

# Meeting Minutes

## Digital Bridge Interim Governance Body

### Meeting Information

<b>Date:</b>	November 7, 2019	<b>Location:</b>	1-866-516-9291
<b>Time:</b>	12:00 – 1:00 PM ET	<b>Meeting Type:</b>	Virtual
<b>Called By:</b>	Project Management Office	<b>Facilitator:</b>	John Lumpkin
<b>Timekeeper:</b>	Charlie Ishikawa	<b>Note Taker:</b>	Jelisa Lowe and Piper Hale
<b>Attendees:</b>	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	2 min
4 Grants Mangement Update	Vivian Singletary	3 min
5 Action: Charter and Bylaws Workgroup Charge	Bob Harmon	5 min
6 Public Health Projects Engaging with EHRs: A Preliminary Assessment	Michael Iademarco	40 min
7 Announcements	Charlie Ishikawa	5 min
8 Adjournment	John Lumpkin	Remaining

### Decisions

- 1 The governance body formally charged and formed the charter and bylaws workgroup. Motion by Bob Harmon; seconded by Walter Suarez.

New Action Items	Responsible	Due Date
A. N/A		

### Other Notes & Information

1. **Call to Order** – Quorum was met.
2. **Agenda Review and Approval** – Agenda reviewed; no additions or abstentions.
3. **Consent Agenda** (*John Lumpkin*) –
  - A. Workgroup Updates
    - Pilot Participation
    - Evaluation Committee
    - Transition Workgroup
  - B. Governance body meeting schedule
4. **Grants Management Update** (*Vivian Singletary*) –
  - A. I want to give a few short updates as to where we stand with the RWJF grant. That grant is coming to an end in mid-March 2020. We will plan to wrap as much as we can by the end of February and use the first two weeks in March to finish out any outstanding deliverables. This grant enables strategic planning activities—some of the things we’re doing regarding the next use case, updating the charter and where we need to go in the long term. The CDC Foundation grant is geared towards eCR scale-up and governance as well as the Parkinson’s use case. We’ll have updates in the future as it relates to that grant.
5. **Action: Charter and Bylaws Workgroup Charge** (*Bob Harmon*) –
  - A. The transition workgroup thought it was best to have a separate charter and bylaws workgroup. The proposed members of the group include seven members, and CDC would be on observer status since they are a government entity. There is a proposed deadline for the objectives to be delivered to the governance body for review and considerations: Wednesday, January 8. The focus of the workgroup would be to update our mission, vision and purview for discussion by the governance body and come up with a structure that would optimize what we do in the future. A big consideration is whether to continue as an unincorporated temporary entity or progress to a permanent incorporated organization. This is a proposal, so I would move its adoption by the governance body.
  - B. **Vote on proposal:**
    - **Motion by Bob Harmon; seconded by Walter Suarez.**
6. **Public Health Projects Engaging with EHRs: A Preliminary Assessment** (*Michael Iademarco*) –
  - A. The transition workgroup completed an assessment that analyzed other systems that use EHR data for public health purposes to help the governance body better understand the context for selecting a new use case and recommend the value of having a federal partner. Many of the governance body members are familiar with these efforts, but they need a deeper, thorough understanding of these efforts to decide a new use case. CDC will present its initial assessment with the aim of completing a full analysis by the in-person meeting and use the meeting for a more analytical, strategic discussion. This assessment helps us think about two things: how to enrich and expand the Digital Bridge participants and what type of work will Digital Bridge focus on.
  - B. **Why is the assessment needed?** (1) To identify current projects that may have parallel goals with Digital Bridge; (2) to identify systems that may provide a foundation to build upon; (3) to ensure a second use case is not duplicative of an existing system; and (4) to identify additional partners to include a more holistic network of programs and activities under Digital Bridge.
  - C. **What are the assessment objectives?** (1) Describe capabilities for bi-directional data and information exchange; (2) describe areas of provider and public health burden and benefits to population and public health; (3) identify possible ways that Digital Bridge can work with these initiatives; and (4) organize a

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facilitated conversation among leaders of the initiatives and Digital Bridge governance to explore partnerships.

- D. A small set of CDC people were involved in this assessment. The transition workgroup participated once formally, and there are plans to use them iteratively as we move toward the in-person deadline. The assessment was “quick and dirty” and was not vetted with CDC programs. There are plans to do so as the analysis is finalized.

*(Michael Iademarco reviews categories, attributes and a list of CDC programs that were evaluated and reported on findings from cross-program comparisons. Please see accompanying slides).*

- E. **Next Steps:** (1) Refine and formalize framework; (2) gather additional information from current programs; (3) assess additional programs; (4) consult transition workgroup; and (5) present final analysis during in-person Digital Bridge meeting.
- F. **Opportunities to build on infrastructure:** (1) Quality measure initiative to improve care of residents in skilled nursing facilities using an eCR-type approach; (2) integration of EMS data into hospital EMRs. Other common themes: improving bidirectional exchange, reducing provider burden, strengthening cross-sector partnership, leveraging standards, common approaches to using EHRs, etc.
- G. **Discussion:**
- **John Lumpkin:** In that list of what we should be talking about, would those be additional rows in the analysis you’ll be working toward?
  - **Michael Iademarco:** We can’t have just an assessment with data; there’s an analysis too. The next step, which I don’t have a handle on, is how does that strategically inform you guys moving forward? These questions are things we should keep our eye on. These questions are guiding us to capture the right attributes but are not meant to be additional attributes.
  - **John Lumpkin:** As part of your assessment, do you have a feeling about the willingness of the system owners to play?
  - **Michael Iademarco:** There is an attribute around feasibility or modernization potential, and we’ll look back at how formally we should collect that. And we have data around different systems and programs.
  - **John Lumpkin:** Other questions?
  - **Priyanka Surio:** How much are we coordinating with players on their current efforts? Many of them are already figuring these issues out on their own. How much are we coordinating? For example, IIS will be convening next Wednesday to talk about some of these things.
  - **Michael Iademarco:** From the CDC perspective as well as those two efforts led by Chesley Richards, we are grappling with moving into a second-phase strategy, and it’s not just the systems touching the EHRs. The ones doing that with the potential for bidirectionality are just a subset of the systems CDC needs to modernize to be interoperable and efficient. Strategically, people are aware, and there have been four successful initiatives over the last five years. Two of them have been in syndromic surveillance and ELR. At CDC, we’re at an early phase of coordinating among all systems. There’s not yet a separate focus on systems touching EHRs. For Digital Bridge, there’s been a lot of attention to eCR, and this assessment is the first step to look at the landscape of what’s out there.
  - **Mylynn Tufte:** Related to what else we should be talking about, we understand that there are funding/sustainability concerns, so are we thinking about using AI and machine learning to reduce provider burden and using technology available to us today in meaningful ways to reduce burden for CDC, public health and providers?
  - **Michael Iademarco:** The first ever CDC associate director for data science will oversee a lot of this, but it’s an incubator-type step. We don’t have high-end robust competencies. We’re looking at how to assess workforce and build that. Some of our testing targets have been syndromic surveillance, but it’s early. And there are no substantial, dedicated resources here. CDC resources
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are more traditional, and we don't even have \$200,000 to shift into an AI investment. If a modernization initiative is passed by Congress at some point and funding is substantial, Chesley will convince leadership that the investment is needed. There needs to be some amount of money protected for innovation.

- **Mylynn Tufte:** Not just innovation, but efficiency.
  - **Michael Iademarco:** Innovation is an interesting word. People think it means creativity, but I think it means implementation + creativity. We need to figure out how to do it, implement it, and have the desired effect.
  - **Andy Wiesenthal:** How are you planning on presenting this to the programs that deal with the software tools you have looked at, and how will you synthesize this for everyone else, particularly as it relates to the new data strategy and governance?
  - **Michael Iademarco:** We haven't yet figured that out, but it is important for strategic thinking of Digital Bridge. The first phase is going back and forth with programs to get sensitization and buy-in. We have a surveillance platform program, where we were able to build momentum around the idea of shared services, and there were a lot of lessons learned. Our work in syndromic surveillance has hopefully given us enough tools to accomplish what we're looking for. Please send ideas offline.
  - **Hilary Heishman:** One of the things I wanted to push forward was what you characterized as feasibility, and also this idea of provider burden, but what it really gets at is that everyone involved in this project has their own pain point, so we're able to move forward with each of those individual problems being solved. So that's an aspect of feasibility. So we need to look at issues now that cause pain points people would want fixed, and looking at that would help me understand future prioritization. Also looking for opportunities that are momentum-generating. So those aspects around feasibility would be really helpful in aspects of prioritization.
  - **Michael Iademarco:** This does all come back to how we collect data around opportunities and feasibility, and I like pain points as a specific concept.
  - **Jeff Engel:** Are you planning a more detailed assessment of the national health safety network, because that could be rich in this assessment, first because the data flow is exceptional and bypasses state and local health departments, going straight from the provider to the federal level. Second, it leverages CMS, because all Medicare-receiving hospitals must report into the NHSN, so it has a lot of leverage. So have you seen more from NHSN?
  - **Michael Iademarco:** Yes, I would say it's a very mature system. They have pain points and see opportunities. We meet with them monthly, not just NHSN, but issues around healthcare reform, working with CMS, and data is a key part of the discussion. They've already put forward a proposal to Digital Bridge, and there's competition among division sub-groups for what could go first. Something Digital Bridge will have to grapple with is that we may not just have a second use case. There may already be 15 new use cases. So how do we grapple with the volume and what Digital Bridge will conduct? I think there's definite opportunity and a competition of good ideas.
  - **Art Davidson:** Back to pain points, in Colorado and other states as well, there's no bidirectionality described for IIS, but they provide a lot of info in our states on forecasting, what shots should be given. In two places in Colorado, the IIS is hooked into Epic, so you're working in Epic directly. So they do have bidirectionality, but back to the pain point, that took a lot of work to happen. So I don't want you to be blindsided.
  - **Michael Iademarco:** This chart was developed quickly, so it's not complete. And there's not always a clear yes/no, so it may be difficult to aggregate this information fully and accurately. There are sure to be many gaps in this draft approach.
  - **Vivian Singletary:** Back to pieces Hilary brought up around pain points, I wanted to ask about level of interest, specifically for owners of systems within CDC for working with Digital Bridge: there's interest in determining what use case could go first. What additional details do you have about that?
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- **Michael Iademarco:** The idea of interest is another sub-attribute we can think about. Also, the systems we're looking at aren't just CDC, so I want to include one or two examples that are not CDC, like MCODE. So this is broader than CDC. And regarding "owner," there's owners at the working level, but when you climb up to centers and funders and get into decision-making, it's hard to gauge interest. You could have interest in the leader level but not the worker level, or vice-versa, and everything in between. We need to get at this complexity in the simplest way possible.
  - **Bob Harmon:** Did you encounter the HHS project Immunization Gateway?
  - **Michael Iademarco:** No, but send it along, and I'll add it to the list.
  - **Bob Harmon:** It's early on, but it's a pilot involving a nationwide IIS or exchange.
  - **Jim Daniel:** It's not a national system, but a national exchange, providing a single point for providers and other stakeholders that need to contact multiple systems, layered on APHL infrastructure.
  - **Priyanka Surio:** The meeting next week I mentioned earlier involves this effort.
  - **Bob Harmon:** Jim Daniels can give you the info on it.
  - **Oscar Alleyne:** What was a conservative projected timeframe that we're looking at for next steps, and what you've been able to accomplish?
  - **Michael Iademarco:** There will be a full analysis of these results and a meeting with the transition workgroup, and we expect a rough analysis by the January in-person meeting. We want the people in the meeting to understand the analysis at the door and have an approach to the strategy in mind coming in, which will be challenging.
  - **John Lumpkin:** As we begin to think about the work in January to select the second use case, we need to understand where the transition workgroup stands.

7. **Announcements** (*Charlie Ishikawa*) –

- A. Look for updates on the bylaws/charter workgroup.
- B. Upcoming meetings: Dec. 5. Tentative meeting on Jan. 2. In-person meeting is Jan. 21-22.
- C. **Michael Iademarco:** If there's interest and time, we may be able to provide the newest level of updates on summary and analysis on Dec. 5, even if we don't take the whole meeting time.

8. **Adjourned.**

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## Digital Bridge Governance Body Meeting Attendance November 2019

Sector	Organization	Name	November 2019	11/19 - Mtg role
Vendor	Allscripts	Richard Hornaday	✓	Primary
Public Health	APHL	Patina Zarcone	✓	
Public Health	APHL	Scott Becker	✓	Primary
Public Health	ASTHO	Mary Ann Cooney	✓	Primary
Public Health	ASTHO	Mylynn Tufte	✓	Primary
	ASTHO	Priyanka Syrio	✓	
Chair	BCBS Foundation of NC	John Lumpkin	✓	Primary
Public Health	CDC	Bill Mac Kenzie	✓	Primary
Guest	CDC	Goldie MacDonald	✓	
Ex Officio	CDC	Grace Mandel	✓	
Public Health	CDC	Laura Conn	✓	
Public Health	CDC	Michael Iademarco	✓	
Vendor	Cerner	Bob Harmon	✓	Primary
Public Health	CSTE	Jeff Engel	✓	Primary
Public Health	CSTE	Kathy Turner	✓	Primary
Public Health	CSTE	Meredith Lichtenstein	✓	
Ex Officio	CTO	James Daniel	✓	
Ex Officio	Deloitte (Co-PI)	Andy Wiesenthal	✓	Primary
Care Delivery Networks	HealthPartners	Richard Paskach	✓	Primary
Care Delivery Networks	Intermountain	Shan He	✓	Primary
PMO	Kahuina Consulting	Charles Ishikawa	✓	
Care Delivery Networks	Kaiser Permanente	Walter Suarez	✓	Primary
Vendor	Meditech	Joe Wall	✓	Primary
Public Health	NACCHO	Oscar Alleyne	✓	Primary
Public Health	NACCHO	Art Davidson	✓	
Ex Officio	ONC	Dan Chaput	✓	
Ex Officio	ONC	Rachel Abbey	✓	
PMO	PHII	Jim Jellison	✓	
	PHII	Aubrey Cyphert	✓	
PMO	PHII	Lura Dausat	✓	
Ex Officio	PHII (Co-PI)	Vivian Singletary	✓	Primary
Chair	RWJF	Hilary Heishman	✓	Primary
Ex Officio	RWJF	Paul Kuehnert	✓	<b>Primary</b>
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### November 2019 Attendance Summary: Primary or designated primary

Type	Public Health	Vendor	Care Delivery	Ex Officio	Chair	Quorum Count
Allscripts	0	1	0	0	0	1
APHL	1	0	0	0	0	1
ASTHO	1	0	0	0	0	1
CDC	1	0	0	0	0	1
Cerner	0	1	0	0	0	1
CSTE	1	0	0	0	0	1
eClinical Works	0	0	0	0	0	FALSE
Epic	0	1	0	0	0	1
Deloitte (Co-PI)	0	0	0	0	0	
ONC	0	0	0	0	0	
PHII (Co-PI)	0	0	0	1	0	
HealthPartners	0	0	1	0	0	1
Kaiser Permanente	0	0	0	0	0	FALSE
Meditech	0	2	0	0	0	1
NACCHO	1	0	0	0	0	1
DeBeaumont	0	0	0	0	0	
RWJF	0	0	0	0	1	1
AMA	0	0	1	0	0	1
Intermountain	0	0	1	0	0	1
	5	5	3	1	1	13