



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

The following text is a transcript of the May 29, 2025, meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework TAC. 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] 15:01:06

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

[Alice K - Events] 15:01:12

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

[Alice K - Events] 15:01:18

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

[Alice K - Events] 15:01:22

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

[Alice K - Events] 15:01:26

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

[Alice K - Events] 15:01:31

With that, I'd like to introduce Ren Coughlin.

[Rim Cothren, CalHHS CDII] 15:01:35

Thank you, Alice, and welcome to this, our second series of the Tech in 2025, where we'll be talking about consent management.

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

Um, just as a quick reminder, especially for you... those of you that are new to the TAC, uh, members are strongly encouraged to turn their cameras on, we want this to be a conversational meeting.

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

And, uh, if you do use the chat, I discourage people from using it. I would prefer that they talk.

[Rim Cothren, CalHHS CDII] 15:02:08

But if you do use the chat, please make sure that you chat to everyone, and anything that is in the chat can be seen by members of the public.

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

If you use everyone, which you should. And becomes part of the public record that we'll post.

[Rim Cothren, CalHHS CDII] 15:02:21

Uh, let's go on to the next slide, please. We start all of our meetings with a vision for data exchange in California. I'm not going to read this vision to you, but it's just a reminder of why we're here.

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

Which is to improve whole person care. You consider consent, uh, for the exchange of information, an important component of that, and that will be our focus for this meeting series, is to talk about consent and what we need to do.

[Rim Cothren, CalHHS CDII] 15:02:49

Uh, for consent to help establish trust for the data exchange framework.

[Rim Cothren, CalHHS CDII] 15:02:54

It's go on to the next slide, please. We'll talk... we'll start off with a welcome and roll call. That's where we are now. We'll spend a very brief period of time on introductions, because we have a lot of new members that are joining us for this focus group.

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

We'll talk a little bit about the tech role and framing for this focus group, so people know what it is that we're planning on covering here.

[Rim Cothren, CalHHS CDII] 15:03:16

We'll talk a little bit about the Ask Me model, uh, and the project that DHCS has been working on.

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

And then we'll begin a discussion on what are the component parts of consent?

[Rim Cothren, CalHHS CDII] 15:03:26

Uh, I am expecting that we may continue that discussion into our next meeting, but we want to at least kick that off here.

[Rim Cothren, CalHHS CDII] 15:03:33

We'll pause briefly for public comment in about 10 minutes to the hour, and then we'll talk very briefly about next steps and any closing remarks.

[Rim Cothren, CalHHS CDII] 15:03:41

Um, these are always notional, uh. Agendas, people that have received and taken a look at the slide deck.

[Rim Cothren, CalHHS CDII] 15:03:50

This is heavy towards me talking to you. Most of our meetings will have very few slides and should be you guys talking rather than me talking.

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

Let's go on to the next slide, please. These are the members of the Consent Management TAC uh, meeting series.

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

Um, since a lot of the folks here are new, I want to pause for a minute here and give everybody a chance to briefly introduce themselves.

[Rim Cothren, CalHHS CDII] 15:04:18

Where you're from, and what perspective you're bringing to the tech. Uh, I'll start off here, I'm Rem Kothra, and I'm a consultant to CDI, and will be chairing all of our sessions here.

[Rim Cothren, CalHHS CDII] 15:04:29

Cindy Barrow joins me. Cindy, you want to introduce yourself?

[Cynthia Bero] 15:04:33

Thanks, where I'm Cindy Barrows, Senior Advisor with Manat Health Strategies, and I do a lot of work in health information technology.

[Cynthia Bero] 15:04:42

Back to you.

[Rim Cothren, CalHHS CDII] 15:04:42

Catalina also joins us. She refuses to put her own name on this slide. I don't know why, but Catalina, you want to say hi real quick?

[Catalina Cole] 15:04:50

Sure. Hi, I'm Catalina, I support Rim and Cindy in the development of materials and facilitating these meetings.

[Rim Cothren, CalHHS CDII] 15:04:57

Thank you. Um... Allison, do you want to introduce yourself quickly?

[Elison Alcovendaz] 15:05:04

Well, thanks. Um, I'm Allison Alcovendez, Assistant Deputy Director for Enterprise Data Information Management at California DHCS.

[Elison Alcovendaz] 15:05:12

My team has been helping lead the Ask Me project that Rim will be talking about later.

[Rim Cothren, CalHHS CDII] 15:05:17

Thank you, Allison. Irene?

[Irene Lintag Alvarez] 15:05:19

Everyone, Irene Lintak-Alvarez from Ali Auto Health. We are a health center control network out of Petaluma, California.

[Irene Lintag Alvarez] 15:05:27

And we work closely with digital health and interoperability for several FQHCs around

[Rim Cothren, CalHHS CDII] 15:05:34

Thank you, Hans.

[Hans Buitendijk] 15:05:36

Hello, my name is Hans Spidendijk. I am here representing the EHRA. That's a 30-ish organization, trade organization off EHR vendors. One of the vendors that I actually work for, Oracle Health.

[Hans Buitendijk] 15:05:50

As Senior Director of Interoperability Strategy. Within EHRA, I, uh, focus with a group of us on privacy and consent. We have a task force around that.

[Hans Buitendijk] 15:05:59

Um, uh, within HL7, some activities related to, uh, consent management that I, uh, join at times.

[Hans Buitendijk] 15:06:06

But more importantly, sensitive data and sensitivity flags for privacy rules. So, I'm active in that space and representing the EHRA here.

[Rim Cothren, CalHHS CDII] 15:06:13

Thank you, Hans. I didn't see Linda on the list. Linda, are you with us?

[Rim Cothren, CalHHS CDII] 15:06:22

Not hearing from Linda Adam?

[Adam Davis] 15:06:24

Hey, Rem, thanks for having me. I'm Adam Davis, I'm a pediatrician and a physician informatics at Sutter Health.

[Adam Davis] 15:06:31

Specializes in vulnerability, it's great to see so many names I know, and a bunch of new people that I'm gonna get to know.

[Rim Cothren, CalHHS CDII] 15:06:39

Thank you, Adam. Diane?

[Diane Dooley] 15:06:42

Hi, I'm Diane Dooley, I'm a pediatrician who worked for Contra Costa County Health Services.

[Diane Dooley] 15:06:48

Both the Medi-Cal plan and the delivery system. I'm a pediatrician.

[Diane Dooley] 15:06:53

I'm now retired from clinical practice, working with the American Academy of Pediatrics.

[Diane Dooley] 15:06:59

On issues of concern. We were one of the original recipients of the Data Exchange Grant, and we're able to talk to pediatricians Throughout the state about some of these issues, so we're interested in working on this with you.

[Rim Cothren, CalHHS CDII] 15:07:14

Thank you, Diane. Kate?

[Kayte Fisher] 15:07:16

Hi, good afternoon, Katie Fisher from the California Department of Insurance. I'm an attorney in the health equity and Access Office, and, um, we are very interested in the issues of consent.

[Kayte Fisher] 15:07:28

As, um, it's a consumer protection issue.

[Rim Cothren, CalHHS CDII] 15:07:31

Thank you, and sorry, Katie, for messing up your name. Robbie.

[Kayte Fisher] 15:07:34

Oh, no worries.

[Robby Franceschini] 15:07:36

Hi everyone, Robbie Francischini, working government affairs at Blue Shield of California, and support our policy and advocacy work around the DXF, data sharing, and then also privacy and security issues, including consent.

[Robby Franceschini] 15:07:49

I'm so happy to be here.

[Rim Cothren, CalHHS CDII] 15:07:52

Thank you. And I don't see Eric John on... Eric, are you with us?

[Eric Jahn] 15:07:58

Yep, and with, uh, you all, I'm Eric John from Bitfocus. I'm the Senior Interoperability Architect there. I bring to the group a perspective of my past work at name, direct trust, gravity, and web ontologies at HUD and other exchange formats over the years, including open referral.

[Eric Jahn] 15:08:17

A while ago. Uh, so, looking forward to working with you.

[Rim Cothren, CalHHS CDII] 15:08:23

Thank you, Eric, and sorry, someday I will learn why some names are out of alphabetical order on Zoom.

[Rim Cothren, CalHHS CDII] 15:08:29

I see that Linda has managed to get connected. Linda, you want to introduce yourself real quick?

[Linda Deaktor] 15:08:35

Hi, thanks so much. My name's Linda Dechter. I'm the VP of Quality at MedPoint Management, and also very involved in our IT shop, and have a lot of interest in this area, and we have a lot of projects going on that will... all benefit from this information, so thank you.

[Rim Cothren, CalHHS CDII] 15:08:51

Great, thank you, and thanks for keeping at it to get connected to us here. Appreciate that.

[Rim Cothren, CalHHS CDII] 15:08:56

How about Jeff? I didn't see Jeff on the list. You with us?

[Rim Cothren, CalHHS CDII] 15:09:04

Not hearing from Jeff. How about Elena?

[Alana Kalinowski, she/they, CIE/211 SD] 15:09:06

Yeah, hi, um, Elena Kalinowski. I'm, uh, the Interoperability Solutions Architect for the CIE211 team in San Diego.

[Alana Kalinowski, she/they, CIE/211 SD] 15:09:14

Um, I've worn a lot of different hats, and I am often in the throes of uh, kind of application and implementation of consent management for both within a CIE and as we explore how to interact with, um, our QHAO.

[Alana Kalinowski, she/they, CIE/211 SD] 15:09:29

Um, I'm also a social worker, and I do a lot with Gravity Project, uh, leadership, and a lot of different work groups as well.

[Alana Kalinowski, she/they, CIE/211 SD] 15:09:37

Lovely to be

[Rim Cothren, CalHHS CDII] 15:09:39

Thank you. Thank you, Elena. David?

[David McCann] 15:09:42

Good morning. So, Rim, I'm one of your newbies. Um, so I'm Dave McCann, and I'm the Chief Technology Lead for 9 United Way 211s that are operating in 28 counties in the state.

[David McCann] 15:09:55

So, those 9 are all DXF... uh, grantees.

[David McCann] 15:10:00

And so, interested to be here as we extend our capability for exchanging data in those 28 counties by those 9211s?

[David McCann] 15:10:10

And, uh, I'm glad to be here.

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

Thank you, Dave. Eric Nielsen.

[Eric Nielson] 15:10:20

Eric Nielsen, former County Director. Uh, and I work, uh, with CWDA as the executive liaison to the CalCERES project.

[Eric Nielson] 15:10:30

And so very much tied up with issues of integration and data exchange around Medi-Cal eligibility.

[Eric Nielson] 15:10:36

And, uh, definitely, uh, we're interested in this, interested both in terms of the consumer protection aspect, um.

[Eric Nielson] 15:10:44

Adhere sensitivity. Uh, we, you know, have encountered issues around that that we'd want to make sure are addressed, and uh... And then, you know, system support to ensure that the consent is manageable.

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

Thank you. Thank you, Eric. Derek!

[Eric Nielson] 15:10:55

For, uh, workers, as well as consumers. Thanks.

[Derek Plansky] 15:11:01

Hey everyone, Derek Plansky, SVP of Governance from Health Guerrilla, been in the interop space for quite a while, um, really enjoy consent as a thing to try and resolve, largely because it's so important for patient access and getting them to participate in the exchange. Um, so happy to be here.

[Rim Cothren, CalHHS CDII] 15:11:19

Thank you, Derek. Ken?

[Ken Riomales] 15:11:22

Good afternoon, everyone. Ken Riamales, Senior Director of Interoperability for CalMesa.

[Ken Riomales] 15:11:26

Calmesa assists several county behavioral health organizations with various programs, including, but not limited to, our semi-statewide EHR program As well as Connex, which is our interoperability platform slash program. Happy to be here. Thanks.

[Rim Cothren, CalHHS CDII] 15:11:39

Thank you, Ken. Shannon?

[Shannon Rohall] 15:11:46

Paul, uh, with California Department of Social Services. I am the Assistant Deputy Director in our Research and Data Team here

[Shannon Rohall] 15:11:55

Our CalWORKs program. Um, and I guess my interest in coming into this, uh, group is to, uh, look for ways to reduce the administrative burden. To Eric's point, both for, um.

[Shannon Rohall] 15:12:08

Consumers as well as practitioners, um, and really, uh, look for ways to enhance that client experience.

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

Thank you, Lynette.

[Lynette Scott] 15:12:17

Lynette Scott, I'm a Chief Data Officer and Deputy Director at the Department of Healthcare healthcare services for our enterprise data information management team.

[Lynette Scott] 15:12:26

Um, have work... been working around interoperability, and... data exchange since 2009.

[Linette Scott] 15:12:31

Um, really excited about this group coming together, um, as we think about, uh, consent in the context of the Medi-Cal program.

[Linette Scott] 15:12:40

Um, there's a lot of opportunity and a lot of need through our CalAIM initiatives, behavioral health initiatives, etc.

[Linette Scott] 15:12:48

Um, there's... there's just... you need to have consent, and we'd really like to Get a better understanding with all of you in terms of how we can move forward and... Um, start to hopefully collect consent in a consistent way.

[Linette Scott] 15:13:01

Um, and that also can be, um, leveraged for our automated systems.

[Linette Scott] 15:13:07

So, really appreciate everybody's thoughtfulness as we... move forward.

[Rim Cothren, CalHHS CDII] 15:13:12

Thank you, Lynette. Jeff, thank you for powering through things and joining us here. You want to introduce yourself?

[Jeff Jarrett] 15:13:18

Yeah, sorry, I could hear you, but I couldn't speak. Um, yeah, I'm Jeff Jarrett with, uh, Pacific Partners Management Services. We are a managed services organization in the Santa Clara County area. We provide, um, services to the Santa Clara County Independent Physicians Association of about 1,000 doctors, and I'm the CIO.

[Jeff Jarrett] 15:13:36

Uh, and definitely looking forward to learning and giving input on consent management and just general data exchange and integration.

[Jeff Jarrett] 15:13:43

So...

[Rim Cothren, CalHHS CDII] 15:13:44

Thank you, Jeff. Jim?

[James Shalaby (Elimu Informatics, Gravity Project)] 15:13:48

Hi, good morning, good afternoon, everyone. I'm Jim Shalaby, I'm the CEO of Alimo Informatics. I'm also Uh, one of the core team of Gravity. I've largely been focused on implementation, and, um, and authored, uh, much of what's in the gravity, uh.

[James Shalaby (Elimu Informatics, Gravity Project)] 15:14:04

Implementation guide, um, have a lot of interest and a lot of focus on consent.

[James Shalaby (Elimu Informatics, Gravity Project)] 15:14:09

And, uh, know many of you, so, uh, glad to be coming back.

[Rim Cothren, CalHHS CDII] 15:14:13

Thank you, Jim. Ambrush.

[Ambrish Sharma] 15:14:16

Good afternoon, everyone. I'm Embry Sherman, I'm the Director of Technology at Interface Children and Family Services.

[Ambrish Sharma] 15:14:22

We are a community-based organization, um, and we're working on a community care exchange.

[Ambrish Sharma] 15:14:28

Um, that's going to be very focused on, um, the consent process, so... a lot of learnings. By training, I'm a health informaticist And yeah, looking to share those learnings, as well as learn from this great group. Nikki.

[Rim Cothren, CalHHS CDII] 15:14:43

Thank you. Julie?

[Julie Silas] 15:14:45

Hey, good afternoon. I'm Julie Silas, I'm a Senior Director of Attorney ACE. We are a non-profit.

[Julie Silas] 15:14:51

Organization that's been working for almost 40 years to prevent and end homelessness.

[Julie Silas] 15:14:56

Um, and a lot of our work is... my work, particularly, is on the cross-sector of health and homeless systems, including data sharing, and I've been on the advisory committee with DHCS and Manat on the ASCME and data, uh... Data authorization guy.

[Julie Silas] 15:15:11

And other good stuff, um, and looking forward to working with you all.

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

Thank you, Debbie!

[Debbie Spray] 15:15:21

Hi, thank you. I am Debbie Spray. I am in Privacy and security at Alameda Alliance for Health.

[Debbie Spray] 15:15:27

We're a Medicaid organization. Um, and just really interested to see where this goes, and if we can We can make sure we get this done for everybody. Thank you.

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

Thank you. Joe, I didn't see Joe out there. Are you with us?

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

Hearing nothing, Brian?

[Brian Thomas] 15:15:48

Hi, I'm Dr. Brian Thomas. I'm the Director of the Social Health Information Exchange for Alameda County.

[Brian Thomas] 15:15:54

Uh, we focus on whole person care and providing county resources.

[Brian Thomas] 15:15:58

Uh, for, uh, data, data exchange, uh. Uh, processing. So, um... Uh, nice to meet y'all.

[Rim Cothren, CalHHS CDII] 15:16:05

Thank you, Brian. Rita?

[Rita Torkzadeh] 15:16:08

Hi, Rita Turks today. I'm a health informaticist, um, and a health IT strategy and policy advisor with Kaiser Permanente.

[Rita Torkzadeh] 15:16:17

I've been, um, doing a lot of work around interoperability, and my... I have a significant focus Um, policies related to privacy, security, and consent, um, and follow also, and work with some of the folks here.

[Rita Torkzadeh] 15:16:32

On a variety of other interoperability initiatives, especially within HL7. So, like the fire accelerators and fire skill task force. So nice to be on with Several of you in the meet new people as well.

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

Thank you, Rita. Daniel?

[Daniel Wilson, CA Dept of Social Services] 15:16:47

Good afternoon, everyone. Daniel Wilson here with the California Department of Social Services Children and Family Services Division.

[Daniel Wilson, CA Dept of Social Services] 15:16:55

Uh, and I'm part of a team here at Department of Social Services that really sits at the intersection between, um.

[Daniel Wilson, CA Dept of Social Services] 15:17:04

Consent management, privacy and confidentiality laws, our automation of our child welfare case management system.

[Daniel Wilson, CA Dept of Social Services] 15:17:10

And care coordination with, uh, multiple system partners, including behavioral health providers, managed care plans.

[Daniel Wilson, CA Dept of Social Services] 15:17:18

Um, and other system partners that, uh, provide services and support to children and youth, uh, in foster care.

[Daniel Wilson, CA Dept of Social Services] 15:17:24

Glad to be here.

[Rim Cothren, CalHHS CDII] 15:17:26

Thank you, Daniel. And Jennifer

[Jennifer Womack] 15:17:29

Hi, uh, Jennifer Womack with the California Department of Public Health, and I'm in the Data Strategy and Governance Division.

[Jennifer Womack] 15:17:35

And just really excited, um, to join this and align consent practices.

[Jennifer Womack] 15:17:41

Across state programs. Happy to be here.

[Rim Cothren, CalHHS CDII] 15:17:45

Thank you for joining us. Uh, Jonah, I think I saw you out there also. You want to introduce yourself?

[Jonah Frohlich] 15:17:52

Hi everybody, Jonah Frolik, um, I'm with Manat, um, and have been supporting, um.

[Jonah Frohlich] 15:17:56

Both CDI and the Data Exchange Framework can also... Department of Healthcare Services.

[Jonah Frohlich] 15:18:01

Great to be here, thank you.

[Rim Cothren, CalHHS CDII] 15:18:02

And Nick, I think... thank you, Jonah, and Nick, I think I saw you out there as well.

[Nick Picinich - CDII] 15:18:08

Hi everyone, happy to be a part of this discussion. Nick Pacinich, CDII Operations and Policy. Thanks.

[Rim Cothren, CalHHS CDII] 15:18:14

Okay, did I miss anyone?

[Rim Cothren, CalHHS CDII] 15:18:20

Not hearing anything else, I want to thank everyone. We have nearly perfect attendance today, and I know that you're all very busy, and I appreciate you taking out some time for our meeting today. Let's go on to the next slide, please.

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

A little bit about public comment. We have nearly 40 members of the public that are joining us for today's meeting. We will be taking public comment near the end of this meeting, as it's called out on the agenda. That'll be about 10 minutes before the hour.

[Rim Cothren, CalHHS CDII] 15:18:47

Um, the public may also use Zoom's Q&A feature to ask questions and make comments. Any questions that you type in there are visible to everyone.

[Rim Cothren, CalHHS CDII] 15:18:56

For members of the panelists, if you want to go ahead and monitor Q&A, feel free to do that. If you want to highlight things that are in the Q&A verbally, feel free to do that as well. Don't feel compelled to monitor the Q&A.

[Rim Cothren, CalHHS CDII] 15:19:12

Members of my team will try to do that as well.

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

Let's go on to the next slide, please. Talk a little bit about how we run tech meetings. So, first of all, um, as people that have been watching us on the IEC meetings may have noticed, we are... Um, renaming the technical advisory subcommittee to the Technical Advisory Committee, or the TAC. I will probably get that name wrong several times during today's meeting, and I just apologize for that.

[Rim Cothren, CalHHS CDII] 15:19:43

Um, our meeting format, we normally will circulate, uh, materials in advance of the meeting to the extent that you have time, please take a look at those materials.

[Rim Cothren, CalHHS CDII] 15:19:53

They, um, are meant to help you prepare for the meeting that comes afterwards.

[Rim Cothren, CalHHS CDII] 15:19:58

We'll try, as I said before, to minimize presentation, especially after today's meeting, so that we get a chance to talk about things instead.

[Rim Cothren, CalHHS CDII] 15:20:06

To that end, I really encourage people to turn their cameras on, to interrupt me.

[Rim Cothren, CalHHS CDII] 15:20:12

Um, to, uh, verbally make their comments rather than using the chat. So, that's really what we try to promote here.

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

Meetings will always be, uh, open to the public, and we, as I said, we reserve time during the meetings, uh, for public comment.

[Rim Cothren, CalHHS CDII] 15:20:28

Um, these meetings will be recorded. And including chat and Q&A, as we said before, and those materials will be posted on our webpage. That means that you can follow up on meetings that you missed, or if you want to go back and review materials, that'll be available to you. And just bear in mind that these

[Rim Cothren, CalHHS CDII] 15:20:48

Our public meetings, and that they are being recorded, and that will be posted.

[Rim Cothren, CalHHS CDII] 15:20:53

We'll also be, uh, uh, putting, uh, together notes that'll also be posted on the webpage, and every time when we come back with slides to our meetings.

[Rim Cothren, CalHHS CDII] 15:21:02

We will start those meetings off with what we heard last time, and that's an opportunity for you to correct things that we may have heard incorrectly.

[Rim Cothren, CalHHS CDII] 15:21:10

Let's go on to our next slide, please. So again, the TAC really is comprised uh, comprises subject matter experts with technical and operational experience.

[Rim Cothren, CalHHS CDII] 15:21:22

Um, in data exchange, and its focus, we try to focus on certain topics.

[Rim Cothren, CalHHS CDII] 15:21:28

And so you were selected because of your interest and expertise in consent, and that's what we're going to be focusing on here.

[Rim Cothren, CalHHS CDII] 15:21:36

Our meeting cadence will have meetings every two weeks. Uh, for an anticipated, uh, four total meetings.

[Rim Cothren, CalHHS CDII] 15:21:44

And we've talked a little bit about the output of those individual meetings, but ultimately, we are looking for actionable recommendations from people here, so think about our discussion in those terms. What would you recommend that CDI do within DXF to further consent.

[Rim Cothren, CalHHS CDII] 15:22:05

Let's gone to the next slide, please. And so this is our objective for this series of meetings. It's really to develop recommendations for coordinating collection.

[Rim Cothren, CalHHS CDII] 15:22:18

Sharing, and actionable use of individuals' consent. Ensuring it's applied consistently when exchanging health and social services information under DXF.

[Rim Cothren, CalHHS CDII] 15:22:32

Now, I want to... us all to bear in mind here that there are a few lawyers here on the call, but you were really selected for your technical and operational experience.

[Rim Cothren, CalHHS CDII] 15:22:42

And the purpose of today's meeting and this series is not to debate the legal ramifications of the law.

[Rim Cothren, CalHHS CDII] 15:22:50

If there are questions that we need to come back with, let us know, but we're really talking about what technically and operationally needs to happen here.

[Rim Cothren, CalHHS CDII] 15:22:59

So just bear that in mind as we... as we discuss.

[Rim Cothren, CalHHS CDII] 15:23:02

Let's go on to the next slide, please, and we're going to start this off with a brief overview of the Ask Me Initiative.

[Rim Cothren, CalHHS CDII] 15:23:10

Um, I'm gonna run us through this real quickly, but I will encourage, uh, Lynette and Ellison to chime in on anything that I miss here, as this is their project that they're running.

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

The issue here was really to ensure that there is broad and secure access to health and social services information.

[Rim Cothren, CalHHS CDII] 15:23:31

Because that access is limited in part by the complex privacy rules, outdated technology.

[Rim Cothren, CalHHS CDII] 15:23:38

And fragmentation within the exchange ecosystem. So he asked me to approach was to create a single form that described information that a client of DHCS, a member of the, uh, of, uh, Medi-Cal.

[Rim Cothren, CalHHS CDII] 15:23:56

Agrees to have shared about them and how it may be shared with others.

[Rim Cothren, CalHHS CDII] 15:24:02

It includes, uh. Consent management platform, or CMP, you may hear me call it that, or it may be abbreviated on the slides.

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

It stores and manages clients' consent preferences electronically so that they can be shared and can be, um.

[Rim Cothren, CalHHS CDII] 15:24:20

Managed in a central location. And it involves care partners, that is, the health plans, providers, etc, that have contact with clients.

[Rim Cothren, CalHHS CDII] 15:24:28

Uh, it leverages them. Uh, to collect the consent, but also update it and access it so that they know the preferences for exchanging their information.

[Rim Cothren, CalHHS CDII] 15:24:43

Let's go on to the next slide, and just very briefly, there are a number of ways that, um, uh... Organizations may have access to, um, the consent management platform.

[Rim Cothren, CalHHS CDII] 15:24:58

Um, DHCS has proposed that, uh, intermediaries be leveraged strongly.

[Rim Cothren, CalHHS CDII] 15:25:05

And providing connections between care partners and the CMP, Both to take consent in.

[Rim Cothren, CalHHS CDII] 15:25:12

And to provide information about consent that's stored in the CMP.

[Rim Cothren, CalHHS CDII] 15:25:16

Some of the workflows there might be that paper forms, might be imaged by a care partner, but it's the responsibility of the intermediary to make that actionable, computable information that is stored.

[Rim Cothren, CalHHS CDII] 15:25:30

Or a CMP, uh, or a care partner that doesn't have direct access to the CMP might use an intermediary to retrieve information.

[Rim Cothren, CalHHS CDII] 15:25:39

Uh, about what a client has has, um, consented to share.

[Rim Cothren, CalHHS CDII] 15:25:45

Care partners might be integrated directly. You can imagine large care partners that have significant IT capabilities.

[Rim Cothren, CalHHS CDII] 15:25:53

Might collect consent. And interact with the consent management platform directly.

[Rim Cothren, CalHHS CDII] 15:25:59

And that there may be a portal that either care partners and especially their clients, can access.

[Rim Cothren, CalHHS CDII] 15:26:06

Um, and view consent, or potentially make updates to consent, uh, directly in the platform without having to go through an intermediary, especially for the collection and sharing of electronic consent.

[Rim Cothren, CalHHS CDII] 15:26:21

Ellison, let me pause there for a second. Is there anything else in particular that you want to highlight?

[Rim Cothren, CalHHS CDII] 15:26:27

About, uh, Ask Me that would be useful for this group.

[Elison Alcovendaz] 15:26:33

I don't think so, Ram. I think you covered it pretty well so far.

[Rim Cothren, CalHHS CDII] 15:26:38

Great, so now we've come to the end of listening to Rim talk, and I really want to listen to folks here talk. Let's go on to the next slide, and we've proposed a few questions here, but this is your time now.

[Rim Cothren, CalHHS CDII] 15:26:52

Um, uh, here are some things that, uh, may help you, um.

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

Think about, uh, uh... consent, and what you might recommend.

[Rim Cothren, CalHHS CDII] 15:27:05

Um... Catalina, maybe I can ask you to drop these in the chat so that we can pull the slides down.

[Rim Cothren, CalHHS CDII] 15:27:12

But these are really just to... uh, get your thoughts started, and we should take this conversation wherever you want to.

[Rim Cothren, CalHHS CDII] 15:27:22

Let me pause there for a second, let people read it, and then... Let's, uh, take a beat, and then we'll pull them down. Dave, I see your hand up.

[Rim Cothren, CalHHS CDII] 15:27:31

Please.

[David McCann] 15:27:32

I mean, so Ren, before we... thank you, first of all, for the great introduction.

[David McCann] 15:27:36

Before we actually jump into these four questions. I'd like to provoke sport, and I'd like you to go back two slides, to the four... to the slide, the very useful slide, which was form.

[David McCann] 15:27:49

Platform and care partners. And I'd just like to add an input to the group on that slide.

[David McCann] 15:27:55

So, as somebody who's spent. Almost a decade building modern systems at Amazon.

[David McCann] 15:28:01

Um, and did a lot of work around governance and compliance.

[David McCann] 15:28:04

Um, I love that you've identified a form with the information that a client agrees to, and I think that's... superb accomplishment.

[David McCann] 15:28:13

I want to acknowledge, on the right-hand side, that in 58 counties.

[David McCann] 15:28:17

In a seat with 40 million people. There are 4,000 signatories to DXS, and there's just thousands of organizations that need to comply or adopt a model on consent.

[David McCann] 15:28:28

What I would love to have you think about, and maybe this has been discussed before today.

[David McCann] 15:28:33

Is it before you jump to the conclusion that you need a platform.

[David McCann] 15:28:37

I think in modern system design. You would actually see that you actually need a consent management data model.

[David McCann] 15:28:45

And so I would like to provoke the notion that your form provokes What is the data? The data is a data model or an object model.

[David McCann] 15:28:55

And given that you've already got a share of intermediaries running up and down the state.

[David McCann] 15:28:59

You know, I'd like to throw out the question do we... is it... in 2025, 1990s were based on centralized systems.

[David McCann] 15:29:09

2020 is about distributed systems, so I challenge the notion that you need a platform.

[David McCann] 15:29:14

As opposed to a data model that many platforms adopt. And I don't... so I think that's an important thought process before you get to your questions.

[Rim Cothren, CalHHS CDII] 15:29:24

Great, thank you, Dave. And I do think it's... it's this kind of discussion that we want to prompt here. The Ask Me Initiative is an example of something that was pilot tested last year and is continuing to move forward, but this is the kind of of, uh, interaction that we're really hoping for, so...

[Rim Cothren, CalHHS CDII] 15:29:42

Thanks, Dave. And I would welcome anybody's comments on any of Dave's thoughts there.

[Rim Cothren, CalHHS CDII] 15:29:48

Uh, Catalina has dropped the questions in the chat, so I'm gonna ask if we go ahead and pull down the slides. Again, people are invited to... well, you all have turned your cameras on, so thank you very much for that.

[Rim Cothren, CalHHS CDII] 15:30:01

Um, Hans, I see your hand up.

[Hans Buitendijk] 15:30:03

Sure, thank you, Rim. And actually, I wanted to latch onto today's comments. I appreciate those.

[Hans Buitendijk] 15:30:09

I think from the prior slide, so you don't need to go back, but from the prior slides, there's clarity that there's a patient-centered notion that we want to capture.

[Hans Buitendijk] 15:30:18

Which I think is important. Um, I completely agree with Dave that there needs to be a good understanding of what the consent, how we structure it.

[Hans Buitendijk] 15:30:27

Data model or components of it. And how that relates, and how that is done in a standard way, so that the next part, the structural component Is it centralized? Is it distributed?

[Hans Buitendijk] 15:30:39

I think there needs to be flexibility, and that was a question I was going to ask on one of the last slides.

[Hans Buitendijk] 15:30:46

Does it imply the intent to have a centralized system only, whereas Patient-centric can mean it can be in a place of their choice.

[Hans Buitendijk] 15:30:56

So there can be a variety of different places where it could be at the provider side, because they offer that capability to maintain it.

[Hans Buitendijk] 15:31:02

Or in this particular site, or somebody else. But it needs to be accessible by older data holders, so I think that's the other component I wanted to add to it today, is that whatever structure we end up with, an infrastructure.

[Hans Buitendijk] 15:31:16

Is that it needs to be accessible by all the data holders so that anybody can find out, at that point in time.

[Hans Buitendijk] 15:31:23

What are the consents that are applicable? Data moves, data changes, data's everywhere, um, and if we need to maintain consents in many different places.

[Hans Buitendijk] 15:31:34

And have to keep them up to date. It's going to be very hard for the patient and for the provider and everybody else to manage that. So, how can we at least logically get to that notion?

[Hans Buitendijk] 15:31:43

And then, what does that mean on what kind of standards, infrastructure, otherwise? At the core of it is the data model of What's a consent? How do we structure it?

[Hans Buitendijk] 15:31:50

But the other elements are going to be, where is it going to be kept in such a way that all the data holders can get access to it.

[Hans Buitendijk] 15:31:58

At any point in time, effectively, because any time the rules can change.

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

Thank you, Hans. I want to point out that Uh, Dave has also dropped a couple of things in the chat that people may want to take a look at, and as we talk about the component parts of consent.

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

Um, I think it's completely within scope for us to be thinking about, so what are at least some of the larger elements of that data model?

[Rim Cothren, CalHHS CDII] 15:32:23

Brian, your hand is up.

[Brian Thomas] 15:32:26

Yeah, as I listened to this conversation, it occurs to me that, you know, we've talked about patient matching in the past.

[Brian Thomas] 15:32:33

And I think that, you know, in whatever way we would optimize patient matching, I think Dave is sort of onto something, but I think in the centralized format that we've talked about many times.

[Brian Thomas] 15:32:43

It was never clear how matching was going to occur or where it was going to occur.

[Brian Thomas] 15:32:48

Um, so I think that, you know, looking at other models that optimize the matching is critical in our structure, we have a matching process.

[Brian Thomas] 15:32:58

But it's hard to imagine that we would do matching on our side, there wouldn't be other spaces in which matching would occur Especially if there was a centralized structure. So, just wanted to point that out, that that's a big component of

[Brian Thomas] 15:33:12

Whichever model you choose, it should optimize the matching criteria.

[Rim Cothren, CalHHS CDII] 15:33:17

Thank you for that, Brian. I just note for everyone that we have another series of TAC meetings on identity matching planned for later on in this year, so even if we don't completely solve Brian's question.

[Rim Cothren, CalHHS CDII] 15:33:30

Uh, during this series, I think we should make sure that we identify critical components of that that need to be addressed. So, thank you for making sure that we're thinking about that now, Brian, appreciate it.

[Rim Cothren, CalHHS CDII] 15:33:41

Katie!

[Kayte Fisher] 15:33:43

Um, thank you so much. Um, first, I have a question, and it's based on the number 2 question that you, um, wrote up.

[Kayte Fisher] 15:33:52

Which, all of these are really great, but... so when you say things like... or this last bit, should certain components be intentionally left out, e.g. Reproductive health.

[Kayte Fisher] 15:34:02

Um, like, with regard to that one specifically. Were you thinking to leave certain things out because they are automatically Consent is automatically going to be assumed that it's not given.

[Kayte Fisher] 15:34:16

For California's laws, you know, we have really strict laws regarding not sharing of reproductive health data.

[Kayte Fisher] 15:34:23

Were you thinking to leave those things out because... there are things that people wouldn't... either they're too difficult, or too... trick, like... I guess that's my question.

[Linette Scott] 15:34:34

Rim, do you want me to explain?

[Kayte Fisher] 15:34:35

Why would we leave those out?

[Rim Cothren, CalHHS CDII] 15:34:36

Yeah. Yeah.

[Linette Scott] 15:34:39

So, so, um... Well, not Scott, um, I can... I can give you some of the justification as to what we've been thinking so far.

[Kayte Fisher] 15:34:47

Sure.

[Linette Scott] 15:34:47

Um, part of our goal and our thought processes is to hit a consent form that kind of follows the 80-20 rule.

[Linette Scott] 15:34:56

Get most of it, not necessarily all of it. And recognizing that there's several categories of things like reproductive health.

[Kayte Fisher] 15:35:00

Okay.

[Linette Scott] 15:35:05

That is pretty specialized, very specific part of the population. Um, it has nuance.

[Linette Scott] 15:35:13

Um, and so trying to... I mean, if I'm using David's terminology of, like, data model, right?

[Linette Scott] 15:35:21

Was the data model that, again, hits the majority. Part to standard HIPAA stuff, things that absolutely need consent in California.

[Linette Scott] 15:35:30

That hits our high volume, uh, flow. Um, and so it's not that we're trying to ignore it, or we don't think it's important, or what have you.

[David McCann] 15:35:35

I'm upset.

[Linette Scott] 15:35:40

But just from this perspective of trying to get automated consent into the environment, um, we're not trying to solve everything.

[Linette Scott] 15:35:49

Um, maybe it comes into play later, or that type of thing. So that... that was the... the reason for framing this question.

[Kayte Fisher] 15:35:57

So the idea being that, like. Phase one, like, the first phase of this.

[Kayte Fisher] 15:36:03

To do exactly what you just said, kind of capture the 80, and Phase 2 could capture the last 20? Is... do I understand that?

[Linette Scott] 15:36:11

Right, right, because we're also thinking about it from the, um... the patient-member perspective, right?

[Kayte Fisher] 15:36:12

Oh, cool, okay.

[Linette Scott] 15:36:18

Um, one of the things we've been hearing is that folks are being presented with, like, 50 pages of consent forms, and that Kind of turns them off and makes them go sideways, right?

[Kayte Fisher] 15:36:18

Mm-hmm.

[Kayte Fisher] 15:36:25

Mm-hmm. Yep.

[Linette Scott] 15:36:28

So, we don't want to do something where we're collecting so much consent.

[Linette Scott] 15:36:34

Especially having pieces that fit a very sub... set of the population, that perhaps that just gets handled in that environment where that matters, as opposed to trying to tackle it across the board.

[Kayte Fisher] 15:36:40

Yeah.

[Linette Scott] 15:36:47

So that's the reasoning.

[Kayte Fisher] 15:36:47

Great. So, and these comments are gonna sound really basic compared to the incredibly technical and great comments the other commenters have had, but... Um, number one, I would suggest that along with without adding to the 50 pages, like you just said.

[Kayte Fisher] 15:37:10

Including a brief and very layperson language, um. Oriented, but notice to consume, you know, when you're filling out the consent, notice that there are certain things that you, um, that people are not going... that are going to be shared without their consent, whether or not

[Kayte Fisher] 15:37:29

They like it. Like, for example, um, you know, government-related public health research, um, that kind of thing. So including, um, just a brief, very layperson.

[Kayte Fisher] 15:37:41

Written notice that there are certain things you can consent or not to share, and some of your data is going to be shared without your consent, whether you like it or not.

[Kayte Fisher] 15:37:50

And then the second thing I would add is to, you know, and this is just my perspective as a health consumer.

[Kayte Fisher] 15:37:57

Um, most, if not all. Hipaa notices and notices of privacy practices, and consent forms that I've ever seen in a doctor's office are written at a very high literacy level. And I would really... and I think you guys have probably done a really great job. I haven't seen the Ask Me form, but my guess is it's probably...

[Kayte Fisher] 15:38:19

You know, the population that it's directed at is probably really taken into account, but I would really like to see as best as possible.

[Kayte Fisher] 15:38:27

To take... take it down to a... a lower level than you even think you need. Um... that... adding in, and I fully admit, I'm a lawyer, but taking all the... as much of the legalese as we can out of it, and really making it...

[Kayte Fisher] 15:38:46

Um, accessible and understandable by consumers. Um... And I, you know, I'll say, uh... you know, we talk about plain language a lot.

[Kayte Fisher] 15:38:56

Um, I have close family members who are, um, functionally illiterate. You know, they, they went through school, but didn't... are still maintain about a second grade reading level, and they're not alone. I think something close to 20% of adults in California are at about that literacy level. So.

[Kayte Fisher] 15:39:16

I would even say plain language. Minus, if we can get there. That's... that's just my comment.

[Rim Cothren, CalHHS CDII] 15:39:22

Thank you, Katie. Julie?

[Julie Silas] 15:39:25

So, kind of building off of what Katie said, whether it's centralized, distributive, I think we need to think about this as... There are people experiencing homelessness who move around a lot.

[Julie Silas] 15:39:38

And don't remember emails, don't remember passwords, and we need to be able to have a functionality that allows that so that the information that is stored is accurate and most up-to-date, and that's definitely not the way the system works now.

[Julie Silas] 15:39:54

Is that the managed care plan might have an address that's different than, um.

[Julie Silas] 15:39:59

Dhcs address, um, they might have... and so, like. Making sure that consent management has a... source of truth.

[Julie Silas] 15:40:10

That all parties who use it, whether it's central or distributive, can rely on it, and it is the most up-to-date, and it is the most consented to by the patient slash client slash individual. So just thinking about How healthcare works, which is a little different than homeless system works because of the transitory nature.

[Julie Silas] 15:40:33

Health and mental health issues that impact people's ability. Remember, they lost their house, they're living out of two bags.

[Julie Silas] 15:40:39

They may not have a computer to store their IDs, they may not have the paper.

[Julie Silas] 15:40:44

To be able to remember what their passwords are, or even have what their old address was. So, just holding all those things.

[Julie Silas] 15:40:51

Equally, when we're thinking about systems.

[Rim Cothren, CalHHS CDII] 15:40:55

Thank you, Julie. Jim?

[James Shalaby (Elimu Informatics, Gravity Project)] 15:41:00

Uh, thanks, Rim. Um, one thing I thought would be useful to also, you know, have somewhere on our... in our discussion.

[James Shalaby (Elimu Informatics, Gravity Project)] 15:41:08

Is the notion of consent, uh, reconciliation. Uh, because, you know, at some point, um.

[James Shalaby (Elimu Informatics, Gravity Project)] 15:41:15

There may be multiple versions of consent that have been collected, and in a federated system.

[James Shalaby (Elimu Informatics, Gravity Project)] 15:41:20

That's always been a challenge, even in the old paper world.

[James Shalaby (Elimu Informatics, Gravity Project)] 15:41:23

And so, identifying in the model Um, what does it really mean? What elements would participate in consent reconciliation?

[James Shalaby (Elimu Informatics, Gravity Project)] 15:41:31

Defining what concentric conciliation is so that So that the intent of the consent is respected by all parties when When there is a request to share data.

[Rim Cothren, CalHHS CDII] 15:41:43

Thank you. Adam, thanks for being patient.

[Adam Davis] 15:41:47

Oh, my pleasure. A couple thoughts that have been spurned by the people talking, and they're wonderfully thoughtful comments. One is, I want to make sure that we try to align natural efforts on consent with our state... with our state

[Adam Davis] 15:42:02

Efforts, um, the, you know, I... It's cool to be in a state that's trying to lead the way in this and other... interoperability issues.

[Adam Davis] 15:42:10

But, um, creating it on our own makes it very hard for our vendors.

[Adam Davis] 15:42:14

And so, makes it hard for us to implement. So just thinking about that, when we think about what standards have been used elsewhere, and what the natural... the natural direction of the standards, I think it'd be very helpful.

[Adam Davis] 15:42:28

I also think we need to think about, like, the minimally useful consent tool Um, to start, uh, consent, uh, even when we go through these conversations, you can hear about all the challenges that we're gonna cross in trying to roll out something that really is quite new, like.

[Adam Davis] 15:42:45

People have not figured out a way to do this at any scale, and doing this for... a state the size of California is going to be really challenging. So, um... you know, what would be better than current the current status, which is really... there's not a shareable consent model.

[Adam Davis] 15:43:02

Um, that would add... to not detract from the experience of providers and patients.

[Adam Davis] 15:43:10

Um, what is the minimal tool? Thank you.

[Rim Cothren, CalHHS CDII] 15:43:13

Thanks, Adam. I want to draw people's attention also. Derek has talked a little bit about architecture in chat. Rita has talked about a little bit about exceptions.

[Rim Cothren, CalHHS CDII] 15:43:23

And I see 5 hands up, and we have 7 minutes left on today's discussion here, so... You might take a look at what's in the chat, and if any of you dropped a message in the chat, you might want to

[Rim Cothren, CalHHS CDII] 15:43:36

Um, uh, surface it here verbally as well. Let's try to keep things short so that everybody gets a chance to talk, but, uh, Dave, you have your hand up. Thank you for being patient.

[David McCann] 15:43:48

You know, great discussion as we share thinking. So, first of all.

[David McCann] 15:43:52

They actually formed in its first element, is beautifully simple, and if you actually look at it.

[David McCann] 15:43:58

Actually only has about 17 data elements on a person. So it isn't the only complex.

[David McCann] 15:44:03

Now, what I would suggest to you as we think about it is.

[David McCann] 15:44:07

There's 700 DXS grantees. Building DXS capability right now.

[David McCann] 15:44:13

And I would suggest to you that as we build out program-specific referrals.

[David McCann] 15:44:19

Each program may require different data. And I think the fastest way to get early adoption is publish a simple data model.

[David McCann] 15:44:27

And software vendors are already making changes for DXF. United Way 211 is working with 11 software vendors.

[David McCann] 15:44:35

And we're making them change the data model. So, I think we should assume that the clever forum that you're even building today is educating software vendors.

[David McCann] 15:44:43

And if you publish a data model. Then let's get the top 50 software vendors just to adopt the data model. And then at the county level.

[David McCann] 15:44:52

We're framing that we're pioneering in Orange Riverside in Monterey. And we need the counties to collaborate.

[Rim Cothren, CalHHS CDII] 15:45:03

Thank you, Dave. Diane?

[Diane Dooley] 15:45:08

I appreciate you did the ASCME model when that came out. I thought that was a really effective, simple way to, uh, clarify consent.

[Diane Dooley] 15:45:18

However, I was discouraged when I realized that it had not been applied to adolescents, and in fact.

[Diane Dooley] 15:45:25

I think most of the data exchange has not included a... a framework regarding adolescents who have sensitive issues regarding consent and privacy.

[Diane Dooley] 15:45:35

That are not included in any of the models that I've seen for the data exchange to date.

[Diane Dooley] 15:45:40

And the idea of implementing an 80-20 program means you're going to leave out all pretty much all adolescents, because The sensitivity of what you can share with the adolescent and with the parent are not... really has to be billed through provider trust.

[Diane Dooley] 15:45:57

And by leaving out that group, you're going to leave out the entire complexity of that decision-making.

[Diane Dooley] 15:46:03

So, I think we should either develop an ASPE form that could be used for adolescents and their parents.

[Diane Dooley] 15:46:10

Or we should develop a separate component of this technical advisory committee, because When we went to the pediatricians to encourage them to participate at the data exchange, a pediatrician's practice could be 30-50% adolescents, and if they know that population is not included in the sharing of sensitive information.

[Diane Dooley] 15:46:32

In the legal and also pediatric, uh. Confidentiality guidelines, then... They're... they were reluctant to participate in the data exchange, because that meant a large part of their populations Um, sensitive information would be in an unclear status So, I just wanted to encourage us to think of adolescence as a very vulnerable population.

[Diane Dooley] 15:47:00

Then needs to have a special consideration.

[Rim Cothren, CalHHS CDII] 15:47:03

Great. Thank you, Diane. Shannon?

[Shannon Rohall, CDSS] 15:47:09

The exploratory comments from everybody. Um, I'm just gonna be, uh, somewhat pithy in response to item number two.

[Shannon Rohall, CDSS] 15:47:15

Um, I'm, uh, in favor of the idea of structuring consent solicitation around the use case. I think that that's a more appropriate model for the end user, generally speaking.

[Shannon Rohall, CDSS] 15:47:25

But also appreciate the fact that many, um, of the data exchange systems are not necessarily going to be able to package that information in an actionable sort of way, so to the extent that we could take and transfer that into a, um...

[Shannon Rohall, CDSS] 15:47:44

Data domain or legal framework. I think that would be optimal. And then, to the point that Diane made about, um.

[Shannon Rohall, CDSS] 15:47:50

I don't mean this pejoratively, but, like, niche needs. I do think there's an opportunity to contemplate perhaps, like, a decision tree such that if you kind of fall into a non, kind of, uh, majority, uh.

[Shannon Rohall, CDSS] 15:48:03

Population that you can still kind of apply that 80-20 model, but still apply those same consent questions that are really important for that, um, for that population.

[Shannon Rohall, CDSS] 15:48:13

So, thank you.

[Rim Cothren, CalHHS CDII] 15:48:14

Thank you, Shannon. Um, so Derek.

[Rim Cothren, CalHHS CDII] 15:48:20

You're up.

[Derek Plansky] 15:48:28

Sort of trying to unmute there. Um, lots of great discussion.

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

You are still... there we go.

[Derek Plansky] 15:48:33

Um, I, you know, in the interest of time here, I... there's so much density here. Is there any way that we could set up a... chat or Slack channel to continue these discussions beyond the time window here.

[Derek Plansky] 15:48:46

I'm sure it would be still visible, like, um... through, uh, CDII having the ability to publish those conversations and so forth, but Like, I'd love to weigh in on the technical piece, on the volume of data, in the actual form, the segmentation.

[Derek Plansky] 15:49:02

Um, but I won't for the interest of time, but just to continue this, is that a possibility that we could set up a channel, Slack or otherwise, to continue this?

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

So, Derek, I saw your suggestion about that, and we'll look into that.

[Derek Plansky] 15:49:15

Thank you.

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

Thanks. Robbie?

[Robby Franceschini] 15:49:18

Yeah, just, um, I think jumping off of a couple other comments, it would be interesting to know how maybe other states or state Medicaid programs have tackled some of these questions, like.

[Robby Franceschini] 15:49:30

Use case prioritization, phasing in of different use cases. Um, or programs into consent management platforms, or forms themselves, just thinking about, kind of, the... benefits and trade-offs of some of those approaches, I think, would be helpful in terms of, kind of, figuring out what's best for California, too.

[Rim Cothren, CalHHS CDII] 15:49:51

Thank you, Robbie. We have two hands up, we're going to bleed into public comment probably a little bit, so we'll do it after Daniel and Lynette. So, Daniel, you're up next.

[Daniel Wilson, CA Dept of Social Services] 15:50:02

Thank you, and I'll try to keep it brief, and I added, um.

[Daniel Wilson, CA Dept of Social Services] 15:50:07

Information to the chat, too, but just the importance of also considering the privacy and consent laws of other system partners.

[Daniel Wilson, CA Dept of Social Services] 15:50:14

And even building that logic into an automated system, so if I'm a user.

[Daniel Wilson, CA Dept of Social Services] 15:50:19

Of the automated system, I can understand, um, from a data providence perspective.

[Daniel Wilson, CA Dept of Social Services] 15:50:25

What is required, what type of consent is required. Um, for that individual. So, if it's a child who's over the age of 12, under the age of 12, can they consent? Can they not consent?

[Daniel Wilson, CA Dept of Social Services] 15:50:37

And specifically in, um, systems, social services systems that are serving children.

[Daniel Wilson, CA Dept of Social Services] 15:50:44

Or minors, um, and especially if they're in, um, foster care, consent in and of itself may not be sufficient.

[Daniel Wilson, CA Dept of Social Services] 15:50:52

Um, frequently and usually. Um, for, uh, information that is obtained from the child welfare case file, a court order is also required. And so making sure all of that information is built into the logic of the system.

[Daniel Wilson, CA Dept of Social Services] 15:51:05

So if I'm a case-carrying social worker in foster care, I'm having to multi... I'm having to navigate through the privacy laws of multiple systems because of the the needs that children and youth in foster care have, I'm responsible for making sure those needs are met, whether the needs are met through regional centers, managed care.

[Daniel Wilson, CA Dept of Social Services] 15:51:26

Behavioral health, education. And the child welfare system is uniquely situated where they're having to contend with a multitude of privacy laws from multiple systems, depending on where the data originates.

[Daniel Wilson, CA Dept of Social Services] 15:51:40

Um, and that's a really important piece to make sure gets built into that.

[Rim Cothren, CalHHS CDII] 15:51:46

Thank you, Daniel. Lynette?

[Linette Scott] 15:51:49

Just to, um... echo back some of the comments as we've been thinking about this.

[Linette Scott] 15:51:55

Um, with the Medi-Cal program, uh, addressing child, adolescent, dependent care, guardianship.

[Linette Scott] 15:52:03

Consent in that situation where somebody is providing consent for somebody else.

[Linette Scott] 15:52:09

Um, is a critical component. We, I mean, it's Medi-Cal, right? This is a common issue, so we definitely are looking forward to more in-depth conversation around that particular topic.

[Linette Scott] 15:52:18

The other piece that I was just gonna flag, um, people were talking about reconciling.

[Linette Scott] 15:52:23

Um, as we've been thinking about this issue of how do you reconcile different consents, admittedly.

[Linette Scott] 15:52:28

The idea that I wanted to throw out and would love people's reaction is we have this conversation over time.

[Linette Scott] 15:52:34

We've thought just most recent. People can change their consent and what they want consented at any point in time.

[Linette Scott] 15:52:41

So as opposed to trying to reconcile the idea of the most recent is the one that's valid.

[Linette Scott] 15:52:47

Um, uh, so... so just throwing that idea out as well. But really appreciate everybody's thoughts, considerations. This is going to be a great group.

[Linette Scott] 15:52:54

Thank you so much.

[Rim Cothren, CalHHS CDII] 15:52:56

Thank you, Lynette. Well, this has been a great piece of conversation. Let's... turn to public comment. Alice, if you want to bring the slides back up, and... lead us on into public comment, please.

[Alice K - Events] 15:53:11

Absolutely, thank you, Rem.

[Alice K - Events] 15:53:18

Participants may submit written comments and questions through the Zoom Q&A box. All comments will be recorded and reviewed by CDI staff.

[Alice K - Events] 15:53:26

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

[Alice K - Events] 15:53:33

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 9 to raise your hand.

[Alice K - Events] 15:53:43

And listen for your number to be called. All individuals will be given 2 minutes. Please state your name and organizational affiliation when you begin.

[Alice K - Events] 15:53:54

And at this time, I do not see any hands raised from the public.

[Rim Cothren, CalHHS CDII] 15:53:59

Thank you, Alice. We'll give people, uh... few minutes to get their hands raised. We'll just point, uh, members of the panel to the Q&A, there are a couple of items there in Q&A.

[Rim Cothren, CalHHS CDII] 15:54:14

Alice, do we have any hands raised? Okay, Adam, if you can keep things brief, since this is the public comment period, but feel free to go ahead and make a comment while we're waiting for hands.

[Alice K - Events] 15:54:17

None from the public at this time.

[Adam Davis] 15:54:26

Thank you. One thing that might be helpful for this committee is to have a presentation that backgrounds us on the different consent standardizations and dissent consent models that have been used.

[Adam Davis] 15:54:37

Uh, and other places in the country, so that we can understand some... like, get everybody on the same baseline of the technical feasibility of various of various consent models.

[Adam Davis] 15:54:47

Apparently.

[Rim Cothren, CalHHS CDII] 15:54:48

Thank you for that. Suggestion, Adam. Alice, do we have any other hands up?

[Alice K - Events] 15:54:55

There are no hands raised at this time.

[Rim Cothren, CalHHS CDII] 15:55:03

Well, if there aren't any... Okay.

[Alice K - Events] 15:55:04

And it... we just got one.

[Lucy Johns] 15:55:12

Thank you, can you hear me? Yeah, thank you, Rim, and everyone on this, uh, everyone in this group. I just want to emphasize that if this were a simple problem, we would have solved it a long time ago.

[Rim Cothren, CalHHS CDII] 15:55:14

Yes, we can. Thank you, Lucy.

[Lucy Johns] 15:55:25

We've been talking about this my entire career, and probably careers of many on this call. So, I'm wondering if Manat or state staff could do a one-pager, what are the barriers to solving this problem?

[Lucy Johns] 15:55:43

Maybe that would help to organize the conversation. If we know what the barriers are and we go through them one by one.

[Lucy Johns] 15:55:51

Can we fix this in a way that works for all that are represented here, and many who are not.

[Lucy Johns] 15:55:59

Thank you.

[Rim Cothren, CalHHS CDII] 15:56:00

Thank you, Lucy. Um... I think there are a lot of summary materials that we might be able to Um, you know, maybe with the help of some of you, uh, bring together one of the read-a-heads was the Sequoia Pick

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

A paper that's kind of an environmental scan. I don't know to what extent it got to problems.

[Rim Cothren, CalHHS CDII] 15:56:21

And Adam, to your question, I don't know what... to what extent it really describes models that we might be able to apply.

[Rim Cothren, CalHHS CDII] 15:56:27

But if people have suggestions for other types of summaries like that.

[Rim Cothren, CalHHS CDII] 15:56:32

That are already out there, please let us know.

[Rim Cothren, CalHHS CDII] 15:56:38

So, Alice, do we have any other hands raised? All right, well, let's go on to the next slide then, please.

[Alice K - Events] 15:56:41

No other hands raised

[Rim Cothren, CalHHS CDII] 15:56:46

Just real quickly, so what are our next steps here? So, first of all, we'll be posting meeting materials and recording to the DXF webpage. That includes all of the comments that have been in chat and in Q&A.

[Rim Cothren, CalHHS CDII] 15:56:58

So you'll be able to see, um, everything that was put into the chat and anything that the public put into the Q&A session.

[Rim Cothren, CalHHS CDII] 15:57:06

Um, that'll be posted in the next few days. We'll also be sharing pre-read materials for our next meeting.

[Rim Cothren, CalHHS CDII] 15:57:13

Um, and part of the pre-read materials will be, uh, the slide deck for our next meeting. It will have fewer slides in it, but in particular, especially for you that are new to the tech.

[Rim Cothren, CalHHS CDII] 15:57:24

Please take a look in advance. There will be a slide or two on what we heard today, and I would really encourage people to review that.

[Rim Cothren, CalHHS CDII] 15:57:32

Think on that, and in our next meeting, we'll start off with an opportunity to correct things we heard wrong.

[Rim Cothren, CalHHS CDII] 15:57:40

Or add to important things that we missed in that summary.

[Rim Cothren, CalHHS CDII] 15:57:43

What we ask of you, then, is to review and familiarize yourself a little bit with the Ask Me model.

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

Um, that we talked about a little bit today, and to take a look at any of the pre-reads that we send out, um, in between our meetings here.

[Rim Cothren, CalHHS CDII] 15:57:58

And just be prepared to come and do what you did today. This was a great discussion. It was great to see so many individuals of the panel engaged.

[Rim Cothren, CalHHS CDII] 15:58:07

And I look forward to our next meeting as well. Is there any... and yes, I'm sorry, our next meeting, uh, is two weeks from today. All of our meetings will be on Thursdays at noon Pacific time, and we will see you all in a couple of weeks.

[Rim Cothren, CalHHS CDII] 15:58:22

Thank you very much, and appreciate everybody's participation today.