

# Meeting Minutes

## Digital Bridge Interim Governance Body

### Meeting Information

**Objective:** (1) Describe what can be done to further achieve 2017 - 2018 Digital Bridge communication goals, (2) Articulate and discuss the parts or elements of the draft operating model that are agreeable, and those parts that are concerning or underdeveloped, (3) Agree to a process for selecting the next Digital Bridge use case(s) by January 2018, (4) Articulate and discuss any concerns they have over the progress of eCR implementation, and identified what they can do to further advance full implementation by January 2018, and (5) Agree that a key design objective for any future eCR approach is to improve the scalability of the eCR solution through modifications to the current DB eCR approach, and that work to identify possibilities needs to begin immediately.

<b>Date:</b>	October 5, 2017	<b>Location:</b>	Go To Webinar; 1-866-952-8437
<b>Time:</b>	12:00 – 1:30 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>	Natalie Viator
<b>Attendees:</b>	See attached		

Agenda Items		Presenter	Time Allotted
1	Call to Order and Roll Call	John Lumpkin / Charlie Ishikawa	4 min
2	Agenda Review and Approval	John Lumpkin	1 min
3	Communications	Jessica Cook	10 min
6	Strategy	Alana Cheeks-Lomax / Ben Stratton	35 min
7	eCR Implementation progress	Laura Conn/ Kirsten Hagemann/ Rob Brown	25 min
8	Legal and Regulatory issues	Walter Suarez	14 min
9	Review decisions and actions	Charlie Ishikawa	1 min
10	Adjournment	John Lumpkin	1 min

### Decisions

- The Digital Bridge Governance Body states that a key design objective for any future eCR approach is to improve the scalability of the eCR solution through modifications to the current DB eCR approach, and directs the PMO to immediately begin work to identify possibilities.
  - Motion by Walter Suarez (Kaiser-Permanente) was seconded by Oscar Allenye (NACCHO). Verbal vote taken. No opposition or abstentions. Motion passes with unanimous agreement.

- 2 The Digital Bridge governance body approved the use case selection process as proposed by the Strategy Workgroup.
  - Motion by Bob Harmon (Cerner) was seconded by Richard Hornaday (AllScripts). Verbal vote taken. No opposition or abstentions. Motion passes with unanimous agreement.

New Action Items	Responsible	Due Date
A. Complete three-question post-meeting survey	Governance body	October 6, 2017
B. Provide feedback to the Strategy Workgroup on the proposed future Digital Bridge Operating Model via Basecamp	Governance body	October 31, 2017
C. Charge and form workgroup to carry out decision #1 (above)	PMO	November 1, 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. Walter Suarez requested to promote the Legal and Regulatory discussion on the agenda, which was granted.
3. **Communications** -
  - A. **Communications Plan:** An updated communications plan, including an executive summary, revised FAQs and talking points are now available on the Governance Body Basecamp. The plan covers the next 9-12 months, but will need to be adjusted contingent on the selection of a second use case. The communications advisory group provided valuable input to this plan six weeks ago.

The first goal includes persuading potential funders and participants (e.g., implementation sites) that Digital Bridge is a viable public-private partnership for effective information sharing between health care and public health. As an organization, there is a need to develop the larger story around the long-term vision of Digital Bridge. This should include what problems we address, emphasize past success and highlight future use cases. We will need to have a clear enough vision to engage potential funders and pilot sites, articulate a clear story, and leverage our existing relationships; expect to discuss these topics during the January face-to-face meeting.

The second goal is to increase understanding and uptake of the Digital Bridge approach to eCR. The Diffusion of Innovations Theory provides a model of how to guide adoption of a new innovation and categorizes the adopters into 5 groups: innovators, early adopters, early majority, late majority, and laggards. We have several tactics to reach each of these 5 categories. Last year, communications efforts were focused on innovators and early adopters. To reach the early and late majority, we will continue conference presentations, improve the website, increase social media utilization, and hold a webinar series in the spring. We will increase our focus on the health care audience and aim to share our success stories. Jessica reminded the group that the legal webinar was canceled and will be rescheduled for a later date when more information from the implementation sites become available.

- B. **Communications Updates and Activities:** National conferences for APHA and AMIA will occur this fall and there will be Digital Bridge/eCR sessions at both. The Digital Bridge was mentioned in the recent Senate Labor-HHS Appropriations Subcommittee report.
- C. **Discussion:** Organizations appreciate that the overview slides are kept up to date and find them to be a useful communications resource.

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#### 4. Legal and Regulatory –

- A. **Update, Progress and Activities:** Walter Suarez reviewed recent legal activities. The selected short-term solution for the initial implementation sites is that the DSI will act as a business associate of the provider(s). If an HIE is involved, the existing, HIE-specific contract(s) will enable the provider(s) to exchange case data with the DSI. The attorney team at Davis Wright Tremaine is exploring if current or new contractual agreements are needed for the initial implementation sites.

Both the attorney team and the Legal and Regulatory Workgroup are beginning to focus on the long-term solution, as it is recognized that the short-term legal framework will not scale.

The long-term legal implementation strategy will be broken into 2 stages: (1) the DSI acts as an agent of public health and as the authoritative source of both nationally notifiable condition codes and jurisdiction-specific condition codes, the EHR will consume and execute only the nationally notifiable condition codes while the providers continue to process jurisdiction-specific case reports off-line, then submit to the DSI; and (2) the EHR can consume the nationally notifiable condition codes, and additionally the jurisdiction-specific condition codes, reports to the DSI (still acting as an agent of the public health authority), and the DSI routes case reports to the appropriate public health agency. Continued adoption of emerging efforts and standards (e.g., CDS Hooks, FHIR) may obviate the need for some degree of legal agreements, but that will not impact the more immediate scalability planning.

The legal workgroup will be in close coordination with the implementation sites to explore potential long-term roles and responsibilities for the DSI. The PMO is drafting a scope of work for DWT to conduct a legal review of all jurisdictional public health reporting regulations.

#### B. Discussion:

1. How will CDS Hooks and FHIR affect eCR?  
*Answer:* The idea is that EHRs could consume external sources of clinical decision support, which may mitigate some of the legal complexities of the health care provider/DSI/public health agency relationship.
2. Jim Daniel notified the Governance Body that the ONC and CDC will host a webinar on CDS Hooks. He will share that information about the webinar with the PMO when it becomes available.

- C. **Motion to approve key design objective:** John Lumpkin presented to the group that a key design objective for any future eCR approach is to improve the scalability of the eCR solution through modifications to the current DB-eCR approach, and that work to identify possibilities needs to begin immediately.

- **Discussion:** This will require future joint discussions between legal and technical workgroups/subject matter experts.
- Motion by Walter Suarez was seconded by Oscar Allenye. Verbal vote taken. No opposition or abstentions. Motion passes with unanimous agreement.

#### 5. Strategy –

##### A. Draft Operational Model:

- The sustainability plan is due at the end of this month. All materials presented here are part of the draft plan.
- **Proposed Operations Model:** Ben Stratton reviewed the 3 potential Digital Bridge Use Case Operating Models: (1) incubate and handoff, (2) incubate, handoff, coordinate, and support operations, and (3) incubate, handoff, and own future operations. Earlier discussions eliminated model 3 and favored model 2 where the Digital Bridge provides coordination during the operation period but does not fully own the execution of operations.
- **Proposed Participants, RACI, and Organizational Structure:** To execute model 2, the Strategy Workgroup proposes a Board of Directors, which is similar to the current Interim Governance Body. Membership, appointed by the Board of Directors, would participate in workgroups. Lastly, staff (essentially the PMO) would support all Digital Bridge operations. RACI (responsible, accountable, consulted, informed) charts broke down proposed activities, categorized into Digital Bridge and Non-

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Digital Bridge, but these will continue to be refined. The proposed Digital Bridge Organizational Structure assumes that the Digital Bridge will take on one use case at a time. It was noted that any changes to that assumption will require an increase in FTEs.

- **Discussion:** Mary Ann Cooney suggested the Governance Body discuss much of this in person in January as this is very detailed. John Lumpkin urged members to review and submit questions on this material as the PMO prepares for the January face to face meeting. Charlie suggested that members submit feedback on any “red flag” items to the Strategy Workgroup in the next month. Much of this needs to be addressed in the forthcoming bylaws.

**B. Use Case Selection Process:**

- **Role of Strategy Workgroup** – The Strategy Workgroup proposes the following use case selection and development process: generating ideas, collecting feedback from industry thought leaders (including those outside of Digital Bridge), identifying a use case champion and building a business case, and finally, presenting the use case(s) to the Governance Body for approval/selection. The workgroup would like to connect with external organizations to refine existing suggested use case(s). Proposed milestones between October and the January face-to-face meeting include developing a survey and beginning outreach to external organizations (early-October), collecting responses (early-November), review of responses and refinement of use case by Strategy Workgroup (late-November), and identifying the use case sponsor (mid-December). This timeline culminates with the Governance Body formally selecting the 2<sup>nd</sup> use case on January 24<sup>th</sup> - 25<sup>th</sup>, 2018.

- C. Discussion:** Outreach to organizations could result in either the refinement of a current use case option or bring a new use case(s) up for consideration. Dr. Lumpkin would like the group to think more about the readiness of Digital Bridge to choose and start the development of a second use case, given the current experiences with eCR.

- **Motion to approve the selection process:** Motion by Bob Harmon was seconded by Richard Hornaday. Verbal vote taken. No opposition or abstentions. Motion passes with unanimous agreement.

**6. eCR Implementation –**

- A. Update, Progress and Activities:** The test scenarios and scenario narratives for use in end-to-end testing will be delivered in the next two weeks. CSTE is working to extend the contracts that support the RCKMS activities, but are currently experiencing some contracting gaps, which will delay some activities. The implementation timeline needs to be reviewed and revised to include early activities for Wave 2 sites. Michigan continues to make progress in all areas and work for connectivity testing with AIMS is underway. In Kansas and Utah, conversations are underway with provider organizations to begin connectivity setup with APHL. Overall, Wave 2 sites do not have regular meetings at this time.
- B. Cerner Implementation Brief:** Cerner’s development team will start building out the eICR standard in Q2 of 2018. In the short term, the eICR will be generated using the CDA sections to suffice the needs of the Intermountain implementation. This short term solution will not include the travel history and history of present illness data elements. Everything else is in compliance with the technical architecture and requirements.
- C. Discussion:** John Lumpkin emphasized that the initial implementation experiences will aid in the efforts to refine the code sets as we work towards the ultimate national solution.

**7. Announcements and Adjournment -**

- A.** The PMO will move forward the work to investigate and address future approaches to eCR to address scalability, particularly from the legal perspective.
- B.** The Governance Body will provide feedback to Strategy Workgroup on the proposed future operational model.
- C.** The next Governance Body meeting is on Thursday, November 2<sup>nd</sup>, 12:00-1:30 PM EDT.

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- D. SAVE THE DATE: January 24-25, 2018 for Face to Face Governance Body Meeting.
  - E. The Governance Body will complete the three-question post-meeting survey by close of business Friday, 10/6.

## Digital Bridge Governance Body Meeting Attendance | October 2017

Sector	Organization	Oct 17	Name
Vendor	Allscripts	<input checked="" type="checkbox"/>	Geoff Caplea
Vendor	Allscripts	<input checked="" type="checkbox"/>	Richard Hornaday
Public Health	APHL	<input type="checkbox"/>	Michelle Meigs
Public Health	APHL	<input checked="" type="checkbox"/>	Patina Zarcone
Public Health	APHL	<input checked="" type="checkbox"/>	Scott Becker
Public Health	APHL	<input type="checkbox"/>	Steve Hinrichs
Public Health	ASTHO	<input checked="" type="checkbox"/>	Mary Ann Cooney
Public Health	ASTHO	<input type="checkbox"/>	Sharon Moffatt
Public Health	ASTHO	<input checked="" type="checkbox"/>	Susan Mosier
Public Health	ASTHO	<input type="checkbox"/>	Tim Carney
Public Health	CDC	<input checked="" type="checkbox"/>	Bill Mac Kenzie
Public Health	CDC	<input checked="" type="checkbox"/>	Brian Edlin
Public Health	CDC	<input type="checkbox"/>	John Beltrami
Public Health	CDC	<input checked="" type="checkbox"/>	Laura Conn
Public Health	CDC	<input type="checkbox"/>	Michael Iademarco
Ex Officio	CDC	<input type="checkbox"/>	Richards, Chesley
Vendor	Cerner	<input checked="" type="checkbox"/>	Bob Harmon
Vendor	Cerner	<input checked="" type="checkbox"/>	Kirsten Hagemann
Public Health	CSTE	<input checked="" type="checkbox"/>	Jeff Engel
Public Health	CSTE	<input checked="" type="checkbox"/>	Kathy Turner
Public Health	CSTE	<input checked="" type="checkbox"/>	Meredith Lichtenstein
Ex Officio	DeBeaumont	<input type="checkbox"/>	Brian Castrucci
Ex Officio	DeBeaumont	<input checked="" type="checkbox"/>	Ed Hunter
PMO	Deloitte	<input checked="" type="checkbox"/>	Brown, Rob
PMO	Deloitte	<input checked="" type="checkbox"/>	Chang, Benson
PMO	Deloitte	<input checked="" type="checkbox"/>	Cheeks-Lomax, Alana
PMO	Deloitte	<input checked="" type="checkbox"/>	Stinn, John
PMO	Deloitte	<input checked="" type="checkbox"/>	Stratton, Ben
PMO	Deloitte	<input checked="" type="checkbox"/>	Truong, Hoa
Ex Officio	Deloitte (Co-PI)	<input type="checkbox"/>	Wiesenthal, Andy
Vendor	eClinical Works	<input type="checkbox"/>	Jagan Vaithiling
Vendor	eClinical Works	<input type="checkbox"/>	Tushar Malhotra
Vendor	Epic	<input type="checkbox"/>	Christopher Alban
Vendor	Epic	<input type="checkbox"/>	James Doyle
Vendor	Epic	<input checked="" type="checkbox"/>	John Stamm
Care Delivery Networks	HealthPartners	<input type="checkbox"/>	Curtis Boehm
Care Delivery Networks	HealthPartners	<input checked="" type="checkbox"/>	Richard Paskach
PMO	Ishikawa Associates	<input checked="" type="checkbox"/>	Ishikawa, Charles
Care Delivery Networks	Kaiser Permanente	<input type="checkbox"/>	Kevin Isbell
Care Delivery Networks	Kaiser Permanente	<input checked="" type="checkbox"/>	Walter Suarez
Vendor	Meditech	<input checked="" type="checkbox"/>	Barbara Hobbs
Vendor	Meditech	<input type="checkbox"/>	Joe Wall
Public Health	NACCHO	<input checked="" type="checkbox"/>	Art Davidson
Public Health	NACCHO	<input type="checkbox"/>	Lilly Kan
Public Health	NACCHO	<input checked="" type="checkbox"/>	Oscar Alleyne
Public Health	NACCHO	<input type="checkbox"/>	Sarah Chughtai
Ex Officio	ONC	<input checked="" type="checkbox"/>	Dan Chaput
Ex Officio	ONC	<input checked="" type="checkbox"/>	James Daniel

Care Delivery Networks	Partners Healthcare	<input type="checkbox"/>	Andy Karson
Care Delivery Networks	Partners Healthcare	<input checked="" type="checkbox"/>	David Channing
Care Delivery Networks	Partners Healthcare	<input type="checkbox"/>	Mike Klompas
PMO	PHII	<input checked="" type="checkbox"/>	Cook, Jessica
PMO	PHII	<input checked="" type="checkbox"/>	Jellison, Jim
PMO	PHII	<input checked="" type="checkbox"/>	Lowe, Jelisa
PMO	PHII	<input checked="" type="checkbox"/>	Sanford, Sara
PMO	PHII	<input checked="" type="checkbox"/>	Viator, Natalie
Ex Officio	PHII (Co-PI)	<input type="checkbox"/>	Singletary, Vivian
Chair	RWJF	<input type="checkbox"/>	Hilary Heishman
Chair	RWJF	<input checked="" type="checkbox"/>	John Lumpkin
?	CDC	<input checked="" type="checkbox"/>	Grace Mandel
?	CDC	<input checked="" type="checkbox"/>	Roberto Henry