California Health & Human Services Agency
Data Exchange Framework Technical Advisory Committee (TAC) Meeting
Q&A Log (12:00 PM – 1:00 PM PT, October 9, 2025)

The following table shows comments that were entered into the Zoom Q&A by public attendees during the October 9, 2025, meeting:

Count	Name	Comment	Response(s)[1]
1	ken.riomales@calmhsa.org	@Akira, I am unable to unmute or turn on my camera.	Give me a moment as I am admitting more members in
2	Anonymous	Despite getting notifications that camera and mic are now active, they aren't selectable to turn on.	
3	Jeffrey.McRobert@NorthBay.org	I am unable to unmute or turn on camera	still unable to unmute/do camera
4	Vishaun.T.Lekraj@kp.org	Sorry, Teams restarted and I just rejoined.	
5	jim.stclair@c3hie.org	Just a note, focus on just "identity management" (in the context of person matching) is a separate and discrete effort from "digital identity" . This risks not being able to define and elaborate on what digital identity should be.	
6	jim.stclair@c3hie.org	To add to Julie's point the trade-off in expansive, repeatable demographic data collection for matching is potentially excessive collection and retention of PII	
7	Susan.Park@mammothhospital.com	Hello, I have tried emailing DxF multiple times, however have not received a response, so if I could	

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

		receive clarification on this I would greatly appreciate it: With regard to the DSA portal participant choices, our hospital has outpatient clinics on site (same address) and offsite (different address/county). Would we need to add both on site and offsite clinics as Subordinate Organizations, just the off site clinic(s), or is there no need to add them in the Participant Agreement? I've already consulted our QHIO and they recommended confirming with DxF.	
8	Anonymous	To confront identifier instability, what about a collection of verifiable credentials, the more that are linked to an identity, the more "resolved" and certain it is? Examples are Mobile Drivers License, SSN, 5 factor PII, proof of disability, etc.. ...and that collection is assigned an immutable identifier (maybe an OpenID Connect credential) within a single Trusted Identity Provider (IdP), one of many IdPs? Kantara Initiative is an example trust framework for IdPs, but California could create its own trust framework.	

9	Jeffrey.McRobert@NorthBay.org	Are there lessons learned from TEFCA to date we can bake into this identity process? What is working well across QHINS?	
10	jim.stclair@c3hie.org	But also note the Payors consider their patient matching algorithms to all be proprietary	
11	dchavez@schio.org	What role do clearinghouses play in the payor matching workflow?	
12	TSchaible@nchiin.org	Could agencies move towards using ID.me or something similar?	
13	KPACHECO@LIFELINE-EMS.COM	I know this isn't a direct question, but I wanted to share a few thoughts. Have we ever reached out to the public to ask what residents of the state would like to see or try? If we take the initiative to gather their input and secure genuine buy-in from the people, we can create meaningful and lasting change. Without public engagement, any decision we make internally risks lacking consistency, sustainability, and real support.

We could consider launching a large-scale social media and public awareness campaign to help residents understand that this effort is part of healthcare and that keeping accurate medical records is essential to providing exceptional, coordinated care. For those who | |

		may not have access to online or media outlets, we could work with local representatives or community leaders to meet with these groups directly and ensure their perspectives are included.	
		Additionally, have we done any public education or outreach to help people understand why and how they should provide identifying information? Building awareness about the importance of accurate identifiers could greatly improve record accuracy and strengthen continuity of care statewide.	
		From an internal standpoint, our system already includes four-factor authentication, ensuring that patient data remains secure. However, challenges in obtaining accurate information do not always stem from reluctance, as data entry errors and incomplete identifiers also play a role. Allowing field crews secure access to patient history, whether before arrival on scene or during patient care, would make their jobs significantly easier and help ensure safer, more informed treatment.	
14	jim.stclair@c3hie.org	And also...bear in mind the national TEFCA trend for patient	

		identity is to impose NIST IAL2 level verification, which also imposes many of the challenges noted here. This may have impact for the DxF.	
15	Akira.Vang@ hcai.ca.gov	•Should a focus on person-matching for individuals that are the subject of health and social services data exchange and record linking continue to be the priority for the DxF? •Are there other priorities related to identity – beyond person-matching and record linking – where DxF needs to develop strategies, policies, or solutions?	
16	Anonymous	I'd recommend not using Person Matching for all scenarios. Person Matching is great for inclusivity and lower-barrier to entry. It becomes less useful for intensive and expensive services, where 100% certainty is necessary for funder requirements, because of irreversibility of the service action, etc..	
17	AGoodale@ medpointma nagement.co m	As many have commented on the technology has limits. Will this committee touch on who will be responsible for making the record level decisions needed to build an effective MPI?	
18	Susan.Park @mammoth hospital.com	I've already tried sending a follow up email 10/01, I'll try sending another one.	

19	Susan.Park @mammoth hospital.com	@Akira, I rather not take public comment time as this is a question, would you be able to assist answering this?	
20	Julia.Gallard o@hcai.ca.g ov	Please send an email to DxF@hcai.ca.gov	
21	jim.stclair@c 3hie.org	Excellent points made, Konnor. Also think about it in the context of the state-wide rollout of the CA mDL.	

Total Count of Zoom Q&A comments: 21