California Health & Human Services Agency
Data Exchange Framework Technical Advisory Committee Meeting
Public Comment Log (12:00 PM – 1:00 PM PT, August 7, 2025)

The table below shows public comments that were made verbally during the August 7, 2025, TAC meeting. Additional public comments can be found in the meeting's "Q&A Log" posted on the CalHHS Data Exchange Framework webpage.

Count	Name	Comment
162	Lucy Johns	Yes, thank you. Long ago, when we used to do planning for hospital services in California, patient origin was always a very important metric. How far do patients go from where we know they live to where they want to get care? I'm wondering, with respect to further understanding centralized versus decentralized, whether that type of analysis could be done/is already available out of our planning agency, whose name escapes me at the moment. But patients do move around. They don't necessarily move around a lot, or far. I remember people always being surprised how many Californians went to Nevada for care when they live in the eastern part of the state. So, I'm just raising the question about patient origin. I don't know what we should call in this context, but that might be some facts relevant to the theoretical consideration of the politics and economics of centralized versus decentralized. Thank you.
2	Gevik Nalbandian	Thanks, everybody, great discussion. Gevik Nalbandian from Identos, a Canadian company, interested in consent management in event notification identity management. So in the past, one of my companies did event notifications based on subscriptions that worked well between two well-known entities who knew the roster. I think what would be really good, Rim and team, is if we could go through from super easy to super hard, some use cases that says, "here are two entities who want to share information through event notification headers, two known entities who have each other's rosters and trust each other, and all this other stuff. They can share data." Then, the second use category might be, "It's super easy to make that connection, but initially they're not connected, but now they have discovered they're sharing patient, so now they want to do the event notification." The third category potentially could be, "I have no idea where my patient has been, or where is it now. I want to do a discovery of that patient, and I want to subscribe to everybody who potentially knows something about my patient, either in the near past or now, or in the

		future, because they've moved for a little bit." So, I think having those use cases would be helpful. As we decide, or as your team decides, or as the team decides, centralized, hybrid, or otherwise so we could understand from a complex perspective, how do we approach this? Thank you.
3	**John Helvey**	The one thing I would say is that as we go about creating this, we have to think about leveraging economies of scale. From a decentralized, centralized, decentralized, whatever that perspective is. We need to take into consideration economies of scale. Strictly from a financial perspective, as well as a distributive perspective of making sure that the notifications are going in the manner that they should as appropriate to need to know and minimum necessary across the spectrum. And so, I think that there's a lot of considerations that have to be taken into place and how can and how will the QHIO program and the QHIOs be leveraged to accommodate this. But it all goes back to funding as well. So, whatever we come up with, or whatever this team comes up with, or whatever the state comes up with, it's gotta fit into a box of affordability and achievability. Thank you

Total Count of public comments: 3