digital bridge

Collaborative Body
Meeting Summary

Meeting Information			
Date:	October 6, 2022	**Location:**	Zoom; Meeting ID: 836 7120 9513
Time:	12:00 – 1:30 PM ET	**Note Taker:**	IPHI
Facilitator:	Samantha Lasky	**Attendees:**	See attached

Meeting Objectives
- Review updates on the status of the Collaborative Body workgroups
- Review data from the Re-envisioning External survey and provide feedback
- Discuss and provide feedback on the SWOT analysis

Meeting Materials
    a. Concept Paper Workgroup Summary
        i. Full Summary
    b. IZ Workgroup Update
    c. Digital Bridge Charter and Bylaws
    d. Breakout Group Worksheets
        • Health IT
        • Healthcare
        • Public Health
    e. SWOT Document
    f. Internal and External Survey Results

Agenda Item	Time (ET)
1. **Call to Order and Roll Call** – *Vivian Singletary, DB Vice Chair*	12:00 pm
2. **Agenda review, approval, and COI declarations** – *Vivian Singletary*	12:05 pm
3. **CDC Update – Monkey Pox and eCR** – *Laura Conn, CDC*	12:10 pm
4. **Re-envisioning and Sustainability Workgroup External Survey**	12:20 pm
5. **Renvisioning and Sustainability Large Group Discussion** – *IPHI Team*	12:30 pm
6. **Breakout Groups**	12:45 pm
7. **Breakout Group Report Back** – *Collaborative Body*	1:20 pm
8. **Announcements and Next Steps** – *IPHI*	1:30 pm

Decisions and Next Steps
- Secretariat and Executive Committee will share summary paper from February annual meeting regarding data modernization perspectives from the Collaborative Body for Collaborative Body review.
- ExeCC Concept Paper Workgroup will share the Concept Paper summary for Collaborative Body review.

Meeting Summary

1. **Call to Order and Roll Call** – Quorum was met.
2. **Agenda Review and Approval and COI Declarations**
   A. Vivian Singletary, DB Vice Chair, welcomed the Digital Bridge Collaborative Body to its October 2022 meeting.
3. **CDC Update – Monkey Pox and eCR** – *Laura Conn, CDC)*
   A. *(Jack Lewin) Need more coordinated infrastructure for immunization documentation and reporting as is for other features in eCR.*
   B. *(Janet Hamilton) Case reporting, eCR, infrastructure- these things are trying to alleviate the problem and create a seamless way to report when a new outbreak occurs. This would require no need for intervention on the side of public health.*
   C. *(Lauren Conn) MPX was added in January 2021, so when this outbreak occurred, they only needed to do a quick review to update. First eCR was on 6/10, early on. This helped because a lot of the infrastructure was built during COVID. Continue supporting public health agencies in data flow. Working with the FL DoH*
   D. *(Paul Matthews) MPX implementation in July. From their first request from state public health agencies (3 requests that first day), they were able to turnaround a reporting system within 24 hours. COVID opened this eCR pathway and can continue to be applied.*
   E. *(Lauren Conn) For data to be updated, it would required a trigger update to the health systems using eCR now. EPIC has been pushing out updated trigger codes, but it does require a manual action by the healthcare system to make it happen.*
   F. *(Paul Matthews)- The prioritization we put on implementing these changes came from public health. Public health agency support in each state, and/or CDC national support, to include MPX in the reporting might help a spike occur in the implementation.*
4. **Re-envisioning and Sustainability Workgroup External Survey and Large Group Discussion** - *IPHI*
   A. Finalized survey and sent it out to 75 external stakeholders and listservs from some of our CB members.
   B. Total of 55 responses
   C. Next meeting – October 13th
   D. Will review comparable collaboratives and groups and conduct key informant interviews.
      - *(Jack Lewin) We need to identify the things that Congress can help us with, and the CDC can push through Congress faster. The National Coalition can also be utilized. More coordination between all the municipalities to make this work.*
      - *(Mylynn Tufte) I've heard a lot from SHDs. Data modernization is top of their priorities and they really want Digital Bridge to reflect that as one of our top priorities. we have a lot of the right people, but we need more action within our group. SHDs would like more convening and less of a silo- they can share best practices coming together across multiple states.*
      - *(Janet Hamilton) So many things are happening with the coordination piece, but it's not clear what is happe3ning and where. from the Digital Bridge perspective, we have very unique and varied stakeholders. The coordination and communication pieces need to be add5ressed and improved.*
      - *(Paul Matthews) Providers are tired and burnt out, and can't keep up with the rate of change occurring. The wind for eCR was not to the provider, but to the public health agency. the providers have to do the most work to provide data and are still doing manual data. there needs to be a win for others in the community besides public health agencies. we need to turn around and stop the manual input of case reports to save time for providers and help them from their perspectives and needs.*
      - *(Chris Alban) Digital Bridge consisted of a lot of convening- but we need to be pushing*

for pother projects, like data modernization. To do other projects, we need to start there (we on the vendor side).we need the infrastructure of the reporting to then address equity issues and work on other projects. This needs to happen first as the plumbing. Working together with people and processes, using advocacy, funding, etc., are the challenges we need to face to make everything possible.

- *(Janet Hamilton) There is a multi-PHA campaign called Data Elemental to Health that is specifically working on the Congressional advocacy side. We can also elevate the things that are working from this campaign and learn from their successes.*

5. **Breakout Groups** *(Collaborative Body)*

   A. The Collaborative Body participated in in breakout groups to provide information related to the SWOT analysis. Feedback on the following questions will be processed with the workgroup to inform the SWOT.

      - Based on the conversation in the large group, is there anything else to add to the SWOT analysis?
         - Based on the data from the external and internal surveys, what else could be added as a SW?
         - Based on the data from the external and internal surveys, what else could be added as a threat or challenge?
         - Overall, beyond the data, are there any SWOT missing?
      - In the BOG Worksheets:
         - Based on the data and your perception, what should DB start doing that we don't currently do?
         - What should DB stop doing?
         - What should DB continue to do?
      - Digital Bridge Mission
         - What might need to be changed to improve the DB vision?
         - How can we update for where we are at right now?
         - How does the data inform the DB vision?

6. **Breakout Groups Report-out**

   A. Public Health BOG - *(Jess Lynch) There was some great input on the SWOT document. We echoed the need to continue these convenings and cross-sector roles. There was also a lot of interest in thinking about how to position this group as an idea-incubator and really be able to start some projects, and hand them off to the right implementors. So, we need to move from problem-solving and incubation, and identify the groups that will be implementing and monitoring the initiatives.*

   B. Healthcare BOG - *(Mylynn Tufte) We feel we have an ability to use the power of the collaborative, and individuals within it that we can tap into and utilize better. We have a lot of access and influence. We need to focus on prioritizing and getting more clarity. We also thought there was an opportunity for more marketing- the survey showed that people didn't know enough about Digital Bridge. In addition to this internal opportunity, as an external opportunity, we thought that there was one to bring technology vendors together for streamlining processes for data modernization. There is an ability for people to come together for product development, like eCR. Digital Bridge can convene different stakeholders. Marking and media- we need more of it. We also want the right people on the collaborative and the right people buying-in.*

   C. Health IT BOG - *(Samantha Lasky) We talked about needing to see the work we do through*

into the future, especially if it's part of the DMI landscape. We discussed looking at things from a systems-level perspective. From a systems-perspective, how can we look at all the things that need to be done to move forward with this work? We also discussed ensuring there are no duplications of efforts and eliminating this as a threat.

- Following the breakout group report outs, the Collaborative Body was asked one final question to respond to in the chat: What one action or initiative do you think DB should do or work on?

7. **Announcements and Next Steps – IPHI**
   A. Executive Committee members are scheduling a call with CDC staff to review the data modernization summary and discuss possible places for DB to plug into the work.
   B. Next meeting will be the January annual meeting. Will send out a poll in November to find the best times for ALL Collaborative Body members

8. **Adjourned**