

Meeting Minutes

Digital Bridge Interim Governance Body

Meeting Information

Date:	March 7, 2019	Location:	1-866-516-9291
Time:	12:00 – 1:00 PM EST	Meeting Type:	Virtual
Called By:	Project Management Office	Facilitator:	John Lumpkin
Timekeeper:	Charles Ishikawa	Note Taker:	Jelisa Lowe; Piper Hale
Attendees:	See attached		

Agenda Items	Presenter	Time Allotted
1 Call to Order and Roll Call	John Lumpkin / Charlie Ishikawa	3 min
2 Agenda Review and Approval	John Lumpkin	2 min
3 Consent Agenda	John Lumpkin	5 min
4 Risk Log: eCR implementation progress	Kristen Hagemann / Rob Brown	15 min
5 Action: eCR Transition Recommendations	Bob Harmon / Michael Iademarco	15 min
6 Proposed Legal Framework for eCR Services	John Loonsk	15 min
7 Announcements	Charlie Ishikawa	5 min
8 Adjournment	John Lumpkin	Remaining

Decisions

- 1 The Digital Bridge governance body approved the eCR transition report and recommendations. Motion by Walter Suarez that was seconded by Bill Mac Kenzie. Verbal vote taken. Motion passes with unanimous agreement. No abstentions or objections.

New Action Items	Responsible	Due Date
A. N/A		

Other Notes & Information

1. **Call to Order** – Quorum was met.
2. **Agenda Review and Approval** –Dr. Lumpkin announced he will be leaving the Robert Wood Johnson Foundation in April and moving to Blue Cross Blue Shield as president. This will have an impact on the governance body’s work, but different options will be presented during the April governance body meeting. Dr. Lumpkin reviewed the agenda. There were no additions.
3. **Consent Agenda (John Lumpkin)** –
 - A. Workgroup updates
 - eCR Implementation Taskforce:
 - Pilot Participation Workgroup:
 - Evaluation Committee:
 - Transition Workgroup
 - Legal, Policy and Regulatory Workgroup
 - B. Expansion of pilot conditions: hepatitis C
 - C. In-person meeting executive summary and suggested actions
4. **Risk Log: eCR Implementation Progress (Kirsten Hagemann, Rob Brown)** –
 - A. **Implementation Update (Kirsten Hagemann):** Houston has been in production since November, and Utah has been in production since the end of December. Currently, all sites are participating in RCKMS training and authoring activities. Test planning is also underway for both New York sites (New York State and New York City). Finally, all demonstration sites have the opportunity to add a sixth condition, and RCKMS has been updated to accommodate hepatitis C.
 - B. **Implementation Timeline (Rob Brown):** There is lots of activity going on in Michigan. NetSmart, the EHR vendor is working closely with Calhoun County, their provider to build out triggering capabilities. UC Davis has been able to successfully trigger an eICR and will start test planning and AIMS connectivity discussions. The Institute of Family Health (IFH) is also beginning test planning and AIMS connectivity. New York State and New York City will be testing at the same time along with IFH. Massachusetts currently does not have a health care provider partner, but the public health partner is actively looking for one to participate. In general, progress is picking up, and we’re expecting that to continue through spring and summer this year.
5. **Action: eCR Transition Management and Recommendations (Bob Harmon, Michael Iademarco)** –
 - A. **Transition Management (Jim Jellison):** The PMO is working closely with CDC, APHL and CSTE on eCR transition activities. This is in accordance with the transition workgroup deliberations and in line with the in-person meeting in January. We’ll have more details to share next month.
 - B. **Transition Recommendations (Michael Iademarco):** Using work from the meeting, Charlie revised the report and provided the governance body with this final version, and I think we’re ready to make final revisions. There’s one major item that needs discussion: what will the Digital Bridge eCR governance look like for scale up?
 - C. **Discussion:**
 - **Charlie Ishikawa:** As Michael shared, there’s one item in particular that was very important: the idea of the Digital Bridge remaining involved in eCR governance in the scale up phase. The broad idea you guys provided is that there would be three groups: the governance body, and eCR operations group, and an eCR community of practice (CoP). Based on that discussion, I wrote in more details about how these groups can differ and how they relate to one another. Generally, the Digital Bridge governance body would have a broad, nationwide, strategic purview: legal

issues, technical architecture, standards issues, etc. That group would be focused on strategy. The eCR operations group will focus on user engagement and all the operational things everyone has been working on: the onboarding guidance, operational priorities, etc. The CoP will have two expectations: encouraging adoption and use of eCR, and also contributing their expertise and perspectives to the issues the operational group would be considering.

- **Jeff Engel:** Where would the PMO fit in this governance model? And who would they report to?
 - **Vivian Singletary:** Are you asking about the current PMO or the governance PMO?
 - **Jeff Engel:** I guess I don't know the difference.
 - **Jim Jellison:** With respect to the current PMO, that would stay in place and continue to support the governance body under the condition of sponsorship of a new use case which we are to convene and incubate.
 - **Scott Becker:** The way I envisioned it is along those lines that Jim said and that the PMO function for eCR scale-up would be between our organizations, or whoever CDC chooses to do that. That's for ensuring that we are both connecting to the broader Digital Bridge governance group along with incubating, supporting and sharing experience with the CoP below us.
 - **Richard Hornaday:** There needs to be coverage for operations program management—managing lists of people who want to come in for onboarding, infrastructure, etc. will be significant.
 - **Bob Harmon:** Does that answer your question?
 - **Jeff Engel:** Yes.
 - **Decision:** Walter Suarez motions to approve the transition recommendations. Bill Mac Kenzie seconded.
 - **John Lumpkin:** Is there further discussion?
 - **Scott Becker:** Under the purview of the Digital Bridge governance body, is this just advising or sharing information on the standards? The architecture is fairly detailed.
 - **Bob Harmon:** It would relate to some of the newer areas—new use cases and if necessary, also eCR. It would continue to do that for eCR but working closely with other bodies who are doing architecture, standards and legal work.
 - **Richard Hornaday:** Is there anything you need or are expecting from the governance body?
 - **Scott Becker:** I think because the governance body has been so high level, we haven't encountered something like that yet, but it should be open that we *could*. It's really an advisory group—because of the statement that we're operating under the purview of CDC. I'd like to see some opportunity for advise and dialogue.
 - **John Lumpkin:** I think its critical to remember that what Digital Bridge has been is a convening of the willing. And the new governance body that we're talking about will continue to be that. The structure is somewhat changing as CDC is playing more of a role in the infrastructure and process to move to scale-up. Clearly, we are not an advisory body to CDC, but they're a part of the convening of the willing.
 - **Bill Mac Kenzie:** We're here to listen and work with the governance body, and I think the advice or ideas that the governance body puts forth will influence how we think, particularly regarding architecture and standards.
 - **Vivian Singletary:** I need some clarity on the difference between the scale-up governance and the Digital Bridge governance. Are we expecting other partners to participate as necessary for the scale-up governance? I want to understand expectations.
 - **Bill Mac Kenzie:** I would think people would want to be engaged. This is the coalition of the willing. If people don't want to engage in the scale-up, we understand but still desire their participation.
 - **Richard Hornaday:** Is the idea either that the Digital Bridge has two bodies - the overall governance body and a body just for eCR - or is it that there's just a single governance body for Digital Bridge.
 - **BM:** The Digital Bridge is one governance body. The real change is how operations happens and the creation of the CoP.
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6. Proposed Legal Frameworks for eCR Services (John Loonsk) –

- A. We're talking about the role of trust networks in eCR moving forward. Current architecture has positive attributes, like the opportunity to eliminate jurisdictional variability, but has raised some questions about technical/trust legal scaling and interoperability. Health data networks offer opportunities to address scaling and interoperability, so eCR services need to be broadly accessible. APHL is leading health data networks to address opportunities. Just like with TECCA, the goal is to have eCR available on all health data networks as shared services.

We've engaged with health data networks, including the eHealth Exchange. It has broad coverage with medical groups, hospitals and federal agencies. It has "push" transactions and an established "permitted purpose" to exchange data for public health. It also is developing business associate authorities, which it could do on behalf of APHL. eHealth Exchange is becoming a business associate of providers by developing a hub to connect with other networks. APHL will take advantage of this as a contractor of the eHealth Exchange, which will make it a business associate. The indemnification requirements for APHL would be eliminated or minimized, and there would be opportunities to provision eCR services to other networks.

We've also engaged with CommonWell, which is promising. It also has an architecture that provides for business associate authorities, which would offer a platform for eCR services. CommonWell also has a rich community of participants. It does not have permitted purpose or push transaction, however. We've engaged with CommonWell leadership, and they're interested in advancing eCR across CommonWell, and are willing to invite us to their board meeting to talk about eCR services, and we're interested in building that relationship.

Also there's Direct Trust, which has an established push technical transaction, but they don't have the trust/legal framework that CommonWell and eHealth Exchange have to allow for exchange and shareable business authorities, so on its own, it's not a viable alternative. Last, there's Carequality, which is more of an inter-HDN exchange agreement. The opportunity would be to share e-health services across Carequality to maximize networks.

Next steps: DWT and APHL are reviewing draft terms to a contract for APHL to provide eCR services, as well as participant agreements and non-network agreements to complement the network environment for those not on eHealth Exchange. There will also be ongoing work to elevate eCR interest in CommonWell and Carequality, which will take time but be worth the effort. Due to TECCA, these services could eventually be offered across broad range of health networks and cover a broader range of health providers. This work is all very promising.

B. Discussion:

- **Richard Hornaday:** This non-network agreement, is it drafted up or do we have a timeframe?
- **Adam Greene:** We do have a draft. It's near final. We still need to best align it with trust network agreement so we don't have differences between insurance and indemnification. So if we needed it tomorrow, we could use it, but otherwise, let's make progress on trust network agreements.
- **Richard Hornaday:** As part of certification activity, vendors are required to have a cost of implementation assessment, and under eCR requirements, vendors would need a reference so everyone has that legal agreement for participation.
- **Adam Greene:** That's good to know. Let's talk offline further.
- **John Lumpkin:** This is promising and an important part of getting legal framework in place. Thanks to John, Adam and APHL.

7. Announcements and Action Items (Charlie Ishikawa)–

A. Action Items:

- The next meeting will be April 4, 2019 at noon.

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- The action that was taken in this meeting was the eCR transition report approval vote. No other actions.

8. **Adjourned.**