California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Committee (TAC) Meeting
Q&A Log (12:00 PM – 1:00 PM PT, July 10, 2025)

The following table shows comments that were entered into the Zoom Q&A by public attendees during the July 10, 2025, meeting:

Count	Name	Comment	Response(s)[1]
1	Lucy Johns	Second bullet: Kindly add concerning "multiple": consent for care and consent to share are two consent "types," not the same and should be recognized. Thanks.	Thanks, Lucy.
2	Gevik Nalbandian (IDENTOS)	This point from Hans is extremely important and the correct pattern (imo). Federated and centered around the patient.	Thanks, Gevik.
3	Lucy Johns	Only a few people will know the difference but for those that do (and will when explained), consent for care vs. share with whoever must eventually be separated. IMHO. ;-)	live answered
4	Lucy Johns	Revoke consent: yes, hooray!	live answered
5	Lucy Johns	Thanks Rim! This patient has only ever encountered consent for care (knowing it'll be shared),	Thanks.

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[1] Responses may have been provided by various Data Exchange Framework Technical Advisory Committee Members, Guest Presenters, or Center for Data Insights and Innovation staff.

		hence focus on distinction all the time. ;-)	
6	Olivia Bundschuh	Would like to add standard templates for different use cases as an incramential step/option to a universal consent form	Thanks for that Olivia.
7	Lucy Johns	Uniform by use case but differing by use case. Automating that eventually. ;-)	Thanks for your support of that choice.
8	"Dan Chavez, SCHIO"	How do we compare and contrast institutional based consent versus patient centric consent?	
9	Lucy Johns	Options are phases, not unique timeless solutions. Per Jim.	Thanks.
10	"Dan Chavez, SCHIO"	'@Derek, agreed upon structure state-wide?	Thanks, Dan.
11	Mary-Sara Jones	Consider starting from the bottom, instead of the top. It is not necessary to have a standard form to share data across organizations. HealthVerity has an interesting model that supports the plumbing and allows tailored client facing forms.	Thanks, Mary-Sara.
12	Lucy Johns	This consumer favors 3. Of course. ;-)	Thanks for your support of that option.
13	"Dan Chavez, SCHIO"	would a survey of average member consents by reimbursement type assist in this discussion?	Good question. Thanks, Dan. We may not get to that today but we'll remember this comment.

14	Brian Handspicker	Rather than focus on whether the repository is central or not, because the reality across the environment is there is likely to always be yet another repository for consents that need to be checked, for example from another state after some one moves. Instead focus on a central service to identify and perhaps collect the relevant consent associated with a query or data exchange, such as the San Diego CDS Consent Discovery Service.	Thanks for this.
15	Mary-Sara Jones	Is there a plan to involve clients and patients in the development of the consent forms?	
16	"Dan Chavez, SCHIO"	I beleive the Whole Person Care pilots did some good work on consent that may be worth resurfacing	Thanks, Dan. Taking note of this.
17	Mary-Sara Jones	Thank you everyone for the robust discussion - it sounds like there are 3 different streams - the data and format; the repository; and the form. It might be more effective to separate the steams or better yet, start with the objectives and then work backwards to the approach.	Thanks for this thought.
18	"Dan Chavez, SCHIO"	In a patient centric model, Every attempt should be made to	

		minimize the number of consent repositories	
19	"Dan Chavez, SCHIO"	Multiple repositories increase the chance of consent contention	Good thought.. Thanks, Dan.
20	Mary-Sara Jones	Derek hit on an important point - not only does it not have to be copied everywhere, it shouldn't be copied everywhere since they might violate consent.	Thanks, Mary-Sara.
21	Gevik Nalbandian (IDENTOS)	Summary of thoughts: 1) Consent Collection: Can and likely should be tied to the patient (one patient - one location for that patient). But patients (plural) may collectively have multiple locations (What Eric Nielson, Brian Handspiker, and Hans said) 2) Consent forms can have templates to guide to create consent forms of various modalities . I think council in each entity will likely be involved in finalizing the final legal language. Ultimately, uniformity can help drive computable consents. 3) With repect to delays on release of information based on consent review: I think delays for	

		sharing information may have to become an acceptable reality. Consider issues with patient matching where multiple records are return, where it invariably may result into a delay of sharing data. Better to share data later than saying: I didn't find the unique patient, so I won't share anything. 4) We need to also consider how enforcement of a consent (an object) vs consent (the verb) is done. Where is enforcement done.	
22	Lucy Johns	What is outcome of this effort besides recording all that got discussed? Any other outcome, policy -wise	

Total Count of Zoom Q&A comments: 22