



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

The following text is a transcript of the August 7, 2025, meeting of the California Health and Human Services Agency 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.

[Catalina Cole | Manatt Events] 15:00:25

Hello and welcome. My name is Catalina, and I'll be in the background to support with Zoom.

[Catalina Cole | Manatt Events] 15:00:30

If you experience technical difficulties, please type your question into the Q&A.

[Catalina Cole | Manatt Events] 15:00:36

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

[Catalina Cole | Manatt Events] 15:00:41

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

[Rim Cothren, HCAI] 15:00:45

Thank you, Catalina, and thank you, everyone, for attending today's first in our series of tech meetings on event notification.

[Rim Cothren, HCAI] 15:00:54

Uh, we have a pretty full agenda today, as we usually do for our first meeting, so we'll go ahead and we'll get with it. Just as a reminder, we do record these meetings and post the recordings online if you don't want to be recorded.

[Rim Cothren, HCAI] 15:01:07

Uh, please leave the meeting. Um, we always start off all of our meetings with our vision for data exchange in California. I'm not going to read this vision. Many of you have seen it many times, but we do consider event notification as one of the places where we're advancing exchange in California.



[Rim Cothren, HCAI] 15:01:25

And so this is, uh... Personally, a very interesting topic to me, but it's also an important topic to DXF, as we're.

[Rim Cothren, HCAI] 15:01:33

Blazing a little bit of new ground here, and we're really interested in your advice on how we move that forward.

[Rim Cothren, HCAI] 15:01:39

Let's go on to the next slide, please. Very briefly, our agenda.

[Rim Cothren, HCAI] 15:01:45

Well, we'll start off with welcome and roll call. That's where we are now.

[Rim Cothren, HCAI] 15:01:48

We'll spend a little bit of time in introductions, since this is our first meeting.

[Rim Cothren, HCAI] 15:01:53

We'll talk a little bit about how tech meetings work. Um, we'll talk a little bit about key terms as we will use them for this meeting series, so that we all have a common understanding of our language.

[Rim Cothren, HCAI] 15:02:07

We'll begin taking a look at some of the potential architectures for event notification and discuss those. We'll pause for public comment.

[Rim Cothren, HCAI] 15:02:15

At approximately 10 minutes before the hour. And then we will, uh, close up with next steps and closing remarks.

[Rim Cothren, HCAI] 15:02:24



Let's go on to the next slide, please. And let's go ahead and pull down the slides. Again, we really encourage people to turn on their cameras, and because this is our first meeting, I want to give everybody a chance to introduce themselves.

[Rim Cothren, HCAI] 15:02:37

Many of you have been in these meetings before, but for some of you, this is your first TAC meeting. I'm Rem Cothran, I'm a consultant to HCI, been working on the data exchange framework for some time.

[Rim Cothren, HCAI] 15:02:47

I'm joined by Cindy. Cindy, say hi.

[Cindy Bero] 15:02:49

Hello! Cindy Barrows, Senior Advisor from Manat Health Strategies, also a contractor to HCI.

[Rim Cothren, HCAI] 15:02:56

And Cindy helps me on the tech meetings in the background, you've heard Catalina already. She never... waves at people, I don't know why.

[Rim Cothren, HCAI] 15:03:05

I'm also joined today by Mike. You want to say hi and introduce yourself real quick?

[Michael Valle (CA HCAI)] 15:03:17

Yes, happy to do that, and I see my camera's not, uh, not working, so I apologize for that. Michael Valley.

[Michael Valle (CA HCAI)] 15:03:22

Deputy Director at the California Department of Healthcare Access and Information. Great to be with you all. Thank you, Rim.

[Rim Cothren, HCAI] 15:03:27

Thanks, Jacob?



[Jacob Parkinson] 15:03:30

Thanks, Rim. Uh, Jacob Parkinson, I'm the program director here with the DXF.

[Jacob Parkinson] 15:03:35

Glad to be here.

[Rim Cothren, HCAI] 15:03:35

Thank you. And Jonah?

[Jonah Frohlich (he/him) | Manatt] 15:03:39

Hi, I'm Jennifer Alcam with Finette, and supporting this team. With the exchange framework.

[Rim Cothren, HCAI] 15:03:45

Thanks, Jonah. And so then we'll just go down the list. Everybody, say hi.

[Rim Cothren, HCAI] 15:03:50

Uh, the organization that you're with, maybe the role that you play within that organization.

[Rim Cothren, HCAI] 15:03:55

And, uh, we'll go through this quickly. Uh, in... Right? Yeah.

[Ray Duncan] 15:03:57

Questions, all those things. Um, I... Sounds like the other goal is just to make sure, broadly, you know, we're sharing, and I'm happy to be a resource, like, what are the different guidance?

[Rim Cothren, HCAI] 15:04:03

Right? Thanks, Ray. Um, I'm gonna go through things in the order that they're, uh, people's names in the order they are on the slides. That's alphabetical by first name. So, Danielle, you're on my list first.



[Danielle Friend] 15:04:18

Hi folks, I'm Danielle, I work on interoperability at Epic, and I'm here on behalf of EHRA, so the general EHR trade association.

[Rim Cothren, HCAI] 15:04:26

Thank you, Danielle. David?

[David McCann] 15:04:30

Sorry, David can, if there's only one dated. I'm the acting CTO for 9 United Way 211s.

[David McCann] 15:04:40

That operate across 28 counties. And, uh, we are DXF grantee, and we're building out a.

[David McCann] 15:04:47

Interoperability, and right now we are actively developing in six counties right now.

[Rim Cothren, HCAI] 15:04:54

Thank you, David. Demetrio.

[Rim Cothren, HCAI] 15:05:00

I didn't see Demetrio on the list. Um, how... Brian, I saw you there.

[Brian Thomas] 15:05:07

Hello, um, I'm Brian Thomas. I'm the director of the Alameda County.

[Brian Thomas] 15:05:12

Uh, social health information exchange.

[Rim Cothren, HCAI] 15:05:15

Thank you, Brian. Eric J.



[Eric Jahn] 15:05:18

American, I'm the Senior Interoperability Architect at BidFocus, which is, uh.

[Eric Jahn] 15:05:23

A, uh, housing homelessness software, uh, uh.

[Rim Cothren, HCAI] 15:05:28

Thank you, Eric. And Eric Nielsen.

[Eric Nielson] 15:05:31

Good afternoon. Eric Nielsen, I am the County Executive Liaison to the California Health Exchange, and an eligibility and enrollment system, CalHERS.

[Eric Nielson] 15:05:40

Representing, um, California. Uh, welfare departments, the human services departments, who administer both, you know, public assistance programs, as well as adult protective services, child protective services, and home supportive services, those programs.

[Eric Nielson] 15:05:54

Um, and, you know, here with the lens of what, you know, future partnership looks like across the social services sphere.

[Eric Nielson] 15:06:00

Thank you

[Rim Cothren, HCAI] 15:06:02

Thank you, Eric. Greg?

[Gregg Smith-McCurdy] 15:06:04



Hi, everybody, Greg Smith-McCurdy. I am the, uh, Chief Information Officer for Hill Physicians Medical Group, which is, uh.

[Gregg Smith-McCurdy] 15:06:14

Ipa in Northern California.

[Rim Cothren, HCAI] 15:06:17

Thank you, Greg. Irene?

[Irene Lintag Alvarez] 15:06:19

Hi, everyone! Irene Lentek Alvarez. I am with Aledos Health, the Health Center Controlled Network.

[Irene Lintag Alvarez] 15:06:25

Um, in Northern California, we oversee 21, um, health centers with interoperability and health IT, um, for, um, different... 6 different counties.

[Irene Lintag Alvarez] 15:06:36

Thank you.

[Rim Cothren, HCAI] 15:06:38

Thank you, Joe!

[Joe Sullivan] 15:06:42

Joe Sullivan, CIO for California Emergency Medical Services Authority.

[Rim Cothren, HCAI] 15:06:48

John, I don't see John on the list. Julie?

[Julie Silas, Homebase (she/her)] 15:06:56



Hi, good afternoon, Julie Silas, Senior Directing Attorney from Homebase. We're a nonprofit that's worked for close to 40 years to end and prevent homelessness, and.

[Julie Silas, Homebase (she/her)] 15:07:06

Work at the cross-sector of healthcare and homelessness and around a lot of data sharing issues.

[Julie Silas, Homebase (she/her)] 15:07:10

Thanks for having

[Rim Cothren, HCAI] 15:07:12

Thank you, Julie. Ken?

[Ken Riomales] 15:07:15

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

[Ken Riomales] 15:07:20

Kellings as a Joint Powers Authority that collaborates with all counties across California to advance mental health services, as well as facilitating our semi-statewide EHR program, as well as interoperability offerings.

[Rim Cothren, HCAI] 15:07:32

Thank you. Manny, I don't see Manny on the list. You out there?

[Rim Cothren, HCAI] 15:07:39

About Marta. See Marta on the list today.

[Rim Cothren, HCAI] 15:07:45

Michael did reach out to me. Michael's, uh, flight was delayed, and he thought he was probably going to be in the air on this meeting, so he sent his regrets.



[Rim Cothren, HCAI] 15:07:59

Did we lose Ray? We had Ray on earlier. Hopefully, Ray joins us back. Catalina, if you could keep an eye out for Ray, just to make sure that he joins us again.

[Rim Cothren, HCAI] 15:08:09

Uh, Robin?

[Robin Roberts] 15:08:12

Thank you. Good afternoon, I'm Robin Roberts with PointClick Care. We are an EHR focused on skilled nursing facilities and the long-term post-acute space.

[Rim Cothren, HCAI] 15:08:22

Uh, thank you. Uh, Tamara?

[Tamara Hennessy-Burt] 15:08:26

Yeah, hi, Tamara Hennessy-Bird, um, with the California Department of Public Health, and I'm a public health data inform.

[Tamara Hennessy-Burt] 15:08:32

Specialists with the department.

[Rim Cothren, HCAI] 15:08:35

And apologize, I always seem to butcher your name. I'll try to get it right next time.

[Tamara Hennessy-Burt] 15:08:41

No worries.

[Rim Cothren, HCAI] 15:08:43

Tim?

[Tim Polsinelli] 15:08:44



Hi everyone, I'm Tim Polsinelli, I'm a Senior Director of Health Informatics at Manifest Medics. We are a statewide HIE, and also one of the nine.

[Tim Polsinelli] 15:08:54

Qualified health information organizations as part of the DXF.

[Rim Cothren, HCAI] 15:08:57

Thank you, Tim. Uma.

[Uma Chandavarkar, MD, MHA] 15:09:01

Hi everyone, I'm Uma Chandavarker. I'm an informatics physician. At DHCS.

[Rim Cothren, HCAI] 15:09:08

Thank you, Uma. And Vishan.

[Rim Cothren, HCAI] 15:09:19

I see Vishon out there. You're on mute.

[Cindy Bero] 15:09:21

Vishan, you're on mute.

[Jonah Frohlich (he/him) | Manatt] 15:09:26

Am I audible now? Oh, sorry about that. Good afternoon, everyone. I'm Bishan Raj. I'm with Kaiser Permanente. I'm a director of HIE Platform.

[Rim Cothren, HCAI] 15:09:27

Yes.

[Rim Cothren, HCAI] 15:09:35

Thank you very much. Let's bring the slides back up. Um, there are a number of different ways that the public can also participate in the meetings. Public comment will be taken.



[Rim Cothren, HCAI] 15:09:46

Um, during the meeting, at approximately the time on the agenda that's 10 minutes before the hour, we are going to be limited to the amount of public comment that we can take.

[Rim Cothren, HCAI] 15:09:56

Uh, members of the public may also use Zoom's Q&A feature to ask questions or make comments, anything that you put in the Q&A is visible to everybody, so feel free to go ahead and use that for comments if you feel.

[Rim Cothren, HCAI] 15:10:08

Um, uh, so inclined. Members of the... panel here, um, I also invite you to take a look at what's in the Q&A if you want to, if you see something important there, feel free to raise it up.

[Rim Cothren, HCAI] 15:10:20

We'll be trying to monitor the Q&A during the meeting as well.

[Rim Cothren, HCAI] 15:10:24

Um, let's go on to the next slide. We always start our first, um, meeting in each of the series just to talk a little bit about how the TAC works. A lot of you are returning members, I'm sorry, uh, that this will be a repeat for you.

[Rim Cothren, HCAI] 15:10:39

Um, we do plan on sending materials out in advance of the meetings. We didn't do a good job of that on this meeting, and I apologize for that, but we'll make sure that we get meeting materials out to you in advance.

[Rim Cothren, HCAI] 15:10:49

Um, our intent is to minimize presentation and focus on discussion. That means that for most of the meetings.

[Rim Cothren, HCAI] 15:10:56



You're not going to hear me talking about a lot of the slides. We're going to be pulling the slides down. We hope people will be on camera.

[Rim Cothren, HCAI] 15:11:03

And have an active discussion in person instead. All of our meetings are open to the public.

[Rim Cothren, HCAI] 15:11:08

And we're always going to be resolving... reserving time for public comment, so you should expect that.

[Rim Cothren, HCAI] 15:11:13

Uh, we do, uh, post recordings of these meetings. We also post some notes, um.

[Rim Cothren, HCAI] 15:11:20

From these meetings online, and all of the materials will be available. Those are available.

[Rim Cothren, HCAI] 15:11:25

Both to you and to members of the public. Let's go on to the next slide, please.

[Rim Cothren, HCAI] 15:11:31

Uh, a little bit about the TAC, um... We assembled you here as technical and operational experts, um.

[Rim Cothren, HCAI] 15:11:40

There are places where we're going to get into. Uh, especially, I think, in this tech series, into how business might work.

[Rim Cothren, HCAI] 15:11:49

Privacy concerns, um, and legal issues, but we're really looking for you for your technical and operational expertise. So that's... that's where we'd like to focus.



[Rim Cothren, HCAI] 15:12:00

We're planning on four one-hour meetings, uh, every other week. I will say that this is, uh, an interesting enough topic, and maybe detailed enough that we may be adding a fifth meeting to the end, so just be prepared for that. We'll try to.

[Rim Cothren, HCAI] 15:12:15

Make that decision early so that people can plan for it.

[Rim Cothren, HCAI] 15:12:19

Um, and then our intent here is to come away with actionable recommendations. So that's what we're asking for you.

[Rim Cothren, HCAI] 15:12:26

We're not... we're not going to be taking votes, we're not going to be asking for unanimous consensus, but we are looking for recommendations, or at least considerations that you believe that we should be taking.

[Rim Cothren, HCAI] 15:12:36

Towards advancing event notification in California. Gone to the next slide.

[Rim Cothren, HCAI] 15:12:44

Uh, so the objective of this series is to develop recommendations for an architecture for statewide event notification under DXF, and you're going to see this every time because I want to make sure that we're focused on that. We do do event notification under DXF today.

[Rim Cothren, HCAI] 15:12:59

Limited to admissions and discharges, and most of our conversations today will also be, um.

[Rim Cothren, HCAI] 15:13:05

Use admissions and discharges as our examples, but we really want to be talking about how we can better coordinate this capability.

[Rim Cothren, HCAI] 15:13:13



As we didn't have a nationwide network or a well-organized framework that we could, uh, lean upon.

[Rim Cothren, HCAI] 15:13:20

Let's go on to the next slide. If people have been taking a look at the roadmap, there is a big write-up in the roadmap on event notification.

[Rim Cothren, HCAI] 15:13:28

Um, and, uh, what the issue is there. I'm not going to read this slide to you. If you're interested in more background on event notification, I'd recommend that you take a look at the roadmap that's on our website.

[Rim Cothren, HCAI] 15:13:40

But the issue that we're trying to deal with here. Is that there may be significant burden the way event notification is set up today.

[Rim Cothren, HCAI] 15:13:50

That is, that a hospital, for example, that's sending out admissions and discharge event notifications.

[Rim Cothren, HCAI] 15:13:57

May need to take rosters from a very large number of organizations that want events.

[Rim Cothren, HCAI] 15:14:02

I may need to send, uh, events to a very large number of organizations.

[Rim Cothren, HCAI] 15:14:07

Conversely, if you want to receive organizations, you may need to send rosters to a very large number of hospitals.

[Rim Cothren, HCAI] 15:14:13

So we're looking for mechanisms that we can better coordinate event notification.



[Rim Cothren, HCAI] 15:14:20

Let's go on to the next slide, please. And I just want to touch on this a little bit, because the language around event notification may not be the same for everyone, and so this is how we are going to use terms here in this meeting.

[Rim Cothren, HCAI] 15:14:37

Um, so when I talk about events. I am talking about a significant change in an individual's status that impacts their health.

[Rim Cothren, HCAI] 15:14:45

As our example, those events might be admissions or discharges to.

[Rim Cothren, HCAI] 15:14:51

A hospital, emergency department, or skilled nursing facility, which is the event type that we require under the DXF today.

[Rim Cothren, HCAI] 15:14:59

Nodes are entities or technologies that receive events from organizations that produce them, or send notifications to those that wish to receive them.

[Rim Cothren, HCAI] 15:15:09

Qhios, for an example. Of an entity that is a node today.

[Rim Cothren, HCAI] 15:15:14

Uh, notifications are the notification... the communication you have of an event taking place. So this is what is received by a recipient that wants to be notified in an event, such as an admission or discharge.

[Rim Cothren, HCAI] 15:15:28

Notification services. And event services, which I actually don't see on here, are the pieces of technology that, uh, actually make, uh, events end up happening.



[Rim Cothren, HCAI] 15:15:42

Person matching is the process by which an event. Is connected to a request for notifications so that a notification goes out.

[Rim Cothren, HCAI] 15:15:54

A recipient is somebody that receives. Uh, notifications in response to a request.

[Rim Cothren, HCAI] 15:16:00

A request for notifications is, but it sounds like it's a request to be notified of events. Today, under the DXF, that is a roster or a list of individuals for whom you wish to receive events.

[Rim Cothren, HCAI] 15:16:12

And a source is an organization that... at which events happen.

[Rim Cothren, HCAI] 15:16:17

Um, in DXF today, that's a hospital. Emergency department or SNF.

[Rim Cothren, HCAI] 15:16:25

Are there any questions about the terms? I'm sure we'll get into a few others as we go on through the day, but um... If not, so let's get into it.

[Rim Cothren, HCAI] 15:16:38

Today, I really wanted to talk about. Two architectures. And, um... There are a number of architectures that we may propose during the course of the coming meetings, but I wanted to start off here with what I would consider the bookends.

[Rim Cothren, HCAI] 15:16:55

Uh, we'll talk about the least coordinated and the most coordinated that we might.

[Rim Cothren, HCAI] 15:17:00



Um, we might imagine. And we'll describe those just really briefly, but what I'm really interested in your thoughts are on what are the strengths and weaknesses of each one of these models, what is broken about some of these that might need to be fixed.

[Rim Cothren, HCAI] 15:17:14

I also want to think about who's impacted if there is a poor performer.

[Rim Cothren, HCAI] 15:17:19

So, if some organization or some service doesn't function particularly well, who, um.

[Rim Cothren, HCAI] 15:17:25

Who among the DXF participants suffers from that. And especially, are there any privacy concerns with any of these approaches? As we move forward in future.

[Rim Cothren, HCAI] 15:17:36

Uh, meetings. We're also going to be talking about sustainability of these approaches, but... That, um, is not a specific talk... topic that we want to take on today.

[Rim Cothren, HCAI] 15:17:47

If we look at this first architecture, I would say that this is probably the mechanism that would first come to mind.

[Rim Cothren, HCAI] 15:17:54

If you read the P&P. Uh, for the DXF today.

[Rim Cothren, HCAI] 15:17:58

That is, if I am a recipient. I send a roster, the purple line.

[Rim Cothren, HCAI] 15:18:05

Uh, requesting events. Uh, event notifications.



[Rim Cothren, HCAI] 15:18:08

To every hospital, ED, or SNF. There are sources on the left-hand side.

[Rim Cothren, HCAI] 15:18:14

From which I want to receive notifications. I might do that monthly, I might do that more frequently, I might do that less frequently, but I do that to make a request.

[Rim Cothren, HCAI] 15:18:24

Been one of those facilities generates an event, an admission or a discharge. Um, number two on the orange arrows.

[Rim Cothren, HCAI] 15:18:33

And then process... processes that event. Against the rosters.

[Rim Cothren, HCAI] 15:18:39

It means that they're matching the identity on an event, who it was that was admitted or discharged.

[Rim Cothren, HCAI] 15:18:45

Uh, to names on a roster to see who wanted to get notified of that.

[Rim Cothren, HCAI] 15:18:50

And then step 4 happens that that facility generates a notification and sends it back to the recipient.

[Rim Cothren, HCAI] 15:18:58

You look at all the arrows, yes, this is a... jumbledness of, uh, arrows in the middle.

[Rim Cothren, HCAI] 15:19:05

For a large number of recipients are sending a large number of rosters to a large number of sources.



[Rim Cothren, HCAI] 15:19:10

And a large number of sources needs to process those rosters and send them potentially to a large number of recipients.

[Rim Cothren, HCAI] 15:19:18

I want to pause there for a little bit. Um, Catalina, maybe you can put the questions that we wanted to concentrate on today.

[Rim Cothren, HCAI] 15:19:25

Uh, in the chat, just so people can remember it. Um, I would prefer to look at people's faces. I'm hoping that you can kind of remember what this picture looks like in your own mind. Um... Or pull the slides that we mailed out.

[Rim Cothren, HCAI] 15:19:39

Uh, earlier, and I'm really interested in people's thoughts. This is at least one model that might be in operation today on DXF. What are the issues, the strengths and weaknesses in this.

[Rim Cothren, HCAI] 15:19:50

In this approach. Yes, Julie, you want to kick us off?

[Julie Silas, Homebase (she/her)] 15:19:56

Yeah, well, just to say that homeless systems of care with present company exceptions of the work that Dave and Brian are doing.

[Julie Silas, Homebase (she/her)] 15:20:04

Um, aren't always able... they don't have the capacity to either send a roster notification or receive one.

[Julie Silas, Homebase (she/her)] 15:20:13

Um, not always the case, um, but just saying that out loud, that depends on what.



[Julie Silas, Homebase (she/her)] 15:20:20

Um, systems they have. They have APIs, if they have data fields to collect the information, if they have the capacity, or if they have the funding to fund the vendors.

[Julie Silas, Homebase (she/her)] 15:20:30

Who they get support from to be able to accept and share... or send notifications.

[Rim Cothren, HCAI] 15:20:36

So... so do you... Julia, I want to ask a question about that. Is the concern there the ability to create a list of individuals for who you want to receive events, or it's the communication of that list to.

[Julie Silas, Homebase (she/her)] 15:20:36

That's sort of just community.

[Rim Cothren, HCAI] 15:20:51

Those that you want to get notifications from.

[Julie Silas, Homebase (she/her)] 15:20:53

Communication of the list, and it's also receiving the list, so if we're... if health is trying to share with.

[Julie Silas, Homebase (she/her)] 15:20:59

Homelessness, like, this person's who you have as homeless has just been entered into the hospital.

[Julie Silas, Homebase (she/her)] 15:21:06

Like, could they receive that? Do they have the technology capacity to receive that, and or the funding to be able to... I think the vendors can do it, it's just the funding to be able to.

[Julie Silas, Homebase (she/her)] 15:21:15

Pay the vendors to do that for them.



[Rim Cothren, HCAI] 15:21:18

Thank you, Julie. Eric, I see your hand up.

[Eric Nielson] 15:21:23

So I also echo, it does seem like there's a lot of overhead on the.

[Eric Nielson] 15:21:26

Part of... of all parties with this one. But wanted to call out identity management. It seems like here that there really are risks about, you know, potentially.

[Eric Nielson] 15:21:35

Either, you know, too broadly identifying people or missing, and they're... because there's no kind of central index for identity management, and wondered where.

[Eric Nielson] 15:21:43

Kind of that element lived in this kind of model. I know even between, you know.

[Eric Nielson] 15:21:50

The social services systems, where we're working with public assistance and federal systems.

[Eric Nielson] 15:21:55

That, you know, we have a significant amount of effort, uh, you know, to address duplicates. You know, people who appear in another county with a slight variation on a name, and.

[Eric Nielson] 15:22:03

Making sure that we're tracking to a single identity, and so, you know, wonder if that's a potential.

[Eric Nielson] 15:22:11

Weakness of this kind of model.



[Rim Cothren, HCAI] 15:22:13

I think that's a good question. We have a special tax series on identity management later on in the year, but there is no way that I can envision us talking about event notification with.

[Rim Cothren, HCAI] 15:22:24

Getting into person matching. We didn't draw it on this figure in the future models, we're certainly going to get to that into some more detail.

[Rim Cothren, HCAI] 15:22:33

But, um, I would say, at least my vision of this, Eric, is that person matching in this model happens at each facility, so that's where that is happening. The burden of person matching and the inaccuracies happen there, so... That's...

[Eric Nielson] 15:22:46

Oh, boy. So, I mean, that... multiplies the overhead for every party. Okay, thanks.

[Rim Cothren, HCAI] 15:22:51

And I saw. Danielle will come with her hand up. I was going to reach out to you, because I saw you nodding about that anyway, so... Um, let's make sure that we touch on your... your thoughts about that. Robin, I see your hand up.

[Robin Roberts] 15:23:06

Yeah, and looking at this this morning, I... had a few thoughts. I think there is... distributed control in the decentralized model, allowing for more scalability and potentially innovation.

[Robin Roberts] 15:23:21

Arguably, it doesn't allow, by contrast, for a singular point of failure.

[Robin Roberts] 15:23:25

And even though there's a burden of patient match, like you were talking about, at the facilities.



[Robin Roberts] 15:23:31

I think person match standards, like, that of the immunization registry of the states, or registries period at large, could.

[Robin Roberts] 15:23:39

Could give us a, uh, something to mirror, perhaps? But I think there's... in the decentralized, there's not disruption if one node.

[Robin Roberts] 15:23:50

Fails in some sort of way. Um, there is administrative burden. I don't even think about the match not happening. There's potential for duplicity, I think, if we're being honest.

[Robin Roberts] 15:24:01

Um, but I feel like the avoidance of the singular point of failure.

[Robin Roberts] 15:24:06

Diluting the... or disseminating, essentially, the privacy controls across multiple parties instead of... maybe a little bit of, uh, anxiety being tied up with a singular node.

[Robin Roberts] 15:24:18

Uh, is an advantage here, and so... I agree that visually, it looks like a mess, but I think there's some distinct technical advantages and some defrayed responsibility that could.

[Robin Roberts] 15:24:31

Breed some trust. Um, in what goes on here. So, just my two cents.

[Rim Cothren, HCAI] 15:24:38

Sounded like more than two cents to me, Robin. Thank you for that. In some of our future models, we'll talk... we'll look at.

[Rim Cothren, HCAI] 15:24:45



Potentially other distributed models, so let's come back to... to those thoughts when we get there as well.

[Rim Cothren, HCAI] 15:24:52

David, I see your hand up.

[David McCann] 15:24:56

Thank you. Um, so... throwing off the consent tax, which I was on previously.

[David McCann] 15:25:02

I kind of look at your dilemma. With a couple, and ask the following question around a couple of thoughts that come out of the DXF roadmap.

[David McCann] 15:25:10

So the DXF Roadmap talks about pop... focus, and then the DXF roadmaps also encouraged local innovation.

[David McCann] 15:25:18

So I'd love to use an Amazon innovation term called Invent and Simplify.

[David McCann] 15:25:24

So in a distributed model. Simplification I would love to throw in here is innovations occurring at the county level.

[David McCann] 15:25:33

And within county-level, different counties may have a care priority for populations of focus.

[David McCann] 15:25:39

So if you were to overlay. Currency as an area of innovation.

[David McCann] 15:25:45



Population of focus. As a simplification of use case.

[David McCann] 15:25:50

I wonder if you can simplify your... Bob Plate's model by allowing.

[David McCann] 15:25:56

A distributed model that actually innovates at the county level around a population of focus.

[David McCann] 15:26:03

And I think if we simplified it that way. Um, what looks as complex.

[David McCann] 15:26:07

You know, might solve for... a county-by-county experimentation model.

[David McCann] 15:26:13

And if you take homelessness in Orange County, United Ways and funny counties, but in Orange County, we have 7,000 homeless.

[David McCann] 15:26:21

Out of 3.1 million people in the county. So we don't show for \$3.1 million. We need to solve for the 7,000 who are homeless.

[David McCann] 15:26:29

And perhaps the next 3 or 4,000 at risk of homelessness.

[David McCann] 15:26:33

So the cohort, the population focus is small. And there are maybe only 9 hospitals in Orange County, so can we innovate small and local before we go too complex?

[Rim Cothren, HCAI] 15:26:44



Thank you, David, and I will say that it is a recurring theme that I'm hearing during our TAC meetings to focus on.

[Rim Cothren, HCAI] 15:26:52

Certain populations or certain use cases. Our current approach to. Event notification, admissions and discharges, and population-focused. It's a limited use case, but it's not population-focused, so thanks for that perspective, David.

[David McCann] 15:27:05

Yep.

[Rim Cothren, HCAI] 15:27:07

Danielle?

[Danielle Friend] 15:27:09

Yeah, so I guess two parts. One, I just wanted to echo Eric's points and make sure that we definitely do not underestimate.

[Danielle Friend] 15:27:16

You know, the importance of patient matching and making sure that that's got a lot of complexity around it. Obviously, we've got the future, um, workgroup on that.

[Danielle Friend] 15:27:24

But that is a very big part of this, is making sure each system knows who we're talking about and doing that match appropriately, especially as you start going across the network.

[Danielle Friend] 15:27:33

Um, I think the other part would be making sure we have clear expectations around what happens if.

[Danielle Friend] 15:27:39

I, as a receiver of a roster, don't know of a person what the expectations are there.



[Danielle Friend] 15:27:44

Around both consent and how to handle that, um... you know, for the future, like, would I be expected as a receiver to maintain that?

[Danielle Friend] 15:27:53

Information or create patients that I don't necessarily see, or will not see in the future. So I think a lot of expectations around what you do, um.

[Danielle Friend] 15:28:01

For patients, you maybe don't share, or there are mismatches between the source and the receiver.

[Rim Cothren, HCAI] 15:28:07

So, I did want to make sure that we at least considered some of the privacy issues in both of the models we'll talk about today. Danielle, you brought one of them up.

[Rim Cothren, HCAI] 15:28:18

Do you have a recommendation? On what happened with rosters, if you receive a roster with a name on it.

[Rim Cothren, HCAI] 15:28:25

That you don't recognize, because under the current DXF, that might well happen.

[Danielle Friend] 15:28:31

Yeah, I mean, I think some of it is figuring out what the expectations are for the sender, um, but I think also being able to ignore those people or patients you don't know.

[Danielle Friend] 15:28:41

Um, making sure it's not expected that you maintain, oh, that was part of the roster, even though I maybe have never seen that patient myself.



[Danielle Friend] 15:28:48

Definitely need to, like, document that and make it a clear expectation.

[Rim Cothren, HCAI] 15:28:52

Thanks, Jenyo. Vishan?

[Vishaun Lekraj] 15:28:56

Just wanted to highlight, and it's really on theme with everybody else, um, really the privacy concerns around sharing a roster.

[Vishaun Lekraj] 15:29:03

Across many different organizations. The inefficiency around that is one aspect of it, but, you know, did we share.

[Vishaun Lekraj] 15:29:11

Um, the information in a timely manner across many different organizations, that inefficiency, I think, is.

[Vishaun Lekraj] 15:29:17

General concern, then also sharing the volume of information and the duplicity of an individual across many organizations.

[Vishaun Lekraj] 15:29:25

Did that patient's identity change between rosters being shared and that frequency?

[Vishaun Lekraj] 15:29:29

Um, that's really, uh, another concern as well.

[Rim Cothren, HCAI] 15:29:34

Do you have any recommendations about. How to address any of those issues?



[Visaun Lekraj] 15:29:40

Uh, not immediately. I think as the theory evolved, the series evolves, um, I liked how you stated it at first, Rim. This is one of the bookends.

[Visaun Lekraj] 15:29:49

So I'd like to see where this group kind of goes as we evolve over the next couple of meetings. I think from my perspective, there are some suggestions, but I want to hold out until we get into.

[Visaun Lekraj] 15:29:57

A little bit more of a future state.

[Rim Cothren, HCAI] 15:29:59

Sounds good. Tim?

[Tim Polsinelli] 15:30:02

Yeah, um, I appreciate all the... all the commentary so far. I think there's a lot of good things to consider. I... I give a plus one to Vishon there, just with some of the privacy concerns. He stole that from me, so I, um... Robin, you mentioned some of the ability to do some innovation with a decentralized model. I certainly appreciate that.

[Tim Polsinelli] 15:30:21

Um, being a Qiohio and trying to do some of this stuff today, I think.

[Tim Polsinelli] 15:30:26

Um, that also introduces complexity when all of these different nodes can choose the different technologies that they want to use today, and that puts a lot of burden.

[Tim Polsinelli] 15:30:35

On each node of trying to figure out. How many different technologies, or to what set of technologies they're going to support to communicate with all these organizations. So... Um, that's just a challenge in the implementation, uh, right, and allowing some of these organizations to pick the technologies that they so choose.



[Tim Polsinelli] 15:30:55

Um, I think those are... those are... with the privacy and kind of that technology piece is one of the biggest.

[Tim Polsinelli] 15:31:03

Factors we see today, pragmatically, that is preventing adoption of the ADT notification process.

[Rim Cothren, HCAI] 15:31:09

Okay, so I want to make sure that I understand, so the privacy concern largely is about the distribution... the distribution of rosters.

[Rim Cothren, HCAI] 15:31:16

That's what I'm kind of hearing from people, is the wide distribution of rosters. I see at least a few heads nodding. If I miss that.

[Rim Cothren, HCAI] 15:31:23

Somebody raised your hand. And then Tim, what I'm hearing you say is that you favor something that is distributed, but perhaps not this distributed, that there needs to be.

[Rim Cothren, HCAI] 15:31:34

Some boundaries on choice to make this less complex? Is that what I heard?

[Tim Polsinelli] 15:31:39

Yeah, I think the closer we move... centralized has some challenges, too. The closer we move to a centralized model, where we can accommodate.

[Tim Polsinelli] 15:31:46

Differences in technologies, but do that where it doesn't impact all the different nodes is a preferred... preferred choice, so moving towards centralized is definitely a favorable.

[Rim Cothren, HCAI] 15:31:59

All right, thank you, Tim. Cindy.



[Cindy Bero] 15:32:03

Thanks, Rim. I just wanted to also... Sorry, no, we're not going to fix what you did wrong. You did nothing wrong. Um... I just want to also call out, for some recipients of event notifications.

[Rim Cothren, HCAI] 15:32:04

Fix what I did wrong, yes.

[Cindy Bero] 15:32:16

Um, it might be really challenging if the different hospitals and SNFs and EDs I subscribe to.

[Cindy Bero] 15:32:24

Each send me information in a different way. I don't know if I'm gonna have the resources to know how to consume from all these different organizations and all those different ways. So, maybe a large organization might have the resources and the technology to.

[Cindy Bero] 15:32:40

To deal with different ways of receiving information, but if I'm a small physician office, I might not have the ability to adapt to 10 different ways of receiving these notifications, so it'd be hard for me as a recipient to.

[Cindy Bero] 15:32:53

To necessarily really fully participate in all those relationships.

[Rim Cothren, HCAI] 15:32:58

Great, thank you. Let's go ahead and pull the slides back up, and we're going to take a look at the other bookend. In the meantime, um, I was starting to take a look at some of the things that we're seeing in the Q&A. Lucy asked, is notification about sending notice.

[Rim Cothren, HCAI] 15:33:13

For every event, there is notification always attached to a patient name for whom notification is desired.



[Rim Cothren, HCAI] 15:33:18

Under the DXF today, we are always talking about there needs to be a request for notifications.

[Rim Cothren, HCAI] 15:33:24

Associated with an individual. So, in case there are any other questions, that is what we're talking about.

[Rim Cothren, HCAI] 15:33:30

Um, I do really appreciate us talking about privacy. As part of the last model.

[Rim Cothren, HCAI] 15:33:37

So I want us to continue thinking about how that might be impacted here. As the other end of the spectrum, you can imagine that things are fully centralized, and that is that every recipient that wants to get notifications.

[Rim Cothren, HCAI] 15:33:51

Sends their roster to OneNote, one centralized service that processes that. And every.

[Rim Cothren, HCAI] 15:33:58

Hospital, ED, and SNF that's participating in event notification, or in the future, any participant that is sending events.

[Rim Cothren, HCAI] 15:34:07

Extends them to that same node, where it's... Checked against the rosters.

[Rim Cothren, HCAI] 15:34:12

Uh, person matching ends up happening to an. An event with one or more rosters from one or more recipients that ask for notifications.

[Rim Cothren, HCAI] 15:34:22

And then generates those notifications and sends them back to all of the recipients. Obviously, fewer arrows on this.



[Rim Cothren, HCAI] 15:34:30

But the workload on that node is obviously, um. Obviously larger. We're really looking for the same questions here, so if we take a look at the.

[Rim Cothren, HCAI] 15:34:41

Other side of the coin, how do you feel about centralizing services?

[Rim Cothren, HCAI] 15:34:46

Catalina, why don't you go ahead and drop the slides again, and Julie... Why don't you kick us off again?

[Julie Silas, Homebase (she/her)] 15:34:52

Yeah, I'm actually just gonna ask a question to David and Brian, in particular, of.

[Julie Silas, Homebase (she/her)] 15:34:58

How do their systems... how does a she work that way? Brian, are you swan? Can't see if Brian's still on, but... Um, David, like, what's the vision of how you all are doing that in terms of, are you using a node model, and...

[Julie Silas, Homebase (she/her)] 15:35:11

Is it sending notifications, or is it just allowing those recipients to look into the node to get those notifications? Like, or what's the vision for that?

[Julie Silas, Homebase (she/her)] 15:35:20

If at all.

[Julie Silas, Homebase (she/her)] 15:35:27

David, that's you at United Way, you're on mute.

[David McCann] 15:35:32



Are there two names, and I think mine was one of them. Who were you directing the question to?

[Julie Silas, Homebase (she/her)] 15:35:36

Yeah, I was thinking about both you and Brian in terms of having the CIEs or the she's that have.

[Julie Silas, Homebase (she/her)] 15:35:43

A vision of event notification, like. Having a central place that already exists, sort of... I think of the CEI and the she as a node, in a way.

[Julie Silas, Homebase (she/her)] 15:35:53

But would you, like...

[David McCann] 15:35:55

Good point. So, I'm eager to learn here, so I'm here not to opine.

[David McCann] 15:36:02

On what should work, as opposed to learn what might work.

[David McCann] 15:36:05

I think where I currently sit, but I'm learning some far deeper experts here.

[David McCann] 15:36:11

Is that... and certainly the 211s that I'm architecting. We are an intermediary, we're not a QHIO, we're a non-QHIO equivalent under the roadmap.

[David McCann] 15:36:21

We are an intermediary who can pass data on a person.

[David McCann] 15:36:24



I'm pretty hostile to the notion of anything centralized. I just don't believe in centralized. I think it's the antithesis of innovation.

[David McCann] 15:36:34

And so, I would avoid it with the plague. Um, the county is the unit of experimentation in California. It's very apparent from 211 that nothing gets done without a county supporting it.

[David McCann] 15:36:46

And we have lots of counties, and so... I wouldn't go for anything centralized. Relative to the notion of a roster.

[David McCann] 15:36:54

Um, because I'm in the social care space, as opposed to the medical care space, I think we think in small cohorts.

[David McCann] 15:37:01

And there has to be consent from the person. So until you show consent.

[David McCann] 15:37:05

And until you make referral work well. I think referral and consent have to go hand in hand.

[David McCann] 15:37:11

And so I'm kind of skeptical. On overly complex, gargantuan notification systems.

[David McCann] 15:37:17

I think it's a pie in the sky, and I'm kind of here to learn what might be simple and easy.

[David McCann] 15:37:24

Rather than complex and centralized for me is a no-no.

[Julie Silas, Homebase (she/her)] 15:37:27



Thanks, David. Brian, do you... do you all do any event notification currently through SHE?

[Brian Thomas] 15:37:33

We absolutely do. Um, we do event notification for care coordination.

[Brian Thomas] 15:37:38

Across the county, uh, and with both internal, uh, county partners as well as external.

[Brian Thomas] 15:37:45

Um, I do think it, you know, as David said, it does make things complicated, uh, because we provide.

[Brian Thomas] 15:37:52

Those alerts, but, um... I'll give you an example. We provide, uh, social service alerts for care coordination relative to justice-involved work.

[Brian Thomas] 15:38:03

But where those alerts go, and how they're responded to, and... Does it accomplish the mission?

[Brian Thomas] 15:38:09

You know, we don't always know that. We don't always have a mechanism to know that. And when you don't know.

[Brian Thomas] 15:38:15

Uh, how well it's working, you can't optimize it. You can't... figure out, okay, if it's not working, what's a better strategy? So, um, so it's not until we work with folks that, you know, have experienced some high level of.

[Brian Thomas] 15:38:29

Discontent, um, that we can say, oh, we can address that particular issue, and we'll work together to do it.



[Brian Thomas] 15:38:36

The other thing that I've noticed is that when you have a centralized sort of process.

[Brian Thomas] 15:38:41

All players across the spectrum are not equal. You just don't... they... everybody doesn't have the same resources to respond to.

[Brian Thomas] 15:38:47

How do you fix your end, and how do we work together to make end-to-end work.

[Brian Thomas] 15:38:52

Well. Um, and so you have to sort of account for that, because, you know, sort of, you're only as strong as the weakest link in the... sort of centralized process, um, and that... that tends to worry me.

[Brian Thomas] 15:39:04

Now, in our county, we've been at this, you know, nearly 7 years. We've ironed a lot of the kinks out, so I think we have some model... a model that... that works well for us.

[Brian Thomas] 15:39:15

I'm not sure, uh, that it would take less than 6 years to make it work well across the state.

[Brian Thomas] 15:39:20

That's... that's the concern.

[Julie Silas, Homebase (she/her)] 15:39:24

Thank you.

[Rim Cothren, HCAI] 15:39:27



Thanks, Brian, and I really appreciate your experience outside of admissions and discharges, because we do want to think about things.

[Rim Cothren, HCAI] 15:39:33

On a larger scale than just that. Particular type of event, so... I would encourage you to keep reminding us that we're not just talking about a hospital, and we're not just talking about admissions and discharges.

[Rim Cothren, HCAI] 15:39:46

Um, and that will... for privacy and capabilities and a lot of things that'll force us to stretch our minds a little bit to think about some of those other use cases.

[Julie Silas, Homebase (she/her)] 15:39:55

Yeah, I'm gonna just drop one more in, if that's okay. It's, like, a person's housing status, so we work, you know, there's a lot of managed care plans who are trying to help people get housing, and a lot of COCs, and they're not necessarily being able to notify each other when those individuals, so that's another, like, very common.

[Julie Silas, Homebase (she/her)] 15:40:12

Um, one, not only discharges from the hospital or entries to the hospital, but actually housed... housing

[Rim Cothren, HCAI] 15:40:20

Thank you, and... and I do appreciate hearing. Um, the, uh, you know, input on what some of the other events or models might be that are beginning to be explored out there, because the roadmap calls for us to expand into other areas, but.

[Rim Cothren, HCAI] 15:40:37

Haven't called out what those areas are yet. So, as we go along here, suggestions along those lines would still be welcome.

[Rim Cothren, HCAI] 15:40:45

Eric?



[Eric Nielson] 15:40:48

Please stop me if maybe this is getting ahead of where the conversation is going, but for me, it seems like.

[Eric Nielson] 15:40:53

You know, some type of hybrid model. I mean, you know, makes the most sense, and perhaps organized around domains.

[Eric Nielson] 15:40:59

You know, where there are naturally. Kind of central authorities, you know, leveraging kind of public assistance, you know, all.

[Eric Nielson] 15:41:06

Public assistance claims go through, you know, in California go through a centralized system.

[Eric Nielson] 15:41:11

You know, Medi-Cal eligibility data is centralized. You know, there are kind of these natural points within certain social services domains where there is a central authority.

[Eric Nielson] 15:41:22

That could potentially serve as a broker for areas in that. And so, you know, thinking, you know, as we're.

[Eric Nielson] 15:41:28

Because I, you know, completely agree with David and Robin about, you know, the need for innovation and not stifling that by looking at the central authority, but perhaps, you know, doing some assessment of where.

[Eric Nielson] 15:41:40

These natural points of concentration lie, and leveraging or extending on those.

[Eric Nielson] 15:41:48



Than to allow, um... you know, allow some reduction in the complexity and administrative burden. Also, just want to call out, you know, there's a great comment in the chat about the concern about the burdens for rural consumers, and, you know, migrant folks that move around, and oftentimes.

[Eric Nielson] 15:42:02

You know, rural communities, you know, have folks that are receiving services across the broadest span of the state, including across state lines, sometimes.

[Eric Nielson] 15:42:10

Um, and they're the least resourced to administratively manage, you know, the type of electronic communication. You know, may not be able to participate in, you know, the full breadth of data sharing, and so thinking about how.

[Eric Nielson] 15:42:22

You know, some degree of centralization, I think, is essential to support.

[Eric Nielson] 15:42:27

Um, the underserved, and to support communities that just don't have the technical ability or resources to maybe be as innovative as some of the other counties. And so something that allows.

[Eric Nielson] 15:42:38

You know, both and, right? Apologies for...

[Rim Cothren, HCAI] 15:42:43

No, don't... don't apologize for that. I will say that. Cindy and I spent some time drawing out some other models that are hybrids, but none of them are organized around domain.

[Rim Cothren, HCAI] 15:42:55

So, thank you for bringing that up. Today, and, um, it's gonna force us to force Cindy and me to.

[Rim Cothren, HCAI] 15:43:04



Stretch our brains a little bit in the next couple of days. Thanks for that.

[Rim Cothren, HCAI] 15:43:07

Bishan?

[Vishaun Lekraj] 15:43:10

Yeah, I just want to highlight what Eric mentioned, is that hybrid concept. I think I'd be interested to see what this group comes up with, or what's presented.

[Vishaun Lekraj] 15:43:17

Uh, with the centralized model, you know, that single node, that single entity, there's a lot of dependency on the accuracy of patient matching within that node.

[Vishaun Lekraj] 15:43:26

The data management, if consent is published there, there's a lot of dependency on it being accurate from that perspective as well.

[Vishaun Lekraj] 15:43:32

And then the overall performance of that node, when you have a lot of agencies, a lot of organizations interacting with that node.

[Vishaun Lekraj] 15:43:38

I'd be concerned, generally, can it keep up with the capacity requirements, or... Could we see impacts with data sharing because that node decides to go down, or if it's attacked from a cyber breach perspective? So I think.

[Vishaun Lekraj] 15:43:52

Centralized, although probably in some minds, could be a really good solution.

[Vishaun Lekraj] 15:43:57

I think it brings a whole lot of risk with it, uh, from several aspects.



[Rim Cothren, HCAI] 15:44:01

Thank you, Vishan. I was also going to ask you, you know, as a large.

[Rim Cothren, HCAI] 15:44:09

Potential, uh, source of events like this. Do you have specific thoughts about how a large system, um, and I believe that you are using an intermediary for events today.

[Rim Cothren, HCAI] 15:44:23

Um, is there anything that you can share about. Your thoughts about the contrast of a model that does use nodes versus doing admissions and discharge notifications yourself?

[Vishaun Lekraj] 15:44:35

I think offloading the roster management to maybe a Qiohio or some organization like that, like you're... as you're mentioning, an intermediary.

[Vishaun Lekraj] 15:44:43

I think removes a lot of burden, uh, with. Managing that information, and it allows people or organizations to almost subscribe. So I think.

[Vishaun Lekraj] 15:44:51

From what we've observed, there's a lot of benefit with that. In other states, we've seen patterns where there's more of a centralized model.

[Vishaun Lekraj] 15:44:59

And, you know, it's working, and it works. Uh, but is it working to its full potential? I think that's where some of the limits are starting to be breached, so... Um, kind of speaking more to that centralized, we're just talking about here, it's...

[Vishaun Lekraj] 15:45:12

Like I said, it works, but I think there's... there's that hybrid ground, or that middle ground, as Eric pointed out, that could benefit us here.

[Rim Cothren, HCAI] 15:45:19



Thank you. Eric?

[Eric Jahn] 15:45:22

Hi, I also want to agree with my co-Eric. I do feel that a hybrid approach is pragmatic. I'm like David in that I tend to lean towards a decentralized approach, just because it... it favors innovation, rapid, uh, change, uh, you know, the lack of large bodies. What the centralized bodies can do is publish best practices and protocols and showing what's working.

[Eric Jahn] 15:45:47

And methodologies for that, but as far as, like, restricting or acquiring a certain single endpoint, that seems... that seems a little slow.

[Eric Jahn] 15:45:54

Uh, I think we do have to be pragmatic, though, like, you know, domains and money are going to drive what's actually done.

[Eric Jahn] 15:46:02

And so I think that, uh, you know, that's gonna lead us towards a hybrid approach from a fully decentralized one, but I also think we have to be a little more granular in how we think about this. I think rosters and lists and batch processing is kind of something from the past.

[Eric Jahn] 15:46:16

And we're looking more at, like, event-based for subscriptions to individuals' events within a specific domain. So.

[Eric Jahn] 15:46:23

Protocols, you know, over the web that are popular, like publish and subscribe, you know, those types of things, I think, are gonna be where we want to go, as opposed to something more.

[Eric Jahn] 15:46:34

Batch... batch-based and, you know, daily processing, that sort of thing.

[Rim Cothren, HCAI] 15:46:40



Thanks, Eric, and that is something that I'd like us, you know, as the meetings move forward.

[Rim Cothren, HCAI] 15:46:45

Dive in a little bit more on... One of the things that our stakeholders said very clearly to us is.

[Rim Cothren, HCAI] 15:46:53

Don't send me data that I haven't asked for, and so that's why we think of this in terms of requests.

[Rim Cothren, HCAI] 15:46:58

Rosters are the current version of that. It doesn't need to be the long-term version. So, as we dive in, if we maintain a request for notifications, what that looks like is one of the things we'll want to drill into, so thanks for bringing that up today, Eric.

[Rim Cothren, HCAI] 15:47:11

Brian, I see your hand up.

[Brian Thomas] 15:47:13

Yeah, um, some of this has triggered some thought in terms of some of the things that are going on in our county, and one of those things is.

[Brian Thomas] 15:47:20

You know, we're really looking at how our model attracts or does not attract the consumer.

[Brian Thomas] 15:47:25

And I think it would... it would behoove this group to sort of think about.

[Brian Thomas] 15:47:30

Does a model of centralized or decentralized aid the consumer from.

[Brian Thomas] 15:47:35



Being a part of it, or does it somehow... Leave them behind, and I think that when we think about those folks that would give consent and to want to, um, give their permission to be a part of the network.

[Brian Thomas] 15:47:50

We may be discouraging, uh, based on the model, but you also may leave a certain population behind, because some of those folks are not going to be able to do the things.

[Brian Thomas] 15:48:01

Or be connected in the way that we would want them to, and so then what happens to them? Someone said something earlier that sort of got me thinking about that, is we sort of looked at, just as an example of the uptick of handheld devices with regard to consent.

[Brian Thomas] 15:48:16

It's not on the rise. It's not something that's growing. It's something that's kind of stayed the same over the last 5 years, and I kind of wonder, why is that? We look across our county, I'm like.

[Brian Thomas] 15:48:25

We have... we have the right population of folks that have handheld devices, why are they not consenting using them?

[Brian Thomas] 15:48:31

And so that's a... that's something that has to be considered as part of this larger conversation.

[Rim Cothren, HCAI] 15:48:36

Thanks, Brian. Um, as I said before, we didn't talk about person matching on either of the diagrams this time through. We are.

[Rim Cothren, HCAI] 15:48:45

Planning on doing that in the future. Consent also didn't get drawn on any of the diagrams today, and I'll just tell you.



[Rim Cothren, HCAI] 15:48:52

It's not something we explicitly put on some of the others that we've been toying with. So, Brian, I think it's important for us to.

[Rim Cothren, HCAI] 15:48:59

Be considering, so where does consent. Live operationally and architecturally in some of these, uh.

[Rim Cothren, HCAI] 15:49:08

In some of these scenarios as we move forward, so... Don't let us get away without coming back to consent. Thank you. Ken, I see your hand up.

[Ken Riomaes] 15:49:16

Yeah, thanks for, um, benefit of going somewhat last, I can just say, yeah, I agree with everybody, good work.

[Rim Cothren, HCAI] 15:49:22

I... I know I'm not gonna... you know I'm not gonna let you get away with that.

[Ken Riomaes] 15:49:22

Good suggestions and whatnot. Uh, I know you're not, so thanks for keeping me honest. Um, you made an interesting comment, Rim, about stakeholder feedback in terms of.

[Ken Riomaes] 15:49:32

The type of event notifications that they're most interested in. And I think it's important to differentiate between the audience for that.

[Ken Riomaes] 15:49:40

Um, the paradigm for intermediaries. In terms of how they or we are going to process ADTs.

[Ken Riomaes] 15:49:47

It's very different from a point-of-care provider who's going to be reviewing the ADTs.



[Ken Riomales] 15:49:52

And seeing how am I going to use this in a meaningful way to.

[Ken Riomales] 15:49:56

Provide appropriate treatment. So when we talk about architecture, how messages are going to be disseminated, et cetera, et cetera.

[Ken Riomales] 15:50:03

More often than not, that's a foreign language to your boots on the ground providers. They're looking at it, it's like, well, I just need to know if this person was in an ED.

[Ken Riomales] 15:50:12

Um, did they, you know... have a sort of prescription.

[Ken Riomales] 15:50:17

Something that's relevant to that particular workflow. So I think it's just important to make sure that we're keeping that in mind.

[Ken Riomales] 15:50:23

And making these recommendations. We can do a high-level architecture and say, great, we want to go ahead and.

[Ken Riomales] 15:50:29

Design a system that does X, Y, and Z. Ultimately, if that doesn't bring any kind of relevancy to the providers who are going to be utilizing that, it's all for naught.

[Ken Riomales] 15:50:38

Um, I will make a quick comment, too, with regards to the centralized, decentralized model. I think for California.

[Ken Riomales] 15:50:45



A singular centralized model is probably the equivalent of boiling the ocean.

[Ken Riomales] 15:50:50

Um, historically, we have not been successful in attempting to do any form of centralization on that scale before.

[Ken Riomales] 15:50:58

That being said, if any entity were to do that, it would need to be a government entity.

[Ken Riomales] 15:51:04

I think that would kind of trump everything in terms of.

[Ken Riomales] 15:51:07

Do we have to do it, or are we being suggested to do it?

[Ken Riomales] 15:51:10

So that's also going to be a strong consideration with regards to that.

[Ken Riomales] 15:51:14

On the extent that we've done, and I think a lot of the folks on this call have actually been echoing that, is really the regional approach.

[Ken Riomales] 15:51:20

That seems to be what we've done in the past that has shown some success.

[Ken Riomales] 15:51:24

No reason to think that it can't be successful again. With some parameters, or with some additional considerations. So, that's just my two cents at this time.

[Ken Riomales] 15:51:32

Thank you.



[Rim Cothren, HCAI] 15:51:33

Thank you, Ken. Well, that brings us to the time for public comment. Catalina, if you want to bring the slides back up and take us to public comment

[Catalina Cole | Manatt Events] 15:51:44

Absolutely. Members of the public must raise their hand, and Zoom facilitators will unmute each member of the public for them to share comments.

[Catalina Cole | Manatt Events] 15:51:53

If you're logged on via Zoom, press Raise Hand at the bottom of your screen.

[Catalina Cole | Manatt Events] 15:51:58

If selected to share your comment, you will receive a request to unmute.

[Catalina Cole | Manatt Events] 15:52:01

Please ensure that you accept before speaking. If you dialed in by phone, press star 9 on your phone to raise your hand, and listen for your phone number to be called.

[Catalina Cole | Manatt Events] 15:52:10

If selected to share your comment, please ensure that you are unmuted on your phone by pressing star 6.

[Catalina Cole | Manatt Events] 15:52:16

People will be called on in the order in which their hands were raised, and you will be given 2 minutes.

[Catalina Cole | Manatt Events] 15:52:21

Please state your name in organizational affiliation when you begin.

[Catalina Cole | Manatt Events] 15:52:28



There are no hands raised at this time. We can give everyone.

[Rim Cothren, HCAI] 15:52:33

Well... Yeah, we'll give people a few... yeah, we'll give them a couple more minutes. Um, people on the panel might take a few minutes to take a look at some of the comments we've been getting for the public. In particular, I noticed one.

[Catalina Cole | Manatt Events] 15:52:35

A minute or two more.

[Rim Cothren, HCAI] 15:52:46

You know, does decentralized, uh, does a decentralized model build more silos? I think as we talk about some of the coming architectures, we should bear that in mind.

[Rim Cothren, HCAI] 15:52:57

Um, I heard Ken talk about regional. Uh, decentralization.

[Rim Cothren, HCAI] 15:53:04

Um, that may or may not be the most evident model. I want to think about that as well.

[Rim Cothren, HCAI] 15:53:11

Catalina, any public comment?

[Catalina Cole | Manatt Events] 15:53:14

Yep, we have one... And Lucy Johns, you should be able to unmute.

[Lucy Johns] 15:53:21

Yes, thank you. Long ago, when we used to do planning for hospital services in California.

[Lucy Johns] 15:53:28



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?

[Lucy Johns] 15:53:40

I'm wondering, with respect to... further understanding centralized versus decentralized.

[Lucy Johns] 15:53:49

Whether that type of analysis. Could be done is already available.

[Lucy Johns] 15:53:59

Out of our planning agency, whose name escapes me at the moment.

[Lucy Johns] 15:54:04

But patients do move around. They don't necessarily move around.

[Lucy Johns] 15:54:12

A lot, or far. I remember, in particular.

[Lucy Johns] 15:54:17

People always being surprised how many Californians actually went to Nevada for care.

[Lucy Johns] 15:54:22

When they live in the eastern part of the state. So, I'm just raising the question about patient origin.

[Lucy Johns] 15:54:29

I don't know what we should call in this context, but... That might be some facts.

[Lucy Johns] 15:54:36

Relevant to... the theoretical consideration.



[Lucy Johns] 15:54:41

Of the politics and economics of centralized versus decentralized. Thank you.

[Rim Cothren, HCAI] 15:54:47

Thank you, Lucy. I think that is something that we're going to have to bear in mind as we think about some of the models moving forward.

[Rim Cothren, HCAI] 15:54:56

One of the things that we did not bring up today, and don't plan on bringing up, is to resurface the patient-centered data home model, which is.

[Rim Cothren, HCAI] 15:55:07

Absolutely geography-based. That was something that... our stakeholders rejected last year.

[Rim Cothren, HCAI] 15:55:13

But we still need to be able to consider how we deal with patient motion.

[Rim Cothren, HCAI] 15:55:18

Catalina, do we have any other comments?

[Catalina Cole | Manatt Events] 15:55:22

Yes, we have one more comment, and... Gavik N, you should be able to unmute.

[Gevik Nalbandian (IDENTOS)] 15:55:29

Thanks, everybody, great discussion. David Naldandian from Identos, a Canadian company.

[Gevik Nalbandian (IDENTOS)] 15:55:34

Interested in consent management in the event notification identity management, um.



[Gevik Nalbandian (IDENTOS)] 15:55:39

So in the past, uh, we've, uh, one of my companies, we did event notifications based on.

[Gevik Nalbandian (IDENTOS)] 15:55:46

Subscriptions that worked well between two well-known entities who knew the roster. I think what would be really good, Rim and team.

[Gevik Nalbandian (IDENTOS)] 15:55:52

Is if we could go through from. Super easy to super hard, some use cases that says, here are two entities who want to.

[Gevik Nalbandian (IDENTOS)] 15:56:02

Share information through event notification headers, two known entities who have each other's rosters and trust each other, and all this other stuff?

[Gevik Nalbandian (IDENTOS)] 15:56:11

Can share data. Then, the second use category might be.

[Gevik Nalbandian (IDENTOS)] 15:56:15

It's super easy to make that connection, but initially they're not connected, but now they have discovered they're sharing.

[Gevik Nalbandian (IDENTOS)] 15:56:23

So now they want to do the event notification. The third category potentially could be.

[Gevik Nalbandian (IDENTOS)] 15:56:27

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.

[Gevik Nalbandian (IDENTOS)] 15:56:34

Who, um, potentially know something about. My patient, either in the near past or now, or in the future, because they've moved for a little bit.



[Gevik Nalbandian (IDENTOS)] 15:56:44

So, I think having those use cases would be really helpful.

[Gevik Nalbandian (IDENTOS)] 15:56:48

As we decide, or as your team decides, or as the team decides.

[Gevik Nalbandian (IDENTOS)] 15:56:52

Centralized, hybrid, otherwise. Um, so we could understand from... from a complexity perspective, how do we approach this? Thank you.

[Rim Cothren, HCAI] 15:57:01

Thanks for that, Kevik. Maybe we can... use that as part of our thought process as we move forward in future meetings.

[Rim Cothren, HCAI] 15:57:09

Catalina, do we have any other public comment?

[Catalina Cole | Manatt Events] 15:57:12

We have one more hand raised, um, John Helvey, you should be able to unmute.

[Rim Cothren, HCAI] 15:57:18

This'll probably be our last one before we need to wrap our meeting.

[John Helvey] 15:57:21

Thank you. The one thing I would say is that as we go about creating this.

[John Helvey] 15:57:27

We have to think about leveraging economies of scale. And, um, you know, from either a decentralized... centralized, decentralized, whatever that perspective is.



[John Helvey] 15:57:38

We need to take into consideration economies of scale. Um, strictly from a financial perspective, as well as a distributive perspective.

[John Helvey] 15:57:47

Of making sure that the notifications are going. In the manner that they should.

[John Helvey] 15:57:53

As appropriate to need to know. And minimum necessary across the spectrum.

[John Helvey] 15:57:59

And so I think that there's a lot of considerations that have to.

[John Helvey] 15:58:04

Be taken into place, um, and how can and how will the QHIO program.

[John Helvey] 15:58:10

Um, and the QHAOs be leveraged. To accommodate this. But it all goes back to... funding as well. So whatever... whatever we come up with, or whatever this.

[John Helvey] 15:58:21

Team comes up with, or whatever the state comes up with.

[John Helvey] 15:58:24

It's gotta fit into a box of affordability. And achievability.

[John Helvey] 15:58:30

Thank you

[Rim Cothren, HCAI] 15:58:31



Thanks, John. Catalina, do we have any others we might fit in one more?

[Catalina Cole | Manatt Events] 15:58:38

There are no hands raised at this time.

[Rim Cothren, HCAI] 15:58:41

All right, well then, let's go ahead and move on to next steps.

[Rim Cothren, HCAI] 15:58:44

So we're going to be posting all of the meeting materials and the recording from this meeting. Ray, I was glad to see you join us back at the end. I know what internet problems can be like. Sorry that we missed you today, but maybe you can catch up on the recording, and we look forward to talking to you next time.

[Rim Cothren, HCAI] 15:59:00

We are going to be sending out read-ahead materials. That will include at least some of these hybrid, um.

[Rim Cothren, HCAI] 15:59:07

Models, so what I'm hoping is, first of all, I'll commit to getting them out earlier than we did this time, but what I'm hoping is that you would spend at least an hour of your time, sometime between now and our next meeting to take a look at those.

[Rim Cothren, HCAI] 15:59:20

And think critically about. The pros and cons and weakest links associated with those, and also think about them in terms of privacy.

[Rim Cothren, HCAI] 15:59:29

Um, we go on to the next slide, just real quickly. So, we are planning four meetings in this series every two weeks, so we'll see you again here in two weeks at noon on the 21st, and as I said.

[Rim Cothren, HCAI] 15:59:43



We'll make a decision in the next couple of meetings whether we will add a fifth to this series, just based on how much progress we're making during our first four meetings.

[Rim Cothren, HCAI] 15:59:51

Thank you very much for your participation today. As always. You guys are, uh, great at sharing your thoughts with us, and a very talkative group, and I really do appreciate that.

[Rim Cothren, HCAI] 16:00:03

Talk to you all again in two weeks. Thank you much.