:
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15:26:42 From David McCann to Everyone:
Rim I would like to offer a fast comment

15:27:43 From Catalina Cole | Manatt Health to Everyone:
1. What core elements of consent should be captured to ensure that the process is both legally compliant and can integrate with backend programming and interoperability?

2. How should we define and structure those core elements of consent? By legal frameworks? (e.g., HIPAA, 42 CFR Part 2, AB 133), by data domains (e.g., housing, SUD), or by use cases (e.g., care coordination, benefits eligibility)? Should certain components be intentionally left out (e.g., reproductive health)?

3. How can we turn consent choices into actionable system logic that link what individuals agree to with the data systems that those choices affect? Are there other models we can use to test this mapping?

4.What does digital informed consent look like, such that it can be programmed and automated and can comply with interoperability standards as well as legal requirements?

15:30:40 From David McCann to Everyone:

A Published data model is something any system builder can adopt… as we build out DXF, modifying the model on Data attached to a client/ patient… and I am not convinced a central platform is the answer..

15:31:28 From David McCann to Everyone:
Perhaps all DXF intermediaries embrace a Data Model… and the notion of " ASCMI Compliant".. is a first step, before presuming a central system

15:33:35 From David McCann to Everyone:
I agree Brian. Once we start sending " referrals', we need to match " persons " and associate " person " to " Consent".

15:38:03 From Derek Plansky to Everyone:
@Dave, although I agree that a modern architecture is preferred, and that centralized seems antiquated, we need an identity source of truth for patients if we are to reliably store that patient's consent preferences, and sans a California unique identifier centralized seems to be the way to go

15:38:43 From Jonah Frohlich to Everyone:
IT is written using "plain language" very intentionally to address your excellent points Kayte!

15:39:31 From Rita Torkzadeh to Everyone:
Would there be exceptions or room for, from a consumer/patient perspective, individually requested restrictions?

15:41:37 From Ambrish Sharma to Everyone:
The need for an appropriate literacy level cannot be overemphasized especially in accordance with Culturally and Linguistically Appropriate Services (CLAS) guidelines

15:41:50 From David McCann to Everyone:
Julie , I like your comments and those of others. Our OC data shows 80% of homeless are FROM Orange County. So 20% MAY move, but many don't. I do think we need a cross county consent share model.. is " common model". But if all County systems embrace a common Data Model, then federation works. As all Counties move on DXF, I believe this will evolve and maybe faster than a new central system is built.

15:44:00 From Derek Plansky to Everyone:
could we set up a slack channel for this discussion for it to continue on beyond this meeting?

15:44:48 From Kayte Fisher to Everyone:
Thank you all so much for this excellent discussion about consent today, this is exactly what I have been hoping to hear for the last few years.

15:47:04 From David McCann to Everyone:
DXF teases out a key term /notion - Populations of Focus. Can I suggest that Diane , you lead a POF focus on Adolescents, and propose the. Mechanism. I agree.

15:47:25 From Irene Lintag Alvarez to Everyone:

I agree with Diane. Additionally, what about the data patients are willing to share out of state?

15:47:25 From Hans Buitendijk to Everyone:
Has there been an effort to align the referenced data models with https://build.fhir.org/ig/HL7/fhir-consent-management/artifacts.html or vice versa?

15:47:59 From James Shalaby (Elimu Informatics, Gravity Project) to Everyone:


15:48:30 From Jeff Jarrett to Everyone:
I really like Dave's comments around needing a “ASCMI Compliant” data model and agree about accounting for effective identity management and tying to specific patients. Is there an opportunity to assign unique CA State Health IDs that can be used in managing, sharing and updating consent management properties?

15:49:29 From Daniel Wilson, CA Dept of Social Services to Hosts and panelists:
I think it's important to also consider the privacy/confidentiality/consent law from various system partners, and build that logic (and even applicable laws/rules) into any automated consent management system. For example, courts order county child welfare/foster care agencies as responsible for the care, custody, and control of children in foster care. As such, the child welfare agency is navigating the privacy and consent laws of multiple systems. Additionally, as another example, for children in foster care, their data and information from the juvenile case file cannot be released solely with consent, but usually also requires a court order.

15:50:20 From David McCann to Everyone:
United Ways CA 211 would love a SLACK channel for people building systems.. and if we don’t have one, reach out to me at United Ways of CA to discuss

15:50:33 From Derek Plansky to Everyone:
most other states start with binary consent (opt-in/opt-out), and then roll in SUDs/42CFR pt2 next... this is well beyond what most other states have implemented

15:51:34 From Rita Torkzadeh to Everyone:
How might authorized representatives/delegates be represented separate from relationships like parent/child?

15:51:49 From David McCann to Everyone:
For social services such as Housing /Homelessness, Food Insecurity and Transportation, the person/client record and consent may not need to carry HSSI parameters for THAT referral type. So the Care Program drives the needed “ data payload “ on the person.

15:52:43 From Eric Jahn to Everyone:
Someone asked for what other states are doing: here is a national consent survey that was performed by Stewards of Change last year: https://stewardsofchange.org/13479-2/ The key takeaway was that consent is local, and must be computable, synchronized/shared, and revokable.

15:54:16 From David McCann to Everyone:

The County is a unit of government County agencies set rules. So I advocate for “ experiment county by county”.

15:55:29 From Eric Jahn to Everyone:
...and to be computable, local consent rules must be cataloged.

15:55:43 From Hans Buitendijk to Everyone:
Oracle Health? :) Absolutely. I'll ping you.

15:55:58 From Diane Dooley to Hosts and panelists:
We should also seek to partner with the EHR partners that have shown ability to segment information within a medical record.

15:56:13 From David McCann to Everyone:
I’ve lost audio FYI.. as Lucy spoke..

15:57:20 From Catalina Cole | Manatt Health to Everyone:
Summary Rim just mentioned: https://sequoiaproject.org/wp-content/uploads/2025/04/Moving-Towards-Computable-Consent_A-Landscape-Review_April-2025.pdf