

**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, June 26, 2025)**

The following text is a transcript of the June 26, 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 Keane] 15:01:01

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

[Alice Keane] 15:01:06

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

[Alice Keane] 15:01:13

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

[Alice Keane] 15:01:17

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

[Alice Keane] 15:01:21

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

[Alice Keane] 15:01:27

And with that, I'd like to introduce Rim Catherine.

[Rim Cothren, CalHHS CDII] 15:01:32

Thank you, Alice, and welcome, everybody, to this, our third meeting of the Social Services Skills.

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

Sorry. Our consent management focus group, you can tell that we've got a lot going on here, and I can't even.

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

Remember what meeting we're in today. Um, thank you for bringing the slides up. Um....

[Rim Cothren, CalHHS CDII] 15:01:52

I do encourage everybody to keep your cameras on, that we've had a lively discussion here in the past. We've also got about a couple of dozen people from the public that are joining us for today's meeting, and that helps everybody have a good discussion.

[Rim Cothren, CalHHS CDII] 15:02:05

And, uh, to see each other's faces, uh, and to engage with the public.

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

Let's go on to our next slide here. We always open up all of our meetings with our vision.

[Rim Cothren, CalHHS CDII] 15:02:16

For the data exchange framework, and consent is an important part of establishing trust.

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

With, uh, the individuals whose data we are sharing and whose, um.

[Rim Cothren, CalHHS CDII] 15:02:29

Care we're delivering, so this is an important topic for us.

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

Let's go on to the next slide, just very briefly. The agenda. We'll start off with the welcome. Well, that's where we're doing... what we're doing now in roll call.

[Rim Cothren, CalHHS CDII] 15:02:41

We'll talk a little bit about what we heard in our last meeting. We open all of our meetings up that way, uh, gives you a chance to correct anything that, uh, we may have.

[Rim Cothren, CalHHS CDII] 15:02:51

Missed or gotten wrong there. Uh, and then we'll spend most of our meeting today talking about, uh, the next step we should be taking in the design for consent management model, really a carry-on from our last discussion. We'll pause.

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

About 10 minutes before the hour to make room for public comment. The public has been very engaged with these meetings, and so it gives them an opportunity to.

[Rim Cothren, CalHHS CDII] 15:03:14

To be heard, uh, and then we'll close out with a very brief next steps and any closing remarks.

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

Let's go on to the next slide. We don't normally call roll here.

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

Um, but this is just a reminder to all of you in who is attending these meetings.

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

Um, Jessica, I believe this is your first meeting with the tech. You want to take yourself off mute?

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

Wave at everybody, tell us who you are, what organization you're with, and why you're here today.

[Jessica Rougeux] 15:03:43

Absolutely. Good afternoon. My name is Jessica Rougeau. I'm the Branch Chief of the Child Welfare System Branch.

[Jessica Rougeux] 15:03:49

At the Department of Social Services. We oversee, uh, the....

[Jessica Rougeux] 15:03:55

Current child welfare Information System, CWSCMS. Some supplemental systems and the development of the state's new child welfare information system that we'll be launching next fall.

[Jessica Rougeux] 15:04:05

Um, I'm here just participating both on behalf of the project and as a participant from.

[Jessica Rougeux] 15:04:10

The Children and Family Services Division, um, helping to represent the data interests, kind of, of the children and youth we serve.

[Jessica Rougeux] 15:04:18

Thank you.

[Rim Cothren, CalHHS CDII] 15:04:19

Thank you for joining us today, Jessica. Um, I don't believe we have any other new members today that haven't attended in the past. Have I missed anybody?

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

Cool, let's go on to the next slide, please. Just a little bit of housekeeping here. Uh, we will be pausing for public comment, as I said, about 10 minutes before the hour, allowing members of the public to make statements.

[Rim Cothren, CalHHS CDII] 15:04:45

Uh, we'll have more instructions about how to do that when that time arises.

[Rim Cothren, CalHHS CDII] 15:04:50

Um, uh, as, uh, Alice has already said, we encourage our panel members here to not use the chat. If you do use the chat, please make sure that you select.

[Rim Cothren, CalHHS CDII] 15:05:02

Everyone, so members of the public, can see that. Members of the public also have access to the Q&A feature in Zoom, and may put.

[Rim Cothren, CalHHS CDII] 15:05:11

Comments or questions in the Q&A. If members of the. Heck, uh, wish to take a look at what's there, feel free to, if you think that there are good points that.

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

Um, prompt thoughts of your own, feel free to bring them, uh, up if you like.

[Rim Cothren, CalHHS CDII] 15:05:29

Um, let's go on to the next slide, please. This is just a reminder of why we're here.

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

Uh, and that is to develop recommendations for coordinating collection, sharing.

[Rim Cothren, CalHHS CDII] 15:05:38

And use of individuals' consent, ensuring it is applied consistently when exchanging.

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

Health and social services information under the DXF. As we said before, there is also an effort within DHCS.

[Rim Cothren, CalHHS CDII] 15:05:53

Or using a unified consent, ask me, and a mechanism for sharing that that will be an existing component.

[Rim Cothren, CalHHS CDII] 15:06:02

Of, uh, the environment in California, but we are focused here on DXF that may reach beyond that.

[Rim Cothren, CalHHS CDII] 15:06:09

Let's go on to the next slide, please. And finally, I'm going to pause here in talking. This is a very brief summary of a very big discussion that we had.

[Rim Cothren, CalHHS CDII] 15:06:19

Last week, uh, two weeks ago. Um, I'm not gonna read this to folks, but you're encouraged to take a look if you think that we recorded anything wrong. We didn't get everything that everybody said during the meeting here on this slide, but if you think that there is an important point.

[Rim Cothren, CalHHS CDII] 15:06:35

That we missed here that you want to bring it up, please, please do so.

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

Yes, David.

[David McCann] 15:06:44

Love these sessions. Um, as I read the material, a lot of good observations here.

[David McCann] 15:06:50

I think on Bullet 2. Um, I actually raised the....

[David McCann] 15:06:55

Alternatives of policy that I don't believe at a single location.

[David McCann] 15:07:00

Is required. I don't think individuals need it. And I think, given that we have 50 currencies.

[David McCann] 15:07:06

Hundreds of programs in every county. You know, it was my push that....

[David McCann] 15:07:12

Consent by an individual for sharing data. Is going to reside in multiple places.

[David McCann] 15:07:18

I'm not convinced that the individual needs it to be in a single location.

[David McCann] 15:07:22

Um, and so I don't know that that's the tenant that we would adopt. I think there are opinions in this group that there should be a single location.

[David McCann] 15:07:30

But I don't think this is accepted wisdom that that. In fact, I would say we're going to operate for years, where consent will not be in a single location.

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

And I think that's a good point, David. So, thanks for, um, surfacing that.

[Rim Cothren, CalHHS CDII] 15:07:45

Uh, we did hear that at the meeting. I don't know that we reached consensus on it. And just to be clear, what I think we heard was not that there is a single place for consent to reside.

[David McCann] 15:07:47

Yeah.

[Rim Cothren, CalHHS CDII] 15:07:56

But that an individual needs a single place where they deal with their own consent.

[Rim Cothren, CalHHS CDII] 15:08:00

Um, and that may be a small difference, and may still be something that you disagree with, but at least that's what we heard. And so we wanted to get that on the record. Hans, I see your hand up.

[Hans Buitendijk] 15:08:11

Yeah, thank you, Rim, and I wanted to confirm that, uh, interpretation, that it's the notion of a patient somehow having the ability to have.

[Hans Buitendijk] 15:08:20

Access and management opportunity of their consents. Holistically. Uh, if that means that there is... are ways to gather that from multiple places.

[Hans Buitendijk] 15:08:31

Otherwise, to ensure that it's consistent, and otherwise, that's an important point, whether that needs a single location, we can debate over time and see how it works out.

[Hans Buitendijk] 15:08:40

But it's a holistic notion of patient-centered, I would like to see wherever I go.

[Hans Buitendijk] 15:08:47

What my concerns are, and that I can manage them in a non-conflicting way.

[Rim Cothren, CalHHS CDII] 15:08:52

Thanks, Hans. Jim, I saw your hand up, and then it come back down.

[James Shalaby] 15:08:56

Oh, uh, Hans said everything I wanted to say. So, thank you.

[Rim Cothren, CalHHS CDII] 15:09:01

You bet. Any other thoughts? Anything else that people think that we may have missed, or things that might not be clear in the notes that we put here?

[Rim Cothren, CalHHS CDII] 15:09:13

Yes, Eric?

[Eric Jahn] 15:09:14

Uh, thank you, Rim. Just adding to the points on the... on bullet point 2, I think I added the notion that individuals need.

[Eric Jahn] 15:09:23

The centralized location, or not centralized, a, uh, a location. Or one or more of these that would constitute a personal data locker. A place to collect the consents.

[Eric Jahn] 15:09:34

That they've granted. And then, with URLs within that, so that they can revoke those if they want. In other words, a personal.

[Eric Jahn] 15:09:44

Almost a data locker, a dashboard, or someplace that they could, um....

[Eric Jahn] 15:09:50

Access or keep track of what they've consented in many of the places that they've stored their consent. In other words.

[Eric Jahn] 15:09:56

The opposite of a single location to manage their consent, but almost like a personal list.

[Eric Jahn] 15:10:02

Of the consents that they've already granted so that they can, um, undo those or augment them moving forward.

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

Thank you. Shannon, I saw your hand up and come back down.

[Shannon Rohall] 15:10:17

Apologies if I am saying anything in duplication, uh, to what we have in the bullets here.

[Shannon Rohall] 15:10:22

Um, but one of the things that we had also discussed is an acknowledgement that.

[Shannon Rohall] 15:10:28

Um, there could be a wide variety of reasons for a person to consent to having their data shared, and that that should be, I guess, bifurcated by purpose.

[Shannon Rohall] 15:10:39

Um, and also acknowledging a need to have that consent living independently within those different systems, and while, yes, it could potentially collate up into a single system.

[Shannon Rohall] 15:10:49

Um, just kind of appreciating, uh, the.... Need for, um, an easy way, uh, to, uh, uh, provide consent and also remove consent.

[Shannon Rohall] 15:11:00

For a specific use case

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

And I want to drill into that just a little bit. I know that we're....

[Rim Cothren, CalHHS CDII] 15:11:06

Rehashing last meeting, but I want to make sure that I understand your point. When you say for a purpose, are you talking about.

[Rim Cothren, CalHHS CDII] 15:11:13

A purpose for use, the way we usually think about that? Are you thinking about a data type? Are you thinking about a sharing partner?

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

All of those things.

[Shannon Rohall] 15:11:19

Yeah, all those things. I think that could be all those things. I think, um, I think that we should be kind of mindful of the moment that we're in, um, with, um, how data has been used, uh, differently, um, as to how it's been used historically, and that may create additional sensitivities for individuals to think about.

[Shannon Rohall] 15:11:37

What type of data they'd wish to be shared, and with whom they wish it to be shared.

[Shannon Rohall] 15:11:42

It's about....

[Rim Cothren, CalHHS CDII] 15:11:44

Thank you. Jeff?

[Jeff Jarrett] 15:11:46

Uh, one of the things, I can't remember who the few folks are that mentioned it, but I've heard of it several times, and I thought, I don't know if it needs to be.

[Jeff Jarrett] 15:11:52

Noted on these notes, but, um, we've heard. A few folks bring up the idea of, you know, is there... are there other states or models out there or best practices going on in this area, uh, that we should be looking at?

[Jeff Jarrett] 15:12:03

And potentially leveraging, or at least. Being mindful of as we... as we go down this path to....

[Jeff Jarrett] 15:12:09

You know, develop what the system in California is going to look like.

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

Thanks, Jeff. I think, like you, um, I think I've heard that as well. If anyone does have examples that you think would be useful, maybe you drop them in the chat, or drop us an email or something like that.

[Rim Cothren, CalHHS CDII] 15:12:28

Um, just to make sure that we don't miss any good working examples out there.

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

Anything else on this slide?

[Rim Cothren, CalHHS CDII] 15:12:40

Yes, Elena.

[Alana Kalinowski, she/they, CIE/211 SD] 15:12:41

Yeah, I guess kind of just to Shannon's point, I think part of the use case, too, that....

[Alana Kalinowski, she/they, CIE/211 SD] 15:12:46

We have found really important from an implementation lens. Is that, you know, I think a lot of times consent models.

[Alana Kalinowski, she/they, CIE/211 SD] 15:12:53

So delineate between healthcare and social care in a way that isn't actually meaningful.

[Alana Kalinowski, she/they, CIE/211 SD] 15:12:58

Um, and so I think, um. Part of why the power of being oriented around for purpose and use is that data can be collected in any of those spaces, and the source.

[Alana Kalinowski, she/they, CIE/211 SD] 15:13:09

Does matter from a legal perspective, a lot of times when and how data can be shared.

[Alana Kalinowski, she/they, CIE/211 SD] 15:13:14

Um, but it is really, like. What's being shared, and for whom that actually.

[Alana Kalinowski, she/they, CIE/211 SD] 15:13:22

Matters more often in implementation than actually where it came from, or what kind of release, or ROI, or consent form was captured, and by whom. And so I think, like, that....

[Alana Kalinowski, she/they, CIE/211 SD] 15:13:31

That, um, uh, just that being baked in, that this, like, kind of healthcare versus not healthcare is not a helpful, I think, always, framework for thinking about types of consent.

[Alana Kalinowski, she/they, CIE/211 SD] 15:13:44

Even if there is legal implications from, like, what type of form you need, but you know what I mean, from a use case perspective.

[Rim Cothren, CalHHS CDII] 15:13:50

Yes, thank you. Thank you for that. Jim?

[James Shalaby] 15:13:54

Um, one other thing that I thought might be worth, you know, mentioning is, uh.

[James Shalaby] 15:13:58

Is really cons... um.... Transparency of consent dependency, and.

[James Shalaby] 15:14:03

What I mean by that is that, um. To... to a individual.

[James Shalaby] 15:14:09

They, uh, it may be very helpful to understand. Not only, you know, um, who have I given consent to.

[James Shalaby] 15:14:16

But if I revoke consent for this one agency or this one source.

[James Shalaby] 15:14:20

What else am I revoking? There... there may be cascading dependencies with other.

[James Shalaby] 15:14:26

That that consent, you know, covers other. So it's a very flat.

[James Shalaby] 15:14:29

It can be a bit misleading and dangerous for an individual.

[James Shalaby] 15:14:33

Because they may revoke a consent that inadvertently. A revoked consent to.

[James Shalaby] 15:14:38

Other agencies that they did want to have consent to. So, transparency of that, I think, might be something that's really useful.

[Rim Cothren, CalHHS CDII] 15:14:47

Thanks, Jim. Anything else?

[James Shalaby] 15:14:48

Sure.

[Rim Cothren, CalHHS CDII] 15:14:53

Let's go on to the next slide. You know, I... we had quite a bit of discussion, um, on that last slide about where we were last time, but.

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

I really wasn't terribly worried about that. What we wanted to talk about is to continue to further this idea of a model.

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

Uh, consent management model, and I think that. Talking about the experience and what it looks like to the.

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

To the patient, the individual, the client. Is an important component of that, that I don't know that you would see actually represented on this slide, but I think that that does speak to the model some.

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

What we did here in our last meeting is that we needed to.

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

Be incremental. And at least we posited some of the things that we might suggest we....

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

Take an incremental step on by defining, you know. Um, a program or a population, or a type of data, or a type of consent that we might want to take to.

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

Um, begin to build things out. Um, and so we're gonna pull down the slides. Catalina's gonna drop all of this in the chat so that you can reference at least what our thoughts are here.

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

But I'm really interested in hearing from you. Um, what steps should we be taking?

[Rim Cothren, CalHHS CDII] 15:16:11

And while you're giving a little bit of thought to that, I think I saw Lynette out there. Lynette, you want to just remind everybody, perhaps, in 30 seconds, what the.

[Rim Cothren, CalHHS CDII] 15:16:21

Population and data types are that are the focus for Ask Me.

[Rim Cothren, CalHHS CDII] 15:16:26

So that they have that in the context of what DHCS is already doing.

[Linette Scott] 15:16:31

I'm sure. So, I mean, in terms of thinking about initial areas of focus around consent.

[Linette Scott] 15:16:36

Um, uh, we're thinking in terms of our behavioral health population.

[Linette Scott] 15:16:42

Um, our population that, um. Has experiences with the justice system.

[Linette Scott] 15:16:47

And homelessness. So that kind of.... Triangle, so to speak, um, knowing that there's a lot of overlap for individuals across those three areas.

[Linette Scott] 15:16:56

Um, and those are areas that have particular need related to consent. So those are three... three populations of focus.

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

Great. Thank you. I'm sorry to put you on the spot like that, Lena, but....

[Rim Cothren, CalHHS CDII] 15:17:12

So what are people's thoughts? Is there a population, a type of data?

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

That ought to be a good starting point? Do you think that we should start with a simple case so that we get our feet wet, or should we start with a complex.

[Rim Cothren, CalHHS CDII] 15:17:27

Case to ensure we deal with all of the nuances? Where would we start?

[Rim Cothren, CalHHS CDII] 15:17:31

Thanks, Rita, for getting us started off.

[Rita Torkzadeh] 15:17:34

Sure, um, I'm going to resurface something that, um, I.... I think I mentioned last time in the call two weeks ago.

[Rita Torkzadeh] 15:17:42

Um, I asked a question about, um, that was really kind of from the context of provenance, as to, like, where.

[Rita Torkzadeh] 15:17:48

Um, do these, um.... Needs... the needs for consent originate? And I know we're focused on the programs that... that were just mentioned, like behavioral health.

[Rita Torkzadeh] 15:17:58

Um, but how do the individuals that get into those programs, where do they come from? Are they coming from the health system? Is that where the....

[Rita Torkzadeh] 15:18:05

Consent would be collected, or somewhere outside of that, so I'm not sure if the framing necessarily is just gonna be, like, around the programs that are... the questions that are being.

[Rita Torkzadeh] 15:18:16

Um, the focus of today's, um. Meeting, um, but I don't know if it makes sense to expand that beyond the....

[Rita Torkzadeh] 15:18:25

They like to ask me, um, or, or.... Okay, let's say you're focused on.

[Rita Torkzadeh] 15:18:35

So, I would include, like, other healthcare use cases that relate to, like, abortion data.

[Rita Torkzadeh] 15:18:41

You know, that we just heard about in the previous call with, like, the, you know, the.

[Rita Torkzadeh] 15:18:45

Connecting for Better Health group, because I think that's going to also be really relevant to some other things that.

[Rita Torkzadeh] 15:18:51

May also relate to the use cases being, um.... Presented, but it's much broader. That's... that actually encompasses both health and human services.

[Rita Torkzadeh] 15:19:11

Did you hear me? Oh, okay.

[James Shalaby] 15:19:12

Brilliant, I think you're on mute.

[Rim Cothren, CalHHS CDII] 15:19:13

So, I'm on mute, I'm calling on people here, and not hearing anything, so sorry about that. David, you have your hand up.

[Rita Torkzadeh] 15:19:17

All right.

[James Shalaby] 15:19:18

Yeah.

[David McCann] 15:19:21

I do. Um, so.... I think the good learning that we've already landed.

[David McCann] 15:19:28

Is that DXF called out a set of populations of focus.

[David McCann] 15:19:32

Which is good. And we have 740 grantees. Of whom United Way are nine.

[David McCann] 15:19:39

Um, that are all trying to innovate. And as we think about your thinking on the slide of the unhoused.

[David McCann] 15:19:48

Or people experiencing homelessness, um. Substance abuse cohort, the justice involved.

[David McCann] 15:19:53

I think DXS's workshop has also called out a focus on.

[David McCann] 15:19:57

Mothers with kids. And I would say that I believe the way we're going to see learnings.

[David McCann] 15:20:06

And propose that we agree is that. County by county, I think we're all building capability around.

[David McCann] 15:20:13

Populations of focus and cohorts. So, for example, United Way 211.

[David McCann] 15:20:17

We're already capturing consent for people experiencing homelessness, so that's a cohort.

[David McCann] 15:20:23

Associated to a state. Experiencing homelessness. I think we're going to see innovation in multiple counties on different populations, and I think mothers with kids.

[David McCann] 15:20:33

It's another one I'd be interested in the group thinking about, because Dr. Sophia Chang called that out as a population of focus, and there are several programs being rolled out in counties.

[David McCann] 15:20:44

We're a mother with kids are going to receive benefits with social care.

[David McCann] 15:20:47

And that's a... that's definitely a population focus. And then another one that we would offer up is people experiencing food insecurity.

[David McCann] 15:20:56

And food insecurity is a separate thing for which there are social benefits.

[David McCann] 15:21:01

I'm a person could be sharing data across their participation in multiple.

[David McCann] 15:21:06

Programs. So I think we're going to adopt. Innovation, county by county, and there'll be probably 4 or 5 in parallel.

[Rim Cothren, CalHHS CDII] 15:21:16

Thank you, David. Um, you brought up food insecurity. One of the things that I... and... and....

[Rim Cothren, CalHHS CDII] 15:21:23

Um, homelessness, I think. Both of those use cases are getting some attention.

[Rim Cothren, CalHHS CDII] 15:21:30

During the course of this year, um.... There are plans for a community or practice to look at addressing unhoused and.

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

Uh, there is a current design studio through Connecting for Better Health to look at medically tailored meals.

[Rim Cothren, CalHHS CDII] 15:21:46

And those aren't about consent per se, but some of the consent issues are going to be raised as we go through some of those use cases. So I think that it'd be good for both of those.

[Rim Cothren, CalHHS CDII] 15:21:57

To be thinking particularly about consent. And clearly, our high-priority use case is that some of our stakeholders have identified.

[Rim Cothren, CalHHS CDII] 15:22:07

Sorry for waxing on there, Adam, you've been patient.

[Adam Davis] 15:22:10

Oh, I appreciate it. Thank you, Rim. Um.... You know, my thoughts are that the... some of the use cases that are high priority are actually some of the hardest.

[Adam Davis] 15:22:19

Cases that we could do, so, you know, unhoused are hard even to do patient matching, let alone.

[Adam Davis] 15:22:27

Like, they're also often, um.... You know, have more challenges with access to....

[Adam Davis] 15:22:34

Technology tools and such. I actually might propose that we would start with abortion services. I think we are all, at least in the healthcare side, we're all dealing with AB352.

[Adam Davis] 15:22:45

And, um, and that law and its implications. So we're all sort of getting our feet wet in.

[Adam Davis] 15:22:50

The segmentation of that data. I think the other thing we're going to have trouble with in some of the other spaces is that.

[Adam Davis] 15:22:57

The data's not segmentable. Yet, um, in ABV.

[Adam Davis] 15:23:01

In abortion services, we're starting to develop some national guidelines on what, you know, on the discrete data for that and value sets. So, I....

[Adam Davis] 15:23:11

You know, I mean, if we're gonna pick a lane, I think that AB352 might align with work's being done for other efforts.

[Adam Davis] 15:23:19

It's a little bit, I think, easier. Than some of, you know, some of the very challenging populations, especially when you're talking about.

[Adam Davis] 15:23:27

Consent in adolescence, where you have more parties involved, because it's the....

[Adam Davis] 15:23:34

Parents, the child, and.... The provider wears for, you know, obviously.

[Adam Davis] 15:23:39

Adolescent kind of abortions as well, but, like, in abortion services, it's a little bit more simple, what we're trying to do. Anyhow, that would be my recommendation, because again, I'm really focused on, can we get something.

[Adam Davis] 15:23:50

That has utility, because I think this is a really hard project that we're trying to get into with, um, somewhat limited resources, uh, from.

[Adam Davis] 15:23:58

Um, from.... From the state.

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

Well, thank you, Adam, and I... I wanna... I wanna try to lift that up a little bit. You were very specific about looking at abortion services, but if I were trying to think of, you know, the principles that you might suggest is that we look for something that is.

[Rim Cothren, CalHHS CDII] 15:24:17

Relatively uncomplicated. Technically, maybe? I don't know if that's the right word, where we're....

[Rim Cothren, CalHHS CDII] 15:24:25

Ex... where we're making progress in segmentation. And that is an example of one.

[Adam Davis] 15:24:28

Yeah, where we already have... I mean.... Yeah, so there's not many areas where there are national.

[Adam Davis] 15:24:36

Value sets intended to, uh, intended to be used for segmentation purposes. Uh, I mean, it happened to be in....

[Adam Davis] 15:24:43

Right now, you know, there's been ones developed in abortion services. I think the ones in gender-affirming.

[Adam Davis] 15:24:49

Care, and.... More general reproductive care, contraceptive services, they exist for a little bit less mature, but the abortion service is one that had been developed.

[Adam Davis] 15:24:59

In response to AB352, are thought to be pretty good.

[Rim Cothren, CalHHS CDII] 15:25:04

Alright, thank you, Adam. I just want to point people out to a couple of comments that we've gotten from the public also, just pointing out that the AB352 design.

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

Studio has just finished up their work, and so there is... there are some materials that are coming out of that that will be published.

[Rim Cothren, CalHHS CDII] 15:25:18

By connecting for better health, but also there is a comment here about, let's make sure that we don't create silos, and we are working in an org... an industry that often silos information and solutions, and so.

[Rim Cothren, CalHHS CDII] 15:25:32

While we brought out here are their populations data, et cetera.

[Rim Cothren, CalHHS CDII] 15:25:36

Let's... let's bear in mind that the answer to that might be no, because we need to, uh.

[Rim Cothren, CalHHS CDII] 15:25:42

Deal with... we need to not create worse silos, or.... Restrict, uh, equitable access. So, some things to think about.

[Rim Cothren, CalHHS CDII] 15:25:52

Uh, Elena, you have your hand up.

[Alana Kalinowski, she/they, CIE/211 SD] 15:25:54

Yeah, I kind of also to secondhandle a little bit, I think....

[Alana Kalinowski, she/they, CIE/211 SD] 15:25:58

Um, you know, like, with homelessness. There is already a lot of, like, consent in place with HMIS and technology, and the data is, you know, kind of structured, so, like, but I think, like.

[Alana Kalinowski, she/they, CIE/211 SD] 15:26:10

There's, um... so if we... if there's a path to go down of, like, building off of that, and being able to have, um, you know, consent.

[Alana Kalinowski, she/they, CIE/211 SD] 15:26:19

That is for, um, you know, the... expands on that with specific users and specific use cases for access.

[Alana Kalinowski, she/they, CIE/211 SD] 15:26:27

That can help define some of the.... You know, kind of use cases that Shannon was talking about, and it be encompassing other populations, like children, you know, like other.

[Alana Kalinowski, she/they, CIE/211 SD] 15:26:37

Other ones included. There's something that could go off of that, or I think to Adam's point, like.

[Alana Kalinowski, she/they, CIE/211 SD] 15:26:44

Going somewhere else that doesn't already have as much.... Um, fleshed out, like an HMIS framework, um, with consent.

[Alana Kalinowski, she/they, CIE/211 SD] 15:26:52

Could also happen, but I'll just, you know, kind of note that.

[Alana Kalinowski, she/they, CIE/211 SD] 15:26:56

There's a lot of, um, uh, data that also has to cross between both healthcare and social care.

[Alana Kalinowski, she/they, CIE/211 SD] 15:27:03

Uh, and for access purposes, you do often need to be able to identify and disclose really specific social data.

[Alana Kalinowski, she/they, CIE/211 SD] 15:27:09

Um, and healthcare, health condition need data for access within homelessness. So homelessness does also.

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

Present, I think, sometimes a helpful. Use case in that respect.

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

Thank you, Elena. Um.... I want to call attention just real quickly to a couple of comments in, um.

[Rim Cothren, CalHHS CDII] 15:27:29

The chat, again, I really would encourage people to raise their hand and make their comments out loud so that we bring them out to everybody's attention. I don't do a great job watching the chat.

[Rim Cothren, CalHHS CDII] 15:27:38

Uh, but, um, some of the suggestions have been to look at FERPA minors and SUD and.

[Rim Cothren, CalHHS CDII] 15:27:46

In particular, FERPA and minors are probably very complex, at least regulatory, uh, situations, and I would be interested in people's thoughts about going there.

[Rim Cothren, CalHHS CDII] 15:27:57

As opposed to, perhaps, some. Slightly simpler, uh, populations that are some of the ones we've been talking about.

[Rim Cothren, CalHHS CDII] 15:28:05

Adam, I see your hand still up. Is that a holdover, or did you have a follow-up? Thanks, Jeff?

[Jeff Jarrett] 15:28:12

Uh, sure. One thing I, uh, a group that I think the solution, whatever that ends up being, needs to account for is.

[Jeff Jarrett] 15:28:19

Elder populations, and obviously the elder populations. You know, are existent with a.

[Jeff Jarrett] 15:28:24

A ton of different subcategories, some maybe we've talked about, some I haven't, and they definitely have a different way where they.

[Jeff Jarrett] 15:28:31

You know, they use or not use technology and whatnot, so....

[Jeff Jarrett] 15:28:37

Um, and I don't know if they were a good candidate as a whole to.

[Jeff Jarrett] 15:28:41

Um, to kind of start with first, but I think, you know, perhaps there's some subcategories within that, um, that we could look at.

[Rim Cothren, CalHHS CDII] 15:28:49

Um, thanks for that, and I'm kind of wondering to what extent.

[Rim Cothren, CalHHS CDII] 15:28:53

We would focus there, or remember.... The, um, characteristics of that population in other solutions, I don't know which way would be the better way to go.

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

But at least something to think about. A lot of our conversation here has been about.

[Rim Cothren, CalHHS CDII] 15:29:11

Populations. Adam brought up a particular data type or type of service.

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

Um, I'd like to think a little bit more about the data, and Elena, you were kind of getting in there when you were talking about exchanging health and social services.

[Rim Cothren, CalHHS CDII] 15:29:26

Data for an unhoused population, or serving an unhoused population. Are there special data types that we should be thinking about here? Is that the right type of focus to take an incremental step?

[Rim Cothren, CalHHS CDII] 15:29:39

Can I see your hand up? Yes, just fine.

[Ken Riomales] 15:29:42

Yeah, can you guys hear me okay? Yes, thank you very much. So, I want to caution, in focusing exclusively on data sets or structured data when it comes to.

[Ken Riomales] 15:29:54

Applying consent to certain, um, categories and whatnot. Um, speaking from the behavioral health.

[Ken Riomales] 15:29:59

Perspective, is very heavily narrative-based. So, it's not uncommon to have a client or a patient.

[Ken Riomales] 15:30:05

Talk to a therapist, maybe being seen initially for depression. Only to discover that depression stems from an abortion that person had a year before, right?

[Ken Riomales] 15:30:14

That's not... that might not necessarily be documented as structured data, but will go in as the narrative.

[Ken Riomales] 15:30:19

So how would you structure, or how would you filter, or flag data that's exclusively within a consult, no progress node, or whatnot?

[Ken Riomales] 15:30:27

So, not to say that approaching structured data is wrong, but we need to look a little bit more holistically, because that's not going to be the be-all end-all in terms of where data is captured. And that's just a small example. I mean, there's....

[Ken Riomales] 15:30:41

Various use cases for that, as far as information almost exclusively being captured.

[Ken Riomales] 15:30:46

Uh, within notes in the behavioral health space.

[Rim Cothren, CalHHS CDII] 15:30:49

So, um, I... I want to drill in on that a little bit, so....

[Rim Cothren, CalHHS CDII] 15:30:54

There are two ways, for instance, to think about Adam's comments, that we're talking about a particular type of data, or we're talking about a.

[Rim Cothren, CalHHS CDII] 15:31:01

Particular type of service, and therefore maybe a use case. Certainly, Elena, I would say that you're talking about.

[Rim Cothren, CalHHS CDII] 15:31:09

I've said it as a population, but maybe it's a use case or a particular type of service trying to deliver housing services.

[Rim Cothren, CalHHS CDII] 15:31:19

Ken, I think what I'd ask you, then, if we don't....

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

Focus on data types, what would we focus on? A particular type of service?

[Rim Cothren, CalHHS CDII] 15:31:30

A particular category of.... Um, exchange partners?

[Rim Cothren, CalHHS CDII] 15:31:37

Where would you suggest we focus instead?

[Ken Riomales] 15:31:39

Yeah, I don't know if I have the right answer for that right now. I think it does require additional dialogue.

[Ken Riomales] 15:31:45

What I can say in a lot of organizations have taken in a conservative approach when it comes to that kind of data segmentation and filtering.

[Ken Riomales] 15:31:53

So, the presence of any such data included within the record will be automatically restricted, regardless of where it's placed in the record, right? There's no guarantee, or there's no....

[Ken Riomales] 15:32:03

Um, there's no... there's not a strong confidence that they can guarantee that it's always going to be under the diagnosis field, or it's always going to be....

[Ken Riomales] 15:32:11

You know, the medications or whatnot associated for that given client, and because of that risk.

[Ken Riomales] 15:32:15

It's... they're taking a lot of organizations are taking a blanket approach and saying, well, if there's any risk of any such data.

[Ken Riomales] 15:32:22

Reproductive or whatnot present, and again, using that as the example here, but it can be applied to any kind of data source.

[Ken Riomales] 15:32:29

The action is going to be restricted all. And you don't want to risk inadvertently sending it out, so... And this is... and I believe, and I can't remember exactly which meeting was discussed, uh, C4BH did touch on it as well.

[Ken Riomales] 15:32:41

It's a common approach, unfortunately. So, the segmentation component is a very....

[Rim Cothren, CalHHS CDII] 15:32:44

Mm-hmm.

[Ken Riomales] 15:32:47

Complicated, multifaceted use case to try to address. I don't know if there's a one solution that can fit that.

[Ken Riomales] 15:32:54

Um, what I do know is the segmentation aspect is... is....

[Ken Riomales] 15:32:57

Fairly complex from a technical standpoint. Correlating siloed or segmented consent to the actual data in which it's going to govern.

[Ken Riomales] 15:33:05

Uh, that's... that's a paradigm that's not readily available right now in EHR systems, and does require a little bit more of a deep dive in the technical side.

[Rim Cothren, CalHHS CDII] 15:33:13

Great. Thank you, Ken. Rita?

[Rita Torkzadeh] 15:33:17

No, I appreciate the challenges raised, although I do want to go back to, um.

[Rita Torkzadeh] 15:33:23

Some of the things that were... that both you and Alana mentioned with regards to the homeless data, and probably Eric Jean also is familiar with, because.

[Rita Torkzadeh] 15:33:32

Um, in the context of, um, and I know that we're not... we're... identity is a future topic, I think that's gonna be also a.

[Rita Torkzadeh] 15:33:40

An important technical, um, factor, because as I understand it, and Eric, I hope you chime in.

[Rita Torkzadeh] 15:33:46

There's different ways to represent identities from this perspective of doing an individual identity versus a household and things like that, so I do think we need to at least acknowledge.

[Rita Torkzadeh] 15:33:57

That there are going to be those types of challenges, so....

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

Thank you, Rita. Sorry, I didn't mean to interrupt.

[Rita Torkzadeh] 15:34:01

I don't know, Eric, maybe you....

[Rita Torkzadeh] 15:34:07

Yeah, sorry, I'll leave it at that, so for now.

[Rim Cothren, CalHHS CDII] 15:34:10

I do think that it is an important discussion for us to have. You know, we've identified.

[Rim Cothren, CalHHS CDII] 15:34:17

The need to do decent identity management and person matching when we're exchanging data, or when you're dealing with consent.

[Rim Cothren, CalHHS CDII] 15:34:26

The bar is very high, or you're disclosing information that a client or patient asked you not to disclose.

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

If you fail to identify the consent. So I do think that.

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

Identity is going to be... play a huge role here. I think that's worth calling out.

[Rim Cothren, CalHHS CDII] 15:34:42

David, you have your hand up.

[David McCann] 15:34:45

Thank you, um, great conversation. I'd like to stitch together, um, what Ken said, what Rita said.

[David McCann] 15:34:52

And I think we're on the same... hopefully the same theme here.

[David McCann] 15:34:57

You asked the question around consent, how do we get this a little more granular?

[David McCann] 15:35:01

The service delivered to the person. The care service, we're talking about coordinated care, whole person care, which is both medical and social service.

[David McCann] 15:35:12

The... I believe that we will not have won universal consent.

[David McCann] 15:35:17

Form, because we are already discussing 4 or 5 very different care scenarios.

[David McCann] 15:35:23

So I do believe that what the team... and, you know, the question from Ken was drill down on it.

[David McCann] 15:35:29

211's already done a bunch of work on this in multiple 211s.

[David McCann] 15:35:34

Where we've looked at the housing record model in BitFocus, which is HU.

[David McCann] 15:35:39

And when you talk about simple consent for a non-medical care.

[David McCann] 15:35:43

You can get down to about 25. Data elements on a person to capture.

[David McCann] 15:35:50

What I would call a simple consent. As soon as you start getting into other potential service.

[David McCann] 15:35:55

That might deliver to the person. I think this group's agreeing there are 4 or 5 different.

[David McCann] 15:36:00

Labels of consent, so I don't think there was one, and I do think we want to simplify it to.

[David McCann] 15:36:06

I like your notion of what is the service being delivered to the person.

[David McCann] 15:36:10

And what is the consent I need for that particular service?

[David McCann] 15:36:13

And when you get universal, and it gets complicated. I don't think there's one model, and therefore a person may grant.

[David McCann] 15:36:22

Consent to receive one service, but it doesn't become a given that it's a consent to receive other services.

[David McCann] 15:36:28

So I like, uh, Rim, you're.... Calling it what I would call it in technology is fine-grained consent.

[David McCann] 15:36:35

And there isn't one. I'd love us to sail on a number, and I think I'm leaning to the notion from the first three meetings.

[David McCann] 15:36:41

That there are 5 or 6 consent types here that we keep going to. I'd love us to settle on a number.

[David McCann] 15:36:47

That says, out of the 5, 6, or 7. And then we might decide how universal can they be, or is it 5, 6, or 7?

[David McCann] 15:36:55

But we all keep discussing 5, 6, or 7 different use cases.

[Rim Cothren, CalHHS CDII] 15:37:02

Thanks, David. Elena?

[Alana Kalinowski, she/they, CIE/211 SD] 15:37:04

Yeah, I would... I really appreciate, Dave, what you just said. I kind of always think about....

[Alana Kalinowski, she/they, CIE/211 SD] 15:37:10

There's... there's so many different consent types. But I actually think it'd be more meaningful from a....

[Alana Kalinowski, she/they, CIE/211 SD] 15:37:17

Interoperability lens, if we think about the, um.... Essentially, the different, uh, configurable factors, uh, that influence, right? So there's gonna be....

[Alana Kalinowski, she/they, CIE/211 SD] 15:37:27

Like, the source, did it come from a school? Did it come from a covered entity? Did it come from a 42CFR Part 2 provider?

[Alana Kalinowski, she/they, CIE/211 SD] 15:37:35

Like, where did the data come from? Then, to Ken's point also, like, what is the content of this information? Because all these other types of providers can get that different content information, right? So.

[Alana Kalinowski, she/they, CIE/211 SD] 15:37:45

It can be about my housing type, it can be about actual needs, or, you know, all the variety of stuff, including.

[Alana Kalinowski, she/they, CIE/211 SD] 15:37:53

Sensitive data that is not healthcare data. Um, you know, sexual assault, or human trafficking, or other types of data like that.

[Alana Kalinowski, she/they, CIE/211 SD] 15:38:01

Um, and so... and then also, I think there's the.... The client... client's choice around.

[Alana Kalinowski, she/they, CIE/211 SD] 15:38:07

To what extent, and all the different use cases, and then the base of, like, what are essentially the floor, which is the laws. Like, what are the privacy laws that apply to each type of data?

[Alana Kalinowski, she/they, CIE/211 SD] 15:38:17

And the redisclosure of who's a part of this disclosure, um, for what purposes, right? Is it for just Ryan White providers? Is it just meant to go to.

[Alana Kalinowski, she/they, CIE/211 SD] 15:38:27

Is it crossing between social care and healthcare? Like, what is the actual difference? Things? And I think....

[Alana Kalinowski, she/they, CIE/211 SD] 15:38:32

A lot of times, because. Um, the, uh....

[Alana Kalinowski, she/they, CIE/211 SD] 15:38:36

There's not a framework to be able to essentially. Partialized data, but also talk about it more from features and functions rather than, like, the who and the what, because they all are conditional and are relative to each other. And change.

[Alana Kalinowski, she/they, CIE/211 SD] 15:38:50

Given for what purposes what a client said, or what population, and so on. So I think that's....

[Alana Kalinowski, she/they, CIE/211 SD] 15:38:56

Because to me, each consent type. Paints you into a corner that really isn't dynamic enough.

[Rim Cothren, CalHHS CDII] 15:39:04

Thanks, Elena. Jim?

[James Shalaby] 15:39:07

I was wondering if, um, another director of consideration and, uh.

[James Shalaby] 15:39:14

It cuts across what Lena was just talking about, and something that can raise a little while ago regarding.

[James Shalaby] 15:39:19

Um, some of the data will be unstructured and discoverable mode, and.

[James Shalaby] 15:39:23

Some of them won't, is to take into consideration. The level of standards maturity for the domain that we want to tackle as one more.

[James Shalaby] 15:39:33

Consideration, okay? So, for example, uh, gravity, you know, has. Uh, pretty mature content model for, uh, you know, food insecurity, housing, uh, insecurity.

[James Shalaby] 15:39:45

A variety of other, you know, about 17 or 18 different.

[James Shalaby] 15:39:49

Sdoh domains. So, maybe taking that as another factor into consideration to be able to.

[James Shalaby] 15:39:55

To address discoverability of the data.

[Rim Cothren, CalHHS CDII] 15:40:00

Thanks, Jim. Sarah and Eric have been.... Starting a little bit of a conversation in the chat. Do you want to bring that out for the rest of us to hear?

[James Shalaby] 15:40:02

Sure.

[Sara Rogers] 15:40:12

I think I started... I was struck by... and I.... You know, um, I'm not sure if... you know, I understand what I think words mean, and that may not be what other people understand words mean, so....

[Sara Rogers] 15:40:23

When I heard last meeting, Eric talking about establishing, kind of, a data ontology, uh, connecting that to the data locker kind of concept.

[Sara Rogers] 15:40:33

I thought what we were saying is we're establishing infrastructure for everyone to understand kind of a common language, a common.

[Sara Rogers] 15:40:43

Framework for making decisions, and then ultimately, at the end of the day... at the end of the day, we're dispersing our response.

[Sara Rogers] 15:40:51

To align with something. You know, that applies more broadly, and that definitely resonated with me, because I... I do agree that trying to map this out in one.

[Sara Rogers] 15:41:01

Mega solution that feels impossible, and it's gonna be wrong as soon as we start, so....

[Sara Rogers] 15:41:06

I don't know, that's how I understood it, and then it sounded like what we're saying here is we're applying some of these concepts to.

[Sara Rogers] 15:41:14

A particular context to test it out, um, and then to learn from it. And if that is what I'm correctly understanding from the conversation, then that resonates. And if I'm misunderstanding, it would be.

[Sara Rogers] 15:41:26

Great to have, uh, someone

[Rim Cothren, CalHHS CDII] 15:41:29

Great, thank you. Eric, I called you out, so Ken, I'm not ignoring your head up, but I'm going to skip over you for a second, because I did call Eric out.

[Rim Cothren, CalHHS CDII] 15:41:37

Maybe you can respond to that, and I'm really interested in people's thoughts about the.

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

Question that Sarah's asking here.

[Eric Jahn] 15:41:45

Yeah, so let me... I think the ontologies will be very useful for standardizing terminology where there's a need for it, or something is being reused a lot, and we can... the wonderful thing about ontologies is you can have as many as you want. So, for example.

[Eric Jahn] 15:41:58

Levitt Partners, who's associated with the DXF, is working on a housing payments model, a nationwide.

[Eric Jahn] 15:42:03

Medicaid housing payments model that's dependent on the state waiver involved.

[Eric Jahn] 15:42:07

So, there's going to be a different, slightly different model for each of the waivers, but what they're working on initially.

[Eric Jahn] 15:42:13

And full disclosure, I'm helping them with it, is to make one.

[Eric Jahn] 15:42:16

Archetypal model, and then from that, there will be many that are one for each different waiver, some variations for each waiver, and they each have a different....

[Eric Jahn] 15:42:26

Um, namespace, but what's nice about this is. Uh, in the housing payments model, say there's some terminology that's const... that we're using that's generic. It's not unique to housing payments, it's just....

[Eric Jahn] 15:42:38

Generic to most consent, uh, scenarios. We could use that. Term that this group has put in their ontology and reuse it, so that we're not reinventing the wheel in the housing payments world.

[Eric Jahn] 15:42:49

Then, when somebody else outside of the housing payments world sees a consent for housing payment, they'll recognize a good chunk of it.

[Eric Jahn] 15:42:57

And then they'll also see, okay, there's some other, um, housing payments specific ontologies brought in. So, in other words, you can layer these.

[Eric Jahn] 15:43:03

And, uh, you can even have them community-specific, but then you can inherit from the larger, maybe, state framework for the, um.

[Eric Jahn] 15:43:13

Consent model. So it's just a way to. Avoid all of us calling the same thing, actual thing, a different term.

[Eric Jahn] 15:43:20

Uh, and that way, there's a little bit of portability and recognizability across systems over.

[Rim Cothren, CalHHS CDII] 15:43:27

Thanks, Eric. Thanks, Ken, for being patient with me.

[Ken Riomales] 15:43:32

Always, no worries. So, um, I just want... the discussion's great. A lot of valid points, don't disagree with any of them.

[Ken Riomales] 15:43:40

I would like to add for consideration the workflow components as it relates to what type of consent recommendation is going to be made.

[Ken Riomales] 15:43:48

Consent, historically, is a point-of-care workflow. You know, it's captured by front office staff when a client is.

[Ken Riomaes] 15:43:54

Performing intake and whatnot. If we make it too complicated and utilize multiple different types of consents, and maybe implement a decision tree.

[Ken Riomaes] 15:44:03

That says if a client is this, do this. If a client's that, do that.

[Ken Riomaes] 15:44:07

You may run across some use cases where adoption is not going to be so high because it's overly complicated.

[Ken Riomaes] 15:44:13

This is one of the reasons why primarily a lot of default responses when it comes to county behavioral health, for example, is.

[Ken Riomaes] 15:44:19

We'll do whatever the state tells us to do. Right. So it's not really a situation of we'd like to do it like this or that. I think in a perfect world, you know.

[Ken Riomaes] 15:44:27

Um, we can architect something that's very meaningful and whatnot, but... and....

[Ken Riomaes] 15:44:32

You know, at the end of the day, a lot of times, the organizations that feed on the ground, they're going to look at it from a simplicity standpoint. You know, number one.

[Ken Riomaes] 15:44:40

What am I doing that's complying with applicable law, and am I adhering to that? And then two.

[Ken Riomales] 15:44:44

Can I do it? Is it easy? Right, so.... I think I would just add that for consideration in deciding on whether or not we're going to.

[Ken Riomales] 15:44:52

Recommend a framework that consists of multiple consent types and corresponding workflows to that, versus.

[Ken Riomales] 15:44:57

Maybe trying to aim for that universal type forming consent. I'm not a... someone who thinks that we can land on something universally, so I want to be perfectly clear about that. I think there's....

[Ken Riomales] 15:45:10

It's going to have some compromises, goes without saying, for this complex notion. Uh, but I do believe, and I'd be remiss if I didn't try to advocate on behalf of those frontline staff that.

[Ken Riomales] 15:45:20

Uh, we do need to consider, too, what's going to be those steps for success.

[Rim Cothren, CalHHS CDII] 15:45:26

Thank you, Ken. Hans.

[Hans Buitendijk] 15:45:29

Yeah, I'd like to add a little bit more to Ken's comment, because I really appreciate that on the challenges there, and particularly that, on the one hand.

[Hans Buitendijk] 15:45:38

Start with a couple of types. Uh, for which consent we are going to address.

[Hans Buitendijk] 15:45:44

But, uh, but... and it's hard to get to a uniform consent form that could cover all five, seven, whatever the types, and that's going to grow.

[Hans Buitendijk] 15:45:52

But that... that's where, uh, I think we would see part of the challenge.

[Hans Buitendijk] 15:45:58

Is that what is the actual data that a particular consent type.

[Hans Buitendijk] 15:46:04

Now gives me the right to access and share. Um, and each data type has a slightly different set. This is the last 1 month, 2 months' worth of data.

[Hans Buitendijk] 15:46:13

Is it certain context, demographics that's part of it, that's for one but not another?

[Hans Buitendijk] 15:46:19

I think that's where part of the complexity is going to come in, where I do appreciate Start Small, learn that, but over time, is that I think, particularly in consent.

[Hans Buitendijk] 15:46:28

Some areas that might be around very well-understood data. In other areas that it's going to be much more amorphous. How do we build our way into so that when a consent is being asked for.

[Hans Buitendijk] 15:46:39

That needs to be shared around a particular consent type. What's truly the data set that we now, as an HIT, going to gather and put together, that we can now.

[Hans Buitendijk] 15:46:52

Give out. What is the exact data set? I think that's the other part of the equation that we need to be very considerate about as we learn what those are.

[Hans Buitendijk] 15:47:00

That's not going to be one consistent set for every type of type, as we built that out.

[Hans Buitendijk] 15:47:06

How do we express that? How do we standardize that? Is that supposed to be consistent? And if it's not.

[Hans Buitendijk] 15:47:11

How do you express that? How do you express that? For this consent, it's that very unique set of data.

[Hans Buitendijk] 15:47:17

That you can share or not. So, a general consideration that, yes, start small, some of these things will not be as, uh.

[Hans Buitendijk] 15:47:23

As challenging, but that's the world we ultimately need to build ourselves into that we can manage that as well, because that's where.

[Hans Buitendijk] 15:47:30

Uh, this is going to get hard and real.

[Rim Cothren, CalHHS CDII] 15:47:34

Thanks, Hans. Eric, I don't know if you saw the note that I dropped, if.

[Rim Cothren, CalHHS CDII] 15:47:42

The ontology is getting presented publicly, and you might be able to share those materials with us. We can share it with the group as part of, you know, the read-aheads for next week.

[Rim Cothren, CalHHS CDII] 15:47:53

And Jim, you'd also talked a little bit about some of the materials of gravity. We talk about gravity a lot, but I'm not sure how many people are really familiar with a lot of the details of the work they've done there, so if you could.

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

Share perhaps a few links that people might want to take a look at to get a better feeling for what's going on there. Um, if you send those to us, we can... we can distribute those as well.

[James Shalaby] 15:48:11

Sure, I could do that. Okay.

[Rim Cothren, CalHHS CDII] 15:48:16

David, I see your hand up.

[David McCann] 15:48:18

Yeah, so great discussions in this group. There's an intersection of thinking, I think we're all leaning on. First of all.

[David McCann] 15:48:25

You know, you can go look at Gravity, which I have.

[David McCann] 15:48:27

I think we also... one of the key tenets established in the DXF roadmap, which is the 74-page document we all probably have read.

[David McCann] 15:48:34

Was to start with what's already live. That was a design team out of DXF.

[David McCann] 15:48:39

So I would see that another input we have to take here is what's already happening.

[David McCann] 15:48:45

And in our collaborative of 9 211s taking a million calls.

[David McCann] 15:48:48

A year in 20 counties. We're already capturing consent.

[David McCann] 15:48:53

So, we have a consent V1 model. Um, so I think hospitals have probably got the most sophisticated consent model. I'm going to hypothesize.

[David McCann] 15:49:02

So there are in-place consent models already live, and I think we want all to be realistic.

[David McCann] 15:49:10

While we have a roadmap of where we want to go.

[David McCann] 15:49:12

We also have to start with where we are. And you know, when Ken's comment about we have to somehow simplify as we go.

[David McCann] 15:49:18

If we take the tenant that we are starting with what's in production.

[David McCann] 15:49:22

And then we are trying to get to a framework, which I support Eric's notion of an ontology, and if gravity's the best place to lean.

[David McCann] 15:49:30

Great, let's lean on it. We need to kind of start with what's working.

[David McCann] 15:49:35

Add what we want to get done. And then lay it out in some kind of framework model.

[David McCann] 15:49:41

That allows us to go in an affordable and easy way, because.

[David McCann] 15:49:45

Everybody's got finite time and money. I'm speaking on behalf of 9211s in the state of California.

[David McCann] 15:49:51

You know, we have finite funding to make this all work.

[David McCann] 15:49:55

So I really appeal to the notion of start with what we have.

[David McCann] 15:49:59

Adopt a framework. I believe we're teasing out that there are 5 to 7, perhaps, different models, and then look at what's working well, and how do we step forward.

[David McCann] 15:50:10

And I think if we could get to a narrower framework.

[David McCann] 15:50:13

That says, what do we want to get done? Let's say, over 36 months?

[David McCann] 15:50:17

We can create a directional guidance to the 740 grantees. And the 740 grantees have all got a grant to make this work.

[David McCann] 15:50:27

Right? And I'm... I'm 9 of those 740, so I'm keen to help.

[David McCann] 15:50:31

But we also have to do it in an e.... Approach.

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

Thank you, David. I think it is important for us to remember that.

[Rim Cothren, CalHHS CDII] 15:50:39

Some of this work is going on now. Also, we said that we were going to be working towards how do we coordinate consent. I would say that some of that consent is not coordinated, but we haven't.

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

Looked at that specifically as our next step, if there's something there, and so I would say, David, in some ways, that's kind of an extension of.

[Rim Cothren, CalHHS CDII] 15:50:58

Of your comment. It is time for us to pause for public comment.

[Rim Cothren, CalHHS CDII] 15:51:03

Um, if, uh, I can ask, uh, Alice to bring us back to public comment, please, if we can go through that process.

[Rim Cothren, CalHHS CDII] 15:51:11

I also would just point out, while we're, um, waiting for the slides to come back up and instructions for the public.

[Rim Cothren, CalHHS CDII] 15:51:19

That, uh, we have now about 3 dozen people on, uh, the public link today, and they've been somewhat prolific in the Q&A.

[Rim Cothren, CalHHS CDII] 15:51:28

Uh, I would invite people to take a quick look at some of the comments there while we're listening to public comment.

[Rim Cothren, CalHHS CDII] 15:51:35

Alice, I'll be quiet now.

[Alice K - Events] 15:51:38

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

[Alice K - Events] 15:51:46

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

[Alice K - Events] 15:51:52

If you've joined via Zoom interface, you can click Raise Hand at the bottom of your screen.

[Alice K - Events] 15:51:57

And if you've dialed in by phone only, press star 9 to raise your hand and listen for your number to be called.

[Alice K - Events] 15:52:04

All individuals will be given 2 minutes. Please state your name and organizational affiliation when you begin.

[Alice K - Events] 15:52:13

And it looks like we do have a hand raised. Lucy, you should now be able to unmute.

[Lucy Johns] 15:52:21

Thank you. I really appreciate the incredible conversation. That's been going on today. I'm going to comment from my point of view.

[Lucy Johns] 15:52:31

As a consumer, I am a consumer on the Care Equality Steering Committee.

[Lucy Johns] 15:52:37

I'm a consumer on the gravity Steering Committee. Um, from my point of view.

[Lucy Johns] 15:52:45

As a consumer patient, when I sign a consent form. I am signing consent.

[Lucy Johns] 15:52:53

For treatment or service. I am not signing.

[Lucy Johns] 15:52:58

To share my data. I happen to know.

[Lucy Johns] 15:53:03

As a very well-informed consumer now, that when I signed that form.

[Lucy Johns] 15:53:07

There is implicit. Permission to share my data.

[Lucy Johns] 15:53:14

I am starting to ask.... When asked to sign consent.

[Lucy Johns] 15:53:19

Where is the provision about data sharing? I would like to see it.

[Lucy Johns] 15:53:25

And when I ask that. The people who give me the consent form stare blankly. They have no idea.

[Lucy Johns] 15:53:34

What I'm talking about. So, I would just like to layer on.

[Lucy Johns] 15:53:39

All the incredible. Complexity and expertise that's in evidence in this conversation. I would like to layer on.

[Lucy Johns] 15:53:49

That patients concerned with privacy. Need to be thought about.

[Lucy Johns] 15:53:57

When thinking about consent. And if it's ever possible to put consent into two huge buckets.

[Lucy Johns] 15:54:05

Treatment service, sharing of information. Please think about that.

[Lucy Johns] 15:54:11

Thank you.

[Rim Cothren, CalHHS CDII] 15:54:12

Thank you, Lucy.

[Alice K - Events] 15:54:17

We have no other hands raised at this time from members of the public.

[Rim Cothren, CalHHS CDII] 15:54:21

Okay, we'll give people just another minute to see if anybody pops up.

[Alice K - Events] 15:54:25

Got one more, at least, so you should now be able to unmute.

[Lisa Nelson] 15:54:29

Hi, this is Lisa Nelson, and I'm here from the Direct Trust community. I also participate heavily in the HL7 community.

[Lisa Nelson] 15:54:37

And on the CDA management group. And on July 30th and 31st, we're going to be having an implementation-a-thon.

[Lisa Nelson] 15:54:45

And there's a workshop session that's going to be focusing on managing consent documents and exchanging consent documents.

[Lisa Nelson] 15:54:54

And I was just super interested in the work, especially that, um, that David.

[Lisa Nelson] 15:54:59

Mccann was talking about where there are consent documents that already exist in are already in production use.

[Lisa Nelson] 15:55:06

To see if, um, if he or anyone else would be willing to supply some examples.

[Lisa Nelson] 15:55:12

Of consent documents that are already in use, so that we could use them as, um, some of the focus of this workshop to scratch our heads and say.

[Lisa Nelson] 15:55:21

How do we exchange documents like this?

[Rim Cothren, CalHHS CDII] 15:55:26

Thank you, Lisa. I think it's a good thing for us to be taking advantage of some of the other efforts that are going on nationally, and so thanks for bringing that to our attention. If anybody does have examples they'd like to share.

[Rim Cothren, CalHHS CDII] 15:55:41

And are interested in.... In doing that, if you want to send them....

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

Excuse me. If you want to send them on into the DXF.

[Rim Cothren, CalHHS CDII] 15:55:51

Email address, I know how to get ahold of Lisa, and we can reach out and provide any of those.

[Rim Cothren, CalHHS CDII] 15:55:56

Be very clear if you do provide those, that it's for leases use.

[Rim Cothren, CalHHS CDII] 15:56:01

Um, so that I don't inadvertently pass something on that. Shouldn't be.

[Lisa Nelson] 15:56:04

And... and that it can't have any real patient information.

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

Absolutely. Alice, any other public comment?

[Alice K - Events] 15:56:20

One more, Lindsay, you should now be able to unmute.

[Lindsey Lopez (KP)] 15:56:22

Thanks, Alice. Um, hey everyone, this is Lindsay Lopez from Kaiser Permanente.

[Lindsey Lopez (KP)] 15:56:27

Um, I think this was a really great discussion, and what I'm hearing is.

[Lindsey Lopez (KP)] 15:56:30

We all have different agendas, or maybe agenda's not the right word, but different reasons why we're at this call, different reasons why we have patient populations, individuals that we're trying to.

[Lindsey Lopez (KP)] 15:56:40

Collect authorization for, whether it's for the unhoused, social services. You know, substance use disorder, abortion, care, and so forth.

[Lindsey Lopez (KP)] 15:56:49

So I think it would be really helpful to.... Maybe take an inventory of everything that's been discussed in some sort of matrix that identifies.

[Lindsey Lopez (KP)] 15:56:58

The different ways in which consent needs to be collected for our various patient populations and data sets.

[Lindsey Lopez (KP)] 15:57:05

To help get a better picture of. Everything that's been discussed here, and all the different types of challenges we're trying to solve.

[Lindsey Lopez (KP)] 15:57:12

Thanks.

[Rim Cothren, CalHHS CDII] 15:57:14

Thanks, Lindsay.

[Alice K - Events] 15:57:19

We have no other hands faced at this time.

[Rim Cothren, CalHHS CDII] 15:57:21

All right. Well, let's go on to the next slide. Again, I would encourage people to take a look in the Q&A, because there was quite a few comments and a few questions there.

[Rim Cothren, CalHHS CDII] 15:57:34

Um, as we close the meeting out, all of that will be available as part of the materials that we post at the end of this meeting as well.

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

We've had a really good discussion today. I'm going to enjoy going back through the recording and trying to see how we summarize this one. I would really encourage people.

[Rim Cothren, CalHHS CDII] 15:57:51

Uh, before our next meeting, when we get the slides out to take, again, a look at.

[Rim Cothren, CalHHS CDII] 15:57:56

Um, uh, our summary there, and it's another opportunity for us to hear back from you.

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

I also want to remind us that we started off today really talking about things from the client standpoint, or the patient's standpoint.

[Rim Cothren, CalHHS CDII] 15:58:10

Um, in a single place to manage their consent, multiple places. We've talked a lot about multiple.

[Rim Cothren, CalHHS CDII] 15:58:16

Places for consent, so I think that there's some more discussion there we may be having.

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

We have one more meeting, uh, scheduled for, uh, the... this focus group. Uh, we'll be meeting again, uh, two weeks from today. I do appreciate, um, everybody participating today.

[Rim Cothren, CalHHS CDII] 15:58:33

Finally, I'm sure that a lot of you have now heard that John O'Hannion, our fearless leader, is, uh, going to be moving on to other activities.

[Rim Cothren, CalHHS CDII] 15:58:43

And as part of that, agency has taken a look at the activities, um.

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

Underway at CDII, and the data exchange framework is going to move over.

[Rim Cothren, CalHHS CDII] 15:58:54

To HCI, um, to that department for activities moving forward. And it has no real impact on our next meeting. We're going to be continuing in this series. We'll be continuing to talk about consent.

[Rim Cothren, CalHHS CDII] 15:59:06

And I just wanted to be sure that everyone was aware that there's a full, uh, commitment to continuing our discussions, both about consent, but about the data exchange framework at the TAC meetings. So....

[Rim Cothren, CalHHS CDII] 15:59:18

No changes for any of you folks, and I look forward to you all.

[Rim Cothren, CalHHS CDII] 15:59:23

To seeing you all again in two weeks. Thank you very much for today's discussion.