HCAi Department of Health Care Access and Information

California Department of Health Care Access & Information
Data Exchange Framework (DxF) Standards Workgroup Meeting
Transcript (12:00 – 1:00 PM PT, November 18, 2026)

The following text is a transcript of the November 18, 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] 00:00:04 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.

[Akira] 00:00:14 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. Members of the public are kindly asked to refrain from using the raise hand feature until designated public comment periods to avoid disruption.

[Akira] 00:00:30 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 click Captions.

[Akira] 00:00:44 And back to you, Rim.

[Rim Cothren] 00:00:46 Great, thank you!

[Rim Cothren] 00:00:48 So I saw that Ajay got over here. Jonathon is out in the public link. Jonathon, if you would take a quick look in your meeting invitation, you should have a link there, and if you click on that link, that'll bring you into the meeting as a participant.

[Rim Cothren] 00:01:08 Keith, that should be for you as well. If either of you can't find your links, Akira, I see that Jonathon is joining us here.

[Rim Cothren] 00:01:17 Keith, if you'd quickly take a look in your calendar invitation for the link that's there, and if you don't have one there.

[Rim Cothren] 00:01:26 Akira, if you can reach out to Keith and help him in.

[Rim Cothren] 00:01:32 Thank you all for joining us today.

[Rim Cothren] 00:01:38 And thank you all for turning your cameras on. As a reminder, we always like to see everybody's smiling faces. It helps us get good participation in the meeting today.

[Rim Cothren] 00:01:48 Let's go on to the next slide, please.

[Rim Cothren] 00:01:52 As a reminder, we are recording today's meeting. If you don't want to be recorded, please leave the meeting. For members of the public, We will also be recording anything that you put in the Q&A. Those recordings are posted on our website.

[Rim Cothren] 00:02:08 We always start off with our vision for a Healthy California and the role of the data exchange framework. Folks have also probably seen from ONC in the last few days that they've been talking quite a bit about,

[Rim Cothren] 00:02:26 prioritizing their use of FHIR, including in TEFCA moving forward, so this is all very timely that we're talking about FHIR too.

[Rim Cothren] 00:02:36 It'll be interesting to keep track of what's coming out of ONC and think about how that may apply to some of the things that we do ourselves.

[Rim Cothren] 00:02:45 Let's go on to the next slide, just real quickly. Our agenda for today, we'll do the welcome.

[Rim Cothren] 00:02:50 We'll talk a little bit about what we heard at our last meeting. That's a chance that you have to correct things that we heard incorrectly, or remind us of things that we failed to write down. We'll also talk very briefly in that time about some of the use cases

[Rim Cothren] 00:03:05 we heard you bring up, because we're going to be talking about use cases over the next few meetings, so just want to touch on that. We're not going to be looking to

[Rim Cothren] 00:03:14 Identify all of the use cases today, but want to make sure that we at least acknowledge what we heard so far.

[Rim Cothren] 00:03:21 We will then talk a little bit about how we would set priorities for use cases. Again, it'll be a future meeting, we really want to talk about use cases, but we started to dive in at our last meeting a little bit about how we would choose

[Rim Cothren] 00:03:35 areas, use cases, stakeholders that we would move forward with, so we'll do that again.

[Rim Cothren] 00:03:41 We'll talk a little bit then about the structure for promoting FHIR adoption. That was one of the reasons for sending out the TEFCA roadmap and the Gravity framework slides. We'll talk about that a little bit.

[Rim Cothren] 00:03:53 We'll pause for public comment, scheduled at about 10 minutes before the top of the hour, and then we'll spend, just a beat talking about next steps and any closing remarks.

[Rim Cothren] 00:04:04 Go on to the next slide, please. We took roll call at our last meeting, but we're not going to take roll publicly. Akira will be in the background, writing down who's attending each of the meetings so we know who's present. However, we did take a little time at our last meeting to introduce folks.

[Rim Cothren] 00:04:22 And we had two people that weren't able to join our last meeting. So first, Alana, do you want to introduce yourself quickly? Wave to everybody, and maybe we pull the slides down for a second. Wave to everybody, tell them the organization that you're with.

[Alana Kalinowski, she/they, CIE/211 SD] 00:04:39 Yeah, hi everyone. Alana Kalinowski. I'm with… I'm the Interoperability Solutions Architect with the 211 San Diego CIE. I also sit on some Gravity project leadership meetings and workgroups, and I also get to work with Comagine Health around the build-out of the statewide CIE in Washington.

[Rim Cothren] 00:04:57 And one of the things that we're hoping for from Alana is that she'll bring some of the knowledge from the Gravity Project and their adoption of FHIR into this space. And then, Jason, you're new to us this week.

[Jason Buckner] 00:05:08 Thanks, Rim. Apologies for missing last meeting. So, Jason Buckner. I'm the Chief Information Officer at Manifest MedEx. We are a QHIO and an HIE. I also sit on the coordinating committee for the eHealth Exchange, so I can bring some of that national exchange perspective to this group as well.

[Rim Cothren] 00:05:28 Thank you, Jason.

[Rim Cothren] 00:05:30 Akira, I still see,

[Rim Cothren] 00:05:34 David out in the public, link. If you could reach out to David and see if you could help him in, that would be appreciated.

[Rim Cothren] 00:05:43 Also, Lucy and Jeffrey both sent their regrets for today. They couldn't make today's meeting.

[Rim Cothren] 00:05:53 Let's go on to the next slide, please.

[Rim Cothren] 00:05:57 just…

[Rim Cothren] 00:05:58 Quickly, for members of the public, we will be taking public comment during the meeting at approximately 10 before the hour, as listed on the agenda. We have a limited time for public comments. We will be asking people to keep their comments brief.

[Rim Cothren] 00:06:14 Members of the public can also use the Q&A feature to ask questions or make comments. Anything that you put in the Q&A feature is visible to everybody immediately, so it is a place that you can put in comments. For members of the panel, again, you're welcome to watch what's in the Q&A or not as you see fit.

[Rim Cothren] 00:06:32 If there are things that you see in the Q&A that you'd like to bring into the comment space, feel free to do that. I may do that as well. For members of the panel, if you do use the chat.

[Rim Cothren] 00:06:44 We ask that you make sure that you select it so that everyone can see the chat. That means the members of the public can see it as well. But we really ask that you don't have conversations in the chat. Chat is best used if you have a document you want to drop a link to, or something like that. That's how we ask that you use the chat.

[Rim Cothren] 00:07:03 Let's go on to the next slide, please. This is just a reminder. We're going to show you this at each one of our meetings, that our real objective of this workgroup

[Rim Cothren] 00:07:13 is to advise HCAI on a roadmap for FHIR adoption.

[Rim Cothren] 00:07:18 And that will include setting priorities for use cases, adoption strategies, cost mitigation, transition from legacy standards, and a timeline for adoption, to the extent that you all believe that any of those are appropriate for

[Rim Cothren] 00:07:33 your advice to us. We're planning on touching on all of these different topics over the next few meetings.

[Rim Cothren] 00:07:42 Let's go on to the next slide.

[Rim Cothren] 00:07:44 And I'm not going to read this slide at you, but these were some of the high-level things that we heard at our last meeting.

[Rim Cothren] 00:07:51 I'm just gonna pause here for a bit and let people take a look at that. If there's anything that you think that we framed incorrectly, or anything that was important in our last meeting that you want to lift up, please let us know.

[Saikiran Vodela] 00:08:25 I think, Rim, one thing I don't notice is the policy gaps, right?

[Saikiran Vodela] 00:08:31 Not just the technical adoption, but from a policy standpoint.

[Saikiran Vodela] 00:08:35 We also need to make necessary changes in place, right, not just for the FHIR adoption, but the exchange of specific information using the FHIR standard.

[Rim Cothren] 00:08:45 Thank you. Hans?

[Hans Buitendijk] 00:08:48 Yes, Rim, I believe that between… somewhere between Bullet 1 and 2 in that space.

[Hans Buitendijk] 00:08:53 that we also touched upon a little bit, that FHIR is not limited to query only.

[Hans Buitendijk] 00:08:59 And so somewhere to clarify that it has use cases in the query space, in the write space, subscription, etc., there are a variety of different use cases, but that we make sure we look not only at queries.

[Rim Cothren] 00:09:13 I think that's a good thing to remind ourselves of. I think a lot of us think of FHIR as a query modality, but it's good to be thinking outside of that. Jonathon, I see your hand up.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:09:24 Yeah, I would just,

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:09:26 I don't know if this is intended to be summarized on here, or if it's kind of a latent, item, but…

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:09:33 somewhere in this discussion, I would think there should be some introduction to what makes FHIR different, for example, than a point-to-point interface. Clearly, there's a difference between FHIR and document-based exchange.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:09:49 But this has come up in other contexts, literally within the last 24 hours, particularly when we look at the fire and EMS—fire, F-I-R-E, and EMS—use case. They're still learning what exchange means.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:10:02 In a lot of cases, and so there's a lot of confusion around what it means to have to build an interface to a particular EHR, for example, or even a particular institution, as opposed to federated, standardized, document-based exchange, and then FHIR being a leapfrog from that.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:10:21 So I think something of a primer should be somewhere in here when we start talking about its ability, but what is it? And how does it… how is it distinct from other things? We here may understand it, but more so than the lay folks who have to

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:10:36 Figure out how they're gonna do it.

[Rim Cothren] 00:10:38 And that's… that's a good point, Jonathon. One of the things that we thought about at our first meeting is whether we wanted to present an introduction to FHIR for members of the public. We chose not to waste your time with that, because you, in theory, are all here because you have some experience with FHIR.

[Rim Cothren] 00:10:53 But that may have a place in our roadmap, so thank you for that. Aaron, I see your… you guys are really polite today. I… I expect this to go away before the end of the hour, but anyway…

[Rim Cothren] 00:11:04 Aaron.

[Aaron Goodale] 00:11:06 Yeah, so I was hoping in the last meeting I had a chance to bring this up, but it didn't come up. I would really like to see, going beyond this roadmap and the advice to HCAI,

[Aaron Goodale] 00:11:19 How is the state going to continuously have some body

[Aaron Goodale] 00:11:24 Governing FHIR adoption across the state as an ongoing effort.

[Aaron Goodale] 00:11:30 So that any momentum gained by the DxF, or even this workgroup, etc., that it's not lost, and that,

[Aaron Goodale] 00:11:40 Healthcare organizations in the state have a place to go

[Aaron Goodale] 00:11:44 to get ongoing advice or disputes, to drive the adoption forward continuously. Thank you.

[Rim Cothren] 00:11:53 Thanks, Aaron. Justine, we might note the… think about putting that someplace on the agenda more explicitly at a future meeting, is to talk a little bit more about governance and continued promotion and adoption, etc. So, some of the things that Aaron was mentioning there, we might squeeze into one of our future meetings.

[Rim Cothren] 00:12:13 Jason, you weren't at our last meeting, you can't talk.

[Jason Buckner] 00:12:16 Yes.

[Jason Buckner] 00:12:18 So, I think something that we run into quite a bit that's not in that last bullet is cost.

[Jason Buckner] 00:12:25 And so, it's a barrier. Just because the EHR is mandated to supply FHIR does not mean they provide that to their customers for free. And there's probably a mixed world that we'll live in for the next 5, 10 years of…

[Jason Buckner] 00:12:40 HL7 v2, C-CDA, and FHIR, and so it means additive cost to implement and to maintain multiple different methods of exchange for the future.

[Rim Cothren] 00:12:54 Great, thank you, Jason. We are planning on talking specifically about cost in our fifth meeting in the series, but I think it's good for us to keep that in mind and continue to bring that up as we go forward.

[Rim Cothren] 00:13:08 Eric, you're going to have to just shout then. If you can't raise your hand, feel free to go ahead and shout, but yes, go ahead.

[Eric Jahn] 00:13:16 I just had a quick comment. I remember in the last meeting, we did bring up the need for the ability for the FHIR implementation to interface with non-clinical, non-FHIR-based systems.

[Eric Jahn] 00:13:27 Whether they're DirectTrust or NIEM, National Information Exchange Model, or what have you in the state, or just ad hoc, local.

[Eric Jahn] 00:13:37 implementations, so I just wanted to bring up that I think there's something in the bullet points about different sectors and… and different domains, I think, but… but I think something more about… explicit about the need to… to interface outside of the clinical,

[Eric Jahn] 00:13:54 domain.

[Rim Cothren] 00:13:56 Great. Thank you, Eric.

[Rim Cothren] 00:13:59 I don't see any other hands up. Let's go on to the next slide, and again, this was some of the use cases that we heard at our last meeting.

[Rim Cothren] 00:14:07 We weren't attempting to come up with, use cases at all, let alone a comprehensive list, but we did want to acknowledge that we heard all of these last time. I'm going to pause here for a second to make sure that this reflects what you heard.

[Rim Cothren] 00:14:25 Not necessarily what use cases there are. Our next meeting, we're really going to dive into use cases a lot. So, again, we're not trying to come up with a comprehensive list, but want to make sure that we recorded at least what was brought up last time.

[Rim Cothren] 00:14:38 Do any of you see anything that was missing?

[Rim Cothren] 00:14:46 And I see Aaron's, note there that not everybody has FHIR in their native systems, and that is absolutely true, and something we'll have to manage and think about, and how we address that. Hans, yeah, I see your hand up.

[Hans Buitendijk] 00:15:00 Yeah, Rim, I think based on the prior slide discussion here, we did talk a lot about queries, just general purpose queries that are typically the foundation of everything. In some sense, it's not going to be a new one, it's already out there, but it's clearly one, how can we use that further, wider.

[Hans Buitendijk] 00:15:18 Than currently done, so it's more the general purpose.

[Hans Buitendijk] 00:15:21 query using FHIR.

[Rim Cothren] 00:15:23 Great, thanks, Hans. And Ken.

[Ken Riomales] 00:15:27 Yeah, piggybacking along what Hans said, I think we're kind of assuming as well just your baseline functionality of FHIR, so any kind of USCDI or US Core data exchange, which kind of operates as somewhat of our baseline for this. Not sure if we need to be more explicit with that data set to be included on the use cases.

[Rim Cothren] 00:15:46 I think that that's probably something that we may want to touch on as we move forward.

[Rim Cothren] 00:15:51 One of the things, and Ken specifically, you've seen this, in ASCMI's promotion of FHIR, it relies on consent that is way outside of being in US Core, and is actually not a very mature resource within FHIR R4 right now. And so.

[Rim Cothren] 00:16:10 We are going to have to think about in adoption, and so what do we do with use cases that require capabilities that aren't in US Core, or are not part of high maturity resources?

[Rim Cothren] 00:16:25 Just a quick reminder, if people are using the chat, first of all, make sure that you've set things to be visible for everyone, so that members of the public can see it too. Yes, Eric, I'm calling you out.

[Rim Cothren] 00:16:37 But also, Eric, do you want to talk a little bit about your comment, too?

[Eric Jahn] 00:16:47 Yes, sorry about that, and I was, retaining my setting from when I was asking about something else. Sorry. Yes, so, you know, FHIR is…

[Eric Jahn] 00:16:56 [unclear] is designed around a patient resource. It is a clinical healthcare exchange system, which is the topic of this group, but if we are going outside of it, then, you know, that domain, then we are going to necessarily need to look to other exchanges or other,

[Eric Jahn] 00:17:13 protocols for, for conveying that information was the only, point I wanted to make. Just echoing off, another, comment, to the similar…

[Rim Cothren] 00:17:24 Thanks, Eric. Hans?

[Rim Cothren] 00:17:30 You're still muted, Hans.

[Hans Buitendijk] 00:17:33 FHIR is clearly focused on healthcare, but it's not limited to clinical and patient only, just from a scope perspective. It's much wider, we see it in a variety of different areas, that the patient is nowhere to be seen.

[Rim Cothren] 00:17:47 And Jonathon.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:17:50 I want to riff on that for a hot second here. Again, because I live in the ambulance world. California has essentially a split mandate now for ambulance-based care providers, whether they're

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:18:04 fire, F-I-R-E-based or otherwise. So they have a reporting burden to something called the California Emergency Medical Services Information System, or CEMSIS, which sits inside the California EMS Authority, and now they also have this reporting requirement.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:18:23 to the ambulance service providers, they are the same. This is a problem.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:18:29 This is an education issue, but it touches exactly on what Eric just said, and this is what I have been doing a lot over the last 3 years, is helping people to understand that CEMSIS, while it looks like it's monitoring patient care records.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:18:44 is not a clinical information system, it is a policy-related information system. So it's looking at adherence to protocol, it's looking at research, it's looking at logistics, like how fast you were on scene, and what medications did you use.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:19:00 But it is looking at those devoid of patient identity. And so far, the only local EMS agency that's the regulatory body at the… usually at the county level, or at the regional level in California for fire and EMS, the only one that has identified this concretely is Sacramento.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:19:19 Sacramento indicated in a published document they've since made very hard to find, that the only PHI element that is required in the CEMSIS system is age.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:19:32 And that has to do with adherence to pediatric versus adult protocols. So, it's actually a, you know, again, this is a small statement that Eric made and Hans is riffing on, but it actually has huge implications for one of the stakeholder groups here, because the idea that this is a clinical

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:19:51 data process that follows the patient as they move around the state or around the country looks very similar to a stakeholder group that didn't realize up until literally now, that the other reporting they're doing is not clinical, even though it's being extracted off of clinical documents.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:20:11 that's one of those things I think is easy to overlook, it's been so easy to overlook, that of the 30-ish, I think 36-ish LEMSAs in the state of California, literally one has published it.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:20:24 So that's a problem, right? So that's something we need to be quite clear on, and it's why there's been so little participation overall by EMS and fire in this DxF process, is that they thought they were already doing that.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:20:37 Because the CEMSIS reporting looks clinical, even though it is not intended for that purpose, and it doesn't have PHI per se, because you can have John Doe patients in the field.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:20:49 And so with a John Doe patient without any PHI, you can still submit the data to the state, but not into a clinical pathway. It goes into a protocol-driven pathway. Which, again, sounds in the weeds, turns out to be hugely resonant for over a thousand or so participating agencies that are waiting to understand what the difference is.

[Rim Cothren] 00:21:08 Thanks, Jonathon.

[Rim Cothren] 00:21:11 So, Aaron, I see that you have your hand up. Ajay had his hand up, too, and took it down. Ajay, did you have something that you wanted to say?

[Ajay Prashar] 00:21:18 Yeah, I wasn't sure if it was worth saying, but I'll say it. I was thinking about these use cases.

[Ajay Prashar] 00:21:24 But, from a different perspective, incentives that support the use cases, what are the incentives out there? I noticed, with, you know, BH-CARE, there were incentives to use FHIR.

[Ajay Prashar] 00:21:38 But there are other types of incentives, you know, why use it? I think that's a part of the education for healthcare organizations. You know, what are the benefits?

[Ajay Prashar] 00:21:50 But I'm not sure if that's within the scope of this group.

[Rim Cothren] 00:21:54 Well, I think it is part of the scope here. Let's go on to the next slide, and while we're going there, Aaron, you had a comment.

[Aaron Goodale] 00:22:02 similar to Ajay's, just the use cases, are all focused on, like, types of exchange use cases, but…

[Aaron Goodale] 00:22:11 Have we thought about, like, from a technical perspective, use cases of, like.

[Aaron Goodale] 00:22:16 Mobile phone apps for members.

[Aaron Goodale] 00:22:20 Obviously systems that are not EHRs.

[Aaron Goodale] 00:22:25 Quality metric systems, I think…

[Aaron Goodale] 00:22:29 thinking about how FHIR may actually be utilized.

[Aaron Goodale] 00:22:34 In our environment from a technical perspective, might be of interest at some point in this conversation.

[Rim Cothren] 00:22:43 Well, and I wanted to go to this slide here because really what I wanted to do is spend the next 10 or 15 minutes talking about what criteria we might use to prioritize use cases.

[Rim Cothren] 00:22:56 And at least I want to make sure that we consider that in the context of use cases for DxF, because that's where… that's where this… this group is first, focused.

[Rim Cothren] 00:23:08 But on California in general is, I think, still in bounds, and so…

[Rim Cothren] 00:23:13 Some of Jonathon's suggestions about what we need to be thinking about use cases that aren't necessarily patient-centric, but maybe encounter-centric, or reporting-centric, or Ajay's conversations about

[Rim Cothren] 00:23:28 needing to, prioritize education about using some of this, or Aaron, what you're bringing up, too. I think all of those go into

[Rim Cothren] 00:23:39 what are the criteria that we should use in thinking about priorities. We're going to spend a little time today talking about maybe what some of those use cases are, and a lot of time next meeting about those use cases.

[Rim Cothren] 00:23:54 But what should we look for in considering those use cases to set prioritization?

[Rim Cothren] 00:24:01 Keith!

[Keith Brick] 00:24:02 Do we have a mission statement for the workgroup that we can respond to? Like, can we bring that up on screen so we understand the context?

[Rim Cothren] 00:24:09 Probably slide 6 is the closest that we have. That is the objective that we've been charged with here, is to advise on priorities for use cases, adoption strategies, cost mitigation, transition from legacy standards, and timeline.

[Rim Cothren] 00:24:23 So that's really broad, Keith. That means that just about anything that we believe is important.

[Rim Cothren] 00:24:29 is potentially in bounds, and so I don't want to restrict this conversation. I will say that DxF

[Rim Cothren] 00:24:37 has historically, because of the focus of the legislation, been a little healthcare-centric, but I don't want to make that a restriction as well. That's one of the reasons that we have social services represented here also.

[Rim Cothren] 00:24:54 Yes, Aaron?

[Aaron Goodale] 00:24:56 I'll just kick it off on priorities,

[Aaron Goodale] 00:25:00 Based on how this originated, I think… A priority would be…

[Aaron Goodale] 00:25:06 areas where, we as a group would advise HCAI, to…

[Aaron Goodale] 00:25:15 make it clear, I think, from the state's perspective,

[Aaron Goodale] 00:25:21 what their expectations are for data exchange when it comes to FHIR. I think this came out of

[Aaron Goodale] 00:25:29 CMS-0057-F and prior auth, and how the health plans are

[Aaron Goodale] 00:25:33 All just out there doing their own thing.

[Aaron Goodale] 00:25:36 So we're taking one standard for FHIR, and it's implemented in, you know.

[Aaron Goodale] 00:25:43 going on, I think, for us as an organization, 20 different ways, 20 different interpretations of how that's supposed to work.

[Aaron Goodale] 00:25:50 And I think a priority for us is, well, where can we

[Aaron Goodale] 00:25:56 Provide guidance to the rest of the state.

[Aaron Goodale] 00:26:00 have some authoritative voice that says, if we're gonna do FHIR for certain efforts, it should be done this way.

[Aaron Goodale] 00:26:08 And if there are complaints around that seems to be going out of those bounds, where does somebody go to bring that up?

[Rim Cothren] 00:26:18 So, Aaron, what I'm hearing from you is, I think we've heard a couple of times now a theme of governance of some type and implementation guidance? Is that… is that maybe the right phrase, or are you thinking something.

[Aaron Goodale] 00:26:32 Right.

[Aaron Goodale] 00:26:33 Yeah, and then the priority would be, of all the FHIR issues, like.

[Aaron Goodale] 00:26:37 which of those issues really are applicable to that effort? Where will we get the most bang for our buck to provide that guidance?

[Rim Cothren] 00:26:47 So, do you have thoughts about… tell me a little bit more for… about bang for buck. Are you talking about return on investment from a financial standpoint, from an outcome standpoint?

[Aaron Goodale] 00:27:01 I think just, just, yeah, that when I say bang for the buck, not actual dollars, but where would be… we have the most impact by providing that guidance?

[Aaron Goodale] 00:27:14 And so, I… obviously, I'm very focused on prior auth right now. That's a very hot topic.

[Aaron Goodale] 00:27:21 And just thinking, if we had some guidance before the health plans, all set off to…

[Aaron Goodale] 00:27:30 do their individual plans, which was a federal mandate, of course. They all have to do it from a…

[Aaron Goodale] 00:27:36 across the entire nation. But in the state of California, if they had some guidance that, you know, we expect prior auth to work this way in the state of California.

[Aaron Goodale] 00:27:46 That would have been extremely helpful about 18 months ago.

[Rim Cothren] 00:27:52 Great, thank you. And I didn't mean to pick on finance as… as… or pick on you. However, we all have limited, investments we can make, so we have to be thinking about the cost of investing, and to make sure that we get a return on that of some kind. So, I think that needs to be one of our considerations.

[Rim Cothren] 00:28:11 I am interested in other people's thoughts on prior auth, and whether that's important because we believe it's important, or it's important because it's part of a federal rule that forces a stakeholder group.

[Rim Cothren] 00:28:23 to implement something, and maybe that's a criteria, something that appears in, as a mandate for certain stakeholders in DxF.

[Rim Cothren] 00:28:32 Hans, you don't have to talk on that, you've had your hand up for a while.

[Hans Buitendijk] 00:28:36 No, actually, on the prior auth, I was going to use that as an example when Aaron was talking. I think that's a good example that if that's a priority, or evaluating whether it's a priority, the consistency of the guidance is critical.

[Hans Buitendijk] 00:28:50 And that is not only then critical, understandably for DxF within California, but, this operates quite a bit across the states and federal as well. So alignment wherever possible and appropriate.

[Hans Buitendijk] 00:29:04 that it's a consistent set of guidance. And in the case of prior auth, the other interesting part is that the federal rules only extend to CMS, Medicaid population, and payers associated with that.

[Hans Buitendijk] 00:29:17 So, the question is, we would like to see commercial payers then, and everybody else to, to line up with the same guidance. So, it is at times a scoping, priority.

[Hans Buitendijk] 00:29:29 not just the use case, but the scope of who are the parties subject to it, but then for… from an HIT perspective.

[Hans Buitendijk] 00:29:38 that the guidance is as consistent as possible, as wide as possible, preferably at the national level. There are differences, absolutely, but wherever possible, it makes it much easier for everybody to participate and join wherever they are.

[Rim Cothren] 00:29:54 Thank you, Hans. David?

[David Koppel] 00:29:58 Yeah, so obviously, coming at this from a particular perspective, but, you know, there's a cause and effect between,

[David Koppel] 00:30:08 The federal regulations and prior authorization being, the number one source of healthcare provider burden.

[David Koppel] 00:30:17 In… in the industry today. So, I…

[David Koppel] 00:30:21 Definitely would focus on that, but,

[David Koppel] 00:30:25 I feel… I also feel like provider… prior authorization has kind of overshadowed, the other APIs that are required in CMS-0057-F, and I am particularly, excited about the, what the Provider Access API could unlock.

[David Koppel] 00:30:44 Because we know that providers want more data, before the, before an encounter, before the, they see a patient. We definitely know that patients want, the provider to have more data so that they don't have to

[David Koppel] 00:31:02 give that information again.

[David Koppel] 00:31:05 But,

[David Koppel] 00:31:09 Oh, and while… while our regulation only requires, and as Hans said, only applies to certain types of payers, but it also, only requires, those payers to share data with in-network providers.

[David Koppel] 00:31:24 Who have an attributed relationship, care relationship with, with the provider. But we also explicitly said there's nothing that prohibits

[David Koppel] 00:31:36 Payers from sharing data with other types of providers, and not even necessarily healthcare providers, but community, other, social services organizations, as, you know, obviously as appropriate.

[David Koppel] 00:31:53 EMS, you know, I…

[David Koppel] 00:31:57 not sure how networks work with EMS, but that is definitely something that, you know, the…

[David Koppel] 00:32:05 can be looked at, and it's a place where the Provider Access API can be leveraged, beyond the requirements of, the CMS rule. So, I also wanted to highlight that, Provider Access API in addition to prior authorization.

[Rim Cothren] 00:32:25 Thank you, David. So, at least a couple of the things that I heard there was that,

[Rim Cothren] 00:32:30 Provider or other stakeholder burden might be an area of reducing burden, might be an area of prioritization, and filling data exchange gaps, even if there are current legacy mechanisms that could be used, but filling those gaps is an example.

[Rim Cothren] 00:32:50 there that David gave. I would echo him in saying that much of the exchange that the CMS will require

[Rim Cothren] 00:33:00 among only certain, stakeholders or entities is required under DxF of all participants in California, so we are… we should be thinking outside of just the rules when we think about, some of these mechanisms here. Thanks.

[Rim Cothren] 00:33:16 Saikiran.

[Saikiran Vodela] 00:33:19 Yeah, a couple of things on the prior authorization. From a plan perspective, you know, the current DxF regulation doesn't extend to the CMS-0057-F. I think it stops short at CMS-9115-F, which does not include prior authorization, so I think, you know, basically, from a P&P standpoint.

[Saikiran Vodela] 00:33:37 I think it's important that we also consider the new regulation that went into effect for the plans and also for different stakeholders.

[Saikiran Vodela] 00:33:46 And from a policy perspective, there's a gap.

[Saikiran Vodela] 00:33:49 the current federal regulations mandates that the plan set up the APIs, but, you know, from a provider perspective, from an adoption standpoint, you know, we want

[Saikiran Vodela] 00:33:58 the DxF regulation to be used to extend to the providers as well, to… to gain adoption. You know, it's… right now, the onus is mainly on the plans to set up

[Saikiran Vodela] 00:34:08 plans always get into a situation where, you know, we can't… we can't fully enforce a requirement on the provider to exchange using an API if there's no… if there's no federal requirement or a state requirement that… that imposes on the providers. That's one gap, and the…

[Saikiran Vodela] 00:34:23 Other use case I would highlight is the quality use cases. Right now, whether it might be using data for HEDIS purposes, a lot of, you know, Payer-to-Payer API, the Provider Access API, where we can request information from different payers and providers.

[Saikiran Vodela] 00:34:37 A good example is closing gaps for the existing members. They might be getting labs from a different provider, or they might have got a colonoscopy from a different plan, which is valid up to 10 years, and you don't want the member to go back and get another colonoscopy when they already did in the last 10 years, and you could capture that gap.

[Saikiran Vodela] 00:34:53 I think that's a big use case, from… for both payers' standpoint.

[Saikiran Vodela] 00:34:58 And from a provider's standpoint, mainly gaps in… gaps in care and how we can leverage

[Saikiran Vodela] 00:35:03 the FHIR standard, under the DxF regulations to how can we close gaps, or how can we improve the quality of various metrics.

[Saikiran Vodela] 00:35:11 I think there's a good ROI around that, because there's a lot of payments tied, both for the providers and the payers, to improve the quality, and there is also quality withhold, which kind of imposes penalties if the payers don't meet certain, you know, metrics within NCQA and HEDIS.

[Rim Cothren] 00:35:28 Thank you for that. At least one of the things that I heard there is making sure that both sides of an exchange. It takes two to exchange data, and so making sure that both sides of that, are equally represented and

[Rim Cothren] 00:35:42 are equally prioritized, incentivized, required, regulated, something. So something for us to be thinking about there.

[Rim Cothren] 00:35:51 Jason, you've had your hand up, and then, Eric, we'll go to you. Really. I'll say that out loud so that everybody doesn't forget that.

[Rim Cothren] 00:35:58 Thanks, Rim.

[Jason Buckner] 00:36:00 Maybe you've all covered this in the previous meeting, so apologies if that's the case. I was, kind of grounding myself in preparation for this meeting to go

[Jason Buckner] 00:36:09 refresh myself with P&P 9 in the DxF, which talks about our technical requirements for exchange.

[Jason Buckner] 00:36:17 You know, there are technical standards in there, none of which are FHIR-based.

[Jason Buckner] 00:36:22 in requests for information, ADT, event notifications, information delivery, and I kind of imagine our lens would be to say, let's look at what AB 133 and these P&Ps already state are required exchange.

[Jason Buckner] 00:36:37 And are there opportunities to shift those to FHIR?

[Jason Buckner] 00:36:40 Because that entire conversation we just heard, to me, is new patterns of exchange. And I… I just…

[Jason Buckner] 00:36:47 that's not where my mind had been on, like, what this group was going to focus on, and if so, that's… that's okay. I just want to get a feedback from you, Rim, if… if that's within our scope.

[Rim Cothren] 00:36:56 I… I…

[Rim Cothren] 00:36:59 I think that we need to be setting what our priorities are, and so, Jason, I would add that to one of the priorities might be driven by what the legislation requires for DxF.

[Rim Cothren] 00:37:09 That would suggest, perhaps, that,

[Rim Cothren] 00:37:15 Provider access to plan data is in scope because of the legislation, because the legislation requires providing access to or exchange of among all participants.

[Rim Cothren] 00:37:28 but that something like prior auth might be outside of what the legislation requires. I'm not saying that

[Rim Cothren] 00:37:36 either of those are definitely our priorities or not, but I think that Jason does bring up something that's important for us to remember, is that the legislation also sets some priorities for us that we must fulfill, and we should be asking ourselves that question. So, do we lean on the legacy

[Rim Cothren] 00:37:55 Mechanisms for that, and look for FHIR in the green space.

[Rim Cothren] 00:37:59 Or do we look for FHIR to advance exchange in the priorities that the legislation set for us? And I think that's a really good question that, Jason, I'm not going to answer, I think we need to answer.

[Rim Cothren] 00:38:11 Eric?

[Rim Cothren] 00:38:12 You've been patient.

[Eric Jahn] 00:38:13 Oh my god.

[Rim Cothren] 00:38:14 and persistent. Thank you.

[Eric Jahn] 00:38:16 And, no, I, you know, though I've been stressing that we have to look to other systems outside of FHIR for the aspects that FHIR does not accommodate, you know, per the directive and per DxF's direction.

[Eric Jahn] 00:38:26 we should do both. Always find what the FHIR analog is, and then what the outside systems are. And they may not be legacy, they may be greenfields as well for the outside, the FHIR area, such as identity, the glue between the systems. But what, I really wanted to bring up was a proposal for a use case criteria for,

[Eric Jahn] 00:38:44 prioritizing.

[Eric Jahn] 00:38:45 prioritizing use cases, which I just want to propose here, and the group can obviously do whatever they want with this, or DxF can do whatever they want with this, but lowest hanging transactional fruit. So, how I would say this would be would…

[Eric Jahn] 00:38:57 the most number of unique people that are transactionally implementable by a use case should be more highly prioritized. In other words, it's shovel-ready, it's ready to go, it's the lowest cost, technically. Most people are impacted by it, because then we'll get more momentum for this initiative.

[Eric Jahn] 00:39:16 And, more rapid adoption, and we'll learn more, and more people will be brought in by nature, by virtue of that. And so that's just a proposal for a criteria for a use case. I just wanted to start listing criteria, because I know that's what you'd ask for.

[Rim Cothren] 00:39:31 Thank you, Eric.

[Rim Cothren] 00:39:33 Hans, I see your hand up.

[Hans Buitendijk] 00:39:35 Yeah, I would like to… we have talked a fair amount about use cases that are really in the clinical business environment of using FHIR.

[Hans Buitendijk] 00:39:43 But on the technical side, the infrastructure side, I think we might want to identify some areas as well. I think it was Jonathon who earlier mentioned that there's a lot of point-to-point going on, and FHIR, at this point in time, many implementations are. Indeed, you have to manage point-to-point to establish trust.

[Hans Buitendijk] 00:40:00 To register, etc., etc. And some of those capabilities, fundamental capabilities that are going to be needed across all these use cases, probably warrant some highlighting as well to make sure is that how can we scale this? How can we,

[Hans Buitendijk] 00:40:16 align, for example, on the use case… the technical use cases that networks have to scale registration. We should not have all the networks do that differently to plug in, whether TEFCA is the answer or something else, but there will be many networks. How can we advance common standards, guidance.

[Hans Buitendijk] 00:40:36 That are essential for FHIR to be able to, to scale it up, easily connect and click in, do queries widespread or point-to-point, through RLS or not, but to have those fundamentals in place. They're not necessarily directly FHIR,

[Hans Buitendijk] 00:40:50 But without that, many of the benefits that we see in FHIR are not going to be realized. It's going to be a lot of work to make the individual connections. So as a use case of technical fundamentals, somewhere in that space, I think we need to address that.

[Rim Cothren] 00:41:06 Great. Thanks, Hans. Justine, let's leave the slides down, but why don't you pop in our other question into the chat real quick, and people can start thinking about this. I don't want to stop the conversation on priorities and criteria for priorities. I think that that's good, and Kory and Jonathon, you can both speak to that.

[Rim Cothren] 00:41:25 But one of the other things we wanted to touch on real briefly is what it is that we should be advising on here. There are a couple of things that were in our pre-reads and that, came up in our last meeting.

[Rim Cothren] 00:41:40 Are we really going to be trying to do what you might think of as a roadmap?

[Rim Cothren] 00:41:45 A roadmap might call out a timeline with milestones that we want to achieve.

[Rim Cothren] 00:41:50 Or do you want to think about a framework for adoption, which is closer to, I think, what Gravity was proposing in some of their pilot materials, where organizations should think of it in this way first, and then in this way, and ease into FHIR along a path. And so I'm really interested in your thoughts about what would

[Rim Cothren] 00:42:08 be best for DxF

[Rim Cothren] 00:42:11 is really doing a roadmap, or a framework for adoption, or something else. And we'll… our time today is going to be short, so we may talk about that more next time, so don't… don't feel like you have to give up on priorities. Thanks, Kory, for being patient while I did my little thing there. Please go ahead.

[Kory Mertz] 00:42:28 No, no problem at all. And to kind of respond to that one while working in some of my other points I was going to make, I think it partially depends on what use case we're looking at, right? If it's a use case where you've already seen federal, you know, kind of adoption of a standard, I think there, maybe you can go more towards a roadmap perspective.

[Kory Mertz] 00:42:49 I think we're also in a time of uncertainty, as you kind of pointed out, Rim. Like, ONC is talking about adding a lot of new FHIR requirements in the future, sounds like, and

[Kory Mertz] 00:42:58 this potential HTI-6 rule. We also see things, you know, like TEFCA has got FHIR on the roadmap again for this coming year. So there's a lot of areas where I think we don't know exactly where the kind of national interoperability direction is going to land. So I think in those areas, if we want to move there, maybe a framework is more appropriate, but if you're going to go down, like, the prior authorization path, maybe a roadmap is fine.

[Kory Mertz] 00:43:22 Because we already have a pretty clear kind of perspective of where the federal government is going to drive things, so it's easier to align there and not run into situations where we're requiring people in the DxF to do something that the federal government is kind of pointing us in a different direction on, so…

[Rim Cothren] 00:43:37 Thanks, Kory. Jonathon.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:43:42 Hi, yeah, just wanted to throw out a point. Forgive me, I was looking for a citation, so I don't remember who was it who sent me this comment a few minutes ago, but I will pass on the citation for the moment. I just wanted to caution the group, and maybe have this be part of what we think through, that

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:43:59 As we are figuring these things out.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:44:02 there are initiatives being rolled out around the state that may end up conflicting with some of what we come up with here. So, you know, while we establish these priorities in other pockets and places.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:44:16 institutions are doing things. So, I think, to the extent that we can think about that.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:44:23 I don't have an answer. I mean, we don't want to stop people from doing… I don't think we have the ability to stop people from doing what they're doing, but I do think we should keep… take caution of the idea that this is a moving target. And so, as we…

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:44:36 I think we should consider how we communicate with the public.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:44:42 With the stakeholders, with, hospitals, with the payers, groups, with, in my case, with the ambulance and fire services.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:44:50 what we're doing, so that folks don't start making investments, that they either may feel frustrated that they've made, or that they have to then adjust, or that they find are no longer

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:45:02 you know, viable, given the path that gets chosen. Again, just food for thought, that's a longer conversation, I'm sure. But as I hear us picking up some of these very complex use cases, thinking there are other things that we are going to get to eventually, and those balls are continuing to move, we should keep that in mind.

[Rim Cothren] 00:45:21 Thank you, Jonathon. Keith!

[Keith Brick] 00:45:24 I wanted to agree exactly that there are initiatives, even within the state government.

[Keith Brick] 00:45:29 that involve driving the adoption of FHIR, driving the standardization of how data is collected about

[Keith Brick] 00:45:35 People, not just patients, but people that are cared for and who interact with.

[Keith Brick] 00:45:40 vital records, with our public health departments, with our community services. And so, what I would love to get out of this workgroup is a

[Keith Brick] 00:45:52 guide that we can go to our various stakeholders and say, hey, FHIR is useful.

[Keith Brick] 00:45:57 Here are the ways in which it will benefit you.

[Keith Brick] 00:46:00 And here's what you need in order to turn it on.

[Keith Brick] 00:46:03 I want to give them an instruction guide, so it's not really a roadmap so much as it is a description of the available benefits, and if you want this benefit, here's what you need to do.

[Rim Cothren] 00:46:17 Thank you.

[Rim Cothren] 00:46:19 Aaron?

[Aaron Goodale] 00:46:21 I'll just, repeat what others have said. Probably a framework better than a roadmap.

[Aaron Goodale] 00:46:27 if we roadmap something, I think we're guaranteed that to be out of date by the time… by the time we're done with it. So, a framework with how to deal with ongoing, fast change with FHIR, and again.

[Aaron Goodale] 00:46:41 some entity providing guidance to the rest of us and keeping us aligned with national efforts, I think is the best way to go.

[Rim Cothren] 00:46:51 Thank you, Aaron.

[Rim Cothren] 00:46:52 Zareen.

[Zareen Razzaque] 00:46:54 I was gonna put my hand down, because I was gonna say something similar to what both Aaron and Keith have said as well. I think with the, while roadmap is important, and I think we definitely want to get to that point, it can become brittle just because vendor readiness, you know, and all, like, use cases can evolve at different… at different rates, and it could become,

[Zareen Razzaque] 00:47:13 like I said, you know, we might kind of surpass that by the time we get there, whereas I think putting that framework and that guidance in place would be the better initial approach, and just showing the benefits, I think that will, get people understanding why we do want to move to this technology and start adopting it.

[Rim Cothren] 00:47:28 Great. Thank you. I am going to yell now at everybody that's putting things in chat. Stop it.

[Rim Cothren] 00:47:34 Raise your hand, open your mouth, something else. So please, I'm really interested in hearing more about what people are dropping into chat.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:47:45 I was just gonna… all I said was that in some cases, this is actually guidance that conflicts from other state offices.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:47:51 So it's not just necessarily… I mean, I think Zareen's point is wonderful. She mentioned vendor readiness, that's certainly a part of it, but in some cases, vendors that need to be a part of these conversations are receiving secondary guidance from other offices that don't seem to be paying attention to what this group is doing, or they've got other groups that are doing their own thing in separate silos, and that can stall vendors. I think to simply say, we don't know what to do, we're gonna wait.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:48:15 That may end up then bumping into the roadmap timing objectives that we have.

[Jonathon Feit - Beyond Lucid (Fire & EMS)] 00:48:22 I don't know how… if you can solve that, then we can, you know, make the country move nice and smooth. So I'll leave that to you, Rim.

[Rim Cothren] 00:48:28 We're going to solve everything here. Hans has had his hand up. I am just going to say out loud, I'm going to call on Uma to talk a little bit more about her comment in chat, and Eric to talk a little bit more about his comment in chat, and then we'll move to public comment a few minutes late. Hans, please go ahead.

[Hans Buitendijk] 00:48:47 Oh yeah, on the question of roadmap versus a framework, I think in general, with the comments made by folks on framework more than roadmap, I would agree with that. That helps to, particularly at this point in time, to categorize things more and see where we're looking at. And the link that you shared about the TEFCA roadmap.

[Hans Buitendijk] 00:49:07 I would offer to not literally read that as a roadmap.

[Hans Buitendijk] 00:49:12 Yes, it has phases in it, but you can also start to look at that as elements of a framework.

[Hans Buitendijk] 00:49:16 Where there are different approaches taken on how, at scale, in networked environments, whether it's QHINs or HIEs or otherwise, on how to introduce FHIR, and how to focus on what are the benefits of one versus the other.

[Hans Buitendijk] 00:49:33 So if you look at, for example, facilitated FHIR has some pros and cons from what do you gain with it compared to brokered FHIR, or proxied FHIR, if you want to look at that. So I think there are elements from the roadmap that can be looked at.

[Hans Buitendijk] 00:49:48 As elements of a framework to understand how do we want to focus our use cases, and where can we deploy that.

[Rim Cothren] 00:49:56 Thank you, Hans.

[Rim Cothren] 00:49:57 Uma, if you would talk a little bit of one of the… Uma's in an organization that's promoting FHIR a great deal within the state right now, and I'm interested in your comment that you dropped in chat.

[Uma Chandavarkar] 00:50:10 Yeah, so I think some of the conflicts that could arise would be, like, duplicative investments, so there are some state initiatives that, where we are actually

[Uma Chandavarkar] 00:50:24 offering investments to offset the adoption of certain technologies, and it can result in some redundancy or inconsistencies if we just look at it purely from a milestone-based or a roadmap-based

[Uma Chandavarkar] 00:50:42 approach, so…

[Uma Chandavarkar] 00:50:44 There are also some competing priorities that people, have mentioned, and some of the, like, individual, departmental or programmatic objectives may not necessarily align with the highest value use, use cases for broader

[Uma Chandavarkar] 00:51:03 Data exchange, so… I would just,

[Uma Chandavarkar] 00:51:07 I think I would favor the… the framework, just because it gives us some flexibility,

[Uma Chandavarkar] 00:51:16 To accommodate for those

[Uma Chandavarkar] 00:51:18 The investment differences, and also technical readiness, and it allows us really to prioritize the outcomes over the technology itself.

[Rim Cothren] 00:51:27 Thank you, Uma.

[Rim Cothren] 00:51:29 And Eric, do you want to talk a little bit about some of the non-healthcare use cases that you dropped in chat?

[Eric Jahn] 00:51:35 Sure, but really quickly, with the framework versus roadmap, you know, I look at framework as, like, the key you're playing in, and the roadmap is what note comes next. So, you always need to be adjusting the, roadmap, and everybody might have their own roadmap, right? But the framework helps everybody kind of stay aligned. This is where we're

generally going to, though we might have different paths towards that. Or, like, Google Maps, how it gives you different,

[Eric Jahn] 00:51:58 Possible ways you could, go. But you only choose one, you know, depending on where you're at.

[Eric Jahn] 00:52:04 which is dynamic and changes. I just dropped in a fun use case there on decarceration. So that is an example where Gravity FHIR is… is where,

[Eric Jahn] 00:52:17 the, services could originate, the determination of which services for a decarcerated person. However, the incoming feed of clientele for that FHIR exchange comes from somewhere else, comes from justice, which is typically, using National Information Exchange Model.

[Eric Jahn] 00:52:36 APIs and, and, you know, they're growing as well, and trying to, to, to be more, pervasive in, in local communities for, for, for their domain and, and other, you know, justice and courts, related things. And, and outside of that as well,

[Eric Jahn] 00:52:54 So, so that's just another fun example of an area that we could have a use case that could be evaluated by our criteria.

[Rim Cothren] 00:53:03 Thank you, Eric.

[Rim Cothren] 00:53:04 Well, why don't we bring the slides up again real quick on number 11, and let's turn to public comment?

[Akira] 00:53:17 Alright, thank you, Rim.

[Akira] 00:53:19 So, 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 were raised.

[Akira] 00:53:32 Oop, and we do have one.

[Akira] 00:53:36 Jerry… You can unmute now.

[Jerry Hall, Jerry@CivicMapping.com] 00:53:40 Hi there, everybody. Thank you very much, and hope you all have a happy Thanksgiving weekend. I wanted to make two quick comments. One is the,

[Jerry Hall, Jerry@CivicMapping.com] 00:53:51 and I'm relatively, an amateur in this league, but, it's feedback that's helped me, and I'd like to give that. But,

[Jerry Hall, Jerry@CivicMapping.com] 00:54:02 you know, there's a lack of shared understanding of how systems work together, where information starts, where it goes, and how it benefits the people we serve. And, you know, different stakeholders all have a different understanding and

[Jerry Hall, Jerry@CivicMapping.com] 00:54:17 My, feedback is, to that end, I encourage the use of

[Jerry Hall, Jerry@CivicMapping.com] 00:54:22 visualizations, particularly system maps, process flows, and data flow diagrams to help stakeholders understand where they fit within California's interoperability framework. These tools can illustrate how organizations, systems, data standards, and reporting requirements intersect.

[Jerry Hall, Jerry@CivicMapping.com] 00:54:42 while helping stakeholders understand their responsibilities, identify gaps, and stay current as the implementation progresses. And the second issue is, there's a significant disconnect between the operational service

[Jerry Hall, Jerry@CivicMapping.com] 00:54:56 referral disposition and outcome data that providers collect. The information they're required to report to counties versus what they collect is usually pretty different, and the county misses the opportunity to use the additional data that the providers collect

[Jerry Hall, Jerry@CivicMapping.com] 00:55:12 and use that to, improve the longitudinal perspective. So,

[Jerry Hall, Jerry@CivicMapping.com] 00:55:18 Helping, you know, the county has its own requirements of what it requires through procurement, and then the funder has their requirements, and the county usually only cares about fulfilling the

[Jerry Hall, Jerry@CivicMapping.com] 00:55:29 the funders' data obligations, but we're missing an opportunity to utilize much more in-depth data that the providers collect. Thank you.

[Rim Cothren] 00:55:40 Thank you, Jerry.

[Rim Cothren] 00:55:41 Akira, do we have any other hands raised?

[Akira] 00:55:44 No other hands raised at this time.

[Rim Cothren] 00:55:46 Okay, we'll give people a beat.

[Akira] 00:55:55 I think we are good to move on, Rim.

[Rim Cothren] 00:55:58 Great, thank you, Akira.

[Rim Cothren] 00:55:59 Let's go on to the next slide. So, first of all, I want to thank you all. I look forward to these meetings. You guys always want to talk, you have insightful things to say. I want to continue to encourage you to speak your mind. Thank you very much for your participation today.

[Rim Cothren] 00:56:15 We'll be posting meeting materials and the recording for today's meeting on the webpage.

[Rim Cothren] 00:56:20 We had a couple of members that weren't able to join us today. They'll be able to catch up, hopefully, with some of our discussion, and if we do have any additional pre-read materials for the next Workgroup meeting, we'll get those out to you in advance. What we're asking of you is if you take a look at our roadmap.

[Rim Cothren] 00:56:35 Our roadmap said that we'd be talking about incentives and barriers to FHIR adoption in our next meeting. So, I'd like you to think a little bit in advance to what are the

barriers to… that are keeping you, your organization, your stakeholder group, or the state or country in general,

[Rim Cothren] 00:56:53 from adopting FHIR, and what incentives might be used, especially incentives that HCAI or DxF might be able to bring to bear to be able to advance beyond those barriers. So give that some thought between now and our next meeting.

[Rim Cothren] 00:57:10 Let's go on to the next slide. Just as a reminder, we have one more meeting now before the end of the year. Our next meeting will be, again, a Wednesday, 3 weeks from today, on December 9th. Look forward to seeing you all there, and look for materials, coming out from us in advance of that meeting.

[Rim Cothren] 00:57:29 And with that, thank you all very much for your participation today, and have a wonderful rest of your day.

[Zareen Razzaque] 00:57:37 Thank you. Thank you.

[Hans Buitendijk] 00:57:39 Fair.