

Meeting Minutes

Digital Bridge Interim Governance Body

Meeting Information

Date:	January 10, 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	Rob Brown / Laura Conn / Kristen Hagemann	20 min
5 Action: Legal workgroup charge	John Lumpkin	5 min
6 Preliminary eCR recommendations	Bob Harmon / Michael Iademarco	15 min
7 In-person meeting expectations and preparations	Charlie Ishikawa	7 min
8 Announcements	Jelisa Lowe / Charlie Ishikawa	3 min
9 Adjournment	John Lumpkin	Remaining

Decisions

- The Digital Bridge governance body approved the charge set forth by the legal and regulatory workgroup and changed the name to the legal, policy and regulatory workgroup. Motion by Mary Ann Cooney (ASTHO) that was seconded by Richard Paskach (PartnersHealth). Verbal vote taken. Motion passes with unanimous agreement.

New Action Items	Responsible	Due Date
A. Review/comment on eCR preliminary recommendations	Governance body	January 18
B. Complete pre-meeting survey and preparation	Governance body	January 17th

Other Notes & Information

1. **Call to Order** – Quorum was met.
2. **Agenda Review and Approval** – Dr. Lumpkin reviewed the agenda. There were no additions. He welcomed two new organizations to the governance body to increase health care representation: Intermountain Healthcare and the American Medical Association (AMA).
3. **Consent Agenda (John Lumpkin)** – Below are this month’s consent agenda items. These are items the chair believes to be routine and non-controversial and are approved unless a governance body member requests further discussion during the meeting.
 - A. Workgroup updates:
 - eCR Implementation Workgroup
 - Evaluation Committee
 - CSTE abstract submission
 - Pilot Participation Workgroup
 - Transition Workgroup
4. **Risk Log: eCR implementation progress (Laura Conn)** –
 - A. **Summary:** Over the holidays, the Utah site went live with Intermountain Healthcare reporting to the Utah Department of Health. There were a few lessons learned in the Utah go-live: (1) there were certificate issues that had to be worked through to ensure the reportability response could be returned from AIMS to in Intermountain; (2) there were defects after the go-live on the Intermountain side that made the feed unstable for a few days but has since been stabilized. Houston is still live, and there have not been any issues with that feed. The implementation team will continue to work with Houston on lab test coding issues, and Epic is working to develop triggering out of their diagnosis field. There should be updates in the new year on when they will have that capability. The team also got a heads up that reporting of metrics needs to be explored.
 - **John Lumpkin:** Seems like there was a significant difference between early Utah numbers and Houston numbers. Seventy-five percent of cases in Utah turned out to be reportable while only three present in Houston.
 - **Laura Conn:** I think that represents that the majority of the cases from Houston are from lab reports. We think that represents the positive and negative cases. In Utah, those cases are not reportable.
 - **Shan He:** We have been sending eICRs o AIMS...one type of trigger that impacted the volume.
 - B. **Timeline (Laura Conn):** On the 2019 schedule, New York State (NYS) and New York City (NYC) will be first up, followed by California. We learned NYC often has to report to NYS. Although we originally planned for NYS to follow NYC, they will come on at the same time so those reports can be submitted to the city and the state as they are identified. California is actively working on their implementation at the health care site (UC Davis). We have also been talking about what happens after pilots and transition, but that can be discussed more at the in-person meeting.
 - C. **Discussion:**
 - **Bill Mac Kenzie:** Josh Sol presented at the ONC Annual Meeting on a public health panel, and it was well-received.
5. **Action: Legal workgroup charge–**

A. **Background** (*John Lumpkin*): As those of us who have been with Digital Bridge know, we started a legal and regulatory workgroup under Walter Suarez that completed work last summer. Since then, our focus has been implementation. It became clear that as changes were occurring in ONC with requests for information (RFI) and various other acts, the body designed to address legal issues was not set up to provide the input we should be to federal and other regulatory agencies as they're discussing issues that have legal implications. We invited Walter to come back and engage with a legal workgroup, and the charge has been developed. Walter, any words?

B. **Discussion:**

- **Walter Suarez:** We are going to see a number of opportunities over the next few months to comment on regulations and legislations if we see action there. That will be one of the tactical objectives of the legal and regulatory workgroup. There is a pressing one—an RFI to comment on modifications to the original HIPAA privacy regulations. This is the first time in over 15 years that HIPAA regulations will be open and updated. We will continue to pick up where we left off and provide advice on key elements regarding future arrangements to support national scale up of eCR and review things like TECCA and provide what I see will be a long-term legal framework and roadmap for Digital Bridge. We will quickly begin our first task, which is to provide comments for the civil rights RFI.
- **John Lumpkin:** The item before us is to approve this legal workgroup charge.
- **Laura Conn:** The name of the group seems more policy and regulatory instead of legal (*proposing to change the name*).
- **Walter Suarez:** The focus of the workgroup is both policy and legal rather than just policy or just legal.
- **Vivian Singletary:** I think the regulatory piece may get to what Walter is stating about the legal discussion (*agrees to change the name to policy and regulatory*).
- **Bob Harmon:** I agree
- **Andy Wiesenthal:** It's policy, legal and regulatory.
- **Decision:** Motion to approve the workgroup charge by Mary Ann Cooney; seconded by Rich Paskach.

6. **Preliminary eCR recommendations** (*Bob Harmon, Michael Iademarco*) –

- A. **Background** (*John Lumpkin*): The goal is to frame and set up discussion on the preliminary eCR recommendations for the in-person meeting. Identifying issues without addressing them is acceptable, since we can go more in-depth in the upcoming meeting.
- B. **Background** (*Michael Iademarco*): Comments are due by January 18. Preliminary transition recommendations are based on the question: beyond demonstrating/evaluating eCR, what will Digital Bridge do for general eCR adoption and to ensure sustainability? The purpose today is to share initial workgroup ideas to prime for the next meeting and receive feedback. The main recommendation is that Digital Bridge must transition eCR work to support CDC in its efforts to increase implementation/use of eCR and to set an initial technical framework that will enable further bidirectional exchange for use cases beyond notifiable conditions. Scaling up the system in the short term will allow for a more sustainable approach long-term (*highlights recommendations regarding scale-up and the transition of eCR—see slides*).

(*Bob Harmon*): Regarding revival of legal workgroup, this would require discussions with trust networks like Commonwealth Health Alliance, which is also recommended in the long-form report.

C. **Discussion:**

- **John Lumpkin:** I've already heard some comments about issue of governance in relation to maintaining that aspect of what is managed by the PMO and is independent from the CDC. That's something we'll need to think about as we move into full production.
- **Richard Paskach:** Looking at advocacy portion of transition management, there's a role that provider groups can play in budget and planning for fiscal years. Many of those resources can be managed on the provider side.

- **Art Davidson:** Regarding communication and the overarching recommendation, what are the three images under the x-axis on that slide?
- **Charlie Ishikawa:** The report is 18 pages long. As we prepared it for distribution, the length became an issue, so much of the content became an appendix. It included a more complex diagram that the three layers on that image are meant to represent. The use case, architecture, operations and enablers are in those layers. The cartoon layers correspond to that more detailed diagrams.
- **Art Davidson:** Are they different from one to the next?
- **Charlie Ishikawa:** They intend to represent that there would be changes in one to the next as we actually move through those phases. For example, we don't know exactly what the architecture will look like for scale-up.
- **Dan Chaput:** It would be good if you put some thought during the transition into operationalizing what certification for eCR would look like in the future. I can't promise future rule making, but if the certification criteria improved, what would they look like? The bar for an EHR to certify for eCR is low, so what would be needed to demonstrate a value add/reduced position burden and certification criteria, cases that are applicable to the field, etc. We don't have to address all those issues now, but give thought to what it might look like in the future.
- **Andy Wiesenthal:** If there were a group of us who could assemble during the in-person meeting to informally brainstorm, that might be helpful. Two of the three Digital Bridge stakeholders might push back, so we need to figure out, as we're scaling the idea of adding conditions and functionality to Digital Bridge over time, when we add certification criteria should be done thoughtfully to not inhibit the progress.
- **Dan Chaput:** If anyone wants to pre-meet next week at HL7, I'll be there.
- **Jeff Engel:** A comment about advocacy: at APHL and CSTE, our advocacy efforts are public. The figure on the screen is not possible for national adoption unless we improve data systems and workforce in epi and lab capacity, which is what our data strategy advocates for.
- **Scott Becker:** Yes, it's early stage, but you'll be hearing more from us. It's critical that more resources are there if this is to take hold. All of the partners can contribute to this in one way or another.
- **John Lumpkin:** I like the way this is phrased. In organizations where advocacy is restricted, discussing what's needed instead of Digital Bridge serving as an action arm for advocacy is great.
- **Charlie Ishikawa:** The survey link is embedded in both the document of the report and the announcement on BaseCamp. The link will also be posted immediately after the meeting.

7. **In-person meeting expectations and preparations** (*Charlie Ishikawa*) –

A. (*Charlie Ishikawa*): The in-person meeting is coming up two weeks from today. The two-day meeting is the first in-person Digital Bridge meeting in a year. The theme for the meeting is “going to scale.” This will apply to all the topics we discuss around transition, demonstration, next use case, etc. A draft agenda is out. Conversations will include the next use case, criteria around that, and what stakeholders will be included, as well as scale-up. Pre-meeting prep: please review/comment on recommendation report, complete the pre-meeting survey, revisit 2018 pledges, and come prepared to share lessons learned and what your organization will do to contribute to scale-up.

B. **Discussion:**

- **John Lumpkin:** I'd like to emphasize lessons learned from the initial use case. We need to think about what worked and didn't work in eCR, but also in how we as a governance body group were able to function so we can apply that to the next use case. We also need to think about where people are invested. Our job is not to come up with a use case that might be a good idea, but a second use case where vendors, health providers and public health feel this is an area that really needs a solution. We learned from eCR that we have the resources to make progress.
- **Michael Iademarco:** That resonates with me. We make sure where the need/demand/impact is, to what degree do you interface that with advocacy, specifically in terms of generating new resources? How much is that a factor?

-
- **John Lumpkin:** That's something we'd have to take into consideration for that use case. We should be able to identify where resources already exist. Having to advocate for new resources would lengthen the timeline for any new use case.
 - **Bob Harmon:** Reducing provider burden is an important argument, preventing burnout and reducing the number of tasks clinicians need to do. eCR did that well, and I think use cases that also address that issue would get traction.

8. **Announcements and Action Items –**

A. **Communications** (*Jelisa Lowe*):

- **NACCHO Annual Conference:** Takes place in early July 2019; partners at the Houston Health Department submitted an abstract that highlights the Houston implementation experience.
- **Minnesota eHealth Summit:** Takes place in June 2019; communications is working with Richard Paskach and Mary Ann Cooney to submit an abstract by January 18.
- **Reminder:** Please inform the PMO of any external presentations and if any support is needed.

B. **Action items** (*Charlie Ishikawa*)

- The in-person meeting will take place later this month, so there will be no virtual meeting in February. The next meeting will be March 7.
- Review and comment on the preliminary eCR recommendations by January 18.
- Complete pre-meeting survey and preparation.

9. **Adjourned.**