



## Collaborative Body Meeting Summary

Meeting Information			
<b>Date:</b>	October 7, 2021	<b>Location:</b>	Zoom; Meeting ID: 983 1271 5730
<b>Time:</b>	12:00 – 1:30 PM ET	<b>Note Taker:</b>	IPHI
<b>Facilitator:</b>	John Lumpkin	<b>Attendees:</b>	See attached
<p><b>Purpose</b></p> <p>The purpose of this meeting is to discuss data modernization efforts underway at CDC, obtain an eCR and eCR Now update, and discuss the progress and status of Digital Bridge workgroups and related work since the last Collaborative Body meeting in July 2021.</p> <p><b>Link to Materials</b></p> <ol style="list-style-type: none"> <li>1. External Reports Re: Data Modernization               <ol style="list-style-type: none"> <li>a. Office of the National Coordinator for Health Information Technology “Public Health Data Systems Task Force 2021 Report to the Health Information Technology Advisory Committee”</li> <li>b. National Academy of Medicine “Public Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs”</li> <li>c. Bipartisan Policy Center “Positioning America’s Public Health System for the Next Pandemic”</li> <li>d. Public Health Informatics Institute “Build Back Better”</li> <li>e. Robert Wood Johnson Foundation “National Commission on Future of Public Health Data Systems”</li> </ol> </li> <li>2. eCR Update</li> <li>3. ExeCC Concept Paper Timeline</li> <li>4. Digital Bridge Charter and Bylaws</li> </ol>			
Agenda Item			Time (ET)
1. Call to order and roll call – <i>John Lumpkin, DB Chair</i>			12:00 pm
2. Agenda review, approval, and COI declarations – <i>John Lumpkin, DB Chair</i>			12:05 pm
3. IZ Gateway update - <i>Kelly Carulli, Audacious Inquiry and Susan Pierce-Richards, CDC</i>			12:10 pm
4. Data Modernization - <i>Dan Jernigan, CDC</i>			12:30 pm
5. Discuss Data Modernization Follow-up – <i>John Lumpkin, DB Chair &amp; Collaborative Body Members</i>			1:00 pm
6. eCR & eCR Now Update – <i>John Loonsk, Consulting CMIO APHL</i>			1:10 pm
7. ExeCC Workgroup Update – <i>Richard Hornaday, Allscripts and Joe Rogers, CDC</i>			1:15 pm
8. Announcements and Next Steps – <i>John Lumpkin, DB Chair</i>			1:25 pm
9. Adjourn – <i>John Lumpkin, DB Chair</i>			1:30 pm



**Decisions and Next Steps**

The Executive Committee will be sending out a survey to prioritize the approaches they will suggest based on the reports that are currently in review.



## Meeting Summary

1. **Call to Order and Roll Call** – Quorum was met.
2. **Agenda Review and Approval and COI Declarations**
  - A. John Lumpkin, MD, MPH welcomed the Digital Bridge Collaborative Body to its October 2021 meeting. Dr. Lumpkin welcomed the new organizations and representatives since the last Collaborative Body meeting: SAS and NCHC.
    - National Coalition on Health Care (NCHC)
      - Sector: Health Care
      - Representative: Jack Lewin, Chairperson (Primary) and Shawn Martin, Acting NCHC CEO (Alternate)
    - SAS
      - Sector: Industry Partner
      - Representative: Meg Schaeffer, National PH Advisor and Epidemiologist (Primary), Theresa Do, Manager – Pre-Sales Support Federal Government (Alternate), Sarah Newton, Manager – State and Local Government Industry Consultants (Alternate), Katie Izenour, Industry Consultant – Federal Government (Alternate)
  - B. We also have a change in membership for HIMSS. Amit Trivedi will replace Mari Greenberger as primary representative for HIMSS. Christina Caraballo will replace Christel Anderson as one of the alternate representatives.
  - C. There were no abstentions or changes to the agenda. There were no conflicts of interest declared.
3. **IZ Gateway Update** (*Kelly Carulli, Audacious Inquiry and Susan Pierce-Richards, CDC*)
  - A. Kelly Carulli and Susan Pierce-Richards provided an overview of the use cases for data exchange that are supported by the IZ Gateway, the current onboarding status, upcoming priorities and call to action for Digital Bridge.
  - B. See slide deck for corresponding presentation.
  - C. Discussion
    - An organization noted that they have several IIS state connections from a single EHR. There is an interest in creating a standardized implementation process. They noted that it needs to be in states where there are current IIS implementations and asked who to work with to drive that.
      - The primary target of IZ Gateway is filling gaps where data exchange is not currently occurring. There would need to be a discussion about the optimal approach to switch those connections to the IZ Gateway rather than keeping the existing connections in place.
      - For EHR and provider systems that are interested in onboarding to the IZ Gateway and exchanging data with the IIS, there is a provider phasing process that involves completion of a survey where they will ask questions about their



EHR, the markets in which they operate, and the patients served. Then, CDC has a committee to prioritize those connections. IZ Gateway is currently prioritizing new connections where there are gaps in data exchange. Federal agencies are ramping up with the veteran's health administration through development work. IZ Gateway folks can share the provider phasing survey with this group and others who are interested to complete for consideration. Interested parties can reach out to [IZGateway@cdc.gov](mailto:IZGateway@cdc.gov).

- IZ Gateway has recently onboarded their new operations and maintenance contract. The new contractor will do a code review and offer recommendations. Then, they will have an IVMD contractor who will also review the code and be an independent reviewer of any potential architectural changes and enhancement changes moving forward in the process of developing the updated architecture (if that is the route to go). They will also be eliciting input from the community.
- IZ Gateway will be onboarding VHA to the IZ Gateway to submit and query with IIS. They are expecting pilots with the VHA to start this fall. They'll start with select IIS and hopefully roll it out to all IIS, eventually. They do have to have policy agreements in place between the VHA and IIS. They will be prioritizing jurisdictions that are able to sign those policy agreements with the VHA.
- When starting this project, they completed an environmental scan that recognized issues around controlling the N squared problem as well as interoperability, unique HL7 implementations, and requirement deviations. They do have a standardized onboarding approach that includes a standardized checklist and test plan for exchange with each IIS that they go through to make sure that the connection will be successful before they promote it to prod.

#### 4. Data Modernization (*Dan Jernigan*)

- A. Dr. Dan Jernigan provided a presentation on questions that Digital Bridge posed around priorities and next steps.
- B. See slide deck for corresponding presentation.
- C. Discussion:
  - Dr. Jernigan was asked about ways the Digital Bridge can support the process moving forward.
    - They would like to have additional ways of hearing from the real world perspective. It is important to hear about what is not being done, what can be done better, and the existing work. Resolving problems of technical specifications and with the FHIR accelerator for later data standards.
  - Data are siloed and there is a great opportunity to address this with DMI.
    - Dr. Jernigan noted that by moving to a common use of our cloud instance and moving toward common approaches to how data is being stored and integrated into the use of shared services. A number of programs have already identified that they are not planning to continue using their on-premises separate systems. By developing within that environment, you can reuse those

components. And so the anticipation is that there will be reuse of components across different programs as they're developing the requirements to do their jobs. There's silos at CDC that can be addressed that way. As we move to a next step with the Netspace system through a very different approach to utilizing cloud enabled technologies (utilizing those shared services), we would anticipate that some of them move forward at building within that environment. You're reusing those tools there as well with the automated electronic capture, with case lab, and other information identifying how that data can be incorporated into state systems or the state approaches to in common solutions that you do not have to use as individual software of the different programs at CDC, we would be able to address that in that setting. These are things that are not going to happen overnight, but we think by moving toward that architecture at CDC, and by promoting that architecture at states that the ability then to have fewer silos and integrated data and not just that they didn't shifted software into the cloud, but rather rethinking of how those are built.

- Dr. Jernigan noted that funds have been set aside at CDC to support programs in order for them to do the evaluation and to help do that retooling should be done within the context of working with others at CDC, to make sure that we don't have just siloed cloud-based systems.
  - Walter Suarez (*Kaiser Permanente*) announced the establishment of the HL7 public health accelerator initiative. It is looking at precisely advancing, accelerating the implementation adoption and implementation of standards in the exchange of public health information.
  - If they can identify ways that help local health departments be able to access data outside of public health data, then that would likely be a means for improving or at least addressing social determinants of health and equity. As they improve the capture data from the EHR and lower the bar for getting that data into the systems we will improve the characterization of equity issues.

**5. eCR & eCR Now Update** (*John Loonsk*)

- A. See slide deck for corresponding presentation.

**6. ExeCC Workgroup Update** (*Richard Hornaday - Allscripts and Joe Rogers - CDC*)

- A. The concept paper has had a change of focus. They are identifying aspects of existing eCR that motivate expansion as well as the potential limitations from existing eCR that may need enhancements or enable expansion. Also, trying to ensure that they also identify and are aware of any aspects of the existing eCR and what changes should be avoided.
- B. Slides include the concept paper outline as well as the meeting schedule.
- C. Joe Rogers presented information on the cancer use case and the rational and utility of the reports coming from eCR. They would like to use eCR to report cancer case from provider vendors to the central registry.



D. See slides for more information on Joe Rogers' presentation.

7. **Announcements and Next Steps** (*John Lumpkin*)

A. Next Collaborative Body Meeting: January annual meeting, TBD – time/date

8. **Adjourned.** (*John Lumpkin*)