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) identify the main features of the draft eCR evaluation plan, (3) review sustainability progress and plans, (4) review and discuss preliminary findings and issues related to the scalability assessment, and (5) preview draft agenda for the January in-person governance body meeting.		
Date:	December 7, 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	1 min
3	eCR Implementation Progress	Laura Conn / Kirsten Hagemann / Rob Brown / Jim Jellison	40 min
4	eCR Implementation Evaluation Plan	Jeff Engel	15 min
5	Strategy Workgroup Update	Richard Paskach	5 min
6	Scalability Issue Brief	Jim Jellison / John Stinn	20 min
7	In-Person Meeting Preview	Charlie Ishikawa	5 min
8	Adjournment	John Lumpkin	Remaining

Decisions

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- None

New Action Items		Responsible	Due Date
A.	Provide feedback on sustainability plan	Governance body	December 8, 2017
B.	Send expectations for in-person meeting discussion topics	Governance body	December 15, 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. **eCR Implementation Progress** –
    A. **Implementation Timeline Update:** There have been developments and testing going on in the decision support intermediary (DSI) and the reportable conditions knowledge management system (RCKMS). These activities are wrapping up, and the complete test package will be available for implementers by the conclusion of a meeting scheduled Friday, Dec. 8. The team is currently working on integration testing and document construction for the reportability response (RR), which will be published soon. The onboarding process for sites will begin in January, and Michigan will be production ready by the end of March 2018. The project management office and the implementation taskforce members are deciding the timeline for the remainder of the sites.
    B. **Risks and Issues:** The team is continuing to monitor Cerner's eICR 1.1 implementation as development progresses. Resources have been identified to support implementation, and a solution is expected to be production ready by the end of 2017. Intermountain has been making progress with eICR generation with a test patient and live patient; working through some changes and will send over to the Utah Department of Health and RCKMS team to work with. CDC and CSTE walked through a test scenario, test narrative and test eICR at a recent all-hands meeting, and those narratives and eICRs are expected to be distributed by Dec. 8. Finally, CSTE's contracting gap is being mitigated and monitored.
    C. **Site Status:** Not a lot changed since the last meeting in November, except that the team has been focusing on Michigan's VPN connection. AIMS is preparing for onboarding and will be gathering information from RCKMS users for the onboarding environment. Although there aren't a lot of updates on the other sites, the team has had regular touchpoint meetings with them to discuss the RR and eICR functionality. Increased progress on the Michigan implementation is expected for the next meeting.
    D. **Discussion:**
        - **Question:** Has the team thought about focusing on other sites to prepare them for production while Michigan is coming down the pipeline?
            - **Answer:** The challenge is that AIMS and RCKMS won't have extra resources for the additional sites until development and onboarding is complete.
            - **Comment:** The concern is that it's taking longer. The secondary concern is that we're depending on Michigan. It would be better if we could begin preparing other sites.
                - We're working with APHL on developing a timeline for the capacity of other sites. Our solution is to have a more detailed site plan for 2018.
        - **Legal Agreements**: For the initial implementations, we have a framework we will use that entails APHL—as the DSI host—acting as a business associate of the health care provider, and Davis Wright Tremaine (DWT), the law firm we have been collaborating with, is working on the agreement. There are two parts to it—one part addresses the business associate relationship between APHL and the provider, and the other addresses health information exchange (HIE) issues. There has been a round of drafting and review between DWT and APHL, and we are close

to a version that will be shared with the health care providers that are associated with the initial implementations.

- **Question:** Are the providers who are participating in the sites electronically receiving the reportable conditions trigger codes (RCTC) to pre-select the cases they will be sending to the DSI? **Answer:** Yes, that's what the RCTC will be used for. The codes are meant for that triggering.

4. **eCR Implementation Evaluation Plan –**
   A. **Background:** The final evaluation plan is still in development, and it will be shared by Dec. 20. Included, there are a lot of indicator specificities that are necessary for onboarding sites. Digital Bridge describes a new infrastructure for health care and public health working together in an integrated fashion through automation. Because it is so new and involves multiple sites, there was careful deliberation in developing this plan.
   B. **Purpose of Plan:** To assess the satisfaction with the current Digital Bridge eCR approach and estimate resources needed to implement it. The evaluation committee broke the plan out into two separate evaluations: formative evaluation and process evaluation. The formative evaluation identifies internal and external influencing factors, clarifies program logic and provides suggestions for improving the design. The process evaluation is meant to provide an understanding of the procedures and relationships across multiple component parts of Digital Bridge.
   C. **Goals:** The plan outlines four primary goals: (1) identify and describe the overall processes by which the sites initiated and implemented eCR, and the various factors that influenced the processes; (2) system/core component functionality and performance, and case reporting quality and performance; (3) identify the resources needed to initiate and implement an eCR system; and (4) identify the potential value and benefits of eCR to stakeholders
   D. **Evaluation Management and Reporting:** An independent evaluation team will be assigned to each site; they will have the proper competency to perform the evaluation work. The evaluation committee will provide oversight and guidance to each team, and initial implementation sites will participate in the evaluation as needed so that there isn't a strain on implementations. There will be a final written report, and the committee will provide the governance body with recommendations.
   E. **Discussion:**
      - **Question:** Have sites been asked how open they are to sharing findings?
        - **Answer:** No, but the evaluation committee will bring that question forward.
        - **Comment:** This encourages transparency about what has been happening, and it will be useful for the governance body and for others watching the work of Digital Bridge. We could identify findings, but not sites.
      - **Question:** What is the spectrum of stakeholders being described in the fourth goal?
        - **Answer:** Specifically, public health stakeholders at implementation sites, the technical and surveillance teams, state health officials and elected officials who we will need to convince of the value.
        - **Comment:** Consider health plans as a stakeholder.
      - **Question:** Does eCR save money? There is some uncertainty around whether focus groups (under goal 4) would be able to identify cost solutions quantitatively—they can probably provide qualitative data.
        - **Answer:** Before we get quantitative data, we need full implementation of all nationally notifiable diseases—not just this implementation.

5. **Strategy Workgroup Update –**
   A. The workgroup submitted a draft sustainability plan to the governance body in November, and feedback is expected by Dec. 8. After feedback has been collected, the strategy workgroup will review and incorporate the changes into the plan. The workgroup will share the revised version at the January in-person governance body meeting. Additionally, the team has created a sustainability plan one-pager that summarizes the content and provides high-level details of what's included.

6. **Scalability Issue Brief –**

A. The PMO wants to make clear that there will be no changes to the current approach being used for initial implementation sites. Instead, the scalability assessment is in response to points DWT highlighted that the there are advantages of APHL acting as an agent of public health instead of having a business associate agreement with health care providers. This approach could make eCR more scalable because it would reduce the number of business associate agreements and HIPAA-related liability risks. The governance body asked that the PMO conduct a scalabilty assessment to engage stakeholders and evaluate what technical architecture changes might make it more feasible for APHL to act as an agent of public health. The PMO plans to have a substantive conversation on this topic and lay out the technical approaches during the in-person meeting in January to decide what changes needed to be considered as additional eCR sites are rolled out.
B. The first step taken was to convene members from the implementation taskforce and the previous technical architecture workgroup to review the current problem statement (included in slides from Dec. 7 governance body meeting); however, the outcome was confusion on the goals of the assessment and its timeline. In response to that reaction, the PMO reconvened a smaller group to work through the problem statement and initiate feedback. This helped to break down the problem statement and start addressing solution frameworks that can be explored in the next phases.
C. **Discussion:**
    - **Question:** What's the status on manual case reporting that could be done for eICR?
        - **Answer:** It is a requirement within the eICR standard but is optional in terms of the Digital Bridge implementations. There will be times where traditional methods and manual methods will need to be done and the eICR's format can support that.
    - **Question:** Did we reach out to other groups—public health and providers—from other locations to get their input?
        - **Answer:** Yes, the small group is comprised of all segments and workgroups participating in Digital Bridge.
D. **Consensus**: The small workgroup is not advocating one approach only: there will be a need for a couple of different models. The Digital Bridge community overall has a role to monitor the TEFCA. There is a number of reasons to believe that the current approach where the DSI is a business associate of clinical care can be scalable:
    - **Discussion:**
        - Network of networks approach can minimize business associate agreement needs through use of common agreements.
        - Those who are engaged and knowledgeable in the space, some networks, like eHealth Exchange and other health data networks, are embedding business associate authorities in their trust agreements.
        - Some of these networks are beginning to connect to each other, where they connect once and can access data from anywhere.
        - 21st Century Cures Trusted Exchange Framework and Common Agreement may further advance the industry trend and augment it.
        - Digital Bridge should encourage APHL to consider joining health data networks that include business associate authorities in their common trust agreements.
        - Digital Bridge should continue to work on a common business associate agreement for organizations that do participate in health data networks.
        - We have reason to believe in continuing to evolve the current approach and positive messages for its advancement, monitor and comment on the TEFCA process and evaluate general progress in time.
        - The next step is to engage with DWT now that there is a mature position.
        - Focus on the implementation sites and demonstrate the value and learn from them, so that later, the long-term scalability strategy can be matured and defined. Expecting to have solutions by January is unrealistic.

- **Question:** If the long-term solution won't be addressed in January, would we consider a mid-term approach for our early adopters?
  - We should not force them into a mid-term solution. The initial implementation sites have an implementation solution, so we should encourage that.
  - APHL is using one of the common agreements in long-term scalability number-wise
- **Question:** Will the Digital Bridge have some direct discussion with the nationwide exchanges like CommonWell and eHealth Exchange?
  - **Answer:** Yes, that's something that we would advise the legal workgroup to explore

7. **In-Person Meeting Preview –**
   A. Date: Jan. 24-25, 2018 in Decatur, GA.
   B. Charlie reviewed the draft participant roster and asked governance body members to notify him if someone is missing. He also encouraged governance body members to submit their expectations for discussion topics so that the PMO can complete the agenda.
   C. The meeting theme this year is regrouping, reflecting, refreshing, and course correct. The goal is to have open and honest conversations so that everyone leaves with a fresh understanding of the project's progress.
8. **Review Decisions and Actions –**
   A. Review and provide feedback on the sustainability plan by Dec. 8.
   B. Send expectations on discussion topics for the in-person meeting to the PMO.
9. **Adjourned.**

Digital Bridge Governance Body Meeting Attendance | November 2017

Organization	Dec 17	Name	12 - Mtg Role	Notes
Battelle	☑	John Rose		
APHL	☑	Patina Zarcone	Primary	
APHL	☑	Scott Becker	Primary	
ASTHO	☑	Tim Carney		
CDC	☑	Bill Mac Kenzie	Primary	2017-11-02 - will be late
CDC	☑	Grace Mandel		2017-11-02 - Note taking
CDC	☑	John Beltrami		
CDC	☑	Laura Conn	Primary	2017-11-02 - family emergency
Cerner	☑	Bob Harmon	Primary	
Cerner	☑	Kirsten Hagemann		
CSTE	☑	Jeff Engel	Primary	2017-11-02 - unable to attend due to CSTE Board meeting 2017-12-07 - will leave at 1 PM
CSTE	☑	Kathy Turner	Primary	2017-11-02 - unable to attend due to CSTE Board meeting
CSTE	☑	Meredith Lichtenstein	Primary	
DeBeaumont	☑	Ed Hunter	Primary	
Deloitte	☑	Alana Cheeks-Lomax		
Deloitte	☑	Ben Stratton		
Deloitte	☑	Benson Chang		
Deloitte	☑	Hoa Truong		
Deloitte	☑	John Stinn		
Deloitte	☑	Rob Brown		
Deloitte (Co-PI)	☑	Andy Wiesenthal	Primary	
eClinical Works	☑	Tushar Malhotra	Primary	
Epic	☑	James Doyle	Primary	
HealthPartners	☑	Richard Paskach	Primary	
Ishikawa Associates	☑	Charles Ishikawa		
Kaiser Permanente	☑	Walter Suarez	Primary	
Meditech	☑	Joe Wall	Primary	
MITRE	☑	Dawn Heisey-Grove		
NACCHO	☑	Oscar Alleyne	Primary	
ONC	☑	Dan Chaput		
ONC	☑	James Daniel	Primary	
PHII	☑	Jelisa Lowe		
PHII	☑	Jessica Cook		
PHII	☑	Jim Jellison		
PHII	☑	Natalie Viator		
PHII	☑	Sara Sanford		
PHII (Co-PI)	☑	Vivian Singletary	Primary	
RWJF	☑	John Lumpkin	Primary	
RWJF	☑	Kirsten Gurdin		