Meeting Minutes

Digital Bridge Interim Governance Body

Meeting Information

Objective:	(1) Welcome the de Beaumont Foundation to Digital Bridge governance, (2) describe project phase 3 progress, (3) describe eCR implementation progress and discuss emerging risks and issues, (4) describe progress in developing an implementation plan, (5) discuss a draft roadmap for the Digital Bridge, and (6) learn about a collaborative effort by the CDC to develop an eCR roadmap.		
Date:	July 6, 2017	**Location:**	1-866-516-9291
Time:	12:00 – 1:30 PM EST	**Meeting Type:**	Virtual
Called By:	Project Management Office	**Facilitator:**	John Lumpkin
Timekeeper:	Charles Ishikawa	**Note Taker:**	Jelisa Lowe
Attendees:	See attached		

	Agenda Items	Presenter	Time Allotted
1	Call to Order and Roll Call	John Lumpkin / Charlie Ishikawa	3 min
2	Agenda Review and Approval	John Lumpkin	2 min
3	Welcome de Beaumont Foundation and Modify Governance Charter	Vivian Singletary / Ed Hunter John Lumpkin	5 min
6	Digital Bridge Initiative Progress	Jim Jellison / Benson Chang Rob Brown / Alana Cheeks-Lomax / Jessica Cook	20 min
7	Digital Bridge eCR Implementation	Rob Brown	20-25 min
8	Evaluation of Digital Bridge eCR Implementations	Dawn Heisey-Grove	10 min
9	Digital Bridge Roadmap	Alana Cheeks-Lomax	15 min
10	Developing an eCR Roadmap	Laura Conn	10 min
11	Announcements and Adjournment	Charlie Ishikawa / John Lumpkin	Remaining

Decisions

1	The Digital Bridge governance body approved modifications to the project charter to include the de Beaumont Foundation's involvement as a funder, and to create new ex-officio positions for both the de Beaumont Foundation and Robert Wood Johnson Foundation. • Motion by Bob Harmon (Cerner) that was seconded by Bill Mackenzie (CDC). Verbal vote taken. No opposition or abstentions. Motion passes with unanimous agreement.

New Action Items

		Responsible	Due Date
A.	Provide input to legal and regulatory workgroup.	Governance body	August 3, 2017
B.	Update charter with approved modifications.	PMO	August 3, 2017
C.	Send call for volunteers for the communications advisory group.	Charlie Ishikawa	August 3, 2017
D.	Schedule full governance body discussion on MiHIN.	PMO	August 3, 2017
E.	Send call for volunteers to review eCR roadmap.	Charlie Ishikawa	August 3, 2017

Other Notes & Information

1. **Call to Order** – Quorum was met.
2. **Agenda Review and Approval** – Dr. Lumpkin reviewed the agenda. There were no additions.
3. **Welcome de Beaumont and Modify Governance Charter**
    A. **Welcome:** Vivian thanked the de Beaumont Foundation and Ed Hunter for their involvement and interest in Digital Bridge. She introduced Ed to the governance body and gave a brief overview of his background (he is president and CEO of de Beaumont and has had a long, distinguished career in public health).
    B. **Charter Modifications:** With de Beaumont's involvement, revisions need to be made to the project charter. Specifically, creating ex-officio positions for de Beaumont and the Robert Wood Johnson Foundation (RWJF). Role as the chair is not the same as the ex-officio for RWJF. Charlie reviewed the summary of changes, and there were no questions. The modifications were approved by Governance Body.
4. **Digital Bridge Initiative Progress –**
    A. **Overall Status and Progress:** Because implementations are taking longer than expected, the high-level timeline is out of date. There will be a revised version for review and discussion next month. The timeline was originally based timeline on an aggressive posture to meet the Meaningful Use Stage 3 deadline in January 2018. Some sites are ready to meet that deadline, but some are face unforeseeable challenges.
    B. **Greenhouse Meeting Follow-up:** The main goal of the Greenhouse Meeting was to celebrate successes, realign on future success, and think about future use cases, funding structures and priorities. Next steps: the funding model and ROI model tiger teams will kick off the week of July 10th to continue work discussed during the Greenhouse Meeting.
    C. **Workgroup Progress –**
        - **eCR Implementation Taskforce:** Currently refining the draft implementation and communications plan. The team also started drafting onboarding templates and guides, began working with technical partners to develop the test management plan, and worked with Wave 1 sites to document their detailed architecture diagrams.
        - **Legal and Regulatory Workgroup:** The group formed to begin reviews of DWT's work, and identified an additional task; i.e., providing feedback on Digital Bridge bylaws that may be developed soon.

          In general, there are three legal / regulatory options for the Digital Bridge eCR solution. Each option utilizes a decision support intermediary (DSI) as the critical point between the public health agencies (PHAs) and the health care providers (HCPs). The options differ insofar as how the DSI can legally receive patient data.

          Option 1: Focuses on the DSI acting as the public health authority on behalf of the agency. The pro is that the DSI will not be a covered entity in HIPAA and it will have the ability to receive data afforded under HIPAA. Another pro is that it is scalable to a national level—will be interacting with large but limited number of agencies which makes it more scalable at a national level because there is a smaller number of agreements that need to be salvaged. The con is that there is a high risk of violating a HIPAA minimum standard by disclosing false positives. HCPs need to have a business associate agreement (BAA) with the DSI.

          Option 2: The DSI is acting as a business associate (BA) of the HCP or the HCP's EHR vendor. The DSI receives data from the HCP as an entity acting as a BA and can receive and perform BA functions with that data, but the data is not disclosed outside of the HCP and BA relationship. The con is that a BAA will have to be signed with every provider which creates a question about scalability at a national level. The DSI would be subject to HIPAA (could be a pro or con).

          Option 3: DSI receives anonymized case report data that has been clean from identifiers from the HCP. The DSI can perform the analysis and determine if a case exists and is a true positive

reportable case. The pro is that there is no risk of violating HIPAA, no risk of violating state privacy laws and this option can work with options 1 and 2. Cons—would require modifications to technical approach which are outside the project's scope.

Discussion:

- Was it considered to have the HCP sign a BAA with the state, and the state signs a BAA with the DSI? It may be more scalable at that level because states have a relationship with the HCP.
  Answer: The PMO will explore this suggestion and provide an update during the next meeting.
- Was there any thought about looking at pilots to see if there are ways to test things that may mitigate the risks with options 1 and 2? False positives are a big deal.
  Answer: The expectation is that the pilots will help us understand these issues.
- Next Steps: The DWT is developing template agreements for Workgroup and site feedback. The Workgroup will also be making recommendations on how the technical approach may be modified in the future to address legal and regulatory issues.

- **Strategy Workgroup:** The Workgroup has formed short-term tiger teams to develop a Digital Bridge funding model, and further develop a return on investment (ROI) model for sustainability planning. The workgroup is also working on use case criteria, and developing a robust work plan to track deliverables through the fall. The funding model tiger team will be dedicated to researching how we should be looking into funding. The ROI model tiger team will become familiar with the funding model and make sure the inputs, data and assumptions are valid and will use them to continue building out the business case. The team will also work with the evaluation group to see what kind of things they can pass along to sustain Digital Bridge in the future.

D. **Communications:** CSTE Annual was a productive time for Digital Bridge communications: there were multiple presentations, and interest in Digital Bridge. An e-newsletter updating subscribers on the Digital Bridge progress was sent in June, and there has been good traffic on the website. Digital Bridge has been presented to outside groups at least 20 times since fall 2016 (that's just what has been able to be tracked). Upcoming events include NACCHO July 11-13 in Pittsburgh. There is a Digital Bridge session and multiple eCR presentations. There will also be a Digital Bridge presentation APHA in November. The PMO plans to submit an abstract due in July to next year's HIMSS Conference.

Since communications has been identified as a primary activity of Digital Bridge, a communications advisory group with governance body representation is needed to gain perspectives of each sector and prioritize tasks. The group will have monthly calls to review communications materials and participate in occasional external presentations. Charlie will send an email for next steps.

5. **Digital Bridge eCR Implementation –**
   A. **Update, Progress and Activities:** September 2017 is the current end date for wave 1 sites. The implementation timeline will change over the next couple of weeks—testing dates may get pushed back a little, and how that effects the overall timeline is uncertain. Rob Brown reviewed eCR implementation issues and risks, as well as mitigation for each. Test scenarios will be wrapped in the next few weeks (reportability response, creating eICR trigger solutions, etc.), and the test data will follow.
6. **Evaluation Committee Update:** The team approved a slide deck of several dozen slides that formed framework for evaluating the implementation site activity, including goals of the evaluation, overarching questions, the core elements, indicators, roles, responsibilities, assumptions and timeline. The committee is currently taking feedback from sites on the framework to develop the plan. The goals of the evaluation are to assess satisfaction of the Digital Bridge eCR approach from all three lenses and to estimate resources needed to make the approach doable nationwide. Overarching questions deal with the process itself and the business case; e.g., strengths and weaknesses, improvements or hindrances on routine functions, the extent imparts eCR brings sustainable change in case reporting for the implementation sites, etc. Some questions can only be answered after full implementation.
7. **Digital Bridge Roadmap –**

A. **Presentation of Draft Roadmap:** During the Greenhouse Meeting, the group did an exercise to map out key activities and milestones through 2022. The purpose of the roadmap is to show the big picture view of Digital Bridge and to break down those activities and milestones. The Governance Body is asked to provide feedback on the roadmap via Basecamp or email and come to the next meeting with discussion.

8. **Developing an eCR Roadmap –** The eCR roadmap is intended to look over five years to identify resources for nationwide adoption of eCR. Supplemental eCR documents other public health partners are working on (e.g., CSTE's toolkit, ASTHO's guidebook, etc.) will complement this roadmap. The years 2017 and 2018 are focused and coordinated with Digital Bridge implementation sites. All the different groups—public health, health care, and health IT vendors—should see themselves in the roadmap, so the team is looking for different pathways to engage with case reporting. They have started having input and validation sessions with the technical infrastructure partners and are ready to get input from others. The request to the Governance Body is to identify participants to engage with CDC to give input on the roadmap to see what's missing to ensure they're creating a product that's useful. Those interested should connect with Charlie.
9. **Announcements and Next Steps**
   A. The Governance Body will provide input into the legal and regulatory work
   B. The PMO will make the approved changes to the charter
   C. Send communication out to call for volunteers for the communications advisory group
   D. Schedule a full governance body discussion on MIHIN
   E. Call for volunteers to further review draft eCR roadmap. Charlie will work with Laura on developing language that can be used in outreach

Name	Organization	7/6	Role
Richard Hornaday	Allscripts	TRUE	Alternate
Steve Hinrichs	APHL	TRUE	Alternate
Mary Ann Cooney	ASTHO	TRUE	Primary
Laura Conn	CDC	TRUE	Alternate
Michael Iademarco	CDC	TRUE	Alternate
Bob Harmon	Cerner	TRUE	Primary
Kirsten Hagemann	Cerner	TRUE	Alternate
Kathy Turner	CSTE	TRUE	Primary
Meredith Lichtenstein	CSTE	TRUE	Alternate
Jagan Vaithiling	eClinical Works	TRUE	Alternate
Christopher Alban	Epic	TRUE	Alternate
James Doyle	Epic	TRUE	Primary
Chesley Richards	Ex Officio - CDC	TRUE	Ex Officio - CDC
Dan Chaput	Ex Officio - ONC	TRUE	Ex Officio - ONC
Vivian Singletary	Ex Officio - PHII (Co-PI)	TRUE	Ex Officio - PHII (Co-PI)
Richard Paskach	HealthPartners	TRUE	Primary
Barbara Hobbs	Meditech	TRUE	Alternate
Jason Gellerman	Meditech	TRUE	Alternate
Art Davidson	NACCHO	TRUE	Alternate
Oscar Alleyne	NACCHO - will try to join 4/6	TRUE	Primary
Michael Klompas	Partners Healthcare	TRUE	Alternate
John Lumpkin	RWJF	TRUE	Primary (Chair)
Kirsten Gurdin	RWJF	TRUE	