



**California Health & Human Services Agency
Data Exchange Framework Technical Advisory Committee (TAC) Meeting
Transcript (12:00 PM – 1:00 PM PT, November 6, 2025)**

The following text is a transcript of the November 6, 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.

[Akira Vang] 15:01:16

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

[Akira Vang] 15:01:20

or the chat. Live closed captioning will be available.

[Akira Vang] 15:01:23

Please click the CC button to enable or disable. And with that, I'd like to introduce Rim Cawthrin.

[Rim Cothren, HCAI DxF] 15:01:30

Thank you, Kara, and thank you all for joining us. Uh, we're back on... Zoom today from Teams, uh, there are a couple of things that change as a result of that. We're in a space here among ourselves, members of the public don't show.

[Catalina Cole | Manatt] 15:01:57

Did we lose REM's audio?

[Joe Sullivan] 15:01:59

Yeah, it looks like it.

[Cindy Bero] 15:02:00

We lost his, uh, he's frozen as well.

[Akira Vang] 15:02:04



We can give him a second.

[Catalina Cole | Manatt] 15:02:10

Um, I will send Rim the dial-in information for his phone, but in the meantime.

[Catalina Cole | Manatt] 15:02:16

Cindy, would I be able to kick it to you for the opening slides?

[Cindy Bero] 15:02:20

Sure.

[Cindy Bero] 15:02:27

So, um, thank you all for joining us today. As you know, um, what we do is in support of the data exchange framework and its vision. We show this slide at the start of every meeting to remind folks about why we're here, and the work of the data exchange continues as, and we appreciate your support for it.

[Cindy Bero] 15:02:48

So we can go to the next slide. Um, today, we're, uh, gonna probably not go through roll call individual by individual, um, but we will jump right into.

[Cindy Bero] 15:03:01

what we heard last meeting. Oh, and I see Rim is back.

[Cindy Bero] 15:03:04

I'll finish this slide and then turn it back to him.

[Cindy Bero] 15:03:07

Um, so we'll... as we always do, recap what we... what we heard, um, and then put, uh, you know, spend some time talking about the problems that this reflects, you know, the commentary that you shared with us reflects a series of problems.



[Cindy Bero] 15:03:23

with identity management, and we'd want to run through those. And then transition to, well, what are the characteristics of a model that might best or better manage identity? And then we'll, as always, reserve time at 10 minutes of the hour for public comment, and then some closing remarks.

[Cindy Bero] 15:03:42

And with that, I will turn it back to Rim.

[Rim Cothren, HCAI DxF] 15:03:45

I don't know what happened, Zoom just crashed on me and took a long time starting up. Sorry about that.

[Rim Cothren, HCAI DxF] 15:03:51

Um, we're not gonna call roll today, we'll pause here just so people are reminded on who's in the meeting with us.

[Rim Cothren, HCAI DxF] 15:03:57

Today, go on to the next slide, please. Um, just as a reminder, we will be providing opportunities for the public to engage in our meeting.

[Rim Cothren, HCAI DxF] 15:04:09

Uh, public comment will be pausing for just about 10 minutes before the hour, and we've reserved.

[Rim Cothren, HCAI DxF] 15:04:15

about 10 minutes, a little short of 10 minutes for public comment period.

[Rim Cothren, HCAI DxF] 15:04:18

Members of the public may also use Zoom's Q&A feature. Anything that you type into the Q... Q&A can be seen by everybody.

[Rim Cothren, HCAI DxF] 15:04:26



Including the panelists here and other members of the public, so you can use that as.

[Rim Cothren, HCAI DxF] 15:04:30

a place to put in comments or to ask questions.

[Rim Cothren, HCAI DxF] 15:04:34

I try to monitor the Q&A, but I don't do necessarily a very good job of that. You as panelists, if you want to take a look at the Q&A periodically, feel free to do that too, and anything that you think a member of the public raised that you'd like to surface.

[Rim Cothren, HCAI DxF] 15:04:48

You're welcome to do that. Go on to the next slide, please. Uh, just as a reminder, we always like to talk a little bit about.

[Rim Cothren, HCAI DxF] 15:04:57

Why we're here, and the purpose of this meeting.

[Rim Cothren, HCAI DxF] 15:04:59

And our primary purpose here is to identify, characterize, and prioritize issues.

[Rim Cothren, HCAI DxF] 15:05:04

in statewide identity management that DXF needs to address, and there are a few important things there.

[Rim Cothren, HCAI DxF] 15:05:09

It's going to look like we're getting into solutioning today, but really, our goal here is to identify what the problems are, and the only reason that we're even putting up a potential.

[Rim Cothren, HCAI DxF] 15:05:21

characteristics of a solution. is so that we can burn down a little bit better into the issues and what those, um.



[Rim Cothren, HCAI DxF] 15:05:27

issues are, you know, what, what, uh... impacts those issues have, so... Please try to keep your... what are the problems, question, thinking cap on today?

[Rim Cothren, HCAI DxF] 15:05:40

We're also trying to answer this for DXF. So, we're not boiling the ocean in what we do about identity management for all cases.

[Rim Cothren, HCAI DxF] 15:05:49

Um, and uh, what we identified in our earlier meetings is the primary problem that we're trying to first solve.

[Rim Cothren, HCAI DxF] 15:05:56

It's what we do about person matching with identity proofing and other things maybe to come later.

[Rim Cothren, HCAI DxF] 15:06:02

Let's go on to the next slide. I'm not gonna read this slide to you.

[Rim Cothren, HCAI DxF] 15:06:06

But this is a summary of some of the things we heard from our last meeting.

[Rim Cothren, HCAI DxF] 15:06:11

We do want to pause here long enough for people to take a quick look.

[Rim Cothren, HCAI DxF] 15:06:15

at what we wrote down here. If you think that we captured anything incorrectly.

[Rim Cothren, HCAI DxF] 15:06:20

Please come off mute and raise that issue. If you think that something that we talked about last time is missing from this list.



[Rim Cothren, HCAI DxF] 15:06:28

Uh, please, uh, raise your hand and... bring that to our attention as well.

[Rim Cothren, HCAI DxF] 15:06:55

I'm not hearing a very talkative crowd today. It's hard for me to believe that we've got this perfect.

[Rim Cothren, HCAI DxF] 15:07:04

Well, I'm not going to belabor things, we'll go ahead and we'll move on to our next slide.

[Rim Cothren, HCAI DxF] 15:07:09

So one of the things that we tried to do, based on what we've heard over the last two meetings.

[Rim Cothren, HCAI DxF] 15:07:14

is to formulate a proposed problem statement. This is what we think we have heard from you folks.

[Rim Cothren, HCAI DxF] 15:07:23

associated with what the problem is that we're trying to address here. And that is really that uncertainty.

[Rim Cothren, HCAI DxF] 15:07:30

And the, uh, accurate and accurately identifying individuals. across a bunch of systems.

[Rim Cothren, HCAI DxF] 15:07:37

uh, creates missed opportunities to coordinate care. creates medical errors... creates operational, clinical, and financial inefficiencies.

[Rim Cothren, HCAI DxF] 15:07:46

And that that comes from a lack of common, authoritative identity that's easy to access.



[Rim Cothren, HCAI DxF] 15:07:53

and existing incentives to create duplicate identities. That was a real insight for me, and I appreciate you guys raising that for us last time.

[Rim Cothren, HCAI DxF] 15:08:01

And it leads to a number of failures there that I'm not gonna... to read to you. I really want to... investigate, is this the problem?

[Rim Cothren, HCAI DxF] 15:08:10

Are these the consequences of a lack of good identity?

[Rim Cothren, HCAI DxF] 15:08:15

Um, before we move on. Julie, I see your hand up.

[Julie Silas] 15:08:18

Yeah, you... you did... you... you verbally corrected my big comment, which is... this just says healthcare systems, and you... you edited it as you spoke, but want to make sure we edit that to say it's a whole bunch of systems. Um, and you can, if the anchor is healthcare, then you can say healthcare and other.

[Julie Silas] 15:08:38

and cross-sector with healthcare, right? If healthcare is the anchor, but not to just focus on healthcare.

[Julie Silas] 15:08:44

Um.

[Rim Cothren, HCAI DxF] 15:08:45

So, tell me what other systems you think... how should we be phrasing that? Because I think the problem statement is really important here.



[Julie Silas] 15:08:51

Yeah, so I'm do... I'm riffing off the top of my head, but identifying individuals across.

[Julie Silas] 15:08:58

Uh... public... health and public benefit systems, health and social service systems, I mean, that's what I'm thinking about, like.

[Julie Silas] 15:09:06

social services and... yeah, I don't know if you want to narrow it to public health, but definitely it's not just healthcare. So that's, like, the number one thing.

[Rim Cothren, HCAI DxF] 15:09:15

Okay.

[Julie Silas] 15:09:16

Um, and then I have another thought about the impacts of uncertainty, but let's keep on that riff, and then you can call me back in again when we're ready to talk a little bit about the uncertainty piece.

[Rim Cothren, HCAI DxF] 15:09:27

Sounds good. Brian, I see your hand up.

[Dr. Brian Thomas] 15:09:29

Yeah, I think the phrase that you're looking for is care coordination efforts.

[Dr. Brian Thomas] 15:09:34

So, it reduces the opportunity for any coordination among.

[Dr. Brian Thomas] 15:09:40

care, uh, in CBOs or groups. So if you... it starts in healthcare, but there's social services.



[Dr. Brian Thomas] 15:09:45

There's all kinds of other services that would be enabled by correctly identifying.

[Dr. Brian Thomas] 15:09:50

the folks that are in the structure. So it's care coordination, and that's how we refer to it in the sheet.

[Rim Cothren, HCAI DxF] 15:09:55

Thank you, Brian, and I'm sorry I'm going to be picky about this today. I do encourage people to come on camera if you get a chance to. Brian, I know that sounds like I'm calling you out. I apologize for that.

[Rim Cothren, HCAI DxF] 15:10:06

But Brian, I want to pull on that thread just a little bit, too. So, do you think that care coordination is really the only use case that we want to think about here? Are there... cases that we want to try to enable around.

[Rim Cothren, HCAI DxF] 15:10:18

I don't know, population, um, um... access to care, other things that we... that are important here are... is... Is it appropriate for us to really talk mostly on.

[Rim Cothren, HCAI DxF] 15:10:31

care coordination.

[Dr. Brian Thomas] 15:10:31

Well, I was just addressing the word healthcare. Um, and I would say care coordination structures or services.

[Dr. Brian Thomas] 15:10:40

Uh, would be more appropriate there, but I guess the other thing that you... Uh, would also reduce opportunity, um.

[Dr. Brian Thomas] 15:10:47



If you don't identify folks, is if you were looking at things like social determinants.

[Dr. Brian Thomas] 15:10:53

If you don't identify it correctly, you're not going to be able to do that very well. So, you know, there's probably a lot of reporting or analytic structure.

[Dr. Brian Thomas] 15:11:01

that you will reduce and get incorrect if we don't identify folks correctly.

[Rim Cothren, HCAI DxF] 15:11:06

Great, thank you, Brian. Aaron, I see your hand up, and Rebecca, just so that you know.

[Rim Cothren, HCAI DxF] 15:11:11

Public health sounds like it's outside of care coordination, so I'd like for you to come on and talk about that a little bit, too. Erin?

[Aaron Goodale] 15:11:20

Alright, I'm sorry, I can't be on camera today, um... I think it may be somewhat captured here, but what I keep thinking of is, do... duplicative efforts and exponential duplicative efforts of many of us on this call.

[Aaron Goodale] 15:11:36

doing this type of work. And doing the matching, um, ourselves, and then working with vendors and other partners that are also doing matching.

[Aaron Goodale] 15:11:46

And then trying to match our matching to their matching, it's... it's... an exponential efficiency problem.

[Aaron Goodale] 15:11:53

And if we have a solution that we could all agree on, and is authoritative.



[Aaron Goodale] 15:11:59

Uh, it would create tremendous efficiency across all. entire, uh, healthcare network of California.

[Rim Cothren, HCAI Dx] 15:12:09

Thank you, Aaron and Julie. I would say that Aaron has taken us into thinking about what the uncertainty leads to, so we can come back to you when... if you want to pop your hand up again.

[Rim Cothren, HCAI Dx] 15:12:19

Eric, you'd have your hand up.

[Eric Nielson] 15:12:25

Yeah, I'm glad we got to the point of, I think, the consequences of errors.

[Eric Nielson] 15:12:30

And I think there's more than just, you know, opportunity cost here, right? It's not just the opportunity to coordinate care or to find efficiencies there.

[Eric Nielson] 15:12:38

I do like that you highlighted medical errors, but, you know, if we misidentify people, you know, there's other potential exposures, right?

[Eric Nielson] 15:12:46

And I think that one of the concerns, you know, that we have in, at least in the public eligibility space.

[Eric Nielson] 15:12:53

is the extent to which our systems are vertically integrated with federal systems, right? That we're checking across immigration.

[Eric Nielson] 15:12:59

citizenship, you know, those other, you know, tax filing information, those kinds of things.



[Eric Nielson] 15:13:04

Errors in identifying people can have consequences that go beyond the scope of our sphere.

[Eric Nielson] 15:13:10

And so I think that we just need to recognize and be sensitive to.

[Eric Nielson] 15:13:14

The fact that the information that we have as we aggregate it can be misused. And so, I think that... you know, problems with misidentifying people.

[Eric Nielson] 15:13:23

can lead to, you know, not just direct consequences for the folks that are misidentified, but also chilling effects.

[Eric Nielson] 15:13:30

In terms of the trust of the population to come and engage in systems of care.

[Eric Nielson] 15:13:36

for concern about, um, you know, A, how their individual information is going to be used, but also the risk of errors in that identification, right? I think that we have to recognize, kind of, the elephant in the room.

[Eric Nielson] 15:13:48

Um, that there are significant public concerns with, um.

[Eric Nielson] 15:13:52

with the way that people's information is used, and how that could potentially, if it's.

[Eric Nielson] 15:13:58



linked in too broad a chain, um, get into systems that may have more severe consequences for people.

[Rim Cothren, HCAI DxF] 15:14:04

Great. Thank you, Eric. Rebecca!

[Eric Nielson] 15:14:08

Right.

[Rebecca Fisher] 15:14:08

Yeah, thanks. Um, so I just wanted to comment on, um, integration of public health, and when we were here talking about DXF and.

[Rebecca Fisher] 15:14:15

Um, the public health use cases of DXF, I think, are significant and worth.

[Rebecca Fisher] 15:14:20

Um, you know, uplifting, you know, we have a lot of programs in the public health.

[Rebecca Fisher] 15:14:25

side that are service-oriented and or, you know, related to disease control that rely heavily on healthcare data.

[Rebecca Fisher] 15:14:33

And, um, also contribute and rely on, you know, care coordination across all of these sectors. So, I think it is important to acknowledge the... that there is, you know, a public health-specific.

[Rebecca Fisher] 15:14:44

sort of component to this. Thanks.

[Rim Cothren, HCAI DxF] 15:14:47



Thank you, and I want to call people's attention.

[Rim Cothren, HCAI DxF] 15:14:51

Uh, Rebecca, uh, riffed on Julie's, uh, suggestion for an alteration to the problem statement in the chat. You might take a look at that and see if that's something that rings true with you.

[Rim Cothren, HCAI DxF] 15:15:04

Julie, I see your hand back up.

[Julie Silas] 15:15:06

Yeah, I'm... I think I'm gonna play into a little bit of what Eric started. Um, so first I want to start with some more positive things. What I feel like's missing in this is actually.

[Julie Silas] 15:15:16

The human experience, the people who are going to benefit from the data sharing, not.

[Julie Silas] 15:15:22

authorizations and existing information and matching, but actually, like, people fall through the cracks when they're misidentified.

[Julie Silas] 15:15:28

Um, so I think that's really important, people not getting services, people losing services.

[Julie Silas] 15:15:34

Um, so that... that's really important. People have... mistaken identity has huge consequences, and I speak from experience when we were pulled over at the border with guns drawn, because my ex's name was a similar name to a lot of people who were born on that day, because he's from Mexico and it's a tradition.

[Julie Silas] 15:15:51

So there are a lot... and that goes back to sort of what Eric's saying, the misuse of data, and especially the misuse of inaccurate data when data matching is inaccurate.



[Julie Silas] 15:16:01

So, I just think that thinking about the impacts and being able to flesh out the impacts and the uncertainty, what uncertainty leads to, to think about how we can re... recast these.

[Julie Silas] 15:16:13

things in more of the human terms. instead of the systems terms, like the impacts on real people, I think that would be great, and... Some of them may all be system-wide, so you could have a bullet that's the system, and then some of the ones that are just clearly a system issue.

[Julie Silas] 15:16:28

But I would lead, if we're talking about a principled problem statement, with the impacts that it has on humans.

[Rim Cothren, HCAI DxF] 15:16:35

Thank you, Julie. I think that that's really good, and I see that Eric is applauding that.

[Rim Cothren, HCAI DxF] 15:16:39

maybe what we need to think about in terms of the uncertainty, it leads to system issues.

[Rim Cothren, HCAI DxF] 15:16:46

caregiver issues and human issues for the care receivers, you know, that there are probably at least 3 prongs to that that we need to consider.

[Rim Cothren, HCAI DxF] 15:16:54

Um, any other thoughts either on the problem statement.

[Rim Cothren, HCAI DxF] 15:16:58

Or are they consequences before we move on?

[Rim Cothren, HCAI DxF] 15:17:04



Yes, Lloyd?

[Lloyd Fischer] 15:17:05

I just want to echo the... the... the comment about the inefficiency that's introduced.

[Lloyd Fischer] 15:17:13

you can imagine from the payer perspective. None of us think that the healthcare system is efficient, but.

[Lloyd Fischer] 15:17:23

not finding the correct information requires us to go back to the provider and ask them to send it, which takes their time, which takes our time.

[Lloyd Fischer] 15:17:30

In the end, these processes do seem to work, because people.

[Lloyd Fischer] 15:17:36

work around the fact that they can't get the right information.

[Lloyd Fischer] 15:17:40

But it introduces tremendous inefficiency, delay. If you've ever complained about your prior authorization taking too long, or having to go through 6 steps when it should have been done right away.

[Lloyd Fischer] 15:17:53

Those kind of things are typically identity mismatch problems.

[Rim Cothren, HCAI DxF] 15:18:00

Thank you, Lloyd. John, I see your hand up.

[John Helvey] 15:18:05



Yeah, and I was just... I think every... I agree with what everybody has said thus far.

[John Helvey] 15:18:12

I would add that there is a reason why we don't have a national identifier, and why we don't have a California identifier, is because California's.

[John Helvey] 15:18:20

choose not to do that. Um, so... Yes, we need to... we need to fix or... implement an ecosystem that is a trusted.

[John Helvey] 15:18:32

you know, patient matching. workflow, 100% agree with that.

[John Helvey] 15:18:36

I think one of the downstream impacts of that is also trust in the data.

[John Helvey] 15:18:40

Are you trusting the data that you're getting that's being shared.

[John Helvey] 15:18:45

Um, or do you have concerns around patient matching? So, are providers trusting the data that's not?

[John Helvey] 15:18:51

It's not gone through a matching system. Um, I don't think that's a huge issue.

[John Helvey] 15:18:55

But I do think that there are... certain times when that issue.

[John Helvey] 15:19:00



is a part of the 20%, right? So... 80% of the time, I think most physicians trust the data, most caregivers trust the data.

[John Helvey] 15:19:08

But the 20% of the time, I think there are issues that we... You need to make sure are, uh, discussed and talked about, but there's a problem.

[Rim Cothren, HCAI DxF] 15:19:16

Thanks, John. So, I want to make sure that I understand your first statement around National Identifier, or California Identifier.

[Rim Cothren, HCAI DxF] 15:19:25

Suggesting that one of the barriers here is... a barrier maybe is the wrong word.

[Rim Cothren, HCAI DxF] 15:19:29

is privacy concerns? around this, uh, you know, maybe you want to talk a little bit more about.

[Rim Cothren, HCAI DxF] 15:19:37

why that identifier is important to be considering?

[John Helvey] 15:19:41

I think anything that... anything that's trying to move forward, uh, we need to make sure that.

[John Helvey] 15:19:47

We're not putting out there that we are creating this.

[John Helvey] 15:19:50

you know, unique identifier, right? We're working as an ecosystem to.

[John Helvey] 15:19:56

to do patient matching the best we can as we work amongst each other.



[John Helvey] 15:20:01

Um, but I don't... I'm not sure that all Californians are up to be... to have an identifier associated with them, right? So... Um, as we're moving through this and trying to solve this problem.

[John Helvey] 15:20:15

Um, there's a lot of us who work in the system.

[John Helvey] 15:20:19

to see the problems? And there's a lot of people who aren't represented in this call.

[John Helvey] 15:20:25

that don't really care about the problems that we have.

[John Helvey] 15:20:27

Right? Uh, they don't want a... single identifier associated to them, so I just think that that's... as we navigate through this, I think that's... taking in the... some of what the public.

[John Helvey] 15:20:38

has issues with is what we need to take into consideration.

[Rim Cothren, HCAI DxF] 15:20:41

I think we do too, and I... I have to admit that.

[Rim Cothren, HCAI DxF] 15:20:45

Just for consideration here. I... we have to... we have to admit that when I go to see my doctor.

[Rim Cothren, HCAI DxF] 15:20:54

I provide them with a copy... with my driver's license, which has an identifier on it.



[Rim Cothren, HCAI DxF] 15:20:59

And my insurance card, which has an identifier on it, and so we are creating identifiers, although we don't have a healthcare identifier, and so I do want to make sure that we.

[Rim Cothren, HCAI DxF] 15:21:11

Think about what the barriers are that are real and perceived.

[Rim Cothren, HCAI DxF] 15:21:14

And see if there are things that we can do there.

[Rim Cothren, HCAI DxF] 15:21:17

Uh, Uma, I've seen you raise your hand twice and then put it down before I got to you. Did you have something you wanted to say?

[Uma Chandavarkar, MD, MHA] 15:21:25

Oh, I did. It... I think the word, uh, uncertainty.

[Uma Chandavarkar, MD, MHA] 15:21:31

in that problems statement. it does imply a lack of confidence or predictability, but may not capture the... technical dimensions of reliability and accuracy.

[Uma Chandavarkar, MD, MHA] 15:21:44

within identity resolution, so... just proposing a couple options. We could talk about inaccurate and unreliable identification of individuals, or.

[Uma Chandavarkar, MD, MHA] 15:21:56

challenges and reliably. identifying individuals.

[Uma Chandavarkar, MD, MHA] 15:22:01

Maybe it's maybe a little bit more precise, uh, than uncertainty, but I just wanted to.



[Uma Chandavarkar, MD, MHA] 15:22:07

Throw that up there.

[Rim Cothren, HCAI DxF] 15:22:08

Thank you, Uma, and I think, in some ways, that gets to some of the other things that John was saying about.

[Rim Cothren, HCAI DxF] 15:22:14

Not trusting the data you get. If there's inaccurate matching, then that means that you have inaccurate data, so there are flow-down consequences from that that impact data quality. John.

[Rim Cothren, HCAI DxF] 15:22:25

did I understand your comments correctly?

[John Helvey] 15:22:29

Yes, and I think it's... I think it's a bigger problem than that. I don't want it just to be... have it be an identity problem. I think it's a human problem, right?

[John Helvey] 15:22:38

We have people that make mistakes. People... you know, get the wrong person.

[Eric Nielson] 15:22:43

Yeah, yeah. Yep, yep.

[John Helvey] 15:22:43

registered in the wrong chart. And the downstream impact of that is... is painful.

[Eric Nielson] 15:22:51

Yes.

[John Helvey] 15:22:51



I mean, significantly painful. And so, I think the better... the better we can help humans.

[John Helvey] 15:23:00

at the entry point. of registering, or... Acknowledging the consumer.

[John Helvey] 15:23:09

the better we can help them. the less problem we have downstream of that.

[John Helvey] 15:23:14

And so, I think... we've got to figure out how to help humans. This is not just a technological.

[Eric Nielson] 15:23:16

Yep.

[John Helvey] 15:23:21

you know, solution. This is a workflow system solution that we have to identify, and it's going to take us a while to ever.

[John Helvey] 15:23:29

achieve the real goal of this, but... We gotta help humans make less mistakes.

[Rim Cothren, HCAI DxF] 15:23:37

Thanks, John. Well, why don't we move on to the next slide, because I think that that kind of helps provide, uh.

[Rim Cothren, HCAI DxF] 15:23:44

some transition here. Um, and that is, you know, if we started thinking about what a characteristics.

[Rim Cothren, HCAI DxF] 15:23:52

what characteristics were important in a model? or doing better identity management.



[Rim Cothren, HCAI DxF] 15:23:57

at least two of the things that we called out is we need to.

[Rim Cothren, HCAI DxF] 15:24:01

Reduce the incentives to create duplicates, but also figure out some way to address the duplicates that are created. As John says, that's a very painful thing.

[Rim Cothren, HCAI DxF] 15:24:10

But that ends up happening. Um... now, I talked through, and somebody had raised their hand, and I talked through them, and they dropped their hand down, and I... failed to catch who it was. I didn't mean to cut you off, yes. Ash, please.

[Rim Cothren, HCAI DxF] 15:24:23

your comment.

[Ashutosh (Ash) Pandey, ACOE] 15:24:26

hiring, yeah, it was me, Ash. No, I just wanted to echo what some of the panelists said are, you know, related to the healthcare anchoring.

[Ashutosh (Ash) Pandey, ACOE] 15:24:34

If healthcare is not the anchor, I wanted to.

[Ashutosh (Ash) Pandey, ACOE] 15:24:38

recommend changing, uh, healthcare system to public services sector.

[Ashutosh (Ash) Pandey, ACOE] 15:24:42

And, uh, kind of including. service delivery as part of this problem statement, uh, instead of just being specifics around specific.

[Ashutosh (Ash) Pandey, ACOE] 15:24:52



Uh, around healthcare. Uh, so that's what I wanted to say. Thank you.

[Rim Cothren, HCAI DxF] 15:24:56

Thank you, Ash. does she take a look at the slide here. I'm really interested in people's thoughts.

[Rim Cothren, HCAI DxF] 15:25:03

that at least where we were hearing is that if the problem is I have incentives to create duplicates, or it's really easy to create duplicates, and I need to care for somebody, so I.

[Rim Cothren, HCAI DxF] 15:25:15

just created identity when I can't match one. That we need to figure out some way that we make it easy to identify the right person, or at least in some way, reduce the incentives for creating duplicate.

[Rim Cothren, HCAI DxF] 15:25:26

But to John's point, we need to deal with the pain after the fact, because it is going to happen.

[Rim Cothren, HCAI DxF] 15:25:32

I go into the emergency department, I don't have my wallet, I'm unconscious, I get labeled an identity that isn't associated with me, and that needs to be resolved at some point.

[Rim Cothren, HCAI DxF] 15:25:42

Uh, or I show up at, um, looking for support.

[Rim Cothren, HCAI DxF] 15:25:46

And I have no idea on me for whatever reason, or I don't have the identity card that is being asked for, and therefore can't identify myself to the system appropriately.

[Rim Cothren, HCAI DxF] 15:25:58

and something happens, well, how do we resolve that after the fact?



[Rim Cothren, HCAI DxF] 15:26:01

So... I'd like to have you look at this.

[Rim Cothren, HCAI DxF] 15:26:06

as if we did these things as part of a solution.

[Rim Cothren, HCAI DxF] 15:26:11

Would that make the problem go away? And if not.

[Rim Cothren, HCAI DxF] 15:26:16

Well, so what is the problem that's not being addressed? Maybe we need to revise our problem statement a little bit.

[Rim Cothren, HCAI DxF] 15:26:22

Or what is a more effective way to address that piece of the problem?

[Rim Cothren, HCAI DxF] 15:26:27

Julie, you've listened to me talk for a while, but you've been patient with your hand up.

[Rim Cothren, HCAI DxF] 15:26:31

Please.

[Julie Silas] 15:26:31

No, I'm always talking, you're good. Um, so, um... We're working in this community of practice, trying to do some identity matching between.

[Julie Silas] 15:26:41

continuums of Care, the homeless system of care and managed care plans.

[Julie Silas] 15:26:45



And one other thing that keeps on coming up in terms of identity management, I would love to have it be sitting in this group, um, is what you use to match, right? And so, we... we get a lot of pushback that we're doing fuzzy logic matching by using.

[Julie Silas] 15:27:02

pieces of data, pieces of a name, pieces of a social security number.

[Julie Silas] 15:27:07

Um, when people have very similar names, or i.e.

[Julie Silas] 15:27:11

And then they're like, well, you should be using, um, health data, you know, what about health data? What about some of that more personal stuff that makes it harder.

[Julie Silas] 15:27:18

to do data match and data sharing. So I think one of the additional problems with identity matching isn't just the duplication.

[Julie Silas] 15:27:26

But it's the algorithms and the systems that we're using to make sure matches are matched.

[Julie Silas] 15:27:33

in a... where we can be confident that the person is who we think they are. And so.

[Julie Silas] 15:27:39

I think that there is probably a lot of strength in the fuzzy logic.

[Eric Nielson] 15:27:43

a lot of...

[Julie Silas] 15:27:45



Um, and it's... we're not doing much better than that, but I'm wondering, like, how can we do better than that, or how can we show.

[Julie Silas] 15:27:53

that that is a good way to do it, and we have to deal one-on-one with the outliers.

[Julie Silas] 15:27:58

Um, and so I'm interested in hearing from folks who know a lot more than I do about what the standard should be for identity matching.

[Julie Silas] 15:28:06

to bring confidence in when a match is good, versus not only looking at just the duplication issue.

[Rim Cothren, HCAI DxF] 15:28:16

I'm really interested in people's thoughts to what Julie's raising here, because I hear a lot out there about.

[Rim Cothren, HCAI DxF] 15:28:22

Well, we need a standard associated with accuracy, or we need a standard associated with the algorithms people are using.

[Rim Cothren, HCAI DxF] 15:28:29

Um, which... Frankly, to me, doesn't necessarily ring true, but I'm really interested in other people's opinions. Apparently, we have some.

[Rim Cothren, HCAI DxF] 15:28:39

Ash, you were first with your hand up.

[Ashutosh (Ash) Pandey, ACOE] 15:28:43

Yeah, I mean, the first thought that came to mind was, uh, including a biometric, but that can have its own nuances.



[Ashutosh (Ash) Pandey, ACOE] 15:28:51

Um, because that provides a full group... not foolproof, but almost foolproof.

[Ashutosh (Ash) Pandey, ACOE] 15:28:57

mechanism to identify an individual. But I also want to highlight, kind of, what I'm reading here, which is adding, you know, having.

[Ashutosh (Ash) Pandey, ACOE] 15:29:06

California, uh, DMV, uh, maybe, you know, license or ID.

[Ashutosh (Ash) Pandey, ACOE] 15:29:12

Uh, you know, attached to the... Uh, kind of the R&D system, uh, they already have.

[Ashutosh (Ash) Pandey, ACOE] 15:29:19

program, I'm sure all of us know, but they already have this program, uh, in pilot when they have mobile, uh, driver's license.

[Ashutosh (Ash) Pandey, ACOE] 15:29:27

That kind of gives you the ability to. you know, take care of some of the issues, like address change, right? Somebody is changing the address.

[Ashutosh (Ash) Pandey, ACOE] 15:29:34

Uh, we reach out to... reach back to them, try and, you know, get their updated address, or trying to establish connection.

[Ashutosh (Ash) Pandey, ACOE] 15:29:42

it kind of does not give us the opportunity to have multi-channel point of connections.

[Ashutosh (Ash) Pandey, ACOE] 15:29:46



Uh, which, uh, an ID identity like DMV can give, uh, once, you know, they roll out the, uh, digital, you know.

[Ashutosh (Ash) Pandey, ACOE] 15:29:55

their digital card, uh, to a larger scale. So I kind of, you know, wanted to reflect on that, and I think that would make a lot more sense.

[Ashutosh (Ash) Pandey, ACOE] 15:30:04

biometric can be included, like a thumbprint or something, I mean, that's gonna... kind of, you know, kill it.

[Ashutosh (Ash) Pandey, ACOE] 15:30:10

So, that's me.

[Rim Cothren, HCAI DxF] 15:30:13

Thank you, Ash. Now, obviously, a biometric is only... available when a person is there. There are going to be use cases where that isn't going to work, but it is something that continues to come up. Erin, I see your hand up.

[Aaron Goodale] 15:30:27

Hi, I just... I just wanted to, um... add on to what Julie was saying in that, um.

[Aaron Goodale] 15:30:34

I don't know if I can speak to, like, exact, uh, uh... particulars of the logic that should be used for the matching.

[Aaron Goodale] 15:30:42

But I think a common, uh, compromised agreement. Uh, within the group.

[Aaron Goodale] 15:30:50

Um, with a published standard. would go a very long way in decreasing some of the inefficiency, because.



[Aaron Goodale] 15:30:58

as, you know, the way Julie and her group is doing it versus how the payer is doing it.

[Aaron Goodale] 15:31:04

Versus how we're doing it. We're all trying to figure it out and use our technology and how it works for us.

[Aaron Goodale] 15:31:12

Um, but we're all probably doing it a slightly different way.

[Aaron Goodale] 15:31:15

So, having that common standard, I think, would go a long way.

[Rim Cothren, HCAI DxF] 15:31:22

Thank you, Aaron. Um, Catalina, if you're still sharing slides, we have a number of pans up. Why don't we pull the slides down? And Danielle, you are up next.

[Danielle Friend] 15:31:33

Yeah, hey folks, um, I think maybe to answer Julia's.

[Danielle Friend] 15:31:36

question and go maybe a little bit opposite of what Aaron said, but I agree with, like, wanting to standardize this in a general sense, but I do think that we should avoid trying to create something so prescriptive that systems aren't able to implement something that makes sense for the data they have.

[Danielle Friend] 15:31:53

So I think a lot of the... what I'm hearing from these conversations is we should have.

[Danielle Friend] 15:31:58



Maybe some standard recommendations, some guidelines, some, like, best practices, so that we can be thinking about how do we implement identity matching, but let each system.

[Danielle Friend] 15:32:08

you know, build that tailored to what they have.

[Eric Nielson] 15:32:12

Yes.

[Danielle Friend] 15:32:14

Cool.

[Rim Cothren, HCAI DxF] 15:32:14

Thanks, Danielle. One of the things that I also heard somebody say is maybe providing some certainty on a match, and I'm interested in people's thoughts about that, if they have any. Eric, you had your hand up next.

[Eric Nielson] 15:32:31

Sorry, I didn't know if I was next, but... but agree.

[Rim Cothren, HCAI DxF] 15:32:33

Yes, sorry.

[Eric Nielson] 15:32:37

you know, agree with what Danielle said. I do think that the specificity and the degree of confidence that's needed depends by the domain and depends by the use case.

[Eric Nielson] 15:32:45

And I think, you know, coming from a system on the public benefit side.

[Eric Nielson] 15:32:49



That is very kind of top-down, very, you know, kind of focused on having one unique identifier for people, and then, you know, living through the problems that creates in terms of, you know, duplication.

[Eric Nielson] 15:33:00

Um, you know, recognizing, does every use case need.

[Eric Nielson] 15:33:05

perfect accuracy, and I think, you know, is there... Perfect accuracy needed across a span that includes many domains, or is it only needed within a narrow domain, right? Does that confidence matter when it's about clinical care?

[Eric Nielson] 15:33:17

Right? As... or, you know, payment. those are maybe a higher degree of certainty than if we're maybe looking to pull statistics, where we're, you know, trying to deduplicate.

[Eric Nielson] 15:33:27

you know, individuals, but, you know, maybe aggregating services, right? I really think.

[Eric Nielson] 15:33:32

you know, and appreciate this notion of flexibility and a recognition that whatever solution we do to match needs to be fit to.

[Eric Nielson] 15:33:41

You know, to the public benefit that we're trying to achieve, and to the end that we're trying to do, and that.

[Eric Nielson] 15:33:47

You know, I think there are always going to be a trade-off.

[Eric Nielson] 15:33:49

You know, this reminds me of my lessons from physics about, you know, the uncertainty principle, right? Like, we can know, you know, maybe really accurately.



[Eric Nielson] 15:33:57

you know, the position of something, but maybe not as trajectory, right? Like, that we can't box in uncertainty.

[Eric Nielson] 15:34:05

in every realm, and so we've got to recognize that whatever we're doing.

[Eric Nielson] 15:34:09

our solution has to be tailor-fit to the specific domain and to the use we're putting it to.

[Eric Nielson] 15:34:14

that we... we can't build a system that identifies uniquely an individual.

[Eric Nielson] 15:34:19

from endpoint to endpoint across multiple domains. without introducing, um, you know, greater uncertainty, trade-offs, barriers, and risks, right? Um, so just... just... want to highlight, I think, the need for flexibility, and a fit to purpose.

[Rim Cothren, HCAI DxF] 15:34:35

I think that that's important. One of the things, though, that I want to... I want to push back on just a little bit, is that if we're talking about a problem statement, we identified care coordination as our primary use case.

[Rim Cothren, HCAI DxF] 15:34:49

And, you know, I... I... I'm right there with you, Julie. I'm one of the ones that's always saying that perfect is the enemy of good.

[Rim Cothren, HCAI DxF] 15:34:58

And that we need to do what we can to move things forward, but inaccuracy, in matching, in care coordination can have big consequences, and so.



[Rim Cothren, HCAI DxF] 15:35:09

I, you know, I think it's good for us to kind of.

[Rim Cothren, HCAI DxF] 15:35:13

push a little bit on, so, what is good enough?

[Rim Cothren, HCAI DxF] 15:35:16

Okay, perfect. We're probably not going to get there, and that means we need to figure out how we address errors.

[Rim Cothren, HCAI DxF] 15:35:23

But what is good enough to move forward with? And I'd really challenge us to try to figure out what that means.

[Rim Cothren, HCAI DxF] 15:35:30

Thanks, Lloyd, for being patient with me. You're next.

[Lloyd Fischer] 15:35:33

So, uh, yeah, I... and I'm... I'm a big standards guy, but this is one place where.

[Lloyd Fischer] 15:35:40

We have to be very careful. And I've said this before, that.

[Lloyd Fischer] 15:35:44

at the boundary, when somebody is trying to access the system.

[Lloyd Fischer] 15:35:49

you know, they're trying to get care, they're trying to do something. In our case, if we're receiving a claim from a.

[Lloyd Fischer] 15:35:56



from a provider. We have to be much more flexible and do all kinds of fuzzy matching and so on.

[Lloyd Fischer] 15:36:05

being prescriptive in those situations means, ah, we just reject it because you have a typo, right?

[Lloyd Fischer] 15:36:11

Um, and those kind of things. can lead to much worse consequences than if we had just done the fuzzy matching.

[Lloyd Fischer] 15:36:21

That said, there's an old saying in computer science, be flexible in what you accept and be rigid in what you deliver.

[Lloyd Fischer] 15:36:28

So, I think part of this is... that if we... we're flexible and accepted something based on the loose documentation, something like that.

[Lloyd Fischer] 15:36:41

The confidence in that identity match. is information that probably should be sent downstream with the rest of the information.

[Lloyd Fischer] 15:36:52

This is something I've... and we do it in a way with identity proofing, that we capture the level of identity proofing that was done.

[Lloyd Fischer] 15:37:03

Um, I think that... the knowledge of how much faith we should put in this.

[Lloyd Fischer] 15:37:10

information that we're receiving? is important, because it does seem that our systems, once you get past that initial acceptance point.



[Lloyd Fischer] 15:37:19

there's no way of knowing how much we should trust that information.

[Rim Cothren, HCAI DxF] 15:37:25

Thank you, Lloyd. John, I see your hand up.

[John Helvey] 15:37:30

Yeah, I... I think we... I think we as a group.

[John Helvey] 15:37:36

tend to, um... be a little bit narrow-minded in... And what would it take to do patient matching? And I think we... I would challenge us to think a little bit more broadly.

[John Helvey] 15:37:49

about who has ID? Right? We have... How many youth? How many... they don't have ID, not necessarily. California... ID is not a requirement.

[John Helvey] 15:38:04

Many people don't even have a driver's license. Um, so I think from the perspective of.

[John Helvey] 15:38:12

How do we standardize it, and what... What tools do we use to standardize it on? We have to make sure.

[John Helvey] 15:38:19

that we're understanding the use cases. Where those aren't an option.

[John Helvey] 15:38:25

If we were able to say, yes, everybody has this, or they have that.



[John Helvey] 15:38:31

Right? But we don't have that. And so, I don't think that the problem ever goes away, like you said, Ren.

[John Helvey] 15:38:39

I think the problem can only... we can only streamline.

[John Helvey] 15:38:43

through trusted resources. the ability for humans to do the job.

[John Helvey] 15:38:50

And to make less mistakes. And I think that's where we really have to target first.

[John Helvey] 15:38:56

and expand the trusted resources. Um... within the ecosystem.

[John Helvey] 15:39:03

And I think over time, it does get better. I don't think we ever eliminate it.

[Rim Cothren, HCAI DxF] 15:39:09

So, John, one of the things that I'd like for you and other people to.

[Rim Cothren, HCAI DxF] 15:39:14

comment on at some point is, so what are those resources that we could bring to bear that we're not bringing to bear? Are those data sources, like the Strategy for Digital Identities for DXF says.

[Rim Cothren, HCAI DxF] 15:39:26

won't use social security number or driver's license number, etc, because it doesn't pertain to health for privacy reasons, or is it... technical resources, or is it advertised certainty of a match? What are those other things? I think it'd be really interesting to.



[Rim Cothren, HCAI DxF] 15:39:42

to get a handle on, so I'd like everybody to think about that a little bit, and really interested in comments.

[Rim Cothren, HCAI DxF] 15:39:47

Ash, you have your hand up.

[Ashutosh (Ash) Pandey, ACOE] 15:39:51

Yeah, um, I want to comment on, um. Basically, in terms of approach, uh, you know, I think we should look at 80-20.

[Ashutosh (Ash) Pandey, ACOE] 15:40:00

try and see, you know, if our solution. whenever we come up with a solution, he's able to solve at least 80% of the, you know.

[Ashutosh (Ash) Pandey, ACOE] 15:40:08

challenges that we're facing. I don't know, maybe it is 70-30, I don't know.

[Ashutosh (Ash) Pandey, ACOE] 15:40:12

Uh, we should look at, you know. you know, looking at resolving majority of our challenges, and.

[Ashutosh (Ash) Pandey, ACOE] 15:40:17

I'm sure we'll not be able to reach to that extent wherein we'll be able to resolve all of it in the very first iteration of the solution that whatever we come up with.

[Ashutosh (Ash) Pandey, ACOE] 15:40:26

Also, my apologies for being, you know, prescriptive, but... What if... and I'm just doing what-if-ing, but what if we connect.

[Ashutosh (Ash) Pandey, ACOE] 15:40:35



the existing resources of having a DMV ID, like you have also presented, with all of the healthcare IDs.

[Ashutosh (Ash) Pandey, ACOE] 15:40:44

establish that connection, both has our personal information. DMV has a picture taken, and if we establish a facial recognition, I'm moving from biometric to facial recognition, but, you know, what if you do that?

[Ashutosh (Ash) Pandey, ACOE] 15:40:55

Uh, can it not help us, you know, both in verifying the services? Because.

[Ashutosh (Ash) Pandey, ACOE] 15:41:00

We already have submitted our face, you know, picture to the DMV, and then.

[Ashutosh (Ash) Pandey, ACOE] 15:41:06

if I'm in front of the doctor's office, right, and they have a.

[Ashutosh (Ash) Pandey, ACOE] 15:41:11

camera, which is just, you know, verifying at the back end, looking at my picture and the DMV, and because the DMV is connected to all the healthcare IDs.

[Ashutosh (Ash) Pandey, ACOE] 15:41:19

Wouldn't that solve the problem of at least the verification not carrying the ID? Maybe it'll not, but just a thought. Services like ID.me.

[Ashutosh (Ash) Pandey, ACOE] 15:41:27

Universities and colleges are already using to identify the student.

[Ashutosh (Ash) Pandey, ACOE] 15:41:32

the students are taking already pictures, their selfies, and, you know, uploading all of this information on the ID.me, you know, system.



[Ashutosh (Ash) Pandey, ACOE] 15:41:40

And this is being done. So, kind of in my mind, you know, my mind goes around to that direction.

[Ashutosh (Ash) Pandey, ACOE] 15:41:45

But yeah, I just wanted to be... Just wanted to throw that across to the panel.

[Rim Cothren, HCAI DxF] 15:41:50

Thanks, Ash. Julie, I see your hand up.

[Julie Silas] 15:41:53

Yeah, I just think, just in general, when we think about, we have to think outside our normal way of being in the world, because there's a lot of people who don't have DMV as someone else early said. A lot of people.

[Julie Silas] 15:42:05

who aren't banked, who are underbanked, who don't have Experian, um, you know, we talked about youth, we talked... there's many, many, like, the BIPOC community is much more or less likely to use credit cards and, um.

[Julie Silas] 15:42:20

Our underbanked... our underbanked or unbanked, and also when you're experiencing homelessness.

[Julie Silas] 15:42:27

you probably don't have your IDs, you might look very different when you're living on the street than you will look in your IDs in general.

[Julie Silas] 15:42:33

Um, there's just... I think there's, again, a big challenge when we look outside our normal way of being and think about the world as other people experience it, and it just looks really, really different.



[Rim Cothren, HCAI DxF] 15:42:47

Thank you, Julie, and I think it is good for us to, you know, I'm... I think we do need to think about where we put our resources, but we need to think about.

[Rim Cothren, HCAI DxF] 15:42:57

Um, the populations that... you know, really... maybe aren't being addressed well, or are causing a lot of the issues, and so, Julie, I think it's good for us to bear in mind that some of the.

[Rim Cothren, HCAI DxF] 15:43:09

some of the most obvious technical solutions aren't going to necessarily address the populations that need to be addressed.

[Rim Cothren, HCAI DxF] 15:43:17

Eric, I see your hand up, and Catalina, do you want to bring up the last slide real quick, just so we can take a look at that before we... Close, uh, pause for public comment.

[Rim Cothren, HCAI DxF] 15:43:27

Please, Eric.

[Eric Nielson] 15:43:29

Rima, just reflecting in kind of some of your questions, I do think.

[Eric Nielson] 15:43:32

you know, when we're thinking about this, maybe generally and technically, you know, it's... it gets complicated. But, you know, at an individual level, we're serving a person. We know they're there, we see them, you know, they come into an ER, or they walk into an office looking for food, or, you know, financial support, right? And so I think.

[Eric Nielson] 15:43:49

You know, oftentimes when we do coordinate care. at the local level, you know, we know who this person is, we know who this person is amongst our systems, and maybe part of this is.

[Eric Nielson] 15:43:59



is thinking about. you know, scenarios where that identity matching does work.

[Eric Nielson] 15:44:04

And, you know, where their common identity is shared across, you know, systems that are working within a regional area, centered around a particular person.

[Eric Nielson] 15:44:12

And then, you know, ask the question about what technical capabilities are needed to broaden that circle. I did appreciate, kind of, this notion of.

[Eric Nielson] 15:44:19

of, you know, how do we... how do we join people in that ecosystem? And so, I think... you know, like we've done in other sessions, you know.

[Eric Nielson] 15:44:26

maybe recommending looking at regional models, looking at a particular domain, and looking at, you know, what are the challenges that domain has, you know, in linking outward, and maybe looking at some specific use cases to help determine what a more general solution would need to be.

[Eric Nielson] 15:44:40

Um, and recognizing that. You know, as much as we want it, you know, we see opportunity cost in terms of linking care. We see, you know, misses in terms of service delivery, right? That can help to inform.

[Eric Nielson] 15:44:52

you know, kind of been more specific, you know, what helps to address those cases, um, rather than thinking about a top-down, kind of centralized panoptic system that, you know, that can trace a person from end to end, because I think.

[Eric Nielson] 15:45:02

you know, obviously there are, you know, significant challenges and uncertainty in that. So, I mean, maybe drilling into the specifics.



[Eric Nielson] 15:45:08

of a region and particular use cases, you know, both the successes and challenges there may help. Sorry.

[Rim Cothren, HCAI DxF] 15:45:15

No, don't... don't apologize. Thank you, appreciate it. Um... The reason that I wanted to bring this up, again, I want to... I... it's been great that we've been talking about the problem. That's what I've been asking us to do.

[Rim Cothren, HCAI DxF] 15:45:28

Um, but in listening to you talk about the problem, it seemed like there were a couple of things that needed to be addressed, and it's what we tried to... to visualize in this picture here, and so for... Those of you that are visual, I wanted to at least put this in front of you to see if.

[Rim Cothren, HCAI DxF] 15:45:47

We're understanding the issues and the problem that need to be addressed, and one of them that we heard from you is that I may not have the piece of identity that you're asking for.

[Rim Cothren, HCAI DxF] 15:45:57

of me when I show up someplace. So we need to provide access to many forms of identity. Again, this is not what the.

[Rim Cothren, HCAI DxF] 15:46:05

strategy for digital identities shows right now that I might be.

[Rim Cothren, HCAI DxF] 15:46:09

saying, well, if you have your driver's license. Um, I have access to the authoritative source.

[Rim Cothren, HCAI DxF] 15:46:15

uh, the DMV, or issuing driver's licenses, so I can tell who you are.

[Rim Cothren, HCAI DxF] 15:46:19



Or if you have your SIN card, I have access to Medi-Cal.

[Rim Cothren, HCAI DxF] 15:46:25

which knows what your identity is associated with that SIN number.

[Rim Cothren, HCAI DxF] 15:46:29

etc. And collecting those together, which makes it a great target for identity theft.

[Rim Cothren, HCAI DxF] 15:46:35

But also, a single place where... Services might be able to access.

[Rim Cothren, HCAI DxF] 15:46:42

a collection of authoritative identity. identifiers.

[Rim Cothren, HCAI DxF] 15:46:49

and allow you to get someplace. The other thing that we heard is that there are times when duplicates are created and everybody knows that that's going on.

[Rim Cothren, HCAI DxF] 15:46:59

They don't have the piece of identity in front of them right now, so I just created an identity for them.

[Rim Cothren, HCAI DxF] 15:47:05

If we know that those are happening, or if we suspect they're happening, we need a way to address them, and I've heard from people a lot today that it's really difficult down... it's very painful downstream.

[Rim Cothren, HCAI DxF] 15:47:17

For us to have mismatches. Especially mismatches, but also failures to match.

[Rim Cothren, HCAI DxF] 15:47:23



Do we need some designated... um, process... something. I don't even know what it is.

[Rim Cothren, HCAI DxF] 15:47:32

to address duplicates that are known or suspected, and people need to take ownership of the duplicates that they're producing and make sure that they get in that queue of.

[Rim Cothren, HCAI DxF] 15:47:43

a process to be worked. Is this getting to the heart of the issue? And you'll note that there are experts.

[Rim Cothren, HCAI DxF] 15:47:51

Some of them on this call... that do probabilistic matching on a regular basis.

[Rim Cothren, HCAI DxF] 15:47:56

And they're not drawn into this picture at all.

[Rim Cothren, HCAI DxF] 15:47:58

That they are not the authoritative sources, they're the people that are trying to take authoritative data and correct from it, or.

[Rim Cothren, HCAI DxF] 15:48:05

patient-provided or individual-provided data and correct from... construct from it.

[Rim Cothren, HCAI DxF] 15:48:11

and identity. So I'm just... I'm interested in people's thoughts. Are the two big chunks of things we need to think about are authoritative sources, and how we bring them to bear?

[Rim Cothren, HCAI DxF] 15:48:20

And addressing duplicates? Or is the problem really someplace else, and this is not addressing the right portions of the problem?



[Rim Cothren, HCAI DxF] 15:48:29

Thank you, Aaron, for raising your hands to get me to shut up.

[Rim Cothren, HCAI DxF] 15:48:34

Please.

[Aaron Goodale] 15:48:34

Never, never. Uh, no, this is great. Uh, I am a visual person, so I went right to this thing on the slide deck, so thank you.

[Aaron Goodale] 15:48:44

Um, yeah, I think the fact that we're all doing this part in the middle.

[Aaron Goodale] 15:48:49

duplicate... duplicative effort, I think we're talking about. Um, just one thing is you may want to add in there, is that not only are duplicates created, but also mismatches are made.

[Aaron Goodale] 15:48:58

That need to be split apart. Just something to think about.

[Rim Cothren, HCAI DxF] 15:49:02

Thank you. John, I see your hand up.

[John Helvey] 15:49:06

Yeah, and I think the thing that we're missing here, too, is there are existing authoritative resources or sources.

[John Helvey] 15:49:13

are conflictual. For example, DMV could be this. insurance is this, right?

[John Helvey] 15:49:20



And so, you know, when, like, in healthcare, whenever you're doing the billing, what are you going to match to? You're going to match what the insurance has.

[John Helvey] 15:49:29

Right? Which is not necessarily correct, because a human made an error.

[John Helvey] 15:49:33

So wherever the process... wherever there is conflict, there have to be systemic approaches.

[John Helvey] 15:49:39

trusted, detailed, systemic approaches for authoritative resources to get.

[John Helvey] 15:49:45

fixed. That will impact downstream. and provide better matching, and... take away, quote-unquote, certain incentives for.

[John Helvey] 15:49:57

putting the patient in incorrectly. Right? Because when that data moves, it moves out into the ecosystem, it's incorrect.

[John Helvey] 15:50:04

it doesn't match, provider searches doesn't match, and then they don't... they don't get back what they need when they are in an emergent situation, or trying to.

[John Helvey] 15:50:14

deal with, uh, you know, some disaster. Right? So, we need... We need not just to be the middle and fix for the DXF participants, we need processes and systems for.

[John Helvey] 15:50:27

the existing authoritative sources to also. land at a common place.



[Rim Cothren, HCAI DxF] 15:50:35

Thank you, John. Lloyd, you'll be our last speaker before we move to public comment.

[Lloyd Fischer] 15:50:41

Thank you. So, this picture is depicting the operation of an authority. This happens to be the DXF authority, there are other authorities, but this is the process.

[Lloyd Fischer] 15:50:51

by which you create an identity authority. And this is the problem that we have in general, is that we have many identity authorities, and we're trying to reconcile them together.

[Lloyd Fischer] 15:51:03

But every one of those authorities, in fact, has this exact process going on.

[Lloyd Fischer] 15:51:08

So, do we want to create another authority? that also does this for DXF, or do we want to adopt some.

[Lloyd Fischer] 15:51:17

other authority as the ground truth for what we're going to match our identities against. I think DXF has to create one.

[Lloyd Fischer] 15:51:25

But that's a... that's the open question, I think.

[Rim Cothren, HCAI DxF] 15:51:29

I think that's a really good question, and thanks for bringing that up, Lloyd. I think that that's a good thing for us to continue to ponder.

[Rim Cothren, HCAI DxF] 15:51:36

Um, as we leave today's meeting. Akara, do you want to take us to public comment?



[Akira Vang] 15:51:41

Yes, I can. Thank you, Rim. Right? Uh, members of the public must raise their hand, and Zoom facilitators want to unmute each member of the public for them to share comments. If you logged in via Zoom, press Raise Hand at the bottom of your screen.

[Akira Vang] 15:51:55

If selected to share your comment, you will receive a request to unmute. Please ensure that you accept before speaking.

[Akira Vang] 15:52:00

If you dialed in by phone, press star 9 on your phone to raise hand.

[Akira Vang] 15:52:05

And listen for your phone number to be called.

[Akira Vang] 15:52:08

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

[Akira Vang] 15:52:14

People will be called in the order in which their hands were raised, and we will be given 2 minutes. Please state your name and organizational affiliation when you begin.

[Akira Vang] 15:52:23

And we have Jae Kim up first. Okay, you should be able to unmute now.

[Jay Kim] 15:52:30

Yes, hello, can everybody hear me? Hi, good afternoon, everybody. My name is Jay Kim. I work at an organization called Dignify, creating a platform for.

[Rim Cothren, HCAI DxF] 15:52:32



Yes, we can.

[Akira Vang] 15:52:32

Yes, we can.

[Jay Kim] 15:52:41

from incarcerated people to find reentry resources and services as they get out.

[Jay Kim] 15:52:45

And the question that I had, um, in mind... sorry, let me just pull this up here. I did have it... written... Um, I apologize, sorry, give me a second, was, um, I guess it was, um, how would... how would... how would you be able to address, um, identity management across the reentry sector.

[Jay Kim] 15:53:01

for whole person care coordination, so identity management from corrections departments, facilities, to.

[Jay Kim] 15:53:08

case management to, um, to healthcare.

[Rim Cothren, HCAI DxF] 15:53:11

I think that's an excellent question, and I think it's good for us to raise it. There was also some Q&A questions about.

[Rim Cothren, HCAI DxF] 15:53:19

getting outside of social services and healthcare. We'll say the DXF has primarily been, um... uh... concentrated in the healthcare and social services space, but there are... adjacent areas where we do need to be thinking about, and Jay, I don't think we have an answer to your question, but it's a good thing for us as we come together at our next meeting to think.

[Rim Cothren, HCAI DxF] 15:53:41

a little bit more broadly, specifically perhaps around re-entry. Thanks for bringing that up, Jay.



[Rim Cothren, HCAI DxF] 15:53:49

Kara, do we have any other public comment?

[Akira Vang] 15:53:52

Yes, well, uh, Robin Roberts just... put their hand down. Was that an accent? Okay.

[Akira Vang] 15:53:59

Robin, you should be able to unmute now?

[Robin Roberts] 15:54:01

Thank you kindly. Robin Roberts with PointClick Care. Just want to say I appreciate the discussion today, um, and want to say that I identify with Danielle's comments that she made earlier about the prescriptive nature that this would be done. Lloyd, as you pointed out at the end.

[Robin Roberts] 15:54:18

as an authority on some of that data, there is a multitude of processes.

[Robin Roberts] 15:54:23

used. There are a great many vendors doing this work that are succeeding at it. People like Experian, Beck Health, etc, etc, that specialize in matching and deduplication.

[Robin Roberts] 15:54:34

Um, this has been going on for a long time. I just want to say, I... while I could certainly appreciate the guidance and standards or guardrails, if you will, um, coming through the DXL.

[Robin Roberts] 15:54:46

F, bifurcation or subsequent efforts to do something that would be more bespoke outside of the.

[Robin Roberts] 15:54:54



investment and efforts as an authority that goes to great lengths now to have high confidence interval or certainty in those matches and deduplication.

[Robin Roberts] 15:55:03

Um, I'm just wondering what else we're taking away from our patients as we hone in on that by creating yet another layer of the same process or processes.

[Robin Roberts] 15:55:13

And so, I recognize that, as well as the need for some of the specialty populations and settings of, you know, my colleagues across this call, including these expert stakeholders that are part of this.

[Robin Roberts] 15:55:25

depth... in-depth discussion. And so, while I welcome the guidance, I just wanted to remark that I, again, I just worry about a subsequent or secondary layer of similar process.

[Rim Cothren, HCAI DxF] 15:55:36

Thank you, Robin. Appreciate that. Uh, Carrie, do we have any other... Public comment?

[Akira Vang] 15:55:42

No, we don't at this time.

[Rim Cothren, HCAI DxF] 15:55:45

We'll pause for just a beat and see if... Anyone else wants to raise their hand?

[Akira Vang] 15:55:51

All right.

[Rim Cothren, HCAI DxF] 15:56:04

Any new hands, Kira?



[Akira Vang] 15:56:06

Uh, no, not at this moment.

[Rim Cothren, HCAI DxF] 15:56:08

Let's go on to the next slide. Um, I really want to applaud people on your conversation today. There are a lot of things raised today. It's going to give us much to think about.

[Rim Cothren, HCAI DxF] 15:56:19

one of the things that we do, um, is spend quite a bit of time poring over the recordings from these meetings, and there's going to be much to pore over today, so thank you for that.

[Rim Cothren, HCAI DxF] 15:56:30

Uh, we will be getting post-meeting materials out. That will include a recording. If you're interested in going through that, or if other members of the public are interested.

[Rim Cothren, HCAI DxF] 15:56:39

That will be, uh, posted on our website shortly.

[Rim Cothren, HCAI DxF] 15:56:43

And if we do have any pre-read materials for our next meeting, uh, other than the slides, we will get them as... out as quickly as we can, but we certainly will be sending out slides before our next meeting.

[Rim Cothren, HCAI DxF] 15:56:53

Uh, other than that, there are no requests that I have for you other than to continue to think on some of the topics today.

[Rim Cothren, HCAI DxF] 15:56:59

There are a lot of questions that were raised.

[Rim Cothren, HCAI DxF] 15:57:02

Uh, today about, you know, where the real focus of the problem ends up being.



[Rim Cothren, HCAI DxF] 15:57:07

What resources we may need to bring to bear, what... how we keep from alienating populations, etc. So.

[Rim Cothren, HCAI DxF] 15:57:15

There's much for us to continue to think about, and I look forward to seeing you all again.

[Rim Cothren, HCAI DxF] 15:57:20

At our next meeting, our next meeting will be, uh, two weeks from today at this same time, so I will see you all then.

[Rim Cothren, HCAI DxF] 15:57:27

Thank you very much.