



## Digital Bridge Newsletter – November 2020

Mission	Vision
<p>Promote human health by facilitating sustainable clinical-public health collaboration via modern information technologies achieved through partnerships among clinical care organizations, public health agencies, health information technology industry partners, and other critical organizations.</p>	<p>Public health and healthcare empowered and coordinated with the information needed to improve and protect the health and health security of patients and communities nationwide using interoperable systems that promote effective, efficient and economical services.</p>

### Public Comment is Now Open for Digital Bridge's Public Health API White Paper!

**Public comment runs through December 21, 2020.** To send comments, [download the Word draft document](#) from the website, input comments directly in the document, and send your comments to [neha.agrawal@iphionline.org](mailto:neha.agrawal@iphionline.org). Comments will be synthesized, incorporated into the document as appropriate, and shared with the Collaborative Body in January 2021. Note that the layout and design of the paper will be updated once the content is final. Thank you and we look forward to hearing from you!

As we move to more interactive, real-time, and digital public health reporting, Application Programming Interfaces (API) technologies have become prevalent and critical. The Digital Bridge chartered a workgroup to develop a white paper that aims to serve as a reference for public health professionals as they look to develop and implement their organization's public health API strategy. The white paper includes an introductory overview of APIs in general and as they apply to public health, a summary of recent health policy developments related to API, basic technical and API concepts and building blocks, public health use cases, policy and privacy issues, strategies and steps needed to implement a public health API strategy, and a listing of tools and resources available to support implementation of an API strategy. The paper is intended primarily for public health professionals in local, state, and federal agencies, industry groups, professional associations, and targets groups implementing or developing API Infrastructure capabilities. It is not intended to serve as a roadmap for implementation of an API platform or program.

You can download the document [here](#).

## Updates from Digital Bridge's Collaborative Body

The Digital Bridge Collaborative Body met via web-conferencing on November 5. The Cancer Registries (CR) and Newly Reportable Conditions using eCR Infrastructure Workgroup (NRC) workgroups presented their use case project statements, which included a statement of need, use case description with an outline of the basic technical infrastructure, stakeholders, benefits and value, scope, high-level timeline and milestones, and risks. After a question/answer session, the Collaborative Body voted to move both NRC and CR use cases forward and merge the overlapping areas (e.g. utilization of common data elements). For reference, see below for background information on each use case.

### Newly Reportable Conditions using eCR Infrastructure Workgroup (Chairs: Lesliann Helmus (CDC) and Priyanka Surio (ASTHO))

This workgroup is proposing an extension of the eCR infrastructure to support additional reporting. As the network of potential exchange partners increases, additional centrally-maintained decision support functionality is needed to ensure that report content is routed only to the authorized recipient. To utilize the existing eCR infrastructure, test cases must be based on clinical encounters and be easily identified using well-defined clinical code sets.

### Cancer Registries Workgroup (Chairs: Kirsten Hagemann (Cerner) and Brandon Talley (CDCF))

The purpose of this workgroup is to reach near real-time cancer case data exchange by leveraging Digital Bridge's capability and capacity to engage stakeholders, and to establish trigger-based electronic cancer case reporting from EHRs to state- and territory-based central cancer registry health information technology infrastructure. Currently, it takes at least 24 months to make cancer surveillance data available to the public, thereby limiting the utility of these data for public health intervention analysis, allocation of resources, and research efforts.

### **Other workgroup updates:**

NHSN Reporting of Healthcare Acquired Infections Reporting by Skilled Nursing Facilities Workgroup (SNF): The Digital Bridge Collaborative Body voted to not move forward with the development of the SNF use case at this time, due to capacity constraints. IPHI will obtain feedback from the Collaborative Body on a revised proposal that current workgroup members are working through.

Immunization Registries: This workgroup will meet bi-monthly starting in January 2021 to stay abreast of the progress of IZ Gateway and other immunization information system initiatives and identify potential gaps this Digital Bridge workgroup could fill in the future.

Public Health API: The API White Paper is [open for public comment through December 21](#). See above and visit [Digital Bridge Current Projects](#) for more information.

### Next steps

On January 21 and 22, 2021, the Collaborative Body will convene virtually over two half-days in lieu of the annual in-person Digital Bridge meeting. The meeting will serve as a kick-off for the two use cases moving forward: Cancer Registries and Newly Reportable Conditions.

### Collaborative Body Overview

Digital Bridge is led by a Collaborative Body that is made up of representatives from health care, public health, and industry partners. The Collaborative Body meets at least quarterly to determine the organization's strategic policies and oversee project implementation.

## **eCR Update (CDC CSELS)**

With widespread community transmission of SARS-CoV-2, the virus that causes COVID-19, reporting individual cases to public health agencies can be challenging. Electronic case reporting (eCR) is a critical tool for COVID-19, which is now a reportable condition in all jurisdictions. To accelerate eCR nationwide, CDC and Association of Public Health Laboratories (APHL) developed [eCR Now](#) for immediate and rapid deployment. It includes the following elements:

- Rapid eCR implementation through small cohort groups for provider sites that use an electronic health record (EHR) with eCR capabilities.
- eCR Now FHIR app that non-eCR enabled EHRs can use to rapidly implement eCR for COVID-19.
- Nationwide eCR policy framework for eHealth Exchange, Carequality, CommonWell members, and those who connect to them.

The eCR team continues to make progress in implementing eCR for COVID-19. As of July 2020, all 50 states, Washington D.C., and several large local jurisdictions authored and connected to the APHL Informatics Messaging Services (AIMS) platform. Implementing eCR substantially relieves the burden of manually reporting cases for healthcare providers and provides more complete and timely reports to public health departments. As of November 13, 2020, over 6,100 healthcare facilities are using eCR and have sent more than 3.1 million electronic initial case reports for COVID-19 to 61 public health agencies.

To learn more, visit: [www.cdc.gov/ecr](http://www.cdc.gov/ecr) and <https://ecr.aimsplatform.org>, or e-mail: [ecr@cdc.gov](mailto:ecr@cdc.gov).

## **Digital Bridge in the Context of CDC's Public Health Surveillance and Data Initiatives**

Launched in 2016, the Digital Bridge is a multi-sector collaboration comprised of health care, public health, and industry organizations, and incubates projects focused on improving data exchange between health care and public health. In this capacity Digital Bridge works on projects, or use cases, and designs the technical infrastructure, tests the use case, considers legal, policy, and regulatory implications, gains stakeholder buy-in, conducts local

demonstrations, and prepares the use case for adoption and national scale up under the management of a separate entity. The result is a more seamless relationship between health care and public health that is integral to timely, accurate, and accessible public health surveillance. The following article provides background information on public health surveillance, describes the partnership between Digital Bridge and the Centers for Disease Control and Prevention's (CDC) public health surveillance and data work, highlights a CDC-led surveillance and data project that ties to Digital Bridge work, and concludes with Coronavirus Aid, Relief, and Economic Security (CARES) Act funding that also relates to Digital Bridge's work.

Public health surveillance is defined as *the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control.*<sup>i</sup> Public health surveillance and surveillance data are critical to guide and inform accurate and timely public health interventions and prevention strategies, research efforts, allocation of resources, public health communications, and public health policy changes amongst city, county, state, and federal public health agencies. Beginning in 2014, CDC began developing and implementing a strategy to improve its public health data surveillance capabilities with the goal of getting the right information into the right hands at the right time.<sup>ii</sup>

Digital Bridge has partnered with CDC since its inception and on the first use case for electronic case reporting (eCR). eCR uses a shared standards-based, interoperable, services infrastructure that supports data delivery to public health in real time. It utilizes real-time reporting and moves case report data from health care to the appropriate public health agency (see [here for an infographic of how eCR works](#)). Data transmitted in electronic case reports are the basis for notifiable disease reporting to local and state health agencies and to CDC, which is vital for public health surveillance. eCR also allows public health to provide information back to healthcare providers.<sup>iii</sup> In Fall 2019, the nationwide scale-up of eCR transitioned to CDC, the Association of Public Health Laboratories (APHL), and the Council of State and Territorial Epidemiologists (CSTE). Digital Bridge is currently working on additional use cases that support its goal of streamlining the relationship between health care and public health via health care data.

A CDC-led surveillance and data project called the Data Modernization Initiative is also interlinked with the Digital Bridge mission and vision. The Data Modernization Initiative provides a [roadmap](#) for projects and activities to use as a guidepost and outlines a number of questions for consideration, similar to Digital Bridge use cases, including how to improve the timeliness and quality of data, how to better coordinate data activities and system, how to reduce burden on data partners, and how to integrate emerging technologies more effectively.<sup>iv</sup> Digital Bridge follows the work of the Data Modernization Initiative and will provide a presentation and update at the January virtual Collaborative Body meeting.

Lastly, the significance of Digital Bridge's goals has been magnified by our current pandemic. In response to the COVID-19 pandemic, on March 27, 2020, the CARES Act was signed into

law. Approximately \$150 billion went to public health and \$500 million was appropriated to CDC's Data Surveillance and Analytical Infrastructure. Details of how this funding will be spent are below<sup>v</sup>, and tie into Digital Bridge's goal of using real-time data to enhance public health surveillance:

- Leverage data for surveillance, detection, and improving jurisdictions' situational awareness to allow localized, targeted responses and decision-making using more real-time data to respond to outbreaks like COVID-19.
- Expand the electronic exchange and integration of information between public health and health care, including electronic health records, which is essential for timely, accurate, and accessible disease surveillance.
- Support for public health's data science, informatics, and IT workforce; expanding core data, informatics, and IT capacity; advancing interoperable systems and tools; strengthening and expanding collaboration.

### **IPHI Team**

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### **Digital Bridge Resources**

- [Digital Bridge Charter and Bylaws](#)
- [Digital Bridge website](#)

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<sup>i</sup> Centers for Disease Control and Prevention (CDC). Introduction to Public Health. In: Public Health 101 Series. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2014. Available at: <https://www.cdc.gov/publichealth101/surveillance.html>.

<sup>ii</sup> Office of Public Health Scientific Services. Centers for Disease Control and Prevention. Public Health Surveillance: Preparing for the Future. Atlanta, GA: Centers for Disease Control and Prevention; September 2018.

<sup>iii</sup> Electronic case reporting (eCR). (2020, September 24). Retrieved November 16, 2020, from <https://www.cdc.gov/ecr/>.

<sup>iv</sup> Data Modernization Initiative. (2020, August 05). Retrieved November 16, 2020, from <https://www.cdc.gov/surveillance/surveillance-data-strategies/data-IT-transformation.html>

<sup>v</sup> Public Health Data Modernization – What CDC Will Do. Retrieved November 16, 2020, from <https://www.cdc.gov/budget/documents/fy2021/fy2021-PHDM-factsheet.pdf>.