

**California Department of Health Care Access & Information
Data Exchange Framework (DxF) Standards Workgroup Meeting
Transcript (12:00 – 1:00 PM PT, October 28, 2026)**

The following text is a transcript of the October 28, 2026 meeting of the California Department of Health Care Access and Information Data Exchange Framework (DxF) Standards Workgroup Meeting. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the meeting recording, which may be found on the [DxF Standards Workgroup webpage](#) to ensure accuracy.

[Akira] 12:02:42 Awesome. Okay. Hello and welcome. My name is Akira, and I'll be in the background supporting with meeting management. I'd like to take a moment to go over some housekeeping and provide some reminders of meeting norms. This meeting will be recorded. Members are strongly encouraged to keep their cameras on throughout the session, especially while speaking, to foster increased interaction and discussion.

[Akira] 12:03:02 Members of the public are kindly asked to refrain from using the raise hand feature until designated public comment period to avoid disruptions.

[Akira] 12:03:10 Workgroup members and members of the public may use the Q&A to submit questions and comments throughout the meeting. You may also use the Q&A to reach out to me if you experience technical difficulties.

[Akira] 12:03:21 Live closed captioning will be available. Attendees can turn on captions by clicking Show Captions in the meeting toolbar. If the option is not visible, click More, then Captions. Public comment will be taken at designated time during the meeting. The meeting facilitator will call on.

[Akira] 12:03:38 individuals in the order in which their hands were raised. Individuals will have 2 minutes to speak and will be asked to state name and organizational affiliation at the beginning of the statements.

[Akira] 12:03:52 And with that, I pass it back over to you, Rim.

[Rim Cothren] 12:03:54 Thank you, Akira, and thank you, everyone, for joining us today. I am very encouraged that everybody has their cameras on. We have a tendency to have these as informal meetings, and I appreciate everybody being in the room with us here today.

[Rim Cothren] 12:04:11 This is our first meeting of the Standards Workgroup, where we're going to be focusing on a roadmap to adopt FHIR within DxF.

[Rim Cothren] 12:04:21 We normally start off our meetings with just the vision for a healthy California for all. The data exchange framework is intended to enable secure and real time exchange of data among health and social services entities throughout California.

[Rim Cothren] 12:04:38 Giving providers a clear understanding of patients full health history and the information needed to provide timely, safe, and effective whole person care. FHIR may be a good portion of that. And one of the things that we really want to be talking about over the course of this is how we can.

[Rim Cothren] 12:04:55 achieve the goals of the data exchange framework in a healthy California, perhaps through the adoption of FHIR.

[Rim Cothren] 12:05:02 Let's go on to the next slide real quick about our agenda. We're going to start off with welcome and roll call. That's where we are now. We'll spend a little bit of time in introductions. Everybody, I want you to be able to meet everybody else that's here in the room with us.

[Rim Cothren] 12:05:18 We'll talk a little bit about how we operate the Standards Workgroup, the logistics for that, and the objectives of this workgroup. This meeting will be shorter in our discussion than most of them. We really try to spend most of our time in discussion, but we still have half the meeting that we're going to.

[Rim Cothren] 12:05:35 Just talk about what does and does not work within FHIR right now. We will pause for a short period for public comment, and then we will do a little bit of closing and review of next steps.

[Rim Cothren] 12:05:51 Um, my goal is to make sure that we end on time here, um, and so I have a tendency to try to get us into public comments so that we get an opportunity for members of the public to join.

[Rim Cothren] 12:06:02 Let's go on to the next slide. We are going to take roll today, but in the future we likely won't. We will keep track of who joins us here, but I want to give everybody an opportunity today to introduce yourselves. So if you want to go ahead and bring down the slides.

[Rim Cothren] 12:06:17 Um, and I will just go around the roster, and um, everybody is on camera, and I really appreciate that. Uh, just tell us who you are, the organization you're from, a stakeholder group that you are representing, and maybe, you know, a sentence or two about your experience, or.

[Rim Cothren] 12:06:35 thoughts about the use of FHIR. I'm going to go through the list in alphabetical order by last name, so if you're following along, you know when I'm going to call on you. I haven't seen Willie join us.

[Rim Cothren] 12:06:48 So it doesn't look like Willie is here Is Keith here?

[Rim Cothren] 12:06:54 I don't see Keith either. I know that we're conflicting with the Sequoia meeting today, and Keith may be there. I know Jason couldn't make it today. Hans.

[Hans Buitendijk] 12:07:04 Uh, hello, my name is Hans Bartendek, I am at the SCOI project meeting as well, uh, right now. Um, I am with, uh, Oracle Health, um, during my day job, if you will, and during these meetings, uh, you will, uh, hear me, uh, mostly, uh, providing a perspective from the EHRA, that's a, uh.

[Hans Buitendijk] 12:07:24 an industry consortium of about 30 EHR vendors. I will be the primary participant in here, but depending on my availability, Danielle Friend, she is with Epic, she may jump in. We are playing tag team. We have been involved in these discussions before.

[Hans Buitendijk] 12:07:41 And you asked what my thoughts are on FHIR. Clearly, future direction, already a lot of uptake there, has opened up new use cases that we can utilize to share data.

[Hans Buitendijk] 12:07:56 Using in various areas, more modern technologies, other areas that we can get more detailed in the data or very big data like bulk data or otherwise. So very excited and see that that's moving forward at the same point in time.

[Hans Buitendijk] 12:08:14 is that we also look at it as when is it practical? Is it ready for use? Are we trying to do the same that we're already doing with existing technology? And if so, does it bring a key benefit? So that balance between.

[Hans Buitendijk] 12:08:28 How do we interoperate today? Where do we want to be? FHIR clearly has a role in that. We always want to make sure that that's the right timing and that the benefits that we gain are worth the transition for everybody, not just us, but for everybody to take on.

[Hans Buitendijk] 12:08:44 So, back to you, Rem.

[Rim Cothren] 12:08:45 Thank you, Hans. Thanks, Keith, for bearing with us and making sure that we got you into the meeting. We're just going around introductions. I'll let you take a... Well, if you've already taken a breath, then we'll come back to you now. Do you want to introduce yourself?

[Keith Brick] 12:08:52 Thank you!

[Keith Brick] 12:08:58 Yeah, absolutely.

[Keith Brick] 12:09:00 So my name's Heath Frick, I work with eHealth Exchange as one of our interoper.

[Keith Brick] 12:09:04 Most of my work supports the public health use cases where we're leveraging FHIR to allow.

[Keith Brick] 12:09:12 public health organizations across the US to query back to provider organizations for additional information that supports, for example, following up on a tuberculosis positive test. We need to know, are they positive? Were they previously positive? Did they get antibiotics? All those sorts of things that.

[Keith Brick] 12:09:27 aren't included in the initial case report.

[Keith Brick] 12:09:31 Um, we've used FHIR successfully there, and I want to extend that use to SDOH. Um, so I'm here to support.

[Keith Brick] 12:09:37 both the standards conversations and also the implementation pilot processes.

[Keith Brick] 12:09:42 That's... that's my background. Happy to be here. Thank you. Sorry about my camera.

[Rim Cothren] 12:09:44 Thank you, Keith.

[Rim Cothren] 12:09:48 We'll just think of you as in witness protection today. Uma.

[Uma Chandavarkar] 12:09:54 Hello, my name is Uma Chandavarkar. I'm with California Department of Healthcare Services or DHCS.

[Uma Chandavarkar] 12:10:01 I work in the Enterprise Data and Information Management program.

[Uma Chandavarkar] 12:10:07 primarily on interoperability and data sharing with respect to the ask me initiative or authorization to share confidential member information initiative.

[Uma Chandavarkar] 12:10:19 Which involves a standardized consent form. A TPO consent form. And a consent management portal.

[Uma Chandavarkar] 12:10:31 FHIR, to me, I feel like the definition of FHIR-enabled really varies, and.

[Uma Chandavarkar] 12:10:39 If an entity says they're FHIR enabled, it's...

[Uma Chandavarkar] 12:10:43 They could mean...

[Uma Chandavarkar] 12:10:45 something that somebody else disagrees with. So FHIR-enabled could just be read-only, like, can we read your lab results? Or it could mean something more, like we can.

[Uma Chandavarkar] 12:10:58 We can actually exchange information.

[Uma Chandavarkar] 12:11:02 So that's my opinion on what it means to say FHIR-enabled.

[Rim Cothren] 12:11:07 Thank you. Thank you, Uma. Jonathan.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:11:11 Hello, hello. So Jonathan Feit from Beyond Lucid Technologies. Thank you guys all very much for having me. My world is the world of the ambulance. I am involved, I guess, representing EMS and FIRE, spelled F-I-R-E, not F-H-I-R.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:11:27 Here.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:11:29 Not a lot of folks get to throw that out there, but I'll take it every time I can. So certainly, first of all, on behalf of an entire ecosystem that appreciates being a part of the data exchange framework.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:11:44 From an inclusion perspective and from a standards perspective and interoperability all the way through, thank you for having me and us here. My thoughts on FHIR are actually that it is a long-awaited answer to a long-sought challenge, which is this question of, especially when you look at.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:12:03 The lower-income folks in California, as well as folks with chronic disease, they are the predominant users of ambulance services. Certainly, emergencies like the major ones that you hear about, the wildfires and so on and so forth, are essential, a part of the workflow of the ambulance ecosystem.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:12:20 But the everyday is really folks who are having, you know, again, chronic issues, social issues, substance use challenges, don't have any other way to get to healthcare. So the promise that FHIR has is the ability to say, at least in our perspective, we need to know about a certain.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:12:41 discrete set of events that have occurred. Right now, one of the biggest challenges is facing the interoperability ecosystem in the ambulance is the sheer volume of data available for around patients like that. So it's really fascinating, I think.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:12:56 How we've evolved from or moved past the question of can we interoperate? Can we share data? To which data do we want to share and how do we curate it? And the ability to not flood somebody who needs to be able to make a decision right now about this person because they're an extremist.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:13:15 Uh, they need to know what they need to know, and you've got pages and pages of information, uh, or to be able to do an immediate follow-up, because they just found this person who is often hard to find, and they're moving around, and they see them on the street, and they know they need to have that encounter to try to avoid what could become.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:13:30 an avoidable ambulance encounter. So FHIR is a much more targeted approach. I like to think of it as a scalpel as opposed to document exchange being more of a broadsword or a bazooka. But there's a long way to go. There's some standards work on the EMS side that is not directly compatible with FHIR, that being the National EMS Information System. There's already space between that and the CDA structure or USCDI.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:13:56 Uh, so FHIR is kind of a next level further, and I said, I think we've got, uh... this... our ecosystem is sort of like a duck. It looks like it's smooth on top and paddling furiously underneath to try to get... get to where it needs to go, and I think this is... this is definitely a direction it needs to go.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:14:12 So I'll be trying to take as much back as I can and translate it into the language of folks who are still trying to understand what EHRs are and aren't, and HIEs are and aren't. So there's a lot of work to do, but glad to be here. Thanks.

[Rim Cothren] 12:14:25 Thank you, Jonathan. Next, we have Aaron.

[Aaron Goodale] 12:14:30 Good afternoon. Aaron Goodale from MedPoint Management. I come here through the Data Exchange Framework Stakeholder Advisory Committee.

[Aaron Goodale] 12:14:41 And as others have mentioned, what FHIR means to me is a lot of promise.

[Aaron Goodale] 12:14:49 But, I really look at it from.

[Aaron Goodale] 12:14:53 the perspective of our clients, um, IPAs, and us being in the MSO market is the operational issues around implementing FHIR across many, many, many disparate systems, and.

[Aaron Goodale] 12:15:07 Here to talk about potential solutions to that. Thank you, Rip.

[Rim Cothren] 12:15:11 Thank you, Aaron. Eric.

[Eric Jahn] 12:15:15 Hi, I'm Eric Yan from Alexandria Consulting. I'm a freelance, uh...

[Eric Jahn] 12:15:20 software developer and solutions implementer. I've worked a lot with HUD technical assistance. I'm still working with them on the homeless management information system, web ontology data model and health level 7's gravity group. And with the national information exchange model.

[Eric Jahn] 12:15:37 As far as FHIR, as far as a clinical context, it's the best thing that we've got.

[Eric Jahn] 12:15:46 using mainstream web standards. Health level 7 does an excellent job curating the spec and testing it. So you know, it's it is great. I'd like to echo what everyone else has said, and I think it should be used for, you know, anything within that domain.

[Eric Jahn] 12:16:02 Once you get outside of healthcare, uh, or behavioral healthcare, then you start moving into something that you want to avoid trying to make everybody use one model, because they all have different.

[Eric Jahn] 12:16:14 models, and they all have different viewpoints, and they all have different elements. And so, you know, there's different, you know, direct trust has, you know, worked on a referral for further care coordination, and they allow FHIR payloads within that, but they also allow, you know.

[Eric Jahn] 12:16:32 ad hoc payloads. And so what's cool about that is that a small social service organization could receive both types of messages without having to just build a you know, a FHIR Api client. That would be very expensive for like a food pantry. So I think.

[Eric Jahn] 12:16:47 you know, we gotta be careful about trying to shoehorn everything into a model that wasn't made for it. Like, FHIR is a patient. Patient is the top of everything. Whereas a person, for whole person care, is more, you know, appropriate. So, um, you know, we should look at bridges. You know, the W3C has started the unified care model.

[Eric Jahn] 12:17:05 for precisely this to talk about a person, a household transition of care across domains. And yeah, I encourage anybody to look that up and participate in that. But I think you know, just FHIR is definitely where we should either emulate, try to.

[Eric Jahn] 12:17:21 reproduce that success in other areas, but also use it where it where it makes perfect sense.

[Rim Cothren] 12:17:28 Thank you, Eric. I'm always going to be encouraging people not to use the chat, but if you do have references to things that you'd like to drop into chat, feel free to do that. Eric, if you want to either drop a link there or drop a link in email back to Justine or myself.

[Rim Cothren] 12:17:47 We can pass that on to other people in the future just so that they have access to it.

[Eric Jahn] 12:17:53 Okay, great. I don't think I have chat access right now. I'll take another look at that and do that.

[Rim Cothren] 12:17:58 Don't worry about it, you can do it in email after. It's just fine. If you do use the chat, please use it to everyone, but I would really prefer that people talk out loud, so if you use chat too much, I'm going to yell at people.

[Rim Cothren] 12:18:10 Elena couldn't make it with us today. So, David, you're up next.

[David Koppel] 12:18:17 Hi, I'm David Koppel. I'm a senior interoperability advisor at CMS in the Office of Healthcare Technology and Products. I co-lead the group that writes the interoperability rules.

[David Koppel] 12:18:33 I'm very familiar with FHIR at a, certainly at a federal level and with the federal requirements. And previous to this position in CMS, I worked in Medicaid at CMS and worked with.

[David Koppel] 12:18:49 um, DHCS as the Medicaid State Officer, um, overseeing systems, uh, with Lynette Scott, so, um, have kind of been following the DxF for, uh, since its inception, uh, in that role, but, um.

[David Koppel] 12:19:05 yeah, happy to be here and happy to, um, you know, provide whatever insight I can from the federal level and from, uh, what we're seeing across the country to help, um, California advance the, uh, the data exchange framework.

[Rim Cothren] 12:19:19 Thank you, David. And I'm sorry, do you prefer David or Dave?

[David Koppel] 12:19:25 David, but...

[Rim Cothren] 12:19:25 Thank you.

[David Koppel] 12:19:26 I'll respond.

[Rim Cothren] 12:19:28 Yeah, and you can yell at me if I do it wrong. Jeff, you're up next.

[David Koppel] 12:19:33 Fair enough.

[Jeffrey McRobert] 12:19:34 Good afternoon, everyone. My name is Jeff McRobert. I'm a director of interoperability at a.

[Jeffrey McRobert] 12:19:41 organization in the Bay Area. We are currently in the middle of an EMR implementation, so...

[Jeffrey McRobert] 12:19:48 I'm particularly passionate about using FHIR to solve use cases that we are seeing operationally on the ground. I think one of our largest use cases to date has been supporting claims adjudication with payers.

[Jeffrey McRobert] 12:20:04 using FHIR to kind of support the record retrieval processes there, but...

[Jeffrey McRobert] 12:20:10 I'm really excited to be part of the workgroup and kind of bring perspective at the ground level as we, as we work to increase our FHIR adoption across our organization.

[Rim Cothren] 12:20:21 Thank you, Jeff. Corey.

[Kory Mertz] 12:20:24 Hey, good afternoon. Corey Mertz, Senior Director at PointClick Care.

[Kory Mertz] 12:20:30 Um, uh, you know, we, uh...

[Kory Mertz] 12:20:32 looking forward to kind of making sure the work is considering the needs of the long-term post-acute care community as we think about FHIR use cases and what they're going to enable and the readiness of the long-term care community that's a little different than other parts of the healthcare continuum. So.

[Rim Cothren] 12:20:48 Thank you, Corey. AJ.

[Kory Mertz] 12:20:49 Thank you.

[Ajay Prashar] 12:20:53 Good afternoon, team. My name is AJ Prashar. I'm a client success manager with the Alameda County Health Social Health Information Exchange, or SHII.

[Ajay Prashar] 12:21:05 I've worked in healthcare interoperability since 2,003. I've been involved with California's data exchange framework from the beginning in pilots with ask me and and other efforts.

[Ajay Prashar] 12:21:20 A lot of you I know, uh, with, uh, during my tenure with Santa Cruz Health Information Exchange.

[Ajay Prashar] 12:21:27 Uh, so, look, uh, my interest in FHIR, uh, from an HIE perspective, I've always, uh.

[Ajay Prashar] 12:21:35 been on the brink of creating use cases where we use FHIR outside of a proof of concept, but never really got there. Never really had, you know, organizations asking for that service on a long-term basis, so I'm on the.

[Ajay Prashar] 12:21:53 with Alameda Sheep. We're on the brink again to start up FHIR services. So I look forward to just working with this team and doing that.

[Rim Cothren] 12:22:04 Great. Thank you, AJ. Serene.

[Zareen Razzaque] 12:22:07 Hi, everyone. I'm Zerreen Razak. I'm the Director of Interoperability here at OCHIN, a Community Connect model on EPIC, catering across the U.S. to many different organizations, which can range from tribal health to FQHCs to PACE, etc.

[Zareen Razzaque] 12:22:25 Um, I've been working in interoperability since 2006. Um, and in regards to FHIR, um, OJIN is live with over 45 different.

[Zareen Razzaque] 12:22:36 vendor FHIR integrations, and I've had the opportunity to lead our FHIR strategy and implementations, working closely with all types of vendors, to basically translate these capabilities into, you know, successful integration workflows. So the excitement is definitely there. We're seeing all types of requests coming from all types of vendors.

[Zareen Razzaque] 12:22:54 But what I have kind of seen is it's not just technology. I think we definitely need, you know, having clear use cases, having a proper test plan, vendor readiness is really important, just to kind of ensure a successful implementation and then just making sure that they're, and I think this is what.

[Zareen Razzaque] 12:23:10 ultimately leads to proper member outcomes and not just going back to what Omar was saying, being FHIR enabled. I think there's a lot more behind that as well.

[Rim Cothren] 12:23:20 Thank you, Zerreen.

[Rim Cothren] 12:23:22 Uh, Ken?

[Ken Riomales] 12:23:25 Hi, everyone. Ken Rimalis, Senior Director of Interoperability for Kalmesa and Kalman. We primarily support county behavioral health and through our semi-statewide EHR program and interoperability services, we're reaching over half the state's counties with that respect there.

[Ken Riomales] 12:23:40 Um, with regards to my thoughts on FHIR, uh, having assisted all those counties in becoming FHIR compliant for both CMS interoperability requirements, as well as various state initiatives, uh, I can say we're all in.

[Ken Riomales] 12:23:52 We are eager to see the advancement and development of FHIR to a point where we accept it as a standard versus something that's optional. So we are very much willing to participate and excited about the opportunity to be able to push this along further.

[Ken Riomales] 12:24:08 Thank you.

[Rim Cothren] 12:24:09 Thank you, Ken. I don't think we have Lucy here today. And so, Sai, I think you bring us up.

[Rim Cothren] 12:24:16 To close.

[Rim Cothren] 12:24:20 And we cannot hear you.

[Saikiran Vodela] 12:24:23 Uh, what now?

[Rim Cothren] 12:24:24 Yep, that's good.

[Saikiran Vodela] 12:24:25 Yep. Good afternoon, everyone. Sai Vadila, Healthcare Health Plan. I'm the Advisor of Health Information Technology. In my role, basically, we have led a lot of initiatives from a health plan perspective.

[Saikiran Vodela] 12:24:37 using FHIR, mainly ingesting all the ADTs via FHIR from all the... all of our... we have three health information networks, HIEs. What we have done is we work with them to ingest all the ADTs, reduce and convert them to FHIR, and, you know, bring them.

[Saikiran Vodela] 12:24:52 uh, into our enterprise warehouse, and we have also, um, exchanging today under DxF all of our HHSI using FHIR standard. Basically, we repurposed our CMS interoperability APIs, uh, and pushed data.

[Saikiran Vodela] 12:25:05 Using FHIR, again, we have pretty, you know, FHIR-focused enterprise organization, uh, across.

[Saikiran Vodela] 12:25:11 Uh, various use cases, whether it might be for CMS interoperability, whether it might be for DxF, or whether it might be for any, you know, HI related, CalAM related use cases, we have been very proponent of using FHIR. Uh, FHIR, for us, FHIR being, is using a common standard.

[Saikiran Vodela] 12:25:27 Uh, not just the technology enablement, but also from a provider perspective, what we have seen is not many providers are, you know, FHIR-enabled, even

though they have the technology. And our goal is to using the data exchange framework as an impetus to have providers FHIR-enabled, so that we have a seamless exchange of data.

[Saikiran Vodela] 12:25:43 I think we're in very infancy. We have a lot of work to do, but I think it's a good start and using the framework, using the available technology and work with the providers to enable it and use the regulations as a backdrop to make it happen.

[Rim Cothren] 12:26:00 Thank you, Sai. Let's go ahead and bring up the slides real quick. I want to really compliment everybody in giving this a good background. We usually don't take as much time in introductions, but I think that it helped everybody understand where people are approaching this conversation. We're going to get to know each other a little bit, so I think that that was certainly.

[Rim Cothren] 12:26:20 Um, a good use of our time.

[Rim Cothren] 12:26:22 We do hold these as public meetings, um, so we will be pausing for public comment at the end of the meeting, and it's, uh, scheduled for about 10 minutes till, um, so I may be interrupting conversation there to make sure that members of the public get an opportunity to join.

[Rim Cothren] 12:26:38 Members of the public can also use the Q&A feature on Zoom. Anything that you put down as questions there can be seen by everybody. That includes the panelists here.

[Rim Cothren] 12:26:49 Just for the panelists, if you want to watch what's going on in Q&A, you're welcome to do that. Don't feel like you need to answer questions there. However, if you do see something you want to bring up, please feel free to raise a hand or just speak up on anything that you see there that you want to.

[Rim Cothren] 12:27:05 bring people's attention to. Members of the public can also send email to us at the email that's on the screen here if you didn't get a chance to answer a question during the meeting.

[Rim Cothren] 12:27:16 Go on to the next slide. Just a little bit about how we work here. So this is an these are informal meetings. We may circulate materials to you in advance. We try to keep that light so that we don't, we recognize that you're all volunteers here and are volunteering your time. So we try to keep.

[Rim Cothren] 12:27:33 materials light, but if you do get a chance to take a look at some of those materials, it may help bring some common knowledge to these meetings. If you have suggestions about that, feel free to let us know what those suggestions might be.

[Rim Cothren] 12:27:49 Our big goal is to not show you slides. We'll have more slides today than hopefully any other meeting that we do. Most of our time should be just talk... spent on discussion, uh, and as I said, these meetings are open to the public. They'll also be recorded, and the transcripts of.

[Rim Cothren] 12:28:05 The... and the recording will be posted along with anything that is put into the chat or Q&A. Um, so you'll see those all go up on our website after the meeting.

[Rim Cothren] 12:28:15 Go on to the next slide, please.

[Rim Cothren] 12:28:19 So you heard who's here. We have experts, and we were looking specifically for technical and operational experience across just a huge swath of the stakeholder community. And I really appreciate everybody bringing your experiences.

[Rim Cothren] 12:28:35 One of the things we would continue to ask of you is think beyond just your own organization, but to the stakeholders, the general stakeholder community that you might represent, because we did try to make sure that we had representatives from as many of the stakeholder communities as we could.

[Rim Cothren] 12:28:52 Uh, we do plan on holding six one-hour meetings as virtual meetings. We have them scheduled for every three weeks. That means we'll end up our meetings in February. If we're really excited about talking about things, uh, we might extend the meeting series beyond that, but I do really appreciate the big commitment of time that you're already making.

[Rim Cothren] 12:29:11 So we currently have a plan to hold our meetings to just six.

[Rim Cothren] 12:29:16 The ultimate output of this is that we're looking for advice from you on how we would build a roadmap for adoption of FHIR for the DxF. So think in terms of that, and we're going to be thinking about that along several different ways, not just technically.

[Rim Cothren] 12:29:31 But how operationally, how we deal with costs, et cetera. So a lot of things that might end up going into that.

[Rim Cothren] 12:29:39 Go on to the next slide, and we'll probably flash this up in each one of our meetings, just so that we make sure that everybody understands that the objective of this meeting series is to advise us on a roadmap for FHIR adoption for DxF.

[Rim Cothren] 12:29:52 And that means that we want we will be talking about, use cases, what use cases should be prioritized and how we make decisions about priorities, how, we, encourage adoption of FHIR and what the strategies for that might be.

[Rim Cothren] 12:30:08 how we mitigate costs for transitioning from current standards to a new set of standards, how we manage that transition, and at least to some extent, a timeline for that. But I will warn you in one of the upcoming meetings we're going to be talking about whether it's even appropriate.

[Rim Cothren] 12:30:29 to have a roadmap. So that's going to come up in a following meeting as well. Go on to the next slide. This is our tentative list of our topics across the next five meetings after today. And although I'll give you a glimpse of this today.

[Rim Cothren] 12:30:46 Uh, you should be warned that this is subject to change. If you guys take us down a different path, then we're gonna go down a different path. But we are planning on talking about the scope of a roadmap, what the barriers and incentives are to adoption. We'll...

[Rim Cothren] 12:31:01 Probably talk about use cases and how we might prioritize use cases, data, or FHIR resources for adoption.

[Rim Cothren] 12:31:08 We'll probably come back to barriers after we've had that discussion and talk a little bit about costs to the extent that that's a barrier and how we mitigate that, and then the timeline and next steps. So those are the general topics that we're planning to cover

here. But this is your meeting as much as it is our meeting, so we will adjust that schedule as we need to.

[Rim Cothren] 12:31:29 Let's go on to the next slide. These are really our questions for today. So you're finally going to get to hear me stop talking. And I'm really interested in hearing more from you folks. In what sectors and for what use cases?

[Rim Cothren] 12:31:46 Do you think FHIR has been successful? Where have you seen success in how FHIR is being used and perhaps especially where it's been transformative in using FHIR? What does success look like for FHIR adoption in DxF? What would you think?

[Rim Cothren] 12:32:01 think would be a good goal for us to have? And how would we measure our success there? And then what are the barriers to that success? And we're going to spend some more time on barriers later, but I think it'd be good to get some of those barriers out now.

[Rim Cothren] 12:32:19 So if you would like to pull down the slides again, and again, love to have people that aren't already on camera. You guys are wonderful. I really appreciate you all being on camera. That's really great. Jonathan, if you will hold on for just a second.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:32:34 Here's a question for you real quick. When you say barriers, are you talking about FHIR per se or FHIR in terms of DxF in California? Those may be different.

[Rim Cothren] 12:32:37 Sure.

[Rim Cothren] 12:32:44 Yes.

[Rim Cothren] 12:32:45 Yes.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:32:45 Okay.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:32:47 For challenges, I was thinking in particular, but okay, sounds good.

[Rim Cothren] 12:32:50 And challenges may be a better word to use, but what is keeping us from adopting FHIR?

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:32:56 But you're talking about not just here, broadly as well.

[Rim Cothren] 12:33:01 Our goal here, I would say, is to figure out how, well, if and how DxF would adopt FHIR. So this is primarily about DxF in California, but that will always have to fit within the broader landscape.

[Rim Cothren] 12:33:17 what, uh, the requirements are from CMS and other federal organizations, and the landscape within California. So I think it goes... it goes broader than that.

[Rim Cothren] 12:33:27 I did want to pause for a second. Thank you, Lucy, for joining us. We did go through a little bit of introductions at the beginning of the meeting, so if you want to wave, uh, and introduce yourself, your organization, um, and the stakeholder group that you're, um.

[Rim Cothren] 12:33:44 Representing and anything you want to say about your thoughts on FHIR.

[Lucy Saenz] 12:33:48 Yeah, so are you able to hear me?

[Rim Cothren] 12:33:52 Just fine.

[Lucy Saenz] 12:33:52 Wonderful. So I'm Lucy Saenz. I apologize for being late. We have our CPCA board meetings now, and so they ran late. So thank you for your patience. So I'm the Director of Data Informatics and Information Technology here at CPCA. And our organization is a membership organization, and we help support health centers across the state of California.

[Lucy Saenz] 12:34:13 that are primarily FGHCs and lookalike clinics. And so we are here to really provide that input around FHIR data exchange. One of the things that the health centers are being asked to do specifically by the federal government, HRSA, is being asked to use FHIR to exchange data with the feds. And so we really want to inform that data strategy within this workgroup. So thank you, Ren, for allowing me to introduce myself.

[Rim Cothren] 12:34:39 Thank you.

[Rim Cothren] 12:34:41 And Willie, I saw... see that you were able... maybe you listened to some of what we said out in the public, but I see that you're able to join us here. Willie, can you hear us?

[Rim Cothren] 12:34:53 We can't hear you.

[Akira] 12:34:55 I think Willie dropped back out to try to come in as a panelist.

[Willy B] 12:34:57 Maybe double muted. Can you guys hear me now?

[Rim Cothren] 12:34:59 Yeah.

[Rim Cothren] 12:35:00 We can hear you now. Yes. Willie, you want to introduce yourself real quick?

[Willy B] 12:35:02 Yeah. Good afternoon, everyone.

[Willy B] 12:35:06 Yes. Good afternoon, everyone. This is Willie Vancey. I'm with UC Davis Health in the role of Program Manager for Interoperability and Health Information Exchange.

[Willy B] 12:35:16 And I've been working in this arena for the last 15 years.

[Rim Cothren] 12:35:21 Great, thank you. So Akira, if you want to drop the questions in the chat just so people have them as reference. But let's start off with, are there places where any of you have worked where you've seen FHIR really be successful or transformative in what's going on?

[Willy B] 12:35:43 This is Willie. I can start. From the UC Davis perspective, yes, we have enabled FHIR, and we are supporting the USCDI FHIR calls.

[Willy B] 12:35:58 Places we have seen is a lot of with vendor engagement for.

[Willy B] 12:36:03 Uh, decision making.

[Willy B] 12:36:05 We have set up our smart on FHIR launches with our particular use cases for clinical decision making that a provider can initiate that call internally, and then the vendor comes back and make corresponding calls.

[Willy B] 12:36:20 To pull in the data in different categories, you know.

[Willy B] 12:36:25 And then they can sum up and send information back into our EHR.

[Rim Cothren] 12:36:32 Thank you, Will.

[Keith Brick] 12:36:33 And Willie, I think you're also using those FHIR interfaces with the California Department of Public Health, if I remember correctly.

[Willy B] 12:36:41 We are not using any FHIR interfaces for public health at the moment.

[Keith Brick] 12:36:48 Not yet, okay.

[Willy B] 12:36:49 No, we're just submitting.

[Willy B] 12:36:53 Our cases through different interfaces but.

[Keith Brick] 12:36:57 Yep.

[Willy B] 12:36:58 Public health is not reaching back into us to pull the data from us at the moment.

[Keith Brick] 12:37:03 Got it. Okay. They're pilots starting in California. I supported a couple of them, but we'll get to you soon.

[Rim Cothren] 12:37:09 Well, Keith, do you want to talk about one of those pilots?

[Keith Brick] 12:37:12 Um, sure. So...

[Keith Brick] 12:37:14 I mentioned in my introduction that the idea we're pursuing right now is query and response. So the Helios HL7 accelerator focuses on helping public health departments react to those case reports. A lot of them flow as electronic case reports through APHL and eHealth Exchange.

[Keith Brick] 12:37:32 When they arrive at the public health department, they're a snapshot, so they need to call back over time in order to get more information about that patient's care. Um, right now.

[Keith Brick] 12:37:42 I believe Cedars-Sinai and Stanford are the first two in California. I was on calls with their Epic teams, helping make sure that our connections are running smoothly for them, and so California can do that for.

[Keith Brick] 12:37:56 Uh, all sorts of case investigations. STI case reports, they might need to follow up, make sure it's a... successfully treated, they get a follow-up negative. Uh, for latent tuberculosis, I mentioned they need to know if the patient has a prior positive. Is it a latent infection, or is it an active acute case?

[Keith Brick] 12:38:12 And, um, they can also support, uh, the respiratory illness and neonatal screenings. So, there are all sorts of situations where there's a trigger event, some sort of thing that happens that is transmitted to the...

[Keith Brick] 12:38:26 public health department, and then they can use eHealth Exchange as a FHIR intermediary to go out, reach out to those provider organizations, and pull back the updates that they need over time.

[Rim Cothren] 12:38:36 So Keith, can you tell me, you know, Query has been live on eHealth Exchange and in a lot of different areas for decades now.

[Rim Cothren] 12:38:44 that doesn't use FHIR. Why do... why go FHIR for this, as opposed to use some of the legacy, more traditional mechanisms of requesting CDAs or...

[Keith Brick] 12:38:44 Yeah.

[Keith Brick] 12:38:52 Yeah, a document. Yeah. We heard that in the ambulance space, it's the same problem. If they just ask for a snapshot, that large document contains far too much information. And in some cases, the public health department may not be entitled.

[Rim Cothren] 12:38:54 Yes.

[Keith Brick] 12:39:09 From a jurisdictional standpoint, from a regulatory standpoint, they might be entitled to see all of that data.

[Keith Brick] 12:39:15 What they need to see is the relevant, specific information. And so FHIR queries allow them to specifically ask for.

[Keith Brick] 12:39:22 patients' lab results in this category, rather than say, give me all this patient's lab results.

[Keith Brick] 12:39:27 I see there's questions for Hans and Jonathan.

[Rim Cothren] 12:39:30 Yeah, puns.

[Hans Buitendijk] 12:39:31 Not particular questions, just additional comments. The use case is an interesting one, a good one to bring up as one example of a number of classes of examples where FHIR-based apps are being used.

[Hans Buitendijk] 12:39:48 And in the case of case reporting, when that started, had a very big focus on a FHIR-based app that could be plugged in more rapidly into years of EHRs. And that kind of an approach.

[Keith Brick] 12:39:58 Yeah.

[Hans Buitendijk] 12:40:03 Being able to communicate what kind of data is needed, pull them out, and then put them in either a CCD, and now the choice is there for a FHIR formatted report as well. But that adoption scalability that you can see with ECR.

[Hans Buitendijk] 12:40:19 But you can also see it with provider apps. The emergence of quite a variety of provider apps that probably in the FHIR space are still the most commonly used

mechanisms to get access to data using FHIR. And at this point in time, now also the expanding use of.

[Hans Buitendijk] 12:40:37 patient-focused app. So it is the query side and the interaction from specific apps to get data out. If you look at what NHSN is doing with the NHSLink around beds, operational data.

[Hans Buitendijk] 12:40:52 It is that connection that can be more rapidly expanded consistently across the board. Doesn't mean that there is not work to be done to make that really work. There are variations that need to be addressed in how data access, but it accelerates, and we can see that acceleration.

[Hans Buitendijk] 12:41:08 And then, clearly, on the side of Keith indicates the follow-up, whether the follow-up is going to be for case reporting, and you can fill in many other use cases where FHIR, with its more granular opportunities, is going to be tremendously helpful, and we start to see that happen.

[Hans Buitendijk] 12:41:24 So transformational, when you're asking the question, what do you see? It is these provider apps, these patient apps. It's the follow-up, and with the rollout through certified software of access to FHIR APIs Plus.

[Hans Buitendijk] 12:41:44 smart launch to have consistent connections with those kind of apps really has started to take that in a direction. Many other use cases we can talk about, but that's one of the big ones that you see wide opportunities and expanded growth.

[Rim Cothren] 12:41:58 Hans, just a real quick follow-up question. Do you think that things grew there because there was an absence of a legacy technology already? Or are you seeing places where FHIR is taking over for some older technologies as well?

[Hans Buitendijk] 12:42:12 I think generally, it's more that it's finding greenfield, where we have opportunities when you're looking at these apps. Without that, you would have proprietary apps or APIs to work with. You would have to rely on asynchronous feeds, and they are just not as.

[Hans Buitendijk] 12:42:32 as responsive to a user and business and clinical needs. So I think it's just... it's new area, so you see a lot of query as a result. You do not see as much pushing.

[Hans Buitendijk] 12:42:44 uh, case reporting is actually one of the first ones more in that regard, that an app is used to pull the data, but then it's being still transacted in a more standard XDR, or direct, or other kind of method, uh, using CDA documents, uh, to public health. So, but you see them in those places where we don't have a solution yet.

[Hans Buitendijk] 12:43:02 If you're going to look at... I'll pick on another public health use case, syndromic surveillance. I'm going to pick on it for two reasons. One is it's very much version 2 based, version 2. But if you look at opportunity for states' increasing need for more clinical data.

[Keith Brick] 12:43:11 Yes.

[Hans Buitendijk] 12:43:22 You're going to see that an ADT transaction in version two is not very well suited to that. So it might become one of those next kind of things in public health to say, hey, can we not model that after case reporting? If you take a lab reporting, version two suits the bill, works well.

[Hans Buitendijk] 12:43:37 Yes, there are some insufficiencies at times, but you're not going to see a lot of effort there. So greenfield for FHIR is one of the sure things to move forward. Prioroth is one of those areas where X12 did not have the opportunity to really make inroads.

[Hans Buitendijk] 12:43:53 FHIR shows the opportunity and the promise, you see effort there. So it is really about where do we need to fill a gap and then build out from there. And then over time, other things can come. And perhaps at some point in time, 807 version 2.

[Hans Buitendijk] 12:44:08 will be changed into FHIR messaging, FHIR RESTful, FHIR whatever, but if it works, it works.

[Rim Cothren] 12:44:16 Great. Thank you, Hans. One of the things that I'll just foreshadow a little bit is that DHCS is doing some push of FHIR in some legacy areas as well. Maybe we'll get a chance to talk about them in some of the upcoming meetings, and I'm really interested to what extent.

[Rim Cothren] 12:44:32 having working legacy systems is a barrier to FHIR adoption, or whether there is... there will be opportunities to replace some of the legacy technology, so I think we'll come back to that again. Thank you for your patience, Jonathan.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:44:48 Yeah. No doubt. Actually, that and when you get to that legacy conversation or the alternate systems, again, the EMS ecosystem will have something to say.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:44:58 I just wanted to tack on to what Keith and Hans, you just put it so beautifully, to just append sort of a seconding from the EMS perspective. One of the biggest challenges that ambulance-based or fire services face is that they don't know.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:45:17 know what they don't know. And the promise, again, the opportunity to be targeted in the query, again, just the way that I think Hans gave so many other examples, uh, so I won't...

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:45:29 you know, I'll just sort of say, yes, all of that, and the idea that if the patient is.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:45:35 known or unknown, if the patient was transported or not transported, if they have history of X, Y, or Z, if they've been at these different locations. The...

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:45:45 The vision that certainly I have, and I think others have had in this case, I remember when the first Smart on FHIR apps were being introduced, and this idea of almost being able to have a dialogue with the healthcare ecosystem to be able to say, can I identify you?

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:46:01 Do I know what your allergies are? Do you have a POLST? Have you been seen before? When is the last time you've been seen before? Again, let's assume you've got 35 years worth of information. One of the big challenges in curation when it comes to ambulance services is we don't necessarily know what we need.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:46:18 You know, the... I've often joked about this, this idea that, you know, again, someone may have 30 years' worth of health information

as a chronic patient, and so you probably don't need to know that they were seen 4 years ago for XYZ, and then using my own father, who's a polychronic patient, as an example.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:46:35 Four years ago, he may have gotten a medication that for us, you know, something that is resonating right now, right? So, in fact, you do need to know when you pick this person up that he has an underlying invisible need and how does the ambulance service.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:46:52 know to pull just that information. So there's layers of access to information, and you can't, with document-based exchange.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:47:02 query the system over and over and over again to get deeper in a meaningful encounter in that amount of time. But the idea that if you could say, again, sort of envisioning layers of query, um, that FHIR more.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:47:19 economically, I guess, for lack of a better term, facilitates, that you could say, tell me if they have X. Okay, great, tell me if they have Y, sub-X. Tell me if they have something, you know, next layer down, and suddenly you're finding layers of things to avoid an adverse encounter.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:47:33 Or find out that this person, again, this person does have an advanced directive of some kind, but it's older, and it's also in another state, right? There's lots of layers that you could pull at that point, because again, you don't necessarily know what you don't know.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:47:48 And the ambulance environment is so uncontrolled that you don't necessarily have the time to sift, and anything that you missed that you needed to know about can cause serious downstream effects, including incorrect handoff of information to the receiving hospital.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 12:48:05 Uh, so the ability to make sure what you're looking at is timely and accurate, but also getting to the heart of the matter. Uh, I think, again, when you think about those, they're... they seem like edge cases, except there's, like, 60 million of them in the U.S. every year, and they're not. Um, so there's a lot of detail there.

[Rim Cothren] 12:48:20 So I think Jonathan brings up something that's interesting here is that whereas Hans was talking about green space, maybe good places, Jonathan's talking about maybe the granularity and timeliness is a good space. So I think that's a good thing to bear in mind. Thank you for that, Jonathan. Willie, I see your hand up. Thanks for your patience.

[Willy B] 12:48:37 No worries. The other use cases which we have participated is in the prior auth Da Vinci provided.

[Willy B] 12:48:49 helps provider quickly get the prior auth. Uh, I think it's a burden reduction, uh, DaVinci initiation through HL7 and CMS.

[Willy B] 12:48:58 And then we're also using for some coding where it can assist us coming back with the coding information.

[Willy B] 12:49:06 We have engaged with NHSN with hypoglycemic events and surveillance of certain and we're working towards the sepsis side of the house.

[Willy B] 12:49:20 And in the future, seems like referral management is another, um...

[Willy B] 12:49:25 opportunity for us that things may move using.

[Willy B] 12:49:30 Uh, FHIR technologies, rather than direct messaging, so...

[Rim Cothren] 12:49:34 I'm going to be really curious as to how often referrals come up here. I see AJ has his hand up. I'm not going to be terribly surprised if referrals are part of that, because I see that.

[Rim Cothren] 12:49:45 in the social services space, and not as rich in the healthcare space, so that's something that I am personally going to be interested in.

[Rim Cothren] 12:49:55 AJ, you can talk about whatever you want. You don't have to listen to me.

[Ajay Prashar] 12:49:58 Sure. Oh, okay, no, I appreciate it. At the SHE, I think we're fighting a culture change. We're a very safe organization. Much of our exchange revolves around trust, people that we know, people in our community.

[Ajay Prashar] 12:50:14 organizations that feed us data. I've even heard us referred to as a one-way HIE.

[Ajay Prashar] 12:50:25 Where we receive aggregate data and present it through our portal, a vertical health record to our data partners for users, so they could see a longitudinal view of the patient.

[Ajay Prashar] 12:50:42 We focus heavily on social determinants of health and the safety of that information within the confines of California. We haven't really exchanged data beyond.

[Ajay Prashar] 12:50:57 California, ever, that I know of. Um, but it's a... it's a very safe environment, and this was our first foray, you know, the DxF.

[Ajay Prashar] 12:51:09 uh, into exchanging data, especially, uh, related... the focus right now is behavioral health. Um, but we have other agencies, too, public health, uh, housing, um.

[Ajay Prashar] 12:51:22 That, uh, we're onboarding, um, to exchange data.

[Ajay Prashar] 12:51:28 and currently our focus is on consent alongside the Dxf. But we're entering the the FHIR kind of transaction space slowly, but with people that we.

[Ajay Prashar] 12:51:43 that we know, that we trust, that we have formal agreements with, you know, so it's a very safe approach. And so we're trying to change the culture of three different agencies, you know, with exchanging data.

[Ajay Prashar] 12:51:59 with people beyond the the Alameda County border. So it's it's quite a challenge. And so, thanks to Uma, who's helping us and others in in in in.

[Ajay Prashar] 12:52:14 in onboarding these and integrating these workflows. The money's in the workflows. Where do we integrate things like consent and and and FHIR? And you know.

[Ajay Prashar] 12:52:29 Uh, use cases in consent. So, just wanted to throw that out there.

[Rim Cothren] 12:52:33 Thank you, AJ. I do think that it's interesting to think about the culture when we're talking about a technical standard, and so that may come up again. So I dropped in the chat. We're going to turn to Ken, and then we'll go to public comment. I know we're a little bit late on public comment, so Ken, please.

[Ken Riomaes] 12:52:50 Yeah, Abraham, just wanted to piggyback along your comment on whether or not referrals kind of plays a role within the FHIR spectrum, what I'll call it. So prior auth, which has been called out by a couple members of this group, has a direct CMS interoperability correlation requirement for organizations to adopt.

[Ken Riomaes] 12:53:06 In essence, referrals and prior auth are service requests. So they're very closely aligned with that. And if you look into some behavioral health notices, referrals or the participation of closer referral does have a mandate to include real time data exchange within its provisions.

[Ken Riomaes] 12:53:22 So there's already some implied use cases with respect to FHIR and clinical data exchange happening. Now, one of the main challenges is that unless it's mandatory for a lot of organizations, they're not going to adopt it right and by and large a lot of organizations, because we're very much still in this early inception. The prior auth requirement doesn't kick in until 1, 1, 27.

[Ken Riomaes] 12:53:43 But at that point, a lot of organizations like, well, I just need to check off the box. There's no one actually actively participating in that. I think going to the level of users who are not technical will be helpful in bridging that particular gap.

[Ken Riomaes] 12:53:58 If you're talking to business stakeholders, you're going to get a common response of why should I? If the state wants me to do it, well, there, I checked it off. Dude, well, what else? I'm done. What else do I need to do? There needs to be that connection, not just from a technical use case perspective, the business application of as well.

[Ken Riomaes] 12:54:16 And I kind of go back to the DxF requirements for data exchange, right? Right now, it's not currently mandated to use FHIR. It's an optional, or it's encouraged.

[Ken Riomaes] 12:54:26 how many users or how many signatories of the DxF actually utilize FHIR within that framework now? Very little, right? We're starting to. You know, some organizations are kind of stepping out there a little bit more, but what is that inspiration, that kind of incentive to do that? So I think that might be something to key on to as well.

[Ken Riomaes] 12:54:44 And it can't be just technical, right? We can't just say, oh, I can do this, this, this, this with the technical framework of FHIR. Great, no problem. We've got to be able to correlate that back to the business use case for our stakeholders.

[Rim Cothren] 12:54:56 Yeah. Thank you, Ken. Let's go ahead and bring up the slides again, and we'll turn to public comment. While we're doing that, we did have one question that was dropped in Q&A, and it somewhat relates to what Ken is talking to as well.

[Rim Cothren] 12:55:10 you know, we need to start thinking about how do we incentivize either... whether it is legal requirements, certification requirements, DxF requirements, or...

[Rim Cothren] 12:55:20 make things enticing enough that people voluntarily adopt FHIR, so we're going to talk a lot about incentives and how to move the ball forward, and so Ken hinted at that, and we'll continue to talk about that in the future.

[Rim Cothren] 12:55:35 Akira, I think we do have a couple of hands up.

[Akira] 12:55:38 Yes, we do. Okay. Members of the public must raise their hand, and meeting facilitators will unmute each member of the public to share comments. If selected to share your comment, you will be able to unmute yourself. People will be called in the order in which their hands are raised, and you will be given two minutes. Please state your name and organizational.

[Akira] 12:55:55 Affiliation when you begin. Paul, you can unmute now.

[Paul Riker (MX)] 12:56:01 Yeah, Paul Riker, Manifest Med-X. Uh, we're currently exchanging FHIR for DxF purposes. Uh, we've replaced the panel exchange and the VPN ADT exchange with FHIR.

[Paul Riker (MX)] 12:56:13 Uh, we're actively doing it with Cal Mesa, Lanes, and we're close to going live with Point Click Care and Kaiser.

[Paul Riker (MX)] 12:56:19 So instead of passing, exchanging panels around with everyone, what we do is when we receive an ADT from a hospital, we query those aggregators to see if they have a patient match. If they have that patient in their population and they are associated with the DSA signatory.

[Paul Riker (MX)] 12:56:37 Then we take that ADT and we either A, convert it to a FHIR bundle and send it to them, or we base 64 and code it and send it via FHIR. So we think this would be a great first use case.

[Paul Riker (MX)] 12:56:49 Especially since it's been identified that the ADT exchange for data exchange framework is kind of stalled out.

[Paul Riker (MX)] 12:56:56 We think this is a much more scalable approach than, you know, everybody passing panels around to all the different hospitals and aggregators and stuff.

[Paul Riker (MX)] 12:57:05 It's also been adopted by the eHealth Exchange. So we also exchange ADT this way with another HIE over the eHealth Exchange.

[Paul Riker (MX)] 12:57:14 Thank you.

[Rim Cothren] 12:57:14 Thank you, Paul.

[Rim Cothren] 12:57:17 We are running short on time, so I am going to ask people to be quick. Kara, we have more hands up though.

[Akira] 12:57:23 Gary, you can unmute.

[Jerry Hall, Jerry@CivicMapping.com] 12:57:26 Hi, everybody. Thank you very much. My name's Jerry Hall out of San Diego County, and I'm a consultant in a...

[Jerry Hall, Jerry@CivicMapping.com] 12:57:34 Member of our alternatives to incarceration advisory group. I just wanted to bring up the, the sector of the health services in the jails and prisons in the state and that typically jail health.

[Jerry Hall, Jerry@CivicMapping.com] 12:57:51 Providers do not share that data with or share their data with the county BHS systems and it's very valuable data to have and I I hope we can and I'll share more information by email but I I hope we can include the diversion court programs and the and the different.

[Jerry Hall, Jerry@CivicMapping.com] 12:58:11 criminal justice behavioral health intersection data. Thank you very much.

[Rim Cothren] 12:58:15 Thank you, Jerry. Akira.

[Rim Cothren] 12:58:18 I have another hand.

[Akira] 12:58:20 Abdul Malik, you can unmute now.

[AbdulMalik Shakir] 12:58:23 Sure. My name is Abdul Malik Shakir. I'm with Lanes. I'm the chief architect there. I'm interested in participating in this group because I want to hear what you end up selecting as use cases and how those use cases might affect what it is Lanes does for our participants.

[AbdulMalik Shakir] 12:58:41 And currently, our use of FHIR is primarily for our data store. There's not much FHIR exchange.

[AbdulMalik Shakir] 12:58:49 Most of the FHIR exchanges is inbound with a few curries.

[AbdulMalik Shakir] 12:58:53 But it'd be interesting how this group chooses its use cases, and also if this group begins to identify any FHIR profiles or develops the mutation guides

[Rim Cothren] 12:59:04 Great, thank you.

[Rim Cothren] 12:59:06 Akira, do we have any other hands up?

[Akira] 12:59:08 There are no other hands at this time.

[Rim Cothren] 12:59:11 All right.

[Rim Cothren] 12:59:12 Well, we're getting close to the end of the hour. Let's go on to the next slide, please. Just next steps, real quick. Uh, post-meeting materials will go up on the webpage, as I said before, so that'll include the slides here for members of the public, uh, as well as transcript from the meeting, recording from the meeting, the transcript from chat, so you'll see.

[Rim Cothren] 12:59:31 Eric's links there, and the transcript from the Q&A. We will be sharing a few pre-read materials for the next Workgroup meeting as well. What I'd ask you all to do is think a little bit about use cases that present the greatest opportunity for FHIR adoption, and maybe we focus that just a little bit on.

[Rim Cothren] 12:59:52 In California around DxP, we heard in public comment about what one of those use cases might be. I know that DHCS is pushing a few use cases as well. If you'd look within your own organization and think about use cases that you think would be useful for DxP and bring those along with you next time.

[Rim Cothren] 13:00:08 That would be great. We want to go on to the next slide, please. Just upcoming meetings. This is a reminder. We're going to hold these meetings at noon Pacific time.

[Rim Cothren] 13:00:18 Every third Wednesday. And so our next one will be on November 18th.

[Rim Cothren] 13:00:26 And I think with that.

[Rim Cothren] 13:00:29 That's the end of our meeting for today. Thank you again, everyone that participated. You guys were great in keeping your cameras on. I appreciate that too, and keeping off chat, doing a great job, and I'm really looking forward to this meeting moving forward. Thank you all, and have a good rest of your day.

[Ajay Prashar] 13:00:43 Thank you, Rim.

[Lucy Saenz] 13:00:44 Thanks, Rim.