Meeting Minutes

Digital Bridge Interim Governance Body

Meeting Information

Date:	August 9, 2019	**Location:**	1-866-516-9291
Time:	1:00 – 2:00 PM ET	**Meeting Type:**	Virtual
Called By:	Project Management Office	**Facilitator:**	John Lumpkin
Timekeeper:	Charlie Ishikawa	**Note Taker:**	Natalie Viator Collins
Attendees:	See attached		

	Agenda Items	Presenter	Time Allotted
1	Call to Order and Roll Call	John Lumpkin / Charlie Ishikawa	2 min
2	Agenda Review and Approval	John Lumpkin	3 min
3	Consent Agenda	John Lumpkin	5 min
4	Risk Log	Kirsten Hagemann/ Rob Brown/Jim Jellison	5 min
5	Evaluation Findings and Recommendations	Jeff Engel/Lura Daussat	35 min
6	Digital Bridge Sponsors	John Lumpkin	5 min
7	Announcements	Charlie Ishikawa	5 min
8	Adjournment	John Lumpkin	Remaining

Decisions

1	N/A

New Action Items		Responsible	Due Date
A.	N/A		

Other Notes & Information

1. **Call to Order** – Quorum was met.
2. **Agenda Review and Approval** – No changes to agenda.
3. **Consent Agenda** (*John Lumpkin)* – Would anyone like to pull anything off the consent agenda? Hearing none, these items are approved.
    A. Workgroup updates
        - eCR Implementation Workgroup – Thank you to Laura Conn and Kirsten Hagemann for serving as co-chairs. Leadership will transition to the CDC, APHL and CSTE teams.
        - Pilot Participation Workgroup
        - Evaluation Committee – Thank you to Jeff Engel and Goldie MacDonald for serving as co-chairs. Their charge is now completed; however, there may be a few additional tasks.
        - Transition Workgroup
4. **Risk Log**

    A. **eCR Implementation Progress** (*Laura Conn, Rob Brown)* – Thank you to Rob for serving as the workgroup steward! The New York site went live on July 10. Laura shared high praise for eCR received from Annie Fine of NYC DOHMH. From the co-chairs, thank you to the governance body for your support! Kudos to the APHL and CSTE teams for making eCR a reality. Michigan and California are both very close to beginning end-to-end testing. There will also be opportunities in the future for additional stakeholders to implement eCR. The three live demonstration sites have different qualities and posed different challenges. The final eCR implementation workgroup meeting will be held on Tuesday, August 13. Laura recounted two key transition activities identified during the January 2019 in-person governance body meeting – a single "source of truth" website and joining a health information network. Accordingly, she showed the front page of the new eCR "source of truth" website. The site's content is under review, but the URL will be launched soon. The site will include targeted onboarding information for four different audience groups – providers, EHR implementers, public health agencies, and HIEs and HINs. Scott Becker reported that APHL has concluded negotiations with eHealth Exchange. There are a few administration details to wrap up, but things are moving forward very well. DWT greatly assisted in this effort. Scott announced that APHL has received RWJF funding to continue legal readiness work for next year.

    B. **Transition Management** *(Vivian Singletary, Jim Jellison)* – PHII has received a no cost extension (NCE) from RWJF to carry forward a small amount of funding through March 2020. Our focus will be on taking on strategic issues beyond eCR. We will look at operational models, charter revisions, and potential relationships with other exchange initiatives. This will give us an opportunity to ready ourselves for future use cases. It is our intention to coordinate our NCE activities with any CDC funding that is to come. Jim reviewed the various workgroup status updates. The transition workgroup is now addressing strategic issues. The current pilot participation agreement will be phasing out this fall to be replaced by agreements like the one described by Scott Becker between APHL and eHealth Exchange.

    C. **Discussion:**
        - **Priyanka Surio:** Any update about communications workgroup?
        - **Jim Jellison:** We didn't have an official communications workgroup, per se. We would like to consider one going forward. The governance body has been involved in the communications planning. Others on the call may be in a better position to speak to the communications planning around eCR going forward. There will be a lot of activity going forward in regards to eCR.

- **Art Davidson**: What is "Health & Hospitals" as shown on the timeline slide?
- **Laura Conn:** That is a New York state healthcare system interested in onboarding eCR. They use Epic's EHR system.

5. **Evaluation Findings and Recommendations** *(Jeff Engel, Lura Daussat)* – We will review the preliminary findings and recommendations, as the final report is not yet complete. Please note that some content may be refined as reviews continue. The evaluation plan was approved in April 2018 for site evaluation. For today's presentation, we will review the eCR implementers and eCR operators. eCR implementers are comprised of the triad of health care providers, EHR vendors and public health agencies. Operators include APHL, CDC and CSTE. The implementation sites participated in various streams of data collection, based on site bandwidth and data availability.

   We were able to collect three months of data from Houston Methodist Hospital and two months of data from Intermountain Healthcare. As a reminder, Utah Dept. of Health has provider reporting rules that include reporting for negative lab results for certain conditions. We anticipated a one-to-one match between eICRs and RR. Utah is working to ensure that for every eICR reviewed there is one reportability response. Key findings include that automation was achieved and trigger codes generated eICRs as intended. Reportability responses were sent to public health and providers as authored in RCKMS. The workflow established for eCR worked. For Houston, Houston Health Department was able to receive reports automatically from Houston Methodist. Key completeness findings include that eICRs produced from EHRs provide critical clinical and demographic data that may not be included in a lab report, that eICRs can add valuable information to the cases in the public health surveillance system, and that health IT has a role in improving the completeness of the eICR. Note that there was substantial variation in the cost estimates. Eight public health agencies, two health care providers and one health IT vendor provided cost data. Collected data showed cost is dependent on existing eCR infrastructure, in-house expertise and resources available (both human and technical). Some costs incurred during the eCR demonstration phase may be unlikely to continue during the eCR scale-up phase. In summary, some facilitating factors of eCR include communications and organization between and among implementers to improve transparency and trust, having access to subject matter experts, peer-to-peer sharing, and leadership support in the healthcare setting.

   Barriers included challenges related to staff turnover and fiscal resources. There was a request for access to more detailed technical guidance resources. Integration with homegrown systems and vendor solutions delayed implementations. The benefit of eCR included public health agency access to more accurate and complete case data, improved legal and security compliance and a decrease in provider burden. Weaknesses included that implementations can be complex and challenging for innovators and early adoptions. However, as a result of these demonstrations, tasks can be less complex and less challenging moving forward. There were a total of ten recommendations across four categories. For eCR readiness and resources, (1) eCR implementers should conduct eCR readiness assessment prior to initiating implementation, (2) eCR implementers should validate alignment between vendor solutions and capabilities and eCR business requirements before implementation and (3) eCR operators should focus on supplemental training, the availability of expert technical assistance and the importance of keeping technical artifacts up to date for implementer use. For communications and collaboration, (4) eCR implementers need to gain leadership buy-in to ensure adequate resourcing, (5) eCR implementers should validate partner engagement, set expectations and identify the eCR team's strengths and limitations prior to implementation and (6) eCR operators should provide a platform for technical collaboration among eCR implementers. For technology and process alignment, (7) eCR implementers, recognizing vendor to vendor variation, should document clinical and patient care workflows and trigger code configuration early on in implementation to facilitate the most complete transmission of data in the eICR. For ongoing evaluation, (8) eCR operators and relevant stakeholders should consider the evaluation of supporting organizations and the future of evaluation as eCR expands nationally, (9) eCR operators and relevant stakeholders should assess the most appropriate method of cost analysis and (10) the Digital Bridge evaluation committee provided crucial input and guidance throughout the evaluation process. Any future eCR evaluation activities should include a similarly diverse workgroup (e.g., site representatives, partner organizations) to contribute to planning, implementation and use. Many thanks to the members of the evaluation committee. The final evaluation report will be publicly

available by late September. The proposed dissemination activities will be queued up for governance body action at a future meeting.

A. **Discussion:**

- **John Lumpkin:** Firstly, thanks to all those involved in the evaluation work.
- **James Doyle:** Will you be collecting the completeness data from Houston or any other sites?
- **Lura Daussat:** Houston was unable to provide those data. We had to stop data collection in May.
- **John Lumpkin**: There seems to be a great discrepancy between the number of eICRs received between the Houston and Utah sites. For example, why were there 6,172 eICRs sent for Pertussis by Intermountain Healthcare?
- **Lura Daussat:** Looking at the non reportable row, an RR is returned for every eICR that is received. However, only what is determined to be reportable is reflected in the condition-specific row.
- **Laura Conn**: Is the total number of patient encounters at the top [1,225,574] only at Intermountain?
- **Lura Daussat:** Correct.
- **Walter Suarez: F**or Pertussis, there were 5,999 suspected cases reported by IMH to APHL found to be non reportable?
- **Shan He:** eICRs are triggered by either lab result or diagnosis, but remember that many of those lab results will ultimately be *negative* for pertussis. That is why there is such a large gap between the number of eICRs sent for pertussis (6,172) and the number of RRs received confirming reportability for pertussis (173).
- **John Lumpkin**: The difference, that was sorted out at the DSI?
- **Lura Daussat:** That happened at the DSI.
- **Oscar Alleyne:** Regarding the variation in the cost analysis piece, is there an opportunity to show ROI in the long-run? Can we articulate what this is?
- **Lura Daussat:** Not able to do a full ROI calculation at this time, but that is something to consider moving forward.
- **John Lumpkin:** We can't forget the cost of being the first, of being a pilot. Others who implement based on these learning are likely to have lower costs.
- **Bill Mac Kenzie**: I can't wait to see the full report. I recognize that this is the end of the current data collection phase. Is there a plan to determine what would be the minimum data set that should be collected for future evaluations?
- **Lura Daussat**: That question has been asked by NYC, what is the baseline for evaluation going forward? I'm not sure that there is plan to answer that at this time.
- **Goldie MacDonald**: Another recommendation will be that future evaluators look at the existing plan and existing data and discuss information needs with key stakeholders to distill the "core package" of evaluation and any special leverage points. For example, perhaps taking a deeper dive on cost and ROI at one or two sites or aspects of technical assistance.
- **Richard Hornaday**: There is a lot of burden put on the implementers. This highlights the importance of the vendors providing more of a turnkey solution so that implementers have an easier path. Also, it stresses the need for a vendor approval for use program that serves as a statement of compatibility.
- **Mary Ann Cooney**: I'm grateful for this evaluation work. ASTHO has hosted learning communities with state level informatics/epidemiology/technology staff to discuss how to prepare for eCR, including self-assessment and looking at their internal processes. What you show here is what that group is anticipating. We are happy to share some of that information with this group. It all aligns very closely.
- **Art Davidson**: Great report out! This gives us lots of things to think about. I'd like to hear more on recommendation 2 around "alignment with public health." What are the business requirements that the vendors need to be aware of?
- **Lura Daussat:** Goal is to ensure that a purchased solution will provide public health with the data elements that they need for surveillance and can identify where any gaps are.

- **Art Davidson:** Kudos to Laura and team for the comment from Annie!

6. **Discussion: Digital Bridge Sponsors** *(Bill Mac Kenzie)* –Thank you to the de Beaumont Foundation and RWJF for getting us to this point. We have $4.7 million to move forward on eCR scale-up, Digital Bridge convening, including some support for Parkinson's Disease work. We potentially have a three-year commitment from the donor through the CDC Foundation. We are very thankful to the CDC Foundation for coming through – we are being successful in virtually every way.
    A. **Discussion:**
        - **John Lumpkin:** Any questions? This is certainly something we will discuss in future meetings as we receive recommendations from the transition workgroup.
7. **Announcements and Action Items** *(Charlie Ishikawa)* **–**
    A. Next meeting will be Thursday, September 5 from 12-1 PM EDT.
    B. Please reach out for any further questions on today's topics.
    C. Look forward to the survey to collect your thoughts for the future of Digital Bridge in the weeks ahead.
8. **Adjourned.**