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Meeting Summary

In-person Governance Body Meeting

January 18 – 19, 2017

Executive Summary

On January 18th – 19th, 2017 the Digital Bridge's interim governance body (Governance Body) convened for an in-person meeting at the Task Force for Global Health in Decatur, GA. The purpose of the meeting was to complete and approve products for Digital Bridge eCR implementation and to strengthen the Digital Bridge partnership by framing sustainability issues and plans for prioritizing bidirectional use cases for Digital Bridge work. The meeting was planned and facilitated by the Digital Bridge Project Management Office (PMO).

The objectives of the meeting were to:

1. Conclude work on eCR Digital Bridge Phase 2 objectives with approval on all products critical to eCR implementation (project Phase 3), specifically:
    a. eCR technical architecture and requirements
    b. Legal and regulatory guidance
    c. Implementation site schema and evaluation plans
2. Identify, document and discuss critical sustainability issues for eCR infrastructure and Digital Bridge governance
3. Describe and validate a path to determining the future Digital Bridge focus for bidirectional health or public health data exchange
4. Document and affirm next steps and governance body commitments to advancing the Digital Bridge initiative

By the end of the meeting, all objectives were successfully met, and commitments to the Digital Bridge initiative were renewed. Key outputs of the meeting are listed below.

A. Phase 2 Digital Bridge initiative work was concluded with decisions on three major issues:
    i. The Digital Bridge shall select eCR implementation sites based on criteria previously approved (12/2016) and recommend that sites implement both eICRs and reportability responses. We will accept, however, sites that are only able to implement eCR exchanges of eICRs and technical acknowledgement messages.
    ii. The flow and functional requirements documents were approved with the intent to regularly revisit to ensure mechanisms to receive an acknowledgement from public health to provider and enhance the capabilities to provide bidirectional flow.
    iii. Model I (decision support intermediary serves as agent of public health agency) and Model II (decision support intermediary serves as agent of health care provider) will be provided as options for eCR implementation sites to use. Digital Bridge intends to explore technical and legal solutions that address feasibility and scalability issues. The trust framework and the HIE network will have to be embedded in Models I and II.
B. Feedback for the Digital Bridge's sustainability workgroup's effort to develop a preliminary sustainability plan that included:
    i. Considerations and ideas for approaching and addressing sustainability of a nationwide eCR infrastructure, and the Digital Bridge (see pages 9-13)
    ii. Value propositions from the perspective of the four key stakeholder groups on eCR and Digital Bridge (see Table 1 and Table 2)
C. Criteria and ideas for the next Digital Bridge use case (see pages 16-17)

The meeting concluded with Governance Body representatives and PMO leadership sharing final thoughts and evaluating their feelings towards the Digital Bridge vision. The prevailing sentiment positive and hopeful, yet balanced by the reality that significant challenges are ahead.

In-person Governance Body Meeting | Jan. 18-19

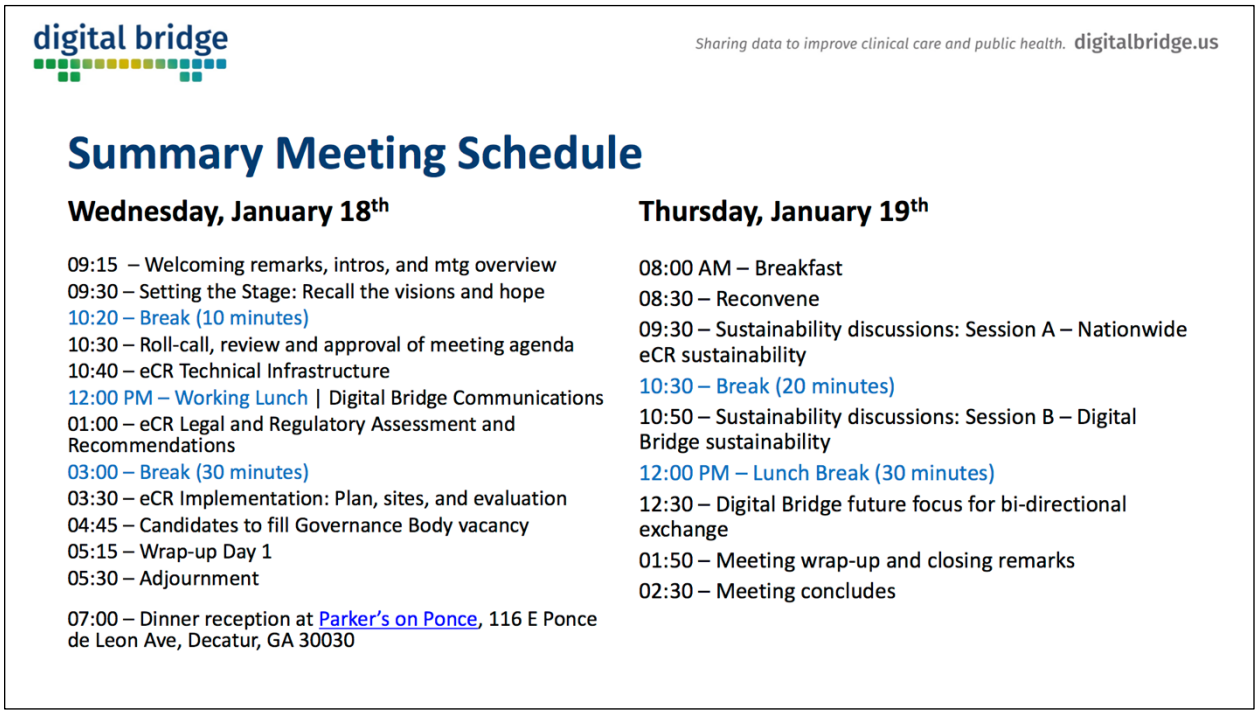
Welcoming Remarks

Governance body members gather in Decatur to discuss the progress of the Digital Bridge initiative.

The meeting opened with introductions and welcoming remarks from Vivian Singletary and Dr. John Lumpkin. They each spoke to the commitment amongst the members of the governance body to make the Digital Bridge vision a reality. The meeting marked a significant milestone in the project and kicked off Phase 3: site implementations. Although tremendous progress has been made—defined requirements and a technical architecture for information flow—there is still work to be done, specifically around sustaining the Digital Bridge effort. Dr. Lumpkin pointed out the change the nation will face with the incoming administration, but that most of the challenges in the nation's health will remain the same. With cohesion and Digital Bridge members' dedicated hard work, this initiative should be seen as an opportunity and mechanism to cause the change needed in improving the nation's health.

Andy Wiesenthal introduced a new member to the group, Dr. Michael Klompas who participated on behalf of Partners Healthcare.

Figure 1: January 2017 In-Person Digital Bridge Governance Body Meeting Schedule



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Summary Meeting Schedule

Wednesday, January 18th

09:15 – Welcoming remarks, intros, and mtg overview
09:30 – Setting the Stage: Recall the visions and hope
10:20 – Break (10 minutes)
10:30 – Roll-call, review and approval of meeting agenda
10:40 – eCR Technical Infrastructure
12:00 PM – Working Lunch | Digital Bridge Communications
01:00 – eCR Legal and Regulatory Assessment and Recommendations
03:00 – Break (30 minutes)
03:30 – eCR Implementation: Plan, sites, and evaluation
04:45 – Candidates to fill Governance Body vacancy
05:15 – Wrap-up Day 1
05:30 – Adjournment

07:00 – Dinner reception at Parker's on Ponce, 116 E Ponce de Leon Ave, Decatur, GA 30030

Thursday, January 19th

08:00 AM – Breakfast
08:30 – Reconvene
09:30 – Sustainability discussions: Session A – Nationwide eCR sustainability
10:30 – Break (20 minutes)
10:50 – Sustainability discussions: Session B – Digital Bridge sustainability
12:00 PM – Lunch Break (30 minutes)
12:30 – Digital Bridge future focus for bi-directional exchange
01:50 – Meeting wrap-up and closing remarks
02:30 – Meeting concludes

Part I: Setting the Stage: Recalling the Visions and Hope for Digital Bridge

To prompt reflection and conversation about initiative progress since the inception of the Digital Bridge in June 2016, four interim governance body representatives were invited to participate in an interview-style discussion with Andy Wiesenthal. Jeff Engel (CSTE), Walter Suarez (Kaiser Permanente), Scott Becker (APHL) and James Doyle (Epic) were asked two questions by Andy, and then all meeting participants were invited to discuss their opinions and impressions about the Digital Bridge's accomplishments and future challenges.

Question 1: Are you encouraged and what progress have you seen?

Scott Becker: I have spent 20 years working towards something like this. We can do banking transactions around the world, but we still can't get information from the provider to public health. Previous work has been done in isolation, because there was no interaction with vendors, providers and public health. Digital Bridge is an opportunity for all three parties to come together and exchange ideas and concerns.

James Doyle: The ongoing engagement of this project has been progressive. There are countless meetings, and yet everyone is participating and remaining engaged. This is an issue of will, not an issue of technology or action. It's the will to overcome these issues we face. Our engagement shows that we are committed to that mission.

Panelists take on questions about the current state of the initiative and potential barriers.

Jeff Engel: CSTE has three subcommittees with over 300 people involved who are committed to this project. What is really impressive is the excellent, superb project management that drives a very complicated, multi-stakeholder group.

Walter Suarez: This is a unique partnership and the most significant experience I have seen over the last several months. I have formed partnerships with different groups that I haven't before. Having this targeted attention to this very concrete area of work and using it as a platform to expand is wonderful. The management and progress of the project can be seen every week with the amount of work getting done. From a provider perspective—and a provider that is present in many jurisdictions—this is the kind of bridge we hope we can help build. The goal of this project should not be seen as an enhancement of our ability but as a new era of bidirectional activity.

Question 2: What barriers do you see now and how do you think we're doing addressing them?

Jeff Engel: The time commitment is grossly underestimated. We continuously pull in other staff to make the calls and stay on top of the project. The way we conquered it is that I kept this project as a priority to our staff and our members. The second hurdle, which should be answered during the pilot phase, is sustainability.

James Doyle: Specifically, the use of standards is a barrier: wanting to use the latest and greatest when they're not available may slow us down. Broadly, we need to figure out how high to aim and not aim too high. There will be a line at some point that could slow us down or cost us time. The best way to address this is ensuring representatives from each group are involved in decisions and conversations so everyone is aware and can speak to what's going on and that we are on the same page.

Walter Suarez shares his perspectives on Digital Bridge's progress and challenges.

Walter Suarez: There are two groups of challenges. The issue is that the devil is in the details—defining the requirements, the legal approach, etc. We will find resolutions to these details by continuing to work. The longer-term challenge is scalability. How are we going to scale this to a national solution? We will be testing in some environments, but we need to think about the hundreds of thousands of points of reporting.

Scott Becker: With the change in administration, there is a prevention of funding for HIT. I worry about sustainability in both the short term and long term. We have been at this for many years, so it is a long term initiative. I worry about going too fast. We need to learn everything we can from the pilots and ask everything we need to ask about sustainability. How will we handle emerging standards? From our endeavors, how much can we stand? We need to make sure we are learning lessons and taking them to the next steps.

Full Group Discussion

Opinions and impressions from other governance body representatives about the Digital Bridge's accomplishments and future challenges included:

- Digital Bridge members have been focusing on the first phase, but should also think about evolution over time. There needs to be focus on next steps, because it will drive the trajectory about reporting. Also—will the project continue to move quickly? And, how will the project continue to evolve eCR to engage that trajectory and meet the project goals?
- Digital Bridge should be seen as a partnership; eCR is the first approach. The partnership is going to help us look at more than just the initial elements. The body will need to analyze if the requirements and technical approach will apply to other ways of reporting (e.g., vital records, environmental health reporting, etc.). The partnership itself is the vehicle to have those discussions.
- We are building trust and getting to a place where we understand that this is a process, but we need to start thinking about not only what the leading edge is, but also about incremental successes needed to push forward. We have to show that this approach works, and then we will have something to build on to evolve and progress.
- Population health is a popular term, but it is not new to public health. Can eCR be framed as a high priority in population health, and can we build on that in HIT and provider communities? That is the key point for how this initiative will be sold to a number of people—they understand the concept, but don't "get it." We need to ensure people understand how this is changing public health.

  - Population health should be a mandate. The notion of collaboration between public health and the delivery system is essential for the system to execute their responsibilities.
  - Population health and health care use the same words, but they mean different things. Think of them as clinical population health and community population health. When you begin to think about components, we need to make sure the systems involved are working in the immediate sense that patients don't come back to the hospital. But we also need to address social determinants. Clear metrics, such as social service providers, need to be measured. Digital Bridge is critical for bridging those two populations for population health.
- Digital Bridge members should discuss the elasticity of the project and the vision beyond what has already been established. The elasticity is other avenues that address key health-related issues such as diabetes and how to integrate them. We need to seek cohesion in clinical practice.

Part II: Completing Governance Business for eCR Implementation

The next part of the meeting was conducted as an official governance body meeting with all formal rules of order observed. Agenda, decisions and actions items are summarized below. See attached governance body meeting notes for the full meeting record.

	Agenda Items	Speakers	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	eCR Digital Bridge Technical Architecture	Benson Chang	80 min
4	Digital Bridge Communications	Jessica Cook	30 min
5	eCR Legal and Regulatory Assessment and Recommendations	Rick Hogan, Jim Jellison	120 min
6	eCR Implementation: Plan, Sites and Evaluation	Jim Jellison	75 min
7	Candidates for the Governance Body vacancy	Charlie Ishikawa	30 min
8	Meeting Adjournment	John Lumpkin	5 min

Decisions

1	Since Digital Bridge aims to establish bidirectional information exchange for eCR, promote practice advancement by learning about what it will take to successfully adopt eCR nationwide during the 2017 implementation phase, and recognizing a reportability response standard is developing, the Digital Bridge shall select eCR implementation sites based on criteria previously approved (12/2016) and recommend that sites implement both eICRs and reportability responses. We will accept, however, sites that are only able to implement eCR exchanges of eICRs and technical ACK messages. • Motioned by James Doyle (Epic); seconded by Oscar Alleyne (NACCHO). Decision passed unanimously; no disagreement or abstentions.
2	Approve the flow and functional requirements document with the intent to regularly revisit to ensure mechanisms to receive an acknowledgement from public health to provider and enhance the capabilities to provide bidirectional flow. • Motioned by Walter Suarez (Kaiser); seconded by Bill Mac Kenzie (CDC). Decision passed unanimously; no disagreement or abstentions.
3	Model I and II will be provided as options for eCR implementation sites to use. Digital Bridge intends to explore technical and legal solutions that address feasibility and scalability issues. The trust framework and the HIE network will have to be embedded in Models I and II. • Scott Becker (APHL) motioned, Walter Suarez (Kaiser) seconded. Decision passed unanimously; no disagreement or abstentions.

	New Action Items	Responsible	Due Date
1	Make final updates to eCR business process flow diagram and technical requirements for correspondence with governance body decisions made	PMO	1/30/2017
2	Notify Jessica Cook if willing to sign-up for a Digital Bridge speakers bureau, and/or ad hoc, informal communications advisor	Governance Body	Open
3	Complete replacement candidate list and poll Governance Body to identify the top three.	PMO	Next Governance Body meeting

Part III: Workshop for the Future

The second day of the meeting was dedicated to facilitated conversations about the Digital Bridge's future. The day began with governance body representatives sharing topics they thought were important to discuss before the meeting closed, and then proceeded with conversations and small group discussions regarding: 1.) nationwide sustainability of eCR; 2.) value proposition for the Digital Bridge; and 3.) the next Digital Bridge use case.

The workshop continues with discussions on sustainability

Reflections from Day 1 / Topics of Interest for Day 2

Governance body representatives stated that the following topics or questions were important to discuss before the end of the meeting:

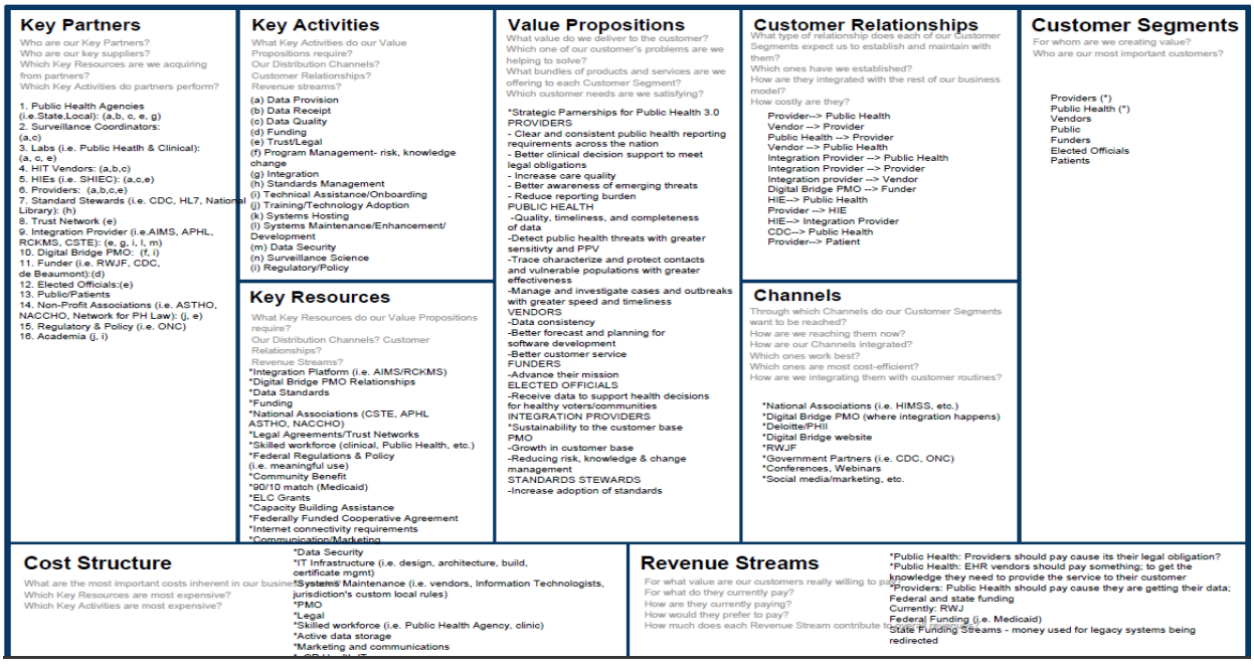
- Focus on everything we can do to make the implementation sites successful.
- De-scoping—draw attention between deadlines and what actuality is. Some vendors have trouble meeting the scope by the deadline.
- Scope is one thing, and deadlines are another—which one gets shifted?
- Next steps after Phase 3 implementations.
- We felt urgency after Chicago's meeting and today's meeting: how can we maintain that urgency and is it appropriate?
- Use Digital Bridge, eCR and other use cases as a way to elevate public health informatics as a priority in federal, state and local government agencies and among partners.
- Long-term strategy: it would be nice to have a three-year view and road map. We need to be thinking about what we're looking for in the long term after we get through implementations.
- Fiscal sustainability: we're a start-up, and we're burning through venture capital.
- Engage high-level leadership and proposed infrastructure improvement for the country: we need to make sure we are not creating another inequity.
- We have the big picture framework, but not the details. What do information technologist, hospitals and APHL need to do? And, what legal framework will we follow? There are still concrete questions that are unanswered.
- Can we build this in a way that targets other public health objectives?

Nationwide eCR Sustainability

To gather governance body input for the sustainability workgroup's work on a preliminary sustainability plan, John Stinn (Deloitte) presented the workgroup's draft business model canvas for nationwide eCR. A business model canvas is a strategic management and lean startup template for developing new or documenting existing business models. It is a visual chart with elements describing a firm's or product's value proposition, infrastructure, customers and finances. It is intended to assist firms in aligning their activities by illustrating potential trade-offs.[1] The sustainability workgroup drafted the canvas as a way to identify, document, discuss and visualize the many resources and relationships required for a nationwide informatics infrastructure that fully enables electronic public

[1] Definition verbatim from Wikipedia: https://en.wikipedia.org/wiki/Business_Model_Canvas

health reportable conditions notifications and investigations. Following a presentation of the draft BMC, John facilitated discussion with the governance body representatives.



The sustainability workgroup developed this business model canvas to outline and describe key business components for the Digital Bridge

Discussion and Feedback

Input gathered from the governance body in reaction to the draft canvas covered the a range of topics. governance body comments shared during discussion are loosely grouped below, with key words are underlined to highlight topics or ideas.

- What is Digital Bridge—a solution, a system, or an application? The better we define it, the better chance of promoting it, funding it and communicating it and other solutions will follow.
    - It's a suite of solutions that can be technical things or an organization that is formed that is the bridge. It won't happen unless you have people willing to be the connectors.
    - This is a service that someone wants, needs or is offering and it is helping people on both health care and public health sides. We can fund tools and solutions, but they need to be structured in a service way so that customers understand what it is they're getting. They're getting a service of value, not a tool.
    - Try to frame eCR as a service and as a foundational use case of Digital Bridge—it's the first component of the bridge.
    - We need to begin to separate strategically two concepts: Digital Bridge as a partnership and organization, and eCR as an initiative. Digital Bridge is the umbrella partnership that also needs sustainability to keep going.
    - We need to understand the future of Digital Bridge overall—do we discuss eCR and Digital Bridge separately or as one piece? Will we need different plans of action to execute sustainability?

  - It may not be timely to decide that. We have gone beyond public health with the right set of partners. The way to do it is to successfully implement eCR. This platform has the right mix because of the public and private mixture.
  - To conflate Digital Bridge and eCR will conflict our vision. The word of warning is that our vision and goal isn't to take over the world—it's to fill in the gaps. Are we looking to redo ELR? No, but we have to be cognizant of it as we think through how to have a consistent vison that data moves in a bidirectional way.
  - I don't think Digital Bridge is a platform—it is a partnership that allows different types of bidirectional health information exchange projects. One of which is eCR/eICR with its own specific, technical approach. In the future, Digital Bridge will have other projects that will enhance the bidirectional communication of information. We need to think about how to maintain this partnership. We are developing a very specific solution or approach that may not work for future use cases.
  - Define Digital Bridge as a partnership that has different platforms that do different things, but those platforms need to converge.
- Platform Confusion / Platform Convergence
  - The focus needs to be building a solid, successful demonstration project. Focusing on different projects may lead to platform confusion:
    - The Public Health Community Platform (which is outside CDC)
    - The Surveillance Data Platform (which is inside CDC)
    - BioSense is also advanced.
  - eCR itself is not a platform, but if you connect all these thoughts, they're all part of building a confusing platform. In the end, we have to get to a point where the sponsor (congress) doesn't say, "you made progress and made platforms," and that all the platforms work against each other.
  - We have to think about platform convergence—where the strategy and function are aligned and coordinated from a policy and technical perspective. We have standards: what's needed is a technical fiscal and policy analysis of all platforms with the objective to get towards platform convergence.
  - We should converge platforms but in what way to achieve what goal? What is a learning health system? Define what it means and work on tools to achieve those goals.
    - There's no confusion: the whole platform confusion concept exist at a level that is more in the public health community. When it comes to health care providers, we don't see platforms. We see places we have to connect and report and communicate. The interesting dynamic I saw from the beginning was more about platforms uniting across different public health orientations. RCKMS, ASTHO's platform, AIMS—all these are public health platforms and each was looking for how to make theirs the one. I think they fulfilled their own purposes which were mostly to allow inside communication within the public health system. The good thing I see with Digital Bridge as a partnership and eCR as a first initiative is that as health care providers, we will potentially see a single platform because right now there isn't one.

- Three phases of eCR
    - We are getting through the first phase (confusion) and entering the second phase (convergence) where we have forces getting together and thinking through models and how they work. The third is continuance. The dynamics between the last two are different. In convergence, IT vendors, providers and public health are putting in resources to make it work. In continuance, when we get to the point of implementing Digital Bridge, the pig will be CDC and predominately public health agencies – the maintenance will be primarily how we maintain the trigger codes, and support will come from the public sector.
    - The governance body needs to think about how Digital Bridge ought to own the convergence phase and look at handing off projects when they get to the point of continuation. The public/private partnership is not as critical when it comes to that. We need to spend time thinking about what the convergence component will look like for multiple use cases so we don't take short cuts in implementing eCR.
- Sustainability Planning Elements
    - Part of developing a sustainability model is coming out with sustainability principles that will help define the expectations of the various participants.
        - What do we want the outcome to look like—something that will provide guidance and direction for public health on how to sustain eCR? Will the next use case be a service provided?


Members broke into groups to discuss the value propositions for each sector.

        - Why are we all here? We want the health care system to work in a way that it doesn't. We want data coming from health care to be used in a way that drives improved systems and practice—even at public health levels. That's the goal. Let's not lose that in talking about all the details. We're trying to do the right thing. That's what drives us. If we can communicate that spirit to congress as a group, we will be better off. We can talk about money and building systems, but until they capture our motivations and we all coalesce around this system, they won't pick up.
        - Providers are looking for simplification—a way to simplify a lot of the regulatory burdens we have.
        - Vendors are looking for uniformity across states and territories. If we can have one system or service for eCR, it would be a huge gain in efficiency and maybe other systems will follow.
        - How is this going to help health care, not just public health? Tie this to quality measures. The ability to make this bidirectional exchange a quality measure will speak for itself.
    - Market segmentation: For this to be successful, it doesn't have to be all public health, all health care or all vendors. It just has to be enough to create a viable system.
        - State public health agencies can be stratified based on technical capabilities and the resources they have. May need to apply portfolio thinking.

  - There are two prevailing models: 1) this is so crucial to the economy that the government underwrites it with tax dollars (i.e., highway system), and 2) cellular towers are everywhere, but the government didn't fund it—it was funded by subscription. We need to think about eCR in context of these two models
  - The sustainability plan needs to include what the picture is today and how it needs to evolve (include plan for convergence in sustainability outputs). Consider HIEs and vendor platforms as well and trust platforms.
- Resources
  - One of the results of the ASTHO winter meeting is that we are creating a guidebook for state health officials and their management staff on everything that has taken place in Digital Bridge so they can reference documents and processes and share with their teams. It could help them structure the funding, relationship and workforce issues that align.

Sustainability Activity: eCR & Digital Bridge Value Proposition

To gather governance body representatives' perspectives on the value of eCR and Digital Bridge to key stakeholder groups, John Stinn (Deloitte) facilitated a brainstorming exercise. Meeting participants were divided into four teams—funders, vendors, public health and health care providers—and instructed to identify and discuss eCR value propositions. Teams recorded the propositions they identified and then elaborated upon them in discussion with the full group. Table 1 presents the propositions for eCR that were documented during this activity. Table 2 presents the propositions for Digital Bridge gathered during this activity.

Table 2: The value propositions of electronic public health case reporting for reportable conditions (eCR) identified by governance body representatives on January 19, 2017. Propositions were developed in small single stakeholder perspective groups that were: funders, public health, health care providers, and vendors.

Value Propositions of eCR to Key Stakeholder Groups			
Funders	Public Health	Health care Providers	Vendors

• Advance their mission to improve the health of populations is key
  o For some, improving public health informatics workforce and capabilities
• Create an improved partnership between public health and health care
• Improved efficiencies in spending dollars in the public health arena
• Potential funders
• Department of Homeland Security
• Department of Defense
• State legislatures: how do we engage with them? What do we give to them? How do we communicate with them?
• By talking to governors and managing communications streams and proposals to state legislatures
• National government associations
	• Improve the sensitivity, accuracy, timeliness and completeness of case reporting
	  o Two aspects to completeness—are you capturing all cases and all the information in cases
	• Be able to track outbreaks
	• Improve contact tracing
	• Improve routine outbreak management
	• Improve efficiency of public health operations (e.g., data integration, timeliness, epidemiologist workflow, analytics and reporting)
	• Facilitate tracking novel population outcomes (e.g., screening rates, continuum of care, treatment patterns)
	• Better refinement of these value propositions can help evaluate participation
		• Clear and concise public health reporting at a national level.
		  o This frees up the clinician when it is at the provider level. Put it on the health care providers through eCR
		• Better clinical decision support.
		  o The clinician wants to know that the report was made and not be burdened to create it.
		• Better awareness of emerging threats.
		  o Timeliness and accuracy and reducing the burden are all benefits.
		• Meaningful Use Stage 3 compliance if Digital Bridge survive
			• Data consistency – greater consistency or harmonization around data points
			  o Definition, format, and transport of data points
			• Better software development
			  o One public health target for data
			  o One set of public health trigger logic
			• Better customer service, experience
			  o Position vendors for faster response to market changes
			  o Automate tasks for providers
			  ▪ Providing feedback back to the system—creating a specific portal mechanism to capture the experience of the users
			• That's not something part of eCR concept now, but it's an idea for value proposition in the future
			  o Vendors get benefit from using the same standards
			  o The benefit from Digital Bridge is the choice of the standards
			  o Digital Bridge allows us to come to a common place for content and delivery and transmission of case reporting data; we're influencing the standards
			  o Getting data consistency is a benefit for vendors across the board, not only those a part of Digital Bridge
			• The vendor value prop may be more abstract because of the primary, secondary, customers

Table 3: The value propositions of Digital Bridge identified by governance body representatives on January 19, 2017. Propositions were developed in small single stakeholder perspective groups that were: funders, public health, health care providers, and vendors.

Value Propositions of the Digital Bridge to Key Stakeholder Groups			
Funders	Public Health	Health care Providers	Vendors

• Other options for funding—advocacy groups (could be other avenues for funding through patient advocacy if we take a patient lens).
• There are individual patient concerns about sharing information and data.
  o When you communicate with patients, they actually like the idea that this has been done (when asked to use the data, they always say yes).
  o Bidirectional exchange doesn't just have to be health care. It can also be patients.
  o People share detailed info because they feel there's value in understanding what's going on. This may give us more power with those patients.
  o important to recognize that patient advocacy groups are small but can have very large voice, but they're always not the ones talking
  o From literature, patients are altruistic, but they want to be *asked*
  o Add as a value prop that DB could be the group for patient ask
	• Digital Bridge allows public health to speak with one voice and bring together all the jurisdictions
	• It convenes and gives a voice to public health vendors and health care providers by allowing them to be part of the conversation
	• It creates a possibility of more timely and granular public health surveillance for more than infectious diseases
		• Digital Bridge is the only place for us to get together and hear each other. What does everyone need? It's important to hear all that
		• It is a place to gather health care providers and address future use cases and discuss standards
		• Vet any future platforms and policy considerations that are at a national level
		• Digital Bridge is a potential sponsor and plat for future use cases
			• Learning about public health needs and being able to bring them back to organizations to establish strategic planning and and developing next generation progress
			• Networking and connecting with others participating in Digital Bridge and being a trusted participant
			• Influencing the direction and the vision of the partnership and the solutions to ensure the perspectives of vendor are included
			• Looking ahead of where things are today and being more proactive in thinking of developments in the future
			• Being at competitive edge and at early edge of adoption

The Future Focus of Digital Bridge: Next Use Case(s)

Governance body representatives discussed criteria for selecting the next Digital Bridge use case, and then generated a list of use cases that should be considered with those criteria in mind at a future governance body meeting.

Governance body members brainstorm on future use cases.

Criteria for the next Digital Bridge use case

Health care providers' perspective

- Help address improvements in population health management.
- Help us get to the triple aim in drawing from the public expertise and bringing that information back to the providers
- Help improve coordination across all partners. They all have complementary roles across the continuum of care
- Explore areas that allow, improve and enhance the bidirectional communication and exchange non-traditional data and social determinants of health. Make it actionable.

Vendors' perspective

- Customer-driven
- Standards-based solutions
- Focus on the gaps and not trying to do work where other efforts are solving the issues
- Issues that can be solved by technology
- Ensure we align with ongoing projects that may or may not be Digital Bridge
- Urgent matters (e.g., zika or pandemic flu)
- Ability to cope with the foreseeable conditions
- Benefits from collaboration of all three groups

Public health perspective

- National implications and the ability to converge data and get a picture of public health
- Use data to improve care
- Alignment—not just filling a public health gap but align interest among all three groups
- Feasibility, scale and scope: choose projects we can accomplish and get don
- Solve a problem that uses standards
- Build a partnership with health care to improve health outcomes

Potential future use cases for consideration

- Meaningful Use and public health regulatory measures
- Immunization registry reporting
- Syndromic surveillance reporting

- Specialized registries
- Public health registries (e.g., cancer and chronic disease)
- eCR and ELR
- Clinical lab registries

Although work from other programs has focused on some of these points, there was agreement that they could be improved through the Digital Bridge.

- Think from the perspective of the goals we are trying to achieve. Digital Bridge could help drive change by addressing public health emergencies
- There is no coordinated forum for patients to communicate with each other about particular conditions
- Perhaps select the use case based on a particular life event rather than a particular system
    - Births are an example. It requires notice of birth, registration, determining if there are any birth defects, case management, etc. It would be great if there was one interface that provides all of that data

Other examples for future cases include:

- Newborns
- Vital records
- NCDs
- Condition-specific areas (e.g., diabetes, mental health, etc.)
- New services
- CDS

David Friedman (Deloitte) suggested scheduling another Greenhouse meeting to focus on how to make eCR successful and to begin think about the future of the initiative. Twenty-five percent of the meeting will address current barriers, and 75 percent will focus on the future and next steps. The PMO team will send out suggested dates.

Wrap-up and Closing Remarks

The meeting concluded with the group sharing final thoughts and evaluating their feelings towards the Digital Bridge vision (i.e., if it is still the right vision and the level of progress made) following the two-day discussion.

Dr. John Lumpkin, governance body chair, closes the meeting with final remarks.

- After the meeting, some members felt more supported and committed to make this initiative a success
- Some felt more confident about the achievability of the vision after having discussions regarding resources, sustainability and feasibility
- Although there is confidence that short-term goals will be met, there are some concerns about the legal framework, a shareable list of trigger codes, etc.
- Everyone is on the same page and is working on reaching a common goal
- It is important to see the work and progress of the implementation sites. Perhaps a few could join the next meeting to share experiences
- Digital Bridge participants are a group of problem-solvers. Each entity is used to working individually, but now a lot of people are committed to working together to make this initiative a success
- The devil remains in the details: the aggressive timeline, sustainability and scalability into a national solution are still concerns
- The work can get done as long as there is cohesion

Vivian Singletary and John Lumpkin closed the meeting giving thanks for attendance and the effective and open dialogue that took place. Great decisions were made, and there were enlightening discussions on where to go next. Although there will be obstacles, there is no doubt that with continued commitment and collaboration, the Digital Bridge will be able to accomplish something that has been tried for many years.