



**California Health & Human Services Agency
Data Exchange Framework Technical Advisory Committee (TAC) Meeting
Chat Log (12:00 PM – 1:00 PM PT, August 21, 2025)**

The following comments were made in the Zoom chat log by Members of the TAC and staff during the August 21, 2025, meeting:

15:08:25 From Ray Duncan to Hosts and panelists:

Hi Rim - I'm on. was just getting my AirPods out I'm in an airport

15:11:47 From David McCann to Hosts and panelists:

I agree Brian. We've previously discussed the County is the "Petri dish" of innovation. There are 58 counties in CA. I believe there is substantial DXF innovation in flight in certain counties already... so I believe you evolve a best shared model, working back from Counties.. this is about DATA, not a single platform.

15:12:58 From Julie Silas to Everyone:

Can we define "rosters"?

15:13:55 From Michael Marchant (Sutter Health) to Everyone:

Julie - I believe rosters refer to the members/patients that an organization would like notifications for from DxF participants

15:14:06 From Rim Cothren | HCAI to Everyone:

Definitions are coming up next...

15:15:48 From David McCann to Hosts and panelists:

Could we add Cohort to this TERMS slide ?

15:16:03 From David McCann to Hosts and panelists:

And what about Data Intermediary?

15:16:33 From Julie Silas to Everyone:

Thank you

15:18:17 From David McCann to Everyone:

This would be unrealistic and burdensome

15:19:01 From Jacob Parkinson to Everyone:

Current language in the Technical Requirements for exchange P&P "Participants that make requests for Notification of ADT Events must submit a roster identifying the Individuals for whom Notifications of ADT Events are requested consistent with the attributes for Person Matching or using some other method acceptable to the sending Participant."

15:19:04 From Hans Buitendijk to Everyone:

On Q&A question on alerts vs. events, it seems an event occurs and an alert is a notification when somebody (one or more) needs to be informed about that event.

15:19:06 From Jacob Parkinson to Everyone:

https://www.cdii.ca.gov/wp-content/uploads/2024/04/CalHHS_Tech-Reqs-for-Exchange-PP_Final_Apr2024_v1.0.1.pdf

15:19:06 From Michael Marchant (Sutter Health) to Everyone:
We also need to understand how we identify who is allowed to receive those notifications (what are the rules)

15:21:05 From Ray Duncan to Everyone:
So for “nodes” we mean QHIOs?

15:21:25 From Julie Silas to Everyone:
Can we do data matching without sending rosters - to have here's who is about to be released and that is matched to the HMIS clients and only those that match get notified - so using data matching to limit the “roster” to a cohort that is shared between the “nodes”

15:23:28 From Ray Duncan to Everyone:
For those participants that use QHIOs, having the QHIOs receive rosters and send notifications for their participants seems the simplest approach. The participants are already sending their ADT to the QHIOs and have a business relationship with the QHIO.

15:24:13 From David McCann to Everyone:
We need a real use case. We are working with 5 hospitals who want to SEND a “patient record” to a United Way 211 for a Care Navigation over Social Care. And a Medical Payor who wants to send a COHORT. These are small volumes, but daily. I think “ROSTER” seems overly broad.

15:24:24 From Ray Duncan to Everyone:
That requires the QHIOs to interoperate and exchange rosters but they are already required to interoperate for CCDAs anyway.

15:25:11 From Julie Silas to Everyone:
If you use QHIOs. But we know that not all the organizations or systems that want to do data sharing can afford QHIOs - I was at a meeting hosted by CHCF with physician practices and many of those small practices cannot afford to join QHIOs. Similarly, Continuums of Care (CoCs) do not have funds to participate with QHIOs - so for some types of data sharing cannot be met through QHIOs

15:26:25 From David McCann to Everyone:
Julie, I agree. For “Social Care, Patient rosters are an inappropriate model”. I believe the Social Care participants are focusing on “Cohorts” (small), and even individuals. The importance of “Care Program” matters too. Another key term we are not using.

15:26:38 From Ray Duncan to Everyone:
There may not be a single solution, which introduces a lot of technical complexity - unless there is a centralized service.

15:27:16 From David McCann to Everyone:
Ray, I would discuss you that a “federated model” with Data modeled, for many to many, is better for innovation than “centralized”.



15:27:47 From Hans Buitendijk to Everyone:

And the subscription Mike indicates seems to have to be known and managed by the publisher/source.

15:31:10 From Julie Silas to Everyone:

We are about to start our Community of Practice with BluePath and Georgetown University's Massive Data Institute and will be working with managed care plans and homeless systems of care to share encrypted data for data matching and then data sharing for common clients/members, which will include sharing notification of housing status. It will be on a super small scale and only one "event" but hoping the solutions that develop through the Community of Practice will be helpful in terms of a low-cost, simple model - more to come in the next year or so.

15:31:47 From Ray Duncan to Everyone:

I don't know that continuous innovation in this area is the greater good - a solution that is 'good enough' and something everyone can implement (like the current SOAP/CDA standard for HIE) will get more traction than the "let a thousand flowers bloom" approach especially since this is state-centric. EHR vendor involvement is important and they are limited in what they will do for a single-state solution.

15:32:10 From Julie Silas to Everyone:

100

15:36:45 From Ray Duncan to Everyone:

I would like to hear more about the Massachusetts implementation

15:37:31 From Michael Marchant (Sutter Health) to Everyone:

wondering if nodes could be given access roles to know what data or types of data would be appropriate to share with that node

15:37:38 From Marta Galan to Everyone:

A dynamic filter capability could also create unique processes on access depending on the type of data to also help with some privacy concerns -- meaning not treating all events/sources equally and the level of data in the event when applicable

15:39:10 From Julie Silas to Everyone:

Not sure why encryption cannot be retained in the mode, technology finds the matches and only send back to the user the matched clients and then the user decrypts the matches and so the only entity that sees PII is the user getting the notification. Technology should be able to use encryption to make the matches without PII disclosed - am I missing something?

15:39:20 From Julie Silas to Everyone:

*node

15:40:05 From Hans Buitendijk to Everyone:

@Michael M - The challenge is that the appropriateness to share is not the node that determines that, rather the recipient/subscriber, so not sure how this would help reduce unnecessary sharing.



15:40:16 From David McCann to Everyone:
Tim a key EVENT I would love to trigger “ list of people” we need to be aware of,
is EVICTION.

15:40:24 From David McCann to Everyone:
And a County level.

15:40:53 From Michael Marchant (Sutter Health) to Everyone:
@hans - I was looking at the role of the 'requestor' having distinct data access
security

15:40:59 From David McCann to Everyone:
I really believe we are not discussing COUNTY as a boundary/parameter of
system design.

15:41:19 From Michael Marchant (Sutter Health) to Everyone:
so credentials of the requestor would assist in providing an appropriate response

15:42:11 From David McCann to Everyone:
Simplification is a factor, Vishnu, and County level is a simplifier ..

15:42:36 From Hans Buitendijk to Everyone:
agreed that requestor has distinct data access privacy/security considerations,
while a node would then end up with the superset of those across all their requestors as really
being the recipients/subscribers.

15:43:51 From Ray Duncan to Everyone:
The many to many approach on the previous slide seems like a fantasy.
Participants can't possibly be responsible for sending rosters to a constantly changing list of
other participants in the DXF or even to all the QHIOs. QHIO subscribers are paying their QHIO
to mediate their relationship with the DXF. At minimum participants should only be required to
send rosters and receive notifications from one node/service.

15:44:19 From Marta Galan to Everyone:
@David, assuming you are speaking to housing evictions--agreed! Timeliness
would be essential to avoid the eviction so exchanges needs to be quick, some individuals may
even be a 3 day notice for example and how to catch that.

15:46:42 From David McCann to Everyone:
Marta, Agree. Been explored in at least 2 cities in Orange County.. to reduce
homelessness and reduce medical costs, prevent homelessness. Prevent eviction is an
upstream event..

15:48:50 From Julie Silas to Everyone:
And in our model for the Community of Practice, both parties will benefit and be
able to share data back and forth.

15:51:11 From Ray Duncan to Everyone:



The more I listen to this the more I think there is no single solution for these very different needs. Acute care hospitals being at one end of the spectrum and social services agencies perhaps at the other end.

15:51:14 From David McCann to Everyone:

Julie, would like to learn more about your community of Practice.

15:51:46 From Julie Silas to Everyone:

David, send me your email and I can send you some info - our application will be coming out in early Fall

15:52:10 From Marta Galan to Everyone:

Same! Julie, would love to hear about the outputs of the matching as you all progress. Provided difficulties of data quality in housing/homelessness services, curious if there are a high # of those omitted due to match issues in the IT-review w/out ability to validate further. (An area of work we are continuing to work on with state housing program data)

15:53:25 From David McCann to Everyone:

+ 1 Lucy Johns.. Consent filters all data sharing.

15:53:31 From Robin Roberts to Everyone:

Good point Lucy even as we see privacy and segmentation specifics in CA AB352.

15:54:08 From Hans Buitendijk to Everyone:

Rosters are just a list of interested parties. Privacy and Consent rules need to be evaluated every time whether an actual event notification or other data sharing transaction can actually occur.

15:57:45 From Ray Duncan to Everyone:

@david mccann - currently at least for the big EHRs used by acute care hospitals like ours, patients can opt out of HIE but it's all or nothing. there's no functionality to support opting out of one thing (e.g. notifications) but not others (e.g. .exchange for the treatment purpose of use)

16:00:26 From Jacob Parkinson to Everyone:

Great conversation, all. Looking forward to #3!

16:00:52 From Julie Silas to Hosts and panelists:

I will be out on 9/4 and miss that meeting