

# Meeting Minutes

## Digital Bridge Interim Governance Body

### Meeting Information

<b>Objective:</b>	(1) Describe progress of the Digital Bridge initiative; (2) discuss and approve the eCR implementation site cohort; (3) discuss and acknowledge completion of final products from the legal and regulatory, and sustainability workgroups.		
<b>Date:</b>	February 16, 2017	<b>Location:</b>	Web-conference
<b>Time:</b>	12:00 – 1:00 PM EST	<b>Meeting Type:</b>	Virtual
<b>Called By:</b>	Project Management Office	<b>Facilitator:</b>	John Lumpkin
<b>Timekeeper:</b>	Charles Ishikawa	<b>Note Taker:</b>	Jelisa Lowe
<b>Attendees:</b>	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 Digital Bridge Initiative Progress	Jim Jellison, Jessica Cook	10 min
4 Digital Bridge eCR Implementation Sites		
5 Discussion and acknowledgement of workgroup products by governance: Legal and Sustainability		
6 Announcements and Adjournment		

### Decisions

1	The PMO shall work with APHL to develop a prioritization and phase-in schedule to present at the next governance body meeting. The PMO will send a communication to sites summarizing this decision and that more info is coming.
2	Legal and sustainability products are approved and will be made available and placed on the website

### New Action Items

	Responsible	Due Date
A. Develop a prioritization and phase-in schedule to present at the next governance body meeting	PMO	3/2017
B. Send a communication to sites summarizing this decision and that more info is coming	PMO	2/2017

C. Post approved legal and sustainability workgroup products to <a href="http://digitalbridge.us">digitalbridge.us</a>	PMO	2/28/2017
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## Other Notes & Information

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1. **Call to Order** – Dr. Lumpkin reviewed the agenda. There were no additions.
2. **Agenda Review and Approval** – Dr. Lumpkin reviewed the agenda. There were no additions.
3. **Digital Bridge Initiative Progress**
  - A. **Project Timeline** – Materials from the sustainability and legal and regulatory workgroups have been developed. Collectively, it provides a baseline for the eCR implementations to begin work, and we’re preparing for that now.
  - B. **Communications** – There is a Digital Bridge presentation next week at the HIMSS17 Conference. Andy Wiesenthal is moderating; Kirsten Hagemann and Shandy Dearth will be panelists. Twitter hashtags are provided and project communications also sent flyers to help promote the session. Also, coming up in March, PHII and JPHIT are working with ASTHO and NACCHO to host a webinar to communicate to a broad public health audience about eCR and Digital Bridge. Communications will be reaching out to other associations to help promote this and will point to different resources organizations have created. Fact sheets, talking points and conference materials are also being updated with the value propositions the Governance Body discussed in the in-person meetings.
  - C. **Governance Body Vacancy** – Ideas were shared during the in-person meetings in January to fill the vacancy left by UNMC’s departure. As the implementation site applicants are reviewed, the governance body should weigh whether or not any of those applicants could be considered as potential replacements.

### Discussion

- No discussion

#### 4. **Digital Bridge eCR Implementation Sites**

**Application Results** – Rhe Governance Body has defined a site as a public health agency, a health care provider that operates in the jurisdiction of that agency, and that provider’s EHR vendor or HIE. Providers and the EHR should implement the reportable conditions trigger codes (RCTC), generating an eICR and sending that to AIMS. An optional requirement is what the provider will do with the reportability response that AIMS will send back. A state or local agency will receive the eICR and accompanying reportability response from AIMS and send it back to the provider HIE expectations will be approached on ad hoc basis based on site’s data flow.

There are seven applicants, and the governance body provisionally approved them for additional analysis and consideration. There was also a decision, if necessary, to open a second round of applications. The PMO recommended moving forward with six sites.

### Discussion

- There is hesitation on trigger codes on the technical side. Lab trigger codes can be supported, but it depends on customer’s ability and lab’s ability to have data to trigger off of. Vendors are not sure about tasks for diagnosis trigger so they are trying to figure out how to do that and the timeline. There have not been customer demands to enter ICD9 clinical triggers until this project.
- There is concern that there will be delays in getting the BAA and MOU agreements approved in timely fashion. The Digital Bridge should proceed with preliminary stuff and do the initial testing. Before data gets sent, the agreements need to be in place. Suggest parallel activity: complete technical work and begin developing agreements. There are materials coming out of legal workgroup and many sites have relationships with AIMS.

- Walter Suarez: Is the expectation that the sites will be exchanging live, production level PHI data and be using the pilot to fulfil the requirements of submitting data?
  - Jim Jellison: What was driving the timeline was the MU Stage 3 objective for eCR. For a provider to claim that success with the eCR objective, they need to meet it by Jan. 1, 2018 and with patient data.
  - Walter Suarez: There is no requirement to report data by Jan. 2018. Stage 3 starts in January 2018. The expectation is that organizations will begin to have the capability to report and start reporting by Jan. 2018. They'll have infrastructure developed so that by Jan. 2018, they can start case reporting requirements.
- Looking at the timeline, it doesn't look like data is being sent until August. So before the production phase, the BAA needs to be in place as opposed to May which is the test phase that can be done with non-live data. Will we have a challenge getting agreements in place by August?
  - August is reasonable. We need an agreement about working together up until that point.
- We are testing two elements in the pilot. For jurisdictional trigger codes, would the codes apply to specific state requirements or national, generic codes?
  - The plan calls for implementing the national set of RCTC for this timeframe. We do plan on evaluating implementations and making recommendations on how this eCR approach might or should evolve and that could include jurisdictional specific trigger codes.
- What kind of acknowledgement will be sent?
  - A technical acknowledgement will be sent for exchanges between AIMS and the public health agency. The sites need to resolve how the agency will send the acknowledgement back to the provider and how it will relate to the reportability response.
- Geoff Caplea: We need to make sure what we do is delivering on exceptional experience. Maybe we can scale down to three or four sites to make sure we're able to deliver on what we can in an exceptional fashion.
- Can we start with two, and more later based on what we learn? This will allow us to focus and be effective.

#### Decision

At this point, we're reasonably comfortable with these six sites and will consider a phased approach. The PMO will develop a grid that we will highlight which sites will be in the initial phase and which ones will be phased in subsequently as we think is most appropriate.

- **Motion:** Direct PMO to work with APHL to develop a prioritization and phase-in schedule to present at the next governance body meeting. The PMO will send a communication to sites summarizing this decision and that more info is coming.

#### 5. Discussion and Acknowledgement of Workgroup Products

A. **Legal and Regulatory:** Draft documents are ready for review. It's a slide deck that summarizes our current approach from agreement perspective. For initial implementation, the provider will have a BAA and DUA with AIMS, and the public health agency will have a trading agreement and MOU with APHL. There is a document that lists the topics that ought to be covered in those agreements and some references to the state laws and regulations for the states that applied. Over the course of the year, the PMO will explore direct trust and e-health exchange for a more scalable approach versus these on-on-one lateral agreements.

B. **Sustainability:** No questions about sustainability work products.

#### Decision

- **Motion:** Legal and sustainability products are approved and will be made available and placed on the website.

#### 6. Announcements and Adjournment

A. The next meeting is to be determined.

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- B. Closed out phase 2; PMO will lay out a plan and will return with a proposed schedule and structure for the governance body to consider in the beginning of March.
  - C. Will be reaching out soon with confirmed dates on next in-person meeting.

# Digital Bridge Governance Body Meeting Attendance - February 16, 2017

Name	Organization	2/16	Role	Email
Geoff Caplea	Allscripts	<input checked="" type="checkbox"/>	Primary	geoffrey.caplea@allscripts.com
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