



Collaborative Body Meeting

Minutes

Wednesday, February 22, 2023; 1:00 – 5:00 PM ET

Meeting Objectives

- Review and discuss sustainability and re-envisioning recommendations and explore new funding structures.
- Update the Digital Bridge mission and vision to reflect the future of Digital Bridge.

Materials

1. Meeting Materials
 - a. [SWOT Document](#)
 - b. [Recommendations Summary Document](#)
 - c. Digital Bridge [Charter and Bylaws](#)
 - d. eCR Update

February 22, 2023 Annual Meeting Schedule

Agenda Item and Talking Points	Decision Points and Discussion Questions
<p>1. Overview of the Recommendations by the Sustainability and Re-envisioning Workgroup and Executive Committee – John Lumpkin, BCBSNC</p> <ul style="list-style-type: none"> • At the 2022 Annual Meeting, the Collaborative Body tasked a representative group of CB members to focus on the future of Digital Bridge. For the last year, the Re-envisioning and Sustainability Workgroup (led by Walter Suarez) worked to gather important data and analyze a SWOT analysis to identify recommendations for the sustainability of Digital Bridge. • The workgroup began by collecting data through an internal survey to Collaborative Body members, external survey to possible interested parties, and qualitative data through breakout groups during the July and October CB meetings. From there, they developed a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis that identified themes/priorities. Finally, the workgroup and Executive Committee met at the December and January EC meetings to review data and develop a final set of recommendations to share with the CB. 	
<p>2. Discussion of Overall Recommendations – Collaborative Body</p> <p><u>Overall Recommendations</u></p> <ul style="list-style-type: none"> • Continue work – Continue Digital Bridge as a multi-sector collaborative. • Membership considerations (expansion) <ul style="list-style-type: none"> ○ Add sector vertical for consumer organizations/human services and recruit to fill that. It would include organizations that serve consumers on community level (SDOH, Health equity) and organizations that 	<p>OVERALL RECOMMENDATIONS QUESTIONS</p> <p><u>Membership Considerations</u></p> <p>With regards to expanding DB membership, what are your thoughts about adding consumer orgs/human service members and Insurance/payors?</p> <p>Those in favor, let’s hear your thoughts and those opposed, let’s hear your thoughts. After discussion, let’s take a quick poll and see where we are at with regards to expanding membership.</p> <p>Mylynn Tufte- As we talk about thinking through expanding membership, were our thoughts on</p>

provide a consistent summary or context for the consumer.

- Consumers are critical to consider when defining priorities over the next few years.
- They would have representative seat on the Executive Committee.
- Include insurance/payors under the health care sector and reassess as a separate sector vertical in 2024.

- **Governance and internal processes**

- Suggest each sector (vertical) will have engagement by its members. It is the responsibility of the Executive Committee members to engage members of their sector (vertical) when items come up for vote. We will hold a nomination and election process.

- **Communications**

- Communications improvement is needed.
- Work towards improving the way Digital Bridge markets itself.

adding these additional entities, especially consumer entities, to get that voice of the lived-experience consumer? I support that.

Janet Hamilton- Engaging the entire collaborative body and having many voices participate is great. I think something to think about- do you want to expand on those membership considerations in terms of how we may grow as well? I love the idea of additional representation, but as a larger group, remind us, what would that growth look like in terms of how the CB may be expanded and how rapidly, as a result of that?

John Lumpkin- Our governing structure has the CB for major issues and the ExecC carries out the work in between. There is a chair and vice chair, and then a representative from each sector represented (and the at-large position). Each of the ExecC members input reflects the group they are elected from. We do the elections so that the rep for PH is voted on BY the PH members. If we were to consider an additional vertebra for consumer organizations, they would also have a representative in the ExecC. In the past, we have grown by members making a recommendation, then we do outreach to that org, and then the CB votes on that- we would continue with this approach if we were to grow.

Sid Thornton- do we expect a specific “consumer” deliverable or a consumer-facing deliverable?

John Lumpkin- We have discussed privacy in the past- we did not discuss the voice of individuals whose data might be reported through eCR. As we think about engagement, we might not necessarily be working on a consumer-facing product. Part of the problem though is that we don’t know what we don’t know. There may be aspects of consumer interest in providing data directly, or their interests that may impede data movement.

If we do add consumer/human services organizations to our membership, what are some organizations/ groups that we should consider

inviting?

Richard Paskach- Alt. Rep for HealthPartners

Karen Knight- Already mentioned but I do recommend American Cancer Society

John Lumpkin- AARP

Janet Hamilton- American heart association

Art Davidson- United Way

If we do add payor/insurance organizations to our membership, who should we invite?

Mylynn Tuft- United Healthcare - Dr. Alex Billioux would be great. Also, Unite Us.

Hilary Heishman-

<https://www.partnership2asc.org/>

Walter Suarez- National Partnership of Women and Families

Richard Paskach- Although HealthPartners is also an insurer, the representation from the health plan would be different representation correct. Although we are in an integrated system, they are separate.

Walter Suarez-

<https://www.nationalpartnership.org/>

Hilary Heishman- <https://nadph.org/>

Also, for human services - <https://aphsa.org/>

<https://www.partnership2asc.org/>

Also, contact: June Simmons <jsimmons@picf.org>

Also for human services, contact: Tracy Wareing Evans <twareing@aphsa.org

Also, contact: Rachele Hendricks-Sturup <Hendricks-Sturup@nadph.org

Also, contact: Alex Carlisle <carlisle@nadph.org>

Should DB continue insurance/payors under health care as members? What are some payor/insurance organizations to add to the health care

	<p>membership?</p> <p>Mylynn- I would advocate for this. Some payors have a lot of good data. We will miss out if we don't bring them to the table.</p>
<p>3. Discussion of Future Focus Recommendations – Collaborative Body</p> <p>Future Focus Recommendations</p> <ul style="list-style-type: none"> • DMI – Continue to identify how Digital Bridge can align with the data modernization initiative. Relationship to CDC. • TEFCA – Continue to monitor development in 2023. • Public Health core functions <ul style="list-style-type: none"> ○ We need to define principles and select projects that align with the principles. ○ As we develop recommendations – we should clarify our role for the focus. Is our role to provide input, to serve as an incubator, or something else? • Health Equity <ul style="list-style-type: none"> ○ Emphasize how to partner with others leading this work. Could define different roles, but Digital Bridge would not be the entity to lead this work. • Priority Projects <ul style="list-style-type: none"> ○ Work with CDC to understand which projects are important in the field. Open for CDC entities to add some additional ones. ○ Focus on what our original mission was – improve bi-directional flow of public health and health care – look for new opportunities, new architectures, and current architectures in this space. Lead annual review of what work needs to be done and whether we'd do it. 	<p>FUTURE FOCUS QUESTIONS</p> <p><u>CDC/DB Relationship and DMI (focused on these questions)</u></p> <ul style="list-style-type: none"> • How can Digital Bridge strengthen its relationship with CDC and demonstrate our value to advance DMI? • In what ways might Digital Bridge support DMI right now? In the future? <p>Richard Paskach- The issue with DMI is how we can be a unique collaboration. We need to identify where individual interactions with DMI activities are worthwhile and where the organizational-liaison relationship is. That relationship will be key to not spreading our resources too thinly.</p> <p>Hilary Heishman- Many CDC folks know DB exists and have relationships with us- what stands in their way of having more of a relationship or leveraging DB more? Do they have too much on their plate, or is there something else? The delimitating factor of DB is not awareness, so then what is it?</p> <p>John Lumpkin- Leadership will help define DB, through this process, in a post-eCR era to ask the CDC those questions</p> <p>Mylynn Tufte- What is our role with TEFCA? Do we have the right membership? What do we need to do?</p> <p>Walter Suarez- In the last week, TEFCA has started with the ID of 6 things??? Through the discussions about the opportunities and use cases of PH to be engaged in TEFCA. What can TEFCA deliver in terms of info exchange opportunities in PH? What value</p>

	<p>does participation of PH add to TEFCA for other participants to be there?</p> <p>Sid Thornton- From a provider perspective, the opportunity for TEFCA and DB is a conversation of simplification rather than potentially redundant infrastructure. We have a strong interest in simplifying the reporting infrastructure, and TEFCA provides us with the opportunity to have that conversation.</p>
<p>4. Discussion of Functions/Roles Recommendations – Collaborative Body</p> <p><u>Functions/Roles Recommendations</u></p> <ul style="list-style-type: none"> • Main function will remain as a forum and group that brings partners together. • Expand role on position papers (role of commenter and input into industry and government policy development). • Will continue to serve in the role of incubator and pilot testing. • Could expand role into assessment and monitoring. <ul style="list-style-type: none"> ○ Assessing – could include interventions or activities as part of the third bucket – DB could bring assessment around engagement of public/private sector ○ Looking at CQI – assessing future development vs. operation ○ How have they engaged/performed, or how to improve either one of those • We need a DB value statement so we can determine if projects align with our value statement. 	<p>FUNCTIONS AND ROLES QUESTIONS</p> <p><u>Value Statement</u></p> <ul style="list-style-type: none"> • What is our value statement? <p>Enter any specific points that would speak to your organization on the value of your membership in the Digital Bridge?</p> <p><u>New Roles for DB</u></p> <ul style="list-style-type: none"> • Is there any additional role for DB beyond providing input or serving as an incubator? • What are potential additional roles? <p>Vivian Singletary- I like the idea of being an incubator but it seems that we may need to assess and monitor what’s going on in the field of PH/HC informatics.</p> <p>Janet Hamilton- Some of these spaces feel so natural, like the forum and partnership building, facilitation, comments. I am wondering about the assessment and monitoring piece of it- could we have more discussion around what that really looks like? It can go in several different directions.</p> <p>Walter Suarez- My sense is that there is always, as a forum for discussion, monitoring and assessment and it is mostly about policies that come up and</p>

affect health information exchange between PH and the other partners. It is a way to identify issues and opportunities to provide input to the policy development, whether legislation, regulation, or sub-regulatory action.

Janet Hamilton- Maybe we should really try to pull out the policies from this space to help us look at priority projects. Maybe we can even collect that information from HC and provide it to PH. I think we just need to focus on what we mean by monitoring and what that looks like.,

Walter Suarez- We have all seen health equity permeate across all activities. We now have metrics to measure the achievement of healthy equity goals. There is a significant amount of work and a role from PH. My comment: In order to determine if there is a role and an opportunity for DB to do work in the Health Equity space, we need to monitor the activities that are taking place across the industry, including the role of Public Health and measuring, setting goals, achieving health equity. For example, consider the topic "bridging public health data gaps in the health equity and digital health equity area."

Mylynn Tufte- I think some of our discussion related to health equity was around accurate data for REL/SOGI. In addition, we have talked about consents. How does this data collection and sharing occur, and the trust behind that? If we do decide to do incubation as a function, do we think there is an opportunity for us to weigh-in on things that don't promote more disparities when it comes to technology and data sharing?

Vivian Singletary- Regarding monitoring activities form the standpoint of what else is going on in the

field, what other big projects are going on, so we can make sure we are understanding what is going on and that we are aligning to those projects, as we discussed as one of our principles. This might be in the realm of priority projects, but also monitoring since we need to monitor the landscape of current projects.

Richard Paskach- Trust in healthcare has taken a huge hit over the past couple of years. Does this group have an opportunity to rebuild the trust of the general public in health care? I am shocked at the trust of drop in physicians over the last few years, perhaps because of COVID. Everything relies on the trust of the patient with the physician and other HC institutions. How can we impact that trust method? The public's trust in HC- without that trust, the physician and PH will be less effective, and the patient will be less healthy. If we do add members or patients to this group, we need the ability to impact so then we need trust.

Richard Hornaday- Privacy concerns for addition information can be questions social media perspective, other perspectives. How do we address issues of trust directly with those impacted?

Hilary Heishman- PH field is also experiencing a drop in trust. One of things that have made us valuable is how practical we look at problems- it's not just theoretical- we have taken steps to change things, pilot things. We do not want to lose that as we elevate health equity- we should pick 1 or 2 specific things that would strengthen healthy equity in the exchange of data between partners. We should home in on something specific that would make a difference rather than a broader discussion/ objective.

	<p>Art Davidson- The mindset that the success of DB might make us think we have a mindset of reporting things, as the likely use case. I believe that consent driven exchange, where people know they are having exchange for the purpose of communicating with these CBOs from HC; that is a real challenge that happens in every locality. It is of interest to CDC; they would like aggregate data but do not need the identity of the individual. This is an issue that needs to be resolved across hundreds of markets in the country. This problem also needs to be looked at to address health equity and to look at the model of what DB is- it's not about solving a pandemic, a reporting mechanism, it's about a problem that every county/ city has. The ball of SDOHs is an issue that many would like to resolve.</p> <p>Hilary Heishman- I couldn't agree more, Art- "consent-driven exchange." It seems likely to be integral for equitable data exchange. If DB is looking closer at the issue of consent, Stewards of Change might make a good human services-focused member because of this https://nic-us.org/the-imperative-for-modernizing-informed-consent/</p> <p>Malini DeSilva- the Minnesota EHR collaboration; it's a group of HC organizations and the state HD, and it collects community measurements. There are weekly meetings, mostly focused on COVID, but looking at the metrics. The HCP shares race data, which the state didn't always have. DB can do something similar, scaled up further. PH doesn't have all that data. How can DB work to bridge those gaps? In the IZ workgroup we have tried to find where our value can be added- Gateway just didn't want to accept our ideas so we had to wait for their proposal.</p>
<p>5. Discussion of Funding Recommendations – Collaborative Body</p>	<p><u>Funding Structure</u> Do you agree with the recommendation to begin</p>

Funding

- We recognize that we have likely exhausted traditional/current philanthropy avenues of funding.
 - Executive Committee is recommending a **dues structure** for member organizations.
- Executive Committee members noted a need to identify a value statement to share with the organization to sell the value of membership dues. (discussed previously under Functions/Roles recommendations)
We can continue to explore grant opportunities in the future for specific projects

membership dues?

Sid Thornton- It might depend on where the rest of the conversation goes- would an org want to see sufficient value or are they ok with other parties to do the work? We have canceled many that could not show an equivalent direct benefit. It is not enough for organizations to say, "our contributions are to the greater good." We should align priorities. It depends on the portfolio of deliverables and that my organization would be able to produce those deliverables. Again, developing the value statement becomes key.

Brandon Talley- That's a trend with concerns about economic headwinds.

Mylynn Tufte- Grant funding possibly with States where activity is occurring.

Hilary Heishman- My two questions are above: - What will a shift to dues mean for consumer and human services members? And are we at peace with the incentive dues will create and the ways it will affect DB collab body and exec committee?

What might you need to make requests of your organization and how much lead time would you need to share the information with your organization?

Mylynn Tufte- As a member organization, and if we believe in the mission and work in advancement, that is a way to ensure DB is sustainable. For an organization, there needs to be a little bit of time to make sure that funding can be secured and committed to. We would just need enough time to do that within our organizational structure. Its potential a feasible amount if we spread it across all our entities,

John Lumpkin- We would have roughly ten months for organizations to plan.

Sid Thornton- our organization is asking for a breakdown between direct and indirect benefits. As we go into some of the value conversations later, we should consider what is the direct benefit such as: simplification or potentially relieving some of our interface structures. If all we are doing is having conversations, and the value of simplification is shifted to our tech partners, then the conversation becomes a little more challenging. Can our group provide direct value other than collaborations and discussions?

Hilary Heishman- What would this mean for new consumer and human services members?

John Lumpkin- Hilary, we have a choice between a flat fee for everyone or a sliding scale dues structure. Some organizations would pay less, and some would pay more.

Hilary Heishman- Do we have other good examples of multi-stakeholder groups that were exclusive (by invitation) AND relied on dues? Are these two things (and the incentives they create, implications they raise) contradictory? Or will they balance/reinforce each other? I don't have a preformed opinion I just have a hunch that this consideration is consequential.

What might you need to make requests of your organization and how much lead time would you need to share the information with your organization?

	<p>Mylynn Tufte- Our ability to clearly define overall mission, specific projects and priorities, as well as communication of results/impact.</p>
<p>6. Breakout Group Discussions</p>	<p>Please see additional uploaded document</p>
<p>7. Next Steps</p> <ul style="list-style-type: none"> A. Announcements B. Give space for CB members to share any announcements with the staff. C. 2023 Meeting Schedule D. We are in the process of developing the 2023 meeting schedule. We will send the final schedule at a later date along with the meeting notes. E. Election timeline and processes F. Meeting evaluation 	<p>Does the first Thursday of the month on a quarterly basis from 12pm to 1:30pm ET still work for you? (Requesting response from all)</p> <p>Meeting Evaluation</p>
<p>Adjourn – John Lumpkin</p>	