Meeting Minutes

Digital Bridge Interim Governance Body

Meeting Information

Objectives:	(1) Identify and discuss the status and future plans for the initial eCR implementation sites, (2) provide comments and suggestions to improve the accuracy and completeness of a draft scalability issue brief, and (3) discuss strategic questions and concerns over making final decisions related to an operating model and future use case.		
Date:	November 2, 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 and Hoa Truong
Attendees:	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	6 min
3	eCR Implementation Progress	Kirsten Hagemann / Rob Brown	35 min
4	Scalability Issue Brief	Jim Jellison	20 min
5	Strategy Workgroup Update	Rob Brown	25 min
6	Communications	Jessica Cook	3 min
7	Review Decisions and Actions	Charlie Ishikawa	2 min
8	Adjournment	John Lumpkin	Remaining

New Action Items		Responsible	Due Date
A.	Send survey for in-person meeting topics	PMO	Week of Nov. 6
B.	Send survey for feedback on November governance body meeting	PMO	Nov. 3, 2017
C.	Provide feedback on scalability assessment	Governance body	Nov. 10, 2017
D.	Review and comment on draft sustainability plan to be produced by the Strategy Workgroup	Governance body	Late-November

Other Notes & Information

- **Call to Order** – Quorum was met.
- **Agenda Review and Approval** – Dr. Lumpkin reviewed the agenda and shared remarks on changes made to the timeline due to the complexity of this project. In the previous meeting, we learned that legal counsel has advised us that the present Digital Bridge eCR approach will be difficult to implement on a nationwide scale due to legal considerations (e.g., concerns over HIPAA violations). We need to focus on how to maintain momentum on eCR and recognize that it will be a transition for providers and public health agencies. The project is at a critical point. All opinions need to be taken into account to ensure the knowledge and insights are reflective of this governance group.
- **eCR Implementation Progress** – A high-level overview of the implementation timeline.
    - **Implementation Timeline:** There have been delays in the initial implementations over the last few months. The new timeline the team is working towards is March 2018 when the decision support intermediary (DSI) is expected to be in production and an implementation site will be ready for eCR. Integration between AIMS and RCKMS will begin in mid-November, and test data packages are expected to be ready at the end of November or early December. Development of the reportability response is expected to last through January 2018. AIMS and RCKMS onboarding will take place January 2018 thru February 2018.
    - **Issues and Risks:** Workgroup leads held an internal conversation with Cerner and Intermountain Healthcare regarding delays in supporting an eICR solution. Additional resources have been obtained. Production of a solution is expected by the end of 2017. The second issue is that an increase in the complexity and thoroughness of the test scenarios will cause a delay in the creation of the test eICRs, impacting initial implementations.
    - **Site Status**: Not much has changed over the last month. In Utah, the AIMS team has been working on data connectivity with Intermountain; Michigan and MiHIN have completed VPN documentation and are working through challenges; In Houston, AIMS is working with the provider on direct messaging connections. In general, provider activities are a little slow, but that is expected due to installation of vendor software. Public health activities are moving fairly quickly.
    - **Discussion:**
        - To what extent did the storm in Houston have an impact on their timeline?
            - No impact on the timeline, but there was an impact on resources because they had to be redeployed.
        - What standard is being used to execute the project?
            - HL7 eICR
        - Are there any lessons learned about working with an HIE?

        - Some HIEs may or may not be technically ready, but Michigan's HIE was already technically ready—they were already working on this.
    - Are there lessons we can learn on the public health side that will provide some insight for other jurisdictions to scale nationwide?
        - The implementation taskforce will development a formal lessons learned document after sites get into production. However, there have been questions about eICR routing and how the reportability response will be used. Also, good previous experiences with the AIMS platform has accelerated the readiness of some agencies.
    - How well are public health agencies able to plug the case reports into their response mechanism or reporting ability?
        - More lessons learned will be anticipated as the public health agencies process data into surveillance systems and compare it to ELRs and other feeds they are currently getting. Our partners at CSTE, NACCHO, ASTHO and APHL are developing guidance materials for them to facilitate that work.
    - Are they tracking time and effort involved in these conversions?
        - Yes, this will be part of the evaluation plan that the workgroup is developing.
- **Scalability Issue Brief –** The focus of the scalability assessment is to identify possible modifications to the current Digital Bridge eCR approach that may improve scalability from a legal and regulatory perspective. The genius of this effort is the motion passed by the governance body during the October meeting which asked for a summary of the scalability issues and a description of the approach to address those issues.
    - **Scalability vs. Extensibility:** Scalability is the growth of this eCR solution so that additional adopters across the nation can use it, join and connect to the DSI for the surveillance and control of reportable conditions. It involves growing this approach to include additional public health agencies and health care providers. Extensibility is the addition of new functionality associated with new use cases or new information exchange scenarios beyond the surveillance and control of reportable conditions. Since our focus is to make eCR easier for organizations to adopt, extensibility if out of scope for this assessment but will be addressed later.
    - **Overview of Current Approach (high level):** Public health agencies will input jurisdiction-specific reporting criteria into the DSI, and the DSI will make trigger criteria available to health care providers. At the provider site, the criteria serve as the primary case adjudication logic and will trigger case reports. The provider then sends case reports to the DSI. The DSI will then use secondary case adjudication logic to filter out false positives and forward true positives on to public health. APHL, as the host of the DSI, will act as a business associate (BA) of providers sending case reports. Managing business associate agreements (BAAs) with numerous providers is an impediment to the scalability of this approach.
    - **Developing the Scalability Assessment:** The majority of the work will be done through workgroups – implementation, legal and regulatory, and strategy. Workgroup feedback will be gathered through November to create a second version of the brief which will be shared with the governance body during the December meeting. The goal is to build towards discussions about prioritization and modifications during the in-person meeting in January.
    - **High-level Summary of Scalability Issues with Current eCR Design:** There is a high administrative cost for managing BAAs; mitigation: DSI can act as an agent of public health authority. There are two level of case adjudication logic, so there are HIPAA risks associated with health care sending non-reportable conditions to the DSI; mitigation: the DSI can distribute both primary and secondary case adjudication logic. Finally, there is an emphasis on primary case adjudication and case report construction at the point of care; mitigation: make case adjudication logic and case report construction implementable in an EHR or HIE.
    - **Discussion:**
        - One of the risks not highlighted is the fact that CSTE has to keep the RCKMS content updated, and decentralization is going to be a heavy lift (to update those codes and make sure they get out). Has that been discussed?

    - CSTE would still maintain a central repository of case adjudication logic (e.g., PHIN VADS). But there may be risks distributing that logic to various points and maintaining it
    - We will need to investigate the actual need for updating the codes. Should it be done every month? Every six months? Yearly? We'll need to get a sense of volatility
    - It has to be less error prone and less expensive. When we distribute too many nodes, over time they drift apart and they're no longer identical
    - The plan is to get feedback from sites and workgroups and do the analysis to present to the governance body in January
    - A "push" mechanism may be less acceptable to the vendor and provider communities than a "pull" mechanism, consider APIs to distribute the codes with a subscription option. Rather than send, we need to say consume – emerging technology will allow this (e.g., CDS Hooks)
    - Let's also not lose track of certification criteria – a key aspect is the consumption of the RCTC list. With the push vs. pull mechanisms, the technical architecture workgroup decided pull with a publish/subscribe so that providers could pull at their leisure
  - When we started, we wanted to make this as simple as possible for vendors and providers. What's being discussed, what is the appetite from the vendors to use a tool to consume the RCTC?
    - Cerner: Exploring this with CDS hooks
    - Vendors appreciate the value of an automated approach compared to mostly manual process we have now
    - Allscripts: We have already implemented RCTC, but we do worry that an external system would cause delays and increase system processing burden to add or update codes
  - Where will this discussion occur?
    - In the implementation taskforce, strategy and legal workgroups.
  - Sending de-identified data to the DSI seems to get rid of legal issues and align with emerging standards like CDS Hooks. Let's explore how that might be implemented so that we can make an informed decision
  - What's the benefit of sending more personal health data when you're up against these regulations?
    - Use DSI primarily to verify through de-identified data
    - Following confirmation of reportability, identified data would then be send to the DSI
    - The state and territorial legal survey should assess how big of a problem the reporting of non-cases is to public health today
- **Strategy Workgroup Update –**
- **Challenges:** The progress and momentum of the strategy workgroup has introduced some challenges that the group is working through. Primary concerns are around the Digital Bridge operating model and the structure of future governance. A lot of deliverables and recommendations that are expected from the strategy workgroup look far into the future, but some of those lessons learned and suggestions won't be revealed until current emerging eCR issues are dealt with and the implementation sites get into production. More direction is needed from the governance body before the group continues tackling their charge.
- **Next Steps:** The group will host a final workgroup meeting before the in-person governance body meeting. They are also finalizing the sustainability plan and would like feedback from the governance body to ensure it reflects priorities discussed. Feedback from the governance body will be incorporated in the plan in preparation for a robust discussion during the January in-person meeting.
- **Discussion:**
  - The workgroup should think through what has been successful in eCR so far as far as engaging appropriate partners and stakeholders for specific use cases in the future. The current stakeholders involved may not be parallel with who should be involved with the next use case.

    - We have two different tracks of evaluation: the technical infrastructure and what has worked from the Digital Bridge governance processes. These two things are different.
- **Communications –**
    - **Website Analytics:** The Digital Bridge website has had about 5,300 visitors since February 2017. Although the number is not high, the bounce rate remains low, indicating that users spend time on the site. Also, the resources page had the highest number of visitors after the home page. Communications has also concluded that events and newsletter drive the most activity to the website. However, become Digital Bridge is current in a development phase, the site may be temporarily static, but the PMO will aim to share new resources in the interim.
    - **Upcoming Events:** Digital Bridge presentations are scheduled for APHA, AMIA and the HIMSS conferences. Session details are posted on the Digital Bridge website.
- **Review Decisions and Actions –**
    - Contact representatives in the implementation, strategy and evaluation workgroups to get engaged with scalability assessment work.
    - RSVP for the in-person meeting. The PMO will send a brief survey the week of November 6 to ask for input on what should be discussed during the meeting.
    - The PMO will send another survey for feedback on the structure of the November governance meeting.
    - The next governance body meeting will be December 7.
- **Adjourned.**

eCR Implementation Detailed Activities
Governance Body Meeting, 11/2/2017

Planning

AIMS and RCKMS teams continued to work with Digital Bridge PMO on:

- Onboarding strategy
- Onboarding Checklist
- Test Management Plan
- RCKMS and AIMS Integration Test Plan - internal document, close to completion

Trigger Code Analysis

- Updated RCTC released to sites on 10/13 and posted to PHINVADS

Test Package: Test Narratives and Sample eICRs

- Test narratives and sample eICRs
  - Represent 8 scenarios to test triggering/generation of eICRs
- Presented to sites on 10/31 Monthly All Site Meeting for feedback
  - Updating test scenarios/narratives based on feedback

AIMS Connectivity and Onboarding

PMO, CSTE, and APHL have agreed to move forward with onboarding, focusing on the trading partners that are ready.

- Utah – In conversations with Intermountain and Cerner regarding connectivity. AIMS is working with DataMotion to work on XDR transport. Successful test with UDOH; AIMS simulated provider/vendor
- Kansas – In conversations with Lawrence Memorial Hospital and Cerner. Successful test with KDHE; AIMS simulated provider/vendor
- Michigan – Technical kick off occurred with MiHIN; AIMS completed VPN connectivity documentation. Testing continued between AIMS and MiHIN. Testing required configuration matching/updates for both AIMS and MiHIN. Testing should be finished by end of week
- Houston – Successful Direct testing was initiated with Houston Methodist. AIMS to work with the City of Houston next week to confirm connectivity (already connected via other use cases)

Validator

- Online Validator is publicly accessible for testing: **https://validator.sandbox.aimsplatform.com/hitspValidation2/**

RR Constructor

- AIMS team is finishing the detail review of the updated RR
  - Have reviewed the RCKMS XML output and begin the mapping process to RR
  - Reviewed and evaluated the Narrative text response for inclusion in RR
- AIMS team is continuing to build and map data to RR

- Have completed >40% of RR mapping

RCKMS Integration

- RCKMS Staging/Onboarding Server delivered by the AIMS Team. AIMS and RCKMS Teams are continuing to work on deployment of software
- RCKMS Performance Testing on AIMS is ongoing. 4 different performance tests have been completed and documented
- Release and deployment planning with APHL ongoing. Working sessions underway
- Security checklist creation for RCKMS integration is underway

Test Server

- Completed development on Mirth Bus – Under review
- Completed the S3 security requirements for use by test server
- Began work interfacing S3 with Mirth Bus

eCR Scalability Assessment:

PMO Work Plan

eCR Scalability Assessment: PMO Work Plan

Assessment Purpose

Identify possible modifications to the current Digital Bridge electronic case reporting (eCR) approach that may improve scalability from a legal and regulatory perspective.

Background

On October 5, 2017, Dr. Walter Suarez, chair of the Digital Bridge (DB) legal and regulatory workgroup, presented the workgroup's conclusions and advice regarding a long-term legal and regulatory strategy to advance the nationwide adoption of eCR. The workgroup's findings were informed by legal consultation with Davis Wright Tremaine, LLP (DWT). The below points were included in those findings:

a. Pilot sites previously recruited to be initial implementers of eCR will implement the current DB eCR approach with APHL (as the decision support intermediary) acting as a business associate of providers or HIEs sending case reports.
b. Managing a multitude of business associate agreements (BAAs) with various providers implementing eCR impedes the scalability of eCR.
c. Positioning APHL's decision support intermediary as an agent of public health authority mitigates scalability barriers associated with BAAs.
d. Shifting more case detection capabilities (i.e., trigger codes, RCKMS) to the provider mitigates HIPAA risks and likely makes it more feasible for APHL's decision support intermediary to act as an agent of public health authority.

The workgroup further advised the governance body that possible modifications to the eCR business requirements and technical architecture should be made to address the findings described above and to remove or lower barriers to eCR adoption. In reaction, the governance body passed the following motion with unanimous support:

> *"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."*

The Digital Bridge project management office (PMO) needs to account for the following realities and guidelines in fulfilling this governance body directive:

a. Governance body representatives would like progress on this directive demonstrated by the November 2017 governance body meeting.
b. Charging, forming and convening a new workgroup/tiger-team will substantially delay progress and interrupt other Digital Bridge activities.

c. Past Digital Bridge governance body decisions on the products that describe the current eCR approach must be treated with respect.
d. There must be transparency in process and opportunity for members/stakeholders to provide input and voice consent or dissent.
e. Clear and unambiguous distinctions must be drawn, and fully acknowledged, between the acts of identifying possible modifications, recommending modifications and prioritizing modifications for future implementation or promotion by Digital Bridge.
f. The governance body has, at this time, only asked that possible modifications be identified.
g. Current implementation work must not be disturbed to obtain an evaluation of the technologies and architecture of the current DB eCR approach.
h. For this assessment, the term "scalability" refers to growing the number of organizations and jurisdictions using eCR to support surveillance and control of reportable conditions. Issues related to extensibility and the addition of new information exchange scenarios are outside the scope of this activity.

Objectives

1. Identify possible modifications to the current DB eCR approach that may improve or address scalability issues by conclusion of the December 2017 governance body meeting.
2. Facilitate the governance body's prioritization of modification options by the conclusion of the January 2018 in-person meeting.

Approach Summary

PMO staff will identify modification possibilities using a procedure that gathers stakeholder input and provides opportunities for agreement, consent or disagreement to be voiced. Once identified, possible modifications will be presented to the governance body, and a process for selecting a modification(s) will be described to the governance body for their consideration.

Deliverables

Name	Description	Delivery Date
1. Scalability Issue Brief v1	A 2-5 page document that describes 1) the legal, regulatory, and technical issues with the current DB eCR approach that form barriers to nationwide adoption and 2) potential modifications to legal, regulatory, or technical aspects of eCR.	November 2, 2017 – Digital Bridge governance body meeting
2. Scalability Issue Brief v2	Updated brief reflecting input collected from workgroups between the November and December 2017 governance body meetings. Workgroups include legal and regulatory, implementation taskforce, and strategy	December 7, 2017 – Digital Bridge governance body meeting

Name	Description	Delivery Date
3. Modification Prioritization	Facilitate governance body's prioritization of potential eCR modifications overcoming barriers to nationwide adoption.	January 2018 in-person governance body meeting

Tasks and Timeline

Task	Due	Lead	Team
1. Draft Scalability Issue Brief v1 (Deliverable 1)	10/30/2017	Jim Jellison	Charlie Ishikawa, Benson Chang
2. Present Scalability Issue Brief v1 to governance body	11/2/2017	Jim Jellison	Charlie Ishikawa, Benson Chang
3. Gather feedback on Scalability Issue Brief v1 from legal and regulatory workgroup	11/3/2017-11/22/2017	Jim Jellison	DWT, Natalie Viator
4. Gather feedback on Scalability Issue Brief v1 from eCR implementation taskforce	11/3/2017-11/22/2017	Benson Chang	Rob Brown
5. Gather feedback on Scalability Issue Brief v1 from strategy workgroup	11/3/2017-11/22/2017	Alana Cheeks-Lomax	Ben Stratton
6. Draft Scalability Issue Brief v2 (Deliverable 2)	12/1/2017	Jim Jellison	Charlie Ishikawa, Benson Chang, Natalie Viator
7. Present Scalability Issue Brief v2 to governance body	12/7/2017	Jim Jellison	Charlie Ishikawa, Benson Chang
8. Prepare for governance body's selection and prioritization of potential eCR modifications	12/11/2017-12/22/2017	Jim Jellison	Benson Chang, Rob Brown, Hoa Truong, Natalie Viator, Charlie Ishikawa
9. Check in with governance body on progress and issues	1/4/2018	Jim Jellison	Benson Chang, Rob Brown, Hoa Truong, Natalie Viator
10. Select and prioritize potential eCR modifications at in-person governance body meeting, Jan. 2018	1/24/2018-1/25/2018	Charlie Ishikawa	Benson Chang, Jim Jellison

Scalability Issues Summary

The following table summarizes design aspects of the current eCR approach, related scalability issues and potential modifications. Potential modifications will be further discussed and detailed via workgroup and governance discussions (as described above in Tasks and Timeline).

	Current eCR Approach	Related Scalability Issue(s)	Potential Modification(s)
1.	DSI acts as BA of provider or health information exchange (HIE) sending case report	High administrative costs associated with DSI managing (potentially) thousands of BAAs	DSI acts as agent of public health authority receiving case reports
2.	Two levels of case adjudication logic: • primary logic that is nationally consistent and implemented in provider's EHR (i.e., "trigger codes", "RCTC") • secondary logic that is jurisdiction-specific and implemented in DSI (i.e., "RCKMS")	HIPAA risks associated with provider reporting non-reportable conditions to DSI	DSI distributes both primary and secondary case adjudication logic Provider sends de-identified case report to DSI for secondary case adjudication, then sends identified case report as indicated by adjudication
3.	Emphasis on primary case adjudication and case report construction at point of care (i.e., in EHR)	Some potential implementers may be motivated to implement case adjudication and case report construction in an HIE (or similar) environment	Case adjudication (primary or secondary) and case report construction is implementable in EHRs or HIEs (or environments accessible to EHRs and HIEs)

Digital Bridge Governance Body Meeting Attendance I October 2017

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

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