Meeting Minutes

Digital Bridge Interim Governance Body

Meeting Information

Date:	July 9, 2019	**Location:**	1-866-516-9291
Time:	4:00 – 5:00 PM ET	**Meeting Type:**	Virtual
Called By:	Project Management Office	**Facilitator:**	John Lumpkin
Timekeeper:	Charlie Ishikawa	**Note Taker:**	Natalie Viator Collins
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	Kirsten Hagemann/ Rob Brown/Jim Jellison	10 min
5	Sponsorship News	Bill Mac Kenzie	5 min
6	Action: Charge Amendment for Transition Workgroup	Bob Harmon/Michael Iademarco	10 min
7	Discussion: Digital Bridge Strategic Issues	John Lumpkin	15 min
8	Review Decisions and Actions	Charlie Ishikawa	2 min
9	Adjournment	John Lumpkin	Remaining

Decisions

1	The Digital Bridge governance body approves modifications to the transition workgroup charge to (1) develop a framework for assessing initiatives that are doing something similar to eCR (i.e., making health care data available to public health); (2) create a smaller subgroup be formed to make revisions to the governance body charter; and (3) change the workgroup's due dates to account for previous delays. Motion by Bob Harmon (Cerner) was seconded by Mary Ann Cooney (ASTHO). Verbal vote taken. Motion passes with unanimous agreement, no abstainers.

New Action Items		Responsible	Due Date
A.	Share input on the appropriate questions for the upcoming survey	Governance body	7/16/2019
B.	Respond to Survey Monkey to share your perspectives on next steps for Digital Bridge	Governance body	7/30/2019

Other Notes & Information

1. **Call to Order** – Quorum was met.
    A. This is the first meeting since May 2019, though much work has progressed in the meantime. Welcome to Paul Kuehnert, RWJF's new primary representative. Hilary Heishman will continue to serve as alternate.
2. **Agenda Review and Approval** – No changes to agenda.
3. **Consent Agenda** (*John Lumpkin)* – Would anyone like to pull anything off the consent agenda? Hearing none, these items are approved.
    A. Workgroup updates
        - eCR Implementation Workgroup
        - Pilot Participation Workgroup
        - Evaluation Committee
        - Transition Workgroup
        - Legal, Policy and Regulatory Workgroup – Thank you to Walter Suarez and the whole workgroup. Their tasks have resulting in important documents being submitted to OCR and ONC. The workgroup is now on hiatus until recharged by the governance body in the future.
4. **Risk Log**
    A. **eCR Implementation Progress** (*Kirsten Hagemann, Rob Brown)* – New York is scheduled to go live by next week. The California site has completed AIMS connectivity and is progressing to end-to-end testing. Thank you to Shan He from Intermountain Healthcare for sharing her experiences to aid other sites, Kansas in particular. Remaining sites continue to be pushed out for reaching production but are making progress. In Michigan, the EHR vendor, Netsmart, has completed the myInsight EHR implementation with Calhoun County (acting as the provider). Calhoun County is now able to generate an eICR and staff are working on triggering capabilities. In California, UC Davis is also able to trigger an eICR and staff are working on AIMS connectivity and legal agreements. The Kansas site continues work with their Cerner partners to implement triggering. The LMH team is also reviewing the legal agreement.
    B. **Discussion:**
        - **John Lumpkin:** How do the partners leading scale-up plan to address the sites represented in the "Potential Interested Implementation Sites"?
        - **Rob Brown:** An upcoming eCR website hosted by APHL will contain the "how-to" of implementation and engagement for the providers and the public health agencies. The operations transition group is organizing contacts of interested parties for future engagement.
        - **Bill Mac Kenzie:** CDC has been in discussion with the departments of health in Minnesota, North Carolina and Kentucky, in particular.
    C. **Transition Management** *(Jim Jellison)* – Digital Bridge exists because of the in-kind contributions from the many implementing and contributing partners as well as the funds from the donors and federal agencies. There are some developments occurring with these grants and funding streams. The PMO is currently supported by RWJF. As we close out the incubation of eCR, the governance body, along with the transition workgroup, are taking up strategic issues beyond eCR. For eCR scale-up, we do anticipate federal funding beginning this summer. Discussions with potential funders are in progress for a next use

case or project for Digital Bridge. On the August governance body call, please anticipate a report out from the evaluation committee on the eCR evaluations.

5. **Sponsorship News** *(Bill Mac Kenzie)* – While we are not yet absolutely sure we will have federal funding for eCR scale-up, we are optimistic about recent developments in Congress. We are excited to share that in the upcoming year the CDC foundation will provide funds to support the foundational Digital Bridge activities, such as convening. The CDC Foundation will provide funds to CDC and its partners for some eCR scale-up. We are deeply appreciative of RWJF and the de Beaumont Foundation and the funding they have made available. CDC foundation funding for Digital Bridge governance and eCR scale-up will be in three major support areas: (1) Digital Bridge activities such as convening, facilitation and communication web-support; (2) eCR scale-up, which includes the technical capacity for adoption and decision support, evaluation and some legal consultation); and (3) Parkinson's Disease eCR project to provide state level support to implement eCR for populating registries, such as the California Parkinson's Disease Registry. A kick-off meeting will occur soon and we look forward to providing additional information.
    A. **Discussion:**
        - **John Lumpkin:** We are thrilled to hear this. I'd like to emphasize a few things. Digital Bridge started with the vision that these three sectors working together could make something happen that was technically feasible but presented governance challenges. We've overcome some of these technical challenges and feel good that the pilot sites are up and running. This announcement represents that others outside of this group recognize the importance of this group and continuing the work to advance our mission.
6. **Action: Transition Workgroup Charge Amendment** *(Bob Harmon, Michael Iademarco)* – We are proposing a change to the workgroup's charge in three areas: (1) developing a framework for assessing initiatives that are doing something similar to eCR (i.e., making health care data available to public health); (2) suggesting that a smaller subgroup be formed to make revisions to the governance body charter; and (3) updating the workgroup's due dates to account for previous delays. There is a need for a strategic approach to defining this "second use case," as reflected in the workgroup's original charge. We now recognize that we need to take a broader approach to determine what the second use case is, how we get there, how it is defined, and what are the criteria and principles. We want to avoid working in a vacuum and instead need to understand the landscape of what other partners, projects, or activities are already pursuing to use EHR data for public health action. To move forward without such an assessment could lead us to make a sub-optimal decision. If there are other groups moving in the same direction as Digital Bridge, we need to figure out how to provide that larger "tent" and engage, if not include, these partners. The transition workgroup is now proposing setting up a framework to come up with a list of simple attributes and activities and then collect those data. The completed analysis will inform how we develop a strategy for the next use case. Our definition should be loose. Bi-directionality is important but for some use cases bi-directional data exchange has not yet been achieved. CSELS, for example, has modernized syndromic surveillance in support of state and local public health. That system and set of partners have a project that currently captures 65% of emergency room visits to bring those data to public health partners for action. Some of the other examples listed (see slides) may prove to be models for Digital Bridge as we consider the next use case.
    A. **Discussion:**
        - **John Lumpkin:** Hearing no discussion, can I get a motion to approve the change to the transition workgroup's charge?
        - **Bob Harmon:** I move.
        - **Mary Ann Cooney:** I second.
7. **Discussion: Digital Bridge Strategic Issues** *(John Lumpkin)* –I have a request for input from all of you. But first, I want to share some historical context. We came together because we wanted to change the paradigm so that the provider community no longer feels that they are feeding data into a black hole. We also want to help control costs. That led us to our first use case of eCR and the development of an architecture whereby the trigger codes are embedded into EHR products by the vendor, though in-kind contributions. Those trigger codes generate the case report which is then sent to the decision support intermediary and, when appropriate, ultimately forwarded to specific public health agencies. Agencies are then able to collate those reports and act upon known or emerging diseases. We saw the need for flexibility in this system. For example, based on New

York partner priorities, we've added Hepatitis C as a condition supported by the eCR use case. eCR is now moving into production. There are a whole host of other projects already up and running. Do we see our role, as the governance body, as encouraging others to adopt this architecture centered around the AIMS platform and RCKMS? With the announcement of this additional funding, there is the opportunity to figure out how to use a case report to populate a registry, which is much more robust. Or, with all of these other activities across the landscape, is Digital Bridge a place where various sectors come together to support data exchange between healthcare and public health? In other words, we begin to serve as an umbrella. We want the transition workgroup to do the work to begin to refine the answer. It's going to be important for us to understand how our partners see the critical issues about Digital Bridge's forward motion. This will best be served by conducting a survey and asking people to be frank. We need to probe the vendor side. On the healthcare side, we want to assess what are the pressing issues related to bidirectional data exchange. The same goes for the public health community. We will address this as an organization over the next few months. Digital Bridge has raised attention and now we need to have these fundamental conversations, guided by the transition workgroup. A survey will be distributed to you in the next week or so.

A. **Discussion:**
   - **Mary Ann Cooney:** Thank you for the opportunity to work on these discussions. We have spoken about our role in the past. As a member organization, we represent state health officials from many different walks. They are hungry for information on what's happening on the national level. Want to know how to move forward, via access to information. Digital Bridge has been mentioned as a highlight on more than one occasion on how to communicate with healthcare. Given all of the different initiatives in flight, there is a need for this kind of body and forum constructed of these three central partners – vendors, healthcare, and public health.
   - **Andy Wiesenthal**: (*Audio cut in and out.)* We should strive for simplification and low cost to reduce burden. Those two dimensions should inform these conversations, regardless of if the decision is to support a predefined architecture or to be an umbrella group to host conversations germane to many different architectures. Our next step doesn't have to be only one or the other.
   - **Bill Mac Kenzie**: I agree. Cost and simplicity are important. Related is the concept of interoperability. Data must be shared between systems in a way that is useful. Getting to the question of, *"Are we focused on scaling eCR out or do we want to be an umbrella to incubate new ideas?",* do we need to make this a dichotomy? Though eCR will serve many uses and will be scaled up by CDC, CSTE, and APHL, we still require all of the partners. I don't see the need for engagement from all partners as going away, though eCR may not be the focus of the next use case. I'd appreciated others' ideas around if we must choose one path or another.
   - **John**: I know others have opinions and want to take some time to think it over. Please send input on the right questions to include in the survey to either myself or the PMO. We've come a long way through a partnership. Now is the time for reflection to ensure that we hit the right essential components to remain focused. Some components already mentioned here today include simplicity, interoperability, bidirectionality, and cost (both time and effort).

8. **Announcements and Action Items** *(Charlie Ishikawa)* **–**
   A. **Decisions:** Modify the charge of the transition workgroup. Please look for future updates on that work.
   B. **Action Items:**
      - Share input on the appropriate questions for the upcoming survey.
      - Anticipate a link to Survey Monkey to share your perspectives.
   C. Next meeting will be Friday, August 9th from 1-2 PM EDT. Stay tuned for the evaluation committee's final report.
9. **Adjourned.**