Rainfall HEALTH

A conversation on health data, governance, and AI

The trust gap

The Chief Health Data Officer of University of California Health on why care transitions stall even when everyone wants them to work — and why the lawyers belong in the room sooner than most leaders think.

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01 / Data governance
02 / Care transitions under TEAM
03 / Buying AI responsibly

Introduction

A privacy lawyer who believes using health data is a duty

Cora Han sits where law, data governance, and health system strategy meet. As Chief Health Data Officer at University of California Health — guiding health data governance across an academic health system comprising six academic health centers, dozens of clinics, and thousands of care teams — she helps ensure patient data is protected, managed, and put to work at scale.

Her vantage point is unusual. She saw, at the Federal Trade Commission, what happens when sensitive data is misused. She sees, at UC Health, how much good the same data can do. This guide distills her conversation with Eddie Qureshi on the Rainfall Health Podcast, for executives standing up care coordination under mandatory models, for teams evaluating AI vendors, and for anyone asked to move fast with patient data and get it right.

> “It is really our duty to be able to use health data to improve care, to be able to improve people's lives.”
>
> Cora Han

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Featured voices

Cora Han

Chief Health Data Officer, University of California Health. Formerly with the FTC's Division of Privacy and Identity Protection; trained as an intellectual property lawyer.

Eddie Qureshi

Founder and CEO of Rainfall Health and host of the Rainfall Health Podcast.

She learned what misuse looks like before she learned what use could do

She calls her path a little different. She trained as an intellectual property lawyer — trademark, copyright, and privacy litigation and counseling — then spent years at the Federal Trade Commission's Division of Privacy and Identity Protection. There she worked on technology enforcement and on large-scale data management alongside colleagues at HHS, the Office of the National Coordinator for Health IT, the Office for Civil Rights, and the FDA.

Sitting at the center of technology, policy, and regulation gave her an appreciation for both sides of health data. That pairing is what brought her to the University of California — a role where she could build solutions that use data to improve care, and make sure it is done safely and responsibly.

The obligation

Use it to improve care

Other industries may advance with data too, but in healthcare the potential is obvious. Not using it has a cost that patients pay.

The guardrail

Keep patients at the center

She has seen the harm that follows misuse of sensitive consumer and patient data. Patients belong at the center of every decision about how theirs is used and shared.

> “That combination of sitting really at the center of technology and policy and regulation gave me an appreciation for the two sides of how to use health data.”

Cora Han

Every answer that follows holds both sides at once. It is why she reads as neither a brake nor an accelerator — and why her advice tends to be about sequencing rather than permission.

Every day starts with a problem someone wants data to solve

Much of her work is reviewing use cases — from operational business partners and from researchers — and asking the same thing each time: what are the day-to-day problems we need to solve, and how can data help solve them? She counts herself lucky that the answer could be almost anything on a given day.

Four kinds of question that land on her desk

a.

Operations

Enabling hospital operations teams to share resources and report on metrics. Track quality, access, and population health measures across six academic health centers.

b.

Population health

How data can improve the health of the communities the system serves.

c.

Efficiency

Building tools that help healthcare leaders query health data more easily, reducing the time and effort needed to find relevant information.

d.

Research to bedside

Using data to reach new treatment breakthroughs, then translating them into clinical care.

Who's in the room

Clinicians, operational leaders, privacy and security colleagues, IT, and data scientists — the job is convening them around a problem, not owning the answer alone.

What her team builds

At UC Health's Center for Data Driven Insights and Innovation, AI and analytics solutions that support the work happening locally at every campus.

Lawyers don't slow projects down. Late lawyers do.

Eddie hears it from executives around the country: legal slows things down. His own experience has been the opposite. Hers is honest about both — she has seen lawyers drive innovation, and she has seen them stall it. The difference, she says, is timing. Get involved in difficult questions and projects early, so there can be guidance on how to build it.

The failure mode she's describing

A product is almost ready to go. Someone realizes it needs to run past legal and compliance. And a host of issues appear that nobody knew existed.

What multidisciplinary actually requires

01 **Time and space to come together**
Big organizations drift into silos. Groups need room to meet — without the meeting itself becoming the slowdown.

02 **Enough of each other's language**
So there's trust that no one is using privacy as cover to stop a project they'd rather not pursue for other reasons.

03 **One shared problem statement**
What are we trying to solve, what are the options, and who needs to be in the room — including legal, compliance, and governance partners.

Advice

Eddie pulled the show's advice segment forward for this one: bring legal and compliance in early, so they help chart the path instead of fitting a project onto an imperfect one. Things only feel slowed down when they were never done properly to begin with. Her reply: agreed.

The will is there. The ecosystem isn't uniform.

CMS's mandatory TEAM model puts acute care hospitals on the hook for episodes where much of the care happens post-acute. That puts data sharing at the center of it — and interoperability has been a promise for decades. Asked how ready the sector is, she picks one word: uneven. And she is careful about the cause. Most of the unevenness is not a lack of desire.

One patient journey, many kinds of organization

Hospitals

Where the episode starts, and where accountability sits under the model.

Skilled nursing

Post-acute partners carrying a large share of the recovery.

Community partners

The organizations that support patients once they're home.

Where they differ

Storage

Different systems and formats for holding the same patient's data.

Process

Different workflows for referral, discharge, and follow-up.

Resources

Some have deep teams and budgets. Some have very limited ones.

Capture

Even how data is recorded in the first place varies.

Eddie's follow-up framed the real constraint: that variety isn't going away. Policy and tools have to meet each provider where it is, rather than designing for an idealized future where everyone looks the same.

It's not the pipes. It's the trust.

Asked for the biggest challenge, she offers one broad word and explains why it applies in more than one plane. There is a trust gap. Even where there is a natural desire to share data for a patient's care, there may not be a natural level of trust — especially when organizations are just starting out and building the relationship.

Plane one / Between partners

Simple agreement

- How the clinical information shared will be used, and who will have access to it
- How the sharing will happen
- Who is accountable if something goes wrong

Plane two / With patients

Confidence in the purpose

- Sharing is limited to the purpose it was meant for
- Appropriate safeguards are in place
- Every player in the ecosystem is confident of both

“Once all of the players in the ecosystem feel confident about that, then I think you can have the data flow more easily.”

Cora Han

TEAM makes the challenge concrete. The industry isn't starting from zero.

Eddie's read on the trust gap: align on shared frameworks and hold everyone to them, instead of asking smaller partners to conform to whatever the biggest player in the region does. Start with a handful of service lines, the way Medicare did, rather than boiling the ocean. She sees the TEAM model doing exactly that — making the challenge concrete enough to drive real process improvement across the ecosystem.

What's already true

A lot of effective data transfer and interoperability is happening today, on frameworks that work well. She calls it something the whole industry could be proud of.

What's always true

Sharing data effectively will keep presenting challenges, and there will always be more to do as care improves.

The distinction that unlocks the flow

Sharing for care transitions

The handoff every party wants to happen. Make this flow effectively.

vs.

Other kinds of sharing

Uses people may reasonably be more nervous about. Mitigate the downside risk here.

> “How do you help the care that needs to happen really flow effectively, while also mitigating some of the downside risk?”
>
> Cora Han

It is a problem, she notes, that many entities already know how to work on — which is why she sees real promise that it will keep improving.

Build or buy, the questions are the same

Eddie asked whether governance and data-sharing complexity pushes large systems toward building their own technology. She pushed back gently: large organizations buy a good deal, too, and partner with quite a few vendors. What stays constant is the list of questions — asked of an outside product and of anything developed in-house.

Q1	**What need is this product trying to serve — and do we agree we have it?**	Need
Q2	**Will it solve that need better than the way we solve it today?**	Need
Q3	**What data will it need — and is only that data in scope?**	Data
Q4	**What are the retention policies around that data?**	Data
Q5	**How do we ensure it isn't shared downstream in ways people wouldn't reasonably expect?**	Data
Q6	**How will we learn when a vendor's product changes?**	Oversight
Q7	**How will we handle ongoing monitoring and accountability?**	Oversight
Q8	**Are the cybersecurity controls strong enough?**	Security

Eddie's context for why this matters now: national hospital margins are running around 0.75%, while large systems employ tens of thousands of people and see millions of lives. There is no room for a tool that answers these poorly.

0.75%

Your tool will live inside a workflow you didn't design

Eddie asked what technology leaders can do to make a hospital leader's job easier — how to make it a win on both sides of the table. Her answer is three things, and none of them is a feature.

1

Respect the workflow

Software must integrate. Be an effective partner in the workflows where it's deployed, not just at the demo.

2

Explain how it works

Provide what health systems need to judge how the product operates — whether it is safe, effective, and not biased.

3

Answer security fast and fully

When risk assessments are underway, privacy and security answers should come quickly and completely. It is always top of mind.

> “These tools are really being deployed in complex workflows. And the success of any tool will depend on those aspects.”

Cora Han

Read it as a vendor

The procurement conversation is a governance conversation. A complete security packet and a plain explanation of the model can shorten the cycle more than another feature will.

Read it as a buyer

Ask for those answers before the pilot, not after. They're the same questions chapter three says legal should be asking at the start.

Governing a market that won't hold still

With AI, things are developing at unprecedented rates, the margin for error in healthcare barely exists, and health systems can't afford to sit it out. So how do leaders keep governance ahead of the tools arriving at the door? Her answer, to put it mildly, starts with the least exciting thing on the list.

Process

Replicable committees

Governance committees across UC and UC Health give everyone a common way of looking at incoming products. Many draw on longstanding processes, so the wheel isn't reinvented each time. Not the coolest thing to talk about, she admits — but it provides reassurance.

Peers

Share what you learn

Within and across institutions: which needs a product can meet, what pain points people are seeing, and what advantages.

Contracts

Shorter terms

For some products, a one- or two-year agreement instead of a five-year enterprise deal, then re-evaluate. The market is shifting, and so are your needs.

Terms

AI-specific provisions

UC Health has updated its standard terms and conditions to add AI-specific provisions. She expects that is widespread, and thinks it's good.

Eddie asked

Is this a chance to ask more of vendors — a higher bar for accountability and transparency?

Cora answered

“Not so much an opportunity to ask more, as an opportunity to evaluate and iterate. We are evolving to a new marketplace.”

An optimist who insists governance comes along for the ride

Eddie noted how hopeful she'd been throughout, despite headlines that skew negative. She owns it: she is an optimist who believes in the power of technology to change lives, and she sees it already starting to meet real needs in healthcare. But hope, in her telling, comes with two conditions.

Condition one

Keep working on governance

It cannot fall by the wayside. Some of the hardest discussions are the ones where a room full of people don't agree or don't yet understand where someone else is coming from. Governance has to come along as the technology does, because that is how the trust gets built.

Condition two

Think past speed

Don't stop at making existing things go faster. Ask how technology might change the way care is provided. That creates times of discomfort, and everyone will learn along the way.

> “It is really kind of our duty to think in the big picture about what the large-scale potential could be.”

Cora Han

Eddie's closing note

A car is not a fast horse. It's fundamentally different — but before there was vocabulary for it, the only way to describe it was something that gets you there a little faster. Moving through that uncomfortable stretch is how you get somewhere great.

Her "duty" closes the loop on how she opened. The obligation to use health data and the obligation to protect it were never two positions to balance. They are the same responsibility, seen from two sides.

Where Rainfall fits

Built to close the trust gap, not work around it

Rainfall Health is an accountability and accessibility platform powered by AI — the first and only company certified for these Medicare-mandated programs. The conditions Cora Han describes are the ones a care-transition partner should be measured against: clear agreement on what is shared, sharing limited to its purpose, and answers ready before the risk assessment asks.

She asks

What data can and should be shared, and how?

Rainfall

Connects the hospital, post-acute partners, and community organizations in one episode, scoped to the patient's care transition.

She asks

Will it work with partners who have very different resources?

Rainfall

Technology plus services, so a well-resourced partner and a lean one can participate in the same episode.

She asks

Does it fit a complex workflow?

Rainfall

Patient-reported outcomes, quality-gate metrics, and around-the-clock patient and caregiver support across the full 30- or 90-day window — one system rather than a stack of vendors.

From the conversation

“It can be really helpful to have your legal partners, your compliance partners, your governance partners in the room a little bit earlier than sometimes business leaders may realize.”

Cora Han

Get connected

Bring us in early

If you're standing up care coordination under TEAM, evaluating partners for post-acute data sharing, or working through governance for the tools arriving at your door, we'd like to be in the room from the start. Rainfall is the end-to-end solution, technology and services, for hospitals and health systems.

Learn more	**www.rainfallhealth.com**
Start a conversation	**sales@rainfallhealth.com**

Watch for the next episode of the Rainfall Health Podcast.

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