

Meeting Minutes

Digital Bridge Interim Governance Body

Meeting Information

Objective:	(1) describe progress on Digital Bridge phase 2; (2) describe progress and upcoming workgroup milestones; (3) discuss the need to advance bidirectional eCR data flow by Digital Bridge in 2017; (4) review and approve a proposed procedure for maintaining a full Governance Body; and (5) set expectations for the in-person meeting on January 18 – 19, 2017.		
Date:	1/12/2017	Location:	1-866-516-9291
Time:	12:00 – 1:05 PM EST	Meeting Type:	Virtual
Called By:	Project Management Office	Facilitator:	John Lumpkin
Timekeeper:	Charles Ishikawa	Note Taker:	Jelisa Lowe, Benjamin Stratton
Submitted by:	Charles Ishikawa		
Attendees:	See attached		

Agenda Items		Presenter	Time Allotted
1	Call to order and roll call	John Lumpkin / Charlie Ishikawa	5 min
2	Agenda review and approval	John Lumpkin	2 min
3	Phase 2 Progress Report <ul style="list-style-type: none"> A. Project management B. Workgroup updates 	Jim Jellison and Jessica Cook Benson Chang, Alana Cheeks-Lomax, Jim Jellison	15 min
4	Digital Bridge Workgroup Updates <ul style="list-style-type: none"> A. Technical Architecture Workgroup B. Sustainability Workgroup 	Benson Chang Patina Zarcone	10 min
5	Proposed Charter Amendment <ul style="list-style-type: none"> A. Presentation of procedural amendment B. Discussion and approval 	Charlie Ishikawa John Lumpkin	10 min
6	Advancing bidirectional eCR data flow by Digital Bridge in 2017 <ul style="list-style-type: none"> A. Importance of eCR report backs from public health B. Issue in approved ACK requirement and proposed solution C. Discussion and decision 	Scott Becker, APHL James Doyle, EPIC	20 min
7	In-person meeting agenda preview and preparations	Charlie Ishikawa	5 min
8	Announcements	Charlie Ishikawa	Remaining
9	Adjournment	John Lumpkin	

Decisions

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- 1 Digital Bridge Governance Charter shall be amended with a procedure for filling workgroup and Governance Body vacancies; the latter process shall include final Governance Body approval on the replacement party
 - Call to decision made by John Lumpkin (Chair). No disagreement voiced
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- 2 The reportability response is within the scope of Digital Bridge eCR implementation work. *In lieu* of a standard, Digital Bridge will use the implementation phase to test the standards and validate the process in some sites, but not all. The Digital Bridge team will work with any of the applicants for the first phase to have them develop and test standards. Sounds closest to option A, but the governance body will make sure those things are clear and will reserve space on in-person agenda to revisit this topic.
 - Call to decision made by John Lumpkin (Chair). No disagreement voiced

New Action Items

		Responsible	Due Date
1	Notify PMO of press inquiries and presentation about Digital Bridge at jcook@phii.org	Gov. Body	Open
2	Develop criteria and draft list of candidates for the healthcare provider vacancy on the Governance Body	Charlie Ishikawa	1/16/2017
3	Governance body members should ensure they can access Basecamp	Gov. Body	1/16/2017
4	Gather input from colleagues and memberships regarding what the next use case for Digital Bridge should be. Come to the in-person meeting with those ideas.	Gov. Body	1/17/2017
5	RSVP with the PMO for the in-person reception dinner on Wednesday	Gov Body	1/16/2017

Other Notes & Information

1. Call to Order

- A. Meeting attendance is at quorum.

2. Agenda Review and Approval

- A. Dr. Lumpkin reviewed the agenda.
- B. There were no additions.

3. Phase 2 Progress

A. Project Management

- i. Timeline – Digital Bridge is on track with closing out an important phase of the project. Requirements workgroup deliverables are nearing closure, soon materials from the sustainability and legal and regulatory workgroups will be developed. Workgroup materials will be discussed in greater details during the in-person governance body meeting Jan. 18 and Jan 19. Also, the call for implementation site applications closes Friday, Jan. 13. The Digital Bridge PMO will have a summary of those candidates for the governance body to review during the in-person meeting.
- ii. Communications – There will be a Digital Bridge sessions at the upcoming HIMSS conference. The session takes place Tuesday, Feb. 21 from 2:30 p.m.-3:30 p.m. Walter Suarez will moderate the session, and Shandy Dearth and Kirsten Hagemann will join as panelists. There was also a positive article written about the Digital Bridge in Georgia Health News. Details will be shared in the project updates sent to the governance body bi-weekly. Regarding site applications, there has been high interest, and based on analytics details, there has been significant traffic on the website. Extensions have been requested, and the PMO will consider opening a second round depending on the number of applications submitted by the deadline. If needed, the new deadline would be mid-February.

B. Digital Bridge Workgroup Updates

- i. Technical Architecture Workgroup: Additional requirements reconciliation meetings took place between Dec. 5 and the first of the year. The last meeting took place Jan. 4. The last topic the group worked on was examining eICR requirements data elements from absolutely need to nice to have perspectives. The last item on the workgroup's agenda is the reportability response discussion. The workgroup is seeking the governance body for help coming to a resolution because a consensus could not be made. Once that decision is made, the group will update the technical assistance products and diagrams.
 - ii. Legal and Regulatory: The workgroup met on Dec. 20 to discuss the formative assessment of legal issues developed by Rick Hogan. The discussion focused on a couple of items: providing eCR background to legal SMEs on topics like HIPPA, covered entities and agreement types; and public health reporting exemptions. The group will meet Jan. 13 to discuss agreements needed between health care providers, public health agencies, and the decision support intermediary; things to be considered in an agreement between the health care provider and APHL, and between the public health agency and APHL; and the impact of existing relationships between the provider and the HIE and between the public health agency and the HIE. The group will bring findings to the in-person governance body meeting for an in-depth conversation. As a default approach, the AIMS intermediary will be acting on behalf of the health care provider as a business associate. This approach could be revised as necessary given a state law.
 - 1. Scott Becker (APHL): Concerned about the amount of work this effort will require and the amount of resources it will require.
 - 2. Walter Suarez: Need to consider the extent to which there will be a need to look at regular adjustments because the requirement is to have the provider directly submit data to agencies, so by routing information through APHL, providers will need to have assurances.
 - 3. Governance body member suggested that the technical design should say data is present instead of data is flowing.
 - iii. Sustainability Workgroup: The workgroup has continued discussion on sustainability and dividing the topic into two categories: how to sustain eCR and how to sustain Digital Bridge. Some Digital Bridge PMO members met in person with Patina Zarcone, the workgroup chair, to discuss sustainability as it relates to eCR and next steps. The group created a business model canvas that
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outlines key partners, activities, channels, resources and cost structures relevant to sustainability and will get feedback from the governance body to develop a final business model and structure.

- C. Technical Architecture Workgroup: The workgroup has been collaborating with the requirements workgroup, using their final products to inform their discussions. The primary outputs for the technical architecture workgroup are the technical architecture narrative and diagram and the implementation guidance. In-person meetings took place in November and were successful: the group reviewed those items and resolved issues. The group will continue to reconcile with the requirements workgroup to finalize deliverables by the in-person governance body meeting on January 18th.
- D. Sustainability Workgroup: The sustainability workgroup kicked off on November 29th with great representation and discussion. There was a good mix of leadership to get work accomplished. The group has been convening to finalize the Digital Bridge site selection process and application. The next major deliverable is the sustainability plan. A draft will be presented at the governance body meeting on January 18th. The plan will include details on governance, cost, data storage, security and communications.

4. Proposed Charter Amendment

- A. The University of Nebraska Medical Center (UNMC) has had to withdraw their participation in the Digital Bridge project due to the amount of time and effort the initiative requires. Their withdrawal has left a vacancy on the governance body and has emphasized the need to have a procedure in place to fill representative vacancies. This issue is being presented to the governance body because of the agreed upon principles: respect for process and to have equal representation from all three entities (health care, public health and HIT vendors). The proposal is to add an amendment in the charter to handle vacancies. For an organization vacancy, the organization should notify the PMO of vacancy and replacement for the workgroups. For vacancies on the governance body, Dr. Lumpkin suggested that membership should be a governance body decision. The governance body should work with the PMO to develop a list of candidate organizations, assess those candidates and then decide.
- B. **Richard Paskach:** The PMO and the governance body chair should come up with recruitment criteria. Dr. Lumpkin agreed.

5. Advancing bidirectional eCR data flow by Digital Bridge in 2017

- A. All four public health associations submitted letters to the governance body regarding an issue they're trying to address: the true need for bidirectional data flow. There is disagreement on the nature of acknowledgement from the public health decision support intermediary to the health care provider's EHR. How will public health be able to give clinicians this bidirectional flow? How will reporting staff and clinicians know that the case was reported? How will public health request additional info to complete a case report? The issue regarding acknowledgements has three parts: if the eICR was received or not (point A); if the eICR was formed or malformed (point B); and the reportability response (point C). However, standards for the reportability response and if the eICR is formed or malformed are immature. Two solution options were proposed. The first option is for the technical acknowledgement to be required and all application-level acknowledgements be optional while progress is being made toward standards, and the second option is for all the acknowledgements to be required.
 - i. Dr. Lumpkin asked if there is an update on the reportability response standards. Patina Zarcone shared that there is a group tasked with creating a reportability response. CSTE hosted a group of SMEs in person once six weeks ago. A draft standard will be ready to be validated by the March 2017 HL7 meeting.
 - 1. **Bill:** Hope to have standards that are useful and ready by May.
 - ii. Comments from governance body:
 - 1. The steps for acknowledgement about whether the data was received and if the report itself was submitted to the agencies are all critical. Having acknowledgements for administrative work and transactions becomes important in terms of traceability of process and rapid response in case of there being problems. Would support more of an all-inclusive acknowledgement process.
 - 2. I want to get credit that what I sent has been received. There is value in reportability response, but don't want information that is partial and not easily consumed by EHR until we fill it's been fulfilled. As far as if the message was an error or not, I'd rather not see that in my technical workflow because I see it as tech error. From a vendor perspective, point A is important, point B isn't, but there is value in point C.
 - 3. Why would a message come back malformed?

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4. The decision support intermediary application recognizes there's an attempt at an eICR, but the syntax or structure is wrong, or it is missing coded values that the support logic needs to determine if it's reportable or not.
 5. From a clinical perspective, the valuable part is the reportability response for great clinical importance.
 6. What gets done with a message of a poorly formed report is a separate issue.
 - a. Decision was made that this issue is not out of scope but that in lieu of a standard, we will use the implementation phase to test the standards and validate the process—some sites, not all. The Digital Bridge team will work with any of the applicants for the first phase to have them develop and test standards. Sounds closest to option A, but the governance body will make sure those things are clear and will reserve space on in-person agenda to revisit this topic.

6. In-person meeting Governance Body Meeting

- A. The meeting will include three parts: interactive, board meeting and workshop. There will be a discussion on sustainability, and the governance body will begin to look at what is the next use case.

7. Announcements/Next steps:

- A. Governance body members should ensure they can access Basecamp.
 - B. Begin discussion with colleagues to gather input on what the next use case should be. Come to the in-person meeting with those ideas.
 - C. RSVP with the PMO for the dinner on Wednesday
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