Digital Bridge eCR
Public Health Informatics Conference Meet Up
August 23, 2016, 4PM – 5PM Eastern; Hyatt Regency, Harris Room
Facilitators – Andy Wiesenthal & Jim Jellison
<table>
<thead>
<tr>
<th>Topic</th>
<th>Contents</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Opening Remarks from Andy Wiesenthal</td>
<td></td>
<td>5 minutes</td>
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<tr>
<td>Discussion of Survey Results</td>
<td>• Governance structure</td>
<td>15 minutes</td>
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<td></td>
<td>• Workgroup topic areas</td>
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<td></td>
<td>• Schedule for monthly calls</td>
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<tr>
<td>Discussion of Governance Principles</td>
<td>• Share and discuss suggestions</td>
<td>30 minutes</td>
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<tr>
<td>Communications</td>
<td>• Communications channels</td>
<td>5 minutes</td>
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<td></td>
<td>• Messages and materials</td>
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<tr>
<td>Closing Remarks and Action Items</td>
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<td>5 minutes</td>
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Survey Results - Suggested Working Group Participation

### Requirements
- Allscripts
- Cerner
- CSTE
- Denver Public Health
- HealthPartners
- Kaiser Permanente
- Meditech
- Nebraska Public Health Laboratory
- ONC
- University of Nebraska Medical Center

### Technical Solution
- Allscripts
- APHL
- Cerner
- eClinical Works
- Kaiser Permanente
- Meditech
- Minnesota Dept. of Health
- Nebraska Public Health Laboratory
- ONC

### Sustainability
- ASTHO
- Cerner
- CSTE

### Legal/Policy/Regulatory
- ASTHO
- Kaiser Permanente
- Nebraska Public Health Laboratory

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**Rules of the Road:**
Each Working Group should meet twice a month. ***Working Groups are still forming. These results are as of 8/19/16.***
Survey Results – Standing Meeting Availability

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
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<tr>
<td>11-12 Eastern</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>7</td>
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<tr>
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<td>6</td>
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*The number in each cell represents the number of organizations available at that time.*
What suggestions do you have for the Governance Body structure?
- Include the previous work that each sector has contributed in this area (e.g., Public Health Community Platform)
- Assure we have awareness of all other related governance groups that may inform this work and also need to be communicated with.

What suggestions do you have for the Working Group structure?
- Use participants from the existing public health organization eCR committees
- Consider inviting SMEs and “customers” to Working Group calls when appropriate to draw in experts when needed for a specific topic
Survey Results – Open Responses

• What suggestions do you have for the timeline?
  • Each Gov. Body and Working Group should include an update on where each is in their timelines at all meetings for visibility
  • Software solution development varies, but will likely take ~ 6-12 months

• What suggestions do you have for the milestones?
  • Need a sustainability and scalability plan for public health and health care expansion
  • Be clear on short, medium, and long term milestones
  • Continuously refine to assure data to support metrics are timely and accessible
Survey Results – Open Responses

• Please list any recommended features or platforms for internal collaboration (e.g., discussion board, Google Docs).
• Google Docs is blocked by our security office due to HIPAA PHI protection policies
• Box

• Other comments or suggestions:
  • “The requirements working group scope already seems to assume a certain workflow; it should be more general and emphasize understanding the workflow and identification ways to pull the data from EHRs.”
Governance Approach - Project Goals and Scope

• Creating an Electronic Health Record System-to-Public Health System interface that promotes case reporting data acquisition
• Drafting overall governance procedures and structures
• Streamlining case reporting for providers
• Increasing timeliness, quality and volume of case reporting data nationally
• Reducing design complexity for vendors
Governance Approach - Roles and Commitments

• Public health agreed to “speak with one voice”: public health programs should standardize on an electronic case report and not pursue different approaches based on individual diseases or jurisdictions.

• The health care delivery systems agreed to be implementation sites for the proof of concept.

• The health IT vendors agreed to collaborate and build technical infrastructure for the transmission of electronic case reporting.
**Governance Approach - High Level Timeline**

Phase 1 – a vision and agreements session (Completed: June 2016)

Phase 2 – eCR proof-of-concept definition and design for electronic case reporting (Target Completion: December 2016)

Phase 3 – eCR Proof-of-concept build and demonstration at several sites (January 2017 – January 2018)
Governance Principles (proposed)

01 **Transparency**
Observers will have visibility into the Governance Body’s work and opportunities to provide input.

02 **Respect for Process**
Members will adhere to decision-making process (next slide).
Members will observe delineated and agreed roles and responsibilities.

03 **Outreach**
The governance body can solicit opinions, presentations, etc. to be shared with the group from others in the community as it feels is appropriate.

04 **Utility**
The governance body will prioritize use of existing standards and infrastructure.
Members will pursue shared, realistic goals.
Members recognize the need for distinct benefits to all parties.

05 **Representativeness**
Members will not pursue individual goals at the expense of representing their domain.
Members will be responsive to the goals of the partnership.

06 **Trust**
Members will recognize existing partner obligations and commitments.
Members will honor commitments made for this effort.
Decision Making (proposed)

Decisions will be made by consensus wherever possible;

If voting is necessary a quorum of 2/3 of the membership (10 members) must be present and voting, and a simple majority of those voting will be sufficient to approve a decision;

The Chairperson will vote only in the event of a tie;

Abstain is consent;

A negative vote requires a rationale;
Communications Approach

Members and their Organizations
High levels of communication and attention; must be willing and able to work (i.e., Governance and Workgroups)

Implementers
Provide information and status updates; contributes useful insights and suggestions (i.e., Pilot Sites)

Adopters
Broader external communication; audience will be impacted by project (e.g., Public Health Agencies)

--- Communications Planning ---

- Communications activities have begun
  - Digitalbridge.us
  - Executive Summary June Mtg
  - Fact Sheet
  - Talking points content
  - info@digitalbridge.us
- Suggestions welcome for events and communications tools
  - EHR vendor user group meetings
Recommended events to socialize our eCR efforts:
- CSTE State Epidemiologist Call presentation via webinar
- HIMSS conf, EHR Vendor calls with ISDS or CSTE
- eHealth Summit in Minnesota
- ASTHO Annual Meeting (Sept. 2016)
- Electronic Health Records Association (EHRA) general membership meeting (monthly)
- Public Health – EHR Vendors Collaboration Initiative (monthly)

*Each involved organization in the governance group should recommend how they will incorporate into standing meetings and calls*
Next Steps

• Send feedback
  • Governance Principles
  • Your organization’s representation for Governance Body, Workgroups

• Look for initiation to next Governance Body call (week of Sep 5)
  • Discuss draft Governance Charter

• Determine fall dates for in-person meeting (likely Atlanta)

• Enjoy the conference and safe travels home!
Additional Slides
Proposed Digital Bridge eCR Timeline

**Governance**
- **Q3 2016**: Assemble existing tech and governance artifacts and establish repository
- **Q4 2016 & Q1 2017**: Initial Governance body and workgroup defined and recruited
- **Q2 2017**: POC sites & participants selected
- **Q3 & Q4 2017**: Permanent Governance Entity launched

**Communications**
- **Q3 2016**: PH Informatics Conference 8/24/16
- **Q4 2016 & Q1 2017**: Define communications plan
- **Q2 2017**: Broad stakeholder engagement across all workstreams
- **Q3 & Q4 2017**: PH Agencies report readiness

**Requirements**
- **Q3 2016**: Document First trigger codes and eCR business requirements

**Technical Solution**
- **Q3 2016**: RCKMS platform available
- **Q4 2016 & Q1 2017**: POC tech solutions defined
- **Q2 2017**: Develop Lessons Learned from POCs

**Sustainability**
- **Q3 2016**: Measurable metrics for success defined
- **Q4 2016 & Q1 2017**: Report on measurable success metrics
- **Q2 2017**: Sustainability plan and scalability plan for PH expansion

**Legal/Policy / Regulatory**
- **Q3 2016**: Data use agreement, Privacy & Security Policy developed
- **Q4 2016 & Q1 2017**: PH Agencies report readiness

**Proof of Concept Execution**
- **Q3 2016**: Proof of Concept Site Kickoffs
What should these groups look like?

- Working groups should consist of between 5 and 10 members.
- All members must be willing to make substantial time commitments for the next 6-12 months and possibly beyond.
- Logistical support and project management will be provided for the working groups.
- Working groups will be encouraged to obtain input from across all 3 communities—Public Health, Delivery Systems, and Vendors—as necessary to accomplish their work.
- All work product will be public, and members should expect to have responsibilities for consistent external communication.
Rules of the Road for Working Groups

Requirements

• **Scope Statement:**
  - The Requirements working group will identify the reportable conditions and the trigger codes for those conditions, along with the core data to be transmitted and received.

• **Rules of the Road:**
  - Membership will be drawn from all 3 communities.
  - There will be one set of trigger codes, to be maintained by public health.
  - Care Delivery Systems will have the opportunity to identify what is feasible for them to implement.
  - Working group members should meet twice a month.

Technical Solution

• **Scope Statement:**
  - The Technical Solution working group will develop the technical solution for sending and receiving data with input solicited from the community of practice as needed.

• **Rules of the Road:**
  - Membership will consist of approximately 5 invited vendors and 1 member each from Public Health and Delivery System communities.
  - It is anticipated that the working group will obtain input from a variety of sources.
  - Working group members should meet twice a month.

Sustainability

• **Scope Statement:**
  - The Sustainability working group will develop a self-sustaining business model for bi-directional exchange.

• **Rules of the Road:**
  - Membership will be drawn from all 3 communities.
  - RWJF, PHII, and Deloitte will provide additional subject matter expertise to the Sustainability working group.
  - Working group members should meet twice a month.

Legal/Policy/Regulatory

• **Scope Statement:**
  - The Legal Working Group will identify policy and regulatory issues, develop model solutions, and initiate advocacy for the models.

• **Rules of the Road:**
  - Members will have experience with legal frameworks in their jurisdictions and will be drawn from all 3 communities.
  - Working group members should meet twice a month.