



**Digital Bridge Phase III Greenhouse
Meeting Notes**

May 2017

Meeting Objectives

One year ago, key stakeholders in the healthcare and public health community came together and agreed on a vision for multi-directional digital health data exchange to improve the health and security of the nation. This group reconvened May 24-25, 2017 to celebrate the success achieved to date, reinvigorate momentum for Digital Bridge and electronic case reporting (eCR) pilots, and align on accountability for a long-term and short-term next steps for both the program and the pilots.

Meeting Participants

Name	Organization
Oscar Alleyne	NACCHO
Scott Becker	Association of Public Health Laboratories
Brian Castrucci	de Beaumont Foundation
Jessica Cook	Public Health Informatics Institute
Mary Ann Cooney	ASTHO
Laura Conn	CDC
James Doyle	Epic
Jeffrey Engle	CSTE
Bob Harmon	Cerner
Hillary Heishman	The Robert Wood Johnson Foundation
Richard Hornaday	Allscripts
Charles Ishikawa	Ishikawa Associates
Jim Jellison	Public Health Informatics Institute
John Lumpkin	The Robert Wood Johnson Foundation
Bill MacKenzie	CDC
Tushar Malhotra	eClinicalworks
Pam Matthews	SHIEC
Patrick O'Carroll	Task Force for Global Health
Richard Paskach	HealthPartners
Sam Posner	CDC
Dave Ross	The Task Force for Global Health
Vivian Singletary	PHII
Tom Stevenson	MIHIN
Walter Suarez	Kaiser Permanente
Kathryn Turner	CSTE/ID Division of Public Health
Lisa Tutterow	The Mitre Corporation
Patina Zarcone	APHL

Digital Bridge Phase III Greenhouse Key Takeaways

- Reaffirmed and agreed that the vision of Digital Bridge should be more ambitious
- Worked to celebrate the progress made so far and began to think through how we can leverage that progress into long-term sustainability and success
- Identified need to develop long-term by-laws for the governance body
- Developed a draft timeline from now through 2021
- Developed action items and milestones through the end of 2018 for several workstreams (Operating Model, Funding (Funding/Buying), Technical Infrastructure, Legal/Policy, Use Cases, and Users of Bidirectional Information)
- Began to think through what would be important selection criteria for the next use cases, including:
 - Achieving the triple aim by drawing from Public Health expertise and bringing information to providers to improve population health management and health outcomes
 - Addressing a leading public health problem
- Began to identify a list of use cases that satisfy the key criteria
- Digital Bridge needs to work on refining criteria and list of next use cases
- Thought through the value that various use cases might bring to stakeholders currently involved in Digital Bridge and others who will be key players
- Began to identify what might be in the purview of Digital Bridge moving forward (i.e. governance of use cases, Technical Assistance and Onboarding, Program Management) and what should not be (i.e. Integration, Systems Maintenance, Systems Hosting).
- Recognized the PH workforce must be taken into account to ensure that local PHAs are considered

Digital Bridge Phase III Greenhouse Meeting – Day #1

May 24, 2017

Facilitated Discussion

Act I: Explore. Align on Current-State

The Future of Digital Bridge: Vision Statement (slides 6, 15)

- Vision needs to be more specific
- Appears to be very lofty right now, need a little more to hold on to and we should still be ambitious
- The vision statement definitely has to show more commitment, more definition
 - Sharpen the words
 - Use the word “assure”
- The vision needs to say something about (1) improving health, (2) exchange, (3) health
 - Shared access to information and new mechanisms = information exchange
 - It is important to bring the local PHAs to the table since they are the ones who will be the direct beneficiaries of the information exchange
 - Show the public that we are looking long term as well as short term
- How do we bring more people in?
 - How do we get there together? Do we have all the folks in the room?
- **Action Item: Potentially need two vision statements – one for marketing side, one for the Digital Bridge group**
- What do we think Digital Bridge is as we start the session?
 - Incubator
 - Spin-off
 - Who is responsible for what as part of the initiative?
 - Governance process for technical/business sectors to improve health
- Think of sustainability as an incubator, forum for developing and bringing together developers
 - Governance model – to help bring new people into the process; keep the business model moving
- eICR assumption – making the assumption that we don’t have the number of people in the health field → there may be a low number of healthcare workers in the public health arena
- If we have questions, The de Beaumont Foundation has offered to include some Digital Bridge questions in their questionnaire that goes out in the fall
- We have to demonstrate value for everyone who might participate in Digital Bridge
- We must build trust between all parties

Act II: Engage. Define What Success Looks Like

ROI Model: Challenging Assumptions (slides 7, 19)

- General feedback/Questions
 - Jurisdictions are under counted in the model
 - Capture the cost sharing of workflow – “herding the cats”
 - Cost sharing among jurisdictions = inter-jurisdictional sharing
 - No measurement of cases prevented - # of hospitalization counts, etc.
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- There may be hardware changes needed when adding new conditions
 - What exactly are we talking about when adding new conditions each time? – Workflow? Training? Process? Etc.
 - What if we included how provider data will change along with real epidemiology data?
 - How do we evaluate for different standards? What would be the development costs for those different cases?
 - How do we make our customers happy?
 - “Improved surveillance data” should be “Improved population health”

ROI Metrics (slides 7, 19, 20)

Breakout groups discussed how the individual success metrics might be measured

- Group #1 – Full participation/collaboration
 - Measuring participation of stakeholders
 - Identify the universe
 - % of eligible practices/entities who would be reporting into the system
 - Group #2 – Stronger partnerships/overcoming together
 - Active communications = more emails
 - # of successful projects
 - Did the partners have improved perception of partnership?
 - Do a survey of partners on perception of partnership
 - Group #3 – Making an Impact on Health
 - Rapid case detection
 - Reduction in # of case burden
 - Pre-post; agency adoption vs. non-adoption; one eCR vs. multiple eCRs
 - Group #4 – Success builds success
 - More collaborators – consumer, provider, clinicians, payers
 - More use cases piloted
 - Sustainability = more resources, money, fees, etc.
 - How much funding are you bringing in? Are you profitable?
 - Groups #5 – More timely detection
 - % increase in the number of case reports from providers
 - Using ELR as the gold standard; eCR vs. ELR for those with labs attached to them
 - “ELR/no eCR”
 - “eCR/no ELR”
 - “neither”
 - Group #6 – Create any metric (eCR Success)
 - Case reporting first encounter with provider → time to PHA, what is the delta, is there a decrease in time?
 - Assuming there is a low amount of time between PHA receiving and doing
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Digital Bridge Phase III Greenhouse Meeting – Day #2

May 25, 2017

Facilitated Discussion

Act III: Ignite. Identify How to Move Forward

Identifying Use Cases (*slides 8, 21*)

- Registries vs. Management
 - Clinical registries – those maintained by providers for provider specific uses
 - Public Health registries – some national, some state/local
 - Some are disease specific
 - Immunizations are not combined with this category
 - STDs are covered under the eCR use case, not in registries
 - We need more public health voices in the room
 - Note that none of these use cases are bidirectional – need to work on that after the greenhouse
- STD Surveillance
 - How specific do we need to get?
 - Framing us more specifically
- Use cases are currently not bi-directional
 - Need to add something bi-directional to the list
- ***Action Item: develop a list of bi-directional use cases***
- ***Action Item: Update list of use case criteria***
- What two examples of the criteria do we think is most important?
 - Achieve the triple aim by drawing from Public Health expertise and bringing information to providers to improve population health management and health outcomes
 - Address a leading public health problem
 - Also want to detail out what reasons all stakeholders will get value from use cases
- What are examples of the use cases we feel are the best? (bolded and italicized items were those that were the top choices during the voting)
 - ***Non-communicable chronic disease***
 - Top Choices
 - Diabetes
 - Substance Abuse
 - Secondary Choices
 - Metabolic disease
 - Asthma
 - Obesity
 - Hypertension
 - Chronic Arthritis
 - Depression
 - Nutrition
 - Stroke

- Hepatitis C
 - Because there was discussion around how there are many types of non-communicable chronic disease, this topic was further broken down into disease-specific categories
 - Emerging infectious diseases (i.e. Zika 2.0 or pandemic influenza)
 - Newborn case management (birth defects, registration, case management)
 - Public Health registries (cancer and chronic disease)

Business Model Canvas *(slide 18)*

- Which activities floated to the top as critical Digital Bridge operations?
 1. Governance
 2. Trust/Legal
 3. Communication
 4. Program Management
 5. Funding
 6. Standards Management (Standards Use Management)
 7. Technical Assistance (help desk, etc.; Digital Bridge should ensure that this happens)
 8. Onboarding
- Digital Bridge should be looked at as a “platform of platforms”
 - One platform will not be able to solve all the problems
 - The DURSA is a good example of how this can work
- What are the rules of the road? Process for certifying the data, and passing it along?
 - Digital Bridge must manage the rules of the road for use cases developed beyond the
- **Action Item: take the activities one level down and discuss what are the other items underneath all of these activities?**
- What activities floated to the bottom as not being operated under the Digital Bridge umbrella?
 1. Training, technology, & adoption integration
 2. Systems maintenance, enhancements, and development
 3. Systems hosting
- High-level thoughts about who could be the entity who operates this?
 - Commonwell
 - CareQuality

Closeout Circle Up

- Quote from Dr. Lumpkin at the end: “It has been said that a vision without a plan is just a dream. We have a dream AND we have a plan. We will get this done.”