



Frequently Asked Questions

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What is the Digital Bridge?

The Digital Bridge is a partnership of health care, health IT and public health organizations, with the goal to advance information exchange between health care and public health. As its first project, the Digital Bridge collaborative has designed a multi-jurisdictional approach to electronic case reporting (eCR), the automated generation and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action.

A governance body formed in the fall of 2016, with equal representation from public health, health care delivery systems, and electronic health record vendors. Workgroups are focusing on specific issues (e.g., sustainability, evaluation, and technical and legal issues) and reporting up to the governance body. These workgroups seek input from existing eCR and other health data interoperability efforts and activities. Beginning in the spring of 2017, the Digital Bridge will coordinate eCR implementation at sites across different states and cities.

The Robert Wood Johnson Foundation supports the governance of the Digital Bridge and Dr. John Lumpkin chairs the initial governance body. Deloitte Consulting and the Public Health Informatics Institute are providing program support.

What are the ultimate goals of the Digital Bridge? What do you mean by a bidirectional exchange?

We want to build a bidirectional health data exchange between public health and health care. This bidirectional health data exchange will allow health care data collected in the clinical setting to inform public health activities while lessening the burden of data entry on health care personnel. Also, public health will be able to request any additional information from health care personnel and send appropriate guidelines. Future connections for bidirectional data exchange will allow for collaborated management of chronic diseases and emerging health threats, in addition to reportable conditions. We can be proactive in identifying effective interventions to improve population health.

While this effort will build on eCR work under development, it is also intended to identify a consistent, nationwide, and sustainable approach to using health care's EHR data to improve public health surveillance. Through more efficient data sharing, the Digital Bridge initiative will empower both public health and health care with the information needed to improve their constituents' and patients' health.

Who is a part of the project management office?

The governance of the Digital Bridge is supported by the project management office (PMO), who manages communications and the day-to-day activities for the project to ensure that milestones are met. The PMO consists of representatives from the Robert Wood Johnson Foundation (RWJF) who brings visionary and business

leadership to Digital Bridge; the Public Health Informatics Institute (PHII) who adds the public health perspective; and Deloitte Consulting as leading strategic advisors to the HIT and health care delivery fields.

What is the focus of the workgroups?

Workgroups are focusing on specific issues and reporting up to the governance body. These workgroups seek input from existing eCR and other health data interoperability efforts and activities. The first phase of the Digital Bridge initiative included workgroups who concentrated on defining functional requirements for eCR, designing a technical architecture for delivering case reports, addressing legal and policy issues, and creating a sustainability plan. New workgroups for the next phase of Digital Bridge—eCR implementations— will expand on previous work and explore new areas such as measuring the outcomes of the project and evaluating resources for nationwide expansion. Find workgroup products on [the Digital Bridge resources page](#).

My organization is not involved but we want to have input. How can we provide feedback on the Digital Bridge effort?

The workgroups will seek input and comments from specific stakeholders as we move forward. The current effort is limited, not to be exclusionary, but to ensure that we can move swiftly enough to meet the Meaningful Use Stage 3 deadline of Jan. 1, 2018. Experience shows that these types of efforts are most successful when clear and realistic milestones are established to keep stakeholders engaged, committed and energized. Organizations were selected for the Digital Bridge effort with the aim of facilitating implementation sites across public health jurisdictions, EHR vendors and health care providers. RWJF, PHII and Deloitte will be happy to talk with anyone seeking to provide input.

There are several avenues for feedback. First, we are available by email at info@digitalbridge.us and via our [contact page](#). Also, you can provide feedback through the designated representatives on the Digital Bridge governance body and the workgroups. A schedule of meetings and timeline is available at the website www.digitalbridge.us.

How does Digital Bridge differ from advisory groups to the Office of the National Coordinator for Health IT (e.g., Health IT Policy Committee and the Health IT Standards Committee)?

The Digital Bridge involves the development and management of an active partnership of diverse interests, and the forging of consensus on a path forward. While the Digital Bridge will develop advisory guidelines, the Digital Bridge program will also develop technical architecture and support implementation sites.

The governance body includes ONC as an ex officio member and will take public material developed by federal advisory committees under advisement.

What are the specific stakeholder roles within the Digital Bridge effort?

Public health associations

Public health associations are represented on the governance body and are an important part of the initial effort to establish implementation sites. Key public health associations (i.e., APHL, ASTHO, CSTE and NACCHO) have

representation on the governance body, where each participating organization will have one vote. The Digital Bridge project will rely on industry association participants to provide an informed view of local, state and regional surveillance needs and to share expertise on legal and regulatory issues. Since the vision is the creation of bidirectional data flow between the delivery system and public health, opinions on how to accomplish that will be solicited.

CDC

CDC participants can help provide a balanced view of national needs in the area of disease surveillance and expertise on proposed technical components. CDC members can make modifications to CDC-managed technical components and provide input on what can be accomplished in this short project timeline. We are also relying on this group to aid in requirements for future development.

The CDC is represented on the governance body and is an important part of the initial effort to establish implementation sites across the country. While CDC participation is drawn from certain divisions, given the Digital Bridge's focus on eCR of reportable conditions, all divisions will have an opportunity to provide feedback on the specifications and requirements being developed.

Health care delivery systems

Health care organizations are represented on the governance body and are part of the initial effort to establish implementation sites. Like the other participants, stakeholders who represent health care delivery systems will provide needed input to relevant workgroups and socialize the issues and plans for Digital Bridge within their organizations. While care delivery system participation is limited given the Digital Bridge's focus on eCR of reportable conditions and the number of care delivery systems nationwide, all care delivery systems will have an opportunity to provide feedback on the specifications and requirements being developed.

This group is also responsible for articulating the needs of peers and colleagues. The governance body and the workgroups need this input to inform how this effort can be incorporated into the clinical workflow. For the Digital Bridge to be successful in achieving bidirectional health data exchange, we also need input on how public health data can be sent back to health care in an efficient and useful manner.

EHR vendors

EHR vendor participants will provide the technical knowledge, experience and know-how. They are needed to help develop the solutions and provide input on what can be accomplished in this short project timeline. We recognize that some requirements will need to be prioritized for future development, and we will look to the participating EHR vendors for assistance with this prioritization.

EHR vendors are represented on the governance body and are a part of the initial effort to establish implementation sites. While vendor participation is limited given the Digital Bridge's focus on eCR of reportable conditions and the number of EHR vendors nationwide, all vendors will have an opportunity to provide feedback on the specifications and requirements being developed.

How will the participating stakeholders communicate with constituencies?

The program management office will provide these groups with talking points, proposed requirements, anticipated legal issues and any other in-progress Digital Bridge work products that they can share with their organization and constituents. The project intends to be transparent. The completed work products will be available at www.digitalbridge.us, where we will also post a timeline and a meeting schedule. A Digital Bridge e-newsletter with current news and events is also [available for subscription](#).

Existing state laws, rules, and agreements would not support release of protected health information beyond the state public health agency. How will the eCR implementations comply with patient privacy and public health reporting regulations?

The Digital Bridge initiative is committed to information sharing between health care and public health that is consistent with patient privacy protections and public health reporting requirements. Electronic case reports include protected health information that moves from the health care provider setting to AIMS and then to the jurisdictional public health department if it matches jurisdictional reporting criteria. It is anticipated that AIMS will be acting on behalf of the health care provider as it facilitates reporting of public health cases to STLT agencies per STLT reporting criteria. A goal of the Digital Bridge project is to ensure that the right agreements are in place between the health care provider, AIMS and the public health agency. The project management office will provide guidance on those agreements through the implementation process.

Processes related to case notifications from STLT agencies to CDC are outside the scope of the eCR implementations described in this opportunity.

Will Digital Bridge provide any funding to implementation sites?

Selected sites are expected to provide in-kind contributions for implementations. The Digital Bridge governance body and project management office will provide technical assistance, but direct funding to selected sites is currently not available.